ORIGINAL ARTICLE

Patient experience in emergency departments: What do children and adolescents think?∗,∗∗

Cristina Parra Cotanda*, Alba Vergés Castells, Núria Carreras Blesa, Victoria Trenchs Sainz de la Maza, Carles Luaces Cubells

Servicio de Urgencias, Hospital Sant Joan de Déu, Esplugues de Llobregat, Barcelona, Spain

Received 2 March 2016; accepted 25 April 2016
Available online 28 December 2016

KEYWORDS
Emergency; Satisfaction; Patient experience; Paediatrics

Abstract
Introduction: Improving patient experience must become a priority in paediatric emergency departments. This experience is often studied by surveying parents, and not children directly. The aim of this study was to assess the patient experience of children attended in a Paediatric Emergency Department (PED).

Patients and methods: A prospective descriptive study was conducted using a survey based on the Picker questionnaire on the patient experience. From January to May 2014, children 8–17 years seen in the Paediatric Emergency Department and admitted to the hospital were asked to complete the questionnaires anonymously, within 24 h of admission.

Results: A total of 217 patients completed the survey. The responses showed that 19.4% had to wait longer than expected, with 46.2% saying that there was not enough for children of their age group to do while waiting to be seen. As regards care and treatment, 4.6% of participants said staff did not fully explain what they were doing, and 23% said that they were not given enough privacy when being examined. Overall, 99.1% of patients said that they were well treated.

Conclusions: Overall patient experience in the PED was positive. Some aspects have to be improved (activities in the waiting room, and privacy during the examination).

© 2016 Asociación Española de Pediatría. Published by Elsevier España, S.L.U. All rights reserved.


∗∗ Previous presentation: This study was presented as an oral communication at the 20th Annual Meeting of the Spanish Society of Paediatric Emergency Medicine, April 16–18, 2015, Bilbao, Spain. It has not been previously published and is not under simultaneous consideration by any other editorial committee.

∗ Corresponding author.
E-mail address: cparra@hsjdbcn.org (C. Parra Cotanda).

2341-2879/© 2016 Asociación Española de Pediatría. Published by Elsevier España, S.L.U. All rights reserved.
PALABRAS CLAVE
Urgencias; Satisfacción; Experiencia paciente; Pediatría

Experiencia del paciente en Urgencias: ¿qué opinan los niños y los adolescentes?

Resumen

Introducción: Mejorar la experiencia del paciente debe convertirse en una prioridad en los Servicios de Urgencias. En Pediatría, a menudo, se estudia la opinión de padres/cuidadores y no la de los niños directamente. El objetivo de este estudio es conocer la experiencia como paciente del pediátrico ingresado desde el Servicio de Urgencias pediátricas.

Pacientes y métodos: Estudio descriptivo prospectivo. Se diseña una encuesta basada en el cuestionario Picker sobre la experiencia del paciente que estudia la proporción de insatisfacción. Las encuestas son contestadas directamente por niños de 8-17 años que son visitados e ingresados desde Urgencias de un hospital terciario pediátrico. Se entregan las encuestas durante las primeras 24 h de ingreso de enero a mayo del 2014.

Resultados: Se obtienen 217 encuestas. La mediana edad es de 12 años. Los niños piensan que la espera fue más larga de lo esperado (19,4%) y que las actividades de entretenimiento fueron inadecuadas (46,2%). Sobre la visita médica, el 4,6% piensa que el personal no explicó correctamente los procedimientos y para el 23% no tuvieron la suficiente privacidad. Sobre el conjunto de la visita, el 99,1% de los pacientes se sintió bastante o muy bien tratado. No se han encontrado diferencias en el grado de satisfacción en función del sexo, la edad o el tiempo de espera.

Conclusiones: Globalmente, la experiencia del paciente pediátrico en nuestro Servicio de Urgencias fue positiva. Algunos aspectos son susceptibles de mejora, como las actividades durante la espera y la privacidad durante la visita.

© 2016 Asociación Española de Pediatría. Publicado por Elsevier España, S.L.U. Todos los derechos reservados.

