112 - SATISFACTION OF MAN HYPERTENSIVE PATIENTS WITH THE CARE OF PRIMARY CARE

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1-INTRODUCTION

The rise of sustainable values of blood pressure, is known as High Blood Pressure (HBP), characterized as multifactorial condition that can result from a change in cardiac output, but that it has a strong relation with stress, sedentary lifestyle, smoking, forms of aging, family history, race, gender, overweight, obesity, and eating habits, especially the excessive use of sodium (SMELTZER; BARE, 2009).

To give a proper assistance and direct interventions necessary and effective for the control of hypertension, it is necessary to know the social profile of the patients, how they use the services of health, therapeutic strategies offered and its membership.

Adherence to treatment is a frequent problem in hypertensive man, by its low availability in attending primary health care, since the time of operation of these services coincide with their day's work. This reality makes the implementation of the assistance, commits the control of the disease, predisposes to the development of cardiovascular problems, and affects their quality of life. For an effective monitoring of this public, it must be emphasized the importance of clinical consultation and educational activities, with the goal of encouraging the active participation of man in his process of self-care (DAY et al. , 2009). The range of these goals becomes possible, when the professionals involved in care intentionally the public policies recommended by the Public Health System, enabling a full care, universal and egalitarian, with a focus on actions/services of prevention, promotion, protection and recovery of health (BARBOSA et al, 2012).

The professionals involved sensitized with care, makes possible the sharing of knowledge and exchange of experience, confirming the establishment of bond /PROFISSIONAL/SERVI user service that will assist in the control of the disease.In view of this reality, the healthcare team must be able to provide guidance and assistance on the SAH, enabling the minimisation of risks, complications and treatment dropout. In this context, we sought to evaluate the satisfaction of care offered to man hypertensive patients in primary care.

2-METHODOLOGY

Field Research with a cross-sectional, exploratory, developed in the city of Barcelona - PB. The population was composed of 536 hypertensive men enrolled in Hiperday. The sample consisted of 167 men registered in seven Basic Health Units, calculated in a probabilistic manner for finite population, with a confidence interval of 95 %, sampling error of 5 %. The choice of the Units was made by drawing lots, from the geographical division by region (north, south, east, west), the municipality may not be divided into Districts. AND to ensure the randomness of the same, the process was maintained until completion of the size of the sample.

The data were collected through interviews, conducted in an intentional, in the period of May 2012, having as inclusion criteria: living in the area of scope, be greater than 30 years and enrolled in Family Health Unit. The data were analyzed by simple statistical, descriptive, using as a measure of central tendency mean, and as the frequency ratio .Were complied with all the recommendations of resolution 196 of 1996 by the National Health Council (CNS), referring to studies involving human beings, receiving approval by the Ethics and Research Committee of the Faculty Santa Maria, under CAAE No 04862012.5.0000.5180 .

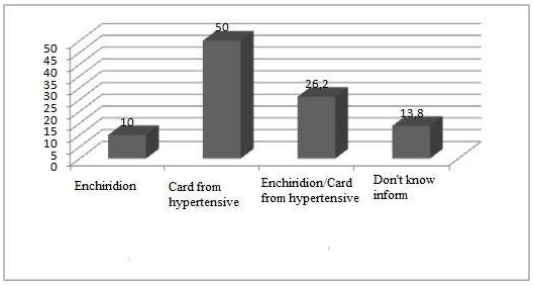
3-RESULTS

As regards the socio-demographic data, the average age of the studied hypertensive patients was 62.27 years, with 61.3% of the sample above this value characterizing a group of elderly population. As regards the education 80.6% showed low level. The income of the respondents was to an average of R$ 788.4, having to wage value to current year of study 622.00.

This profile highlights the lack of adult man in services, by focusing their energies on labor activities, in order to ensure the livelihood of the family. On the other hand, portrays the need to direct attention to clientele young adult, as a way to reduce the growing quantitative of elderly hypertensive patients and control hypertension, reducing the number of admissions, by its complications.

