

Qualidade da atenção à saúde de portadores de HIV: opinião de profissionais de saúde

Quality of health care for HIV patients: health professionals' view

Calidad de la atención a la salud de portadores de VIH: opinión de profesionales de salud

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ABSTRACT

Objective: To evaluate the quality of care provided for people with HIV/AIDS at the Reference Center for the treatment of AIDS in Natal-RN, in the health professionals' perspective. **Methods:** Evaluative and quantitative research conducted in a public hospital in Natal/RN, from August 2010 to July 2011, through structured interviews with professionals who provide care for people with HIV. **Results:** The evaluation of the service was considered satisfactory by 58.8% of respondents, standing on nine indicators: support offered by the service, convenience of service hours, host, provided guidance on treatment, timeliness of health professionals, availability of antiretroviral drugs, availability of laboratory tests, professional/user relationship and ease of access to service. **Conclusion:** There was no significant difference in satisfaction with the indicators: punctuality of professionals, convenience of service timetables and availability of laboratory tests.

Descriptors: HIV; Acquired Immune Deficiency Syndrome; Assessment of Health Services; Patient Satisfaction; Quality of Health Care.

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RESUMO

Objetivo: Avaliar a qualidade da assistência prestada a portadores de HIV/AIDS, no centro de referência de tratamento da AIDS em Natal/RN, na perspectiva de profissionais de saúde. **Métodos:** Pesquisa avaliativa e quantitativa realizada em um hospital público de Natal/RN, de agosto de 2010 a julho de 2011, por meio de entrevista estruturada com os profissionais que atendem os portadores de HIV. **Resultados:** A avaliação do serviço foi considerada satisfatória por 58,8% dos entrevistados, destacando-se em nove indicadores: apoio oferecido pelo serviço, conveniência dos horários de atendimento, acolhimento, orientações fornecidas sobre o tratamento, pontualidade dos profissionais de saúde, disponibilidade de antirretrovirais, disponibilidade de exames laboratoriais, relacionamento profissional/usuário e facilidade de acesso ao serviço. **Conclusão:** Não houve diferença significativa quanto à satisfação em relação aos indicadores: pontualidade dos profissionais, conveniência dos horários e disponibilidade de exames laboratoriais.

Descritores: HIV; Síndrome de imunodeficiência adquirida; Avaliação de Serviços de Saúde; Satisfação do Paciente; Qualidade da Assistência à Saúde.

RESUMEN

Objetivo: Evaluar la calidad de la asistencia prestada a portadores de VIH/SIDA, en el centro de referencia de tratamiento de SIDA en Natal/RN, en la perspectiva de profesionales de salud. **Métodos:** Investigación evaluativa y cuantitativa realizada en un hospital público de Natal/RN, de agosto de 2010 a julio de 2011, por medio de entrevista estructurada con los profesionales que atienden a los portadores de VIH. **Resultados:** La evaluación del servicio fue considerada satisfactoria por 58,8% de los entrevistados, destacándose en nueve indicadores: apoyo ofrecido por el servicio, la comodidad de las horas de servicio, acogida, siempre y orientación sobre el tratamiento, la puntualidad de profesionales de la salud, la disponibilidad de medicamentos antirretrovirales, la disponibilidad de pruebas de laboratorio, profesional/relación de usuario y la facilidad de acceso a servicio. **Conclusión:** No hubo diferencia significativa en la satisfacción en relación a los indicadores: puntualidad de los profesionales, conveniencia de los horarios y disponibilidad de exámenes de laboratorio.

Descriptor: VIH; Síndrome de Inmunodeficiencia Adquirida; Evaluación de los Servicios de Salud; Satisfacción del Paciente; Calidad de la Atención de la Salud.

