



USER SATISFACTION WITH CARE: THE VISION OF NURSING
SATISFAÇÃO DO USUÁRIO COM O ATENDIMENTO: A VISÃO DA ENFERMAGEM
SATISFACCIÓN DEL USUARIO CON LA ATENCIÓN: LA VISIÓN DE LA ENFERMERÍA

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ABSTRACT

Objective: to describe the opinion of the Nursing leaders about the contribution of the satisfaction survey of the user in relation to care. **Method:** qualitative, exploratory, descriptive study, with 28 leaders from the hospitalization units of a public hospital. The information was collected through a semi-structured interview and analyzed according to the Content Analysis, in the Thematic Analysis modality. **Results:** the analyzes indicated the categories "work vision of the Nursing team", "provision of a humanized care" and "perception of the user about the offered service". It is evidenced that the result of the satisfaction survey provides important subsidies to be worked with the team and with the institution. **Conclusion:** it is concluded that satisfaction research brings great contributions both to the responding user and to the team that uses the results to improve the quality of health care. **Descriptors:** Patient Satisfaction; Nursing, Team; Nursing Care; Evaluación en Salud; Health Services Research; Quality of Health Care.

RESUMO

Objetivo: descrever a opinião das lideranças de Enfermagem acerca da contribuição da pesquisa de satisfação do usuário em relação ao atendimento. **Método:** estudo qualitativo, exploratório, descritivo, com 28 lideranças das unidades de internação de um hospital público. As informações foram coletadas por meio de entrevista semiestruturada e analisadas segundo a Análise de Conteúdo, na modalidade Análise Temática. **Resultados:** as análises apontaram as categorias "visão do trabalho da equipe de Enfermagem", "prestação de um cuidado humanizado" e a "percepção do usuário acerca do serviço ofertado". Evidencia-se que o resultado da pesquisa de satisfação fornece subsídios importantes para serem trabalhados com a equipe e em conjunto com a instituição. **Conclusão:** conclui-se que a pesquisa de satisfação traz grandes contribuições tanto para o usuário que responde, quanto para a equipe que utiliza os resultados para melhorar a qualidade da assistência em saúde. **Descritores:** Satisfação do Paciente; Equipe de Enfermagem; Cuidados de Enfermagem; Avaliação em Saúde; Pesquisa sobre Serviços de Saúde; Qualidade da Assistência à Saúde.

RESUMEN

Objetivo: describir la opinión de los liderazgos de Enfermería acerca de la contribución de la investigación de satisfacción del usuario en relación a la atención. **Método:** estudio cualitativo, exploratorio, descriptivo, con 28 líderes de las unidades de internación de un hospital público. Las informaciones fueron recolectadas por medio de entrevistas semiestructuradas y analizadas según el Análisis de Contenido, en la modalidad Análisis Temático. **Resultados:** los análisis apuntaron las categorías: "visión del trabajo del equipo de Enfermería", "prestación de un cuidado humanizado" y a "percepción del usuario acerca del servicio ofertado". Se evidencia, que el resultado de la investigación de satisfacción proporciona subsidios importantes para ser trabajados con el equipo y en conjunto con la institución. **Conclusión:** se concluye que la investigación de satisfacción trae grandes contribuciones tanto para el usuario que responde, cuanto para el equipo que utiliza los resultados para mejorar la calidad de la asistencia en salud. **Descriptor:** Satisfacción del Paciente; Grupo de Enfermeira; Atención de Enfermería; Health Evaluation; Investigación sobre Servicios de Salud; Calidad de la Atención de Salud.

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INTRODUCTION

In Brazil, the first studies on user satisfaction were developed in the 1990s from the strengthening of social control, the search for humanization of health services within the Unified Health System (UHS), and through participation of the community in the planning and evaluation processes.¹

In this context, in health institutions, a favorable field has been created for the development of evaluation research based on the perceptions of the users that become the fundamental sources of information for decision-making in the management. Satisfaction surveys began to be carried out by means of direct collections of information with the respondents.

