

Original Article

Patient satisfaction in emergency department of District Head Quarters Hospital, Rawalpindi

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ABSTRACT

Objective

To assess the patient satisfaction in emergency unit by evaluating the healthcare delivery system, attitude and behavior of healthcare givers and extent of available health facilities.

Methods

A cross sectional descriptive study was conducted among 500 study subjects who came to emergency department of District Head Quarters Hospital, Rawalpindi during a period of two weeks in September 2009. The respondents were enrolled in the study by convenience sampling. The study participants included those patients who received treatment and were about to be discharged or shifted to wards or referred to any other healthcare center. Data was gathered by using interviewer administered questionnaire.

Results

Of the 500 subjects, 54.5% respondents were patients while 45.5% respondents were their attendants. Majority (33.15%) presented to emergency department with accident related injury. 23.3% respondents had to wait for more than 5 minutes at reception for getting emergency ticket. 38.76% faced difficulty in getting the wheel chair and stretcher. 76.9% had their first contact with doctor in emergency unit while 19.1% and 3.93% were firstly received by nurses and paramedics respectively. 16.38% had to wait for more than 30 minutes for consultation with healthcare providers after getting an emergency ticket. 64.97% were asked for investigations and among those investigations, 60.67% were done in hospital. According to 29.5% respondents, more than 1 hour was spent in getting the report of investigations. 45.51% were partially treated out of which 43.26% brought their medicines from outside. 51.69% stayed in emergency unit for more than 2 hours. 68.54% were satisfied with explanation of the health problems by healthcare givers. 61.8% were fully satisfied with the management while attitude and behavior of doctors, nurses and paramedics were found to be satisfactory by 95.5%, 94.5% and 93.3% respondents respectively. Drinking water was not available to 52.25% respondents. 69.6% were satisfied with seating arrangements. 60.11% had to use their own mobile phone for conversation while telephone facility in emergency department was available to only 15.17%.

Conclusion

Attitude and behavior of healthcare providers were found to be satisfactory by the respondents. However, some basic requirements in emergency department of the hospital like availability of telephone, provision of safe drinking water and general sanitary conditions need to be fulfilled. (Rawal Med J 2010;35:).

Key words

Emergency department, healthcare delivery system, wheel chair, stretcher.

INTRODUCTION

Emergency departments (ED) of hospitals are accountable to provide emergency healthcare to all those who present with acute emergencies.¹ Emergency departments are overcrowded with patients and usually seem to be dissatisfied with emergency health services.² Healthcare seekers coming to emergency department of a hospital or first level care facility must have immediate access to emergency care.³ Despite the fact that healthcare providers of emergency department are always ready to deal with urgency and try their level best to provide skilled care,⁴ still overcrowding leads to a lot of constraints including prolonged waiting times, unpleasant therapeutic environment and in some cases poor clinical outcomes.⁵

A study from an Australian teaching hospital reported that people accompanying the patients of higher urgency were more satisfied with emergency care providers and persons accompanying the older patients found emergency care more satisfactory than younger accompanying people.⁶ Another study showed that execution of new protocols for clinical evaluation, blood and imaging tests, consultation facilities and pain management had brought about remarkable perfection in the working of emergency caregivers.⁷ Patients usually expect a lot from emergency health services like waiting time and consultation time of about less than half an hour, to be examined by consultants rather than by junior staff, to pay less consultation fee and their involvement in decisions concerning their treatment.⁸ The present study was intended to assess the level of patient satisfaction with healthcare delivery system and the attitude and behavior of healthcare providers towards patients coming to ED of District Head Quarters (DHQ) Hospital, Rawalpindi.

