76 - THE RECEPTION AT THE CLINIC OF A UNIVERSITY HOSPITAL, IN THE VIEW OF USERS

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INTRODUCTION

It is undisputed that the services in the health area have enjoyed enormous scientific and technological advancement, as well as a degree of development and knowledge consistent with other areas that they care for human beings.

The efficiency of technical / scientific and administrative rationality in health services, when unaccompanied by principles and values such as solidarity, respect and ethics in the relationship between professionals and users, are not sufficient to guarantee the quality of health care with a view to humanizing.

The act of humanizing, according to Wise (2005), means to make human to human conditions to man, not a technical, mechanized, but as an experiential process.

We have seen that although advances and achievements of the Unified Health System (SUS), there are still large gaps in the models of care and management of services, in respect of humanization, especially concerning access and how the User is treated in the hospital (Neves, 2006).

This research has the intention to study outpatient care at the Hospital Universitário Onofre Lopes (HUOL), located in lead by hosting the User in the clinic.

Houaiss (2004) defines the word host as: the act or effect of welcoming, welcome, welcome, how to receive or be received, receipt, consideration, under free hospitality.

The "host" is, then, the humanization of care, which means ensuring access to all people. Refers to listen to health problems User, so qualified, always giving you a positive response and the responsibility for solving the problem (BRAZIL, 2006).

A friendly and effective listening is another result of the opening. Rather than adopt a defensive posture and remain thinking of the answer as someone speaks, we listen and become receptive to another person. Consciously absorb what is said, which means to note the tone of voice, body language and words, that is, the real significance of what we are hearing (KUNDTZ, 2005).

As a nurse at the Hospital Universitário Onofre Lopes (HUOL), located in Natal / RN, experiencing numerous problems related to access and outpatient care, in contact with users who seek it, we note that the information is insufficient or do not meet the level of understanding of these users, which generates, among other problems, dissatisfaction of users regarding the appointments, resulting in a daily queues in booths, not schedule service for existing demand, lack of documentation needed to open records, difficulty of the query in some clinical and surgical specialties and can reach up to two months between the appointments and care.

This really concerns us and leads us to seek more information about the User seeking the service, identifying its source and origin, but above all their complaints, to try to minimize the problems that reach and offer a host of quality.

In this context arises the need to change the view of health professionals in an effort to improve attention to the User.

But in spite of all difficulties of the system, the trend is moving in line with what has been recommended by the SUS, which motivates us to study the assistance in this particular space, from the User.

Then we have the general objective, analyze outpatient care, in the view of users, with the reception as a guide.

METHODOLOGY

This is a descriptive study, a quantitative / qualitative focusing research on outpatient care of HUOL, and, as a guide, the reception.

The research was performed at the HUOL, located in the Eastern Health District of the city of Natal, has 179 hospital beds, outpatient services of high complexity, is integrated into the health care system through the Organic Law No 8080/90, as a reference Tertiary. It belongs to the Complex Health UFRN and is characterized as an institution of university education.

The study population consisted of 20 users of the HUOL clinic. They were invited by personal contact, and they were explained the objectives and importance of research. It was requested authorization to perform the study and use of the name of the institution to the general and Nursing direction of HUOL. Then the project was submitted and approved by the Research Ethics UFRN, as Opinion No. 044.

Survey participants by signing the consent form (ICF). The data itself has been held in the months of December and January, consisted of a structured interview in two parts: the first, intended to record the demographic data of users, and second, information about their care received at the clinic. However, only users were interviewed first visit and who had completed all the steps down to the implementation of medical and agreed to participate in the research. At the same time, we used a diary to record notes parallel, which have importance for the study in question, to clarify certain situations.

Quantitative data were collected, organized, tabulated and presented as tables and graphs with their respective percentage distributions, with descriptive statistical treatment.

The qualitative data, the information from the interviews were worked as supporting material on understanding and clarify some comments that expressed the vision inherent in the experience of each User, in the course of your care, including aspects of their subjectivity. For this analysis were used texts and manuals on the host, taking as a reference, the official documents of the Ministry of Health and studies Merhy, Prudente, Matumoto, Teixeira, Mariotti, and other scholars on the subject.

