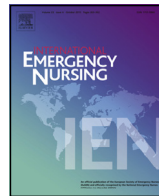




Contents lists available at ScienceDirect

International Emergency Nursing

journal homepage: www.elsevier.com/locate/aaen

Turkish health care providers' views on inappropriate use of emergency department: Who, when and why?

Perihan Şimşek RN (Research Assistant)^{a,*}, Ayla Gürsoy PhD, RN (Academic Lecturer)^b

^a Faculty of Health Sciences, Balıkesir University, 10463 Çağış/Balıkesir, Turkey

^b Faculty of Health Sciences, Karadeniz Technical University, 61080 Trabzon, Turkey

ARTICLE INFO

Article history:

Received 2 July 2015

Received in revised form 3 November 2015

Accepted 7 November 2015

Keywords:

Emergency nursing
Emergency department
Health services
Inappropriate use
Motivation
Work burden

ABSTRACT

Objective: Inappropriate use of emergency departments is recognized globally as a widespread problem. The study was undertaken to determine the perceptions of emergency department personnel regarding inappropriate use of this department.

Methods: The study was undertaken with 124 emergency department employees from six emergency departments in a province of the Eastern Black Sea region of Turkey. Using a questionnaire form designed by the researcher, the data were gathered and analyzed with the chi-square test, numerical and percentage calculations.

Results: According to the emergency department employees, more than half of emergency department visits were inappropriate with most visits occurring between the hours of 19:01 and 01:00. In order of occurrence, employees also indicated that most inappropriate use concerned requests for prescription renewals, treatment for pain, and upper respiratory tract infections (URTI). According to the employees, patients made inappropriate use of emergency departments in the belief that these provide services for every kind of health problem. Unfortunately, according to the health care workers this misperception of emergency services results in less effective patient care and a decrease in employee motivation.

Conclusion: Health team members thought that inappropriate use of emergency services led to negative outcomes in the quality of care and motivation of the workers. Solutions to minimize inappropriate use of emergency departments need to be developed and put into place.

© 2015 Elsevier Ltd. All rights reserved.

1. Introduction

Inappropriate use of emergency departments is generally accepted as the use of emergency departments for health problems that occur without accident or injury, do not require the special services of emergency departments, and can safely be treated in primary care centers (Brim, 2008; Carret et al., 2009; McHale et al., 2013).

In studies conducted worldwide, inappropriate use has been defined according to different criteria and it is found that emergency departments have been used with differing rates ranging from 10% to 90% (Carret et al., 2009). Various factors cause patients to choose hospital emergency departments for health problems that do not actually require emergency care. These factors include accessibility, efficiency of primary health care services and society's awareness of these services (Brim, 2008; Callen et al., 2008). Some studies have shown that creating units providing primary care in or near the emergency departments as well as after-hour access to

general practitioner clinics decreases inappropriate use, increases patient and employee satisfaction, and improves the quality of provided health care (Jones, 2011; Kool et al., 2008).

Factors which play an important role in inappropriate use include special methods of diagnosis, special care for treatment, being referred to further health care providers and patients' perception of what constitutes an emergency (Callen et al., 2008; Carret et al., 2009; Raven et al., 2013). Another factor is treatment suggestions from healthcare professionals and the patients' relatives to go to the emergency department for simple health problems (Penson et al., 2012).

Government health insurance regulations and the cost of health care for individuals affect the appropriateness of the use of emergency departments. Not being able to use other units than emergency departments because of absence of health insurance puts the emergency departments in the position of being the only access for all health problems (Northington et al., 2005). Furthermore, emergency departments are reliable, easily accessible on a 24-hour basis, and they also provide specialized services such as imaging and laboratory tests. These attributes contribute to the inappropriate use of emergency departments (Masso et al., 2007).

Inappropriate use of hospital emergency departments affects patient and employee satisfaction negatively by placing a severe

* Corresponding author. Health Sciences Faculty, Balıkesir University, 10463 Çağış/Balıkesir, Turkey. Tel.: +90 266 244 00 10; fax: +90 266 249 71 25.

E-mail address: p_simsek19@hotmail.com (P. Şimşek).

burden on current limited resources. This, in turn, prevents those who really need emergency services from receiving the best possible care (Brim, 2008). The increasing number of patients seeking emergency services strains personnel's work-load, causes hasty medical examinations and prolonged patient waiting times, and impedes medical assessments, diagnosis, and the treatment process (Samaras et al., 2010). In addition, the use of emergency departments for monitoring chronic diseases may hinder these patients from accessing specialized, preventive, and continuous care usually required for these diseases (Tsai et al., 2010). Inappropriate use has also contributed to increased costs in health care services. Reports have indicated that a savings of 69–86% in health expenses could be achieved if patients would not use emergency departments for ailments that can be treated with primary health care services (McWilliams et al., 2011). Inappropriate use reduces quality of services, increases the costs, and puts an extreme burden on emergency department workers (Bullard et al., 2009).

