

PATIENT SATISFACTION AS HEALTH CARE IN A SURGICAL CLINIC UNIT

Satisfação do paciente quanto assistência de saúde em unidade de clínica cirúrgica

Satisfacción del paciente cuanto asistencia de salud en unidad de clínica quirúrgica

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ABSTRACT

Objective: to analyze the patients' satisfaction regarding the health care received in a Clinical Surgical Unit of a university hospital. **Method:** cross-sectional study of a quantitative approach, carried out in a Clinical Surgical Unit of a University Hospital of the South of Rio Grande do Sul. A sample of 81 participants was investigated. **Results:** a total of 43.2% (n = 35) males and 56.8% (n = 46) females were interviewed. Regarding infrastructure, the hospital was an organized environment (4.63, SD = ± 1.0); the nursing care was seen as satisfactory (4.9, SD = ± 0.35), as well as medical care (4.96, SD = ± 0.19). The lowest value (3.43, SD = ± 1.7) was attributed to the comfort provided to the companions. **Conclusion:** the patients were satisfied with the conditions of clinical care and hospital infrastructure, which can provide well-being, comfort and tranquility. Patients visualize the dedication and dedication of health professionals, strengthening safety during the perioperative period.

Descriptors: Perioperative nursing; Quality of health care; Patient care.

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RESUMO

Objetivo: analisar a satisfação dos pacientes quanto à assistência de saúde recebida em uma unidade de clínica cirúrgica de um hospital universitário. **Método:** estudo transversal de abordagem quantitativa, realizado em unidade de clínica cirúrgica de um Hospital Universitário do Sul do Rio Grande do Sul. Investigou-se uma amostra de 81 participantes.

Resultados: foram entrevistados 43,2% (n=35) do sexo masculino e 56,8% (n=46) do sexo feminino. Com relação a infraestrutura, o hospital era um ambiente organizado (4,63, DP=±1,0); o atendimento de enfermagem foi visto como satisfatório (4,9; DP=±0,35), assim como o atendimento médico (4,96; DP=±0,19). O valor mais baixo (3,43, DP=±1,7) foi atribuído ao conforto disponibilizados aos acompanhantes. **Conclusão:** os pacientes mostraram-se satisfeitos com as condições de atendimento clínico e infra-estrutura hospitalares, os quais podem proporcionar bem-estar, conforto e tranquilidade. Os pacientes visualizam o empenho e dedicação dos profissionais da saúde, fortalecendo a segurança durante o período perioperatório.

Descritores: Enfermagem perioperatória; Qualidade da assistência à saúde; Assistência ao paciente.

RESUMÉN

Objetivo: analizar la satisfacción de los pacientes en cuanto a la asistencia de salud recibida en una Unidad de Clínica Quirúrgica de un hospital universitario. **Método:** estudio transversal de abordaje cuantitativo, realizado en Unidad de Clínica Quirúrgica de un Hospital Universitario del Sur de Rio Grande do Sul. Se investigó una muestra de 81 participantes.

Resultados: fueron entrevistados 43,2% (n = 35) del sexo masculino y 56,8% (n = 46) del sexo femenino. Con respecto a la infraestructura, el hospital era un ambiente organizado (4,63, DP = ± 1,0); la atención de enfermería fue vista como satisfactoria (4,9, DP = ± 0,35), así como la atención médica (4,96, DP = ± 0,19). El valor más bajo (3,43, DP = ± 1,7) fue asignado al confort disponible a los acompañantes. **Conclusión:** los pacientes se mostraron satisfechos con las condiciones de atención clínica e infraestructura hospitalaria, que pueden proporcionar bienestar, confort y tranquilidad. Los pacientes visualizan el empeño y dedicación de los profesionales de la salud, fortaleciendo la seguridad durante el período perioperatorio.

Descritores: Enfermería perioperatoria; Calidad de la asistencia sanitaria; Asistencia al paciente.

INTRODUCTION

The concepts of comfort and well-being must be present during all perioperative period, from the moment the patient decides or needs to have surgery until the postoperative. As during this period the patient may be weakened, with questions and doubts, the hospital practice must be based on a scientific knowledge capable of guiding and helping the medical care, besides confirming the projection and implementation of activities from the care staff.¹ The relationship between patients and care staff, since the beginning, collaborates on noticing the comfort and well-being, providing tranquility.²

For this, the hospital managers need to promote a more humanized treatment with the acting care staff, giving special attention to their behavior, character, and proactivity.¹ In this sense, it is vital the interest and development of continuous progress methods, such as scientific research, training of care staff, collectivization of information and support for innovations, what makes possible a results evaluation of everything and makes feasible future interventions.³

Since the mid-90s, hospital administration has used a new concept of comfort, where patients and their companions must have hotel services in a hospital. The main target then was quality, efficiency, and safety; and making those three attributes work follows the society's evolution besides the considered traditional concepts.⁴

