

SYSTEMATIC OR INTEGRATIVE REVIEW

USER SATISFACTION REGARDING NURSING CARE AT EMERGENCY SERVICES: AN INTEGRATIVE REVIEW

SATISFAÇÃO DE USUÁRIOS COM CUIDADOS DE ENFERMAGEM EM SERVIÇO DE EMERGÊNCIA: UMA REVISÃO INTEGRATIVA

SATISFACCIÓN DE LOS USUARIOS CON LA ATENCIÓN DE ENFERMERÍA EN LOS SERVICIOS DE EMERGENCIAS: UNA REVISIÓN INTEGRADORA

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ABSTRACT

Introduction: User satisfaction is a key element of health evaluation and is an important indicator of the quality of health care. **Objective:** To synthesize the scientific production on user satisfaction regarding nursing care provided at emergency services. **Method:** This study is an integrative review, based on searches performed in the MEDLINE, LILACS, SCOPUS, CINAHL and Web of Science databases, using the following combined descriptors: Hospital Emergency Service, Emergency Nursing, Nursing Care, and Patient Satisfaction, in Portuguese and English. The sample consisted of 12 articles. **Results:** Studies suggest that users are satisfied with nursing care provided at emergency services. Attributes of kindness, politeness, respect, measures of comfort, sharing of information, and professional competence were strongly valued by users. Long waiting time to receive medical care, impossibility to share feelings, as well as depersonalization and a lack of help in understanding the disease on the part of the nursing team were factors that negatively influenced satisfaction. **Conclusion:** Despite often being criticized because of overcrowding, difficulty in communication, and long waiting time, nursing care at emergency services meets the expectations of patients, highlighting nurses' performance with actions that enhance the quality of health care.

Keywords: Patient Satisfaction; Emergency Service, Hospital; Emergency Nursing; Nursing Care.

RESUMO

Introdução: a satisfação dos usuários é um dos elementos da avaliação em saúde, sendo um importante indicador de qualidade da assistência. **Objetivo:** sintetizar a produção científica relacionada à satisfação de usuários com os cuidados de enfermagem em serviços de emergência. **Metodologia:** trata-se de revisão integrativa, com busca nas bases de dados MEDLINE, LILACS, Scopus, CINAHL e Web of Science, utilizando-se os descritores combinados: serviço hospitalar de emergência, enfermagem em emergência, cuidados de enfermagem, satisfação do paciente, nos idiomas português e inglês. A amostra foi composta de 12 artigos. **Resultados:** os estudos indicam que os usuários estão satisfeitos com os cuidados de enfermagem em serviços de emergência. Atributos de simpatia, cortesia, respeito, medidas de conforto, compartilhamento de informações e competência profissional foram fortemente valorizados pelos usuários. Influenciou negativamente na satisfação o elevado tempo de espera pelo atendimento, impossibilidade de compartilhar sentimentos, despersonalização e a falta de ajuda na compreensão da enfermidade pela enfermagem. **Conclusão:** apesar dos serviços de emergência receberem muitas críticas pela superlotação, dificuldade na comunicação e elevado tempo de espera pelos atendimentos, os cuidados de enfermagem atendem às expectativas dos pacientes, com destaque para a atuação dos enfermeiros com ações potencializadoras da qualidade do atendimento.

Palavras-chave: Satisfação do Paciente; Serviço Hospitalar de Emergência; Enfermagem em Emergência; Cuidados de Enfermagem.

