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Research Article

**PATIENT SATISFACTION IN THE EMERGENCY  
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**Abstract:**

**Objective:** Patient satisfaction is one of the most important indicators for measuring the quality of emergency services and medical care. The aim of this study was to assess patient satisfaction in the emergency department of the hospital.

**Methods:** This descriptive, cross-sectional study was conducted at the Emergency department of Mayo Hospital Lahore for six months duration from December 2019 to May 2020. Data was collected using a questionnaire verified for validity and reliability in previous studies. The survey consists of 2 parts. Chapter 1 contains demographic characteristics, and Chapter 2 satisfactory scales. Data analysis was carried out in SPSS 18 version.

**Results:** In total, 425 patients participated in the study. The mean age of patients was  $41.6 \pm 17.6$  years. The mean overall patient satisfaction score was  $17.43 \pm 1.56$ . Maximum satisfaction was related to doctors' knowledge, and minimum satisfaction was related to the remaining period in ED. In addition, nurses' performances were in demand. In terms of satisfaction with the physical environment and the course of work with erectile dysfunction, the results were moderate. A significant statistical difference concerned the behavior of nurses and doctors in ED during various job shifts, non-working days and working days.

**Conclusion:** according to the obtained results, patients were satisfied with the services provided in the emergency room. Physical spaces should be developed and the patient workflow improved.

**Keywords:** patient satisfaction, ambulance, hospital

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**INTRODUCTION:**

Between health departments and institutions, hospitals play a key role in providing services related to human life. The hospital emergency room (ED) can be considered an independent organization providing comprehensive hospital and outpatient services. The role of ED as a service delivery system cannot be denied because the therapeutic services they provide have an impact on patient satisfaction. ED is not only the first therapeutic department that serves many patients, it is also seen as a place where many therapeutic programs and clinical procedures are carried out.

In this context, the quality of services can be assessed by assessing patient satisfaction with the services they receive in the emergency department. Therefore, decision makers and managers can provide and design better programs for patients in the emergency department.

In addition, program traps and weaknesses in clinical protocols can be detected. In this respect, the healthcare system can better serve patients.

Soleimanpour *et al.* It was found that factors such as the behavior of nurses and physicians, and time to see a doctor, play an important role in patient satisfaction in the emergency department. Zahmatkesh *et al.* In another study conducted by, staff training in behavior, especially in interpersonal relationships, proved to be an important issue affecting the quality of services.

That is why patient satisfaction is one of the most important indicators of the quality of emergency care and results of medical care. In general, increased satisfaction with emergency room services can have a significant impact on patients' attitudes towards the emergency room and care in hospitals. Currently, people with disabilities see patient satisfaction as a more important issue than before. However, hospital emergency units face many challenges that can lead to reduced patient satisfaction.

Based on the importance of patient satisfaction in the emergency room, we conducted this study to assess patient satisfaction in the emergency department. Our study took into account different criteria for patient satisfaction and made suggestions.

**METHODS:**

This descriptive, cross-sectional study was conducted at the Emergency department of Mayo Hospital Lahore for six months duration from December 2019 to May 2020. 425 patients participated in this study, with sample size  $\alpha = 0.05$ , CI = 0.95 and 3500 visits per month. For delicate

reasons, we have increased the sample size to 425. All patients admitted to the emergency department. Exclusion criteria included any cognitive impairment (attention impairment, recent memory impairment, lack of understanding of the questionnaire), inability to respond to the questionnaire due to the unstable general condition of the patients and avoidance of signing the consent form. Working conditions were explained to patients and their companions and written consent was obtained. The data collection tool is a questionnaire, whose validity and reliability have been confirmed in previous studies. The survey consists of two main parts. Part one demographic characteristics (age, sex, level of education, place of residence, marital status), changes related to DE (morning, afternoon, night), day of visit to DE (holidays, business day), diseases (internal medicine, surgery, dermatology), infectious diseases) and the result of a state of emergency (admission, release, referral, death). The second part contains satisfaction-related variables on the Likert 5-point scale (1 = very poor and 5 = very good). This part of the survey has 4 subscales consisting of 25 items and 5 response options for each subscale. The satisfaction survey includes several variables relating to doctors (6 questions), nurses (4 questions), physical area (8 questions), workflow on the alert (5 questions) and several (2 questions). To increase survey accuracy, several negative questions have been added to the survey (workflow section). In this case, the desired results are weak and very weak options. To analyze the results, the researchers calculated the sum of points and interpreted them as positive (75% -100%), average satisfaction (50% -74%) and negative (50%). Finally, at the end of the questionnaire, patients were asked to rate their overall satisfaction with ED from 0 to 20. Patients completed the questionnaires in collaboration with medical staff and a researcher who is not part of the ED department. .

