

Y doesn't Gen Y 2 w8?

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KEY WORDS

Nurse Practitioner, Treatment Stream, Generation Y, waiting times, expectations, satisfaction.

ABSTRACT

Objective

The aim of this small scaled research project was to identify any generational differences in expectations and satisfaction in waiting times, amongst Minor Injury patients with an ATS (Australian Triage score) four and five and how, or indeed if these relate to overall satisfaction of the Emergency Department (ED) Fast track or Treatment Stream (TS) Service. The question for this research was: In what ways do generational groups perceive waiting times for the service provided by an Emergency Department Fast track or Treatment Stream Service and with what implications for future services?

Design

A descriptive survey design where patients entering the TS area of the ED were given a validated patient satisfaction questionnaire to complete during their stay, in order to quantify their expectations of the waiting times and their level of satisfaction. Data was descriptively analysed and discussed within the conceptual framework of generational descriptions.

Setting

Emergency Department, within an independent Emergency Nurse Practitioner (ENP) led TS service.

Subjects

Convenience sample, limited to a maximum of every third adult patient attending the Armadale ED TS area, was offered the opportunity to participate in the study.

Main outcome measures

Expectations of waiting times and levels of satisfaction across generational groups.

Results

There was no difference between the expectations of Gen Y and other generational groups (Pr Chi 0.135), however Gen Y were still significantly less satisfied with the service than the other generational groups (P=0.018).

Conclusion

More research is required to address the expectations and satisfaction in waiting times and health services offered to different generational groups. This study offers beginning insights.

INTRODUCTION

Fast track or TS is an initiative implemented in EDs internationally to address increasing presentation numbers and associated increased waiting times in the ED for patients with minor illness and injury, without negatively impacting on the higher acuity patients (Dinh et al 2012; Abbott 2010; Kwa and Blake 2008; Jarvis 2007; Mills and McSweeney 2005; Megahy and Lloyd 2004; Cooper et al 2002).

TREATMENT STREAMING AT ARMADALE HEALTH SERVICE

From 2010 to Jan 2013, Armadale Hospital had a TS area staffed with ENP's. The ENP led service was set up to provide efficient and effective management of patients with triage categories four and five and assist with meeting the government National Emergency Admission Targets (NEAT), for triage categories four and five. The ENP in the TS area at Armadale functioned as the sole practitioner in the area, however there was always access to senior medical support in the main ED if required. The designated TS area had four assessment/treatment beds and an eight seated waiting/treatment area inside the department.

From 2006-2012, ED presentations to Armadale Hospital doubled from 30,000 to just over 61,000 patients per year. Approximately 25-30% of ED presentations (20,000 patients) were minor injuries and were allocated to the TS. The hours of operation for TS were between 0800hrs and 2200hrs daily (Kwa and Blake 2008) and medical staff attended to patients in the area, in the absence of an ENP.

Different generations have unique needs and concerns. However, Generation Y represent the future of health care in terms of large demographic numbers. Vast numbers of Gen Y patients access their health care needs via ED because their psychological profile links them to a drop in service that they can access quickly (Deloitte 2010), however Gen Y are generally less satisfied with service provision due to higher expectations (Thiedke 2007, Urden 2002). Market research into Generational analysis can help an organisation to develop insight in order to "consider the differences in world view and attitude between various generations...and use the information and business strategies to identify trends, changes and customer or client demands" (www.business.qld.gov.au, Washburn 2000).

BACKGROUND: LITERATURE REVIEW

Many studies have demonstrated that waiting times (Soremekun et al 2011) and expectations (Lateef 2011; Toma et al 2009) have an impact on the patients' satisfaction levels, however those who looked at age, did so in conjunction with other demographic characteristics such as gender, ethnicity, education and income, rather than exploring age in isolation (Taylor and Bengner 2004, Urden 2002; Knudtson 2000).

