




HIV/AIDS PATIENTS SATISFACTION WITH THE SPECIALIZED CARE SERVICE

SATISFAÇÃO DOS PORTADORES DE HIV/AIDS COM O SERVIÇO DE ASSISTÊNCIA ESPECIALIZADA

SATISFACCIÓN DE LAS PERSONAS CON VIH/SIDA CON LOS SERVICIOS DE ATENCIÓN ESPECIALIZADA

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ABSTRACT

The assessment of the patients' satisfaction with the health service provided is important to improve the care and performance of health teams, as well as to corroborate the direction of public policies. **Objective:** to assess the satisfaction of people with HIV/AIDS in the Specialized Assistance Service (SAE) of Maringá - PR, covering 30 municipalities in northwestern Paraná. **Methods:** this is a cross-sectional, analytical and quantitative approach study. Through interviews, the socio-demographic data of 301 patients with HIV/AIDS were obtained, and the EUROPEP instrument was used to assess SAE satisfaction. **Results:** there were 57.81% of men, 63.46% being 45 years old or younger, 75.08% of heterosexual and 40.53% of married patients. The questions related to health professionals: communication, medical care, technical information, and emotional support obtained a high level of satisfaction, with good and very good scores. On the other hand, patients indicated issues related to the organization of services as negative points: information provided by telephone, telephone contact and waiting time to attend appointments. **Conclusion:** most people with HIV/AIDS are satisfied with the services of SAE professionals. The negative satisfaction indicators were they were expected to be assisted in the elaboration of innovative organizational strategies to improve specialized care services.

Keywords: Delivery of Health Care; Quality of Health Care; Patient Satisfaction; Health Services; Acquired Immunodeficiency Syndrome.

RESUMO

A avaliação da satisfação dos usuários com o serviço de saúde prestado é importante para melhorar o atendimento e desempenho das equipes de saúde, além de corroborar no direcionamento das políticas públicas. **Objetivo:** avaliar a satisfação dos portadores de HIV/AIDS com o Serviço de Assistência Especializada (SAE) de Maringá - PR, que abrange 30 municípios do noroeste do Paraná. **Métodos:** estudo transversal, analítico e de abordagem quantitativa. Por meio de entrevista obtiveram-se os dados sociodemográficos de 301 portadores de HIV/AIDS e aplicou-se o instrumento EUROPEP para avaliação da satisfação com o SAE. **Resultados:** 57,81% eram homens, 63,46% tinham 45 anos ou menos, 75,08% eram heterossexuais e 40,53% casados. As questões relacionadas aos profissionais de saúde: comunicação, cuidados médicos prestados, informações técnicas e apoio emocional obtiveram elevado grau de satisfação, com escores bom e muito bom. Por outro lado, os usuários indicaram como pontos negativos questões relacionadas à organização dos serviços: informações prestadas por telefone, contato por telefone e tempo de espera para atendimento das consultas. **Conclusão:** de modo geral, os portadores de HIV/AIDS encontram-se satisfeitos com os serviços dos profissionais do SAE. Espera-se que os indicadores negativos de satisfação apontados pelos usuários auxiliem na elaboração de estratégias organizacionais inovadoras para melhoria dos serviços de assistência especializada.

Palavras-chave: Assistência à Saúde; Qualidade da Assistência à Saúde; Satisfação do Paciente; Serviços de Saúde; Síndrome de Imunodeficiência Adquirida.

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RESUMEN

La evaluación de satisfacción de los usuarios con el servicio de salud es importante para mejorar la atención y el desempeño de los equipos de salud así como para corroborar la dirección de las políticas públicas.

