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Research Article

**PATIENTS' SATISFACTION TOWARDS MEDICAL  
FACILITIES AT THE EMERGENCY DEPARTMENT OF  
ALLIED HOSPITAL, FAISALABAD****<sup>1</sup>Dr Mehak Javed, <sup>2</sup>Dr Muhammad Adeel Iqbal, <sup>3</sup>Dr Haq Nawaz**<sup>1</sup>Faisalabad Medical University, Faisalabad<sup>2</sup>Faisalabad Medical University, Faisalabad<sup>3</sup>Sheikh Zayed Medical College, Rahim Yar Khan**Article Received:** June 2020**Accepted:** July 2020**Published:** August 2020**Abstract:**

**Objective:** Patients' satisfaction (PS) is recognized as an important emergency department service design and it has received a high interest and attention in the health management where many studies have focused on determining factors affecting PS in health-related circumstances. In this study, we aimed to examine Patient satisfaction in emergency department (ED) of Allied Hospital, Faisalabad.

**Methods:** A descriptive-analytical cross-sectional study was performed at the emergency department of Allied Hospital, Faisalabad for one-year duration from March 2019 to March 2020. Press English questionnaire was used as a tool for data collection. For each patient, a self-administered questionnaire including 22 questions was filled based on a Likert scale. Results were analyzed using SPSS version 22.

**Results:** Overall, 200 respondents were included in the study. About 73% of respondents were satisfied with overall medical services. The term of nurses' concern provided to patients elicited the highest score (83.1%), followed by physicians' concern with patients (72.0%) and communication skills with patients (71.4%), while the lowest score was reported in waiting time and security staff. Furthermore, our findings show an association between PS and level of education, gender differences, living area, and work shifts.

**Conclusion:** The study results conclude that areas of medical and nursing care, respects of staff, physical comfort and waiting time ED-EGH is highly acceptable and offer in appropriate manners.

**Keywords:** Patients' Satisfaction, Emergency care, Emergency department.

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**INTRODUCTION:**

The quality of healthcare is a global problem that is undergoing a rapid revolution to meet the needs and needs of patients. Hospitals change the perception of patients to illiteracy without choosing them for little or no medical care; with multiple service requirements and existing health options. Therefore, respect for patients' requirements is crucial for any healthcare system. Traditionally, the quality of maintenance services is based on professional practice standards, but in the last decade; is based on a patient, which is an important indicator in the measurement of care services to improve the efficiency and effectiveness of clinical perception.

PS is an important principle of health care quality assessment and health management is a topical issue. It shall be considered as a personal assessment of the services received in relation to maintenance expectations. Patient satisfaction (PS) in the emergency department (PS) is considered an important indicator of the health of the high-quality healthcare system, but it is difficult to measure this not only because of clinical care, but also because of non-clinical care outcomes, such as patients' expectations of services. The patient's expectations regarding the services offered to him in the ED differ from those provided in each hospital ward. This is closely related to emergency medicine, due to changes in health policy, and the doctor's condition is often overwhelmed by ED with the burden of patients exceeding their capabilities. As the waiting time for access to emergency services is increased, ps may suffer. Doctors and health care managers are increasingly concerned that patients are meeting expectations of fast care and quality. Patients' views on the quality of healthcare services are important factors in monitoring and promotion.

PS is evaluated by a wide area; as well as availability, accessibility compliance, technical adequacy of healthcare providers, physical environment in which interpersonal skills and services are supported. The demographic and clinical characteristics of the patient are also associated with satisfaction, not the technical quality of the care provided.

In Pakistan, ensuring high-quality healthcare is one of the health ministry's priorities and one of the health sector's strategic plans to improve healthcare delivery. In this sense, policymakers should understand the characteristics of the patient and the

institution as factors that determine the satisfaction of medical care. Despite numerous studies published on PS of health services offered in hospitals, however, on the basis of our knowledge, several studies have been carried out to evaluate ED PS. Despite the importance of PS in the field of research in general and especially in the field of health, satisfaction was incomplete. In this study, we were aiming to evaluate the satisfaction of patients receiving ED.

**METHODS:**

A descriptive-analytical cross-sectional study was performed at the emergency department of Allied Hospital, Faisalabad for one-year duration from March 2019 to March 2020. Response rate was very high (98%) data were obtained from 200 patients. All patients were informed about the purpose and procedures of the study. A confirmed confirmation was also received. The investigator informed the participants of the purpose of the investigation and the confidentiality of the information. In addition, patients have been informed about their right to withdraw or refuse participation. Each survey lasted an average of 20 minutes. Press English questionnaire was used as a tool for data collection.

