



ORIGINAL RESEARCH ARTICLE

OPEN ACCESS

COMPARISON OF THE PATIENTS ADMITTED IN ICU PERCEPTION AND OTHER HOSPITAL SECTORS ABOUT CARE AND SUPPORT IN HEALTH

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ARTICLE INFO

Article History:

Received 27th April, 2018
Received in revised form 27th May, 2018
Accepted 09th June, 2018
Published online 30th July, 2018

Key Words:

Hospitalization,
Perception, User Satisfaction,
Hospital Services,
Tertiary Health Care.

ABSTRACT

The patient's opinion about the health service used is fundamental to the health planning. This study aims at knowing and comparing the patients' perception who were hospitalized in an Intensive Care Unit (ICU) and patients' admitted in other hospital sectors about the care and the support provided by the health team. It is a quantitative, transversal, and exploratory study. The sample was composed of 410 adults hospitalized in a Brazilian University Hospital in 2018. Data was collected through a telephone interview, with a structured questionnaire and analyzed by the chi-square test. It was verified that individuals older than 60 years and with a previous history of hospitalization had a higher propensity for ICU admission. Patients, from both groups, positively evaluated all the questions related to the care and the support provided by the hospital team, with differences only in relation to the presence of doubts about the treatment performed at the hospital, significantly higher among those who received care at the ICU. It is concluded that data showed similar patient satisfaction patterns in both groups evaluated, with high quality of the health behaviors regarding to the care and to the support provided by the health team in the investigated institution.

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Citation: Diego de Lima Moreira e Silva, Melina Lopes Lima, Camila Zanesco, Luciane Patrícia Andreani Cabral, Danielle Bordin and Cristina Berger Fadel. 2018. "Comparison of the patients admitted in icu perception and other hospital sectors about care and support in health", *International Journal of Development Research*, 8, (07), 21851-21856.

INTRODUCTION

Among the various hospital sectors, Intensive Care Units (ICUs) are specialized health care centers which require greater technological and human efforts in order to threaten the individual's life. These units come to exist from the improvement needs and material and human concentration resources for the care of critically ill patients with recovery potential who demand constant medical and nursing care (VILA, ROSSI, 2002).

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Because it is a complex treatment environment and life recovery, the ICU sector can present itself as one of the most aggressive, tense and traumatizing environments of the hospital atmosphere (EULÁLIO *et al.*, 2016) being often associated, by patients, Family and caregivers, to sadness, anguish, pain, dependence and death (Tavares, Pawlowowski, 2013). Thus, the professionals in this sector are susceptible to the frequent occurrence of generating stress situations with negative outcomes in the life quality, aspects that interfere in the professional performance. In this sense, it is evident the importance of the human potential to the productive performance of this work space, with personnel qualified to the decision making and to the adoption of proactive health behaviors; but also with competence in humanized practices and with good quality of life indicators for all hospital sectors.

The relationship between the sensitization of health teams working in the ICU and other sectors for humanized care, as well as the deep-rooted technological protagonism in the professional-patient relationship, has been widely discussed in the world literature (SILVA, 2012; SANCHES *et al.*, 2016), and is related to the quality of health services and user satisfaction (ACOSTA, *et al.*, 2016). Beyond being a quality health services indicator, the satisfaction of hospital users is also considered an important measure of the opinion of these people regarding to the care received during the period of stay in the institution (BECERRA, MORENO, 2013). In fact, user satisfaction has been used as an indirect parameter to measure the health services quality, since it can influence the search for services and the consequent people's health improvement, also related to previous experiences of medical care (SOUZA, SCATENA 2014).

In view of this understanding, it is followed the line that the valuation of the patient's report, in other words, the way in which the patient perceives the usage of a health service, based on expectation, constitutes a privileged place of information for managers and for health workers. In this sense, knowing patients' views about hospital health care can serve as a basis for directing the planning of their care and improving work environments and, indirectly, for increasing their satisfaction degree. In view of the above, the objective of the study is to know and to compare the patients' perception who were hospitalized in an intensive care unit and patients admitted in other hospital sectors, regarding to the care and to the support provided by the health team.

