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Satisfaction of health professionals after implementation of a primary care hospital emergency centre in Switzerland: A prospective before–after study



Sascha Hess MNS (Research Associate)^{a,*}, Patrick Sidler MD (Head Physician of Emergency Care)^b, Corinne Chmiel MD (Attending General Internist, Research Associate)^{b,c}, Karin Bögli MA (Head of Unit Directorate Support)^b, Oliver Senn MD, MPH (General Internist, Senior Researcher)^c, Klaus Eichler MD, MPH (Senior Researcher)^a

^a Winterthur Institute of Health Economics, Zurich University of Applied Sciences, Gertrudstrasse 15, Winterthur CH-8401, Switzerland

^b City Hospital Waid, Töschstrasse 99, Zurich CH-8037, Switzerland

^c Institute of General Practice and Health Services Research, University of Zurich, Raemistrasse 100, Zurich CH-8091, Switzerland

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ABSTRACT

Background and aim: The increasing number of patients requiring emergency care is a challenge and leads to decreased satisfaction of health professionals at emergency departments (EDs). Thus, a Swiss hospital implemented a hospital-associated primary care centre at the ED.

The study aim was to investigate changes in job satisfaction of ED staff before and after the implementation of this new service model and to measure hospital GPs' (HGP) satisfaction at the hospital-associated primary care centre.

Method: This study was embedded in a large prospective before–after study over two years. We examined changes in job satisfaction with a questionnaire followed by selected interviews approaching all of the involved 25 ED staff members and 38 HGPs.

Results: The new emergency care model increased job satisfaction of ED staff and HGPs in all measured dimensions. The overall job satisfaction of ED employees improved from 76.5 to 83.9 points (visual analogue scale 0–100; difference 7.4 points [95% CI: 1.3 to 13.5, $p = 0.02$]). 86% of 29 HGPs preferred to provide their out-of-hours service at the new hospital-associated primary care centre.

Conclusions: The hospital-associated primary care centre is a promising option to improve job satisfaction of different health professionals in emergency care.

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1. Introduction

Many developed countries are facing the challenge of increasing patient load in emergency care (Bindman et al., 2007; Derlet

and Richards, 2000; Santos-Eggimann, 2002; Schneider et al., 2003). This leads to overcrowded Emergency Departments (EDs) and thus, for example, to possibly dangerous time constraints, high physical demands, lower decision autonomy, less adequate work flows and less personal rewards for health care professionals at the ED. The consequence is decreased job satisfaction of health care professionals and a loss in quality of care (e.g. due to long waiting times) (Adriaenssens et al., 2011; Derlet and Richards, 2000; Swedish Council on Health Technology Assessment, 2010). Also general practitioners (GPs) are dissatisfied with their traditional out-of-hours emergency service. In 57.6% of 93 involved GPs, a Swiss study showed GPs' dissatisfaction with their traditional emergency service. The most frequently mentioned reasons for dissatisfaction were “inappropriate payment” and “interference of emergency calls in their daily work in practice” (Huber et al., 2011).

Additionally, the National Institute for Health and Care Excellence (NICE) announced this year a focus on the topic “safe staffing”

The following persons are members of the scientific board of the study which evaluated the implementation of a hospital based out-of-hours service (“Waid Emergency Practice”): Holger Auerbach, Urs Brügger, Klaus Eichler, Sascha Hess, Daniel Imhof (Institute of Health Economics, Zurich University of Applied Sciences, Winterthur); Peter Rüesch (Centre for Health Sciences, Department for Health Professions, Zurich University of Applied Sciences, Winterthur); Thomas Rosemann, Oliver Senn, Marco Zoller, Carola A. Huber, Corinne Chmiel (Institute of General Practice, University of Zurich).

* Corresponding author. Institute of Health Economics, Zurich University of Applied Sciences, Gertrudstrasse 15, Winterthur CH-8401, Switzerland. Tel.: 0041 58 9346651/9356651; fax: 0041 58 9346651/9356651.

E-mail address: sascha.hess@zhaw.ch (S. Hess).

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(National Institute for Health and Care Excellence, 2014). Guidelines are worked out to support planning in nursing staff requirements, also for accident and emergency departments. Thus, new service models for emergency health care are internationally needed and have already been established. For example GPs from the community have been involved in the treatment of walk-in patients with less urgent problems at the ED (Leibowitz et al., 2003).

In 2009 the City Hospital Waid in Zurich implemented a hospital-associated primary care centre at their ED, where GPs provide their mandatory out-of-hours service in rotation. In this article they are called HGPs (hospital GPs). The aim of this study was to investigate changes in job satisfaction and well-being of ED staff before and after the implementation of this new service model and to measure HGPs' satisfaction and well-being at hospital-associated primary care.

2. Methods

This study was embedded in a large prospective before–after study involving the implementation of a hospital-associated primary care centre at the ED. Prospective data collection was performed for the following topics: (i) patient care (e.g. out-of-hours service, hospital emergency care), (ii) health economic evaluation (e.g. costs of care, reimbursement from insurers) and (iii) satisfaction of patients, GPs, ED staff and HGPs. Most of the results of i–iii have been published elsewhere (Chmiel et al., 2011; Eichler et al., 2010, 2014; Huber et al., 2011; Wang et al., 2014), but results of the job satisfaction of the involved health professionals as a result of implementing the new service model have yet to be published.

