Study On Patient Satisfaction In Emergency Department During Covid-19

Deepti Singh[1], Dr. Gyan Chandra Kashyap[2]
[1]PGDM Hospital & Health Management, IIHMR Bangalore, [2]Assistant Professor, IIHMR Bangalore

Abstract

Background: Patient satisfaction is a necessary phenomenon that idealizes patients' perceived requirements, health-care delivery system expectations, and quality-care experience. Various indigenous compounds in emergency treatment cause patients to become demotivated. Hospitals should provide precise information regarding their patients' health state as service providers since quality is in the details.

Objectives: The study's objective was to evaluate patient satisfaction in terms of care and remedy in the emergency department. To understand the association of patient satisfaction with related to the services. To find out the patient satisfaction in times of Covid.

Methodology: This study was carried out from 15 March 2021 to 15 June 2021 at a Super specialty Hospital in Katni. A cross-sectional descriptive study design was used; the study setting is the emergency department (medical, surgical and trauma). Patients were given a questionnaire to fill up their answers. A total of 150 patients were selected through simple random sampling. Data analysis was done in MS Excel.

Result: A total of 150 patients were included in the study; most subjects were male (54%) and female (46%). Subjects were of age group (18-70), and the mean age of the group was 43.6 years. Seventy-eight percent of study participants were married, and more than half of the study participants had education up to secondary level. Nearly one-third of them belonged to a low socio-economic group having income less than ₹5000. In the medical emergency patients were having the respiratory disease (56%), cardiovascular disease (36%), surgical emergency patients' gastrointestinal diseases (64%). Sixty-four percent of the patients stay 48-72 hours in hospital and Surgical 62% & Trauma Emergency 72% stay was for 24-48 hours.

Conclusion: Most respondents were pleased with the number of emergency services available, such as computerized admissions and the availability of ambulances, the medical personnel, the emergency assessment, and the patient's well-being, explaining the disease's symptoms. On the other hand, most people were dissatisfied with services such as waiting time, informed consent, privacy, and poor communication.

Keywords: Patient satisfaction, health-care delivery systems, convenience, sampling, counseling

Introduction

Health care sectors have an especially competitive surroundings and patient satisfaction is one among the vital factors that confirm the success of health care facility. An emergency department also known as an emergency ward or casualty department, accident & emergency department, is a medical treatment facility which is in emergency medicine, for the care of patients, who comes without prior appointment; either by their own vehicle or by that of an ambulance.

The majority of people visit EDs for the following reasons: Accidental injuries, physical attacks, and falls, Stroke and heart attack, extreme discomfort, Breathing or bleeding problems, fractured bones, consciousness loss, deterioration of a critical illness, poisoning or overdosing on drugs, responses to allergens, complications during pregnancy, disease of the mind, burns.

ED follows triage:

The name "triage" comes from the French verb "Trier," which means "to sort or choose." It is the process of categorising patients based on the severity and urgency of their illnesses in order to send the right patient to the right place at the right time with the right care provider.

Classification of Triage includes,

1. Resuscitation (RED) 2. Emergency (YELLOW) 3. Urgent (GREEN) 4. Deceased (BLACK)

In the emergency department (ED), triage is used to prioritise incoming patients and identify those who cannot wait to be treated. Focused assessment and the assignment of a triage acuity level to the patient, which is a proxy measure of how long a patient can survive. Wait for a medical screening check and treatment in a safe manner.

One performance indicator of health-care quality is patient satisfaction. Patient satisfaction is determined by the following factors: the provision of necessary medical care; treatments sought by patients and their families; and provider activities and behaviours that include compassionate care and the protection of human life.

Patient satisfaction studies are often employed as a measurement technique because patient satisfaction is not directly observable. Patient satisfaction surveys aim to turn subjective results into useful, quantitative, and actionable information.

Objectives

The patient satisfaction was assessed in terms of objectives:

- To evaluate the patient satisfaction in terms of care and remedy in emergency department.
- To discover the association of patient satisfaction with related variables.
- To find out the patient satisfaction in times of Covid.