To analyze the data, descriptive tests (frequency, mean and standard deviation) and analytical tests (chi-square) were carried out. SPSS version 18 was used for data analysis. A p value below 0.05 was considered significant.

**RESULTS:**

The study involved 425 patients. In total, 229 patients were male and 196 women. The mean age of patients was  $41.6 \pm 17.6$ . 367 patients were taken from urban areas, 58 patients from rural areas. 116 patients are married, 309 people are single. Regarding the patients' education, 24.9% were uneducated, 11.3% had basic education, 13.2% had middle education, 32.5% had diploma or a higher degree, and 14.1% had BA or a higher degree (14.1%). 136 patients (32%), 108 patients (25.4%) and 181 patients (42.6%) were referred to the

ambulance in the morning, afternoon and evening. Also, the number of patients in the workdays was 140 (32.9%) and in the vacation days was 285 patients (67.1%). In terms of disease types, internal diseases, surgery, skin diseases, and infectious

diseases were 56.7%, 31.5%, 8% and 3.8%, respectively. Regarding the current state of patients, 50.1% were released, 48% were hospitalized, and 1.9% were transferred to other health centers.

**Table 1.** Patients' opinions about ED satisfaction

Variables	Very good	Good	Moderate	Poor	Very poor
	No. (%)				
<b>Variables related to physicians</b>					
Physicians care	172 (40.5)	168 (39.5)	62 (14.6)	21 (4.9)	2 (0.5)
Physicians knowledge & practice	160 (27.6)	214 (50.4)	38 (8.9)	13 (3.1)	0 (0)
Description of the disease and required procedures	130 (30.6)	166 (39.1)	91 (21.4)	34 (8.0)	4 (0.9)
Physician behavior	162 (38.1)	164 (38.6)	78 (18.4)	19 (4.5)	2 (0.5)
Physician's interest to work	154 (36.2)	182 (42.8)	74 (17.4)	12 (2.8)	3 (0.7)
Understanding the terminology used by physician	120 (28.2)	144 (33.9)	108 (25.4)	43 (10.1)	10 (2.3)
<b>Variables related to nurses</b>					
Nursing care	161 (37.9)	192 (45.5)	52 (12.2)	18 (4.2)	2 (0.5)
Nursing knowledge & practice	149 (35.1)	191 (44.9)	74 (17.4)	10 (2.4)	1 (0.2)
Nursing behavior	158 (37.2)	183 (43.1)	60 (14.1)	21 (4.9)	3 (0.7)
Nurse's interest to work	160 (37.6)	185 (43.5)	63 (14.8)	15 (3.5)	2 (0.5)
<b>Variables related to ED physical space</b>					
Cleaning status of department	106 (24.9)	202 (47.5)	103 (24.2)	13 (3.1)	0 (0)
Status of department WC <sup>a</sup>	72 (16.9)	154 (36.2)	111 (26.1)	41 (9.6)	5 (1.2)
Status of facilities available in the waiting room	86 (20.2)	153 (36.0)	98 (23.1)	76 (17.9)	14 (3.3)
Status of beds and bed linens	83 (19.5)	170 (40.0)	118 (27.8)	49 (11.5)	3 (0.7)
Discipline status	95 (22.4)	174 (40.9)	123 (28.9)	26 (6.1)	7 (1.6)
Ventilation and temperature status	101 (23.8)	160 (37.6)	109 (25.6)	45 (10.6)	10 (2.4)
Separation of male and female patients	117 (27.5)	178 (42.1)	79 (18.6)	42 (9.9)	8 (1.9)
Tranquility status of department	83 (19.5)	162 (38.1)	127 (29.9)	34 (8.0)	19 (4.5)
<b>Variables related to patients workflow</b>					
Delay in filling out the form	11 (2.6)	36 (8.5)	103 (24.3)	185 (43.5)	90 (21.2)
Delay in physician visit	11 (2.6)	30 (7.1)	97 (22.8)	177 (41.6)	109 (25.6)
Delay in discharge after disposition	14 (3.3)	44 (10.4)	121 (28.4)	155 (36.5)	92 (21.6)
Paraclinic problems (labs or imaging) <sup>b</sup>	7 (1.6)	39 (9.2)	91 (21.4)	145 (34.1)	101 (23.8)
Length of stay in emergency department	136 (32.0)	85 (20.0)	119 (28.0)	51 (12.0)	34 (8.0)
<b>Miscellaneous variables</b>					
Responding to objections and complaints	84 (19.8)	184 (43.3)	112 (26.4)	34 (8.0)	11 (2.6)
Guard misbehavior with patient and his/her families	6 (1.4)	35 (8.2)	84 (19.8)	184 (43.3)	116 (27.3)

