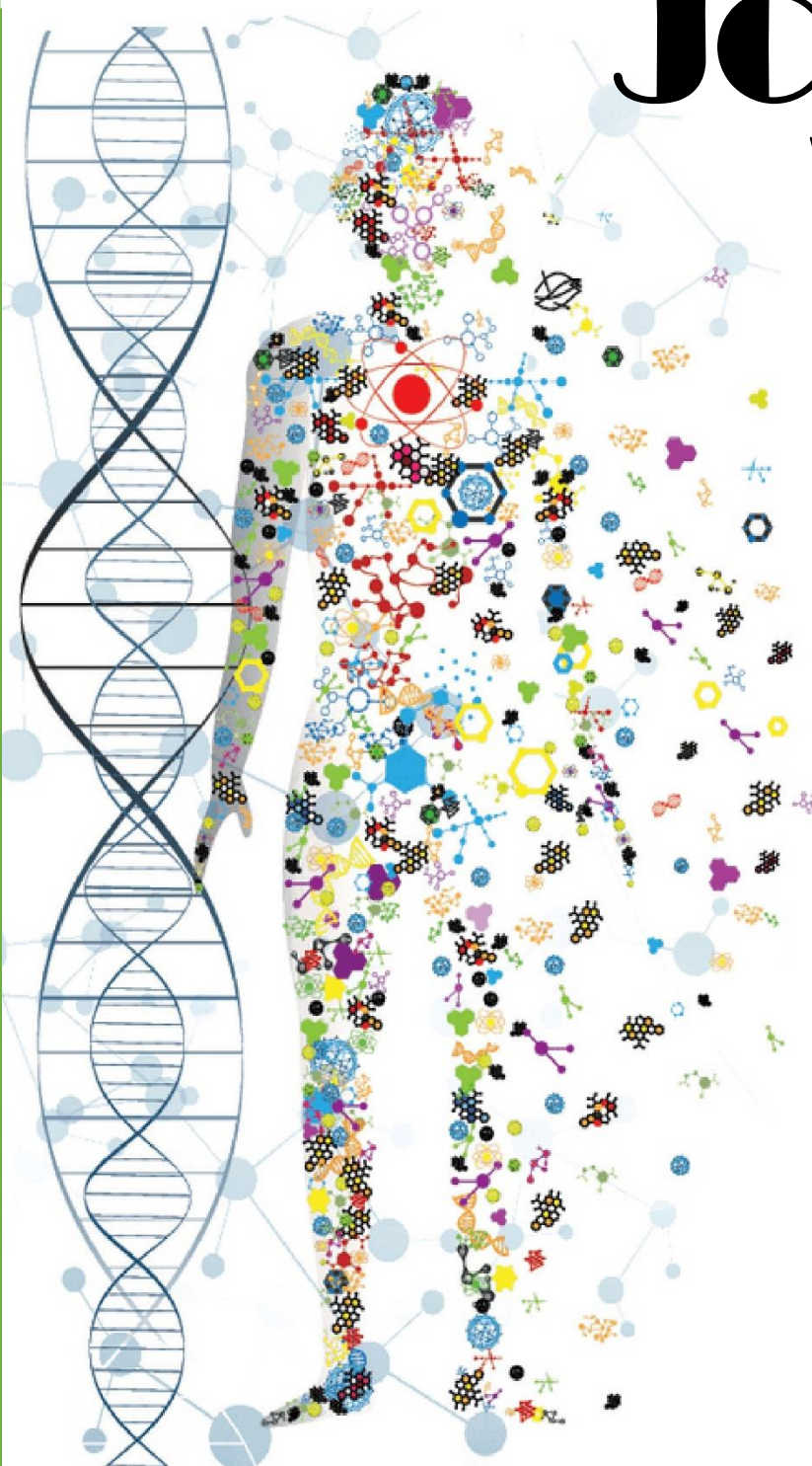




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## A STUDY ON PATIENT SATISFACTION IN EMERGENCY DEPARTMENT

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### ABSTRACT

This study investigates patient satisfaction in emergency departments, examining factors that influence patient perceptions of care quality. Through structured surveys and qualitative analysis, we assessed 565 patients' experiences across multiple healthcare facilities. Key determinants included waiting times, staff communication, medical treatment effectiveness, and environmental comfort. Results revealed significant correlations between reduced wait times and increased satisfaction levels<sup>[1]</sup>. Our findings suggest targeted interventions can substantially improve patient experience and overall emergency department performance.

