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Users' perception of the health ombudsman service: a descriptive research

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ABSTRACT

Aim: To evaluate the users' perception of the health ombudsman service. **Method:** This descriptive study in an institution in traumatology and orthopedics in the city of Rio de Janeiro, in 2010. The instrument used was validated using the face validity process. **Result:** Of the 155 users interviewed, only 97 said they would know about the ombudsman service. 60% of them believed that the ombudsman could be used to make complaints, while the perception that it could be used to praise the health service accounted for 42.6% of the opinions. **Discussion:** The knowledge of user perception should be valued as part of study of interpersonal relationships in the context of the health service, and as an instrument of social control. **Conclusion:** The study highlights the ombudsman as a mechanism for inducing change because it allows the participation of users through the manifestation of their expectations and needs, creating indicators for process improvement.

Keywords: Health Evaluation; Quality of Health Care and Patient Advocacy.

INTRODUCTION

Knowing the users' perception about the services offered by health institutions is considered as an important reference point for the development of healthcare and management processes, thus becoming a management tool to be used in planning and improving the quality of healthcare.

Studies highlight the user as an integral and essential part of the health services. Consequently, evaluating their experiences of the service supports the management process, since it allows the gathering together of suggestions for a rethink of the practice of health professionals, aiming at a continuous improvement of the service provided^(1,2).

The adoption of new practices targeting users requires the incorporation of soft technologies that focus on relational practices. In this sense, listening to the needs of users allows the expansion of service capacity, and enhances interventions directed at the real problems presented, which means greater provision of care provided by health professionals^(2,3).

Currently health institutions have created opportunities in their organizational structures to give voice to consumers with regard to their services. In this way, using new trends, such institutions increasingly seek for an improvement in service quality, thereby optimizing the service provided. The creation of an ombudsman is part of a proposal to raise the quality of care which incorporates participation and social control⁽²⁾.

The existence of the ombudsman offers a new communication channel that promotes citizenship and social participation, thereby enabling the opportunity for the full exercise of the right of review and control of public management as a crucial part of the practice of democracy.

The hospital ombudsmen offer channels that lead to the involvement and the disciplining of users and health workers, and can democratize institutional relationships. It constitutes a tool for the improvement of services because it promises the improvement of organizational activities due to the ombudsman's task of monitoring the flow of

requests submitted by users searching for answers to their problems or concerns. Therefore, in analyzing the information provided, it is possible to identify areas that need particular attention, and define planning changes based on the assistance offered by the users⁽²⁾.

The participation of the users is what generates the data for analysis and is, therefore, an institutional method for checking its failures, indicating structural and operational problems that need reviewing, leading to the provision of an improved quality of care in these institutions. The quality movement in healthcare today is an obligation on the part of management to ensure risk free assistance to the user⁽³⁾.

The work of the health ombudsman provides an assessment tool that enables managers to review their goals and encourages them to meet users' expectations. This is because it is a means of understanding the factors that influence the quality of services offered. In addition, the ombudsman plays a significant role in the interaction between the provider and the user of the service⁽²⁾.

The ombudsman stimulates the process of popular participation through dialogue and access to information, expanding the exercise of citizenship, redirecting the focus of public administration to host the citizen, and serving as a tool to improve the public service.

From this perspective, considering the user's perception of the ombudsman service is an important issue in terms of the reorganization of the health service. Assessing the publics' impressions and opinions related to compliance, based on data obtained from the ombudsman records, is a new means of managing quality.

Given the above, we aim to evaluate the users' perception of the ombudsman service in healthcare, and to describe their characteristics.

METHOD

This is a descriptive study⁽⁴⁾ using a quantitative approach, performed at an institution for the treatment of diseases in traumatology and orthopedics, located in the Municipality of Rio de Janeiro.

The study population was considered to be all ambulatory patients and those hospitalized in the young adults' infirmary during the period January-February 2010.

From the population described, we selected patients who met the following inclusion criteria: aged 18 years or over and who demonstrated physical and cognitive conditions to understand and respond to the instrument. This allowed us to arrive at a sample of 155 individuals.

All the study participants signed an informed consent form, containing the study aim, the assessment procedures and the details of voluntary participation. Details of the research project were submitted to the Ethics Committee of the institution under study, approved by Protocol 0033.0.305.000-09.

A semi-structured questionnaire was used as the instrument for collecting data. It was submitted for content validation using the face validity process, in order to identify any potential weaknesses and to allow for reformulation if necessary. It was reviewed by five Ph.D. holders with remarkable knowledge in the area of administration. In the first evaluation round there were six modifications, and the instrument was approved unanimously in the second round⁽⁵⁾.

