

The Level of Patient Satisfaction in Emergency Departments of Public Sector Tertiary Care Hospitals, Faisalabad

Seemin Saleem, Abdul Samad Rao, Namra Hannan, Arsalan Wahid

ABSTRACT

Introduction: The patient satisfaction is a feeling which affects the patient's experience in the hospitals. The services which they are provided with in the emergency departments also known as ED, need to be assessed on certain parameters in order to recognize the standard of the provided health care services in the emergency, and the meticulous assessment of the areas which require improvement. **Objective:** To determine the outcome of patients who were satisfied by the emergency services provided at the public sector tertiary care hospitals of Faisalabad to evaluate the parameters from which the patients turned out to be unsatisfied, in order to improve the quality of care. **Study Design:** This is a descriptive cross-sectional study. **Setting:** It was carried out in the Emergency departments of tertiary care hospitals in Public sectors, Faisalabad. **Duration of study:** The study was carried out within time frame of three (03) months (March to May 2017). **Sample Size:** A real time survey was conducted on approximately 4000 patients. **Data collection procedure:** The patients visiting the ED in tertiary care hospitals were interviewed regarding their experience, their time of arrival, the medical personnel who received them and their satisfaction level with the provided treatment and care. **Results:** The most consistently observed finding associated with higher levels of satisfaction, was the patient-oriented care provided by doctors, nurses and paramedic staff. Doctors and nurses who spent more time with the patient, had better communication skills, showed more empathy and treated the patients within 5 minutes of arrival in the emergency resulted in more patient satisfaction. On the basis of these characteristics, the calculated number of satisfied patients turned out to be 75%. However, 25% of the patients responded that they would not prefer emergency departments of public sector tertiary care hospitals of Faisalabad for future visits **Conclusion:** The evaluation of patient satisfaction level provided a precise estimation of the health care services in the Emergency departments which were up to the mark and which required improvement in order to serve the patients well in future.

Keywords: Patient Satisfaction; Emergency Department; Health Care.

Corresponding Author

Dr. Seemin Saleem

Lecturer

University of Faisalabad, Faisalabad

Contact: +92 323-6625665

Email: seemin48@gmail.com

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INTRODUCTION

A very well-known Donabedian philosophy is acknowledged globally to mention important indicators measuring patient satisfaction¹ these indicators mainly consist of structure, process, or outcome of particular experience of an individual. There are few determinants belonging to the medical field, as well as, apart from medical studies which collectively form structural indicators. The health care system consisting of doctors, paramedic staff, hospital equipments, makes up the medical determinants of the health care system, whereas, non-medical determinants comprise of physical infrastructure, ambiance, availability of spacious room and hygiene qualities. These process indicators point towards the things which are done for the sake of satisfaction of the patient during the course of treatment.² Lee, stated few dimensions³ which can be used as an accountability tool to define patient satisfaction. For instance, the empathy, technical quality of care that will give a measure of quality of equipment used and the training of the healthcare providers, accessibility of patients to the hospitals, finances of the patients, physical environment of the hospital where care was provided and lastly the availability of the doctors and nursing staff to the patients. These dimensions will give a

better understanding to measure the patient satisfaction. Satisfaction is a subjective feeling, no matter if it's related to patient or a customer, its measurement is used to monitor the services which are provided to them and later on used to gauge their loyalty. The refined measure of customer/patient satisfaction depends on few aspects⁴ considering empathy and responsiveness of the staff, primary among all.

From descriptions of patient satisfaction, one understands that there is no coherent way to provide an objective parameter to quantify it.⁵ Also, the literature in Pakistan on this subject suggests that the population presenting to emergency department at Tertiary care Hospitals is from rural areas and majority of them are old aged, poor and illiterate. They are likely to possess modest expectations as compared to youngsters and they get satisfied easily and are well compliant with the prescription of doctors.⁶ To take these patients into confidence is a challenging task that healthcare providers face on a daily basis. Another important determinant of feeling of patient's satisfaction is the patient's expectations. Patients having lesser expectations tend to possess higher satisfaction rates as evident from the study carried out in Karachi.⁷ Patient expectations surveys conducted in Pakistan provided data regarding emotional support offered by the health care provider,

addressing problems of patients with active and patient listening and understanding, explanation of the course of disease, proper diagnosis, prescribing medicines, carrying out specific investigations and specialist referral.⁸⁻¹⁰ Health care system in Pakistan is an amalgam of public, private and informal health care system. The studies carried out according to the national health survey, the utilization of public health facilities were not more than 21% and almost 79% population utilized private health care sector which consisted of both private sector (49%) and non-formal health care sector (30%) including herbalists, quacks, unani healers and hakims.¹¹ The experience of a patient while hospital stay and the influencing factors have also been explored by the surveys conducted in public as well as private sectors in Pakistan. One survey carried out at four main public hospitals elucidated that patient's satisfaction during hospital stay was measured on the basis of building, availability of medical care, hygiene services of rooms and availability of beds.¹² The main factors of dissatisfaction of patients were; unavailability of beds, long waiting queues to take admission in hospital, unavailability of specialist doctors and the paramedical staff and inaccessibility of basic facilities for instance, non-availability of drinking water, problem of sanitation and hygiene of hospital rooms.¹³