### INTRODUCTION:

“Patient interest is a required phenomenon, idealizing patients perceived needs, expectations from health care delivery systems and experience of quality care.” “A patient’s view of interest or disinterest is a judgment on the quality of health care services provided in all its aspects”. “Whatever its strengths and limitations, patient interest is an indicator that should be indispensable to the assessment of the quality of care in hospitals”<sup>[2]</sup> “Hospitals are facing multiple challenges in every point of services. In emergency care there are various indigenous substances that causes demotivation in the patients”. Each and every department like emergency had increased technological advances. But still at point of satisfaction these are not key factors. As compared to inpatient or consultation emergency staff should be more efficient in clinical decisions as well as in clinical discharge. “Longer the patient stays longer the impact on patient mental stability”. “Medical quality lies in the patient interest much more in medical care establishment rather than in amenities.” “As maintenance staff and food services is not as top priority as in Inpatient department.” “As their stay will should be ideally 3-4 hours and by their medical condition, they should be either sent to ICU or HDU or discharge. As their efficiency can save or kill patient in emergency”. Patient flow in this department is also a factor. Because in emergency prediction of this flow is not feasible because only certain planned cases will arrive to E.D. So, managing flow is also essential so that due to increased footfall doesn’t effect the satisfaction in emergency department. At Citizens Specialty Hospital, Emergency medicine department is well known as the citizens emergency response system – **EONE** which is at the core of the Department. Emergency Medicine Department treats the full spectrum of patients from making a quick assessment of patient’s status to manage life-threatening conditions.

Citizens specialty are pioneers of emergency care, the 24 hours emergency care brings you the highest levels of skill, expertise and infrastructure. “Decisions should be critical and efficiency as time bound is much limitation in this department. Mortality rate can also defect patient interest”. Moreover being a integral part of ratings emergency care is considered turnkey to vitals. “Nurse or staff incompetence causing human error are more significant that causes disinterest in patients”.

**METHODOLOGY:**

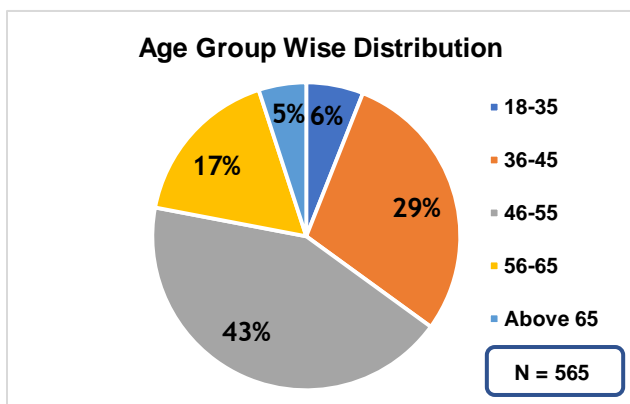
The study was conducted in Emergency department in Citizens specialty hospital located in Nallagandla, Telangana. Study Design is an analytical study conducted on the respondents (patients or attendees) using direct observation and questionnaire with five-point Likert scale. Patient interest towards Citizens specialty hospital services was measured and patients were observed and asked to rate specific services based on bad, poor, average, good and excellent in specific departments for duration of 3 months i.e. from 4 February 2019 to 3 May 2019, with a total number of 565 respondents who have received treatment in E.D during study duration time period, taken as a sample based on convenience sampling in E.D department by using convenience sampling Technique<sup>[3]</sup>.

**Data Collection Method:** A modified questionnaire was prepared for Citizens specialty hospital services covering the attributes related to patient interest in “E.D”.

**Observation in Emergency Room:** As the study includes to observe, understand and assess the dynamics of Emergency room to construct Questionnaire which determines patient satisfactory levels.

- As this department comprises 30 staff nurses headed by Nurse In-charge.
- Three shifts to run around 24/7 includes staff nurses 10 of each shift, 4-maintenance/house-keeping staff and 3-duty doctors
- As based on the triage system patient is treated and by the medical condition patient may be shifted to ICU, HDU or IPD in hospital or discharged.
- Assessing patient satisfaction is Iceberg theory as lot of factors comprises both from patient and staff end.
- By observing the pattern in ER, questionnaire is being prepared to assess the patient satisfactory in terms of operational and quality terms.

**Analysis:** On the basis of the questionnaire prepared to analyse and determine the satisfaction level of the patients towards various services provided in emergency department, the survey was conducted on the sample of 565 respondents.



**Chat Description:**

This Pie chart denotes about distribution of respondents on basis of Age. Where 6% of the respondents lie between 18-35, 29% of the respondents in the age group of 36-45, 43% of the respondents in the age group of 45-55, 17% of the respondents in the age group of 56-65 and rest 5% are above 65 age group.

FIG-1. Sample distribution according to AGE and SEX variable.

2. Sample wide percentage of gender

Gender	Respondents	Percentage
Male	352	57%
Female	213	43%
Total	565	100%

Table 1. Gender wise distribution.