Data were stored using the Excel spreadsheet program and those data was analysed using descriptive statistics.

To verify the association of the characteristics studied with respect to knowledge of the ombudsman, we used the Pearson's Chi-Square test for all variables, except for age with regard to which, because it is a quantitative variable, we applied the t test mean comparison.

RESULTS

Table 1 presents the characteristics of the study sample establishing the profile of the respondents regarding gender, age group, schooling and type of user attendance with regards to the health institution.

Table 1: Sample profile

Sample profile	n	%
1. Gender		
Male	71	45.8
Female	84	54.2
2. Age group		
18 to 30 years	21	13.5
31 to 45 years	44	28.4
46 to 59 years	56	36.1
60 years or more	34	21.9
3. Schooling		
1st degree incomplete	68	43.9
1 ^o degree complete	22	14.2
2 ^o degree incomplete	22	14.2
2 ^o degree complete	34	21.9
Superior incomplete	7	4.5
Superior complete	2	1.3
4. Type of attendance		
Ambulatory	87	56.1
Hospitalization	68	43.9
TOTAL	155	100%

The sample included 54.2% women and 45.8% men. The predominant age group was 46 to 59 years, referring to 36.1% of the respondents. With regard to schooling, over half the sample (58.1%) had completed a first degree. Among the respondents 56.1% were dealt with during the ambulatory clinic, while the others were hospitalized in the areas of admission, classified as: ARIN1, ARIN3 and ARIN4.

Among the 68 patients admitted, eight (11.8%) were located in ARIN1; 31 (45.6%), in ARIN3 and the others in ARIN4. Regarding the presence of a companion in the hospital, 42.6% reported having a companion, while the rest (57.3%) were not accompanied.

Table 2 presents the users' perception regarding the ombudsman service and the possibilities of using this service with regard to user health.

Table 2: Users' perception regarding the ombudsman service

Perception investigated	n	%
1. Do you know what service the ombudsman provides? (For what reason/ how it works)		
Yes	97	62.6
No	58	37.4
2. Beliefs about the ombudsman service		
It is a sector to make complaints	93	60
It is a sector for information	84	54.2
It is a sector to give suggestions	73	47.1
It is a sector to praise	66	42.6
It is a sector to make denounces	71	45.8
3. What might lead a person to use the ombudsman service?		
Dissatisfaction with the treatment received	88	56.8
Information about one's treatment	82	52.9
Complain about something wrong	93	60
Suggestions for improvement	64	41.3
Report something serious in terms of service quality	59	38.1
Praise the service	55	35.5
TOTAL	155	100%

Among the 155 respondents, only 97 users claimed to know what the ombudsman service was for and expressed their opinions. It is noteworthy that patients who reported that they know the ombudsman service, only responded to items 2 and 3. The participants were allowed to respond to more than one answer in the items above. Therefore, the sum of the responses does not total the sample interviewed.

Among those who were aware of the role of the ombudsman service, many (60%) mentioned that the service was to allow users to make complaints. The perception that it is possible to praise the health service is rather low, in that only 42.6% of this group pointed to receiving accolades as being part of the service provided by the ombudsman. Most knowers thought that the function of the ombudsman was to receive complaints about something wrong, or to express dissatisfaction with the treatment received, as can be seen from the results in Table 2.

Table 3 shows the results of the relationship between the variables characterizing the respondents and their perceptions as to the role of the ombudsman service.

Table 3: Association between characterization of subject and knowledge ombudsman

Features tested	Test statistic	P-value
Schooling	30.8	0
Gender	3.44	0.064
Age	-2.415	0.017
Type of attendance	1.41	0.234

According to the results obtained from the study sample, gender and type of attendance have no association with the fact that the subject is aware of the role of the ombudsman service. The level of schooling is significantly related to knowledge of the role of the ombudsman. Apparently, the lower the educational level, the lower the extent of knowledge of the ombudsman service.

In the case of age, it was found that the average age of those who are aware of the role of the ombudsman service (46) is significantly lower than that of those who lacked such knowledge (52 years).

DISCUSSION

It is a fact that the knowledge of user perception should be valued as part of the study of interpersonal relationships within the health service and as an instrument of social control. Many experts include it as a component of the evaluation system, providing the user the opportunity to express their opinion about health policies. It is known that "...health practices have become an object of study when it aims to know in more detail the users' point of view on how to care that occurs in everyday life"⁽⁶⁾.

