THE EXPRESSED OPINIONS OF FIFTY FAMILIES CONCERNING THE SERVICES THEY RECEIVED IN THE EMERGENCY DEPARTMENT OF A SELECTED HOSPITAL

By

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CHAPTER I

INTRODUCTION

The best nursing care and the newest equipment will not do as much for a hospital in the way of public relations as satisfied people. However, good nursing and modern facilities will contribute to creating satisfactions. The best advertisement results when patients, their relatives, and their friends feel that they have been treated with understanding and consideration. Understanding and consideration are among the things remembered by those coming to the hospitals.

The satisfied family not only contributes to the satisfied personnel but also helps make the community look favorably on the hospital. Satisfaction motivates a spirit of good will and cooperation in producing better and more efficient hospital services. Without community support, the hospital would have difficulty in establishing the favorable public relations that are so essential. In the emergency department favorable public relations are of particular importance.

The public now takes for granted that hospitals have emergency service at all hours where any type of care can be handled with prompt, effective service [28].

> Failure to respond to the patient's need by individual consideration of his circumstances can only result in the undoing of the education of the public in favor of prompt hospitalization and in the creation of public ill will (12).

It is essential to establish good rapport not only with the patient who is the first concern, but also with those accompanying the patients. It is of extreme importance that those accompanying the patient understand and know what is happening in regard to the care of that patient. If people are concerned enough to come with the patient, then their concern should be recognized. Tactful, understanding personnel can do much to provide emotional support. Facilities that contribute to physical comfort help alleviate apprehension and distress. The changed social and economic situation has been characterized by increased public demand for more effective service. This has been reflected in hospitals, particularly since a larger proportion of the general population has been covered by some form of health insurance. Good public relations have accordingly increased in importance.

Personnel who promote confidence, show understanding, and are efficient, courteous, and friendly are needed in the emergency department. The admitting personnel have a vital role in being alert, quick, friendly and yet businesslike. Because it is necessary to get the patient's record, the clerk is faced with trying to get the patient registered and while concentrating on the patient, she must also be pleasant and understanding to those waiting for the patient.

Windemuth points out that personnel should be constantly aware that by their words and actions they are interpreting the emergency department and the nursing profession to the patients, visitors, and the public. The emergency department needs to scrutinize its conduct and policies carefully if it desires to have the community look upon it as a warm, understanding, helpful friend. A whole chain of events could be set off as the result of one unfortunate emergency department experience [18].

> The paraphrasing of the Golden Rule should be the pervading spirit that guides the actions of all hospital personnel (33).

Sigmund Friedman has explained that the emergency department in hospitals is an extension of the outpatient department and to some extent, a substitute for the physician's private office. He also emphasizes that only a small per cent of admissions are truly emergencies [24]. When an emergency really exists, the forces of the entire department must focus on life-saving measures. In this department everyone is prepared for the worst at all times and in this way are ready to handle whatever comes into the department.

A. THE PROBLEM DEFINED

Statement of the Problem:

The purpose of this study was to investigate expressed opinions of families of patients who had had treatment in the emergency department of a selected hospital. The specific objective of the study was:

1. To identify expressions of satisfaction versus dissatisfaction in order to determine (a) how well the department was meeting the needs of those who accompanied a patient and (b) what factors should be improved.

Limitations:

This study was limited

1. To the information that could be obtained by the Schedule method.
2. To information that could be collected within a two week period.
3. To interviews of fifty families. Fifty families would be representative of about two days' admissions. It was arbitrarily decided that if the responses obtained from fifty families did not begin to reveal repetitious replies, additional participants would be selected.

4. To families of patients first seen by the house doctor or intern during the 3 to 11 P. M. shift. This time was selected because the largest number of patients are admitted during these hours. This limitation omits patients seen by private physicians by appointment.

Assumptions:

It is assumed that questioning the patient's family will elicit information useful in continuing good public relations or in identifying areas in need of improvement. It is further assumed that those being questioned would express their honest opinions of the service received.

It is assumed that the interview is a reliable means of obtaining information that has merit despite the tendency of people to make favorable responses during an interview.

B. IMPORTANCE OF THE PROBLEM

Kennedy says the weakest link in the chain of patient care in most hospitals in this country is the attention or lack of attention in the emergency department [31].

The patients admitted to the emergency department are often referred to other departments and since many are emergencies in the true sense, they need rapid screening and careful observation. Friedman points out that the employees need to know the hospital's plans, policies, philosophies, and be well informed on emergency procedures in order to function competently in the care of the patient [23].

Any of the people accompanying a patient to the emergency department could be future patients. They will remember the consideration given them. When they need hospitalization they will turn to the hospital with which they are familiar unless they were treated unfavorably.

As Lindquest said, "A modern, well-appointed emergency department constitutes an outstanding contribution to the health of the community. It can make new friends for the hospital as a whole and increase good will toward the entire medical profession. 'Good Emergency Care = Good Public Relations [32].'"

The study was proposed because of the growing concern in regard to good public relations in an emergency department. Much in public relations had to be learned by trial and error by all concerned at this hospital when the emergency department first opened. A great deal of concern to give good patient care was emphasized until it was evidenced the patients were being satisfied. It is not too difficult to determine if a patient is satisfied or dissatisfied but not quite as evident as to whether the family members are satisfied.

It was hoped that the investigation of opinions of families of patients who had been treated in the emergency department could serve as a guide to the hospital administration in maintaining good public relations or in planning a program to improve the service if necessary.

C. PLAN OF THE STUDY

The design for this study may be described in the following steps:

1. After reviewing the literature questions were designed to elicit expressions of the satisfactions and dissatisfactions of those accompanying patients to a selected emergency department. The questions were constructed into an interview guide.
2. The tool was reviewed by 10 experienced professional nurses with emergency experience. Their suggestions were incorporated and the tool revised.
3. Permission to conduct the study was obtained from the hospital administrator and the director of nursing service of the selected hospital.
4. The emergency department record book of admittances was examined to determine when the majority of patients were admitted. It was ascertained that the majority of patients were admitted between the hours of 3 to 11 P. M. on most of the days.

5. To test the tool a pilot study was done on people who had accompanied patients to the emergency department.

6. From the pilot studies corrections were made in the tool and an interview guide was developed in final form.

7. A list of names was obtained from the admission sheets of the emergency department and a route was mapped for making the house calls.

8. It was arbitrarily decided that if the responses obtained from 50 families did not begin to reveal repetitious replies, additional participants would be selected.

9. Classifications were validated by three qualified persons.

10. Information was tabulated into three sections.

11. The questions were assigned in the appropriate categories.

12. Analysis of categories was done and then put into percentages as to satisfactions and dissatisfactions.

13. Summary, conclusions, and recommendations were drawn from the analysis and are included in Chapter IV.

D. POSSIBLE OUTCOME

It is anticipated that this study may reveal information significant for improving emergency department routines and possibly public relations.

E. SUMMARY

A review of the literature indicates the following:

1. Every visitor who comes into the hospital could be a potential patient; the visitors have an influence on the community's attitudes toward the hospital.
2. Good public relations are essential for the progress of the hospital.
3. The emergency department is a strategic spot for promoting or destroying public relations.
4. There were conflicting comments concerning the need for an attractive environment for the patient. One study reported that the patient's families were unconcerned with the surroundings because they were so concerned with the patients condition. Several authors stressed the importance of having attractive surroundings indicating these made lasting impressions.

5. When patients or their families are given an opportunity to express satisfactions or dissatisfactions valuable comments are elicited that have implications for improving services.

CHAPTER II

REVIEW OF LITERATURE AND RELATED STUDIES

Public relations are important to the hospital since they can make or break the hospital. The hospital would be unable to operate without patients. Anyone coming to the hospital has an influence on the public relations program. The satisfied patient will tell others about the care and treatment he received while at the hospital and the way the personnel treated him. The visitors, the relatives, and friends coming to the hospital will also convey their ideas and feelings to others.

Those coming to the hospital for care have a right to reasonable explanation of anything not understood. Efforts should be exerted to make friends with those coming to the department, for they in turn will make many more new friends for the hospital [12]. Ordway Tead says the promise of American life is a way of life to all who share it.

