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ORIGINAL ARTICLE

SATISFACTION OF THE USERS IN VARIOUS STAGES OF PREGNANCY OF A FAMILY HEALTH UNIT

SATISFAÇÃO DAS USUÁRIAS NAS VÁRIAS FASES DA GRAVIDEZ DE UMA UNIDADE DE SAÚDE FAMILIAR

SATISFACCIÓN DE LAS USUARIAS EN LAS DISTINTAS ETAPAS DE EMBARAZO DE UNA UNIDAD DE SALUD FAMILIAR

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ABSTRACT

Objective: to identify the degree of satisfaction of users at various stages of pregnancy. **Method:** a descriptive exploratory study, the approach qualitative and quantitative. Data collection was performed by questionnaire and totaled 25 subjects in a Unity Family Health (USF) in Portugal. Quantitative information was tabulated using descriptive statistics, using the software SPSS 15.0 and Excel and qualitative data analyzed according to Bardin. The study was approved by the Ethics Committee with protocol 01/2012. **Results:** the results show that 68% of users are in Portuguese, 96% said they are very or fairly satisfied in assessing the general questionnaire. **Conclusion:** it was considered compliant development of other surveys of this and other units, involving a larger universe of subjects, besides the association of other collection methods and data analysis. **Descriptors:** Primary Health Care, Pregnant Women, Consumer Satisfaction.

RESUMO

Objetivo: identificar o grau de satisfação de usuárias nas várias fases da gravidez. **Método:** estudo exploratório-descritivo, de abordagem quali-quantitativo. A coleta dos dados foi realizada com questionário e totalizou 25 sujeitos em uma Unidade de Saúde Familiar (USF) em Portugal. As informações quantitativas foram tabuladas por meio de estatística descritiva, com a utilização do Software SPSS 15.0 e o Excel e os dados qualitativos analisados segundo Bardin. O estudo foi aprovado pela Comissão de Ética com o protocolo 01/2012. **Resultados:** os resultados mostram que 68% das usuárias são de nacionalidade portuguesa, 96% responderam que se encontram muito ou bastante satisfeitas na apreciação em geral do questionário. **Conclusão:** considerou-se complacente o desenvolvimento de outras pesquisas junto a esta e a outras Unidades, envolvendo um universo maior de sujeitos, além da associação de outros métodos de coleta e análise de dados. **Descritores:** Atenção Primária à Saúde; Gestantes; Satisfação dos Consumidores.

RESUMEN

Objetivo: identificar el grado de satisfacción de los usuarios en las diferentes etapas del embarazo. **Método:** estudio descriptivo exploratorio de abordaje cualitativo y cuantitativo. La recolección de datos se realizó mediante un cuestionario y totalizó 25 sujetos en una Unidad de Salud de la Familia (USF) en Portugal. La información cuantitativa se tabuló mediante estadística descriptiva, utilizando el software SPSS 15.0 y Excel y los datos cualitativos analizados de acuerdo con Bardin. El estudio fue aprobado por el Comité de Ética con el protocolo 01/2012. **Resultados:** los resultados muestran que el 68% de los usuarios están en portugués, el 96% dijo que están muy o bastante satisfechos con el cuestionario de evaluación global. **Conclusión:** se consideró compatible con el desarrollo de otras encuestas de unidades de este y otros, con la participación de un universo más amplio de temas, además de la asociación de otros métodos de recopilación de datos y análisis. **Descriptores:** Atención Primaria de Salud; Las Mujeres Embarazadas; Satisfacción del Consumidor.

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INTRODUCTION

The health sector occupies a space visible in Portuguese society, politically and economically. The concept of Health Economics emerged as an important sector within the economy, having gained autonomy and projection in the last two decades.¹

According to the Portuguese Constitution, the National Health System (NHS) is based on a decentralized system of organization, dominated by the majority of the public offering primary care and hospital.² According to the Law on Health, the NHS is characterized by being universal as the population covered; provide comprehensive care; tend to be free for patients, taking into account the economic and social conditions of citizens, ensure fairness in access of users, aiming to mitigate the effects of economic inequalities, and any other geographic access to care, have organization regionalized and decentralized management.³ Furthermore, the NHS pays predominantly hospital care, primary care and maternal and child care.⁴

The current development of the Portuguese Health System resulted due to the fact that Portugal is one of the first European countries to adopt an integrated approach to primary health care through the development of a global network of health centers, enabling remarkable advances in the state of health of the general population, as the sharp decline in infant mortality.⁴

