

THE EXPECTATIONS AND PERCEPTIONS OF ED PATIENTS

Authors: Bruce Alan Boxer, PhD, MBA, RN, and Ellen M. Boxer Goldfarb, MSN, CRNP, Philadelphia, Pa

"Today...we are moving more toward partnerships between patients and providers in which patients assume greater responsibility for their health."¹

Meeting the expectations of patients in an acute care setting is challenging, to say the least. Patient issues for the emergency department vary greatly from patient issues for inpatient care. With this in mind, it may be helpful to explore some of the expectations and perceptions of patients seeking emergency care.

What Do Patients Expect?

Patients expect staff to treat them as individuals, listen to their concerns, provide reassurance, and provide updates on what is happening at all stages of their ED visit, including expected delays, investigations, results, and treatments.² Patients do not expect to wait to see a physician once they are brought back to the treatment area. Patients expect to be given an accurate wait time estimate at triage. Patients expect high-quality care in the emergency department. Patients expect a definitive diagnosis. Patients want their physicians to like them.²

What Do Patients Perceive?

Patients perceive that staff is joking around, ignoring them, and engaging in personal conversations in earshot of patients. Patients are frustrated and anxious when left alone in the waiting room or treatment area for long periods without being updated.

Bruce Alan Boxer is Evidence-Based Practice/Research Coordinator, Frankford Hospital, Philadelphia, PA.

Ellen M. Boxer Goldfarb is Cardiology Nurse Practitioner, Penn Presbyterian Medical Center, Philadelphia, PA.

For correspondence, write: Bruce Alan Boxer, PhD, MBA, RN, Frankford Hospital, Knights and Red Lion Roads, Philadelphia, PA 19114; E-mail: bboxer@fhcs.org.

J Emerg Nurs 2009;35:540-1.

Available online 20 June 2008.

0099-1767/\$36.00

Copyright © 2009 Emergency Nurses Association. Published by Elsevier Inc. All rights reserved.

doi: 10.1016/j.jen.2007.08.025

Why Is It Important?

Patients with a less favorable perception of the quality of care at the emergency department are more likely to be readmitted to the emergency department.³ Patients may perceive they were not treated appropriately for their symptoms, returning to the emergency department for complaints that were not adequately addressed the first time.⁴ This situation can lead to an increased cost of care and increased ED volume because of unnecessary recidivism.

Patients sue more often because of poor service and poor communication than because of malpractice.⁵ Patients who perceive that they were not well treated and were not told what they should have been told or not listened to may feel alienated and frustrated. If their outcome was not as expected, a lawsuit may be seen as a way to make their voice heard by the institution. Up to 70% of malpractice litigation is due to perceived problems involving physicians' communication skills and attitudes.¹

Medicine Encyclopedia says, "Typically, the overall hospital admission rate from an emergency room will be 10 to 30 percent, but admission rates in the population over sixty-five may exceed 40 percent."⁶ These patients construct their first opinions of the hospital by the service they receive in the emergency department. These opinions may carry over to inpatient units, counterproductive to the creation of a therapeutic environment. As Worthington notes, "... (T)he patient's experience of care is important and ultimately translates into their actual response to care."³

Patients with unmet expectations have an increased probability of noncompliance, take longer to handle their complaints, and may damage the physician's professional reputation in the community. Worthington says that "Customer satisfaction has profound ramifications for the financial status of the institution and for its professional reputation in the community."³ Disappointed patients are likely to tell 9 or 10 others, and as many as 67 others will indirectly hear about it.¹

What Can You Do?

Be aware of what you are doing and how others may perceive your actions. Explain everything you are doing to the patient, and tell him or her why you are doing it. As

nurses, we get into the habit of doing things and just assume the patient understands why we are doing them. For example, when we close the curtain to the examining room, we do it for the patient's privacy, yet many patients perceive that the curtain is pulled to isolate them. Karro, Dent, and Faris⁷ found that 41% of the patients surveyed reported overhearing other patients' conversations with staff, and 15% believed that their conversations with staff were overheard by others. These perceptions can be detrimental to patients' care because patients may change or withhold information from staff if they believe others may hear it.⁷

The best way to assess patient expectations is to ask the patient directly, "What do you expect from this ED visit?" In this way, you can evaluate how realistic the patient's expectations are and try to modify them, promoting realistic and achievable goals.

Remember, 1 out of 4 patients are not forthcoming about their real reason for their ED visit.¹ Cooke, Watt, Wertzler, and Quan⁸ found that the patients they surveyed placed the highest importance on the explanation of test results and believed that ED staff should update patients every 30 minutes or less. So, what is the key to meeting patient expectations? Communication, communication, communication.

REFERENCES

1. Desmond J. Managing patient expectations. *Healthcare Collaborator* 2003;3:9-16.
2. Watt D, Wertzler W, Brannan G. Patient expectations of emergency department care: phase I—a focus group study. *Can J Emerg Med* 2005;7:12-9.
3. Worthington K. Customer satisfaction in the emergency department. *Emerg Med Clin North Am* 2004;22:87-102.
4. Cardin S. Methods and perceived quality of elderly persons in the emergency department: effects on the risk of readmission. Canadian Health Services Research Foundation. Available at: http://www.chsrf.ca/final_research/ogc/cardin_e.php. Accessed June 25, 2007.
5. Saxton JW, Finkelstein MM. Reducing your risk of malpractice claims. *Physician's News Digest*. Available at: <http://www.physiciansnews.com/law/405saxton.html>. Accessed June 25, 2007.
6. Medicine Encyclopedia. Emergency room—the emergency room visit—what to expect. Available at: <http://medicine.jrank.org/pages/556/Emergency-Room.html>. Accessed July 3, 2007.
7. Karro J, Dent AW, Farish S. Patient perceptions of privacy infringements in an emergency department. *Emerg Med Aust* 2005;17:117-23.
8. Cooke T, Watt D, Wertzler W, Quan H. Patient expectations of emergency department care: phase II—a cross-sectional survey. *Can J Emerg Med* 2006;8:148-57.