

Patients Satisfaction Level Visiting the Emergency of Govt.General Hospital Samanabad, Faisalabad.

AUTHOR: Asma Farzand
CO-AURHOR: Shafqat Inayat
Post RN BScN Degree,
IUH Faisalabad-38000, Pakistan.

ABSTRACT: OBJECTIVE--Hospital is a place where timely and quality services are the essential part of working environment. The quality services of hospital got approval when patients and their care takers at the time of discharge give satisfactory response towards staff and its services. The aim of researcher is to highlight the factors that affect the "patient's satisfaction level visiting the emergency of G.G.H.S.F, FAISALABAD."Emergency departments are overcrowded with patients and usually seem to be dissatisfied with emergency health Services. So, researcher's aim is to provide detailed study about factors and reasons behind dissatisfaction of patients.

Researcher used structured questionnaire to collect data from 300 patients experienced the treatment of emergency services of G.G.H.S.F. Researcher used SPSS to check the validity and reliability of collected data.

The research findings of this study would be highly effective to enhance the quality of emergency services which directly increase the satisfaction level of patients and side by side maximize the repute of hospital. Finding also highlights the procedures to control factors which mainly create dissatisfaction and the reason of poor services.

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MATERIAL AND METHOD: Sample of the study consisted of n=300, aged 12-50.

STUDY DESIGN: Descriptive study design.

PLACE AND DURATION OF STUDY: The sample was taken from Govt. General Hospital Samanabad, Faisalabad. The duration of study was Feb 2017 to May 2017. After getting data, the result was tabulated and analyzed using SPSS version 20.

RESULTS: Our results have shown the patient satisfaction level visiting the emergency of Government General hospital, Samanabad in the district Faisalabad. We have conducted a patient survey and concluded their remarks about their satisfaction about the treatment facilities and general behavior of the emergency staff. Here below we will summarize outcome of our study according to the patient response.

CONCLUSION: This study was designed to find out the patient satisfaction level when they visit the emergency department of GGHS. For this project a questionnaire was designed and 300 volunteers were selected to give the answer about their satisfaction. This response was analyzed with SPSS statistics to be presented numerically. Overall results of the study have shown that 80-100% patients were satisfied with the dealings of emergency department of GGHS. These people mostly belong to middle age group and most of the emergencies were concerned with married people. Among these patient females were quite less

as compared to male patients. This factor was indicator of poor health facilities and negligence to their basic rights.

RECOMMENDATIONS:

Although most of the patient were satisfied with the performance of the emergency department but a limiting factor in the hospital is the limited number of beds, that is urgently required to be updated. Moreover huge number of patient also require to induce more physicians and working staff.

INTRODUCTION: Introduction Patient satisfaction is considered as an important indicator of quality care provided in emergency departments (EDs). The objective of this study was to evaluate patient satisfaction with the Emergency Department of Government General Hospital Samanabad, Faisalabad.

Emergency departments are overcrowded with patients and usually seem to be dissatisfied with emergency health Services. HealthCare seekers coming to emergency department of a hospital or first level Care facility must have immediate access to emergency care. 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, still overcrowding leads to a lot of constraints including prolonged waiting times, unpleasant therapeutic environment and in some cases poor clinical outcomes.

This satisfaction may not be the actual representation of technical quality of patient care as it is associated with the overall quality of care perceived by the patient. It is this perception that can later become the future choice of ED for other patients. By improving patient care we can also improve the job satisfaction of physicians and staff of ED that will motivate them and this will in turn create a positive work environment in already overwhelmed and stressed work setting.

Patient satisfaction refers to the feeling of patients whether their expectations and needs are taken care of or not. It is a measure of equality of care perceived and the expected care by patients. Patient satisfaction is usually determined by the surveys conducted with patients or their family members. There are various methods by which the satisfaction based surveys can be conducted.

These surveys can be done in person or via telephonic calls. However, real-time patient surveys may be associated with administration related bias. The responder may respond positively to please the survey administrator. Alternative methods used can be written survey but has inherent issue of selection bias or telephonic surveys which may have low response rate or recall bias.

There are many factors affecting patient satisfaction like behavior of healthcare providers, hospital factors, wait time, level of experience of physician, perception of care and cost of treatment. A study done by **ASMA FARZAND** showed a positive association between the acuity and satisfaction level with greater satisfaction among patients who visit ED due to high acuity.

