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RESEARCH

Avaliação das ações de aconselhamento para a prevenção das DST/AIDS sob a óptica de usuários

Evaluation of advice actions for prevention of STD/AIDS in the optical of the users

Evaluación de acciones de asesoramiento para la prevención de ETS/SIDA en la óptica de los usuarios

Richardson Augusto Rosendo da Silva ¹, Mariana da Silva de Figueiredo ², Lílian Katiússia Araújo de Medeiros ³, Dayanne Kallyne Moraes de Araújo Oliveira ⁴, Natália Raiane Silva Vieira ⁵, Nanete Caroline da Costa Prado ⁶

ABSTRACT

Objective: to evaluate the users' opinion on the operation of the Center and Counseling Center. **Method:** evaluative study with quantitative and qualitative approach, consisting of 52 members who responded to a semi-structured interview that it was possible to assess indicators of user satisfaction with the service. To analyze the interviews, we opted for the method of content analysis. The study was approved by the Ethics in Research UFRN (CEP-UFRN), with protocol number 128/10. **Results:** it was observed that all categories of indicators of users' satisfaction were considered satisfactory, but the guidelines, ambiance and access indicators, although they are satisfactory, they require changes. **Conclusion:** the user's opinion is essential in public health services. It is expected with this study, that there is a reflection on the attitude of professionals, leaders to bring about change in health care happen, and thus the services offered are upgraded. **Descriptors:** evaluation of health services, HIV, home, quality of health care.

RESUMO

Objetivo: avaliar a opinião dos usuários sobre o funcionamento do Centro de Testagem e Aconselhamento. **Método:** estudo avaliativo com abordagem quantiqualitativa, constituída de 52 usuários que responderam a uma entrevista semiestruturada através da qual foi possível avaliar indicadores da satisfação dos usuários com o serviço. Para a análise das entrevistas, optou-se pelo método de análise de conteúdo. A pesquisa foi aprovada pelo Comitê de Ética em Pesquisa da UFRN (CEP-UFRN), com protocolo de número 128/10. **Resultados:** percebeu-se que todas as categorias de indicadores de satisfação do usuário foram consideradas satisfatórias, porém os indicadores orientações, ambiência e acesso, apesar de satisfatórios, necessitam de mudanças. **Conclusão:** a opinião do usuário é essencial nos serviços de saúde pública. Logo, espera-se com este estudo que exista uma reflexão na postura dos profissionais e dos governantes para que mudanças na atenção à saúde aconteçam e, assim, os serviços oferecidos sejam aperfeiçoados. **Descritores:** avaliação de serviços de saúde, HIV, acolhimento, qualidade da assistência à saúde.

RESUMEN

Objetivo: evaluar la opinión de los usuarios sobre el funcionamiento del Centro de Pruebas y Asesoramiento. **Método:** estudio evaluativo con enfoque cuantitativo cualitativo, constituída de 52 usuarios que respondieron a una entrevista semi-estructurada a través de la cual fue posible evaluar indicadores de la satisfacción de los usuarios con el servicio. Para el análisis de las entrevistas, se optó por el método de análisis de contenido. La investigación fue aprobada por el Comité de Ética en Investigación de la UFRN (CEP-UFRN), con protocolo de número 128/10. **Resultados:** se notó que todas las categorías de indicadores de satisfacción del usuario fueron consideradas satisfactorias, sin embargo los indicadores orientaciones, ambiente y acceso, a pesar de satisfactorios, necesitan de cambios. **Conclusión:** la opinión del usuario es esencial en los servicios de salud pública. Se espera con este estudio que exista una reflexión en la postura de los profesionales y de los gobernantes para que cambios en la atención a la salud sucedan y así, los servicios ofrecidos sean perfeccionados. **Descriptorios:** evaluación de servicios de salud, VIH, asesoramiento, calidad de la asistencia a la salud.