In Brazil, in the same period, both public and private organizations and in different sectors, instruments and methodologies of satisfaction surveys began to contribute to qualify management processes and to monitor the quality of customer service to the users.² It can be considered that quality consists of the characteristics of the product that meet the clients' needs and, thus, provide them with self-satisfaction.³ As a result of the changes that have occurred in the paradigms that guide management practices, be considered the center of attention so that companies value the opinion of the latter and thus seek to offer services that meet the needs and meet their expectations.⁴

In the area of health, tools and methodologies were developed for the evaluation of user satisfaction that aim to formulate proposals for new management models for public health organizations, improve the quality of services and support the decision-making process of managers and professionals within this scope.^{2,5} With this, health care began to be evaluated from the perspective of the user, who considers their expectations regarding the service and the service received. Satisfaction surveys become, then, a strategic resource in the approach of the user with the health service. In this study, user satisfaction is considered to occur when the service meets users' expectations and needs vis-à-vis the service.⁶⁻⁷ Service performance and its results, most of the time, are focused on the needs of customers and in their expectations and are sometimes organized to meet the demand for care. Thus, to evaluate the quality of the service, from the perspective of the user, it is essential to use an evaluation tool that truly reflects the needs and expectations of the clients.

User satisfaction survey is, therefore, an information management system that continually captures the voice of the customer by assessing the company's performance. Such an investigation thus verifies the institution's performance in its activities indicating ways for future decisions to organize its service.⁸ The incorporation of the user in the evaluation has been valued because it is potentially related to greater adequacy in the use of services, reflecting the actions that have been developed and also the possibility of directing and planning the service.⁹⁻¹⁰ Health professionals should recognize the multiplicity of the role of the user in health services and understand their importance to the institution that serves them . Success depends on the capacity for openness, listening and relationship, both external and internal, making the practice of administrative management fundamental in the hospital context.¹¹

OBJECTIVE

- To describe the opinion of nursing leaders about the contribution of the survey of user satisfaction regarding care.

METHOD

A qualitative, exploratory, descriptive study, developed in a public hospital in Porto Alegre, Rio Grande do Sul. Data was collected in clinical, surgical, maternal-infant and pediatric units, totaling 16 Nursing services, with each department responsible for the management of specific areas, totaling 42 health care sectors in the institution.¹²

The type of sampling was by lot, that is, participants of this study were the Nursing leaderships of the hospitalization units of the hospital and all the nurses who held positions of leadership in the adult / surgical / clinical hospitalization units of the hospital. It was adopted as inclusion criterion, to select the nurses, to have minimum time of two years of acting as leader unit nurse. Four nurses were excluded because they were in the position for a period inferior to that established. Also, nurses from the intensive and outpatient areas were not included in the study. Thus, the study was conducted with 28 Nursing leaders.

The data was collected between February and March of 2017, outside the work shift of the interviewees, in a room of the unit, being assured the privacy of the interview. Data were collected through a semi-structured interview in which the participant was asked to express their opinion about the contribution of the satisfaction survey to the

service. The interviews were recorded in audio and the consent of the participants was obtained by signing the Term of Free and Informed Consent (FICT). The interviews ranged from thirty to forty minutes.

After the literal transcription of the information, the testimonies were analyzed and analyzed in search of the nuclei of meaning for the conformation of the thematic categorial analysis.¹³ From this process, resulted the categories that allowed to understand the contribution of the satisfaction survey to the service in health. While observing the anonymity of the information, in the presentation of the results, the participants' speeches were coded in Arabic numerals. To designate the interviewed nurses, the letter "E" was used, followed by the numbering, according to the order of interviews.

The development of the study met the national and international norms of research ethics involving human beings and this was done after the approval of the Ethics Committee of the Research and Postgraduate Group of the referred hospital. In the development of the study, the norms established by Resolution 466/12 of the National Health Council were observed and the study project was approved in 2016 under the number of CAAE: 59472316.8.0000.5327.