> It is a promise of the unique worthfulness of each individual regardless of all extraneous circumstances about him, a promise that each person will be treated as an end in himself and not be pushed around as a means to the ends of others, a promise of respect for and the integrity of every individual irrespective of race, creed, color, or religion [16].

All people have a basic need to be recognized as individuals. Without recognition ones very self-esteem and sense of identity is destroyed (29).

Administrators realize it is necessary to keep the public informed in order to foster good will towards the hospital. One of the best ways of doing this is by having visitors, friends, and relatives come to the hospital.

Sister Gabriel relates that all visitors are potential patients and that the consideration for visitors is an important aspect of good public relations (25). Writing along this same line of thought, Fair says that "The whole future of any given hospital can be resting squarely in the hands of ... visitors (23)."

One of the basic principles as stated by Drs. Howell and Buerki is that the emergency department should be a major source of expert diagnosis and treatment and should play a vital role in hospital public relations since its professional reputation often rides on the fate of patient care in its emergency department (28).

A review of the literature about the reactions and attitudes of the people accompanying patients to the hospital emergency department as such is very limited. Several writers have explored the general and specific principles which affect the feelings and opinions of the family, relatives, and friends of patients. It pays to foster the good will of the visitor.

Sometimes unpleasant situations are encountered through public indifference for a hospital, or the dislike of the personnel, staff, and others because of the way people are handled (22).

Minna Fields states that no one lives in a vacuum nor is he alone in his suffering. Illness causes many problems for those within the patient's circle. The illness not only affects the patient but his family and close friends as well (6).

As Richardson so aptly put it, "The family is part of the individual and the individual is part of the family." Although the intra-family relationships are not usually essential to life, each individual is affected by other family members [13].

The family plays an important role in influencing the consequences of illness for the patient. The family needs help in understanding the patient's emotional needs as well as his physical needs. The family can be responsible for emotional tensions which can aggravate an illness. If the members of the family have guidance and understanding they can be a positive element by giving the patient a sense of security [5].

Even in our culture people are likely to come to the emergency department with preconceived ideas of hospitals and hospital practices that have been passed on to them by others. Some of these ideas may have little likeness to actual practice. These preconceived ideas could be factors which might interfere with patient care.

Alison MacBride did a study of maternal and infant care customs in a Polynesian culture where there is no written language. She states that stories and unfavorable experiences are passed from person to person, and in the passing they become magnified and often distorted. From her study she concluded people who have had no contact with hospital settings, doctors, or nurses, fear to go there or accept medical care because of what they have heard (34). These same conclusions may be pertinent in other cultures. Preconceived ideas of a negative nature may have an influence on people who come to the emergency department for treatment.

The emergency department personnel have their task complicated by dealing with the family's apprehension and misconceptions. Genevieve Burton asked her students to think back to the time before they came to the nursing school and think of an occassion when they either went to the hospital themselves or when they went with someone. They were asked to relate that which was most outstanding to them. All of them reported that they did not remember the surgery or the details of the surgery, but did remember what was said by the nurses, the extra little things that were done, the interest shown in their family, and they remembered many other kindnesses (4).

Hard asserts that public relations begins at the hospital entrance. The attractiveness of the hospital entrance leaves a lasting impression on visitors and patients. For many the emergency department entrance with its waiting room is the first impression made on those entering. Hard stresses that the visitor's reactions to the hospital constitutes an important factor in public relations [27].

Sloan says, "To ensure a favorable first impression, it is necessary to keep the entrance hall clear of stretchers and other equipment." To help relieve the fears of people coming to the hospital, Sloan further suggests that there should be a place to buy refreshments and gifts. This will help relatives and friends occupy their time and may also help relieve tensions. An attractive lounge with a varied selection of reading material can do a great deal towards good public relations [15].

Believing that children can cope better with the stress of being in the hospital when their parents are with them, Coffin [21] observes that as a result of unlimited visiting hours, the children are much happier and there is considerably less crying. It would seem that children would tolerate the trauma of the emergency department better if their parents were allowed to stay with them whenever possible.

Hard has made the comparison that pediatricians realize the need sick children have for their parents. Many adults, who are only large babies, have similar needs (27). When people are ill, they have a tendency to regress and adults may have needs similar to those identified with childhood.

> Illness makes for self-interest. Anxiety restricts vision. When a patient is taken to the hospital he becomes, to his family and friends, the most important person in that institution. The fact that he is merely one of a large group to the hospital personnel is hard for the family to grasp (27).

The admitting department is one of the most strategic positions in the hospital organization. It is here that public relationships are started, for it is here that the patient forms his first and usually more lasting impression of the hospital, and it is here that the patient's relatives and friends begin to evaluate the services of the institution.

Hard further suggests that the nurse looks through a telescope and sees the whole hospital--all her patients and all the machinery necessary for making the hospital run smoothly. The patient and his family, in contrast, look through a microscope and focus it only on themselves. As far as they are concerned they have the most and only difficult problem (27).

People come to the emergency department believing they need emergency care. Because it is not an emergency in the minds of the doctor or nurses, does not convince the family that it is not an emergency. Consequently, "The emergency room is one area of the hospital that can generate more adverse public reaction than any other hospital facility (35)."

The way the situation is handled often determines what the family thinks of the care given, even if adequate medical care has been administered. If service is prompt, and the physician, nurses, (as well as other personnel), are neat and courteous, better opinions of the hospital will be formed. This makes for more effective public relations than the most elaborate and costly program a hospital can promote. Hard (27) and Treilich (42) concur in the belief that visitors constitute a vital factor in the hospital's public relations.

Many times the relatives and friends are of little supportive help to the patient. They may be so emotionally disturbed by their loved ones condition that their whole attitude is affected. Because of this the admitting procedures must be based on the needs of the patients, and contacts with the patients' relatives and friends must be in a spirit of kindness and consideration.

Worry is caused to the patient and family who knows that the patient's condition requires reasonably prompt attention. The failure to respond to the patient's individual needs can only result in the undoing of the education of the public in favor of prompt hospitalization and in the creation of public ill will. Therefore, it is vital that the admission and discharge procedure in the emergency department be characterized by kindness, diplomacy, tact, and dispatch (11).

People come to the emergency department with fears in many forms. It does not matter if the individuals are highly educated or not, they all have fears. Someone may fear physical examination, hospitals, physicians, illness that may attack himself or his friends or his family. Some fear is caused by the unknown. A lack of knowledge causes a sense of insecurity and further fear. An explanation of what the difficulty is, of what will need to be done, and an explanation to keep the family and friends informed while they are waiting for the patient are ways to relieve fear and anxiety. The patient, as well as family, needs to know what is going to happen and the explanation should be in language they can understand. In order to prevent as much worry and fear as possible, the duty of the emergency department personnel is to anticipate the cause and explain what they are going to do in an understandable and convincing way [37].

The public has come to expect prompt, effective care from hospitals at all hours. The time of the day does not matter because the emergency department should be staffed and equipped adequately to meet any emergency situation [28, 38].

The importance of good emergency care cannot be over emphasized. This involves an important aspect of doctor-patient relationships which affects public opinions as to the general adequacy of medical care.

Any patient who comes into the emergency department is very likely to be emotionally upset. This is also true of his relatives and friends. Emergency service as such goes far beyond the usual limit of medical or surgical care. A smoothly operated emergency department may be a nucleus for organizing a community-wide disaster center. An outstanding contribution is given to the community if the hospital has a modern well-operated emergency department. New friends will be made for the hospital and the whole medical profession will be recipients of the good will of the community area served.

As Reiter said, "The professional relationships between nurses and physicians have a significant effect upon patient response, as well as the total quality of patient care [45]."

Many difficulties vanish when individual physicians and nurses are kind and considerate to the patient. The first contact with the patient and family is with the medical personnel. The intern or house doctor often serves as first contact between the patient and the expanding professional service of the hospital. The intern's responsibilities are to the patient, professional colleagues, and to the hospital [7].

The attitude of the personnel may determine the respect or dislike of the public for the hospital. The qualities of cheerfulness, helpfulness, and optimism by the personnel will be reflected in the patient's and family's attitude, thereby enhancing their feelings toward the hospital [27].

