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Research Article

Emergency Patient Complaints in Turkish Patients

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Abstract

Purpose: This study was conducted for the purpose of determining emergency patient complaints in Turkish patients.

Materials and Methods: This study, designed as a descriptive and analytic type of research, was conducted between December 9, 2006, and June 30, 2007, with 1514 patients in the emergency department of a private hospital in Istanbul, Turkey. Data collected consisted of 3 measures: (1) a 13-question "Individual Characteristics Form"; (2) a 35-item "Evaluation of Patient Complaints Form," which utilized a face-to-face interview method; and (3) a "Triage Categories Form," a 5-tier triage tool used by the emergency department where this study took place.

Results: In this study, 70% of the patients were between 16 and 43 years of age, 57% were female, 76% were triage category 4 (less urgent patients needing to be treated within, at the most, 1 hour), and 62.3% (n = 943) stated that they were "very pleased" with the service they received in the emergency department. However, some of the patients who rated themselves as having a very serious health problem were not satisfied at all with the emergency department. In turn, as the period of time increased before their first emergency intervention was begun, their dissatisfaction with their emergency care increased. Among the ED patient complaints, the most common was "the presence of curtains between the beds in the rooms and the beds being uncomfortable."

Conclusions: The characteristic need of an ED patient is (a desire to) receive service within a short period. A high percentage of patients with serious health problems waited 5 minutes or extra time before their first emergency intervention was begun. Based on these results, it is recommended that ED physician and nursing leadership create policies and practices that allow emergency interventions to occur as soon as possible upon patient arrival.

Keywords: Emergency patient; Complaints; Satisfaction; Triage

Introduction

Emergency medical interventions are necessary when the body is unable to adequately respond to disturbances in (physiologic homeostasis and organ failure) bodily functions and integrity that threaten life. The expectations and complaints of ED patients are different from those of patients requesting other elective or planned medical assistance. ED patients often experience increased anxiety related to their perceptions of not receiving the attention they expect. Relatives of the patients typically are anxious because of their fear of the unknown and concern for the well-being of their loved ones. They have expectations of health care personnel that include being given careful attention, smiling faces, Professional appearance, and knowledgeable care. ED patients also may be bothered by waiting, by unnecessary tests, and by having a large number of practitioners examine them [1,2]. However, a limited number of studies reported in the literature have been conducted for the purpose of determining ED patients' complaints. Examining patient complaints is an approach that indirectly gives information on patient satisfaction. Another reason why the word "complaints/dissatisfaction" was chosen in this study instead of "satisfaction" is because most patients generally give high value to the care they receive, so caring behavior can be a reason for decreasing the sensitivity of caregivers who think given care is okay and interfering with their improvement [3-5].

Method

Design, Participants, and Setting

This study was conducted as a descriptive and analytical type of research for the purpose of determining ED patient complaints in Istanbul between December 9, 2006, and June 30, 2007.

Participants

In the literature the dissatisfaction rate in emergency departments is reported to be between 10% and 12.3% [6,7]. Based on these data, a dissatisfaction rate of 10% from emergency departments is considered to be acceptable [6]. The power of a statistical test is the probability that the test will reject a false null hypothesis (ie, that it will not make a type II error). As power increases, the chances of a type II error decrease. The probability of a type II error is referred to as the false-negative rate (β). Therefore, power is equal to 1−β. To calculate the sample size of 1514 for this research, the formulae 1-β = 0.90 in power that is conducted in power analysis, Zβ = 1.282, in a 95% confidence interval, Zα = 1.96, P = .10 (the incidence seen in examined incidents = 10%), (1-p) = 0.90 (the incidence not seen in examined incidents = 90%) and d = 0.025 (possibility of error = 2.5%) were used. Participants in this study were 16 years or older, had a minimum of primary school education, were in the emergency department for at least 2 hours, and had a complete discharge.

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Table 1: Evaluation of Patient Complaints Form.

