

## Status and Patients Satisfaction Attended at Emergency Department of a Tertiary Level Hospital in Bangladesh

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### Abstract

**Background:** One of the most crucial components of a hospital and a key area of public health interest is the emergency department. Patients from a variety of socioeconomic backgrounds are admitted to the casualty to receive medical care.

**Aim of the study:** The current study's objectives were to identify the emergency department's current facilities and gauge how satisfied patients and healthcare professionals were with its emergency services.

**Methods:** This prospective observational study was carried out in the casualty section of the Shaheed Ziaur Rahman Medical College hospital in Bogura, Bangladesh, from January 2013 to December 2013. Semi-structured questionnaires were used as research instruments. The Directorate General of Health Service (DGHS) adopted a check list from the Table of Equipment (TOE) to evaluate the emergency department's existing facilities, and satisfaction levels were graded as acceptable or unsatisfactory. Face-to-face interviews with emergency patients and medical personnel present in the emergency unit were conducted.

**Results:** There were 120 participants in this study, ranging in age from 14 to 60. According to the study, 80 (66.6%) respondents said they received quick medical attention. They were pleased with the doctors' answer as well. Only 54 people, or 45%, were satisfied with the emergency department's overall management, and 66 people, or 55%, were dissatisfied.

**Conclusion:** The number of potential obstacles affects how satisfied patients are.

An institutionalized patient satisfaction survey should be conducted on a regular basis to collect feedback for quality improvement.

**Keywords:** Emergency unit, DGHS, Satisfactory level, Care hospital, Observational.

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Date of Submission: 25-12-2022

Date of Acceptance: 05-01-2023

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### I. Introduction

In recent decades, there has been an increase in support for health as a fundamental right and as a societal objective [1]. A humane health care system must prioritize meeting the needs and wishes of patients [2] in order to provide services in this way. Everywhere in the world, the health care landscape is rapidly evolving [1]. Medical determinants of the health care system include doctors, paramedics, and hospital equipment, whereas non-medical variables include physical infrastructure, atmosphere, the availability of spacious rooms, and hygiene standards [3]. Monitoring the non-technical aspects of quality of care in such settings necessitates evaluating patient satisfaction as a quality-of-care indicator. Hospital/clinic management techniques all across the world now include measuring customer or patient satisfaction [4]. Patients view prompt service as being crucial, and it is likely the main factor influencing how satisfied they are with their care [5]. The degree of agreement between a patient's expectations of the optimal level of care and how they really feel about it is known as patient satisfaction. It is a multifaceted feature that serves as a crucial key indicator for the caliber of health care delivery and is an accepted international factor that must be continually researched to ensure the

efficient operation of the healthcare systems [6]. People visiting the health services registered and waited their turn for consultation, as is standard procedure in all government health institutions in Bangladesh. No matter what condition they presented with, everyone received care from the same health worker. The facilities saw 40 patients each day on average, and the average wait time was 30 + 2.5 minutes. The average wait time was 19 minutes [7]. The results of this study will assist managers and healthcare professionals in improving the management of emergency services in tertiary level hospitals in our nation.

## II. Methodology

This Cross-sectional research was conducted from January to December 2013. The study was conducted at the Shaheed Ziaur Rahman Medical College Hospital (SZMCH) in Bogura, Bangladesh (SZMCH). Throughout the data collecting period, the populations for the current study were the service providers (doctors) and service consumers (patients) at the casualty department. During the data gathering phase, 120 patients and 9 doctors from the study site were questioned. A formal questionnaire, an observation checklist, and a record review were also used. They were developed to collect information on nurses' postoperative infection control knowledge and practice in accordance with the elements derived from the study's objectives. The goal of the study was well explained to the responders. The researcher conducted an extensive interview with the respondents on-site with their consent and at their convenience. The data was subsequently analyzed using a computer program called Statistical Package for Social Science (SPSS) 19.0. A check list that was adapted from the table of equipment (TOE) by the Directorate General of Health Services (DGHS) of the Ministry of Health and Family Welfare (MOHFW), Bangladesh, was used to evaluate the emergency room's current amenities [8]. The entire intervention was carried out in accordance with the guidelines for human research outlined in the Helsinki Declaration [9] and carried out in accordance with the laws in effect at the time and the General Data Protection Regulation's (GDPR) provisions [10].

