SATISFACTION OF USERS REGARDING THE CARE IN ONE COUNSELING AND TESTING CENTER
SATISFAÇÃO DE USUÁRIOS SOBRE O ATENDIMENTO EM UM CENTRO DE TESTAGEM E ACONSELHAMENTO
SATISFACCIÓN DE LOS USUARIOS SOBRE LA ATENCIÓN EN UN CENTRO DE PRUEBAS Y CONSULTA

ABSTRACT
Objective: to evaluate the satisfaction of users regarding the care performed in a Counseling and Testing Center.
Method: evaluative study, with quantitative nature, involving 110 users who sought treatment at the Centre in the city of Natal/RN/Brazil. Data were collected through structured interviews and analyzed by means of descriptive statistics. The research was approved by the Ethics Research Committee, under the number of CAAE 0145.0.051.000-10. Results: before the assessment of the users, the satisfaction has achieved majority in all aspects: support offered by the service (98.2%); the conversation he/she had with the professional that attended him/her (97.3%); privacy (96.4 %); facility to get to the site (95.5%) and facility to get care (93.6%). Nonetheless, we found the lowest indexes in items: timeliness of professionals (60.0%) and hours of operation of the service (63.6%). Conclusion: the users of the Counseling and Testing Center from the city of Natal have considered this service as satisfactory.

RESUMO
Objetivo: avaliar a satisfação do usuário em relação ao atendimento realizado em um Centro de Testagem e Aconselhamento. Método: estudo avaliativo, de natureza quantitativa, envolvendo 110 usuários que procuraram atendimento no Centro em Natal/RN/Brasil. Os dados foram coletados por meio de entrevistas estruturadas e analisados pela estatística descritiva. A pesquisa teve aprovação do Comitê de Ética em Pesquisas, sob o número de CAAE 0145.0.051.000-10. Resultados: diante da avaliação dos usuários, a satisfação teve maioria em todos os quesitos: apoio oferecido pelo serviço (98,2%); a conversa que teve com o profissional que lhe atendeu (97,3%); privacidade (96,4%); facilidade de chegar ao local (95,5%) e facilidade em conseguir atendimento (93,6%). No entanto, constatou-se os menores índices nos itens: pontualidade dos profissionais (60,0%) e horário de funcionamento do serviço (63,6%). Conclusão: os usuários do Centro de Testagem e Aconselhamento de Natal consideraram o serviço como satisfatório. Descritores: Avaliação de Serviços de Saúde; Satisfação do Paciente; Aconselhamento; Síndrome de Imunodeficiência Adquirida.

RESUMEN
Objetivo: evaluar la satisfacción del usuario en relación a la atención realizada en un Centro de Pruebas y Consulta. Método: estudio evaluativo, de naturaleza cuantitativa, implicando 110 usuarios que buscaron atención en el Centro de Natal (RN, Brasil). Se recabaron los datos por medio de entrevista semi-estructurada y se analizaron mediante estadística descriptiva. La investigación fue aprobada por el Comité de Ética en investigación bajo n° de CAAE 0145.0.051.000-10. Resultados: ante la evaluación de los usuarios, la satisfacción fue mayoritaria en todos los apartados: apoyo proporcionado por el servicio (98,2%), el diálogo que tuvo con el profesional que le atendió (97,3%), privacidad (96,4%), accesibilidad del local (95,5%) y facilidad en ser atendido (93,6%). Sin embargo, se constataron los menores índices en los apartados puntualidad de los profesionales (60,0%) y horario de funcionamiento del servicio (63,6%). Conclusión: los usuarios del Centro de Natal consideraron el servicio como satisfactorio. Descriptores: Evaluación de los Servicios Sanitarios; Satisfacción del Paciente; Consulta; Síndrome de Imunodeficiencia Adquirida.

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INTRODUCTION

The virus epidemic of the Human Acquired Immunodeficiency Syndrome (HIV / AIDS) is in its third decade and has reached alarming proportions worldwide. AIDS is gaining larger proportions, especially in Brazil, where 474,273 cases of the disease were notified between 1980 and June 2007. And there is a trend of increasing number of cases, mainly, in the North and Northeast regions, and stabilization in the South, Southeast and Midwest regions.1-2

Given the large impact of the AIDS epidemic in Brazil, some paradoxes have deserved a more effective attention from health professionals, through programs and guidance and diagnostic activities. Only from the year 1987, it was possible to count on the support of serological tests for the detection of HIV antibodies in the blood banks routine and in the reference services for treatment of patients with AIDS.3-4

