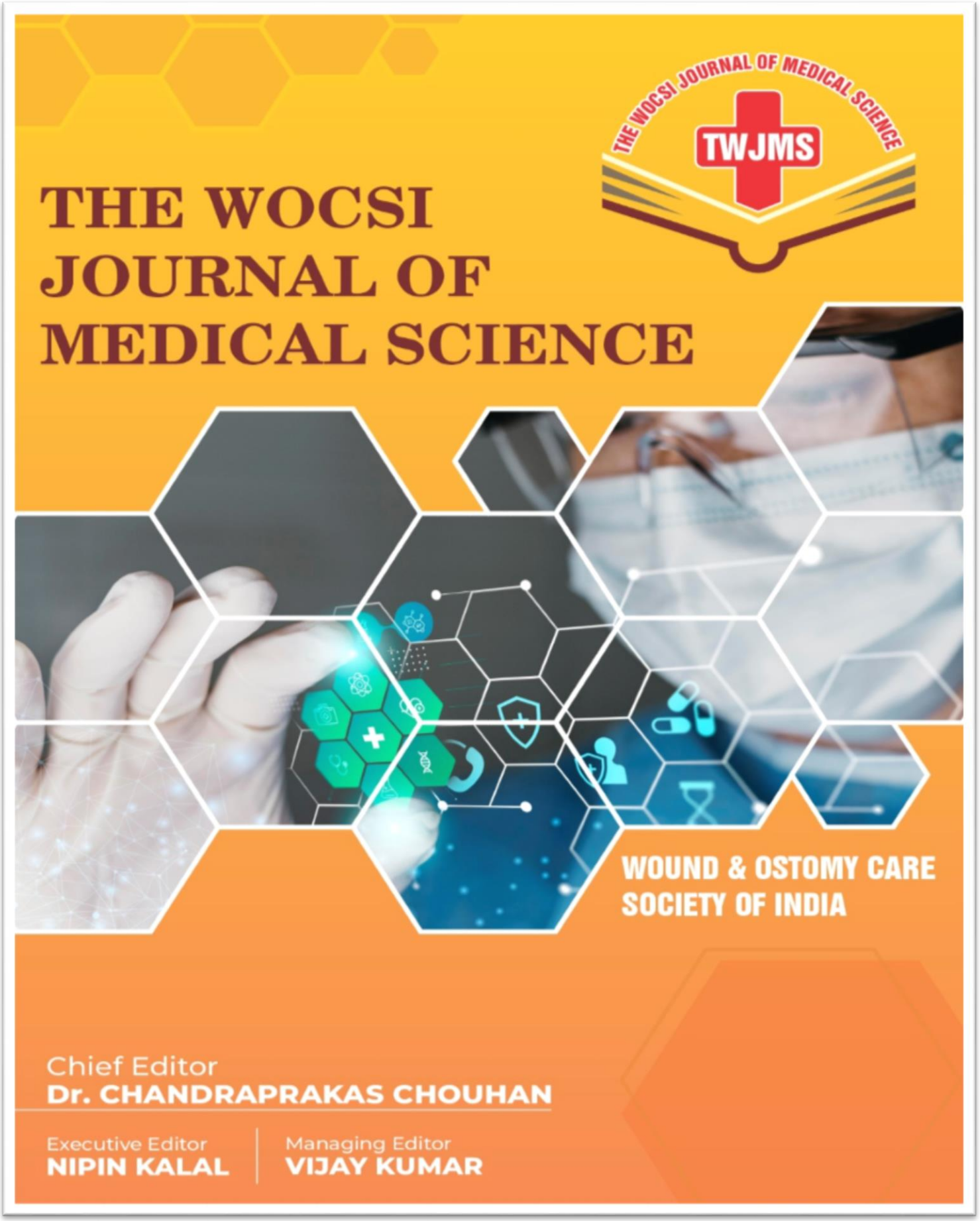
THE WOCSI JOURNAL OF MEDICAL SCIENCE
TWJMS
THE WOCSI JOURNAL OF MEDICAL SCIENCE
WOUND & OSTOMY CARE SOCIETY OF INDIA
Chief Editor
Dr. CHANDRAPRAKAS CHOUHAN
Executive Editor
NIPIN KALAL
Managing Editor
VIJAY KUMAR