## III. Result

Table 1 shows that out of 120 respondents 80 (66.6%) were opined about attended by any service provider immediately and only 40 (33.3%) were not opined that. According to, Table 2 out of 120 respondents 80 (66.6%) were opined that the doctor was very much attentive to listening their problems and only 40 (33.3%) were opined that the doctor was little bit attentive to listening their problems. Table 3 appears that among 120 respondents, 70 (58.4%) were opined to get proper instruction of medication from Doctor/Nurse 50(41.6%) were opined that not proper instruction of medication from Doctor/Nurse. Table 4 appears that out of 9 service providers 22.2% were suggested about improve security and 77.8% were not suggested that. 44.4% were suggested about increase of adequate space and 55.6% were not suggested that. 33.3% were suggested about arrangement of anesthesiologist and 66.7% were not suggested that. 33.3% were suggested about appointed specialized personnel and 66.7% were not suggested that. 100% were suggested about improve manpower, necessary drugs and equipment and investigation facilities. 66.7% were suggested about ensure ICU support and 33.3% were not suggested that. Table 5 shows that, among 31 service providers, 29% were doctors, 45.2% were nurses, 16.1% were ward Boys/ayas and 9.7% were sweepers. Table 6 shows that, regarding treatment as mentioned above, all the logistic facilities were present in the casualty department except the waiting room. Figure 1 shows that out of 120 respondents, 66 (55%) reported less availability of medicine and diagnostic facilities as a problem, while 54 (45%) reported bed insufficiency.

**Table 1:** Distribution of the respondents according to opinion about attended by any service provider immediately (N=120)

Attended immediately	Frequency	Percent
No	40	33.3
Yes	80	66.6
<b>Total</b>	<b>120</b>	<b>100.0</b>

**Table 2:** Distribution of the respondents according to opinion about how attentive was the doctor towards listening their problem (N=120)

Attentiveness	Frequency	Percent
Very much	80	66.6
Little bit	40	33.3
<b>Total</b>	<b>120</b>	<b>100.0</b>

**Table 3:** Distribution of the respondents according to opinion about get proper instruction of medication from Doctor/ Nurse (N=120)

Attentiveness	Frequency	Percent
No	50	41.6
Yes	70	58.4
<b>Total</b>	<b>120</b>	<b>100.0</b>

**Table 4:** Distribution of the service provider of casualty department according to their suggestions regarding improve the services in casualty department (N=9)

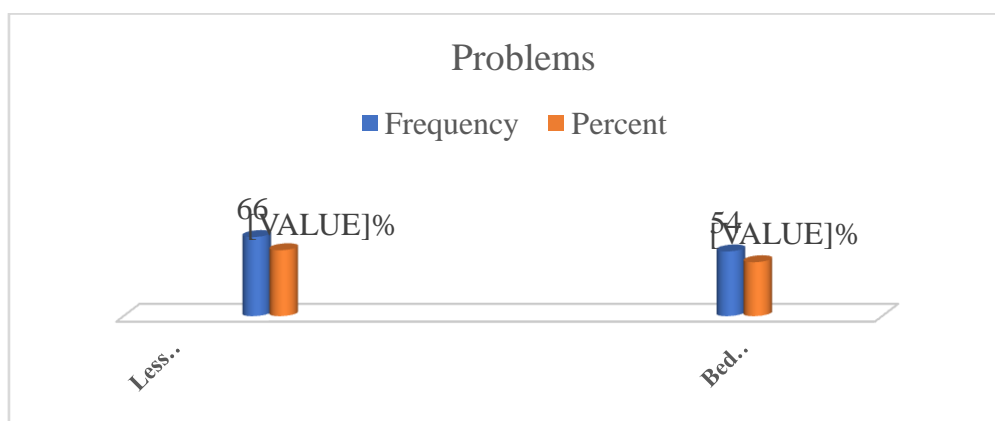
Suggestion	No		Yes		Total	
	F	%	F	%	F	%
Improve security	7	77.8	2	22.2	9	100
Adequate space is needed	5	55.6	4	44.4	9	100
Arrangement of anesthesiologist	6	66.7	3	33.3	9	100
Appointed specialized personnel	6	66.6	3	33.3	9	100
Improve manpower, necessary drugs and equipment & investigation facilities	-	-	9	100	9	100
Ensure ICU support	3	33.3	6	66.7	9	100