Lowe says that many times the patient and relatives look to the nurse for reassurance and comfort even more than they do to the doctor. The peak effectiveness of the emergency department will come if and when all personnel practice the golden rule (33).

Abdellah's studies show that the activities the nurse carries out and which are the most important to the patient involve human relations skill. Above everything else people want a nurse who can understand and be tolerant of their behavior. They want the nurse to know about the human personality (1).

Another study reported by Abdellah and Levine was first done in Cleveland when the Cleveland Commission on Nursing invited the Division of Nursing Resources of the United States Public Health Service to try to find out why hospital personnel were continually feeling the pressure of nursing shortages. Sixty hospitals later participated in the study. It was found that although total hours of care were the same for hospitals with different amounts of patient satisfaction, satisfaction with care decreased as professional hours dropped (2).

As Lambertsen says, human relationships, or the interaction among personalities, are a constructive or a destructive force in teamwork. Problems in this area are largely due to misunderstandings. It is not <u>what</u> the individual did as much as <u>why</u> he did or said something.

> Communication skills consist of writing, reading, speaking, listening and seeing or observing. Words have many different meanings for people and the tone of voice used or a facial expression causes a variety of interpretations of these words (10).

With communication skills in mind all hospital employees should be courteous, kind and considerate of all with whom they come in contact. They also need to be able to put themselves in the individuals place and understand his feelings (19, 40).

MacEachern states that the personnel of the admitting department is much more important than the office itself. The personnel must have a pleasant manner, be businesslike, and alert to grasp details quickly. Good procedures and systematic methods cannot be over emphasized as factors in creating a good impression upon the patient who is being admitted (11).

Roszel agrees that the importance in the admitting procedure is with trained personnel who are to conduct admissions quickly in a businesslike manner and remain calm and diplomatic under unreasonable circumstances (39).

Every man and woman on the staff, for example, should understand that it is his or her duty to render the maximum courtesy and help to every visitor. This applies to all from receptionist to the nurse on duty in the patient's ward. A large percentage of a hospital's visitors may be visiting for the first time. Most are not quite sure how to act; many are awed by the experience. Courtesy and understanding extended to them will never be forgotten [23].

The nurse can help the family group to see the role which it may play in the results of illness for her patient. Often the families with the best of intentions do not understand how they can help a loved one get well [5].

As Burton brings out, the professional person needs to have a great deal of understanding and a willingness to listen and be able to read between the lines in order to help families [4].

It is well understood that people have needs. Murphy defines a need as the lack of something which if present would give satisfaction [36].

In the emergency department, with all its interruptions and hurry, it is doubly difficult to consider the needs of the patient as well as those of relatives and friends.

If one can take the time to carefully identify needs and to carefully identify objectives, one is better able to find out exactly what has happened and is better able to be of help [20].

The first impression which should include kind, effective, prompt treatment by personnel as well as pleasant surroundings, could well be a lasting impression of a particular institution [30].

Rose Enrietti conducted a survey at St. Joseph Hospital, a 366-bed general hospital located in the city of Milwaukee, Wisconsin, during the summer of 1953. The study was based on attitudes toward admission procedures of those being admitted to the hospital. It was found that patients are least impressed by the physical aspects of the environment. A very small per cent were favorably impressed by the appearance and comfort in the reception room. She brought out that the patients are most concerned with getting treatment and service and are least concerned about the environment (44). These findings are in contrast to the statements of Hard and Sloan cited previously in this report.

A number of other authors have commented on the positive values of attractive surroundings and comfortable accommodations.

> The modern consumer of clinic service does not have to tolerate unpleasant, poorly ventilated, shabbily furnished quarters. He deserves democratic participation since he has a family health plan (18).

Most people can pay something for their care in this present day. The time has changed where clinics were of all free service.

Roszel, writing about first impressions said, "Impressions are influenced by physical aspects as well as the way people are treated." As people first enter the emergency department the first one they meet is the clerk at the desk.

Their reception by the clerk and the accommodations will set the tenor of their thoughts for the whole institution (39).

MacEachern says the waiting room should have an entrance from the street with comfortable chairs furnished in pleasing tone of colors (12).

The hospitals and the general public have changed considerably their concept of the use of the emergency department. Just as the outpatient departments have evolved from the old, free dispensary for the indigent to a department which provides a multiplicity of diagnostic treatment facilities for increasing numbers of middle as well as low income groups, so the emergency departments have likewise changed (3).

> In the studies done at the Hartford Hospital by Drs. Shortliffe, Hamilton and Noroian they revealed a definite increase in the use of hospital emergency-room facilities. The rapid growth took place between 1945 and 1955. Out of these studies it was predicted the public would continue to use the facilities of the emergency department in their community, and that the emergency department should be staffed with professional personnel of adequate training and mature judgment (41).

Today the patients who come into the emergency department include people of all economic levels. The mother whose child cut himself would have gone to the doctor's office a few years ago. Now, because the doctor's changing role takes him to the emergency department in the hospital, she may bring her child there. Because of specialization the doctor does not make the numerous house calls but sees the patient at the emergency department of the hospital. The emergency department is not primarily for accident cases but has extended to include medical, surgical, psychiatric, and many other services (35).

Visitors are often deeply concerned about the patient, and they need calm and kind reassurance and courteous treatment. They become alarmed as a result of delays in care and may think there is a lack of interest. The cordial greeting by nurses and volunteer workers, the supply of reading materials, and the attractive decor of the waiting area all tend to put visitors at ease and may make them more willing to accept delays (26).

In giving service communication skills become most important. Communicating under stress takes a great deal of understanding. The tone of voice is equally as important as what one says (22).

The nurses, as well as other personnel, should be constantly aware that their words and actions are being interpreted not only to the patients, the visitors, but the public in general. Whatever is done should be carefully scrutinized to give the community the impression of warm, understanding, helpful friends from their contact with the hospital emergency department (18).

As Burton says, there is no routine in working with people. Everyone is an individual. In the emergency department the nurse has the responsibility to help patients and families as well as supplementing the efforts of other professional people by lending support, reassurance, and a willing ear [4].

CHAPTER III

PROCEDURES AND FINDINGS

General Description of Study

The purpose of the study was to determine the satisfactions and dissatisfactions of fifty families accompanying patients to the emergency department at a selected hospital. In addition the investigation endeavored to seek information that might identify factors amenable to correction.

The study was done during the Spring of 1962. The participating hospital was a 244-bed general hospital in Portland, Oregon. This is one of the nine hospitals located in this city. This hospital is privately owned by a religious organization and is recognized as a non-profit institution. There are facilities for medical, surgical, obstetrical, and pediatric divisions which are approved by the American Medical Association for an intern training program and by other accrediting agents for collegiate nursing students, laboratory and x-ray technicians, and students of practical nursing. The particular focus of this study was the emergency department which at the time of the study had been in operation for only two and one-half years.

The emergency department has three examining rooms, three recovery, observation and treatment rooms, two surgeries, a waiting room, a cast room, an admitting office, and a medicine room.

All the rooms are equipped with wall suction and oxygen. The department has equipment needed for minor surgery. The treatment rooms have emergency equipment such as resuscitators.

Since this is a privately owned general hospital it is necessary that the general practitioner of the medical staff share the responsibility for covering the emergency service. Each physician on the staff rotates for a 24 hour period on call. There are interns and externs to help in the emergency department; however, the private doctor is responsible for the treatment and education of the interns and externs. Whenever possible, the private doctor is contacted by telephone regarding the patient before treatment is given, and the intern and nurse proceed on orders. The patient who is admitted without a family doctor is assigned to the doctor on call who gives instructions for follow-up care and gives the patient a card with the name and address of the doctor responsible for his care. Even if the intern gave the care, it is explained to the patient or the family that the instructions came from the private doctor.

Since the opening of the department in-service meetings for the nurses and clerks have concentrated on good patient-centered care. The personnel have been carefully chosen.

The nurses who work in the emergency department have been selected for their out-going personality, warmth and understanding of people, as well as for their alertness, and efficiency.