Patient Satisfaction With The Emergency Department Services At Mai Khadija Hospital and Research Centre, Jodhpur

Swami Dr. Amita[1], Kumar Dr. Nitesh[2]

[1]Department of Emergency, Mai Khadija Hospital and Research Centre, Jodhpur, Rajasthan, India
[2]Department of Emergency Medicine, NIMS University, Jaipur, Rajasthan, India

Abstract:

Emergency department is receiving many patient s in a day, who present with different complaints ranging from simple complaints to the life threatning complications, patients presenting to the emergency are in great shock due acute change of their illness and expect a great service from hospital. there is always a gap between services expected and delivered to the patients, this study is to find out this gap and correct it. Measuring patient satisfaction has become an integral part of hospital/clinic management strategies across the globe Moreover, the quality assurance and accreditation process in most countries requires measuring the satisfaction of clients on a regular basis Moreover, patient satisfaction had been an important issue for health care managers and health care providers Among factors influencing patient satisfaction, the relationship between health care providers and patients was reported to be the most influential Meanwhile, expectation about the services, perceived adequacy of consultation duration, welcoming approach and perceived body signaling are considered as determinants of satisfaction.

Keywords :- Emergency Department, Triage, Quality Control, Quality Assurance, Patient Satisfaction

Correspondence : Dr. Amita Swami
Email : dramitayidsr@gmail.com

Received: 07/02/2024 Accepted: 9/04/2024 Published: 12/04/2024

INTRODUCTION

The emergency department is usually found in a hospital or other primary care center. Satisfaction refers to a state of pleasure or contentment with an action, event or service, especially one that was previously desired Moreover, the quality assurance and accreditation process in most countries requires that the satisfaction of clients be measured on a regular basis [1].Asking patients what they think about the care and treatment they have received is an important step towards improving the quality of care, and ensure local health services are meeting patients' needs [2] Regarding to patient, satisfaction is the level of happiness that patients experience having used a service. It therefore reflects the gap between the expected service and the experience of the service**,** from the patient's point of view [2]. Furthermore, patient satisfaction is the patient's perception of care received compared with the care expectedIt is an established fact that satisfaction influences whether a

person seeks medical advice, complies with treatment and maintains a continuing relationship with practitioners [3, 4]. Donabadian, arguably the leading theorist in the area of quality assurance, has emphasized that Client satisfaction is of fundamental importance as a measure of the quality of care because it gives information on the provider's success at meeting those client values and expectations, which are matters on which the client is the ultimate authori[ty] [5, 6]In the prior years when hospitals were symbols of humanitarian efforts for community welfare, accountability for performance was of little concern. Today however, people are increasingly concerned about hospital's performance because: -1) Hospitals use an increasing proportion of scarce community resources. 2) There are increasing questions about quality and effectiveness. [9]. Moreover, addressing those service aspects of healthcare that consumers most readily appreciate, such as access, provider relationship, availability of information and opportunity for participation can influence health care quality outcomes [7,8]A recent study from Bangladesh reported that the most powerful predictor for client satisfaction with health services was provider behavior, especially respect and politeness [9] It is indicated that health care systems in most developing countries suffer from serious deficiencies in financing, efficiency, equity and quality and are poorly prepared to meet these challenges [10]An in-depth study of the Iringa district of Tanzania, a poor rural area, showed that patients bypassed low quality facilities in favor of those offering high quality consultation and prescriptions, staffed by more knowledgeable physicians and better stocked with basic supplies [11] In Ethiopia the low level of socio-economic development resulting in one of the low standard of living, poor environmental conditions and low level of social services has been the major causes for a poor health status of the people [12, 13]Several studies conducted in Out Patient Departments of different hospitals in Ethiopia revealed client satisfaction level ranging from 22.0% in Gondar to 57.1% in Jimma [14, 16, 17]. Long waiting hours during registration, visiting of Doctors after registration, laboratory procedures and re-visiting of the Doctor for evaluation with laboratory results failure to obtain prescribed medications from the hospitals' pharmacies and difficulty to locate different sections were the frequently faced problems affecting utilization leading to dissatisfaction [15, 18-26]. This study would have an important input in assessing the level of clients' satisfaction on outpatient as well as inpatient health care services, identify the factors affecting the clients' satisfaction, and provide a recommendation on an improved health service delivery that will be helpful to fill research knowledge gaps which ultimately contributes to enhance quality of patient services in the hospital and improve the level of clients' satisfaction.