MATERIALS AND METHODS

Type of study, sample and sampling: It is a quantitative, cross-sectional, descriptive-exploratory and inferential study. Patients who needed hospital admission between January and June of 2018, in the ICU and other hospital sectors: surgical clinic, medical clinic, infectology and neurology, in a university hospital in Paraná state – Brazil, were considered for the sample. The the sample size calculation was determined using Epi.Info 7.1.4. software. The mean monthly value of hospitalized patients (n=506.6) multiplied by six (estimated number of months for collection), with an accuracy of 5%, a 95% confidence interval and a drawing effect of 1, for a prevalence of 50% of hospitalized adults with positive perception about the care and the support provided by the hospital team, resulting in a sample of 3,040 individuals. This prevalence was used in the intention to obtain the largest possible sample. A total of 68 individuals (20%) were added to the total calculated (n=342), considering the possible losses, resulting in the final sample of 410 individuals. The eligibility criteria were: patients who remained hospitalized, considering the ICU and other sectors; family member or caregiver who has fully followed the inpatient process (when the individual was not able to respond the questionnaire); having been discharged 30 days after the interview; admission time longer than a day; to be 18 years old or more. Regarding to the exclusion criteria, individuals under 18 years old were disregarded; pregnant women; patients who died; patients who reentered before the telephone contact; patients who were hospitalized just for a day; patients who had surgery canceled; patients who were hospitalized in the Emergency Care Unit; lack of information for telephone contact in the medical records.

Data Collect: To obtain the patients' information, a structured questionnaire was developed containing social characteristics and questions related to the object of the study. The instrument was based on instruments proposed by the Brazilian Ministry of Health (BRAZIL, 2011, 2013, 2015). Data collection included three steps: 1st step: access to the hospital's own computer system to collect information about hospitalization: patient's name, reason for hospitalization (ICD-primary), admission date, discharge date, discharge reason. 2nd stage: access to the electronic medical record of the hospitalized patient, where sociodemographic information and telephone contact were collected, in order to list eligible patients. 3rd stage: telephone calls to collect information about the patient's perception about the care and the support provided by the hospital team, with the possibility to be directed to the patient, caregiver or family member. All steps were performed by previously trained and calibrated researchers. After explaining the objectives of the study, means and intermedia of collection, analysis and dissemination of results, the individuals who agreed to participate in the research were considered. The average time of interview was 20 minutes.

Data analysis: Data was tabulated with Microsoft Excel 2013® software and analyzed using the IBM SPSS Statistics 20 software. The hospitalization sector was considered as a dependent variable dichotomized in: patients admitted to the ICU and patients hospitalized in different sectors. As an independent variable it was considered sociodemographic characteristics and issues related to the care and support provided by hospital staff. In order to investigate the association between the items surveyed, Fisher's exact nonparametric test was used to verify if the amounts of occurrences in the two analyzed categories are or are not equivalent in the two populations, that is, if there is a probability of association of the characteristics that are being analyzed. A 95% confidence interval was considered, with p-value <0.05 to assume the association between the studied variables. The analyzes were reviewed by independent statisticians.

Research ethics: The research was approved by the Committee of Ethics in Research with human beings of an Institution of Higher Education, under opinion n° 2.461.494/2018; CAAE: 81453417.1.0000.0105, respecting the dictates of resolution 466/12 of the Brazilian National Health Council and the Declaration of Helsinki.