2.1. Setting

The study was carried out at the ED of the City Hospital Waid in Zürich, Switzerland. The catchment population of this hospital is about 180,000. This urban hospital showed an annual growth rate of emergency medical visits of almost 7% between the years 2005 and 2008. The annual number of outpatient emergency contacts in the City hospital Waid increased from $n = 10,440$ (baseline, 2007; only traditional ED at place) to $n = 16,326$ (follow-up, 2011), reflecting the general observed trend. In 2011, 52% ($n = 8478$) of these emergency outpatients were treated in the ED and 48% ($n = 7848$) in the hospital-associated primary care centre.

In Switzerland, patients with emergency medical problems can choose one of the following emergency services: (1) the GP of their own, (2) the Emergency Medical Service Telephone, which is operated during night time by a GP on duty and directs the patients to the suitable service without using any formal triage score, (3) some urban walk-in emergency centres or (4) a hospital emergency department.

Before the intervention, all emergency patients choosing the hospital ED for their treatment were treated in the traditional ED, regardless of their disease severity, and no formal triage system was at place.

The out-of-hours-service of the GPs was and still is organised by the Emergency Medical Service Telephone Switchboard. All five emergency service areas in Zurich had a mandatory rotation system with out-of-hours-service from 7 a.m. to 7 a.m. the next day. From 10 p.m. to 7 a.m. an additional doctor provided telephone consultations and home visits.

2.2. Intervention

The checklist of the Cochrane EPOC-Group served as a guideline for this organisational intervention (Cochrane Effective Practice and Organisation of Care Group, 2013).

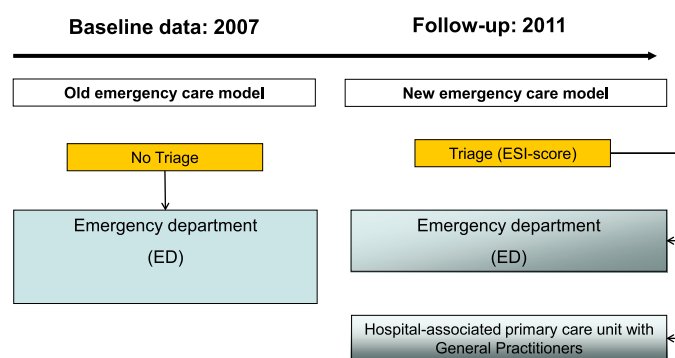


Fig. 1. Old model (2007) and new model (since 2009) of the emergency service at the city hospital Waid, Zurich.

The hospital owner decided to focus the change strategy on structure of care (redesign of the patient flow process), as well as on provider-oriented issues (formal integration of services). Besides the implementation of the new hospital-associated primary care centre, there were no other management changes performed (e.g. fusion of teams, staff change at the ED) which could have additionally influenced the way the ED staff worked or job satisfaction.

With the implementation of the new hospital-associated primary care centre at the ED in March 2009, GPs have the choice of performing their rotation system of out-of-hours-services either in the new hospital-associated primary care centre or in the traditional out-of-hours-service of the city organised by the Emergency Medical Service Telephone Switchboard. Emergency patients presenting at the hospital were triaged by a nurse, who had passed a specific training for reliable application of the triage instrument. The nurse estimated the Emergency Severity Index (ESI) with a score ranging from 1 “life threatening” to 5 “least severe” (Elshove-Bolk et al., 2007). Thereafter, patients arriving at hospital due to illness or injury were navigated either to the hospital-associated primary care centre with HGPs as a “fast track” (Guo and Harstall, 2006) or to the conventional hospital ED (Fig. 1). Patients with an ESI score ≥ 4 were guided to the hospital-associated primary care centre. The opening hours of this new centre were weekdays from 9 a.m. to 10.30 p.m. and at the weekends from 10 a.m. to 10.30 p.m. At night (from 10.30 p.m. to 9 a.m.), patients were treated at the conventional hospital ED. Working periods for the HGPs were in rotation weekdays from 5 p.m. to 10.30 p.m. and the whole weekend. For the remaining time, an experienced hospital physician was on duty.

Detailed information about the intervention is published elsewhere (Eichler et al., 2014; Wang et al., 2014).

2.3. Subjects and data collection

2.3.1. Development of questionnaires

For the ED staff, the dimensions of job satisfaction were developed on the basis of the literature (Bovier and Perneger, 2003; Hossiep et al., 2007; McMurray et al., 1997; Rosta and Gerber, 2008). We chose the commonly used variable-set of MDSat (physician job satisfaction) as a model of job satisfaction (McMurray et al., 1997). We derived characteristics from these dimensions and formulated appropriate questions. The development process was reviewed by our multidisciplinary project team and two external experts (GP/Psychologist and Health Care Researcher). To ensure face validity, the questionnaire was pilot-tested by three ED staff members who did not participate in the survey. We did not test the questionnaire formally for validity and reliability. The final questionnaire consisted of general personal details and ten 5-point-Likert-scale questions to measure different dimensions of job satisfaction

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