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de Castro, Vivian Carla; Derhun, Flávia Maria; Carreira, Lígia
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PROVIDED IN AN ASYLUM

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RESEARCH

SATISFACTION IN THE ELDERLY AND NURSING PROFESSIONALS WITH CARE PROVIDED IN AN ASYLUM

SATISFAÇÃO DOS IDOSOS E PROFISSIONAIS DE ENFERMAGEM COM O CUIDADO PRESTADO EM UMA INSTITUIÇÃO ASILAR*

LA SATISFACCIÓN DE LOS ANCIANOS Y DE LOS PROFESIONALES DE ENFERMERÍA CON EL CUIDADO PROPORCIONADO EN UNA INSTITUCIÓN ASILAR

Vivian Carla de Castro¹, Flávia Maria Derhun², Lígia Carreira³

ABSTRACT

Objective: To identify the satisfaction level of the elderly and the nursing professionals that work in St. Vincent de Paula Asylum in Maringá-PR with regard to the care given. **Method:** Descriptive, exploratory and qualitative analysis. It was undertaken with 23 elderly people and 8 nursing professionals, according the cognitive state and availability, respectively, using a semi-structured script, between April and June 2012 and the collected data were submitted to Bardin’s content analysis. The research was approved by Ethics Committee of the State University of Maringá CAEE 0050.0.093.000-08. **Results:** Were indicators of elderly satisfaction: interpersonal relationships users/providers, representations about the health-disease process, infrastructure, service material and adaptive process of institutionalization. While affinity to the job/team, wages, difficulties in daily practice and the reason for the job seeking influenced the professionals’ satisfaction. **Conclusion:** Both elderly as nursing professionals were contented with the care given for the elderly in the asylum. **Descriptors:** Elderly health, Patient satisfaction, Institutionalization, Nursing care.

RESUMO

Objetivo: Identificar o nível de satisfação de idosos residentes e de profissionais de enfermagem do Asilo São Vicente de Paula em Maringá-PR com relação ao cuidado prestado. **Método:** Estudo qualitativo, descritivo e exploratório. Foram entrevistados 23 idosos e oito profissionais de enfermagem, de acordo com o estado cognitivo e a disponibilidade, respectivamente, utilizando-se um roteiro semiestruturado, entre abril e junho de 2012, sendo os dados submetidos à análise de conteúdo de Bardin. A pesquisa foi aprovada pelo Comitê de Ética em Pesquisa da Universidade Estadual de Maringá CAEE 0050.0.093.000-08. **Resultados:** Foram indicadores da satisfação dos idosos: relações interpessoais usuários/provedores, representações sobre processo saúde-doença, infraestrutura, material do serviço e processo adaptativo à institucionalização. Enquanto afinidade com o trabalho/equipe, remuneração, dificuldades na prática diária e o motivo da busca pelo trabalho influenciaram a satisfação dos profissionais. **Conclusão:** Tanto idosos como profissionais demonstraram-se satisfeitos com o cuidado prestado na instituição. **Descritores:** Saúde do idoso, Satisfação do paciente, Institucionalização, Cuidados de enfermagem.

RESUMEN

Objetivo: identificar el nivel de satisfacción de los ancianos residentes y de los profesionales de enfermería del Asilo São Vicente de Paula de Maringá-PR sobre el cuidado prestado. **Método:** Estudio descriptivo, exploratorio y cualitativo. Se entrevistaron 23 ancianos y ocho profesionales de enfermería, de acuerdo con el estado cognitivo y disponibilidad, respectivamente, utilizando un itinerario semi-estructurado, entre abril y junio de 2012, y los datos fueron sometidos al análisis de contenido de Bardin. El estudio fue aprobado por el Comité de Ética de la Investigación de la Universidad Estadual de Maringá CAEE 0050.0.093.000-08. **Resultados:** Fueron indicadores de la satisfacción de los ancianos: relaciones interpersonales usuarios-proveedores, representaciones sobre el proceso salud-enfermedad, infraestructura, material del servicio y proceso adaptativo a la institucionalización. Mientras que afinidad con trabajo/equipo, remuneración, dificultades en la práctica diaria y la razón que llevó a la búsqueda por el trabajo fueron influyentes en la satisfacción de los profesionales. **Conclusión:** Tanto los ancianos como los profesionales de enfermería estaban satisfechos con el cuidado proporcionado en la institución. **Descriptores:** Salud del anciano, Satisfacción del paciente, Institucionalización, Atención de enfermería.

