

Geography Of Care Satisfaction In General Hospitals Of The State Health Services Of Guerrero, Mexico

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ABSTRACT

Care satisfaction is an indicator of the quality of care provided in hospitals. **Objective:** to determine user satisfaction regarding the care of the emergency department of general hospitals in the state of Guerrero related to overall satisfaction, depending on the facilities, organization, technique; professional skills to provide care; timely information for medical act, socio-demographic aspects, user perception and social actors from a qualitative and geographical perspective. Descriptive, analytical, mixed methods a questionnaire applied four domains: overall satisfaction, facilities, organization and medical act, case study was performed using a semi-structured questionnaire. **Quantitative results:** 61.2% of users considered very good or good medical care 52.3% have confidence in the medical care provided; 56.8% would recommend the hospital, and 55.3% solved his health problem. Using logistic regression, the most important variables that explain the user satisfaction were: comfort in the area of their stay in the emergency procedures and ease of admission. **Qualitative results:** Category 1: There is a perception of satisfaction of social actors and users face to cover care needs and expectations, and follow up of the care. Category 2: There is a perception of dissatisfaction of interpersonal care; treatment of staff, waiting time and availability of inputs and / or materials. **Conclusions:** The discussion concludes with recommendations for continuous improvement of the emergency department of general hospitals in Guerrero.

Keywords: Satisfaction, Care, Social Actors, User.

Introduction

To the extent that health personnel be aware of the great impact that the disease causes in each individual, its treatment to the patient and family will be every day warmer, human and respectful; also, the personal in charge assume the commitment to comply with and enforce the mission of providing quality services to the population that requests it. The service provided in the SESA originates, as any benefit, satisfaction or dissatisfaction of the users, which must be determined to identify areas of opportunity that should improve the quality of care and take the required decisions.

Emergency services, despite the characteristics that clearly differentiate it from other care services, should not escape the assessment techniques and quality control. The attention on this service is subject to an ongoing and critical evaluation, probably more than in other medical specialties, both by users and by doctors who continue to patient care, once it has passed through the service. This culture of continuous self-evaluation and external evaluation, far from representing a difficulty, is a unique opportunity for the implementation of programs for evaluating the quality of care that is done in these services. (Felisart *et al.*, 2001).

Problematic reality

This process requires social control through which the adult user and social actors are involved in their role of endorsing

the improvement in the quality of care from two perspectives: objective and subjective, where are manifested the ways they live and feel the attention in the emergency, department of the SESA in the state of Guerrero. It also does not exist in Guerrero similar to this study, which gives it an important value to be at the disposal of the authorities of the SESA entity, for implementing their policies, strategies and actions announced.

Research problem

The level of satisfaction in the adult user attention in the emergency department of general hospitals of the State Health Services in Guerrero state, Mexico is unknown, and adult user perception and social actor on care in Raymundo Abarca Alarcón General Hospital of Chilpancingo, Guerrero. So the question arises:

What is the level of satisfaction in caring for adult user in the emergency department of general hospitals of State Health Services in the state of Guerrero, in terms of overall satisfaction, facilities, organization and medical act?

Relevance of Research

This work contributes to the SESA, the care state in the emergency department in general hospitals in the regions of Guerrero state is providing. Moreover, qualitatively analyze user perception and social actor contributes

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significantly to have a comprehensive assessment of how attention to the selected institution is provided, which is complemented by the outcome figures, the opinion felt by participants in the present study.

General Objective

Determine the level of user satisfaction in the emergency department of general hospitals of State Health Services in the state of Guerrero, México in terms of global satisfaction, facilities, organization and medical act and interpret the perception of the user's attention and social actors in the emergency room of Raymundo Abarca Alarcón General Hospital of Chilpancingo, Guerrero.

Population and Sample (universe)

The study population consisted of adult users of male and female gender who receive attention from health worker and who agreed to participate in the emergency department of the General Hospital of the SESA in Guerrero, Mexico. According to data collected in the nine hospitals, the number of total cases attended was 15,634 in September 2014. These data allowed the calculation of the sample.

The total sample consisted of 613 adult users who received care from the health worker in the emergency department at the General Hospital of the SESA in the state of Guerrero. For reasons of availability of resources, hospitals like Iguala, Zihuatanejo and Cd. Renacimiento were not considered. The sample allocation in hospitals is observed in Annex No. 2. After determining the total sample size, sample sizes corresponding to each of the hospitals was obtained by proportional

allocation. The selection of participants was carried out in a systematic random.

Research Subjects

Research subjects were relatives of adult users receiving care and also, social actors present the day the interview was conducted at the Raymundo Abarca Alarcón General Hospital of Chilpancingo, Guerrero. The study sample consisted of six participants: three relatives of hospitalized users, a manager and two nurses from Emergency Hospital in question. The sample was selected also considering the region.

