Original Article

Degree of satisfaction of users of a private hospital*

Grau de satisfação de usuários de um hospital privado

Grado de satisfacción de usuarios de un hospital privado

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ABSTRACT

Objectives: To know the degree of satisfaction of users of a private hospital and the factors involved in this satisfaction, based on the model of Parasuraman, Zeithaml and Berry. **Methods:** A descriptive, exploratory, quantitative study conducted in a private hospital with a sample consisting of 288 users. Data collection occurred between April to July 2009, by means of a questionnaire and analysis using descriptive and inferential statistics. **Results:** We identified levels of user satisfaction, and the dimensions with the highest scores: security and reliability, and with lower scores, responsiveness and empathy. The nursing and medical teams had the highest scores. **Conclusions:** There is a need for intervention in the areas of nutrition and initial care. Thus, this study provided a multisectoral diagnosis, assisting managers in reviewing the institution's clinical and managerial processes.

Keywords: Quality of health care; Health services evaluation; Patient satisfaction; Nursing; Hospitals, private

RESUMO

Objetivos: Conhecer o grau de satisfação dos usuários de um hospital privado e os fatores intervenientes nessa satisfação, baseado no modelo de Parasuraman, Zeithaml e Berry. **Métodos**: Estudo exploratório descritivo de abordagem quantitativa realizado em um hospital privado com amostra constituída de 288 usuários. A coleta dos dados ocorreu de abril a julho de 2009, por meio de um questionário e a análise estatística descritiva e inferencial. **Resultados**: Identificaram os níveis de satisfação dos usuários, bem como as dimensões com maior escore: garantia e confiabilidade e com menor escore: responsividade e empatia. As equipes de enfermagem e médica obtiveram as maiores pontuações. **Conclusões**: Observou-se a necessidade de intervenção nas áreas de nutrição e atendimento inicial. Assim, este estudo propiciou um diagnóstico multissetorial, subsidiando os gestores da instituição na revisão de processos assistenciais e gerenciais.

Descritores: Qualidade da assistência à saúde; Avaliação de serviços de saúde; Satisfação do paciente; Enfermagem; Hospitais privados

RESUMEN

Objetivos: Conocer el grado de satisfacción de usuarios de un hospital privado y los factores intervenientes en esa satisfacción, basado en el modelo de Parasuraman, Zeithaml y Berry. **Métodos:** Estudio exploratorio descriptivo de abordaje cuantitativo realizado en un hospital privado con una muestra constituida por 288 usuarios. La recolección de los datos ocurrió de abril a julio de 2009, por medio de un cuestionario y el análisis estadístico descriptivo e inferencial. **Resultados:** se identificaron los niveles de satisfacción de los usuarios, así como las dimensiones con mayor score: garantia y confiabilidad y con menor score: receptividad y empatía. Los equipos de enfermería y médica obtuvieron las mayores puntuaciones. **Conclusiones:** Se observó la necesidad de intervención en las áreas de nutrición y atención inicial. Así, este estudio propició un diagnóstico multisectorial, subsidiando a los gestores de la institución en la revisión de procesos asistenciales y gerenciales.

Descriptores: Calidad de la atención de salud; Evaluación de servicios de salud; Satisfacción del paciente; Enfermería; Hospitales privados

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** Study conducted in a Private Hospital in the interior of the state of São Paulo, SP (Brazil).*

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INTRODUCTION

In recent decades, the quality of health services has gained magnitude and its significance has experienced constant conceptual and methodological construction. Defining levels of quality in health is one of unique complexity, given the peculiarity of health institutions. In addition, increasingly higher standards of quality have been required of such organizations, leading them to seek effective means for measuring the services provided.

Quality can be measured by evaluating health and its definition permeates a complex relationship between organizational culture of the institution providing services and the needs and expectations of users, whom the organization intends to satisfy [1].

In this sense, quality can be defined as the judgment of the user about the overall excellence or superiority of a service. It stresses the importance of user perceptions in the evaluation of health services, since, due to their point of view, it is possible to obtain a set of perceptions related to the care received, with which to acquire information that benefits the organization of these services [2].

Regulatory agencies and health institutions recognize user satisfaction as a significant indicator of quality in health. To develop an accurate measurement of user satisfaction reveals many aspects of care received [3].

Corroborating this analysis, one can say that, in contemporary management, quality is defined by users, so, it is very relevant to know their needs and expectations in order to offer a higher standard of services [4].

It should be, also, considered that studies have demonstrated that satisfied users tend to adhere better to prescribed treatment, provided relevant information to their provider, and continued to use health services [5].