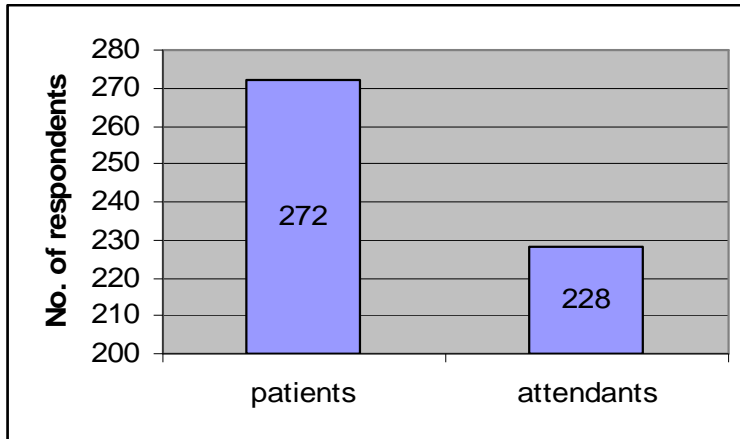
SUBJECTS AND METHODS

This cross sectional descriptive study was carried out among 500 respondents who came to ED of DHQ Hospital, Rawalpindi during a two weeks period in September, 2009 and were enrolled by convenience sampling. The study participants included those patients who received treatment and were about to be discharged or shifted to wards or referred to any other healthcare facility. The patients who were dead on arrival or died in ED and those who just arrived in ED were excluded from the study. For the purpose of this study, patient satisfaction was the degree of contentment among patient with healthcare services. Data was collected by means of a pre-designed interviewer administered structured questionnaire (Annexure). Questionnaire asked information concerning healthcare delivery system, attitude and behavior of healthcare providers and availability of general basic facilities in emergency department of DHQ Hospital, Rawalpindi. Data was analyzed using SPSS version 14 and Microsoft Excel version 2003.

RESULTS

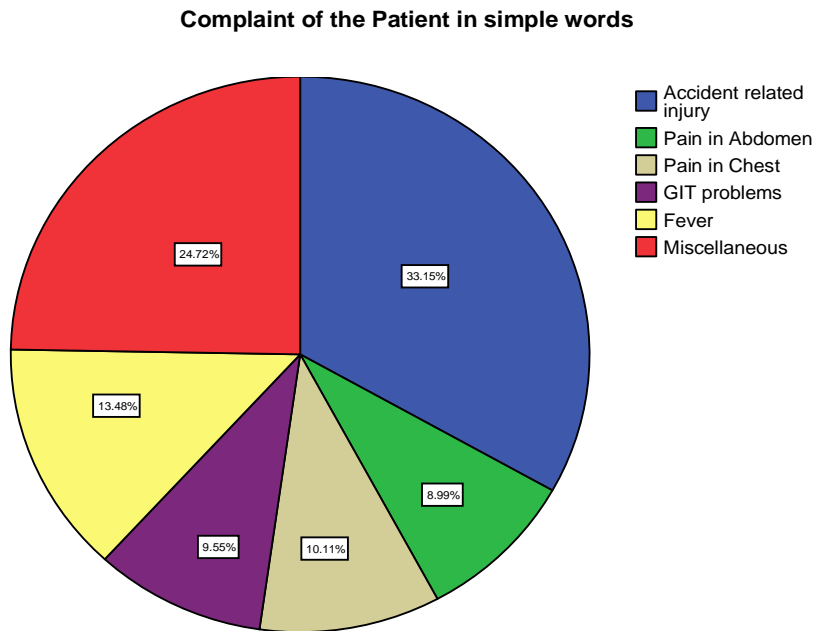
Of the 500 respondents, 331 were males while 169 were females. Mean age was 35.23 years. Of the respondents, 272 and 228 were patients and their attendants respectively (Fig 1).

Fig 1. Respondents to the Questionnaire.