RESULTS

The sample was consisted by 410 individuals, predominantly female, between 40 and 59 years old, white skin color, married, with less than high school education, monthly income between one and two minimum wages and no previous history of hospitalization (Chart 01). The characteristics of the interviewees were associated to the hospitalization sector and were significant for age and previous hospitalizations, observing that over 60 years old individuals and with a history of previous hospitalization were more likely to be admitted to the ICU (Chart 01). Chart 02 presents the perception of the patients hospitalized in the ICU and in the other sectors of the university hospital investigated. Overall, the patients evaluated positively all the questions related to the care and to the

Chart 01. Patients' profile who were admitted in a Brazilian Teaching Hospital, according to the hospitalization sector Brazil, 2018 (n=410)

Variable and Class	ICU n (%)	Other sectors n (%)	Total n (%)	p value
<i>Age Group</i>				
18 to 39 years old	7(19)	89(24)	96(23)	0,0047
40 to 59 years old	10(27)	173(46)	183(44)	
60 years old or over	21(55)	110(30)	131(32)	
<i>Gender</i>				
Male	22(58)	153(41)	175(43)	0,053
Female	16(42)	219(59)	235(57)	
<i>Skin color</i>				
White	24(63)	248(67)	272(66)	0,6628
Others	14(37)	124(34)	138(34)	
<i>Marital status</i>				
Single	7(18)	61(16)	68(17)	0,2644
Married / Stable union	21(55)	239(64)	260(63)	
Separated /Divorced	3(8)	39(10)	42(10)	
Widow (er)	7(18)	33(9)	40(10)	
<i>Education</i>				
Not Alphabetized	2(5)	10(3)	12(3)	0,5627
1 to 5 years of study	19(50)	145(39)	164(40)	
6 to 9 years of study	9(24)	124(33)	133(32)	
10 to 12 years of study	7(18)	80(22)	87(21)	
Higher Education (Graduation)	1(3)	11(3)	12(3)	
Doesn't know / Didn't answer	0(0)	2(1)	2(0)	
<i>Monthly Income</i>				
≥1 minimum monthly salary*	8(21)	59(16)	67(16)	0,7892
1 > 2 minimum monthly salary*	20(53)	200(54)	220(54)	
2 ≥ minimum monthly salary*	9(24)	83(22)	92(22)	
Doesn't know / Didn't answer	1(3)	30(8)	31(8)	
<i>Previous hospitalization</i>				
Yes	17(45)	88(24)	105(26)	0,001
No	21(55)	284(76)	305(74)	

Chart 02. Patients's perception who were admitted to a Brazilian Teaching Hospital, regarding to the care and to the support provided by the hospital team, according to the hospitalization sector. Brazil, 2018 (n=410)

Variable and Class	ICU n (%)	Othersectors n (%)	Total n (%)	p value
<i>Hospitality Sector</i>				
was supported by hospital team	38(9)	372(91)	410(100)	
<i>Was clearly informed about the reason for the hospitalization</i>				
Yes	36(95)	359(97)	395(96)	0,6396
No	2(5)	13(3)	15(4)	
<i>Received explanations about the treatment that would be performed</i>				
Yes	37(97)	365(98)	402(98)	0,5440
No	1(3)	7(2)	8(2)	
<i>Had some doubts about the treatment performed at the hospital</i>				
Yes	32(84)	346(93)	378(92)	0,1018
No	6(16)	26(7)	32(8)	
<i>Perception of the care (health care) performed by the hospital doctor</i>				
Good	14(37)	51(14)	65(16)	0,0023
No	27(71)	321(86)	348(85)	
<i>Perception about care (health care) performed by the nurse and hospital nursing team</i>				
Good	37(97)	364(98)	401(98)	0,5871
Steady/Bad	1(3)	8(2)	9(2)	
<i>Perception about the care (health care) performed by other professionals (physiotherapist, social worker, nutritionist, speech therapist)</i>				
Good	35(92)	359(97)	394(96)	0,1770
Steady/Bad	3(8)	13(3)	16(4)	
<i>Confidence in what the hospital team said and did</i>				
Good	37(97)	363(98)	400(98)	p>0,05
Steady/Bad	1(3)	9(2)	10(2)	
<i>Feeling about treatment outcome / surgery</i>				
Yes	37(97)	365(98)	402(98)	0,5440
No	1(3)	7(2)	8(2)	
<i>Upon medical discharge, received guidance on what care would be needed at this stage (at home)</i>				
Satisfied	37(97)	349(94)	386(94)	0,7135
Partially satisfied	1(3)	23(6)	24(6)	
<i>Felt safe to get out of discharge</i>				
Yes	37(97)	348(94)	385(94)	0,4950
No	1(3)	24(6)	25(6)	
<i>Felt safe to get out of discharge</i>				
Yes	36(95)	353(95)	389(95)	p>0,05
No	2(5)	19(5)	21(5)	

support provided by the hospital team. The only difference between the two groups was the presence of doubts about the treatment performed at the hospital, which was significantly higher among those who received care at the ICU ($p=0.0023$).