There are lots of ways of making patients comfortable. For this, hospitals have improved their services with hospitality, as well as making renovations and stimulating interactions between patients and care staff, such as doctors and nurses.¹

Facing this, giving attention to the patients' opinions regarding the care they receive and their satisfaction can be an opportunity to structure result indicators, showing the managers options in transformations and innovations. Evaluating the care quality and the patients' satisfaction makes it possible to identify potentialities and deficiencies in study field, granting the reorganization of care, management and training activities.³

This study is justified by the aspects that are favorable and influence directly or indirectly the well-being of patients hospitalized in a surgical clinic unit, the ones that make this moment uncomplicated, understandable and calm.

In this direction, the research question was: What is the patient satisfaction with the health care at a Surgical Clinic Unit from a university hospital? Given this, the study aimed to analyze the patients' satisfaction regarding the health care received in a Surgical Clinic Unit of a university hospital.

METHODOLOGY

It was a cross-sectional study on a quantitative approach. It was carried out in a Surgical Clinic Unit of a university hospital located in the South of Rio Grande do Sul. During the two months data was collected, 105 patients were approached; there were 15 refusals and nine losses. So, the research consisted of an intentional sample of 81 patients, selected to participate in the study according to the following inclusion criteria: Patient hospitalized in a postoperative unit, over 18 years old. Patient

available and interested in answering the questionnaire. The exclusion criteria was patient not being able to answer the questionnaire due to the postoperative.

Data was collected through a structured questionnaire, composed of two parts, made available individually and completed with the help of the interviewer. The first part had personal questions and addressed aspects such as gender, age, marital status, and education. The second part had 27 closed questions referring to the health care received, as well as privacy, stay and structure of the unit. These questions were answered using the likert scale, where one point was the lowest one and five the highest one. Data collect was made on August and September 2014.

The quantitative data was put and organized on the software Statistical Package for the Social Sciences (SPSS) 21.0. Through descriptive and inferential analysis, it was possible to check factors as simple and absolute frequency, percentage, measures of central tendency (mean and median), measures of dispersion (variance and standard deviation), to synthesize and describe the research results.

The principles of ethics were honoured, ensuring human rights protection according to the recommendations of Resolution 466/12 from the Brazilian National Health Council. The study participants were informed about the questionnaire's content and how to answer them. They were also informed about the study objectives, the anonymity, and confidentiality of the data, as well as the voluntary nature of participation by signing the consent form. The project was submitted for evaluation on the Health Research Ethics Committee from University of Rio Grande, Certificate of Presentation for Ethical Consideration 33017614.7.0000.5324, specifying the study objectives and the involved risks, sentence 111 from August 12 2014.

RESULTS

81 patients were interviewed, 56.8% (n = 46) females and 43.2% (n = 35) males. Most of them were 40-59 years old (n=30, 37%) and were married (n=32, 39,5%). About education, some of them (n=3, 3,7%) were not literate and most of them (n=33, 40,7%) didn't finish Middle School. These data can be seen at Chart 1.

Chart 1 - Personal questions Rio Grande, RS, Brazil, 2014

Variable	N	(%)
Gender		
Female	46	56,8
Male	35	43,2

Variable	N	(%)
Age		
18-39 years old	29	35,8
40-59 years old	30	37,0
60 years old or over	22	27,2
Marital status		
Single	31	38,3
Married	32	39,5
Widower	7	8,6
Divorced	11	13,6
Education		
Not literate	3	3,7
Middle School - Incomplete	33	40,7
Middle School - Complete	16	19,8
High School - Incomplete	7	8,6
High School - Complete	13	16,0
Higher Education - Incomplete	8	9,9
Higher Education - Complete	1	1,2

N = number % = percentage

Source: Authors, Rio Grande, 2014

About the hospital infrastructure, the study evaluated aspects that interfere directly with the patient's experience at the perioperative period. Given this, they considered, in general, the hospital is an organized environment (4,63, SD=±1,0), which provides well-being, comfort, and tranquility (4,95, SD=±4,95). About the comfort provided to the companions, the grades were lower (3,43, SD=±1,7).

Regarding the structure of the unit, regarding the wards and rooms at the time of hospitalization, there was an average grade (3,5, SD=±18). Regarding the presentation of the unit routines, such as those related to meals, visits and bed bath hours, the grade was 3,1 (SD=±18). Regarding cleaning services, the average grade was 3,8 (SD=±1,68). What had the highest grade was suitability, maintenance, and replacement of bed linen (4,74, SD=±0,86). Patient's privacy seems to be respected and considered important according to its grade (4,98, SD=±0,15). To the chi-square test analysis, it was possible to see a significant association between privacy and gender (p<0,05), in this case, female. Besides that,

it was noticed an association between age and the cleaning services' grade ($p < 0,046$), where participants over 40 years old agreed with the way it was carried out. About the association between age, comfort, and well-being of the companion, ($p < 0,004$), patients over 40 years old disagreed with the way it was carried out.

