

USER SATISFACTION WITH NURSING CARE IN THE HOSPITAL ENVIRONMENT

Satisfação dos usuários com os cuidados de enfermagem no ambiente hospitalar

Satisfacción del usuario con atención de enfermería en el entorno del hospital

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ABSTRACT

Objective: to analyze the level of user satisfaction with nursing care in the hospital environment. **Method:** cross-sectional, analytical, quantitative study, carried out with 101 patients from a hospital in the Center-South of Piauí, from March 2016 to January 2017. The “Customer Satisfaction Scale” of the Results Classification of Nursing, with analysis of the results using the Statistic Package for Social Sciences Software. **Results:** patients were satisfied with nursing care (58.4%). The variables that showed a statistically significant association with satisfaction were “race / color” ($p = 0.028$) and “marital status” ($p = 0.030$), in addition to the indicators “eating” ($p = 0.018$) and “hygiene” ($p = 0.035$) of the self-care scale. **Conclusion:** patient satisfaction allows the identification of potential and deficiencies, providing contributions for the reorganization of care, management and teaching activities.

DESCRIPTORS: Health behavior; Health promotion; Standardized nursing terminology; Nursing; Validation studies.

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RESUMO

Objetivo: analisar o nível de satisfação dos usuários com os cuidados de enfermagem no ambiente hospitalar. **Métodos:** estudo transversal, analítico, quantitativo, realizado com 101 pacientes de um hospital do Centro-Sul do Piauí, no período de março de 2016 a janeiro de 2017. Utilizou-se a “Escala de satisfação do cliente” da Classificação dos Resultados de Enfermagem, com análise dos resultados a partir do *Software Statistic Package for Social Sciences*. **Resultados:** os pacientes se mostraram satisfeitos com os cuidados de enfermagem (58,4%). As variáveis que apresentaram associação estatisticamente significativa com a satisfação foram “raça/cor” ($p=0,028$) e “situação conjugal” ($p=0,030$), além dos indicadores “alimentar-se” ($p=0,018$) e “higiene” ($p=0,035$) da escala de autocuidado. **Conclusão:** a satisfação dos pacientes permite a identificação de potencialidades e deficiências fornecendo contribuições para a reorganização das atividades assistenciais, gerenciais e de ensino.

DESCRITORES: Satisfação do paciente; Cuidados de enfermagem; Assistência hospitalar; Terminologia padronizada em enfermagem; Enfermagem.

RESUMEN

Objetivo: analizar el nivel de satisfacción del usuario con la atención de enfermería en el entorno hospitalario. **Método:** estudio transversal, analítico, cuantitativo, realizado con 101 pacientes de un hospital del Centro-Sur de Piauí, de marzo de 2016 a enero de 2017. La “Escala de satisfacción del cliente” de la Clasificación de resultados de Enfermería, con análisis de resultados utilizando el Paquete Estadístico para Software de Ciencias Sociales. **Resultados:** los pacientes quedaron satisfechos con los cuidados de enfermería (58.4%). Las variables que mostraron una asociación estadísticamente significativa con la satisfacción fueron “raza / color” ($p = 0.028$) y “estado civil” ($p = 0.030$), además de los indicadores “comer” ($p = 0.018$) e “higiene” ($p = 0.035$) de la escala de autocuidado. **Conclusión:** la satisfacción del paciente permite la identificación de potenciales y deficiencias, aportando contribuciones para la reorganización de las actividades de atención, gestión y enseñanza.

DESCRIPTORES: Satisfacción del paciente; Cuidado de enfermería; Asistencia hospitalaria; terminología de enfermería estandarizada; Enfermería

INTRODUCTION

Satisfaction is the manifestation of an attitude, or rather, an affective response that refers to a belief that the service must have certain attributes, thus characterizing satisfaction as positive evaluations of the subject in relation to the distinct dimensions of the health service.¹ This is a complex particularity and is established according to the expectations of the user.

