



**PATIENTS PERCEPTIONS ON PROMPTNESS OF SERVICES AT TERTIARY CARE  
CENTRE CASUALTY AT NILOUFER HOSPITAL, HYDERABAD, INDIA**

**Dr. Syed Arif Pasha<sup>\*1</sup>, Dr. Muneebjehan<sup>2</sup>, Dr. Fahad Albejaidi<sup>3</sup>, Dr. K. S. Nair<sup>4</sup> and Dr. K. Chandra Sekhar<sup>5</sup>**

<sup>1</sup>Assistant Professor at College of Public Health & Health Informatics, Al Qassim region, Saudi Arabia.

<sup>2</sup>Professor of Physiology at Hi Tech Medical college, Bhuvaneshwar.

<sup>3</sup>Dean at College of Public Health & Health Informatics, Al Qassim region Saudi Arabia.

<sup>4</sup>Assistant Professor at College of Public Health & Health Informatics, Al Qassim region.

<sup>5</sup>Professor & Specialist Family Medicine at Board of Family Medicine studies, Al Qassim region, Saudi Arabia.

**\*Corresponding Author: Dr. Syed Arif Pasha**

Assistant Professor at College of Public Health and Health Informatics, Al Qassim Region, Saudi Arabia.

Article Received on 15/03/2018

Article Revised on 04/04/2018

Article Accepted on 25/04/2018

**ABSTRACT**

**Background:** Generally Tertiary Care Centres are usually located in cities and functioning with many health care professionals to cater good quality of services to the needy people who are contacting as the first level contact in emergency situations are usually comes to the casualty or emergency department. Niloufer hospital is state apex institute for mothers and children care always busy in providing health care services needy people of the society.

**Objectives:** To find the Patients Perceptions on Promptness of services to the patients who comes to the casualty and also some demographic associations with time delay. **Methodology:** This was a hospital based cross-sectional study was conducted at Niloufer Hospital among different patients who attended the emergency department to take necessary health care during the period from March 2017 to August 2017. During the study period we interviewed 186 child patients attendees (mothers & fathers) and collected information from them. Importance of the study was explained to the participants and informed consent was taken from the patient attendants as the child is minor. Predesigned and pretested study questionnaire was filled and observations were recorded. After completion of the data collection from the patients, data was entered in MS excel and analysed using necessary statistical tests like simple proportions and chi square tests were applied. **Results:** In the study participants, 51% were males and 49% were females. Out of 186 study participants, 76.3% (142/186) patient mothers were literates and 23.7% (44/186) were illiterates. About 135/186 individuals were receiving the treatment and care immediately or less than a minute time, 21 were getting within 2-5 minutes time, 17 were getting 5-10 minutes time and lastly 13 were getting treatment and health care service after 10 minutes time. In the study population, about 24.1% were participants were giving opinion on doctors as strongly agree and 48.9% were giving agree opinion and altogether 73% were accepting as good services. **Conclusions:** Based on the study results, literacy rate among children mothers was good and there was no much delay in catering services including treatment by the doctors and patient care takers response towards perception about housekeeping department services was altogether only 60.7% were accepting as good service.

**KEYWORDS:** Age, sex, health care providers, perceptions, time delay.

**INTRODUCTION**

Prestigious Institute Niloufer Hospital that had served, cared and nurtured many a sick, sane and critical cases. Established in 1953 as a 100 bedded hospital with a vision to meet the health needs of mother and child had marched forward with no looking back. Presently it has bed strength of 500 with advanced maternity, paediatric, paediatric surgery supported by excellent diagnostic facilities. As an institute it was the arena for the medical graduates and post graduates who had learning with perfection. Students of this institute have proved their talents at National and International levels. The hospital had the honour of managing significant number of

critical cases, performing rare surgeries. It is one of the largest hospitals of its kind in Asia with advanced training in the faculties.