The need for expansion of support and guidance services on HIV / AIDS led the Brazilian Ministry of Health to recommend activities like counseling, which consists of a process of active listening, which is individualized and client-centered. It is presupposed the creation of a trusting relationship between health professionals and patients. Through this, they seek to rescue the patient's internal resources, with the aim of making it the subject of its own health and changing.5

In the presence of fear, risks and vulnerability of the population, which have emerged associated with the impact of the AIDS, the Brazilian Ministry of Health, through its National Coordination of Sexually Transmitted Diseases and AIDS, deployed nationwide, in the late 1980s, the Centers for Guidance and Support Serologic, which became known, in Brazil, as COAS. Today, the Counseling and Testing Centers - Centros de Testagem e Aconselhamento (CTA) are like an unique experience in the implementation of prevention actions among the general population and specific population segments.4-6-7

The National Programme for STD / AIDS (NP-STD/AIDS) prioritized, in recent years, the incorporation of the counseling in all care services for STD / AIDS. The counseling was the strategy found for health professionals meet the demand that sought guidance and support to perform the anti-HIV serology test. This is an activity conducted by a healthcare professional, properly trained, and it is intended for those who want or have indication of accomplishing the anti-HIV serology.8-9

Researches about the counseling in counseling and testing services have suggested the need of conducting investigations focusing on users' perception about this practice.8 Thus, this current article aims to evaluate satisfaction of the user in relation to the care provided in the Counseling and Testing Center - Centros de Testagem e Aconselhamento (CTA) from the Center for Reproductive Health Professor Leide Morais, which is the reference outpatient unit from the Public State Secretariat of Health, in the city of Natal, State of Rio Grande do Norte/Brazil.

We intend through this study to help to identify aspects that need to be improved in the care and in the attendance to users who seek treatment in counseling and testing services, since the service evaluation is an important tool for the planning and organization of the health services. Furthermore, the evaluation can translate itself into real benefits, whether for managers, professionals, or users.

METHOD

It is an evaluative study, with quantitative nature, involving users who sought attendance in a Specialized Care Service in STD / HIV / AIDS. A total of 110 interviews were conducted from May 2011 to March 2012. The research took place in the Counseling and Testing - Center Centro de Testagem e Aconselhamento (CTA) from the Center for Reproductive Health Professor Leide Morais, which is one reference outpatient unit from the Public State Secretariat of Health, from the city of Natal, State of Rio Grande do Norte/Brazil.

For this purpose, we determined the following inclusion criteria: users who accepted to participate in the research as volunteers, by signing a Free and Informed Consent Form (FICF), who are aged over 18 years old and are in consultation at the outpatient counseling service of the CTA, on the interview day. So, the sample was comprised of all users who sought attendance in the described above period and who met the inclusion criteria prior listed.

The interviews were conducted using a structured interview script, comprised of two parts. The first part characterizes the sociodemographic and health aspects of the users who are attended in the sector and the second part of the script aims to identify how the users evaluate the execution of the actions for counseling and prevention of STD / HIV / AIDS in the aforementioned CTA.
Accordingly, the users have assessed the satisfaction as for: facility to get to the service, facility to get care, hours of operation, welcoming, timeliness of professionals, the conversation they had with the professional, the support offered by the service, the satisfaction about information obtained about STD / AIDS, the physical space where the counseling was done, the time used by the professional to perform the counseling, respected privacy, and possibility of doing all wanted questions.

The data were analyzed by means of descriptive statistics and presented as tables with frequencies and percentages.

The research project was approved by the Ethics Research Committee for researches involving human beings, from Universidade Federal Rio Grande do Norte, under the Presentation Certificate to Ethical Appreciation - Certificado de Apresentação para Apreciação Ética (CAAE) n° 0145.0.051.000-10, with the protocol number 128/10. After the signature of a Free and Informed Consent Form (FICF) as required by the Resolution nº 196/96 of the Brazilian National Health Council, where anonymity and confidentiality are guaranteed, the interviews were conducted.

### RESULTS

In the fieldwork, we conducted interviews with 110 users of the CTA aged between 18 and 74 years old, being that the majority were concentrated in the age group of 20-29, corresponding to the average age of 28.82 years; it should be noted that we only interviewed people aged over 18 years old. The profile of users who sought the CTA of Natal / RN was characterized by a predominance of females, since 80.0% of respondents were female and 20.0% were male. Regarding the breed, 51.8% of respondents reported being white, 44.5% as brown and 3.6% as black.