¹Nurse. Doctor of Health Sciences. Associate Professor III for the Graduation Course, Masters and PhD in Nursing, Department of Nursing, Federal University of Rio Grande do Norte/UFRN. Natal, Rio Grande do Norte, Brazil. Vice leader of the research group Assists Practice and Epidemiology in Health and Nursing/PAESE. E-mail: rirosendo@yahoo.com.br. ²Nurse by the Federal University of Rio Grande do Norte / UFRN. Natal, Rio Grande do Norte, Brazil. Email: marianafigueiredossu@hotmail.com. ³Nursing Student at Federal University of Rio Grande do Norte / UFRN. Natal, Rio Grande do Norte, Brazil. Scholar at PROEx/UFRN. Email: lilian_katiussia@hotmail.com. ⁴Integrated Nurse by University of Ducks / UFPB. Patus, Paraíba, Brazil. Email: daykallyne@hotmail.com. ⁵Nursing Student at Federal University of Rio Grande do Norte / UFRN. Natal, Rio Grande do Norte, Brazil. Scholar at PROEx/UFRN. Email: nataliaravieira@hotmail.com. ⁶Nursing Student at Federal University of Rio Grande do Norte / UFRN. Natal, Rio Grande do Norte, Brazil. Scholar at PROEx/UFRN. Email: caroline_k16@hotmail.com.

INTRODUCTION

The human immunodeficiency virus (HIV), from its inception, had a major impact on public health by requiring the creation of strategies and modifying the impasses of health, reorganizing actions. The new conception rebuilt and reorganized for better planning of services offered prioritizing ethics, dignity, the right diagnosis and the prevention and care for HIV in order to avoid exclusion and inequality of the population.¹

In June 2012, Brazil registered 656,701 cases of AIDS since the epidemic began and 38,776 cases were reported in 2011, in which the rate of incidence was 20.2 cases per 100.000 inhabitants.²⁻³

According to the Ministry of Health in Brazil the population is late diagnosed with HIV. An estimated of 135,000 people are infected and do not know or never took the test after infection⁴, showing that it is necessary to develop strategies that capture this population and health education actions are aimed at diagnosing cases and appropriate guidance offered to holistic care.

Given this reality, in the 80s, the Ministry of Health established testing and counseling centers (TCC) configured as opportunities to listen, support, education and prevention that welcome the patients offering them free testing and counseling based in conversation with approaches to risk reduction, vulnerability and diagnosis of new cases.⁵

Related research suggest changes in the attitudes of professionals and the reorganization of TCC focused on the need for the users⁶⁻⁷. Promoting accessibility and creating links interfere with customer satisfaction, promoting better treatment adherence and strengthening dialog.⁸ In this context, it is necessary that health services rethink their practices and adequate to changes in the epidemiological profile of AIDS⁹, in which, initially, it was considered as a disease risk groups; soon after, feminization, impoverishment and internalization were presented as a highlight.¹

The quality of care is a primary determinant when it comes to chronic diseases such as AIDS. User satisfaction as assistance is an important quality indicator, through which it is possible to assess whether the needs and customer expectations were met, allowing health professionals to develop strategies in search of better assistance.¹⁰⁻³

Considering HIV/AIDS as a major public health problem and that the TCC is service oriented issues related to early diagnosis, counseling and referral of individuals seeking care. This research is justified by the need to assess the users' opinion about the operation of that service taking into account indicators and guidelines that govern the actions developed aimed at population and thus help developing strategies that address public health policies contributing to improvements in service since AIDS and issues related to it still consist of great challenge for the health care team.

Therefore, this study aimed to assess the opinion of the users about the operation of the TCC.

METHOD

This is an evaluative study with quantitative and qualitative approach developed during the period from November 2012 to July 2013 in the center of testing and counseling for STD/HIV State Department of Health located in Natal, Rio Grande do Norte/Brazil. The audience was composed of users who sought treatment in the counseling industry and prevention of STD/AIDS in that health center.

The sample consisted of 52 patients who used the service in the days of data collection, randomly chosen, and was identified as sample saturation, where there is repetition of speeches during the interviews. The sample definition saturation is defined as the interruption of adding new ones when the data will be repeated without obtaining new information and therefore no need to persist data collection.¹⁴

The inclusion criteria were: being over 18 years old; be consulted in the counseling service on the day of the interview; have performed serologic testing and counseling before and after the results. Exclusion criteria were considered: patients who have given the interview before their completion; did not participate in the stages of counseling and serologic testing or have wished to depart any of the steps of care.

