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Perceived quality of care in patients with high blood pressure in primary health care

Qualidade percebida do cuidado em pacientes com hipertensão arterial na atenção primária à saúde

Calidad de atención percibida en pacientes con hipertensión arterial en atención primaria en salud

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Analyze the quality of care perceived in patients with Arterial Hypertension in Primary Health Care, focused on the following parameters: contact with the patient, continuity, coordination, comprehensiveness of care and cultural competence with the purpose of providing tools to health personnel to improve the quality of service provision to patients who have chronic non-communicable diseases: HTA in order to satisfy the demands and needs, improving recruitment, treatment, and monitoring of patients.
Originality/value:
The study analyzed the quality of care perceived by patients with high blood pressure in a health center in Ecuador, considering dimensions such as accessibility, opportunity, continuity, comprehensiveness and cultural competence of the services. Hypertension in older adults represents a public health problem in the region.

ABSTRACT

Background: the study analyzed the quality of care perceived by patients with high blood pressure in a health center in Ecuador, considering dimensions such as accessibility, opportunity, continuity, comprehensiveness, and cultural competence of the services. Hypertension in older adults represents a public health problem in the region. **Objective:** To analyze the quality of care perceived in patients with Arterial Hypertension in Primary Health Care. **Methods**: quantitative, transversal, and descriptive design. The sample was 40 patients over 65 years of age with HTN. A validated 10-item questionnaire was applied to perceived quality in several dimensions: accessibility, opportunity, continuity, comprehensiveness, and cultural competence. **Results**: limitations were evident in the capacity to respond to urgent needs, lack of continuity in care by the same professional, deficiencies in mental health counseling, and moderate dissatisfaction with services. **Conclusions**: there are significant gaps in the quality of primary care for hypertensive patients regarding accessibility, opportunity, comprehensiveness, and cultural competence. Improvements are required in these areas to ensure more responsive and patient-centered care.

Keywords: high blood pressure; primary health care; patient satisfaction; quality of health care; older adult.

RESUMO

Contexto: o estudo analisou a qualidade do atendimento percebida por pacientes com hipertensão arterial em um centro de saúde do Equador, considerando dimensões como acessibilidade, oportunidade, continuidade, integralidade e competência cultural dos serviços. Hipertensão em idosos representa problema de saúde pública na região. **Objetivo:** Analisar a qualidade do cuidado percebida em pacientes com Hipertensão Arterial na Atenção Primária à Saúde. **Métodos**: desenho quantitativo, transversal e descritivo. A amostra foi de 40 pacientes acima de 65 anos com hipertensão. Foi aplicado um questionário validado de 10 itens sobre qualidade percebida em diversas dimensões: acessibilidade, oportunidade, continuidade, abrangência e competência cultural. **Resultados**: as limitações ficaram evidentes na capacidade de responder às necessidades urgentes, na falta de continuidade dos cuidados pelo mesmo profissional, nas deficiências no aconselhamento em saúde mental e na insatisfação moderada com os serviços. **Conclusões:** existem lacunas significativas na qualidade da atenção primária aos hipertensos no que diz respeito à acessibilidade, oportunidade, integralidade e competência cultural. Melhorias são necessárias nessas áreas para garantir um atendimento mais ágil e centrado no paciente.

Palavras-chave: pressão alta; atenção primária à saúde; satisfação do paciente; qualidade dos cuidados de saúde; Idoso.

RESUMEN

Antecedentes: el estudio analizó la calidad de atención percibida por pacientes con hipertensión arterial en un centro de salud de Ecuador, considerando dimensiones como accesibilidad, oportunidad, continuidad, integralidad y competencia cultural de los servicios. La hipertensión en adultos mayores representa un problema de salud pública en la región. **Objetivo:** Analizar la calidad de atención percibida en pacientes con Hipertensión Arterial en Atención Primaria en Salud. **Métodos**: diseño cuantitativo, transversal y descriptivo. La muestra fueron 40 pacientes mayores de 65 años con HTA. Se aplicó un cuestionario validado de 10 ítems sobre calidad percibida en varias dimensiones: accesibilidad, oportunidad, continuidad, integralidad y competencia cultural. **Resultados:** se evidenciaron limitaciones en la capacidad de respuesta ante necesidades urgentes, falta de continuidad en la atención por un mismo profesional, deficiencias en la consejería sobre salud mental e insatisfacción moderada con los servicios. **Conclusiones:** existen brechas significativas en la calidad de la atención primaria para pacientes hipertensos respecto a accesibilidad, oportunidad, integralidad y competencia cultural. Se requieren mejoras en estos ámbitos para garantizar una atención más resolutiva y centrada en el paciente.