PATIENTS SATISFACTION

Patients' satisfaction (PS) is one of the important indicators of emergency care quality and outcomes of health care services [27,28, 29]. Some researchers believe that improve the work processes and hospital quality are not possible without caring to comments, requirements, expectations, and satisfaction of patients. Thus, PS has increasingly turned to one of the significant tools in evaluation of hospital performances [28]. PS is not a new concept, but because of predominance of customer-focused strategy in health care services, using satisfaction index of health care clients has been entered to the evaluation scope of hospitals since two decades ago [30, 31]. PS is the measure of quality in health care understood by patients and the resultant of different complicated factors [32]. Several factors should be coordinated with each other to make an appropriate condition for creation and development of PS with observing patient's right completely in all aspects [33]. Getting PS is one of the principles of medical ethics and the physician should have consult with patient in making any decision. Daily, several patients with serious condition are referred to the emergency department (ED) of hospitals. Considering to the especial importance of ED, increase the satisfaction in this ward has a remarkable effect on people's attitude toward the hospital (ED is the symbol of the whole hospital). EDs are confronted with challenging issues lead to reduce the PS. The satisfaction of ED clients cannot be achieved without assessment, study, and practical plan to promote the quality of services. Noticing to this issue, this study was performed to find effective factors on patient satisfaction and enhance them toward improve the quality of ED services.

One of the WHO’s six building blocks of health systems is the delivery of health services that are effective, safe and of good quality for those who need

them . At a hospital level, providing a quality service is usually challenged by burdensome patients' flow and the urgent nature of care in the emergency department(ED)further suppresses the effort. And hence, assessing the patients' satisfaction as a quality of care indicator is required to monitor the non-technical aspects of quality of care in such settings Measuring client or patient satisfaction has become an integral part of hospital/clinic management strategies across the globe . Moreover, the quality assurance and accreditation process in most countries requires measuring the satisfaction of patient's on a regular basis Moreover, patient satisfaction had been an important issue for health care managers and health care providers . Among factors influencing patient satisfaction, the relationship between health care providers and patients was reported to be the most influential Meanwhile, expectation about the services, perceived adequacy of consultation duration, welcoming approach and perceived body signaling are considered as determinants of satisfaction. As patient satisfaction is considered to be a health care outcome and predictor of treatment utilization and adherence to the care and support, assessment of the level of patient satisfaction is very vital. In addition, knowing the needs of patient is of paramount essential for the achievement of sustainable development goal on health service delivery .

MATERIALS AND METHODS

Research methodology:

Sample size determination and sampling method
Sample size will be determined by using a single population proportion formula. A 95% confidence level, 5%margin of error and 54.1% anticipated satisfaction level of the patients will be considered as inputs . Systematic sampling method will employed. Busy work hours, shifts, personnel, different providers, day of the week and type of patient complaint will considered to have had an effect on satisfaction level. The total sample size will be distributed to different shift proportionately. In order to select participants in each shift, random numbers will be used.

Measurement and data collection
Pre-structured questionnaire will be taken by authors for current research in English Data will collected via face-to-face interviews . The questionnaire contained satisfaction indicators socio-demographic characteristics of the emergency clients and different dimensions of emergency services such as consultation time with physician, courtesy of staff, health care service, and waiting time. Due to the fact that emergency service is given to 24 hours only, the patient we will interview immediately after getting emergency service within this time frame. i.e. at the time of admission to inpatient ward from emergency department or before the clients go to their home after getting emergency service.