INTRODUCTION

The Acquired Immune Deficiency Syndrome (AIDS), because of its severity and its pandemic character, is one of today's biggest health problems.¹ Counteracting the policy advocated in the 80s by some international organizations that only prevention should deserve attention in AIDS programs in poor countries, Brazil has organized assistance to people living with HIV/AIDS since the beginning of its coping. The dimension that most clearly shows this is the universal access to medicines, established since 1991.²

The Brazilian Policy on HIV/AIDS resulted from pioneering efforts of a wide range of different groups and social movements. Its early creation, the free distribution of cocktail drugs, the involvement of society, among other things, created a new institutional framework that makes this policy a distinctive case in the international community.³

In addition to the policy of access to medicines, the National Program for STD/AIDS was instituted with complex technological proposals, encouraging outpatient services that meet the HIV/AIDS patients to organize themselves with multidisciplinary teams of care, by offering training and financial resources for its implementation.⁴

The complexity of care for people living with HIV by the aforesaid program has put into play the issue of quality, understood as the ability of the service to offer the minimum technological support needed to manage the disease. In this sense, the Brazilian Federal Constitution of 1988 defined as the principles of the Unified Health System (SUS) not only the universality and comprehensiveness of health care, but also equity, that presupposes social justice, which means that if there are technologies available in the public service, these must be accessible, have quality and be available for all citizens.

Thus, in this assessment we assume that people with HIV/AIDS have the right of access to the technologies considered essential for their treatment: availability of inputs and of health care activities performed by a multidisciplinary team, who must consider not only the clinical aspects, but also the social, psychological and economic impacts associated with the disease.

The lack of parameters to guide the evaluation of STD/AIDS services in Brazil has encouraged us to deepen the knowledge in order to contribute in the future to build appropriate methodologies that might be useful to evaluate services in their entirety and systematically by managers. In the condition of exploratory study, this research may suggest conditions and even indicators, with potential to be used in the evaluation process.

In this context, this study aimed to evaluate the quality of outpatient care provided to patients with HIV/AIDS in the Reference Center for the treatment of AIDS in Natal/RN, by health professionals' perspective.

METHODS

It is an evaluation research with a quantitative approach, developed in the outpatient clinic of the Hospital Giselda Trigueiro (HGT), reference to the treatment of AIDS, located in the city of Natal/RN, Brazil.

The target population was composed of 36 professionals serving people with HIV/AIDS in that center. However, since two refused to participate in the interviews, the sample was composed of 34 professionals. Data collection occurred from August 2009 to July 2010. The project was approved by the Ethics Committee for Research with human beings of the Federal University of Rio Grande do Norte, under the Certificate of Presentation for Ethical Consideration number 0063.0.051.000-07.

For selection of participants, the following inclusion criteria were obeyed: acceptance to participate in the research as volunteers; signing an Informed Consent Form; and being

part of the multidisciplinary team that serves adult patients with HIV/AIDS.

A structured interview form was used as data collection instrument, which was validated by a pilot study. It was composed of two parts: the first aimed to characterize the socioeconomic aspects and training of the health team serving those with HIV/AIDS in the Reference Center for the treatment of AIDS in Natal/RN. The second part of the script consisted of 16 items related to the indicators of quality of hospital services. Initially, it was held a general question on the satisfaction of the quality of health care to HIV/AIDS patients, with the answer choice “adequate” or “inadequate”. The other issues were related to the operation of the HGT and included the following indicators: support offered by the service; convenience of service hours; host; provided guidance on the treatment; timeliness of health professionals; availability of antiretroviral drugs; availability of laboratory tests; professional/user relationship; ease of access to the service; opportunity given to users to make complaints; respect the privacy of users; job satisfaction; joint multidisciplinary work; physical structure and working conditions.

Each indicator had as answer alternatives the options to classify them in satisfactory or unsatisfactory. The choice of these indicators was performed with support of the National Program of Evaluation of the Health Services from the Brazilian Ministry of Health as well as in literature concerning the matter.⁵⁻⁷

Using the SPSS 20.0 program, descriptive analyzes were held with absolute and relative frequencies, with the intersection of variables in contingency tables 2x2, with

chi-square test (χ^2), to verify the association of categorical variables and the outcome “satisfaction of quality of health care to HIV/AIDS”. It was adopted statistical significance level of $p < 0.05$.