Within the context of the Health Centers came the Family Health Units (USFs) consisting of a further reorganization in primary health care, consisting of doctors, nurses and administrative autonomy with functional and providing a certain number of users, primary health care with a customized portfolio compulsory basic, a framework of internal contracting, involving indicators of accessibility, assistive performance, suitability, user satisfaction, effectiveness, efficiency and quality. Configures a lightweight and flexible organizational model that should be integrated in the network with other health units that constitute a particular functional group, the Health Centres.⁵

The implementation process of USFs is running since 2007. There are currently 318 USFs effective in activity in Portugal, with 3,951,810 potential users, involving 6207 people, among which are 2229 doctors, 2211 nurses and 1767 administrative.⁵

It is noteworthy that the health care practice is based on the interplay between service providers and their users. This linkage

consists, basically, the dependence between the quality of service and user satisfaction that receives it. The proper functioning of the service becomes high user satisfaction, which is reflected in the actions of this, as treatment adherence, continuity of care in long-term demand for prevention of diseases and indications of service to others.⁶

User satisfaction is an abstract term that refers to a theoretical perspective to the wide range of reactions to the patient's experience of health care. From the applied point of view, this concept refers to one of the dimensions of health services that should be evaluated when monitoring their quality, thus meeting the needs of the customer is one of the main goals of the organizations.⁷

Therefore, it is known that their satisfaction is correlated with the rate of use of health care, the effectiveness of therapies, the general health and the relational bond with healthcare professionals. Thus, any health facility that prioritizes quality should include often in your practice, the assessment of the opinion of its users to rethink the methods executed and intervene on the form of organization, aiming his improvement.⁸ Thus the evaluation of user satisfaction is a key part in the planning and management of the health system.⁹

Importantly, the establishment of goals and objectives within the health system, is intended to ensure greater accessibility and care to the whole population and resolute. Thus, there is Maternal, as an area which constitutes the basic portfolio of services USFs insofar that early and continuous surveillance of pregnancy, is a determining factor of a gestational process more relaxed, safe and responsible promoting smaller clinical complications and therefore better quality of life for pregnant, family, and the baby, because "investment in health promotion during pregnancy contributes to significantly modify not only the health of individual women and children, but also to the entire society."¹⁰

It is noteworthy that antenatal surveillance in Portugal ranges from consulting preconception to postpartum revision, and the main reasons for this decrease are monitoring the rates of neonatal and perinatal morbidity and mortality, promoting through appropriate follow a positive impact on the quality of maternal-fetal health. To this end, the Directorate General of Health (DGS) proposes a scheme desirable consultation, and that when pregnancy is low risk, consultations are held in the Primary Health Care by a

multidisciplinary team. In this kind of attention, the role of the Specialist Nurse Midwifery and Maternal Health in USFs privileged with the presence of this professional is extremely important in the whole process of antenatal surveillance, because it will be an asset given their training and skills.¹¹

Thus, it is emphasized that this study was an assessment requirement / approval nominated Course in Clinical Education IV: Nursing Maternal Obstetrics Degree in Nursing, School of Health Sciences, University of Algarve, Faro, Portugal. And was developed in order to respond to the following research question: the users at various stages of pregnancy, attended USF in a region of the Algarve in Portugal are satisfied with the supervision provided by staff of this unit multiprofessional health?

OBJECTIVE

- To identify the degree of satisfaction of users at various stages of pregnancy in a supervised USF in the Algarve region in Portugal.

METHOD

Study of exploratory-descriptive, qualitative-quantitative approach. Exploratory research is initiated by some phenomenon of interest and, in addition to observe and record the incidence of the phenomenon seeks to explore the dimensions of this, the way in which it manifests and other factors with which it relates.¹²

The research design refers to the overall plan of the researcher to answer research questions and test their hypotheses. In a quantitative study, the research design presents the strategies that the researcher plans to adopt to develop accurate and interpretable.¹² Furthermore qualitative research is one that is able to incorporate the question of meaning and intentionality as inherent to acts, relations, and social structures, the latter considered both in their advent and in their transformation as significant human constructions.¹³

In this study, the study subjects were women at various stages of gestation attended USF in a region of the Algarve in Portugal, who agreed to voluntarily answer a questionnaire with open and closed questions, which was implemented in March 2012. The questionnaire was adapted to that implemented by the Centre for Study and Research in Health, University of Coimbra to assess client satisfaction regarding the Family

Health Units in 2009.

