

# Level of Satisfaction of Parents Attending Pediatric Emergency

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**Background:** Patient satisfaction is an important indicator of quality of health care. Without appreciable levels of patient satisfaction, health plans may not get full accreditation and will lack competitive edge enjoyed by full accredited plans. **Objective:** To study the level of satisfaction of the parents visiting Pediatric emergency of Mayo Hospital Lahore for medical care of their children and to formulate suggestions to further improve the quality of care. **Design:** Descriptive qualitative cross sectional study. **Place and duration of study:** This study was conducted in emergency section of the department of Pediatrics King Edward Medical University/Mayo Hospital Lahore in 45 days (July 01, 2005 to Aug 15, 2005). **Patients and methods:** During the study period, a total of 100 parents were selected by non-probability convenient sampling. Consent was taken and confidentiality was assured. They were interviewed by using a structured proforma. **Results:** Out of 100 parents, 60 were of male children and 40 were of female children. The questionnaire was scored for 14 core topics. Majority (71%) took less than 5 minutes for their first encounter from hospital door to the medical personnel. 47% were attended by casualty medical officer within 5 minutes and 40% were attended within 10 minutes. Out of total, 51% were attended by emergency doctors within 5 minutes. Overall attitude of "purchi clerk" was found to be satisfactory. Attitude of casualty medical officer, attending doctors, nursing staff was very good while that of paramedics was found to be good. Cleanliness in emergency was fair while comfort and environment of emergency was satisfactory. Availability of medicines in emergency was found to be excellent (82%). Overall, 22% of parents were fully satisfied while 11% were not satisfied at all. Mean level of satisfaction was 69.57%. **Conclusion:** It is concluded that majority of parents were satisfied with the services offered in Pediatric emergency of Mayo Hospital Lahore.

**Key words:** Parent Children Satisfaction Pediatric Emergency

Patient satisfaction is an important indicator of quality of health care<sup>1</sup>. Patient-centered outcomes have taken centre stage as the primary means of measuring the effectiveness of healthcare delivery<sup>2</sup>. Assessing outcomes has merits both as an indicator of effectiveness of different interventions and as a part of a monitoring system directed to improve the quality of care as well as detecting its deterioration<sup>3</sup>.

Patients' participation in medical care and in decision making is generally viewed as a precursor to the health outcomes<sup>4</sup>. Without appreciable levels of patient satisfaction, health plans may not get full accreditation and will lack competitive edge enjoyed by full accredited plans.

We conducted a study to assess the level of satisfaction of parents visiting Pediatric emergency of Mayo Hospital Lahore for medical care. This will help to formulate suggestions to further improve the quality of care.

## Patients and methods:

Department of Pediatrics King Edward Medical University/Mayo Hospital Lahore is the oldest Pediatric unit in the province of Punjab. It has bed strength of 140. It is divided into eight sections including emergency, intensive care unit, general medical, neonatology, gastroenterology, isolation and hematology/oncology sections. Only those children who have medical problems are brought to this emergency whereas children suffering from surgical problems are taken to Pediatric surgery department. More than 18000 children mainly belonging to lower and lower middle socioeconomic class attend this emergency section each year.

This study was conducted in emergency section of the department of Pediatrics King Edward Medical University/Mayo Hospital Lahore in 45 days (July 01, 2005 to Aug 15, 2005). This was a descriptive cross sectional study. During the study period, a total of 100 parents were selected by non-probability convenient sampling. Consent was taken and confidentiality was assured. They were interviewed by using a structured proforma.

Following terminologies were used in defining the data:

**Attitude:** Dealing manners

**Guidance:** Proper conveying of information where to go and what to do next.

**Comfort:** Bed, light, ventilation, benches etc.

**Environment:** Surroundings of emergency, canteen, sanitation etc.

**Satisfaction:** In terms of listening by the doctor, explanation of diagnosis and treatment, prescription of medicine, ordering of investigation, obtaining consultant opinion, comfort and environment.

Data was collected on a structured proforma and was analyzed for age, sex, disease frequency, and outcome. Satisfaction level was accessed at each level and overall satisfaction level was accessed according to the criteria: total score of satisfaction=70 (100%), level I >80.00%: excellent, level II 79.99-70.00%: very good, level III 69.99-60.00%: good and level IV <60.00%: not satisfied.