Literature Review

Patient satisfaction in emergency departments is an indicator of treatment and service delivery quality In poor and middle-income nations, emergency treatment can make a significant contribution to reducing needless deaths and disability. In order to improve, a variety of patient satisfaction contributing elements must be explored. Patients are dissatisfied due to shortcomings in conditions. evaluating the quality of health treatment Patient happiness has become a global health-related priority. Due to a growth in customers' knowledge and awareness about health, assessing health care quality and enhancing patient happiness has become a global health-related concern, notably among health-care suppliers and customers. Patient satisfaction refers to the level of contentment that clients feel after using a service or a product. Satisfaction is a critical issue in health care, particularly in the emergency room, which serves as a gatekeeper for patients' treatment. In addition, patient satisfaction was taken into account. The most important measures of emergency care quality and outcome. Different factors influence satisfaction. includes patient's wellness, education, occupation socioeconomic status.

The real challenge is not preparing with mere requirements, however conjointly in delivering smart quality services. Improved satisfaction in Emergency Department is probably going to possess a big impact on the general public view of hospital. Happy patients are also additionally compliant with their medical regimens which additionally promote health and well-being parts

. Patient satisfaction concerning medical aid organization is very important within the provision of services to patients. There's scarcity of studies in Indian state of affairs on patient satisfaction particularly in emergency setting **[1]**.

Improving the quality of health care has been a major concern of academics, professionals, and practitioners in the health care sector. Many studies in the literature examine the quality of health services and related issues such as patient dissatisfaction due to long waiting times, during the COVID-19 pandemic. WHO also defined the quality of care as: People and patient populations improve the desired health outcomes: Health care must be safe, effective, timely, efficient, equitable and people centred. Strategic goals of developing countries include improving the quality and efficiency of health services. One of the aspects to achieve this goal is to improve the patient experience which is the country administered patient experience centre **[2].**

Hence to guage quality of care and treatment, patient satisfaction was explored in emergency department of the said Super specialty hospital.

A pre-structured questionnaire was use, which in the first part included socio-demographic and clinical variables such as age, gender, education, length of hospitalization, type of admission and emergency room; the second part comprised a "patient satisfaction questionnaire" with 20 admission-relevant points. Process, physical environment, continuous treatment and relocation or discharge / information. The admission process included items related to waiting time, medical examination, and efficiency of the admission

process. The physical environment included items related to environmental hygiene, noise levels, room temperature, drinking water and clean toilets. The current treatment had a statement about the explanation of the disease state, the clinical care by the nursing staff, the communication; Maintain privacy, obtain consent, react quickly in emergencies, and spend time with the patient. The answers were rated with three points on a scale of "satisfied, not sure and not satisfied". and the reliability of the tool was determined. The data was collected by interviewing the test persons after obtaining their written consent. The data was entered in MS Excel and analyzed.

The evaluation of health services has aroused the interest of academics and executives at national and international level due to the growing concern to improve the quality of health care. The topic has also become relevant to patients who need better service conditions from professionals and institutions, which is why patient satisfaction and quality of care are increasingly valued. Satisfaction is determined by comparing the individual's expectations of the care they will receive and what they actually expect. defines experience with the care received, understood as the result when care exceeds or meets expectations. Satisfaction with care is recognized as an important tool for measuring the quality of care and enables the identification of potential for improvement in health practice, leading the Planning of measures, decision-making, and control of results. Some factors influencing patient satisfaction in health services have been identified, including socio-demographic factors, gender characteristics, educational attainment, and time in service, as well as characteristics related to service, perception of problem-solving health and previous hospitalization experience. Particularly noteworthy is the care, which has a direct impact on patient satisfaction due to the constant presence in all treatment phases and the importance of its role in the healthcare system. The nursing team, as part of the most representative group of professionals and professionals in constant contact with the patient, is responsible for the main link between the patient and the facility. Among the hospital sectors, the emergency department can be one of the greatest challenges in promoting quality of care. Achieving a high level of patient satisfaction with these services is a difficult task due to weaknesses due to overcrowding, lack of hospital beds, lack of human resources and insufficient physical infrastructure to meet all requirements has been treated with extensive instruments in studies **[3].**