Government General hospital Samanabad (GGHS) is a small progressing hospital of district Faisalabad. It is situated in the periphery of the main city along the industrial belt of Samundri road. Hence, it is acting as a hub for nearby rural populations and city dwellers as well. It was constructed on experimental basis in 2012 with the capacity of 50 beds only. However, it was aimed to facilitate the patients with every type of treatment. This hospital has been equipped with the state of the art Medical, surgical, orthopedic, gynae and emergency departments. Moreover, patients are provided with free medicine of all types. All type of treatment is almost free of cost. Free ambulance service is available for 24 hours. Its labs are well developed with latest instrumentation that can be used for X-rays, Ultrasound and detection of multiple homeostatic disorders. Due to devotion of the administration and the staff, this hospital has gained vast popularity within short duration of time. It could be estimated from a huge number of patient out turn leading to the shortage of space and facilities. This could be resulting into the lack of patient satisfaction. Hence, to gain the maximum patient satisfaction, city government has decided to extend the hospital up to 250 beds as soon as possible. This work is going to be inaugurated soon in mid-2017.

This report has been designed to get the insight of patient satisfaction level that are visiting the emergency department of GGHS on daily basis. This will help to understand the physical demands of hospital and psychological needs of the visiting patients.

How much time Doctor / physician provided to the patient?

Patient satisfaction is more focused on the doctor's intention and proper time given to understand the problem. Even the post analytical treatment is slightly delayed, the role of doctor is considered as key to the patient satisfaction. 53.5% of the patient gave good remarks about the time they get for their treatment. While 26.6% responded very good remarks for the proper time they got from their doctor. This indicated that majority of the patient get satisfactory time period.

How much time Doctor / physician provided to the patient?

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|--------------------|-----------|---------|---------------|--------------------|
| Valid | V poor | 5 | 1.7 | 1.7 | 1.7 |
| | Poor | 6 | 2.0 | 2.0 | 3.7 |
| | Better | 31 | 10.4 | 10.4 | 14.1 |
| | Good | 159 | 53.5 | 53.5 | 67.7 |
| | V good | 79 | 26.6 | 26.6 | 94.3 |
| | <u>Execptional</u> | 17 | 5.7 | 5.7 | 100.0 |
| | Total | 297 | 100.0 | 100.0 | |

METHODOLOGY:

This chapter expresses different tools and techniques which are used for data collection, analysis and interpretation of data relating to research under the study. Methodology is a system of principles and methods of organization, constructing theoretical and practical activity and also teaching about the system. Faisalabad, the third largest city and the Manchester of Pakistan is the universe of this study.

Faisalabad lies from 30 - 42 to 31 - 47 north latitudes and 72 - 40 to 73 - 40 east longitudes. This district lies in Rachna Doab's lower part at middle side. The total Population of Faisalabad district was 5,429,547 as enumerated in March, 1998. City Faisalabad comprises of 04 administrative Hospitals, all the 04 Hospitals (Allied Hospital, DHQ Hospital, G.G Hospital G.M Abad, G.G Hospital Samanabad) was selected as sampling for the data collection. Analysis of data is done with the help of computer software. Qualitative data is analyzed with the help of tabulation and also evaluated in descriptive writing. In the present study, researchers used the SPSS software to analyze the data taken from the field.

RESULTS AND DISCUSSIONS:

Moral Implications of ED Crowding and patient satisfaction:

Even though few experts agree on the specific definition of ED crowding, significant consensus exists regarding the moral consequences resulting from this phenomenon. Most obviously, crowding in the emergency department leads to problems in upholding the moral principles most medical practitioners embrace in patient treatment: no maleficence, beneficence, autonomy, and justice. Some of the relevant moral issues result from crowding alone, while many issues are intrinsic to EDs, but are exacerbated by an increase in patient volume. The six complications outlined in the rest of this chapter highlight the ethical dilemmas EDs face due to crowding, and

demonstrate how crowding contributes to negative health outcomes. Patients in dire need of medical assistance, and even those whose circumstances are not quite that urgent, see a decrease in positive health outcomes when the amount of time before treatment begins is prolonged (Cowan and Trzeciak 2004). As the ED patient population increases, but the number of medical, nursing, and other professional staff remains the same, providing the care their patients require becomes more difficult. However, when the health care providers perform rapid 11 evaluation and treatment in order to expedite the process, efficiency and effectiveness may be compromised as a result. When the likelihood of good health outcomes decreases, all parties involved suffer moral consequences: the patient fails to receive safe, timely, and effective treatment, and clinicians fail to honor their commitment to provide beneficial care. When —crowding blocks access to emergency care...[it further] induces stress in providers and patients alike, and can lead to errors and impaired quality of care (IOM, 2006).