RESULTS

◆ Participant profiles

By the analysis of the sociodemographic profile of the 28 interviewed, Nursing leaders, it was evidenced that all were female, and in the collection period, 12 were in the age group between 30 and 40 years (43%); another 12, between 40 and 50 years old (43%) and four nurses, between 50 and 60 years old (14%). In relation to the years of study, ten professionals were up to 15 years old (35%) and eighteen (65%), over 15 years of study. As for working time, seven interviewees (25%) have less than ten years of work and the other 21 professionals (75%) have working time over ten years. As for the time of service, in the position of nurse in the hospital, twelve nurses (43%) had up to three years and the remaining (57%), over four years in the function. In relation to previous experiences related to Nursing, all the interviewees had experiences in other institutions.

The contribution of user satisfaction survey

The content analysis of the interviews allowed identifying the presence of three thematic axes that defined the categories

related to the contribution of the satisfaction survey: work view of the Nursing team, provision of a humanized care and the perception of the user with the service received.

The category nominated vision of the work of the Nursing team addresses aspects related to the perception of Nursing leaderships regarding the work of their team with inpatients. It is composed of speeches that express how the research helps in the process of verifying the work of the team, pointing out the positives and those that still need improvements in the team.

From the experience I have, I realize that where we have a well-evaluated team we have satisfied users. (E12)

I understand that both user assessment and performance management must happen at the hospital on a continuous basis, but we need to use that information and develop a plan of improvement with the team and we are making it happen here in the unit through our work ". (E13)

Stimulating the team, we take the data of satisfaction survey, I put to the team that our indexes are good, that we have to maintain the same level, stimulates the team to update, to take courses and to verify these indicators and evaluate during the year the their performance. (E16)

The second category, called humanized care delivery, gathers the statements that mention that the result of the satisfaction survey allows us to evaluate the care offered at the unit, allows us to create new routines at work and justifies, together with the institution, the need for changes in the unit . Such modifications can contribute to the quality of care and ensure user satisfaction.

When talking about opinion polls, the patient spoke there, usually when we talked to the employee to be more attentive, then improved, in the cordiality with the patient, in the education part, and he demonstrates more humanization in care. (E14)

In the research there are complaints about the attitude, behavior and attitude of the employee, I always refer to him and call attention, guiding to improve patient care. (E21)

Always seeking improvement, seeking to reflect, we have been adapting to change the profile of patients and the quality requirements of the institution, so it is a continuous search for improvements. (E27)

Usually we call the employee to talk, when it happens some criticism that this generates the patient's dissatisfaction, we know until before coming, before happening in the research, because they are specific situations of the day to day. (E28)

And the third category, perception of the user with the service received, groups excerpts of the interviews related to the opinion of the nurses regarding the instrument, satisfaction survey, being a tool that captures the voice of the user and allows to perceive his opinion with the offered service during their stay in hospital.

As a manager, I think he gives feedback on what he needs to improve, it's good that we get the praise and criticism to know what he has to improve; sometimes we are not there to see, I think that is what the patients can show, this evaluation of the patient in the unit is more related to the care, does not evaluate the technique very much. (E5)

So, in fact, with research, we can change some things in the unit, talk to people and give feedback, see if our attitude, our action is not having an effect on our client, then we can make the necessary changes felt by the team. (E11)

My team understands that the result of the satisfaction survey brings a vision of our user, whether through criticism or praise. (E25)

When it comes to compliment we always leave it down for the employee, sometimes it has some situation with some patient, they are very friendly, technically they are not so good, but in this part of affectivity they are very quoted. (E26)

DISCUSSION

In this study, it was possible to know the opinion of Nursing leaders about the contribution of the user satisfaction survey to qualify care. Evaluating the perceptions of the users about the service received becomes an increasingly popular and used practice in the health area, being an indicator of quality and pointing out possibilities for improvements in the service. When evaluating the service, the user can provide important elements to guide care and improve the routines of hospital institutions.