From this perspective, research with respect to user satisfaction is a fundamental task for the management of nursing services, since this understanding could provide, from the perspective of users, a performance evaluation indicating that both strategic and operational decisions influenced the quality of services provided by organizations and, even, the adherence of users to treatment [6,7].

Considering these aspects, the objective of this study was to know the level of user satisfaction in a private hospital and to analyze the factors affecting the level of user satisfaction, based on the evaluative model of Parasuraman, Zeithaml and Berry [8,9].

These authors developed a model to evaluate functional quality, applicable to many service industries. Initially, it was used in the context of corporate marketing and then was validated in the context of health, demonstrating that users use five dimensions as criteria for judging the quality of service, namely: **tangibles** – defined as the physical evidence of the service, appearance of the physical facilities, tools and equipment, personnel and communication materials; **reliability** – the capacity to provide the promised service dependably and accurately; **responsiveness** – the willingness and/or readiness to help customers and provide prompt service; **assurance** - related to knowledge, courtesy and capacity to convey trust and confidence; **empathy** – provision of caring, individualized attention. To perform the measurement of user satisfaction, it was found necessary to focus the expectations and perceptions that users have on the service provided. Given the above considerations, they created a psychometric scale of dimensions of quality called *Service Quality* (*SERVQUAL*), as the first attempt to operationalize the construct of user satisfaction. The scale was developed with the assistance of the *Marketing Science Institute* (*MSI*), in order to provide an instrument for measuring the functional quality applied to many service sectors [8,9].

METHODS

This study used an exploratory, descriptive, quantitative approach, and was performed in a large, tertiary level, private hospital located in São Paulo (Brazil).

The study population consisted of users admitted to the clinical medical-surgical inpatient unit. Inclusion criteria were: being literate, over 18 years of age, and with clinical conditions favorable for responding to the study at the time of hospital discharge.

To calculate the sample, based on the hypothesis that the satisfaction encountered in the service varies between 70% and 80%; therefore the sample consisted of 288 literate users, over 18 years of age, on the medical-surgical unit. This unit had 44 beds with approximately 290 admissions /month and an occupancy rate of 75%.

Users who met the inclusion criteria were informed about the research objectives and signed the Terms of Free and Informed Consent form. Participants were assured confidentiality of information and voluntary participation.

Data collection occurred, after approval by the Committe on Ethics and Research of the institution in question by means of Opinion 011/09, during the period between April to July, 2009. The data collection instrument consisted of, in its first part, the sociodemographic characteristics and the second part, of propositions, contemplating the measurable attributes of service, on a scale of 1 to 6.

At the time of discharge, users were approached and invited to participate in the study; the nature and objectives of the research were explained. Once they accepted, they were instructed that the instrument should be given to the researcher or a member of the nursing staff of the unit, who were aware of the nature of the study.

In this study, the instrument utilized was validated by Castellanos [4], based on the *SERVQUAL* Scale, which assesses the degree of user satisfaction considering five dimensions: reliability, responsiveness, tangibles, assurance and empathy. In this instrument, all variables were grouped into 35 service attributes.

The data were organized and stored in an Excel ® spreadsheet and analyzed by means of computational processing using the software, *Statistical Package for Social Sciences* (SPSS) 15.0 for Windows.

RESULTS

The results showed that 147 (51%) users were male and 141 (49%) were female, ages ranged between 18 and 88 years (mean of 41.42 years, standard deviation of 16.84 years, and median of 39 years). As for education, 144 (50%) of the total participants had completed high school school (including incomplete higher education) and 48 (16.7%) had completed a university degree. The profile of admissions was predominantly surgical, totaling 202 (70.1%) participants. The specialties with the highest number of hospitalizations were: gastric surgery with 62 (21.5%) hospitalizations; general clinic with 43 (14.9%); orthopedics with 34 (11.8%); and, general surgery with 19 (6.6%) hospitalizations. The mean length of hospital stay for medical patients was 6.29 days, with a median of 5 days, and for surgical patients was 12.85 days, with a median of 6.27 days.

To obtain the satisfaction levels of the participants, 36 attributes of service were researched, classified according to the evaluative model proposed by Parasuraman, Zeithaml and Berry [8,9]. Among these attributes, four corresponded to the medical staff (MS), eight to the nursing staff (NS), eight to the nutrition service, eight to general attributes, one to social services, and seven to the initial treatment.

The attributes of care were grouped according to the dimensions of quality, with 11 pertaining to the *tangibles* dimension, five to the *reliability* dimension, 8 to the *responsiveness* dimension, five to *assurance* dimension, and seven to *empathy*.

Questions relating to the level of confidence, intention to recommend the hospital and general satisfaction were evaluated separately from the attributes of care.

