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ORIGINAL ARTICLE

Factors related to dissatisfaction and anger in parents of children treated at paediatric emergency services☆

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KEYWORDS
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Abstract
Aim: Anger in patients and relatives is very frequent in health emergency services and is often associated with aggressiveness and emotional alterations. The aim of the present study is to explore anger in parents while their children are receiving care in paediatric emergency services, seeking the specific dimensions of dissatisfaction that may predict the onset of anger in parents.
Materials and methods: A cross-sectional descriptive study was conduced using a self-report questionnaire in 711 parents of children seen in paediatric emergency departments. The self-report questionnaires used were the State-Trait Anger Expression Inventory-2 (STAXI-2) and the Satisfaction with Healthcare Services Scale. The statistical analysis included descriptive, correlational, variance and multiple linear regression models.
Results: A total of 53 parents (7.5%) showed a moderate or high anger level. The mean score for satisfaction was 37.12 (SD = 7.33). It was found that higher levels of overall satisfaction were significantly associated with lower levels of anger ($r = -.29$, $p = .00$). Among the variables studied, dissatisfaction with access to the service ($\beta = -.172$, $p = .00$), with the healthcare staff ($\beta = -.121$, $p = .01$), and perceived severity of the child's health status ($\beta = .157$, $p = .00$) predicted higher levels of anger.
Conclusions: On the basis of our results, it is important to continue working to substantially improve access for patients and their families to the emergency department, as well as the information and communication process with the healthcare staff should be included in intervention initiatives.

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PALABRAS CLAVE
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Factores desencadenantes de insatisfacción e ira en padres de niños atendidos en servicios de urgencias pediátricos

Resumen
Objetivos: La ira en pacientes y familiares durante su estancia en servicios de urgencias ha merecido la atención de investigadores desde hace tiempo. El objetivo del presente estudio es explorar la ira de los padres durante la atención a sus hijos en servicios de urgencias pediátricas, sondeando dimensiones específicas de insatisfacción que pueden predecir la aparición de ira.
Material y métodos: Se trata de un estudio descriptivo transversal mediante autoinforme en 711 progenitores de niños atendidos en servicios de urgencias de pediatría. Los instrumentos utilizados fueron el Inventario de Expresión de Ira Estado-Rasgo -2 (STAXI-2) y la Escala de Satisfacción con los Servicios Sanitarios. Los análisis estadísticos incluyeron análisis descriptivos, correlaciónales, de varianza y de regresión lineal múltiple.
Resultados: Un total de 53 progenitores (7.5%) mostraron niveles de ira altos o medios. La puntuación media en satisfacción fue 37.12 (SD = 7.33). Se encontró que mayores niveles de satisfacción general se asociaron significativamente a menores niveles de ira ($r = -.29$, $p = .00$). Entre las variables estudiadas, una menor satisfacción con el acceso al servicio ($\beta = -.172$, $p = .00$) y con el personal sanitario ($\beta = -.121$, $p = .01$) y una mayor gravedad percibida del estado de salud del menor ($\beta = .157$, $p = .00$), predijeron mayores niveles de ira.
Conclusiones: Es importante continuar trabajando para mejorar el acceso de los pacientes y sus familiares a los servicios de urgencias, los procesos de información y la comunicación con el personal sanitario, entre otras iniciativas.

Introduction

Satisfaction with care received in health services has been an object of study and analysis for many years, and it is considered that users' perception of this care is closely related to the quality, effectiveness, and efficiency of a service.[1–3] Satisfaction is difficult to measure, among other things, precisely due to its complexity.[4–8]

The variables more frequently studied because of their possible association with satisfaction can be grouped into four main dimensions. The first one refers to the care received from the healthcare staff. A second group is related to care received from the remaining personnel (not health personnel). The third group of variables studied is related to the conditions and facilities of the service. Lastly, a fourth group of variables is related to the accessibility to the health services.[9] In addition to these four aspects, the severity and the symptomatology presented by the patient have also been studied frequently due to their relationship with satisfaction.

No doubt, the set of variables that has received the most attention is included in the first category of variables. Among them, the patient–doctor relationship, for example, has been considered essential for patient satisfaction.[10,11] Thus, when problems or difficulties arise in aspects such as communication with the healthcare staff, information received during the healthcare process, coordination, the participation of the family in assistential issues and in decision-making, the levels of user satisfaction are clearly lower.[11–15]

With regard to the second and third groups of variables, there have been many studies of variables, such as relationships with the staff, the physical conditions, and other organizational issues in specific hospital units, with low levels of satisfaction associated with poor ratings of these variables.[2,16,17]

With regard to the fourth group of variables, when accessibility to the service is deficient, the waiting times are long, the office hours limited, with long intervals before obtaining the results of diagnostic tests or specific interventions, long distances from the users' home, etc., the users' levels of satisfaction decrease significantly.[14,18]

Lastly, with regard to the severity of the disease, some investigators have found that higher severity of the disease is associated with a higher level of satisfaction with the care received.[14]

In the specific case of paediatric care, the parents usually present high levels of emotional alteration such as fear, anxiety, or stress,[21,22] which could be associated with irritation, anger and fury. Although some authors have related satisfaction with diverse emotional alterations in the healthcare setting – for example, stress and/or anxiety is associated with lower levels of satisfaction[19] – few studies have examined the relationship between satisfaction and emotional alteration in paediatric emergency services.

The goals of this investigation are, firstly, to determine the association between satisfaction with healthcare and anger in the parents of children attended to in healthcare emergency services on the one hand, and the association between the parents' perceived severity of their children's health status and anger, on the other. According to the literature consulted, we expect to find that, at a lower level of satisfaction, there will be higher levels of anger in the parents, and that the more severe the child's situation,