Both the supervisor of the emergency department and the supervisor of the admitting department are registered nurses. The emergency department supervisor attends the monthly meeting of the doctors' emergency department committee, and the intern staff and their adviser.

The number of patients registered in the emergency department averages 991 per month, making an average of 33 patients a day. This does not include the many who telephone for information or stop by the emergency department just for information.

Since this department has been functioning for only two and one-half years, it is recognized that many activities and policies are still in the formative phase. It is also recognized that the emergency department is a strategic area for establishing or demolishing good public relations. A study of satisfactions or dissatisfactions of those accompanying the patient has been undertaken as a means of ascertaining how well the emergency department is functioning and what factors may need correction.

The study was conducted by means of interviews conducted in the homes of fifty families who accompanied patients admitted to the emergency department.

The study was limited to:

1. Interviews of fifty families. Additional participants would have been arbitrarily obtained if the fifty families chosen did not begin to reveal repetitious replies.
2. Information that could be obtained by the Schedule method.
3. Information that could be collected in a two week period.
4. Families of patients first seen by the house doctor or intern during the 3 to 11 P.M. shift.
5. Families without the traumatic experience of death.

The assumptions on which this study has been based are:

That questioning the patient's family will elicit information useful in continuing good public relations or in identifying areas in need of improvement.

That those being questioned would express their honest opinions of the service received.

That the interview is a reliable means of obtaining information that has merit despite the tendency of people to make favorable responses during an interview.

Preliminary to initiating the study it was necessary to develop a tool that would serve as an interview guide.

The technique selected for collecting information for the study of opinions of relatives accompanying patients to the emergency department was a combination of the check list and open-ended schedule with a semi-structured interview.

The check list requires only a checking or the writing in of a word and enables the questioner to ask several specific questions about the same list of activities. It also provides space for additional remarks as the individual desires to make them.

The unstructured questionnaire requires the respondee to do some hard reflective thinking and would necessitate a lengthy discussion on his part. The respondee probably would not want to put too much effort in answering questions and therefore might not even bother with them [14].

A semi-structured interview is one in which pre-determined questions are used with a degree of freedom to adapt these to the particular situation. The focused interview is used to obtain information about a subject with which the interviewee has been involved in a particular concrete situation. The questions are focused on subjective experiences of persons in the situation. The investigator has analyzed the significant elements and developed an interview guide, outlining the major areas of inquiry [8].

The terms questionnaire and schedule are considered synonymously. The questionnaire usually is defined as a form distributed through the mail. The schedule is regarded as a form filled out by the investigator or completed in his presence [8].

There are numerous advantages of this type of tool. Schedules that are personally administered to the respondent have several advantages. The opportunity to establish rapport, to explain the purpose of the investigation, and to explain the meaning of items that may not be clear, the availability of respondents and the economy of time and expense are all advantages that a questionnaire administered by mail cannot provide. In addition, the schedule type may provide almost all complete and usable returns.

The open-form or unrestricted type calls for a free response in the respondent's own words. This form probably provides for greater depth of response but is sometimes difficult to interpret, tabulate, and summarize in the research report.

The closed form calls for short, check responses. Unanticipated responses are possible under "other" or "did not observe" categories, or spaces for free responses. This permits the respondent to indicate what might be his most important reasons [17].

Some of the advantages of the interview method are that it provides information to supplement other methods of collecting data and may be used to verify information obtained through correspondence methods. It is the method best suited for the assessment of personal qualities (14). Conducting the interview in the home helps lessen the tensions of the individuals.

There are limitations to this type of tool. In using the schedule an individual may conceal his real attitude and express the socially acceptable opinions. Sometimes a personal contact is too expensive or time consuming. At times individuals from whom the desired information could be obtained cannot always be contacted personally, either for any interview or for the completing of a personally administered schedule (14).

Other limitations are: It is expensive in time, energy, and cost to the researcher. It is dependent upon the interviewee's willingness to report and his ability to report accurately. It is influenced by stresses, strains, and other factors affecting either the interviewer, the interviewee, or both at the same time (14).

A limitation presented by the check-list schedule is mentioned by Good, Barr, and Scates. The check-list type of schedule may make the respondent feel that the items listed are the only possible answers and, therefore, no further attempt is made to give his own opinion. An attempt can be made to avoid this limitation by providing additional space for the respondent to add his own opinion in addition to checking the item (8).

The barriers of interviewing as mentioned by Kahn and Cannell are failure of memory, emotional forces between the interviewer and respondent, and the way of asking questions as to motivating or probing (9).

After reviewing the literature to ascertain the advantages and disadvantages of an interview guide, the criteria of a good schedule or questionnaire were sought.

In the construction of the schedule the investigator must be concerned not only with the validity of the tool, but also must take into consideration the time and effort of the respondent from whom information is sought.

Certain of the criteria by Good (8) were utilized in developing the schedule for the study: 1. The questions should not be too time-consuming. 2. They should have sufficient interest and have enough face appeal so the respondent will respond to them. 3. The questions should have some depth to avoid superficial replies. 4. The questions should not be suggestive. 5. The questions should elicit responses which are definite but not mechanically forced. 6. Questions should be asked in such a manner as to allay suspicion of hidden purposes in the questionnaire. 7. The entire body of data must be taken as a whole and the answers must be valid for the questionnaire in order to answer the basic question for which it was designed. An attempt to include the above qualifications was made in the construction of the schedule for this study. (see Appendix C)

The schedule consisted of 3 areas: Interpersonal Relations, Treatment or Service, and Environment.

The last part of the schedule consisted of open-ended questions. In this section the respondents were asked: 1. What is your opinion to the admission or registering procedure? 2. What is your opinion of the waiting room? 3. What suggestions do you have for improving the service of the emergency department?

The tool was validated by means of a pilot study and subsequent revisions described as follows. The criticisms of ten experienced professional nurses who had had emergency service employment or who were presently employed in an emergency department were secured before the tool was used in this study. After re-wording for clarification and eliminating two questions included in previous questions, the schedule was submitted to further respondents.

Following additional revisions, the questionnaire was mailed to five people who had care in the emergency department. After a period of one and one-half months, three of the questionnaires had been returned. Because of the delay in response, the plan for a mailed questionnaire was discarded.

A pilot study was again conducted, this time by going to the homes and interviewing individuals plus giving them opportunity to fill out the schedule. The study conducted involved three people. The purpose was to find out whether the questions were readily understood and met the objectives of the study. This also gave the interviewer the opportunity to gain some skill in handling the interviews. After this miniature study, the questionnaire was again revised to achieve the objectives and the actual study was begun. None of the data collected in the pilot studies was used in the final study.

THE PROCEDURE

Only relatives accompanying patients to the emergency department from 3:00 P.M. to 11:00 P.M. and relatives of patients seen by the intern or doctor on call were included in the study. This time was chosen because the largest number of admissions are made between those hours. The reason this is true may be because at this time of the day school is out and the traffic is heavy. This of course, does not account for all accidents. Emergencies that arise from accidents in the house are apt to be of the highest incidence during the hours that the family is together. Only those families that resided in the area of five miles within the hospital were interviewed; however, had it been necessary to get more families for the study, it would have been possible to go further than the five miles. No relatives of patients expiring in the emergency department were interviewed. The respondents were interviewed within three days following the hospital experience. All interviews took place between March 11 to March 25, 1962, for a two-week period.

Admittance into the home was gained quite readily. This was accomplished by addressing the individual by name and requesting opinions of the family member that had accompanied the patient to the emergency department. Since every home had a baby, dog, or cat the investigator found it rather easy to establish rapport by commenting first about these. It was interesting to note that only two families wanted to know if the investigator was employed by the hospital and what type of work the investigator did. Those who seemed more interested in what would be done with the information were told that the writer was a student from the University of Oregon and was doing this as part of a study preparatory to writing a thesis. They also were told the findings would only be given to the hospital as recommendations. One gentleman was reluctant to let the writer in stating he had too many problems of his own to be bothered with such a study. The writer responded that that was understandable. The man proceeded to say that his son was having such a difficult time lately that they didn't know what was going to happen. The writer commented that it must be a difficult problem. With that she was invited in and after hearing his story was able to get the schedule completed.