¹Nurse. Master’s candidate of the Graduate Program in Nursing, State University of Maringá (UEM). Member of the Center for Advanced Study and Research on Ageing (NEAPE). Email: vivian.carla5 @ hotmail.com. Address: Rua Bragança, nº 27, aptº 304, CEP 87020-220, Maringá-PR, Brazil.²Undergraduate Nursing from the State University of Maringá. Member of the Center for Advanced Study and Research on Ageing (NEAPE). Email: flavia-derhun@hotmail.com.³Nurse. PhD in Nursing. Adjunct Professor of undergraduate and graduate nursing from the State University of Maringá. Leader of the Center for Advanced Study and Research on Ageing (NEAPE). Email: ligiacarreira@hotmail.com.

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INTRODUCTION

The population aging has been the target of attention due to the rapid speed of demographic transition, because imposes to the society challenges for which she wasn't prepared.¹ In 1970, the elderly were 3.1% of the total population and, according to estimates, in 2050 people with 60 years of age or older should correspond to approximately 19% of the Brazilian population.²

The families have found growing difficulties to take care of their elderly people in their own homes, being the long-stay institutions for elderly (ILPI) an option.³ These serve as providers of health and social services that aim to provide the basic needs of the elderly, including food, housing, health integral care and social, legal and administrative support.⁴

When the elderly is institutionalized, shall participate in a specific social group of people, where are specific roles characterized by dependence on the health team and limited physical space of the institution, having time for their activities determined by the healthcare professional. It is considered that the expectation that the elderly have in relation to institutionalization, treatment and quality of care is a factor that can have an impact on the assistance they will receive.⁵ So, knowing the perception of these elderly on the care received is a measure of extreme relevance for the evaluation of the quality of the assistance provided.⁶

With regard to the satisfaction of the elderly, factors such as personality characteristics of nurses, including aspects of their behavior as empathy, communication and proficiency in care that requires knowledge, technical and organizational skill domain, have demonstrated

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influence on patient satisfaction with nursing care.⁷

In the case of the work of nursing, this reality refers to an important reflection on the services provided by these workers, since the trend is that a large portion of the elderly is dependent. Nursing professionals who work in these asylum institutions also suffer intense pressure on a daily basis, needing to have qualification and preparation suitable with reality, to the effective implementation of daily activities; facing bordering situations of life and suffering, and therefore are in a constant process of adjustments to achieve the balance. This requirement to keep the line is due to the work rate, their overload, and the constant presence of intervening factors that collaborate with the wearing of these professionals that can generate dissatisfaction at work.⁸

The internal balance of a health institution may be affected by the level of satisfaction of the professionals who work there, because satisfaction is a determining factor for the improvement of professional performance, being directly linked to motivation.⁹ This motivation is considered to be the state in which the employee feels in the mood to work productively, depending mainly on the environment, remuneration and working hours.¹⁰

In this context, the aim of this study was to identify the level of satisfaction of the elderly with the quality of health care provided by nursing professionals if an ILPI in the municipality of Maringá-PR and the level of satisfaction of these professionals in their activities.

METHODOLOGY

It is exploratory and descriptive study of qualitative approach, carried out by semi-structured interviews. The data collection took place in São Vicente de Paula Asylum, in the

municipality of Maringá-PR, between April and June 2012. Of the total of 83 elderly, 23 were interviewed, being adopted as a criterion for exclusion, the failure to obtain the minimum score in the implementation of the Mini Mental State Examination (MMSE).

