







## Satisfaction with the quality of pre-intraoperative nursing care in patients undergoing breast surgery, National Institute of Neoplastic Diseases

### [Satisfacción de la calidad del cuidado de enfermería pre-intraoperatorio en pacientes intervenidos a cirugía de mama, Instituto Nacional de Enfermedades Neoplásicas]

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Received: 06 February 2022; Accepted: 26 March 2022; Published: 31 March 2022

#### Resumen

La esencia de enfermería es el cuidado del paciente, teniendo como eje fundamental en los procesos de atención a la calidad; sin embargo, en ocasiones debido a la carga laboral, reducido tiempo en la atención, falta de protocolos, capacitaciones, actitudes del personal, entre otros aspectos; afectan la calidad de la atención del cuidado de enfermería, lo que genera insatisfacción en la atención de salud del paciente. Objetivo: Determinar el nivel de satisfacción de la calidad del cuidado en el preoperatorio e intraoperatorio de enfermería en pacientes intervenidos a cirugía de mama en el Instituto Nacional de Enfermedades Neoplásicas, 2020. Método: Cuantitativo, descriptivo, transversal, prospectivo. La población estuvo conformada por 664 pacientes intervenidos a cirugía de mama, el tamaño de la muestra fue de 191 pacientes por muestreo probabilístico, aleatorio simple, el instrumento que se utilizó para recopilar los datos fue un cuestionario, se realizó la validez a través del juicio de 8 expertos cuyo valor fue 0.030 y para la confiabilidad se aplicó la prueba kuder Richardson cuyo valor es 0.81 obteniendo alta confiabilidad. Resultados: El nivel de satisfacción de la calidad del cuidado preoperatorio e intraoperatorio de enfermería el 59.16% de los pacientes intervenidos a cirugía de mama consideraron estar medianamente satisfechos con los cuidados de enfermería recibidos. Conclusiones: La satisfacción de la calidad del cuidado de enfermería en el área del preoperatorio e intraoperatorio están medianamente satisfecho e insatisfecho por lo que es necesario reforzar acciones de cuidado que mejoren la percepción de los pacientes en el área.

**Palabras clave:** Satisfacción, calidad, cuidado, enfermera, paciente quirúrgico

#### Abstract

The essence of nursing is patient care, having as a fundamental axis in the processes of quality care; however, sometimes due to the workload, reduced time in care, lack of protocols, training, staff attitudes, among other aspects; affect the quality of nursing care, which generates dissatisfaction in patient health care. Objective: To determine the level of satisfaction with the quality of preoperative and intraoperative nursing care in patients undergoing breast surgery at the National Institute of Neoplastic Diseases, 2020. Method: Quantitative, descriptive, cross-sectional, prospective. The population consisted of 664 patients undergoing breast surgery, the sample size was 191 patients by probabilistic, simple random sampling, the instrument used to collect the data was a questionnaire, validity was carried out through trial of 8 experts whose

value was 0.030 and for reliability the Kuder Richardson test was applied whose value is 0.81 obtaining high reliability. Results: The level of satisfaction of the quality of preoperative and intraoperative nursing care 59.16% of the patients undergoing breast surgery considered to be moderately satisfied with the nursing care received. Conclusions: Satisfaction with the quality of nursing care in the preoperative and intraoperative area is moderately satisfied and dissatisfied, so it is necessary to reinforce care actions that improve the perception of patients in the area.

**Keywords:** Satisfaction, quality, care, nurse, surgical patient.

### 1. Introduction

The quality of health care is to ensure that each patient receives the most appropriate set of diagnostic and therapeutic services to achieve optimal health care, taking into account all the factors and knowledge of the patient and the medical service, and to achieve the best outcome with the minimum risk of iatrogenic effects and maximum patient satisfaction with the process (Salas and Galiano, 2017). In addition, the quality of care allows the individual and population to perceive that their health needs are met, on this aspect, the degree to which health services for individuals and population improve the possibility of achieving the desired health outcomes and are congruent with current professional knowledge (Institute of Medicine, 1990).

Along the same lines, the lack of adequate surgical care quality and the dissatisfaction of the surgical patient in health centers has become a serious problem, due to the deficiencies in infrastructure and materials, as well as the service provided by some health professionals, which can generate complaints and rejection by the population that attends these centers. On the other hand, the United States and Canada suggest that an adequate provision of health personnel, especially nurses, with organizational support for nurses, is key to improving the quality of patient care (Ministerio de Sanidad y política social de España, 2009).