1. Taking emergency care service from this emergency unit	1	2	3
2. Physician introduced self	1	2	3
3. Physician was polite/respectful	1	2	3
4. Communication of physician with you	1	2	3
5. Physician explained treatment and procedures that were/would be done	1	2	3
6. Physician came regularly to check on you	1	2	3
7. Giving treatment	1	2	3
8. Nurse introduced self	1	2	3
9. Nurse was polite/respectful	1	2	3
10. Communication of nurse with you	1	2	3
11. Nurse explained treatment and procedures that were/would be done	1	2	3
12. Nurse gave answers about your problems/expectations	1	2	3
13. Nurse came regularly to check on you	1	2	3
14. When you called the nurse came	1	2	3
15. Giving care	1	2	3
16. Registration time in emergency department	1	2	3
17. Emergency assessment time	1	2	3
18. Waiting time in emergency department for a nurse	1	2	3
19. Waiting time in emergency department for a physician	1	2	3
20. Waiting time in emergency department for a medical consultation	1	2	3
21. Waiting time in emergency department for radiology	1	2	3
22. Waiting time in emergency department for a laboratory result	1	2	3
23. Waiting time in emergency department for increasing of pain	1	2	3
24. Attention about your privacy	1	2	3
25. Giving information to your relatives about your situation	1	2	3
26. Giving suggestions when you were discharged	1	2	3
27. Explanation about your diagnosis and treatment	1	2	3
28. Medical treatment results	1	2	3
29. Personnel were polite/helpful	1	2	3
30. Protecting your belongings in trust	1	2	3
31. Cleaning and comfort of treatment/care place	1	2	3
32. Cleaning and comfort of waiting place	1	2	3
33. The place of emergency unit in hospital	1	2	3
34. Signs show where emergency unit is located	1	2	3
35. Parking place	1	2	3

1 = Not at all satisfied.
2 = Satisfied.
3 = Very satisfied.

Patients with emotional problems and/or altered mental states were excluded from participating in this research.

Data collection

Data were collected with the Evaluation of Patient Complaints Form (EPCF), which has had validity and reliability tested (Cronbach $\alpha = 0.884$) using a face-to-face interview method [8]. The EPCF is a 35-item questionnaire that assesses the patient's general satisfaction with the ED physician; medical treatment rendered by the doctor and nurse and nursing care; ED wait time; confidentiality; communicating results to the patient; and comfort with the emergency department's physical facilities (Table 1) [7,10-12]. It is developed by Karadag and Eti-Aslan in 2008[8,9]. It was filled by patients during discharge from ED, and telephone follow-up and electronic-mail were used in the second step. The scores of it were compared between two steps. In addition, for the purpose of determining the triage category, the Triage Categories Form was used (which is used in the emergency department where the research was conducted).This form includes a 5-category triage system (Table 2). Data were collected by researcher who knows the system of this emergency service.

Table 2: Five-category triage system.

Triage 1	Most urgent	Patient cannot be kept waiting at all
Triage 2	Very urgent	Patient needs to be treated within at the most 5-10 minutes
Triage 3	Urgent	Patient needs to be treated within at the most 30 minutes
Triage 4	Less urgent	Patient needs to be treated within at the most 1 hour
Triage 5	Not urgent	Patient can wait for more than 1 hour

Ethical considerations of the research

Prior to beginning data collection, the research team obtained permission from hospital officials and the Ethics Committee to conduct this study. Patients who met the research inclusion criteria were given information about the research, and participation was voluntary. Sixteen patients who met the inclusion criteria did not want to participate in this research project.

Data analysis

Statistical analyses were conducted using the Unistat5.1software program. The $\chi 2$ test was used to compare individual characteristics of the emergency department with general level of satisfaction and similar statements about physicians and nurses. Moreover, one-way analysis of variance and Turkey's Honestly Significant Differences (HSD) Test were used to evaluate reasons for waiting in the emergency department.

Results

Characteristics of the sample

Of the 1514 patients who participated in the study, 70%were between 16 and 43 years of age, 57% were female,76% were triage category 4, and 62.3% (n = 943) stated that they were "very satisfied" with the care they received in the emergency department. However, some of those who had a "very serious" health problem were "not satisfied at all" with the emergency department (Table 3). A statistically significant difference was found between general satisfaction with the emergency department and severity of health problem ($\chi 2 = 11.673$; P = .020). The source of the difference was determined to be between those who described their health problem as "not very serious" (34%; n = 511) and not being satisfied (1%; n = 5). They described their health problem as "very serious," having lower percentage of those not being satisfied (2.7%; n = 1) (Table 3). No statistically significant differences were found between satisfaction level and sex, age, educational level, triage category, or length of time in the emergency department (Table 3).

