

Patient Expectations in the Emergency Department of a Super-Speciality Hospital

Sudip Chakraborty¹, Saptarshi Saha², Indraneel Dasgupta³

Author's Affiliation:

¹MEM final Year PGT ²Associate Consultant ³Clinical Director, Department of Emergency Medicine, The Institute of Emergency and Trauma care, Peerless Hospital and B.K. Roy Research Center, Kolkata, West Bengal 700094, India.

Corresponding Author:

Saptarshi Saha, Associate Consultant, Department of Emergency Medicine, The Institute of Emergency and Trauma care, Peerless Hospital and B.K. Roy Research Center, Kolkata, West Bengal 700094, India.

Received on 25.10.2017,

Accepted on 07.11.2017

Abstract

Introduction: As the patients are the consumers of a Hospital. There is huge importance of evaluating patient services from consumer's perspective. If we compare what people expected about a health care service with their real experiences, it has been found to influence their overall satisfaction. *Aim & Objective:* of this study was to find out in which parameters the expectations are high and what are the unmet expectations with respect to the Emergency Department. So that Hospital can find out ways of improvement of the same. *Material & Method:* Individuals were given pre and post ED visit 12 preformed questionnaires & individual perception scores of questions have statistically analyzed. *Results & Discussion:* It was found that out of 12 only in 3 questions the post visit experience superseded the previsit expectations. *Conclusion:* This study gives a scope of discussion for further improvement in quality of healthcare provided in the tertiary healthcare center & paves a path for further studies to occur and help to make policies to give better patient care.

Keywords: Healthcare; Emergency; Intensive Care.

Background

A lot of studies have been conducted regarding this topic all over the world but none such can be found in Kolkata.

Previously the hospitals were regarded only as a place where patients would be treated and a small emergency room used to exist where the most junior people without much knowledge of true emergency medicine were posted [1].

Emergency department took no role in resuscitation. They just triaged the patient and guided whether patients require intensive care or ward [2].

But with time the people's expectations about hospitals have changed. They need treatment as soon they arrive. Their knowledge base has increased with internet accessibility. This change in attitude and expectation has come due to media, commercialization and improvement in the facilities [3].

Emergency medicine is the face of Hospital and the mostly first contact with the patient to a hospital.

Patients construct their first opinion about the hospital from the services they receive in the Emergency Department. These opinions are carried over from Emergency to the in-patient unit and will influence their actual response to care [4].

So this study is very important from the viewpoint of the patient about the hospital as the first impression is the best impression.

If we review the complaints of the patients in the emergency department those will give us a clue about the targets for quality improvement. But it is better to assess expectations using thorough study methods. Hence expectation studies like this should be encouraged. This study paves the way for further studies to take place [5]. As for example we can include the questionnaire involving the healthcare professionals also.

Objective

1. To improve the quality of patient care in Emergency Department, to assist in policy making decisions

of the emergency department and to develop the staff education programme to meet patient expectations.