Objetivo: evaluar la satisfacción de las personas con VIH/SIDA con el Servicio de Atención Especializada (SAE) de Maringá - PR que cubre 30 municipios del noroeste de Paraná. **Método:** estudio transversal analítico de enfoque cuantitativo. Los datos sociodemográficos se obtuvieron por medio de entrevistas con 301 personas con VIH/SIDA y se utilizó el instrumento EUROP para evaluar la satisfacción con el SAE. **Resultados:** 57,81% eran varones, 63, 46% tenían alrededor de 45 años, 75,08% eran heterosexuales y 40,53% estaban casados. Las preguntas relacionadas con los profesionales de salud: comunicación, atención médica, información técnica y apoyo emocional, obtuvieron alto grado de satisfacción, con puntajes bueno y muy bueno. Por otro lado, los usuarios señalaron como puntos negativos cuestiones relacionadas con la organización de los servicios: información por teléfono, contacto telefónico y tiempo de espera para acudir a las citas. **Conclusión:** en general, los usuarios están satisfechos con los servicios de los profesionales del SAE. Se espera que los indicadores negativos de satisfacción señalados por los usuarios ayuden en la elaboración de estrategias organizacionales innovadoras para mejorar los servicios de atención especializada.

Palabras clave: Prestación de Atención de Salud; Calidad de la Atención de Salud; Satisfacción del Paciente; Servicios de Salud; Síndrome de Inmunodeficiencia Adquirida.

INTRODUCTION

Evaluating health services is very important to know about the functioning of the services, to improve the performance of institutions and to contribute to the direction of public health policies.¹ The satisfaction of patients is a factor that favors adherence to treatment and strengthens the creation of bond and conditions to establish a better relationship between the patient and the health team.^{2,3}

The quality of care is fundamental for the success of programs of chronic diseases, such as AIDS,⁴ reducing mortality, increasing survival, and improving patients' quality of life. If patient care is well conducted, it can contribute to more effective control of the epidemic.⁵

The Specialized Assistance Services (SAE) was created to improve the care access provided to people with HIV/AIDS and other sexually transmitted infections (STIs). This is an outpatient care unit that provides the bond between HIV/AIDS patients and a multi-professional team throughout their illness. The service provides care such as Nursing care, counseling and psychological support to patients and families, and services in the areas of Infectious Disease, Gynecology, Pediatrics, Dentistry, antiretroviral control and distribution, pharmaceutical counseling, tests, distribution of medical

supplies for prevention and educational activities for adherence to STI and AIDS treatment, prevention and control.^{4,5}

The *Ministério da Saúde* implemented an organizational quality assessment questionnaire (Qualiaids) to assess the quality of outpatient services of the *Sistema Único de Saúde* (SUS) that provides care to people with HIV/AIDS in Brazil. This is a source of information used by *Monitoraids*, *Sistema de Monitoramento de Indicadores do IST/AIDS/HIV* that provides information to support the monitoring of the AIDS epidemic and other STIs in Brazil.⁶

The Qualiaids model aims to evaluate and monitor the quality of care provided by the SAE, but it does not include the satisfaction of patients with the services provided. In this sense, the objective of this study was to evaluate the level of satisfaction of people with HIV/AIDS in the municipalities of *Setentrião Paranaense* (AMUSEP) with SAE - Maringá.

MATERIAL AND METHODS

This is a cross-sectional, analytical study with a quantitative approach, carried out in SAE of Maringá, with 30 municipalities in the northwest of Paraná. The study had a sample of 301 patients from the total of 2,019 HIV/AIDS patients registered at SAE of Maringá - PR. The sample calculation considered the significance level of 5% and the maximum allowed error between the estimate and the actual value of the parameter of 0.05 that is five percentage points for the sample calculation.

The *Ministério de Saúde* has established some operating standards for SAEs, such as the installation of units within outpatient clinics, polyclinics, and hospitals to provide exclusive care to patients with HIV/AIDS.⁷ SAE in Maringá is a secondary care service, installed in a polyclinic and composed of a multidisciplinary team that aims to provide quality and humanized assistance to people with HIV/AIDS. It provides medical care in the area of Infectious Diseases, starting with the diagnosis of the disease, followed by treatment with the offer of medicines and pharmaceutical care, and the support from the Nursing staff in guiding patients on prevention and treatment. There is also psychological counseling for patients and their families.⁶

Data collection was taken between March and July 2016 after the project approval by the Research Ethics Committee of the *Centro Universitário de Maringá* (UNICESUMAR), under number 1.464.298, of March 24, 2016. When the patients attended the specialized care service (SAE) in Maringá, individualized approaches were performed, explaining the research objectives and the appropriate procedures for research participation. If they accepted to participate, the informed consent form was read and the digital pulp signed or impregnated in both ways of the term, and the questionnaires

were then applied. Inclusion criteria were HIV/AIDS patients and older than 18 years old.

