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Factors Involved in the Decision to Utilize the Emergency Department for Health Care

Teri R. Simpson
Grand Valley State University

FACTORS INVOLVED IN THE DECISION TO UTILIZE THE EMERGENCY DEPARTMENT FOR HEALTH CARE

by
Teri R. Simpson

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Thesis Committee Members:

Kay Setter Kline, Ph.D., RN Chair

Linda Bond, Ph.D., RN

Ruth Ylvisaker, Ph.D.

ABSTRACT

FACTORS INVOLVED IN THE DECISION TO UTILIZE

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The purpose of this study was to investigate the reasons people choose to use the Emergency Department (ED) for health care. Roy's adaptation model was used as the conceptual framework for this study. A convenience sample of patients were interviewed during one weekday eight hour period. The interview addressed such factors as reason for visit, age, race, gender, living situation, income, and health insurance provider. Data analysis using descriptive methods revealed the person most likely to choose the ED for health care is a Caucasian female in her early twenties with a median income of $15,000. She is a blue collar worker, city dweller living in a traditional "intact" family. She uses a physician's office/private clinic for health care. Medicaid provides her health insurance. She comes to the ED because of her symptoms, limited physician access/dissatisfaction with physician's services.

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Chapter One

INTRODUCTION

As a former staff nurse in a 60,000 patient per year urban Emergency Department (ED) I have observed patients utilizing the ED as their primary health care provider. Quite a few factors appear to contribute to this phenomenon, a few of which will be identified, researched and discussed in this study. I am suspicious that the health care system enables the use of the ED as a primary health care provider. Even in this era of managed care, the health care system is inclined to be crisis oriented. This is particularly true of the ED. The media appears to be one of the biggest supporters of the notion that the ED is used exclusively for life or limb threatening illness or injury that warrants swift treatment. The question is: Who's definition of emergency, life or limb threatening illness or injury is being used? The patients, family members, health care providers, and third party payers most likely have differing definitions of what constitutes an emergency.

The literature contains many expert opinion articles which describe the financial implications involved in the 'misuse' of the ED (Buczko, 1994; Fahey & Gallitano, 1993; Lowe, Young, Reinke, White, & Auerbach, 1991; and Mallenby, 1993). Contributory factors cited involve not only the patient, but also the primary care provider. In the current litigious society, the high cost of malpractice makes many primary care providers uncomfortable dispensing telephone advice. This fear of litigation nearly forces the primary care providers to send patients to the ED regardless of their complaint or question. A financial factor, which is perhaps more important to the patient, is that not-for-profit EDs provide treatment for patients regardless of their ability to pay, whereas primary care providers may suspend treatment for nonpayment.

Problem Statement

Some patients do not have a primary health care provider (Eisenberg, 1992; Friedman, 1991; Wood & Valdez, 1991). Other patients are unwilling or unable to keep appointments with their primary health care provider. Some patients are inconvenienced by the availability and location of their primary care providers. Many patients cite the lack of transportation as a reason for not going to their primary care provider's office (Ide, Curry, & Drobnies, 1993). In addition, some patients do not have telephones. Those that do have telephones may not realize that some primary care providers do make themselves available for advice.

Major nursing concerns regarding patients utilizing the ED as their primary health care provider include: non-holistic patient care, inconsistent follow-up, increased health care cost, and diversion of material and human resources (Friedman, 1991; Lowe, et al., 1991). The distinction between the focus of medicine, treating the disease, and nursing, treating the person's response to the disease, may explain how both non-holistic patient care and inconsistent follow-up are nursing concerns. As a result of their education, nurses realize that many physical symptoms are related to unmet psychosocial and/or emotional needs. As a natural part of an assessment, the holistic nurse explores a person's method of coping which provides clues regarding the ability to adapt to life changes.

Emergency Department treatment helps to create non-holistic patient care. The ED provides short term crisis oriented medical treatment. By its very name, short term crisis oriented medical treatment is non-holistic. For example, when patient follow-up is done only in crisis situations, health teaching and health promotion are neglected. A strong trusting relationship between the primary care provider and the patient is necessary for

greater adherence to the prescribed health care regime (Lowe et al., 1991). Emergency Department treatment, by virtue of its short term crisis orientated medical focus, does not promote the necessary strong trusting relationship between care provider and patient.

In this day of health care reform, decreasing health care costs and the conservation of human and material resources is paramount. Treating the patient holistically will, over time, decrease health care costs and conserve human and material resources. If the patient can receive holistic care from a primary care provider, who learns to know and work with the patient, the patient should require fewer ED visits. Fewer ED visits provide monetary savings to the patient, as well as human and material resource savings to the ED (Ginzberg & Ostow, 1991; Lowe et al., 1991).

Purpose

The purpose of this study was to explore why people choose to use the ED for their health care. For the reasons described above, nurses, as holistic health care providers, need to know what factors in making decisions of where to access health care are important to patients.

Chapter Two

CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW

Conceptual Framework

Sister Callista Roy's adaptation theory is a holistic systems theory that addresses the concept of adaptation (Galbreath, 1995, p. 253) and provides the conceptual framework for this study. This theory may explain some of the reasons why people use the Emergency Department (ED), not their primary care provider, for health care. Meleis (1991) states "According to Roy's theory, a person -- a bio-psycho-social being, an adaptive system, a human being -- is in constant interaction with a changing environment" (p. 283). The health care system is one type of environment that a person may use in an attempt to adapt to life changes.

Major Concepts

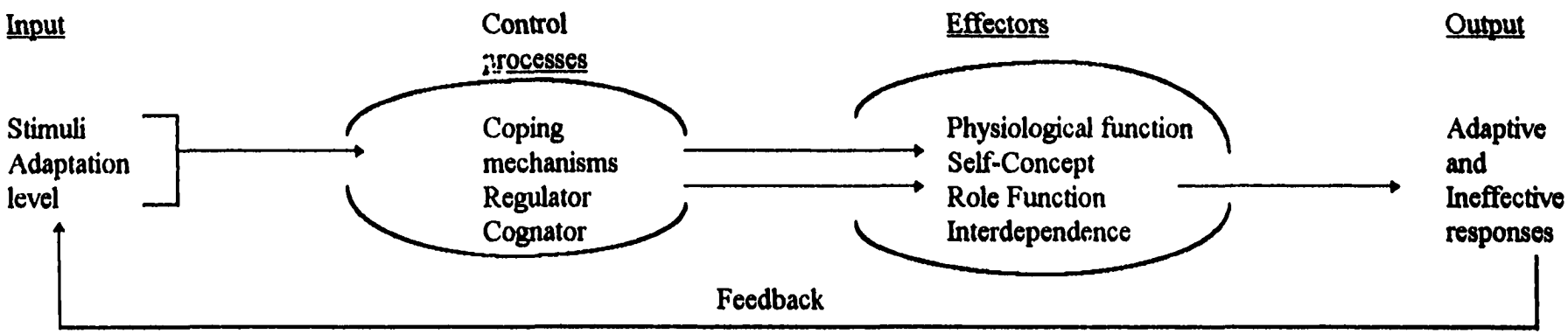
Roy's adaptation model defines the interrelationships among the four major concepts of person, health, environment, and nursing (as cited in Galbreath, 1995). Balance between these concepts creates a positive adaptation level. "Adaptation level is a changing point that represents the person's ability to respond positively in a situation" (Roy & Andrews, 1991, p. 4). Roy and Andrews (1991) describe a person, the recipient of nursing care, "as an adaptive system, ...as a whole comprised of parts that function as a unity for some purpose" (p. 4). In other words, the person is a holistic adaptive system. Adaptive means that the person has the capacity to react effectively to changes in the environment and affects the environment in return. Roy and Andrews (1991) define adaptive responses as "responses that promote integrity in terms of the goals of the human system" (p. 4). According to Roy and Andrews (1991), the person uses coping