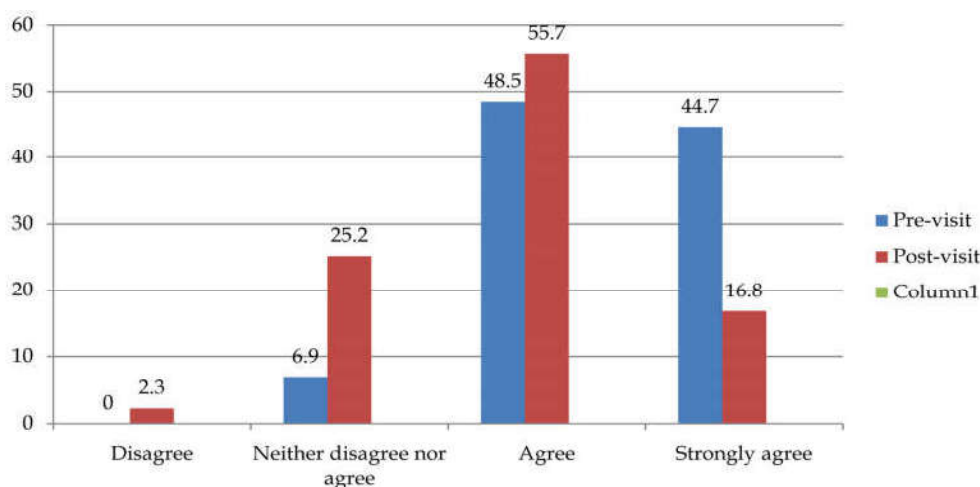
Material and Methods

This study was conducted between August 2014 and October 2014 at the department of emergency medicine in a tertiary care hospital where every month around 1000 patients visit the emergency department. The individual perception scores of questions have been given in the statistical analysis portion of the dissertation. Data was collected through random sampling in morning, evening and night shift. Pre-visit questionnaire was given immediately after entering the E.D before contact with any doctor, nurse

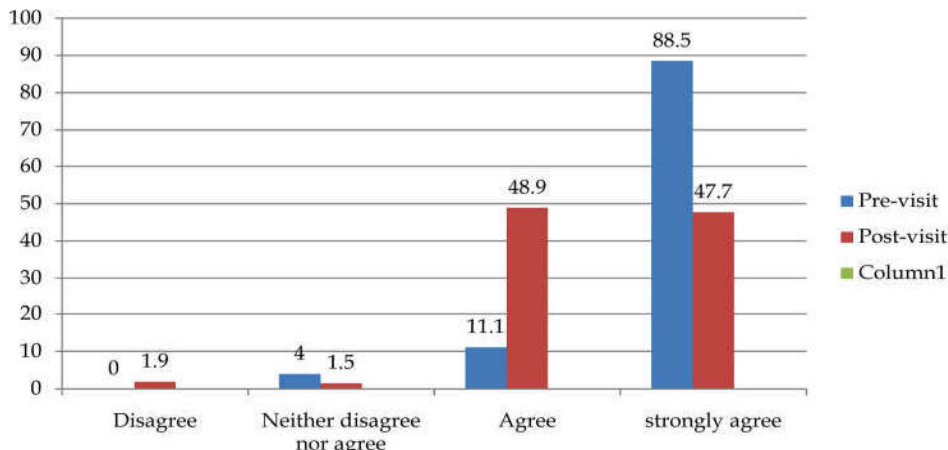
and other staff. Post-visit questionnaire was given before shifting the patient to the wards or intensive care. The inclusion criteria consisted of: Conscious, oriented stable patient whose age was more than 18yrs.

A pre-structured, pre-tested questionnaire was given to the patients. Every question was graded in 5 point Likert scale. Patients were requested to mark those scales. An informed consent was taken before that. The data so obtained was scrutinized, tabulated, analyzed by biostatistician where sample size was calculated to be 261 and the data was validated through logical checks and analyzed by statistical Software package (SPSS ver. 19.0) and statistical analyses were done. For categorical data, Chi-square test has been applied for the pre-visit expectation with post visit met expectation.

