

LEVEL OF KNOWLEDGE AND SATISFACTION OF THE POPULATION REGARDING THE EMERGENCY CARE UNIT

NÍVEL DE CONHECIMENTO E SATISFAÇÃO DA POPULAÇÃO EM RELAÇÃO À UNIDADE DE PRONTO ATENDIMENTO

NIVEL DE CONOCIMIENTO Y SATISFACCIÓN DE LA POBLACIÓN EN RELACIÓN CON LA UNIDAD DE ATENCIÓN TEMPRANA

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ABSTRACT

Objective: To assess the population's level of knowledge and degree of satisfaction with the service offered by the Emergency Care Unit. **Method:** This is a quantitative, descriptive and exploratory research, carried out in a city in the south of Minas Gerais. Data collection involved 383 people, and took place between June and July 2020. All ethical aspects were safeguarded. **Results:** Most users reported good levels of satisfaction with the service, except when waiting for medication and hospitalization, and the main reasons for looking for the service were myalgia/sore throat, headache and abdomen. **Conclusion:** It is noticeable advances in user satisfaction regarding the provision of care in the service, considering that these people recognize its importance for continuity and comprehensiveness of care. However, improvements are needed in the organization and in the way of welcoming users who seek assistance in the service.

Descriptors: Secondary Care; Consumer Behavior; Health Services Research; Patient Satisfaction.

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RESUMO

Objetivo: Avaliar o nível de conhecimento e o grau de satisfação da população em relação ao serviço ofertado pela Unidade de Pronto Atendimento. **Método:** Trata-se de uma pesquisa quantitativa, descritiva e exploratória, realizada em um município do Sul de Minas Gerais. A coleta de dados envolveu 383 pessoas, e ocorreu entre os meses de junho e julho de 2020. Todos os aspectos éticos foram resguardados. **Resultados:** A maioria dos usuários relatou bons níveis de satisfação quanto ao atendimento, exceto na espera para medicação e internação e os principais motivos de procura do serviço foram quadros de mialgia/ dor de garganta, cabeça e abdome. **Conclusão:** É perceptível avanços na satisfação do usuário sobre a prestação do cuidado no serviço, considerando que estas pessoas reconhecem sua importância para continuidade e integralidade do cuidado. Contudo são necessárias melhorias na organização e na forma de acolher os usuários que procuram atendimento no serviço.

Descritores: Atenção SISTsnária à Saúde; Comportamento do consumidor; Pesquisa sobre serviços de saúde; Satisfação do paciente.

RESUMEN

Objetivo: Evaluar el nivel de conocimiento y grado de satisfacción de la población con el servicio que ofrece la Unidad de Urgencias. **Método:** Se trata de una investigación cuantitativa, descriptiva y exploratoria, realizada en una ciudad del sur de Minas Gerais. La recolección de datos involucró a 383 personas y se llevó a cabo entre junio y julio de 2020. Se salvaguardaron todos los aspectos éticos. **Resultados:** La mayoría de los usuarios reportaron buenos niveles de satisfacción con el servicio, excepto en espera de medicación y hospitalización, y los principales motivos para buscar el servicio fueron mialgias / dolor de garganta, dolor de cabeza y abdomen. **Conclusión:** Se aprecian avances en la satisfacción del usuario con respecto a la prestación de atención en el servicio, considerando que estas personas reconocen su importancia para la continuidad e integralidad de la atención. Sin embargo, se necesitan mejoras en la organización y en la forma de acoger a los usuarios que buscan asistencia en el servicio.

Descritores: Atención SISTsnaria de Salud; Comportamiento del Consumidor; Investigación sobre Servicios de Salud; Satisfacción del Paciente.

INTRODUCTION

The Unified Health System (SUS) is one of the largest public health systems in the world, and with it the Brazilian population can have free and full access, regardless of income contribution. It is structured according to levels of complexity, such as low, medium and high, in order to plan actions and services and leverage available resources.¹

According to the Ministry of Health, basic care is the first level of care, being

the gateway to the service and solving up to 80% of users' problems. It uses low technology and, therefore, offers simple procedures, with solutions for the most common demands. This assistance includes the Basic Health Units (BHU) and the Family Health Strategy (FHS).²

Medium complexity is made up of actions and services that require specialized professionals and greater technological resources for diagnosis and treatment, such as the Emergency Care

Units (ECU). While the high complexity includes hospitals, which offer high technology services, with specialized care, such as assistance to cancer patients or patients with chronic kidney disease.²