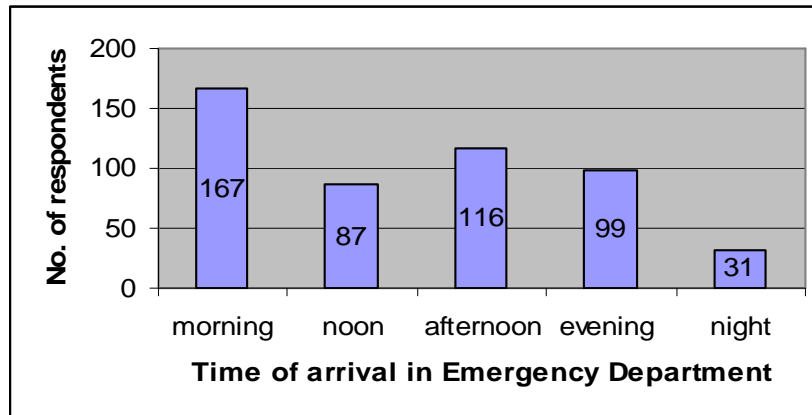
368 study subjects arrived at emergency department directly while 78 and 54 respondents were referred by the doctors of private clinics and public health facilities respectively. Most of the study participants came with accident related injury (Fig 2).

Fig 2. Health Problems of the Respondents.



452 respondents found the way to ED easily while 48 study participants felt difficulty in reaching the ED. Views of the study subjects pertaining to the time spent in getting an emergency ticket at reception of hospital were quite different. 239, 145 and 116 respondents received emergency ticket in 1-5 minutes, less than 1 minute and more than 5 minutes respectively. 415 respondents found wheel chair and stretcher effortlessly while 85 study subjects got those amenities with difficulty. Maximum influx of the respondents in emergency department was seen during morning hours (Fig 3).

Fig 3. Time of Arrival of Respondents in Emergency Department.



385 study participants had their first contact with doctors while 95 and 20 respondent claimed of being firstly received by the nurses and paramedics respectively. Time spent in attending the health professional after receiving an emergency ticket and time spent in starting treatment of the respondents is displayed in Table1.

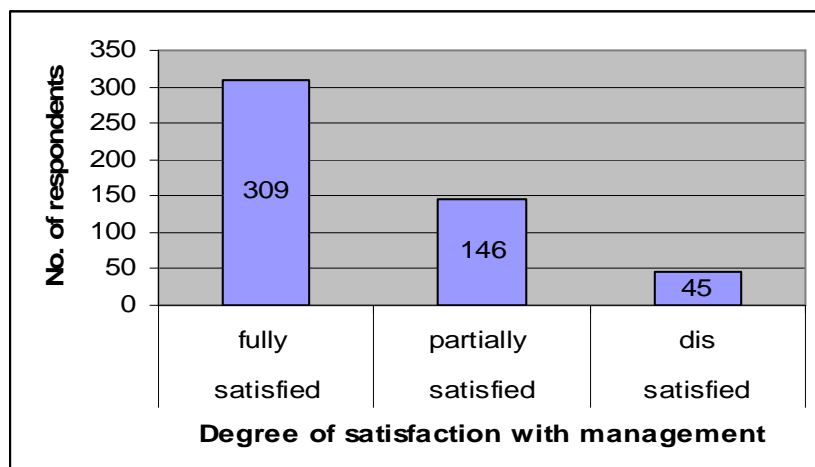
Table1. Attitude of Healthcare Providers towards users of Healthcare services.

Time taken to be attended by health professional after getting an Emergency Ticket			
<10 minutes		<20 minutes	
314 (62.71%)		104 (20.9%)	
		>30 minutes	
		82 (16.38%)	
Time to start Treatment			
Immediately	<10 minutes	<20 minutes	>30 minutes
180 (35.96%)	163 (32.58%)	70 (14.04%)	87 (17.42%)

325 study participants were asked for certain investigations by the consultants and among those 197 respondents had their investigations done in the hospital. However, 221, 135 and 144 participants received the report of their investigations in less than 30 minutes, 30 min-1hour and more than 1 hour respectively.