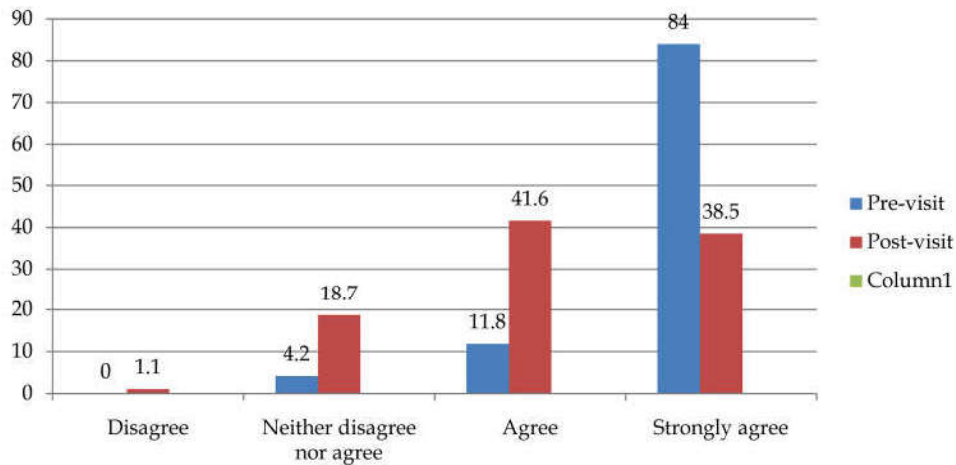
Results and Analysis



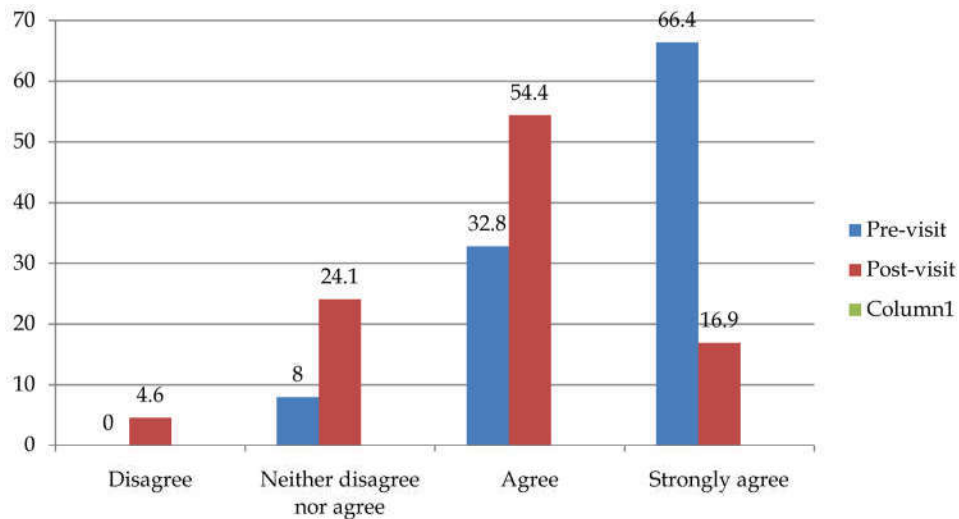
Question 1: Was concerning the cleanliness of the inside of the building where it was found that the pre visit expectation was more than post visit opinion



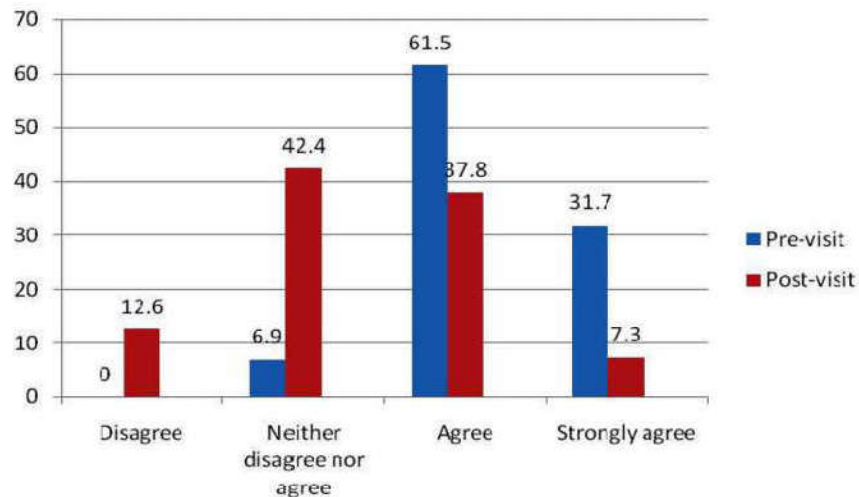
Question 2: Was concerning the timing of attending by medical professional where it was found that the pre visit expectation was more than post visit opinion