There were five options to answer each question on the Likert scale, from 1 (very bad) to 5 (very good). The data was analyzed using SPSS version 22. We use mean and standard deviations for continuous variables. The overall patient satisfaction score was taken as the main results of this study. A Chi-squared test was used to determine the relationship between the tested variables. Regression analysis was used to identify factors affecting PS. A P value less than 0.05 was considered valid.

**RESULTS:**

About 51.5% of patients were under the age of 30 and 28.0% were male and 47.0% were female. The results also showed that 30% of the 200 study participants had a higher level of education. This means that most of the working group is trained. In addition, results showed that 39.5% of patients came during the morning shift. Only 24.5% of respondents visited ED for the first time. Approximately 78% of patients were discharged from ED. Approximately 72% of patients visited ED for mild medical reasons, and only 6% visited ED in an emergency. Of the 200 study participants who completed the survey, 35% were sick.

**Table 1.** The demographic, socio economic and health characteristics of patients (n = 200)

Variables	No.	Percent
<b>Gender</b>		
Male	106	53
Female	94	47
<b>Age group (y)</b>		
Less and equal 30 years	103	51.5
31- 50 years	56	28.0
More than 50 years	41	25.5
<b>Educational level</b>		
Primary and less	41	20.5
Secondary	45	22.5
Tertiary	60	30.0
University	54	
<b>Time visit</b>		
Morning	79	39.5
Evening	75	37.5
Night	23	23
<b>Patient first visit here</b>		
Yes	49	24.5
No	151	75.5
<b>Reason for visit</b>		
Medical	95	47.0
Surgical	36	18.5
Orthopedic	69	34.5
<b>Illness severity</b>		
Mild	144	72
Moderate	44	22
Sever	12	6
<b>Who completed the questionnaire</b>		
Patient	70	35
Another one	130	65
<b>Patient's disposition</b>		
Discharge	156	78.0
Admission	44	22.0

Despite the trivial differences between the two groups ( $P = 0.278$ ), the results showed that 73% of respondents were satisfied with the overall interest in ED and 17% were dissatisfied. There was great satisfaction with these elements: real interest of healthcare providers (87.5%), nurse courtesy /courtesy (83.3%), triage system performance (78.5%) and courtesy/courtesy of the doctor (74.0%). In addition, nurses had the highest patient satisfaction rate (83.1%), while doctors' concerns about patient and patient communication skills were 72% and 71.4% respectively (Table 2).

**Table 2.** Satisfaction level of clients in regard to 22 items of the questionnaire

Question	Very poor	Poor	Fair	Good	Very good
Satisfied with the medical care provided in the ED	2.5	10.5	20.5	49.0	17.5
Triage arrange patients and prevented crowded	0.0	11.5	10.0	49.0	29.5
Care providers genuine interest with the patients	3.5	3.0	6.0	54.5	33.0
Allow to say everything that think is important	0.0	13.0	33.5	35.0	18.5
Information the care provider gave you about medications	2.0	9.5	38.0	41.0	9.5
Instructions the care provider gave you about follow-up care	4.5	7.0	26.5	51.5	10.5
Degree to which care provider talked with you using words you could understand	0.0	2.5	39.0	47.5	11.0
Get emergency care without any trouble	4.5	13.5	34.0	35.5	12.5
Courtesy of staff in the registration area	0.5	7.0	21.5	54.0	17.0
Easy to get medical care in ED	0.0	10.5	25.5	46.5	17.5
Comfort and pleasantness of the waiting area	6.5	9.5	25.5	46.0	12.5
Courtesy of security staff	4.5	14.0	26.5	42.5	12.5
Waiting for a long time in the triage (unnecessarily) before entering the ED	4.5	24.0	30.5	17.0	24.0
Friendliness/courtesy of the nurse	0.0	4.0	12.5	45.5	38.0
Concern the nurse showed for doing medical orders	0.0	2.5	25.0	47.0	25.5
Comfort and pleasantness during examination	1.0	2.0	28.0	46.5	22.5
Friendliness/courtesy of the physician	0.5	1.0	24.5	45.0	29.0
Explanations the physician gave you about your condition	3.5	3.5	28.0	50.0	15.0
Concern the physician showed for your questions or worries	1.5	10.5	29.0	47.5	11.5
Physician efforts to include you in decisions about your treatment	7.5	5.0	34.5	35.0	18.0
Frequency of being visit by physicians	5.0	12.5	31.0	33.0	18.5
Degree to which physician talked with you using words you could understand	9.0	26.5	29.5	21.5	13.5

Patient satisfaction with morning shifts was the highest rate of night and night shifts (74.3%, 71.8% and 73.1%). Although the overall night shift dissatisfaction rate was lower than for other changes, there was no significant statistical difference between the different changes.