mechanisms to respond to the changing environment (p. 4). There are two coping mechanisms which are described as behaviors that are used to respond to stimuli. The regulator mechanism is used to cope with physiological stimuli. The cognator mechanism is used to cope with psychosocial stimuli.

Roy recognizes four major areas where coping mechanisms may be observed and has named them adaptive modes (as cited in Lutjens, 1991, p. 9): (a) the physiological mode "is associated with the way a person responds as a physical being to stimuli from the environment" (Roy & Andrews, 1991, p. 15), (b) the self-concept mode consists of "the composite beliefs and feelings that one holds about one's [physical and personal] self at a given time" (Roy & Andrews, 1991, p. 16), (c) the role function mode is the performance of duties based on societal position (Reihl & Roy, 1974, p. 138) and is dependent on one's interactions with others in a given situation, and (d) the interdependence mode "focuses on interactions related to the giving and receiving of love, respect, and value" (Roy & Andrews, 1991, p. 16-7). (See Figure 1.)

Roles are separated into three types: primary, secondary and tertiary. The primary role is one's developmental level. According to Roy and Andrews (1991), secondary roles are learned and are roles "that a person assumes to complete the tasks associated with a developmental stage and primary role" (p. 349). Some examples are occupation, breadwinner, parent, and spouse. Tertiary roles are temporary, relate to secondary roles (Lutjens, 1991, p. 26), and "represent ways in which individuals meet their role-associated obligations" (Roy & Andrews, 1991, p. 349). Tertiary roles are freely chosen and include activities such as clubs or hobbies.

Figure 1. Major concepts in Roy's Adaptation Model



Note. From Notes on Nursing Theories: Vol. 1 (p. 16), by L. R. J. Lutjens, 1991, Newbury Park: Sage. Used with permission.

The following is an example of Roy's theory (Roy & Andrews, 1991, p. 7-8). Input consists of a stimulus, pain for example. This stimulus is outside the patient's present adaptation level and is transferred to the coping mechanisms. Protective coping mechanisms are then utilized. The regulator feels pain and sets up the physiologic components to deal with the pain. The perception of pain is also passed on to the cognator. The cognator perceives pain and affects the person's judgment and emotion. The coping mechanisms pass the stimulus on to the effectors. The effectors are the four adaptive modes: physiological, self-concept, role function, and interdependence. The stimulus is then transferred to the outputs. Outputs are the responses involved in seeking treatment. In this example, if treatment were sought in a primary care provider's office, the nurse may consider this response to be adaptive. When treatment is sought in the ED, however, the response might be considered ineffective. Feedback is the alteration of stimuli through pain relief measures, proactive coping and positive alteration in adaptation level. Adaptive feedback leads the patient to a healthier lifestyle managed cooperatively with his/her primary care provider. The nurse's job is to treat the person and redirect him/her, through education and mutual goal setting, to a primary care provider for more holistic care.

Person. Person is defined "as an adaptive system, the individual is described as a whole comprised of parts that function as a unity for some purpose" (Roy & Andrews, 1991, p. 4). According to Roy (as cited in Galbreath, 1995) "the integrity of the person is expressed as the ability to meet the goals of survival, growth, reproduction, and mastery" (p. 261). The person as an ED patient is the subject of this study.

Environment. Environment is a composite of every condition and circumstance, both internal and external, that surrounds and affects the person's development and behavior. These conditions and circumstances are called stimuli and are separated into three types: focal, contextual, and residual (as cited in Lutjens, 1991, p. 10). The focal stimulus is the situation immediately confronting the person, i.e. the reason for using the ED. This situation demands attention and stimulates the person to seek relief. Contextual stimuli include all other stimuli involved in the situation that contribute to the effect of the focal stimuli. Residual stimuli may go undetected and are defined as "having an undetermined effect on the person's behavior" (Roy & Andrews, 1991, p. 29). When validated, residual stimuli become either focal or contextual (Lutjens, 1991, p. 13-14). The system exchanges information, matter, and energy with the environment.

Health. Initially Roy "defined health as a continuum from death to high level wellness" (Galbreath, 1995, p.261). In 1991, Roy and Andrews redefined health as a "state and a process of being and becoming an integrated and whole person" (p. 4). Persons enter the health care system in an attempt to achieve this integrated, whole state. Nurses can help persons attain maximum health by teaching, nurturing, and promoting positive adaptive responses.

Nursing. According to Roy (as cited in Galbreath, 1995, p. 262) nursing activities are interventions that promote adaptive responses at any level of health. The interventions are focused on managing the focal, contextual, and residual stimuli that may be influencing the person. Nursing activities consist of six steps: assessment of behavior and stimuli, nursing diagnosis, goal setting, intervention and evaluation. There are two levels of

assessment. The first level consists of assessing behaviors in each adaptive mode. The second level consists of identifying the stimuli which influence behaviors.

Concepts Used in this Study

In this study, the health care system is composed of the person, the ED, and the primary care provider. One must assume that the person enters this system in quest of health. The person may be experiencing difficulty in any of the four adaptive modes. As in the examples below, the person enters the system with a complaint relating to the physiological mode. An alteration in the self-concept mode is also frequently observed in the ED. The role function mode is usually not considered ineffective, but contributes to the effectiveness of other modes. The person enters into the system with predetermined primary and secondary roles. The tertiary role of 'patient' is assumed upon entering the system.