Introduction

Patients’ experience with respect to their health and the medical attention they receive must be regarded as the crux of any medical act. This experience can be defined as the sum of all the interactions produced by the culture of an organisation that influence the patient’s perceptions throughout the health care process. Any such process should therefore be seen as a continuum from the patient’s arrival at the healthcare centre to their departure. This experience will be determined by various factors, including scientific quality, safety and patient satisfaction. Satisfaction in relation to healthcare acts is a situation in which patients’ expectations regarding their treatment and care have been met (or even exceeded). It is an indicator of perceived quality of care, not always associated with scientific quality. In the field of emergency care, satisfied patients will probably revisit the healthcare centre and recommend it to their family and friends, and will also adhere more faithfully to doctors’ orders. For healthcare staff, patient satisfaction makes professionals feel better about offering their services.

The last 20 years have seen growing interest in the subject among the medical community, reflecting the change towards medicine centred on patients and their families. There has been a proliferation of studies based on satisfaction surveys, most of them carried out on adult patients. In the paediatric area the majority of studies address children’s satisfaction through that of their parents/caregivers; there are very few that question the children directly. This is mainly due to two reasons: on the one hand, it tends to be more difficult to obtain informed consent in the paediatric field, and on the other, children’s cognitive abilities vary according to age, and this determines how they are interviewed and how information on their opinions is obtained.

The purpose of this study is to examine the experience of paediatric patients in a Paediatric Emergency Department (PED) using satisfaction surveys addressed directly to children.

Patients and methods

This is a prospective descriptive study using surveys, carried out between January and May 2014 in a high-complexity tertiary referral children’s hospital. The PED handles some 100,000 visits per year, in the specialities of Paediatrics, Surgery, Orthopaedic Surgery and Traumatology, and Psychiatry. The study was approved by the hospital’s ethics committee.

The PED treats patients aged between 0 and 18 years. The pathway of patients in the PED is as follows: on their arrival, the administrative staff record their demographic data. The children are then assessed by a nurse, who performs the triage; the patients are thereby stratified according to a level of priority between I (immediate attention) and V (lower-priority attention) and they go to the waiting room. In the waiting room there are information screens showing the waiting time and screens broadcasting children’s programmes; there are machines dispensing food, drinks, diapers and other childcare products, and finally there are
various entertainment options aimed at small children, such as a tank of tropical fish or games of skill.

The patients included in the study are children and adolescents aged between 8 and 18 years who attended the PED and were hospitalised. Patients requiring immediate medical attention (triage level I), those unable to answer the survey (language barrier, mental disturbance) and those who did not wish to participate in the study were excluded.

The survey used is based on the Picker Patient Experience Questionnaire, produced by the Royal College of Paediatrics and Child Health (England) and the Picker Institute Europe.1,10,11 This survey was designed by and for children, who are directly asked their opinion on their experience as patients in the context of emergency care. The “problem scores”, which are the percentages of patients who give a negative answer to each question, are analysed, enabling us to examine the features that need to be improved in order to enhance the patient experience. The Picker questionnaire has been validated for children over the age of 8 years, who answer the survey with or without the help of their parents/caregivers.1,10,11 In the survey used in this study we omitted some questions from the Picker questionnaire on possible transfer by ambulance and on events after discharge from the emergency department; the illustrations (drawings) that appear in the original survey have not been included. A copy of the survey is included in Appendix A.

During the first 24h after admission, the children were asked to complete the questionnaires themselves, with or without help from their parents/caregivers. The children’s oral consent and that of their parents/caregivers was obtained and no kind of remuneration was offered for participating in the study. The investigators collected the questionnaires once they had been completed.

The responses to the questionnaires were stored and processed in a specific Microsoft Access relational database. Quantitative and categorical variables were tabulated and analysed with the SPSS 17.0 statistical program.