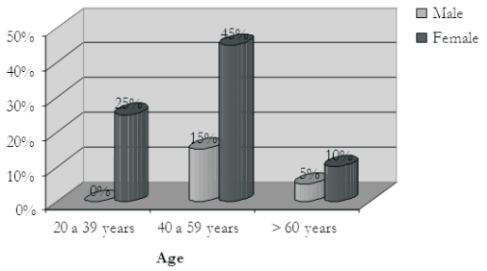
LISTENING AND KNOWLEDGE OF USERS ON THE RECEPTION OF THE OUTPATIENT HUOL

Profile of users

We interviewed 20 users whose information about the demographic profile will be presented below in tables and graphs. As can be seen in Figure 1, the age group treated with the highest prevalence is concentrated among users 40 to 59 years, with a predominance of females. The women, for cultural reasons, seek more medical care than men, and remain a greater period of time at home, responsible for the maintenance, restoration and preservation of family health history and functions

socially determined. Vasconcelos (1995) presents two factors that are associated with this condition preponderance of women: the more time available during the day and practice, culturally determined, and to seek help than men

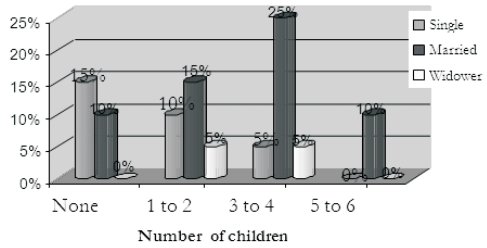
Graph 1. Distribution of users according to age and sex. HUOL, Natal/RN



Thus, because it is a tertiary hospital and care aimed at adults, it is appropriate that age, at which commonly appear certain pathologies, such as cardiology, rheumatology, among others.

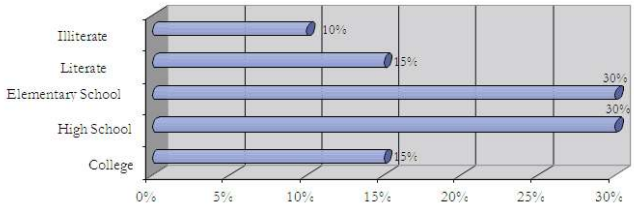
Although the growing number of evangelical churches, still prevails in Brazil, a religion of the Catholic tradition. According to Vatican statistics, obtained through the National Commission of the Bishops of Brazil (CNBB, 2005), estimated in our country more than 155.5 million Brazilians are Catholic, making a total of approximately 74% of the population.

The profile of the users indicated the distribution of 30% of evangelicals and 70% Catholic. This finding has relevance in that religion, in general, lead the faithful to a certain conformity. In the survey, during the interviews, with rare exceptions, the reported obstacles all the way until you reach the desired query had to do with the "will of God," as claimed by some users.



With the prevalence of the age group studied, between 40 and 59 years, it is natural that the status relates to married couples, as shown in graph 2. We make a brief reference to the number of children to show the conformation of the family and how this has been changing in recent decades, becoming smaller and smaller, even when dealing with families in the Northeast. Moreover, it is appropriate to note that some of the users interviewed had driven by their children and believes this is a group of a certain maturity and even chronological dependent.

Figure 4. Distribution of users according to educational level. HUOL, Natal/RN



With the improvement of the level of education in recent decades, we find a change in the profile of users of HUOL before, consisting almost entirely illiterate people. Looking at figure 4, we see that 75% of users surveyed have a good level of education, including at least carriers of the elementary school. Even users of higher level, rarely exist in the population that once tried to HUOL now appears with a percentage of 15% in the present study. The very model of health care, health services, promotes the attendance of all, indiscriminately, considering the principle of universality.

Table 1. Origin of users of HUOL, Natal/RN. 2008.

Origin	Users (%)
Natal	
District North	30
District West	15
Coutryside	55

As we can see in Table 1, the most in demand is a demand from the interior and the most deprived areas of the capital. Since HUOL a tertiary institution, these users are referenced by basic units of capital and services for the regional health from the inside, within the policy of regionalization of the SUS.

According to research conducted in Porto Alegre / RS, about access and care in health care, the researchers concluded that:

Although there are health services close to home the User, your choice is influenced by how it is received in the drive, the confidence in the workers' experience, the type of care offered, the capacity and competence of team members and the resolution of these services (LIMA et al., p. 15, 2007)

Table 2. Service users' according to clinical and surgical pathology. HUOL, Natal/RN. 2008.

Service	pathology	**Usuários (%)**
Medicine		
Cardiology	Heart Disease and Hypertension	15
Nephrology	Acute renal failure	15
Rheumatology	Pain in the spine and osteoporosis	15
Endocrinology	Diabetes and weight loss	10
Dermatology	Skin lesion	5
Psychiatry	Depression	5
Surgical Clinic		
Angiology	Varicose ulcer	15
Ophthalmology	Cataract and Glaucoma	10
General Surgery	Cholecystectomy and excision of tattoo	10

As a tertiary hospital, Table 2 shows the demand for specialist clinics, more complex. This is of great significance when we refer to the host, as these users sometimes are dependent, even wheelchairs, as shown in Figure 5, below. Therefore, the waiting time, the attention and referral and solution of their problem are fundamental to the credibility of the User in relation to their treatment, in other words, their host.