In Latin America, such as Mexico, this problem is constant, placing it in 55th place out of 64 countries, according to a comparison of the quality of health services by the World Health Organization, this position was due not only to poor infrastructure and lack of supplies, which also represent a serious problem, but also to problems with personnel and administrative systems. In data provided by the World Bank, patient dissatisfaction with health services is over 50%, which revealed that 40% of patients felt that they were not treated adequately, 52% felt that there was too much bureaucracy and 8% that they had not received medical treatment when they needed it (Gonzales, 2020).

The current work of the nurse and its evolution is aimed at incorporating quality as an essential axis in nursing processes, which is one of the main challenges in this 21st century. In Peru, the Ministry of Health through the General Directorate of People's Health and the Directorate of Quality in Health maintains that, given the great demand for care in health facilities, a growing degree of dissatisfaction is perceived in external users, suggesting to evaluate the satisfaction of the external user in order to generate a process of continuous improvement in the quality of care (MINSa, 2011)

In this regard, the National Superintendence of Health (2020) reports that of the total causes of complaints defined in the Regulation of Law No. 29414, which establishes the Rights of Health Service Users, 18.1% were due to problems related to the right to health care and recovery, made up of the quality of health care and delays in the provision of health services. Likewise, the Comptroller General's Office of the Republic, through the operation "For a quality health 2019", refers that hospitals are in an emergency situation due to lack of equipment and its maintenance, lack of human resources, inadequate and deficient attention to patients.

Specifically, the INEN, National Institute of Neoplastic Diseases, (2020) through the Department of Standards, Quality and National Control of Oncological Services, states that one of the greatest current challenges of the institution is to achieve quality health services that achieve user satisfaction. It is a commitment for all health professionals to provide quality care to patients. The nursing professional in the operating room, as part of the surgical team, has the first contact with the patient before the surgical procedure, therefore, there is direct contact with the patient that not only allows to verify the correct patient for the surgery, but also to interact with him/her providing emotional support and dispel doubts in a timely manner before the procedure, thus providing quality care, despite the short time before the surgery.

In relation to the variable satisfaction with the quality of care, Lee M., et al (2006) establishes six dimensions of satisfaction with the quality of care, which are detailed below: accessibility: These are care behaviors that are essential in the relationship of support and help provided in a timely manner, such as dedicating time to the patient when approaching him/her. It also explains and facilitates care provided by the nursing professional to make known aspects that are unknown or difficult for the user to understand in relation to their illness, treatment or recovery, providing the required information in a clear manner, making it easy or possible to carry out the care for their well-being or recovery. In addition, comfort: Care offered by the nursing professional in order to make the hospitalized user, family and relatives feel comfortable, providing them with encouragement and vigor, in an environment that favors wellbeing. On the other hand, nurses anticipate and evaluate the care previously planned, taking into account the user's needs in order to prevent complications (Rojas-Martinez and Barajas-Lizarazo, 2012).

To maintain a relationship of trust: They have to do with the closeness and physical presence of the nursing staff towards the user. This is care offered by nursing professionals so that the hospitalized user has empathy with them, which is directed towards their recovery, making them feel like a unique, confident, serene and safe person. In addition to monitoring and follow-up: Nursing care that implies a personal knowledge of each user and mastery of the technical science and procedures performed. It includes the plans and actions that are carried out to teach the nursing team how to perform the procedures, observing and assessing that everything is done well and on time (Sepulveda, et al., 2016).

These actions during the provision of nursing care will make it possible to recognize the patient as a holistic being, worthy of comprehensive, humanized care based on scientific knowledge; consequently, the user will perceive nursing care in accordance with his/her health needs. Castillo also indicates that nurses in the post-anesthesia recovery unit should reinforce nursing activities such as relationship, emotional support and provide comprehensive care that contributes to patient satisfaction and thus improve the quality of nursing care. In addition, the overall quality of nursing care perceived by the user requires to be continuously assessed in order to close gaps in particular dimensions and seek positive trends in patient care (Pasquel, 2016)

Finally, given this situation, it is very likely that if the study problem persists regarding the lack of quality care by the surgical team in the short term (medium or long term), it could cause considerable damage, which could have important repercussions on the recovery of the patient, deteriorating the trust of patients in health systems.

## **2. Materials and methods**

The present research was quantitative, descriptive, cross-sectional, prospective, and was carried out in the operating room service of the National Institute of Neoplastic Diseases; the population under study consisted of 664 patients who underwent breast surgery; the sample size was 191 patients; simple random probability sampling was used to determine the sample.