Results

In all, 217 surveys were obtained. The median age of the patients was 12 years (interquartile range [IQR], 10–15) and 56.7% of them were male. The patients were classified according to the triage scale as level II (19.1%), level III (53.5%), level IV (21.9%) and level V (5.5%). The median waiting time was 29min (IQR, 17–54). As regards specialties, 63.1% of the patients were seen and admitted by the Paediatric Service, 22.6% by Surgery, 12.0% by Orthopaedic Surgery and Traumatology, and 2.3% by Psychiatry.

The responses from participants are set out in percentage form in Table 1 (questions on waiting) and Table 2 (questions on care and diagnosis in the emergency department). Table 3 shows the responses to the questions on the visit as a whole. Following the survey methodology, the responses that show the proportion of dissatisfaction (“problem score”) are highlighted in bold type.

On analysing the responses to the last question on overall satisfaction, no significant differences were found by sex, age, waiting time or triage level.

Table 1 Responses to the questions on waiting in the emergency department (n=217).

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Proportion of responses (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How did you feel about the time you had to wait from when you arrived at the hospital to when you were seen?</td>
<td>I didn’t have to wait at all</td>
<td>21.4</td>
</tr>
<tr>
<td></td>
<td>I didn’t have to wait as long as I expected</td>
<td>40.5</td>
</tr>
<tr>
<td></td>
<td>The wait was what I expected</td>
<td>18.6</td>
</tr>
<tr>
<td></td>
<td>I had to wait longer than I expected</td>
<td>19.5</td>
</tr>
<tr>
<td>2. While you were waiting, did anyone tell you what was going on?</td>
<td>Yes</td>
<td>44.5</td>
</tr>
<tr>
<td></td>
<td>No, but I didn’t need them to</td>
<td>28.9</td>
</tr>
<tr>
<td></td>
<td>No, I would have liked someone to tell me</td>
<td>7.6</td>
</tr>
<tr>
<td></td>
<td>I don’t know/I can’t remember</td>
<td>19.0</td>
</tr>
<tr>
<td>3. Did you have enough to do while you were waiting (toys, games, books)?</td>
<td>Yes, there was a lot to do</td>
<td>12.0</td>
</tr>
<tr>
<td></td>
<td>Yes, there were things to do but not enough</td>
<td>6.7</td>
</tr>
<tr>
<td></td>
<td>No, there were things to do but not for children of my age</td>
<td>23.6</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>11.9</td>
</tr>
<tr>
<td></td>
<td>I don’t know/I can’t remember</td>
<td>4.0</td>
</tr>
<tr>
<td></td>
<td>I had things of my own to keep me occupied</td>
<td>41.8</td>
</tr>
<tr>
<td>4. Did you have everything you needed while you were waiting (food, drink, toilets)?</td>
<td>Yes</td>
<td>73.8</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>26.2</td>
</tr>
<tr>
<td></td>
<td>I didn’t need anything</td>
<td>15.7</td>
</tr>
<tr>
<td></td>
<td>I don’t know/I can’t remember</td>
<td>3.3</td>
</tr>
<tr>
<td>5. How clean was the waiting room?</td>
<td>Very clean</td>
<td>61.4</td>
</tr>
<tr>
<td></td>
<td>Fairly clean</td>
<td>29.0</td>
</tr>
<tr>
<td></td>
<td>Not very clean</td>
<td>2.9</td>
</tr>
<tr>
<td></td>
<td>Dirty</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>I don’t know/I can’t remember</td>
<td>6.2</td>
</tr>
</tbody>
</table>

“Problem scores” are in bold type.
Table 2  Responses to the questions on care and treatment in the emergency department (n=217).

