

PATIENT SATISFACTION IN THE EMERGENCY DEPARTMENT: THE UNIVERSITY HOSPITAL SAMPLE

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ABSTRACT

Quality, adequate and fast service in the emergency department creates satisfaction in patients. In order to improve patient satisfaction, it is necessary to determine the level of satisfaction. In this study, it was aimed to determine the level of patient satisfaction in the emergency department. In this descriptive study, patients who admitted to the adult emergency department of a university hospital constituted the universe of the study. The study was conducted with 310 participants. A questionnaire method was used to collect the data. SPSS statistical program was used for data analysis. It was found that 57.7% of the participants were female, 59% were married, and 43.7% were university graduates. The mean BEPSS score was in the range of 1-4 (3.2 ± 0.5). Positive correlations were found between BEPSS overall score and nurse satisfaction ($r=0.720$, $p<0.01$), hospital receptionist satisfaction ($r=0.640$, $p<0.01$), emergency department environment ($r=0.709$, $p<0.01$), physician care satisfaction ($r=0.711$, $p<0.01$), and general patient satisfaction ($r=0.735$, $p<0.01$) sub-dimensions. In our study, the emergency department satisfaction levels of the patients were high. There is no difference in emergency department satisfaction levels according to the sociodemographic characteristics of the participants. There is a statistically significant positive correlation between the overall BEPSS and its sub-dimensions. The high level of satisfaction should be maintained by emergency health personnel and administrators by making controls and continuous improvements in the elements that constitute the emergency department satisfaction.

KEYWORDS: Emergency Department, Patient, Patient Satisfaction.

INTRODUCTION

Emergency departments are health units that provide health services to the patients, operate 24 hours a day without interruption, and provide simultaneous services for diseases involving different branches (1). The aim of emergency health services is to eliminate the patient's urgent complaints and prevent disability and death (2). Emergency services are the units with the highest number and rate of patient admissions in Turkey. One of the reasons for this is that people tend to go to the emergency service first when they get sick (3). In addition, the fact that people who cannot get an examination appointment for outpatient clinics want to be referred to the relevant outpatient clinic by applying to the emergency department for consultation, and the fact that there are approximately 4% of repeated applications in the emergency department during the day are other factors that increase the workload (4).

Emergency departments have an important place in

the management organization of the hospital. The coordinated work of the emergency department and the laboratory, imaging units and consultations and its reflection on the evaluation and improvement of this compliance in emergency cases increase the service quality of the hospital. It is also important to organize the emergency services in a way that will meet their needs. According to the severity of the patients' condition; presence of resuscitation room, intervention room, outpatient clinic room, observation room, and triage are of great importance (1,3,5).

Emergency departments step in to keep people alive in a situation where even seconds matter. The purpose of emergency departments is to increase the quality of life by bringing people back to life. In situations that require emergency intervention, people should be intervened immediately and in such cases, 112 emergency ambulance health services come into play. The first intervention to the person is very important. The

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emergency room is the place where various treatments are applied to ensure his survival until he is taken to the health institution with a quick treatment (5).

Patients want to receive qualified healthcare services in a short time despite the high number of admissions (6). For high-quality healthcare service, the personnel should be professionally competent, the service should be acceptable by the patients, and should be compatible with scientific norms (7). Patient satisfaction is often considered as a proof of service quality in hospitals. Systematic evaluation methods are used to learn the opinions of patients about healthcare quality. Studies to measure patient satisfaction are among the important studies that serve this purpose (8,9). In previous studies, many dimensions such as satisfaction from the healthcare staff and their communication, trust in the staff, patient privacy, honesty, courtesy of the staff, providing sufficient information, general cleanliness of the hospital and hotel services are addressed (6).

In this study, it was aimed to determine the level of patient satisfaction in the emergency department.

MATERIAL AND METHODS

STUDY POPULATION

In this descriptive study, patients admitted to the emergency department of a university hospital constituted the universe of the study. The sample size was calculated and it was found that the sufficient sample size would be 280 when the power of the test was 95% with an error rate of 0.05 and a confidence interval of 95%. The study was completed with 310 participants using the convenience sampling method. The study included individuals who applied to the adult emergency department, were over the age of 18, mentally healthy, had good communication skills, could read and write, and volunteered to participate in the study.

DATA COLLECTION METHOD

Questionnaire method was used to collect data in the study. The questionnaire consists of two sections.

SOCIODEMOGRAPHIC characteristics form

This section includes 9 questions prepared by the researchers about age, marital status, education, profession, income status, number of children, having first aid training and practicing first aid.

