ABSTRACT

Objective: to analyze the satisfaction of external customers with nursing care received and to verify if there are differences in relation to study variables.

Methods: cross-sectional study with 223 patients admitted to a referral hospital for the expanded health region. An instrument adapted and validated in Brazil, the Patient Satisfaction Instrument (PSI) was used for data collection. Descriptive and univariate analyses were conducted.

Results: among customers, 53.4% were male, 43% had incomplete primary education, 52.9% were married, the mean age was 53.3 years, mean length of hospital stay was 6.4 days, and 51.1% were admitted to the institution for the first time. Age and trust in nursing professionals are positively related. Length of hospital stay did not influence PSI domains. Nursing staff was similarly evaluated by men and women. Participants who had lower level of education evaluated the instrument’s domains slightly better than those with more education. Married and separated participants considered the nursing service equivalently. External customers reported satisfaction with the nursing care received, obtaining the mean of 3.7 (out of 5.0), and the professional domain was the most highly rated, followed by the domains trust and education.

Conclusion: it is expected that these results provide tools to support the management of the institution’s nursing service and the improvement of the working process.

Keywords: Nursing; Hospital Care; Quality of Health Care; Quality management.

RESUMO

Objetivo: analisar a satisfação do cliente externo com os cuidados de enfermagem recebidos e verificar se existem diferenças em relação às variáveis do estudo.

Métodos: trata-se de estudo transversal realizado com 223 pacientes internados em um hospital referência para a região ampliada de saúde. Para coleta de dados utilizou-se um instrumento adaptado e validado no Brasil, o Instrumento de Satisfação do Paciente (ISP). Análises descritivas e univariadas foram conduzidas.

Resultados: entre os clientes, 53,4% eram do sexo masculino, 43% haviam cursado ensino fundamental incompleto, 52,9% casados, média de idade de 53,3 anos, média de internação hospitalar de 6,4 dias, e 51,1% estavam na primeira internação na instituição. Com o aumento da idade há elevação na confiança nos profissionais da enfermagem. O período de internação não influenciou nos domínios do ISP. Tanto homens quanto mulheres avaliaram de forma semelhante a equipe de enfermagem. Os que possuíam baixo grau de escolaridade avaliaram discretamente melhor os domínios do instrumento. Casados e separados consideraram o serviço de enfermagem de forma equivalente. Clientes externos relataram satisfação com o cuidado de enfermagem recebido, obtendo média de 3,7 (no total de 5,0), sendo que o domínio profissional foi o mais bem avaliado, seguido pelos domínios confiança e educacional.

Conclusão: espera-se que tais resultados fornecem ferramentas para subsidiar a gestão do serviço de enfermagem da instituição e a melhoria no processo de trabalho.

Palavras-chave: Enfermagem; Assistência Hospitalar; Qualidade da Assistência à Saúde; Gestão de Qualidade.
RESUMEN

Objetivo: Analizar la satisfacción del cliente externo con la atención de enfermería y comprobar si hay diferencias entre las variables del estudio.

Métodos: Se realizó un estudio transversal con 223 pacientes ingresados en un hospital de referencia de la región extendida de salud. Para la recogida de datos se utilizó el instrumento de satisfacción del paciente (ISP) adaptado y validado en Brasil. Se efectuaron análisis descriptivos y univariados.

Resultados: Entre los clientes, el 53,4% eran hombres, un 43% no había completado la escuela primaria, 52,9% estaban casados, edad media de 53,3 años, internación media de 6,4 días y, para 51,1% era la primera vez en ese hospital. Con la edad aumenta la confianza en los profesionales de enfermería. El tiempo de internación no influye en la evaluación de los dominios de ISP. Hombres y mujeres calificaron de manera similar al personal de enfermería. Los de menor nivel educativo evaluaron ligeramente mejor los dominios del instrumento. Tanto los casados y como los separados evaluaron el servicio de enfermería de forma equivalente. Los clientes externos mostraron satisfacción con la atención de enfermería, con un promedio de 3,7 sobre 5,0; el dominio profesional fue el mejor evaluado seguido por los dominios confianza y educativo.

Conclusión: Se espera que estos resultados proporcionen herramientas para apoyar la gestión del servicio de enfermería de la institución y mejorar el proceso de trabajo.

Palabras clave: Enfermería; Atención Hospitalaria; La Calidad de la Asistencia Sanitaria; Gestión de la Calidad.