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Proportion of responses (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Did the doctors and nurses explain what they were doing in a way you could understand?</td>
<td>Yes</td>
<td>89.8</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>4.6</td>
</tr>
<tr>
<td></td>
<td>I didn’t need any explanation</td>
<td>3.2</td>
</tr>
<tr>
<td></td>
<td>I don’t know/I can’t remember</td>
<td>2.3</td>
</tr>
<tr>
<td>7. Did the doctors and nurses explain clearly what was happening?</td>
<td>Yes</td>
<td>82.5</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>6.0</td>
</tr>
<tr>
<td></td>
<td>I didn’t need any explanations</td>
<td>3.7</td>
</tr>
<tr>
<td></td>
<td>I don’t know/I can’t remember</td>
<td>1.4</td>
</tr>
<tr>
<td></td>
<td>They don’t know what’s wrong with me</td>
<td>6.5</td>
</tr>
<tr>
<td>8. Do you think the doctors and nurses did everything they could to calm you down and put you at ease?</td>
<td>Yes</td>
<td>85.3</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>3.2</td>
</tr>
<tr>
<td></td>
<td>There was no need</td>
<td>11.5</td>
</tr>
<tr>
<td>9. Do you think the doctors and nurses did everything they could to help you with your pain?</td>
<td>Yes</td>
<td>88.5</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>1.4</td>
</tr>
<tr>
<td></td>
<td>I didn’t have any pain</td>
<td>10.1</td>
</tr>
<tr>
<td>10. Were you seen and treated in private?</td>
<td>Yes</td>
<td>69.4</td>
</tr>
<tr>
<td></td>
<td>No, but I don’t mind</td>
<td>19.0</td>
</tr>
<tr>
<td></td>
<td>No, but I would like to have been</td>
<td>4.2</td>
</tr>
<tr>
<td></td>
<td>I don’t know/I can’t remember</td>
<td>7.4</td>
</tr>
<tr>
<td>11. Did anyone explain what being admitted would involve (how many days you would be in the hospital, what the room would be like, the hospital rules?)</td>
<td>Yes</td>
<td>56.5</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>33.3</td>
</tr>
<tr>
<td></td>
<td>There was no need</td>
<td>10.2</td>
</tr>
</tbody>
</table>

“Problem scores” are in bold type.

Table 3  Responses to the questions on the visit to the emergency department as a whole.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Proportion of responses (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. While you were at the hospital, did you or your parents receive enough information about your illness and about what had to be done to make you better?</td>
<td>Yes, there was enough information</td>
<td>79.6</td>
</tr>
<tr>
<td></td>
<td>Yes, but there wasn’t enough information</td>
<td>11.1</td>
</tr>
<tr>
<td></td>
<td>No, I would like to have received some information</td>
<td>3.2</td>
</tr>
<tr>
<td></td>
<td>No, but I didn’t need any information</td>
<td>2.8</td>
</tr>
<tr>
<td></td>
<td>I don’t know/I can’t remember</td>
<td>3.2</td>
</tr>
<tr>
<td>13. Overall, how do you think you were treated during the visit?</td>
<td>Very well</td>
<td>74.5</td>
</tr>
<tr>
<td></td>
<td>Fairly well</td>
<td>25.0</td>
</tr>
<tr>
<td></td>
<td>Not very well</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>Not at all well</td>
<td>0.0</td>
</tr>
</tbody>
</table>

“Problem scores” are in bold type.

Discussion

Overall, the patients aged between 8 and 17 years seen in our PED are fairly satisfied or very satisfied with their experience there, taking patient experience to mean everything undergone in our PED (from arrival to departure) and not just satisfaction with the healthcare act in itself. Other studies carried out with adolescent patients in the context of emergency care show similar results, with a high degree of patient satisfaction with respect to the visit. There are very few studies on the opinions of children at prepubescent ages, and the results of this work therefore provide new and valuable information. We must remember that children’s concerns and fears may be different from those of their parents; they may have a different understanding of health problems and personal interaction and may not want to obey authority figures outside the family.

This information is therefore particularly valuable, since it does not come from parents or caregivers but from directly asking the opinion of children and adolescents who have received attention in the PED. Regarding the waiting period, 46.2% felt that there were not enough activities or that the activities were not suitable for their age group. This is an important point for improvement: the PED’s waiting room has many activities aimed at small children (games, cartoons on television, fish) but does not offer sufficient entertainment alternatives for older children and adolescents. For this reason, we are investigating the possibility of installing multitouch tables with games related to health issues designed for older children. Shefrin et al. have
already highlighted this point in their study on satisfaction
of adolescents in an emergency department: adolescents say
that they prefer to have a space of their own in the wait-
ing room with material suitable for their age group, such as
films, video games, magazines, electronic tablets, etc.