The MMSE was used to evaluate the cognitive state of the elderly, as it provides information on various cognitive parameters. The MMSE contains questions grouped into categories, each one designed to assess specific cognitive “functions” such as temporal and spatial orientation, three word registration, attention and calculation, recall of three words, language and constructive visual ability. The score of MMSE can range from a minimum of 0 points, which indicates the highest degree of cognitive impairment of individuals, up to a total maximum of 30 points, which corresponds to better cognitive ability. In the case of illiteracy the score is different, by removing the instrument reading related items.¹¹ After the MMSE, was applied the instrument with identification issues, institutionalization time and open questions regarding satisfaction with the asylum environment and care given to them.

Among the 16 nursing professionals who work in the institution were interviewed eight, considering that 14 work 12 hours in one day and have a day off the next day, either during the day or night schedule and two work six hours a day. In the course of data collection, there were five follow-up attempts, on different days of interview in the afternoon without collection success with four professional, since two were on vacation and the other two were working daily in the morning. Night workers were not interviewed due to be infeasible for the researcher.

The data collection instrument contained identification issues, professional qualification,

time in service, perception of aging and care, and job satisfaction in the work they perform.

The content of the interviews was submitted to the transcription process and content analysis, which consists of a set of analytical techniques that aim to get, by systematic procedures and objectives, the description of the content of the messages.¹² The subjects were identified with the letters "E" and "P", referring to the terms "elderly" and "professional", respectively, followed by Arabic numerals.

Being a research that involves human beings were observed the ethical aspects governed by Resolution 196/96 of the National Health Council. The project was approved by the Standing Committee of Ethics in Research Involving Human Beings at the State University of Maringá, in 131/2008 opinion. Before the start of the data collection, the inmates and nursing professionals received all the information regarding the study and signed the Free and Informed Consent.

RESULTS AND DISCUSSION

Of the total number of elderly residents at the institution 28% were interviewed, and 87% of this (20) were men and 13% (3) were women. The average age was 76,5 years; the age ranged between 62 and 91 years and the time of institutionalization between three months and 12 years.

With regard to nursing professionals, eight were interviewed, who work during the day at the institution, being seven nursing technicians and a nurse. Four were male and four female, with ages ranging between 26 and 56 years. Of the total of the subjects covered, only two have professional training in Gerontology area. Three of the workers have another employment link and working time in

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the institution is between four months and six years.

From the analysis of the data, the following categories emerged:

SATISFACTION OF THE ELDERLY FROM THE PROCESS OF INSTITUTIONALIZATION

The illnesses of more than one member of the family, the disruption of family relationships and financial difficulties, as well as the preference of the elderly for the asylum, were causes for the institutionalization of the individual:

“[...] where I was at my sister’s house, it was very difficult, because her husband was sick too, then she asked if I come her.” (E14)

“[...] I’d rather stay here, I don’t want to leave from here, even if I heal I want to stay, because their treatment here is very good.” (E12)

The family often does not have the possibility to be responsible for the care of the elderly at the residence, both for socio-economic difficulties such as lack of adequate structure and, to resolve this situation, decided the institutionalization, since this, in the perception of the family, can provide the structure and proper care of the need of the inmates. There are cases where the elderly decide to institutionalize, a fact that can be triggered by friction in family relationships. In this case, the ILPI can be seen as a form of them to feel supported and protected. In addition, the dementia and the multiple comorbidities are also frequent causes of institutionalization.¹³

According to the cause of institutionalization, it can be got different levels of satisfaction of the elderly with care provided in the institution, assuming that elderly who took the initiative to institutionalize, for example, possibly have a great chance to have a higher level of

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satisfaction than those who were institutionalized for other reasons.

