Guest Editorial: Patient Satisfaction in the ED: Nicety or Necessity?

Many of us have at one point or another found ourselves on the receiving end of the medical system. As one colleague puts it: 'the other end of the needle is sharper.' It is never pleasant to be sick or injured. If being a patient is difficult for us as medical professionals, playing as it were on our home court, often with special consideration from our colleagues, it is worthwhile imagining the experiences of our patients, for whom the emergency department is an unfamiliar and frightening place where their fate is in the hands of others.

Compassionate care, often summed up as 'good bedside manner' has long been lauded in principle, but not held as a priority in the training and practice of medicine, where analytical and technical ability, as well as work ethic, have been valued above communication skills and patient satisfaction. Emergency medicine is not an exception. Indeed, even some of our nurses, proud of their outstanding skills in the ED, subscribe to the philosophy reflected in the slogan I have seen on t-shirts: "I was trained to save your ass, not to kiss it."

But do we have the luxury of worrying about niceties like patients' opinion of how we took care of them? Our EDs are at times overcrowded, there may be admitted patients boarding in the ED, and we are increasingly pressed to do more, and do it more quickly – EKG within 10 minutes for chest pain, angioplasty within 90 minutes for STEMI, thrombolysis for stroke within 3 hours, early goal directed therapy for sepsis, acute trauma care. We are at times understaffed and over worked.

But compassionate patient care (and concern for patient satisfaction) is not a luxury. It is a key component in achieving good clinical results for our patients, reducing risk for patients, doctors and other staff, and for efficient operation of our ED. For example, patients who are dissatisfied with waiting times will leave without being seen (LWBS) or against medical advice (AMA). These patients are not good at triaging themselves – some will leave with undiagnosed acute illness. If we work at keeping waiting times down we will increase patient satisfaction, but as importantly, reduce the number of LWBS and also the chance of having a patient collapse and die in our waiting room – as was recently captured on camera for all the world to see on YouTube at several EDs in the US.

Patients who feel respected, cared for in a timely way, kept informed and in control are less likely to sue hospitals and physicians for bad outcomes. I believe that efforts to increase patient satisfaction will similarly reduce the likelihood of violence against doctors, a worldwide problem. Violent incidents in against Israeli MDs have recently been featured prominently in the media. Seventy percent of the physicians and 90% of the support staff working in a hospital emergency department in Israel reported violent acts, mostly verbal abuse [1].

While there is no substitute for proper security measures, it seems intuitive that patients and their families who are more satisfied with their care would be less frustrated and less likely to be violent. Indeed one study in Israel reported that the most frequent causes of violent acts cited by the physicians were: long waiting periods (46.2%), patients' dissatisfaction with the treatment (15.4%), and patients' disagreement with the physician (10.3%).[2]

What do patients want? They don't want to wait. They want their doctor to introduce him/herself. They want to know what they are waiting for and what to expect next. They want their complaints to be addressed promptly. They want to feel that in their hour of need, they can trust and rely on their doctors and nurses in the ED. In return they will be- we hope- compliant with our best advice, polite, and grateful.

It is time that we examine the culture and behavioral norms, as well as the processes of care, that influence the patient experience and level of satisfaction. Since we can't manage what we can't measure, we need to ask our patients how satisfied they are and do what we can to improve that satisfaction, for our patient's sake and for our own.

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