INTRODUCTION

User satisfaction with nursing care is an important method of analysis of results; a satisfied customer contributes to more search for service and, at the same time, to its success. The evaluation of the assistance through the customer’s expectations, perceptions and judgments about the care received is essential to ensure the quality of a service, besides checking the overall performance of the organization.¹

Identifying factors that meet the customer satisfaction and aspects that need to be improved helps in the targeting the paths, changes and opportunities for exchange of knowledge, and exposure of needs. Information regarding consumer satisfaction or dissatisfaction is an element of utmost relevance of any quality assurance system.²

In the 1980s, the evaluation of external clients started to be incorporated as care quality indicator and it was no longer evaluated only as an attribute of treatment adhesion.³ Customer satisfaction is considered one method of evaluation of quality of care offered by the institution.⁴

In a hospital, patients are the best source of information about communication and education systems and process management. Besides information, if patients are treated with dignity and respect, the experiences lived by them often reveal how the hospital system is working, and this may stimulate the perception that changes are needed to eliminate the gap between the care provided and care that should be provided. There has been growing interest in evaluating customer satisfaction with nursing care in recent decades. Satisfaction with nursing care is considered an important factor to explain perceptions about the quality of service.⁵

Because the nursing staff influences customer satisfaction with the care received, these professionals have a prominent position. They can influence how users appreciate the reputation of the hospital, because this team represents the largest group of health professionals in the hospital and the one that is in continuous contact with users, promoting their maintenance, recovery and rehabilitation, through care.⁶ Other variables such as sociodemographic characteristics, including age, gender, education level and previous experience of hospitalization, can be included in the assessment of satisfaction.⁷

The most important factors determining customer satisfaction with nursing care are emotional support, information on health, customer participation in decision making and technical and professional skills.⁸ Several institutions have used customer satisfaction assessment as a strategy to get a set of perceptions related to the quality of care received with which to acquire information that may benefit the organization of these services.⁹¹⁰

It is appropriate to define the various internal and external customers that an institution has. External customers are those who use the company’s services and are not among the staff of such institution. In turn, internal customers are employees of that institution, people who are within the institution.¹⁰

Data on external client satisfaction as to nursing care helps to reveal the impression passed by the service provided by the nursing staff. This can guide actions, through the planning of assistance and providing quality of service to external customers. Considering the needs for service through manifestation of external clients, rapid measures targeting the quality of the service can be adopted. Furthermore, this stimulates team members to improve the service. Thus, the present study aimed to analyze the external patient satisfaction with nursing care received and to verify whether there are differences in relation to study variables.

METHODOLOGY

This was a cross-sectional study conducted in a reference hospital for the expanded health region that provides medium to high complexity medical assistance, and it is considered the main gateway to clinic urgencies of the city, besides being a reference to other emergency units in the region. The institution
external customer satisfaction as to nursing care

The study population comprised external clients admitted to the following hospital sectors: medical, surgical and neurological clinics and agreements covering the different specialties for users of the Unified Health System (SUS), health agreements and private healthcare plans. An average of 300 admissions in 100 beds available take place each month, with average monthly occupancy around 80%.

The sample size calculation was performed in Diman 1.0, considering 80% of monthly occupancy rate, with an error margin of 5% and an average of 358 external customers in the last three months, plus 10% of possible losses. The final sample consisted of 223 respondents. There was no sample loss.

Inclusion criteria were: patient 18 years old or older, capable of verbal communication, oriented in time, space and in relation to the self, with at least 48 hours of hospitalization so that has been already assisted by the four nursing teams of that sector and who has been discharged or will be discharged within 24 hours.

Data collection took place between August and October 2014, using the Patient Satisfaction Instrument, (PSI), which was adapted and validated for the Brazilian culture in 2004. Questions were added to this instrument for characterization of subjects, covering data on sex, hospitalization ward, level of education, marital status and previous hospitalization.

The PSI consists of 25 items, grouped into three areas: professional, educational and trust.

The professional and educational domains have seven items each. The first domain is related to technical aspects of nursing care and the second, to attitudes of nurses towards external customers. The domain trust addresses 11 situations on interpersonal relationships.

The measuring scale is Likert-type, with five response options ranging from “strongly agree” (five points) to “strongly disagree” (one point). For items with negative sentences, the score range is reversely evaluated; the higher the score of the PSI, the higher the customer satisfaction level with the care provided.