Results

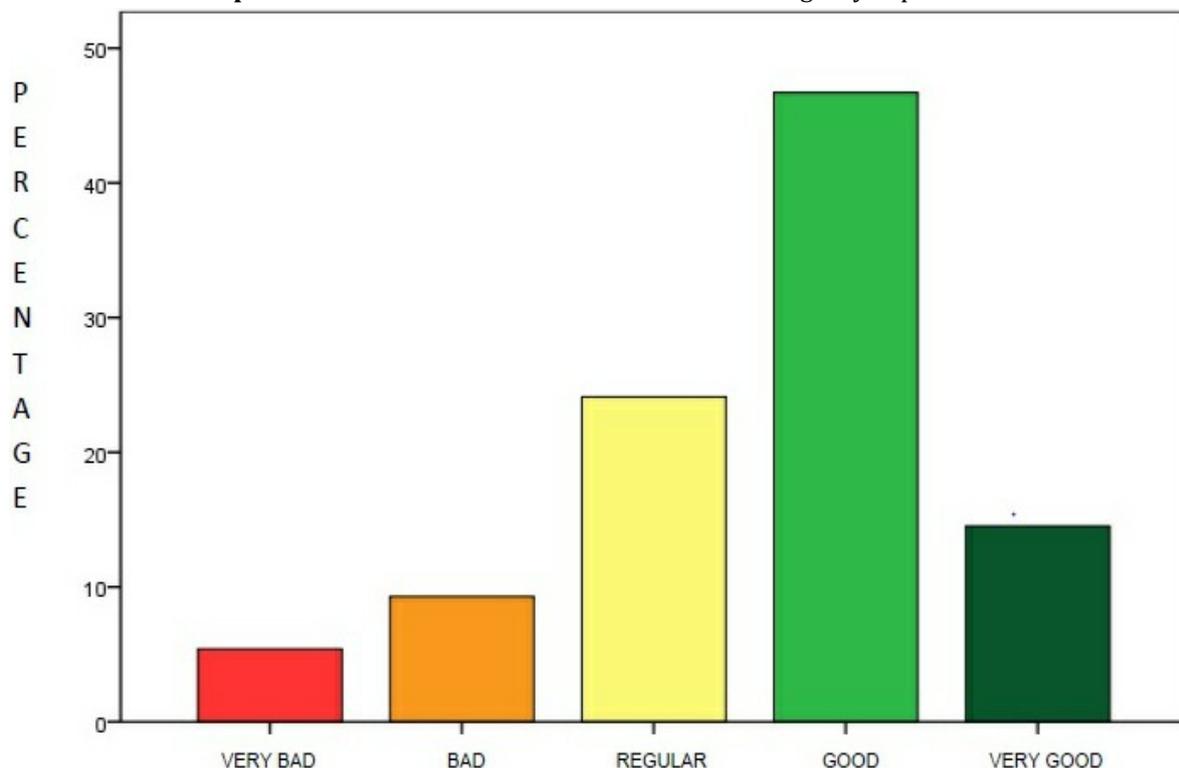
The quantitative analysis concludes:

First, in relation to the socio-demographic and economic profile of users, it is notable the social, educational and economic backwardness of the Guerrerense population that attend general hospitals of the Health Department. It highlights the marginalization of the indigenous population that has no interpreters in the state health services.

The three dimensions evaluated by users: facilities, organization and medical act represent a traffic light in red that deserves to be attended to raise up the level of satisfaction of users attending the emergency department of hospitals.

In terms of overall satisfaction, only slightly more than half of users said satisfied with the care received, referring to the confidence in the health institution and its ability to solve their health problems. Health authorities must take this into account to improve the quality of their services and thus ensure user satisfaction.

Graphic 1: Satisfaction on the medic care in the emergency department



The logistic regression model, allowed us to identify the most important variables that explain the overall satisfaction of users within the organization aspects; ease of admission process,

supply of drugs, identifying of nurses, lab results delivery, RX, and / or ultrasound. For the medical act; the professional capacity of the doctors, information provided by the doctor,

taking vital signs, take the level of consciousness, eye, verbal and motor, respect the medical and physical examination. On site; emergency area cleaning, cleaning toilets, availability of

toilet rolls in the toilet, soap in the bathrooms, cleaning the waiting room, quiet in the waiting area, accommodation in the area.