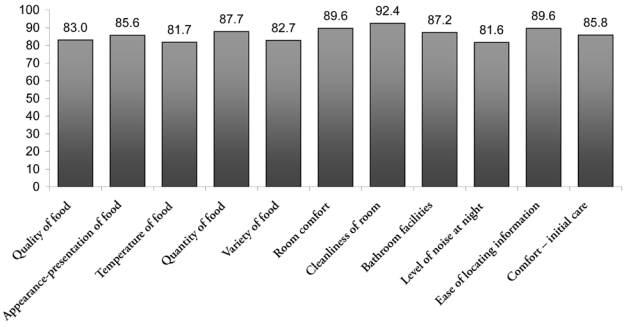

Figure 1. Distribution of the attributes of service, conforming to the quality dimension of *Tangibles*, São Paulo (SP Interior) - 2009

Figure 1 shows that the *tangibles* dimension presents the highest variation of satisfaction among attributes. The item with the most positive evaluation was "cleanliness of the room" with 266 (92.4%) satisfied users, and the item with the lowest score was "level of noise at night for sleeping", with 235 (81.6%) users.

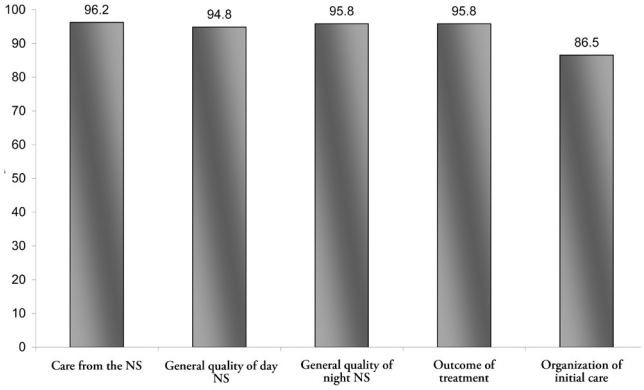

Figure 2. Distribution of the attributes of care, according to the quality dimension of *reliability*, São Paulo (Interior of SP) – 2009

Figure 2 shows the levels of satisfaction for the dimension *reliability* that were the highest among the five dimensions, with variation between 277 (96.2%) in "care from the nursing staff" and 249 (86.5%) on the item, "organization of initial care".

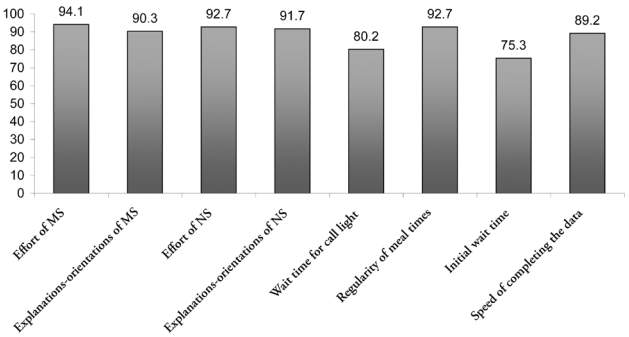

Figure 3. Distribution of the attributes of care, conforming to the quality dimension of *responsiveness*, São Paulo (Interior of SP) – 2009

Figure 3 shows that higher levels of satisfaction were found among the attributes: effort of the medical team, with 271 (94.1%) satisfied users; effort of the nursing team, with 267 users (92.7%); and regularity of the meal times, with 267 (92.7%) users. The attributes with the lowest level of satisfaction were: waiting time for the initial treatment, with 217 (75.3%) users; and, the waiting time to answer the call light, with 231 (80.2%) users.

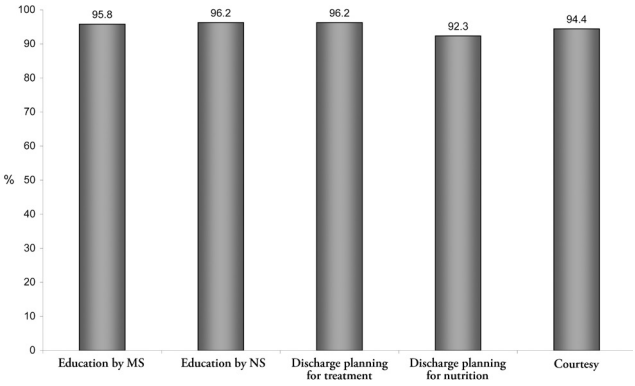

Figure 4. Distribution of the attributes of service, for the *assurance* dimension of quality, São Paulo (SP Interior) - 2009

In the *assurance* dimension, we observed high levels of satisfaction in relation to the items "education by the nursing staff", with 277 (96.2%) satisfied participants and "discharge planning for treatment", with 277 (96.2 %), both with the same index of satisfaction, and "education by the medical team", with 276 (95.8%) satisfied users.

