



## EVALUATION OF THE LEVEL OF SATISFACTION OF HOSPITALIZED PUERPERAL WOMAN IN A MATERNITY IN THE COUNTRYSIDE OF PARAÍBA

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**Abstract:** There is now a growing need for improvement in health services provided in all health institutions. One possible strategy with this aim is to identify factors that may directly interfere with the quality of care and, therefore, determine the satisfaction of the user of this service. The purpose of this study was to evaluate the level of satisfaction of postpartum women admitted to a maternity ward, taking into account the existing structure and services provided by the institution. This is an exploratory, descriptive research of quantitative nature developed at the Deodato Cartaxo maternity hospital, belonging to the Regional Hospital of Cajazeiras, located in the municipality of Cajazeiras, Paraíba State in Brazil. The population was composed of hospitalized puerperal women and the sample of 100 woman was performed for convenience, systematic of the proportional type with a sample error of 5%. The data collection period was between the months of august and september 2015. The instrument of data collection was SERVQUAL, evaluating its five quality indicators (tangibility, reliability, attendance, safety and empathy). The results were presented in table form with their respective absolute and relative frequencies. Among the indicators studied, reliability, care and security were the ones that generated the most satisfaction among the puerperal woman and tangibility was referred to as an indicator of dissatisfaction among the users.

**Keywords:** Evaluation of health services; consumer satisfaction; maternities.

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## **Initial Considerations**

The pursuit for quality in the provision of services to the client or user has been the focus of countless companies and institutions for a long time. And this pursuit is developed in all spheres of management also contemplating units that provide health care. According to Lima et al. (2009), this perspective has generated worldwide a concern to invest qualitatively in the health services, due to the profile of the clients that use these services, and that each day they are more demanding and judicious. Thanks to this new perspective, hospitals and other health entities have tried to implement more efficient practices to manage and ensure a more humanized and, above all, qualified care (Brasil, 2002).

Moimaz et al (2010) believe that when developing strategies of action within health services, one of the main indicators that should be considered is the evaluation of user satisfaction. This focus began to be reflected in a more focused way since the 1970s, when the need arising through the more effective control of costs and investments made by the State in the healthcare system came to be seen as a priority for managers, and with that the evaluation of the assistance provided to its users has become a guideline, aiming at the quality of the care performed (Dias; Ramos; Costa, 2010).

Evaluation is a process that must be continuous and individualized and that requires of all employees involved a willingness to modify concepts that may be ingrained and that negatively affect the quality of care. (Brasil, 2006).

Travassos and Novaes (2011) reinforce that in the area of public health the evaluation of the quality of care provided would be extremely relevant as a way to direct the conduct of public policies, thereby improving the quality of life of the population. Analyzing this perspective, one could think that the healthcare need of a social group is strongly related to the service provided to it. Therefore, the relevance of seeking resolution to the problems that can be identified in order to improve the performance of healthcare services (Vieira, 2005).

However, identifying the gaps in the provision of services to users is not sufficient, as Fadel and Regis Filho (2006) state. It is necessary to carry out a constant search among those who use these services, continuously checking and monitoring the quality of the service provided.

Considered in this paradigm, the evaluation of care provided comes as a unique process to guarantee the population the equity and integrality of care, principles recommended by the Unified Health System, and which in many places in the country end up being neglected.

This service evaluation strategy emerges as the a good strategy for health institutions to identify both fragilities and their potentialities, in order to correct the gaps found, thus seeking a praxis focused on the quality and fortification of the health system. Listening to the user will be the decisive step for optimizing this evaluation. It is he who experiences the process, is the one that a priori would be apt through his frustrations and satisfactions guiding the improvement of the services provided. Therefore, the search for this standard should be the motivation of every institution that provides health services, reorienting and rethinking care strategies aiming at a standard of excellence in accordance with the principles of quality established by the institutions referenced in this practice.

Based on these perspectives, the essential core of this study was based on investigating the perceptions that the users served by the service have about the assistance provided, seeking to know the most relevant aspects that may interfere in the satisfaction of the puerperal women hospitalized in a maternity, thus indicating what would be the most effective strategies and that could contribute to the improvement of the care of this clientele.