Table 1: Rating facilities General SESA hospitals in Guerrero (%)

Aspect Evaluated	Bad to Very Bad	Regular	Good to Very Good
Cleaning toilet	35.5	33	31.3
Cleaning of the sink	37.3	32.8	29.9
The availability of toilet rolls in the toilet	53.3	23.3	23.5
The availability of soap in the bathrooms	52.6	21.8	25.6
Cleaning in the waiting room	17.3	39.6	43.1
Quiet in the waiting room	19.6	45.4	35.1
Comfort in the waiting room	22.1	43.6	34.2
Cleaning the area of the stay in their emergency room	12.9	35.8	51.2
The tranquility in the area of their stay in emergencies	14.6	41.9	43.5
Comfort in the area of their stay in the emergency	15.2	39.8	45
Average	28.04	35.7	36.24
Standard deviation	15.56	8.09	9.1
IC 95%	0-59.2	19-55.1.9	18-0.54.4

Qualitative analysis concludes

The first category includes the satisfaction of the attention from users to the technical service, which is inherent in professional competencies expressed by providing health care, with the following topics: 1) Staff competence, attention with qualified, updated and competent staff; 2) Timely information, it means, that the needs are met and exceeded expectations; 3) Monitoring of care to provide comfort and achieve the result expected by the user. Overall, there is satisfaction with the technical attention from social actors.

The second category includes interpersonal care, with the following topics: 1) Personal treatment be kind, understanding and patient, 2) Timeout as basic determinant for good care. Overall, there is dissatisfaction with the treatment of staff, lack of inputs and / or materials for care and waiting time.

Also, the interpersonal relationship of social actors with the user, communication plays a central role in nurse-patient relation, when effective communication is achieved results in health gains for patients and peace of mind for their families. The General Law on Health in Article 51bis 1 provides the guarantee that patients have of receiving "sufficient, clear, timely and accurate information and guidance needed regarding their health and the risks and alternatives of procedures, therapeutic and surgical diagnoses instructed or applied". Considering these arguments, health institutions should provide bilingual staff who can support people who speak an indigenous language.

In short, users widely valued technical attention; however, they expressed dissatisfaction with the treatment of health personnel, facilities, provision of inputs and / or materials and excessive waiting time, which represents a wakeup call to state health authorities.

The study also reveals the degree of social and economic marginalization of the population that goes to general hospitals in the state, which represents a structural problem that cannot solve alone the state health services, but they must take into account to improve services in general and in particular in favor of indigenous peoples, knowing that the Popular Insurance Program does not resolve the marginalization, even though it has enabled access to health services part of the general population.

The detected dissatisfaction reflects the relatively low quality of emergency services in general hospitals in the state. This low quality has several causes that were not studied in this work; Nevertheless, it is obvious that the fact of having several health systems nationwide that is not up to standard leaves the open population depending on a poor system in all its dimensions, financial, material and human, which may explain somehow inadequate treatment for users.

We also must consider the characteristics of the generally marginalized population served, illiterate such as user 04, They show a culture of submission and do not dare to complain or to criticize the services received; their language is careful, even fearful in some cases. His body attitude and tone of voice denote.

By the above, the population interviewed in the Raymundo Abarca Alarcón General Hospital of Chilpancingo, Guerrero, is expressed with a limited vocabulary, with few words. In general, people are less explicit in their answers for this reason, not so much for not wanting to answer, but rather because they do not have the necessary linguistic tools to express themselves in fluent language.

Final considerations

Both quantitative and qualitative results lead to the following considerations:

First, the current health system in Mexico responds to a curative rather than a preventive model, of second level rather than first level, which saturates in particular the emergency department that often does not have the capacity to serve users in accordance with the standards established by the National Crusade for Quality of Health Services.

Another problem underlying in the dissatisfaction of users, is the lack of respect for human rights of the population served, which is characterized by high levels of poverty and marginalization in the state of Guerrero. It can be assumed that generally, health personnel have not received human rights training that would allow them to become more aware of the inherent dignity of every human being. The lack of interpreters for attention to the indigenous population is an indicator of this situation. It should be recalled that in its report on health in the world of 2000, the World Health Organization, referring to the responsiveness of a health system mentioned that this "has to do with satisfaction or dissatisfaction of the user, the expectations of the population regarding the treatment that should receive particular reference respect for human rights, patient dignity and respect for their idiosyncrasies." Health Services Guerrero cannot ignore this recommendation of WHO.

Recommendations

Therefore, the implementation of a Continuous Improvement System is suggested to raise the levels of satisfaction of users of health services in general hospitals in Guerrero, particularly in the emergency department. This system should include the improvement of the facilities, the service organization and the medical act, improved treatment of staff, the supply of inputs and / or materials for care and waiting time.

It is dignifying attention, it means, recognize even the tiniest details, the dignity of every human being, including the lowliest and unprotected users of health services in the state of Guerrero, Mexico.

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