INCREASED WAIT TIMES:

ED crowding leads to longer wait times for patients to see a physician; increasing input, that is, patients presenting to the ED for treatment, while space and resources for treatment remain constant, creates a bottleneck to patient —flow, or access to care. It is important to point out that waiting for ED services is not a novel concept: —emergency departments are places of waiting. Patients wait in triage, to be seen by care providers, wait for tests, and wait for explanations (Agrawal, 2007). Even though waiting may not be new to EDs, crowding has exacerbated this problem. While the primary purpose of EDs is to provide timely treatment in unforeseen emergencies, the majority of patients seeking care in the ED do not have emergent or life-threatening conditions (IOM, 2006). Because the ED responds first to patients with serious emergency conditions, those with less urgent complaints often experience increased wait times. These protracted wait times lead to delay in diagnosis and in alleviation of pain and suffering (IOM, 2006). Thus, denying patients the opportunity to receive timely treatment leads to poorer health outcomes, most notably prolonged suffering and increased risk of ineffective treatment when dealing with time-sensitive cases (which may lead to increased risk of more invasive treatment). In their 2011 article, Sills et al found that ED crowding correlated with a decrease in timely delivery of pain medicine to children presenting with bone fractures, with a 47% decrease

in probability of receiving analgesics in a timely manner and a 17% increase in the risk of receiving less effective care (in this case whether or not pain medication was given).

In response to the problem of increased wait times, EDs have extended their resources far past their ideal capacity by placing stretchers in hallways, adding fast-track services, and even attempting to restructure triage protocols to accommodate more patients in a more efficient and timely manner (IOM, 2006). Many of these changes, however, have compounded the bottleneck resulting from increased input, as they have not addressed the issue of —output, that is, moving patients out of the ED to a more appropriate location for continuing treatment, or after appropriate treatment has been administered. Regardless of the severity of the condition causing a patient’s presentation to the ED, delays in diagnosis and treatment may also compromise patient safety and inhibit positive health outcomes. In more serious complaints, such as —acute coronary syndrome, stroke, surgical emergencies, and septic shock...impediments to prompt critical care recognition and delivery in the ED setting could potentially represent a threat to patient safety (Cowan and Trzeciak, 2004). Extended wait times also result in patients leaving without being seen by a physician. In these cases, the patient does not receive the care he or she seeks, and the patient may suffer serious health consequences as a result.

One ED physician comments —these patients can languish in the ED for hours—or days (Agrawal 2007). Not only is the boarded patient not receiving the medical care best suited to her condition while she remains in the ED, she is also consuming ED resources and occupying a bed that could be used for other patients. Although initial decisions about diagnosis and the need for inpatient care have been made, the patient still remains in the ED and must be monitored and treated as necessary, even if definitive treatment will typically not be administered until transfer to an inpatient unit has occurred. Continuing this care taxes the ED staff that much further, making an already stressful environment all the more primed for —errors, delays in treatment, and diminished quality of care (IOM, 2006). Although a major role of hospital-based EDs is to provide critical care, it is largely only to the extent of stabilization and not longer-term care. In fact, many EDs —do not have ICU-level resources for optimal longitudinal critical care delivery (Cowan and Trzeciak 2005). These patients require one-on-one round the clock care from the nursing staff, expertise in critical care (and potentially in additional subspecialties), and invasive monitoring, which ED staff are simply not equipped to offer (Cowan and Trzeciak 2005). Liu et

al describe epidemiologic points of boarding as a public health hazard with their 2009 study reviewing the outcomes of patients boarded in the ED of a level 1 trauma hospital. They report three main findings: 27.8% of boarded patients experience an —undesirable event‖ (i.e., a missed ED treatment, missed home 15 medication, or missed laboratory check), preventable adverse events were experienced by 3.3% of boarded patients, and elderly patients and individuals with comorbidities had a higher likelihood of experiencing an undesirable event (Liu et al 2009). Boarding not only denies timely access to adequate medical care, but also prevents the delivery of patient-centered care, due to the limitations of the nursing staff and the excessive demands they face to provide care to numerous patients.

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