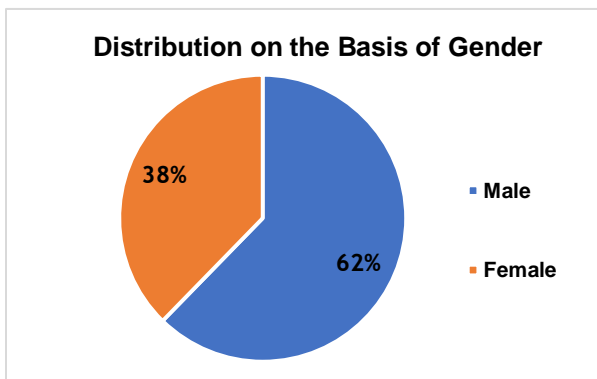


FIG-2. Analysis shows the data in which out of 565 respondents, 352 (57%) of the them are male and rest 213 (43%) are female.

Chat Description:

This Pie chart denotes about distribution of respondents on basis of Gender. Where 38% are female and rest 62% are male respondents in this study.

As Emergency room is a small time In-Patient department where clinical excellence is required. But, to assess and to consider the patient satisfaction various factors that implies direct effect on satisfaction by observation and perceived responses are considered to plot the analysis in this project.

“Based on it indicators were categorized under various segment while each of these segments show specificity to that factor that caused satisfaction or dissatisfaction in patients who received services in ED.”

- Quality of Emergency Room
- Documentation & Registration of Patients
- Assessment of Patient After Registration
- Quality of Nurse Services in Emergency Room
- Quality of Doctor Services in Emergency Room
- Effectiveness of Emergency Room Staff (Pre)
- Effectiveness of Laboratory Services in Emergency Room
- Hospitality Services in Emergency Room
- Recommendation of Citizens Hospital Services
- Discharge Process
- Satisfaction Based on Total Stay of Patient In ER
- Overall Satisfaction by Patient

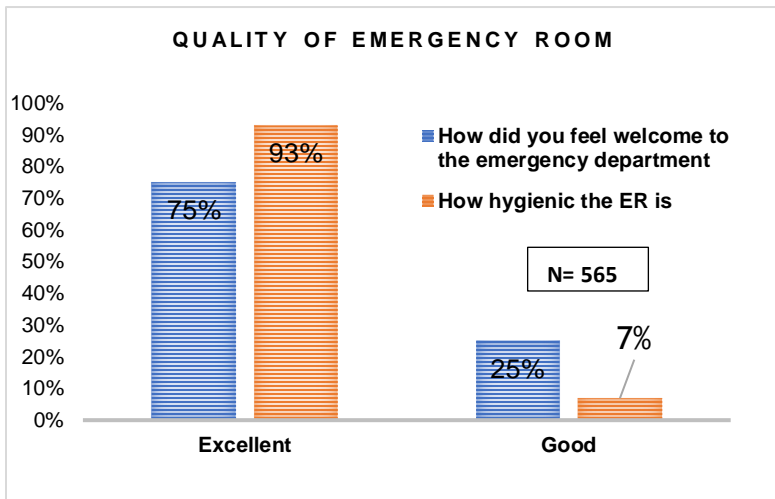


FIG-3. Bar Diagram Defines Percentage Analysis for Quality of E.D.

**Chat Description:**

- In the quality of ER 75% of the respondents said welcome to emergency room was great and rest 25% of them felt good about it.
- Regarding Hygienic 93% felt excellent and rest 7% felt good. This was positive outcome for emergency room maintenance.

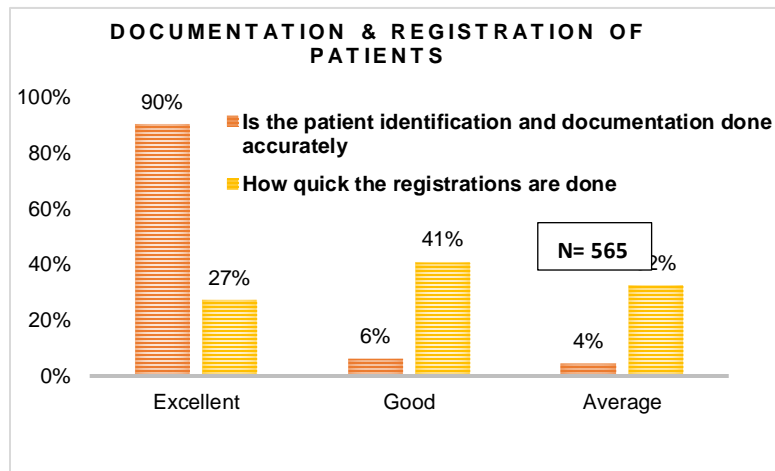


FIG-4. Bar diagram defines percentage analysis for Assessment of patient after registration.