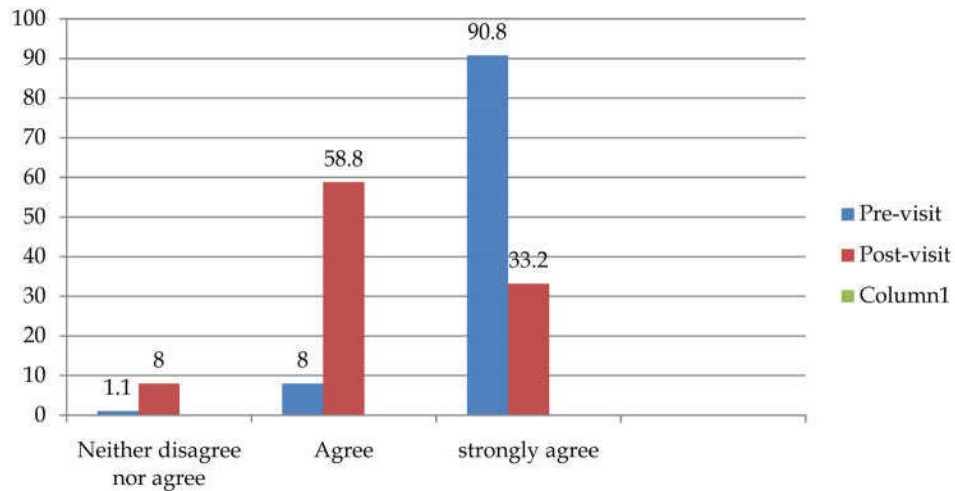
Question 3: Was regarding a choice of doctors to be given to patient where it was found that the pre visit expectation was more than post visit opinion



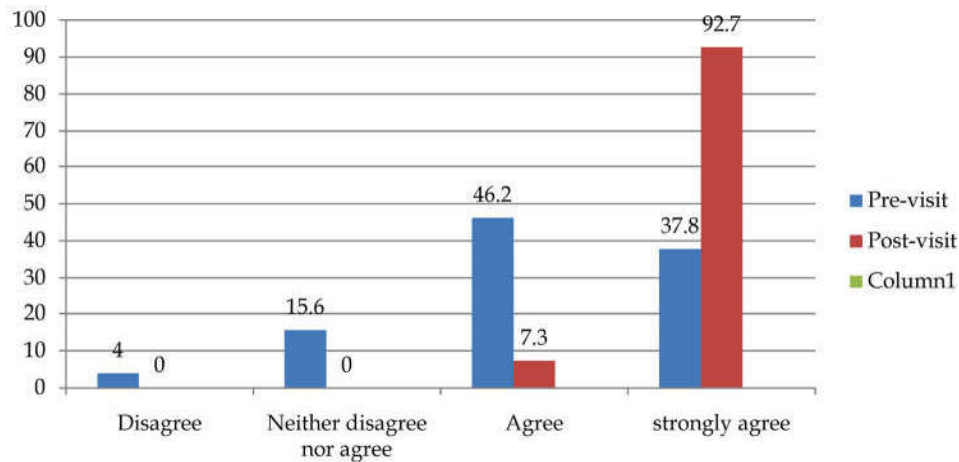
Question 4: Was regarding the behaviour of nursing where it was found that the pre visit expectation was more than post visit opinion



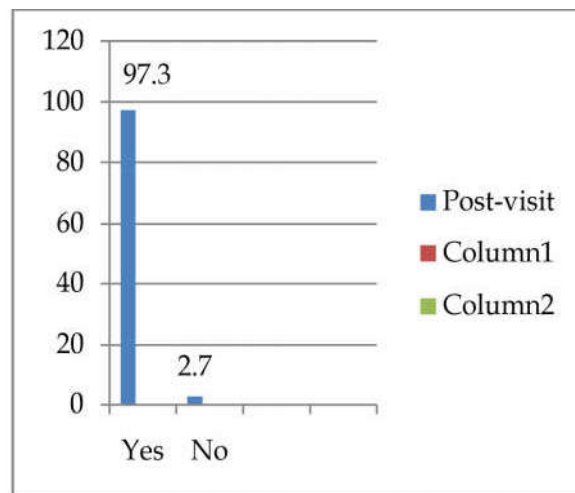
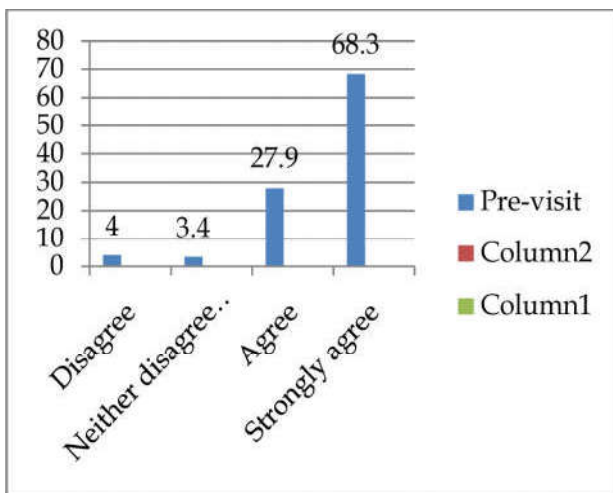
Question 5: Was regarding the helpful attitude of the reception/admission staff where it was found that the pre visit expectation was more than post visit opinion