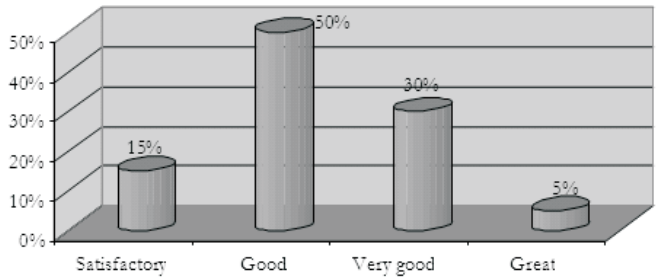
The process of care in view of users

In this space, which is one of the most significant of this research, we discuss some data about the care received at the clinic as an experience of each of the users participating in the survey, and some complaints, comments, problems and suggestions made by them , during the interviews.

What are they talking about the consultation

It is worth noting that the 20 users all the study participants were satisfied with outpatient care, as encapsulated in Figure 5.

Figure 5. Distribution of users about the classification of their knowledge. HUOL, Natal/RN. 2008.

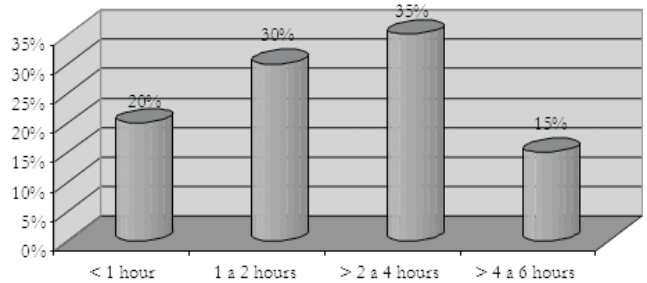


Another study in the office of the Instituto de Medicina Social, UERJ, the researchers worked with medical students and users about the attendance, and the results were very mixed. While users were satisfied with the service at the institutional, medical students, provided that users have reported numerous failures in the care received, and therefore unhappy with the outpatient service. With this, the researchers observed that the very conditions of life, social origin interferes with the researching of his vision of the degree of satisfaction (LEMME, 2005).

The complaints focused on the lack of guidance to users of the service, although many other aspects deserve to be duly registered in terms of improving the quality of care, to a real host.

However, we know that more needs to be done in relation to solving the health problems of users seeking service. The host as a technique, it offers tools for creating procedures and actions organized, allowing greater potential coach, enriching thus a multidisciplinary effort in health care. Thus, the host is to use the knowledge of health to meet and respond to the needs of users (PINHEIRO; MATOS, 1999).

Figure 6. Distribution of users according to waiting time for consultation. HUOL, Natal/RN. 2008.



Although the waiting time for consultation has exceeded by more than two hours for 50% of those interviewed, in some cases reaching up to 6 hours, we observed a certain resignation and conformity with the situation.

In part, this reflects the condition of life of each one, the long trajectory in basic health units, to reach the hospital, as was observed in previous statements. Still, there are users who complain about the hopes and also rude attention of some professional service.

Identification of complaints, problems and suggestions

Thus, we collected some significant statements, which are listed in Table 3, below, whose content deserves due consideration and care for professionals responsible for outpatient care.

Table 3. Comments and complaints from users. HUOL, Natal / RN. 2008

COMMENTS, COMPLAINTS AND SUGGESTIONS
Good relationships between professionals and the User;
The toilet paper shortage and sanitation;
Missing comfortable chairs and a TV to pass the time;
Time is right for the patient to be seen and to be fulfilled;
The consultation of the elderly should be ground in the industry, especially the cases of ophthalmology, urology, cardiology;
Lack signaling and the patient is lost;
Lack of a waiting room, the patient spends a lot of time standing and when it sits on a wooden bench totally uncomfortable;
Area banks are insufficient.

Many complaints related here, the great majority of respondents, mainly the lack of signage for users seeking the outpatient clinic and shows carelessness on the part of those who make the institution.

We thus believe that the host is an expression of care and, as such, involves all professionals, regardless of the place they occupy in the institution. We must also consider that since the HUOL a teaching hospital, and reference assumes a certain credibility in the minds of the population.