272 and 228 respondents claimed of being fully and partially treated at hospital. Out of the partially treated 228 subjects, 129 received their medication inside the hospital while rest of them brought medicines from outside. 278 respondents were sent back to home after being treated while 205 and 17 were referred to indoor department and other health facility respectively. 343 subjects claimed that their health problem was meticulously explained to them before leaving the hospital while 157 respondents claimed unsatisfactory explanation about their health problem before discharge (Fig 4).

Fig 4. Satisfaction of the Respondents with Management.



Majority of the study participants (323) were fully satisfied with the time spent by the doctors in their management while 138 were partially satisfied and 39 expressed their dissatisfaction with the management provided (Table 2).

Table 2. Satisfaction with Attitude and Behavior of Healthcare givers.

Satisfaction with Attitude & Behavior of Doctors		
Fully satisfied	Partially satisfied	Dissatisfied
357 (71.35%)	121 (24.16%)	22 (4.49%)
Satisfaction with Attitude & Behavior of Nurses		
Fully satisfied	Partially satisfied	Dissatisfied
289 (57.87%)	186 (37.08%)	25 (5.06%)
Satisfaction with Attitude & Behavior of Paramedics		
Fully satisfied	Partially satisfied	Dissatisfied
312 (62.36%)	154 (30.9%)	34 (6.74%)

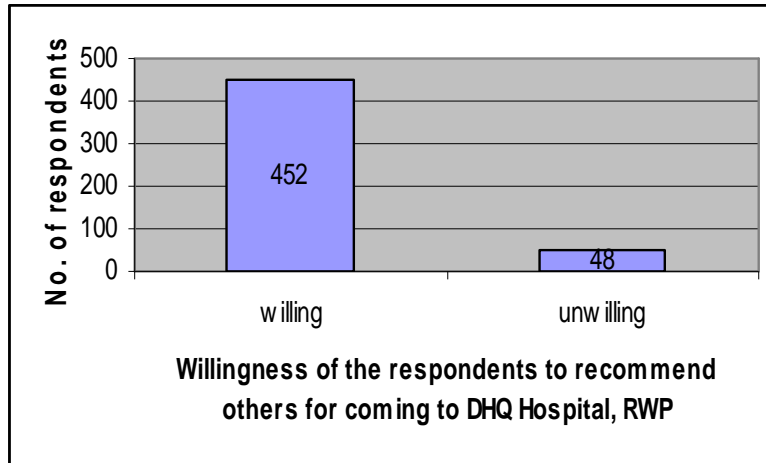
348 respondents were satisfied with seating arrangements in ED while 152 were dissatisfied. Regarding cleanliness and general conditions of ED, 331, 155 and 14 respondents seemed to be fully satisfied, partially satisfied and dissatisfied respectively (Table 3).

Table 3. Availability of General Basic Facilities in Emergency Department.

Availability of Drinking Water	
Yes	No
208 (41.5%)	292 (58.5%)
Availability of Telephone Facility	
Own Mobile	PCO
190 (38%)	310 (62%)

Views of the respondents pertaining to recommend other people for coming to ED of DHQ Hospital for consultation in an urgency is shown in Fig 5.

Fig 5. Willingness of the respondents to recommend others for coming to ED of DHQ Hospital, RWP.



DISCUSSION

In our study, 47.73% of respondents got emergency ticket at the reception within five minutes while 23.3% spent more than five minutes. Most probably the delay in getting emergency ticket and stay for longer duration were due to overcrowding in ED as majority of the patients on entering the hospital precede to the emergency unit from where they are directed to the respective departments for admission or consultation. On arrival of emergencies, all health professionals of ED get busy in management while the patients with less severe problems wait in the ED for many hours. In a previous study, two third of all delays in ED were due to unavailability of beds and limited resources.⁵ A similar study reported that patients who came to ED were subjected to longer waiting time to get access to an inpatient bed.⁹ This indicates a worldwide prevalence of long waiting hours in emergency departments.