With regard to marital status of the respondents, the majority (74.31%) was single, 16.5% were married; 3.6% reported being separated / divorced; 3.6% uphold a stable relationship; 1.8% was widowed, and only one respondent did not report their marital status.

With regard to the religion, there is a predominance of Catholics (66.3%), followed by the Evangelicals and Protestants (17.2%); a total of 1.8% Spiritists; one person reported being agnostic and 13.6% of respondents reported having no religion.

Regarding the schooling level, 1.8% of respondents had no schooling degree; 3.6% had incomplete elementary school; 5.4% had complete elementary school; 7.2% had incomplete high school; 19.0% had complete high school; 53.6% had incomplete higher education and 9.0% had finished higher education.

Of respondents, 57.2% reported have no or is without income; of 42.7% who reported having income, 36.1% earn 1 Minimum Wage, 40.4% win 2-3 Minimum Wages, 17.0% receive 4-5 Minimum Wages and 6.3% receive more than 5 Minimum Wages.

When asked about the reason for the demand for the service, 17.3% answered that performed unprotected sex; 7.3% reported mistrust of the partner; 11.8% sought the service because of medical recommendation and 68.2% answered due to another reason. These reasons ranged from a simple curiosity to a justification for routine examination. It is noteworthy that can be chosen more than one alternative in each interviewee, as it can be seen in the Table 1.

<table>
<thead>
<tr>
<th>Reason for the demand for the service</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performed unprotected sex</td>
<td>19</td>
<td>17.3</td>
</tr>
<tr>
<td>Mistrust of the partner</td>
<td>8</td>
<td>7.3</td>
</tr>
<tr>
<td>Medical recommendation</td>
<td>13</td>
<td>11.8</td>
</tr>
<tr>
<td>Other reasons</td>
<td>75</td>
<td>68.2</td>
</tr>
</tbody>
</table>

Most respondents did not feel that they are at risk of contracting the HIV virus and contracting AIDS, being a total of 68.2%.

We questioned how the respondents felt during the counseling and 90.9% reported having felt free; 7.2% reported having been ashamed and 1.8% of respondents reported having difficulty of understanding the explanations.

Directly assessing the service, we asked about: facility to get to the service, facility to get care, hours of operation, welcoming, timeliness of professionals, the conversation they had with the professional, the support offered by the service, the information obtained about STD / AIDS, the physical space where the counseling was done, the time used by the professional to perform the counseling, respected privacy, and if the user did all wanted questions.

Before the evaluation of the users, the satisfaction had majority in all items, and the items of greatest satisfaction were: support offered by the service (98.2%);
conversation he/she had with the professional that attended him/her (97.3%); privacy (96.4%); facility to get to the site (95.5%) and facility to get care (93.6%). Although the satisfaction has been the majority, it should be noted the items that had lower satisfaction: timeliness of professionals (60.0%) and hours of operation of the service (63.6%). Please, observe the items in the Table 2.

Table 2. Indicators evaluated regarding the satisfaction and dissatisfaction with regard to the service of the CTA, Natal-RN/Brazil.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Satisfaction</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility to get to the service</td>
<td>Yes</td>
<td>105</td>
<td>95.5</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>5</td>
<td>4.5</td>
</tr>
<tr>
<td>Facility to get care</td>
<td>Yes</td>
<td>103</td>
<td>93.6</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>7</td>
<td>6.4</td>
</tr>
<tr>
<td>Hours of operation</td>
<td>Yes</td>
<td>70</td>
<td>63.6</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>40</td>
<td>36.4</td>
</tr>
<tr>
<td>Welcoming</td>
<td>Yes</td>
<td>93</td>
<td>84.5</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>17</td>
<td>15.5</td>
</tr>
<tr>
<td>Timeliness of professionals</td>
<td>Yes</td>
<td>66</td>
<td>60.0</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>44</td>
<td>40.0</td>
</tr>
<tr>
<td>Conversation he/she had with the professional</td>
<td>Yes</td>
<td>107</td>
<td>97.3</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>3</td>
<td>2.7</td>
</tr>
<tr>
<td>Support offered by the service</td>
<td>Yes</td>
<td>108</td>
<td>98.2</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>2</td>
<td>1.8</td>
</tr>
<tr>
<td>The information obtained about STD / AIDS</td>
<td>Yes</td>
<td>95</td>
<td>86.4</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>15</td>
<td>13.6</td>
</tr>
<tr>
<td>Physical space where the counseling was done</td>
<td>Yes</td>
<td>96</td>
<td>87.3</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>14</td>
<td>12.7</td>
</tr>
<tr>
<td>Time used by the professional to perform the counseling</td>
<td>Yes</td>
<td>93</td>
<td>84.5</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>17</td>
<td>15.5</td>
</tr>
<tr>
<td>Respected privacy</td>
<td>Yes</td>
<td>106</td>
<td>96.4</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>4</td>
<td>3.6</td>
</tr>
<tr>
<td>The user did all wanted questions</td>
<td>Yes</td>
<td>97</td>
<td>88.2</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>13</td>
<td>11.8</td>
</tr>
</tbody>
</table>

