





ORIGINAL BRIEF

Patient's perception of the quality of care in the Ambulatory Surgery Unit of the Polyclinic Hospital of the western area of the Metropolitan Area of Buenos Aires

Percepción del paciente acerca de la calidad de atención en la Unidad de Cirugía Ambulatoria del Hospital Policlínico del área oeste del Conurbano Bonaerense

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ABSTRACT

Patient-centered care plays a fundamental role in hospital management, focusing on patient satisfaction as a key indicator of quality of care. The study aims to explore patients' perceptions of the care provided in the public health system and to assess how these perceptions and the observance of their rights influence their level of satisfaction. A descriptive cross-sectional study was carried out in the Outpatient Surgery Unit of the Polyclinic Hospital in the western area of the Buenos Aires suburbs, using the CARE-Q questionnaire to evaluate the satisfaction of 135 patients attended on an outpatient basis, respecting strict ethical principles and guaranteeing the confidentiality of the information obtained. The results of the study indicate an almost equal distribution of male and female patients, being predominantly those aged 53 to 64 years, mostly married, with secondary education level and Catholic religion; greater patient satisfaction was identified in the "trust relationship" variable of the CARE-Q questionnaire. However, no significant correlation was found between patient satisfaction and hours of hospitalization or age range. The study highlights high levels of patient satisfaction with nursing care, despite some shortcomings, and suggests research-based improvements and future studies to further optimize health care.

Keywords: Patient Rights; Law; Public Health; Health Care; Quality Of Services; Satisfaction.

RESUMEN

La atención centrada en el paciente juega un papel fundamental en la gestión hospitalaria, enfocándose en la satisfacción del paciente como indicador clave de la calidad del cuidado. El estudio tiene como objetivo explorar las percepciones de los pacientes sobre la atención brindada en el sistema de salud público y evaluar cómo estas percepciones y la observancia de sus derechos influyen en su nivel de satisfacción. Se realizó un estudio descriptivo transversal en la Unidad de Cirugía Ambulatoria del Hospital Policlínico del área oeste del Conurbano Bonaerense, utilizando el cuestionario CARE-Q para evaluar la satisfacción de 135 pacientes atendidos de forma ambulatoria, respetando estrictos principios éticos y garantizando la confidencialidad de la información obtenida. Los resultados del estudio indican una distribución casi igual de pacientes masculinos y femeninos, siendo predominantes los de 53 a 64 años, en su mayoría casados, con nivel de instrucción secundario y religión católica; se identificó mayor satisfacción del paciente en la variable de "relación de confianza" del cuestionario CARE-Q. Sin embargo, no se encontró correlación significativa entre la satisfacción del paciente y las horas de hospitalización o su rango de edad. El estudio destaca altos niveles de satisfacción del paciente respecto al cuidado de enfermería, a pesar de algunas deficiencias, y sugiere mejoras basadas en la investigación y futuros estudios para continuar optimizando la atención sanitaria.

Palabras clave: Derechos Del Paciente; Derecho; Salud Pública; Atención Sanitaria; Calidad De Los Servicios; Satisfacción.

INTRODUCTION

Regardless of the hospital management model, one of the fundamental characteristics is patient-centered care. All current models of quality care share this quality. It is a fundamental approach to healthcare based on the idea that the patient should be the primary and active focus in their care and decision-making process.⁽¹⁾

Patient-centered care involves establishing a strong and collaborative therapeutic relationship between the nursing professional and the patient. The professional must actively listen to the patient, show empathy, respect their autonomy, and work together to make informed decisions about their care. It involves involving the patient in all stages of the care process, from identifying health problems to treatment planning and follow-up.⁽²⁾

Nursing care plays a fundamental role in the healthcare system, as nurses are the closest and most accessible healthcare professionals to the patient. The quality of nursing care not only directly impacts the physical and emotional well-being of patients but is also a determining factor in the overall effectiveness of healthcare services. Therefore, it is crucial to understand and improve aspects related to the quality of nursing care.^(3,4)

Patient-centered care is also a relevant principle in the public healthcare system. Although the public system may face challenges related to limited resources and high demands for care, it is important to promote and integrate this approach in service delivery. This involves providing equitable access to care, respecting the dignity and rights of patients, and promoting clear and effective communication. Additionally, healthcare professionals in the public system must show empathy and respect toward patients, recognizing their cultural, social, and economic diversity.^(5,6)

In the public healthcare system, it is important to consider the available resources and find creative ways to adapt services to meet the needs of patients. This involves prioritizing evidence-based interventions, using appropriate tools and technologies, and optimizing the efficiency and quality of services. The effect of patient satisfaction on healthcare quality has been debated in educational and healthcare settings. It is proposed that patient satisfaction with healthcare services is crucial in determining the quality of care provided. Patient satisfaction is "a measure of effectiveness and even objective control of the quality of healthcare services".^(7,8)