In order to respect ethical principles, those surveyed were identified by the letter M, referring to the word woman and the corresponding number, according to the numerical order of the questionnaires, thus maintaining the anonymity of the information. Obtained a non-probabilistic sample, incidental or convenience of 25 women at different stages of pregnancy and with varying motives of coming to USF, and the query routine monthly surveillance of pregnancy, postpartum consultation to revise or other situations associated with gestational phase, these stand out, intercurrent (headaches, emesis, back pain, request for information, the administration of injectable and / or haematological), all users of the services provided exclusively by USF.

Quantitative data were tabulated using descriptive statistics, using the SPSS 15.0 software and Excel. The software SPSS (Statistical Package for the Social Sciences) is a set of Statistical Software that allows record and analyze quantitative data in many different ways and with great speed also allows the application of statistical techniques and more complex measures.¹⁴

Therefore, the qualitative data were analyzed in light of the content analysis, which is a set of techniques for communication analysis, which is organized around three poles chronological: pre-analysis, material exploration, treatment of results and inference and interpretation. Furthermore, work with the contents, i.e. waiting understand thought the subject through the content expressed in the text, a transparent design language.¹⁵

It is emphasized that this investigation complied with the ethical principles advocated by the World Medical Association (WMA) (2009)¹⁶ and its implementation proceeded through a protocol evaluation and approval of the ethics committee of the University of Algarve, under number 01/2012, in March 2012.

RESULTS AND DISCUSSION

◆ Quantitative Analysis

Study participants were 25 women in several stages involving the gestational period, of these, 68% are of Portuguese nationality and 32% not, being 12% Brazilian, 4% Greek, 4% Rumanian, 4% Bulgarian, 4% from Cape Verde and 4% Moldavian.

The age of these women was between 18 and 35 years and the number of queries

surveillance was understood between one and eight queries. Regarding the motives of the users coming to USF, 56% of queries were surveillance of pregnancy, 28% for other reasons, these, the most frequent in the period of data collection was the laboratory analyzes in 57% of surveyed and 16% of consultations were due to the completion of the review of the puerperium.

By answering the 20 closed questions in the questionnaire, all women were informed that each question should answer how is your level of satisfaction according to the scale: nothing satisfied, somewhat satisfied, fairly satisfied, not very satisfied or know. On the scale, was considered as the very highest degree of satisfaction, followed by very little and nothing, and I do not know option, for users who are not sure whether they are satisfied with this variable.

When analyzing the data it was found that in 60% of the surveyed was delighted to answer that prevailed in the questionnaire and 36% in the most emphasized was quite pleased, and in only 4% of the surveyed, the response was more evident a little satisfied. Moreover, little satisfaction is related to the possibility of contacting the USF through e-mail, because 56% of users do not know whether it is possible to contact the service over the internet, by e-mail. This shows the need to emphasize this information, despite the same appear in the Bulletin of Health Pregnant. However, one should take into account the fact that some of the respondents, they not have access to the digital world, hence even know the possibility of that kind of access, so they are not accessible.

We identified a higher percentage of users very satisfied with the opening that nurses provide during your queries, allowing them feel more comfortable to expose their problems, than they feel the medical consultation. Also, it was found that 64% of women are very satisfied with the competence, courtesy and caring nurses, followed by administrative staff with 56% and finally the medical profession with 48% of surveyed very satisfied.

The waiting time for appointments, constituted an important variable in this analysis because it corresponds to the percentage of 36% of users satisfied shortly. This is due to the fact that they are unaware of the scheduled time in the Bulletin of Health Pregnant is the time for nursing consultation and not medical consultation, and USF this, the last, happens on average thirty minutes

after the first. Information from a study, describe the factors that, in the view of managers, undertake medical care in primary health care, emphasizing issues related to non-compliance with the hours of operation.¹⁷

Overall, 56% of users in this study are very satisfied with the services provided by the multidisciplinary team that USF and 40% are very satisfied, just 96% of the sample has positive opinion in terms of satisfaction with the care provided. Of the total of 100% of the sample, only 4% are somewhat satisfied. When making up a cross from the variable nationality, taking into consideration the fact of being or not being English with the level of satisfaction overall, we found that 58,8% of Portuguese women are very satisfied with the service provided and 41,2% are quite satisfied. On the other hand, among the non-Portuguese are very content 50%, 37,5% and 12,5% are quite satisfied are somewhat satisfied with the services dispensed by this USF. These data are of great importance, because they identify that the care provided by professionals of this service are very pleasing to the population, mainly Portuguese.