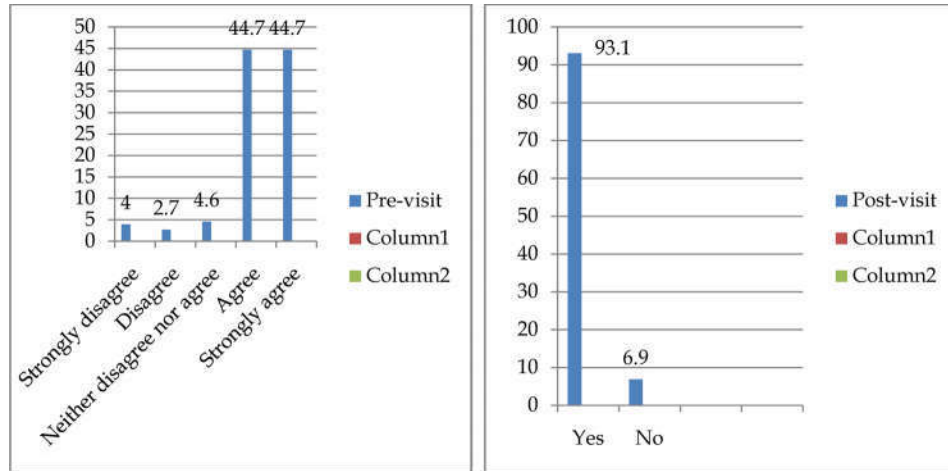
Question 6: Was regarding the expectations of patient about the dignity and respectfulness of the doctor towards the patient it was found that the pre visit expectation was more than post visit opinion.



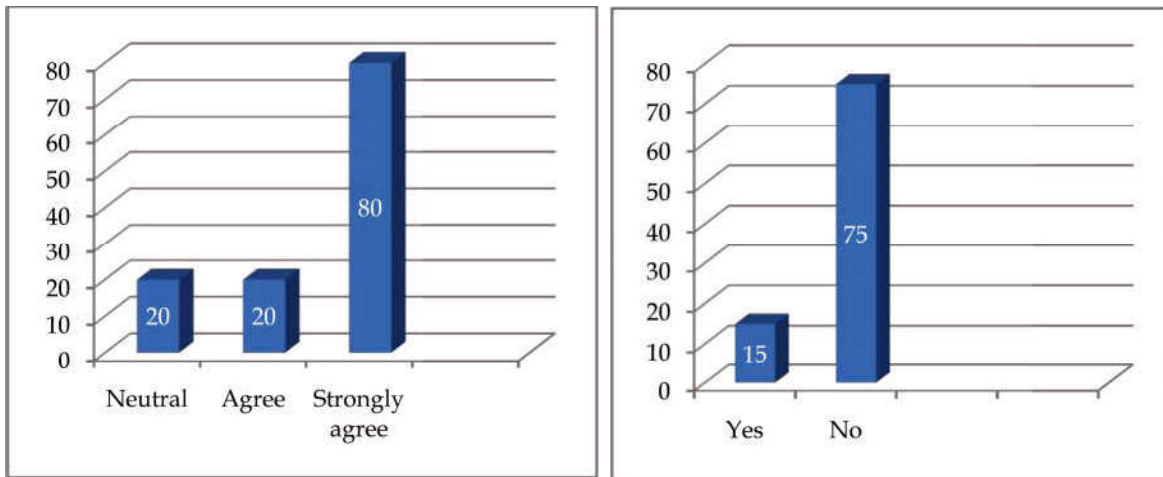
Question 7: Was regarding the knowledge and understanding of the health of patient by the doctor it was found that the pre visit expectation was less than post visit opinion