As the user establishes a relationship of satisfaction with the health service, one can conclude that there is a degree of convergence between expectations and perception about the care received, that is, the care the patient experienced and what he expected to receive. Thus, satisfaction is considered an important indicator of health service quality and the nursing team needs more and more to have knowledge of the factors that impact the perception of the patient about the care offered.²

The performance of the nurse is important to improve satisfaction because by reconfiguring the care directed to the user, it can lead to the production of an assistance where the

desires of the user are noted beyond the purely biological needs.³ The aim is excellence of care, through the provision of health services that can meet the needs and desires, attracting and faithfulness to all users, whether visitors, patients or companions.⁴

Studying satisfaction with nursing care is an effective way to evaluate the outcome of autonomous interventions, especially when the instrument used in this evaluation is directly related to nursing care and when the indicators of the results obtained by users are sensitive to care. It can also be better evaluated when the instrument relates the care provided with the needs and expectations of the beneficiaries.⁵

Patient satisfaction with the care received leads to improved quality of life, facilitates adherence to the prescribed treatment and the continued use of services.⁶ Therefore the importance of periodic evaluation of health services in search of better user satisfaction. The satisfaction data can also be used as a source of information for the management of people, more specifically for the evaluation of the individual performance of each professional in the establishment.⁷

In view of these positions, it was observed the scarcity of studies on user satisfaction with the service in the Northeast region, as well as the importance of this type of study for the state of Piauí, where it will guide managers and professionals in the process of improving the assistance provided as well as increasing the level of user satisfaction.

The relevance of the subject for the area of Nursing resides in the possibility of observing how the actions/interventions of nursing are being perceived by the patients. The results of the study can be used by the nurses, both clinical and managerial, in the delineation of strategies to strengthen the actions of care that obtained little satisfaction. Thus, the objective of the present study was to analyze the level of satisfaction of the users with the nursing care in the hospital environment.

METHODS

This is a transversal, analytical, quantitative study, carried out in a medium-sized hospital in the Center-South of Piauí, located in the city of Floriano, from March 2016 to January 2017. This hospital is state-run, develops outpatient activities of medium complexity and hospital activities of medium and high complexity. Patients admitted to the medical and surgical clinic of this hospital participated in the research, with a sample composed of 101 patients. The calculation was based on a pilot test performed with 39 participants, considering a maximum estimation error of 5 points, standard deviation of 15.3 and significance level of 5%.

The collection period took place from November to December 2016. The approach to the users occurred cordially in the wards of the hospital, from the presentation of the researcher, the explanation of the research and its objectives, as well as the importance of the study. The invitation was made and when accepted, the Termo de Consentimento Livre e Esclarecido (TCLE) was delivered and explained, a two-way signature was requested, one for the participant and the other for the researcher, ensuring the confidentiality of the user. After this stage, the researcher started the collection through

the application of a semi-structured questionnaire, filled out by the researcher according to the answers obtained from the participants and had an average duration of twenty minutes.

The instrument used in the research was a questionnaire composed of three parts: socio-demographic and clinical data, self-care scale and satisfaction scale. The socio-demographic and clinical data includes 10 items that were collected from the patients' self-report.

The Nursing Outcomes Classification (NOC) "Customer Satisfaction: Care" scale contemplates 23 items that were answered in 05 Likert type alternatives, ranging from "1=not a little satisfied" to "5=completely satisfied". In this study we considered the 21 of the 23 items that the scale contemplates, except the indicators "considerations of the cost of care", because it is a public hospital, and "assistance to write letters", because it is no longer a common practice. As the NOC scales do not have a common outcome, the following procedure was adopted in this work: the sum of the values assigned by the participant to each item was made, considering the instrument with 21 items, the result could vary between the minimum value of 21 and the maximum of 105 points.⁸

The result of patient satisfaction with the care received was dichotomized in satisfied and unsatisfied. For the dichotomization it was calculated the coefficient of variation (CV) of the scores (CV= standard deviation / mean of the scores), as the result of CV was less than 30% the cut point was the mean adding a standard deviation.