In the follow-up of hypertensive patients, it is necessary to record of consultation and of the values resulting from the measurement of the pressure in the patient's medical records, as well as in user card for purposes of information for professionals, user and family. A consultation as well conducted leads the user satisfaction and strengthens your bond with the service.

Figure 1 - Distribution of the respondents according to the place of registration of the consultations. Cajazeiras-PB,



Source: direct research

Notes that the record of consultations prevailed in the card of the hypertensive patients with 50 %, while on the chalkboard 10 %, in the two instruments 26.2% and 13.8% could not say. A reality that escapes the rule advocated by the Ministry of Health.

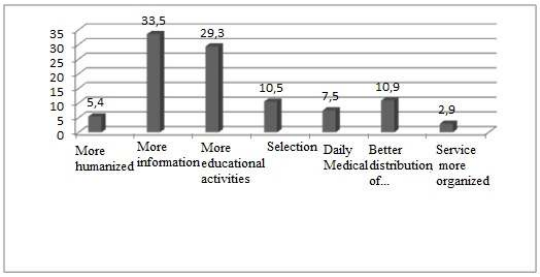
Table 1 - level of satisfaction among hypertensive men with respect to the assistance received.Cajazeiras-PB, 2012

Condition	*f*	%
Satisfy	108	67,5
Little satisfied	50	31,3
Dissatisfied	02	1,2
TOTAL	160	100,0

Source: direct research

The hypertensive men in the study, the majority were satisfied with the care they received (67.5 %). However, it is noteworthy that 32.5% had some dissatisfaction with 31.3% dissatisfied and 1.2% dissatisfied.

Chart 2 - ideal Care offered by basic health units. Cajazeiras-PB, 2012



Source: direct research

To express themselves as they would like to the care offered at Basic Health Units, 33.5% stated the need to receive more information by professionals and to develop educational activities 29.3 %, other 7.5% referred to the need for the daily presence of medical service, and 5.4% a attention more humanized.

4-DISCUSSION

The consultation of the hypertensive patients should be included in guidelines on the progression of the disease, prevention strategies, monitoring techniques, in order to reduce complications and consequently improve the quality of life. Accompanying the consultation should occur the record of the information on the chalkboard and card in hypertensive patients, as it is essential for the continuity of care.

The chalkboard presents itself as an important and fundamental means of work, that complete depiction of log information, allows for fast access of the multiprofessional team, enabling the understanding and decision-making, to act toward the needs and personalities of each be (BRITO; SANTOS, 2011). The lack of such information may compromise the assistance to be offered, as well as pointing an indicator of negligence, recklessness, and/or incompetence. This way, the implementation of the records reflects the quality of care offered, serves as an indicator for the need for health education in addition to being an instrument of support ethical and legal persons responsible for the care (SOTERO et al. , 2014; CFM, 2012; BRAZIL, 2002). The card of hypertensive patients makes it easy, by presenting a summary of the health history of the patient, such as blood glucose levels, blood pressure, heart rate and medications used. This information optimize assistance in another service of health care.

The consultation should be a time of health education that enables a meeting between professional and user, where are detected needs and from the same if instruct the customer to self-care, as a way of raising awareness about changes in daily habits that promote the improvement of the quality of life and promote the strengthening of ties between users and professionals, thus promoting the range of satisfaction of assistance.

From the acquisition of guidelines on the clinical picture, it is expected that the hypertensive increase adherence to treatment, follow guidance on low sodium diet and hipolipidica, abandonment to alcohol, tobacco, and achievement of practice of physical exercises, in order to reduce the number of hospital admissions of media services or high complexity, due to complications of the disease (QUEIROZ et al. ,2014).