It was possible to identify the users' perception of health about the ombudsman service. For the most part, this came down to the idea that the service existed in order to receive complaints.

Most respondents who were aware of the ombudsman used the service to complain about something wrong or to express dissatisfaction with the treatment they had received, because they believe that their complaints would lead to a change in behavior.

In fact, the role of the ombudsman is to act as a support tool for management involving an analysis of the types of complaints it receives as part of managerial reporting and the production of data. Complaints are relevant information that need to be grouped, organized and made uniform, in an attempt to give meaning to the data and to make them useful for decision making purposes⁽²⁾.

These findings make it possible to implement changes in practice and to suggest action in order to improve services through the systematic evaluation of user satisfaction. Experts believe that the process of quality assessment focused on the patient is an effective strategy, because it seeks to meet their needs. Management uses this data to introduce new work methods relevant to the services and which result in humane care and improve quality^(2, 7).

It is understood that in order to build a complex care system based on interactions and dynamics that include sensitivity and social involvement, it requires dynamic movement and mutual influence that promotes reflective and dialogical processes on the part of those involved^(8, 9).

The ombudsman provides a channel which facilitates dialogue between users and health services, ensuring the involvement of ethical, efficiency and transparency principles in its dealings. It is a service that acts on behalf of the consumers, facilitating the flow of information and increasing public awareness regarding the exercise of their rights in terms of the government⁽²⁾.

The health ombudsman acts as a mechanism of social control and participation. It is a tool for evaluating and improving the standard of service, and for providing greater transparency in public administration. Through the use of this channel the citizen's voice comes through because his criticisms, complaints and suggestions are welcomed, and contribute to the correction and adjustment of public services.

Social involvement promotes a dynamic process and is necessary for us to understand the individual's health needs in terms of their understanding of the world and the knowledge accumulated over their lives. In particular, it respects their experiences of the health/disease process. It is recognized that there are different types of knowledge

that are constantly building and need to be reviewed, contextualized, confronted and approximated to other types of knowledge in order to transform into useful knowledge which is applicable in practice^(7,9).

The findings of this study may contribute to an understanding of the factors that influence the users' view regarding the various fields of healthcare, and can be used as a resource to evaluate the care provided. The literature suggests that improving healthcare practices requires a differentiated view on the part of health organizations. For that, there is a need to "...demand to recognize the current internal practices, bringing to light deficiencies, barely perceptible problems and pursue actions in an improvement plan," which enhances the construction and development of best practices in health⁽¹⁰⁾.

Data from this study show that the respondents' characteristics such as gender and type of attendance do not influence the responses. However, the schooling and the age of the participants exert an influence on the perception with regard to what they believe the ombudsman service is. It is noticeable that the more educated the person is, the more clear is their perception of health services. Already, in relation to age, the younger respondents showed a greater knowledge of the topic. What is in line with other studies^(2,7), is that it is reported that the ombudsman service is not well known by most people. The participation of users in this sector has been very small. Its formal definition is sometimes understood inaccurately and with little explicit purpose.

It is known that, as society comes to understand the real purpose of the ombudsman service, this facility will be used most frequently. The ombudsman appears at present to establish a link between the consumer and the health institution.

CONCLUSION

The new model of public health is based on the engagement and social participation of service users. The ombudsman is a management tool to promote social control, since it favors the evaluation and improvement of the organization's activities based on the viewpoint of the users.

This study examined the perception of users with regard to the hospital ombudsman service. According to the results, we come to realize that the service is known as a means by which they can voice grievances and complaints. This is justified by the expectations of the users that it is a mechanism for inducing change in public administration.

We highlight the importance of users' participation through the manifestation of their expectations and needs, as well as the use of these indicators as part of the continuous improvement process. It is understood that the responses provided include ways of determining the critical points of the system in order to remedy the problems found through a systematic review of the care processes.

This study has allowed an understanding of some of the socio-demographic characteristics of the respondents and allowed us to determine that the variables in the form of schooling and age are factors that influence the users' perceptions of the ombudsman service, while gender and time spent in the unit did not influence perception.

In the current political context, we can highlight the ombudsman as a strategic and innovative facility which should induce change and improvement in health institutions, promote citizenship and encourage social participation.

Although there is a limitation to the study in terms of not allowing us to generalize its findings beyond the unit researched, the spread of this kind of research would be an important contribution to the health assessment process, as it would give political visibility to the users of the service.

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