

Experiences of The Public on The Services in Emergency Department: A Qualitative Study

Khin Thandar Aung^{1*}, Fatin Izzati Binti Saiful Bahri¹

¹*Critical Care Nursing Department, Faculty of Nursing, International Islamic University, Pahang, Malaysia.*

ABSTRACT

Objective: The purpose of this study was to explore the experiences of the public on the services provided in the Emergency Department (ED) of Hospital Tengku Ampuan Afzan (HTAA). **Methods:** An exploratory, descriptive design was used to understand public experiences on the services in the ED. Ten respondents who fit the inclusion criteria were selected using purposive sampling method during their visit to the ED. They were interviewed for 30 to 45 minutes and were audio-recorded with the permission of the participants. The general meaning and the tone conveyed by the respondents were determined through coding, descriptions, and the themes that emerged. **Results:** Four major themes emerged from the study including waiting time, ED staff, information regarding the ED, and expectation on the ED services. **Conclusion:** As a result, there is a need to improve the practices in the ED and a need for an awareness program on the real functions and services of the ED.

KEYWORDS: Experience, Public, Emergency Department, Services

INTRODUCTION

Emergency Department (ED) is an important part of a hospital that provides emergency treatment to the public. Due to the various health concerns and multi-disciplinary interventions to be handled in the ED, the setting may turn crowded with people and becomes chaotic, in which lead to the unpleasant experience among the patients. It was found that the public were always dissatisfied with the care received in the ED (1).

One of the issues raised in Malaysia's ED was on the waiting time. Effort has been put on programs such as the LEAN healthcare (2), but the problem is continuing, signify the possible gap that could be exist anywhere in between the healthcare delivery and the public as the receiver. Despite improvement made to tackle the problem, public still lamented on their unpleasant experience while receiving treatment in the ED through various mediums (3).

The expectation of the public towards the services in the ED also may affect their satisfaction and utilisation of the ED in the future (4). Thus, there is a need to pay attention on their expectations on the ED which affect their decision to visit the ED. From the public's experience, and expectations, the current problem in the ED can be identified and solved accordingly.

METHODS

A qualitative study design is used in this study to explore the experiences of the public on the ED. It

was done in Hospital Tengku Ampuan Afzan (HTAA), Kuantan, Pahang. Ten respondents were selected by purposive sampling method, in which they have the experiences of visiting ED as patients or have accompanied the patients. Exploration of the patient's experiences was done through semi-structured interview. For the data analysis, content and thematic analysis was used. Data were transcribed and analysed according to the steps proposed by Creswell (5). First, audio records were transcribed verbatim. The data were then coded word by word and line by line by researcher to generate recurrent themes. Finally, the core themes emerged from the analysis may explain the patients' experience in the ED. Each interview took around 30 to 45 minutes and was recorded by using an audio-recording device. The sample size chosen to be participated in this study was based on the data saturation concept.

Ethical approval was obtained from the Kulliyah of Nursing Post Graduate Research Committee (KNPGRC), Ethical Committee of International Islamic University Malaysia (IREC), National Medical Research Register (NMRR), Medical Research and Ethics Committee (MREC), and Clinical Research Committee (CRC) of HTAA. The inclusion criteria for this study include having the experience of visiting the ED for treatment or accompanying patient, and understand Bahasa Melayu. Foreigner, patients aged below than 18 years old, and the vulnerable groups such as patients coming due to attempted suicide, violent assaults, and enduring psychiatric disorders were excluded from the study.

RESULTS

There were four themes developed from this study: waiting time, ED staff, information regarding the ED, and expectation on ED services. The themes and sub-themes were presented in the table 1.

Theme 1: Waiting time

Subthemes: Long waiting time

Based on the data, 6 out of the 10 respondents claimed that they had to wait for a long time

* Corresponding Author

Email address: khin_ta@iiium.edu.my
Tel: +6095707262
Kulliyah of Nursing, International Islamic University, Malaysia, Jalan Hospital Campus, Kuantan, Pahang, Malaysia.

before being attended. Most of the respondents stated that they had to wait for as long as six hours before getting medical attention. They expressed their frustration through the following quotes:

"I reached Emergency Department at 8.30pm. My name was called out at around 2.00 am. I was crying because it was too long.... I was in pain so much ...it was on Christmas eve..." (Respondent 3)

"I have reached at Emergency around 9.00 am but go back home after Asar (around 4.30pm). It was too long. I don't know, maybe that's how the government hospital works." (Respondent 7)

Subthemes: Delay treatment

The respondents were also verbalized dissatisfaction on the time healthcare staff attended to the case that they felt was urgent. Some of them felt that the healthcare staffs were not doing their job properly. The examples of the quotes are as below:

"...when I was in chest pain, there was some feeling like, why were they too late? Because I was in real pain, how come they did not attend to me quickly?" (Respondent 2)

"...I felt upset. I've tried to asked my friends to tell them (ED staff) that I had waited long enough and the knee (wound) was exposed... then the staff told us to be patient because a lot of people still waiting... Felt like wanting to make a complaint to the higher level of management ..." (Respondent 5)

Theme2: ED staff

Subthemes: Lack of explanation regarding disease

Insufficient explanation regarding the intervention in the ED was one of the complaints made by the respondents. One of the respondents stated that she was prevented from taking the water, despite her unwell feeling, whereas the staff may have certain reasons for not allowing the action. The progress of the patient was also not well explained. These show a sign of ineffective communication.

"...I felt like fainting, so my friend asked the nurse to let me take sip of water, but she scolded us off..." (Respondent 5)

"The patient was in pain. There was no explanation on the current condition of the patient. They left us 'hanging'.....wondering on what was going on...." (Respondent 4)

Subthemes: Unsure of treatment

There were also complaints about the medical management of the doctors. The issue arises due to the uncertainty of the best treatment on that time. The quote is as following:

"...only displeased with Doctor's decision. Two to three doctors were not sure on what to do. One of them not sure whether need to put on P.O.P, (the other) one thought that maybe they have to wait until the patient being admitted to the ward". (Respondent 3)

Theme 3: Information regarding ED

Subthemes: Misconception on the usage of ED

The respondents also thought that their visit to the ED were necessary as they perceived their illness as severe. There were also cases in which they brought the patients in due to the influence of close relatives. The quotes are as following:

"My mother had been vomiting and diarrhoea for 5 days. I'm worried it might be something really bad, so that's why I brought her here...." (Respondent 8)

"...I thought her condition at that time as at its worst. Never had the thought of going to the community clinic..." (Respondent 4)

Subthemes: Lack of information about triage

The triage procedure was not known by almost all of the respondents. Although triage is the first section in the ED encountered by the patients, the respondents had no knowledge on the function particularly. However, some had noticed the different colour coded section used in the ED; red, yellow, and green.

"...noticed the zones on the forms but I never knew what it is for..." (Respondent 8)

"I knew there were Green, Yellow and Red zones by seeing the signage but never knew the functions of them..." (Respondent 3)

Theme 4: Expectation on the ED services

Subthemes: Prompt treatment

Many of the respondents thought that all medical cases were going to be attended quickly because they were at the ED. Some of the respondents also have the thought that getting treatment in the ED was as like a 'touch and go' procedure: quick. They were also expected that only quick and simple intervention will be done there. Quotes related to this sub-theme were as follows:

"...anticipate staff will attend immediately because she's in pain...." (Respondent 4)

"...maybe (need to) take blood sample only. Not doing this (fluid replacement). It's a nuisance to wait." (Respondent 9)

Subthemes: High quality care

Because of the ED involved in this study was under the Ministry of Health, the respondents perceived that a more advanced technologies/equipment available. They felt that clinics were insufficient in terms of equipment, thus a general hospital is their best option to seek treatment. As lots of experts were also placed in the general hospitals, made the respondents felt that there will be no need to be referred to the other hospitals once they are there, rather when they go to the private clinics or private hospitals.

"...we can see it's more systematic (arranged in orderly manner)." (Respondent 1)

"...in the future, I'd prefer ED. Because of more manpower or experts (...)" (Respondent 1)

Subtheme: Low charges treatment

The low charge for per visit treatment also influenced the decision of the respondents to utilised the ED. Most of the respondents who verbalized the importance of this point were from people who have financial constraint. The quotes are as below:

"...we cannot compare with private in terms of waiting time because we only pay for RM 1. I knew it is a big gap to compare, of course. But if people like me with not fixed salary, according to days of working, treatment of RM1 is very convenient for me..." (Respondent 2)

"...because we are students, of course we went to ED first because it is cheaper, because we know, if we went to the clinics first, especially at this time in the middle of the night, for sure the charges will be too high for us to bear." (Respondent 4)

Sub-theme: Good accessibility

As the study setting located in the heart of Kuantan city, the public preferred seeking for treatment due to the accessibility factor. There was also lack of awareness on the operating hour of Klinik 1Malaysia and Community Clinics. They were also unaware that Community Clinics may provide the same treatment as general hospital's ED. These factors were the reasons why the respondents were making the ED as a number one choice in getting treatment.