The surveyed when they were questioned if the pregnancy had lapsed or was elapsing without problems, 76% said yes and 24% said no. Regarding the need for the hospital during the various stages of pregnancy, 56% of women and 44% had to resort did not need to use this service. Regarding the reasons why 56% of users in the hospital, stand out, uterine contractions, vaginal bleeding, absence of fetal movements, fever, constipation, allergies, premature detachment of the placenta and vaginal infections.

User satisfaction is generally characterized as an evaluation of results, being associated with effectiveness of care or gain specific to a particular type of intervention. Still, this satisfaction is regarded as a goal to be reached by services and should therefore be investigated aiming at improvement in the system of health services.¹⁸

Therefore, it is emphasized that professionals should be mindful of the way before providing services to users because they are assessing assistance, proposing changes and improvements. Therefore, we emphasize that the size of the health work provided by this USF team, brings many positives coming from population coverage thus perceives a favorable level of satisfaction of users and consequently the professionals.

◆ Qualitative Analysis

From the reading and analysis of qualitative data from the perspective of

Analide thematic content, we identified two categories. The first refers to the most positive points found by the users surrounding the care of USF, it is noteworthy that 100% of surveyed answered this question, and the category was named "The satisfaction of users and the influence of soft technologies: the host and bonding, as determinants of quality of care." The second category refers to items less positive on this question, 64% of women responded that they have no point less positive and 36% responded that they have, named up this axis "The waiting time for care and the difficulties of communication as determinants of quality of care."

• **The satisfaction of users and the influence of soft technologies: the host and the bond, as determinants of quality of care**

The delineation of this category comes from expressions more emphasized by women, when they were asked about the most positive aspects surrounding the monitoring of pregnancy in this USF. The terms have been highlighted: "the best of USF is the attention paid by nurses" (M5), "very well serve professionals and pregnant women are also very competent" (M7, M15 and M16), "like a lot of consultations with maternal health nurses" (M1, M3, M10, M13, M16, M20, M24 and M25), "the health team that USF is very helpful and is always available to help pregnant women" (M2, M3, M5, M10 and M25) "liked a lot of consultations with the nurse and the doctor" (M5, M18, M25). These caveats reveal how an affective relationship, listening and exchanging information is a determinant of quality of care and satisfaction of users, it is deemed more important, than drug therapy, because that, users expect the professional is well prepared, with arguments and guidelines supported in the literature, however, the empathetic, affection and trust is very important for the quality of care and success of subsequent queries.

The reception takes place on the first contact between professionals and users, occurring after surpassed the stage of access to the service. It is one of the most relevant guidelines of the National Humanization Policy (NHP) of the Unified Health System (SUS) in Brazil, requiring the reorganization of the work process to serve all who seek health services. Aims to ensure the principle of universality and the pursuit of integrity and fairness, to strengthen the actions of humanization services saúde.⁹ This situation also is an integral part of the organization of health care delivery to users USF this because

There is always a query host with the nurse at the beginning of their surveillance.

In fact, communication is a key means to foster interactions between staff, patients and relatives. It is through listening that realizes the needs of professional users and start building links.¹⁹

According to the literature, the link with service users increases the effectiveness of health and encourages the participation of those involved in the service. This space should be used for the construction of autonomous individuals, both professionals and users, since there is no link-building which the subject is recognized as a subject who speaks, thinks and wants.²⁰

In this respect, acceptance and bond are important strategies to improve the care and support provided by qualified health staff as they allow to establish a subject-subject relationship where professionals and users to actively participate in the care process.

Some authors report that the host is considered the first step in establishing a link between professionals and users, and that should result from the relationships fulfillment process, which occurs after the step of outdated access.²¹

Thus, it is important to invert the logic of the biomedical model to a humanized model of care that considers the multidisciplinary team, performing an integrated team work, in that their members can share objectives.

A study underscores the importance of the host with pregnant women and the consequent relationship with professionals, established in this process, because the reasons given for not performing prenatal care on the part of pregnant women, refer issues to personal reasons, such everyday activities such as work, household chores and family reasons also pointed out that refer to the organization of the service, such as inconsistent service hours, delayed exams and lack of acceptance. This study concluded that there is inefficiency in the process of communication between professionals and pregnant women in prenatal care and that the host has not been effective.²²

In health, the professional who provides more dialogical relations with the user, is the nurse. This research revealed that it is from the conversations and eavesdropping, that nursing can use their skills and knowledge to identify the problems and needs of users, especially in the situations surrounding pregnancy. Information from another study corroborate this data, it shows that the field of Nursing, light technologies integrate care

act itself, related to different forms of user interaction. In the dimension of human care, the relationship is expressed interpersonally, ie between nurse, providing care, and customer care that participates in this. In this conception of relational care that nurses and user affect and are affected are present feelings, emotions, beliefs, values and knowledge of both subjects.²³