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RESUMEN

La satisfacción de los usuarios es uno de los elementos de evaluación en salud y un importante indicador de calidad de la atención. El objetivo de este estudio fue resumir la producción científica relativa a la satisfacción de los usuarios con los cuidados de enfermería en los servicios de emergencias. Se trata de una revisión integradora con búsqueda en las bases de datos MEDLINE, LILACS, SCOPUS, CINAHL y Web of Science, combinando los descriptores: servicios de emergencias, enfermería de emergencias, atención de enfermería, satisfacción del paciente, en portugués e inglés. La muestra consistió de 12 artículos. Los estudios indican que los usuarios están satisfechos con la atención de enfermería en los servicios de emergencias. La simpatía, la cortesía, el respeto, las medidas de confort, el compartir información y la competencia profesional fueron aspectos muy valorados. Influyeron negativamente en la satisfacción: el tiempo prolongado de espera, la imposibilidad de compartir sentimientos, la despersonalización y la falta de ayuda en la comprensión de la enfermedad por parte de los enfermeros. Aunque los servicios de emergencias reciben numerosas críticas por la gran cantidad de gente esperando ser atendida, por los problemas de comunicación y el tiempo de espera, la atención de enfermería cumple con las expectativas de los pacientes, destacándose la actuación de los enfermeros en acciones potenciadoras de la calidad de la atención.

Palabras clave: Satisfacción del Paciente; Servicio de Urgencia en Hospital; Enfermería de Urgencia; Atención de Enfermería.

INTRODUCTION

Providing high-quality medical care in emergency services has been a challenge for healthcare institutions, managers, and professionals.¹ These services present peculiarities that differ from other such services, such as overcrowding, long waiting time, overload of responsibilities for the nursing team, and greater demand when compared to the installed capacity and the structure of medical services.²⁻⁴ Hence, it is important to identify the aspects that need to be modified in order to improve the quality of health care. For this purpose, user satisfaction is an important indicator to evaluate healthcare services.

Satisfaction can be defined as the difference between user perceptions and user expectations regarding health care.² Thus, user satisfaction research involves the subjective perception of the user concerning the medical care provided in healthcare services.^{5,6} The results obtained allow for healthcare managers and professionals to more easily identify the aspects which require greater care, seeking options to adapt the medical care to user needs.⁷

The existence of measures that identify the aspects that affect user satisfaction make each participant more and more pertinent, since they provide both a degree of respect to the users as well as essential information for improved healthcare management. This assessment can reveal aspects of satisfaction that were not wholly fulfilled and aid in the guiding of strategies aimed at improving the quality of health care.⁸

However, to achieve high levels of patient satisfaction regarding emergency services is a difficult task. In addition to the structural and organizational problems of these services, users find themselves in fragile situations. The debilitated physical health of patients who are provided medical care and/or who are hospitalized in an emergency service often impacts their emotional state, hoping that the healthcare professionals will have the necessary sensitivity to provide the proper medical care for their needs, including the subjective needs.⁹

Nursing has the potential to influence patient satisfaction through the health care received in emergencies, given that the

nurses' actions have been described as crucial for a satisfactory experience in a hospital environment.⁶ Nursing is the main link between users and the healthcare institution, consisting of a group of healthcare professionals with a greater representativeness and who maintain continuous contact with the users, from embracement to the most complex services.¹⁰ Nurses themselves have the opportunity to embrace the user and understand their anxieties and expectations, in turn improving the quality of nursing care practices.¹¹

Considering that the nursing team plays a key role in the qualification of health care and that there is a wide range of difficulties in the providing of medical care at emergency services, what can be identified is the need to investigate the main aspects that need to be improved, in an attempt to qualify high-quality nursing care. The valuation of elements identified by users, through user satisfaction surveys, further enriches this analysis.¹²

In this context, a literature review provides a means through which to synthesize the knowledge produced as regards user satisfaction with nursing care in emergency services. It is understood that this study allows one to demonstrate the repercussions of nursing care and its impacts on user satisfaction, as well as to verify aspects that can be improved and offer subsidies to guide new investigations through the panorama presented in this work.

According to that presented above, the present study aims to synthesize the scientific production related to user satisfaction with nursing care in emergency services.

MATERIALS AND METHODS

The present study is an integrative review that consists of the construction of a literature review, contributing to discussions on the methods and results from prior research, as well as reflections on the execution of future studies.¹³

This review included five main steps: problem identification, literature searches in databases, data assessment, data

analysis, and the presentation of the synthesis of the gathered knowledge.¹⁴

This study's guiding question was: What was the production of knowledge on user satisfaction regarding emergency services that provide nursing care?