The person's environment may be broken down into types of stimuli. The person's focal stimulus is the complaint that requires the person to enter the medical system. Common examples are inconsolable infants, unrelenting cold symptoms, and intractable pain. Contextual stimuli impel the person to seek treatment in the ED. For example, some people cannot take time off work to seek medical attention from their primary care provider without jeopardizing their employment. Also, the lack of transportation may be a factor, especially if the primary care provider is not located in a convenient and easily accessible location.

First level nursing assessment consists of obtaining information about a person's behavior in each of the adaptive modes. These behaviors exhibit levels of adaptation in each mode, thereby indicating areas needing intervention. For example, as the author's 13

years of experience in the ED has shown, a person holding his back and complaining of pain is exhibiting a behavior that indicates ineffectiveness in the physiologic mode. The same person stating, 'I don't know why my body has to let me down like this' is exhibiting ineffective adaptation in the self-concept mode. When collecting subjective information from this person the nurse ascertains that the person is an adult male, who is divorced, presently without a significant other, is supporting three children, and is working long hours as a dishwasher. His back pain causes a conflict in the performance of his secondary roles as an employee and provider. This person may manifest ineffectiveness in the interdependence mode because he no longer has a support system (significant other) to meet his affection (intimacy) needs.

A secondary assessment analyzes the focal, contextual, and residual stimuli that cause the person to act in such a manner. This person's focal stimulus is his back pain. Contextual stimulus could include factors related to whether or not the ED is closer to his home than his primary care provider's office, or whether or not his primary care provider's office hours correspond with his work schedule, which would make it impossible for him to keep an appointment without taking time off work. Residual stimulus may include having a friend or relative who died shortly after having back pain. According to Rambo (1984), "When maladaptive [sic] behavior occurs in modes other than the physiological mode, the focal stimulus is often related to expectations that one has of oneself or to the expectations of others. When these expectations are not met, problems with coping occur" (p. 26-7). When a person has problems with coping in the nonphysiological modes (s)he will often exhibit somatic complaints as a method of getting other needs met. As in the above example, the patient is most likely overwhelmed by the obligations his situation

places on him. In the author's experience, conversing with this patient may reveal that his job provides him little stimulation and no satisfaction except to be able to say that he is working, and the absence of social support in his life adds to his stress. Eventually his body does 'let him down' in order for it to be allowed to rest, free him from some of his obligations, and concentrate on himself. After assessing whether the person's responses are adaptive or ineffective, the nurse formulates a nursing diagnosis. The nursing diagnosis should be goal oriented. According to Lutjens (1991):

> Goals are stated for patient outcomes after they have been mutually agreed upon by the patient and the nurse. Nursing interventions are selected and directed toward the management of stimuli to produce adaptive responses that promote health and well-being. Nursing management is directed toward altering the focal stimulus or broadening the adaptation level by changing the other stimuli present. When energy is freed from ineffective coping attempts, this energy can promote healing and enhance health. (p. 11)

Perhaps if ED nurses would develop interventions for the contextual stimuli not as many people would return to the ED for primary care.

Review of Literature

The review of literature was focused on health care access. In light of the paucity of published research studies addressing health care access, expert opinions on health care access were also reviewed for this study.

Research

There are very few research studies in the recent literature regarding health care access. Pane, Farner, and Salness (1991) conducted a correlational, descriptive study

utilizing 940 of 1000 consecutive stable patients presenting in the ED between noon and midnight. Gravid patients greater than 20 weeks gestation were excluded from the study. The data collection instrument, a "pretested health access survey", was written in both Spanish and English. This health access survey explores components of Roy's role function mode (Roy & Andrews, 1991, p. 16), i.e. primary and secondary roles; as the independent variables of age, race, income, with Roy's coping mechanisms, focal and contextual stimuli; type of insurance coverage, and adaptation level; routine use of the ED for health care.

Findings of the Pane, Farner, and Salness (1991) study demonstrated that public aid and self-pay patients with less than $10,000 annual income were significantly more likely ($p < 0.02$) to routinely use the ED as their primary care provider. Limitations to this study include a sample not representative of the population at large and an instrument that must be read by the participant. The latter would require the illiterate patients be assisted in completion of the instrument, which may bias the answers.

Expert Opinion

Lindsey's (1995) review focusing on the physical health of homeless adults and health care access, reveals that people without insurance, with or without homes, used the ED as a primary source of health care. Most of the uninsured sought health care only when they experienced serious alterations in Roy's physiologic mode (Roy & Andrews, 1991, p. 15), i.e. critical illness or traumatic injury. Friedman explains that limited access to health care for preventative health care maintenance causes people to seek health care in the ED when they are critically ill. Critical illness, defined as "when their lives are at stake" (Friedman, 1991, p. 2494), is legitimate use of the ED. Friedman (1991) goes on to

explain that "the timing of their seeking care is also often a case of too little, too late" (p. 2494).

Nonfinancial barriers to health care are also recognized in the literature. Friedman (1991) identified patient related nonfinancial barriers to medical care as race, geographic location and gender. These barriers correspond to alterations in Roy's focal and contextual stimuli (Roy & Andrews, 1991, p. 8-9). These identified barriers imply demographically that racial minorities, men, and people living in rural areas are less likely to have health insurance and therefore, when coupled with Lindsey's (1995) aforementioned review, less access to health care. Ginzberg and Ostow (1991) cited additional nonfinancial barriers to health care access as a mix of Roy's contextual stimuli, i.e. immigrant status and language barriers, with external contextual factors, i.e. physician practice preference, stressed public hospitals, and teaching hospitals.

Summary and Implications for Study

Research studies exploring the factors cited as important by people in their decision to seek health care through use of the ED as their primary care provider are sparse (Pane et al. 1991). Their results suggest that public aid and self-pay patients with less than $10,000 annual income are more likely to use the ED as their primary care provider. Expert opinion articles suggest that the contextual stimuli, i.e. lack of health care insurance and nonfinancial barriers, are contributory to the use of the ED as a primary care provider Studies have not been identified which address the use of the ED from the perspective of contextual stimuli as presented by Roy's (1991) adaptation model. Studies including Roy's model need to be conducted.

Because nurses are trained to treat the person holistically, this study is of great importance to nurses, nursing and nursing practice. It is important to use a holistic, systems based approach in exploring the factors involved in people choosing the ED for health care. Perhaps a change in the health care system which will better serve the patients will begin as the primary reasons for this phenomenon are more fully discovered and analyzed.

Research Question

The research question addressed in this study was: Why do people choose to use the Emergency Department for health care?

Definition of Research Terms

Definitions related to the research question are listed below.

1. Health care is the means of helping people reach their maximum potential.
2. Person or people is/are the recipient of nursing care. "... a whole comprised of parts that function as a unity for some purpose" (Roy & Andrews, 1991, p. 4). The person is a holistic adaptive system. Adaptive means that the person has the capacity, using coping mechanisms, to adjust effectively to changes in the environment and affect the environment in return.
3. Emergency Department is that portion of the hospital designed to stabilize life and limb threatening conditions.