In the first stage of the study, the sample was characterized through a structured form containing the following socio-demographic data: age, gender, education level, marital status, race, sexual orientation, and socioeconomic classification. The second stage applied the adapted European Task Force on Patient Evaluation of General Practice Care (EUROPEP)¹, used to assess the level of satisfaction of people with HIV/AIDS.

The EUROPEP instrument is multidimensional, consisting of 22 questions about patients' perspectives, allowing for an analysis of General Practice and Family Medicine care (Table 1). The results are obtained through the five-point Likert scale, rated from one to five, whose most favorable response corresponds to the highest value (very good, good, regular, bad and very bad). The questionnaire analyzed five dimensions of satisfaction indicators: relationship and communication, health care, information and support, continuity and cooperation, and service organization.¹ The general rating of the EUROPEP instrument is obtained by key indicators, summing the answers and dividing by the number of questions for each indicator. The measurement by indicator is classified as "very good" if the average of very good and good response ratios exceeds 85%, "good" is considered between 84 and 65%, "regular" between 64 and 45%, "bad" between 44 and 25% and "very bad" between 24 and 0%.¹

In the third stage, the research participants evaluated the satisfaction level (very good, good, regular, bad and very bad) of the services offered by the SAE: Nursing, Pharmacy, Gynecology, Dentistry, Psychology, and Social Work.

RESULTS

The socioeconomic and demographic characteristics of SAE patients in Maringá participating in the research are described in Table 2.

The patients showed very good satisfaction in the issues involving the indicator "relationship and communication," highlighting that about 80% of them expressed the highest level of satisfaction when asked about the care received. A similar situation was observed for the indicator "medical care." However, approximately 10% of the patients interviewed pointed out that their satisfaction was very bad with the "physical examination" and when asked if the doctor offered "indication of services," including disease prevention, such as screening tests, check-ups, and vaccines (Figure 1).

Regarding the "information and support" indicator, their satisfaction was very good, close to 75% for most questions. Only for the item "emotional issues," an amount of 10% cited regular satisfaction (Figure 1).

The indicator with the worst level of satisfaction is related to "continuity and cooperation," especially in the item "telephone contact." When patients were asked if they could talk to the doctor over the phone, 28, 27, and 7% showed regular, bad, and very bad satisfaction, respectively (Figure 1).

The "organization of services" from the patients' point of view was rated well for "staff support" and 50% had very good satisfaction with "ease of scheduling appointments" and 44% with "speed in solution." On the other hand, the item "low waiting time" for appointments was presented with a low satisfaction score (Figure 1).

Table 1 - Key indicators and variables for the satisfaction assessment of the EUROPEP instrument

Key Indicators	Variables
Relationship and Communication	Consultation time duration Professionals' interest in the patients' health problems and the way they listened to them Feeling free to tell their problems to the professional Their participation in the care decisions that the professional provided Confidentiality of information about their case
Medical care	Fast relief from their symptoms Feeling better to perform their daily tasks Quality of the physical tests that the professional performed during the consultation Indication of disease prevention services such as tests and vaccines
Information and Support	Explanation of the prescribed exams and treatments Information on what they would like to know about their symptoms and illness The professional addressed emotional issues related to their health problems The incentive provided by the professional to understand the importance of following health guidelines and treatment
Continuity and Cooperation	Professional knowledge about the patient and his case Preparation on what to expect from specialists and hospital care when needed
Organization of the services	Support from other health center professionals, besides those who attended him Ease to make an appointment at the appropriate time and date at the health center Waiting time to be answered Time in which the urgent problems were solved

Table 2 - Socioeconomic and demographic characteristics of patients participating in the research at SAE in *Maringá* (PR), 2016