"I live in Kampung Pak Mahat, so it is quite convenient to come to HTAA" (Respondent 8)

"...the transport is available so better go to ED..." (Respondent 4)

Table 1: Themes and Sub-Themes

Theme 1: Waiting time	Theme 2: ED staff	Theme 3: Information regarding ED	Theme 4: Expectation on ED services
Subthemes: Long waiting time	Subthemes: Lack of explanation regarding disease	Subthemes: Misconception on the usage of ED	Subthemes: Prompt treatment
Delay treatment	Unsure of treatment	Lack of information about triage	High quality care
			Low charges treatment Good accessibility

DISCUSSION

The ED in Malaysia is a setting that offers multiple services in terms of the delivery of emergency critical medical care, covering roles such as pre-hospital service, counter service, emergency treatment service, ambulance service, and others (6). Results indicated that participants faced many issues while seeking treatment in the ED, and have incorrect perception on the usage of the ED. The participants in this study also felt that it was important for the health provider to inform the procedure and the progress of the patient and the medical intervention.

One of the most common problems for patients at the ED is the long waiting, which reported all over the world (7). Basically, the duration of waiting time is based on which triage they were assigned to, that related to the severity of their condition. The knowledge regarding triage was also found to be limited among the respondents in this study. Lack of knowledge related to the roles of triaging produced misconception on the commitment of the healthcare providers. They were perceived as deliberately avoiding or procrastinating from their responsibilities.

In addition, without the knowledge on the triaging system and the protocols on the type of cases that should be attended in the ED, the public makes a lot of assumptions and expect the setting as a 'one step centre' to solve all problems regarding health. Their knowledge on the services offered in the Community Clinics, and Klinik 1 Malaysia were also not really accurate. As a result, it becomes a problem when crowding happened and displeasure raised among visitors in the ED.

Furthermore, the themes that emerged from this study were also predominantly happen as a consequence from the misconception on their condition, expectation, and the services offered in the ED. For example, based on the raw data, the ED was the main choice of treatment seeking among the respondents because they perceived their condition as medical emergency although they came with just simple illness. This misconception in evaluating the severity of their condition is the causal factor of crowding in the ED. Study shows that majority of people attending ED because they believe the severity of their conditions requires a healthcare service, which is best provided by the ED and its staff (8).

CONCLUSION

It is known that the ED can be a very busy place in the hospital, thus constraints and problems are expected to happen in such setting. In this study, the researcher has explored the experience of the public at the ED. Four main themes were developed from this study which signifies what public experienced while seeking treatment in the ED. The findings also provide information on the problem faced by the ED visitors and the accompanying people. From the identified problems, improvements can be made to make the ED a better place for the public. In addition, their expectations of the services offered by government hospitals were assessed whether it is synchronised with the objective of the existence of the ED itself. From this information, incorrect perceptions of the public can be corrected through program such as awareness campaign. This eventually reduces the inappropriate utilisation of the ED.

CONFLICT OF INTEREST

No conflict of interest

REFERENCES

1. Muntlin, A, Lena Gunningberg, L, Carlsson, M. Patients' perceptions of quality of care at an emergency department and identification of areas for quality improvement. *Journal of Clinical Nursing (Internet)*. 2006 (cited 2016 Jan 23): 15(8): 1045-56
2. PEMANDU. How long is the wait? (Internet). 2016 (cited 2016, Jan 12).

3. SINAR HARIAN. Doktor, mengapa lambat. (Internet). 2016 (cited 2016, Jan 12). Perron, NJ, Secretan, F, Vannotti, M, Pecoud, A, Favrat, B. Patient's expectations and a multicultural out-patient clinic in Switzerland. Family Practice (Internet). 2003. (cited 2016 Jan 23): 20, 428-433.
4. Creswell, JW. Research Design: Qualitative, Quantitative and Mixed Methods Approaches, 3rd edition, SAGE Publication, USA; 2009 Ministry of Health. Emergency medicine and trauma services policy. (Internet). 2012 (cited 2016, Jan 22).
5. Theunissen, BHJJ, Lardenoye, S, Hannemann, PH, Gerritsen, K, Brink, PRG, Poeze, M. Fast Track by physician assistants shortens waiting and turnaround times of trauma patients in an emergency department. European Journal of Trauma and Emergency Surgery (Internet). 2014 (cited 2016 Jan 23): 40(1), 87-91.
6. Fitzgerald, G, Toloo, G, Aitken, P, Keijzers, G, Scuffham, P. Public use and perceptions of emergency departments: A population survey. Emergency Medicine Australasia (Internet). 2015 (cited 2016 Feb 12): 27(4), 336-342.