Chapter Three

METHODOLOGY

Research Design

In this descriptive study, Sister Callista Roy's adaptation theory (Roy & Andrews, 1991) was used to provide explanations for the reasons people choose to use the Emergency Department (ED) for health care. A field study was used in an attempt to capture the subject's interpretations of those experiences which led them to use the ED for health care. Field studies are "strong on realism...and provide a depth of understanding of social phenomena that is unattainable with more traditional methods of scientific research" (Polit & Hungler, 1995, p. 197). A pure field study uses unstructured interviews to collect data. This study was not a pure field study in that open ended questions were used to collect data.

Of the three types of field studies, ethnography, phenomenology, and ethnomethodology, this study's design was most closely related to ethnography. According to Polit and Hungler (1995), the purpose of ethnography is to understand the subject's world view as they define it (p. 197). A true ethnographic approach may be broken down into emic (insider's) perspective and etic (outsider's) perspective. Ethnographers hope to acquire an emic perspective through interviews and observations made while participating in the subject's activities. (Polit & Hungler, 1995, p. 197). This study enabled the researcher to obtain the emic view of persons choosing to use the ED for health care via the use of interviews.

The subjects were assessed by the triage nurse in the ED as being without life or limb threatening conditions. Interventions were not performed in this study. No problems

were anticipated in the data collection process. Variables were not manipulated in this study.

Sample and Setting

A convenience sample of 32 ED patients, ages 2 months to 81 years, were interviewed during one weekday eight hour period. These patients had been triaged as not having a life or limb threatening condition.

This study was conducted in a midwestern, urban, teaching hospital ED with approximately 60,000 patient visits per year. The patient population includes every age group and complaint ranging from critical illness and injury to preemployment physicals. Minor ailments are triaged either to the main ED or the Express Care depending on the intensity of service required. Express Care is for those patients who can be treated within one hour, i.e. do not require laboratory tests or intravenous lines. The triage nurse knows the guidelines for each treatment area and assigns patients accordingly. Express Care holds contracts with various area businesses to provide occupational health services for their employees. As a tertiary care center, this hospital is a designated Level I trauma center, burn center, hyperbaric center, Level III neonatal center, and children's hospital. Along with the above designations this hospital serves all age groups with a variety of medical, surgical, and psychiatric diagnoses. Approval to conduct this research was obtained from the Human Research Review Committees (see Appendix A).

Instrument

The Factors in Choosing Health Care Provider survey that was used to collect data for this study was modified from an instrument developed by Pane (1991), and was used with permission (see Appendix B). The majority of the questions consisted of open-ended

questions. The survey consists of questions regarding variables within the primary role performance mode of age, sex, race, and secondary role performance of employment status. Variables in the interdependence mode included living situation, which was measured at the nominal level. Variables regarding contextual environmental stimuli included annual household income, delays in seeking medical care, regular medical care provider, and health insurance coverage. The variables of age and income were measured on the interval level. Delays in seeking medical care, regular medical care provider, and health insurance coverage were measured at the nominal level. The variable relevant to the physiologic mode was the reason for ED visit. The variable addressing the factors which influenced the decision to use the ED for medical care may have revealed the person's adaptation level. The reason for ED visit and the factors which influenced the decision to use the ED for medical care were measured at the nominal level.

Pane's instrument was tested for grade and understanding levels by the ED staff and patients at the University of California, Irvine Medical Center (Pane Farner, and Salness, 1991). Reliability and validity of the instrument were not statistically tested before data collection (G. A. Pane, personal communication, March 13, 1997).

Procedure

Patients eligible for inclusion in this study were those who presented to the ED and had been assessed by the triage nurse as experiencing a noncritical illness or injury. A convenience sampling of patients was utilized in the collection of data for this study. Following a physiologic assessment by the triage and admitting nurse, the investigator obtained informed consent from the patient or the patient's parent, if the patient was a child, in the treatment area. If the patient or parent consented the investigator asked the

patient or parent the questions on the Factors in Choosing Health Care Provider survey and recorded the patient's or parent's verbatim responses. Data collection occurred during one weekday, from 1100 to 1900 hours, until a total of 32 surveys were completed. No interventions were utilized in this study. To protect against the risk of breach of confidentiality, privacy was provided during the interview by sequestering the patient or parent in the treatment room for the data collection process. See Appendix C for a copy of the consent form and verbatim instructions for the subjects.

Chapter Four

RESULTS/DATA ANALYSIS

The purpose of this research was to identify reasons people use the Emergency Department (ED) for health care. In light of the paucity of research compared to the relative wealth of expert opinions in the literature, qualitative content analysis was selected to analyze the responses of a convenience sample of ED patients. These patients were surveyed using predominantly open ended questions which created a bank of unstructured data. After collecting the data, the responses to each question were separated into categories delineated by common themes and patterns. After separating the responses into categories, the number of responses in each category were tallied and percentages calculated. Subcategories were then created and tallied in an attempt to provide insight as to the essence of the categories.

Research Question and Technique

The research question in this study was: Why do people choose to use the ED for health care. The "Factors in Choosing Health Care Provider Survey" consisted of 12 questions. The investigator read aloud each question on the survey verbatim. The subject's or the parent's responses were written verbatim on the survey by the investigator.

Upon completion of the data collection, the verbatim responses for each question were listed by subject number, one question with 32 responses per page. The individual responses were then separated from the main page and grouped according to common themes. After reading and rereading the data, the individual responses were separated and placed into meaningful categories. These categories reflected specific themes which were

named. The number of responses per theme were then tallied and presented both as frequency and percent.

Results

A description of the sample is contained in Tables 1 through 4. Tables 1 through 7 present specific subcategories of data from which more general categories were created. The numbers and percentages presented in a subcategory reflect the total for the general category.

The data in Table 1 reflects a mean age of 26 years and a mean annual household income of $30,707. The typical subject was a Caucasian female with Medicaid insurance. She usually obtains health care in a physician's office or private clinic. Table 2 indicates the subject's was most frequently a "blue collar" worker (31%) or a child (31%). The majority (75%) of the subjects live in an apartment (58%) in the city (Table 3). Analysis of cohabitation status (Table 4) revealed that the subjects most frequently reside in a traditional "intact" family (34%) or a single parent family (31%).

Seventy two percent of the subjects identified their reason for choosing the ED for health care (Table 5) as relief from symptoms. Another 16 percent choose the ED for health care because of difficulty in accessing their physician. Major factors influencing the subjects decision to use the ED (Table 6) on the day of data collection were related to physician/access. The subjects reported influencing factors as dissatisfaction with their regular physicians' services, inability to obtain an appointment, lack of a regular physician, as well as better service and faster access to health care in the ED.