The instrument for data collection consisted of a semi-structured interview consists of two steps: the first related to socio-demographic variables of respondents and the second open-ended questions, using indicators of user satisfaction, as host and active listening, satisfaction with counseling, communication and guidance, problem solving, access and accessibility and ambience (physical structure and privacy).

The patient's answers that collaborated in this research were transcribed and analyzed using content analysis. This method is a set of analytical techniques of communication that uses systematic and objective procedures to describe the content of messages.¹⁵ The processing of data collected in thematic content was through the coding of interviews, determining the issues to be discussed.

The ethical principles were arranged in Resolution N ° 196/96 of the National Health Council (CNS). Prior to data collection, the study was approved by the institution and by the Ethics in Research UFRN (CEP-UFRN), with protocol number 128/10 and CAAE No. 0145.0.051.000-10. Numbers replaced anonymity and confidentiality of participants and their names.

RESULTS AND DISCUSSION

Regarding socio-demographic data, 25% (13) of patients this study were between 25 and 34 years old, followed by 23% (12) between 18 and 24 years old, 21% (11) of 35 to 44 years old, 17% of the sample 45-54 years old (9), 10% 55-64 years old (5) and 4% (2) 65 years old or more. 65% (34), the majority, were male and said they were singles, getting a total of 42% (22), followed by 40% married (21), 10% (5) were divorced, 4% (2) separate besides widows and stable relationship that amounted to only 1% (2) of representativeness. The origin that amounted to 83% (43) Natal-RN and 17% (9) throughout the state. As for race, 55% (29) of the patients reported they were white, 33% (17) brown and 12% (6) black. When questioning education, 46% (24) reported having completed high school, 15% (11) completed high school, 8% (4) completed primary school, 6% (3) had completed higher education and 4% (2) completed a post-graduation. The most prevalent occupation mentioned in this research work with "home chores", corresponding to 10% (5) of the sample, and 13% (7) of the sample is unemployed.

When analyzing the interviews it was possible to detect which patients search the service because they feel vulnerable to acquiring the HIV virus, 33% (17) when performing unprotected sex, 56% (29) for the prevention or control, or guided by a health professional 12% (6).

Categories were used: reception and active listening; satisfaction with counseling; communication and guidance; solving; access and accessibility and ambience (physical structure and privacy) as indicators of service evaluation in the view of patients as shown below.

Reception and active listening

Regarding the reception, it was found that patients felt welcomed and satisfied with the reception and warmth of professionals reporting that they are educated and care about the health of client problems and concerns they bring with them, welcoming them holistically and humanely as represented in the transcripts below. Patient's satisfaction with the reception and active listening of the professional is considered an important quality indicator in the evaluation of health services.

I felt very pleased with the reception here at TCC. When I arrived I was very well welcome, I was treated with courtesy and respect, I got really nervous and anxious, but with the good reception I got everything worked out. (Patient 10)

I was welcomed, the staff were attentive and helpful, they treated me with courtesy and education and were mostly very discreet, answering all my questions clearly, I felt satisfied. (Patient 19)

The professionals here help the patients very well, I was very well received. They are always attentive, concerned with us and listen to our problems with attention, they are well focused when I speak, and always showing gentle. (Patient 37)

Satisfaction with counseling

The purpose of counseling is to promote reflection on vulnerability, encourage the adoption of safe sex practices and minimize the emotional impact caused by the diagnostics. In the present study, the advice was considered satisfactory by most respondents, as evidenced in the statements below:

Yes, I am well satisfied with the counseling because the social worker advised and clarified some important for prevention of STDs and AIDS, and particularly about the importance of taking the exam often. (Patient 30)

I am very satisfied. She volunteered to give information at any time, leaving me pretty comfortable, clarified my doubts about how well prevent disease as well and avoid transmitting to the partner. (Patient 31)

I liked the advice because she could explain to me as well, because you can understand all too well, she tells how to prevent diseases and the importance of my partner's testing. Our conversation was very good, without any hurry. (Patient 42)

Communication and Guidance

For guidelines and communication, when asked about the guidance provided during counseling indicators all patients felt they were passed in a clear and objective manner, however in some services performed by the professional, this did not ensure that such guidelines were understood correctly.