**Table 5:** Distribution of service providers according to their availability in the casualty department

Service providers	Frequency	Percent
Doctors	9	29.0
Nurses	14	45.2
Ward Boys / Ayas	5	16.1
Sweepers	3	9.7
<b>Total</b>	<b>31</b>	<b>100.0</b>

**Table 6:** Distribution of Logistics facilities according to their availability in the casualty department (N=120)

Items	Availability	
	Yes	No
Logistics facilities	Yes	No
Transferable bed	✓	
Wheel chairs	✓	
Stretcher	✓	
Screen and saline stand	✓	
Emergency generator	✓	
Sterilizer	✓	
Oxygen supply	✓	
Dressing material	✓	
Basic examination tools	✓	
Minor surgical trolley	✓	
Mosquito net per bed	✓	
Linen for patient	✓	
Linen for O. T. staffs	✓	



**Figure 1:** Distribution of the respondents according to opinion about problem faced by the respondent.

#### IV. Discussion

In this study, approximately 80(66.6%) respondents were said that they were attended by service provider immediately [11]. Patients with both severe and minor injuries took part in this investigation. This suggests that the populace was engaged in physical activity during this time and was at risk for accidents, maybe as a result of their employment in outside jobs. The majority of them (30.8%) were in the 20 to 30 age range, followed by about 23.3% in the 31 to 40 age range. The bulk of respondents (84.2%) were men. Rahman H also provided evidence that there were more males than females [12]. 70 (58.4%) of them said they received correct medicine instructions from the doctor or nurse, and nearly 80 (66.6%) said the doctor was attentive to their problems. These study's findings did not agree with those of the study conducted by Hossain R at DMCH [13], but they did agree with those of the study conducted by [13,14]. Doctors noted the need to increase enough space (44.4%) and improve security (22.2%) in their suggestions for the casualty section. Arrangement of anesthesiologists (33.3%), the appointment of specialized people (33.3%), the assurance of ICU assistance (66.7%), and the improvement of manpower, required pharmaceuticals and equipment, and research facilities (100%) were also recommended. Regarding treatment all the physical and logistic facilities in the casualty department of the hospital were available except waiting room. Periodic patient satisfaction survey should be institutionalized to provide feedback for continuous quality improvement [15].

#### Limitation of the study:

This study has several restrictions. Since this study was only conducted in one tertiary care hospital, its findings might not be applicable to the entire country. Small sample sizes were used. Large sample sizes should be required in order to make inferences. If probability sampling is used, the results will be more accurate.

#### V. Conclusion & Recommendation

In conclusion, the study generally revealed a modest level of patient satisfaction with treatments. Added accessibility and availability thanks to this tertiary care facility. The patients' needs should be guaranteed despite a number of potential obstacles. Waiting times can be decreased with a few changes. An institutionalized patient satisfaction survey should be conducted on a regular basis to collect feedback for quality improvement.

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Dr. T.M. Shahidul Islam, et. al. "Status and Patients Satisfaction Attended at Emergency Department of a Tertiary Level Hospital in Bangladesh." *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, 22(1), 2023, pp. 54-58.