A search was performed in the Medical Literature Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Literature in Health Sciences (LILACS), Scopus Content Overview (SCOPUS), Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Web of Science databases. In the LILACS database, the following health science descriptors (DeCs) were used: hospital emergency service, emergency nursing, nursing care, and patient satisfaction. In the other databases, the corresponding descriptors in English were used. Two combinations between the descriptors were used: a) ("patient satisfaction") AND ("nursing care") AND ("emergency service, hospital") OR ("emergency nursing"); b) ("patient satisfaction") AND ("emergency service, hospital") OR ("emergency nursing").

The inclusion criteria were original articles published as of 2003, in English, Spanish, and Portuguese. Articles of systematic or integrative reviews, theses, dissertations, and complete works that did not allow online access were excluded. Data collection took place in January 2015 and was updated in July 2015.

Seventy-seven articles were found, using the first combination of descriptors, and 1,664 articles were found using the second combination of descriptors. Of the 1,741 articles, 893 were from MEDLINE, 623 from Scopus, 203 from CINAHL, 9 from Web of Science, and 13 from LILACS databases. After the removal of duplicate articles, 1,123 publications remained. As can be seen in Figure 1, the titles and abstracts were read in order to refine the samples by the application of the inclusion and exclusion criteria, selecting 14 articles. After having performed a more in-depth reading of the texts, two articles that were not related to this study's theme were excluded. Hence, the final sample consisted of 12 studies.