One of the unusual incidents involved a lad of about 12 who was brought to the emergency department by his mother and a neighbor. All had been to the store shopping and were on their way home. The mother had bought a small can of strawberry jam about $2\frac{1}{2}$ inches in diameter and 1 inch thick. The lad was playing with the can and was told to leave it alone until he got home at which time he could have bread and jam. Somehow the lad was able to poke a hole in the can and was sucking jam through the hole when a portion of his lower lip got stuck in the can and he was unable to get it out because of the vacuum. His mother, with the neighbor lady and the boy, came walking into the emergency department with the boy having this small, round, flat can hanging on his lower lip. He was a sight to behold and resembled a picture one might see from Africa. It was a funny sight but of course the mother and boy were too frightened to see anything humorous about it. With the help of a can opener and a dull instrument the boy was relieved of the can. His lip was dark purple and after a few minutes turned to a nice pink color.

Very few of the families talked about the patients. Those who were still convalescing as a result of their accident were discussed some.

With the list of names obtained from the admission sheets of the emergency department the route was outlined to make the house calls. No appointments were made. The relatives selected for the study were those accompanying the patient to the emergency department and who were available at the time the investigator was able to visit them in their homes. The home calls were made between 4:30 and 8:30 P.M. when people would likely be home. If the desired person was not home the investigator just went to the next home on the list.

After the introduction as shown in Appendix A and, after the investigator was in the home, the interview guide was used. By asking such questions as: 1. Was your coming to this hospital (1) the choice of the patient, (2) because the patient's doctor wanted him here, (3) because the ambulance brought the patient to the hospital, (4) other reasons? 2. Was this your first visit to a hospital with anyone? 3. Have you ever been a patient at __________ Hospital? the interviewee could see how easily the questions could be answered. This was followed by submitting a schedule to the individual to complete. The investigator supplied the pen for completing the schedule to avoid having the interviewee have to look for a pencil or pen. The schedule was completed in the presence of the investigator which gave the respondent an opportunity to ask for a clarification of questions that might not be understood.

Responses and comments were recorded by the respondent on the schedule. The investigator did not write anything in the presence of the respondent. Following the interview and when the investigator was in the car away from the home, additional notations were made to complete the record.

The data were then classified independently. Then, they were validated by three experienced professional nurses. All of them have had out-patient or emergency nursing experience and two of them have had public health nursing experience as well. Each was asked to review data independently. The classifications done by those asked to participate agreed with those of the investigator.

FINDINGS

Some of the responses to the Interview Guide are inserted to illustrate the nature of the respondents' replies.

<u>Question</u> 1. Was your coming to this hospital the family's choice or because of circumstances?

Thirty-six per cent came because it was the family's choice and sixty-four per cent came because of circumstances. Some of the comments as to the families' choice were:

> "We go there because the personnel are friendly."
> "We go there because my parents used to go there."
> "We have friends that got us started going to this hospital."

Some of the comments from those who went because of circumstances were:

> "Our doctor is on the staff."
> "Because the ambulance went there."
> "Because it was the closest hospital."

<u>Question</u> 2. Was this your first visit to the hospital with anyone?

A total of 50 per cent responded, "Yes", that it was their first visit to the hospital.

<u>Question</u> 3. Have you ever been a patient at ______________ Hospital?

Forty-four per cent had never been patients and 56 per cent had been a patient at some time.

TABLE I

DISTRIBUTION OF SATISFACTIONS AND DISSATISFACTIONS OF FIFTY FAMILIES CONCERNING THE SERVICES THEY RECEIVED IN THE EMERGENCY DEPARTMENT OF A SELECTED HOSPITAL

	REPLIES IN PERCENTAGE		
	Satisfied	Dissat-isfied	Did Not Observe
INTERPERSONAL RELATIONS:			
Questions 1, 2, and 3. Acknowledged, kept informed, given opportunity to ask questions	93 %	3 %	4 %
Question 4. Clerk showed interest . .	88 %	4 %	8 %
Question 5. Clerk was Courteous . . .	88 %		
Business-like	38 %		
Other favorable expressions.	10 %		
Questions 7, 8, 9, and 19. Doctor was considerate and used terms under- . stood in giving explanation	85 %	5 %	10 %
Questions 7, 8, 9, and 20. Nurse was considerate and used terms under-stood in giving explanation	67 %	5 %	27 %
Question 10 and 22. Individual without worry about home and patient	86 %	7 %	7 %
Question 17 and 18. Personnel working together; emergency care available for anyone.	94 %		6 %
Question 21. Business arrangements . .	96 %	2 %	2 %
SERVICE OR TREATMENT			
Question 12. Emergency department adequate for care.	88 %	4 %	8 %
Question 13. Best care possible given.	92 %	4 %	4 %
ENVIRONMENT			
Question 6. Sufficient privacy in registering	90 %	2 %	8 %
Question 11. Made aware of comforts.			
Reading material	68 %	4 %	28 %
Snack shop	6 %	32 %	62 %
Rest rooms	24 %	20 %	56 %

The schedule was divided into (1) Interpersonal Relations, (2) Service or Treatment, and (3) Environment. Further elaboration of the findings and responses follow.

Interpersonal Relations

Questions 1, 2, and 3. Were you acknowledged immediately, kept informed of the patient's progress, and were you given an opportunity to ask questions?

As shown in Table I, 93 per cent of the people said they were acknowledged immediately, kept informed of the patient's progress, and were given an opportunity to ask questions. Only 3 per cent felt this was not true, but these were minor instances. One mother stated the nurse just glanced at her child but did not examine her or have the doctor do anything. She just had to wait. This may indicate that many people do not realize even a glance by a nurse or doctor will let that nurse or doctor know if the patient has a need for immediate attention. Lack of satisfaction in this instance might have been avoided if the nurse had taken a minute to explain to the mother that since the cut had stopped bleeding that it would be all right to wait a few moments and the doctor would be available shortly.

Question 4. Did the clerk show interest in you as well as the patient?

Eighty-eight per cent indicated that she did. Of the two people who said, "No", one indicated the clerk was out, and the other was an adult who did his own registering so the wife indicated it was not necessary to show interest in her.

It is noteworthy that there were no unfavorable comments about the manner of the clerk. This supports MacEachern's opinion that the admitting personnel are ... important.... (12). The admission procedure is a first impression of the emergency department since it is the first contact with any personnel and of course sets the stage for the other personnel.

<u>Questions</u> 7, 8, 9, and 19. Was the doctor considerate, using terms that could be understood in giving explanations?

7, 8, 9, and 20. Was the nurse considerate and did she use terms you could understand in the explanations given?

On these questions about the doctor and nurse, most of the people were very satisfied. Those who indicated "No", also indicated it was because of such reasons as follows:

"I talked to the doctor only."
"I talked to the nurse only."
"They talked to the patient so did not need to talk with me."
"It was not necessary for them to talk to me."

The ones who responded that it was not necessary for the doctor or nurse to talk with them were usually those who came with an adult patient.

In many of the situations it was not necessary for the relative to see both the doctor and nurse especially for such things as dog bites and nail punctures. Had these two questions been stated better, such as, "Did you see the doctor? If so, was the doctor considerate?" "Did you see the nurse? If so, was the nurse considerate?", there would have been no need for the people to have to explain why they responded negatively in situations during which they had not even seen the doctor.

<u>Question</u> 10. Were you without worry while talking to the hospital personnel?

This was an interesting question. For the most part the respondents stated they were not worried because they had confidence in the personnel. The ones who were not without worry were parents with small children. They made comments such as, "I knew she was getting good care but couldn't help worrying about my little girl."

<u>Question</u> 17 and 18. Were the personnel working together and did you get the impression that the emergency care is available to anyone when needed?

Ninety-four per cent indicated they thought the personnel were working together and 6 per cent said they did not observe this.

<u>Question</u> 21. Were the business arrangements courteous and satisfactory?

Ninety-six per cent responded that the business arrangements were satisfactory. Two per cent checked the "no" and "did not observe" columns. On this question there was no explanation given for their answers.

<u>Service or Treatment</u>:

<u>Question</u> 12. Was the emergency department adequate for emergency care?