We used the daily census of bed management to identify external customers who met the inclusion criteria of the study. Information on physical and cognitive conditions of these clients were obtained from the nurse responsible for the sector.

Respondents were approached by properly trained undergraduate nursing students, individually, in a quiet place made available by the institution. It is worth noting that it was made clear to participants in the beginning of the interview that nurses are the professionals responsible for providing direct nursing care to patients, that, applying medications and serums every day and continuously, performing the dressing changes, helping in bathing and diapering and feeding, if necessary. Such clarification is important to avoid the analysis of other professional categories that are linked to the assistance given to the external client, but who do not perform nursing care.

The PSI instrument uses the term “nurse” for “nursing staff”, making no distinction between nursing professional categories, because the goal of this study is to know the satisfaction of external patients with the care provided by the nursing staff.

Collected data were analyzed in the software Statistical Package for Social Sciences (SPSS) version 22.0, in which descriptive and inferential analyzes were performed.

The mean of the responses was calculated for each item of the instrument. A score equal to or greater than three (≥3), which expressed satisfaction level above the mid-point of the Likert scale, indicated that the patient is satisfied with the service in this study. Normality and homogeneity of variance of the data were verified with Kolmogorov-Smirnov and Levene tests, respectively. For inferential analysis, results were submitted to Kruskal-Wallis and Mann-Whitney tests. The correlation between variables was assessed through the Spearman correlation test. The significance level of 95% (p < 0.05) was adopted.

All stages of the research are in line with the Resolution 466/12 of the National Health Council, which regulates research involving human beings. Authorization from the clinical director of the hospital was requested and all participants signed the Informed Consent. The study was approved by the Ethics Committee of the Federal University of Vales do Jequitinhonha and Mucuri under the number 731644/2014.

RESULTS

The study included 223 clients; 53.4% were male, 52.9% were married, 43.0% had incomplete primary education and the mean age was 53.3 years (SD = 19.15). The average length of hospital stay was 6.43 days (SD = 8.10), and for 51.1% patients, this was the first hospitalization in the institution.

The correlation of each instrument domain with the variable age showed that professional and educational domains were statistically non-significant and weakly related with age (p = 0.273 and p = 0.787), but age and trust domain had positively weak correlation but this was statistically significant (p = 0.01). When evaluating the total of the three domains of the instrument with this variable, there was a weak positive correlation (p = 0.042), which shows that in this study, increasing age results in an increase in the level of trust in nursing professionals (Table 1).

As for length of stay of external customers, data showed that this was weakly and non-significantly related to the professional domain (p = 0.213), the educational domain (p = 0.545) and trust (p = 0.507). Statistical correlation of that variation with the overall mean of the three domains was low and negative (p = 0.739) (Table 1).
When evaluating each domain according to sex, no statistically significant differences were found. Men and women evaluated similarly the nursing staff.

When hospital sectors and instrument domains were evaluated separately, no statistically significant variations (professional item p = 0.094, educational item p = 0.612, trust p = 0.085) were seen. However, overall slight variations are perceived; in decreasing order, the most regarded sectors were the surgical clinic (3.83), the agreements (3.80), the medical clinic (3.73) and the neurological clinic (3.67).

Level of education was divided into two groups: incomplete high school or less school education, and complete high school or more school education. No statistically significant differences were found in this item (professional item p = 0.220, educational item p = 0.210, trust p = 0.251), but a discrete variation was seen in the overall assessment. Patients with less school education assessed the nursing service slightly better (3.80) that those who had more school education (3.69).

As for marital status, it was clear that in the overall assessment, married and separated people (3.79) evaluated the nursing service equivalently and better than single people (3.71) and widowers (3.68) (professional item p = 0.101, educational item p = 0.425, trust p = 0.397).

The analysis of previous hospitalization showed that there is no statistical difference between external customers who already knew the nursing services of the institution earlier time and those who did not (professional item p = 0.902, educational item p = 0.091, trust p = 0.777).

Regarding the three domains of the PSI instrument, the mean of the responses was 3.75. The professional domain was better evaluated (3.79), followed by the trust domain (3.78) and educational domain (3.16). The assessment of the mean of the three domains made it clear that external customers report to be satisfied with the nursing care received (3.75).

