MEDICAL SCIENCE

To Cite:
Alsunidi K, Alanazi MM, Aljuaydi KA, Alanazi NMA, Alenzi AAE, Khormi AH, Bakheet OMB, Muhainy IAB, Alaswad WAM, Alqarni AA, Alaqil AA, Kassis E. Patient satisfaction in Emergency Department. *Medical Science* 2023; 27: e394ms3267
doi: https://doi.org/10.54905/disssi.v27i142.e394ms3267

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Peer-Review History
Received: 05 October 2023
Reviewed & Revised: 09/October/2023 to 18/December/2023
Accepted: 21 December 2023
Published: 27 December 2023

Peer-review Method
External peer-review was done through double-blind method.

Medical Science
pISSN 2321–7359; eISSN 2321–7367

Patient satisfaction in Emergency Department

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ABSTRACT

Patient satisfaction is used as a benchmark for healthcare reform efforts that centre on patient-centered care. The satisfaction scores for emergency departments (ED) are frequently the lowest. We set out to investigate patient satisfaction with regard to ED healthcare services at our institution because ED is the patient's initial point of contact for receiving primary care. In this cross-sectional investigation, patients who spoke Arabic and visited our institution's emergency department (ED) were interviewed and given a validated 28-item survey questionnaire. Patient demographics and healthcare use variables were assessed as determinants of patient satisfaction. Pharmacy services ranked highest in terms of patient satisfaction with a mean score of 79, while arrival received the lowest ratings with a mean score of 63.6. The average rating was 69.8. The "Comfort of the waiting area" question had the lowest mean score, while the "Explanations provided by chemist about your prescription" question had the highest mean score and was rated as the most satisfying. Based on these findings, suggestions were made to enhance patients' impressions of the care they received, their experiences doing so, and the rating as a whole. This report offers detailed suggestions for improving patient satisfaction in Saudi Arabia's primary ED settings.

Keywords: Patient satisfaction, emergency departments, healthcare services, questionnaire

1. INTRODUCTION

As departments compete for patient visits and try to provide the best care possible, the emergency department (ED) user experience has grown to be a crucial difference. Patient experience is described as "the range of interactions that patients have with the healthcare system...from doctors, nurses, and staff in hospitals, physician practises, and other healthcare facilities" by the Agency for Healthcare Research and Quality. A patient will be satisfied with their visit if their perception of the experience exceeds their anticipation for that visit. Patient satisfaction with the patient experience is the net of patient

perception and expectation. Enhancing the experience's perception, controlling patients' expectations, or preferably doing both are necessary to promote patient satisfaction.

In their capacity to influence a patient's initial perception of the healthcare system, EDs are in a unique position. However, it is impossible to overstate how difficult it is to provide a satisfying experience. Clinical outcomes and patient experience are frequently connected, according to prior research (Kelley et al., 2014). This hasn't always held true Fenton et al., (2012), though, and it understates the fact that the patient experience is still a multifaceted issue that calls for a multidisciplinary approach. Finding evidence-based interventions that have previously worked becomes even more crucial when patient satisfaction is linked to payment.

In a retrospective analysis of the relationship between patient satisfaction and patient complaints, risk management episodes, and rates of malpractice lawsuits, it was discovered that increases in patient complaints and risk management episodes were statistically significantly correlated with physician patient satisfaction survey scores falling from the highest to the lowest third. The data concentrated on the bottom third, where malpractice lawsuits had a relative risk of 2.10 times that of the top third, but did not identify a statistically significant difference between the highest and middle third (Stelfox et al., 2005). In this observational cross-sectional study, we will examine patient satisfaction in emergency department in Imam Abdulrahman Alfaisal hospital, we will examine it in many domains including the arrival, nurses, physicians, laboratories, pharmacy and overall assessment will be displayed

2. METHOD

This cross-sectional, observational, study was to evaluate the patient demographics, ED operations, and healthcare utilization characteristics as predictors of patient satisfaction in Imam Abdulrahman Alfaisal hospital. The Institutional Review Board of our organization examined and approved this study. In order to perform a regular 28-item survey, a trained surveyor called Arabic-speaking patients who had visited our institution's emergency department. We included all ED visitors during the study period who were 18 years old or more. This 8-week study on ED satisfaction was carried out in the months of July, August, and September 2023. All information was gathered verbally from patients who verbally responded to survey questions from responders. We excluded hospitalized patients after an ED visit.