The predominance of women in the posts surveyed stems from the socio-historical aspects of the profession. In this sense, women's presence is highlighted as a positive factor, since women are considered to be understanding, they engage in participative leadership practices and tend to encourage their team more.¹⁴ In the case of the nurses who held the leadership position of the unit, most were between 30 and 50 years old, with a general professional experience of more than ten years in the hospital. As for the years of studies, the participants had, in most of the interviewed, more than 15 years of study. These findings allow us to design a scenario formed by a mature group with a solid

background and strong professional experience.

● Vision of the work of the Nursing team

When mentioning that the result of the satisfaction survey allows to obtain a view of the work of the Nursing team, the interviewees refer that the satisfaction survey also provides subsidies for the evaluation process of the employee in their work with the user, and not just as a instrument of evaluation of the service, providing a vision of the events that unfold inside the unit. The satisfaction survey provides indicators to work on the management of the team, that is, the results from the research sometimes point to facts related to the professional performance of the people who make up the team. The way in which these results will be worked out by the team will depend directly on the management style of each Nursing leadership.¹⁵ Thus, it is possible to verify how the users feel about the care provided by the Nursing team and, when there are difficulties with the care or problems of relationship with the patient, the results of the satisfaction survey can support the decision making for the development of actions of permanent education with the Nursing team. The nurses mention that they use information from the satisfaction survey to evaluate the performance of the professional highlighting their positive points and, if there is a need for changes in relation to the care provided, these are also suggested.

Studies corroborate the findings described here highlighting the interpersonal relationship as an important indicator of quality, since the users consider the way in which they were attended and informed during their contact with the institution when evaluating the quality of care.¹⁶⁻¹⁷ This information can be used as a strategic tool to improve the process of managing the activities performed by the nurse and those delegated to his team.¹⁸ It should be remembered that the satisfaction survey evaluates the quality of service including user satisfaction with Nursing care.¹⁹

◆ Providing humanized care

The research, for the interviewees, assists the team in providing a humanized care as the institution uses the results to verify the needs punctuated by the users and to make use of these as important elements in the process of building an environment focused on humanized care. In this perspective, the quality assessment permeates structural elements of the service, as well as the technical competence of those who carry out

the care actions, becoming a significant item for the adequacy of services, especially those considered as triggers for change.

User satisfaction survey is a valuable management tool for the institution. Satisfaction measurement is an important tool for administration and planning, as well as playing a key role between the service provider and the user, as it reflects in the judgment of the quality of care.²⁰ The interviewees understand the need for research of satisfaction in the unit, as well as its importance to the social context, since it is a tool for managing and reorganizing the services, providing support to current decisions and prospecting new directions in the field of health. In nursing care, with a view to a humanized care, it is essential the involvement of the team to obtain the perception of the other. The achievement of greater success in Nursing actions depends on whether it can meet the needs of the one being served.²¹ The findings found in the interviewees' statements indicate that, in addition to providing an overview of user satisfaction with the service, research it signals the faults to be corrected and the needs that the users have in relation to the service. In this way, the information obtained from the results of a satisfaction survey can be used to identify the areas that need greater consideration by establishing strategies that will improve the performance of these areas. The team, knowing the needs punctuated by the users of the service, can set goals that can enable the execution of individualized, humanized and systematized care that meet the real needs of the patient and the family. It should be noted that, in the knowledge of the needs punctuated by the users, the hospital institution may intervene in the assistance process and, thus, promote changes in practice, adjusting the service provided to the needs and expectations of the user.

