Call for nurses to rethink measuring family and patients' experience of the emergency department amidst COVID-19

YO Oyegbile, MN Sibiya
Teaching & Learning department, Durban University of Technology, South Africa
Corresponding author, email: yemisiO@dut.ac.za

COVID-19 has challenged most of the conventional ways of doing things, including the way we measure patient and families' experience of the emergency department. Scarcity of resources and personnel in the face of a pandemic has been identified as a major challenge. Methods utilised in measuring, space needed for measurement, constructs that are measured, and the point of data collection have all been disrupted as a result of adherence to safety protocols and other issues around prevention and management of the pandemic. In this article, we suggest ways by which healthcare professionals and organisations should rethink how these experiences are measured amidst a pandemic.

Keywords: patients, family, experiences, COVID-19, emergency department, nurses

© **Medpharm**

Prof Nurs Today 2021;25(2):9-10

Introduction

COVID-19 has challenged most of the conventional ways of doing things, including the way we measure patients' and families' experiences of the emergency department (ED). Before the COVID-19 pandemic, families and patients' experiences were measured in the ED and by nurses quantitatively through administration of instruments, surveys, questionnaires and tools, while qualitative data was collected through one-on-one interviews and telephonically.[1] However, strict adherence to social distancing protocols and fear of contagion[2] places restrictions on the methods of collecting data, hence the need for nurses to rethink the strategies and how patients and families experience of the ED is measured.

The ED, a fast-paced setting where patients with trauma and acute life-threatening symptoms are cared for, also serves as the first port of call for patients with COVID-19 symptoms. Pandemic intensity of COVID-19 infections has led to an unprecedented influx of patients and over-crowding of the already strained healthcare system. Hospital transformation during COVID-19, increased number of staff, spacing of furniture to accommodate social distancing guidelines have reduced the spatial capacity of the ED, leading to crowding.[3] This appears to increase pressure on the already strained personnel and space required to engage with patients and their families.

Globally, as COVID-19 infections rage out of control, healthcare professionals continue to experience an extraordinary increase in workload in overstretched and sometimes ill-equipped health facilities.[2] Healthcare workers appear overwhelmed from providing care, and a significant number of them are suffering from burnout.[4] These are the ones who must report to work in the face of known and unknown threats to their lives and that of their family members. Staff shortage, lack of adequate personal protective equipment (PPE), fear of contracting COVID-19, sudden changes in medical procedures, high workload and emotional trauma as a result of their colleagues dying from COVID-19 imposes significant stress on healthcare workers depleting their enthusiasm to engage in any form of activity that might increase their proximity to patients and their relatives.[4] Although nurses understand the purpose and benefits of measuring patient and families' experience of the ED and the potential risk of not measuring them, they are exhausted, disconnected and burned out.[5]

Feedback from patients and their families has been found to provide extremely valuable opportunity to highlight areas of weakness in the care experience and to then address them.[6] Healthcare systems and healthcare providers also utilise its outcome for benchmarking and for hospital reimbursement.[7] Amidst a pandemic, one wonders whether it is appropriate to utilise measurements used pre-COVID-19 to achieve the same purpose.

Constructs measured pre-COVID-19 revolves around patients experience with healthcare professionals, products, services, structure, hospital facilities and equipment[8,9] and whether families' need for information, comfort and support were met.[10-12] Perhaps, patients' and families interactions with these constructs have not changed significantly; however, as COVID-19 continues to spread exponentially, patients

and families are becoming increasingly conscious of their own health, and are concerned about their vulnerability to contracting COVID-19 infection.[5] Hence, patients and families would want to see that safety protocols are observed and that measures are taken to contain the transmission of the disease in the ED as well as their safety and wellness.[13]

