

## Care necessities: the view of the patient and nursing team

*Necessidades de cuidados: o olhar do paciente e da equipe de enfermagem*

*Necesidades de cuidados: La mirada del paciente y del equipo de enfermería*

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### ABSTRACT

**Objectives:** To compare care necessities as perceived by the patient and nursing team and to investigate the sociodemographic factors associated with these perceptions. **Method:** A comparative study was conducted in units and hospitalized patients of a hospital institution in the state of São Paulo. The participants comprised 100 health professionals (50 nurses and 50 nursing technicians and auxiliaries) and 50 patients. A questionnaire was constructed and validated regarding care needs and was completed by the participants. **Results:** Considering cut-off value  $\kappa \geq 0.61$ , or that is, good and very good intervals, the greatest agreement between the perception of the patients and the nursing team was in the areas of: *Care and Communication*, both with 92.6% agreement; followed by *Basic Care* with 74.1%. The lowest value was found in the field of *Care Planning and Organization*, 64.3%. **Conclusion:** In a general manner, there was an agreement between the care needs from the view of the patients themselves and the nursing team.

**Descriptors:** Determination of Healthcare Necessities; Nursing Care; Hospitalized Patients; Evaluation in Nursing; Quality of Healthcare.

### RESUMO

**Objetivos:** Comparar como as necessidades de cuidados são percebidas pelo paciente e equipe de enfermagem e investigar os fatores sociodemográficos associados a estas percepções. **Método:** Estudo comparativo realizado em unidades e internação de uma instituição hospitalar do interior do Estado de São Paulo. Os participantes foram 100 profissionais (50 enfermeiros e 50 técnicos e auxiliares de enfermagem) e 50 pacientes. Construiu-se e validou-se um questionário sobre necessidades de cuidados preenchido pelos participantes. **Resultados:** Considerando-se valor de corte  $\kappa \geq 0,61$ , ou seja, intervalos bom e muito bom, houve maior alinhamento entre a percepção dos pacientes e equipe de enfermagem nos domínios *O Ambiente do Cuidado e Comunicação*, ambos com 92,6% de concordância; seguido de *Cuidados Básicos*, com 74,1%. O menor valor foi encontrado no domínio *Planejamento e Organização do Cuidado*, 64,3%. **Conclusão:** De maneira geral, observou-se alinhamento no atendimento das necessidades de cuidados no olhar do próprio paciente e da equipe de enfermagem.

**Descritores:** Determinação de Necessidades de Cuidados de Saúde; Cuidados de Enfermagem; Pacientes Internados; Avaliação em Enfermagem; Qualidade da Assistência à Saúde.

### RESUMEN

**Objetivos:** Comparar como las necesidades de cuidados son notadas por el paciente y equipo de enfermería e investigar los factores sociodemográficos asociados a estas percepciones. **Método:** Estudio comparativo realizado en unidades e internación de una institución hospitalaria de un pueblo de la provincia de São Paulo. Los participantes fueron 100 profesionales (50 enfermeros y 50 técnicos y auxiliares de enfermería) y 50 pacientes. Se construyó y se validó un cuestionario sobre necesidades de cuidados relleno por los participantes. **Resultados:** Considerándose valor de corte  $\kappa \geq 0,61$ , o sea, intervalos bueno y muy bueno, hubo mayor alineamiento entre la percepción de los pacientes y equipo de enfermería en los dominios *El Ambiente del Cuidado y Comunicación*, ambos con 92,6% de concordancia; seguido de *Cuidados Básicos*, con 74,1%. El menor valor

fue encontrado en el dominio *Planificación y Organización del Cuidado*, 64,3%. **Conclusión:** De manera general, se observó alineamiento en la atención de las necesidades de cuidados en la mirada del propio paciente y del equipo de enfermería.

**Descriptores:** Determinación de Necesidades de Cuidados de Salud; Cuidados de Enfermería; Pacientes Internados; Evaluación en Enfermería; Calidad de la Asistencia a la Salud.

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## INTRODUCTION

The caring process is a fundamental activity of nursing and is focused on identification and attendance of the patients' care needs<sup>(1)</sup>. Its objective is the development of practices based on scientific knowledge, experience, intuition and critical thinking<sup>(2)</sup>. Individualized care recognizes the uniqueness and values of patients, considers their personal characteristics, clinical conditions, personal life situation as well as preferences in the participation of care and as a result produces positive impact on the outcome of the care itself<sup>(3)</sup>.