Quality control

To maintain the quality of the data, the questionnaire will be pretested. The interviewers will not wear uniforms or badges. The interviewers will be oriented about unifying their communication and the process of interviewing the patients.

Data analysis

Data will be cleared, edited, coded after it will entered into Epi Info version 3.5.1 and will be exported to SPSS version 20. Descriptive statistics will be used to determine satisfaction indices.Factor analysis will be done to identify factors that explained most of the variance observed in the population with regard to each scale.

DISCUSSION

This study represents one of the few to provide insight into the correlation between individual qualitative indicators such as patient satisfaction and the effectiveness of health care services. The main contribution of this study relates to three factors. Firstly, we used the EUROPEP survey to measure patient satisfaction with EMS. Despite the fact that the survey was adapted to suit the needs of our study, it proved to be very reliable as the Cronbach's alpha coefficient for the entire questionnaire was calculated as 0.911, and 0.957 for EMS treatment in its strictest sense. We have, therefore, managed to create a questionnaire that could also be used in future research to measure patient satisfaction with EMS clinics. However, it would make sense to make further improvements. There is currently no universally accepted standard instrument for measuring patient

satisfaction available for use by researchers. Some questionnaires only assess the level of satisfaction with a particular segment of health care provision, that is they either focus on measuring satisfaction levels with treatment, or the work of doctors and nurses. Secondly, our research has deomonstrated the link between waiting times and levels of patient satisfaction with EMS clinics, especially in connection with the organizational model of these clinics. Prior studies have empirically explored the link between patient waiting time and patient satisfaction within the primary care settings. Yet, the understanding of the link between waiting time and patient satisfaction in the context of the effectiveness of EMS organizational model remains rather unclear. Our study has confirmed that the effectiveness of the EMS organizational model, where the length of the time spent for an examination was used as an indicator of the effectiveness, impacts on the level of patient satisfaction. Other research studies also identified waiting time in the clinic as an important indicator of patient satisfaction. One study demonstrated that longer waiting times were a particular independent risk factor for patient dissatisfaction In general, waiting time may be categorised as a waste and may be associated with many problems Indeed, root causes behind the problems must be identified so as to enable the elimination of waste and improve upon health care performance . Some preliminary studies from the field of EMS were concerned with the question of how to develop relevant qualitative indicators and how to identify relevant attributes of the indicators . Patient satisfaction is an important qualitative indicator, which existing literature particularly emphasizes in the context of a focus on the patient and the acquisition of feedback. Patient satisfaction is a complex issue, and though it has been at the forefront of research since the 1980s, there is still no solid conceptual/theoretical basis for measuring it . Our study showed statistically significant differences ($p<0.05$) were revealed in all four dimensions of patient satisfaction in terms of the effectiveness of the EMS organizational model. These are: staff ($F=10.316$; $p=0.000$), clinic premises ($F=5.729$; $p=0.001$), clinic facilities ($F=5.445$; $p=0.002$) and the organization of the EMS ($F=5.249$; $p=0.002$). Patients who waited for an appointment for over 2 hours were statistically significantly less satisfied in all four dimensions of satisfaction. Other studies have also identified waiting time as an important area that needs to be improved