The statements referred to in Table 5 below indicate a lack of interaction between primary health care and referral hospitals, as HUOL, for example, resulting in more suffering for the User. The difficulty in making the appointment for the specialist, from the referral of primary care represents a disrespect for the right of User, who often spend the fare, spends hours in the queue and can not be met. Moreover, it is a true pilgrimage for health services, which allows us to infer that there is no admission policy as recommended by the SUS.

Table 4. Difficulties encountered by users to be treated at the outpatient HUOL, 2008.

DIFFICULTIES
Book the appointment in the post (Basic Unit);
Delay of medical care;
Lack of road signs and the patient is lost;
Shortage of wheelchairs;
Lack of financial resources for payment of transport
Missing someone to guide us because the clinic is very large.

FINAL

We must say that after listening through interviews, each of the 20 users in the study and consider the notes recorded from events in relation to these, we can say that there is a long way to go before we can talk about reception .

Users say they are pleased to be reached, because they are in a hospital for them is a reference, regardless of classification of SUS, a place where are teachers and this gives it the power, credibility and security, and other qualities. However, while showing satisfaction explicitly show, also, in their speech, some discontent, both as a structural relationship.

Among the various aspects of negative connotation, appointed by them in relation to outpatient care, we can summarize the following: lack of signage and information, difficulty in scheduling of an appointment, lack of respect to compliance with the time of consultation, lack of wheelchair wheels, bathrooms of offices far, few drinkers, lack of benches or chairs in the waiting hall, nursing consultation on the first floor, because some are afraid to use the elevator, some professionals rather receptive and even not to greet users, limited availability to provide information, among other grievances.

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THE RECEPTION AT THE CLINIC OF A UNIVERSITY HOSPITAL, IN THE VIEW OF USERS

This quantitative / qualitative study aims to analyze the ambulatory care at the Hospital Universitário Onofre Lopes (HUOL) and, as a guide, the host to the User. For this purpose were invited and interviewed 20 users. In the interviews, conducted in a space of 45 days, in this same time frame was used for daily field notes of observations more meaningful. In the analysis, we draw the sociodemographic profile of the group and identify their main complaints, problems and suggestions. For this, we construct graphs, tables and figures, and their statements stand out as a resource for better understanding of the subjective. The

theoretical framework consisted of documents from the Ministry of Health about the admission and humanization, as well as studies of Merhy, Franco, Pinheiro, Matumoto, Mariotti, Teixeira, among others. The results point the ambulatory clinic of HUOL as a privileged and credibility, where users are, often, answers to their problems. However, these same users were unanimous in stating the difficulties they face in obtaining appoitments from the basic unit, to reach the hospital. Referring to the call, but feel satisfied with the care received, lists a number of problems, structural and relationship: lack of visual signaling information, wheelchairs, hygiene, waiting rooms that offer some comfort, and the inattention of some professionals. In summary, the study undertaken now, it allows us to state that there is actually studied, the host, in its fullest sense, however, the HUOL as teaching hospital, has all the potential to do it.

KEYWORDS: Humanization, Reception, Ambulatory care

LA RECEPTION A LA CLINIQUE D'UN HOPITAL UNIVERSITAIRE, DE L'AVIS DES UTILISATEURS

Cette étude quantitative / qualitative vise à analyser les soins ambulatoires à l'Hôpital Universitário Onofre Lopes (HUOL) et, comme un guide, l'réception de l'utilisateur. À cet effet, ont été invités et ont interviewé 20 utilisateurs. Dans les interviews, réalisées dans un espace de 45 jours, dans ce même laps de temps a été utilisé pour les notes quotidiennes sur le terrain des observations les plus significatives. Dans l'analyse, nous établissons le profil sociodémographique du groupe et identifier leurs principales plaintes, des problèmes et des suggestions. Pour cela, nous construisons des graphiques, tableaux et figures, et leurs déclarations apparaissent comme une ressource pour une meilleure compréhension de la subjectivité. Le cadre théorique se composait de documents du ministère de la santé relatives à l'admission et l'humanisation, ainsi que des études de Merhy, Franco, Pinheiro, Matumoto, Mariotti, Teixeira, entre autres. Les résultats indiquent HUOL clinique externe de l'un privilégié et sa crédibilité, où les utilisateurs sont, souvent, des réponses à leurs problèmes. Toutefois, ces mêmes utilisateurs ont été unanimes à dire les difficultés qu'ils rencontrent pour obtenir des consultations de l'unité de base, pour atteindre l'hôpital. Se référant à l'appel, mais se sentent satisfaits des soins reçus, énumère un certain nombre de problèmes structurels et de la relation: le manque d'informations visuelles de signalisation, de fauteuils roulants, d'hygiène, les salles d'attente que offrent un certain confort, et l'inattention de certains professionnels. En résumé, l'étude menée maintenant, elle nous permet d'affirmer qu'il n'y a effectivement étudié, l'hôte, dans son sens plein du terme, toutefois, le HUOL comme hôpital universitaire, a tout le potentiel de le faire.

