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RESEARCH

Avaliação da qualidade: satisfação dos usuários de unidades de terapia intensiva pediátrica mista e obstétrica

Quality evaluation: users' satisfaction of obstetric and mixed pediatric intensive care unit

Evaluación de la calidad en unidades de cuidados intensivos pediátrica mixta y obstétrica

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ABSTRACT

Objective: The aim of this study was to evaluate users' satisfaction in two intensive care units (ICU). **Method:** Qualitative, descriptive and evaluative study performed in obstetric and mixed pediatric ICUs inside the Brazilian northeast. Fourteen children caregivers and newborns and fifteen women hospitalized were part of this study. The data analysis were based on content analysis and consequent category construction. This study was approved in ethical committee on the number 0001/201110 (CEDEP/UNIVASF). **Results**: Good reception on both ICUs was mentioned, trust in the team and care were positively evaluated. However, on the mixed pediatric ICU, it was mentioned that the use of technical terms on the information given made the understanding more difficult. On the obstetric ICU, it was pointed out that the care with exams and procedures emphasized humanization. **Conclusion:** The users' satisfaction is an important evaluation and management tool as a factor of (re)structure of management practice and healthcare. **Descriptors**: Nursing, Intensive care units, Nursing assessment, Health evaluation, Patient satisfaction.

RESUMO

Objetivo: Avaliar a satisfação de usuários em duas Unidades de Terapia Intensiva (UTIs). **Método:** Trata-se de um estudo avaliativo, descritivo e qualitativo, realizado nas UTIs pediátrica mista (UTIPM) e obstétrica (UTIO) de um hospital do Nordeste brasileiro. Participaram deste estudo 14 acompanhantes de crianças e neonatos e 15 mulheres internadas. A análise dos dados ocorreu por meio de análise de conteúdo e consequente construção de categorias. O estudo foi aprovado pelo Comitê de Ética e Deontologia (CEDEP/UNIVASF) sob o nº 0001/201110. **Resultados**: Os sujeitos referiram boa recepção em ambas as UTIs, sentiram confiança nas equipes e os cuidados foram avaliados positivamente. Porém, na UTIPM, relataram que o uso de termos técnicos nas informações dificultava seu entendimento. Na UTIO, salientaram que os cuidados com exames e procedimentos enfatizaram a humanização. **Conclusão**: A satisfação dos usuários é uma importante ferramenta de avaliação e gestão, como fator de (re)estruturação das práticas da gestão do cuidado. **Descritores**: Enfermagem, Unidades de terapia intensiva, Avaliação em enfermagem, Avaliação em saúde, Satisfação do paciente.

RESUMEN

Objetivo: Evaluar la satisfacción de los usuarios en dos unidades de terapias intensivas (UTI) de un hospital. **Método**: Estudio evaluativo, descriptivo y cualitativo, realizado en UTIs obstétrica y pediátrica mixta, en el nordeste brasileño. Participaron 14 cuidadores de niños y recién nacidos, y 15 mujeres internadas. El análisis de datos fue el análisis de contenido. Fue aprobado sobre el nº 0001/201110 (CEDEP/UNIVASF). **Resultados**: Se reportó una buena recepción, se sentían confiados en los equipos, y la atención se evaluó positivamente. Pero en UTIPM, el uso de términos técnicos en la información dificultaba su comprensión. En UTIO, los exámenes y procedimientos de atención destacan la humanización. **Conclusión**: La satisfacción de los usuarios es una herramienta importante para la evaluación y la gestión como un factor de (re)estructuración de la práctica y el cuidado de la salud. **Descriptores**: Enfermería, Unidades de cuidados intensivos, Evaluación en enfermería, Evaluación en salud, Satisfacción del paciente.