This model of healthcare quality is based on three dimensions: structure (quantity and quality of staff, equipment and instruments, financial resources, standards, regulations, and procedures, and information system), process (actions of staff, actions of the patient, accuracy, timeliness, communication process), and outcomes (expenses incurred, institutional accreditation, improvement in patient's health, patient's knowledge of the service, satisfaction of users with the care received). Outcomes are considered the most important quality indicators because they improve the patient's health status, which is the main goal of healthcare.^(3,6,9)

We can evaluate care satisfaction through patients' perceptions and identify satisfying and unsatisfying elements. Satisfaction represents the subjective experience derived from the fulfillment or non-fulfillment of an individual's expectations regarding something. We can say that satisfaction is a set of expectations, values, and specific experiences, where the paradigm of dissatisfaction disappears, considering the patient's perspective on their health regarding the service received. Currently, there is a direct relationship between patient health and their rights, including privacy, respect, and dignified treatment, as well as access to quality healthcare services, whether in private or public institutions. Currently, the focus is on dignified and humanized treatment, where the patient is increasingly at the center of healthcare.^(7,10)

Efforts aim to communicate effectively between patients and healthcare personnel, achieve mutual respect, and build patient trust in the staff and services provided. The behavior of healthcare personnel should be empathetic, respectful, and attentive to the needs of patients in the health-disease process. Comprehensive patient management involves developing skills in emotional support and setting aside value judgments.^(11,12)

The humanization of healthcare in providing medical services and healthcare involves significant benefits. These include reducing patient anxiety and contributing to a calmer and more comforting environment for their emotional well-being. Likewise, the stress experienced by individuals is minimized when they feel compassionately and empathetically cared for. Additionally, it has been observed that humanization accelerates patient recovery, resulting in shorter hospital stays and a prompt return to their usual activities. It also highlights the reduction in medication use due to implementation of more holistic approaches and complementary therapies.

Furthermore, humanization has been found to contribute to the reduction of pain experienced by patients. Lastly, humanizing healthcare positively impacts the productivity and retention of healthcare personnel, which is particularly relevant given the high level of absenteeism in the sector. These benefits emphasize the importance of prioritizing humanization in healthcare to achieve favorable outcomes for patients and healthcare personnel.^(13,14)

This research aims to understand the community's perception of the quality of care, specifically in the public healthcare system. It is believed that these institutions provide poor care and/or that patients will receive mistreatment due to being a public establishment. As a right, public health obliges states to create conditions in which everyone can live as healthily as possible. This right encompasses being healthy and receiving timely and

appropriate healthcare. Respecting fundamental ethical principles: respect for autonomy, non-maleficence, beneficence, and justice, is necessary.

The goal is to assess the patient's perception of the healthcare services and determine whether they feel their rights are respected during their outpatient hospital stay. The quality of care frames where we currently stand and how we should progress toward optimal health care. It is important to define how patients rate the healthcare they receive based on their perception and to evaluate whether healthcare providers provide dignified, friendly, and careful treatment while respecting patients' rights. Through quality control, we can assess patients' views of professionals and services.⁽¹⁵⁾

The choice of this topic is justified in the context of the healthcare industry, which has gained significant relevance, especially during the global pandemic,⁽¹⁶⁾ where healthcare systems have focused on improving care and assessing patient satisfaction. Today, patients see themselves as purchasers of healthcare services, and it is essential to recognize their rights, emphasizing the importance of providing quality healthcare.

Patient satisfaction has become an important indicator for measuring the quality of healthcare,⁽¹⁵⁾ as it influences clinical outcomes and can affect medical malpractice claims.

Additionally, knowing the level of patient satisfaction has several advantages, such as improving communication, preventing patient loss due to dissatisfaction, boosting staff morale, and preventing legal risks. Conducting surveys and collecting feedback provides actionable information to quickly identify potential issues and improve the quality of care provided.

METHOD

A descriptive cross-sectional study was conducted.

The study population consisted of patients from the Ambulatory Surgery Unit, with 200 patients treated at the Polyclinic Hospital in the western area of Conurbano Bonaerense from October-November 2021. The sample comprised 135 patients who received outpatient care. The following inclusion criteria were applied: patients over fifteen admitted to the Ambulatory Surgery Unit at the Polyclinic Hospital in the western area of the Conurbano conference who agreed to participate in the study. The following exclusion criteria were applied: patients who had not undergone ambulatory surgical intervention and those who could not participate in the study due to their neurological condition.