Hospital managers are considering patient reports and evaluations as a guiding tool for improving quality and safety programs in their organizations. Meanwhile in recent years, users have acquired the autonomy to demand transformations in the provision of health services<sup>(4)</sup>.

National and international studies have evaluated patients' satisfaction with the care they receive<sup>(5-11)</sup>. However, few workers<sup>(12-14)</sup> have addressed satisfaction from the perspective of both patient and nursing team.

The ever increasing demands from clients has contributed to the improvement of the work process<sup>(15)</sup>. Thus, attempts to describe and analyze the factors involved in this process are essential to obtain a more comprehensive understanding of the dimensions of care, which requires considerable time and energy from professionals<sup>(16)</sup>.

The importance of an agreement between care needs from the patient's standpoint and from the nursing team's perspective has led to the present research, which aims to compare how care needs are perceived by the patient and nursing team (nurses, nursing technicians and auxiliaries) and investigate the sociodemographic factors associated with these perceptions. It sets out to answer the following questions: *How does the patient perceive the care of his / her own care needs? Is there a difference between the vision of the patient and each member of the nursing team? What aspects (sociodemographic and professional) influence this agreement?*

## METHOD

### Ethical aspects

This study was approved by the Committee of Research Ethics and obtained free and informed consent from all the participants.

### Study design, location and period

A comparative method<sup>(17)</sup> was used to investigate the differences and similarities in the vision of patients, nurse, nursing technicians and auxiliaries regarding the variable necessities

of nursing care. The field of study was the units of clinical medicine, neurology, parasitic infectious diseases, emergency and intensive care units of a hospital institution, with special, general and teaching characteristics, located in a city in the northwest of São Paulo state. Data collection occurred during the months of April to July 2015.

### Sample: inclusion and exclusion criteria

A total of 100 professionals (50 nurses and 50 nursing technicians and assistants) and 50 patients participated in the research. Professionals were included when they agreed to participate in the study and were available to complete the questionnaire. Patients met the following criteria: 1) they were oriented in time and space and 2) were able to read, understand and answer the questions of the instrument. Participants were chosen randomly, respecting the momentary conditions of the application of the instrument. The sample size was calculated based on a pilot study of size  $10 \times 10 \times 10$ , for an alpha of 0.27 and power of 0.8.

### Study protocol

The research was divided into three phases:

1. Development of the scale – To cover the proposed study questions, a questionnaire was constructed based on the classification of basic human needs<sup>(1)</sup>, nursing care audit<sup>(18)</sup>, and instruments regarding patient satisfaction with care received<sup>(5-6)</sup>. The instrument initially considered sociodemographic information of the respondent such as: gender, age, educational level, type and mode of hospitalization (for patients), while for the nursing team, information such as time of professional experience and professional qualification.

The other part comprised a five-point Likert scale with options ranging from "No Priority" to "Very High Priority". A total of 45 statements were elaborated covering four domains of the care process: Care Planning and Organization of (6 affirmative); Care Environment (12 affirmative); Communication and Information (11 affirmative) and Basic Care (15 affirmative). Two open questions were included to give participants the opportunity to express their opinions about any unfulfilled care needs. At the end, a 10-point scale was made available so that the patient or nursing team could register their level of satisfaction with the health care.

In an initial pilot study, the questionnaire was completed by patients, nurses, nursing technicians and assistants (10 each) in paired form. The answers obtained allowed discussion of the content and verification of the participants' understanding, from which the final version was prepared.

- Validation of the instrument - The objectivity, clarity and pertinence of each item (validity of content) was analyzed by five medical nurses and three clinical nurses with agreement ranging from 98% to 100%. The internal consistency of the instrument presented a Cronbach's alpha of 0.86, considered as good.
- Application to the participants – The questionnaire was completed on different days of the week and work shifts (morning, afternoon and night), according to the availability of the nursing staff of the units investigated. It was applied by one of the researchers and two collaborators who were undergoing professional training (Program for nurses, remunerated by the Health Department of the State of São Paulo), after orientation regarding the content and operationalization of the instrument.

