



## REVIEW

# A review of factors affecting patient satisfaction with nurse led triage in emergency departments



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## ABSTRACT

**Aim:** To determine the factors that affect patient satisfaction with nurse-led-triage in EDs using a systematic review.

**Background:** Nurses' involvement in the triage services provided in the Emergency Department has been an integral part of practice for several decades in some countries. Although studies exploring patient satisfaction with nurse-led ED triage exist, no systematic review of this evidence is available.

**Methods:** MEDLINE, CINAHL, PsycInfo, EMBASE, the Cochrane Library, Joanna Briggs Library and Google Scholar were searched (January 1980–June 2013).

**Result:** Eighteen studies that met the inclusion criteria were reviewed. Factors that affect patient satisfaction with nurse-led-triage include nurses' abilities to provide patient centred care, communication skills, nurses' caring abilities, concern for the patient and competence in diagnosing and treating the health problem. Other factors include availability and visibility of nurses, provision of appropriate health related information in a jargon-free language, nurses' ability to answer questions, and an ability to provide patients with an opportunity to ask questions.

**Conclusion:** There is continued scope for nurse-led-triage services in the ED. Patients are generally satisfied with the service provided by nurses in EDs and report a willingness to see the same professional again in the future if needed.

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## 1. Introduction

Emergency Departments (EDs) around the world, regardless of location, country, or continent, provide care services to millions of people "...presenting with a wide range of problems, from life-threatening conditions to minor injury or illness" (Ganley and Gloster, 2011, p. 49). Once in the ED, a clinician sees a patient with the aim of identifying the urgency of their health need and the type of care they require. This process is known as triage (Qureshi, 2010), a system for prioritising patients according to their care needs (FitzGerald et al., 2010). Use of triage in EDs has many advantages, including rapid identification of patients requiring prompt interventions (Choi et al., 2006), ensuring that the right patient is in the right area for the right treatment at the right time (e.g. critical care area or non-critical care area), and ensuring appropriate waiting times for patients attending the ED (Ajani, 2012; Siddiqui,

2012). Appropriate triage not only ensures appropriate management of patients in the ED, but also plays a role in improving patient satisfaction with the care they receive (Andersson et al., 2006). While triage in ED was previously undertaken by physicians, these services (for most conditions) can now be provided by experienced nurses such as Nurse Practitioners (NPs), Advanced Nurse Practitioner (ANP), and Emergency Nurse Practitioner (ENP). These specialist nurses are able to independently triage, treat and manage at least 30% of the patients presenting in EDs with a wide range of injuries and health problems (Byrne et al., 2000; Carter and Chochinov, 2007; Jennings et al., 2008). In this paper, the term ED nurse may be used to refer to all these different roles.

Patient satisfaction refers to "...the degree of congruence between a patient's expectations of ideal..." (Risser, 1975, p. 46) care he receives. It can also be described as a patient's response to the setting, processes and experiences they had while receiving services in the health care setting (Chan and Chau, 2005). Patient satisfaction is identified as one of the most important goals in any ED for several reasons: (1) It is an indicator of the quality of care a patient received in the ED; (2) It has an effect on the reputation of the ED and the overall hospital, as the ED is often the first department a patient may visit; (3) Patients' perceptions of the services received in an ED help shape

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the future direction for the department; (4) Satisfied patients are less likely to complain about the ED or the hospital, resulting in reputation and economic consequences for the institution; (5) Satisfied patients are more likely to comply with the discharge and follow-up care instructions resulting in improved health outcomes and reduced burden of disease for the health care providers and services (Trout et al., 2000). In addition, enhanced patient satisfaction is related to improved job satisfaction for the health care professionals working in the ED (Trout et al., 2000).

Some research has been conducted to assess patient-satisfaction with general nursing care provided in the ED (Bursch et al., 1993; Byrne et al., 2000; Chan and Chau, 2005; Dinh et al., 2012; Raper, 1996; Raper et al., 1999; Sandhu et al., 2009; Thrasher and Purc-Stephenson, 2008). Evidence suggests that factors such as the overall environment of an ED, duration of waiting times (Jennings et al., 2008; Lee and Jennings, 2006; Taylor and Bengler, 2004) and acuity of a patient's condition can affect the patient's or the accompanying person's satisfaction with the ED services. However, research exploring patient satisfaction with nurse-led-triage in the ED is still scarce and demonstrates inconsistent results, making it difficult to ascertain which factors contribute to better patient satisfaction as there is a lack of clarity about roles and scope of practice of nurses, who can perform triage, in various settings (Chan and Chau, 2005; Schellein, Ludwig-Pistor, Bremerich, 2009). A systematic search of various databases did not identify any previously conducted systematic reviews to explore factors affecting patient satisfaction with nurse-led-triage in EDs. This paper presents the findings of a systematic review conducted to determine the factors that affect patient satisfaction with nurse-led-triage services in EDs.