Studies by Thiedke (2007) and Young et al (2000) found that individuals aged ≥ 70 years were more likely to be satisfied with the health system than individuals 18–29 years of age ($P < 0.001$). These authors both theorised that the lower satisfaction scores of younger patients might reflect on their inexperience (and possibly unrealistic expectations) with health care organisations. Some patients expect to be met at the door by a doctor immediately on arrival in ED (Roper 2010).

Satisfaction is both a cognitive evaluation and an emotional reaction to components of care delivery and service. When looking at patient satisfaction it appears what is measured is a combination of the patients expectation before the visit, the experience at the visit and the extent to which the patient felt their symptoms were resolved (Thiedke 2007). It is a subjective perception and is closely tied to individual's expectations (Urden 2002). It was therefore postulated that different generational groups had different expectations, which influenced their level of satisfaction. Expectations fall into two categories (Cooke et al 2006): consumer expectations of what is likely to occur or consumer expectations of what 'should' happen.

CONCEPTUAL FRAMEWORK: GENERATIONAL DESCRIPTIONS

A generation is a peer group, which is defined by both key life events and its demographics. Strauss and Howe (1991) named five generations, however these do not have exact boundaries and different authors will list differing birth years. There are generalisations about generational attitudes and outlook and there will be exceptions, however certain overall trends and outlooks, e.g. shared values and behaviours will appear, due to similar influences and experiences (Borges et al 2006; www.valueoptions.com).

The Silent Generation (born between 1926 – 1945). The prevailing value of this generation is adherence to proper principles such as law and order, patriotism and faith. They save and pay for what they get (Washburn 2000). They like to be involved in their care plans (Gauthier et al 2012).

Baby boomers (born between 1945-1964) are focused on self-discovery based on humanistic, altruistic, and narcissistic assumptions. They are a demographically powerful and important group, due to sheer numbers. They like instant gratification and can be very moralistic, but would prefer to work out morals and ethics themselves, rather than accept authority or institutional principles (Washburn 2000).

Generation X (Gen X - born between 1965-1981) is wedged between the Baby boomers and Generation Y and thus feel demographically overlooked and insecure. This was the first generation to develop ease with technology. They like hard facts; expertly delivered and value variety and speed (Borges et al 2006).

Although Generation Y (Gen Y - born between 1982-2003) is not as big as the Baby boomers they will have as large an impact on business and infrastructure as the boomers did. Even though this generation is only recently starting to graduate from high school they are already changing the face of advertising and marketing. They have grown up with computers, email and instant communication and information. The internet and television are the Gen Y medium of choice (Washburn 2000) when seeking information (Chaczko 2008; Weiler 2004).

It is well acknowledged that Gen Y have 'a sense of entitlement' (Garrett 2013), see themselves as of the utmost importance and highest worth (Goessi 2013) and that they want everything for themselves (Jaswal 2013), wanting it now and expecting 'excellent customer service' (Waldron 2013). They therefore cannot comprehend a health care system that does not give them the highest priority (Garrett 2013; Goessi 2013; Jaswal 2013).

Gen Y are known to have below average visits to the GP (1.5 per year). A survey of health care consumers by Deloitte (2010) showed that 39.1% of Gen Y did not have a GP. Deloitte (2010) also demonstrated that Gen Y's visits to the ED are higher than any other generation, both due to sporting accidents and the fact that they access ED for routine medical problems, which they perceive as more convenient. Deloitte (2010) identified many factors for this higher presentation to ED, suggesting this generation are also more likely to wait until a health issue becomes severe, rather than accessing primary care when symptoms first appear. Gen Y dislike making appointments, preferring instead to attend ED, expecting to be seen quickly and also have not developed a relationship with a GP. However this may also be due to the fact young people do not perceive they need a GP. It is not known if this is a Gen Y phenomenon, or simply a result of their young age.

An understanding of generational differences underpinning the value sets of different generations is inextricably linked to how care can be prioritised in relation to community expectations (Chaczko 2008). This research attempts to identify the expectations of generational groups in terms of waiting times; with a focus on the patient expectations of what is likely to occur (Cooke et al 2006), by asking patients direct questions about their expectations (Boxer and Boxer 2009).