### Statistical analysis

Statistical processing of the data was conducted using Bioestat 5.3 and Statistical Package for Social Sciences (SPSS) 20.0 software. The significance threshold was set at  $p \leq 0.05$ . For calculation of the weighted kappa coefficient (KW), the VassarStats: Website for Statistical Computation was used (<http://vassarstats.net/>) and 95% confidence interval. The following were performed:

- The descriptive statistics presented as percentages, mean, standard deviation, and median (Q1 and Q3);
- KW since this takes into consideration both the level of agreement and level of disagreement. For interpretation we used the following proposed values:  $< 0.20$  = slight;  $0.21-0.40$  = fair;  $0.41-0.60$  = moderate;  $0.61-0.80$  = substantial and  $0.81-1.00$  = almost perfect agreement<sup>(19)</sup>; and kappa cut-off level  $\geq 0.61$ , or that is, good and very good intervals;
- Spearman's rank correlation coefficient (two-tailed test) was used to verify the association between the mean score of responses / level of satisfaction and the sociodemographic variables of the patient: gender, age, educational level (Elementary uncompleted, Elementary completed, High school completed, College completed), characteristics of the hospitalization (hospitalization day, type and hospitalization modality); and of

the nursing team (gender, age and time of professional experience and qualification).

### RESULTS

There was a predominance of male patients ( $n = 36.72\%$ ) of which the majority, 44 (88%), had completed Elementary and High school, 4 (8%) uncompleted Elementary school and 2 (4%) completed College level. The mean age was 50.9 years (SD 13.9; range 19 to 82 years). They were hospitalized in the Unified Health System (SUS) ( $n = 31.62\%$ ) and other health care providers ( $n = 19.38\%$ ), with a predominance in the clinical modality ( $n = 32.64\%$ ) followed by surgical ( $n = 18.36\%$ ). Regarding the nursing team, the majority was female and of these 38 (76%) were nurses and 33 (66%) nursing technicians and auxiliaries with a mean age of 32.9 years (SD 7.9, range 22 -54) and 38.2 (SD 6.3, range 20 to 50), respectively. The mean duration of the professional experience was 7.4 years (SD = 4.4, range 3 months to 16.6 years) for nurses and 6.3 years (SD = 4.9, range 3 months to 20 years) for nursing technicians and auxiliaries. Eighteen professionals had post-graduation *lato sensu* courses in: cardiology, pediatrics, emergency and intensive care.

It can be noted from the data in Table 1 that the kappa coefficient values in *Care Planning and Organization* ranged from Kw 0.32 (0.07 - 0.46) for "Patient participation in decision making" (Nurse  $\times$  Tec / Aux) to Kw 0.93 (0 - 0.40) for "Knowledge of patient's care needs" (Pat  $\times$  Tec / Aux).

In the domain *Care Environment* (Table 2), there was a variation in Kw from 0.56 (0 - 0.35) in "Respect of values and necessities expressed by patient/family" (Pat  $\times$  Tec/Aux) to Kw 0.92 (0 - 0.39) in "Respect and ethics in the relations" (Nurse  $\times$  Tec/Aux).

Variation in the agreement for *Communication and Information* was Kw 0.55 (0-0.32) for "Orientation regarding care" (Pat  $\times$  Tec/Aux) and Kw 0.96 (0-0.35) for "Introducing the team before performing care" (Pat  $\times$  Tec/Aux) (Table 3).

Table 4 presents the Kappa coefficient values for the Basic Care domain. There was a variation of Kw 0.50 (0-0.20) in necessity for oxygenation (Pat  $\times$  Tec/Aux) to 0.93(0.23-0.64) for Use of equipment for deambulation (walking sticks, wheelchairs and others) within the physical ambient (Pat  $\times$  Tec/Aux).

**Table 1** – Care Planning and Organization: agreement (Kw) between the care needs perceived by the patient and nursing team, São José do Rio Preto, São Paulo, Brazil, 2015 (N = 150)

Necessities	Pat $\times$ Nurse		Pat $\times$ Tec/Aux		Nurse $\times$ Tec/Aux	
	Kw(CI)	Prop	Kw(CI)	Prop	Kw(CI)	Prop
Participation in decision-making	0.52(0-0.51)	0.70	0.57(0.03-0.45)	0.64	0.32(0.07-0.46)	0.68
Participation of accompanying person in decision-making	0.76(0-0.32)	0.56	0.76(0-0.37)	0.54	0.67(0.18-0.60)	0.58
Maintenance of caregiver	0.65(0-0.36)	0.64	*	0.36	0.67(0-0.36)	0.46
Team's knowledge of care needs	0.48(0-0.18)	0.52	0.93(0-0.40)	0.50	0.48(0-0.26)	0.58
Satisfaction with care needs	*	0.42	*	0.34	0.63(0-0.41)	0.50
Resolution	*	0.36	0.84(0-0.42)	0.48	0.85(0-0.38)	0.42

Note: Pat – Patient; Tec – Technician; Aux – Auxiliary; Prop – Proportion of agreement; \*Kw could not be calculated.