During the COVID-19 outbreak, there was a decrease in the number of surgical patients visiting the emergency department. Patients with a green triage code and female patients experienced the greatest reduction **[4].**

Despite any therapeutic tactics or logistical issues, it seems reasonable to regard the substantial decrease in surgical problems during the COVID-19 outbreak to be "true."**[5].**

Research Methodology

A cross sectional survey was carried out among 150 patients admitted in Emergency Department (Medical emergency, surgical emergency, and trauma emergency unit) for >24hrs of hospital admission in Super specialty Hospital in Katni, MP, India, during 15th March- 15th June 2021. We selected study samples from all 3 units of emergency Medical, Surgical and Trauma, The simple random sampling technique was used to select the patients who were of age >18years and contious and were able to respond to were taken in inclusion criteria. A pre structured questionnaire was used as tool which included first part as socio demographic and Clinical variables like age, gender, education, hospital duration, type of admission and emergency unit.

The second part had 'Patient Satisfaction Questionnaire' with 20 Items related to Admission process, Physical environment, ongoing treatment and transfer or discharge/information. Admission process had items related to waiting time, examination by doctor and efficiency of admission process. Environmental hygiene, noise level, room temperature, drinkable water, and clean toilets were all included in the Physical Environment section. The ongoing treatment included statements about disease explanation, clinical care by nurses, communication, maintaining privacy, taking consent, responding quickly in an emergency, and spending time with the patient. There was single item for discharge/ transfer process. The responses were marked on three-point Likert scale ranging from 'Satisfied, Not Sure

and Not Satisfied'. The validity and reliability of the tool was established. Data was collected by interviewing the subjects after obtaining the written informed consent from them. Data was entered in MS excel and analysed. Descriptive statistics was used to analyse the mean and frequency of demographic data and responses of subjects for patient's satisfaction. Inferential statistics was used to find the association of patient satisfaction with selected variables.

"Satisfied, Not Sure, and Not Satisfied". The data were collected by questioning the subjects after they had obtained written consent. The data were entered in MS Excel and analysed. Descriptive statistics were used to analyse the mean and frequency of demographics and subjects' responses to patient satisfaction. Inferential statistics were used to find the association of patient.

Data Analysis

Data was entered and analysed in Microsoft Excel. The mean and frequency of demographic data, as well as subject responses for patient satisfaction, were analysed using descriptive statistics. The relationship of patient satisfaction with the variables in question was discovered using inferential statistics.

A total of 150 patients were included in the study, majority of subjects were Male (54%) and Female (46%). Subjects were of age group (18-70) and the mean age of the group was 43.6 (Table 1). Among 150 study group married people (78%). Nearly one-third of them belonged to low socio-economic group having income less than ₹5000.

In the Medical Emergency patients were having respiratory disease 56%, Cardiovascular disease 36%, Surgical Emergency patients Gastrointestinal diseases 64. Regarding Hospital Stay 64% stay 48-72 hours and Surgical 62% & Trauma Emergency 72% stay was for 24-48 hours.

Table 1: Demographic factors (responders' profile)

Factors	Category	Percent (%)
Gender	Male	54.0
	Female	46.0
Age group	18-25	9.33
	25-35	20.66
	35-45	6.0
	45-55	24.0
	55-65	21.33
	65-70	18.66
Education	Up to Secondary Level	54.0

Table 2: Frequency distribution of subjects' and satisfaction level with ongoing investigations and treatment (**N=150**).