Aiming at this theme, the general objective was to evaluate the level of satisfaction of puerperal women hospitalized in a maternity ward in the municipality of Cajazeiras, taking into account the existing structure and services provided by the institution and specifically to describe the socioeconomic and demographic profile of the puerperal women interviewed, identifying the satisfaction of the puerperal women participating in the research and listing the factors that interfere in the satisfaction of the puerperal women participating in the research.

## **Method**

This work adopted an exploratory and descriptive stance of quantitative character. Through this approach it was easier to interact with the subjects involved in the research, since the collection instruments addressed the reports or situations lived by the researchers delimiting and describing more clearly the universe studied (Minayo, 2010).

The study was carried out at the Deodato Cartaxo maternity unit, belonging to the Regional Hospital of Cajazeiras, located in the municipality of Cajazeiras / PB. This hospital sector contributes to the academic training of future health professionals, in the Medicine and Nursing courses of the Federal University of Campina Grande and Santa Maria College. The institution has 22 beds, 4 beds of the Intermediate Care Unit (ICU), and serves an average of 160 patients per month. This Maternity is exclusively public, where the provision of services offered is made available by the SUS (Brazilian universal healthcare system), and the institution is maintained by the state government and the Ministry of Health, with an average of 190 monthly deliveries, within which the cesarean procedures are still prevalent, even though there are initiatives for the strengthening of humanization in childbirth..

The data collection period occurred in the months of August and September 2015. The population was composed of hospitalized puerperal woman. The sample was performed for convenience, systematic of the proportional type with a sample error of 5% and a reliability of 95%, based on the parameters used and increased by 20% considering the possible sample losses being in a total of 100 women. The software EPI-INFO version 3.3.2 was used to calculate the sample.

Included in the study were all the puerperal women who were hospitalized in the maternity during the data collection period. When the women were minors, authorizations by their legal companion were requested, provided they agreed to participate in the interview and were able to respond to the questionnaire. Users who did not have conditions to respond to the questionnaire were excluded from the survey, as were those who refused to participate in the survey, as those who were not at the moment of data collection with the legal companion.

In all stages of this study, the dignity and autonomy of the subject was respected, being exempt of any penalization if it did not accept or desist to participate in the research. The anonymity of the sample was guaranteed and the principles of beneficence and non-maleficence were prioritized. The study was registered through the CAAE: 46859515.8.0000.5693 and approved by the Ethics and Research Committee. Participants signed a Free and Informed Consent Form, following the guidelines issued in Resolution 466/12 of the National Health Council.

The data were collected at bedside, in a quiet moment when the care professionals were not present or after discharge, in order to collect unbiased information. The dependent variables were analyzed with scores varying from 1 to 7 for the 7 levels of response ranging

from full agreement to fully disagree, which were tabulated and analyzed using the Friedman test (nonparametric test that allows comparison of means) to detect differences among the 5 indicators studied.

The aspects related to access / accessibility, such as the displacement time, the waiting period between arrival until the fulfillment of the service, the waiting between the hospitalization unit and the hospitalization in the maternity sector. For the descriptive analysis of the socioeconomic and demographic profile of the population, the following variables were used: sex, age group, schooling, occupational situation.

The information received was tabulated and analyzed using the Friedman test to detect differences among the 5 indicators studied, and did not apply to the general assessment of satisfaction. The level of significance was set at  $p < 0.05$ . The results were presented in table form with their respective absolute and relative frequencies. Numerical variables were represented by measures of central tendency and dispersion measures. We used the Microsoft Excel 2007 software for database construction and the Statistical Package for Social Science (SPSS) version 13.0 to perform the analyzes.

## **Results and Discussion**

Of the total number of interviewees ( $n = 100$ ), 64% were in the age group between 21 and 30 years, followed by the age group between 14 and 20 years (26%). Regarding educational level, there was a predominance of low schooling (54%), with 88% of low income and stable marital status (44%). Most of the sample was of non-working people, that is, non-economically active people (66%), living outside the municipality of Cajazeiras (70%) (**Table 1**).

