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Negative experiences of encounters in healthcare

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ABSTRACT

Negative experiences of encounters in healthcare

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A positive encounter is essential to the provision of qualitative healthcare. Experiences of negative encounters in healthcare may affect the patient’s wellbeing and health, and have a negative effect on the patient’s trust in the healthcare system. The overall aim of this thesis was to gain new knowledge about negative experiences of encounters in Swedish healthcare and, based on this knowledge, suggest potential measures to reduce or prevent such experiences. The thesis consists of four different studies:

STUDY 1
Aim: To investigate patients’ experiences of not being treated well in medical healthcare in Stockholm County, Sweden. Methods: Systematic review of complaints of negative encounters to Patientnämnden in Stockholm registered in 2006 and 2007. The complaints were subjected to qualitative content analysis by categorization, and a complementary snapshot review of complaints on medical treatment was conducted. Results: The most common types of complaints were “rude, aggressive or arrogant behaviour”, followed by “being ignored, not listened to, or being taken seriously”. One third of the complaints about “medical treatment” also contained complaints about negative encounters. Women were found to complain about negative encounters more frequently than men.

STUDY II
Aim: To examine how long-term sick-listed persons perceive healthcare encounters, with special emphasis on negative encounters and feeling wronged. Methods: Postal questionnaire to 10 042 long-term sick-listed persons. Statistical analysis of Attributable Risk (AR) with 95% CI. Results: Response rate 58%. 1 628 of the respondents had experiences of negative encounters in healthcare, and of these 1 036 reported also having felt wronged. Types of negative encounters with highest AR for feeling wronged were “nonchalant behaviour” and “treated me with disrespect”. Men reported higher AR for feeling wronged than women, as did respondents with psychiatric diagnoses compared to other patients. Feeling wronged seems to be an outcome based on accumulated experiences of negative encounters.

STUDY III
Aim: To gain an improved understanding of experiences of negative healthcare encounters in the general population. Methods: Postal questionnaire to a sample of 1 484 inhabitants of Stockholm County. Conventional content analysis of data from open-ended questions. Results: Response rate 62.1%. 17 different types of complaints about negative encounters were identified and two comprehensive explanatory factors were established: “structure and allocation of healthcare” and “the staff’s attitudes and professional practice”.

STUDY IV
Aim: To investigate the hypothesis that complaints of adverse events related to encounters with healthcare personnel are underreported, and to identify barriers to filing such complaints. Methods: Postal questionnaire to a sample of 1 484 inhabitants of Stockholm County. Statistical analysis of proportions and OR with CI: 95%, and minor qualitative content analysis by categorization. Results: Response rate 62.1%. Patient complaints about negative encounters were found to be under-reported. The main barriers for filing complaints were “did not have the strength” or “did not know where to turn”, or that “it makes no difference anyway”. Experiences of negative encounters were also found to have a negative impact on people’s trust in healthcare.

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