DISCUSSION

The profile of patients found in the study is similar to that reported by previous research developed at the hospital level (SILVA *et al.*, 2017; VIANA *et al.*, 2018), reflecting the community served social conditions in this type of institution. The predominance of the female sex may be related to the differences in morbidities by sex, since women present higher morbidity and need indicators when compared to men, due to their longer longevity, which makes their hospitalization risks higher (RIBEIRO *et al.*, 2006). In addition, culturally, women value more health care, the determinant conduct to the search of health services (SILVA *et al.*, 2017). Regarding to the economic aspect and schooling level of the individuals investigated, both were decreased. These circumstances are associated to less favorable conditions life quality, opportunities for promotion, prevention and access to health services, as well as making it difficult to obtain and seize information (COUTINHO *et al.*, 2015). In addition, low income is associated to lack of basic sanitation (PRUSS-USTUN *et al.*, 2014) and, when associated to low schooling, exposes better perceptions of health status (SCHIMIDT *et al.*, 2014), fact that helps to explain the high degree of satisfaction from the investigated people in the present study. Considering all the hospitalization sectors, it was verified that the elderly tend to hospitalize more in ICU than younger individuals. This fact is related to the greater fragility presented by these individuals, who are mostly affected by chronic non-communicable diseases that, when uncontrolled, result in acute exacerbations, necessitating hospitalization to stabilize the condition (PEDROSA, 2014).

In the present study, there is a strong relationship between the previous history of hospitalization and the need for hospitalization in the ICU, which may be associated with the difficulty in controlling chronic diseases (Tello *et al.*, 2016). When in the absence of adequate follow-up, change in habits and lifestyle or failures in adherence to the treatment, the likelihood of worsening of the condition is high, resulting in the need for rehospitalization, requiring, to the most part, more complex attention (BRAGA *et al.*, 2014, TESTON *et al.*, 2016). When evaluating the care and the support provided by the hospital team during hospitalization in both divisions under investigation, patients were reported to have a positive perception, with percentages above 90%, in line with studies reported in the literature (OLIVEIRA *et al.*, 2017, SILVA *et al.*, 2017). The service based on the user's opinion evaluation is extremely important, since it provides the manager a differentiated vision of the offered service, which contributes positively to the development of strategies and actions in the health sector (ACOSTA *et al.*, 2016; OLIVEIRA *et al.*, 2017). In this context, it's possible that the perception of high satisfaction found in the present study, stems from an adequate professional-patient relationship, since this relationship is fundamental for the achievement of favorable results. The health care team involved in care must recognize and know how to deal with the weaknesses and dissatisfactions that patients are undergoing, especially faced to the hospitalization (BARACHO *et al.*, 2016). The issues investigated are impressive to the health area, considering that the

technological evolution and consequently the hard technologies dissemination, such as machines and equipment, in the care process, especially in tertiary care services, especially the ICUs, can distant the professional from the patient, interfering in the bond, a significant contributor to the care and humanization process in health (SILVA *et al.*, 2012). The communication between professional and patient was investigated in the variables "reason for hospitalization" and "information about the treatment or care needed". For both questions, the respondents asserted they had received information and explanations in a satisfactory way, considering the hospitalization in ICU and in other hospital sectors. The patient is clear about the reason for their hospitalization and about the information of treatment are very importance, since it is the right of the patient to be informed about their diagnosis and state of health. This matter is specified in a document of the Brazilian Ministry of Health, entitled Letter of the Health Users Rights (BRAZIL, 2011). In this, it is expressed that health professional is responsible to fulfill the duty to inform the patient, independently of sociodemographic or health conditions. In addition, the importance of effective communication between professional and patient, usually full of technical terminologies and predominantly scientific explanations, is reinforced, which impedes the patient's understanding about health and ducts to be used (UGARTE, ACIOLY 2014).