RESULTS

Regarding the socioeconomic profile of health professionals, it was observed that most of them were female (70.6%) and were in the age group between 30 and 40 years old (52.9%). Of these professionals, 44.2% were nursing assistants and/or technicians, 14.7% were nurses, 20.6% were doctors and 20.5% were included in the category others (dentist, social worker, pharmacist, nutritionist, psychologists and receptionists). It was also noticed that 76.4% had family income between one and five minimum wages (MW) and had been working from 11 to 20 years (55.9%) in the profession.

It was found a higher percentage of satisfaction with the service for the group of individuals who find it appropriate: support offered by the service, convenience of service hours, host, provided guidance on treatment, timeliness of health professionals, availability of antiretroviral drugs, availability laboratory tests, professional relationship/user, ease of access to the service, with statistical significance (Figure 1).

There was a higher rate of dissatisfaction for the group of individuals considered as appropriate: Opportunity given to users to make complaints, respect the privacy of users, satisfaction with work, joint work of multidisciplinary, physical structure and working conditions.

There was no significant difference in satisfaction with the indicators joint multidisciplinary work, physical structure and working conditions.

Figure 1 - Percentage of satisfaction and dissatisfaction of health professionals as for the quality of health care to people with HIV/AIDS treated at the clinic of HGT, Natal/RN, 2009-2010

General indicator	Adequate	Inadequate	p	r
Health care quality	58,8%	41,2%	<0,001	0,985
Operation indicators	Satisfactory	Unsatisfactory	p	r
Support offered by service	70,6%	29,4%	<0,001	0,868
Convenience of service hours	67,6%	32,4%	<0,001	0,769
Reception	64,7%	35,3	<0,001	0,789
Guidance provided on treatment	64,2	35,8	<0,001	0,835
Punctuality of health professionals	63,7	36,3	<0,001	0,787
Availability of antiretroviral drugs	61,8	38,2	<0,001	0,833
Availability of laboratory tests	61,8	38,2	<0,001	0,833
Professional relationship/user	60,6	39,4	<0,001	0,837
Ease of access to the service	55,9	44,1	<0,001	0,767
Opportunity given to users to make complaints	47,1	52,9	0,002	0,898
Respect the privacy of users	41,2	58,8	0,003	0,647
Job satisfaction	30,6	69,4	0,004	0,748
Joint multidisciplinary work	23,5	76,5	0,259	0,794
Physical structure	17,6	39,4	0,129	0,893
Work conditions	14,7	85,3	0,067	0,638

DISCUSSION

According to the data revealed, it could be seen that most of the population was female and comprised nursing assistants and technicians. It is believed that such a context is associated mainly to social representations of nursing: profession related to care, help and cherish, attributing it to the stereotype of female profession.⁸

With regard to the indicators used to evaluate the service in question, it was found that the item support offered by professionals was considered the most satisfactory.

HIV infection and AIDS are serious health problems. People who before were integrated and contextualized in society, after receiving the diagnosis, found themselves in situations of social disruption, disaffiliation and affective losses. From this perspective, it is of utmost importance not only technical and professional actions, but also care actions, that present themselves as a process of inclusion and citizenship.⁹

In this sense, support is fundamental in trying to minimize psychological distress, supporting adaptation to changes resulting from the disease.

With regard to access to the service, there was a positive evaluation, and the majority of respondents demonstrated satisfaction. Although the HIV/AIDS policy has emerged as a secondary policy within the Unified Health System (SUS), and was initially established at the local level, it was after centralized at the federal level through the STD-AIDS National Program (NP) which deepened SUS basic elements, such as universalization (mainly through free access to medicines and preventive devices), equity (by focusing on actions with vulnerable and stigmatized groups) and comprehensives (by aggregating prevention, care and treatment).³

In addition, the exclusion of classical barriers of access to services, such as mandatory identification of users, has been reported as an important requirement to stimulate diagnosis and search for services.¹⁰

In this study, user embracement was also considered favorable by most professionals of the service. The search for a health service implies that the user is in a fragile situation, more or less explicit, requiring sensitivity of staff to welcome them in their needs.¹¹

To improve access and care to HIV/AIDS patient in health services, it is of fundamental importance that the professional-patient relationship to be humanized, based on sincerity and trust, which facilitates the treatment and improves the quality of life of patients.¹²