Variable	(n=301)	%
Age (years old)		
18 to 29	70	23.26
30 to 44	121	40.20
45 to 60	93	30.90
> 60	17	5.65
Gender		
Female	127	42.19
Male	174	57.81
Education level		
Illiterate	6	1.99
Basic	50	16.61
Elementary	99	32.89
High school	113	37.54
Higher	16	5.32
Post-Graduation	17	5.65
Marital status		
Married	122	40.53
Divorced	45	14.95
Single	114	37.87
Widower	20	6.64
Race		
White	199	66.11
Brown	69	22.92
Black	33	10.96
Sexual Orientation		
Bisexual	11	3.65
Heterosexual	226	75.08
Homosexual	63	20.93
Tansexual	1	0.33
Socioeconomic Classification		
Lower class	13	4.32
Upper lower class	235	78.07
Lower middle class	52	17.28
Middle class	1	0.33

Source: Research data.

Figure 2 shows the satisfaction of patients for the services offered by SAE. All patients interviewed used the Nursing service, and 97% indicated satisfaction level "good or very good." The remaining sectors had a "good or very good" satisfaction level of over 80%, although not all the patients used them. In the interviews, 97% of patients used Pharmacy, 70% used Social Work, 54% used Psychology, 40% used Dentistry and less than 25% used Gynecology (data not shown).

DISCUSSION

The epidemiological profile of people with HIV/AIDS from the 30 municipalities of northwestern *Paraná* assisted at SAE in *Maringá* corroborated the evolution of the epidemic in the country.⁷ The predominant age range of respondents was between 30 and 45 years old. The number of cases of male patients is higher, but this difference has been decreasing proportionally over the years. In 1989, the gender ratio was assessed in six cases of AIDS in men for each woman. In 2014, this ratio decreased to 1.8 men with AIDS for every woman.⁷

Although the number of male patients is larger, the difference was small in the sample analyzed in this research, reflecting the epidemiological tendency of the disease increase among women. The phenomenon of feminization of AIDS is due to the increase in cases of heterosexual transmission of HIV.^{7,8} The feminization of the epidemic mainly affects the age group of childbearing age, highlighting the association of heterosexual transmission with increased vertical transmission of HIV.⁹ In this context, the predominance of the interviewees in this research is heterosexual and married or in a stable union.

Historically, the epidemic of this disease began in the population with better socioeconomic status and with more than eight years of study; however, the expansion of the number of cases has evolved over the years in low-income and low-education level populations.¹⁰ The socioeconomic status identified in people with HIV/AIDS treated at SAE in *Maringá* was the lowest social classes, and it is justified by the current use of the term "pauperization of the HIV epidemic" in Brazil.⁵

Knowing these socio-demographic data is fundamental for planning and decision making in the process of designing and developing policies aimed at meeting the social demands of people with HIV/AIDS. The current demographic configuration of this audience is closely related to the needs of health services. In this context, demographic information and analysis are useful for implementing strategies aimed at satisfying the health services offered to them.

There are many challenges for the treatment to patients with HIV/AIDS to be efficient and satisfactory. Patient satisfaction is a multidimensional concept associated with factors that may vary according to the individual's health status, health care environment, and professional care.¹¹

When assessing the satisfaction of patients with HIV/AIDS at SAE - *Maringá*, it was found a good level of patient's satisfaction for the service offered. There is a report in the scientific literature that seropositive patients have a high level of satisfaction compared to non - HIV patients.¹² Maintaining high patient satisfaction with the health service is relevant because they become more likely to return to the health unit for continuity and follow-up of the chronic diseases treatment, such as AIDS.^{13,14}