Developing countries are striving to improve availability of Maternal Child Health (MCH) services of acceptable quality standards. Available evidences suggest that the client's perceptions on quality of MCH services affect their utilization. A higher satisfaction of clients will enhance utilization of MCH services and outcomes. Incorporating clients' views into quality assessments is also critical in making health services more responsive to people's needs<sup>1</sup>. Of which child health services plays a

very vital role in the reduction of infant mortality, under five child mortality drastically improves the national economy and cost reduction on per capita gross domestic product spent on health systems.

In many emergency departments, patients only see the attending physician. But at Emergency rooms (ERs) with a university teaching affiliation, you might encounter both medical students and resident physicians, or physicians in training, who are participating in your care. Medical students are participating in a four-year program, but they aren't doctors yet. "During their medical school education they spend some time in clinical areas and participate with care, but typically they are learning to take histories, perform examinations and make treatment decisions. Medical students may assist, but not direct, your care in the ER."<sup>[2,3]</sup>

Patients usually have no way of knowing how long they will have to wait, although some Emergency Rooms are working to let patients know periodically how soon they can expect to receive care. Often people arrive at the ER requiring the immediate care of a specialist. Depending on the size of the hospital and the nature of the problem, a specialist physician with training in orthopaedics, cardiology or surgery may be available onsite to aid in the treatment. In other hospitals, specialists, especially plastic surgeons or neurologists, must be called to the hospital to deliver needed care.

In addition to physicians and nurses, ERs employ physician assistants (PAs), persons qualified to practice medicine under the direction of a physician, and nurse practitioners (NPs), nurses with advanced training and master's degrees, to treat patients in the ER. Though PAs and NPs perform many of the same duties as a doctor, the attending physician will be supervising your ER care. In view of the above circumstances, to identify the time delay while contacting casualties in terms of man power, facilities and untrained people. The ultimate purpose of this study to improve the health care services to the needy people who are contacting the emergency health care facility.<sup>[4,5]</sup>

## OBJECTIVES

## RESULTS

### 1. Age wise distribution of the study participants.

Age	Male	Female	Total
1-4 yrs	40 (58.8%)	28 (41.2%)	68 (100%)
5-8 yrs	33 (42.3%)	45 (57.7%)	78 (100%)
9-12 yrs	22 (55%)	18 (45%)	40 (100%)
Total	95 (51.0%)	91 (49%)	186 (100%)

$\chi^2$ - 4.28, 2df, P-0.11.

In the study participants, 51% were males and 49% were females. Maximum number of patients (78) in the age group of 5-8 yrs.

1. To find the Patients Perceptions on Promptness of services to the patients who comes to the casualty and also some demographic associations with time delay.

## MATERIALS AND METHODS

This was a hospital based cross-sectional study was conducted at Niloufer Hospital among different patients who attended the emergency department to take necessary health care during the period from March 2017 to August 2017 (total study duration from the questionnaire designing to analysis and report writing) and during the summer vacation (July 2017) collected the data from the patient attendees. In the Emergency Department (Casualty) there are many different cadres of doctors including assistant professor paediatrics, casualty medical officers, final year post graduates, first year post graduates and interns and some final and 4th semester students are available. In addition to that from Nursing department nursing practitioners, 2nd and 4th years of B.sc nursing trainee students, General nursing students are available for the delivery of services. Of which some of them acts like observers especially from the students stream. During the study period we interviewed 186 child patients attendees (mothers & fathers) and collected information from them. Sick babies (means need intensive care interventions) were excluded in the study as the treatment and care is required immediately to those babies.

Importance of the study was explained to the participants and informed consent was taken from the patient attendants as the child is minor. Predesigned and pretested study questionnaire was filled and observations were recorded. After completion of the data collection from the patients, data was entered in MS excel and analysed using necessary statistical tests like simple proportions and chi square tests were applied.

**2. Literacy status of the mother.**

Literacy	Male	Female	Total
Literate	70 (49.2%)	72 (50.8%)	142 (100%)
Illiterate	25 (56.8%)	19 (43.2%)	44 (100%)
Total	95 (51%)	91 (49%)	186 (100%)

$X^2$ - 0.76, 1df, P-0.38.

Out of 186 study participants, 76.3% (142/186) patient mothers were literates and 23.7% (44/186) were illiterates.