The customer is satisfied with the assistance, as was the case with the majority in this study, external the good relationship with the health care team and a higher frequency in the consultations. On the other hand, it is worth pointing out that it is not always the satisfaction refers to the quality of care, and yes, the fact that access to services: medical, nursing, medication, among outros.Todavia we cannot forget that there is a group dissatisfied, whose dissatisfaction stems from the lack of medicines, waiting for care and lack of guidelines for the provision of care.

The right to a quality assistance is a constitutional guarantee that is accomplished through social control, through the participation of the population in the process of planning and evaluation, and the improvement of organizational practices and professionals (ROLIM; CROSS; SAMPAIO, 2013).

The accessibility permeates many aspects, but an important point is the access to the health service, which can be realized by the search for care of the most complex to the most simple, determined by the perception of need that the user has for you. For this reason the service offered at the primary level involves the interrelation between the different subjects, whose focus is the development of information and actions aimed at the promotion of autonomy, through supports and subsidies that encourage the adoption of responsible choices and independence in health acts.

For both, the care offered must be founded on humanization and accountability. For both, second Chernicharo, Silva and Ferreira (2014) the implementation of technical assistance multidisciplinary scientific, whereas the positive and negative aspects of the health-disease process, should make the man hypertensive active participant of the actions that the he are addressed, motivating them to overcome challenges.

5-CONCLUSION

The consultation of the hypertensive man must be systematic and reliance of attractions so that he can return to service, forming an effective link with the service/professional. The precariousness of the records of the consultations will result in breaking the continuity of information, shall undertake the monitoring of the clinical picture and disadvantage the implementation of the plan of treatment for hypertensive patients.

The access to the health service, in which there is variety of procedures, professionals to meet them, identify the problem and medicate them are reason enough to make them feel welcomed, leading users to stated satisfaction with the care received. However, the reception and the service, more than a prescriptive act, must be guided by humanization, and you make them using Live Preview it is necessary to rethink the practice of health developed by the multidisciplinary team, to be able to provide a qualified assistance and effective, capable of ensuring the maintenance of the quality of life.

The organization of assistance with skills defined and integrated among the members of the team favors the construction of plans of care, able to reduce complications and hospitalizations resulting from the disease. To operationalise the strategies of preventive measures, are necessary to accession and actuation of the multiprofessional team, with a focus on implementation of the policy for the promotion of health, emphasizing the Community activities, practice of physical activity and healthy nutrition.

With these results it is important to instigate the healthcare professionals working in primary care to focus its actions in man, so that you will be able to a narrowing of the bond, in order to ensure a decent follow-up, the development of skills that will allow men a vision more critical about their quality of life and their co-responsibility in obtaining the same, as well as a higher scale of demand for services.

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SATISFACTION OF MAN HYPERTENSIVE PATIENTS WITH THE CARE OF PRIMARY CARE

ABSTRACT

Introduction: Hypertension is seen as a public health problem and cardiovascular disease that affects mostly the male population. Objective: To evaluate the satisfaction of care offered to man hypertensive patients in primary care. Methods: cross-sectional study of exploratory, with quantitative approach developed in Cajazeiras/PB with 231 hypertensive men enrolled and registered in seven Health Units of the Family, in the period of May 2012. Results: The subjects of the study had an average of 62.27 years, with 61.3% of the sample above this value characterizing a group of elderly population. The hypertensive patients in 67.5% were satisfied with the assistance and 33.5% expressed the need to receive more information during the consultations and the development of educational activities (29.3 %); The record of consultation was carried out predominantly in the card of the hypertensive (50 %). Conclusion: it is necessary for health professionals to rethink practices devoted to assistance to man hypertensive, and that managers invest more in training and quality provided.

KEYWORDS: human Health. Health Services. Hypertension.