Another prominent issue is the question of privacy, as
almost a quarter of those surveyed stated that they were not
Executive
in the
institute
into
reflects
study
of
that
are
Appendix
Conflicts
rience.

This study has several limitations which must be taken
into consideration when interpreting the results. Apart from
the inherent limitations of any survey-based investigation,
this study was carried out in a single PED; it therefore
reflects the situation in a single hospital and the results can-
not be extrapolated to other PEDs in Spain. In addition, the
selection of the sample may have biased the results, since
the patients questioned were those that were hospitalised:
patients who are admitted generally have a more severe
triage level that those who are not, and therefore tend to
wait less time to be seen; moreover, being admitted may
influence patients’ perception of how healthcare acts are
conducted in the emergency department. Finally, despite
the fact that the survey was addressed directly to children
and adolescents, parents were able to help their children
complete it, thereby influencing the responses.

In conclusion, children over 8 years of age were satis-

Conflicts of interest

The authors have no conflicts of interest to declare.

Appendix A. Copy of the survey

Survey of satisfaction in the emergency department

Our patients’ satisfaction is very important to us. So we are
asking you to fill in this anonymous questionnaire. Your
opinions will give us very valuable information to help us
improve the care we offer you. You should only mark the
most suitable option for each question.

Thank you!

Questions on waiting in the emergency department

1. How did you feel about the time you had to wait from
when you arrived at the hospital to when you were seen?
   • I didn’t have to wait at all
   • I didn’t have to wait as long as I expected
   • The wait was what I expected
   • I had to wait longer than I expected

2. While you were waiting, did anyone tell you what was
   going on?
   • Yes
   • No, but I didn’t need them to
   • No, I would have liked someone to tell me
   • I don’t know/I can’t remember

3. Did you have enough to do while you were waiting (toys,
   games, books)?
   • Yes, there was a lot to do
   • Yes, there were things to do but not enough
   • No, there were things to do but not for children of
     my age
   • No
   • I don’t know/I can’t remember
   • I had things of my own to keep me occupied

4. Did you have everything you needed while you were
   waiting (food, drink, toilets)?
   • Yes
   • No
   • I didn’t need anything
   • I don’t know/I can’t remember

5. How clean was the waiting room?
   • Very clean
   • Fairly clean
   • Not very clean
   • Dirty
   • I don’t know/I can’t remember

Questions on care and treatment

6. Did the doctors and nurses explain what they were doing
   in a way you could understand?
   • Yes
   • No
   • I didn’t need any explanation
   • I don’t know/I can’t remember

7. Did the doctors and nurses explain clearly what was
   happening?
   • Yes
   • No
   • I didn’t need any explanations
   • I don’t know/I can’t remember
   • They don’t know what’s wrong with me

8. Do you think the doctors and nurses did everything they
   could to calm you down and put you at ease?
   • Yes
   • No
   • There was no need

9. Do you think the doctors and nurses did everything they
   could to help you with your pain?
   • Yes
   • No
   • I didn’t have any pain
10. Were you seen and treated in private?
   - Yes
   - No, but I don’t mind
   - No, but I would like to have been
   - I don’t know/I can’t remember

11. Did anyone explain what being admitted would involve (how many days you would be in the hospital, what the room would be like, the hospital rules?)
   - Yes
   - No
   - There was no need

Questions on the whole experience

12. While you were at the hospital, did you or your parents receive enough information about your illness and about what had to be done to make you better?
   - Yes, there was enough information
   - Yes, but there wasn’t enough information
   - No, I would like to have received some information
   - No, but I didn’t need any information
   - I don’t know/I can’t remember

13. Overall, how do you think you were treated while you were at the hospital?
   - Very well
   - Fairly well
   - Not very well
   - Not at all well

14. Who answered this questionnaire?
   - The patient
   - The parent or caregiver
   - The parent and the patient together

Would you like to add any comments?

References