Some 76.6%, 69.9%, 75.9%, 71.6% and 73.1% were illiterate, primary, secondary, higher and university schools. Dissatisfaction between these levels was 14.2%, 21.0%, 14.9%, 19.3% and 16.6%, respectively. Advanced analysis showed that primary school participants are not happier with other groups (P - 0.026).

In terms of patient severity, their satisfaction with mild, moderate and severe pain was 73.5%, 72.6% and 71.0% respectively. Dissatisfaction was 17.4%, 18.2% and 19.8%, respectively.

While the rate of dissatisfaction among men decreased slightly compared to women, there was a significant statistical difference between different sexes. This difference was preferred for women.

Table 3 provides a logistical analysis of the factors affecting ps. Key determinants leading to a multi-variable logistical analysis have shown that the level of education remains related to overall satisfaction (P - 0.002). The relationship between overall satisfaction, age, gender, visit time and the person who fills in the questions did not reach a statistically significant level (P 0.14, 0.18, 0.50, 0.68, respectively).

**Table 3.** Logistic regression used for factors affecting on patient satisfaction

Variables	B	Wald	OR	95% CI	P value
Age	0.42	2.15	0.65	0.37-1.15	0.14
Gender	0.54	1.75	1.73	0.76-3.90	0.18
Educational level	0.55	9.84	0.57	0.40-0.81	0.002
Person complete question	0.28	0.45	0.75	0.32-1.73	0.50
Time of visit	0.10	0.10	0.90	0.54-1.49	0.68
Constant	4.35	8.47	78.00		0.004

**DISCUSSION:**

Patient satisfaction is the most important indicator in measuring the quality and presentation of healthcare services. Our study found that although there are many unmet needs, there is a high level of satisfaction. Approximately 73.1% of the 200 subjects.

Our study was generally satisfied, and a 2009 report showed that 83.18% of the 1,399,047 patients treated in 1,399,045 hospitals across the country were generally satisfied with medical care. ED is a unique pavilion among other health services; Therefore, it is important to understand the factors that affect PS. Therefore, researchers looked for other factors affecting PS by conducting regression analysis, in addition to the level of satisfaction. The study showed that patients with higher levels of education had a higher level of satisfaction; this is because older participants can listen and talk to medical staff. However, there was no link between age, gender, work shift, worsening of patients' diseases, and patients who completed the study.

Further analysis of the data showed that patients arriving at ED between 14:00 and 20:00 were not more satisfied with those who arrived at different hours of the day, and the difference between arrival time and satisfaction levels did not reach a significant level. This result is in line with the Press Ganey report, which recorded the highest satisfaction of ED in the early hours of the morning.

Evidence suggests that age and gender satisfaction have no effect on levels, but there is a link between satisfaction and respect for doctors and nurses for patients during the waiting period. Another study in Iran confirms the relationship between gender, educational level and satisfaction. Unlike other studies, our results have shown that gender has an effect on PS.

A 2004 study at Cooper Hospital in New Jersey found that satisfaction levels are highest for people with serious illnesses or urgent needs. These results are inconsistent with our findings.

According to our findings, there are some problems in ED for patients who need urgent care to increase patient satisfaction. For example, issues that affect latency and satisfaction with post test results. For example, waiting for a patient for a long time in the field of evaluating patients who do not need emergency intervention of medical staff leads to dissatisfaction with the health service.

Staff communication with patients and caregivers and the information provided to them are also considered another issue and are not considered a priority for patients visiting ED. Here it focuses on chronic patients who are reluctant to treat or admitted to the hospital, ED is reluctant. These patients are not worried about communication and healthcare information.

**CONCLUSION:**

Ps is the easiest, cheapest, most effective way to assess health care. This study evaluated PS and results show that patients are more satisfied with ED services. Quality management is essential in healthcare to achieve these improvements, and the systematic use of feedback and feedback can improve efficiency and satisfaction.

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