## 2. Method

The specific research question, which was developed using PICO (Population, Intervention, Comparison and Outcome) framework, for the review was:

- What are the factors that affect patient satisfaction with the nurse-led-triage services in ED?

### 2.1. Design

A systematic review was conducted using the Cochrane Collaboration systematic review methods (Higgins and Green, 2011). Due to the limited number of randomised controlled trials (RCTs) identified about the topic, we also included other types of studies to obtain a comprehensive picture of the issue of patient satisfaction with nurse-led-triage in EDs.

### 2.2. Search methods

A comprehensive literature search using the search engines MEDLINE, Cumulative Index to Nursing and Allied Health Literature (CINAHL), PsycInfo, Excerpta Medica Database (EMBASE), the Cochrane Library and the Joanna Briggs Library was performed to identify studies published between January 1980 and June 2013. Keywords used in the search included 'triage'; 'Nurse-led-triage'; 'emergency department'; 'ED'; 'Accident and Emergency'; 'A&E'; 'Patient satisfaction', 'patient satisfaction' AND 'nurse' AND 'emergency', 'patient' AND 'satisfaction' AND 'triage' AND 'emergency'. Various combinations of these search terms and Boolean operators were used to help specify the search. A search was also conducted using Google and Google Scholar to identify studies not published in indexed journals. In addition, the reference list of each article was scrutinised to identify studies that may not have been listed in the searched databases.

### 2.2.1. Inclusion and exclusion criteria

To be included in this review, studies had to be: (1) based on empirical data (primary study or literature/systematic review); (2) written in English; (3) published in a peer reviewed journal; (4) from the onset of the database to the current date of the review. All those studies that explored patient satisfaction with triage by an Advanced Nurse Practitioner (ANP), Emergency Nurse Practitioner (ENP), Nurse Practitioner (NP) or ED nurse in an ED and/or Minor Injuries Unit (MIU) were included. Studies that explored patient satisfaction with nurse-led-triage in the ED by any of the mentioned nursing roles as a primary or secondary outcome were included. Studies that explored effectiveness of the ANP, or NP, in any setting other than the ED were excluded. Papers such as reports, case series, scholarly or theoretical papers, editorials and commentaries were excluded.

### 2.3. Search outcome

As shown in Fig. 1, the initial search resulted in the identification of 197 potentially relevant articles. A scan of the titles helped in narrowing this down to 101 relevant articles. A further detailed and careful review of the titles and abstracts of identified papers resulted in the selection of 45 potential papers. The full text was retrieved for all 45 articles. Following a careful and independent review of each study by both reviewers (SR, PA) 18 studies were selected. The remaining studies were excluded due to various reasons including a lack of relevance (22), literature reviews (4) and insufficient details (1).

### 2.4. Quality review

The methodological quality of the studies included in the review was assessed using the critical appraisal tools of the Critical Appraisal Skills Programme (CASP). Both review authors (SR, PA) independently reviewed the studies. Any discrepancy in the assessment opinion was resolved through discussion.

### 2.5. Data extraction

Information from selected studies was extracted by the first author (SR) using a pre-constructed data extraction template. Relevant information from each study such as author names, year and country of publication, study purpose, research design, sampling method, sample characteristics, data collection method, data analysis method, results of the study, limitations and comments was included. The second author (PA) then checked the extracted information data for appropriateness, accuracy and completeness. Any disagreements were resolved by consensus.

### 2.6. Data synthesis

Heterogeneity and the limited number of selected studies meant that statistical pooling of review results was not possible. Therefore, appropriate tables, figures and narrative themes were developed to summarise the findings relating to patient satisfaction.

## 3. Results

### 3.1. Study characteristics

The selected studies were published in the previous 20 years (1992–2012). Studies originated from various parts of the world including Australia (Chang et al., 1999; Davis and Duffy, 1999; Dinh et al., 2012; Jennings et al., 2009; Wilson and Shifaza, 2008), Canada (Moser et al., 2004; Thrasher and Purc-Stephenson, 2008), Hong Kong (Chan and Chau, 2005), Sweden (Goransson and Rosen, 2010; Moller

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