Palabras clave: presión sanguínea alta; atención primaria de salud; satisfacción del paciente; calidad de la atención de salud; adulto mayor.

INTRODUCTION

Currently, the importance of perceived quality in services has become a highly relevant strategy, with a significant impact on the satisfaction of both users and service providers. This emphasis on quality makes the evaluation process critical, as it has become essential to ensure that services consistently meet and exceed expectations. To achieve this level of excellence, the implementation of more advanced and sophisticated methods from the field of medicine and healthcare in general is essential. By using these practices, we can ensure that the services provided exceed expectations and provide an exceptional experience for all parties involved (López González et al., 2018).

The quality of life of older adults is redefined as they age, as they may face physical challenges such as loss of abilities, but it is also essential to address psychological factors to ensure their comprehensive well-being. The preservation of self-esteem and a positive self-perception, together with the ability to accept and adapt to changes, play a fundamental role in promoting a fulfilled life in old age. Furthermore, adopting healthy lifestyle habits, such as a balanced diet and regular physical activity, can not only improve physical health, but can also significantly contribute to your longevity and general well-being, thus strengthening your quality of life at this stage of life (Lorenzo Díaz et al., 2020).

Quality care for chronic non-communicable diseases has become a great challenge in the medical field, because they are a significant burden in terms of illness and mortality in older adults, both in developed and developing countries. , regardless of gender. Among these diseases, High Blood Pressure (HBP) or hypertension (HTN) stands out as one of the most common. As we age, the likelihood of developing multiple comorbidities increases, making it crucial to examine first-degree relatives and risk factors such as smoking (González Rodríguez & Cardentey García, 2018; Martínez Fajardo et al., 2019). In other circumstances, this pathology may respond to serious conditions that demand specific care, as is the case of pregnant patients (Herrera Calderón et al., 2023).

Globally, it is estimated that there are around 1.28 billion adults between the ages of 30 and 79 who suffer from HTN, and the majority of them (approximately two-thirds) reside in low- and middle-income countries. Worryingly, it is estimated that 46% of adults with HTN are unaware that they suffer from this condition. Furthermore, less than half of hypertensive adults (only 42%) are diagnosed and receive appropriate treatment. Surprisingly, only one in five adults with HTN (21%) has their condition under control (Organización Mundial de la Salud, 2023).

According to the National Health and Nutrition Survey of Ecuador 2018 (ENSANUT), the prevalence of high blood pressure in the country in people between 10 and 59 years old was 13.3%, while in adults over 60 years old it was 50.7%. %. In the province of Tungurahua, to which Ambato belongs, the prevalence in people over 60 years of age reached 54.2%. Comparatively, these percentages are higher than the regional average of hypertension in older adults, which according to the Pan American Health Organization was 43% in 2016 (Instituto Nacional De Estadística y Censos (INEC), 2022).

Likewise, a study carried out in 2021 by the Technical University of Ambato on a representative sample of older adults in Ambato, found a prevalence of high blood pressure of 63.2%. This figure is alarming, far exceeding national statistics and denoting the magnitude of the public health problem that hypertension represents in the city's older adult population (Peñaherrera López, 2020). Therefore, user satisfaction in the health sector, although a subjective indicator, has been widely recognized as a critical component in the evaluation of the quality of medical care. Due to the specific needs and challenges faced by older adults, this component becomes even more important (Ortega et al., 2021). Because HTN in adults is higher worldwide, the data reveal a worrying reality. According to the World Health Organization (WHO), more than 40% of adults over 65 years of age in the world suffer from HTN. This results in a large number of people requiring adequate medical care and effective management of the disease to avoid complications and improve their quality of life (Yépez Chamorro et al., 2018).