**Table 2** – Care Environment: agreement (Kw) between the necessities as seen by the patient and nursing team, São José do Rio Prêto, São Paulo, Brazil, 2015 (N = 150)

Necessities	Pat × Nurse		Pat × Tec/Aux		Nurse × Tec/Aux	
	Kw(CI)	Prop	Kw(CI)	Prop	Kw(CI)	Prop
Physical environment (noise)	0.88(0-0.46)	0.46	*	0.28	*	0.32
Physical environment (comfort)	0.76(0-0.24)	0.40	*	0.40	0.78(0.06-0.45)	0.54
Attention	0.84(0-0.37)	0.58	0.64(0-0.18)	0.46	*	0.34
Kindness and Education	0.77(0-0.33)	0.60	0.79(0-0.30)	0.50	*	0.34
Emotional Support	*	0.36	0.71(0-0.22)	0.42	*	0.40
Spiritual Support	0.86(0-0.33)	0.48	0.68(0-0.20)	0.46	*	0.30
Confidentiality/priv	0.81(0-0.34)	0.45	0.79(0-0.20)	0.40	*	0.30
Attending requests	0.73(0-0.34)	0.46	0.85(0-0.37)	0.42	0.82(0-0.48)	0.46
Safety	0.77(0-0.34)	0.46	0.72(0-0.40)	0.50	0.71(0-0.31)	0.44
Respect and ethics	0.78(0-0.26)	0.40	0.67(0.01-0.34)	0.38	0.92(0-0.39)	0.54
Respect of expressed values/necessities	0.82(0-0.28)	0.40	0.56(0-0.35)	0.44	0.58(0-0.32)	0.46
Professional competence	0.81(0-0.40)	0.36	0.73(0.07-0.49)	0.48	0.84(0-0.42)	0.50

Note: Confidentiality/priv – Privacy; Pat – Patient; Tec – Technician; Aux – Auxiliary; Prop – Proportion of agreement; \*Kw could not be calculated.

**Table 3** – Communication and Information: agreement (Kw) between the perception of the patient and nursing team, São José do Rio Prêto, São Paulo, Brazil, 2015 (N = 150)

Necessities	Pat × Nurse		Pat × Tec/Aux		Nurse × Tec/Aux	
	Kw(CI)	Prop	Kw(CI)	Prop	Kw(CI)	Prop
Orientation - Hospitalization	0.64(0-0.30)	0.44	0.77(0-0.40)	0.44	*	0.24
Orientation - Health status	*	0.36	*	0.28	0.73(0-0.22)	0.40
Orientation - Care	0.60(0-0.22)	0.34	0.55(0-0.32)	0.32	0.83(0-0.35)	0.50
Orientation -Timing	0.80(0-0.30)	0.42	0.75(0-0.22)	0.42	0.95(0-0.35)	0.50
Introduction of team before care	0.65(0.08-0.47)	0.50	0.96(0-0.35)	0.42	0.69(0-0.32)	0.48
Communication - patient/team	0.84(0-0.32)	0.48	0.76(0-0.46)	0.46	0.76(0-0.30)	0.52
Communication -family/team	0.92(0-0.09)	0.40	0.86(0-0.41)	0.40	0.94(0-0.20)	0.40
Orientation - home care	0.72(0-0.21)	0.42	0.89(0.02-0.44)	0.46	0.64(0-0.37)	0.46
Orientation -Verbal clarity	*	0.28	0.89(0-0.27)	0.42	0.89(0-0.30)	0.46
Orientation - Written clarity	0.67(0-0.08)	0.34	0.82(0.01-0.44)	0.42	0.80(0-0.19)	0.40
Time dedicated to answering questions (patient/family)	*	0.30	0.71(0-0.42)	0.38	*	0.34

Note: Pat – Patient; Tec – Technician; Aux – Auxiliary; Prop – Proportion of agreement; \*Kw could not be calculated.