Table 1 shows the results of patient satisfaction with various variables. Regarding statements about physiotherapists, all variables were asked, except for "Understanding physician terminology (62.1%)" and "Description of the disease and necessary procedures (69.7%)". Regarding the statements about nurses, this

category was at the desired level. Regarding the physical area, this category was at an average level of satisfaction (the highest level of satisfaction with 72.4%, the lowest level of satisfaction with toilets at the ready with 52.8%). While job satisfaction was moderate in the hospital emergency department, the delay in visiting doctors (67.2%) was the highest and the duration of stay in the emergency department (52%) was the lowest.

The behavior of emergency departments (70.6%) and the response to appeals and complaints (63.1%) were moderate. The total average score on patient satisfaction was  $17.43 \pm 1.56$ .

The chi-square test was used to compare patient satisfaction with morning, afternoon and evening changes. In this sense, the following important results were obtained: medical care (0.026), behavior of doctors (0.04), interest of doctors in work (0.029), description of the disease and necessary procedures (0.01), behavior of nurses (0.013), Discipline DE (0.001), calm atmosphere DE (0.007), delay in completing forms (0.028), delayed visit to the doctor (0.041), post-discharge (0.013) and paraclinical problems (laboratories or images) (0.037). In other cases, there was no significant relationship.

The chi-square test was used to compare patient satisfaction with working days and holidays. Important cases include physician care (0.005), physician behavior (0.001) and nurse behavior (0.038). In other cases, there was no significant relationship.

### DISCUSSION:

EDs play an important role in providing healthcare to patients. For this reason, patient satisfaction with ED services is very important because they are the first place of treatment for many patients.

Patient satisfaction in the emergency department is considered an indicator of the quality of care provided by the personnel of this department. It is worth noting that the relationship between satisfaction and quality of care is complex and depends on patients, doctors and service providers. Patients' expectations of health services affect their satisfaction. Mismatching patients' expectations and services brings less satisfaction. Patients with high expectations and the impossible may not be satisfied with optimal care, while patients with low expectations may be satisfied even in partial care.

The overall satisfaction score was good in our study. Although the number of patients is increasing day by day, the number of medical staff is quite stable, but this affects the quality of services provided. The results of this survey showed that the level of satisfaction varies depending on changes, days off and working days. This may be due to the growing number of patients at night and night shifts, as well as hospital clinics closed during the holidays. Various studies have been carried out to assess patient satisfaction in hospitals. Jennings et al. It was

found that patient satisfaction with nurses with erectile dysfunction was more positive than those with erectile dysfunction. Soleimanpour et al. Two contributing factors were found to play a role in patient satisfaction. These were the times of waiting for care and meetings provided by nurses and doctors. A study by Sarchami and Sheikhi showed that 98.4% of patients were satisfied with the services provided in the emergency room. In this study, female satisfaction was higher than that of men, and the 30-39 age group had the highest level of satisfaction with service.

In our study of doctors, maximum satisfaction was associated with the behavior of doctors, and minimum satisfaction was associated with the definition of the disease and necessary procedures. As for nurses, all factors were in the desired condition. In addition, physical space and workflow were characterized by a moderate level of satisfaction.

### CONCLUSION:

Based on the results of this study, it can be concluded that the hospital emergency service needs to be improved both physically and in terms of staff and services to increase patient satisfaction. In this sense, provide a wider area, increase the number of beds, create an observation unit for the convenience of patients who have been in the emergency department for a long time, build a polyclinic to reduce the number of hospitalized patients. It is important to increase comfort in the ambulance, waiting room for patient families and to supervise the cleaning of wards and towels. In addition, it is necessary to increase the number of staff and services to maximize patient satisfaction. We suggest that triage nurses at first explain the workflow of the ED to the patients so that they would not be dissatisfied from the long-term residency in the ED. Further studies are also recommended to compare the results of this study.