To achieve a significant improvement in the quality of health services, it is relevant to provide continuous and complete care that is efficient and equitable, with the fundamental purpose of safeguarding patients' right to health and a dignified life (Podestá Gavilano & Maceda Kuljich, 2018). By adopting this patient-centered perspective, we can move towards more just and high-quality health systems that are capable of meeting the diverse needs of the population in the region, thus providing a health care service that is truly effective and humane. Consequently, Primary Health Care plays a fundamental role in addressing HTN in older adults. With the objective of providing clinical recommendations based on the best scientific evidence available, this first line of care becomes the pillar to promote health, prevent complications, diagnose, manage and monitor HTN in this population.

Health professionals in primary care should focus on early detection of hypertension, educating patients about blood pressure control, implementing lifestyle changes, and prescribing pharmacological treatments when necessary (Ministerio de Salud Pública, 2019). For this reason, our research sought to analyze the quality of care perceived in patients with Arterial Hypertension in Primary Health Care, focused on the following parameters: contact with the patient, continuity, coordination,

comprehensiveness of care and cultural competence with the purpose of Provide tools to health personnel to improve the quality of service provision to patients who have chronic non-communicable diseases: HTA in order to satisfy the demands and needs, improving the recruitment, treatment, and monitoring of patients.

METHODOLOGY

The research is quantitative, field, with a descriptive scope, in which a non-experimental cross-sectional design was used. Numerical data were collected at a single moment, without direct manipulation of variables, with the main objective of describing specific characteristics or phenomena without seeking to establish causal relationships or inferences beyond the description of the data obtained.

The research study was carried out in the Santa Rosa parish, specifically in the Group of Older Adults of Angahuana Bajo and El Quinche, who receive care at the "Santa Rosa Health Center type B" belonging to district 18D02. Data collection was carried out during the months of October to December 2023.

The target universe of this study was made up of 70 older adults belonging to the Group of Older Adults of Angahuana Bajo and El Quinche in the Santa Rosa parish, from which a sample of 40 participants was taken, taking into account the inclusion and exclusion criterio.

Inclusion: Older adults who sign or place their fingerprint on the informed consent.

Older adults who have high blood pressure.

Older adults who belong to the group of older adults.

Adults over 65 years of age

Older adults who receive care at the "Santa Rosa Health Center type B"

Exclusion: Older adults with communication and hearing problems.

Older adults who have neurological or cognitive problems that limit them from providing their authorization.

Older adults who do not receive care at the "Santa Rosa Health Center type B"

Data collection techniques: A questionnaire designed by Primary Care Assessment Tools (PCAT-A10) was applied to the older adults, consisting of 10 items: 4 for first contact, 3 for continuity, one for coordination, one for globality and one for cultural competence, which allows assessing the perception of Primary Health Care. This consists of a Likert-type scale score of 0 Don't know, 1 Not at all, 2 Probably not, 3 Probably yes and 4 Yes, definitely (Rocha et al., 2021).

In the reliability analysis of the questionnaire, a Cronbach coefficient of 0.85 (95% CI 0.83-0.87) was obtained, which indicates high internal consistency in the measurement of the evaluated construct. This value suggests that the scale items are reliably related to measure the same characteristic. Furthermore, it is observed that the correlation between the items of the scale varies between 0.55 and 0.74, which reinforces the idea that these items are moderately to strongly correlated with each other.

The collected data were processed and analyzed using the SPSS (Statistical Package for Social Sciences) version 27 program, following descriptive statistics procedures.

This research took into account ethical aspects mentioned in the Helsinki agreement, which is based on a careful knowledge of the scientific field (Art. 11), a careful evaluation of the risks and benefits (Art. 16 and 17), a reasonable probability that the studied population obtains a benefit (Art. 19) and that it is conducted and managed by expert researchers (Art. 15) using approved protocols and subject to independent ethical review.

In addition, it has the approval of the Bioethics Committee for Research In Human Beings Cbish of the Faculty of Health Sciences of the Ambato Technical University, Ecuador.