In the studies from around the world “inappropriate use” of emergency health services is defined with different criteria. In the current study “non-urgent” patients are “those who can wait at least two hours for a medical examination without any life-threatening situations and can be better evaluated at other health care units of the health system.” “Non-urgent patients’ visits at emergency departments for getting health services” was deemed as inappropriate use (Carret et al., 2009; Durand et al., 2012). The study was conducted in order to explore the opinions of emergency department health care employees about the status, causes, and outcomes of inappropriate use of emergency departments.

2. Method

2.1. Design

The current study was descriptively done in order to explore the opinions of emergency department employees about the status, causes, and outcomes of inappropriate use of emergency departments.

2.2. Sample and setting

The patient groups in the country and city centers in this region were socioeconomically different from each other. The demographic characteristics of the patients who applied to both state and private hospitals in the city centers were also different. We thought that if patients benefiting from emergency departments were socioeconomically different, more detailed information about their reasons for using emergency departments could be obtained. Emergency departments were chosen based on the number of monthly emergency visits, and those with the most patient visits were chosen. The study was conducted in the emergency departments of a state hospital, private hospital, and a university hospital located in the city center, and in three other hospitals located in country centers. The number of average monthly attendances to these hospitals were as follows: 3400 to the private hospital, 6500 to the university hospital, 16,500 to the state hospital located in the city center, and 8500, 11,200 and 13,500 to the three hospitals located in town centers. In these hospitals, patients are classified by triage, and care is provided by taking them to intervention or observation rooms depending on the level of emergency. The population of the study was composed of 196 health care personnel: 105 nurses, 54 doctors, and 37 emergency medical technicians. The whole population was targeted without any sampling. Inclusion criteria required work-experience of at least six months at emergency departments, working as nurse, doctor or emergency medical technician and being directly responsible for patient treatment/care. The study was completed with 124 emergency department employees who agreed to participate in the study.

2.3. Instruments

The primary author was working as a nurse in an emergency department in the time period during which the study was conducted. The primary author's observations in particular constituted a foundation in formulating questions about inappropriate use. In addition to benefiting from knowledge of literature (Breen and McCann, 2012; Carret et al., 2009; Durand et al., 2012), a six-part questionnaire form was designed by the researchers as the data collection tool. Professional opinions on the designed question form were taken from two associate professors who are surgical nurses. The questionnaire's extent and format were also discussed with a group of 12 doctorate and master degree students. The questionnaire was designed in line with all suggestions. Preliminary practice was carried out by eight health care workers consisting of doctors, nurses and emergency medicine technicians in equal numbers, and these persons were not included in the study. Alterations were done to two questions following the preliminary practice.

The first part of the questionnaire included eight questions about descriptive characteristics (age, gender, profession, working duration, marital status, emergency department experiences). With the definition of “inappropriate use” taken from the literature, the second part included four questions about the inappropriate use status and percentage of inappropriate use of the emergency departments, cases, and symptoms that were accepted as inappropriate use, and the busiest time of these visits to the emergency departments. The third part included 12 questions about the reasons for inappropriate use of the emergency departments. The fourth part included 16 questions about the outcomes of the inappropriate use. The fifth part included nine questions about psychological effects of inappropriate use upon personnel. Finally, the sixth part presented solution proposals. We used open ended and closed ended questions. The open ended questions were used to determine the participants' opinions about the rate of inappropriate use and their solution proposals to this problem. Other questions were closed ended. In addition, following every closed ended question, we included a section headed “please write down what you wish to add” allowing participants to suggest ideas beyond the options we offered.

2.4. Data collection

Questionnaire forms were filled out by the participating emergency department personnel. Delivery and collection of the forms were carried out by three interviewers at three hospitals and by the researcher at the other three hospitals.

2.5. Data analysis

The SPSS 17.0 (Statistical Package of Social Sciences) was used for the data analyses. The data were analyzed using the chi-square test, numbers and percentages.

2.6. Ethical considerations

Ethical approval to conduct the study was obtained from the Regional Research Ethics Committee. Emergency department workers were fully informed of the study and their informed consent was obtained.

3. Results

The total number of respondents was 124 from the target group of 196, representing a response rate of 63.2%. Nurses comprised 57.2% of the health care workers ($n = 71$), 17.7% of participants ($n = 22$) were doctors, and 25.0% ($n = 31$) were emergency medical technicians (EMT). More than half (52.4%) of the emergency department workers

Download English Version:

<https://daneshyari.com/en/article/5863288>

Download Persian Version:

<https://daneshyari.com/article/5863288>

[Daneshyari.com](https://daneshyari.com)