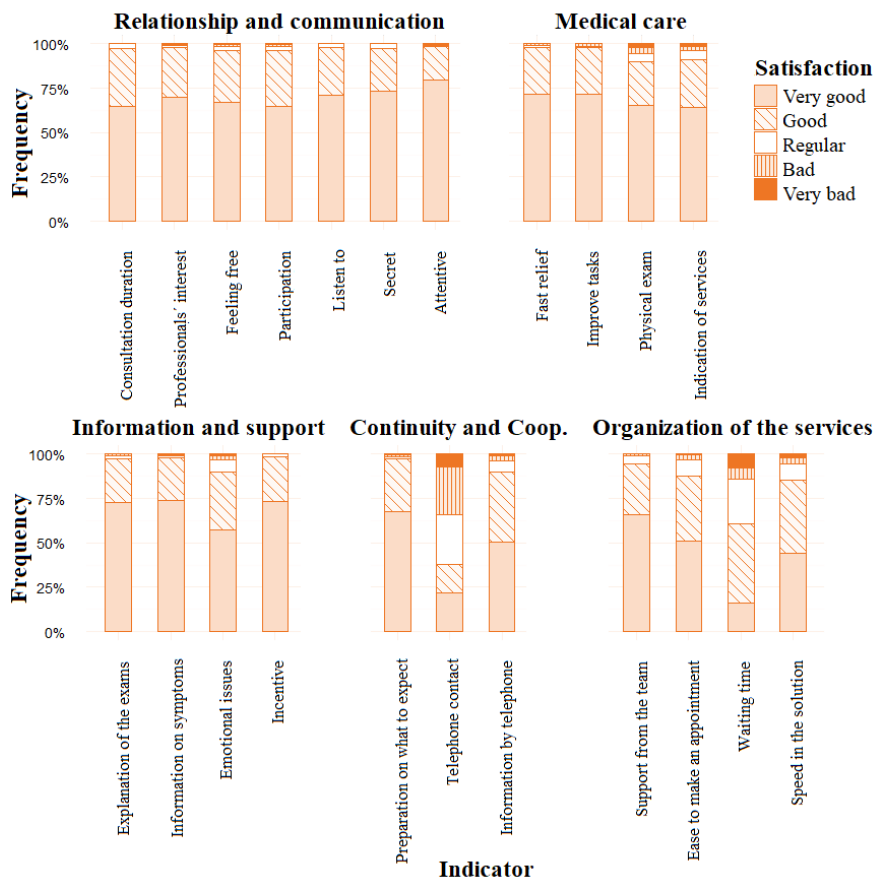


Figure 1 - Frequency distribution of SAE patients' satisfaction score classification for the indicators of the instrument EUROPEP, *Maringá* (PR), 2016.

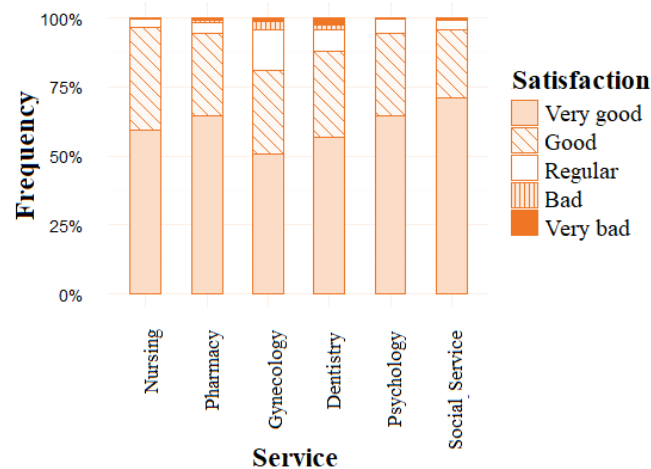


Figure 2 - Frequency distribution of SAE patients' satisfaction score classification for the services offered, *Maringá* (PR), 2016.

The EUROPEP instrument used to assess the level of patient's satisfaction in this research was also used in nine European countries.¹⁵ In these countries, patients were also generally very satisfied with medical care. They positively

referred to the doctor-patient relationship, the confidentiality of the information and the provision of prompt services in case of emergency.

