Patient Satisfaction in Treatment of Acute Abdomen in Emergency Hospital

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Abstract:

Background: Patient satisfaction can be defined as the extent of an individual's experience compared with his or her expectations. Patient satisfaction is a subjective and complex concept, involving physical, emotional, mental, social, and cultural factors. It is determined by the quality of the provided care and the patient's expectations of that care.

The Aim: Of this study is to audit the patient expectation and satisfaction regarding the quality of care offered by doctors, nurse, post operative care, pain relief, and hospital facilities.

Patient and Method: This is prospective randomized study, while conducted in Emergency unit of main medical hospital surgical inpatient ward, about satisfaction and acceptance for patients with acute abdomen in emergency unit from time of admission to the time of discharge from hospital. This study includes 60 patients suffering from acute abdomn including [acute appendicitis, perforated appendix, intestinal obstruction, acute cholycystitis].

Results: A total of sixty patients are participated in the study. Age ranged from (8-65) years, mean age of (25.48%), 38 cases were male (55%) and 27 of cases were female (45%) and male to female ratio is (2:1).

Conclusions: Acute appendicitis was the most common cause of acute abdomen encountered in this study. Majority of cases in this study dissatisfied from nurse care and pain relief and satisfied from doctors, post operative care and hospital facilities.

Keywords: Patient satisfaction; Doctors, Postoperative Care, Nursing Care, Pain Relief, Hospital Facilities.

Introduction:

Satisfaction can be defined as the extent of an individual's experience compared with his or her expectations [(1)].

Patient satisfaction is a highly desirable outcome of clinical care in the hospital and may even be an element of health status itself [(1)]. A patient's expression of satisfaction or dissatisfaction is a judgment on the quality of hospital care in all of its aspects. Whatever its strengths and limitations, patient satisfaction is an indicator that should be indispensable to the assessment of the quality of care in hospitals [(1)].

Patient expectation is assessment to play a role in the process by which an outcome can be said to be satisfactory or unsatisfactory. Expectation has an important influence on patient's over all measurement of satisfaction with a health care experience [(2)].

Some of the general expectations of patients include:

- the need to be listened to the need to receive clear explanation and instructions about their condition
- to be treated by staff who show care/concern/compassion and

- To be treated by staff who are professional in their work.

Regular feedback from patients can influence the whole quality improvement agenda and provide an opportunity for organizational learning and development. It provides crucial information on what the patient's expectations are and how they perceive the quality of care, which may be different from that of all staff providing that care [3].

For patients in the emergency department, due to the acute and sudden nature of their problems, stress and anxiety levels are usually high. Managing the expectations of these patients and their families becomes even more challenging in an environment where many actions are time dependent [4].

Patient satisfaction with surgical care is difficult to measure Dissatisfaction arises if the patient experiences a discrepancy between expected and provided care [5].

Good quality care is considered to be the right of all patients and the responsibility of all staff within a hospital [6].

A recent study identified six elements of emergency care associated with poor satisfaction: 1) not receiving help when needed, 2) a poorly explained problem, 3) not being told about waiting times, 4) not being told when to resume normalactivities, 5) not having test results explained, and 6) not understanding when to return to the emergency department (ED) [7, 8].

While many elements of satisfaction are under provider control, many elements of ED care are difficult for an individual provider to improve, such as waiting time, boarding time, besides overall levels of ED crowding that might reduce staff availability and impede ancillary services such as radiology and laboratory results [9, 10].

The aim of this study is audit to evaluate the patient expectation and satisfaction regarding the quality of care offered by doctors, nurse, post operative care, pain relief, and hospital facilities.

Patients and Methods:

This is prospective randomized interview based study, while conducted in Emergency Hospital and surgical inpatient ward, about patient satisfaction and acceptance in acute abdomen in emergency from admission to the time before discharge from hospital. The study conducted in the period between 26th of August 2015 to 12th of February 2017. This study include 60 patient in emergency hospital were recruited including [acute appendicitis, perforated appendix, intestinal obstruction, acute cholycystitis]. There is developed a 30-items questionnaire as shown in (appendix 1), to evaluate the effectiveness of surgical care provided in the hospital.