Table 7 reveals that the subjects who delayed seeking health care during the previous year had done so because they wanted to treat themselves. Other reasons for

delay in seeking health care were finances, dissatisfaction with their regular physician, and not feeling sick enough.

The subjects' actual verbatim responses to the modified health access survey questions are embodied in Table 8. Each row in Table 8 contains the verbatim responses from a single subject. This format was used to provide the reader with composite data for each subject, thereby giving a more qualitative view of the subjects.

Table 1

Demographic Data

Attribute	Mean	Median	Range
Age in Years	26	22	2 months - 81 years
Annual Household Income [a]	$30,707	$15,000	$3,120 - 200,000
	Number		Percent
Sex			
Female	17		53
Male	15		47
Race			
Caucasian	21		66
African-American	10		31
Multiracial	1		3
Usual Health Care Provider			
Physician's Office/Private Clinic	22		69
Free Clinic	1		3
Hospital Clinic	4		13
Emergency Department	8		25
Veteran's Administration	1		3
Health Insurance			
Private	2		6
Health Maintenance Organization	3		9
Medicare	2		6
Medicaid	15		47
Military	1		3
Group Plan	7		22
None	2		6

[a] Income in US dollars. Four subjects did not know this information. One subject did not assign a figure to the income provided by Social Security.

Table 2

The Subject's Current Job

Question	Response	
	Number	Percent
What is your current job?		
Child	10	31
Blue Collar	10	31
restaurant	2	20
factory	2	20
cashier	1	10
telemarketing	1	10
clothes hanger	1	10
direct care staff	1	10
power brake operator	1	10
construction [a]	1	10
Trade	4	13
machinist	1	25
electrician	1	25
certified public accountant	1	25
department store buyer	1	25
Professional	2	6
professional hockey player	1	50
teacher	1	50
Student [a]	1	3
Retired/Disabled	4	13
Homemaker	1	3

[a] Student also works as a construction worker.

Table 3

The Subject's Place of Residence

Question	Response	
	Number	Percent
Where do you live?		
In the City of Kalamazoo	24	75
apartment	14	58
house	7	29
trailer park	1	4
senior citizens' home	1	4
senior citizens' apartment	1	4
Out of the city of Kalamazoo	8	25
township of Oshtemo	1	13
house outside Allegan	1	13
house in township	1	13
house outside Gobles	1	13
apartment in Lawton	1	13
apartment in south Portage	1	13
apartment in Paw Paw	1	13
house in Otsego	1	13

Table 4

The Subject's Cohabitation Status

Question	Response	
	Number	Percent
Who do you live with?		
Single Parent Family	10	31
children	4	40
mother and sibling(s)	3	30
mother and grandparent	2	20
mother	1	10
Traditional "Intact" Family	11	34
spouse and child(ren)	5	45
parents and sibling(s)	3	27
spouse	2	18
parents	1	9
Alone	3	9
Other	8	25
fiancé and child(ren)	2	25
brother and sister-in-law	1	13
teammate	1	13
roommate	1	13
girlfriend and children	1	13
fiancé	1	13
ex-wife	1	13

Table 5

The Subject's Reason for Choosing the Emergency Department for Current Health Needs

Question	Response Number	Response Percent
Why did you choose to come to the ED for your current health needs?		
Symptoms	23	72
musculoskeletal pain for greater than 12 hours	7	30
upper respiratory symptoms for greater than 12 hours	6	26
fevers for greater than 12 hours	3	13
bleeding for greater than 12 hours	3	13
musculoskeletal pain for less than 12 hours	3	13
headache, chronic migraines	1	8
Physician/Access	5	16
doctor out of office until Tuesday, cough is too painful for three to four days	1	20
quickest access	1	20
quicker, prefer, fast work	1	20
intermediate care facility overpriced, too long of a wait, understaffed	1	20
unable to get into the doctor	1	20
Other	4	13
boss made me	1	25
did not get satisfactory results from gynecologist, here for third opinion	1	25
check up, follow up	1	25
doctor referral	1	25

Table 6

Factors Influencing the Decision to Use the Emergency Department

Question	Response Number
What factors influenced your decision to use the ED today?	
Physician/Access	39[a]
dissatisfied with regular physician's services	9
better service in the ED	9
unable to get appointment	6
no regular physician	6
referral	5
location	4
Symptoms	8
musculoskeletal	3
gastrointestinal	2
bleeding	1
respiratory	1
headache	1

[a] Total of responses are greater than 32 in number due to the subjects giving multiple responses to the question.

Table 7

Subject's Reasons for Delaying Seeking Health Care in the Past Year

Question	Response Number
During the past year have you ever delayed seeking health care? If yes, why?	
Finances	4
Self-Treatment	5
Other	4
dissatisfaction with physician's services	3
not sick enough	1

Table 8
Subject's Verbatim Responses

Current Job	Residence	Cohabitation Status	Reason for ED Visit	Influencing Factors	Delays in Seeking Health Care
cashier at Harding's (grocery store)	apartment in Kalamazoo	child daughter	fever since last night, make sure everything is all right	not from this area, no doctor	No
Old Country Buffet restaurant	house in the city	mother and child son	sore throat and white spots on throat	doctor wrote prescription without seeing me	No
none (child)	house in the city	mother and grandmother	ear infection treated last week	doctor wrote prescription without seeing me	Yes, colds treated with over the counter preparations
disabled	apartment in south Portage	wife	pain under rib cage since yesterday	pain, doctor out of the office today and overbooked, doctor is associated with this hospital	No
supervisor at TLC (factory)	apartment in Paw Paw	wife	boss made me	hurt hip at work	Yes, ain't in pain enough or sick enough to go
none (child)	apartment in Kalamazoo	parents and one sibling	throwing up blood twice last week, once today	at doctor's office last week, didn't get to the bottom of it, put on ulcer medication, want laboratory tests done	Yes, financial situation
Burger King (restaurant)	apartment in Lawton	fiancé and two male children	five weeks pregnant, bleeding and cramping for three days	doctor told me to, full schedule, no appointments available	No
none (child)	apartment in the city	parents and three children	kids running fevers for two days, cough, possible ear infections	phone advice not working, doctor's office packed, closest to home	Yes, try home remedies first
none (child)	apartment in the city	parents and three children	kids running fevers for two days, cough, possible ear infections	phone advice not working, doctor's office packed, closest to home	Yes, try home remedies first

(Table continues on next page)

Table 8
Subject's Verbatim Responses (continued)

