

## The Satisfaction of Patients Assisted by a Health Education Ambulatory

Satisfação dos Pacientes Atendidos no Ambulatório de Educação em Saúde

Satisfacción de los Pacientes Tratados en un Ambulatorio de Educación en Salud

Ana Flávia Pereira Coutinho; Juliana de Lima Lopes<sup>2</sup>; Camila de Souza Carneiro<sup>3</sup>; Vinícius Batista Santos<sup>4</sup>; Alba Lucia Bottura Leite de Barros<sup>5\*</sup>

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### ABSTRACT

**Objective:** The study's aim has been to identify the satisfaction of patients assisted by a Health Education Ambulatory, and also to assess the effect of antecedent variables regarding the patients' satisfaction level. **Methods:** It is a cross-sectional study conducted in a Health Education Ambulatory. The sample consisted of all cardiac patients at the ambulatory (17 patients). Patient satisfaction was assessed through the Patient Satisfaction Instrument (PSI). **Results:** All patients reported high level of satisfaction. The domains with the highest and lowest scores were the professional and the educational, respectively. There was no significant correlation between the levels of satisfaction with any of the antecedent variables. **Conclusion:** Patients reported high level of satisfaction and there was no significant correlation between variables and satisfaction.

**Descriptors:** Patient satisfaction, Hospital ambulatory, Nursing.

<sup>1</sup> Nursing Graduate, Specialist's Degree in High Complexity Cardiopneumology by the *Instituto do Coração, Nurse. Hospital Nove de Julho, Brazil.*

<sup>2</sup> Nursing Graduate, PhD in Science by the UNIFESP, Adjunct Professor of the *Escola Paulista de Enfermagem at UNIFESP. Universidade Federal de São Paulo (UNIFESP), Brazil.*

<sup>3</sup> Nursing Graduate, PhD in Science by the *Escola Paulista de Enfermagem at UNIFESP, Nursing Professional at Hospital São Paulo. Hospital São Paulo, Brazil.*

<sup>4</sup> Nursing Graduate, MSc in Health Science by the *Escola Paulista de Enfermagem at UNIFESP, Coordinator of the Cardiology Units at Hospital São Paulo. Hospital São Paulo, Brazil.*

<sup>5</sup> Nursing Graduate, Licensed Lecturer by the UNIFESP, Full Professor at UNIFESP. *Hospital São Paulo, Brazil. Universidade Federal de São Paulo (UNIFESP), Brazil.*

## RESUMO

**Objetivo:** Identificar a satisfação dos pacientes acompanhados em um Ambulatório de Educação em Saúde e avaliar o efeito das variáveis antecedentes com o grau de satisfação dos pacientes. **Método:** Trata-se de um estudo de corte transversal, realizado em um Ambulatório de Educação em Saúde. A amostra foi composta por todos os pacientes cardiopatas atendidos neste ambulatório (17 pacientes). A satisfação dos pacientes foi avaliada por meio do instrumento Satisfação do Paciente (ISP). **Resultados:** Observou-se que todos os pacientes relataram um alto nível de satisfação e os domínios que obtiveram maiores e menores pontuações foram o profissional e o educacional, respectivamente. Não houve correlação significativa do nível de satisfação com nenhuma das variáveis antecedentes. **Conclusão:** Os pacientes apresentaram alto nível de satisfação e nenhuma variável se relacionou com a satisfação.

**Descritores:** Satisfação do paciente, Ambulatório hospitalar, Enfermagem.

## RESUMEN

**Objetivo:** Identificar la satisfacción de los pacientes seguidos en un ambulatorio de Educación para la Salud y evaluar el efecto de las variables antecedentes sobre el nivel de satisfacción de los pacientes. **Método:** Se trata de un estudio transversal realizado en un ambulatorio la Educación para la Salud. La muestra estuvo constituida por todos los pacientes cardíacos en el ambulatorio (17 pacientes). La satisfacción del paciente se evaluó a través del Instrumento de Satisfacción del Paciente (ISP). **Resultados:** Todos los pacientes informaron un alto nivel de satisfacción. Los dominios con los puntajes más altos y más bajos fueron el profesional y el educacional, respectivamente. No hubo correlación significativa entre los niveles de satisfacción con cualquiera de las variables antecedentes. **Conclusión:** Pacientes informaron un alto nivel de satisfacción y no hubo correlación significativa entre variables y los niveles de satisfacción.