The majority of people expressed satisfaction with the care given to the patient and felt that the department was adequate to give this care. One of the respondents who said, "no", stated that the hospital was better equipped to take care of the patient and should have kept the patient overnight. This patient was a 17 year old boy with an epileptic seizure. The other response to, "no", did not indicate why he felt this way.

Two people who expressed satisfactions added the comment that they had to wait an hour before the patient was taken in for treatment, but they could understand this delay because there were patients more in need of attention. As MacEachern stated, "Discrimination must be exercised if the patient's need is the paramount consideration, as it should be [11]."

<u>Question</u> 13. Do you feel the patient was given the best care possible under the circumstances?

The fact that 92 per cent of the relatives replied, "yes", to this question and only 4 per cent replied, "no", might also indicate that the patients were satisfied with the care given.

Environment:

Question 6. Did you have sufficient privacy while registering the patient?

Ninety per cent stated they had sufficient privacy while registering. Only one person indicated that she did not and remarked that she was embarrassed to have other people listening to her being asked so many questions.

Question 11. Were you aware of the comforts such as reading material, snack shop, and rest rooms?

It is interesting to note the high percentage that did not observe any of these. This is perhaps because they are so concerned about the patients that their own comforts were of minor importance. A few who stated they did not know about the snack shop stated they wished they had known one was available. The large percentage who did not observe the waiting room is consistent with Enrietti's study that revealed that people are more concerned with getting treatment and service and least concerned about the environment (44).

Question 14. Was the person taking the blood test skillful, courteous, and considerate?

Question 15. Was the X-ray technician skillful, courteous, and considerate?

Questions 14 and 15 were eliminated because so few had anything to do with laboratory and x-rays. Many patients who had an x-ray were not accompanied to the X-ray department by the relatives. The 22 per cent who did observe the X-ray and Laboratory technicians stated that the technicians were skillful, courteous, and considerate. Seventy-eight per cent did not observe the X-ray or Laboratory technicians at all.

Question 16. Were the telephone calls handled promptly and courteously?

This question was also eliminated because so many misunderstood and made comments as "just walked in." The question was to get the relatives' opinion of how telephone calls were answered and handled while they were waiting. Some thought it applied to their calling out or if they called into the hospital so this was not a good question.

Question 23. What is your opinion of the admission or registering procedure?

The greatest number, 78 per cent, expressed their opinion of the registering procedure as being satisfactory, adequate, efficient, good, and excellent. Eight per cent stated it seemed necessary and 10 per cent had no comments at all. Only 2 people or 4 per cent stated the admission procedure was slow and suggested that reference to previous records would save time. As Roszel says, "Patients, relatives, and friends make their judgments of the hospital quite largely upon their reception and discharge from the department (39)."

Question 24. What is your opinion of the waiting room?

The greatest number of people, 70 per cent, responded by stating that the waiting room was clean, comfortable and cheerful, very good and satisfactory.

The next largest group, 16 per cent, said they thought the waiting room needed more reading material and one person also indicated a need for ashtrays and smoking provisions. Fourteen per cent of the people said they did not observe the waiting room at all.

Question 25. What suggestions do you have for improving the service of the emergency department?

Personnel:

Four people wrote that they liked the friendly people and good service while one person felt that the nurses wasted too much time on the telephone before doing something for the patient.

Environment:

There were five people who suggested a coffee shop or dispenser be available and two people suggested a smoking room be provided if possible. One person suggested that more signs be put up at other entrances in the hospital and one person indicated that more parking facilities were needed. There was one person that felt a prayer chapel was needed in the emergency department.

Services:

Twenty-four people had no comments to make while nine thought that the emergency department was efficient and adequate. One person suggested that the patient be checked first and the needed information should then be obtained. Also perhaps the information could be obtained from the previous record for those who had been in the hospital before. Three people added that they appreciated the fact that the hospital personnel did not ask for money immediately before treating the patient.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The purpose of this study was to investigate expressed opinions of fifty families of patients who had had treatment in the emergency department of a selected hospital, to determine their satisfactions and dissatisfactions of services received. Another or related objective was to obtain suggestions of possible ways of correcting the dissatisfactions. It was anticipated that such suggestions would contribute to promoting good public relations.

After reviewing literature to develop a background of information an interview guide was developed with a semi and open-ended schedule to obtain the needed data. A combination of a structured check list and open-ended schedule and a semi-structured interview was used to obtain the data.

To obtain the desired data, fifty visits were made to homes of relatives accompanying patients to the emergency department. Data were collected and analyzed on the three general divisions of the study. Interpersonal Relations, Service or Treatment, and Environment. This showed that the majority of the people were very satisfied.

The expressed satisfactions far outweighted those of respondents who were not satisfied. There was no evidence that those accompanying children or those accompanying adults differed in their expressed opinions.

Suggestions for improvement had to do with the need for more reading material, a coffee shop, and a smoking room. There were no suggestions regarding improvement in patient care. The fact that it is appreciated that money is not requested before caring for the patient, that the people are friendly, and that the emergency department is adequate and efficient in the eyes of the public, are positive expressions of satisfactions. Only a small percentage of the fifty people questioned expressed dissatisfactions of any kind.

CONCLUSIONS

1. The purpose of this study was fulfilled in obtaining the expressed opinions of satisfactions and dissatisfactions of families or friends coming to the emergency department of the participating hospital.
2. The findings indicate a high degree of satisfaction expressed by all participants. It is recognized that data collected by an interview schedule are apt to be skewed toward positive responses. However, it is quite possible that the tool lacked sensitivity and that the interview was too superficial.

3. Despite the high degree of satisfactory responses, it may be concluded that there is real value derived from seeking opinions of patients or their families concerning the effectiveness of hospital services and that such value is related to the maintenance of favorable public relations.

RECOMMENDATIONS

On the basis of this study the following recommendations were made:

1. That more reading material be available in the waiting room.
2. That a dispenser or dispensers be placed in the hospital accessible to the emergency department where something to eat and drink can be obtained when the snack shop is closed.
3. That more signs at other entrances be placed so there is no delay in finding the emergency department.
4. That a Volunteer be available in the department during the busy evening hours to help. A person whose responsibilities are not directed toward the patient could give undivided attention to the families and friends particularly in stressful situations.

5. That some provision be made whereby the emergency clerk could have access to the patients' records of those who had been patients in the hospital before.
6. That the possibility of a brochure explaining the functions of the emergency department and showing pictures of the department be considered.

It is suggested that further research be done in the following areas.

1. Another study be made to determine the validity and reliability of the findings of this study; the second study to include more participants and be extended for a longer period.
2. A similar study could be made using patients as participants rather than relatives.
3. A study of the hospital admitting procedures could be made for purposes of analyzing the admitting process, and of endeavoring to locate any extraneous or cumbersome steps which could be omitted without interfering with obtaining essential information.

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APPENDIX

APPENDIX A

INTRODUCTION

Hello Mrs. ____________________. I am Miss Blome. I am doing an opinion study on the ____________ Hospital emergency department and would like your help in answering some questions.

Please feel free to answer the questions as you desire. No names will be identified in the study. The hospital officials will received the results of the study to use as they desire.

Information taken from the patient's record.

Name of the Patient ______________________ Address ______________

____

Age ______ Diagnosis
Treatment ____

Name of person resistering or
accompanying the patient. ________________________________

Address ____

Insurence Yes ______ No ________

APPENDIX B

THE EXPRESSED OPINIONS OF FIFTY FAMILIES CONCERNING THE SERVICES THEY RECEIVED IN THE EMERGENCY DEPARTMENT OF A SELECTED HOSPITAL.

INTERVIEW GUIDE

I have three questions I would like to ask you if I may.

1. Was your coming to this hospital (1) the choice of the patient, (2) because the patient's doctor wanted him here, (3) because the ambulance brought the patient to the hospital, (4) other reasons?

2. Was this your first visit to a hospital with anyone?

3. Have you ever been a patient at ________________ Hospital?

APPENDIX C

You will be able to answer most of these questions with Yes or No. However, feel free to write in anything you wish. I will be happy to explain any of the questions you do not understand.