Press ganey questionnaire Newgard et al., (2017) was used in this study 28 questions are included in the questionnaire to gauge patient satisfaction in various areas of the emergency room, including 4 questions about arrival, 5 questions about nursing, 5 questions about doctors, 3 questions about lab services, 2 questions about pharmacies, 3 questions about personal difficulties, and 4 questions about overall evaluation. Each question consists of 5 answers scale (Very Good, Good, Fair, Bad, And Very Poor) ranging from 1 to 5. With the use of SPSS, version 25, data were cleaned up, coded, and analysed. The information was examined, and the percentage findings were displayed in tables and graphs. Before taking part in this study, subjects gave their verbal consent. Both secrecy and anonymity were upheld.

3. RESULTS

In our study we included 80 patients with male predominance 48 (60%) of participants most of our participants 71% between the age of 35 to 64 years, the majority received university education, and 56.2% visited emergency department because of ongoing health concern, while only in 3.7% the reason of visit was injury or accident (Table 1). Patients received a questionnaire consist of 28 question to assess patient satisfaction in emergency department in different fields, 4 questions for arrival, 5 questions for nursing, 5 for physician, 3 for laboratory services, 2 for pharmacy, 3 for personal issues, and 4 questions for overall assessment, with mean scores 63.6, 70.1, 69.9, 78.6, 79, 65.2 and 66.7 respectively, (Table 3) (Figure 1). Pharmacy services came at the top of satisfaction reported by patients, while arrival get the least satisfaction reported with mean score of 63.6 (Table 2). The overall mean score was 69.8. The least question was the “Comfort of the waiting area” while the highest satisfaction question was “Explanations provided by pharmacist about your prescription” with mean score of 83.09.

Table 1 Demographic variables

Variable	Category	Number	Percentage
Gender	Male	48	60.0
	Female	32	40.0
Age in years	18 to 24	3	3.75

	25 to 34	8	10
	35 to 44	18	22.5
	45 to 54	19	23.75
	55 to 64	20	25
	65 to 74	10	12.5
	More than 74	2	2.5
Educational level	Primary	25	31.25
	Secondary	18	22.5
	Intermediate	10	12.5
	University	27	33.75
	≥10 times	8	4%
Reasons for ED visit	New health problem	32	40
	Ongoing health concern	45	56.25
	Injury or accident	3	3.75
Number of visits in the last 6 months	Only one	12	15.0
	Two times	17	21.25
	Three times	19	23.75
	More than 3	32	40.0

Table 2 Satisfactions questions mean score

Question	Mean score
Waiting time before staff noticed your arrival	65.2
Comfort of the waiting area	55.7
Waiting time before you were brought to the treatment area	61.3
Parking	72.2
Courtesy of the nurses	69.1
Degree to which the nurses took the time to listen to you	67.5
Nurses' attention to your needs	67.2
Nurses' responses to your questions/concerns	71.5
Nurses' concern for your privacy	75.1
Courtesy of the doctor	69.1
Doctor's concern for your comfort while treating you	65.2
Degree to which the doctor took the time to listen to you	75.4
How well the doctors included you in decisions about your treatment.	72.3
Doctor's concern to keep you informed about your treatment	67.3
Concern shown for your comfort when your blood was drawn	81.2
Waiting time for radiology test	77.5
Information you want to know about your test results	77.1
Waiting time for prescription filling	84.2
Explanations provided by pharmacist about your prescription	81.6
Prescribed medications	71.2
How well you were kept informed about delays	59.4

How well your pain was controlled	58.4
Information you were given about caring for yourself at home (e.g., taking medications, getting follow-up medical care)	77.8
How well the staff cared about you as a person	64.5
How well the staff worked together to care for you	82.1
Overall cleanliness of the Emergency Department	65.4
Overall rating of care received during your visit	63.2
Likelihood of your recommending our Emergency Department to others	58.4