**Table 1.** Characterization of the sample in relation to sociodemographic variables

	<b>Variables</b>	<b>n</b>	<b>%</b>
Age Range	14 to 20 years	26	26
	21 to 30 years	64	64
	31 to 49	10	10
Education	Low*	54	54
	High**	46	46
Family Income	Low***	88	88
	High*****	12	12
Civil State	Single	28	28
	Married	26	26
	Widow	00	00
	Divorced	02	02
	Stable Union	44	44
Occupation	Employed	26	26
	Not working	64	64
	Self employed	10	10
City of Origin	Cajazeiras	30	30
	Other	70	70

Source: Field Research, 2015.

Note: (\*) Up to Complete Elementary School; (\*\*) Complete High School and Higher Education (complete or incomplete); (\*\*\*) Up to 1 minimum wage; (\*\*\*\*) 2 to 5 minimum wages

Regarding the data found in Table 1, its noticeable that the profile found agrees with Ribeiro (2010), Borges, Carvalho e Silva (2010) and Moimaz et al. (2010), of users seeking assistance in the SUS, Gouveia et al (2009) emphasize in their studies that schooling is intrinsically linked to satisfaction with the health service.

All the interviewees performed prenatal care in the current gestation and all did it in a Basic Family Health Unit. 60% had only one child and 68% were cesarean (**Table 2**).

**Table 2:** Characterization of the sample in relation to the gestational variables.

	<b>Variables</b>	<b>n</b>	<b>%</b>
Prenatal	Yes	100	100
	No	00	00
Location of prenatal realization	Basic Health Unit	100	100
	Particular	00	00
	Agreement	00	00
Number of Children	1 Child	60	60
	2 Children	24	24
	3 Children	06	06
	4 Children or more	10	10
Childbirth	Vaginal	32	32
	Cesarean section	68	68

Source: Field Research, 2015.

Since the creation of the National Policy for Integral Attention to Women's Health (PNAISM), in 2004 the actions implemented by this strategy have contributed to the reduction of maternal morbimortality, mainly during the gestational period. (Cesar et al., 2011).

Studies conducted in recent years in Brazil have shown a decrease in overall fertility rates with a reduction in the number of children to 1.9 in detriment of the 2.38 observed ten years ago. These indices corroborate with the data found in this research (Brasil, 2014).

The high prevalence of cesarean deliveries in the country is not related to the risk profile but rather according to the Ministry of Health to socioeconomic and cultural factors highlighting what was termed as cesarean culture, that is, a physician-centered interventionist culture where the quality of care is related to operative delivery (Brasil, 2014).

It is a care model characterized by the excess of medicalization and high incidence of iatrogenies due to the abuse of invasive procedures and total disregard for human and social aspects (Brasil, 2014).

Based on the specific data of the research, the **table 3** presents the data surveyed regarding the indicators of service quality.

**Table 3:** Satisfaction of the Deodato Cartaxo Maternity Users regarding the quality indicators about the service.

Indicators*	Medidas descritivas			
	Minimum	Maximum	Average	Standard Deviation
Tangible	- 21,00	0,00112,00	- 1,96	4,40
Reliability	- 27,00	17,00	0,60	6,70
Attendance	- 13,00	16,00	0,99	4,85
Safety	-14,00	11,00	0,38	3,40
Empathy	- 29,00	20,00	- 0,07	6,56
Overall rating	- 77,00	64,00	- 0,05	20,29

Source: Field Research, 2015.

Note: (\*) Friedman Test p-value < 0,001

Analyzing Table 3, it can be seen that the indicator that caused the most dissatisfaction among the users interviewed is related to the tangibility, defined as the appearance of the physical facilities, equipment, personnel and material for the communication of the clinic or hospital (Parasuraman; Zeithaml; Berry, 1988).

Righi, Schmidt and Venturini (2010), Borges, Carvalho e Silva (2010) and Cruz & Melleiro (2010) also obtained this result in their studies. Fitzsimmons and Fitzsimmons (2014) emphasize that these aspects denote to the user care and attention to details, directly interfering in the level of satisfaction of this client.

Observing the empathy variables, understood as interest, personalized attention to the user and general evaluation, low scores (-0.07 and - 0.05 respectively) were also found, characterizing users' dissatisfaction. The care provided by the health service studied was the most outstanding feature among users surveyed with an average of 0.99.