From these considerations, we note that the determinants related to health services in most studies attribute satisfaction the humanitarian aspects of the doctor-patient relationship, the quantity and quality of information received, the problems of effectiveness and continuity of care.¹⁸

• The waiting time for care and communication difficulties as determinants of quality of care

The delineation of this category comes from expressions more emphasized by women, when they were asked about the less positive aspects surrounding the monitoring of pregnancy in this USF. The terms have been highlighted: "The waiting time for consultations" (M2), "when contacted by telephone at USF no answer" (M11), "the opening hours of doctors" (M19), "sometimes I do not understand information professionals" (M23). These statements reveal the dissatisfaction of surveyed with regard to waiting time for care and the difficulties of communication and phone service, becoming these, determinants of quality of care.

In the book *The networks of health care*, the author evokes the communication of people with professional users and the waiting time for care are the factors of greatest dissatisfaction of users in relation to health services. It further states that the waiting time is now, the main problem of health care systems in the countries of Western Europe and Canada, this creates dissatisfaction among the population and increases the cost of care.²⁴

A good policy for overcoming the wait times includes a combination of demand side and supply and setting national targets in relation to waiting times maximum.²⁵

Waiting lists are a technology driven clinical management to streamline access to services where there is an imbalance between supply and demand. The reduction in waiting time in health plans ensures quality service to the user. It is known that this factor was evident probably because the users do not remember the scheduled time for the query refers to the query of nursing, the medical

consultation, about thirty minutes later. This information is contained in Bulletin Health Pregnant and is explained in the consultation host, when discussing the dynamics of this call USF.

There is then the communication process is a continuous process and interactive message exchange where the transmitter is simultaneously receiver and vice versa. The issuer will have to encode the message into a set of symbols that demonstrate its intent, the language being the most important encoding of the message.²⁵

The information needs of users should be interpreted, distinguishing between those that are expressed by these and normative, i.e., those that are considered desirable for the individual and the situation.²⁶

The problems that can occur in the transmission of information can come from the user or from health professionals. The difficulties of communication between health professionals and users have to do, among other things with the transmission of information by professionals and users' ability to perceive the information they are provided.²⁵

Given these references, it is thought that the health information needs to be clear, understandable, consistent over time, evidence-based and personalized. Sometimes the diminished capacity of users to perceive the information, makes these not understand what your state of health and the need to change behavior and following treatments and therapies. The low level of knowledge about health these can induce feelings of inhibition resulting from embarrassment and fear. Furthermore, it is noteworthy that at USF where he performed this research, because the knowledge and participation in practices assists health professionals conducted primarily by nurses, the health information are explained in detail to users, always with great patience and apparently so resolute, so it is thought that communication difficulties evidenced by the responses of surveyed are structured by other factors and other professional hierarchies. Moreover, regarding phone calls, probably the practitioners were conducting inquiries at this time, however, this information is clarified by the nurse in outpatient care, and this informs women, who would phone and no answer is because it is at that moment another user being met, and also guides to try later contact with USF. Thus, the less positive aspects identified by users, it is believed that by extrinsic factors are communicating with health professionals

because they always look for, guide and lead the situations in the best way possible.

CONCLUSION

It is noteworthy that because of that it is a very small sample of subjects, one can not generalize the results, however, in context, USF, user, family and professional factors enclosed with this investigation are relevant insofar that provide a critical reflection of the health structured in this area. In view of these results, it is considered compliant development of other studies with this and other USFs, involving a larger universe of subjects, besides the association of other collection methods and data analysis.

These results indicate that, in the health, soft technologies gain dimension of care. They use attributes that are characteristic of human relation, fundamental in building relationship between practitioner and client care in space. To develop a professional nursing care efficiently, authentic and quality, it is necessary to consider their actions in relation to key aspects such as human-human conversation, listening, touching, sharing ideas, demonstration of concern and expression of affection, be attentive to the wishes and demands, and also other aspects that are valued in holistic care. Thus, the continuous improvement of health care should take into account not only user satisfaction, but also the satisfaction of the professionals themselves.

Before analyzing the data, we found that users perceive the strengths and weaknesses of the service organization and the care provided. Furthermore, the results can mean subsidies to improve the quality of life, impacting on performance, health and quality of care, as well as the importance and advantages of the existence of specialist nurses in obstetric and maternal health in Primary Health Care.

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