Direct interview was conducted, local languages were used for the interviews, each interview last's about 30 minutes in average, and the patients were not stimulated to answer any of the questionnaire parts, the respondents were given choice to reply in 5 score (1-5), in which 1 equal to poor, 2 equal to fair, 3 equal to good, 4 equal to very good, 5 equal to excellent, regarding each questions about all aspects of the surgical care process.

Most of the Patients were from Main cities and its surroundings cities with a population about 1,500 000 and 1.200.00 respectively but there were patients from other provenances of Iraq.

Emergency Hospital is a public hospital in the center of the city and its capacity is 60 beds, and the capacity of ICU is 13

beds, one quarter of these beds are for the general surgical department, 24 general surgeons are working for this department.
While general hospital emergency department a capacity of 20 beds of surgical patients and 12 for ICU.
With two specialist in emergency specialty and 16 general surgeons.
All data was entered into and analyzed with SPSS version 21.

Results:

The minimum age of respondent was 8 years and maximum was 65 years. Mean of age (25.48), Sex distribution in this study is 38 cases were male (55%) and 27 of cases were female (45%) and male to female ratio is (2:1), the frequency and percentage of male to female distribution regarding the variables studied was shown in table (1).
Acute appendicitis was the most common surgical emergency encountered in studied groups as shows in figure (4.1)
The patient's acceptance for various aspects in different surgical emergencies were not statistically significant as shown in table (3.2)
The overall acceptance of patient with different aspects of treatment of variables was nearly 2/3 of patient were satisfied of quality of care and acceptance of treatment by doctors and medical staff and 1/3 were dissatisfied as shown in figure (3).

Table (3.1): Shows the frequency and percentage of gender regarding the variables.

Variables studied	Sex		P value
	Male N (%)	Female N (%)	
Doctor Unsatisfied Satisfied	 4(36.4%) 26(59.1%)	 7(63.6%) 18(40.9%)	 0.388 *
Nurse Unsatisfied Satisfied	 13(52.0%) 20(57.1%)	 12(48.0%) 15(42.9%)	 0.693
post operative care Unsatisfied Satisfied	 10(45.5%) 16(55.2%)	 12(54.5%) 13(44.8%)	 0.260
Pain relief Unsatisfied Satisfied	 20(52.6%) 11(55.0%)	 18(47.4%) 9(45.0%)	 0.423
Hospital facilities Unsatisfied Satisfied	 9(47.4%) 22(56.4%)	 10(52.6%) 17(43.6%)	 0.347

- P value > 0.05 (not significant)

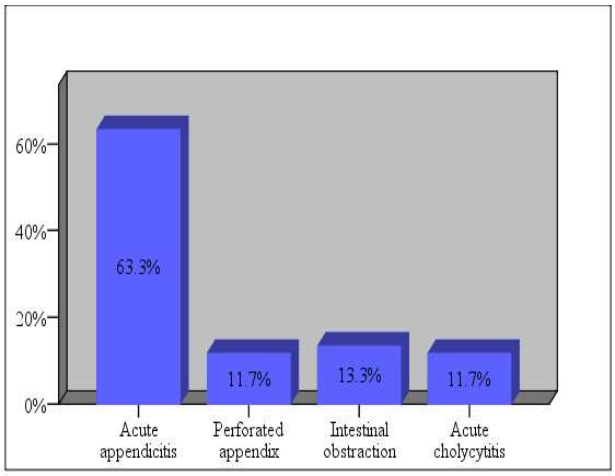

Figure (4.1): Shows the frequency and percentage of different surgical emergency conditions in the study.

Table (3.2): Shows correlation between patient's acceptances in different surgical conditions.