The highest percentage of disinformation about the treatment received was among patients hospitalized in the ICU (37%), analyzed using the variable "had some doubt about the treatment". Less information about the treatment received in the intensive care setting may arise from the specificity of this environment, where the patient is often unable to verbalize and interact with the healthcare team. Studies have shown the need for improved communication in intensive care units, and failures in this sense have been related to the commitment to continuity of care (BUENO *et al.*, 2015) and to the adverse events (NOGUEIRA, RODRIGUES, 2015). It reiterates the premise that effective communication, verbal and non-verbal, should be a constant search in health care, especially when it comes to patients in critical condition, contributing to a better interaction between professionals and patients, besides constituting a tool to promotion, adherence to treatment and health recovery in an integral way (BARACHO, *et al.*, 2016). Regarding to the care provided by the medical professional during the permanence in the hospital environment, 98% of those investigated rated it as good. The doctor-patient relationship is closely linked to the satisfaction and to the health services quality, positively influencing the patients' general health status (PENA, MELLEIRO, 2012), reaffirming the perceptions manifested. Related to the care performed by the nursing team during the hospitalization period, 96% of the participants evaluated these as good, and 4% rated it as regular or poor. The nursing team, among the health professionals, is the one who stays closest and most of the time with the patient, responsible for the essential care for life maintenance and health recovery, being representative in the considerations generally used. The study shows that the user's positive perception of health services depends, in about 50%, on the relationship with the health team (SCHMITD *et al.*, 2014), and nursing is an indispensable part in strengthening of this link. To the care provided by the other professionals of the health team from the institution in question, considering physical therapy, social work, nutrition, dentistry, pharmacy, psychology, phonoaudiology and physical education, 98% of

the individuals evaluated it as good. The importance of this result lies in the fact that the performance of the multidisciplinary team is essential to the health services quality to the and user satisfaction contributing to overcoming the care fragmentation (TAVARES, PAWLOWYTSCH, 2013) and the hierarchical human relations, favoring the integrality of the health care.

When questioned about trust in the information and in the actions performed by the health team, 98% of those investigated reported confident. In fact, the continuous work of the health team in the hospital environment, as well as the proximity, the attention paid and the quality of the actions performed are aspects that transmit safety to the patient (TAVARES, PAWLOWYTSCH, 2013). The satisfaction with the result of the treatment or surgery performed during hospitalization and the information about the necessary care after hospital discharge, collected a percentage of satisfaction equivalent to 94% of the participants, and 95% of the individuals reported feeling to return to their homes after hospital discharge. Patients' perception related to services offer with quality and safety shows positive influence on confidence and satisfaction, and may contribute to the decline of situations that affect the quality of treatment (ARRUDA, 2017). In fact, the theme that addresses the patient's sense of security in health services has generated interest of researchers, which relate the appropriate communication tools (BARBOSA *et al.*, 2016; ARRUDA, 2017), corroborating to the findings of the present study. It is understood that the institution in question has trained health professionals who act according to the ethical precepts, besides providing safe, effective and quality services, verified through the expressive satisfaction percentage of the investigated people in this study. It is believed that effective communication, the professional-patient relationship and the performance of the multidisciplinary team, are the foundation for the favorable results found. It should be emphasized that the evaluation process regarding to the perception of users about health services and professionals is essential, constituting as a parameter guiding the ducts to be adopted periodically in health institutions.

Limitations of the study: Although the data found are in line with findings from other general hospitals and teaching hospitals exposed in the literature, the data should be analyzed with caution, since its representativeness is from a single teaching hospital institution. Divergent results can be verified in hospitals with different characteristics and in other regions, given the fact that each hospital has its specificities and faces diverse realities. However, this limitation does not minimize the importance of the present study, as regards to its contribution to the knowledge about the care and the support provided in the public teaching service hospital, an approach that has not been explored in the scientific field yet.