Current Job	Residence	Cohabitation Status	Reason for ED Visit	Influencing Factors	Delays in Seeking Health Care
telemarketing	apartment in the city	child son	doctor out of office until Tuesday, cough is too painful for three to four days	doctor out of the office until Tuesday	Yes, takes too long, don't have the money
clothes hanger	apartment in Kalamazoo	husband and son	ankle hurting for two to four days	within walking distance	No, usually come to ED when can't get in to see doctor
retired	senior citizens' home in Kalamazoo	no one	might have broken toe three to four days ago	emergency department up north referred to my doctor, my doctor is a pulmonologist	No
power brake operator	house in Otsego	brother and sister-in-law	pain in arm	work sent me, has a contract with the emergency department for health care	No
hockey player	apartment in Kalamazoo	teammate	quickest access	immediacy of sickness	No
none (child)	apartment in Kalamazoo	mother	quicker, prefer, fast work	friendly, better diagnosis, wait for doctor appointment, needs to be taken care of today	No
retired	senior citizens' apartments in Kalamazoo	no one	nose bleeding badly, second visit in two days for same	nose bleeding	Yes
none (child)	apartment in the city	mother and one child	doctor referral	figured needed a respiratory treatment, more specialized people here	No
none (child)	apartment in the city	mother and grandfather	making noises in chest	wait for an appointment, emergency	No

(Table continues on next page)

Table 8
Subject's Verbatim Responses (continued)

Current Job	Residence	Cohabitation Status	Reason for ED Visit	Influencing Factors	Delays in Seeking Health Care
construction and college student	apartment in Kalamazoo	same sex roommate	broke my hand	doctor in Holland, emergency department is the easiest, simpler than making appointments	No
temporary at Contempo Colors (factory)	house in the city	girlfriend and three children	pain in lower back for one month after being thrown off bike one year ago	prescribe something for pain, closer to home, call doctor to get pain medicine, want answers	No
teacher	apartment in Kalamazoo	fiancé	side hurts, possible pulled muscle for three weeks, hurts to take a deep breath	new in town, no new physician	No
direct care staff	township of Oshtemo	child	did not get satisfactory results from gynecologist, here for third opinion	not getting better with antibiotics, quicker explanation of condition	No
none (child)	house in the city	parents and other children	check up, follow up	just moved here, pediatrician recommended	No
machinist	house outside Allegan	ex-wife	all over body aches since Wednesday	no regular doctor, not many health problems	No
state disability	apartment in Kalamazoo	no one	severe back pain for three days	no doctor, hard to walk	Yes, financial concerns
none (child)	house outside Gobles	parents	possible broken collarbone	ski patrol's recommendation	Yes, can't find a doctor I like, want holistic care, doctor is more concerned with insurance coverage
homemaker and mother	apartment in downtown Kalamazoo	fiancé and child son	back pain for two days after standing up from a bent over position	couldn't get in doctor's office until Tuesday	Yes, Hope to get better on own

(Table continues on next page)

Table 8
Subject's Verbatim Responses (continued)

Current Job	Residence	Cohabitation Status	Reason for ED Visit	Influencing Factors	Delays in Seeking Health Care
department store buyer	house in the city of Kalamazoo	wife and two daughters	flu symptoms last week, slow recovery, coughing today	unable to get in to see doctor, going away for a week	Yes, high tolerance, treat myself
student	apartment in Kalamazoo	lesbian partner and natural child	intermediate care facility overpriced, too long of a wait, understaffed	nausea and vomiting, none today, dizzy	Yes, finances
electrician	house in the city	wife and daughter	ears ringing, decreased hearing, nauseated after work	regular doctor not open on weekend	Yes, won't miss work to see regular doctor
none (child)	trailer park in the city	mother and two other children	unable to get into the doctor	headache for two days, won't eat	No
certified public accountant	house in the township	one adult child and one child child	headache, chronic migraines	no narcotics at home, insurance	Yes, hate to go to the doctor, go too much, every other week

Chapter Five

DISCUSSION AND IMPLICATIONS

Discussion of Findings

Analysis of the data in this study revealed that the person most likely to choose to come to the Emergency Department (ED) for health care is a Caucasian female in her early twenties with a median household income of $15,000. She is a blue collar worker and lives in the city within a traditional "intact" family structure. This woman uses a physician's office or private clinic for her medical care. Her health insurance is provided by Medicaid. She comes to the ED because of her symptoms and inability to get an appointment with her physician or because she is dissatisfied with her physician's services. The findings of this study describing the typical ED patient, with the exception of the type of cohabitation status, are congruent with the current expert opinion (Friedman 1991; Ginzberg & Ostow 1991; Lindsey 1995), research (Pane, Farner & Salness 1991), and editorial literature (Addy 1996; Buckzo 1994; Eisenberg 1992; Fahey & Gallitano 1993; Ide, Curry, & Drobnies 1993; Khan & Bhardwaj 1994; Lowe, Young, Reinke, White & Auerbach 1991; Mallenby 1993; Wood & Valdez 1991). Considering there was only one response difference between single parent family (10) and traditional "intact" family (11), a larger sample size may have aligned the type of cohabitation status with the current expert opinion, research, and editorial literature listed above.

It was expected that people would choose to come to the ED for health care related to their current symptoms. It was revealing to find, however, that the largest factors in choosing the ED for medical care was a blending of the inability to get an appointment with the physician, e.g. "doctor's office booked", and dissatisfaction with their physician's

services, e.g. "understaffed", "phoned in a prescription without seeing me". The reason for these factors warrants further investigation into the current health care system, e.g. the ratio of physicians to number of people in the community, staffing patterns of the physicians offices, how many of these physicians are specialists, and the type of insurance accepted by the physicians. Forty one percent of the subjects had delayed seeking health care during the previous year. Sixty two percent of the subjects who had delayed in seeking health care stated they did so in an attempt to treat their symptoms at home. Further investigation regarding the reasons for self-treatment attempts would be interesting.

Application to Nursing Theory

The health care system is composed of the person, the ED, and the primary care provider. According to the results of this study, the majority of the persons entered the ED as a result of focal stimuli outside of their adaptation level. The most prominent focal stimuli, in this study, was physiological pain. From this study, it is impossible to tell if this complaint resulted in alterations in the self-concept and role function roles. One could hypothesize that as the person takes on the tertiary role of patient (s)he maintains her/his primary role while some secondary roles may become altered.

A first level nursing assessment of the typical ED patient in this study supplies information about the person's behavior in each of the adaptive modes. Intervention needs are revealed as these behaviors provide clues to the person's level of adaptation. The most common behavior in this sample was the complaint of pain, which indicates ineffective adaptation in the physiologic mode. Adaptation in the self-concept mode was not addressed. In the author's experience, persons with chronic pain express more dissatisfaction with themselves related to their role function than persons with acute pain.