Table 3 Average of response dimensions

Care dimension	Overall mean score
Arrival	63.6
Nurses	70.1
Physician	69.9
Laboratory service	78.6
Pharmacy	79
Personal issues	65.2
Overall assessment	66.7

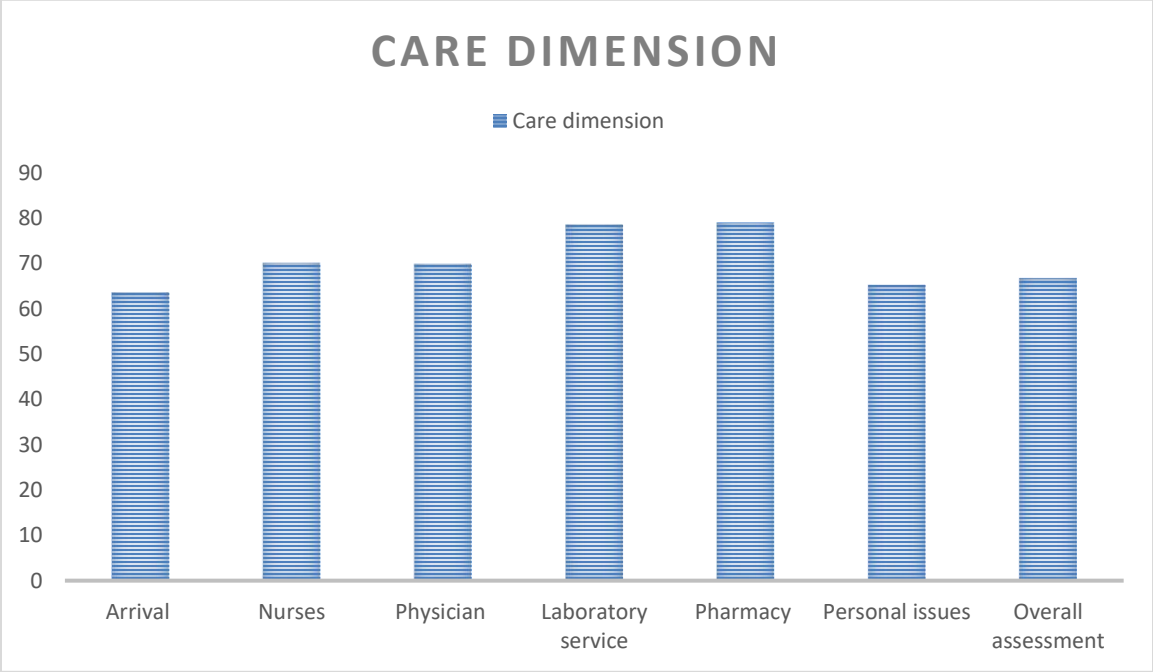

Figure 1 Care dimensions

4. DISCUSSION

The respondents' age distribution matched those of comparable surveys conducted in Saudi Arabia. Most epidemiological research on the use of emergency services defines frequent users as those who go to the ED at least three times in a six-month period. The percentage of ED patients at our hospital who used it frequently was 40% overall, which is higher than the numbers found in previous research (Pope et al., 2000). The proportion of patients at our facility who visited the ED because of an ongoing health issue or concern was lower than what was noted in the literature (Davis et al., 2014). In addition, fewer patients sought treatment at our facility for accidents-related injuries than in accordance with the findings of comparable studies (Davis et al., 2014). Because

EDs are frequently the first point of contact a patient has with a hospital, they serve as a gateway for primary care because it is here that opinions about the hospital may be formed, whether favourable or unfavourable (Singer et al., 2009).

Fast physician consultation of patients increases the effectiveness of therapy and reduces duration of stay. Patient discontent in hospitals is largely attributed to waiting times in emergency departments (Hoot and Aronsky, 2008; Robertson, 2006; Edmond et al., 2010). Acute care providers should prioritise treating pain because it is a crucial obligation of ED carers. However, solo efforts in this area might not be successful (Baker et al., 1991). It is essential for patients to understand their drugs, and poor medication adherence causes unneeded disease progression, complications, functional impairment, a reduction in quality of life, and mortality (Thompson et al., 1996). According to the present study, the average patient satisfaction score for getting the information they needed concerning results of their tests was 77.1. In both the inpatient and ED settings, there is a comparable amount of variation in the magnitude and variability of test follow-up failure (Callen et al., 2012).