**Chat Description:**

- In the Documentation & registration patient identification was 90% excellent, 6% good and 4% average
- Registrations were quickly done and response rate was 90%, good 6% and 4% was average

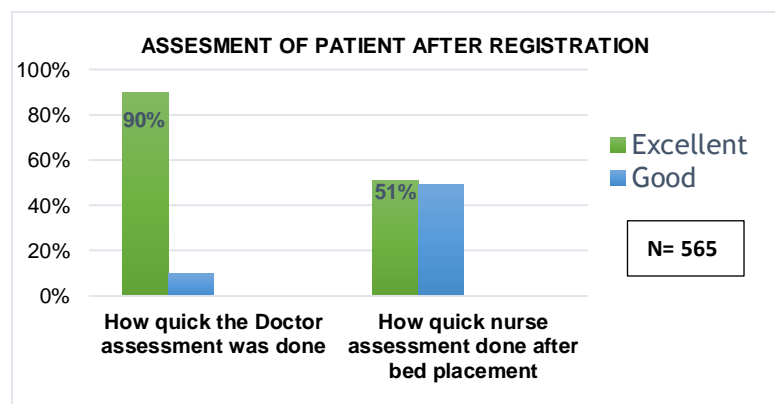


FIG-5. Bar diagram defines percentage analysis for Quality of Nurse services in ER.

**Chat Description:**

How quick the Physician/Specialty doctor assessment was done Excellent, 90% Good, 10%. How quick the bed placement was done received Excellent 72% Good, 23% for the interest level. While how quick nurse assessment was done received Excellent 51% Good 49%.

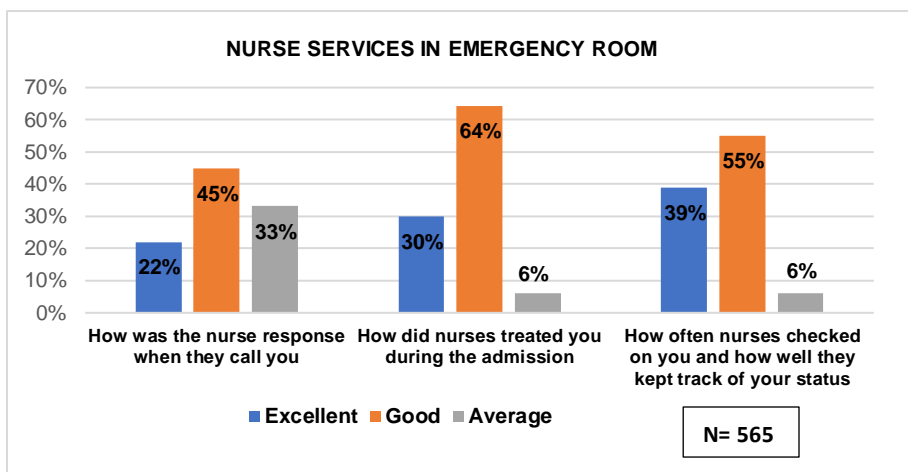


FIG-6. Bar diagram defines percentage analysis for Quality of Nurse services in ER.

**Chat Description:**

Assessment of Nurses was major turnkey in patient's satisfaction in which the results where

- In the nurse response section 22% of them felt quick response i.e less than 5mins, 45% of them felt good which was between 5-10 mis, rest 33% felt average as nurse response was between 10-15 mins. This shows satisfaction was not high.
- In this 30% of them felt nurse treatment was excellent, 64% of them felt good and rest 6% felt average about nurse assistance in Emergency services.
- In this 22% of them felt nurses were quite willing to help with their queries, 74% felt good and 5% felt average about it.
- In total responses 39% of them felt nurses kept excellent track of their health status, 55% felt good and rest 6% average about these services.

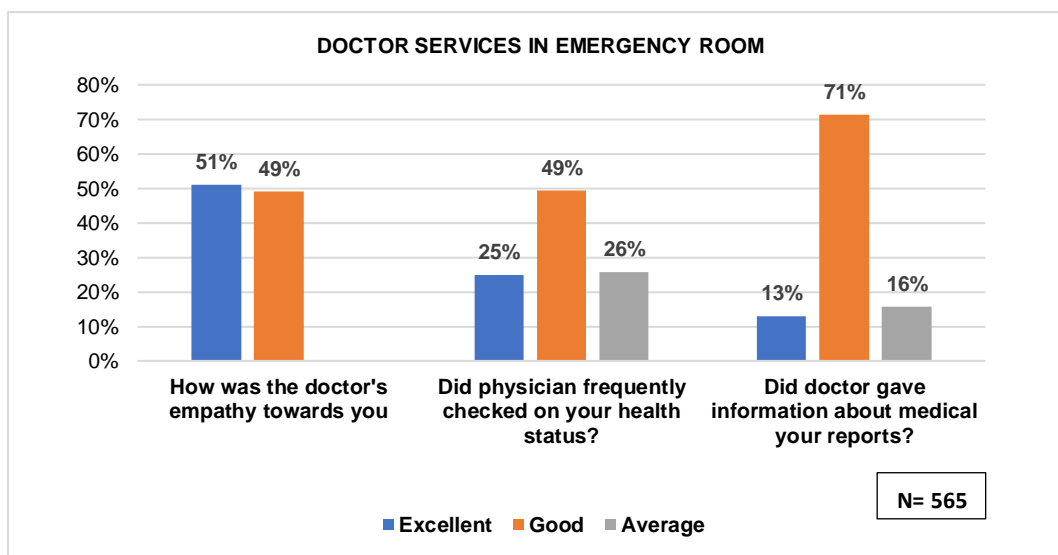
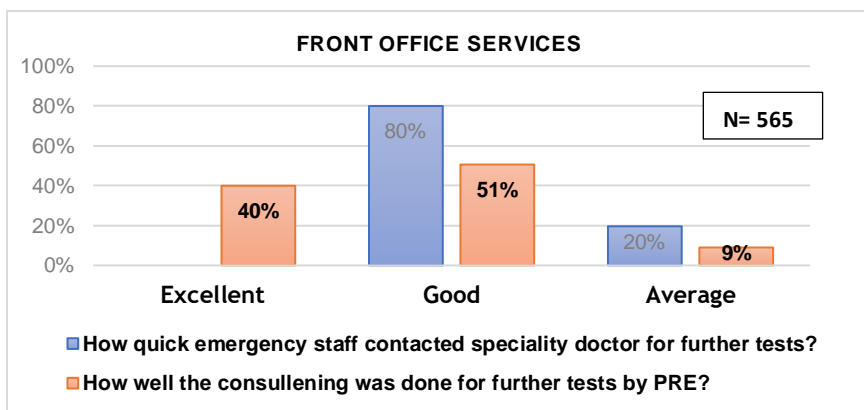