The concept of chronic versus acute pain related to the degree of satisfaction with role function would make an interesting study.

Interdependence mode adaptation was also not directly assessed. However, the majority of the subjects (34%) reported living in a traditional family structure, the percentage of single parent families was a close second at 31 percent. This finding reveals an area needing further research involving the support systems of single parent families and the level of adaptation in the interdependence mode.

The secondary nursing assessment analyzes the focal, contextual, and residual stimuli that result in the person's behavior. The person's environment is broken down into different types of stimuli. Physiological pain was the most common focal stimuli found in this study. Contextual stimuli included problems with the availability of physician appointments and dissatisfaction with physician's services. In every case a physician was identified by subjects as their primary health care provider. The question of access to transportation was not directly addressed by the survey, however the majority of the subjects do live in the city near the ED. One may link the downtown location of the hospital to the high frequency of city dweller ED use.

Goal oriented nursing diagnoses can be formulated from the primary and secondary nursing assessments constructed from this study. One could hypothesize that, based on the subjects' responses in this study, the subjects desired outcome is to obtain health care from a primary care provider. It would be interesting to survey both ED nurses and primary care providers as to their beliefs of the patients' desired outcomes in seeking health care.

Application to Nursing Practice

As patient advocates, nurses need to know why people use the ED for health care. When the nurse practices as though the person is a complex system striving to achieve adaptation (s)he will be able to care for that person holistically. However, nursing interventions in the ED are usually aimed at focal stimuli while contextual stimuli may, perchance, be addressed while providing the patient discharge instructions. Assessing both focal and contextual stimuli would provide a holistic foundation for nursing interventions. If ED nurses developed interventions to address contextual stimuli perhaps fewer people would need to return to the ED for health care.

Unfortunately, the present health care structure does not support nursing interventions aimed at broadening the patient's adaptation level through the alteration of contextual stimuli. In other words, the problem lies in difficult access to and dissatisfaction with physician's services. Theoretically, in this situation, a positive adaptation level may be seen as the patient obtains health care via the ED. Delay in seeking health care, even for those persons using self-treatment measures, cannot be considered adaptive responses when the literature warns that the problem with self-treatment is that patients may attempt to treat themselves even in cases of life threatening illness and seek health care too late (Friedman, 1991; Lindsey, 1995).

Application to Nursing Education

Health promotion in the nursing curricula should include the identification, assessment, and interventions necessary to assist people in adapting to focal and contextual stimuli. Nurses need to be educated to practice as though the person is a complex system striving to achieve adaptation in order to care for that person holistically. As patient

advocates, nurses also need to be educated as to the reasons people use the ED for health care. Nurses can become part of the solution to limited physician access by becoming educated in advanced practice primary care roles.

Limitations

This study had several limitations. These limitations need further attention in order to discover the exact scope of the problem, as well as, more possible solutions. The greatest limitation pertains to the small sample size (n = 32). Such a small convenience sample, collected on a single weekday in one ED, does not allow the findings of this study to be generalized. The use of a field study also provides limitations. Field studies are susceptible to researcher bias and as a result do not lend themselves to replication. A full ethnographic approach, including researcher participation in the subject's activities, may decrease these limitations by limiting the propensity for researcher bias.

This study was further limited by the instrument used to collect data. While interviewing the subjects, it became immediately clear that the questions were too general and were open to a wide variety of interpretations. Questions on future surveys should be made with more specific in order to limit the subject's interpretation. Ideally, a phenomenologic study would add more depth to the data by capturing more of the essence of the subjects' experience.

Suggestions for Further Research

A large well-designed quantitative study in addition to replication of this study would increase the strength of the study's findings. Increasing health care access beyond the ED requires further research. Based upon the findings of this study, a large scale investigation into the primary factors for using the ED as a health care provider is justified.

Problems accessing primary care providers related to providers' full schedules, office hours and locale need well researched, creative solutions to holistically serve patients. One such solution, which would decrease health care costs as well as provide holistic health care, is to educate and employ more nurse practitioners as primary health care providers. In order to increase health care access these nurse practitioners need to be located where the patients are, i.e. in the cities and neighborhoods.

APPENDIX A

GRAND VALLEY STATE UNIVERSITY
1 CAMPUS DRIVE • ALLENDALE MICHIGAN 49401-9403 • 616/895-6611

November 25, 1997

Teri Simpson
4200 England Drive
Shelbyville, MI 49344-9661

Dear Teri:

Your proposed project entitled "***Factors Involved in the Decision to Utilize the Emergency Department for Health Care***" has been reviewed. It has been approved as a study which is exempt from the regulations by section 46.101 of the Federal Register 46(16):8336, January 26, 1981.

Sincerely,

[redacted]

Paul Huizenga, Chair
Human Research Review Committee

BMH1132 The factors involved in the patient's decision to utilize the emergency department for healthcare (TRSimpson)

At the December 11, 1997 Meeting of the Bronson Methodist Hospital Human Use Committee, BMH1132 and the informed consent were approved with the following changes:

1. A revised Bronson Methodist Hospital Human Use Committee informed consent must be submitted.

2. The BMH Human Use Committee determined the continuing review interval for this study to be set at 12 months.

3 Before this protocol can be implemented i.e., prior to a drug begin given or a procedure undertaken, all changes must be made and a corrected signed copy of the protocol and informed consent filed with the BMH Human Use Committee Chairman (or designee). The clinical investigator is required to receive approval from the BMH Human Use Committee prior to initiating any changes in approved research during the period for which BMH Human Use Committee approval has been given. Teri R. Simpson R.N. BSN, CEN, CCRN, CFRN, EMT-P attended this meeting and has agreed to the above changes and procedures.

[redacted]

16 Dec 97

Robert H. Hume, M.D., Chairman
Bronson Methodist Hospital
Human Use Committee
252 East Lovell Street
Kalamazoo, MI 49007
(616) 341-7988

Date

cc: TRSimpson

APPENDIX B

GRAND VALLEY STATE UNIVERSITY
KIRKHOF SCHOOL OF NURSING

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Health Access Survey

X 3. To use the Health Access Survey in Teri Simpson's Master's thesis work.

Date: 3/14 Signature: [redacted]

Name Printed: Gregg A. Pane MD

Institution/Agency: Veterans Health Admin.

Address: 810 Vermont Ave NW

City: Washington

State: DC Zip: 20420

Witness: _____ Witness: _____

Date: _____ Date: _____

GRAND VALLEY STATE UNIVERSITY
KIRKHOF SCHOOL OF NURSING

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Your signature below constitutes full acceptance of the terms and conditions of the agreement herein.