The NOC's "Self-Care: Daily Life Activities" scale includes 11 items answered with 05 Likert type response alternatives, ranging from "1=gravely compromised" to "5=not compromised". In this study we considered 10 of the 11 items that the scale contemplates, except for the "wheelchair mobility" indicator, as it does not apply to all participants. As the NOC scales do not have a common outcome, the following procedure was adopted in this work: the sum of the values assigned by the participant to each item was made, considering the instrument with 10 items, the result could vary between the minimum value of 10 and the maximum of 50 points.⁸

The result of self-care in daily life activity was dichotomized into committed and uncommitted. For the dichotomization the mean was calculated adding a standard deviation.

The data were typed in an Excel spreadsheet and later exported to the Software Statistic Package for Social Sciences (SPSS) version 2.0 of Windows, where the percentages of the dichotomous variables, means and standard deviations of the continuous variables were estimated. The Kolmogorov-Smirnov test was applied to observe data normality. To test the association between the variables, considering the satisfaction with the care as a dichotomous outcome the chi-square test was applied. Considering the endpoint satisfaction with nursing care as a continuous data, the chi-square test was applied to verify the existence of association with independent variables and estimated risk. For the accomplishment of the statistical tests it was considered the level of significance of 95% (p<0.05).

The research was submitted to the Comitê de Ética em Pesquisa (CEP) of Universidade Federal do Piauí (UFPI) obeying the ethical precepts of Resolution 466/2012 of the National Health Council (CNS), obtaining approval on October 14, 2016, with protocol number 1,777,989 and CAAE: 59792516.9,0000,5214.9

RESULTS

The sample consisted of 101 patients who presented the sociodemographic and clinical profile shown in Table 1.

Table 1 - Sociodemographic characteristics of patients admitted to a medium-sized hospital. Floriano, PI, Brazil, 2017

Variable	n(101)	%	\bar{X}	DP
Sex				
Male	75	74,3		
Female	26	25,7		
Age				
18-44	54	53,5		
45-59	19	18,8	1,74	0, 867
>60	28	27,7		
Breed/Color				
White	25	24,8		
Black	28	27,7		
Brown	48	47,5		
Schooling				
No schooling	23	22,8		
Up to 8	48	47,5		
>8	30	29,7		
Labour situation				
With work	51	50,5		
Without work	27	26,7		
Retired	23	22,8		
Conjugal Situation				
With partner	39	38,6		
Without partner	62	61,4		
Income				
Up to 1 minimum salary	81	80,2		
2-3 Minimum salary	17	16,8		
Over 3 salaries	3	3,0		

Source: Elaborated by the author
 \bar{X} : mean; SD: Standard Deviation

As for the sample characteristics, 75 of the patients were male (74.3%), 54 were between 18 and 44 years old (53.5%). As for race/color, 48 declared themselves brown (47.5%). Regarding schooling, 48 concluded until the 8th grade (47.5%). Of the participants, 51 declared they had a job (50.5%), 81 had income of up to 1 minimum wage (80.1%) and 62 had no partner (61.4%).

Table 2 - Association of satisfaction with socio-demographic and clinical variables of patients admitted to a mid-sized hospital. Floriano, PI, Brazil, 2017