All protocols are reviewed independently and free of conflict of interest by a committee of experts who ensure that each study complies with the ethical principles of respect, given that there would be no discrimination based on race, color, sex or ethnicity of those interviewed for the study. Obtaining the information, in addition, absolute privacy and confidentiality of the people who participate will be maintained and finally autonomy will be applied, because each person has the right to participate or not participate in the research.

RESULTS AND DISCUSSION

Table 1. Perceived quality of care in patients with Arterial Hypertension in primary health care

Score		0 Does not know	1 Not at all	2 It's probably not	3 It is likely that yes	4 Yes, definitely.	Total Population
First contact							
1. When you have a new health problem, do you go to your doctor or center before going somewhere else?	Frequency	0	0	7	21	12	40
	Percentage	0	0	17.5	52.5	30	100
2. When your center is open and you get sick, does someone from there visit you on the same day?	Frequency	2	1	31	6	0	40
	Percentage	5	2.5	77.5	15	0	100
3. When your center is open, can they quickly advise you over the phone if necessary?	Frequency	2	32	5	1	0	40
	Percentage	5	80	12.5	2.5	0	100
4. When your center is closed, is there a phone number you can call if you get sick?	Frequency	1	26	13	0	0	40
	Percentage	2.5	65	32.5	0	0	100
Continuity of care							
5. When you go to your center, does the same doctor or nurse always see you?	Frequency	0	4	28	7	1	40
	Percentage	0	10	70	17.5	2.5	100
6. If you have any questions, can you talk by phone to the doctor or nurse who knows you best?	Frequency	0	4	9	26	1	40
	Percentage	0	10	22.5	65	2.5	100
7. Does your doctor know which problems are most important to you?	Frequency	0	2	6	19	13	40
	Percentage	0	5	15	47.5	32.5	100
Care coordination							
8. After going to the specialist, does your doctor usually talk to you about how the visit went?	Frequency	0	1	6	26	7	40
	Percentage	0	2.5	15	65	17.5	100
Globality of care							
9. At your health center, can you be counseled about mental health problems (e.g., anxiety,depression)?	Frequency	0	1	24	9	6	40
	Percentage	0	2.5	60	22.5	15	100
Cultural competence							
10. Would you recommend your doctor or center to a friend or family member?	Frequency	0	0	5	24	11	40
	Percentage	0	0	12.5	60	27.5	100

Source: Data obtained from the applied questionnaire.

Table 1 presents the results on the quality of care perceived by patients with arterial hypertension who attend primary health care. Specifically, this table collects information on the perception of patients regarding five dimensions related to the provision of services: the first contact with health problems, the continuity of care by the same staff, the coordination between the attending physician primary and specialist, the comprehensiveness of services to address mental health problems, and the cultural competence of health personnel. The results are expressed in frequencies and percentages according to the response categories of the applied scale, which ranges from 0 ("does not know") to 4 ("yes, without a doubt").

Question 1: 82.5% of patients indicated that they would probably go to their doctor or "Santa Rosa Health Center type B" first, before going elsewhere when they have a new health problem. This suggests that the majority of patients perceive that their first option for care of health problems is the aforementioned center. However, 17.5% indicated that they probably would not go to the health center first, which could reflect certain barriers in access or continuity of primary care for these patients.

Question 2: 77.5% of the patients stated that they would probably not be visited by someone from their "Santa Rosa Type B Health Center" on the same day if it were open and they became sick. This could indicate that the health center's immediate response capacity to patient care needs is limited. Only 15% perceived that they would probably be treated quickly, reflecting gaps in the timeliness of care.

Question 3: 80% of patients consider that they probably would not be able to receive quick advice by phone from their "Santa Rosa Type B Health Center" if it were open and necessary. This shows important shortcomings in communication and accessibility to the guidance of health professionals via telephone when the center is operational. Only 12.5% perceived that they would probably receive prompt telephone advice.

Question 4: 65% of patients stated that there probably would not be a phone number they could call if they got sick. This highlights a lack of accessibility to communication channels for emergency care.

Question 5: 70% of the patients indicated that when they visit the "Santa Rosa Health Center type B" they are probably not always treated by the same doctor or nurse. This reflects deficiencies in the continuity of care by the same health professional who can provide adequate follow-up. Only 20% stated that they would probably be treated by the same health personnel on each visit.