Variables studied	Surgical conditions				P value
	Acute appendicitis N (%)	Perforated appendix N (%)	Intestinal obstruction N (%)	Acute cholycystitis N (%)	
Doctor Unsatisfied Satisfied Total	 9(81.8%) 26(59.1%) 38(63.3%)	 1(9.1%) 6(13.6%) 7(11.7%)	 1(9.1%) 6(13.6%) 8(13.3%)	 0(0.0%) 6(13.6%) 7(11.7%)	0.735
Nurse Unsatisfied Satisfied Total	 17(68.0%) 21(60.0%) 38(63.3%)	 3(12.0%) 4(11.4%) 7(11.7%)	 1(4.0%) 7(20.0%) 8(13.3%)	 4(16.0%) 3(8.6%) 7(11.7%)	0.303
post operative care Unsatisfied Satisfied Total	 11(50.0%) 21(72.4%) 38(63.3%)	 3(13.6%) 4(13.8%) 7(11.7%)	 5(22.7%) 3(10.3%) 8(13.3%)	 3(13.6%) 1(3.4%) 7(11.7%)	0.106
Pain relief Unsatisfied Satisfied Total	 25(65.8%) 11(55.0%) 38(63.3%)	 5(13.2%) 2(10.0%) 7(11.7%)	 5(13.2%) 3(15.0%) 8(13.3%)	 3(7.9%) 4(20.0%) 7(11.7%)	0.779
Hospital facilities Unsatisfied Satisfied Total	 15(78.9%) 22(56.4%) 38(63.3%)	 1(5.3%) 6(15.4%) 7(11.7%)	 0(0.0%) 8(20.5%) 8(13.3%)	 3(15.8%) 3(7.7%) 7(11.7%)	0.121

Table (3.3): Shows correlation between patient's acceptance and quality of treatment.

Variables studied	Age (Mean± Std. Deviation)		P value
	Unsatisfied	Satisfied	
Doctor	22.45±12.509	25.45±15.188	0.472
Nurse	22.48±10.373	27.63±17.261	0.03 *
post operative care	23.36±12.897	24.86±15.193	0.279
Pain relief	23.32±11.971	31.10±18.516	0.056
Hospital facilities	21.16±7.776	27.74±.027	0.280

- P value <0.05 statistically significant

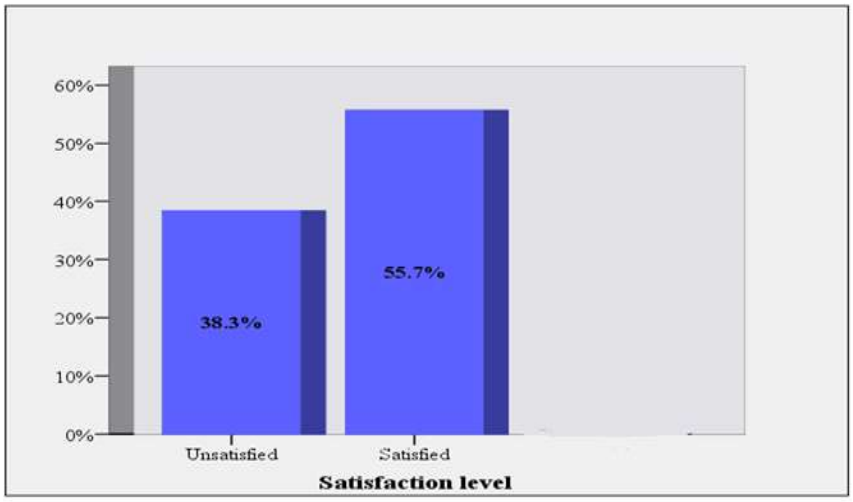

Figure (4.2): Shows the percentage of patient satisfaction in the study.

Table (3.4): Shows correlation between satisfaction level and studied variable.