Failure to deliver results information adequately result in patients though the healthcare professional does not care about them (Callen et al., 2012; Thompson and Parrott, 1994). The severity of the issue has been widely reported in previous studies, with estimates ranging from 6.8% to 32% for missed laboratory tests and from 13.1% to 35.7% for missed radiology results (16). Five questions in the current study directly evaluated nursing care. The core of the treatment that patients get and the backbone of emergency departments are nurses (6). In order to give patients of all ages with high-quality care, ED nurses must have both general and specialized understanding of healthcare (Kachalia et al., 2007). ED nurses need to be prepared to handle a variety of ailments and traumas, from a sore throat to a heart attack (Calvillo et al., 2009). Because of the need for nurses with a solid basis in fundamental nursing skills and the urgency of emergencies, several EDs do not hire newly graduated nurses (Calvillo et al., 2009).

Numerous EDs are employing new nurses and preparing them for successful careers in EDs due to the present shortage of qualified nurses. With professionalism, efficiency, and most importantly, a compassionate attitude, emergency nurses must handle a variety of jobs (Hunter, 1996). Four questions with a mean satisfaction score of 69.9 particularly evaluated the medical care provided by the doctors. Effective doctor-patient communication is crucial for providing high-quality care in clinical settings and is a key clinical function in developing a therapeutic doctor-patient relationship. The capacity to obtain data for proper diagnosis, offer suitable counselling, give therapeutic recommendations, and develop a compassionate rapport with patients are all examples of communication and interpersonal skills displayed by ED doctors (Stewart, 1995).

5. CONCLUSION

Patients must have a great deal of faith in their clinicians to regularly evaluate and advance their clinical and technical abilities. This duty is now acknowledged by the focus on evidence-based practice. However, the art of medicine may be suffering as a result of efforts to advance medical science. If we are successful in recognizing and addressing the broader patient requirements, the balance will be partially restored. A step in the right path is the study of patient satisfaction. The broad features of the service that our patients care about the most have been identified through research so far. The articles that have already been published can be helpfully used to drive future strategies for monitoring and increasing patient satisfaction in emergency care. There are numerous potential interventions that might be adjusted to local needs. We may never be able to please "all of the people all of the time", but within our own departments, we can now look into strategies that will more frequently make patients happy.

Recommendation

In our hospital we will develop more effective Rapid assessment zone and urgent care clinic to increase patient's satisfaction by decreasing waiting time. Also, hospital administrators may take some actions, to improve patient satisfaction and shorten wait times which include: Create policies for late arrivals. Prior to the visit, compile patient information. Surveys can be used to determine the causes of lengthy patient wait times and to remodel waiting areas

Ethical approval

Ethical Approval was obtained from research committee date 10/5/2023 no: 10-May23-06

Author's Contribution

Khalid Alsunidi: Supervised the research

Mazi Mohammed Alanazi: Participated in all steps of the research from the introduction to conclusion

Khalid Ayidh Aljuaydi: Introduction discussion and conclusion

Najd Mujawwil A Alanazi: Introduction discussion and conclusion

Abdulelah Aziz E Alenzi: Introduction discussion and conclusion
Ahmed Hadi Khormi: Introduction discussion and conclusion
Osamah Mohammed Bin Bakheet: Result discussion and conclusion
Ibrahim Abdullatif Bin Muhainy: Literature search discussion and method
Wafa Ali Mubark Alaswad: Literature search discussion and method
Awn Abdulkhaliq Alqarni: Literature search discussion and method
Ahmed Ali Alaqil: Literature search discussion and method
Elias Kassis: Literature search discussion and method

Funding
This study has not received any external funding.

Conflict of interest
The authors declare that there is no conflict of interests.

Data and materials availability
All data sets collected during this study are available upon reasonable request from the corresponding author.

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