FIG-7. Bar diagram defines percentage analysis for Quality Of Physician/Specialty doctor Services in ER.



**Chat Description:**

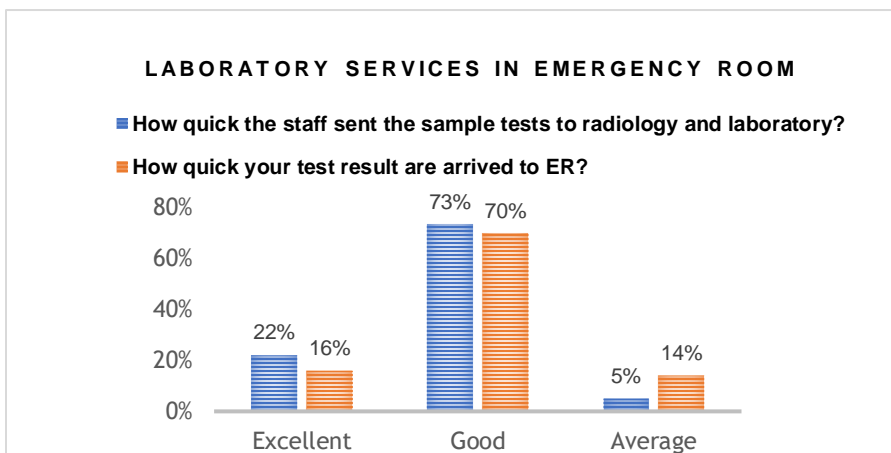
- In this section 51% of the respondents felt doctor’s empathy was quite high and rest 49% of them felt good.
- In this 85% of them felt doctor gave top priority for disclosing pain and rest 15% felt as second priority.
- In this 25% felt physician frequently checked on their health stat, 49% felt good and rest 26% felt doctor haven’t frequently checked.
- Regarding disclosing of medical reports 13% of them felt excellent as specialty doctor have advised them, 71% of them felt good as general doctor had advised them and rest 16% felt average as nurse disclosed the reports to them.



**FIG-8.** Bar diagram defines percentage analysis for effectiveness for E.D staff.

**Chat Description:**

- In communication section 80% of them felt good response regarding contacting specialty doctor for further tests and 20% felt average as the specialty doctor delayed in arriving Emergency room.
- 40% of the respondents felt counselling by PRE was excellent, 51% felt good and rest 9% felt average.



**FIG-9.** Bar diagram defines percentage analysis for Effectiveness of Laboratory Services In E.D

**Chat Description:**

How quick the staff sent sample tests to radiology and laboratory was (Excellent 22% Good 73% and Average 5%) which was highest of all. How quick your test result arrived has received (Excellent 16% Good, 70% and Average 14%) for the interest level.