All information necessary for the prevention and maintenance of a healthy sex life were passed, always returning to the continuous and proper use of condoms. Then she asked clearly and objectively about my behavior regarding safe handling and use of condoms and related to injecting drug use risk. (Patient 19)

She informed through a folder with colloquial and simple language, talking a lot about condom use. But she did not consider whether the things I already knew, even if I did. He made no inquiry as to whether I really understood her explanation. (Patient 41)

The professional showed interest in my problem, asking about my relationship if the partner is fixed and gave me directions clearly, from the beginning I understood everything she said. She encouraged me enough to ask questions. She oriented, talk with me, but if I had visual material would be best to understand. I answered a questionnaire to see if I understood what she said and advised on the referral for treatment if HIV was positive (Patient 12)

Solving

From the results obtained from the service to the patient, it is possible to evaluate health services. To analyze the resolution of these services also involves aspects related to demand, patient's satisfaction and human resources training. In this category, the present study showed that all patients interviewed had their needs met in TCC, expeditiously, as evidenced in the statements below.

I did the test quickly. Here at TCC it does not have a lot of bureaucracy, all very practical and agile, there is no need to schedule appointments, the staff is very good and the result came out faster than I thought. (Patient 10)

I was a bit worried knowing about my health and I felt relieved with these exams, HIV testing was negative. Because it is a rapid test result comes out almost immediately, people here are very concerned to explain the test results. (Patient 30)

Yes, all my needs were met. The examination was done, and the result collection, succinctly and quickly. The result was delivered quickly and it contributes to our satisfaction with the service. (Patient 19)

Access and Accessibility

Access and accessibility are important factors for the evaluation regarding the quality of care and practice the principles of the SUS, it is what enables the patient input in the activities undertaken in the service. In this study, we addressed the issues that the patient feels difficulty to get to the TCC, his knowledge of the operating hours of the sector, how long it took the appointment, the need to service the demand was met, referrals, difficulties were analyzed to reach the point of care, waiting times, and delivery of results and dissemination of services that were assessed as unsatisfactory in some items as shown in the statements below.

It is a place easily accessible being situated in a business district, which runs many people and there is ease of transportation, but I found difficulties, I came four times to accomplish the test. The afternoon schedule is difficult to find the biochemical service. (Patient 15)

I did not seek health unit before coming. I even tried the service and got here fast, I live very closed, it is very central. I felt satisfied, no bureaucracy, no need to know the schedule and hours of operation so that I like it here. (Patient 10)

I know the opening hours here and I find it is not difficult for people to come. It is very central, it is easy to know its location. It is within the business hours and meets our needs. (Patient 30)

The studied subjects believe that the service testing and counseling of Natal work and they feel satisfied with what is offered, especially with the time of delivery of the results that lasts around 40 minutes. They also stated that professionals solve what the

patient sought, however it is reported that it needs more disclosure, as well as information and service in both schedules.

I think we need more outreach to the population working here and what service it has, but I was pleased with the service and delivery of the result is at most half an hour. (Patient 26)

I think I could solve my problem, I was a bit worried as he walked in knowing my health and these examinations felt relieved, especially for having received so fast the test result. (Patient 30)

It met my expectations. Because the test was performed (collection and result) succinctly and quickly, but it needs to be more publicized, even timetables that TCC works, the population needs a lot because this disease is silent and still kills too. It is the best way to prevent, coming to the exam. (Patient 19)

Ambience (Physical and Private Structure)

An appropriate ambience is a key to quality care because it is a space that houses physical and human settlements, and that the service provided is of good quality is essential infrastructure. A physical space that provides professional, social and organizational favorable conditions, as well as elements that provide comfort and privacy, customer satisfaction is considered to be indicators of health services.

Thus, these indicators have also obtained satisfactory results, but users reported that the environment must be suitable to the demand of the service.