On the professional domain, two positive evaluations with a mean of 3.90 were obtained, “the nurse gives good advice” and “it is always easy to understand what the nurse is saying”. In the negative items, the highest score was given to the item “the nurse does not do his job correctly”, with a mean of 3.96. In the item trust, the best positive evaluation was in “the nurse is a pleasant person to have around” with mean of 4.11, the highest mean found among PSI items. Among negative items, the one with the least satisfactory evaluation was “I’m tired of the nurse talking to me as if I were an inferior person” with mean of 3.96. In the educational item, the best scored among the positive questions was “the nurse provides orientations at the correct speed” with mean of 3.87. In the most significant negative assessment, the question “the nurse asks a lot of questions but, when he receives the answer, he does not seem to bother” stood out with mean of 3.69 (Table 2).

### Table 1 - Correlation between patient satisfaction instrument, age and length of stay. Diamantina-MG, 2014 (n= 223)

<table>
<thead>
<tr>
<th></th>
<th>Professional</th>
<th>Educational</th>
<th>Trust</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>-0.074</td>
<td>0.273</td>
<td>-0.018</td>
<td>0.787</td>
</tr>
<tr>
<td>Length of stay</td>
<td>-0.084</td>
<td>0.213</td>
<td>-0.041</td>
<td>0.545</td>
</tr>
<tr>
<td>rs</td>
<td>0.224</td>
<td>0.001 *</td>
<td>0.136</td>
<td>0.042 *</td>
</tr>
<tr>
<td>p</td>
<td>0.001 *</td>
<td>0.042 *</td>
<td>0.001 *</td>
<td>0.042 *</td>
</tr>
</tbody>
</table>

### Table 2 - Mean of responses of participants obtained per question of the PSI, Diamantina-MG, 2014 (n= 223)

<table>
<thead>
<tr>
<th>PSI questions</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional domain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive items:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The nurse gives good advice</td>
<td>3.90</td>
<td>531</td>
</tr>
<tr>
<td>The nurse really knows what he is talking about</td>
<td>3.90</td>
<td>501</td>
</tr>
<tr>
<td>The nurse is skilled in helping the doctor with the procedures</td>
<td>3.86</td>
<td>428</td>
</tr>
<tr>
<td>The nurse is keen to show me how to follow medical guidelines</td>
<td>3.58</td>
<td>828</td>
</tr>
<tr>
<td>Negative items*:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The nurse is very slow to do things for me</td>
<td>3.65</td>
<td>830</td>
</tr>
<tr>
<td>The nurse is always too disorganized to seem calm</td>
<td>3.86</td>
<td>682</td>
</tr>
<tr>
<td>The nurse does not do his job correctly</td>
<td>3.96</td>
<td>599</td>
</tr>
<tr>
<td>Trust domain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive items:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The nurse is a pleasant person to have around</td>
<td>4.11</td>
<td>446</td>
</tr>
<tr>
<td>I feel better just by talking to the nurse</td>
<td>3.94</td>
<td>578</td>
</tr>
<tr>
<td>We feel free to ask questions to the nurse</td>
<td>3.87</td>
<td>695</td>
</tr>
<tr>
<td>The nurse is a person who is able to understand how I feel</td>
<td>3.87</td>
<td>696</td>
</tr>
<tr>
<td>When I need to talk to someone, I can tell my problems to the nurse</td>
<td>3.39</td>
<td>966</td>
</tr>
<tr>
<td>The nurse is understanding when listening to the patient’s problems</td>
<td>3.90</td>
<td>577</td>
</tr>
<tr>
<td>Negative items*:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The nurse is too busy at the infirmary to waste time talking to me</td>
<td>3.27</td>
<td>991</td>
</tr>
<tr>
<td>The nurse should be friendlier than he is</td>
<td>3.65</td>
<td>846</td>
</tr>
<tr>
<td>The nurse should be more thoughtful than he is</td>
<td>3.87</td>
<td>712</td>
</tr>
<tr>
<td>The nurse is not patient enough</td>
<td>3.93</td>
<td>744</td>
</tr>
<tr>
<td>I’m tired of the nurse talking to me as if I were an inferior person</td>
<td>3.96</td>
<td>696</td>
</tr>
</tbody>
</table>

Continue...
DISCUSSION

In this study, there was a predominance of adults, men and married people, like other satisfaction surveys. This profile reflects the notion that men have on invulnerability, what takes them to seek emergency services and specialized care to a greater extent than women, and even to adopt few preventive practices. As for marital status, other studies found similar results, in which the majority of hospitalized participants report being married.