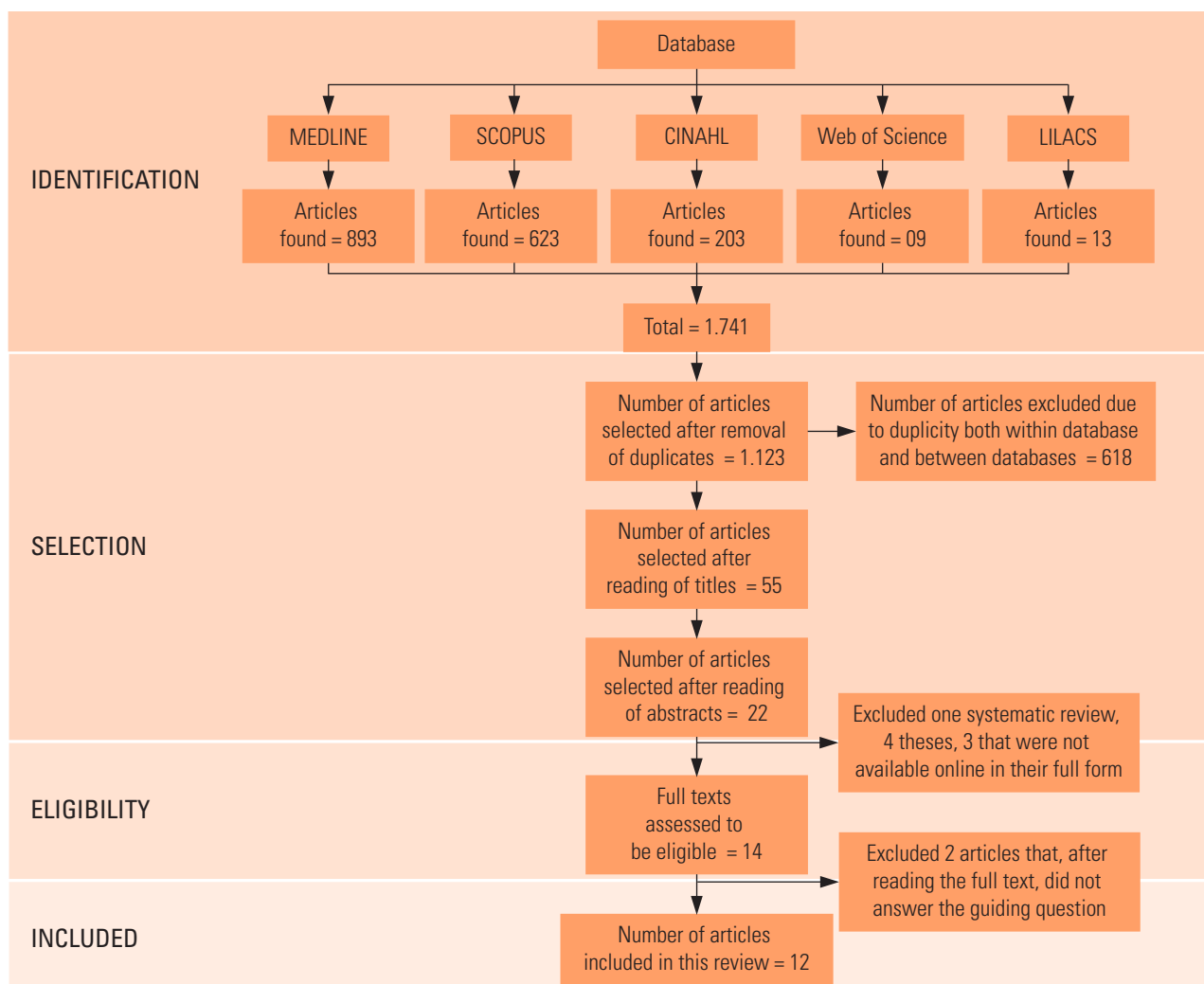


Figure 1 - Fluxogram of data collection and selection of the studies that comprise the sample. Porto Alegre, 2015.

Data assessment was based on an instrument with information about the authors, title, periodical, year, country, aim, study framework, level of evidence, sample, level of data collection, and instrument used for data collection and contributions. A classification system consisted of the following seven levels of evidence: 1 – evidence resulting from systematic or meta-analytical reviews of relevant clinical trials; 2 – evidence derived from at least one well-designed controlled randomized clinical trial; 3 – well-designed clinical trials without randomization; 4 – well-designed cohort and case-control studies; 5 – systematic review of descriptive and qualitative studies; 6 – evidence derived from one single descriptive or qualitative study; and 7 – opinion of authorities or report from specialist committees.¹⁵

The synthesis obtained in the 12 studies was summarized, according to the theme chosen for this analysis, in synoptic tables with the necessary information.

RESULTS

This review's sample consisted of 12 studies. Of these, 10 were published in English (83.33%) and two in Spanish (16.67%). As regards the countries where the research was developed, five were from the United States (45.45%), two from Spain (18.18%), two from Canada (18.18%), while China (9.09%), Italy (9.09%), and Australia (9.09%) had only one publication each.

As regards the study's framework, it was found that 75% of the studies were descriptive, together with one methodological study (8.33%), one quasi-experimental study (8.33%), and one intervention study (8.33%). In this manner, the level of evidence of six was predominant in these studies.

Upon observing the year of publication of the articles, it was found that only one article was produced in 2003, 2008, 2009, and 2010. Two articles per year were published in 2004, 2005, 2013, and 2014.

Of the 11 articles that used data collection instruments, it was found that six articles (54.54%) used the Consumer Emergency Care Satisfaction Scale (CECSS) in English, Spanish, Italian, and Chinese; one (9%) used the Monica-Oberst Patient Satisfaction Scale (LOPSS); one (9%) employed a non-validat-

ed instrument to assess nursing attributes; one (9%) used the Patient Satisfaction Scale (PSS) together with the Visual Analogue Scales (VASs) and CECSS; and two (18.18%) adopted instruments drafted by the authors.

To facilitate the presentation and organization of the results, three thematic categories were defined as follows: a) instruments to measure user satisfaction with nursing care; b) verification of user satisfaction with nursing care; c) interventions to improve user satisfaction in emergency services.

CATEGORY 1: INSTRUMENTS TO MEASURE USER SATISFACTION WITH NURSING CARE

Two publications that specifically treat instruments to measure user satisfaction with nursing care in emergency services are included in this category (Table 1).