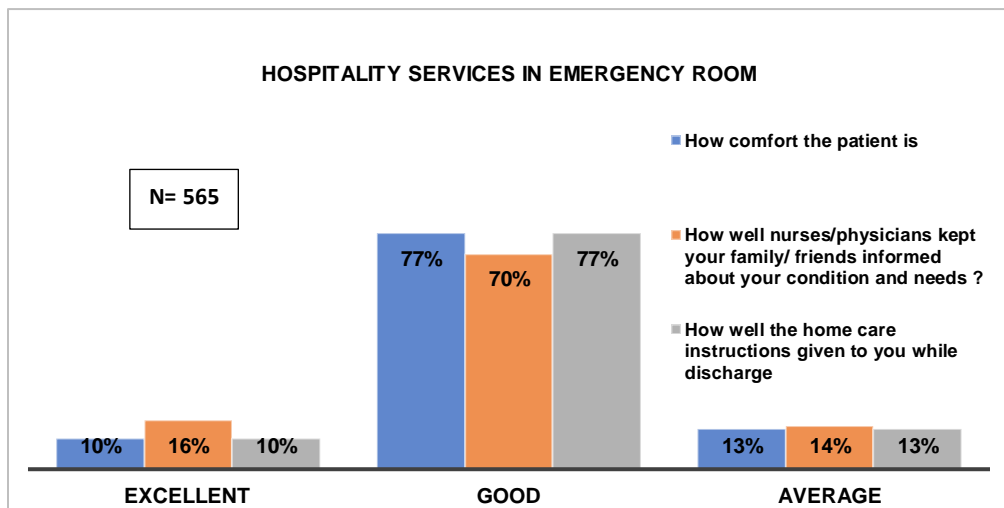


FIG-10. Bar diagram defines percentage analysis for hospital services in ER.

**Chat Description:**

- In hospitality section patient 10% of them excellent, 77% of them was good and rest 13% was average regarding comfort in ER.
- 16% of them felt excellent, 70% felt good and rest 14% as average in updating about patient condition to family.
- 10% was excellent, 77% of them felt good and rest 13% felt average about explaining home care instructions during discharge.

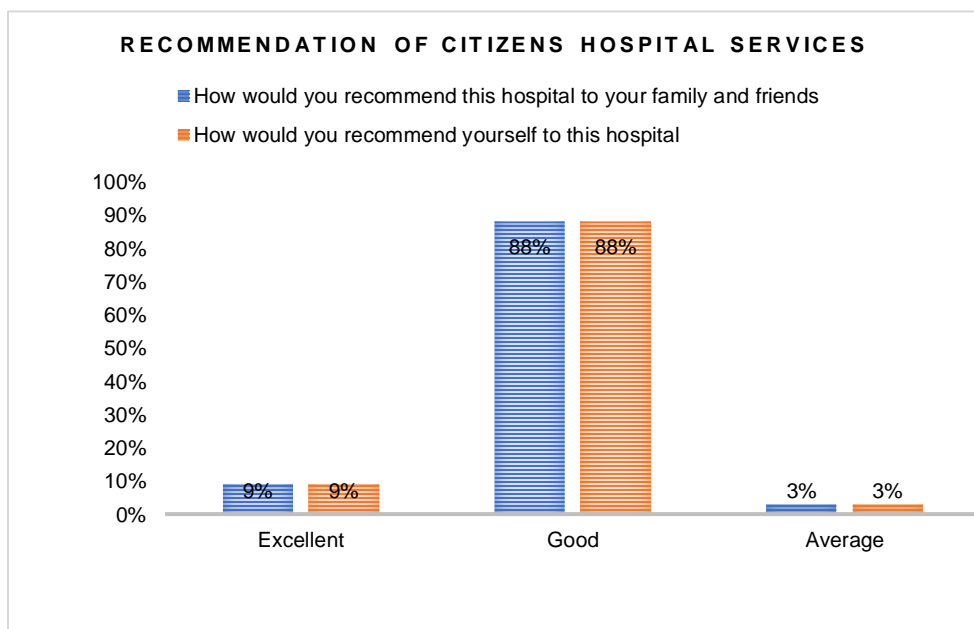


FIG-11. Bar diagram defines percentage analysis for Recommendation Of Citizens Hospital Services.

**Chat Description:**

- In recommendations respondents states that 9% is excellent, 88% is good and 3% is average for referring their family services.
- In recommendations respondents states that 9% is excellent, 88% is good and 3% is average for referring themselves.



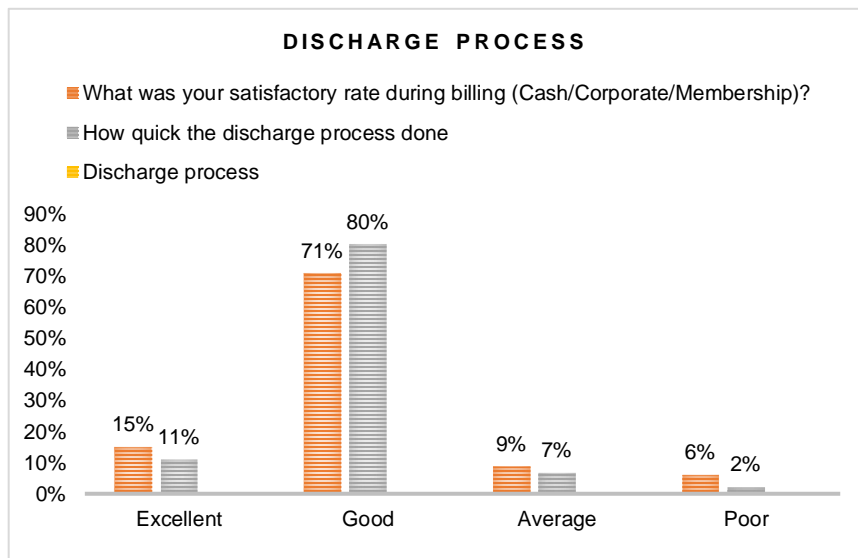


FIG-12. Bar diagram defines percentage analysis for discharge process.