[redacted]
Signature of Requester

9/26/97
Date

Your signature below constitutes your rejection of the terms and conditions of the agreement herein.

Signature of Requester

Date:

PLEASE REMIT ONE (1) SIGNED COPY OF THE AGREEMENT,
ALONG WITH ANY APPLICABLE PAYMENT TO THE ADDRESS LISTED ABOVE. THANK YOU.

APPENDIX C

For Use with Studies Conducted at
Bronson Methodist Hospital (ADULTS)

Patient Acknowledgment

"I have been given an opportunity to ask questions regarding this research study, and these questions have been answered to my satisfaction. I understand that if I have any additional questions I can contact Teri R. Simpson at 616-337-2515 extension 2583."

"In giving my consent, I understand that my participation in this research project is voluntary, and that I may withdraw at any time without affecting my future medical care. I also understand that the investigator in charge of this study, with my welfare as a basis, may decide at any time that I should no longer participate in this study."

"I hereby authorize Teri R. Simpson to release the information obtained in this study to the medical science literature. I understand that I will not be identified by name. Additionally, I understand that the Food and Drug Administration (FDA) may inspect Bronson Methodist Hospital's research files and may wish to interview me regarding my participation in this study."

"In the event of physical injury or illness resulting from the research procedures, Bronson Methodist Hospital and/or the investigator Teri R. Simpson will provide or arrange to provide for all necessary medical care to help me recover, but they do not commit themselves to pay for such care, or to provide any additional compensation. I also understand that neither Bronson Methodist Hospital nor the investigator Teri R. Simpson, agree to bear the expense or medical care for any new illness or complications which may develop during my participation in this study, but are not a result of the research procedures. If I have further questions or concerns regarding my participation in this study, I may direct them to Teri R. Simpson at 616-337-2515 extension 2583. If I have questions about research subjects' rights, I may direct them to Robert H. Hume, M.D., Chairman, Bronson Methodist Hospital Institutional Review Board at (616) 341-7988."
"I acknowledge that I have read and understand the above information, and that I agree to participate in this study. I have received a copy of this document for my own records."

Volunteer Date

Witness Date

For Use with Studies Conducted at Bronson Methodist Hospital (Minors)

Family Acknowledgment

"I have been given an opportunity to ask questions regarding this research study, and these questions have been answered to my satisfaction. I understand that if I have any additional questions I can contact Teri R. Simpson at 616-337-2515 extension 2583."

"In giving my consent, I understand that my child's participation in this research project is voluntary, and that I may withdraw him/her at any time without affecting my child's future medical care. I also understand that the investigator in charge of this study, with my child's welfare as a basis, may decide at any time that he/she should no longer participate in this study."

"I hereby authorize Teri R. Simpson to release the information obtained in this study to the medical science literature. I understand that my child will not be identified by name. Additionally, I understand that the Food and Drug Administration (FDA) may inspect Bronson Methodist Hospital's research files and may wish to interview me regarding my child's participation in this study."

"In the event of physical injury or illness resulting from the research procedures, Bronson Methodist Hospital and/or the investigator Teri R. Simpson will provide or arrange to provide for all necessary medical care to help my child recover, but they do not commit themselves to pay for such care, or to provide any additional compensation. I also understand that neither Bronson Methodist Hospital nor the investigator Teri R. Simpson, agree to bear the expense or medical care for any new illness or complications which may develop during my child's participation in this study, but are not a result of the research procedures. If I have further questions or concerns regarding my participation in this study, I may direct them to Teri R. Simpson at 616-337-2515 extension 2583. If I have questions about research subjects' rights, I may direct them to Robert H. Hume, M.D., Chairman, Bronson Methodist Hospital Institutional Review Board at (616) 341-7988."
"I acknowledge that I have read and understand the above information, and that I agree to allow my child to participate in this study. I have received a copy of this document for my own records."

_____

Signature of Patient Date

If minor is older than five (5) years of age, was assent obtained? Yes ____ No ____

_____

Signature of Legal Guardian/Parent Date

_____

Signature of Legal Guardian/Parent Date

If both parents/guardians do not provide informed consent for their child to participate in this study, please explain why: _____

_____

"I have witnessed that the information in this Patient Consent Form was adequately explained to the patient."

_____

Signature of Witness Date

_____

Witness Date

CONSENT FORM

I understand that this is a study of the reasons people use the Emergency Department for medical care.

I also understand that:

1. this study involves one five-minute interview to ask me questions about the reasons why I am coming to the Emergency Department today.

2. that I have been asked to be in this study because I have come to the Emergency Department for treatment of a non life threatening condition.

3. it is not expected that this study will cause me any physical or emotional risk and it may help me to talk about why I am here today.

4. the information I give will not be given to anyone in a way that can be identified.

5. the results of this study will be given to me, if I ask for them.

I agree that:

I have been given a chance to ask questions about this study, and that these questions have been answered so that I can understand the answers.

In giving my consent, I understand that I am volunteering to be in this study and that I may get out of this study whenever I want to without affecting the care I get in the Emergency Department.

It is all right with me if Teri R. Simpson gives my answers to the scientific literature. I understand that I will not be identified by name.

I have been given the phone numbers of the investigator and the head of the Grand Valley State University Human Research Review Committee. I may call them whenever I have questions about this study.

I agree that I have read and understand the above information, and that I agree to participate in this study.

_____ _____

Witness Participant's Signature

_____ _____

Date Date

APPENDIX D

Factors in Choosing Health Care Provider Survey

I am a graduate student at Grand Valley State University who is interested in the reason people use the Emergency Department for their health care. Hopefully the results of this survey will help you with health care access in the future. I would appreciate it if you would take a few moments to answer the survey questions. I do not need your name. Your answers will be kept confidential and not be shared with anyone. Thank you.

1. Why did you choose to come to the Emergency Department for your current health needs?

_____

2. What factors influenced your decision to come to the Emergency Department today?

_____

3. Age: _____

4. Sex:
   a. Male
   b. Female

5. Race:
   a. Caucasian
   b. African-American
   c. Hispanic
   d. Asian
   e. Multiracial
   f. Other _____

6. What is your current job? _____

7. What is your annual household income? _____

8. Where do you live? _____

9. Who do you live with? _____

10. Where do you regularly obtain health care?
    a. Doctor's office/private clinic
    b. Free clinic
    c. Hospital clinic
    d. Emergency Department
    e. Other _____

11. Who provides your health insurance?
    a. Private
    b. HMO
    c. Medicare
    d. Medicaid
    e. Military
    f. Group plan, i.e. Blue Cross
    g. None
    h. Other _____

12. During the past year have you ever delayed seeking health care?
    a. Yes
    b. No

    If yes, why? _____

Comments: _____

_____

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