Reasons for waiting in emergency department

When the factors that affected ED waiting time were evaluated, it was determined that as the length of time to the first emergency intervention increased, the patients' dissatisfaction (ie, complaints) increased. For example, the waiting time was significantly less (7.53 ± 2.002 minutes) for those who were "very satisfied" with "registration in the emergency department" than was the waiting time (7.86 ±2.009 minutes) for those who were "satisfied" (70.5%; n =1068) (Table 4). Also, the waiting time was significantly less (7.50 ± 1.975 minutes) for those who were "very satisfied" (68.8%; n = 1042) with "the time until first emergency assessment" than was the waiting time (7.89 ± 2.038 minutes) for those who were "satisfied" (28.5%; n = 431) (Table 4). The waiting time was significantly less (7.51 ± 1.971 minutes) for

Table 3: Comparison of individual characteristics and emergency department with general level of satisfaction (N = 1514).

		General level of satisfaction				
Individual characteristics		**Not at all satisfied n(%)**	**Satisfied n(%)**	**Very satisfied n(%)**	**x^2**	**p**
Sex	Female	20(2.3)	323(37.3)	523(60.4)	5.356.069	
	Male	7(1.1)	221(34.1)	420(64.8)		
Age (y)[a,b]	16-43	18(1.7)	389(36.7)	652(61.6)	1.268.867	
	44-71	8(2.1)	130(34.1)	243(63.8)		
	72-99	1(1.4)	25(33.8)	48(64.9)		
Education level	Primary school	0	2(18.2)	9(81.8)	3.278.512	
	High school	6(2.4)	84(33.3)	162(64.3)		
	University	21(1.7)	458(36.6)	772(61.7)		
Triage category	3[c]	9(2.5)	126(35.3)	222(62.2)	1.479.477	
	4[d]	18(1.6)	418(36.1)	721(62.3)		
Severity of health problem according to patient	Not very serious	5(1)	211(41.3)	295(57.7)	11.673.020[e]	
	Serious	21(2.2)	320(33.1)	625(64.7)		
	Very serious	1(2.7)	13(35.1)	23(62.2)		
Length of time in emergency department	2-4 h	26(1.8)	538(36.4)	915(61.8)	6.423.170	
	5-7 h	1(3.2)	6(19.4)	24(77.4)		
	8-10 h	0	0	4(100)		

[a]Mean: 38.93
[b]Standard deviation: 15.012
[c]Needs intervention within half an hour at the most.
[d]Needs intervention within an hour at the most.
[e]P< .05

Table 4: Reasons for waiting in emergency department.

Waiting time in emergency department	n(%)	Time to first emergency treatment/mean minutes ± SD	One-way analysis of variance	Turkey's HSD
For registration			P=.023[a]	2-3 p=.019[b]
Not at all satisfied	87(5.7)	7.72±1.783		
Satisfied	359(23.7)	7.86±2.009		
Very satisfied	1068(70.5)	7.53±2.002		
For emergency assessment			P=.002[a]	2-3 p=.002[b]
Not at all satisfied	41(2.7)	7.93±1.780		
Satisfied	431(28.5)	7.89±2.038		
Very satisfied	1042(68.8)	7.50±1.975		
For a nurse			p=.001[a]	2-3 p=.005[b]
Not at all satisfied	56(3.7)	8.11±2.440		
Satisfied	372(24.6)	7.88±1.961		
Very satisfied	1086(71.7)	7.51±1.971		
For a physician			p=.003[a]	2-3 p=.01[b]
Not at all satisfied	56(3.7)	7.45±1.701		
Satisfied	439(29.4)	8.11±2.440		
Very satisfied	999(66.9)	7.84±1.956		

Turkey's HSD, Turkey's Honestly Significant Differences Test

[a]P< .05

[b]P< .01

those who were "very satisfied" (71.7%; n =1068) that "the nurse came within 5 minutes after they were taken into the examination room" than was the waiting time (7.88 ± 1.961 minutes) for those who were "satisfied" (24.6%; n = 372) (Table 4). The waiting time was significantly less (7.84 ± 1.956 minutes) for those who were "very satisfied" (66.9%; n = 999) that "the physician came within 10 minutes after they were taken into the examination room" than was the waiting time (8.11 ± 2.440 minutes) for those who were "satisfied" (29.4%; n = 439) (Table 4).