It is believed that both the competence and the professional's ability to relate to the user are strong links to minimize the complaints and demands that arise during the application of care, since the individual perceives this action as an attitude of understanding, acceptance and, above all, respect as a citizen (Brasil, 2001b).

During the study, the puerperal women were asked how important for them were the characteristics of tangibility, reliability, care, safety and empathy. The data collected were structured in **Table 4**.

**Table 4:** Satisfaction of the Deodato Cartaxo Maternity Users regarding the relevance of service quality indicators.

Indicators	n	%
Tangible	42	42
Reliability	100	100
Customer Service	88	88
Safety	77	77
Empathy	60	60

Source: Field Research, 2015.

It can be noticed that 100% of the interviewees listed reliability as an aspect relevant to their satisfaction with the service, followed by care, security and empathy. Analyzing the issues related to what could interfere in this characteristic was raised the need to perform the services in a suitable way at the first time, the professional interest in resolving the problems arisen and the accomplishment of the procedures without error as points of satisfaction as shown in **Table 5**.



**Table 5.** Percentage distribution of the indicators used in relation to the reliability expressed by the users of the Deodato Cartaxo Maternity regarding the indicators of service quality.

Questions	Quality evaluation measures														Total
	1		2		3		4		5		6		7		
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
Q5 – When the Deodato Cartaxo Maternity promises to do something at a certain time, it complies.	02	2%	01	1%	02	2%	09	9%	46	46%	21	21%	19	19%	100
Q6 – When a user has a problem, the Deodato Cartaxo Maternity demonstrates a sincere interest in solving it.	02	2%	02	2%	00	-	09	9%	40	40%	22	22%	25	25%	100
Q7 – Deodato Cartaxo Maternity provides correct service at the first time.	00	-	02	2%	00	-	09	9%	49	49%	29	29%	11	11%	100
Q8 – Deodato Cartaxo Maternity will perform its services in the time that it was promised.	01	1%	02	2%	02	2%	08	8%	22	22%	36	36%	29	29%	100
Q9 – Deodato Cartaxo Maternity insists on task-free execution.	01	1%	01	1%	02	2%	11	11%	30	30%	38	38%	17	17%	100

Source: Field Research, 2015

Several factors have been studied worldwide as indicators to strengthen the reliability of institutions offering some type of service. It is believed that the relationship with the user is strengthened by the perception of customer satisfaction and that this aspect is based on trust in the company (Santos, 2001).

Reliability is understood as the ability to deliver the promised service with confidence and accuracy as Parasuraman, Zeithaml and Berry (1988) point out. In the studies conducted

by Borges, Carvalho e Silva (2010) it is possible to perceive trust as a characteristic that was attributed greater relevance by the interviewees.

This indicator is mainly related to the care provided by health professionals, among them the nursing team, the result of the therapeutics instituted and its systematization (Pena; Melleiro, 2012).

These same authors also point out the relevance of nursing work in all stages of the care and treatment process, as an important parameter for effective user satisfaction.

Since the beginning of humanity, nursing has been identified as a caring profession, being exercised in different processes and stages of the life of society (Silva, 2008). The word caring should be understood as Pacheco (2002) affirms as a form of holistic provision of some action that aims above all at respecting the human dignity of the person being assisted.

Gaut (1983) apud Carvalho et al. (2002) characterizes etymologically the care in three points: to worry and to be attentive with the client; to take responsibility for; and respect the client in an affective and considerable way. According to Cianciarullo (2005), the individualization of care implies the adoption, by the nurse, of a set of beliefs and values that emphasize the human being and consider him a citizen, but which are not always part of everyday life and practice in health institutions in Brazil.

Humanization requires an act of reflection about the ethical values and principles that unleashes the importance of the human dimension in professional relationships. Humanized care requires preparation of the professional, who is faced with several situations where the client comes first, the client is the target of attention at a given moment.

**Table 6** records the data related to the empathy indicator. It is observed that the levels of satisfaction are high, which strengthens this characteristic in the evaluation of the quality of the motherhood researched.

**Table 6.** Percentage distribution of the indicators used in relation to the empathy expressed by the users of the Deodato Cartaxo Maternity regarding the quality indicators of the service.

