Do nurses know their patients? Agreement between patients’ self-reported degree-of-worry and nurses’ estimation of patients’ degree-of-worry

**Background:** Good quality of health care requires patient participation, however, emergency medicine is centered around flow and production and to a lesser degree the patients' contextual perception of acute illness. Degree-of-worry is a simple subjective measure used to enable patients to rate their worry about the condition that initiated their contact to the acute health care system on a scale from 1 (minimally worried) to 10 (maximum worried). This study examines the agreement between patients’ self-rated DOW and the nurses’ estimation of the patients' DOW.

**Methods:** A total of 194 patient/nurse-pair from the emergency department at Amager Hvidovre Hospital were asked to rate their DOW (patients) and estimate their patients’ DOW (nurses). Patients’ age, gender, triage level, and co-morbidity was registered alongside the corresponding nurses’ age, gender and work experience (years). DOW was categorized as DOW1 (DOW=1-3), DOW2 (DOW=4-6) and DOW3 (DOW=7-10). The agreement between patients’ 3-level DOW and nurses’ estimation of patients’ 3-level DOW was assessed with equal weighted Cohen’s Kappa. Additional kappa values stratified on patient’s gender, age, co-morbidity and nurses’ gender, age and seniority are also estimated.

**Results:** The difference between patients’ 3-level DOW and nurses’ estimation was in total agreement in n=58 pairs (29.9%) of the ratings. For n=136 patient/nurse-pairs there was not agreement between scores, which corresponds to a weighted Cohen’s Kappa of 0.19 (0.30;0.08, p<0.001). Similar kappa values were found in analyses stratified for age, gender, nurse seniority.

**Conclusion:** The agreement between patients’ 3-level DOW and nurses’ estimation of patients’ 3-level DOW is low and suggests that nurses do not know their patients’ worries. This should be addressed in further research, as well as, clinical work.