Question 6: 65% of patients consider that if they had any questions they could probably talk by phone to the doctor or nurse who knows them best. This indicates that a significant majority of patients perceive that there is accessibility to communicate with professionals who are most familiar with their case when questions arise.

Question 7: 47.5% of patients stated that their doctor would probably know what the most important health problems are for them, while 32.5% indicated that their doctor would definitely know about this. Overall, 80% of patients have a positive perception about the understanding of their main health needs by the staff who care for them.

Question 8: 82.5% consider that after going to the specialist, their regular doctor would probably talk to them about that visit. This points to perceived adequate coordination between the primary care physician and the specialist in follow-up after referral to the specialist, indicating continuity of treatment.

Question 9: 60% of patients stated that at their "Santa Rosa Health Center type B" they probably would not be able to receive advice on mental health problems. This shows limitations in the comprehensiveness of primary care services regarding this health component, according to the perception of users.

Question 10: 60% of patients indicated that they would probably recommend a friend or family member, their doctor or "Centro de Salud Santa Rosa type B". This denotes a moderate level of general satisfaction with the services received, although there is significant room for improvement according to the patients' perception.

The results of this study show that there are important gaps in the quality of primary care perceived by patients with arterial hypertension with respect to key dimensions such as accessibility, opportunity, continuity, comprehensiveness and cultural competence of the services.

According to Taype Huamaní et al. (2019), Specifically, significant limitations are identified in the capacity for immediate response to urgent care needs, whether in person or by telephone, even when the health center is operational and Pan American Health Organization (2018), also highlight the lack of comprehensiveness in mental health (Organización Panamericana de Salud, 2018; Taype Huamaní et al., 2019). This lack of promptness in urgent care can have direct implications on the quality and effectiveness of care provided, pointing to the need for specific interventions to improve response times and accessibility to health services (Droz et al., 2019; Mery et al., 2018).

Additionally, the absence of continuity in care by the same health professional who can adequately monitor patients is evident, especially in the context of managing chronic diseases such as high blood pressure, which is consistent with previous findings (Selby et al., 2018). This lack of continuity in care can affect the doctor-patient relationship and the comprehensive understanding of health needs, as emphasized Ollé Espluga et al. (2021), highlighting the importance of strategies to strengthen continuity of care and improve user experience (Ollé Espluga et al., 2021). This fragmentation also limits the resolution capacity of primary care, as indicated Elorza et al. (2018) (Elorza et al., 2018).

Despite relatively adequate coordination between the primary care physician and the specialist, a level of general satisfaction with the services is perceived to be moderate and improvable, according to the perception of the users. This evaluation highlights the importance of considering the user's perspective when designing specific interventions, with the aim of raising satisfaction and more effectively meeting user expectations (Ordunez et al., 2022; O'Regan et al., 2022). In addition, strengthening its resolution capacity through improvements in accessibility, opportunity and continuity is key, as emphasized Sánchez Torres (2018) (Sánchez Torres, 2018).

These findings consistently align with other studies that have also highlighted similar gaps in primary care service delivery in the region. These gaps are characterized by insufficient resolution capacity, fragmentation in care processes and a predominant focus on curative, health promotion, prevention and rehabilitation. The persistence of these patterns points to the urgent need to address systemic and structural deficiencies in the provision of primary care services, with the aim of improving the effectiveness and comprehensiveness of the care offered to the population (Giovanella et al., 2019; Ordunez et al., 2022).

The lack of effectiveness in primary care directly impacts the ability to adequately manage chronic diseases such as hypertension. The range of poor control identified by PAHO reflects the magnitude of the challenge that health systems in the region face to achieve effective management of this condition. Limitations at the first level of care may affect early detection, adequate follow-up, and implementation of comprehensive hypertension management strategies, thus contributing to the unsatisfactory control rates observed (Rojas et al., 2019; Rovere, 2018).