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INTRODUCTION

From the 80s of the twentieth century, both in Europe and in the USA, several movements being of an economic, political and cultural process, gave to patients a new place in the evaluation of health services. In Brazil, these research have become more common from the second half of the 90s of the last century. In the public area, the increasing costs of health services were one of the elements that favored the reforming policies and reduced spending, and the emergence of new management models aimed at greater transparency, quality and efficiency of services.[1]

The evaluation of quality, which has quality as its object, varies with interest groups or social actors and can be conceived as "the analysis (understanding) of dimensions which escape from indicators and quantitative language". It is emphasized that no distinction between this term and the Quality Assessment and Qualitative Evaluation terms many times used as synonyms. However, in this case, the quality is not the subject, but rather, an adjective of the evaluation process.[2]

Thus, it is necessary to use quality evaluation as a tool in the search for care improvement in any environment where it is performed, having strong expansion possibilities in the context of Pediatric, Neonatal and Obstetric Intensive Care Units, because professional behavioral changes have occurred involved in these sectors, which a model of care focused on child and family has adopted, based on a philosophy of modern assistance.[3]

In addition, the evaluation of quality of health care in the Obstetric ICU - relatively recent model developed in 1990 in Memphis in the United States - and the Pediatric and neonatal ICU emerged from the first nursery for premature, in the late nineteenth century to the early twentieth century, has a fundamental impact on the effective/efficient maintenance of mother/child, providing better health conditions for children and their mothers.[4-5] In 2012, the Health Portal of the Unified Health System (SUS) announced calls for the creation of Residences in Obstetric, highlighting the area as a priority for the Ministry of Health.[6]

Therefore, assessing the impact for maternal and child healthcare generates the subject is shown as an essential element to be considered in the pursuit of service excellence. Since then, the understanding of the pathophysiological processes related to pregnant women, childbirth and newborn, there are also advances of scientific and technological development, and allow improving the material and human resources in health.[7] In this study, it was sought to evaluate the satisfaction of caregivers and the satisfaction of the users in the Intensive Care Unit (ICU) in a maternity hospital in northeastern Brazil.

METHOD

It was an evaluative, descriptive study with qualitative approach. An evaluation study addresses the way of running a program, a practice, or policy. Therefore, this analysis was constituted in an investigation of evaluation, since it analyzed a complex social phenomenon which was the quality of care provided to children, newborns and women in the context of intensive care.[8] This research also consisted of a descriptive study in which the researcher studies the phenomenon of the physical and human world, but does not handle them, that is, observing, recording, analyzing and interpreting the facts without the researcher make them any interference.[9]

The study was conducted in Mixed Pediatric and Obstetric ICUs in a maternity hospital located in the Northeast of Brazil. The samples were 14 caregivers of children and neonates who were hospitalized in the Mixed Pediatric ICU and 15 women who were hospitalized in the Obstetric ICU and meeting all the inclusion criteria and none of the exclusion criteria. Inclusion criteria were: being or have been following child or newborn hospitalized in the mixed pediatric ICU; have been taking care of the child or newborn hospitalized in the mixed pediatric ICU for at least 5 days; have been or being hospitalized in the obstetric ICU and provide psycho-emotional conditions that would enable the establishment of dialogue.

The exclusion criteria for child or newborns caregivers hospitalized in the mixed pediatric ICU were: not being relatives of the child or newborn hospitalized, or perform only visits. And for UCIO: have discharge from the hospital, to meet changes in level of consciousness (lethargy, obtundation, stupor and coma at any stage in sedation in endotracheal intubation or tracheostomy).