**3. Socio economic status of the family.**

SES of mother	Male	Female	Total
BPL	29 (52.7%)	26 (47.3%)	55 (100%)
APL	66 (50.3%)	65 (49.7%)	131 (100%)
Total	95 (51%)	91 (49%)	186 (100%)

$X^2$ - 0.85, 1df, P-0.70.

About 29.5% (55 out of 186) patients of families were in below poverty line.

**4. Status of accompanying persons with the patients.**

No. accompanying persons	Male	Female	Total
< or = 2 persons	68 (48.9%)	51 (51.1%)	139 (100%)
3-4 persons	27 (40.3%)	40 (59.7%)	67 (100%)
Total	95 (51%)	91 (49%)	186 (100%)

$X^2$ - 4.87, 1df, P-0.02.

In study population, about 36% (67/186) were accompanying 3-4 persons along with the patients and

about 64% were accompanying less than or equal to 2 persons along with patients.

**5. Provisional morbidity profile status at casualty.**

Provisional diagnosis at casualty	Male	Female	Total
Gastrointestinal problems	31 (54.3%)	24 (45.7%)	57 (100%)
Respiratory problems	29 (52.7%)	26 (47.3%)	55 (100%)
Nervous system problems	12 (60%)	8 (40%)	20 (100%)
Haematological problems	13 (41.9%)	18 (58.1%)	31 (100%)
Genetic, chromosomal & other abnormalities	6 (42.8%)	8 (57.2%)	14 (100%)
RTA, Poisoning & Burns	4 (57.1%)	7 (42.9%)	11 (100%)
Total	95 (51%)	91 (49%)	186 (100%)

$X^2$ - 3.68, 5df, P-0.59.

Out of 186 study participants, predominant system involved is gastro intestinal system about 30.6% (57/186) children having one or more gastro intestinal symptoms labelled them as gastrointestinal disease, followed by respiratory symptoms accounting 29.5%

(55/186) and lastly 5.9% (11/186) were exhibiting road traffic accidents, poisoning and burns problems.

**6. Time delay status at casualty desk.**

Delay in treatment	Male	Female	Total
Immediate (<1 minute time to no delay)	70 (51.8%)	65 (48.2%)	135 (100%)
2-5 minutes	12 (57.1%)	9 (42.9%)	21 (100%)
5-10 minutes	8 (47%)	9 (53%)	17 (100%)
>10 minutes	5 (38.4%)	8 (61.6%)	13 (100%)
Total	95 (51%)	91 (49%)	186 (100%)

$X^2$ - 1.28, 3df, P-0.73.

About 135/186 individuals were receiving the treatment and care immediately or less than a minute time, 21 were getting within 2-5 minutes time, 17 were getting 5-10 minutes time and lastly 13 were getting treatment and health care service after 10 minutes time. On the whole,

prioritization of the services are followed based on the severity of the condition of the patient.

### 7. Perceptions about health care services at first contact at Emergency Department.

Services	Strongly agree	Agree	No opinion	Disagree	Strongly disagree
Reception	40 (21.5%)	86 (46.2%)	42 (22.5%)	10 (5.4%)	8 (4.3%)
Doctors response	45 (24.1%)	91 (48.9%)	38 (20.4%)	8 (4.3%)	4 (2.3%)
Nurses response	38 (20.4%)	84 (45.2%)	40 (21.5%)	14 (7.5%)	10 (5.4%)
House keeping	28 (15.1%)	85 (45.6%)	50 (26.9%)	10 (5.4%)	13 (7.0%)

$\chi^2$ - 13.0, 12df, P-0.36.

In the study population, about 24.1% were participants were giving opinion on doctors as strongly agree and 48.9% were giving agree opinion and altogether 73% were accepting as good services. In case of housekeeping staff, only 15.1% were giving as strongly agree and about 45.6% were giving opinion as agree and altogether only 60.7% were accepting as good service.