It is remarkable, therefore, that primary care acts as a gateway to assistance, but it needs the other levels of complexity for integral care of the individual, family and community.² In 2011 the Emergency Care Network was established in Brazil (RUE), having as strategy the qualification of hospital emergency doors in the SUS, where the 24h ECUs are one of its components. Such units are structures of intermediate complexity, with continuous service, during the seven days of the week.³ In these units, we have a multidisciplinary team, consisting of a manager and coordinator, general practitioner and pediatrician, nurse, nursing technician/assistant, radiology technician, dentist, social worker, general services assistant, administrative assistant and, in some cases, technician and laboratory assistant.⁴ In this context, the ECUs are health services that require government attention because they are an important entry point for the user in the system for urgent and emergency care.⁴

However, daily overcrowding of patients is observed in these establishments, mainly caused by the poor interaction

between the levels of care, the scarcity of human resources, the unpredictability of demand and the high number of low-severity cases.⁴ Corroborating this information, a survey found in the literature suggests that the user's lack of knowledge about health systems leads to unnecessary demand for urgent and emergency services.⁵

Thus, taking into account the importance of popular knowledge in relation to the operation and reason for looking for the levels of complexity of care, this study becomes necessary, since understanding the level of knowledge and satisfaction of these users in relation to the ECU allows the population to seek care in the right place and in a timely manner and that managers can improve health care, seeking strategies to qualify professionals and ensure competent and humane care. Thus, the present study proposes to evaluate the level of knowledge and the degree of satisfaction of the population in relation to the service offered by the ECU.

METHOD

This is a quantitative, descriptive and exploratory research, carried out in the city of Passos, in the south of Minas Gerais, with a territorial area of 1,338.070 km², and an estimated population of 115,337 inhabitants.⁶ To compose the study sample, people present at Praça

Geraldo da Silva Maia and at the Urban Lines Terminal in the municipality were selected. This location was chosen because it encompasses a larger number of individuals from all neighborhoods of the city in question, minimizing possible biases.

Data collection took place between June and July 2020, from 7:00 a.m. to 7:00 p.m., a period when there is a large population flow in the selected locations. Age of 18 years or older was adopted as inclusion criteria, and as exclusion criteria, people with mental disabilities and visiting population.

The study participants were randomly approached and, from then on, the purpose of the research was clarified and the previously established inclusion and exclusion criteria were adopted. The sample size was 383 individuals, and this value was obtained by calculating a simple random sample with an error of 5% and a confidence level of 95% calculated in

relation to the total population of the municipality under study.

Data were collected through a questionnaire with objective questions previously prepared by the researchers themselves, by signing the Free and Informed Consent Form, and then the descriptive analysis was performed, using the Software Statistical Package for the Social Sciences program (SPSS), version 2021.

All ethical aspects were safeguarded, respecting Resolution 466/12 of the National Health Council⁷, and the research was approved by the Research Ethics Committee of the Proposing Institution.

RESULTS

383 individuals were interviewed, the majority being female 236 (62.0%), aged between 18 and 30 years 178 (47.0%), and complete high school 117 (30.5%), as shown in Table 1.

Table 1. Sociodemographic characterization of the study population. Passos, Minas Gerais, 2020.

Variable		N	%
Gender	Female	236	62.0
	Male	147	38.0
Age group	18-30 years	178	46.5
	31-40 years	68	17.7
	41-50 years	63	16.4
	51-60 years	42	11.0
	>61 years	32	8.4
Education	Incomplete fundamental	43	11.2
	Complete Elementary	45	11.8
	Incomplete high school	58	15.1
	Complete high school	117	30.6
	Incomplete higher	66	17.2
	Graduated	54	14.1

Table 2 presents the questions asked by the researchers to the interviewees regarding their knowledge regarding the

operation of the ECU, demonstrating that a large part of the users presented good knowledge regarding the health service.

Table 2. Questions carried out to assess the knowledge of the subjects regarding the researched service. Passos, Minas Gerais, 2020.

Questions	Answers	N	%
Is the ECU a service free of charge?	Yes	379	98.9
	No	04	1.1
Can anyone be served by the UPA?	Yes	375	97.92.1
	No	08	
Can people who have health insurance be served by the UPA?	Yes	340	89.0
	No	43	11.0
What is the way to be assisted by the UPA?	In person or forwarded by SAMU	350	91.3
	Telephone call	05	1.3
	Prior scheduling	09	2.3
	Do not know	19	4.9
	how to answer		

Legend: Emergency Care Unit - ECU
Mobile Emergency Care Service - SAMU

Regarding the main doubts related to care, most individuals, 304 (79.3%) reported that they had already been seen at the ECU and the reason for looking for it

was related to myalgia/headache, throat or abdominal pain 75 (19.4%), followed by renal colic 31 (8.0%) and fever and/or vomiting 28 (7.3%), as shown in Table 3.

Table 3. Questions regarding the care of the person in the Emergency Care Unit. Passos, Minas Geras, 2020.