PURPOSE OF THE RESEARCH

Gen Y form 30-40% of the total patient numbers attending ED's (Thiedke 2007). Based on generational descriptions, the possibility exists that 'Gen Y doesn't like to Wait'. This understanding focusses attention on whether their levels of satisfaction correlate with Gen Y's higher expectations, as theorised by Thiedke (2007) and Urden (2002). What this may mean for clinical environments and future service delivery (Washburn 2000) is important to explore.

The aim of this small scaled research project was to identify any generational differences in expectations and satisfaction in waiting times, amongst Minor Injury patients with an ATS (Australian Triage score) four and five and how, or indeed if these relate to overall satisfaction of the Emergency Department (ED) Fast track or Treatment Stream (TS) Service. The question for this research was: In what ways do generational groups perceive waiting times for the service provided by an Emergency Department Fast track or Treatment Stream Service and with what implications for future services?

STUDY DESIGN

A descriptive survey design was employed.

POPULATION SAMPLED

A convenience sample comprising of potentially every third adult patient attending the Armadale ED TS area, was offered the opportunity to participate in the study. Armadale ED saw 61,000 patients in the previous year. Approximately one third of these (20,000) were TS patients. An uptake of 25% uptake was anticipated on a potential recruitment total of 50 patients per day. The maximum number of patients likely to be recruited on a daily basis was therefore approximately 12. In order to achieve a confidence level of 95% with a 5% sample error, it was calculated that a minimum sample population of 377 patients would be required to be recruited.

Patients entering the TS area of the ED were given a validated patient satisfaction questionnaire by the ENP or Medical Officer (MO), to complete during their stay, together with a verbal explanation of the study. The questionnaire was validated during a study by Sun et al (2001) in order to quantify their impression of the waiting times and their level of satisfaction and had a Cronbachs alpha score of 0.88 (Dihn et al 2012). Patient satisfaction was measured as an overall care score which gave a rating from 1 (poor) to 5 (excellent) and gave a combined score. There were five elements of care considered: 'courtesy and politeness, explanation and advice, waiting times and understanding of discharge instructions' (Dinh et al 2012).

Data was gathered by the nursing staff, ENPs and emergency medical officers and was collected over a three month period from September to December 2013. The Research was approved by the South Metropolitan Health Service Ethics Committee. Consent was implied by completion of the questionnaire. The questionnaire response identified patients by their Emergency Department Information System (EDIS) day number only. Patients were asked to complete the questionnaire during their visit to the ED TS area, rather than returning it by post, in order to improve the response rate. Patients were asked to identify their generational cohort on the demographic details. They were also asked to outline their expected and perceived waiting times on Likert scales from 0-30 mins to 4 hours: these included wait to be seen, wait for their investigations and their total wait in the department. They were then asked to identify their levels of satisfaction with the service and staff on Likert scales with ratings of 0 (poor) to 5 (excellent). The responses were analysed to see if there were any differences in the waiting times, expectations of waiting times and patient satisfaction between the different generational cohorts attending the TS area of the ED. In addition, overall numbers of patients from different generations attending the TS area of the ED were also analysed. The actual total perceived

waiting times for individual patients were then cross-correlated with the actual time of admission and actual discharge time on EDIS.

EDIS data was used to corroborate patients' impression of waiting times.

INCLUSIONS

All patients entering the TS area of the Emergency department, between the ages of 18 and 65.

EXCLUSIONS

Patients under 18 years of age over 65 years of age; patients who did not comprehend English, including patients requiring an interpreter; patients with decreased physical or mental capacity to complete or comprehend the survey and patients with other comorbidities leading to increased length of stay and/or admission.

LIMITATIONS

It was also likely that the vast majority of patients sampled will have been seen by an ENP. This is because it is the ENP team driving this piece of research and also because it was not common (during the day) for a medical officer to be assigned to the streaming area. Medical officers therefore pick up the occasional patient during the day if the patient numbers attending the streaming area at any one time are too large for the ENP to cope with alone.