	Variables	Satisfaction with care		Total	p-value
		Dissatisfied n(%)	Satisfied n(%)		
Sex	Male	30 (40%)	45(60%)	75	0, 583
	Female	12(46,2%)	14(53,8%)	26	
Age	18-44	28(51,8%)	26(48,2)	54	0, 074
	45-59	05(26,3%)	14(73,7%)	19	
	>60	09(32,2%)	19(67,8%)	28	
Color	White	10(40%)	15(60%)	25	0, 028*
	Black	22(78,5%)	06(21,5%)	28	
	Brown	27(56,2%)	21(43,8%)	48	
Study	No level of education	08(34,7)	15(65,3%)	23	0, 499
	Up to 8 years	19(39,5%)	29(60,5%)	48	
	>8 years	15(50%)	15(50%)	30	
Work	With employment	20(39,2%)	31(60,8%)	51	0, 422
	No employment	14(51,8%)	13(48,2%)	27	
	Retired	08(34,7%)	15(65,3%)	23	
Situation Conjugal	With partner	11(28,2%)	28(71,8%)	39	0, 030*
	Without partner	31(50%)	31(50%)	62	
Income	Up to 1 salary	34(41,9%)	47(58,1%)	81	0, 589
	2 to 3 wages	06(35,2%)	11(64,8%)	17	
	Above 3	02(66,6%)	01(33,4%)	03	
Sector	Clinic	15(36,5%)	26(63,5%)	41	0, 399
	Surgical	27(45%)	33(55%)	60	
Time hospitalization	Up to 8 days	31(40,2%)	46(59,8%)	77	0, 629
	9 or more days	11(45,8%)	13(54,2%)	24	
Hospitalizations previous	1 time	30(43,4%)	39(56,6%)	69	0, 566
	2 times	04(28,5%)	10(71,5%)	14	
	3 times or more	08(44,4%)	10(55,6%)	18	

Source: Elaborated by the author
 *P-values calculated by Chi-square.

According to Table 2, 12 female patients (46.2%) were found to be dissatisfied with the care received. According to the age group, 28 of the patients between 18 and 44 years of age presented higher dissatisfaction as care (51.8%). In the variable race/color, 22 of the patients who declared themselves black presented a higher percentage of dissatisfaction (78.5%). Regarding the degree of study, 15 of those over 8 years old were dissatisfied (50%). Due to the labor situation, 20 of those who were unemployed (39.2%) were dissatisfied. As for the marital situation, 28 of those with a partner were satisfied (71.8%). Considering the income, six of the patients who earned more than 3 salaries were dissatisfied (66.6%). The variables that presented statistically significant association were “race/color” (p=0.028) and “marital situation” (p=0.030).

Figure 1 - Satisfaction with the nursing care of patients in a medium-sized hospital. Floriano, PI, Brazil, 2017

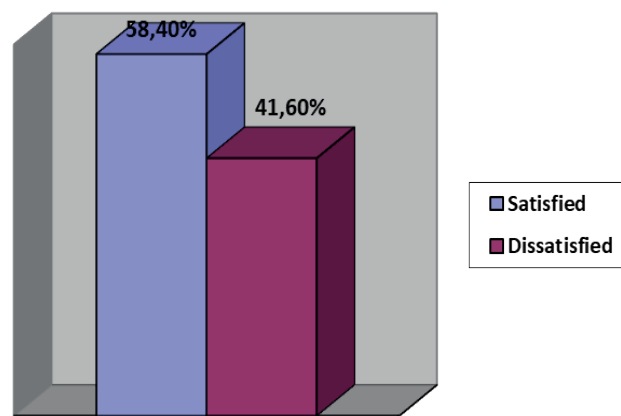


Figure 1 shows that 59 of the patients interviewed (58.4%) were satisfied with the nursing care received. Satisfaction was evaluated through 21 items, where patients attributed grades that could vary from 1 to 5.

Table 3 presents the descriptive statistics of all the indicators used in the evaluation of self-care with satisfaction with nursing care. The variables that presented statistically significant association were “feeding” (p=0.018) and “hygiene” (p=0.035).

Table 3 - Association of satisfaction with self-care of patients admitted to a medium-sized hospital. Floriano (PI), 2017.