Commonly, it is observed that the elderly have an unfavorable view of ILPI, since sometimes common sense brings negative concepts about institutionalization, such as the idea of exclusion and abandon, being able to generate dissatisfaction with the care provided. It is considered that the perception about the institutionalization can be gradually changed according to the assistance provided to the elderly. It becomes important to know the expectations and actual experiences lived at ILPI by the elderly, as the level of satisfaction is in the process of meeting the expectations and needs of nursing care.¹⁴

“[...] I was welcomed very well [...] some says that here is mistreated, but not like this” (E14)

“[...] It’s wonderful, when I came here I thought it was going to be a punishment” (E9)

The adaptation to the environment of ILPI occurs differently for each elderly person, depending on their habits, beliefs and social and cultural context that was previously entered, being that this favorable process is essential to who will reside permanently in an environment as ILPI.¹⁵

“When we come from the outside is kind of hard, but we get used to it slowly”. (E20)

“For me it was easy to get used to, I lived at the Rondonópolis elderly house”. (E4)

There were reports of increased difficulty of adaptation by the fact of not being able to get out of the institution without companion, by preventing emotional relationships and coexistence with other seniors. The rules laid down by the institution, although not pleasing the most elderly, are necessary to maintain order in a place of collective housing, as is the ILPI. It can be

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said that the changes generate profit-and-loss and aging is regarded as determinant of the probability of decrease adaptation.¹⁶

As for the food, four of the elderly were unhappy due to the routine of the menu. The other 19 elderly who felt pleased in this aspect cited as strengths the fact that the food is served in time established by the institution and the elderly that have some sort of food restriction had access to different food, as well as those who present motor difficulty received aid for food.

Of the total interviews, 22 reported satisfaction with the house, describing it as comfortable, well cleaned and with adequate space. In addition, radio and television available at ILPI were leisure-related instruments considered, which constitutes a chance for elderly to live with more relaxation in the institution.¹⁷

INTERACTION BETWEEN ELDERLY AND PROFESSIONAL AS A SATISFACTION GENERATOR TOOL

The assistance provided by nursing staff involves prior knowledge of all the elderly and their restrictions in order to be able to offer suitable with care with individual conditions, so that no interference occurs in professional/elderly relationship. In the perception of the elderly, professionals have creativity and satisfactory capacity of link establishments that makes the humanized assistance and effective communication, getting positive reactions of the elderly.¹⁸

“[...] they play with us. They pleased us a lot”. (E9)

“[...] they ask if we are in need of something, if we are going through some difficulty, they are all my friends.” (E1)

From the perspective of professionals, the difficulties encountered in the day-to-day relationship with the elderly were considered naturals. The communication can be understood a

vehicle necessary for the targeting of the service to be performed; is a form of humanization of assistance and must exist as a strategy of the user approaching, action that affects directly the quality of service and can be noticed by the user.¹⁹ That aspect had featured, since some elderly have difficulties in verbal communication, however, professionals reported to handle this situation satisfactorily, mainly those who had previous experience in other institutions.

For professionals, the relationship with the elderly is of great value, since when it is created a link, the provision of assistance shall be facilitated and, consequently, can lead to a higher level of professional satisfaction with the service provided and of the elderly receiving assistance.

“[...] We create a great bond, a friendship. When they come, it is difficult to deal in the beginning, we try to get closer slowly until we become friends”. (P7)

“[...]I try to relate in the best possible way, talk well, understand, because the relationship comes first.” (P8)

However, there are some barriers to the creation of the link, as the presence of dementia in some elderly and fear on the professionals of cling affectively on to the senile elderly and have to deal with the subsequent separation. Still, the supply of the affective lack of the elderly by feelings grown in this relationship, as report five professionals, is as important as the technical development, being a supplement to the other.

Of the elderly interviewed, seven showed dependence for daily life activities, demanding more attention from the team. For the elderly, this work consists of a solid role of dedication. In this way, the service conducted by the team should be focused on integral care of the elderly, taking into account that each member of this

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population has specific needs in the provision of care.