90.45% subjects found their way to ED easily. This shows that attention has been given in perspective of emergency department to facilitate the patients. However, minority might have encountered difficulty due to illiteracy or stress that made them unable to look at the sign boards that were mounted for leading the patients in appropriate direction. A study involving 30 Primary Health Care (PHC) centers in Saudi Arabia reported that most unsatisfactory factor observed by 35% patients were lack of signs to emergency rooms.³

In present study, 76.8% respondents on arrival at ED had their first contact with doctors followed by nurses (19.1%) and paramedics (3.93%). Although the whole staff of ED is well trained in dealing with acute situations but patients feel more satisfied when examined and managed by the doctors than otherwise. A similar study carried out among patients coming to emergency medical services at Karachi showed that most of the patients wanted to be examined by the doctors than by the students.⁸ In view of this expectation, the number of doctors in ED needs to be amplified for satisfactory management of the patients.

56.74% claimed that they received free medication inside the hospital while 43.26% respondents had to go out for buying their medicines. Being a government health sector and teaching hospital, DHQ Hospital must ensure the provision of all the most commonly prescribed medicines free of cost. A study from Abha district showed that three emergency drugs were least available.³ In the opinion of 68.5% study subjects, health

problems were explained to them in detail before leaving the hospital. Reason for this might be the very busy schedule of health professionals especially these days when very grave emergencies are going on throughout Pakistan due to sudden blasts. However, among patients coming to PHC centres of Abha district 75% respondents were fully satisfied with briefing of health professionals pertaining to their ailments.³

In current study, attitude and behavior of doctors, nurses and paramedics were satisfactory in the opinion of 95.5%, 94.5% and 93.3% respondents respectively. These results are reflecting high degree of satisfaction among patients and their attendants who approach our healthcare givers. On the other hand, in a Nigerian teaching hospital, most of the respondents professed the equipment in ED to be adequate but they were found to be displeased with attitude of health care givers.¹⁰ Contrary to Nigerian study, researchers in Saudi Arabia have reported that communication skills of the healthcare providers were more satisfactory than their professional skills.¹¹ A recent survey carried out among ED patients' in USA, extent of satisfaction among patients showed positive correlation with attitude and behavior of the care givers towards the patients while the degree of satisfaction showed negative correlation with diagnostic and therapeutic interventions of the health care providers.¹² Another study suggested that by proficiently exercising the skills of the nurses in emergency units, there will be reduction in waiting time of the patients, upgrading of patient satisfaction and improvement of physicians' interpersonal skills.¹³

CONCLUSION

Attitude and behavior of healthcare providers were found to be satisfactory. However, some fundamental conveniences like availability of telephone, provision of safe drinking water and general sanitary conditions are in need of due consideration by the management for betterment of patients visiting ED.

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Annexure- I

Part A. Healthcare Delivery System

1. Why did you come to emergency (complaints/health problem in simple words)?
2. What time did you come to hospital?
3. Were you alone or accompanied by attendants.
4. Did you come directly or were referred by some other clinic / healthcare facility.
5. Did you find the pathway to casualty easily?
 Yes No
6. Did you find stretcher / Wheel Chair facility, if it was required
 Yes No.
7. If yes, easily with effort
8. How much time did it take at reception for getting ER ticket?
 Less than 01 min. 1-5 min More than 05 min

Part B. Healthcare Provider

1. Who attended you first?
 Doctor Nurse Paramedic.
2. How much time did it take to be attended by health professional after getting the ER ticket.
 <10 m <20m >30m
3. If attended by Nurse / Paramedic, how long Doctor took to arrive
 <10 m <20m >30m
4. What was doctor's attitude and behavior(kindness, body language, softness)
5. How long did it take to start your treatment?
 Immediately <10m <20m >30m
6. Were you advised some tests
 Yes No
7. Did you get the tests done in the hospital?
 Yes No
8. How long did it take to get the tests done?
 Less than 30 minutes 30 min – 1hour more than 1 hour
9. Did you get the treatment / medication from the hospital?
 Yes No

If yes