	Variables	Satisfaction with care		Total	p-value
		Dissatisfied n(%)	Satisfied n(%)		
Self-care	Committed	18(43,9%)	23(56,1%)	41	0,696
	N/Committed	24(40%)	36(60%)	60	
Feed	Committed	14(63,6%)	08(36,4%)	22	0,018*
	N/Committed	28(36,4%)	51(64,6%)	79	
Dress up	Committed	25(41,7%)	35(58,3%)	60	0,984
	N/Committed	17(41,5%)	24(58,5%)	41	
Intimate hygiene	Committed	26(49,1%)	27(50,9%)	53	0,109
	N/Committed	16(33,3%)	32(66,7%)	48	
Take a bath	Committed	26(48,1%)	28(51,9%)	54	0,151
	N/Committed	16(34%)	31(66%)	47	
Get ready	Committed	26(48,1%)	28(51,9%)	54	0,151
	N/Committed	16(34%)	31(66%)	47	
Hygiene	Committed	26(52%)	24(48%)	50	0,035*
	N/Committed	16(31,4%)	35(68,6%)	51	
Oral Hygiene	Committed	14(56%)	11(44%)	25	0,092
	N/Committed	28(36,8%)	48(63,2%)	76	
Walk	Committed	24(42,9%)	32(63,2%)	56	0,772
	N/Committed	18(40%)	27(60%)	45	
Performance On Transfer	Committed	23(44,2%)	29(55,8%)	52	0,578
	N/Committed	19(38,8%)	30(61,2%)	49	
Position yourself	Committed	21(43,8%)	27(61,2%)	48	0,674
	N/Committed	21(39,6%)	32(60,4%)	53	

Source: Elaborated by the author
 *P-values calculated by Chi-square.

Of the patients who are committed to food, 14 (63.6%) are dissatisfied with nursing care and 51 (64.6%) of those who are satisfied with care, are not committed to food. In the same way, 26 (52%) of the patients that are compromised with the hygiene are dissatisfied and 35 (68.6%) of the ones that are not compromised with the hygiene, are satisfied with the nursing care.

DISCUSSION

The expectation created by the individual at the moment of hospitalization and the perception he has of the care he receives during hospitalization are points that will define his level of satisfaction. The nursing team plays an essential role in assisting the individual hospitalized, because it remains most of the time at his side, providing specific care from hospitalization to discharge.¹⁰

Of the studies found in the literature, it was not observed the dichotomization of the patients in satisfied and dissatisfied.

The only results presented and discussed were on the indicators evaluated by the researchers. We can see if it is necessary to separate the sample in these two aspects, since indicators in particular do not represent the real level of satisfaction of these patients.

The sociodemographic profile of patients presented a higher incidence of male patients, considering that illness and self-care are situations undervalued by men who, most of the time, seek health services only when they already suffer from some pathology.¹¹

Regarding the economic situation, it can be seen that most patients have an income of up to one minimum wage, reinforcing that the economically needy population depends, in its majority, on the public health service. This result may be associated to the fact that most of these users may not have access to other health services, with SUS being their only entry point.¹²

With respect to age, the high level of satisfaction of the population of elderly patients may be linked to the participants'

insecurity of verbalizing their real satisfaction and obtaining worse care as a result. The youngest presented more coherent answers about the care received. Unlike the present survey, in another study we observed a decline in satisfaction with the advancement of age, where patients under 60 years of age were more satisfied than those with higher age, being related to the need for greater care due to the degree of commitment with the advancement of age.¹³

According to a study analyzing satisfaction with health care services, in Brazil schooling has shown a dimension that tends to influence satisfaction with care. Among SUS users, groups with higher schooling tend to be more demanding with the quality of care and, therefore, are less satisfied.¹⁴

In this study, however, there were no significant associations between the level of education of those interviewed and the level of satisfaction, where almost all of the users with complete secondary schooling and most of the users without an education degree were dissatisfied.

Another important factor also observed was the level of dissatisfaction among patients who have a job but live with an income of up to 1 minimum wage. It is known that hospitalization also leads to lack of work, which can cause economic damage to the families dependent on those users

In addition, there was also a higher rate of dissatisfaction according to the number of hospitalizations. It is believed that patients hospitalized more than once in the same service have greater authority to evaluate the service provided in that environment, where they are able to make comparisons between different times and issue a better assessment of care.