SATISFACTION DE L'HOMME LES PATIENTS HYPERTENDUS AVEC LES SOINS DE SANTÉ PRIMAIRES

RESUME

Introduction :L'hypertension artérielle est considérée comme un problème de santé publique et les maladies cardiovasculaires qui touche surtout la population masculine. Objectif : évaluer le degré de satisfaction des soins offerts à l'homme les patients hypertendus dans les soins de santé primaires. Méthodes: étude transversale d'exploratoire, avec approche quantitative développée dans Cajazeiras/PB avec 231 hommes hypertendus inscrits et inscrits dans sept unités de santé de la famille, dans la période de mai 2012. Résultats: Les sujets de l'étude avaient une moyenne de 62,27 ans, avec 61,3 % de l'échantillon au-dessus de cette valeur caractérisant un groupe de personnes âgées. Les patients hypertendus dans 67,5 % étaient satisfaits de l'assistance et 33,5 % ont exprimé le besoin de recevoir plus d'informations au cours de ces consultations, et le développement d'activités éducatives (29.3 %); Le dossier de consultation a été menée principalement dans la carte de l'hypertension (50 %) Conclusion: il est nécessaire pour les professionnels de la santé à repenser pratiques consacrées à l'assistance à l'homme des hypertendus, et que les gestionnaires investissent davantage dans la formation et la qualité fournie.

MOTS-CLÉS: Santé humaine. Services de la santé. Hypertension.

SATISFACCIÓN DEL HOMBRE LOS PACIENTES HIPERTENSOS CON EL CUIDADO DE LA ATENCIÓN PRIMARIA

RESUMEN

Introducción: La hipertensión es visto como un problema de salud pública y la enfermedad cardiovascular que afecta en su mayoría la población masculina. Objetivo: evaluar el grado de satisfacción de la atención ofrecida al hombre los pacientes hipertensos en atención primaria. Métodos: estudio descriptivo transversal de tipo exploratorio, con enfoque cuantitativo desarrollado en Cajazeiras donde/PB con 231 inscritos y los hombres hipertensos registradas en siete unidades de salud de la Familia, en el período de 2012 Mayo. Resultados: Los sujetos del estudio tenían un promedio de 62,27 años, con 61,3 % de la muestra por encima de este valor caracterizar un grupo de población de la tercera edad. Los pacientes hipertensos en el 67,5 % estaban satisfechos con la asistencia y el 33,5 % manifestó la necesidad de recibir más información durante las consultas y el desarrollo de las actividades educativas (29.3 %); el registro de la consulta se llevó a cabo principalmente en la tarjeta de los hipertensos (50 %). Conclusión: es necesario que los profesionales de la salud para repensar las prácticas dedicada a prestar asistencia a los hombres hipertensos, y de que los directivos invertir más en la formación y la calidad.

PALABRAS CLAVE: Salud humana. Servicios de Salud. Hipertensión arterial.

SATISFAÇÃO DO HOMEM HIPERTENSO COM O ATENDIMENTO DA ATENÇÃO PRIMÁRIA

RESUMO

Introdução: A Hipertensão Arterial Sistêmica é visualizada como um problema de saúde pública sendo a doença cardiovascular que mais acomete a população masculina. Objetivo: avaliar a satisfação do atendimento ofertado ao homem hipertenso na atenção primária. Métodos: estudo transversal de caráter exploratório, com abordagem quantitativa desenvolvido em Cajazeiras/PB com 231 homens hipertensos cadastrados e registrados em sete Unidades de Saúde da Família, no período de maio de 2012. Resultados: Os sujeitos do estudo apresentaram uma média de 62,27 anos, com 61,3% da amostra acima desse valor caracterizando um grupo de população idosa. Os hipertensos em 67,5% estavam satisfeitos com a assistência e 33,5% expressaram a necessidade de receber mais informações durante as consultas e o desenvolvimento de atividades educativas (29,3%); O registro das consultas era realizado predominantemente no cartão do hipertenso (50%). Conclusão: torna-se necessário que os profissionais de saúde repensem práticas voltadas para a assistência ao homem hipertenso, e que os gestores invistam mais na capacitação profissional e na qualidade prestada.

PALAVRAS-CHAVE: Saúde do homem. Serviços de saúde. Hipertensão.