**Chat Description:**

- In discharge formalities 11% of them felt excellent, 77% felt good, 9% felt average and rest 3% felt poor. There is significance dissatisfaction in this process.
- When it comes to satisfaction in billing 15% of them felt excellent, 71% felt good, 9% felt average and rest 9% felt poor. As the respondents felt variations in method of pay in relation with satisfaction.
- In discharge process 11% of them felt excellent, 80% felt good, 7% felt average and rest 2% felt poor. As there is delay in overall discharge and that show significant dissatisfaction in discharge.

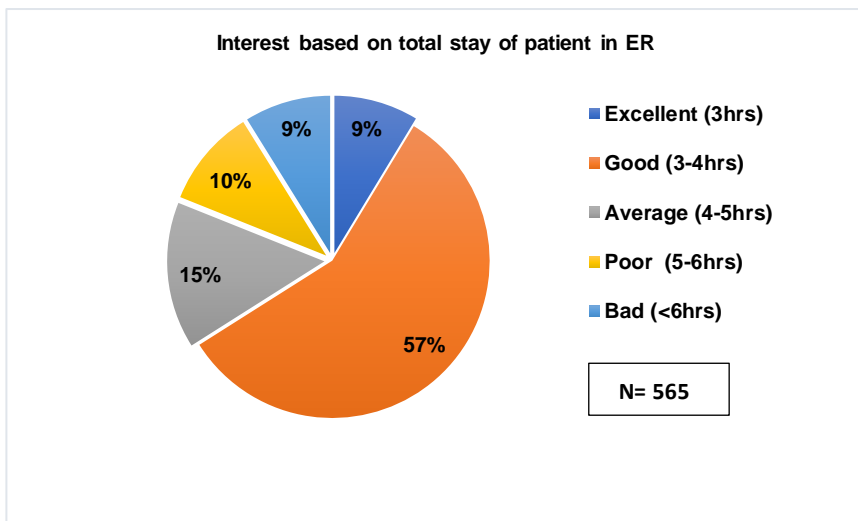


FIG-13. Analysis shows for total stay in ER.

**Chat Description:**

Based on total stay which is Turnaround time 9% of the total respondents had their stay less than 3hrs, 57% of them stayed for 3-4 hrs, 15% of them stayed for 4-5hrs, 10% of them stayed for 5-6hrs and rest 9% stayed more than 6hrs in Emergency room.

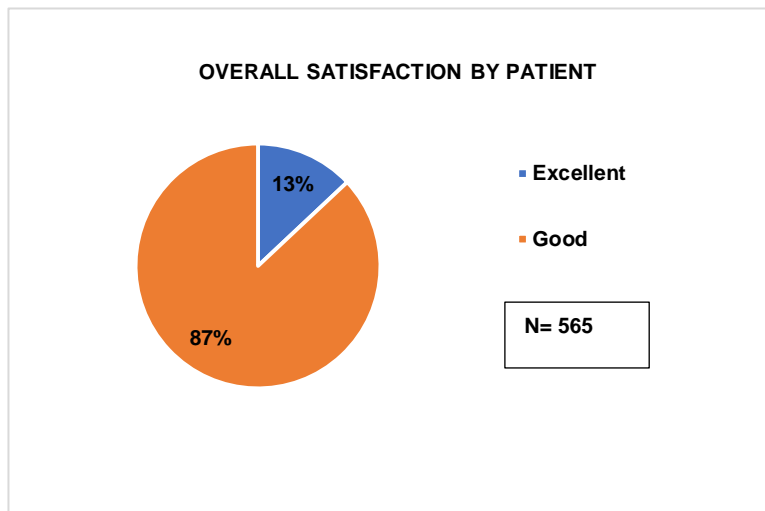


FIG-14. Analysis shows for overall satisfaction.

**Chat Description:**

Based on patient’s overall responses to each indicator 13% of the total scored as excellent and rest 87% as average which is the most perceived satisfaction score.