The studies^{16,17} assessed psychometric properties of instruments to measure user satisfaction with nursing care in emergency services. The first drafted the questionnaire with 21 items to assess user satisfaction of patients who received medical care by nurses who were specialists in clinical medicine (nurse practitioners). To verify the face and content validity, the questionnaire was analyzed by a panel of specialists, and its comprehension was assessed by a group of 12-year-old children. The questionnaire was applied in a sample of 113 adult patients and proved to be valid and reliable for its proposed purpose of assessing user satisfaction with nursing care provided by nurse practitioners in emergency services.¹⁶

The second study¹⁷ tested the validity of the construct of the Consumer Emergency Care Satisfaction Scale (CECSS) instrument by means of the validity of convergence. The instrument was applied in a sample of 616 patients from emergency services in the United States, Slovenia, and Australia. All of the coefficients of correlation proved to be significant and expected. The convergence was evident and the validity of construct was well-founded. The CECSS showed a convergent validity when compared to the Risser Patient Satisfaction Scale (PSS) and the Visual Analog Scale (VAS). The CECSS was considered to be reliable to assess patient satisfaction in hospital emergencies.¹⁷

Table 1 - Description of articles included in the integrative review, according to the category of studies on instruments to measure patient satisfaction with nursing care in emergency services. Porto Alegre, 2015

Authors/Year	Study's country	Database	Study's framework	Level of evidence	Instrument used
Thrasher; Purc-Stephenson, 2008 ¹⁶	Canada	MEDLINE; SCOPUS; CINAHL; Web of science	Cross-sectional	6	10 items of Coli + questions drafted and validated by the authors
Davis et al., 2005 ¹⁷	United States	MEDLINE; SCOPUS; CINAHL	Methodological study	Not applicable	CECSS, PSS, and VASs

Table 2 - Description of articles included in the integrative review, according to the category of studies to verify patient satisfaction with nursing care in emergency services. Porto Alegre, 2015

Authors/Year	Study's country	Database	Study's framework	Level of evidence	Instrument used
Blank et al., 2014 ¹⁸	United States	MEDLINE; SCOPUS	Prospective and Cross-sectional	6	Instrument drafted by authors
Ríos-Rísquez; et al., 2013 ¹⁹	Spain	SCOPUS; Web of Science	Descriptive, Cross-sectional, and multicentric	6	LOPSS
Messina et al. 2014 ²⁰	Italy	MEDLINE	Cross-sectional	6	CECSS
Blanco-Abril et al., 2010 ²¹	Spain	MEDLINE SCOPUS; CINAHL	Descriptive and cross-sectional	6	CECSS
Chan; Chau, 2005 ²²	China	SCOPUS; CINAHL; Web of science	Descriptive and Correlational	6	CECSS
Elder et al., 2004 ²³	United States	MEDLINE SCOPUS; CINAHL; Web of science	Descriptive	6	CECSS
Davis; Bush, 2003 ²⁴	United States	MEDLINE	Descriptive and comparative	6	CECSS
Jennings et al., 2009 ²⁵	Australia	SCOPUS	Descriptive and comparative	6	Instrument drafted by authors

CATEGORY 2: VERIFICATION OF USER SATISFACTION WITH NURSING CARE

The second thematic category included eight publications that assessed user satisfaction with nursing care (Table 2).

The results of the studies¹⁸⁻²⁵ reveal good levels of user satisfaction with nursing care in emergency services. Upon analyzing the factors that positively influenced patient satisfaction with nursing care, the following stand out: knowing which nurse will provide the nursing care,¹⁸ freedom to ask questions, patience on the part of the professionals, priority given to the users,¹⁹ the nurse's understanding of the reason why the user sought medical care at an emergency service,²⁵ trust and empathy with the nurse,^{21,25} professionalism, extent to which the problem was resolved,²¹ the professional's technical skills,²² and receiving information related to the waiting time for medical care.²⁰