Families and patients' level of satisfaction with hospital services are usually assessed by the measure of care received in the ED.[14] Family members are able to experience the ED when they are present at the patients' bedside, collaborate in caregiving, communicate with healthcare providers and engage in shared-decision making. Measuring families' experience of the ED presents challenges in the midst of a pandemic where the sick are sent to the hospital alone and families' presence is restricted to virtual and telephonic engagement, which also has its challenges.[15]

Previous studies were unclear about the point of data collection and the appropriate time to do so. Scholars argue that response bias might be a challenge if data collection is delayed until after discharge from the hospital since patients and family members' recollection of incidents might be influenced by events following the ED experience, for instance, the death of their relative.[16] Yet, collecting data while patients are experiencing respiratory distress from COVID-19, and at a time when families are anxious and uncertain about their relative's health status might present severe ethical dilemmas.

Recommendations on the direction that measuring patients and families' experience of the ED could take includes:

Remote data collection

Literature documenting methods by which nurses can measure patient and families experience of the ED during a pandemic suggests remote data collection, engaging suitable methodologies and approaches such as videoconferencing, digital storytelling, photovoice, individual interviews via SMS, WhatsApp, Signal, Zoom, etc. to collect information.[17-19] Whatever method or approach adopted in collecting data, patients and families should be reassured of their safety, that they will not get sick during the medical encounter, and that their rights are protected.[13]

Institutional support

Institutional support is required to boost the morale of healthcare workers while ensuring the safety of those assigned to engage in such activities.[4] As the staff complement continues to fluctuate, healthcare organisations must consider employing more staff in order to cope with the unprecedented influx of patients in ED, thereby preventing burnout among its frontline workers. Non-physical presence of families can be supported so that they can provide care to their sick relatives and their experience of the ED can then be measured.[20]

New constructs

Modifications in healthcare technology and models of care delivery in the midst of a pandemic means that surveys in literature pre-COVID-19 might not fully capture patients and families' experience of the ED.[21] It then means that nurses will have to review constructs assessed pre-COVID-19, track new ones by asking new questions, and suggest new constructs that sets out to capture the experiences of patients and families in a pandemic and then decide on a set of measurable indicators.[22]

Conclusion

As measuring patient and family experience of the ED is threatened during the pandemic, nurses should adopt new innovations in assessing their experiences of the ED and add new constructs as the experiences of the pandemic dictates. Healthcare organisations must invest in technologies to allow for virtual engagement and healthcare workers must optimise its use and leverage on its potential to measure patients and families experience in the ED.

Orcid

YO Oyegbile https://orcid.org/0000-0002-3065-6225
MN Sibiya https://orcid.org/0000-0003-1220-1478

References

1. Redley, Beanland C. Revising the critical care family needs inventory for the emergency department. Journal of Advanced Nursing. 2004;45(1):95-104. https://doi.org/10.1046/j.1365-2648.2003.02865.x.
2. Cawcutt KA, Starlin R, Rupp ME. Fighting fear in healthcare workers during the COVID-19 pandemic. Infect Control Hosp Epidemiol. 2020;41(10):1192-3. https://doi.org/10.1017/ice.2020.315.
3. Af Ugglas B, Skyttberg N, Wladis A, Djarv T, Holzmann MJ. Emergency department crowding and hospital transformation during COVID-19, a retrospective, descriptive study of a university hospital in Stockholm, Sweden. Scand J Trauma Resusc Emerg Med. 2020;28:107. https://doi.org/10.1186/s13049-020-00799-6.
4. Khasne RW, Dhakulkar BS, Mahajan HC, Kulkarni AP. Burnout among healthcare workers during covid-19 pandemic in India: Results of a questionnaire-based survey. Indian Journal of Critical Care Medicine. 2020;24(8):664-71. https://doi.org/10.5005/jp-journals-10071-23518.
5. Boissy A. Getting to patient-centered care in a post-Covid-19 digital world: a proposal for novel surveys, methodology, and patient experience maturity assessment. NEJM Catal Innovative Care Delivery. 2020:1/22.
6. Ahmed F, Burt J, Roland M. Measuring patient experience: Concepts and methods. Patient. 2014;7(3):235-41. https://doi.org/10.1007/s40271-014-0060-5.
7. Piper LE, Tallman EMHA. Hospital consumer assessment of healthcare providers and systems. The Health Care Manager. 2016;35(2):151-5. https://doi.org/10.1097/HCM.0000000000000108.
8. Bos N, Sizmur S, Graham C, Van Stel HF. The accident and emergency department questionnaire: a measure for patients' experiences in the accident and emergency department. BMJ Quality & Safety. 2013;22(2):139-46. https://doi.org/10.1136/bmjqs-2012-001072.