The Humanization of UHS can be understood as valuing the different subjects involved in the health production process, increasing the degree of co-responsibility in health production, establishing solidarity bonds and collective participation in the management process, mapping and interaction with the social, collective and subjective demands of health and the commitment to the qualification of the ambience improving the conditions of work and attendance.²² Attending the patient in order to provide a humanized care is based not only to apply the technical procedures, but also to provide a service that establishes

links and expresses the trust or empathy of the professional when the professional promotes the assistance. HumanizaSus brings humanization to the attention of qualified listening, that is to say: for the user to be treated in the perspective of care as an integral action while maintaining respect for diversity and uniqueness in the encounter between those who care and who receives the care.²²

The results from the satisfaction survey provide important indicators that can be worked together with the institution's multiprofessional team and serve as a management tool. There is a consensus that user satisfaction is an integral part of the quality of health services and that its measurement contributes to a better use of resources and an improvement in the performance of the various sectors involved in the research.²³ In this regard, increasing awareness of the right to health, coupled with an increase in user expectations and demands, in order to ensure that their health needs are met promptly.

◆ Perception of the user with the service received

The results indicate that the participants understand that the satisfaction survey makes it possible to verify the user's perception with the offered service. The user who has already used the service can contribute to the quality assessment regardless of whether or not they need to use the service again. This voice given to the subject that uses the service is in line with the national policy of humanization, which seeks to render services of quality and resolution, making the health needs of users responsible for all social actors involved in the work process.²⁴ Humanization it is operationalized through the identification of the needs, desires and interests of the different subjects in the field of health.²⁵ Thus, humanization becomes understood as a way of care centered on the voice of the individual, respecting his autonomy and, therefore, use of light technologies that permeate listening, apprehension and satisfaction of needs. User-centered care configures a work routine that permanently considers the other, revealing that managers, professionals and users weave a practice that favors shared actions and the differentiation in care provided.²⁵

Studies indicate that user satisfaction is a multidimensional concept, however, it is not described what dimensions of care should be evaluated to measure user satisfaction, only if it is known that it can vary depending on the

type of service.²⁵ However, the dimensions of satisfaction can be verified through the determinants of quality in health services, since satisfaction is related to one of the components of quality: perceived quality.

The main scientific advances of this study provide subsidies and emphasize that the evaluation by the user of the quality of the service represents an important aspect of the decision making process in the management of hospital institutions. Most users use their experiences to evaluate the service and some criteria are taken into account such as: the technical quality of their care; interpersonal skills of the caregiver; continuity of care; waiting times; availability; guidance given and the physical environment of the institution.²⁶⁻²⁷ In this regard, it is known that the person who has used a service may indicate this to family and friends. Thus, it is confirmed that satisfied users, in addition to establishing links with the service, also recruit new users through the positive information they provide about the service received.

Currently, users have a lot of information about their health and about the services that cover their stay in the hospital environment. The Ministry of Health has emphasized the importance of informing the user and he / she is aware of his / her right to know and know about all the stages of the assistance offered to him in order to seek the quality of health care in the services provided.²⁷ These measures aim at to reduce adverse events that occur in patients, in addition to providing an assessment of the quality of services provided to the community.²⁸

Some limitations can be pointed out for this investigation such as the evaluation of only one public hospital institution. Therefore, further studies with an expanded sample are still necessary to evaluate other hospital realities. In addition, it is suggested that new research may address professionals from other areas that are also part of the hospital context and are considered by the user when evaluating hospital care.

CONCLUSION

The study made possible the reflection on the subject in question. Regarding the contribution of the user satisfaction survey to health care, the nurses reported that the satisfaction survey is a way to allow the user a moment of listening in which he can express their opinion regarding the service received. Another contribution mentioned by the nurses is that it can help to identify the user's opinion of the service offered by the hospital, which enables the institution to set goals to

improve the results or even maintain the satisfaction of the service. In addition, the satisfaction survey provides an overview of the service, since it allows to obtain scores relative to each attribute searched, as well as to provide the user with a space to express, in a written form, their needs and expectations regarding the service.

The main contributions of this study are that it helps to identify satisfaction survey as an important instrument to measure the quality of health services, being a management tool and reorganization of services, providing support to current decisions and prospecting new directions in the field of Cheers. It is worth noting that the use of an evaluation system for the monitoring of user satisfaction is a great challenge to be faced by managers and professionals who seek to adapt their work processes to excellence in service.

