The Effects of Demographic Factors, Patient Coping Methods and the Setting of Emergency Waiting Rooms on Patient Satisfaction

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Abstract

The looming threat of a medical emergency is one that hangs over everyone’s head, no matter their class, creed, or race. As such, the work of hospitals and doctors is integral to the maintenance of a community and the quality of its residents’ lives, especially medical professionals that deal with emergency or life-threatening situations. This research aims to explore the impact of the organization and policies of emergency rooms in various Boston hospitals, more specifically, how patients attempt to cope with the stress of an emergency room visit, how various spatial factors affect their coping methods, and finally, how the hospital administration, staff and setting either aids or hinders them in achieving this. Detailed ethnographic fieldwork and observational methods were utilized to conduct this research, primarily in the evening hours, when ER activity was the highest. Furthermore, uses of photography were used to capture the isolating nature of the emergency room. The expected results are that different demographic factors, such as a patient’s age, gender, and class, will influence the receptiveness and care provided by the hospital staff. Furthermore, I predict that the sterile and isolating environment of the emergency room waiting area actually serves to worsen the condition of the patient. This research will be significant as it will allow hospitals to better understand how to provide a more holistic and patient centered ER experience while also reducing discriminatory factors.

Methodology

First, gain access to various hospital waiting rooms by speaking with front desk staff members. Use detailed field notes and photography to capture the isolating nature of the Emergency room. Possibly conduct interviews with the patients and staff to gain a more concrete understanding of their experiences in the ER. An analysis of previous literature established in the public domain was conducted prior to beginning experimentation. Detailed field notes and photography were utilized to capture the isolating nature of the ER waiting room. This experiment was conducted at various Boston hospitals such as Tufts and Brigham and Women’s hospital in the evening time (7:30 PM onwards).

Limitations

This research, by nature, entailed several ethical considerations and implications, primarily maintaining patient confidentiality under HIPAA laws. As a result, observations and note taking had to be conducted with permission of the hospital’s front desk.

Impact

The unique feature about my presentation is that it examines the often overlooked emergency waiting room area. This addresses how to implement a more patient-centric approach, especially in the ER waiting room setting and how to provide an overall more satisfactory patient experience.

Future Research

In the future, it may be beneficial to examine the more nuanced relationships between race, class and gender roles in an ER setting. It would be beneficial to assess whether access to care, despite their mission statements of providing “equal treatment and care to all types of groups” could be attributed to any racial or class based tropes. It would be beneficial to better gauge general patient attitudes towards their experiences in the waiting room by conducting interviews and creating and administering patient satisfaction surveys.

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