**Descriptores:** Satisfacción del paciente, Servicio ambulatorio en hospital, Enfermería.

## INTRODUCTION

Cardiovascular diseases are currently the leading causes of morbidity and mortality worldwide. The World Health Organization (WHO) stated that in 2012, 17,327,000 people worldwide died from heart disease, accounting for 30.5% of all deaths.<sup>1</sup> This high incidence of morbidity and mortality is due to the fact of the high number of risk factors associated with this disease.<sup>2</sup> Many of these factors can be modified when the patient receives adequate guidance,<sup>3</sup> and the nurse plays an important role in this context, since it is the professional who most guides these patients.

Since the beginning of 2010, some patients with cardiac conditions attended at *Hospital São Paulo*, where they were invited to be followed up after the hospital discharge at the Health Education Ambulatory. The Health Education Ambulatory from the *Escola Paulista de Enfermagem at Universidade Federal de São Paulo (UNIFESP)* promotes the follow-up of patients and their relatives, through orientations in relation to the disease, therapeutics and modification of the lifestyle.

Nevertheless, in order for the patient to be motivated to remain with this follow-up, it is necessary for the patient to

have a positive evaluation from the health service and, in order to do so, the multiprofessional team must be qualified and with a broad knowledge about the disease and the state of patient's health, in addition to establishing good communication with the patient.<sup>4</sup>

In this sense, it is important to evaluate the satisfaction of the patients followed in this ambulatory, in order to improve the quality of care provided. Satisfaction is defined as the customer's reaction to the experience of using a service or purchasing a product according to their expectation. It is the feeling of pleasure or disappointment by comparing the expected performance against the expectations of the individual.<sup>5</sup>

It should be emphasized that studies aimed at user satisfaction are a fundamental task for the management of nursing services, since their understanding can provide users with a performance evaluation that will indicate both strategic and operational decisions that can be influenced. The quality of the services provided by the organizations and even the patients' adherence to the treatment.<sup>6</sup> Given the aforementioned, the following questions came along: Are the patients assisted by a Health Education Ambulatory satisfied with the service provided? Is there any factor that interferes with the satisfaction of these patients?

The study's goal is to identify the satisfaction of the patients assisted by the Health Education Ambulatory from the *Escola Paulista de Enfermagem at Universidade Federal de São Paulo (UNIFESP)*.

To evaluate the effect of the antecedent variables (sex, age, residency, companion relationship, number of consultations attended, year of first consultation and hospital readmission during follow-up) with the satisfaction level of the patients assisted by the ambulatory.

## METHODS

It is a cross-sectional study that was carried out at the Health Education Ambulatory from the *Escola Paulista de Enfermagem at Universidade Federal de São Paulo (UNIFESP)*, over the time period from December 2012 to July 2013. This ambulatory attends patients with coronary artery disease and/or cardiac insufficiency regardless the disease etiology.

The sample consisted of all the patients attended by this ambulatory. The inclusion criteria were the patients who agreed to participate in the study, signing the informed consent form, who had at least four years of study, because the evaluation of satisfaction was performed through the application of a self-applicable instrument and, patients that participated in at least two consultations in the ambulatory, since in order to evaluate satisfaction it is necessary that the patient has previous contact with the service.<sup>7</sup> Patients with visual deficit were excluded from the study because they could not fill the evaluation instrument used; those with decompensating disease even after health care, in

order to avoid greater energy expenditure, and patients that were only cared through telephone contact.

The instrument used to assess satisfaction was the Patient Satisfaction Instrument (PSI). This instrument was translated and validated<sup>8</sup> for the Portuguese version, which was originally developed by Hinshaw and Atwood.<sup>9</sup> This instrument targets to measure patient satisfaction in relation to nursing care and contains 25 items, grouped into three domains: professional (P), educational (E) and confidence (C). Because it is an instrument used to evaluate patient satisfaction in the hospital settings, it was necessary to exclude two questions that did not correspond to outpatient care: “The nurse is very busy at the clinic to waste time talking to me” and “The nurse is skilled in assisting the physician during the procedures.