9. Bos N, Sturms LM, Stellato RK, Schrijvers AJP,Van Stel HF. The consumer quality index in an accident and emergency department: internal consistency, validity and discriminative capacity. Health Expect. 2015;18(5):1426-38. https://doi.org/10.1111/hex.12123.
10. Oyegbile YO, Brysiewicz P. Measuring patient experience in the emergency department: A scoping review. African Journal of Emergency Medicine. 2020;10(4):249-55. https://doi.org/10.1016/j.afjem.2020.07.005.
11. Redley, Phiri LM, Heyns T, Wang W, Han C-Y. Family needs during critical illness in the Emergency Department: A retrospective factor analysis of data from three countries. J Clin Nurs. 2019;28:2813-23. https://doi.org/10.1111/jocn.14857.
12. Scott P, Thomson P, Shepherd A. Families of patients in ICU: A Scoping review of their needs and satisfaction with care. Nursing Open. 2019;6:698-712. https://doi.org/10.1002/nop2.287.
13. Heath S. How has COVID-19 affected perceptions about patient experience? [Internet] Patient Engagement Hit. c2020. Available from: https://patientengagementhit.com/news/how-has-covid-19-affected-perceptions-about-patient-experience. Accessed 30 Jun 2021.
14. Messina G, Vencia F, Mecheroni S, et al. Factors affecting patient satisfaction with emergency department care: an Italian rural hospital. Global Journal of Health Sciences. 2015;7(4):30-9. https://doi.org/10.5539/gjhs.v7n4p30.
15. Jarvis MA, Oyegbile YO, Brysiewicz P. COVID-19, the family unfriendly virus: Is the family's experience of the ED relevant within the confines of a pandemic? International Emergency Nursing. 2021;54:100960. https://doi.org/10.1016/j.ienj.2020.100960.
16. Sucu Dağ G, Dicle A, Firat MZ. Psychometric properties of the critical care family needs inventory-emergency department. Applied Nursing Research. 2016;33:113-20. https://doi.org/10.1016/j.apnr.2016.11.001.
17. Valdez ES, Gubrium A. Shifting to virtual CBPR protocols in the time of corona virus/COVID-19. International Journal of Qualitative Methods. 2020;19:1-9. https://doi.org/10.1177/1609406920977315.
18. UNHCR. 2020. Available from: https://www.unhcr.org/blogs/data-collection-in-times-of-physical-distancing/. Accessed 2021.
19. Glassmeyer DM, Dibbs R-A. Researching from a distance: using live web conferencing to mediate data collection. International Journal of Qualitative Methods. 2012;11(3):292-302. https://doi.org/10.1177/160940691201100308.
20. Hart JL, Turnbull AE, Oppenheim IM, Courtright KR. Family-centered care during the COVID-19 rra. Journal of Pain and Symptom Management. 2020;60(2):e93-7. https://doi.org/10.1016/j.jpainsymman.2020.04.017.
21. Sullivan BD, Bogen K, Duda N, Peikes DN. Measuring patient experience during the COVID-19 pandemic and beyond. Annals of Family Medicine COVID-19 Collection. 2020:1-9.
22. LaVela SL, Gallan AS. Evaluation and measurement of patient experience. Patient Experience Journal. 2014;1(1):28-36. https://doi.org/10.35680/2372-0247.1003.