The complaints given by patients in this study included the following:

- "The presence of curtains between the beds in the rooms and the beds being uncomfortable"
- "The emergency department being noisy and the hospital resembling a commercial business"
- "The emergency department not having its own parking area and the discharge process taking a long time"
- "Doing unnecessary tests and being asked the same questions at registration"
- "Personnel not having smiling faces, not having agreements with all insurance companies, and not giving brief, easily understood information"
- "Not having enough radiology technicians for emergency cases"

Comparison of similar statements about physicians and nurses

When the effect of the physicians and nurses "introducing themselves" on level of patient satisfaction was examined, it was determined that more patients were dissatisfied with nurses who did not introduce themselves (5.2%; n = 78) than with physicians who did not introduce themselves (0.2%; n = 3) (P = .0001) (Table 5). When the effect of physicians and nurses "explaining about the procedures they were or would be doing" on patient satisfaction was examined, it was determined that more patients were dissatisfied with the nurses for not giving explanations (3.1%; n = 46) than were dissatisfied with the physicians for not giving explanations (0.7%; n = 11) (P = .0001) (Table 5). When the effect of physicians and nurses "checking on the patient regularly" on patients' level of satisfaction was examined, it was determined that more patients were dissatisfied with physicians (6.3%; n = 96) than with nurses (2.8%; n = 42) (P = .0001) (Table 5). When the effect of physicians and nurses "being polite and respectful" on patients' level of satisfaction was examined, it was determined that 2.5% (n = 38) of the patients were dissatisfied because their physicians were not polite and respectful, but none of the patients were dissatisfied with the nurses for this reason (P = .0001) (Table 5). When the effect of physicians and nurses "communication with patients" on patients' level of satisfaction was examined, it was determined that significantly more patients were "very satisfied" with the nurses' communication with them (86.7%; n = 1313) than with the physicians' communication with them (69.7%; n = 1056) (P = .0001) (Table 5).

Discussion

The majorities of the patients in this study was women, were between 16 and 43 years of age, had a university level of education, and had private health insurance. The private hospital research site and the residents of this neighborhood are of a high socioeconomic status. More women (2.3%; n = 20) than men (1.1%; n = 7)

Table 5: Comparison of similar statements about physicians and nurses (N =1514).

Satisfaction Levels	Approaches		χ^2 Test (P)
	Physicians	Nurses	
	Introduced self	Introduced self	
	N (%)	N (%)	
Not at all satisfied	3(0.2)	78(5.2)	p=.0001[a]
satisfied	617(40.8)	402(26.6)	
Very satisfied	894(59.0)	1034(68.3)	
	Explained treatment and procedures that were /would be done to you	Explained treatment and procedures that were /would be done to you	
Not at all satisfied	11(0.7)	46(3.1)	p=.0001[a]
satisfied	405(26.8)	339(22.4)	
Very satisfied	1098(72.5)	1129(74.6)	
	Came regularly to check on you	Came regularly to check on you	
Not at all satisfied	96(6.3)	42(2.8)	p=.0001[a]
satisfied	445(29.4))	417(27.5)	
Very satisfied	973(64.3)	1055(69.7)	
	Polite/respectful behavior	Polite/respectful behavior	
Not at all satisfied	38(2.5)	0	p=.0001[a]
satisfied	260(17.2)	201(13.3)	
Very satisfied	1216(80.3)	1313(86.7)	
	Communication with you	Communication with you	
satisfied	458(30.3)	201(13.3)	p=.0001[a]
Very satisfied	1056(69.7)	1313(86.7)	