I felt quite satisfied with the physical structure of this site. The service is good, the person has chairs to sit, it's not hot, has a fan and the rooms are well reserved and are not as tight as pictured. (Patient 36)

I did not like the physical structure. It is still very small considering that the demand is high, it needs more room for comfort even the people who work here, to improve the chairs and safety. (Patient 8)

I am pleased with the place, though I see that it needs improving chairs and structure in general. It should be larger, more visible, more secure, have greater air circulation to not become hot, be more airy. (Patient 4)

Privacy and physical structure are directly connected. While the former promotes dialogue between professional and patient guided by ethics, mutual respect and anonymity, physical structure, in turn, provided under good conditions, provides continuity of care.

In TCC if this investigation, the environment has different spaces for each role within the service as recommended by the guidelines for the operation of centers for testing and counseling. Given the reports, it is apparent that the privacy of the sector is considered essential and show greater satisfaction with care.

I felt I had privacy here. When I was with the social worker I found the well constrained environment. I was not bothered by anyone knocking on the door and it made me to concentrate on all the explanations. (Patient 11)

I did not feel ashamed. Because there is room for individual attention, not leaving disclose if the result is positive, very private, I felt good about it because I imagined that any employee would know my result. (Patient 30)

I did not feel ashamed. First because I think anyone will know the result of the examination, it is only me and the social worker in the room, so there's no way people comment on whether the result is positive, because people do not have access to view all tests, only those who work there. (Patient 36)

In the opinion of the patients, it is noticed that all categories were considered satisfactory, although some, such as access and accessibility, physical structure and guidelines need to be modified so that they are appropriate to the population and operating in accordance with the guidelines proposed in the center for testing and counseling.

In the demographic profile of the participants in this study, it was observed that a large part of the clients of the TCC is male, is 25-34 years old, single, white race, has completed secondary education and exercise any profession, corroborating profiles found in other studies of the country.¹⁶⁻⁸

A study in TCC in the central region of a city, where there are a greater number of HIV cases in the state of Minas Gerais, it showed that the majority of patients is between 25 and 34 years old, mostly male, unmarried, with 8-11 years of education, that agreed with the results revealed in this study.⁶

The dynamics of the service enables TCC to understand the continuity or not in the process of testing for HIV/AIDS because, in analyzing the structure and operation of the service, these seem to be the main determinants for the withdrawal of some patients returning to use this service. How to host a patient that reaches the TCC may be a incentive factor for return to the service, whether in the search for the result of testing or even looking for a new service.¹⁹

Full care is a key to measure the quality of service, regarded as a differentiated tool in humanizing relationship between patients and professional element. Therefore, the host constitutes a challenge to promote health.⁹

The reception, active listening and attention with patients were considered satisfactory in this study, since the professional reception until the last delivery process and counseling with the result. Patients report that in their speech reception, care and friendliness are key to a health service, and these indicators were assessed with approval in almost the entire sample.

A survey conducted in a maternity clinic of reference for tracking pregnant women with HIV/AIDS, in Fortaleza, Ceará, showed that most patients were satisfied with the reception, listening, responsiveness of service and respect. Professionals seek to be attentive identifying their needs and uses counseling as reception strategy seeking to meet the demand, answer questions and solve all problems emerging.⁹

A survey conducted in 2012 with patients and professional advisors of a TCC found that most patients are satisfied or very satisfied with listening to their feelings and anxiety, and all stated that during the service there was clarity about the services offered by TCC. The perception of professional advisors on these indicators showed that most are happy with the reception given to users and only 23% thought that it is not their role to address as feelings, unless requested by the patients, showing that professionals do not realize all the activities planned organizational guidelines of TCC.²⁰

Receiving and listening to the patient is a task that must be initiated in the reception, since this is the location that makes the first contact with the service. Professionals-patients meetings should be based on respectful and polite conversations prioritizing qualified listening.²¹ Thus, the reception performs a good screening and becomes a set of activities based on active listening, problem identification and centered assist in the process coping with conflicts. Thus, the team involved becomes able to respond to the demands of the patients and redirect the activities that are pre-programmed by the service.⁹

The counseling consists of a dialogue, defined as a process of active listening with emotional support and works in the whole of human being between the professional and the patient. Therefore, professionals are responsible for receiving and guiding the patients.²²⁻³ satisfaction user is considered a goal to be reached by health services, as this interferes with the accessibility, creating links and following the care for the patient. 9

When asked about counseling, the majority of respondents showed satisfaction, corroborating studies showing that this approach is well accepted by the patients and that they feel safe and comfortable to talk with the health care professional.^{7,20-4} Although it has been shown that the guidelines were passed clearly, it was found that the professional did not bother to check for understanding about her.