The ability to recruit patients closely correlated with the influx of patients into the department. The busier the department, the less likely it was to have time to recruit patients. This likely reflects the decreased ability to attend to the research and get patients to fill in questionnaires during the afternoon shift, when it tends to get very busy. This would have skewed the results, if the impetus of the questionnaire was solely on patient satisfaction, as it is well documented that patient satisfaction decreases with increased waiting times (Parker and Marco 2014). However, as this study focuses on the differences in patient expectations and was investigating the correlation between expectations and satisfaction, it was felt that the information was still worth analysing. The longer the study went on, the numbers of patients recruited reduced and then the study was halted early, due to the discontinuation of the TS area.

Due to a change in focus of departmental service initiatives, the TS was discontinued in December 2013 and the ENPs now see minor injury patients within the main department. Unfortunately, this research had to cease before the proposed number of patients had been recruited, however the preliminary data from this research was collated and analysed in the hope that it might provide some valuable insight into any generational differences in patient expectations and satisfaction, so that this information might be utilised in ongoing strategic planning for this cohort of patients, attending the Emergency department.

FINDINGS

Results were descriptively analysed using Stat data and statistical analysis software and discussed within the conceptual framework of generational descriptions.

Quantitative data was analysed using Pearsons Chi and Fischers. Significant variables identified were that there may be variations between the perception of waiting times by the patient and the data input on EDIS. This may be inaccurate with regard to discharge times, due to the fact that this information is not always recorded as the patient leaves the department.

- 86.75% of the patients questioned were seen by an ENP and 6 % were by an ED Medical officer (MO). 4.6% were seen by both an NP and an MO.

- 72% of patients questioned were seen between 0800 and 1400 hours, with 23% between 1400 and 2200.
- Only 7% of the patients questioned fell into the silent generation category. 40% were Gen Y with 26% gen X and 25.5% baby boomers. These figures are in keeping with the literature which identifies a 40% ED attendance for Gen Y (Deloitte 2010).
- 60% of attendees were male and 38% female. Four did not state their gender.

Table 1: Perceived wait times to be seen in percentages of total patients

| Wait Times | 30mins | <1hour | 2-3 hours | >4hours |
|------------|--------|--------|-----------|---------|
| % | 52 | 32.5 | 12 | 4 |

- 80% of patients said they 'expected' to be seen within three hours, with 40% of those expecting a wait of <1hour. In fact, patients perceived that 84.5% waited less than an hour and 96.5% total waited less than three hours.
- 43% of respondents experienced a wait of less than 30mins for 'test results' with a further 26% waiting under 1 hour. 77% total, waiting under three hours for test results.
- 98.6% of patients felt that the staff member attending them was courteous and polite, with the other 1.3% in the 'average' category.
- 97% felt that the advice they were given was either 'good' (15%), or 'excellent' (82%).
- 92% left the ED feeling that they understood the discharge instructions, with 6% declaring that their discharge instructions were poor and 1.3% said they were average.

Reasons for attending ED were varied: 1.3% was unstated; 47% stated it was an emergency; 20% were unable to get an appointment at their GP; 1.3% said the GP was too expensive (there are two large bulkbilling clinics nearby); 9% thought ED provided a better service and 21% had other reasons for attending but did not state what these were.

Overall satisfaction was good or excellent in 95% of respondents. However only 62% of the Gen Y group rated their satisfaction as excellent compared to 90% of respondents who were not Gen Y ($p<0.001$) $P=0.018$ (see tables 2 and 3a/b).

Table 2: Does satisfaction with ED visit vary with aged group?