## Results:

Before elaborating the results, it is worthwhile to clarify the status of the personals in our emergency for whom the level of satisfaction was to be accessed. "Purchi clerk" is the first

encountered person for parents entering in the Pediatric emergency for medical aid. His job is to register all incoming patients, to make admission slips and to guide them to the casualty medical officer's room. Casualty medical officer is a resident medical officer/registrars and is the first among the medical staff dealing with the patient. Attending emergency doctors include one resident medical officer/registrars and one junior resident on duty. Nursing staff in emergency includes qualified nurses to deal with Pediatric emergency.

During the study period, 9,327 children were brought to Pediatric emergency because of different medical problems and 4,127 out of them were admitted. Out of these 34,127, one hundred parents were interviewed, out of them 60 were of male children and 40 were of female children. Out of the total, 11% were below 60 days of age, 29% were between 2 months to 12 months, 37% were between 13 months to 5 year and 23% were above 5 year of age. Acute watery diarrhea was frequently encountered disease in the study period.

Out of 60 male children, 28% were discharged directly from the emergency, 60% admitted in the ward after stabilizing this condition, 7% left against medical advice (LAMA) and 5% expired while out of 40 female children, 43% were discharged, 50% admitted, 2% left against

medical advice (LAMA) and 5% expired. Hence in total, 34% were discharged, 56% admitted, 5% left against medical advice (LAMA) and 5% expired. (Table I)

Majority (71%) took less than 5 minutes for their first encounter from hospital door to the medical personal. 47% were attended by casualty medical officer within 5 minutes and 40% were attended within 10 minutes. Out of total, 51% was attended by emergency doctors within 5 minutes. (Table II)

Overall attitude of "purchi clerk" was found to be satisfactory. Attitude of casualty medical officer, attending doctors, nursing staff was very good while that of paramedics was found to be good. Cleanliness in emergency was fair while comfort and environment of emergency was satisfactory. Availability of medicines in emergency was found to be excellent (82%). (Table III)

Parents of children of frequently encountered disease (acute watery diarrhea) were found to be satisfied with the mean level was very good (68.07%) while those of other diseases were also found to be satisfied with almost the same level (68.72%).

Overall, 22% of parents were fully satisfied while 11% were not satisfied at all. Rest of the parents (77%) was satisfied according to level II&III. (Table V). Mean level of satisfaction was 69.57%.

Table I: Outcome of the patients included in the study

	Discharged n (%)	Admitted n (%)	LAMA n (%)	Expired n (%)
Boys	60 17 (28)	36 (60)	04 (7)	03 (5)
Girls	40 17 (43)	20 (50)	01 (2)	02 (5)
Total	100 34 (34)	56 (56)	05 (5)	05 (5)

Table II: Individual question assessment (n=100)

Time delay	<5 min	6-10 min	11-15min	16-20 min	21-25min	>25 min
Delay in reaching from hospital door to first contact with medical person	71	19	07	02	00	01
Time taken by casualty medical officer	47	40	07	05	00	01
Time taken by "first help" in emergency section	51	36	10	01	02	00

Table III: Individual question assessment (n=100)

Response	Excellent	Very good	Good	Satisfactory	Fair	Poor
Attitude of "purchi clerk"	02	09	20	33	29	07
Attitude of casualty medical officer	41	44	11	02	02	00
Guidance by casualty medical officer	38	44	16	01	01	00
Attitude of attending doctors in emergency section	28	64	07	01	00	00
Attitude of attending nursing staff in emergency section	12	48	34	03	02	01
Attitude of attending paramedics in emergency section	05	06	42	24	21	02
Cleanliness in emergency section	03	12	11	17	38	19
Comfort in emergency section	03	17	33	29	15	03
Environment in emergency section	04	20	27	29	18	02
Overall experience of bringing child in emergency section	09	57	23	08	03	00
Response	Excellent	Very good	Good	Satisfactory	Fair	Poor

Table IV: Overall level of satisfaction

Level of satisfaction	Level of satisfaction(%age)	Number of parents(n=100)
I(Excellent)	>80%	22
II(Very Good)	70.00-79.00%	26
III(Good)	60.00-69.99%	41
IV(Not Satisfied)	<60.00%	11

**Discussion:**

Patient satisfaction is an important indicator of quality of health care and has been widely studied in many settings.<sup>1</sup> Patient satisfaction is determined by the cultural background of the people and also the optimally provided care is capable of meeting both medical and psychosocial needs.<sup>3</sup> Surveys on patients' expectation and satisfaction in Pakistan conclude the need of importance of implication of the information to improve the services offered in our hospitals especially in government sector<sup>5,6,7</sup>.