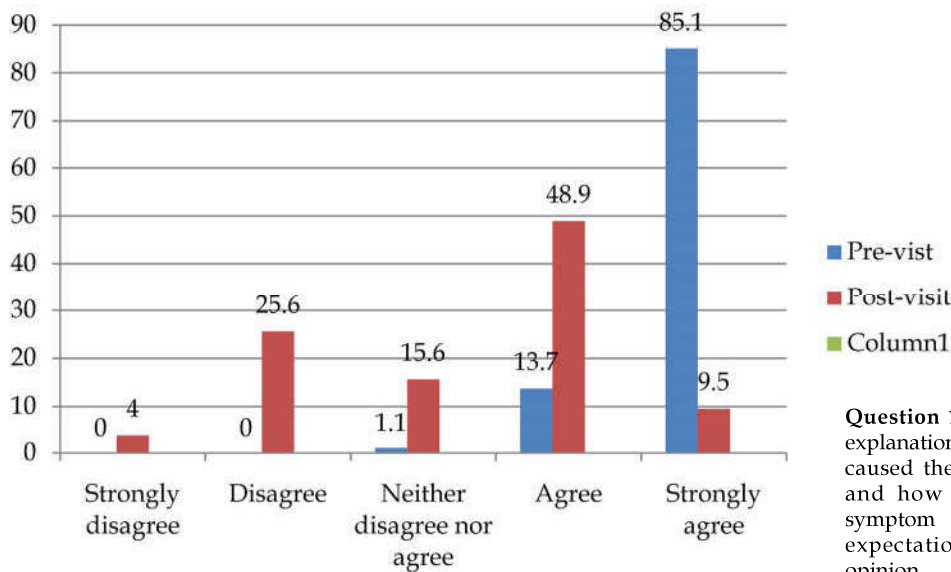
Question 8: Was regarding the physical examination of the patient where it was found that the pre visit expectation was less than post visit opinion



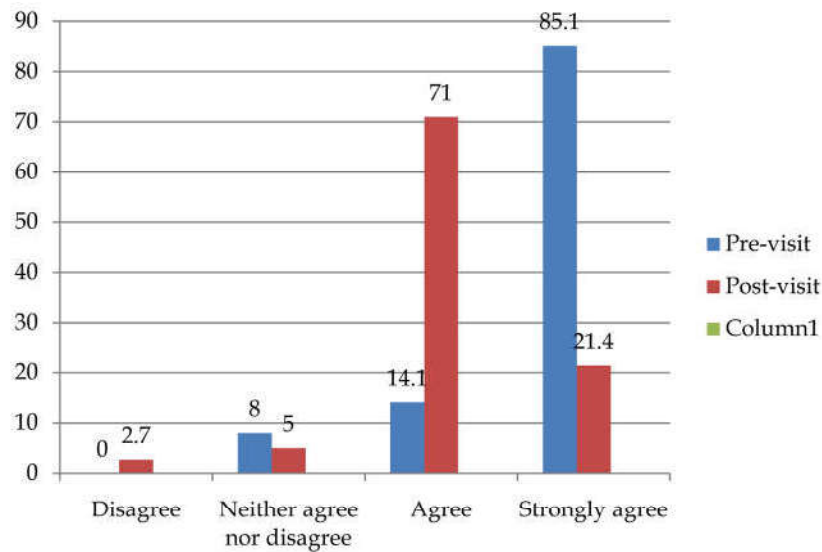
Question 9: Was regarding the investigations given to the patient where it was found that the pre visit expectation was less than post visit opinion



Question 10: Was regarding the expectation about a definitive diagnosis to be provided in the emergency where it was found that the pre visit expectation was more than post visit opinion.