All respondents (100%) have considered that the obtained information about STD and AIDS can help them somehow. Nonetheless, regarding the information about AIDS and treatment for STD/ AIDS, the information was deemed inadequate by 13.6% of respondents and considered satisfactory by 86.4%. The physical space where the counseling was conducted has pleased 87.3% of users. Regarding the time taken by the professional during the counseling to answer the questions and guidelines that the user requested, it has generated satisfaction in 84.5% of users.

As for the satisfaction with respect to the privacy, this issue has displeased only 3.6% of respondents, who considered that they did not have privacy during the counseling; but it has pleased 96.4% of respondents, who mentioned that the privacy was respected. These data agree with the results of the questioning about whether the user did all questions he/she wanted, since 88.2% of interviewees have answered “yes” and 11.8% said “no”.

The counseling should address the following issues: types of tests performed to detect STD, HIV and AIDS; window period; meaning of the results of HIV and AIDS; difference between HIV infection and AIDS; mechanisms of HIV transmission; main signs and symptoms of STD and its interaction with HIV; preventive measures to STD, HIV and AIDS, and proper use of condoms through demonstration.

Thus, the users were asked if such matters were approached during the counseling. We realized that there is, in the researched service, a deficiency in addressing all issues during the counseling.

The eight topics mentioned were only fully addressed in only 25.5% of the interviews; and there was a case where the counseling did not address any of the approached issues, according to one of the researched users. However, in 62.7% of the counseling actions, they spoke up about the types of tests performed to detect STD, HIV and AIDS; 79.0% talked about the window period; 75.5% of the attendances have mentioned the significance of the results of HIV and AIDS; the counseling that addressed the difference between HIV and AIDS occurred in 77.3% of cases; 96.4% addressed the mechanisms of HIV transmission; only 54.5% spoke up about the main signs and symptoms of STD and its interaction with HIV; in only one interview, they did not speak up about the preventive measures of STD, HIV and AIDS, that is to say, this item was discussed by the counselor in 98.2% of the attendances; and in 65.5% of counseling, they talked about the proper use of condoms through demonstration.
Most users stated that the reason for seeking treatment was "another reason" within the options: unprotected sex, mistrust of the partner, medical recommendation and another reason. Among other reasons, the most common were: curiosity, convenience due to be working as intern at the site and free test. Unprotected sex was declared by 17.3% of users. A total of 22.8% of users feel that they are at risk of contracting HIV / STD or have a risky behavior. Unprotected sex was also stated in other studies. One study showed that one of the main reasons for HIV acquisition was the lack of use of the protection method, for reasons such as trust in the partner and displeasure of using. This speech corroborates with other articles that have cited confidence in a stable marital relationship; our item "mistrust of my partner" had only a total of 7.3% of the users.

The CTA’s service was assessed as satisfactory in all approached aspects. Nonetheless, it was noted that in relation to the hours of operation, it was regarded as one of the factors that hinder the access to the execution for detecting HIV / AIDS; another study that addressed this issue have demonstrated that the hours of operation was an item approached by users as a point that needs improvements, since the assessed service would need work on Saturdays for those who work during the week can have access and work up to 17 hours for all of users were served, besides non-stop activities before this aforementioned timetable.

Accordingly, to promote the population’s access to the counseling activities, diagnosis of HIV, Hepatitis B, Hepatitis C and Syphilis, as well as the prevention of these and other STD, favoring population segments in the most vulnerable situations, regarding the human rights; it is important that the CTA works full-time (morning and afternoon) and, when possible, in extended timetable (at night or weekends).

The timeliness of professionals of professionals was the item that, much as the majority have considered satisfactory, the index of dissatisfaction was the greatest; this data is corroborated by another study, in which users reported displeasure with the waiting time that the user takes to get the care, from the arrival moment to the service itself.