Data were collected through a semi-structured interview, where the researcher has a list of topics that should be covered, and the interviewer´s job is to encourage participants to speak freely about all the topics.[8] For the interviews, a portable audio recorder, MP3 Player Colorkirt was used. Data collection was conducted from March to August 2011, in a reserved place, and the data were analyzed according to Bardin content analysis.[9-10] Content analysis is organized in three stages: pre-analysis, organizing the material, which is the corpus of the research; exploration of the material, with three steps: a) the choice of counting units, b) selecting the counting rules and c) the choice of categories, and the treatment of the results comprises the inference and interpretation.[10]

To achieve this research, authorization to the institution was requested, obtaining consent from it. The study was presented to the Ethics Committee for Studies and Research of the Federal University of Vale do São Francisco - UNIVASF, and approved on November 20, 2010, under No. 0001/201110, as recommended by Resolution 196/96 of the National Council Health (CNS), which regulates research involving human subjects.[11]

The interviews were conducted by volunteer acceptance to join the study and consent to the Free and Clarified Term - TCLE, using a dedicated space to perform the data collection, taking care not to expose participants. At the end of the interview, the participant was granted the right to require listening to the recording, as well as removing or adding information about it.

Participants were aware of the methodology, the objective, the justification and the whole development process of the study. To maintain confidentiality, the caregivers were identified by the letter "C" and a number, and users with the letter "U" and a number. The contact of researchers to answer questions and information was available. At the end of the research, the materials from this (interview scripts, TCLE and audio recordings) were stored and will remain for five years, after this period, it will be incinerated.

RESULTS AND DISCUSSION

Characterization of the subject

Data analysis showed that the out of 14 caregivers of the mixed pediatric ICU, three were under 20 years old, six were from 21 to 30 years old, three from 31 to 40 years old and two between 41 and 50 years old. There was a female predominance (11 people). Among the 15 users of Obstetric ICU, six were between 17 and 19 years old, there were also six between 20 and 30 years old and only three between 31 and 40 years old. There were 12 hospitalized due to preeclampsia, two for abortion and for presenting signs and symptoms of anemia and acute renal failure. Of the interviewees, six were adolescents and we could notice that five of the interviewed adolescents had preeclampsia. Seven women reported being housewives and three were students.

The findings enabled the creation of three categories: satisfaction with the reception of ICUs team; Satisfaction with the provided information and confidence in ICUs team and satisfaction with the care provided by ICUs team.

Satisfação com o acolhimento das equipes das UTIs

Satisfaction with the reception of ICUs team

The study revealed that, on the process of reception by the caregivers by the Mixed Pediatric ICU team, they reported at the time of receiving the child/newborn in the sector, emphasizing the speed in the provision of care and organization of the sector, as in the statements below:

[...] It was soon intubated, providing assistance to her [child]. (A5)
[...] They welcomed us, soon they give medicine to the girl. (A6)
[...] In the assistance was very fast, very fast. (A7)
[...] Before I came here, they called here, they prepared the bed and there were already waiting for him [child] (A11).
[...] They received us well. (A1)
[...] He [child] was well received. (A11)

Regarding the reception of UTIO users the sector's health team, it is noteworthy that 11 users said they were "Very well" received and four reported that the reception was "good", as confirmed in the following lines:

The team received me very well. (U1)
They welcomed me and treated me very well [...]. (U2)
Everyone received right and still treated all right too. (U6)
They received very well [...]. (U8)
Very well [...] I quite liked it. (U10)

Satisfaction with the provided information and confidence ICUs teams

Caregivers revealed that the information about the child´s health status is provided. However, only by the medical staff, while the nursing staff is not presented in the provision of such information, as follows:

[...] When I have to ask, they tell me something, the doctor. (A1)
When I ask for the doctor, she always shows me the x-ray that that she gets everyday, and then she tells me the difference of one to the other (A5).
No, not just even the doctor, I try sometimes to know how he is, which medicine he is taking, "oh I do not know, the doctors knows better", so they do not give [nursing staff] information about anything. (A11)

All interviewed showed confidence in the team and, consequently, in the service offered by them. This is what can be seen in the statements below:

I always felt confidence in the team. (U2)
The team gave me a lot of confidence, is a caring people. (U5)
I really enjoyed them, I rely heavily on them [nursing staff] [...], they are very attentive. (U7)
I felt, yes, they give a lot of confidence for us, the doctor, the nurses. These nurses are great, all the time they are here with us and everything. (U9)
Since I arrived they were taking care of me, so I trusted them. (U15)