The scale of measurement of this instrument is Likert type, with five options ranging from “totally agree” to “totally disagree”. According to the study by Oliveira<sup>8</sup> the score is given as follows: for the positive items (3, 4, 6, 7, 9, 12, 14, 15, 16, 17, 21, 23, 24), the totally agreeable alternative will be worth 5 points and the totally disagreeable with 1 point. In contrast, for negative items (1, 2, 5, 8, 11, 13, 18, 19, 20 and 22), “totally agree” with 1 point and “totally disagree” with 5 points. The higher the PSI score, the greater the level of patient satisfaction with the care provided. It is an instrument of easy application and has a coefficient of reliability for the three subscales between 0.78 and 0.87.<sup>8</sup>

It should be noticed that the satisfaction assessment was obtained by the principal investigator, immediately after the consultation, as a study shows that satisfaction must be obtained after the patient has experienced the situation.<sup>10</sup>

Statistical analyzes were performed using Statistical Package for Social Sciences (SPSS), version 19. The qualitative measures were described by means of absolute (n) and relative frequencies (%) and for the quantitative measures were the following: median (Med), standard deviation (SD), minimum (Min) and maximum (Max) values. The consistency of the items of the scores was assessed by the Cronbach's Alpha coefficient, and those who obtained alpha values above 0.6 were considered a satisfactory scale.

Non-parametric Kruskal-Wallis or Mann-Whitney tests were used to compare the measures of the scores between the categories of the qualitative variables. The relationship between scores and quantitative measures was evaluated by Spearman correlation. The level of significance adopted for the tests was 5%.

Preceding the data collection, the research project was submitted and approved by the Research Ethics Committee under the number 184,690. Patients who agreed participating in the study signed the Free and Informed Consent Term.

## RESULTS AND DISCUSSION

The majority of these patients (n=12, 70.6%) were male and resided in São Paulo (n=12, 70.6%), predominantly

in the Southern Zone (n=7, 47.1%). The age ranged from 31 to 73 years old, with an average of 55 + 13.4 years old. Regarding the medical diagnosis, it was observed that 82.4% had heart failure.

The number of consultations attended at the ambulatory ranged from 4 to 14, with an average of eight visits, and during the follow-up period at the ambulatory, 12 (70.6%) of the patients did not have hospital admission. Ten patients evaluated, attended the consultations without companion.

Concerning the satisfaction level, it was observed that all the patients reported a high level of satisfaction regarding the ambulatory consultations, which average was 4.54. Regarding the domains of the scale, it was observed that the highest satisfaction was related to the professional domain (Table 1).

**Table 1** - Summary statistics for the total items and domains of the PSI. São Paulo, 2013.

Subscale	Average (SD)	Minimum	Median	Maximum
Educational	4.40 (0.49)	3.7	4.430	5
Confidence	4.57 (0.42)	3.7	4.600	5
Professional	4.64 (0.40)	3.8	4.670	5
Total score	4.54 (0.41)	3.7	4.610	5

When evaluating each item of the scale, it was verified (Table 2) that as averages ranged from 3.59 to 4.76 points, being that situations that obtained greater satisfaction in all technical-professional domain and confidence domain.

**Table 2** - Descriptive statistics of the PSI items. São Paulo, 2013.

Item*	Patient Satisfaction Instrument	Average (SD)	Med.	Min-Max
1	The nurse should be more careful of what he/she is	4.29 (1.35)	5	1-5
3	The nurse is a nice person to have around	4.76 (0.44)	5	4-5
4	We feel comfortable asking the nurse questions	4.76 (0.44)	5	4-5
5	The nurse should be friendlier than he/she is	4.47 (0.87)	5	2-5
6	The nurse is a person who can understand how I feel	4.53 (0.62)	5	3-5
Confidence	9 When I need to talk to someone, I can tell my problems to the nurse	4.47 (0.71)	5	3-5
	The nurse is comprehensive when listening to the patient's problems	4.65 (0.50)	5	4-5
	14 The nurse does not have enough patience	4.47 (1.01)	5	1-5
19	I'm tired of the nurse talking to me like I am an inferior person	4.59 (0.62)	5	3-5
22	Just by talking to the nurse, I feel better already	4.71 (0.47)	5	4-5
Professional	23 The nurse makes sure that I am going to follow the medical guidelines	4.76 (0.44)	5	4-5
	12 The nurse is always too disorganized in order to appear calm	4.65 (0.50)	5	4-5
	13 The nurse gives good advices	4.76 (0.44)	5	4-5
	15 The nurse really knows what he/she is talking about	4.59 (0.51)	5	4-5
	16 The nurse is too slow to do things for me	4.35 (0.79)	4	2-5
	18 The nurse does not do he/she job properly	4.71 (0.59)	5	3-5
	20 The nurse is often not able to understand the medical explanation about yours illness, so he/she does not bother answering you	4.59 (0.80)	5	2-5
	2 The nurse explains things in simple language	4.71 (0.47)	5	4-5
	7 The nurse asks a lot of questions, but when he/she receives the answer, he/she seems to do nothing about it	4.53 (0.87)	5	2-5
	8 I would like the nurse to give me more information about the results of my exam	3.59 (1.23)	4	2-5
Educational	11 It is always easy to understand what the nurse is saying	4.41 (0.80)	5	2-5
	17 The nurse provides guidance at the correct speed	4.59 (0.51)	5	4-5
	21 The nurse always gives full and sufficient explanations of why the exams were requested	4.41 (0.71)	5	3-5

