

315: The health promoting Emergency Department: Health promotion and disease prevention attitudes and practices of Canadian emergency room physicians

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Objective:

This study reports on the health promotion and disease prevention attitudes and practices of a large sample of Canadian emergency room physicians.

Methods:

A survey questionnaire was sent to 1500 Canadian emergency physicians, comprising emergency physicians in all Canadian provinces and territories. All participants were informed about the nature of the study and that participation was voluntary, confidential, and anonymous. Six weeks after the initial mailing, we sent another questionnaire to all physicians in the database. In total, 428 usable questionnaires were returned. After subtracting questionnaires that were refused or identified as undeliverable (66), an overall response rate of 29.8% was attained.

Results:

Emergency physicians were asked about their general attitudes about health promotion and disease prevention. Survey respondents have very favourable attitudes towards health promotion as "the best way of maintaining good health" and are "strong believers in the benefits of health promotion." However, about one in five respondents questioned the cost effectiveness and general rationale of health promotion interventions in the emergency setting. Physician respondents in our sample questioned the economic viability and practicality of practicing health promotion in the emergency room. A number of significant barriers were identified that undermine the potential of health promotion interventions to be effectively delivered in the emergency setting. Emergency physicians with more favourable attitudes towards health promotion (in general) are slightly more likely to be female ($p < .05$), to be younger in age ($p < .001$), have fewer years of practice in emergency medicine ($p < .001$), and are more likely to have certification in family medicine ($p < .01$). These emergency physicians are also more likely to demonstrate greater patient commitment ($p < .05$), have more knowledge about health promotion interventions ($p < .01$), and believe they have a greater responsibility for performing such interventions in the emergency setting. Emergency physicians with more favourable attitudes to health promotion (as practiced in the emergency setting) are more likely to demonstrate greater "extra-role" behaviour ($p < .01$), and report having greater knowledge about health promotion and disease prevention subjects. Physicians with more favourable attitudes towards health promotion report more health promotion screening ($p < .001$) and counseling ($p < .001$) behaviours. Female emergency physicians were found to engage in more health promotion counseling behaviours than their male counterparts.

Conclusion:

If hospital emergency departments are to improve their quality by playing an important role in health promotion and disease prevention, health professionals who work there must demonstrate the appropriate attitudes, knowledge, and practices. This work forms the basis for further knowledge development and research around the determinants of health promotion behaviours in specific emergency settings.