BRIEF EMERGENCY DEPARTMENT PATIENT SATISFACTION SCALE (BEPSS)

The BEPSS, developed by Atari M and Atari M in Iran in 2015 to determine the satisfaction levels of emergency department patients, consists of 5 sub-dimensions and 20 questions. There are no reverse items in the questions and the questions are in a 4-point Likert

scale (1 for completely disagree, 4 for completely agree). Each sub-dimension is scored between 1-4 points and a score of "3" and above is considered as high satisfaction. Konateke S and Yilmaz M conducted a Turkish adaptation study in 2022 and found that the scale consists of 18 questions and 5 sub-dimensions and is valid and reliable. In the original study and the Turkish adaptation study, the Cronbach's Alpha coefficient of the scale was found to be 0.94 (10,11).

STATISTICAL ANALYSIS

SPSS 21.0 statistical program was used for data analysis. Since the data showed normal distribution as a result of Kolomogorov Smirnov Test, Independent Samples T Test and One Way ANOVA were used for comparisons between groups. The correlation between the scale subgroups was performed with Pearson Correlation Analysis. The statistical significance of the data was analyzed at the $p \leq 0.05$ level.

	n	%
<i>Gender</i>		
Male	131	42.3
Female	179	57.7
<i>Age Groups</i>		
18-35	105	33.9
36-53	128	41.3
≥ 53	77	24.8
<i>Marital Status</i>		
Married	183	59.0
Single	127	41.0
<i>Education Level</i>		
Primary / secondary school	73	23.3
High school	102	33.0
University or upper degree	135	43.7

Table 1: Sociodemographic characteristics of the participants

ETHICS

This research passed the ethics committee of Lokman Hekim University. (Decision no: 2023xxx, Code no: 2023xxx). The authors who developed the scale and performed the adaptation study gave their approval by e-mail.

RESULTS

Sociodemographic characteristics of the patients who participated in the study are shown in Table 1. The age range of the participants was 18-75 (years) and the mean age was 38.1 ± 14.7 years.

Descriptive characteristics and reliability coefficients of the BEPSS scale are presented in Table 2. The average score of the nurse satisfaction sub-dimension, which includes statements such as "*Nurses cared about my treatment*", was found to be (3.6±0.4). The average score of the Hospital receptionist satisfaction sub-dimension, which includes statements such as "*The hospital receptionist guided me appropriately.*" was found to be (3.3±0.5). The average score of the Emergency service environment sub-dimension, which includes statements such as "*The emergency service environment was clean.*" was (2.8±0.7). The average score of the Physician care satisfaction sub-dimension, which includes statements such as "*The physician allocated enough time for my examination.*" was (3.4±0.4). The average score of the General patient satisfaction sub-dimension, which includes statements such as "*The waiting time before admission process was appropriate.*" was found to be (3.2±0.6). The average score of the overall BEPSS was (3.2±0.5). The Cronbach's Alpha reliability coefficients of the scale sub-dimensions were in the range of 0.77-0.90, and the overall reliability coefficient was found to be 0.83.

BEPSS	Number of items	Mean	Standard deviation	Cronbach's Alpha
Nurse satisfaction	4	3.6	0.4	0.77
Hospital receptionist satisfaction	2	3.3	0.5	0.86
Emergency service environment	3	2.8	0.7	0.82
Physician care satisfaction	4	3.4	0.4	0.80
General patient satisfaction	5	3.2	0.6	0.90
Overall (BEPSS)	18	3.2	0.5	0.83

Table 2: Descriptive Characteristics and Coefficients of Reliability for BEPSS

There was no statistically significant difference in BEPSS scale and sub-dimension scores according to age, gender, marital status and educational level of the participants ($p>0.05$).

The correlation analysis between BEPSS sub-dimensions is presented in Table 3. It was found that

the correlation coefficients between the sub-dimensions were in the range of ($r=0.552$ - 0.750) and that there were statistically significant positive, moderate-high level relationship between the sub-dimensions ($p<0.01$). In addition, statistically significant correlations were found between the overall BEPSS and nurse satisfaction ($r=0.720$, $p<0.01$), hospital receptionist satisfaction ($r=0.640$, $p<0.01$), emergency service environment ($r=0.709$, $p<0.01$), physician care satisfaction ($r=0.711$, $p<0.01$), and general patient satisfaction ($r=0.735$, $p<0.01$).