The interviews reveal that patients perceive counseling as an activity that values informative content on the prevention of STDs and HIV/AIDS, on the assumption that the professional has the knowledge. This finding is in agreement with a study in Fortaleza on this theme and hypothesized that this is because patients are accustomed to guidelines imposed by professional, disregarding their personal knowledge and local culture.²⁵

This same study reaffirmed counseling as a strategy to guide the same time it promotes the link between patient and professional, allowing the resolution of problems.²⁵ The guidance given during counseling have educational character and predict the change of behaviors whose purpose is to reduce risks to infection.⁵ It is in this sense that the pre and post-test becomes relevant, since it consists in conversation and form communications, which establishes a trust relationship between professional and patient. This negotiation and discussion are intended to educate the patient on the risks for and encourage a new attitude regarding sexual activity, are therefore considered as a strategy for expanded prevention, since they reflect the context of the epidemic and contribute to understanding of seropositivity and control of disease transmission.²⁶

A study done in Natal-RN revealed that professional orientation given to patients of TCC proved unsatisfactory. What can be inferred is that this reality is disconnected from the real objectives of public services for HIV/AIDS. In this context, the communication becomes a great tool for changing this framework and thereby stabilize the quality of care and not

treatment dropout. Therefore, it is best to maintain professional relationship with the patient for it to show safe and do not interfere with the guidelines in the treatment of the disease.²⁷

A health care facility that welcomes the patient becomes well solving and affordable, but also promotes satisfaction, and improves the bond following the guidelines passed. When it allows solving the problem caused by the user, and help reduce the stress level in the waiting queue, this will understand that your needs will be heard and resolved within the possibility of service culminating with a better user satisfaction.²¹

To get admission into healthcare environments, it is necessary that the professional understands that the relationship with the patient focuses on how best to solve the problems and meet their needs as well.²⁸

It is understood as the expectation access of membership or use of the service or the health system by the individual. The access shall consist of factors that lead to the analysis of interpersonal relationships, as well as socio-organizational. To provide a universal access way, the service should include testing and fairness that underlie the actions offered by the setor.^{5,29} In the case of TCC, should provide universal access prioritizing anonymity and solving for a quality service.³⁰

The pent-up demand, delay in treatment, schedule attainment, poor dissemination of the service are factors that hinder access.³¹ In the present study, some patients said that the service meets the demand and is resolute, but the fact that patients do not know opening hours, the lack of disclosure of the unit, and the scales of officials interfered with the quality of the care.

Contradicting the guidelines, in a study conducted in Minas Gerais, the lack of knowledge of the operations of the TCC, the fear of being exposed and poor attendance are factors that restricted the population access to services offered.²⁴

In addition to the factors highlighted above, affordability is also an indicator for the evaluation of health services. For their review, questions about the waiting time for service, the patient faces difficulty getting to the TCC, location, knowledge of the sector opening hours and delivery time of the results were used.

The delivery time results, location in a popular neighborhood and the short residence time in the service were factors contributing to patient satisfaction for this search. Moreover, the restricted opening hours, most times in a single shedule, together with the lack of disclosure of the service were negative points raised by the respondents.