**Tabela 4** – Basic Care: agreement (Kw) between the necessities as perceived by the patient and nursing team, São José do Rio Prêto, São Paulo, Brazil, 2015 (N = 150)

Necessities	Pat × Nurse		Pat × Tec/Aux		Nurse × Tec/Aux	
	Kw(CI)	Prop	Kw(CI)	Prop	Kw(CI)	Prop
Personal hygiene/comfort	0.58(0-0.22)	0.38	0.51(0-0.30)	0.38	0.90(0-0.32)	0.48
Alimentation/hydration	*	0.28	0.58(0-0.37)	0.42	0.86(0-0.33)	0.52
Help using toilet/ bedpan/urine bottles	*	0.34	0.76(0-0.33)	0.46	*	0.34
Care with drains catheters and colostomy bags	*	0.28	0.80(0-0.41)	0.44	0.86(0-0.30)	0.44
Aid changing colostomy bags	0.70(0-0.33)	0.50	0.90(0-0.45)	0.48	*	0.37
Aid in deambulation	0.70(0-0.25)	0.48	0.86(0.12-0.53)	0.52	*	0.36
Aid with the ambulation equipment	0.80(0-0.18)	0.44	0.93(0.23-0.64)	0.64	*	0.36
Change of decubitus	*	0.38	0.84(0-0.26)	0.44	0.84(0-0.33)	0.48
Oxygenation	*	0.40	0.50(0-0.20)	0.46	0.86(0-0.22)	0.54
Daily change of dressings	0.81(0-0.15)	0.44	0.72(0-0.24)	0.48	*	0.46
Preserving skin integrity	*	0.46	*	0.46	*	0.42
Medications administered on time	*	0.44	0.88(0-0.25)	0.56	*	0.38
Orientation regarding medications	*	0.48	0.79(0-0.37)	0.66	*	0.46
Pain (resolution)	0.65(0-0.30)	0.56	0.80(0-0.44)	0.52	0.53(0-0.15)	0.50
Nausea and vomiting (resolution)	0.46(0-0.35)	0.70	*	0.78	0.36(0-0.10)	0.63

Note: Pat – Patient; Tec – Technician; Aux – Auxiliary; Prop – Proportion of agreement; \*Kw could not be calculated.

The association between the mean score of answers/level of satisfaction and the sociodemographic variables of the patients revealed a correlation of  $r^2 = 0.36$  ( $p = 0.01$ ) for age. No significant correlations were found for the other sociodemographic data of patients and nursing staff.

When questioned about the level of satisfaction with the care needs on a scale of 1 to 10, the mean score was 7.6 (patients), 7.7 (nurses) and 7.9 (nursing technicians / auxiliaries). Both a nurse and a nursing technician commented that motivation and humanization of the team should be considered as factors for the quality of service provided.

## DISCUSSION

This investigation was conducted to verify if the nursing team perceives their attendance of care needs in the same way as the patients themselves. Therefore, the instrument constructed for the study considered 45 care needs grouped into four domains.

Considering a kappa cut-off value  $\geq 0.61$  i.e. good and very good intervals, there was a greater agreement between the perception of the patients and the nursing team in the domains *Care and Communication*, both with 92.6% agreement; followed by *Basic Care* with 74.1%. The lowest value was found in *Care Planning and Organization*, 64.3%. Thereby demonstrating that nursing professionals still have to overcome challenges in the areas of participation of the patient and accompanying person in the decision making process, the nursing team's knowledge of care needs, together with their resolving and satisfaction of care needs.

Communication is an essential element in care, representing the very foundation of interpersonal relations. The present study draws attention to the fact that although the communication was effective, patients feel the need for more guidance regarding their care than they had received. In another study, involving Swedish patients, communication was considered to be the second greatest need<sup>(13)</sup>.

The findings also indicate that the categories of nursing technicians and assistants tend to perceive more comprehensively the patients' care needs and respond more readily to their requests than the nurses, perhaps because of their greater proximity to the patients. Research on daily care time showed that nurses spend 0.5 to 1 hour with patients, while nursing technicians and or auxiliaries presented in the range of 3.6 to 4.1 hours<sup>(20)</sup>.

The articulation between management, caring process and educational activities with the patient/family constitutes a great challenge in the professional practice of nurses. Work overload has been pointed to as a limiting factor for such an articulated work process and consequently has an impact on the patient's care demands<sup>(21)</sup>.