Despite all of the problems related to healthcare systems, research still shows high levels of patient satisfaction with EMS staff. In France, for example, 89.7% of patients were satisfied with EMS clinics, where they gave the highest scores to the quality of reception (92.5%), and the lowest scores to doctor provided information (71.9) and waiting times (72.6%) . According to one study, which included a general patient satisfaction survey of EMS clinics, 48% of patients were satisfied with physician service, 41% of patients with waiting times, and only 11% of patients with nursing care . Our research has confirmed that patients are in general most satisfied with staff and least satisfied with the organization of EMS. Health care staff were given the highest score, that is, a score of excellent, by 78.2% of the patients, while only 56.4% of the patients rated the organization of the EMS with the highest score. Patients perceived health care workers as highly qualified and able to carry out their tasks. It is vital to understand how health care providers can impact on patient experience in terms of the quality of care. From this perspective, the elements of health care practices and their effect on patient satisfaction should be addressed. For each health care indicator, for example as in the study carried out in EMS Maribor, over two thirds of the patients surveyed rated the service as excellent. Most prominent in the negative direction was the indicator that pertained to the explanation of the purpose of the scope of treatment, which was rated as worse by 4.2% of the respondents. As shown by Sendlhofer et al. patients perceive information on patient safety measures as well as explanation of treatment and information on associated risks as very important . Prior studies have revealed that factors such as ‘relationship and communication of doctor’, ‘adequate organization’, ‘adequate system of appointments’, and ‘relationship and communication of medical nurses’ play an important role in achieving patient satisfaction. Thirdly, our research has also revealed an important weakness in the current organization of the EMS at the prehospital level in Slovenia, since triage was not performed upon a patient’s arrival in the EMS in 23.8% of the cases. This is a major problem within the system, as it is the first point of contact between the health care provider and the patient, and the way information is provided at this time, and the interest shown in a patient‘s problems, are important elements influeincing satisfaction levels with the service . The same study found that 82.3% of patients were asked

the reason for their visit, 53.5% received advice, and only 48.9% were given information in some form on therapy procedures. In our study patients also identified as most problematic the fact that information on the order of treatment was frequently not clearly indicated. With respect to the organization of the EMS, patients most agreed on the point that a doctor should always be present in the emergency health clinic and that a paediatrician should be available 24 hours a day. At the same time, they were most satisfied if they could complete the entire treatment in one place. There was least agreement on whether it was acceptable to place a team of trained paramedics in smaller and more remote regions without a doctor.

Our research also has some limitations. The small sample size (14.6% response rate) represents a weakness in our research, which limits the possibility of generalizing the results obtained. Nevertheless, the survey revealed some significant findings that may serve as a guideline in the ambitious reorganization of EMS that we are witness to today. The study analyzed only one of the factors that influence the effectiveness of the EMS clinics. In particular, from the viewpoint of quality control and patient safety in EMS clinics, it would be useful to determine the influence of other factors that were not included in our survey. In addition, it would be sensible to create a reliable questionnaire to measure the level of satisfaction with the work of EMS clinics, with the questionnaire covering all dimensions of health care treatment, not just particular sections.

Table 1- Demographic profile of the subjects. N=385

S.No.	Variable		Frequency	Percentage	Total
1.	Age	18-27	112	29.10	385 (100%)
		28-37	84	21.82	
		38-47	63	16.36	
		48-57	56	14.54	
		58 & above	70	18.18	
2.	Gender	Male	210	54.55	385 (100%)
		female	175	45.45	
3.	Educational status	Up to Middle	105	27.27	385 (100%)
		Secondary	42	10.90	
		Higher secondary	70	18.18	
		Graduate	105	27.27	
		Postgraduate	63	16.36	
4.	Residential area	Rural	231	60.0	385 (100%)
		Urban	154	40.0	
5.	Visit to ED	First time	210	54.55	385 (100%)
		Many times	175	45.45	
6.	Informant	Patient	182	47.27	385 (100%)
		Relative	203	52.73	

Table 2 - Different level of satisfaction among the subjects. N=385

S.No.	Level of Satisfaction	Frequency	Percentage	Mean score±SD
1.	Below average (<10)	00	00	28.43±4.527
2.	Average (10 to 20)	62	16.10%	
3.	Good (21 to 30)	211	54.80%	
4.	Very good (31 to 40)	112	37.40%	

RESULTS

The findings of percent study showed that giving services to emergency clients in various fields such as physical comfort and residential aspects, physicians care, nurse care, and the total ED satisfaction is relatively agreeable. The periodic and continuous assessment as well as comparison of satisfaction and dissatisfaction parameters during the time, before and after performing the changes, could be effectual. We found that patient satisfaction is a powerful quality improvement tool to measure the quality of care patient received. We also found that high acuity patients are more satisfied in terms of care and attention they received during their stay in emergency room. This is the unicentral , oberservational study , which include the patients coming to the emergency department , 24 *7 , here we have collected the data obtained from emergency department and did study the satisfaction level among the patients and family members. We conclude that among the 385 patients , majority of the patients had the Good level of satisfaction (211, i.e 54.8 %) ,very good satisfaction in (112 , i.e 37.40 %) ,and average satisfaction in (62 i.e 16.10 %) of all patients. To study the marks given by the patients we use the table which is given in annexure .