### DISCUSSION

This was a hospital based cross-sectional study was conducted at Niloufer Hospital among different patients who attended the emergency department during the period from March 2017 to August 2017. In the present study, 51% were males and 49% were females. Maximum number of patients (78) in the age group of 5-8 yrs. Niloufer Hospital is pioneer paediatric centre which attached to the Osmania Medical College as a teaching institute to the undergraduate students as well as post graduate students and also centre for excellence to the paramedical courses training for the state of Telangana and some people from Andhra Pradesh. Out of 186 study participants, 76.3% (142/186) patient mothers were literates and 23.7% (44/186) were illiterates. In the present study, the literacy status of the females is far better than the national average female literacy as this study conducted only among 186 children parents only and that to those who are coming to hospital will be included and can be justified by the large scale community based studies are required to substantiate the findings. Below poverty line classification in Telangana with few years ago was 60,000/- per annum family income in rural areas and 75000/- rupees per family annum annual income in urban areas. Now this classification was increased to 1,50,000/- rupees annual income of family in rural areas and 2,00,000/- annual income for family in urban areas. Increase family income indirectly increases the civil supply beneficiaries number and it reflects the development of the demographic variables in the state and some economic burden on the state and central resources.<sup>[20]</sup>

Few studies have showed that socioeconomic and cultural characteristics (Das et al, 2010; Oladapo & Osiberu, 2009)<sup>[17]</sup> of women play a key role in their satisfaction. Education and age of mothers are found to be a significant factors affecting women satisfaction on MCH care. Similarly religious factors and mothers expectation of gender of babies also significantly affecting their satisfaction. Few studies have also shown that factors like cost of care (Cham et al, 2009; George, 2002; Ohagwu et al 2010), easy access to health facilities (Balogun, 2007; Aniebue UU & Aniebue P N, 2011)<sup>[18,19]</sup> are significantly affecting women satisfaction

of MCH care. In study population, about 36% (67/186) were accompanying 3-4 persons along with the patients and about 64% were accompanying less than or equal to 2 persons along with patients. There was statistically significant association was found between number of accompanying persons and female sex (P<0.05).

In the study population, about 24.1% were participants were giving opinion on doctors as strongly agree and 48.9% were giving agree opinion and altogether 73% were accepting as good services. In case of housekeeping staff, only 15.1% were giving as strongly agree and about 45.6% were giving opinion as agree and altogether only 60.7% were accepting as good service. According to Davis et al<sup>[8]</sup> (2005) and Corrigan et al. (2001), patient centered care is founded on the notion that information should be shared between physicians and patients and more importantly, that decision making is based on patient involvement so that viable treatment or medication options take into account patient preferences and perspectives. The Patient centric care model also entails a restructuring of workplace practices in order to facilitate greater levels of interaction between front line staff primarily nurses and nurse's aides and clinicians. According to a survey done by, Wolf et al<sup>[11]</sup> (2008), Lemieux, Charles and McGuire (2006), the primary mechanism used to deliver patient-centered care is the organizations of work around inter disciplinary teams. Gittel et al<sup>[10]</sup> (2010) are of the view that patient centric care emphasis on coordination across disciplines and professions is in fact, similar in many ways to relational coordination practices that have been linked to a variety of positive organizational outcomes.

It is the combination of staff coordination and patient engagement that is unique to Patient centered care. Patient centered care also represents a distinct workplace innovation separate from other traditional Human resource management areas. Researchers have examined a number of different work arrangements in healthcare. Patient centered care is designed to enhance employee teamwork, voice and communication.

Butler et al<sup>[9]</sup> (1996) found gender and age significantly predicted patients quality perceptions, but on only one dimension i.e. facilities. Females valued this dimension more than males. Perceived facility - related quality was found to be better for older than younger respondents. Earlier studies showed satisfaction differences between health service users and observers. However, Butler et al. (1996) found no significant differences in health quality perceptions between users and observers i.e. friends and families of patient. A significant difference, on the other

hand was found on facility quality dimension where users criticised the hospital's tangible characteristics more than observers.

