

Matters of Concern: A Qualitative Study of Emergency Care From the Perspective of Patients

Gert Olthuis, PhD; Carolien Prins, MSc; Marie-Josée Smits, PhD; Harm van de Pas, MD;
Joost Bierens, MD, PhD; Andries Baart, PhD

Study objective: A key to improving the quality of emergency care is improvement of the contact between patient and emergency department (ED) staff. We investigate what patients actually experience during their ED visit to better understand the patterns of relationships among patients and health care professionals.

Methods: This was an ethnographic study. We conducted observations at the ED of a large general teaching hospital. Patients were enrolled in the study on the basis of convenience sampling. We thoroughly analyzed 16 cases in a grounded theory approach, using the constant comparative methods (ie, starting the analysis with the collection of data). This approach enabled us to conceptualize the experiences of patients step by step, using the ethnographic data to refine and test the theoretical categories that emerged.

Results: Our data show that patients at the ED continuously and actively labor to deal with their disorder, its consequences, and the situation they are in. Characteristics of these “patient concerns” indicate a certain trouble, have a personal character, impose themselves with a certain urgency, and require patient effort. We have established a qualitative taxonomy of 5 categories of patient concerns: anxiety, expectations, care provision, endurance, and recognition.

Conclusion: Diligence for patient concerns enables ED staff to have a fruitful insight into patients’ actual experience. It offers significant clues to improving relationship building in emergency care practice between patients and health care professionals. [Ann Emerg Med. 2014;63:311-319.]

Please see page 312 for the Editor’s Capsule Summary of this article.

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0196-0644/\$-see front matter

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<http://dx.doi.org/10.1016/j.annemergmed.2013.08.018>

INTRODUCTION

Background and Importance

The quality of care at an emergency department (ED) is primarily measured by clinical, logistic, and financial parameters. However, the experiences and satisfaction of patients who visit EDs largely seem to depend on the quality of their interaction with ED staff, their perceived waiting times, the provision of information, and ED environment and organization.¹⁻⁸ Most recent studies of patient experiences at EDs entail quantitative, survey-based, or interview-based research and concentrate on judgments and stories of patients after their ED visit. Qualitative research complements these quantitative studies. Semistructured interviews with 37 respondents yielded 23 negative experiences, 16 positive ones, and 3 neutral ones. Waiting times, perceived quality of care, and staff-patient interaction shaped patient experiences.³ In another study, 9 ED patients were interviewed to better understand their perceptions of participation in ED care.⁶ These interviews demonstrated 3 significant conceptions of patient participation: (1) being noticed and having some minimal contact with ED staff,

(2) becoming involved in the care process, and (3) having the opportunity to tell their story and enter into a dialogue with ED staff who are sensitive to their particular situation.

Although these studies have shown that patient satisfaction is strongly correlated to the physician’s interpersonal skills,^{1,7} much less is known about what patients actually experience during their ED visit.² This led us to conduct an ethnographic study of participant observation, including informal conversation, to investigate actual patient experiences.

We are interested in the quality of patient care at EDs. However, we do not discuss “patient satisfaction” (which is a retrospective evaluation of care) but emphatically present an analysis of experiences of patients as they happen in emergency care. Our interest emerges from a growing awareness that good quality of care is not only a matter of “doing” things according to evidence-based standards but also of “relating” in a good manner to fellow human beings.⁹⁻¹⁶ Various studies have pointed out that good health care is also relationship-based care, in which health professionals and patients collaborate to create and direct

Editor's Capsule Summary*What is already known on this topic*

Patient perceptions of emergency care have generally focused on global, macrolevel, retrospective judgments of quality or satisfaction.

What question this study addressed

The article used ethnographic methods of data gathering and analysis to understand patients' experience of emergency care as it unfolds, at a microlevel.

What this study adds to our knowledge

Patients' concerns centered around 5 issues: anxiety, expectations, the care itself, endurance, and recognition. Each patient concern has 4 common attributes: specificity (there is a particular issue of concern), individuality (it relates specifically to that patient's circumstance), urgency (the patient feels pressure to have the concern resolved), and activity (the patient must act to make the concern known to providers).

How this is relevant to clinical practice

A better understanding of the types and attributes of patient concerns should help support the development of more patient-centered emergency care.

the course of events.^{10,13,14} In 2008, an editorial in this journal emphasized the importance of a better understanding of rapport-building between physicians and patients in EDs, however brief their moment-to-moment encounters may be.¹⁷

Goals of This Investigation

The goal of this article is to determine the actual experiences of patients who received care at one ED. A better understanding of how patients experience care provision in real time may help to improve the quality of emergency care by identifying clues to better detect patients' needs and experiences. The long-term goal of our study is to better understand the relationships between patients and health care professionals and to contribute to the interpersonal skills of emergency care staff.

MATERIALS AND METHODS**Study Design and Setting**

A qualitative, ethnographic study of patient observation and open interviewing seems to be the most proper research design for our purpose of investigating the experiences of patients.¹⁸⁻²¹ An ethnographic study provides "thick descriptions" of actual experiences and is particularly useful to uncover what really happens in health practices.²⁰ We used grounded theory as an

analytic tool, which means that we derived a conceptualization of the patients' experiences step by step from the ethnographic data.²² Analyzing in accordance with a grounded theory approach entails several rounds of coding and application of a constant comparative method, starting the analysis with the collection of data.^{23,24} The initially intuitive and thus hypothetical formulation of sensitizing concepts (Figure 1) is further refined and tested on the basis of newly collected data, and categories gradually originate from the data while being tested, rearranged, and relabeled until a satisfactory fit is found.²⁴ So the conceptual framework is developed in a cyclic movement between the collected data and theory evolution, in which observation and analysis alternate with and reciprocally influence each other (Figure 2).

The setting was the ED of a large general teaching hospital in the south of the Netherlands. The hospital has 673 beds, and more than 28,000 patients visit the ED annually. Approximately one third of the patients are admitted to the hospital. Figure 3 offers a brief explanation of Dutch ED care. In 2009, the hospital in which the study was conducted started a strategic program called Professional Loving Care¹³ that promotes professional learning through communities of practice: "groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly."²⁵ The program also involves qualitative research into patient experiences. The current study was executed within the framework of this 5-year program.

Selection of Participants and Data Collection and Processing

Two researchers (C.P. and M.-J.S.) were present to make observations at the ED between October 7, 2010, and December 1, 2010. The ED staff and medical staff were informed about the study and the presence of the researchers. Both researchers independently observed patient visits during all ED shifts. The researchers did not wear a white hospital uniform but had a hospital badge saying "Researcher Tilburg University" displayed on their clothes. Patients were enrolled on the basis of convenience sampling. The researchers verbally requested consent and offered an information form to the ED visitors. The study was approved by the institutional review board of the St. Elisabeth Hospital.

Before the observation period, a scheme with a variety of categories of sensitizing concepts had been developed. This scheme contained concepts, questions, and notions to increase the researchers' sensibility and indicated possible directions of observation. The scheme was used as a checklist and guideline during the observations, interviews (purposeful questioning of participants for clarification), and communications (casual conversation during observation) and also functioned as a basis for further analysis (Figure 1).

The first encounter between patient and researcher took place in the waiting room, at the reception desk, during triage, or when patients arrived by ambulance. After obtaining consent, the researchers followed and observed the patients from the start of their ED visit until the moment it ended, at which time the patients were admitted to a hospital ward, referred to an

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