S.No.	Variable	Level of Satisfaction	
		Chi-square value	p-value
1.	Age	3.488	0.47
2.	Gender	4.884	**0.02***
3.	Education al status	1.188	0.88
4.	Residential area	3.124	0.07
5.	Visit to ED	5.461	**0.01***
6.	Informant	1.982	0.15

p value of our study is * = significant at ≤0.05 level . This study tells us about the our all level of satisfaction

Have p value of <0.05. which is significant .which is best among the number of the visit to ED and gender .

Conflict of Interest :- Nil

Funding Support :- None

References

[1] Mathew S, Beth E. Guide to Assessing Client Satisfaction. Durban, (South Africa): Health system Trust; 2001. Jan, [Google Scholar].

[2] Health care Commission-North West London Hospitals NHS Trust, author. Outpatient survey report, 2004/2005

[3] West away Margaret S, Rheeder Paul, Vanzyl Daniel G, Seager John R. Interpersonal and organizational dimensions of patient satisfaction. Journal for Quality in Health care. 2003;15(4):337–344. [PubMed] [Google Scholar]
[4] Larsen DE, Rootman R. Physician's role performance and patient satisfaction. Soc Sci med. 1976;10:29–32. [PubMed] [Google Scholar]
[5] Donabedian A. The quality of care. How can it be assessed? J Am Med Assoc. 1988;260:1743–1748. [PubMed] [Google Scholar]
[6] James AW. Hospital management in the tropics and subtropics. 1990 [Google Scholar]
[7] Brawley Margaret. The client perspective, what is quality health care service. 2000 [Google Scholar]
[8] Surjit SW. Customer satisfaction and health care delivery system: the internet. Journal of Nuclear M. 2002;1(1) ISSN 1539-4638. Available from URL: http://ispub.com/ostia/index. [Google Scholar]
[9] Jorge MA, Herga P, Ahmed A. Client satisfaction and quality of health care in rural Bangladesh. Bulletin of the WHO. 2001;79:512–517. [PMC free article] [PubMed] [Google Scholar]
[10] Berman Peter A. A decade of health sector reform in developing countries. 2000 [Google Scholar]
[11] Batchelor C, Owens DJ, Read M, Bloor M. Patient Satisfaction Studies, Methodologies, Management and Consumer evaluation. An international Journal of Health Care Quality Assurance. 1994;7(7):22–30. [PubMed] [Google Scholar]
[12] MoH, author. Health and Health related indicators. Ministry Of Health; 2001. E.C. [Google Scholar]
[13] Ministry of Health, author. Health Sector Strategy. Addis Ababa: Ministry Of Health; 2002/2003. [Google Scholar]
[14] Health and Health related indicators. Ministry Of Health; 2002/2003. [Google Scholar]
[15] Dagnew M, D Zakus D. Community perception on OPD performance of a teaching hospital in Gondar town, Ethiopia. Ethiop Med J Dev. 1997;35:153–160. [PubMed] [Google Scholar]
[16] Mitike G, Mekonnen A, Osman M. Satisfaction on outpatient services in hospitals of the Amhara region. Ethiop Med J. 2002;40:387–395. [PubMed] [Google Scholar]
[17] Girmay A. Assessment of clients' satisfaction with outpatient services in Tigray Zonal Hospitals. 2006. [Online] Available from: URL: http://etd.edu.et/
[18] Birna A. The quality of hospital services in eastern Ethiopia: Patient's perspective. Ethiop J Health Dev. 2006;20(3):199–200. [Google Scholar]
[19] Evaluation of Patient satisfaction in Emergency Department of a tertiary care hospital in North India Susan Jalali1 , Farooq A Jan2 , Haroon Rashid3 , Shahnawaz Hamid.
[20] Verma A, Sarma RK. Evaluation of the exit proform as in use at special wards of public sector tertiary care center. Journal of Academy of hospital administration. 2000; 12(1):01-2000.
[21] Kulkarni MV, Deoke N. Study of satisfaction of patients admitted in a tertiary care hospital in Nagpur. National journal of community medicine. 2011; 2(1):37-9.
[22] Sreenivas T, Prasad G. Patient satisfaction–A comparative study. J Acad Hosp Adm. 2003; 15(2):07-
[23] Bhattacharya A, Menon P, Koushal, Rao KLN; Study of patient satisfaction in a Tertiary referral hospital. Journal of Academy of Hospital Administration, 2003; 15(1): (2003-01- 2003-06)
[24] Singh B, Sarma RK, Skarma DK, Singh V, Arya S. Deepak: Assessment of hospital services by consumers: A study from NDDTC, AIIMS, Ghaziabad. Medico-Legal Update. 2005; 5(1):1-6.
[25] Dagnew M, D Zakus D. Community perception on OPD performance of a teaching hospital in Gondar town, Ethiopia. Ethiop Med J Dev. 1997;35:153–160. [PubMed] [Google Scholar]
[26] Mitike G, Mekonnen A, Osman M. Satisfaction on outpatient services in hospitals of the Amhara region. Ethiop Med J. 2002;40:387–395. [PubMed] [Google Scholar]