Question 11: Was regarding given full explanation in clear language about what caused the patients condition/problem and how to manage the condition/symptom it was found that the pre visit expectation was more than post visit opinion



Question12: Was regarding overall quality of treatment where it was found that pre visit expectations were more than the post visit opinion

Table 1: Comparison of individual score between post visit met expectation and pre visit expectation

Variables	Pre-visit (Mean Score ± SD)	Post-visit (Mean Score ± SD)	Difference of Post-pre	Paired-t-value	p-value
Q1	4.4±0.6	3.9±0.7	-0.5±0.9	8.8	0.001
Q2	4.9±0.3	4.4±0.6	-0.5±0.7	10.8	0.001
Q3	4.8±0.5	4.2±0.8	-0.6±0.9	11.3	0.001
Q4	4.7±0.5	3.8±0.7	-0.8±0.8	15.7	0.001
Q5	4.2±0.6	3.4±0.8	-0.8±0.9	15.0	0.001
Q6	4.9±0.3	4.2±0.6	-0.6±0.7	15.3	0.001
Q7	4.2±0.7	4.9±0.3	0.7±0.7	15.7	0.001
Q8	4.6±0.6	4.9±0.6	-0.2±0.8	5.0	0.001
Q9	4.4±0.7	4.7±1.0	0.4±1.2	4.8	0.001
Q10	4.6±0.6	3.1±2.0	-1.4±2.0	11.7	0.001
Q11	4.8±0.4	3.4±1.0	-1.4±1.1	21.2	0.001
Q12	4.8±0.3	4.1±0.6	-0.7±0.6	16.3	0.001

Demography of the patient population showed patient from middle and older age group are more in number than other age group. The male female ratio is almost equal. More data was collected in the morning shift. The Hindus were more in number than other communities. Maximum patients were either graduates or high-school passed. Income of the average population is between Rs.30,000-50,000. Health insurance is present in almost 50% of population.

Discussion

It is important to have these types of surveys from time to time where we can try to fathom the expectation of patients before they enter into a hospital and compare it with their opinion post visit to the hospital [6].

In the previous study The measurement of patients' expectations for health care: a review and psychometric testing of a measure of patients' expectations A Bowling, G Rowe, N Lambert, M Waddington, KR Mahtani, C Kenten, A Howe and SA Francis:

In that study it was found that:

1. The post visit opinion about cleanliness was less than the pre-visit expectation which matched the finding of this study as well.
2. The post visit opinion about whether the patient was seen in time was less than the pre-visit expectation which matched the finding of this study as well.
3. The post visit opinion about whether a choice of doctors would be given to them was less than the

pre-visit expectation which matched the finding of this study as well.

4. The post visit opinion about reception staff was lower than the pre-visit expectation regarding the same. This finding was same as we have found in our study.
5. The post visit opinion about the helpful, respectful and dignified behaviour expected from the doctors were not met as per the post visit opinion which matched the post visit opinion of our study.
6. The post visit opinion about knowledge and understanding of health problems of the doctor was less than expected but in our study it was found that the post visit opinion about the same parameters were more than what was expected.

Comparing with above mention study, it was found that in the patients in both the studies, the pre visit expectation about physical examination and investigations were less than in the post visit opinion

About the point where the patients pre-visit expectation about being given a diagnosis both the studies showed that the post visit opinion was less.

In question number 11, pre visit expectation about full explanation in clear language about what caused the patient's condition/problem and how to manage the condition/symptom was found to be more than post visit opinion.

About the overall quality of treatment, the previsit expectation of the patient was found to be more than the post visit expectation.

Emergency Department being one of the main portal of entry of the patients in the hospital is perhaps the most important place of such surveys⁷. But at the same time the outdoor departments and the laboratory and radiology departments also are the important departments where such surveys need to be conducted. The strength of this survey lies in the facts that it was done in the department of emergency medicine where perhaps the expectation of a patient is the most and this survey was done prospectively [8]. But the limitations of the survey lies in the fact that the age group was above 18 and patients with poor Glasgow coma scale was excluded. It can be suggested that the survey could have included the relatives of such patients e.g. paediatric patients who are probably the most sensitive patients visiting the emergency department.