In the following statements, it was observed that health professionals use many technical terms in their dialogue:

[...] The thing that you listen is stable okay, okay stable, there are so many explanations for a stable situation, stable to good, stable to bad, what does stable mean? What does the professional understand as stable to tell this to a mother? (A7)

> *Sometimes the mother will ask "How is the baby? He is stable", not always a mother knows what stable is, so it depends on stable, if there is a severe case and say that she/he is stable, then it means she/he is still serious right? [...]. (A8)*

In this sense, the statement of a caregiver addresses the lack of understanding of the information provided by the team and the submission relationship established between professional and caregiver:

> *[...] Sometimes I do not understand, because I do not have a clinical perspective, when we do not study, we are not from the area we do not understand much. If you're a doctor and you say that your baby is well I'll believe you. (A8)*

Although in UTIO, it was identified that the confidence relationship was established mainly due to the care and the explanations given during the procedures, as it can be seen in the following words:

> *[...] Here there is always a doctor and they are well educated and what you ask they try to respond, they are always accessible. (U3)*
> *[...] They explain everything right [...]. (U10)*
> *[...] They said what for it is [...]. (U12)*
> *[...] They explain everything carefully. (U13)*

Satisfaction with the care provided by the ICUs team

It was observed that the care provided to children and neonates were seen in a satisfactory way, as shown by the following reports:

> *[...] Certainly he was well cared. (A4)*
> *From what I see it is very carefully. (A5)*
> *[...] They are great, they treat children well. (A12)*

It was also possible to identify the care organization idea, which is perceived by parents and displayed in the following lines:

> *[...] They give medication on time, they are always attentive, and pending for anything (A3)*
> *[...] Nothing is missing all the time is a medicine, before finishing the other one, another appears. (A4)*
> *[...] Everything on the right time. (A9)*

The interviewees of UTIO referred to significant satisfaction with the performance of examinations and procedures by the health team of obstetric ICU.

> *Every time they [nursing staff] came to do something [procedures] they did it carefully, wondering how I was feeling, if I was well, explaining what he would do. (U2)*
> *They explain about the medication, how was the pulse, how were the examinations, [...]. (U6)*
> *All they [nursing staff] will do, they explain, they detail the procedure straight [...]. (U7)*

[...] They do everything carefully. (U9)
Everything is done carefully. (U13)

As an act or effect of reception, the reception expresses the nearest action, a "being with" and "being around", that is, an inclusive attitude. While posture and practice in the actions of care and management in health units, reception favors building a relationship of confidence and commitment of patients with the teams and services.[12-13]

These findings were confirmed by a study conducted in the NICU and PICU in Paraná, where most parents felt welcomed in the ICU for all professionals who were related to them.[14] It was also similar to the results of another study in which the caregivers experienced with nursing professionals the hospitalization satisfactorily, showing their contentment in relation to the treatment received. Moreover, it can be seen that the child´s care is directed to their care. This is because they place patients as a priority, that is, as soon as the child has their needs met, the caregivers feel and understand that they were also cared.[15]

In obstetric ICU, it is important to highlight that the use of "Very well" and "Well" by the users of obstetric ICU showed a subtle difference between the impressions of the users in the sector, since all interviewees showed significant satisfaction with the reception, regardless the use of "Very well" or "Well" during the interviews. It was found that users were received satisfactorily by the service and they were hosted by professional service at all times. According to the National Humanization Policy, the reception reflects an approximation of action, to listen to person, to welcome, to greet, to be present in all relationships and in all meetings of life.[13]

On the information provided in the mixed pediatric ICU, a study shows that the lack of information about the baby´s health status can trigger feelings of disenchantment, conformity, misunderstanding and intense suffering, being extremely important to caregiver´s guidance about the procedures to be performed, as well as the equipment used.[16]