Questions	Quality evaluation measures														Total
	1		2		3		4		5		6		7		
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
Q18 – Deodato Cartaxo Maternity gives you individualized attention.	00	-	00	-	00	-	07	7%	56	56%	29	29%	08	8%	100
Q19 – Deodato Cartaxo Maternity has convenient working hours for all users.	01	1%	01	1%	00	-	05	5%	45	45%	22	22%	26	26%	100
Q20 – Deodato Cartaxo Maternity has employees who give you personalized service.	00	-	00	-	00	-	02	2%	30	30%	58	58%	10	10%	100
Q21 – Deodato Cartaxo Maternity is willing to provide the best service for you.	00	-	00	-	01	1%	02	2%	19	19%	60	60%	18	18%	100
Q22 – Deodato Cartaxo Maternity understand your specific needs.	01	1%	00	-	01	1%	08	8%	42	42%	38	38%	10	10%	100

Source: Field Research, 2015

Schneider et al (2008) relacionam a notoriedade do acolhimento para melhoria da qualidade da assistência, defendendo que essa prática precisa deixar de ser problema da recepção e tornar-se objeto da prática de toda equipe de saúde.

Solla (2005) acredita que o acolhimento é mais do que uma triagem qualificada ou uma escuta interessada, pressupõe um conjunto formado por atividades de escuta, identificação de problemas e intervenções resolutivas para seu enfrentamento ampliando a capacidade da equipe de saúde em responder as demandas dos usuários reduzindo a centralidade das consultas médicas e melhor utilizando o potencial dos demais profissionais.

Acolhimento, segundo o Plano de Qualificação das Maternidades e Redes Perinatais no Nordeste e Amazônia Legal, fundamenta como um dos seus principais pressupostos não só o ouvir as queixas da usuária, mas também seus medos, expectativas, identificando os riscos

surgidos e se comprometendo em tentar resolver as necessidades encontradas. É um processo antes de tudo de reflexão principalmente da dinâmica do trabalho em saúde (Brasil, 2009).

The QUALISUS program also establishes, in one of its axes of action, the improvement of listening and reception, aiming at the implantation in the services of permanent ombudsman mechanisms, seeking to diagnose the complaints of the user and establish strategies to reduce them (Brasil, 2004).

Another policy that values the integral care of women as well as their adequate reception is the National Humanization Policy emphasizing "qualified listening, favoring the bond and assessing vulnerabilities according to the social context" (Brasil, 2012, p.51).

This position of the professional will improve interpersonal relationships during the service, strengthening services each day and encouraging them to qualify ever more.

Evaluating the data in **Table 7**, relating the indicators of the perception of the users about the quality of the care provided by the institution studied, it was observed that the puerperal women highlighted their satisfaction with the fact that professionals are always able to clarify their doubts, always have good will in helping them and offering quick execution of the service.

**Table 7.** Percentage distribution of the indicators used in relation to the service expressed by the users of the Deodato Cartaxo Maternity (DCM) regarding the indicators of service quality.

Questions	Quality evaluation measures														Total
	1		2		3		4		5		6		7		
	n	%	n	%	n	%	n	%	n	%	N	%	n	%	
Q10 – DCM workers promise their users the services within the deadlines in which they will be executed.	00	-	00	-	01	1%	06	6%	53	53%	31	31%	09	9%	100
Q11 – DCM employees provide care with agility.	00	-	00	-	00	-	02	2%	50	50%	28	28%	10	10%	100
Q12 – DCM workers are Always willing to help you.	00	-	00	-	00	-	06	6%	55	55%	24	24%	15	15%	100
Q13 – DCM workers are never busy to clarify their doubts.	01	1%	02	2%	02	2%	08	8%	22	22%	36	36%	29	29%	100

Source: Field Research, 2015

In general, it is noticed that as well as reliability, this indicator was also well evaluated by the interviewees, which indicates the degree of relevance that they attribute to the professional's willingness to help with promptness.

The results found by Pena and Melleiro (2012), Borges, Carvalho e Silva (2010) and Cruz and Melleiro (2010) legitimize the selected ones in Table 7.

This channel of communication between professional and user strongly denotes the theme studied in this research, highlighting it as a positive aspect for the improvement of health care (Pena, Melleiro, 2012).