At the same time it can be pointed out that as it contains only the perspective of the patient, and the healthcare personnel were not questioned so it is difficult to judge about the extent of practicability of

the expectations of the patients which at many points of time can be unrealistic as well. It may be that as the results showed that the post visit expectations were more in only question number 7,8 and 9 which were regarding the knowledge and understanding of the health of patient by the doctor, regarding the physical examination of the patient and was regarding the investigations given to the patient where it was found that the pre visit expectation was less than post visit opinion. But we need to understand that regarding question number 7, the patient actually can not have any medical knowledge at all, so how can they judge the depth of medical knowledge and understanding of the physician. Regarding question number 8, how can a patient who is supposedly a non-medical person know about what physical examinations are the healthcare providers going to do for any particular illness. Regarding question number 9, the number of investigations to be sent for a particular illness can vary depending on the illness and the corresponding physical findings and the bedside investigations. So it is quite impractical for a patient to judge his or her own illness and decide on the number of investigations to be sent for the illness or complaints with which the patient has reported to the emergency department [8]. In this context it can be mentioned that if the healthcare givers point of view was considered and compared with the expectations of the patients then it could have been more justified and a more practical approach could have been made to get near the expectations of the patient. Another limitation of the study lies in the fact that it was done in a single centre. If it would have been a multicentric study, then we have got a broader perspective about the expectations of the patient and the degree of their satisfaction. Considering the patients to be customer of a hospital it is always or mostly that the customer will demand more from an institution where he or she is seeking service from but the constrains of the institute delivering the service should be kept in view. As for example the simple triaging system of an emergency department which dictates that the most serious patient should be dealt with first [10] will obviously increase the waiting time of a walk-in patient who may feel neglected but at the same time good counselling can increase the post visit rating of the same patient.

Conclusion

At the end it can be concluded that it is a well built study and the questionnaires are also validated so this study can be the framework and base of many

other similar studies as for example a study which will compare the point of view of patients regarding the expectations with the point of view of the patients. It gives us an insight into the expectations from the end of the patient which can be worked on further by various discussions and/or change of existing practices amongst the hospital staff about to extent the expectations can be met from practical point of view.

References

1. Henry D. McIntosh: The Evolution of Today's Hospital Emergency Departments - Current Problems and Challenges, *Clin. Cardiol.* 1996;19(11):846-856.
2. McIntosh HD: Personal recollection(s) and/or observation(s). Peabody FW: The care of the patient. *JAnz Med A.ssoc* 1927;88:x77-8x2.
3. Lola Butcher: Is Your Hospital Ready to Answer Consumer Demands? Hospital and health networks. Feb10, 2015.
4. Accident and Emergency care- CHKS, www.chks.co.uk/icompare/userfiles/files/What-makes-a-top-hospital-A&E.pdf.
5. Lena Burström, Bengt Starrin et al: Waiting management at the emergency department - a grounded theory study *BMC Health Serv Res.* Published online 2013 Mar 12. doi: 10.1186/1472-6963-13-95.
6. Desmond, J. Managing patient expectations. *Healthcare Collaborator.* 2003;3:9-16.
7. Waris Qidwai, Syed Sohail Ali, Muhammad Baqir, Semi Ayub. Patient expectations from an emergency medical service. *J Ayub Med Coll Abbottabad.* 2005 Jul-Sep;17(3):3-6.
8. Robert John Adams. Improving health outcomes with better patient understanding and education. *Risk Manag Healthc Policy.* 2010;3:61-72. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3270921/>
9. Anderson WG, Cimino JW, Ernecoff NC, Ungar A, Shotsberger KJ, Pollice LA, Buddadhumaruk P, Carson SS, Curtis JR, Hough CL, Lo B, Matthay MA, Peterson MW, Steingrub JS, White DB. A multicenter study of key stakeholders' perspectives on communicating with surrogates about prognosis in intensive care units. *Ann Am Thorac Soc.* 2015 Feb;12(2):142-52.
10. Ramesh P Aacharya, Chris Gastmans, and Yvonne Denier. Emergency department triage: an ethical analysis. *BMC Emerg Med.* 2011;11:16. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3199257/>