Naidu¹⁴ showed the count and statistics of emergency department clients is gradually soaring. This emphasizes on the requirement of better quality planned health care services based on the needs of patients. An easy way to evaluate the quality of care in the ED is to conduct a client satisfaction survey. Although, satisfaction feeling varies person to person and to keep every client satisfied is an impossible task but a higher level of satisfaction can be accomplished by the improvement of certain health care aspects. Studies from other countries indicate that using the results obtained from satisfaction surveys can have a profound effect on the quality of services.

Cowing et al reinforces that "if patients are satisfied with clinician-patient interactions, they are likely to be more compliant with their treatment plan, to understand their role in the recovery process, and to follow through with the recommended treatment".¹⁵

As the crucial step towards planning out and rectifying the mistakes in the present acting system of emergency care, this survey has included the evaluation of structures, health care facilities, caregivers and processes offered by them in Tertiary care hospitals of the Faisalabad in which care is offered to urban as well as rural patients all over central Punjab, at quite nominal costs.

Objectives

The purpose of this research was to evaluate the quality of the emergency services with respect to prompt assessment, evaluation and counseling provided by medical staff to the patients in the Medical Emergency Departments of Tertiary care public sector hospitals in Faisalabad. To determine the satisfaction level of patients with those provided services, their experience and feedback with reference to provided care,

counseling given by medical personnel, hygiene conditions and cleanliness of building.

METHODOLOGY

Study Design: This is a descriptive cross-sectional study.

Duration of Study: It was conducted over a period of three month (May to July 2017)

Setting: In the Tertiary care public sector hospitals of Faisalabad. The inclusion criteria were the patients presenting in the emergency department specifically. These emergency departments catered all surgical and medical emergencies except emergencies of gynecology and obstetrics, and pediatrics. All other emergencies of trauma, surgery and medical specialties are provided round the clock by all departments on rotational basis

Sample Size: The survey was conducted on around 4000 patients overall.

Inclusion Criteria: Patients from both genders were enrolled who gave consent to participate in the studies with female count of 58% and male of 42%. In a single day almost 40-45 patients were followed in the department of emergency. They were interviewed in the form of questionnaire prepared by the help of Press Ganey associates survey regarding patient's satisfaction¹⁶

Data collection procedure: A structured questionnaire was designed in order to include multidimensional service quality along with overall satisfaction with the provided facilities in the emergency department. The main focus of the questions was on the promptness of services, communication and level of care given by the physicians and nurses. The questionnaire was used after taking permission from the administration department of the hospitals. The responses were recorded based on choosing one out of three options available. Patients were also asked to enlighten the interviewers with the ideas for improvement and give their feedback frankly apart from the structured questionnaire.

RESULTS

Almost 4000 patients were interviewed for this research. The mean age of the patients was 22.3± 20.1years. Majority of patients belonged to 22years to 62years 49% (n=1960). Patients above 62years and below 22years were 29% (n=1160) and 22% (n=880), respectively. The survey also included the attendants of the patients. Out of interviewed patients 58% were females (n=2320) and 42% were males (n=1680)

Table 1: Type of care giver attended the patient in the emergency department.

Category	Frequency	Percentage
Doctor	2500	62.5%
Nurse	1300	32.5%
Paramedics	200	5%
Total	4000	100%

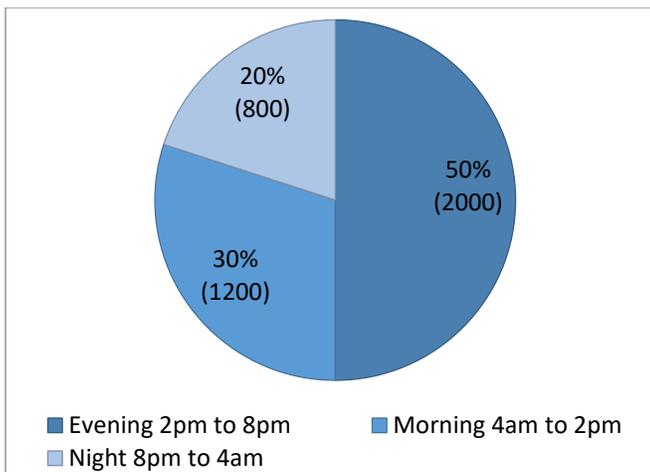


Figure 1: Percentage of time of arrival of the patient at the Emergency Department