Nursing care was considered satisfactory, with average grade 4,9 ($SD = \pm 0,35$), as well as instructions/information provided by the nurse to patients about the operation of the unit (4,33, $SD = \pm 1,42$). Besides that, patients said there was clarification when submitted to nursing procedures, with a grade of 4,65 ($SD = \pm 0,96$). Fasting is one of the nursing care procedures during perioperative period, which needs clarification of its reasons, having a grade of 4,54 ($SD = \pm 1,19$).

In chart 1 the dimensions and investigated itens are found:

Chart 1 - Dimensions and investigated itens Rio Grande, RS, Brazil, 2014

Infrastructure	Grade
1. When you arrived at the unit there was an introduction of the ward and its rooms.	3,51
2. There was an introduction to the other occupants of the ward.	2,96
3. There was information about the ward routines, meals, visits, and baths.	3,11
4. Noises from the ward do not disturb your sleep and rest.	4,59
5. Toilets and ward cleaning service has always been satisfactory.	3,85
6. The bedding provided has always been clean and changed frequently.	4,74
7. The hospital environment and its structure provide comfort, tranquility and well- being for the patients.	4,95
8. The hospital environment and its structure provide comfort, tranquility and well- being for the companions.	3,43
9. The food has always been satisfactory.	4,51
10. By asking for a diet change, it was promptly considered.	3,17
11. The hospital environment is organized.	4,63

Medical care	Grade
12. During hospitalization, the doctor's care was satisfactory.	4,96
13. During hospitalization, the doctor has always kept you informed about the diagnosis, exams, and treatment.	4,95
14. Before the surgery, the doctor explained what type it was and how it was going to be carried out.	4,80
15. Before the surgery, the anesthesiologist explained what type of anesthesia was going to be used.	3,56
16. The doctor followed the postoperative period, with periodic visits, giving instructions and clarifying doubts.	4,42
Nursing care	Grade
17. During hospitalization, nursing care was satisfactory.	4,93
18. During hospitalization, you were oriented by the nurse.	4,33
19. When undergoing nursing procedures (catheterizings, dressings, physical examination, venous access, etc.), you were oriented about them.	4,65
20. During hospitalization, when fasting was requested, the reason was explained.	4,31
21. During hospitalization, when performing the trichotomy, the reason was explained.	3,21
22. During hospitalization, all your doubts have always been clarified.	4,64
23. During recovery, you were told by the medical team how you should behave in the postoperative period.	4,54
24. During hospitalization, your privacy was respected in all moments.	4,98

Source: Rio Grande, 2014

Lastly, about the doctor's care, patients were satisfied, giving the grade 4,96 ($SD = \pm 0,19$), the same about explanations on the surgery (4,80, $SD = \pm 0,87$). About the postoperative period, doctors followed it, with periodic visits and giving instructions (4,42, $SD = \pm 1,22$). Regarding the anesthesia, patients were indifferent, which may show lack of instructions on this matter (3,56, $SD = \pm 1,79$).

DISCUSSION

The study aimed to evaluate some important questions regarding the perioperative period, and through them it was possible to identify that according to the patients the hospital had good care conditions related to infrastructure, medical and nursing care.

Considering academic learning, the assessment about care contributes to the solidification of prior learning, promoting relationships of knowledge, which contributes to the development of future nursing professionals and to the improvement of techniques and procedures that are relevant to daily lives of those professionals.⁵

So, regarding nursing care, satisfaction was almost unanimous. Patients confirmed the nursing care happened, with pre and postoperative procedures, orientation on proceedings and fasting. For good surgical treatment, nursing care is as essential as medical-surgical procedures. When the patient is aware of his conditions he/she tends to feel safer, overcoming fears related to procedures, understanding better the risks and the behavior related to the perioperative period⁴, facing difficulties and being happier with the treatment.¹ The core of the care planning consists of solving the needs the patient has² and the nurse acts mainly on the comprehension of difficulties the patients have.

The nurse care process involves caring/assisting/planning, administering/managing, researching and teaching. Within the hospital context, caring and managing prevail in a hierarchy on the nursing team, where the nursing technician acts in simple care and the nurse acts in complex care and unit managing. The work of nurses in a hospital is broad and with multiple dimensions, aiming at the patient to whom direct or indirect care is provided.¹²

Therefore, it is important nurses have knowledge of the indicators of their professional performance, so they can be up to date and feeling confident, with fewer adverse events, based on the best evidence.¹ A quality health service that prioritizes patient safety is something institutions and universities want since unplanned nursing care can lead to considerable problems.⁶

Besides the nursing teams, hospitals have teams formed by the doctor in charge of the team, interns and residents. Given this condition, because it is a university hospital, the high assessment in the study relates to medical care in general and it is also conferred to the students involved in the procedures since they promote tranquility when clarifying doubts in pre and postoperative procedures.