The instrument used to collect the data was a questionnaire for the variable satisfaction with the quality of nursing care, consisting of 37 questions that allowed us to determine the behaviors that are perceived as important for the patient to feel satisfied, consisting of 6 dimensions of behavior: explains (09 questions), accessibility (04 questions), anticipates (05 questions), comforts (05 questions), maintains a relationship of trust (06 questions) and monitoring (04 questions). The questionnaire was validated by 8 specialists by expert judgment and the reliability was through the pilot test of 30 patients who met the same characteristics of the study population; and the reliability was applied the Cronbach's Alpha test whose value is 0.81 obtaining high reliability. Ethical principles were applied throughout the research.

### 3. Results

Table 1. Percentage distribution of the level of satisfaction with the quality of preoperative and intraoperative nursing care of patients undergoing breast surgery.

LEVEL OF SATISFACTION	N	%
Satisfied	113	59.16
Moderately satisfied	57	29.84
Dissatisfied	21	11
<b>Total</b>	<b>191</b>	<b>100</b>

In relation to the level of satisfaction with the quality of preoperative and intraoperative nursing care, 59.16% of the patients who underwent breast surgery considered themselves satisfied with the nursing care received.

Table 2. Percentage distribution of the level of satisfaction with the quality of preoperative and intraoperative nursing care of patients undergoing breast surgery by dimensions.

DIMENSIONS	SATISFIED		MODERATELY SATISFIED		INSATISFIED		TOTAL	
	N	%	N	%	N	%	N	%
Explains	105	54.97	59	30.89	27	14.14	191	100
Accessibility	163	85.34	19	9.95	9	4.71	191	100
Anticipates	119	62.3	23	12.05	49	25.65	191	100
Comforts	175	91.62	9	4.71	7	3.67	191	100
Relationship - trust	151	79.06	18	9.42	22	11.52	191	100
Monitoring	162	84.82	21	10.99	8	4.19	191	100

In the dimensions explains, 86% achieve a high to medium level, while 14% of the patients perceive themselves to be dissatisfied. In terms of accessibility 95% are high and medium level while 4% are low. In relation to anticipatory care 74% level between high and medium while 26% low. Also, in comfort 96% is high and medium level while 4% is low. In relation to the trust dimension 88% is high and medium level while 12% is low. In the monitoring dimension, 96% is high and medium level while 4% is low.

#### 4. Discussion

Satisfaction is a quality indicator that allows to achieve trust between the nurse-patient, who perceives that the care provided by the nurse coincides with his or her expectations and thus satisfies his or her health needs. The findings found 59% are highly satisfied while 30% are moderately satisfied. These results coincide with the findings of Amed-Salazar et al. (2019) who found that the overall quality achieved was 62%. In the case of Mexico Puch-Ku et al (2016), refers that the overall satisfaction level in relation to nursing care was 70.1%, Likewise, in Colombia, Ruydiaz et al (2018) finds that the level of medium to high satisfaction 27%, 38% respectively, Sillero-Sillero and Zabalegui (2019) in Spain refers that the degree of satisfaction with nursing care in the perioperative period is high, while Guedes do Santos et al., (2019) in Brazil argues that patients expressed satisfaction with nursing care in 64%.

It should be noted that nurses working in the operating room provide specialized care having as a transversal axis the satisfaction of the surgical oncology patient, since user satisfaction involves quality indicators that are related to the patient's expectations and perception in relation to the services or care provided. In this service it is fundamentally necessary to provide quality, efficient, effective and timely nursing care so that the patient has a satisfactory experience and perceives a safe environment and care during the hospital stay. It is necessary to reflect on and analyze this indicator in order to rethink care actions that can be made visible to the patient by reinforcing personal relationships, good treatment and timely information.

When identifying the level of quality satisfaction in the dimension explains, it was found that 54.97% of patients are satisfied while 30% moderately satisfied. These results coincide with the study of Amed - Salazar et al. (2019) finding that the proportion of the quality of nursing care is 60%, on the other hand, not coinciding the results with the study conducted by Francisco and Echevarría (2017) finding a medium level (51.4%) of satisfaction in this dimension, likewise Ruydiaz et al. (2018) finds a low level of satisfaction (35%) in the surgical area, so it can be deduced that the operating room nurses makes known aspects of the care it provides that for the patient are unknown or difficult to understand in relation to the activities performed in the operating room, providing the information in a clear way, making it easy or possible the execution of care for the patient's well-being.