The Care Assessment Questionnaire (CARE-Q), developed by nurse Patricia Larson in 1981,⁽¹⁷⁾ consists of 50 questions related to nursing care, allowing patients to evaluate observed behaviors. Subsequently, the questionnaire was modified and validated in Spanish by nurse Sepúlveda⁽¹⁸⁾ a faculty member at the School of Nursing at the University of El Bosque in Bogotá. Under her guidance, a pilot study was conducted to validate the CARE-Q and measure patient satisfaction regarding nursing care. The results showed validity and reliability indexes ranging from 0,88 to 0,92. After the modifications were made, the final instrument consisted of 46 questions. The CARE-Q addresses the following dimensions or dependent variables: accessibility, explanation and anticipation, comfort, keeping informed, monitoring, and follow-up.

The research was conducted following the fundamental ethical principles inherent in studies involving human subjects, including respect for autonomy, beneficence, non-maleficence, and justice. Participating patients were voluntarily enrolled and signed informed consent, legally confirming their willingness to participate and collaborate in the research. They also adequately explained the study's characteristics, objectives, and potential benefits. During the research, patient integrity was ensured by guaranteeing the confidentiality of all personal information obtained. The questionnaire employed clear, practical, and understandable language to facilitate patient participation.

RESULTS AND DISCUSSION

Table 1 shows the results related to the characterization of the study population according to sociodemographic variables.

Variable	Dimensions	N	%
Age	18-30	35	25,93
	31-41	31	22,96
	42-52	22	16,30
	53-64	47	34,81
Sex	Male	67	49,63
	Female	68	50,37

Marital status	Single	35	25,93	
	Married	57	42,22	
	Unmarried	25	18,52	
	Widowed	8	5,93	
	Divorced	10	7,41	
Instruction	Illiterate	2	1,48	
	Primary	33	24,44	
	Secondary	65	48,15	
	Tertiary	35	25,93	
Occupation	Unemployed	12	8,89	
	Employed	123	91,11	
Religion	Catholic	129	95,56	
	Other	6	4,44	
Hours of hospitalization	Male	24 horas	30	44,78
		> 48 horas	37	55,22
	Female	24 horas	20	29,41
		> 48 horas	48	70,59

Of the 135 patients, 49,63 % were male, and 50,37 % were female, the most frequent age range was 53-64 years with 34,81 %, academic education was 48,15 % for secondary school, marital status was married with 42,22 %, Catholic religion with 95,56 % and hospitalization hours of more than 48 hours for males. Females were 55,22 % and 70,59 % respectively.

Adult women were predominantly between 53-64 years of age, and the highest number of hospitalizations was found in women with more than 48 hours. These data are expected since this age group tends to have more complications and complex clinical pictures.^(19,20)

The mean (\bar{x}) in the response related to the questionnaire variables are: accessibility 3,24, explains and facilitates 3,56, comforts 3,44, anticipates 3,02, trust relationship 3,85, monitoring and follow-up 3,55.

Perceived patient satisfaction can be identified according to the CARE-Q categories, and the results were that the highest indicator is a trust relationship with a mean (\bar{x}) of 3,85. A similar result is reported by Tuckett et al.⁽²⁰⁾; however Cruz⁽²⁾ reports the variable comforts and anticipates.

Table 2. Analysis of perceived patient satisfaction related to hours of hospital stay and age ranges

	Variable	Total Population (N=135)	Spearman (R)*	P
CARE-Q nursing care satisfaction questionnaire.	Hospitalization hours	50	-0,04	0,854
	1. 24 horas	85	0,02	0,525
	2. > 48 horas			
	Age range			
	18-30	35	0,01	0,952
	31-41	31	0,05	0,955
	42-52	22	0,10	0,564
53-64	47	0,01	0,684	

* Spearman's Rho nonparametric correlation.

Table 2 shows no statistically significant correlation ($p > 0,05$) between patients' perceived satisfaction with nursing care and the variables of length of hospitalization and age. Similar findings were also reported in the studies by Sepúlveda and Tuckett.^(18,20)

CONCLUSIONS

The analysis of patient satisfaction regarding nursing care revealed both strengths and deficiencies. Overall, perceived quality and satisfaction were high, with some correlations between length of hospitalization and patient satisfaction. To maintain and improve the quality of care, the study proposes research-based interventions, including staff development, continuous improvement, and consideration of patient and staff

expectations. Furthermore, future studies on satisfaction in different healthcare areas are suggested.

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CONFLICT OF INTEREST

No conflicts of interest exist.

AUTHORSHIP CONTRIBUTION

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