In the view of the professionals, the relationship between care and elderly is strongly linked to the dependency for the activities of daily life. As mentioned above, the nursing professional is essential in helping the elderly of ILPI that, over time, tend to acquire limitations that raise difficulties or prevent the realization of these activities essential to the maintenance of life.

“[...] care should be made, if they are here is because they need of care”. (P1)

“[...] the elderly is special, old person has difficulty and nursing acts collaborating, giving support in what they need”. (P5)

“[...] most of the elderly don´t have good health in this age and need help to continue, we're here to help these people to continue living.” (P7)

In relation to health care situations such as delay and neglect of the professional with the elderly was presented only in one elderly. The other 22 were fully satisfied with the care.

“[...] I asked for water and listened the answer "get by on your own", I've heard for me and other "if you want to eat, get by on your own". Here, if you complain it is hurting you take a medicine for pain, if on the other day did not healed, they take to the doctor. They give medicine all the time and at the right time”. (E7)

“[...] We pay per month and have care here. I think it's matched, because when I feel something, come one then come another one to see how I'm)E12)”.

The team must be able to meet the basic needs of the user, taking a holistic view and not be fragmented, i.e. care must involve physical, social and emotional aspects of the individual, in order to direct the planning of actions, ensuring, to this end, a qualified assistance and free of damage, whether physical or moral, to these elderly institutionalized.²⁰

THE SIZE OF THE NURSERY TEAM ABOUT CARE OF THE ELDERLY

The meaning of being old, by the nursing staff perspective, was related not only to the chronological age, but also to previous situations in their lives, which punctuate virtues built only over the years. It is noted, in the perception of workers, that the elderly were instrumental in the construction of modern society and are inserted in this. The understanding of being old also covered the appearance and physical conditions, closely linked to the need for nursing care. Other definitions, however, pointed out that reaching old age does not necessarily mean dependence on care, pointing out that this is just another stage of life. The lack of physiological, psychological aspects, specific social and emotional for the elderly, on the professionals who provide assistance, contributes to the shortcoming in understanding of the subject and for the inadequate service, so the way he sees the elderly exerts significant influence in care situations.²¹

“Being old is the time that age arrives, and elder is a person you see that need care” (P1).

“[...] is a person who lived, and which today is still part of society, it is a person who has a lot of knowledge, a lot of wealth, it is very important this phase of "being old" in our life, it is an enrichment for us to have them close by” (P5)

The relationship with the other nursing professionals was perceived as friendly, this fact has provided trust between members and coexistence on the environment. The conception presented about the team service understood the search for a goal in common through the work, which, to be achieved, it has the effort of all the members. It is important to note that the exchange of experiences and knowledge among team members is essential to the fulfillment of the goals established by them.

"We are a team and we know to listen the idea of another, we are always changing idea in relation to the care of the elderly, because if you have something different, we always have to look for innovate. We do this to provide quality of life to patients [...]. Is a different thing, I think that here the fellowship of work that makes a difference, to relate well with companions. Our relationship is great when talking, exchange ideas." (P5)

In this respect, the communication could also be recognized as a determining factor for the continuity of good group work, essential for the understanding of the tasks to be performed, as well as for the transmission of information between the members. The communication also is effective in moments of disagreement among team members to reach consensus in order to prevent the conflict from interfering with teamwork performance.²²

Various aspects related to teamwork are valued, one is collaboration. In fact, the existing mutual aid as group certainly contributes to reduction of tensions and work overload.²² It is observed that the good team integration provides more effectiveness in the fulfillment of tasks, participation of members in the activities to be carried out, more security for the elderly, which receive more qualified assistance, as well as improve the quality of life since it promotes friendship links -obtained from common interests, in this case the care of the elderly-, which are useful in the sense of cooperation between team members, once relations are a strategic connotation, reinforcing the character of support among members of the organization.²³