Even when the results informed good levels of user satisfaction, aspects that negatively influenced user satisfaction were also identified. The patients pointed out the impossibility of sharing feelings with the healthcare professionals and the lack of help in understanding the illness,¹⁹ an excessively long waiting time to receive nursing care,^{10,19-21} a long time spent at the emergency service,¹⁹ depersonalization on the part of the nurses in their treatment of the patients,²¹ and the need for greater care provided by the professionals to the patients.²²

CATEGORY 3: INTERVENTIONS TO IMPROVE USER SATISFACTION IN EMERGENCY SERVICES

The third category includes publications that treat interventions performed to combat the excessive waiting time for medical care in hospital emergency services, proposed to qualify the care provided and increase user satisfaction (Table 3).

The first intervention was performed during the process of triage in the emergency services of two hospitals in North Carolina. The users who agreed to participate in this intervention were offered blankets and socks to stay warm and the lights were dimmed while providing medical care. The children were provided with materials to draw in, colored pencils, puzzles, etc. Folders with the triage process from the emergency service were given to the users. In addition, every 30 minutes or less, updates on the process of medical care, from embracement to the doctor's consulting rooms, were provided to the patients. In this proposal, 243 patients received the usual care and 327 underwent intervention. Patient satisfaction was measured by the variables of expectation and perception of waiting time, comfort, information, and activities developed to endure the wait. The results showed that no significant difference was observed between the satisfaction and the waiting time in both groups. As regards the elements of intervention, it was observed that the receiving of information significantly increased user satisfaction.²⁶

Table 3 - Description of articles included in the integrative review, according to the category of interventions to improve patient satisfaction in emergency services. Porto Alegre, 2015

Authors/Year	Study's country	Database	Study's framework	Level of evidence	Instrument used
Wright; Causey; Dienemann, 2013 ²⁶	United States	MEDLINE; SCOPUS; CINAHL; Web of science	Controlled, quasi-experimental	6	CECSS
Nielsen, 2004 ²⁷	United States	MEDLINE; SCOPUS; CINAHL	Intervention	7	Without validated instrument

The second intervention was performed in the emergency services of a rural hospital in Hillsdale, Michigan. The initiative stemmed from the frequent user dissatisfaction, due to the long periods of waiting time without receiving due reason for such a wait. The intervention, which was conducted over a six-week period, proposed that every half hour, triage nurses would explain to patients the reasons behind the waiting time or any unusual situation that was contributing to the delay. The most frequent reason for delay was the severity of patient injuries in emergency care. Every half hour, the nurses determined the number of patients in the waiting room and re-evaluated the health conditions of those waiting for care. Despite the nurses' resistance to perform this procedure, they believed it was important to provide proper patient care and satisfaction. As a result of the user satisfaction assessment after the first month of intervention, the answers in the excellent and very good range were 88% when compared to the previous month, with a result of 44%. Due to the intervention's success, hospital management decided to introduce triage as part of the nurses' routine.^{27,28}

DISCUSSION

The search for improved quality of care in hospital services has stimulated researchers to deal with the theme of user satisfaction, resulting in an increase in the number of productions on the subject.^{5,29,30} An growing number of satisfaction studies in emergency services has also been identified.^{18,21,26,28} However, there are still a limited number of publications on user satisfaction with nursing care in these services.

The low level of evidence of the studies included in this review is noteworthy, suggesting a low degree of recommendations for the practice. However, satisfaction surveys enable nurses to implement changes and propose actions to improve the quality of care, starting with user opinions.³¹ This has been corroborated by two intervention studies that showed positive results in improving patient satisfaction, despite the low level of evidence.