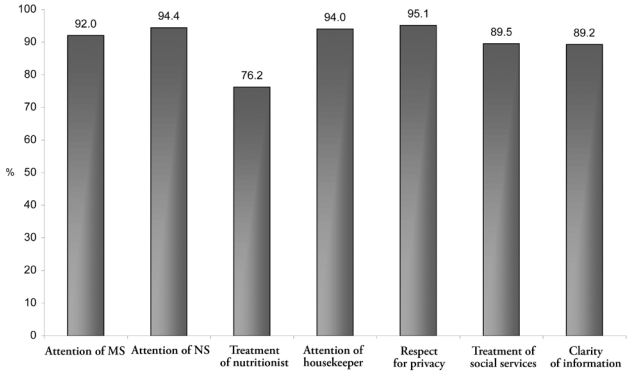

Figure 5. Distribution of the attributes of service, according to the *empathy* dimension of quality, São Paulo (Interior of SP) - 2009

In Figure 5, we observe that for the *empathy* dimension, the attributes evaluated as Best were: "respect for privacy", with 274 (95.1%) users; "attention of the nursing staff", with 272 (94.4%) users; and "attention of the housekeeper", with 271 (94%) users. The attribute with the lowest level of satisfaction was the "treatment of the nutritionist", with 112 (76.2%) satisfied users.

It is observed that 259 (90%) of users interviewed demonstrated an intention to recommend the hospital for relatives or friends. We also noted high levels of trust in the hospital expressed by study participants, and 132 (45.8%) users reported feeling total confidence in the hospital,133 (46.2%) reported a lot of confidence, 20 (6.9%) users, moderate confidence, and only three (1.1%) presented with little confidence in the hospital. The overall level of satisfaction was 276 (95.8%) users.

DISCUSSION

The *tangibles* dimension showed the greatest variation in levels of satisfaction, however, its attributes did not stand out in terms of higher or lower score. The attributes that led to greater satisfaction pertained to the dimensions of *reliability* and *assurance*. The *empathy* and *responsiveness* dimensions were observed to have lower levels of satisfaction.

In relation to the *tangibles* dimension, there was a predominance of items related to physical structure, demonstrably intervening in the recuperation of users. This dimension permits more objective assessments, leading the user to express exactly his expectations and perceptions in relation to the service offered, which may explain the variations between the levels of satisfaction and the lowest scores.

The environment exerts a strong influence on individuals and can stimulate or inhibit the interaction between those involved. It encompasses not only the physical space used by the people, as well as those that interact in this context, but also culture, furniture, ventilation, temperature, noise, and spacial conditions [10].

The quality of the care process, when it includes the perception of space by different users, requires the building of a "healthy" environment which is recommended through the term "*Healing Environment*", a form of health care that involves the influence of physical space on the recovery of the user [11].

North American organizations, such as the "*Center for Health Design*," a nonprofit organization focused on research and promotion of the "*Healthcare Design*", have conducted studies about the positive influence of space on the recuperation and satisfaction of the users, emphasizing the importance of physical structure on the process of institutional quality, an attribute previously emphasized by some developed countries [12].

The *reliability* dimension encompasses aspects of nursing care, treatment outcome and organization of care, and presented with the highest levels of satisfaction among the five dimensions.

It is known that the encounters with the nursing staff are more important in predicting satisfaction than

those with personnel from other services. It seems appropriate to remember that most user interactions occur with hospital nursing staff, since this team is continually at the bedside, throughout the period of hospitalization, and that other categories develop fragmented activities due to the characteristics of their work [13].

However, there are a paucity of studies on evaluation of health services, specifically on care outcomes and outcome indicators for quality assessment, especially of nursing services [14].

It is noteworthy that the consumption of health actions differs from that of services in general, because there are not free choices in the act of decision making about such consumption. The user is not the door like a common consumer in front of merchandise, due to his lack of technical knowledge and not having the information necessary for decision making about what he will consume. This does not fit the premises common to the market, such as free choice and competition. Often, the health consumer is imposed upon by an emergency, when even the choice of service and the professional become very often imposed by other determinants, for example, proximity and availability [15].

Responsiveness relates to how the design of the health system recognized and was able to respond to the expectations, universally legitimized by the individuals, as to the non-medical aspects of care. For these authors, research on *responsiveness* considered two elements: the first, is to measure what happens when people interact with the health system, which involves collecting data about behavior, events or actions in the health system; the second, is to measure how people served by the health system perceive and evaluate what happens. It is, therefore, two distinct procedures for the performance of the health system, one aspect is to measure what happens and the other is to measure people's perception about what happens, since individuals may have a negative or positive perception about the health system, even though the indicators of "what happens" might indicate the contrary [16].