	Studied variables		P values
	Unsatisfied N(%)	Satisfied N(%)	
Types of HR Physician Nurse Total	11(30.6) 25(69.4) 36(100.0)	44(55.7) 35(44.3) 79(100.0)	0.003*
Types of HR Post-operative care Pain relief Hospital facilities Total	22(27.8) 38(48.1) 19(24.1) 79(100.0)	29(33.0) 20(22.7) 39(44.3) 88(100.0)	Less than 0.001*

- P value <0.05 statistically significant
- HR=human resources

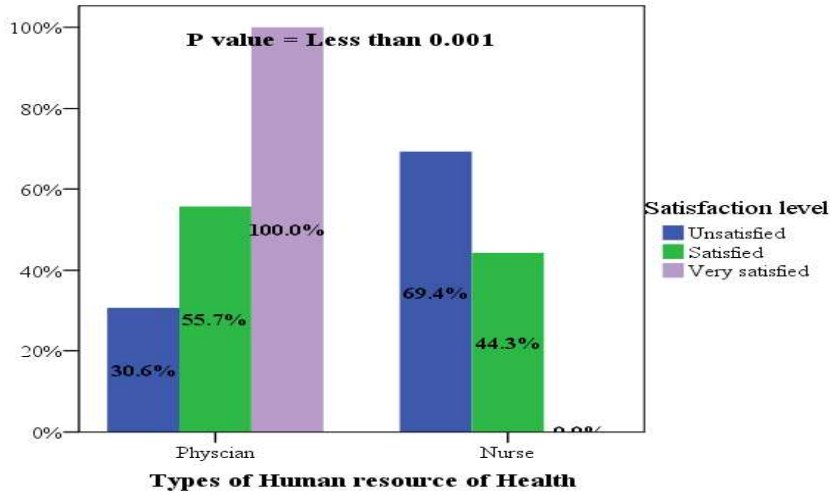

Figure (4.3): Shows percentage satisfaction level with physician and nurse care.

