

Dimensions of patient satisfaction in emergency departments

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Introduction

For several years, the emergency departments of German hospitals have been confronted with increasing numbers of patients. At the same time, costs and competitive pressure in the health system continue to rise.

Patients are increasingly being perceived as customers presenting wishes and needs. Additionally, patient satisfaction is closely linked to the quality expectations of hospitals.

Most patients enter a hospital via the emergency department. Very little is currently known, however, about the factors which influence patient satisfaction in emergency departments. At present, the defined dimensions of general patient satisfaction are used as an interim measure (Table 1). What is particularly noticeable in these categories is the absence of a category encompassing pain management. As this is likely to be important for patients, such a dimension has been added in the presented study.

Table 1: Dimensions of patient satisfaction

Hall ¹	Santuzzi et al. ²
Humaneness	Admission
Informativeness	Rooms
Overall quality	Meals
Competence	Nurses
Overall	Tests and treatments
Bureaucracy	Visitors and family
Access	Physician
Cost	Discharge
Facilities	Personal issues
Outcome	Overall assessment
Continuity	
Attention to psychosocial problems	

Research question

Which dimensions of patient satisfaction are of particular importance for patients in an emergency department?

Methods, data collection and sample

A comparative, cluster-sampling survey has been conducted in a primary care hospital in Hesse, Germany, over the course of two weeks by means of a paper questionnaire. The data collection met the quality criteria for empirical social research and has been analysed with the aid of quantitative data analysis software.

A well-known, published standard questionnaire on patient satisfaction in hospitals was adapted to the specifics of an emergency department and pretested in a small patient cohort. In addition, patients completed an add-on questionnaire on pain, provided they experienced pain during their stay at the emergency department.

A total of 184 questionnaires was given out to eligible patients. 111 of these questionnaires were completed (response rate: 60.3%) along with 60 pain questionnaires (response rate: 54.1%).

Ethical considerations

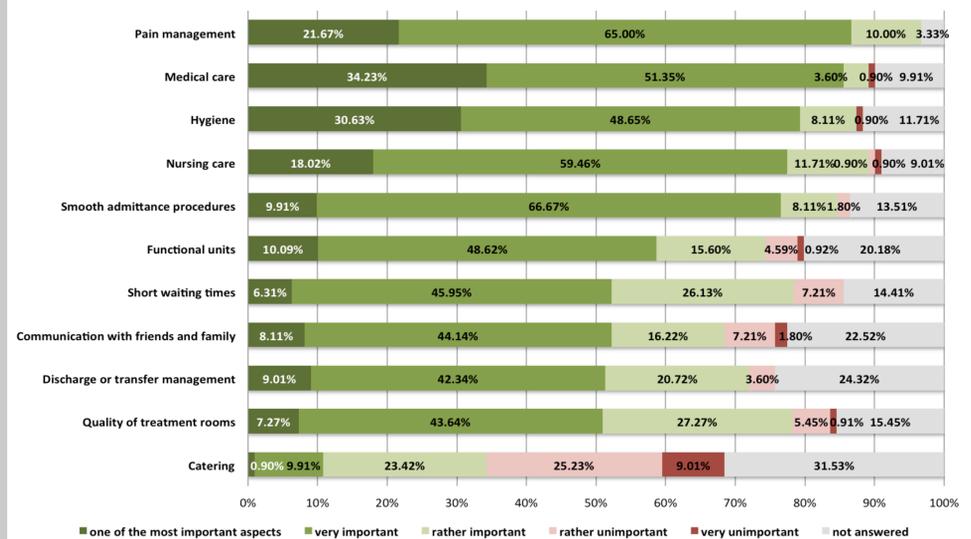
The questionnaires were distributed on the day after admission in order to avoid putting acutely ill patients under stress. As informed consent was a precondition to participation, children, confused or comatose patients or those who did not speak German were not included in the sample. In addition, patients in intensive care, palliative care or psychiatric wards were not included.

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Diagramme 1: Importance of specific dimensions



Results

Pain management, medical care, hygiene, nursing care and smooth admittance procedures are particularly relevant for patient satisfaction in emergency departments (see diagramme 1).

Factors such as functional units, short waiting times, communication with friends and family, discharge or transfer management and the quality of patient rooms were rated as less important. In addition, catering played a minor role for most patients in emergency departments. Table 2 provides a summary of the findings.

Table 2: Summary of findings

Most important dimension	Very important dimensions	Rather important dimensions	Least important dimension
Pain management	Medical care	Functional units	Catering
	Hygiene	Short waiting times	
	Nursing care	Communication with friends and family	
	Smooth admittance procedures	Discharge or transfer management	
		Quality of treatment rooms	

Recommendations and future prospects

The results presented here must be taken into account for future processes and developments in hospitals in order to facilitate meeting not only the quality demands of patients, but the quality standards of hospitals themselves.

This can be achieved either by introducing a process of initial assessment where none exist or by further developing and advancing existing processes. Cooperation between the different groups of professionals in the emergency department is also of particular importance.

In the next stage of the research, expectations and realities of patient satisfaction in emergency departments will be compared for the purpose of deducing requirements of practice and concrete processes. The author is currently completing publication of the results.

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