In this sense, nurses and other health team professionals serving people with HIV/AIDS must be committed to establish ties with the client and/or caregiver, as well as to develop mechanisms that encourage adherence to therapy, so that the sick person comes to know the importance of making their treatment correctly.¹³

Regarding the indicator availability of antiretroviral drugs and laboratory tests, the satisfaction of respondents was observed as prevalent, confirming the results observed in a multicenter study on the evaluation of the organizational structure of outpatient care for HIV/AIDS in Brazil, which considered the availability of antiretroviral drugs and laboratory tests as high and homogeneous.¹⁴

The policy of universal and free distribution of antiretroviral drugs to people with HIV and AIDS patients stands out among the strategies to combat the epidemic in Brazil. Indicators point to positive effects of this policy, such as reduced mortality, decreased hospital admissions and reduced incidence of opportunistic infections and vertical transmission of HIV.¹⁵

The use of antiretroviral drugs to treat AIDS brought significant improvement in quality of life of people living with HIV, contributing that AIDS come to have characteristics of a chronic disease.¹⁶ Therefore, the lack of these drugs can worsen the clinical picture and increase spending on secondary and tertiary care.

Consequently, the indicator articulation of multidisciplinary work was regarded as unsatisfactory by most respondents. It was appointed by more than one respondent that despite multidisciplinary factor of the team, it does not operate in an interdisciplinary manner. According to them, there was not a proper recognition of the importance of working together with other non-medical professionals since the beginning of the treatment of patients.

Health work mainly occurs through multi-professional collective work and cooperation, but usually through fragmented actions, where each technical area is responsible for a part of the activities.¹⁷

In this sense, it is necessary to review the doctor's hegemony in health work and to develop interdisciplinary practices to increase health care quality¹⁸, providing appropriate assistance in order to avoid care based exclusively in medicalized health models.¹⁹

The physical structure was highlighted by users as the indicator most criticized in this study, corroborating survey conducted in 2006 in HGT, which showed that the conditions of the physical structure make the optimization of the work process not viable, signaling the need for a plan that contemplates the expectations built by users for the hospital outpatient service.²⁰ The evaluated hospital, despite of having technological incorporation compatible with complexity, presents poor service to users, with an outdated architectural structure, not consistent with the real needs of this clientele.

To think the proper structure, it is necessary to relate the physical space to proposed activities, taking into account the importance of environmental adaptation, in order to improve the functioning of the service. This perspective may favor the comprehensiveness of health care and promote the welfare of both the users and the health team.²¹

Working conditions in that hospital were considered unsatisfactory by most respondents, confirming the current

situation of the public health sector in Brazil, that suffers from lack of resources, a situation that worsens in the same proportion that the country's problems intensify.²² As these resources become more limited and inequalities increase, there is a greater need for care and attention, making the quality production a challenge in such conditions, since professionals are in different environment from what can be called ideal scenario.²³

Thus, the organization of work may enable a faster response to questions raised by users and avoid daily difficulties, as users respond positively to the received attention and service organization.²¹

CONCLUSION

The results showed, in general, satisfaction with the quality of health care in the reference center studied, which was demonstrated by significant prevalence and by the strong correlation of structure and process indicators of care evaluated in this study.

Despite the predominance of satisfaction with the service, when the different factors that can influence satisfaction are addressed, it was found that professionals showed dissatisfaction in six indicators used to evaluate the service, showing that there are limitations that compromise the quality of services offered in said center.

It is understood that the quality of care to people with HIV/AIDS permeates the qualification of human resources, procurement and maintenance of materials and equipment, changes in the organizational culture of institutions, involvement and participation of users in the care process, and also, assessment, in order to build services that meet the needs of people living with HIV/AIDS and their families.

To humanize the relationship between worker and user in health services, professionals cannot be restricted only to listen and respect; they must overcome this affectionate view of the relationship from the construction of a work management process based on self-management and accountability of the health worker with their object of work, life and the suffering of the people and the community.

Therefore, knowledge of this reality described in this evaluation can contribute to innovations in care practice, aimed at the real needs of users, as well as to ensure conditions for the professional to take their vital space in humanized care to HIV patient in the hospital environment.

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