### REFERENCES:

1. Saban, Mor, Efrat Dagan, and Anat Drach-Zahavy. "The relationship between mindfulness, triage accuracy, and patient satisfaction in the emergency department: A moderation-mediation model." *Journal of Emergency Nursing* 45, no. 6 (2019): 644-660.
2. Hasanah, Uswatun, and Nurul Jannatul Firdausi. "BOARDING TIME AND PATIENT

- SATISFACTION AT THE EMERGENCY DEPARTMENT." *Jurnal Administrasi Kesehatan Indonesia* 7, no. 2 (2019): 7-10.
3. Sharp, Brian, Jordan Johnson, Azita G. Hamedani, Emilia B. Hakes, and Brian W. Patterson. "What are we measuring? Evaluating physician-specific satisfaction scores between emergency departments." *Western Journal of Emergency Medicine* 20, no. 3 (2019): 454.
  4. Akhtar, Khursheda, Md Mamun Or Rashid, Khodeza Akhtar, Ayesha Siddika, and Syeda Subrina Siddika. "Status and Patients Satisfaction Attended at Emergency Department of a Tertiary Level Hospital in Dhaka City." *Journal of Current and Advance Medical Research* 6, no. 1 (2019): 53-58.
  5. Stefanini, Alessandro, Davide Aloini, Peter Gloor, and Federica Pochiero. "Patient satisfaction in emergency department: Unveiling complex interactions by wearable sensors." *Journal of Business Research* (2020).
  6. Duncan, Rachael W., Karen L. Smith, Michelle Maguire, and Donald E. Stader III. "Alternatives to opioids for pain management in the emergency department decreases opioid usage and maintains patient satisfaction." *The American journal of emergency medicine* 37, no. 1 (2019): 38-44.
  7. Shuaib, Waqas, John Hilmi, Joshua Caballero, Ijaz Rashid, Hashim Stanazai, Kerolos Tawfeek, Ahmed Amari et al. "Impact of a scribe program on patient throughput, physician productivity, and patient satisfaction in a community-based emergency department." *Health informatics journal* 25, no. 1 (2019): 216-224.
  8. Chow, Maria YK, Slaven Nikolic, Amith Shetty, and Kevin Lai. "Structured interdisciplinary bedside rounds in an Australian tertiary hospital emergency department: patient satisfaction and staff perspectives." *Emergency Medicine Australasia* 31, no. 3 (2019): 347-354.
  9. McFarlan, Susan, Danielle O'Brien, and Eryn Simmons. "Nurse-leader collaborative improvement project: Improving patient experience in the emergency department." *Journal of Emergency Nursing* 45, no. 2 (2019): 137-143.
  10. Mandel, Susan E., Beth A. Davis, and Michelle Secic. "Patient satisfaction and benefits of music therapy services to manage stress and pain in the hospital emergency department." *Journal of Music Therapy* 56, no. 2 (2019): 149-173.
  11. Archual, Gregory M., Ashish R. Panchal, Mark G. Angelos, and David P. Way. "The Impact of Selecting Specific Cohorts for Benchmarking and Interpretation of Emergency Department Patient Satisfaction Scores." *Academic Emergency Medicine* 27, no. 5 (2020): 388-393.
  12. Feuerwerker, Solomon, Nick Rankin, Brittany Wohler, Henry Gemino, and Zachary Risler. "Improving patient satisfaction by using design thinking: patient advocate role in the emergency department." *Cureus* 11, no. 1 (2019).
  13. Mohammadi-Sardo, Mohamad Reza, and Soheil Salehi. "Emergency department patient satisfaction assessment using modified servqual model; a cross-sectional study." *Advanced journal of emergency medicine* 3, no. 1 (2019).
  14. Hermann, Robin M., Elizabeth Long, and Rebecca L. Trotta. "Improving Patients' Experiences Communicating With Nurses and Providers in the Emergency Department." *Journal of Emergency Nursing* 45, no. 5 (2019): 523-530.
  15. van der Linden, M. Christien, Roeline AY de Beaufort, Sven AG Meylaerts, Crispijn L. van den Brand, and Naomi van der Linden. "The impact of medical specialist staffing on emergency department patient flow and satisfaction." *European Journal of Emergency Medicine* 26, no. 1 (2019): 47-52.