	Yes	No	Did not Observe
1. Were you acknowledged immediately when you entered the emergency department?			
2. Were you kept informed of the patient's progress?.			
3. Were you given an opportunity to ask questions? ..			
4. Did the clerk at the desk show interest in you as well as in the patient?			
5. Were you treated by the clerk courteously?			
in a business-like fashion ?			
curtly ?			
other?			
6. Do you think sufficient privacy was provided during the registering of the patient?			
7. Were you treated with consideration by the doctor?			
by the nurse ?			
8. Were you satisfied with the explanation of the treatment given by the doctor on duty?			
by the nurse on duty?			

	Yes	No	Did not Observe
9. Did you understand the words used by the doctor? .	____	____	____
by the nurse?...	____	____	____
10. Were you without worry while talking with the hospital personnel?	____	____	____
11. Were you aware of the comforts that were available to you, such as reading materials?	____	____	____
snack shop ?	____	____	____
rest rooms ?	____	____	____
12. In your opinion, was the emergency department adequate for emergency care ?	____	____	____
13. Do you feel the patient was given the best care possible under the circumstances ?	____	____	____
14. Was the person taking the blood test skillful, courteous, and considerate ?	____	____	____
15. Was the X-ray technician skillful, courteous, and considerate ?	____	____	____
16. Were the telephone calls handled promptly and courteously ?	____	____	____
17. Did you get the impression that the emergency service is available to anyone when needed?	____	____	____

	Yes	No	Did not Observe
18. Were the personnel working together in the department ?	____	____	____
19. Did the doctor explain the follow-up care adequately?	____	____	____
20. Did the nurse give you an opportunity to ask any questions about home care of the patient?	____	____	____
21. Were the business arrangements courteous and satisfactory?	____	____	____
22. Were you worried about home responsibilities?	____	____	____

23. What is your opinion of the admission or registering procedure?

24. What is your opinion of the waiting room?

25. What suggestions do you have for improving the service of the emergency department?

TABULATION OF DATA

CODE FOR APPENDIX C

INTERVIEW GUIDE Question # 1

Was your coming to this hospital

		CODE
1.	The patient's choice	1
2.	Because of your doctor being on the staff	2
3.	Because of the ambulance	3
4.	Family choice	4
	Kind personnel	5
	Closest hospital	6

Number 1, 4, and 5 were grouped as the choice of the family.
Number 1, 3, and 6 were grouped as Circumstances.

The code used for the remaining questions were as follows:

Yes	√
No	0
Did Not Observe	?
No Response	NR

Code	Pt. age	Condition	Relation	Interview Guide			Questions																														
							1	2	3	4	5		6	7		8		9		10	11			12	13	14	15	16	17	18	19	20	21	22	23	24	25
1	3	Lac	Mother	6	0	0	+	+	+	+	NR/+	—	+	+	+	+	+	+	+	+	+	NR	NR	+	+	NR	NR	+	+	+	+	+	+	0	Excellent	Fine	None
2	3	Lavage	Mo.	6	+	0	+	+	+	+	+/+	—	?	+	NR	0	+	0	+	0	0	0	0	?	?	NR	NR	NR	+	?	+	?	+	0	None	More Reading Material	Sound proofing
3	44	Lac	Mo.	2	+	+	+	+	+	+	+/+	—	+	+	+	+	+	+	NR	0	+	0	0	?	+	?	NR	+	+	+	+	+	+	+	Seemed long-Nec	Sm. but cn't cove	Prayer Chapel coffee shop-Shel
4	9	Lac	Grand. Mo	4	0	0	+	+	+	+	+/+	—	+	+	+	+	+	+	+	+	0	0	0	0	+	NR	NR	+	+	+	+	+	+	0	NR	Real Nice	None
5	2	Lac	Mo.	4	+	0	+	0	0	0	±	—	+	NR		NR	+	NR	+	+	+	NR	NR	0	+	NR	NR	NR	+	+	+	+	+	0	Okay	Okay	Faster Service
6	14	Doll	Mo.	6	0	+	+	+	+	?	+/+	—	+	+	+	+	NR	+	NR	?	+	0	+	+	+	NR	+	?	?	?	+	?	+	0	Satisfied	Very good	More Signs
7	10	Xray	Mo.	5	+	+	+	+	+	.	+/NR	NR/Nice	+	+	+	+	+	+	NR	+	NR	0	+	+	+	NR	+	+	+	+	+	NR	+	0	Nec.	Nice	adequate
8	6	SENT	Mo.	4	0	0	+	+	+	+	±	—	+	+	+	+	NR	+	NR	0	+	NR	NR	+	+	?	?	+	+	+	+	NR	+	0	Sat.	Sat.	None
9	14	Car accid.	Father	4	0	0	0	0	+	+	±	—	+	0	0	+	NR	+	NR	0	+	NR	NR	NR	NR	NR	+	NR	+	+	+	0	+	NR	Normal	Okey	More Reading Material
10	9	X-ray	Father	4	0	+	+	+	+	+	+/+	—	0	+	+	+	+	++	+		0	+	+	+	+	+	?	+	+	+	+	+	+	0	Very fine	Good	Well pleased
11	2½	Surg.	Father	5	+	+	+	+	+	+	±	—	+	+	+	+	+	+	NR	+	+	NR	NR	+	+			+	+	+	+	+	+	0	Sat.	Comfortable	None
12	9	X-ray	Mo.	2	+	+	+	+	+	+	±	—	+	+	+	+	NR	+	NR	NR	+	NR	NR	+	+	NR	NR	+	+	+	+	+	NR	0	Good	Good	None
13	4	SENT	Mo.	2	+	+	+	+	+	+	+/+	—	+	+	+	+	+	+	NR	NR	NR	NR	+	+	?	?	?	?	+	+	+	+	+	0	Fine	Fine	Snack shop
14	2½	Lac	Mo.	4	0	+	+	+	+	+	±	—	+	+	+	+	NR	+	NR	+	+	NR	NR	+	+	NR	NR	+	+	?	+	+	+	0	Sat.	Comfortable	None
15	11	ENT	Mo.	2	+	0	+	+	+	+	±	—	+	+	+	+	+	+	+	0	+	0	0	+	+	NR	NR	+	+	+	+		+	+	Fine	Fine	None
16	49	Lac	dau-in-law	2	0	+	+	+	+	+	±	—	+	+	+	+	+	+	+	+	+	0	0	+	+	+	+	+	+	+	+	+	+	0	Sat.	N.R.	None
17	24	Med.	Wife	4	0	0	+	+	+	?	±/+	0/NR	?	+	+	+	+	0	0	+	+	0	+	+	+	?	?	?	+	+	+	?	?	0	NR	did not use	None
18	31	Med.	Brother	2	0	0	+	+	+	+	±	—	+	+	+	+	NR	+	+	+	?	?	?	+	+	NR	NR	+	+	+	+	+	+	0	No opinion	didn't notice	None
19	51	Surg	Wife	2	0	+	+	+	+	+	±	—	+			NR	+	NR	+	+	+	0	?	+	+	?	+	+	+		0	+	0	0	Fine	Fine	Fine
20	7	dog bite	Mo.	6	+	+	+	+	+	+	±	—	?	+	+	+	+	+	+	0	?	?	?	+	+	?	+	+	+	+	+		+	0	efficient	did not observe	None
21	3	Nail	Mo.	4	0	0	+	+	+	+	±/+	0/G	+	+	+	+	+	+	+	+	+	+	+	+	+	+	NR	+	+	+	+	+	+	0	Okey	Comfortable	Fine
22	38	SENT	husband	6	0	0	+	+	+	+	+/+/+	+	+	+	+	+	+	+	+	+	+	NR	+	+	+	+	+	+	+	+	+	+	+	0	Good	Good	N.R.
23	10	Lac.	Mo	4	+	+	+	+	+	+	+/NR	NR/+	+	+	NR	+	+	+	+	+	+	NR	+	+	+	NR	+		+	+	+	+	+	NR	Excellent	Comfortable	efficient
24	21	Med.	husband	6	0	0	+	?	?	+	+/+	—	?	NR	+	NR	?	NR	?	?	+	NR	NR	+	+	?	?	?	+	+	?	?	+	?	Good	Excellent	None
25	22	Med.	husband	4	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	NR	0	0	+	+		+	+	+	+	+	+	+	0	Good	Comfortable	None