The received care, the conversation that the user had with the adviser professional, the support offered by the service, the time taken to perform the counseling and the physical space where it was performed have obtained the user’s satisfaction in the researched CTA,
similar data with regard to the satisfaction were also obtained in a research in the city of Rio de Janeiro, however, there were complaints made by users, which, in general, were on suppressed demand, delay in the attendance, schedule of execution, poor dissemination of the service; showing that there are flaws in this services, in spite of the majority of respondents consider its attendance as satisfactory.

The emotional support, the educational support, with information exchange, and the risk assessment are the three components that substantiated the counseling process. Being divided into pre-test and post-test counseling, allowing a relationship between health professional and user that seeks to outline preventive measures according to the singularities and worldview of the subjects. It is a trustworthy relationship that is established through listening, furthermore, a clear and objective communication, making the individual is participant in the prevention process and in the care itself. Often, the educational approaches fail because they do not contemplate the affective aspects in the building of knowledge, since the models are focused, primarily, on the cognitive aspect.

The welcoming of the CTA service was considered as satisfactory. In this sense, it is important to consider that the health service exists as a result of the user and, if it is satisfied, is because the goals and mission of the service are being fulfilled, despite the existing limitations. The counseling was well assessed by the population, and it was massively accepted by customers of the testing centers. One study showed that the counseling is seen as a practice of ambiguity that holds and creates tension, dialogues and standardizes, frightens and motivates, enables reflection and paralyzes.

The users of the CTA of the city of Natal have considered that the obtained information about HIV / STD / AIDS would help them somehow. The non-approach of all the issues recommended by the Brazilian Ministry of Health, during the counseling, showed that this process is not equitably being done; thus, the assessed topics were fully conversed in only 25.5% of the counseling attendances. Nevertheless, the literature shows that the counseling should be personalized / individualized according to the risk behaviors of each individual. Authors argue that the issues addressed should be wide-ranging and the CTA should focus on the importance of the counseling process as an essential role in minimizing the risk factors.

Regarding the privacy, this issue have displeased only 3.6% of respondents, who felt that they did not have privacy during the counseling process. Conversely, the majority of participants of this current study reported having felt free during the counseling and made all questions that they desired to conduct. The physical space was the point of dissatisfaction of users in a study conducted in Basic Health Units, showing the need for special attention concerning the physical structures.

In Brazil, the Counseling and Testing Centers - Centros de Testagem e Aconselhamento (CTA) are inserted, mostly, in the care network of the Brazilian Unified Health System - Sistema Único de Saúde (SUS), with a coverage of 81.9%, especially in specialized care services in HIV / AIDS (40.9%), basic health units (21.6%) and secondary care services (diagnostic centers, hospitals and polyclinics) (19.4%).

It should be emphasized the importance of physical spaces are adequate to ensure privacy and confidentiality. Considering that many counseling and testing centers are inserted in other health units, it is possible that some of the spaces are shared by different activities of this service. However, it is important that the CTA also have some spaces for their exclusive usage, so that they are available for use throughout the opening hours of the service, such as: individual counseling room, individual care room with sink (for services that perform rapid test), collective activity room and room for management / support for CTA of medium and large port.

**CONCLUSION**

The users of the CTA of the city of Natal have considered this service as satisfactory. However, some important factors have generated dissatisfaction, even in a little portion of users, meaning that there are still flaws in the service, mainly regarding the opening hours of this service and timeliness of professionals.

It should be observed, as an unquestionable issue, the importance of the Counseling and Testing Centers in health promotion and prevention of STD, as well as in diagnosis of seropositive cases. Furthermore, in monitoring and evaluating strategies to control the AIDS epidemic, by working as a site for serological testing, knowledge of early diagnosis, discussion of transmission methods, HIV prevention and situation of vulnerability, which is experienced by the served clientele.
In this sense, it is important to highlight the role of the nurse as a member of the counseling team of the CTA, when promotes the condom use, raise awareness on the population regarding the importance of the prevention of STD / AIDS, besides to clarify doubts with regard to the transmission of these diseases and vulnerability-related factors. So, it will contribute to the effectiveness of public policies addressed to the bearers of HIV, as well as the individuals exposed to risk factors.

Finally, we found by means of this current study that there is a need to conduct further researches to check whether the demand for the Counseling and Testing Centers refers, in fact, to the increased awareness of users regarding the prevention of STD / HIV / AIDS.

REFERENCES


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