It is also observed that the information was given predominantly by the doctor, full of technical terms, similar to the study that showed that among the provided information by the professionals, 53.2% were of the medical staff; 29.9% of the nursing staff; and 1.3% could not be identified.[17] Ratifying this study, a research performed in the ICU of a teaching hospital in the Northwest of São Paulo, found that the professionals who gave news to the family about the patient´s status of health were the doctor in 75.6% of cases, followed by nurses in 12.1%.[18]

About the establishment of confidence during the relationship with the health team of obstetric ICU, it was understood that the first moment of contact with the team was significant for the construction of the concept of satisfaction of users with the quality of care provided in the ICU. Meanwhile, researchers bring that what is sought in these meetings, is a committed relationship that builds trust, as a possible solution to the problems of those requesting the service in a given health service.[12]

It was also noticed that the subjects talked about the nursing staff, stressing the care provided and the constant presence of the staff. The ICU is a place where nursing provides a qualified intensive care 24 hours a day. Thus, nursing care is the key point of

hospitalization, as it allows to establish therapeutic interventions focused on patient/family, making possible the improvement of interpersonal nurse/patient/family relationship. Furthermore, the omission of information from the nursing staff, also interferes in the process of recovery and visibility as a professional category, and as a direct consequence not perceived by the society of nursing as a science, leading to discredit the profession.[19]

The establishment of confidence between the health team and patients is essential to the effectiveness/efficiency of care. So when the users trust and feel safety care with care offered in a particular service, they become more collaborative with health practices necessary for their rehabilitation. Therefore, it is essential for the health service to have trained people to recognize the professional interaction of health-client, establishing sensitivity and empathy attitudes among all, contributing to the humane care and consequently quality care.

Moreover, as parents can get ICU´s routine, they start understanding the procedures performed and the times when they take place, emerging a care concept for them. With regard to women, it was revealed that they reported satisfaction with the examinations and procedures for being an initial presentation of what was done, beyond a certain care to their specific activity and a later explanation of what was being done.

Authors claim that nursing care is approached and executed in two ways: first, care focused on procedures and clinical reasoning, prevalent in nursing practice and, second, what is called extended care, aggregating the procedures and clinical, communication and interaction with clients, in a context way every time and care situation; the concept of care is a relationship established for the subjects and between subjects according to their needs and not only with the professional.[20-1]

In this way, it was found that the care of perception understood by adults' caregivers of children in the pediatric ICU, it is limited to the procedures which make misunderstanding the meaning of care, hindering the evaluation of the quality of the caregiver, which is not happening with the users of Obstetric ICU.

CONCLUSION

It was verified that the user care quality is present in the hospitalization process when the institution is able to meet the needs of its clients. In this way, it was noted that the evaluation of the care process occurs through strenuous physical activity and continuous identification of mismatches in the routines and procedures. From this, it was understood that the assessment based on health indicators among them, user satisfaction, it is necessary in institutions. This action allows to guide the care given to users based on their needs and then enabling the realization of social control recommended by SUS.

The good reception in the pediatric ICU was noticed associated with assistance in the needs and the care given to children, showing the satisfaction of caregivers when children receive good care. All respondents reported feeling confidence in the health staff of obstetric ICU due to issues such as host, care and constant presence during care. In addition, in the perception of the users, the team was sensitive during the procedures, ensuring explanations, which further increased the sense of security before the users.

Therefore, it is understood that in order to provide quality care, it is not necessary only one environment with technological apparatus, but in the process of hospitalization, health institution is sensitive to family needs and so can ensure communication between her, user and staff. In this context, this study revealed the need for a reflection on the importance of assessing the quality of health services and user´s contribution to a better performance of health actions. In this perspective, the satisfaction of users/caregivers was established as a powerful assessment and management tool.

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