Patients with less school education evaluated the nursing service slightly better (3.80) than those who had more school education (3.69). These data diverge from a study carried out in the United States in which patients with high levels of education had higher levels of satisfaction with nursing care for the same domains when compared to those who had a lower level of education. Schooling influenced satisfaction but this depended on domain; while in the educational domain, having up to nine complete study years was statistically associated with satisfaction, the technical-professional domain, and 3.7 for educational domain. 

By analysing all items of the three domains, it appears that communication between nurses and external customers need to be improved and that the nurse’s work is perceived by external clients as correctly developed. Such statements may be evidenced in the questions “explains things in simple language” of the educational item, which had the highest score of dissatisfaction - 191 subjects (85.7%) disagreed with the statement. Between the statements, the one with the best score is the professional item, in which 184 respondents (82.5%) disagree with the statement that “the nurse does not do his job correctly”.

The less satisfactory result found was the communication of nurses contemplated in the educational item. In this process, professionals should call the patient by name. During the dialogue, it is important to have a relationship of “eye to eye” and it is also important that professionals communicate with terms easy to understand and that may enable a sensible and qualified listening. When approaching the patient, both verbal and written information are important and complementary. The lack of human resources and insufficient time to provide nursing care are other factors that can contribute to lower satisfaction with the educational domain.

In line with this, in this study, there was satisfactory assessment regarding the nurse being a friendly, caring and patient person. This aspect should be strengthened and increasingly enhanced within the staff. However, the result was unsatisfactory in relation to interpersonal aspects, demonstrating lack of understanding, distrust, fear and insecurity.

The practice of listening to the users needs to be improved, given that their opinion can serve as a basis for direct changes in the processes aimed at improving the quality of services offered. Generally, when users assess the care provided, they recognize when professionals demonstrate respect, attention, affection link, trust and credibility.

Negative feelings can be triggered in individuals by the hospitalization process, since when faced with a health problem, they see themselves unable to perform their activities. Other situations may contribute to this dissatisfaction: the distance from family and the fact of having to stay, although temporarily, in an environment with rules and routines to which
they are not used. This can cause dissatisfaction and anxiety in the patient. Consequently, the assistance received may be related to the expectation that the individual has in relation to hospitalization, treatment and quality of care. When subjects state that the nursing service is being developed correctly, it can be inferred that this is the result of the monthly training carried out with all the healthcare team. These trainings, in most cases, have a technical approach, which results in service.

Among the limitations found in the study, it can be considered that the instrument applied, the PSI, was adapted to Brazil without taking into account professional categorization of the nursing staff, as it occurs in our country. This situation makes the application of the term “nursing professionals” a generalization. References used to compare the data in their entirety are from other regions of the country, considering that Brazil is an extremely vast and diverse country and the expectations of external clients also vary from one geographic area to another. The questionnaire did not include the option for the customer to expose wishes and suggestions and, therefore, individual needs were not identified.

**CONCLUSION**

Age was statistically significant; increasing age was associated to an increase in the appreciation of nursing care. Hospital stay, sex, marital status and previous hospitalization did not influence the satisfaction assessment of external customers. The investigation of the overall mean of the three domains showed that external customers report satisfaction with the nursing care received, and the professional domain was best evaluated, while the educational domain had the lowest appreciation as for satisfaction.

We believe that, with the results of this study, improvement in the service can be achieved through the implementation of strategies, programs and administrative actions. More accurate and updated information about the needs of users, more positive perception of users as to the institution, relationships of loyalty based on actions to correct the aspects with which users express dissatisfaction and trust developed with more approximation to these users can be considered actions that will aid in such an achievement.

The need for training in service address not only technical procedures but also professional attitudes, forms of communication, the importance of dialogue on the client’s health status, among others, was evident. In order to achieve this goal, a teaching methodology that uses realistic simulations and debriefing after each scenario as a strategy for production of knowledge, are suggested.

It is important to diversify the teaching methods used in the training of professionals based on creative strategies, in order to provide more interaction between nurses and patients. This would serve as a strategy to improve customer satisfaction. Studies of this nature that distinguish professional categories, as well as the situation of available human resources, can provide valuable information related to the satisfaction of external customers according to the available human resources.

**REFERENCES**