Final considerations: The data found in the present study evidenced similar patients' satisfaction patterns who were hospitalized in an ICU when compared to patients hospitalized in other hospital sectors, regarding to the care and to the support provided by the health team. The results showed a high quality of the health behaviors adopted in the actions and services provided at the institution in question. The standards survey of care adopted in this service can subsidize the improvement of the other services quality.

REFERÊNCIAS

- Acosta AM, Marques GQ, Levandovski PF, Peralta JP, Lima MADS 2016. User satisfaction regarding nursing care at emergency services: an integrative review. Available online at <http://www.reme.org.br/artigo/detalhes/1072>
- Acosta AM, Marques GQ, Levandovski PF, Peralta JP, Lima MADS. 2016. User satisfaction regarding nursing care at emergency services: an integrative review. Available online at <http://www.reme.org.br/artigo/detalhes/1072>
- Arruda, NLO, Bezerra ALQ, Teixeira CC, Silva AEBC, Tobias BC, Paranaguá TTB. 2017. Patient perception of safety in health care provided by professionals in a hospital emergency unit. Available online at <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/download/15019/24719>
- Baracho VS, Caldeira ABR, Guedes CF, Ferreira PHC, Guedes HM, Ribeiro LCC, 2016. Vision of external customers on the satisfaction of nursing services hospital: approach interpersonal. Available online at <http://periodicos.unb.br/index.php/rgs/article/view/22043/15738>
- Barbosa MH, Floriano DR, Oliveira KF, Nascimento KG, Ferreira LA. 2016. Patient safety climate at private hospital. Available online at: http://www.scielo.br/pdf/tce/v25n3/pt_0104-0707-tce-25-03-1460015.pdf
- Becerra B, Andrés J, Moreno M, María C. 2013. Quality perceived by users of nursing services at three public hospitals. Available online at: http://scielo.isciii.es/pdf/eg/v12n29/en_administracion2.pdf
- Braga DC, Bortolini SM, Mattia MB, Gehlen B. 2014. Profile of patients referred from a Family health strategy for a general hospital, in the municipality of freshwater, Santa Catarina. Available online at: <http://editora.unoesc.edu.br/index.php/acbs/article/view/3679>
- Brasil MS. National Council of Health. Charter of the rights of Health users. Brasília 2011. Available online at: http://bvsm.sau.gov.br/bvs/publicacoes/cartas_direitos_usuarios_sau_3ed.pdf
- Brazil MS. National Program for Improving Access and Quality of Primary Care - PMAQ Brasília DF, (2013). Available online at: <http://dab.sau.gov.br/portaldab/biblioteca.php?conteudo=publicacoes/pmaq>
- Brazil MS. National Program of Evaluation of health services – PNASS. Brasília DF, 2015. Available online at: http://bvsm.sau.gov.br/bvs/publicacoes/pnass_programa_nacional_avaliacao_servicos.pdf
- Brazil MS. Ordinance 529, April 1, 2013. Establishes the National Patient Safety Program (PNPS). Available online at: <http://www.sau.gov.br/upload/controle-infecoos/pasta2/portaria-msgm-n-529-de-01-04-2013.pdf>
- Bueno BRM, Moraes SS, Suzuki K, Gonçalves FAF, Barreto RASS, Gebrim CFL 2015. Characterization of handover from the surgical center to the intensive care unit. Available online at: <http://revistas.ufpr.br/cogitare/article/viewFile/40274/26256>
- Coutinho MLN, Samúdio MA, Andrade LM, Coutinho RN, Silva DMA 2015. Sociodemographic profile and hospitalization process of the elderly assisted at a emergency hospital. Available online at: <http://www.redalyc.org/articulo.oa?id=324043261020>
- Eulálio MC, Júnior EGS, Souto RQ, Brasileiro LEE 2016. Intensive care unit: meanings for patients in treatment. Available online at: <http://revistaseletronicas.pucrs.br/ojs/index.php/faenfi/article/viewFile/23990/15032>