code	Pt. age	Condition	Relation	Interview Guide	Questions																							
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
26	6	X-ray	Father	2 + +	+	+	+	+	+/+ —	+	+ +	+ +	+ +	+	+ 0 ?	+	+	+	?	+	+	+	+	+	+	0	Refer to Previous Record	Neat	Good-[illegible] service
27	10	Cast	Father	6 0 0	+	+	+	?	+/+ —	+	+ +	+ NR	+ NR	?	+ 0 +	+	+	NR	+	?	?	?	+	?	+	0	Satisfactory	Good	More Signs
28	7	Lac.	Father	4 0 +	+	+	+	+	+/+ —	+	+ +	+ NR	+ NR	0	+ NR +	+	+	NR	NR	+	+	+	+	0	+	+	Okay	More Reading	None
29	41	abscess	husband	2 0 0	+	+	+	+	+/+ —	+	NR +	+ NR	+ NR	+	+ 0 +	+	+	?	?	+	+	+	+	+	+	0	Courteous	More Mag.; Smoking	None
30	3	Lac.	Mo.	4 + +	+	+	+	+	+/+ —	+	+ +	+ +	+ +	0	+ NR ?	+	+	NR	NR	+	+	+	+	+	+	0	Okay	Magazine	Snack shop
31	41	Lac.	Wife	2 0 +	+	?	0	+	+/NR NR/+	+	? ?	+ +	? ?	+	NR NR +	+	+	?	?	NR	+	+	0	0	+	0	Okay	Reading	Snack shop
32	13	Lac.	Mo.	2 + 0	+	+	+	+	+/+ —	+	+ +	+ NR	+ NR	+	+ NR NR	+	+	NR	NR	+	+	+	NR	[illegible]	+	0	NR	NR	NR
33	6 Mo	Lac.	Mo.	6 + 0	+	+	+	+	+/+ —	0	+ +	0 0	NR NR	0	? ? ?	+	0	?	?	+	+	+	+	0	+	0	Okay	Nice	ch. p. first
34	10	Lac	Mo.	2 0 0	+	+	?	+	+/+ —	+	+ +	+ NR	+ NR	+	+ NR NR	+	+	NR	NR	NR	+	+	[illegible]	[illegible]	+	0	adequate	O'Key	NR
35	4	accid.	Mo.	2 0 +	+	+	+	+	+/+ —	+	+ +	+ +	+ +	+	? ? ?	+	+	NR	+	+	+	+	+	?	+	0	Good	did not obs.	Good
36	3	Lac	Father	6 0 0	+	+	+	+	+/+ ?/?	+	+ +	+ +	+ +	+	+ 0 0	+	+	?	?	?	+	+	+	+	+	0	Good	Clean Neat	None
37	4	X-ray	Mother	2 0 0	+	+	+	+	+/+ —	+	D +	0 +	NR +	0	? ? ?	+	+	NR	+	?	+	NR	+	+	+	0	all yes.	didn't obs.	apprec., not asking for Money
38	13	accid.	Mo	2 + +	+	+	+	+	+/+ —	+	+ +	+ +	+ +	+	NR 0 0	+	+	NR	+	+	+	+	+	?	+	+	adequate	okay	None
39	20 Mo	Fever	Mo.	2 0 0	+	+	+	+	+/+ —	+	+ +	+ +	+ +	+	? ? ?	+	+	NR	NR	?	+	+	+	+	+	0	Okay	Comfortable	None
40	15 Mo	Lac.	Mo	2 + 0	+	+	+	+	+/+ —	+	+ +	+ +	+ +	+	+ + +	+	+	NR	NR	+	+	+	+	+	+	0	adequate	Comf.	NR
41	10	Med.	Mo.	4 + +	+	+	+	+	+/+ —	+	+ +	+ +	+ +	+	+ NR NR	+	+	+	+	+	+	+	+	+	+	+	Good	cheerful	Good Service
42	69	X-ray	husband	4 + +	+	+	+	+	+/+ —	+	+ +	+ +	+ +	+	+ ? ?	+	+	?	+	+	+	+	?	?	+	0	Excellent	More Read.	None
43	10	Lac.	Mo.	2 + +	+	+	NR	+	+/+ —	+	+ +	+ 0	+ 0	0	? ? ?	+	+	?	?	?	+	+	0		+	0	Nec.	Beautiful	Satisfact.
44	18	Epilepsy	Father	2 0 +	+	+	+	+	+/+ —	+	+ +	+ +	+ +	0	? ? ?	+	+	NR	NR	?	+	+	+	NR	[illegible]	0	Sat.	Nice	None
45	17	X-ray	Father	2 + +	+	+	+	+	+/+ —	+	+ +	+ +	+ +	+	+ ? ?	+	+	?	+	?	+	+	+	+	+	0	Good	didn't obs.	Pleasant
46	6	Lac	Mo.	2 + 0	+	+	+	+	+/+ NR/+	+	+ +	+ +	+ +	+	+ + +	+	+	+	NR	NR	+	+	+	NR	NR	0	Slow	Comf. Reading	Dr. slow
47	9	Rach	Mo.	2 0 +	+	+	+	+	+/+ —	+	+ +	+ +	+ +	+	+ NR +	+	+	?	?	+	+	+	+	NR	+	0	Fine	adequate	Snack Shop
48	3	Lac	Mo	5 + +	+	+	+	+	+/+ —	+	+ +	+ +	+ +	+	+ ? ?	+	+	?	?	?	+	+	0	+	+	0	Good	Nice	None
49	8	Burn	Father	6 + +	+	+	+	0	+/+ —	+	+ +	+ +	+ +	0	? ? ?	+	0	?	?	+	+	+	+	+	+	0	O'Key	Nice.	Smoking [illegible] not ask. for money
50	30	Eye	Wife	6 0 0	+	NR	+	+	+/+ —	+	NR NR	NR NR	NR NR	+	+ ? ?	+	+	NR	NR	+	+	+	+	NR	+	0	No Complaint	Comf., attractive	None

TABULATION OF SCHEDULE

QUESTIONS		YES	NO	DID NOT OBSERVE
1.	....	49	1	
2.	....	45	2	3
3.	....	45	2	3
4.	....	44	2	4
5.	Courteously	49		
	Business-like	19		
	Curtly		3	1
	Real nice	2		
	Friendly	2		
	Pleasantly	1		
6.	....	45	1	4
7.	....	42	2	6
		43	1	6
8.	....	43	3	4
		35	2	13
9.	....	41	2	7
		31	2	17
10.	....	32	14	4
11.	....	34	2	14
		3	16	31
		12	10	28
12.	....	44	2	4
13.	....	46	2	2
14.	....	7		43
15.	....	15		35
16.	....	31		19
17.	....	48		2

TABULATION OF SCHEDULE (CONTINUED)

QUESTIONS		YES	NO	DID NOT OBSERVE
18.	....	46		4
19.	....	42	3	4
20.	....	25	5	14
21.	....	48	1	1
22.	....	5	42	3
		RESPONSES		
23.	Excellent, efficient	5		
	Okey	7		
	Satisfactory and adequate .	11		
	Very fine	5		
	Handled with greatest care.	1		
	Good	8		
	Quick and prompt	2		
	Seemed necessary	4		
	Referr to previous record..	1		
	Slow	1		
	No Response	5		
24.	More reading material......	8		
	Small	1		
	Real nice, very good	14		
	Satisfactory	5		
	Cheerful, clean and comfortable	15		
	Did not observe	5		
	Neat and calm atmosphere ..	1		
	Ashtrays ... smoking	1		
25.	No response	24		
	Prayer chappel	1		
	Coffee shop or dispenser ..	5		
	Smoking room	2		
	More signs from other entrances	2		
	Nurses waste time talking on telephone	1		
	Adequate and efficient	8		
	Well pleased	1		
	More parking facilities ...	1		
	Like friendly people and good service	4		

QUESTION # 25 cont.	RESPONSES
Appreciate hospital not asking for money immediately	3
Check the patient first -- than get the needed information	1