Within the *responsiveness* dimension, there were items related to user perceptions about the medical staff, nursing staff, and also those related to waiting time.

It is noted that the doctor-user relationship is closely linked to satisfaction and quality of health services, also positively influencing the state of health of users, which confirms the need for closer and more open communication between them. It can be argued that the performance of medical staff is one of the main factors that contributes to user loyalty.

As for the waiting time, it was ascertained to be a very important attribute in user perception, and can lead to dissatisfaction.

The finding of lost time provokes feelings of frustration, anguish, irritation, among others, which may interfere with the evaluation of the service on the part of the user. Thus, like quality, the passage of time is also impacted by the perception of the user, resulting in two dimensions: one real, that refers to the actual waiting time, and the other perceived, which is related to how the user felt about the passage of time [17].

The *assurance* dimension is identified as courtesy, employee knowledge and skills that convey confidence [18]. This falls within the items relating to the education by the medical and nursing teams and their orientations of the users, who present high levels of satisfaction. Users desire courtesy, a happy atmosphere with positive attitudes due to the inconvenience of hospitalization [19], which explains these results.

The attributes related to attention given to the user, encountered in the *empathy* dimension, recall the concept of humanization, the object of different interpretations. In this dimension, there were items which caused the dissatisfaction of service users such as the attention by the nutritionist.

However, it appears that the concept of humanization is connected to the paradigm of rights and that every day there are new demands, which recall the singularity of the subjects. This paradigm is becoming increasingly complex and is expanding, achieving new social spheres and discourses.

It is observed that, many times, although users receive individual attention, some demonstrate, when it comes to understanding specific needs, they are not satisfied. In that sense, to offer welcoming assistance – *"acolhimento"* – means to explore the subject-subject relationship, providing all the skills of communication, empathy, dedication and compassion for pressing into action a centrality in order to feel, to consider that the welcoming assistance is the means of rendering individualized care, with problem solving and responsibility [20].

Both from the normative and empirical standpoint, user rights vary, according to cultural and sociopolitical contexts that result from the outcome of the way they structure, implement, and distribute individual, social and political rights, in each national context and also as the forms of the physician-user relationship were instituted. Even so, growing international consensus has been building regarding the principles that every user must have the fundamental right to privacy, confidentiality of medical information, to consent to or refuse treatment, and to be informed about the relevant risks of medical procedures. These principles, which were also spread by the politico-institutional role of international organizations in constructing vocabulary and policies, are now part of the institu-

tions of global governance [16] and therefore are highly valued by users in this study.

The nutritional assistance proved to be another important aspect for the users in this study, referring to the relevance of the presence of a multidisciplinary team, effectively working together. This signifies a conscious decision, on the part of managers, on the importance of the work in each category in favor of better treatment of the user. It is obvious that this objective can only be achieved with an adequate number of professionals in each unit, allowing the prescription of diet and nutritional care review [21].

Moreover, the national context is unfavorable to the development of nutritional assistance, based on an interdisciplinary approach, since the number of dietitians in most hospitals is still inferior to their needs, as noted in the research institution.

In relation to the intention to recommend the hospital to family and friends, it was confirmed that satisfied users, as well as establishing links with the service, also recruit new users by providing positive information about the service received. Moreover, it is concluded that the user acquires confidence in the institution when he knows and experiences its services and relates them to his values and previous experiences, attributing them affinities and acceptance and building satisfaction.

CONCLUSION

The present study provided knowledge about the level of user satisfaction in a private hospital, as well as factors involved in that satisfaction.

The results identified that the dimensions with the highest scores were *assurance* and *reliability*. In contrast, the *responsiveness* and *empathy* dimensions had the lowest scores.

Referring to the attributes surveyed, it was found that, in general, all were well rated by users, especially the nursing and medical staff. However, one should not exclude the need for intervention in nutrition services and initial care, in order to elevate, even further, the quality standards of such services.

We emphasize the importance of nursing services within the research institution, given the relevance of the role that it plays and its constant presence in all steps of treatment, directly influencing user satisfaction.

Another aspect addressed regards the number of nutritionists to meet the hospital demand, since it was evident that the attention by the nutritionist is one of the factors mentioned in the levels of user satisfaction.

Finally, it recognizes user satisfaction as an important instrument for measuring the quality of health services, as well as for guiding action planning, decision making and monitoring the outcomes of health services.

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