complained about the emergency department (Table 3). The reason for this finding may be that there was a higher percentage of female patients in the study or because the women's expectations were higher [12]. Although there is conflicting evidence in the literature about a patient's sex having an effect on satisfaction, it has been determined that female patients are more critical of the care they are given than are male patients [12.13]. It was determined that 64.9% of the patients (n = 48) in the 72- to 99-year-old age group were "very satisfied "with the emergency department (Table 3). This result may have been affected by elderly patients in general being more nature and tolerant, valuing communication, and being able to talk comfortably with physicians and nurses, along with the respect shown to the elderly in the social environment by physicians and nurses [14]. The patients' level of education was not determined to have an effect on patient expectations of satisfaction (Table 3).The reports in the literature do not support this finding, because it is reported that as educational level increases expectations also increase and satisfaction decreases [14,15]. As expected, the data indicated that patients who perceived that their own health problems were very serious also had increased expectations of the ED staff. In turn, these patients also had higher levels of dissatisfaction with wait times and the interpersonal characteristics of physicians and nursing staff. The reason for this is that patients with very serious health problems believe they have more needs and expect all of their needs to be met immediately by health care professionals [16]. When this research was conducted, it was observed that uncertainty was experienced by patients who had to wait for a long period (especially after 4 hours) in the emergency department. They did not feel like they belonged there, which had a negative affection their physical and psychological states. According to a research that was done in Turkey. The result showed that the factors were statistically significant on patient satisfaction were: Doctors and nurses' experiences-behaviors, cleanliness and decoration of hospital, informing the patients and their relatives, the time perceived and spended for results, giving prescription while being discharged, shape of meeting the patients at the door of emergency department and taking them in. Doctors' behaviors were the most common factor that affected the patient satisfaction. Nurse behavior, giving information to the patients for procedures while the detailed investigation and treatment going on, cleanliness condition, and giving information while the patient are discharged were the affective factors on patient satisfaction [17]. It is quite natural that patients would consider the emergency department to be a noisy place because of the many procedures done on an urgent basis, the high number of employees in the area, and the continual communication occurring between staff. In this study, some of the patients complained that there were curtains between the beds in the rooms. The reason for this complaint may be that the curtains were not sufficient to protect patients 'privacy and confidentiality. Based on our research, it appears that patient satisfaction would likely increase if we provided a more private, quieter environment and minimized the shouting that occurs in our work area. While they were receiving health care in the emergency department, patients wanted to be treated like they were people, not objects. For this reason we need to assess their mental and emotional states (ie, anxiety). Patients who were checked on regularly by health care personnel, who were asked how they were and if they needed anything by someone who was smiling, stated that they felt

like they had not been forgotten and were satisfied with their care. The emergency department where this research was conducted was in a private hospital used by more people with a high socioeconomic level. For this reason they had different expectations, such as that the emergency department would have a separate parking area, that there would be quicker discharge procedures, and that unnecessary tests would not be done. They expected that they would be given general, brief, and understandable information about their health condition. Moreover, in our observation, this reason would be affected by culture because in general Turks want everything to be done in a short time.

Limitations

The limitations of this research were that only patients who were treated and cared for in the emergency department at the facility that gave permission for the study were included, that patients' relatives, friends, and visitors were excluded, and that the interviews were conducted in the hospital where they had received treatment and care. The socioeconomic status of these patients could have affected results. A possible bias existed with the survey respondents because they may have wanted to please the surveyor. In turn, there was a regency effect with those who were surveyed before leaving the hospital. Furthermore, future studies should examine differences that exist in the feedback given by ED patients upon discharge compared with those who are surveyed at home several days after discharge.

Conclusion

All ED patients want to receive health care without waiting. This is an expected and desirable situation. However, this request cannot always be met. For this reason, as length of waiting time increases, patients' dissatisfaction with ED care may increase. The ED health care team is racing against time and may not be able to find enough time to introduce themselves or explain what procedure they are doing. Also, if the patient's condition is very urgent, he or she may be experiencing in a high level of stress. Therefore, the patient may not understand adequately the self-introduction of the team members or the information they give. When ED patient complaints are considered, the satisfaction level of patient care provide guidance about how to give individualized care in the emergency department.

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