Items	Satisfied	Not Sure	Not satisfied
Explanation of the disease	63.3	8.0	28.3
Explanation of the procedure, related investigation, its cost and treatment	40.0	26.0	34.0
Availability of doctors and nurses for my treatment and care	55.3	6.0	38.6
Clinical care by Nurses	50.6	10.6	38.6
Quickness of staff in responding to emergency	43.3	11.3	45.3
Time spent by staff in my treatment, care, and recommendations	44.0	7.3	48.6
Informed consent before any procedure/ investigations	26.66	36.0	37.3
Maintaining privacy	34.0	24.6	41.3
Communications by Doctors/ nurses and others Para medical staff	34.0	11.3	54.6
Overall quality of care provided by emergency health care staff	54.0	15.3	37.3

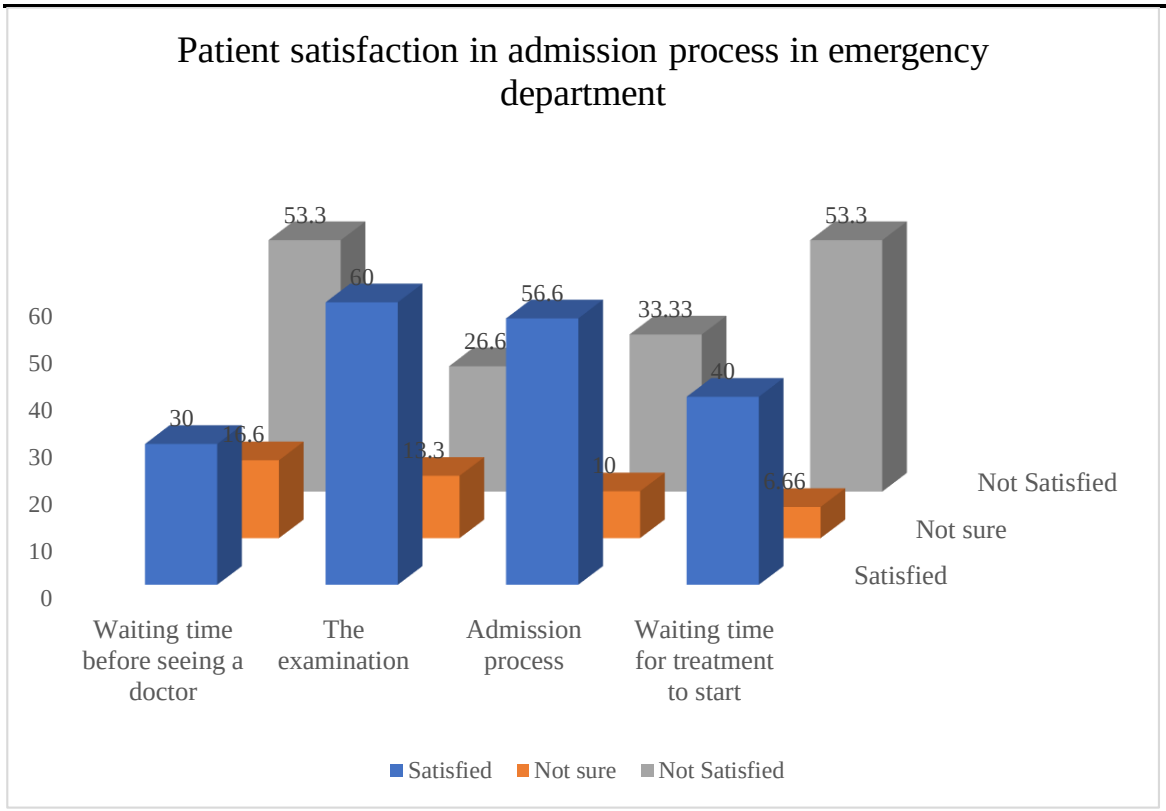

Figure1: Patient satisfaction in admission process in emergency department

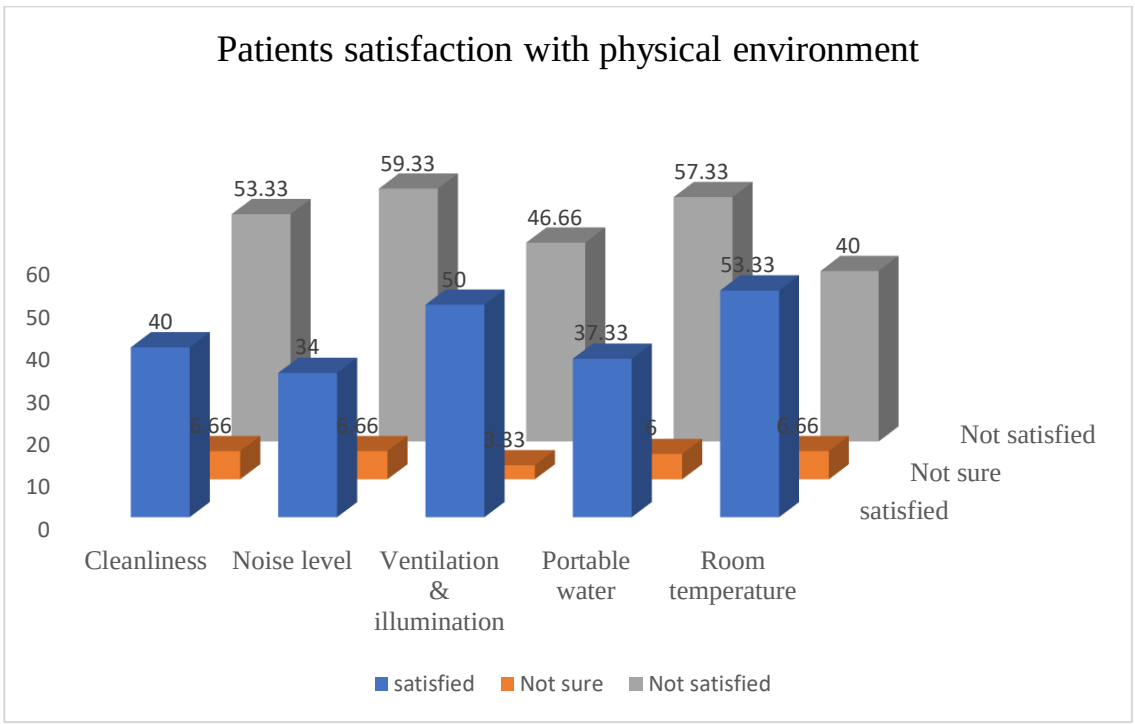

Figure 2: Patient satisfaction with physical environment

Causes of Delay in Treatment and Discharge:

Manual causes are,

- Consultant wants to see patients before shifting.
- Because of verbal orders.
- Using ER male housekeeping staff by other departments.
- Unavailability of housekeeping staff.
- Busy in the other work.

Machine issues,

- Availability of one system for billing and discharge process.

Surroundings issues,

- Discharge of more patients at a time.
- Unable to discharge at same time because of one staff and one system.
- Busy ward.

Issues with the methods followed,

- Patients attenders discussion, Delay in admission.
- Refer to other specialties, Delay due to cross consultation.
- Discussion Related to amount and schemes, Financial related decisions.
- Waiting to vacate the beds after discharge in wards, Delay due to unavailability of beds in wards.

Conclusion and Recommendations

Conclusions

During the initial weeks of the second wave epidemic, there was a decrease in patient visits to the emergency room. The fraction of patients segregated for infection control increased, and these patients spent more time in the emergency department than other patients. The decrease in patient influx is expected to be transitory, and the emergency department will remain open.

The majority of respondents were pleased with the amount of emergency services available, such as computerized admissions and the availability of ambulances, the medical personnel, the emergency assessment, and the well-being of the patient, explanation of the disease's symptoms The majority of people, on the other hand, subjects were dissatisfied with services such as waiting time, informed consent, privacy, poor communication.

Recommendations

It is recommended to reduce the waiting time of patients before the start of treatment and physicians visiting them and make the environment more friendly like reduce noise level and better facilities.

Limitations of the study

Although a couple of research were carried out withinside the beyond to evaluate patient satisfaction in some of methods through the usage of a variety of various questionnaires. This study is based on questionnaires Cross-sectional nature of the survey does not permit temporality to be unambiguously

determined. Secondly, we did not accumulate statistics at the vital variables along with the socio-financial status of the patient and former surgical treatment or health facility admission.

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