In this review, almost all of the analyzed studies made use of a specific instrument to measure satisfaction. Prior literature shows that this is the most often way used to assess the perception of the quality of care³² and is considered an important assessment indicator.³¹ The availability of reliable instruments allows the users' perception of quality of care to be assessed, reflected with regard not only to satisfaction, but also to their overall experiences with nursing care. This assessment can provide valuable information when it comes to planning nursing care to meet the needs of these individuals, thus enabling active participation in patient care.³²

However, within the national scope, valid instruments to measure nursing care satisfaction are only available for use in inpatient units.^{32,33} Only one instrument, created by national

authors, evaluates the quality of emergency nursing care from the users' perspective, but it does not measure satisfaction.¹⁰

This review identified studies in which it assessed various dimensions of the quality of perceived care and user satisfaction with emergency nursing care led to good results in satisfaction. Other studies conducted in different hospitals also identified good levels of care offered by the nursing staff.

This study found that interpersonal relationships, such as friendliness, courtesy and respect, and professional competence have a strong influence on the satisfaction and expectations of those who receive care. The authors state that satisfaction is a social construct, produced from the experiences of individuals who attribute meanings to their experiences, focusing on aspects based on a hierarchy of preferences.³³

Surveys that analyzed patient satisfaction from educational and professional competence aspects found that patients are more satisfied with the professional competence than with the aspects related to the guidelines provided by nurses upon being discharged.^{20,21,24}

In turn, when examining user satisfaction with nursing care in emergency triage, it was found that patients are satisfied with both professional competence and educational aspects.^{22,23} Satisfaction was higher when patients were using specific nursing interventions, especially those involving more contact with the patient and those that required more skills from the triage nurses.²² There was a strong association between user satisfaction and professional competence of the triage nurse and the intention to return to service.²³

Two studies compared the care of nurse practitioners and emergency physicians.^{16,25} The nurse practitioner is a professional category that does not exist in Brazil. They are registered nurses with a master's or doctorate degree, with extensive practical experience, decision-making skills, and clinical competencies that are different from other nurses.¹⁶ The study found that users are more satisfied with the care provided by a nurse practitioner. The most favorable aspects concern personalized service,¹⁶ health education, and discharge guidance.²⁵

Despite the good results obtained in the articles included in this review, there are problems that negatively influence user satisfaction, which are related to the lack of direction, long waiting times, and little attention given to users by medical professionals. Similar complaints were described in a study conducted on emergency services in Santa Catarina. Although not a satisfaction survey, it showed that users expressed dissatisfaction with the actions and attitudes of the nursing team, referring to a "do not care" attitude. They reported a lack of information, undue attention and assistance, transfer of responsibility among the medical staff, too long of a waiting time, no priority given to caring for the elderly, lack of a calm composure and respect, as well as often rough, cold, and insensitive treatment.⁹

Overcrowded emergency rooms and shortages of beds and professionals to meet the demand and users' needs can compromise the quality of care provided,^{3,9} resulting in the same professionals who treat serious and urgent cases having to accept the less valued demands in the severity hierarchy. The disproportion between structure, process, and outcome not only make caregiving more difficult, but also affect the relations between workers and users, who show their dissatisfaction.

Based on these findings, the described results are important aspects of user satisfaction with emergency nursing care. However, there are some limitations. The studies included in this review were conducted in different health scenarios and systems, aspects that need to be considered when it comes to user satisfaction. The lack of Brazilian studies makes it extremely difficult to formulate approximations owing to cultural and socioeconomic aspects and the organization of the country's healthcare system.

CONCLUSIONS

The findings indicate that such qualities as friendliness, courtesy and respect, ways of offering comfort, and sharing of information about the services provided contribute to user satisfaction with emergency nursing care services. Aspects of professional competence of nurses were also highly valued by users. However, long periods of time spent waiting for nursing care, the inability to share feelings with the medical staff, depersonalization in dealing with the user, and the lack of help in understanding the disease have a strong negative influence on satisfaction.

Although emergency services receive criticism for communication difficulties and prolonged waiting time for care, overall nursing care meets the patients' expectations, highlighting the nurses' role, with potentiating actions for the quality of medical care.

It is recommended that further studies be developed to investigate factors that influence patient satisfaction with nursing care in Brazilian emergency rooms. What also stands out is the importance and the need for the availability of valid instruments to measure satisfaction.

The results could be used as indicators of nursing care quality that requires improvement so that care can be tailored to user needs.

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