- Nogueira JWS, Rodrigues MCS. 2015. Effective communication in teamwork in health: a challenge for patient safety. Available online at: <https://revistas.ufpr.br/cogitare/article/view/40016>
- Oliveira WA, Sales LCS, Brandão EC. 2017. Evaluate the satisfaction of the users that are served at the 24 hours Emergency Care Unit (ECU) in the city of Valparaíso de Goiás – GO. Available online at: <http://revista.aciplac.edu.br/index.php/RSF/article/view/257/156>
- Pedrosa, IL. 2014. Construction of an instrument for prognostical evaluation of elders assisted in intense care units. Available online at: <http://repositorio.pucrs.br/dspace/bitstream/10923/6690/1/000459208-Texto%2bCompleto-0.pdf>
- Pena MM., Melleiro MM. 2011. Degree of satisfaction of users of a private hospital. Available online at: <http://www.scielo.br/pdf/ape/v25n2/a07v25n2>
- PrussUstun, Bartram J. Clasen T, Colford JM, Cumming O, Curtis V, Bonjour S, Dangour AD, De France J, Fewtrell L, Freeman MC, Gordon B, Hunter PR, Johnston RB, Mathers C, Mausezahl, D, Medlicott K, Neira, M. Stocks, J. Wolf J, Cairncross S. 2014. Burden of disease from inadequate water, sanitation and hygiene in low- and middle-income settings: a retrospective analysis of data from 145 countries. Available online at: <https://www.ncbi.nlm.nih.gov/pubmed/24779548>
- Ribeiro MM, Perpétuo IHO, Andrade MV. 2006. Age patterns on health care utilization in Brazil by sex and coverage by health plan. Available online at: https://www.researchgate.net/publication/255634137_Padros_Etarios_de_Utilizacao_de_Servicos_de_Saude_no_Brasil_por_Sexo_e_Cobertura_por_Plano_de_Saude
- Silva FD, Chernicharo IM, Silva RC, Ferreira MA. 2012. Speeches of nurses about humanization in the intensive care unit. Available online at: <http://dx.doi.org/10.1590/S1414-81452012000400011>
- Silva MPC, Duarte JMG, Costa NS, Tirones ASD, Simões ALA. 2017. Assessment of satisfaction among surgical clients of teaching hospitals: analysis of tangibility. Available online at: <http://www.cofen.gov.br/wp-content/uploads/2017/06/Silva-MPC-2017.pdf>
- Souza PC, Scatena JHG. 2014. User Satisfaction with hospital care in publicprivate mix in Health Care by the Brazilian Unified health System (SUS) in the State of Mato Grosso. Available online at: http://scholar.googleusercontent.com/scholar?q=cache:T2muqdvBQn4J:scholar.google.com/+cita%C3%A7%C3%A3o+Satisfa%C3%A7%C3%A3o+do+usu%C3%A1rio+da+assist%C3%Aancia+hospitalar+no+mixa+p%C3%BAblico-privado+do+SUS+do+Estado+de+Mato+Grosso&hl=pt-BR&as_sdt=0,5
- Teston EF, Silva JP, Garanhani, ML, Marcon SS. 2016. Early hospital readmission in the perspective of chronically ill patients. Available online at: <http://www.periodicos.ufc.br/rene/article/view/3448/2684>
- Ugarte ON, Acioly MA. 2014. The principle of autonomy in Brazil: one needs to discuss it... Available online at: http://www.scielo.br/pdf/rcbc/v41n5/pt_0100-6991-rcbc-41-05-00374.pdf
- Viana PAS. 2018. Profile of patients hospitalized to treat decompenesated heart failure. Available online at: <https://sanare.emnuvens.com.br/sanare/article/view/1218/649>
- Vila VSC, Rossi LA. 2002. The cultural meaning of humanized care in intensive care units: “a lot is said about it, but little is experienced. Available online at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692002000200003&lng=en&nrm=iso
