

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

Submission Id: 6054

Title

Patient Experience of Emergency Department Care in Newfoundland and Labrador: A Structural Equation Modeling Analysis

Priority 1 (Research Category)

Healthcare Services, Delivery, and Financing

Presenters

Aswathy Geetha Manukumar, BSc, PhD Candidate, Hensley Mariathas, PhD, MSPH, M.Phil, Christopher Patey, MD, BSc, CCFP, Shabnam Asghari

Abstract

Context: Over the last decade, patient care experience in the emergency department (ED) has been subpar. Relationships and communication with staff, physical comfort, privacy, and accessibility influence the patient experience of ED care. Understanding factors that impact the ED care experience is needed to improve the quality of care and meet patient needs and expectations. Objective: To examine the factors that impact patient experience of ED care in Newfoundland and Labrador (NL) and how patient ED care experience differs by gender, age and ED location. Study Design: Cross-sectional study. Analysis: Structural Equation Modelling (SEM) Analysis. A p-value of <0.05 was considered statistically significant. Setting: Two rural and two urban EDs in NL. Population Studied: Patients visiting the EDs from 1 March 2021 to 27 July 2023 randomly selected based on their visit date and time. Instrument: Telephone survey administered by a trained interviewer. Outcome Measures: Overall patient experience of care, patient experience with aspects of care delivery such as staff concern for their comfort, support received for fears/worries, clarity of explanations, responsiveness to requests, and involvement in care decisions. Results: All the outcome variables were correlated ($r = 0.04-0.4$, $P < 0.001$), and thus, we used a latent variable for the SEM analysis. The model fit the observed data well [CFI=0.96, SRMR=0.05, RMSEA = 0.196]. All the variables had a factor loading of ≥ 0.7 with the latent variable, except patient experience with staff responsiveness to requests. The final analysis showed that age, gender and hospital location are associated with patient ED care experience. Older patients reported a better experience than younger patients [OR 1.11, CI 1.04-1.19]. Male patients reported a better experience than female patients [OR 1.15, CI 1.06-1.25], and patients who visited the urban EDs reported a worse experience than those who visited the rural EDs [OR 0.76, CI 0.70-0.82]. Conclusions: Our findings will offer a comprehensive examination of the factors influencing the quality of patient care experiences within EDs and how patient demographics and the geographical location of the ED affect it. As these

insights are essential for enhancing patient-centred care and ultimately assisting in improving health outcomes, our results are a necessary resource for NL health services.

Downloaded from the Annals of Family Medicine website at www.AnnFamMed.org. Copyright © 2024 Annals of Family Medicine, Inc. For the private, noncommercial use of one individual user of the Web site. All other rights reserved. Contact copyrights@aafp.org for copyright questions and/or permission requests.