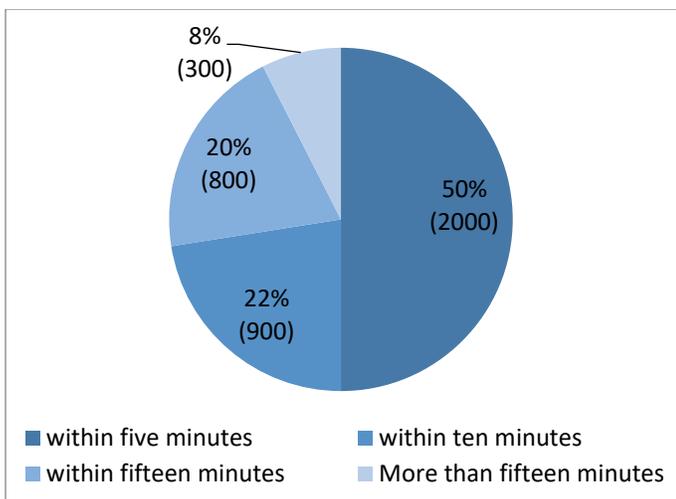


Figure 2: Time taken to provide immediate care after arrival at the emergency department

Table 2: Time taken to provide a bed after arrival at the emergency department

Category	Frequency	Percentage
1-5mins	2000	50%
5-10mins	900	22.5%
15-20mins	800	20%
More than 20mins	300	7.5%
Total	4000	100%

Table 3: Level of satisfaction of patients regarding the care they were given

Category	Frequency	Percentage
Excellent	1100	27.5%
Good	1200	30%
Satisfactory	1500	37.5%
Bad	200	5%
Total	4000	100%



Figure 3: Satisfaction level of patients on behavior of the attending doctor

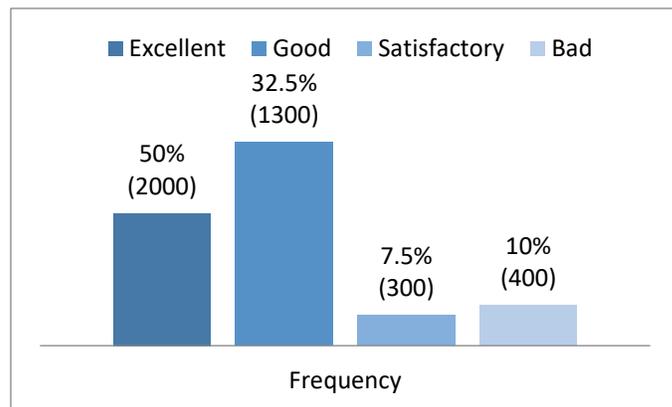


Figure 4: Satisfaction level on the behavior of the nursing staff

Table 4: Preference of the patients of Tertiary care hospitals of public sector over other hospitals, in future

Category	Frequency	Percentage
Yes	3000	75%
No	500	12.5%
Maybe	500	12.5%
Total	4000	100%

DISCUSSION

Patient satisfaction is a vital indicator of quality of care and services delivery in the Emergency departments of Tertiary care hospitals. Patient surveys are carried out to measure the efficiency of ED worldwide.¹⁷ According to a report carried out in 2009, Press Graney associates mentioned that the emergency department accounts for more than 50 percent hospital admissions in united states. It has burdened the institutes regarding availability of enough facilities with increasing demand for service¹⁸ Due to this reason the ED has been regarded a radically distinctive department among other care services, therefore, the understanding of factor affecting patient satisfaction is necessary¹⁹

Research carried by Liu S.S et al, found a strong association of patient's experience with positive health care events, resulting into more satisfied patients who not only will prefer using same ED in the future but will also recommend it to friends and relatives.²⁰

This research presented the overall count of satisfied patients who were likely to prefer public sector ED of Tertiary care hospitals in future (Table 4) as approximately 75% which turned out to be comparable with the survey done in Iran in which 86.5% patients gave feedback of the provided services as above average.²¹

Bed availability was an important determinant to evaluate satisfaction. Keegan A cited in his article that in the department of health in United Kingdom, lower bed availability and higher occupancy rates in emergency care hospitals were associated with problems in handling both emergency and elective admissions²² In our studies, 50% patients were provided with the beds within five minutes of their arrival (Table 2), which resulted in better handling and greater level of their satisfaction with the facilities. Also the surveys elucidated that the high risk and critical patients tended to be more satisfied than the less critical patients.²³ McMillan and Hansagi et al. found the similar results with a linear relation between acuity and patient satisfaction^{24,25} This fact is justified because when a critical patient is taken immediately to treatment room, leaving the less critical patient waiting then this prolong wait can cause the change in the perspective of that patient towards the services provided to them and may result in disappointment and anguish because of unfulfilled expectations.²⁶ The most likely reason of dissatisfaction in the patients surveyed in Moroccan emergency department was long waiting time.²⁷