Regarding the accessibility dimension, it was obtained that 85% satisfied while 10% moderately satisfied patients These results coincide with the study conducted by Amed-Salazar et al., (2019), who finds that more than half of the patients refer that the nurse is always attentive to the health needs of patients, not coinciding the results with Ruydiaz et al., (2018) who found a low level of satisfaction (34%) in the surgical area and Francisco and Echevarría (2017) who found a medium level of satisfaction of surgical center patients (50.9%), these results reflect that the operating room nurse is attentive and provides quality nursing care considering essential the support and support provided in a timely manner to the patient, such as dedicating time to approach to meet their health needs.

In relation to the anticipated nursing care dimension, it was found that 62.2% are satisfied, coinciding with the results with Amed - Salazar et al. (2019) finding that the proportion of nursing care quality is 56.1%, also Ruydiaz et al., (2018) finds a high level of satisfaction (77%) in the surgical area, on the other hand, not coinciding the results with the study conducted by Francisco and Echevarría (2017) finding a medium level (56.3%) of satisfaction in this dimension, so it can be deduced that operating room nurses plan nursing care taking into account the patient's needs in order to prevent complications and/or adverse events.

Regarding the comfort dimension, it was found that 92% are satisfied, the results found differ with the study conducted by Amed - Salazar et al. (2019) finding that the proportion of the quality of

nursing care is 61.5%, on the other hand, not coinciding the results with the study conducted by Francisco and Echevarría (2017) finding a medium level (58.9%) of satisfaction in this dimension, also Ruydiaz et al., (2018) finds a medium level of satisfaction (58%) in the surgical area, so it can be deduced that the care provided by the operating room nurse is aimed at ensuring that the patient perceives a comfortable environment that favors their well-being since on many occasions it is unknown and can generate anxiety or fear before admission to the operating room.

Regarding the trust relationship dimension, it was found that 79% are satisfied, while 9% are moderately satisfied. The results coincide with that of Amed - Salazar et al (2019) obtained 61.8% satisfied, likewise Ruydiaz et al., (2018) found a high level of satisfaction 67% in the surgical area, on the other hand, not coinciding the results with the study conducted by Francisco and Echevarría (2017) finding an average level 51.7% satisfaction in this dimension, so it can be deduced that operating room nurses provide care taking what axis to the surgical patient who enters the operating room, providing confidence, serenity and security in order to reduce their fears and concerns.

On the other hand, in the monitoring dimension, the results found were that 84.82% are satisfied and 11% moderately satisfied. The results coincide with Amed - Salazar et al. (2019) finding that the proportion of the quality of nursing care is 73.2%, likewise Francisco et al., (2017) finding a high level (54.3%) of satisfaction in this dimension, on the other hand, not coinciding the results with the study conducted by Ruydiaz et al., (2018) who finds a medium level of satisfaction (52%) in the surgical area, so it can be deduced that the operating room nurse plans her care and frequently monitors the care provided to the surgical oncology patient in order to meet her health needs.

The results obtained are due to the fact that the operating room nurse accompanies the patient during his stay in the surgical center, from admission in the immediate preoperative period, remains attentive to his health needs in the intraoperative period, which in accordance with Virginia Henderson's theory on patient safety and protection explains that the professional caring for the patient must assume total responsibility for covering the patient's needs because the patient is in IV dependency, In this process, the author points out that the role of the nurse should be to substitute for the patient's lack of mobility, strength and determination, and should be aimed at supplying the patient's basic needs in order to favor the maintenance of his health, guarantee safety during the surgical act and reduce the presence of unexpected complications (Naranjo et al, 2016)

Finally, patient satisfaction is highly complex quality indicator that is related to various factors: individual, family/social and health services, the component of subjectivity and its relationship with the environment makes it difficult to analyze user satisfaction; being important its analysis to improve and provide nursing care that meets the health needs of the patient. (Lobo et al, 2016).

## 5. Conclusions

Likewise, patients undergoing breast surgery are mostly satisfied with the quality of preoperative and intraoperative nursing care provided by the nurse in the operating room service. However, there is a smaller percentage moderately satisfied and dissatisfied, it is important to redesign new forms of care actions that improve the perception of patients in the surgical area. As for the dimensions with the highest satisfaction are accessibility, comfort, trust relationship and patient monitoring, and in the dimensions anticipates and explains, there is a considerable percentage of medium and dissatisfied level, so it is necessary to reinforce nursing care actions to improve quality standards.

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