Hospitalization can develop negative feelings in the individual, because when confronted with a health problem he is prevented from performing his routine activities. The distance of family life and the fact of having to stay, even if only for a certain time, in an environment with norms and routines to which he is not used to can generate dissatisfaction and anxiety in the patient. The expectation that the individual has regarding hospitalization, treatment and quality of care is a factor that may reflect on the assistance he will receive.¹²

People may differ in the analysis of their satisfaction, because in addition to beliefs and values, they bring with them individual experiences of the care received. Patients enter services with a variety of characteristics, attitudes and previous experiences that, with the knowledge and information received from health professionals, will be able to determine their situation and outline what they perceive about care.¹⁰

The dissatisfaction of the sample was also added to the degree of patient commitment. Given the inevitable association between “self-care” and “autonomy”, and the relevance of these two constructs for nursing, it becomes of great importance to the nursing team’s performance with greater help to the weakest patients, increasing consequently their satisfaction with the service.¹⁵

Although the association between satisfaction and general self-care did not have an acceptable degree of significance, it was observed that patients with noncommitted self-care showed better results at the level of satisfaction with the nursing care received. Nursing had a great advance in the questions of stimulation to the self-care of the patient, making

this one of the subjects more approached inside of the Brazilian literature in the last decades, evidencing that the prevention and promotion of the health are more plausible measures, aiming at the well-being and to avoid the disease.¹⁶

In this perspective, when the individual has the realization of his values through the self-care summed to an environment that promotes quality of life, consequently there will be satisfaction, which allows greater results for the organization and the life of the user.¹⁶ To achieve patient satisfaction it is necessary to combine the perception of their needs with the fulfillment of their expectations, referring to the realization of this with the service used.¹⁷

Within the self-care, the dissatisfaction of patients committed to the variable “feeding” has been verified. Known for its vital function for human survival, feeding is fundamental for the promotion, maintenance and reestablishment of the health of sick individuals. The quality of meals in hospitals, the nutritional assistance and the participation of the patient in its alimentary and nutritional plan are essential for the accomplishment of the quality in the assistance, once the patients do not ingest a good part of the food that is offered to them due to factors as illness, lack of appetite, alterations of the taste, change of habits, dissatisfaction with the preparations and the hospital environment.¹⁸

The variable “hygiene”, in the same way, indicated significant statistical association, where 26 (52%) of the patients who presented compromise were unsatisfied. A similar study carried out in the interior of the state of São Paulo that approached the perception of the patient on the nursing team also found negative results for the question of hygiene, where it concluded that this need is still very neglected within the health services.¹⁹

It is necessary to emphasize that the nurse is the professional who coordinates and manages all the assistance process to be performed in relation to the patient and everything that includes him/her in the context of the hospital institution. The patient and his specificities, his needs, his discharge or recovery, compose the main reason of the nursing assistance, which must be carried through with efficiency and commitment of who develops it, guaranteeing quality of the care given and, mainly, the satisfaction of the patient and his relatives.²⁰

Among the limitations of the study is the weak association between the evaluated variables and patient satisfaction. Of the instrument used, the cutoff point for dichotomization of patients was high, where although most patients attributed satisfactory grades for most of the evaluated indicators, they were still considered unsatisfied with the service. As for the sample, it was not possible to perform a larger number of patients in a medical clinic due to their high degree of commitment. Within the literature, no similar studies were found available using the same evaluation scale.

CONCLUSION

Associating the quality of nursing care and patient satisfaction allows the identification of potentialities and deficiencies in the field of research, providing contributions

to the reorganization of assistance, management and teaching activities. Regarding the quality of care provided by the nursing team, according to the patient's perspective, it could be concluded that there is a deficit in the quality of nursing care provided in the institution, even the majority of the sample is considered satisfied.

The study pointed out that for the improvement of the nursing service are necessary interventions directed to the accomplishment of the management of the care, valuing in establishing indicators that allow the evaluation of results; the commitment and the involvement of all in the process of continuous improvement; the investment in the development of people and team work; the socialization of information; the incentive to innovation and creativity and; still, the attendance of the workers' and patients' expectations.

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