Consequently, it is imperative to strengthen the resolution capacity of primary care for the detection, treatment,

control and monitoring of chronic diseases, among which hypertension stands out. Furthermore, community participation and culturally competent approaches are equally relevant, as they point out Cruz Aranda (2019) y Falcão et al. (2023) (Cruz Aranda, 2019; Falcão et al., 2023). This initiative demands concrete improvements in the accessibility, timeliness and continuity of care, highlighting the need to promote the use of technologies such as telemedicine and the digitization of health records. These tools can play a fundamental role in facilitating communication between health professionals and patients, as well as streamlining access to key information for the effective management of chronic diseases (Andersson et al., 2023; Khan et al., 2018).

Finally, effective community engagement strategies must be developed to ensure culturally competent services. Collaboration with the community is essential to understand the specific barriers that the population faces in the management of hypertension, and to design interventions that are culturally sensitive and socially relevant. This community involvement will strengthen confidence in primary care services and facilitate the adoption of healthy practices in the population. (Leppin et al., 2018).

CONCLUSIONS

The study revealed significant limitations in the capacity for immediate response both in person and by telephone at the center analyzed. The results reveal that only a small number of patients have the positive perception of receiving quick care if they need it. These limitations raise the need for a comprehensive evaluation of the procedures and resources available in the healthcare center, with the aim of identifying areas for improvement and guaranteeing more efficient and accessible care for patients.

The majority of patients indicate that they are not always treated by the same doctor or nurse at "Santa Rosa Type B Health Center." This reflects a lack of continuity in care that does not allow establishing a personalized doctor-patient, nurse-patient relationship and adequate follow-up over time. The absence of this continuous link with the same health professional can limit the comprehensive understanding of the patient's needs and the provision of appropriate care for the individual and their particular condition. Considering the chronic nature of diseases such as hypertension, it is essential to guarantee this continuity to improve health outcomes.

Most patients consider that they probably could not receive advice or support at the "Santa Rosa Type B Health Center" about mental health problems such as anxiety or depression. This highlights important limitations in the comprehensiveness of primary care services regarding this component, which is of vital relevance given its association with the control of chronic diseases and general well-being. Addressing these gaps in mental health care in primary care through more comprehensive and specialized approaches is a key need.

Although 60% of patients would recommend the health center to an acquaintance, thus giving a moderate level of general satisfaction, there is still room to improve several aspects of the quality of care perceived by users. Specifically, the gaps evidenced in dimensions such as accessibility, opportunity, continuity and comprehensiveness of services must be addressed in order to provide more responsive, efficient and patient-centered care according to the patient's comprehensive needs.

In addition, we must implement protocols and procedures that allow us to improve response times to urgent care needs at the health center, both in person and by telephone. This could include designating specific staff for emergency care, using appointment systems, and reviewing communication channels.

Develop strategies to strengthen the continuity of care by the same health professional. Some options are to implement a primary care physician/nurse system, promote the use of integrated electronic medical records, and standardize patient referral and counter-referral processes.

Incorporate specialized interventions in the health center to care for mental health problems such as anxiety and depression. This could involve the integration of psychologists into the primary care team, development of group or individual psychosocial support programs, and improvement in the detection and referral of mental disorders.

Carry out a comprehensive evaluation of the quality of care perceived by users, identifying priority areas for improvement beyond those explored in this study. The results of this evaluation should be used to guide changes in care processes that increase patient satisfaction.

Implement specific interventions to improve efficiency in the control of chronic diseases such as high blood pressure in primary care. Some options include self-care education programs for patients, use of electronic alerts in medical records, and designation of personnel focused on the management of chronic diseases.

Encourage community participation in the design of culturally sensitive hypertension prevention and control

strategies. This will require coordinated work with social organizations and the population to understand differentiated needs and access barriers.

This future research aims to address more lines of research, proposing the continuity of the personnel who follow up on people with high blood pressure with the purpose of knowing the particular needs of each patient at the level of primary health care. The lack of continuity in care and frequent changes in health personnel, identified in this study, limit the ability to establish a close relationship with each patient and comprehensively understand their needs. These limitations highlight the need to ensure that the same professional provides continuous follow-up to patients with chronic diseases. Only in this way can more personalized and effective attention be generated. It is necessary to analyze specific strategies to strengthen the continuity of care for these patients in primary care.

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