**Table 8** shows the indicators of time spent on the trip to the health unit studied, time between arrival at the maternity hospital and the end of their care at the screening, duration of the consultation at the screening and waiting time between screening and hospitalization.

**Table 8.** Percentage distribution of the indicators used in relation to the access to the service expressed by the users of the Deodato Cartaxo Maternity.

Questions	Quality evaluation measures										Total
	Excellent		Good		Moderate		Bad		Very Bad		
	n	%	n	%	n	%	n	%	n	%	
Time spent to go to the health unit specified	05	5%	30	30%	20	20%	40	40%	05	5%	100
Waiting time between the arrival at DCM and the conclusion of the care at screening.	86	86%	08	8%	06	6%	00	-	00	-	100
Length of the screening consultation.	88	88%	02	2%	10	10%	00	-	00	-	100
Waiting time between screening and hospitalization.	90	90%	08	8%	02	2%	00	-	00	-	100

Source: Field Research, 2015.

Among the indicators found, the time involved in care from arrival in the maternity ward to hospitalization was excellent. Regarding the displacement of these women, there were results between reasonable and very poor, making the indicators a total of 65%.

These data can be justified by the residence of the majority of the interviewees that are located in municipalities surrounding the maternity. The ease of access to the hospital as well as the decrease in waiting time is according to Mendes (2010) an important attribute for measuring the quality of service.

Many of these women do not have accessibility to transportation, requiring their municipalities of origin to provide transport so that they can reach the maternity ward. This creates a sense of insecurity due to the possibility of the occurrence of damages to the health of both the mother and the baby. The Ministry of Health recommends that the points of the care network that provide care for pregnant women act in an integrated manner, guaranteeing the principles of equity, universality and accessibility, avoiding the woman's pilgrimage for services and realizing her right to citizenship, ensuring an individualized care according to the degree of risk presented at that moment (Brasil, 2014).

## Final Considerations

Every day health institutions are seeking to improve their practices aiming at quality and especially accreditation of the service they provide, being this the differential in care to the user, aligning the new needs of performance with the requirements imposed in this new context of health.

Therefore, the evaluation of user satisfaction is one of the parameters that will develop consistent subsidies to analyze the quality of services provided by health institutions.

In this study, it was verified that in the socio-demographic profile, the majority of interviewees were in the age range between 21 and 30 years of age, had low schooling, low family income, stable union, non-working and coming from municipalities surrounding the municipality of Cajazeiras.

All the women had performed prenatal care in a Basic Health Unit, had only 1 child and experienced cesarean delivery. Of the indicators studied, reliability, care and security were the ones that generated the most satisfaction among the puerperal women and tangibility was referred to as an indicator of dissatisfaction among the users.

Still in relation to the most relevant aspect for the interviewees, reliability also showed prominence followed by empathy and care. Although the users raised empathy as an important indicator for their satisfaction, this item presented a low score among those evaluated.

The care indicator also presented a good score as a characteristic highlighted by the women surveyed, especially in relation to the speed of care, willingness of the professionals to clarify the doubts that arise and propose their resolution.

Regarding accessibility, the length of time between screening and hospitalization was well considered by the sample, but the item related to the time spent until arrival in the maternity was listed as the most deficient. These data reinforce even more the need for investment by public managers in areas related to indicators that obtain the worst scores, that is, the tangibility, empathy and accessibility to the service.

It is also important that the institution strengthens the hospital ombudsman service so that it is possible to identify the points that need to be solved, always looking for improvement in the quality of care provided. The results found in this study evidenced the

need to listen to the user as a necessary praxis to paradigm changes in the health system and the relevance of a continuous evaluation process to direct the implemented actions to the needs of the users assisted.

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#### **How to cite this article (APA format):**

Freitas, Maria Cristina N. de; Santos, Joselito; Sousa, Andreia Oliveira B.; Cabral, Symara Abrantes A. de O.; Alves, Maria Nizete T.; Barbosa, Jailma dos S.; Lima, Danielly Gonçalves S. (2018) Evaluation of the Level of Satisfaction of Hospitalized Puerperal Woman in a Maternity in the Countryside of Paraíba. *Am In. Mul J*, 2(4), 140-159.

**Received:** 06/08/2018.

**Accepted:** 07/07/2018.