REFERENCES

1. Moraes VD, Campos CEA, Brandão AL. Study on evaluation of dimensions of the Family Health Strategy in the user's perspective. *Physis*. 2014 Jan/Mar; 24(1):127-46. Doi: <http://dx.doi.org/10.1590/S0103-73312014000100008>.
2. Santos MA, Sardinha AHL, Santos LN. Satisfaction with nursing care in drug users: the evolution of a scale. 2017 Mar; 38(1):e57506. Doi: <http://dx.doi.org/10.1590/1983-1447.2017.01.57506>
3. Khamis K, Njau B. Patients' level of satisfaction on quality of health care at Mwananyamala hospital in Dar es Salaam, Tanzania. *BMC Health Serv Res*. 2014 Sept; 14:400. Doi: 10.1186/1472-6963-14-400.
4. Martins PF, Perroca MG. Patient and companion satisfaction regarding the meeting of nursing care needs. *Rev eletrônica enferm*. 2017; 19:a18. Doi: <http://dx.doi.org/10.5216/ree.v19.41138>.
5. Quadros DV, Magalhães AMM, Mantovani VM, Rosa DS, Echer IC. Analysis of managerial and healthcare indicators after nursing personnel upsizing. *Rev Bras Enferm*. 2016 Aug; 69(4):684-90. Doi: <http://dx.doi.org/10.1590/0034-7167.2016690410i>.
6. Aiken LH, Sloane DM, Ball J, Bruyneel L, Rafferty AM, Griffiths P. Patient satisfaction with hospital care and nurses in England: an observational study. *BMJ Open*. 2018 Jan; 8(1):e019189. Doi: 10.1136/bmjopen-2017-019189.