KEY SATISFACTION: 0=missing 1=Poor; 2=Average;3=Good;4=Excellent

| Satisfaction | 0 | 1 | 2 | 3 | 4 | TOTAL |
|--------------|---|---|---|----|-----|-------|
| Year Born | 0 | 0 | 0 | 0 | 2 | 2 |
| Pre 1925 | | | | | | |
| 1925-1945 | 0 | 0 | 0 | 1 | 9 | 10 |
| 1946-1964 | 0 | 0 | 0 | 1 | 37 | 38 |
| 1965-1980 | 0 | 0 | 2 | 5 | 33 | 40 |
| 1980-1995 | 0 | 2 | 5 | 16 | 37 | 60 |
| TOTAL | 0 | 2 | 7 | 23 | 118 | 150 |

Pearson chi2(12) = 21.0448 Pr = 0.050

Fisher's exact = 0.018

Table 3a: Does level of satisfaction vary between Gen Y and all other aged groups?

| | Gen Y | Other generations | TOTAL |
|---------------------|-------|-------------------|-------|
| SATISFACTION | 0 | 1 | |
| 0 | 0 | 2 | 2 |
| 2 | 2 | 5 | 7 |
| 3 | 7 | 16 | 23 |
| 4 | 81 | 37 | 118 |
| Total | 90 | 60 | 150 |

Pearson chi2(3) = 17.9315 Pr = 0.000

Fisher's exact = 0.000

Table 3b

| | Over | Proportion | Std. Err. | [95% Conf.Interval] |
|---------|----------|-------------------|-----------|---------------------|
| _prop_1 | | | | |
| 0 | | (no observations) | | |
| 1 | .0333333 | .0233696 | -.0128454 | .079512 |
| _prop_2 | | | | |
| 0 | .0222222 | .015625 | -.0086529 | .0530973 |
| 1 | .0833333 | .0359823 | .0122318 | .1544349 |
| _prop_3 | | | | |
| 0 | .0777778 | .028389 | .0216807 | .1338749 |
| 1 | .2666667 | .0575717 | .1529042 | .3804291 |
| _prop_4 | | | | |
| 0 | .9 | .0317999 | .8371629 | .9628371 |
| 1 | .6166667 | .0632976 | .4915897 | .7417436 |

INTERPRETATION

62% (95% CI 49-74%) of generation Y rated their satisfaction as excellent compared to 90% (84-96%) of those who were not Gen Y ($p < 0.001$).

Expectations of Waiting Times:

comparison of generational groups revealed no difference between expectations of waiting times and perceived waiting times for any generation. Pr Chi 0.135. Therefore Generation Ys expectations were surprisingly the same as everyone else's. Data was examined to identify whether or not the waiting times were longer for Gen Y, to find out if this was why they were less satisfied. The wait times were not statistically significant between groups; however Gen Ys

perception of their waiting time was wrong in a significant number of cases. Whilst as expected, a proportion of these thought they had waited longer than they actually had, an equal number thought they had waited a shorter time than they actually had.

DISCUSSION

Understanding generational differences can ensure the health services are delivered in a way to match expectations and increase level of satisfaction.

In this study, 150 patients were recruited over the study's time period providing results that add valuable insights and are worthy of discussion.

High numbers of patients seen by ENPs were due to ENP's primarily staffing the TS area and ENPs driving this research and encouraging their patients to complete the questionnaires. As the covering MOs changed daily, it also proved difficult to inform all of them about the research.

The correlation between patient expectations and satisfaction that had been postulated in the literature (Thiedke 2007; Urden 2002) was not supported by our findings. Whilst the results were very interesting, it is difficult to propose changes to the service when there is no perceived need, due to the fact that the expectations

of the Gen Y'ers were the same as the other generations. A demonstrated difference in expectations could have supported further research to ascertain why and subsequently support proposed changes to the current system in order to meet those expectations.

This study found that Gen Y's appear to have a decreased awareness of time (longer and shorter) when compared to the other generations. However these results are in direct contrast with a study by Parker and Marco (2014), which did not identify any correlation between accuracy of time estimates and age. The authors postulate this may be due to the fact many of them are engrossed in social media whilst they are waiting and lose track of the time completely.

CONCLUSION

Gen Ys expectations with regard to waiting times were the same as the other groups, but Gen Ys are still less satisfied than the other generational groups. The reasons for this are unclear however this research demonstrated that Gen Ys dissatisfaction was not correlated with their expectations of the service. Further research is required in this field with a larger cohort of patients in order to ensure an improved confidence interval and increased rigor.

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