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Original Article

Migration background and overall satisfaction with pre-hospital emergency care^{☆,☆☆}Diana Kietzmann^{*}, Sophia Wiehn, Doris Kehl, Daniela Knuth, PhD, Silke Schmidt, PhD

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ABSTRACT

Objectives: This study was designed to explore how sociodemographic factors of the patient/patient's relatives including migrant status and service-related aspects influence overall satisfaction with pre-hospital emergency care. **Methods:** A descriptive-analytical study was conducted on 218 persons (57 migrants and 161 nonmigrants) who had received pre-hospital emergency care directly (as a patient) or indirectly (as a significant other) in Germany. Sociodemographic data and service-related aspects were entered into a hierarchical regression analysis in order to identify their influence on overall satisfaction.

Results: Altogether, 58.3% of the variance of the overall satisfaction with pre-hospital emergency care can be explained by the final model. Of this sum, only 9.8% is explained by sociodemographic factors and 47.3% by service-related aspects. Migrant status per se did not show any significant influence, whereas no or a basic level of German language skills is significantly negatively associated with overall satisfaction. Professional and emotional/social competencies of the emergency personnel are significantly positively associated with overall satisfaction with pre-hospital emergency care.

Conclusions: Sociodemographic-related factors, excepted from language skills, seem to be largely unrelated to overall satisfaction with pre-hospital emergency care. Service-related factors such as the emergency personnel's professional and social/emotional competencies appear as the main factors determining overall satisfaction with pre-hospital emergency care.

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1. Introduction

Overall satisfaction with emergency care has been well researched, especially in the context of emergency department care (Boudreaux, D'Autremont, Wood, & Jones, 2004; Goldwag, Berg, Yuval, & Benbassat, 2002; Hall & Press, 1996; Raper, Davis, & Scott, 1999; Sun et al., 2000; Taylor & Benger, 2004; Trout, Magnusson, & Hedges, 2000). So far, particular emphasis has been placed on sociodemographic factors of the patient such as gender, age, level of education and ethnicity (Hall & Dornan, 1988; Nairn, Whotton, Marshal, Roberts, & Swann, 2004; Rahmqvist, 2001; Rhee & Bird, 1996). However, final conclusions cannot be drawn from these results (Hall & Dornan, 1990). Findings associated primarily with gender have no significant link to the perceived quality of emergency department care (Boudreaux, Ary, Mandry, & McCabe, 2000; Goldwag et al., 2002; Hall & Press, 1996; Muntlin, Gunningberg, & Carlsson, 2008). In relation to age, some studies have shown no correlation to overall satisfaction

(Boudreaux et al., 2000, 2004; Goldwag et al., 2002; Hall & Press, 1996), whereas others have found significant positive correlations between rising age and overall satisfaction with emergency department care (Hall & Dornan, 1990; Rahmqvist, 2001; Rahmqvist & Bara, 2010). Concerning the level of education, the limited number of available studies has provided evidence of correlations between a lower level of education and satisfaction (Goldwag et al., 2002). Apart from a few exceptions (Hall & Press, 1996), ethnicity has been found to have an influence on patient satisfaction: migrant patients with limited language skills are less willing to return to the same emergency department in case of a future emergency (Carrasquillo, Orav, Brennan, & Burstin, 1999). In Israeli emergency departments, Russian and Arabic migrant statuses have been correlated with significantly higher dissatisfaction (Goldwag et al., 2002).

Research has also been paid to service-related factors: beside waiting time (Bruce, Bowman, & Brown, 1998), the emergency personnel side is important. Here, results have given a more precise picture compared to sociodemographic factors of the patient. Professional competence, courtesy and nursing care have been identified as significant factors determining patient satisfaction with emergency department care (Boudreaux et al., 2004; Hall & Dornan, 1988; Rhee & Bird, 1996; Taylor & Benger, 2004; Topacoglu et al., 2004). Regarding ethnicity, patients with a migration background have rated the emergency care provider as less friendly and less concerned for them as a person (Baker, Hayes, & Fortier, 1998; Carrasquillo et al., 1999; Goldwag et al., 2002).

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In addition to the emergency department, the pre-hospital setting represents another component of emergency care. Compared to the emergency department, pre-hospital emergency care is complicated by the limited diagnostic capabilities and the smaller number of personnel (first responders and/or physicians) present at the scene (Killinger, 2009). In the German emergency medical service, which is based on the Franco-German model, the affected person is treated by first responders and/or physicians at the scene. This concept of “bringing the hospital to the patients” contrasts with the Anglo-American model of “rapidly bringing patients to the hospital with little pre-hospital intervention” (Al-Shaqsi, 2010).

Compared to the emergency department care, data on sociodemographic factors of the patient in the pre-hospital setting are limited and do not consider whether or not patients have a migration background. We only found two published works: Sharifi et al. (2012) observed a significantly higher satisfaction with pre-hospital emergency care for male gender and a lower level of education on non-migrants. Moreover, Sheikh et al. (2011) found that refugees are afraid to call an ambulance, due to the associated security problems they experienced in their home countries.

