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"Unless you went in with your head under your arm": Patient perceptions of emergency room visits

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Abstract

There is increasing concern in Canada regarding growing pressures on emergency room care. Frequent media reports call attention to overcrowding, lengthy waiting times and the re-routing of ambulances due to the closure of emergency rooms during periods of overcrowding. Much of this information, however, is anecdotal. As such, little is known about patients' experiences in emergency rooms in Canada. The purpose of this study is to explore patients' perceptions of their most recent emergency room visit. Semi-structured, in-depth interviews were conducted with 41 men and women from two socially distinct neighbourhoods in Hamilton, Ontario, Canada. Much of the previous work on experiences in emergency room care is international in scope and uses quantitative methods to examine patient satisfaction with emergency care. This study considers patient experiences more broadly and looks beyond satisfaction to examine reasons for seeking emergency room care and the factors that shape experiences. The findings show that most patients describe their experiences in negative terms. The aspects of emergency room care that were most often linked with negative experiences were waiting times, patient perceptions of the quality of care received and staff–patient interactions. The findings are discussed in the context of recent health care reforms in Canada, which we argue have not addressed adequately the 'crisis' in emergency rooms.

Keywords: Emergency room care; Waiting times; Health care; Canada

Introduction

The emergency room (ER) is an important component of health care systems. It is the site where individuals receive care in emergency situations but also where primary care services are often provided when doctors' offices and health clinics are closed. ERs may also be the first contact point for those without family physicians. In Canada, there has been increasing concern regarding the mounting pressures on ERs. Frequent media reports document increases in wait times, overcrowding and compromised quality of care in ERs. In September 2000, a newspaper story attributed the death of a young man living in Toronto, Ontario to the rerouting of his ambulance from a local hospital to one that was much further away due to overcrowding in the local hospital ER (Toronto Star, September 11, 2000). In another case, a Toronto, Ontario man was sent to Peterborough, Ontario, a 150 km distance from Toronto, because at the time all Toronto hospitals were closed to ambulance cases (Guelph Mercury, December 29, 1999). From these and similar stories, an 'ER crisis'

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seems evident (see also Hamilton Spectator, January 13, 2000; Toronto Star, January 13, 2000; Toronto Star, June 8, 2001). While there is much anecdotal evidence of the existence of an ER crisis in across Canada, there have been few studies to examine the state of ER care in Canada and even fewer that explore patients' perspectives of care received in these settings.

Hospitals are an important part of the Canadian health care system and this is reflected in national and provincial health expenditures. In 2001, approximately 30% ($32 billion) of total health expenditures in Canada was spent on hospitals (CIHI, 2004). Similarly, in the province of Ontario, approximately 27% ($11.5 billion) of total health expenditures went to hospitals (CIHI, 2004). ERs are a critical component of the Canadian health care system in general and the hospital system in particular. In the year 2000, the total number of visits to ERs in the province of Ontario was 5,272,803, which represents approximately half of the total population of Ontario (Ehrlich, Chhetry, Emo, Nelligan, & King, 2002). The Hamilton Health Sciences Corporation, which governs four of the five hospitals located in the City of Hamilton, Ontario, has an annual budget of $553,571,024 of which 3% is allocated to ER services (Berti, 2004). Given the essential role that ERs play in providing urgent and primary care, the financial resources that are invested into hospitals each year, the high volume of care they receive each year, and the potential crisis in ER settings across the country, patient experiences represent an important but undocumented aspect of ERs. In fact, the evidence suggesting that ERs are facing increasing pressures is largely anecdotal and the research examining individuals' perceptions and experiences in ER settings is limited. In light of the current situation, this study explores patient experiences in ER settings in Hamilton, Ontario, Canada to begin to understand both patients' perceptions of the care received in ERs but also the factors that shape their ER experiences.

Background

Patient experiences in ER settings is an under researched area in Canada. Much of the research that examines user attitudes towards ER care has been conducted in other international settings, mainly the United States (US) and United Kingdom (UK). Further, the majority of research focuses on assessing patient satisfaction using quantitative methods and global measures of satisfaction.[1] Despite the lack of focus on patient perceptions of and experiences in ER settings, the existing research is important for identifying aspects of ER care that shape overall levels of patient satisfaction.

Research has identified three main determinants of patient satisfaction with ER care: physician–patient interaction; information/communication between the physician and patient; and wait times (see Trout, Magnusson, & Hedges (2000) for a complete review). Of these three, interpersonal dimensions of the physician–patient relationship, which include how compassionate or sensitive physicians are to patients' needs as well as their 'bedside manner', have been demonstrated to be the most important determinant of patient satisfaction (Avis, Bond, & Arthur, 1997; Bursch, Beezy, & Shaw, 1993; Cohen, 1996; Hall & Press, 1996; Hutchison et al., 2003; Krishel & Baraff, 1993; Lewis & Woodside, 1992; Mayer et al., 1998; Sun, Adams, & Burstin, 2001; Thompson, Yarnold, Williams, & Adams, 1996; Watson, Marshall, & Fosbinder, 1999; Yarnold, Miecehson, Thompson, & Adams, 1998). For example, Hall and Press (1996) using data from a national random sample of emergency departments in the US found that patients who feel physicians take them seriously and provide clear information have an increased likelihood of satisfaction. Similarly, Thompson et al. (1996) in a study of patient satisfaction with care received in a suburban hospital in the US found that patients who described their interactions with health care staff positively were more likely to be satisfied than those who did not. In general, this research has shown that when patients perceive a physician's interpersonal skills to be high, they are more satisfied with their overall care.

Research has also demonstrated that patients who feel adequately informed about care and treatment processes tend to be more satisfied with care than those who are not informed (Bjorvell & Stieg, 1991; Bursch et al., 1993; Cohen, 1996; Hall & Press, 1996; Krishel & Baraff, 1993; Rhee & Bird, 1996; Sun et al., 2001, 2000; Thompson et al., 1996; Watson et al., 1999). For example, in their study of patient satisfaction at five urban, teaching hospital ERs in the US, Sun et al. (2001) showed that patients who felt they received poor explanations of causes of health problem and poor explanations of test results were associated with decreased levels of satisfaction.

Finally, perceived and actual wait times have been shown to be a significant determinant of patient satisfaction (Bursch et al., 1993; Hall & Press, 1996; Hutchison et al., 2003; Krishel & Baraff, 1993; McMillan, Younger, & DeWine, 1986; Spaite et al., 2002; Thompson et al., 1996; Watson et al., 1999). In general, research has shown that as wait times (either actual or perceived) increase, patient satisfaction decreases. In their study of patient satisfaction in an urban accident and emergency department in the UK, Maitra

[1]The most common global measure uses a Likert scale and asks respondents 'Overall, how satisfied are you with the care you received in the emergency department' (Bursch et al., 1993).