Questions	Answers	N	%
Have you ever been attended by the ECU?	Yes	304	79.3
	No	79	20.6
Reason for looking for the service	Suspected dengue	16	5.2
	Abnormal vital signs	23	7.5
	Flu like symptoms	05	1.6
	Allergic reactions	06	1.9
	Breathing problems	17	5.9
	Psychological problems	07	2.3
	Venomous animal bite	03	1.0
	Animal bite	04	1.3
	Fracture or suspected fracture	25	8.2
	Fever and/or vomiting	28	9.2
	Myalgia/headache, throat or abdominal pain	75	19.5
	Angina	06	1.5
	Cut	14	4.6
	Renal colic	31	8.0
Car accident	22	7.2	
Others	22	7.2	

Legend: Emergency Care Unit - UPA

Regarding the level of satisfaction with the service provided, each participant considered values from 0 to 10 to respond to the items, with zero being the

worst evaluation and ten being the best possible. Those with an average above six were considered satisfactory levels. Table 4 presents this information.

Table 4. Evaluation of the level of satisfaction with the care provided at the Emergency Care Unit. Passos, Minas Gerais, 2020.

Evaluated items	Average	N
Physical structure	6.96	368
Site cleaning	7.36	369
Service organization	6.55	370
Availability of materials and drugs	6.25	367
Nursing care	7.42	368
Medical care	7.24	367
Dental care	6.21	240
Social assistance service	6.94	277
X-ray and ultrasound	7.29	324
Performing an electrocardiogram	6.99	287
Conducting laboratory tests	6.75	323
Waiting for care and medication	4.53	358
Waiting time for admission	4.20	312
Service in general	6.60	358

DISCUSSION

According to the data collected, most people are aware of the health service, which corresponds to free care for any citizen, regardless of income contribution or health insurance. As for the form of assistance in the unit, most reported being in person or through referral from the Mobile Emergency Assistance Service (SAMU).

Corroborating these data, the SUS is regulated by Law 8080/90, which provides for the conditions for the promotion, protection and recovery of health, being considered a right of all and a duty of the State, thus guaranteeing universal and equal access.^{8,9} Every Brazilian citizen can use it, and people who have a health plan indirectly benefit from the service, as it is not limited to clinical and/or hospital care, with the plans being regulated, qualified and supervised by the National Supplementary Health Agency

(ANS), an autarchy of the Ministry of Health.¹⁰

On the other hand, a study found in the literature showed that some participants do not cite the right to care, but gratitude, luck and privilege when reporting a positive experience in using a public health service. Currently, there are still prejudices about such services, as needing public assistance is fitting into a stigmatized group, which has the State as a provider of favors.¹¹

As for the reasons why users sought the UPA, most respondents reported myalgia/sore throat, head or abdominal pain, followed by renal colic and fever and/or vomiting. According to information from the Ministry of Health, the UPA provides resolute and qualified care to clients in acute or acute situations and offers the first assistance to surgical and trauma cases, stabilizing and carrying out the initial diagnostic investigation, to verify the necessary conduct in each case,

as well as how to ensure the referral of patients who need care. Examples of cases in which you should look for the ECU are high fever, above 39°C; fractures and cuts; infarction and stroke; torsion fall and, severe pain or suspected fracture; renal colic; shortness of breathe; convulsive crises; severe chest pains; constant vomiting, among others.¹²

This service should be intended only for emergency cases and non-traumatic or traumatic emergencies, and referral to the FHS may also occur depending on the severity or need for consultation.¹³ When this logic of care is not defined for users, undue demand occurs, causing overcrowding of the site, which can be aggravated by organizational problems, such as care without establishing clinical criteria, causing serious damage to users.¹⁴

Corroborating this information, a study found in the literature pointed out that overcrowding due to the large number of non-urgent consultations interferes with the quality of reception and the waiting time at the service, reduces the time taken for anamnesis by professionals, neglecting the care provided to users.¹⁵

Regarding the level of satisfaction with the service, users were satisfied with the service, but in relation to the time waiting times for medication and hospitalization, these factors were below

the average expected in the study. In this context, informing about the estimated time for each care process is relevant to the satisfaction of the user and his family, since this service happens through the Manchester Protocol that prioritizes more severe cases according to pain and time of care, which makes the user less anxious and safer.¹⁶

CONCLUSION

The ECU is indispensable for the functioning of the SUS, being one of the main gateways for urgencies and emergencies. In view of the importance of this service, the knowledge of the population is paramount for their functions to be performed quickly and effectively, since delays can lead to serious sequelae and loss of life.

From this study it was possible to show that a large part of the population has knowledge about the health service, but many are still unaware in which cases should seek the unit for care, this fact is responsible for aggravating the overcrowding of the ECU with demands that could be welcomed and resolved in primary health care. As for the level of satisfaction, most users were satisfied with the service, however, improvements are needed in the organization and in the way of welcoming all who seek care.

As a limitation, the study did not address users who entered the ECU after 7 pm, and this was due to the unavailability of data collection at this time.

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