7. Mollon D. Feeling safe during an inpatient hospitalization: a concept analysis. *J Adv Nurs*. 2014 Aug; 70(8):1727-37. Doi: 10.1111/jan.12348
8. Kim CE, Shin JS, Lee J, Lee YJ, Kim MR, Choi A, et al. Quality of medical service, patient satisfaction and loyalty with a focus on interpersonal-based medical service encounters and treatment effectiveness: a cross-sectional multicenter study of complementary and alternative medicine (CAM) hospitals. *BMC Compl Altern Med*. 2017 Mar; 17(1):174. Doi: 10.1186/s12906-017-1691-6
9. Alvim ALS. Contributions of customer satisfaction research for nursing assistance. *Saude Foco*. 2017 July/Dec; 3(2):37-45. Doi: <http://dx.doi.org/10.12819/rsf.2016.3.2.3>.
10. Dorigan GH, Guirardello EB. Nursing practice environment, satisfaction and safety climate: the nurses' perception. *Acta Paul Enferm*. 2017 Mar/Apr; 30(2):129-35. Doi: <http://dx.doi.org/10.1590/1982-0194201700021>
11. Poksinska BB, Fialkowska-Filipek M, Engström J. Does Lean healthcare improve patient satisfaction? A mixed-method investigation into primary care *BMJ Qual Saf*. 2017 Feb; 26(2):95-103. Doi: 10.1136/bmjqs-2015-004290.
12. Hospital de Clínicas de Porto Alegre. Estrutura [Internet]. Porto Alegre: HCPA; 2016 [cited 2018 Jan 10]. Available from: <http://www.hcpa.ufrgs.br/content/view/136/196>
13. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2011.
14. Batbaatar E, Dorjdagva J, Luvsannyam A, Savino MM, Amenta P. Determinants of patient satisfaction: a systematic review. *Perspect Public Health*. 2016 Mar; 137(2):89-101. Doi: 10.1177/1757913916634136.
15. Nunes EMGT, Gaspar MFM. Leadership in nursing and patient satisfaction in hospital contexto. *Rev Gaucha Enferm*. 2016 June; 37(2):e55726. Doi: <http://dx.doi.org/10.1590/1983>.
16. Eichhorn L, Murday AK, Kohnen B, Guttenthaler V, Türler A, Baumgarten G, et al. Patient Satisfaction as a Measure of Quality of Patient Care-Comparison between a University Hospital and a General Hospital. *Gesundheitswesen*. 2017 Aug; 79(8-09):627-632. Doi: 10.1055/s-0041-110528.
17. Mollaoğlu M, Çelik P. Evaluation of emergency department nursing services and patient satisfaction of services. *J Clin Nurs*. 2016 Oct; 25(19-20):2778-85. Doi: 10.1111/jocn.13272.
18. Sena ALC, Ferreira LN, Oliveira RS, Kozmhinsky VM. Embracement and satisfaction of the user in the Family Health Strategy: a successful experience. *Rev APS*. 2015 Apr/June; 18(2):134-40.
19. Desborough J, Bagheri N, Banfield M, Mills J, Phillips C, Korda R. The impact of general practice nursing care on patient satisfaction and enablement in Australia: a mixed methods study. *Int J Nurs Studies*. 2016 Dec; 64:108-19. Doi: 10.1016/j.ijnurstu.2016.10.004
20. Baracho VS, Caldeira ABR, Guedes CF, Ferreira PHC, Guedes HM, Ribeiro LCC. Vision of external customers on the satisfaction of nursing services hospital: approach interpersonal. *Rev eletrônica gestão saúde* [Internet]. 2016 [cited 2018 Jan 10]; 7(2):608-22. Available from: <https://dialnet.unirioja.es/descarga/articulo/5555891.pdf>
21. McCay R, Lyles AA, Larkey L. Nurse leadership style, nurse satisfaction and patient satisfaction: a systematic review. *J Nurs Care Qual*. 2017 Dec. Doi: 10.1097/NCQ.0000000000000317
22. Ministério da Saúde (BR), Gabinete do Ministro. Portaria nº 529, de 1º de abril de 2013. Institui o Programa Nacional de Segurança do Paciente (PNSP) [Internet]. Brasília: Ministério da Saúde; 2013 [cited 2018 Jan 10]. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2013/prt0529_01_04_2013.html
23. Beattie M, Murphy DJ, Atherton L, Lauder W. Instruments to measure patient experience of health care quality in hospitals: a systematic review protocol. *Syst Rev*. 2015 July;4:97. Doi: 10.1186/s13643-015-0089-0.
24. Ferreira PHC, Guedes H, Moreira SA, Baracho VS, Caldeira ABR, Guedes CF, et al. External customer satisfaction as to nursing care. *REME rev min enferm*. 2016; 20:e975. Doi: 10.5935/1415-2762.20160045.
25. Nunes EMGT, Gaspar MFM. Quality of the leader-member relationship and the organizational commitment of nurses. *Rev Esc Enferm USP*. 2017; 51:e03263. Doi: <http://dx.doi.org/10.1590/S1980-220X2016047003263>
26. Atun R, Andrade LO, Almeida G, Cotlear D, Dmytraczenko T, Frenz P, et al. Health-system reform and universal health coverage in Latin America. *Lancet*. 2015 Mar;385(9974):1230-47. Doi: [10.1016/S0140-6736\(14\)61646-9](https://doi.org/10.1016/S0140-6736(14)61646-9)
27. Inchauspe JAF, Moura GMSS. Applicability of the results of a user satisfaction survey by nursing. *Acta Paul Enferm*. 2015 Mar/Apr;

Inchauspe JAF, Moura GMSS de.

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28(2):177-82.

Doi:

<http://dx.doi.org/10.1590/1982-0194201500030>

28. Mishima SM, Campos AC, Matumoto S, Fortuna CM. Client satisfaction from the perspective of responsiveness: strategy for analysis of universal systems? Rev Latino-Am Enfermagem. 2016; 24: e2674. Doi: 10.1590/1518-8345.1089.2674

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