MOTS-CLÉS: humanisation, réception, soins ambulatoires.

LA RECEPCIÓN DE LA CLÍNICA DE UN HOSPITAL UNIVERSITARIO, EN LA VISTA DE LOS USUARIOS

Este estudio cuantitativo / cualitativo tiene como objetivo analizar la atención ambulatoria en el Hospital Universitario Onofre Lopes (HUOL) y, como guía, la recepción del usuario. Para este fin se invitó y entrevistó a 20 usuarios. En las entrevistas, realizadas en un espacio de 45 días, en este mismo periodo de tiempo fue utilizado para las notas de campo todos los días de las observaciones más significativas. En el análisis, se elaborará el perfil sociodemográfico del grupo e identificar sus principales quejas, problemas y sugerencias. Para ello, la construcción de gráficos, tablas y figuras, y sus declaraciones se destacan como un recurso para una mejor comprensión de lo subjetivo. El marco teórico consistió en documentos del Ministerio de Salud acerca de la admisión y la humanización, así como los estudios de Merhy, Franco, Pinheiro, Matumoto, Mariotti, Teixeira, entre otros. Los resultados apuntan a la HUOL ambulatorio como un privilegio y credibilidad, donde los usuarios son, a menudo, las respuestas a sus problemas. Sin embargo, estos mismos usuarios fueron unánimes al señalar las dificultades que enfrentan en la obtención de las consultas de la unidad básica, para llegar al hospital. Refiriéndose a la llamada, pero se sienten satisfechos con la atención recibida, enumera una serie de problemas, estructurales y de relación: la falta de información de señalización visual, sillas de ruedas, la higiene, las salas de espera que se ofrecer algo de consuelo, y la falta de atención de algunos profesionales. En resumen, el estudio realizado ahora, que nos permite afirmar que existe realmente estudiadas, el anfitrión, en su sentido más amplio, sin embargo, la HUOL como hospital universitario, tiene todo el potencial para hacerlo.

PALABRAS CLAVE: Humanización, Hogar, atención ambulatoria.

O ACOLHIMENTO NO AMBULATÓRIO DE UM HOSPITAL UNIVERSITÁRIO NA VISÃO DE USUÁRIOS

O presente estudo de abordagem quantitativa/qualitativa tem como objetivo analisar a assistência ambulatorial no Hospital Universitário Onofre Lopes (HUOL), tendo, como fio condutor, o acolhimento do usuário. Com este propósito foram convidados e entrevistados 20 usuários. Além das entrevistas, realizadas em um espaço de 45 dias, neste mesmo lapso de tempo foi utilizado um diário de campo para anotações das observações mais significativas. Na análise, traçamos o perfil sociodemográfico do grupo e identificamos suas principais queixas, dificuldades e sugestões. Para isto, construímos gráficos, quadros e figuras, além de destacarmos seus depoimentos, como recurso para melhor compreensão dos aspectos subjetivos. O referencial teórico constou de documentos do Ministério da Saúde acerca do acolhimento e da humanização, bem como dos estudos de Merhy, Franco, Pinheiro, Matumoto, Mariotti, Teixeira, entre outros. Os resultados apontam o ambulatório do HUOL como um espaço privilegiado e de credibilidade, onde os usuários encontram, comumente, respostas para seus problemas. No entanto, estes mesmos usuários foram unânimes em afirmar as dificuldades que enfrentam para a obtenção de consultas, desde a unidade básica, até chegar ao hospital. Referindo-se ao atendimento, embora sintam-se satisfeitos quanto à assistência recebida, elencam uma série de problemas, de ordem estrutural e de relacionamento: falta de sinalização visual, de informação, de cadeira de rodas, de higiene, de salas de espera que ofereçam algum conforto, além da desatenção de alguns profissionais. Em síntese, o estudo, ora empreendido, não nos permite afirmar que exista, na realidade estudada, o acolhimento, em seu sentido pleno; no entanto, o HUOL, como hospital-escola, dispõe de todo um potencial para realizá-lo.

PALAVRAS-CHAVE: Humanização, Acolhimento, Assistência ambulatorial

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