Data on service-related factors in the pre-hospital setting are limited too, but indicate on common factors compared to emergency department care such as the level of courtesy/politeness shown by the emergency personnel, as well as their ability to meet the patient's non-medical needs and to reduce patient anxiety were reported by non-migrant patients to be significant (Doering, 1998; Kuisma, Maatta, Hakala, Sivula, & Nousila-Wiik, 2003).

This study aims to investigate the effects of sociodemographic factors of the patient/patient's relatives and service-related aspects on the overall satisfaction with pre-hospital emergency care. We included persons having experienced a direct (as a patient) or indirect (as a relative) emergency because of their role as primary customers of emergency care (Emergency Nurses Association, 2010).

Our research questions concentrate on the influence of sociodemographic-related factors (gender, age and level of education, as well as migrant status per se and potential limited language skills), and service-related aspects (professional and social/emotional competencies of the emergency personnel).

2. Methods

The study was conducted from May 2012 until January 2013 as part of the project “Rescue, Aid and Culture—Intercultural Competence in Civil Protection”. The main objective of this project was to draft conceptual foundations for intercultural competence trainings in the field of pre-hospital emergency care. The approval of the Ethics Commission of the University of Greifswald was given (29.09.2010). Participation on the study was on a voluntary basis. Before filling in the questionnaire the participants were guaranteed confidentiality and signed a written consent for using their reports in the study.

2.1. Questionnaire

Participants were asked to complete a questionnaire, available as a paper-and-pencil-version and a digital version online. As people with Turkish and Russian backgrounds represent the largest migrant groups in Germany (Statistisches Bundesamt, 2013), the questionnaire was translated into Turkish and Russian according to the TRAPD (Translation Review Adjudication Pretesting Documentation) principles (Harkness, 2008). As intended in the TRAPD approach and analogous to the development of the German version of the questionnaire, the translations were adjusted after testing their practicability and the level of difficulty of the items in Turkish and Russian.

Questions in the questionnaire were self-reported and included information regarding the following items: the first part contained questions regarding socio-demographic characteristics on age, gender,

level of education. Furthermore participants were asked for their and their parents' places of birth, and their citizenship, in order to determine their migrant status (Schenk & Neuhauser, 2005; Statistisches Bundesamt, 2013). The second part covered incident-related factors, for example respondents answered the question “During the emergency—What were your feelings?” by rating the following statements: I was nervous; I was scared; I was upset; I felt stress; I was calm (reverse coded) (Knuth et al., 2013). These and the following questions and statements were rated by a five-point Likert scale (1 = not at all, 2 = a little bit, 3 = moderately, 4 = quite a bit, 5 = extremely), adopted from the Impact of Event Scale—Revised (Marmar, Weiss, Metzler, Ronfeldt, & Foreman, 1996). The third section assessed service-related factors. Participants were asked to evaluate how they experienced the emergency personnel's social/emotional competencies: How did you experience the behavior of the emergency service personnel during the entire process of the emergency? The following statements were used to assess the social/emotional competencies: They were friendly; They calmed me down; They were respectful towards me; They were patient; They showed empathy. To evaluate how the patients/patient's relatives perceived the professional competencies of the emergency service personnel, they were asked: How would you assess the work of the emergency service personnel? The following statements were used to assess the professional competencies: They were confident; They knew what to do; They worked quickly; They worked together as a team; They were in control of the situation. In the final section, overall satisfaction was rated by a single-item measure: Overall, how satisfied were you with the support of the pre-hospital emergency services?

The descriptive characteristics of the overall satisfaction with the pre-hospital emergency service (dependent variable) and the predictors (independent variables) are shown in Table 1.

2.2. Recruitment

Participants were recruited with the support of several primary care physicians. Furthermore, we were able to gain migrant associations in order to share information about the study and its inclusion criteria. The support of trustworthy persons (e.g. primary care physicians with migration background, board members of migrant associations) was crucial in obtaining participants.

2.3. Data analysis

Analyses were performed using SPSS 22.0 (2013). Descriptive statistics were used to analyze socio-demographic data. T-tests and χ^2 -tests were run to establish whether socio-demographic and incident characteristics differed across migrant and non-migrant participants. Cronbach's alpha was used to estimate the internal consistency of the scales, resulting in scores between 0.70 and 0.89. A regression analysis was performed to reveal predictors of the overall satisfaction with pre-hospital emergency care.

3. Results

3.1. Participants' socio-demographic information and incident related factors

Fifty-seven migrants and 161 non-migrants participated in this study. Since nearly 20% of the population of Germany consists of first and second generation migrants (Statistisches Bundesamt, 2013), the number of migrants included in the study (26%) exceeds the percentage of migrants in Germany. The criteria for inclusion were: (a) a minimum age of 18; (b) having experienced a direct (as a patient) or indirect (as a relative) emergency in the last 5 years; and (c) having had contact with the pre-hospital emergency service personnel. 50.5% of the participants ($n = 110$) had experienced an emergency directly and 49.5% ($n = 108$)

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