**Legend:** SD = standard deviation; Med = median; Min = minimum and Max = maximum.

Considering the internal consistency of the PSI, evaluated by Cronbach's Alpha coefficient, a satisfactory consistency was found for all PSI items,  $\alpha=0.901$  (23 items) and for the

domains: technical-professional,  $\alpha=0.817$  (6 items); confidence,  $\alpha=0.742$  (10 items) and educational,  $\alpha=0.719$  (7 items).

Regarding the relation between the level of patient satisfaction and the antecedent quantitative variables (age and number of consultations), it was observed that there was no significant correlation (Table 3).

**Table 3** - Correlation between PSI scores, age and number of attended consultations. São Paulo, 2013.

Spearman Correlation		Number of attended consultations	
		Age	
Confidence Subscale	r	-0.249	0.17
	p-value	0.334	0.513
Educational Subscale	r	-0.322	-0.035
	p-value	0.208	0.894
Professional Subscale	r	-0.099	-0.047
	p-value	0.706	0.856
Total Score	r	-0.304	-0.009
	p-value	0.236	0.974
Pondered Total Score	r	-0.308	0.012
	p-value	0.23	0.962

By analyzing the relationship between the patient's satisfaction levels to the qualitative dependent variables (sex, residency, companion relationship, year of first consultation and hospital readmission) no correlation was observed (Table 4).

**Table 4** - Association between the PSI scores between the sex categories, residency, the degree of the companion relationship, the year of the first consultation and hospital readmission. São Paulo, 2013.

		Subscale				Total score Average (SD) Med.		
		Confidence Average (SD) Med.	Educational Average (SD) Med.	Professional Average (SD) Med.				
<b>Sex*</b>	Male	4.53 (0.36)	4.5	4.29 (0.43)	4.1	4.47 (0.35)	4.5	
	Female	4.66 (0.56)	5.0	4.69 (0.56)	5.0	4.73 (0.51)	4.69 (0.53)	4.9
	<b>p-value</b>	<b>0.241</b>		<b>0.163</b>		<b>0.380</b>	<b>0.170</b>	
<b>Residency</b>	Southern Zone	4.66 (0.48)	4.90	4.39 (0.54)	4.43	4.67 (0.43)	4.83 (0.45)	4.68
	Eastern Zone	4.63 (0.45)	4.75	4.75 (0.5)	5.00	4.75 (0.5)	5.00 (0.48)	4.92
	Outside of SP	4.44 (0.38)	4.40	4.14 (0.36)	4.14	4.43 (0.28)	4.50 (0.33)	4.29
	<b>p-value</b>	<b>0.548</b>		<b>0.361</b>		<b>0.273</b>	<b>0.407</b>	
<b>Companion relationship</b>	Alone	4.48 (0.5)	4.50	4.4 (0.55)	4.29	4.57 (0.49)	4.75 (0.51)	4.48
	Partner Child/ Grandchild	4.55 (0.21)	4.55	4.07 (0.1)	4.07	4.58 (0.12)	4.58 (0.14)	4.40
	Grandchild	4.76 (0.25)	4.90	4.54 (0.43)	4.71	4.8 (0.22)	4.83 (0.19)	4.76
	<b>p-value</b>	<b>0.629</b>		<b>0.651</b>		<b>0.669</b>	<b>0.692</b>	
<b>Year of the first consultation</b>	2010	4.67 (0.31)	4.60	4.71 (0.49)	5.00	4.78 (0.38)	5.00 (0.38)	4.87
	2011	4.54 (0.47)	4.70	4.27 (0.5)	4.00	4.54 (0.41)	4.50 (0.43)	4.42
	2012	4.56 (0.44)	4.60	4.46 (0.48)	4.43	4.73 (0.43)	5.00 (0.42)	4.68
	<b>p-value</b>	<b>0.929</b>		<b>0.328</b>		<b>0.429</b>	<b>0.562</b>	
<b>Hospital readmission during follow-up*</b>	No	4.55 (0.45)	4.65	4.39 (0.53)	4.29	4.58 (0.45)	4.67 (0.45)	4.59
	Yes	4.62 (0.35)	4.40	4.43 (0.44)	4.43	4.77 (0.25)	4.83 (0.33)	4.61
	<b>p-value</b>	<b>0.831</b>		<b>0.915</b>		<b>0.583</b>	<b>0.833</b>	