In this research, the indicator best evaluated by patients at SAE in *Maringá* corresponded to satisfaction with the “relationship and communication.” Good communication with the patient is a result of the good performance of health professionals working in the health service, providing the patient with a more appropriate treatment follow-up.¹⁶

The second indicator well evaluated by patients was “medical care.” The items “fast relief” and “improvement in tasks” received excellent satisfaction scores, showing that the promotion of “fast relief” of symptoms promotes “improvement in tasks,” representing a major challenge experienced by people with HIV/AIDS. Daily tasks are usually impaired by disease symptoms or adverse effects of treatment.¹⁷ Patients with a high level of satisfaction with health services are considered to adhere better to therapies and, consequently, improve health status and quality of life.¹⁸

Well-assessed indicators, such as those mentioned, represent the successes of a multi-professional team; however, this study identified issues with low scores that deserve special attention. In the indicators related to “information and support”, the patients expressed low satisfaction with “emotional issues.” Depression is the most common comorbidity experienced by 56% of patients with HIV/AIDS.¹⁹ This indicator shows that doctors spend most of their time on consultation evaluating test results, often focusing on disease-centered care, neglecting comprehensive patient care. On the other hand, the Psychology service offered by the SAE was classified with the second-best score in the patients’ evaluation. Depression and other comorbidities related to mental health are often underdiagnosed, and treatment is delayed or inadequate.²⁰

The indicators related to “Continuity and cooperation” and “organization of services” obtained the worst scores in the evaluations of users at SAE in *Maringá*. In general, the patients expressed great dissatisfaction regarding “telephone contact” and obtaining “telephone information.” Considering the fast evolution of communication technologies for all types of services, many areas have come to provide phone, text messaging, application, and Internet service reducing travel and speeding up solutions.²¹ Thus, these patients have similar expectations and yearn for more agility in the search for solutions in health services. Therefore, as a way to provide continuity of treatment and improve the bond between health and patient services, innovative services that provide long-distance care to patients should be implemented, such as telemedicine.²² These services aimed to expand patient care beyond outpatient care, provide information on treatment, medications, and adverse effects that may arise from treatment.²³

Although in European countries the outcome of the EUROPEP instrument indicated that the population is very satisfied with health services, health system patients in Denmark,

Iceland, the Netherlands, Norway, Slovenia, and Sweden also showed less satisfaction with services by “telephone contact” and difficulty in “telephone scheduling.” Only Switzerland, Belgium, and Germany cited physician-patient “telephone contact” as a plus; and in the United Kingdom, “telephone information” services were considered very positive.¹⁵

Another indicator with low levels of satisfaction was the “waiting time” for consultations. Dissatisfaction, with the waiting time for outpatient medical care has been cited in several health services.^{1,24} Patients reported feeling disrespected by the long waiting period for medical consultation.²⁵ Waiting time should be assessed by staff professionals to identify the reason since in SAE of *Maringá*, the appointments are scheduled in advance according to the doctor’s availability and adjusted according to his workday.

Most of the negative aspects mentioned by patients at SAE in *Maringá* to be improved are actions related to the organization of the health service, and it is believed that they can be improved without the need for major financial investments.

Studies conducted at other centers showed that patients considered the lack of information provided by professionals about the transmission, treatment, and prevention of infections caused by HIV/AIDS as indicators of unsatisfactory care. They also complained about the professional’s distancing from seropositive patients.²²⁻²⁵ In this study, no dissatisfaction of this nature was observed. In general, a high level of satisfaction of people living with HIV with the professionals from SAE in *Maringá* was identified.

When assessing the patients, the sectors of Nursing, Pharmacy, Gynecology, Dentistry, Psychology, and Social Work had high levels of satisfaction, with good and very good scores. In these sectors, the role of health professionals represents an important source of support for patients living with the chronicity and stigma of HIV/AIDS.

Finally, only patients who attended the service participated in the research. The opinions of patients who rarely attend SAE may be underrepresented.

CONCLUSION

This study, conducted with a representative sample of patients with HIV/AIDS, enabled to identify the level of satisfaction of these patients in the Specialized Care Service (SAE) of *Maringá*. Indicators related to health professionals such as communication, medical care, technical information, and emotional support had more than 80% of the positively evaluated, with good and very good satisfaction. On the other hand, patients recognized the issues related to information provided by telephone, telephone contact and waiting time to attend the consultations as negative points. Assuming that

research of this nature aims to identify the points that require improvement, it is expected that this study provides information that helps in the search for innovative organizational strategies that improve the satisfaction of people with HIV/AIDS assisted by specialized care services.

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