A study confirmed the patient's confidence in the doctor is very high because they trust him their bodies and all the therapeutic procedures. To some patients, the doctor is the person with most knowledge and information they know, and they trust him completely.⁷

High grades were also assigned to patient privacy, in this case, associated with females, which can be related to the fact most nurses are women. Besides having men working as nurses, there is still resistance to male care.⁸ However, we must highlight the importance of promoting privacy to the patients, taking into account the daily exposure to the care staff and other patients. Care staff should act maintaining quality standards and ethics/bioethics principles, avoiding patient embarrassment, providing care respectfully, providing well-being, making it clear to the patient their right to choose.⁹

Average grades were given to ward cleaning services and maintenance of bed linen, which must be maintained because of comfort and to avoid infections. At the Hospital Clothing Processing Manual by the National Sanitary Surveillance Agency, it is mentioned how important the quality and hygiene of bed linen is, as they may lead the patient to contact with microorganisms that may cause nosocomial infection.¹⁰ The purpose of cleaning hospitals is to prevent microorganisms from proliferating and colonizing surfaces. Therefore, it is necessary to follow the rules on the use of appropriate products correctly to perform the sanitation of the hospital environment. Due to the particularities and details of the cleaning of these places, there is a need for training of the cleaning staff.¹¹

The presentation of the unit routines also had an average grade, being this aspect important because if you know the routines you can make better use of the services offered, as well as making medical and nursing care easier and better. When the professional has scientific knowledge, he/she acts easily, providing care in a better way, taking into account even the structure of the unit and operation routines.¹²

About the arrival at the unit and introduction of the ward and its rooms, most patients assigned a reasonable grade, that is, patients said the nurse showed them the bed, bathroom, and the nursing station. Hospitality is something unquestionable since it can make someone who is feeling fragile feel calm and safe. But it will depend on the professional since he/she can make the patient feel hopeful and comfortable even in an unknown environment and consider the hospital and the staff hospitable.¹³

Regarding hospital structure the grades were low, which shows the environment the patient stays is unpleasant, sometimes with damages on doors, walls, bathrooms, armchairs; making the patient think the place is untidy and displeasing and making his/her hospitalization difficult. The unit structure should give patients the appropriate perception of life quality and health promotion in such sensitive moment, making him/her feel comfortable with everything¹². Besides that, an inappropriate structure may compromise his/her safety with accident risks. Therefore, hospital's engineering and architecture can help a lot with security management, taking into account not only the available structure but also what is linked to critical processes, making safety in all areas possible, like the one used by care staff while dealing with patients.¹⁴

Comfort for the companions, according to the questionnaire, didn't have good grades, especially among 40-year-old patients, what can be because they worry about the well-being of their relatives while they are hospitalized. Given this, it is important the environment available to the companions be improved, so patients can feel calm and recover in a better way. Considering the legal recommendations about the companion in the hospital, institutions must have better furniture, keeping in mind hospitals offer to companions a chair or an armchair for him/her to stay day and night, what can cause pains.¹⁵

Before the surgery, the anesthesiologist must schedule a preanesthetic appointment to decide with the patient the type of anesthesia to be used in the procedure, clarifying doubts and lessening fears. Most people assigned low grades for this question, probably because this appointment didn't happen or the doubts weren't clarified, which sometimes happens moments before the surgery, at the surgery center. Most of the times, when the patient is required to have surgery due to some pathology or injury/deformity, he/she is not fully prepared to undergo surgical anesthesia.¹⁶ Knowing how the anesthesia will be, helps to ease anxiety about the procedure and the fear of waking up during the surgery. Given this, the preanesthetic appointment besides making things clear and the patient calm, it is also preoperative care performed to evaluate and obtain more information about the patient's health.

The need for staff, patients and hospitals to get closer can be highlighted, so the perioperative period goes as smooth as possible, with safety and recovery according to the procedure. With this study it was also shown how important it is to listen to the patient and his/her perceptions about the hospital since the hospital is intended to meet his/her needs.

CONCLUSIONS

It was made evident the good care offered by the medical and nursing staff, besides human and material resources and infrastructure that are also important for the recovery of the patients, as the environment meant for it must be clean, organized and make both patient and companion comfortable. The limitations of the study were the few interviewed patients, as well as the research period and the elements related to satisfaction with the services listed, which represent some of the necessary items to be evaluated. But it seems the study could give some information about health care on the perioperative period, which is full of insecurity and doubts of the patients, being an important moment for humanization. It is interesting for the health care team to think about all the procedures related to the patient, knowing their role is essential for a good recovery from surgery.

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