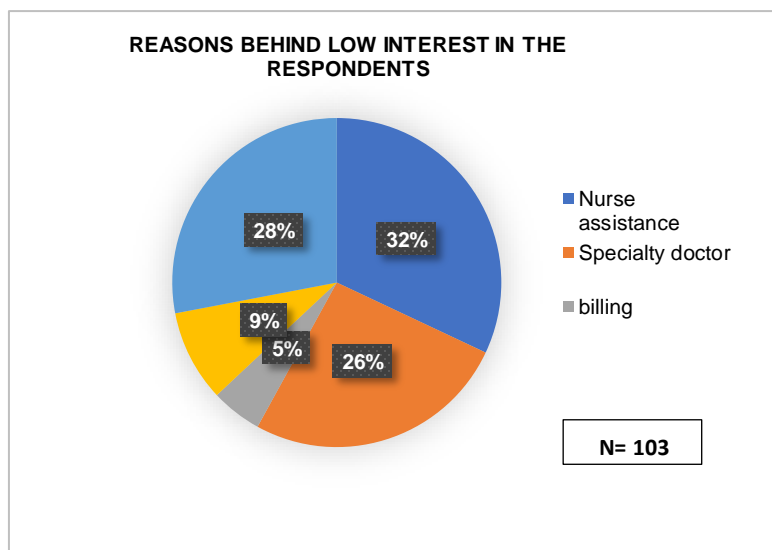


FIG-15. The results regarding patient dissatisfaction chart.

**Chat Description:**

- Based on total stay which is Turnaround time 9% of the total respondents had their stay less than 3hrs, 57% of them stayed for 3-4 hrs, 15% of them stayed for 4-5hrs, 10% of them stayed for 5-6hrs and rest 9% stayed more than 6hrs in Emergency room.
- But this delay didn’t effected the perceived scores in emergency room.

**DISCUSSION:**

The rigorous observational and questionnaire on patient interest in E.D reflects common themes as staff–patient communication, ED wait times, Physician/Specialty doctor or nurse empathy and compassion, patient demographic factors, and staff medical competence towards lab reports<sup>[4]</sup>.

Several Indicators were framed by understanding literature review that contributes dynamic factors to E.D patient experience. The strongest predictor that determines whole interest was Physician/Specialty doctor’s empathy and their concern about patient status. Increase in hospital facilities focus on ED is most significant as the dynamics of this department will also deflects less of man power to equipment as prediction of patient is irrational.

“First, staff-patient communication was highly identifiable in this scenario. As the patients are in trauma and couldn’t assess their status until they are clarified by staff”. As patients increase in dynamic way where lack of staff can displease the patient. In addition, while “wait-times” may be for Physician/Specialty doctor or speciality Physician/Specialty doctor or lab reports are high factor for disinterest which stood second most common theme. Other factors include surcharge or increased billing charges as some tests were to be done without intimating the patients. “Some, can be patients’ expectations on discount by availing their insurance cards”. Additionally, there are some other factors like counselling for treatment was not satisfied causing L.A.M.A in ED.

“Second, this study demonstrates the importance of working across indicators to improve interest and quality of ED staff towards patients.” Given that the ED is a unique and dynamic environment in which physicians, specialty Physician/Specialty doctors, mid-level providers, nurses, clinical assistants, and other staff work like runners, together very closely to care for patients, it is imperative that efforts to improve ED patient experience include representation and perspective from all ED staff role groups. “There is strong relationship between patient interest and staff concern towards them. Non-medical staff like runners and housekeeping also deal major faction in delay and environment in ED”<sup>[5]</sup>. “Finally, despite of unique behaviour in ED nursing staff and Physician/Specialty doctors helping and updating patients about their status frequently can increase interest. Empathy by them can deviate patient feeling even if they stay for longer duration.”

**Limitation:** There are few limitations as achieving information from all the patients was not feasible. Language barrier was also occurred as some couldn’t understand. First, the dynamic of ED is high and couldn’t gather data at same time. Second, patients were in trauma and were not willing to become respondents. “As in this departments expected patients are merely zero so cannot determine at what time the ED can be occupied or not so that at extreme conditions staff quality ca be assessed”<sup>[6]</sup>.

#### **CONCLUSION:**

“This study reveals that the most commonly identified drivers of patient experience include factors related to communication, wait times, staff empathy and compassion, lab report, billing and discharge.” These are the most mean valued factors that caused disinterest even though long stay was not a factor. As these all factors are interlinked to each other causing gradual delay and parallelly disinterest in patients. “These can be communicated and can be decreased with increased efficiency and forward planning”.

#### **Recommendations:**

- Medical staff should frequently update patient health status and if Physician/Specialty doctor or specialty Physician/Specialty doctor provides this information it can increase interest in them.
- There is lag in communication in between staff for contacting specialty Physician/Specialty doctor which can be decreased by immediate action to contact required Physician/Specialty doctor for suggestion.
- PRE staff should be communicated on time by medical staff to decrease misled billing charges.
- Sometimes patient disinterest can be decreased by frequent update about bill as it can be major factor for unaffordable patients.
- Runners or house-keeping staff should be increased to decrease Lab reports turnaround time.
- False belief regarding insurance or corporate schemes applicable in ED should be decreased especially in illiterate patients as it creates disinterest during billing and discharge time.

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