	1	2	3	4	5	6
1.Nurse satisfaction	1					
2.Hospital receptionist satisfaction	0.552*	1				
3.Emergency Service environment	0.718*	0.656*	1			
4.Physician Care satisfaction	0.704*	0.558*	0.604*	1		
5.General Patient satisfaction	0.724*	0.616*	0.711*	0.750*	1	
6.BEPSS (Overall)	0.720*	0.640*	0.709*	0.711*	0.735*	1

Table 3: Correlation Analysis Between Bepss Sub-Dimensions

DISCUSSION

Emergency departments have to be ready to serve at any time due to unplanned emergency admissions and are the showcase of the hospital. Emergency services actually give the public an idea about the quality and functioning of health services in the hospital. Therefore, it is of great importance that patients are satisfied with emergency services, which they evaluate as a whole with its physical environment, personnel and quality of health care (9). In this study, it was aimed to determine the level of patient satisfaction in the emergency department.

In our study, the satisfaction level of the participants regarding the emergency service was found to be high. In previous studies conducted in Turkey and other countries, the satisfaction level of emergency department patients was found to be high (8,10-16). The results of our study are consistent with the literature. In the studies, the factors affecting the satisfaction levels of patients who admitted to the emergency service were examined and it was determined that providing sufficient information to the patients, the physician's clothing and positive attitude

towards the patient, the effective communication skills of the health personnel, the good physical environment of the emergency service and the short waiting time were found to be effective (17-19).

In our study, no significant difference was found in the satisfaction levels of the patients with emergency services according to the sociodemographic characteristics of the participants. While there are studies in the literature that are similar to our study (8,17), there are also studies with different results. In some previous studies, it was found that primary school graduates had higher satisfaction levels than high school and university graduates when patient satisfaction levels were analyzed according to their level of education. It is thought that the high expectations of patients depending on the level of education play a role in reducing satisfaction with services (6,7). In some studies, it was found that there was a difference in satisfaction levels according to the age of the patients, and that older age group patients had higher satisfaction than younger age group patients. It is thought that having experience due to the advancing age of individuals may be effective in having more reasonable expectations (6,9,14,20).

In our study, statistically significant relationships were found between the sub-dimensions of nurse satisfaction, hospital receptionist satisfaction, emergency service environment, physician care satisfaction and general patient satisfaction and between these sub-dimensions and BEPSS in general in a positive, medium-high level. It was revealed that these sub-dimensions are the components of patient satisfaction in the emergency department and improvements in these factors will increase patient satisfaction. In previous studies, improvement of the physical environment, effective treatment and communication between physicians and nurses, competence, respect and courtesy of hospital staff, short waiting time were found to be effective on patient satisfaction and positively correlated (21-24). The study results are consistent with the literature.

Waiting time is one of the most critical issues in patient satisfaction. Flow analysis of patients needs to be observed creatively and carefully to determine where the reason for waiting originates and to minimize it. The waiting time of patients and their relatives in emergency services can be reduced. Increasing the number of beds in the hospital are some of the measures that can reduce the waiting times for doctors to see the patient quickly. The less the waiting times of the patients waiting in the emergency department, the higher the satisfaction. In order to make progress in this regard, improvement policies in hospitals should

be reviewed. It is important for organizations to determine the needs of target audiences and make arrangements for necessary situations. In order to reduce waiting times, the capacity of the small emergency services should be increased and the number of personnel should be increased (25).

The presence of the personnel with whom patients can directly communicate in the emergency services of hospitals will ensure that the needs are met in a solution-oriented manner and that satisfaction is developed and increased. In order to increase the interaction rate in emergency services, it is necessary to evaluate the complaints and suggestions of the patients and their relatives and to provide feedback in a short time.

Emergency departments are the units that patients and health personnel communicate most. The first impressions of patients and their relatives will be effective in their coming back in the future or recommending them to others. In addition to these, patients who leave satisfied are less likely to file a lawsuit against the hospital. Therefore, solutions should be produced to reduce the density in the emergency departments of hospitals (25).

The fact that the study was conducted in a single center is a limitation of the study and cannot be generalized to the population.

In conclusion, it was found that the satisfaction level of the patients who admitted to the emergency service of the hospital where the study was conducted was high and did not differ statistically significantly according to sociodemographic characteristics. There is a statistically significant positive correlation between the overall BEPSS scale score and its sub-dimensions. The high level of satisfaction should be maintained by emergency health personnel and administrators by making controls and continuous improvements in the elements that constitute emergency service satisfaction. It is recommended that future studies should be conducted in different geographical regions and multicenter studies comparing public-private-foundation hospitals.

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