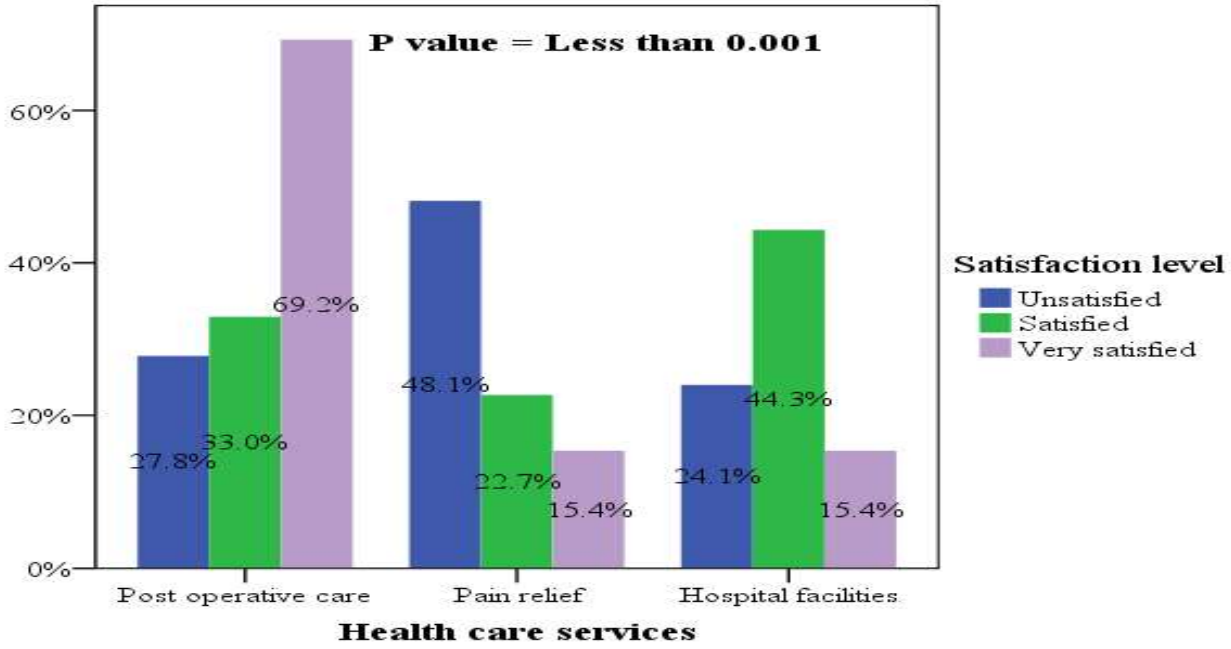

Figure (4.4): Shows percentage satisfaction level with post operative care, pain relief, hospital facilities (10).

Discussion:

This study revealed patients age has varied from first decade to seventh decade with mean age of in the 3rd decade because many of cases were acute appendicitis in the Accident and Emergency Hospital and this explain why most of cases in this age group and this is similar to Sulimahnia Teaching Hospital study, Farouq 2000 et al [20] in which most of common cases were acute appendicitis in the 2nd and 3rd decade of life.

Sex distribution in our study revealed male predominance and male to female ratio is (55:45) and this is different from Sulimahnia Teaching Hospital study, Farouq 2000 et al [21] in which female predominance and (male to female ratio =48:52).

Acute appendicitis was the most common surgical emergency encountered in the studied groups (63.3%) and this is similar to Sulimahnia Teaching Hospital study, Farouq 2000 et al [22] in which acute appendicitis was the most common cases, 1/3rd (33.46%) of the cases.

In pediatric age group; acute appendicitis was the most common cause of acute abdomen and this is similar to previous Sulimahnia Teaching Hospital study, Farouq 2000 et al [23] in which acute appendicitis was the most common cause of acute abdomen (46%) in this age group.

Intestinal obstruction accounted for (13.3%) of all admitted cases which is higher than those recorded in Sulimahnia Teaching Hospital study, Farouq 2000 et al [24], which accounted (6.34%). In which the causes of it were adhesive bands, then obstructed hernias and the least cases meckel's diverticulum intussuption as in Sulimahnia Teaching Hospital study, Farouq 2000 et al [20].

It's found that among 60 patients (80%) in different surgical emergencies were dissatisfied with nurse care and pain relief. While they satisfied from doctors, post operative care and hospital facilities, this is similar to study done in Imam Reza Hospital Iran et al [18], in which it's agree with it about patient highly satisfied from physician. But disagreed with it about nurse quality of care, as in this study nurses' communication with patients were highly satisfied (78%). While in our study there was dissatisfaction in nurses' communication with patients (69.4%).

In comparison with research done in Bordereaux USA et al [19] 22 item including registration, nurse and doctor factor, waiting time and discharge instruction, in which nurse technical skills (P value <0.05), which is similar to this study there were dissatisfaction with nurse technical skills (P value <0.05).

Patient's acceptance regarding different surgical condition in this study [acute appendicitis, perforated appendix, intestinal obstruction, acute cholycystitis] were over all satisfied, but in acute appendicitis patient were dissatisfied from pain relief 25(65.8%), while in acute cholycystitis the satisfaction rate were higher and only 5(13.2%) of them were unsatisfied from pain relief .

In this study satisfaction level and studied variable (physician, nurse care) were statistically significant P value = 0.03 and for post operative care, pain relief, hospital facilities were also statistically significant P value = 0.01.

Conclusions:

Acute appendicitis was the most common cause of acute abdomen encountered in this study. Majority of cases in this study dissatisfied from nurse communication skills especially at night shifts, pain relief and satisfied from care offered by doctors, post operative care and hospital facilities.

Recommendation:

This patient satisfaction is a new subject and it's very important to analyze the outcome of surgical care in Accident and Emergency department.

Little or few studies has been done about it so we recommended the larger group studies and multicenter studies, different quality of care to get better result to improve quality of care offered by nurse which should be revised.

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