Accessibility allows patients to reach the service and thus they can take advantage of the actions that are performed there.²⁴

A study conducted in the city of Rio de Janeiro states that the proximity between the customer's residence and TCC is a priority for the choice and demand for the service, though not always a guarantee of care is established,³¹ also found in this study. The problems identified by the use of the service population, irregularity of service, are reasons that directly influence accessibility.³²

Another study conducted in Rio de Janeiro showed that long waiting to perform examination, left somewhat satisfied or dissatisfied patients. As for delivery of the results at that time was 15 minutes by the method of rapid diagnostic test item was considered satisfactory.²⁰

In Brazil, unlike developed countries, there is a concern about the structural features due to the reduced number of professionals and high demand, plus a precarious structure and physical environments in which they are offered health services.³³

As in other studies, it was found that although satisfied, patients pointed out deficiencies related to human and material resources as well as argued overload the TCC, since it is the state's only site providing services for the prevention and diagnosis of HIV/AIDS, also emphasizing that there should be decentralization of testing and counseling for HIV.²⁰

The physical structure of the unit was considered partially satisfactory. It became apparent that the days of high demand space has become small and hot and some patients experienced difficulties and negatively evaluated this category. It was found, however, that the factors that promote customer dissatisfaction is little space in individual counseling, lack of soundproofing and humidity of the rooms, poor ventilation and security environment, as well as in other studies.²⁰

Patients reported feeling satisfied, since professionals were concerned TCC accommodate well arriving all patients, but in the days of high demand the lack of comfort and cleanliness of the space generated dissatisfaction. In the category privacy, most respondents reported feeling satisfied because during counseling there were not interruptions, besides there are separate rooms for each part of the counseling and diagnostic process.

In another study, the items that showed low satisfaction were the preservation of the unit due to the need for reform, improvement in infrastructure (bathroom, cleaning, cooler etc.), heat and lack of security. The reasons for dissatisfaction occurred primarily when the demand became high, as found in the present investigation.²⁰

Besides privacy, it should have respect, secrecy and confidentiality of the information provided by the patient and forward the positive cases of HIV referral services to preserve anonymity. In some cases, family members may participate in the post-test counseling, if authorized by the patient.⁵

Other research has shown, through the behavior of the respondents, they feel fear of being stigmatized, mistreated or exposed. For patients, the fact that the space of the TCC is located next to other clinics was crucial to choosing and using the service, so the feeling of exposure was mitigated.²⁴

The physical structure of an environment is essential for good care, since it is a space that houses physical and human facilities, and adequate infrastructure for the service quality is required. According to the National Humanization Policy, the term ambience that environment that provides a physical space, professional and social conditions, as well as interpersonal relationships with host, a termination attention to elements that favor the comfort and privacy of the client.³⁴

CONCLUSION

In summary, we found that patients were mostly adult men, unmarried, had completed high school, and from the capital attending the service because they feel vulnerable to acquiring the HIV virus by having sex without a condom.

According to the analysis of the interviews, it was noted that all categories of patients satisfaction indicators used in this study were considered satisfactory in view of the audience, which is consistent with the guidelines for operation of the center for testing and counseling. However, the guidance indicators, ambiance and access reflected the need to change in the attitudes of professionals during counseling or how to receive this patient, since satisfaction will interfere with the evaluation of the service.

A relevant aspect found in this study is related to the transmission and verification of information passed during counseling, in which patients expressed satisfaction with the guidance and communication, but reported that the professional does not verify the understanding of the patient, just guide them. This fact leads us to questions about the methodology used to facilitate the acquisition of such information in the advisory is no longer a dialogue between professional and user working completeness of humans and is used each to be working for the promotion of care , but it would be transfer of information, being the professional who has the knowledge.

The ambiance and access items were also questions raised, in which it is realized that the health unit needs to adapt to the demand, promote their schedule and operation of the sector, as well as provide appropriate space to enable the universality and equity respecting their patients and considering the essential interpersonal relationships in the care process.

The patient's opinion is essential in public health by helping to raise awareness among professionals about their practices or conduct interventions in the form of organization of services aimed at its improvement. So hopefully with this investigation that the opinion of the users in the evaluation of this service is considered relevant and which enables the reflection of attitudes, favoring changes in health care so that services offered are optimized.

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Contact of the corresponding author:
Richardson Augusto Rosendo da Silva
Universidade Federal do Rio Grande do Norte, Campus Central
Departamento de Enfermagem Rua Lagoa Nova, S/N
CEP: 59078-970. Natal (RN), Brasil. Email: rirosendo@yahoo.com.br