Studies on patients' satisfaction in different settings have also shown similar results. Inpatient and outpatient satisfaction score in National Rehabilitation Hospital Columbia showed the mean score indicative of very good level of satisfaction<sup>8</sup> while the mean score of our study was good. A study on patient satisfaction with prenatal care providers concludes high patient satisfaction scores with a lower cesarean delivery rates.<sup>9</sup> Surveys conducted in dental centers of America showed that 93% of the patients were satisfied with the care provided<sup>10</sup> while it was 70% from our study. The gallop organization in university of Carolina performed a nationwide demographic study to determine attitudes, opinions and behaviors of users and on users of specialist health care facilities and the results consistently showed that patients were extremely satisfied with the care they received from specialists and far less satisfied with the care they received from general medical practitioners.<sup>11</sup> In Frimley Park Hospital Surrey, results of grommet insertion into pediatric patient by ENT surgeons showed that 96.7% of parents were satisfied with the decision.<sup>12</sup> The Cleveland clinic in North America measured satisfaction by mailing satisfaction surveys to randomly selected patients and found the results to be satisfactory<sup>13</sup>. These results were also comparable with our study.

A very important predictor of patient/parent (client) satisfaction with the health care services is care providers behaviour especially respect and problems. The behaviour of attending medical staff and casualty medical officer ranged from good to excellent (60 %-> 80%). However the behaviour of paramedical staff like "purchi clerk" needs to be improved. Furthermore, a reduction in waiting time is important for client satisfaction. 53% patients had to wait for more than 5 minutes and 13% for more than 10 minutes in the casualty medical officer's room. Similarly 40% children had to wait for more than 5 minutes and 7% for more than 10 minutes before they were attended by someone in the emergency room. Although these time intervals were better than what we anticipated however these may be improved, further increasing the level of parent/client satisfaction.

Satisfaction with nursing care is a reliable predictor of overall hospital satisfaction. Nursing care has also a key role in patient satisfaction. A study highlights the importance of the degree of congruence between parents' satisfaction with nursing care in Pediatrics units.<sup>14</sup> Few surveys examined patient satisfaction with emergency nursing services in

particular areas of triage and majority of participants were satisfied.<sup>1</sup> Results of a study aimed to examine staff nurses' morale and its effects on patient satisfaction showed that improvement in nurses' involvement and identification of the factors associated with nursing unit morale can improve the patient satisfaction.<sup>15</sup> The level of satisfaction with nursing care was good to very good (60%-79% respectively). We feel that this level needs to be improved. Unless nurses ensure that the care they provide is consistent with what the parents want, nurses risk basing interventions on assumptions and erroneous perceptions and parents are unlikely to be satisfied.

Environment, cleanliness and comfort are the parameters which play an additional role in patient satisfaction. We found that 4% of the patients were fully satisfied with the environment and comfort, 47% found it good while a few parents (3%) were not satisfied at all. Similarly, 3% of the parents were fully satisfied with the cleanliness in emergency section, 23% found it good while 19% were not satisfied with the cleanliness.

Patient participation in medical care has a key role and valid patient satisfaction information can provide further guidelines to improve the standard of care. The perception and judgment of quality of services provided by health care provided is individualistic. The criteria used for judging the level of satisfaction by client/patient may vary from time to time. Consequently patient/client satisfaction reflects only part of the quality of the entire health process. This aspect should be kept in mind while accessing the level of patient satisfaction and should not be confused with the quality of medical care.

**Conclusion:**

We conclude from our study that level of satisfaction for majority of parents was good. In the light of suggestions made by parents, we recommend to improve the attitude of dealing staff in Pediatrics emergency. Furthermore, quality of care, cleanliness and comfort in emergency must be uplifted. Our study also concludes the need of importance of implication of all above information to improve the services offered in our emergency section.

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