**Legend:** SD = standard deviation; Med= median.

Presented Statistics: \*Mann Whitney test; the others are the Kruskal-Wallis test.

Because it is a chronic and potentially irreversible condition, patients with heart disease deal with their disease for a long period of time. Treatment includes not only a wide variety of medications but also significant changes in lifestyle.

The complexity of disease management, associated with patients' lack of knowledge about the subject, may impair understanding of treatment and, consequently, decrease adherence to treatment.<sup>11</sup>

Hence, a better understanding of these diseases, their educational plan and the medications used, they all together may facilitate adherence to pharmacological and non-pharmacological treatment, thus reducing morbidity and mortality and improving the patient's life quality.<sup>11</sup>

Ambulatory care allows patients to be monitored in order to demonstrate the long-term impact of the intervention on the assimilated knowledge and its consequences on the clinical evolution and quality of life of the patients.<sup>12</sup>

A study<sup>13</sup> carried out with oncology patients under ambulatory care showed, through a tool by Sitza and Wood, proposed by Donabedian that the elements that influenced the positive evaluation of quality of service were the technical capacity of the nursing professional and the appropriate interpersonal relationship, which were aspects evidenced in the present study.

From the obtained results it was possible to observe that the situations with higher averages were those related to the technical-professional domain and to the trust domain. These results show that the evaluation of the patient in relation to the care received is based not only on technical procedures but also on situations that demonstrate confidence, empathy and patience on the part of the caregiver.<sup>14</sup>

The nursing professional, by reconfiguring the user-directed view, shifting himself from the position of the individual to perceiving it as a subject, can increase care, in which the user's desires are perceived beyond purely biological needs.<sup>14</sup>

Although the patients reported satisfaction with the received orientations, it is verified that the items related to the educational domain resulted in the lower averages. Other studies confirm this finding and point out that patients that reported having received insufficient information about their treatment had lower levels of satisfaction.<sup>15</sup> It is important to highlight that the information provided by nurses is one of the key factors for this evaluation.<sup>15</sup>

The nursing professional has the responsibility to guarantee and establish a communication process favorable to the interaction and to share expectations, values and feelings between him and the clients.<sup>16</sup> Moreover, the nurses act as a key element in quality care. As the nurse interacts with the patient, a communication channel is established and consequently assists in meeting the needs, desires and decisions of the patient, facilitating and effectively promoting patient cooperation in relation to the prescribed observations. The dialogue between the provider and the client offers benefits to the Institution because it informs what is wrong and guides how to make the service better.<sup>17</sup>

In the patient's viewpoint, the attributes he considers most important for a quality care are focused on interpersonal aspects of the relationship between the caregiver and the caregiver. These aspects are based on receiving attention from



nurses, friendship, as well as showing affection, competence, ability and teaching about care, respect for the needs, pleasant treatment and patient involvement in the care itself, aspects that Were evident in the present study.<sup>18-19</sup> The quality of services depends on how much the same corresponds to the expectations of the clients.<sup>20</sup> Nonetheless, such expectations can be influenced by several factors, so recognizing them is of fundamental importance for those who manage the provision of services.

## CONCLUSIONS

It was concluded that the patients presented high levels of satisfaction in ambulatory care, especially regarding the professional performance and the confidence. Nonetheless, there was no correlation between the antecedent variables and patient satisfaction. Other studies of this nature should be performed to guide the quality of care provided in the health services, and then identify possible factors that may interfere in this assessment.

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**\*Corresponding Author:**

Alba Lucia Bottura Leite de Barros  
Rua Napoleão de Barros, 754  
Vila Clementino, São Paulo, São Paulo, Brasil  
E-mail address: barros.alba@unifesp.br  
Telephone number: +55 11 5576-4430  
Zip Code: 04024-002

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