[27] Taylor C, Benger J. Patient satisfaction in emergency medicine. Emerg Med J. 2004;21(5):528–32. [PMC free article] [PubMed] [Google Scholar]
[28] Aiken LH, Sermeus W, Van den Heede K, et al. Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. BMJ. 2012:344. [PMC free article] [PubMed] [Google Scholar]
[29] Cleary PD, McNeil BJ. Patient satisfaction as an indicator of quality care. Inquiry. 1988;25(1):25–36. [PubMed] [Google Scholar]
[30] Larsen DL, Attkisson CC, Hargreaves WA, Nguyen TD. Assessment of client/patient satisfaction: development of a general scale. Eval Program Plann. 1979;2(3):197–207. [PubMed] [Google Scholar]
[31] Pascoe GC. Patient satisfaction in primary health care: a literature review and analysis. Eval Program Plann. 1983;6(3):185–210. [PubMed] [Google Scholar]
[32] Andaleeb SS. Service quality perceptions and patient satisfaction: a study of hospitals in a developing country. Soc Sci Med. 2001;52(9):1359–70. [PubMed] [Google Scholar]
[33] Rahmqvist M, Bara A-C. Patient characteristics and quality dimensions related to patient satisfaction. Int J Qual Health Care. 2010;22(2):86–92. [PubMed] [Google Scholar]
[34] Pines JM, Iyer S, Disbot M, Hollander JE, Shofer FS, Datner EM. The effect of emergency department crowding on patient satisfaction for admitted patients. Acad Emerg Med. 2008;15(9):825–31. [PubMed] [Google Scholar]
[35] Weiss SJ, Ernst AA, Derlet R, King R, Bair A, Nick TG. Relationship between the National ED Overcrowding Scale and the number of patients who leave without being seen in an academic ED. Am J Emerg Med. 2005;23(3):288–94. [PubMed] [Google Scholar]
[36] Rodi SW, Grau MV, Orsini CM. Evaluation of a fast track unit: alignment of resources and demand results in improved satisfaction and decreased length of stay for emergency department patients. Qual Manag Health Care. 2006;15(3):163–70. [PubMed] [Google Scholar]
[37] Fernandes C, Price A, Christenson JM. Does reduced length of stay decrease the number of emergency department patients who leave without seeing a physician? J Emerg Med. 1997;15(3):397–9. [PubMed] [Google Scholar]
[38] Obamiro JK. Effects of Waiting Time on Patient Satisfaction: Nigerian Hospitals Experience. J Econ Behav. 2013;3(1):117.