In the conception of the professionals, the work done by them and the commitment with the elderly is configured in a gesture of help, which promotes the quality of life for these care receptors. This importance given to work done can

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be interpreted as recognition of the work carried out, aiming satisfaction with the service:

"[...] I try to make the best of me. Treatment with them, the conditions for the treatment that every time I try to improve, show improvement, good humor always, even when I have a problem out there, I do not bring to work [...] I like my job [...]" (P7)
"Our care is to see each one of them. In the morning we have breakfast care, bathing, personal hygiene, changing clothing, listen to them, including the complaints. We develop that ability to treat them in a different way according to the individual characteristics, with some I speak "Hi", to other I talk "it's okay, my love?". The most important is personal hygiene and our attention. We also do the inspection [...] It is of great importance, not only for me but also with my colleagues, it is a whole team". (P8)

Five professionals considered that, in his work routine, made the most of themselves, meaning that they strived to the limit to provide qualified assistance to the elderly. Knowing that the recognition of the importance of the various components of a service requires knowledge, skills and efforts,²⁴ the maximum potential in service by the employee will take to complete his degree of satisfaction is considerably high.

Of the study participants, six professionals sought service at the institution by affinity to work with elderly people, since the rest were pressed by financial situations. It is observed that the remuneration is presented as a factor of motivation at work, however, is not the only one, since the affinity with the activities performed, the satisfactory relationship with the team and the working conditions offered by the institution are also motivational factors.¹⁰

"It is this part to care for the elderly. I left one asylum and came here and searched here. It is an option, it's not that I haven't had other, I chose for this and want to do it ". (P1)
"I was in need of service, so I worked double shift to support the family" (P3)
"What motivated me was that part of the elderly, forgetting him by the society, the family. I worked in the hospital and could

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see the lack of them abandoned by the family, or when the family didn't have a lot of patience, I saw that they needed a nice care". (P6)

Two professionals claim that, in order to support the family, have two jobs. This situation can cause wear to the professional by the daily routine, once he is exposed to stress from work for a longer period of time, which can cause detriment to their quality of life. In this sense, the job satisfaction is configured as trusted instrument to evaluate the quality of life of the worker.²⁵

Another reason cited for the job search in this area is the need to reward the elderly for their contribution, throughout life, in the development of the current society, through a commitment to do everything possible to maintain their well-being.

Motivation is one of the most important indicators of the level of job satisfaction and, in this case, the remuneration, the elderly in working with affinity and a sense of gratification demonstrated by the attitudes of the elderly. It is noticed that when the professional is motivated, there is improvement in the performance of the activities carried out, as well as psychosocial well-being, conveying commitment and seriousness in their work. However, the individual only motivates when stimulated to it, being the need that energizes the behavior, the available or willing to work productively.²⁵

CONCLUSION

Both the elderly like the professional feel satisfied with the care provided, where the first emphasized the institution's infrastructure, the attitudes of the professionals on reliance on care and professional/elderly relationship, while professionals have highlighted the teamwork, the remuneration and the gratification demonstrated J. res.: fundam. care. online 2013. out./dez. 5(4):493-02

by the elderly as determinants of their satisfaction with the work. However, it is important that this type of study is carried out in other ILPI, in order to identify the level of satisfaction in other realities.

In addition, it is expected from the conceptions of the subject studied, that this research contributes to provide subsidies for better planning of care of the institutionalized elderly and for a survey of determining factors of the satisfaction of nursing professionals. It should be noted that, only to evaluate such points, it will be improved the negative aspects experienced at the institution.

There is still the need to prepare for the care of the elderly population and, above all, that institutionalized that represented a small proportion, is almost always forgotten. Thus, it is important that future nursing professionals are encouraged to understand and reflect on the institutionalization, so that they can provide to the elderly and themselves a better quality of life in the practice of care.

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