Half of our survey patients (50%) responded to be satisfied with the timing of services provided to them in form of Doctor's attention and Bed accessibility (Figure 2 and Table 2). According to McCarthy, long waiting times possess an inverse relationship with the patient satisfaction²⁸ as this waiting can be reason of physician's preoccupation or getting an ER bed.

Our studies elaborated that more than 70% patients were satisfied up to excellent and good satisfaction level, with the attitudes of doctors (Figure 3) more than satisfaction level (Approx. 60%) with the nurses (Figure 4) who treated them. Different results were shown in the studies done in the Alfred emergency and trauma care of Australia where the survey represented that patient's satisfaction is affected more by the attitudes and moods of nurses than doctors irrespective of the management they provide.²⁹

The percentage of maximum patients arriving ED in the day timing was found highest (Figure 1). Similar results were in the Press Ganey report as the highest satisfaction with the services of ED was reported in the morning hours of the day from 8:00AM to 2:00PM¹⁸ Increased patient volume has been attributed as main cause of long waiting hours and difficult hospital admissions in night time.

In the research, counseling and proper explanation of treatment remained an important factor to assess satisfaction of the

patient (Table 3) and almost 60% patients were explained about the course of the treatment, whereas around 37% patients had communication problems regarding care they were given. Similar results were revealed by studies done in ED of Hong Kong³⁰ that maintaining proper communication in emergency departments is very complex and fragile task. It should be dealt with focus on refined interpersonal skills.

The questions regarding suggestions for improvement of emergency care were constantly answered by the unsatisfied number of patients as well as the leader of administrative authorities who emphasized on the importance of fully equipped emergency rooms, well trained staff, operation facilities and appropriate services for the proper and timely referral of the patient by means of efficient communication systems.

Pakistan being a developing country is facing burden of multiple emergencies like acute

diarrhea, lower respiratory tract infection, ischemia heart disease and most importantly

trauma. The challenge faced by trauma in Pakistan is overwhelming. The reason is scarce

resources and absolute need of effective medical care³¹

Although, emergency medical care has managed to achieve an important level in health sector reform efforts in Pakistan, but these facilities need to be planned meticulously and supported

at all levels of care starting from the emergence of an acute medical event to the provision of the appropriate care at the level

of Tertiary care hospitals.³² Pakistani government does not spend enough resources in the healthcare aspect.³³ The

efficient and timely health care facilities demand to be focused by the health policy makers in Pakistan. The wise investment

and expenditure of the Public health resources play a great role in patient satisfaction. Strong spending on primary health care

services has a fruitful effect on population as better health, few health disparities and minimal incidences of unnecessary

hospitalizations³⁴ The public spending causes a huge impact on the patient's satisfaction because the health services are

considered to be provided free of cost by the state. This is a crucial factor for the underdeveloped countries possessing low

income. The importance of public health spending is documented in various studies.³⁵

CONCLUSION AND RECOMMENDATIONS

Emergency care researches can contribute majorly towards minimizing number of avertable deaths and disabilities especially in poor and middle income countries³² Moreover, the

five years medical education in Pakistan³⁶ and the curriculum doesn't provide specific quality of required training needed for

emergency services. There should be proper training course consisting of drills and demonstrations enrolling physicians and

paramedics to enlighten regarding services of ED. In Malawi improvement in patient outcome in tertiary care unit of Children,

was noticed after the commencement of an Emergency care training programmers.³⁷

To infer, for the effective and efficient functioning of Emergency medical service system there should be easy access to the

services provided by the system, along with, rapid response by a well-trained medical personnel and appropriate first aid management and timely referral to definitive intensive care units.³⁸

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AUTHORSHIP AND CONTRIBUTION DECLARATION

AUTHORS	Contribution to The Paper	Signatures
Dr. Seemin Saleem Lecturer University of Faisalabad, Faisalabad	Data collection, Preparation and analysis of results, Manuscript writing	
Dr. Abdul Samad Rao House Officer Allied Hospital, Faisalabad	Data collection. Tabulation of results, Manuscript writing	
Dr. Namra Hannan House Officer DHQ Hospital, Faisalabad	Literature review, Authentication of references, Statistical analysis	
Dr. Arsalan Wahid Assistant Professor University Medical and Dental College, Faisalabad.	Review of literature. Proof reading. Co-author	