In the perception of all three groups (Pat  $\times$  Nurse; Pat  $\times$  Tec / Aux, and Nurse  $\times$  Tec / Aux), there is involvement with the family member or accompanying person in the decision making process for care planning (good agreement). However, for the Nurse  $\times$  Tec / Aux group, patient involvement is still inadequate (regular agreement). Failure in shared

decision-making can be considered a result of institutional culture<sup>(22)</sup>. Patient participation in decision-making regarding the health-disease process is considered to be of fundamental importance within the scenario of nursing practice and one of the foundations of patient-centered care<sup>(23-24)</sup>. Its benefits extend not only to the users themselves, but also to the nursing team and organization<sup>(24)</sup>.

From the perspective of Pat  $\times$  Tec/Aux and Nurse  $\times$  Tec/Aux, the nursing team can resolve patients' problems (very good agreement). The infeasibility of calculating the kappa between Pat  $\times$  Nurse made it impossible to analyze the resolving of care needs for this category.

The findings demonstrate that nurses have more respect for the values, preferences and needs expressed by the patient/family (very good agreement) than the technicians and auxiliaries (moderate agreement), possibly arising from the emphasis on development of humanistic skills and abilities in nursing by undergraduate courses<sup>(25)</sup>. A Swedish study<sup>(13)</sup> compared the perception of patients and nurses regarding care priorities and reported that according to their lists, professional competence was considered to be the highest priority in care needs by 26% and 38%, respectively.

Patients (moderate and good agreement) and the nursing team (good and very good) do not share the same perception regarding basic care needs. Personal hygiene and comfort were demonstrated to be needs that are still neglected. The resolution of nausea and vomiting presented the lowest result. Low percentages in the level of agreement between nurses and patients for this item of care were also found in other investigations<sup>(13-14)</sup>. The necessary care that has been omitted, in part or in full (lost care), is detrimental to patient safety<sup>(26)</sup>.

The average satisfaction with care provided was 76% among the patients, 77% for nurses and nursing technicians/ auxiliaries 79%, showing agreement in the perception of the three groups (mean 77.3%). Values of 92.7% have been reported in the emergency department<sup>(8)</sup> and 3.7 on a five point scale (approximately 74%) in an emergency unit<sup>(11)</sup>.

In the criteria for classification of nursing care quality<sup>(18)</sup>, the ideal level of positivity would be 100%, or at least a safe 80% to 88%; values between 70% and 79%, as found here, point to borderline assistance. Some dissatisfaction can be noted among both patients and professionals. There is awareness that the caring process does not function as desired, and some team members reported a detrimental workload, while emphasizing the importance of motivation and humanization for the quality of service to users.

The investigation of factors associated with the perceived needs in this study did not show significant correlations for demographic data (except patient's age), characteristics of the hospitalization and the nursing team. Other investigations have reported educational level<sup>(6-7,11)</sup>, length of stay in the unit<sup>(6,11)</sup>, age<sup>(7,11)</sup> and sex<sup>(6)</sup> as factors that influenced the judgment of hospitalized patients in relation to the level of satisfaction with nursing care. On the other hand, marital status, in corroboration with the findings of the present study, was not a determinant of patient satisfaction<sup>(6)</sup>.

### Study limitations

Some limitations may be related to the conduct of this study. The findings with regard to the perception of patients and nursing team, about the attendance of needs refer only to a single scenario of practice. In addition, the impossibility of calculating the kappa for some needs impeded comparisons between groups. Thus, it is suggested that further investigations are performed in other health institutions.

### Contribution to the area of nursing, health and public policy

This research aimed to extend the investigations into satisfaction that have been conducted strictly from the patients' perception of the attendance of their nursing care needs. To do so, it also considered the question from the perspectives of the accompanying person and nursing team.

The instruments constructed and validated in this study can be used in the future to complement the literature on the

subject and during the evaluation process of health care provided to users.

Information on the quality of care received by patients enables proposals for programs to improve care quality and implement change in the practices for patient/family centered care.

### CONCLUSION

In general, there was an agreement regarding the attendance of care needs in the eyes of the patient and the nursing team. However, the average satisfaction was below the ideal level. Only the influence of patient's age on the level of satisfaction was found.

Thus, to strengthen care resolution, it is necessary for nurses to assume their role in the management of changes thereby empowering their staff. The transformation of professional practice is still a complex and challenging process.

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