About 135/186 individuals were receiving the treatment and care immediately or less than a minute time, 21 were getting within 2-5 minutes time, 17 were getting 5-10 minutes time and lastly 13 were getting treatment and health care service after 10 minutes time. On the whole, prioritization of the services are followed based on the severity of the condition of the patient. As the institute is established long back and pioneer training institute for the many health care professionals and time delay in management of health care observed negligible during the study and also our sample size is also less and need large scale cohort studies are required to substantiate the present study findings and this study results will be utilised for the base line data platform for many such studies.

### CONCLUSIONS

Based on the study results, literacy rate among children mothers was good. Patient attendees given perceptions as caring and treatment services provided by the doctors were good and patient care takers response towards perception about housekeeping department services was altogether only 60.7% were accepting as good service. On the whole very less time that is negligible delay was observed in Emergency department services of prestigious Niloufer institute.

**Source of funding:** None.

**Conflict of interest:** None

### ACKNOWLEDGEMENTS

Special thanks and concerns about all the study participants in spite of their children suffering, they are able to provide the information for the successful completion of the study and same time Superintendent of the hospital and Residential Medical officer and Chief Casualty Medical Officer for their kind cooperation made us to complete the study.

### REFERENCES

1. Kumar S. Challenges of maternal mortality reduction and opportunities under national rural health mission: A critical appraisal. *Indian J Public Health*, 2005; 49(3): 163–7.
2. World Bank (2008). Maternal and reproductive health services. Available at: <http://www.Worldbank.org>. accessed on 2 May 2017.
3. World Health Organization (2014). Consultation on improving measurement of the quality of maternal, newborn and child care in health facilities. Geneva: World Health Organization; 2014.
4. Changole J, Bandawe C, Mkanani B, Nkanaunena K, Taulo F, Malunga E, et al. Patients' satisfaction with reproductive health services at GogoChatinkha Maternity Unit, Queen Elizabeth Central Hospital, Blantyre, Malawi. *Malawi Med J.*, 2010; 22: 5–9.
5. Das P, Basu M, Tikadar T, Biswas GC, Mirdha P, Pal R. Client satisfaction on maternal and child health services in rural Bengal. *Indian J Community Med.*, 35: 478–81.
6. Rao KD, Peters DH, Bandeen-Roche K. Towards patient-centered health services in India—a scale to measure patient perceptions of quality. *Int J Qual Health Care*, 18: 414–21.
7. Srivastava A, Avan B, Rajbanshi P & Bhattacharya S. Determinants of women's satisfaction with maternal health care: a review of literature from developing countries, *BMC Pregnancy and Childbirth*, 2015; 15: 97. DOI: 10.1186/s12884-015-0525-0.
8. Davis-Sramek, B, Droge, C., & Mentzer, J. T., & Myers, M. B. Creating commitment and loyalty behavior among retailers: what are the roles of service quality and satisfaction? *J. of the Acad. Mark. Sci.*, 2009; 37: 440-454.
9. Butler, D., Oswald, S. and Turner, D., "The effects of demographics on determinants of perceived health care service quality", *Journal of Management in Medicine*, 1996; 10(5): 8-20.
10. Gittell, Jody H. "Coordination Mechanisms in Care Provider Groups: Relational Coordination as a Mediator and Input Uncertainty as a Moderator of Performance Effects." *Management Science*, 2002; 48(11): 1408–26.
11. Wolf, Debra M., Lisa Lehman, Robert Quinlin, Thomas Zullo, and Leslie Hoffman. "Effect of Patient-Centered Care on Patient Satisfaction and Quality of Care." *Journal of Nursing Care Quality*, 2008; 23(4): 316–21.
12. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R. World Report on Violence and Health. Geneva: World Health Organisation, 2002.
13. Merrick J, Kandel I, Omar HA. Adolescence, violence, and public health. *Frontiers in Public Health*, 2013; 1(32): 1-2.
14. Gupta I, Mitra A. Basic amenities and health in urban India. *Natl Med J India*, 2002; 15(1): 26-31.
15. Dutta AK, Seth A, Goyal PK, Aggarwal V, Mittal SK, Sharma R et al. Poisoning in children: Indian scenario. *Indian J. Pediatr*, 1998; 65(3): 365-70.
16. Jose A, Sivanandam S, Matthai J. Poisoning in Children from an educationally and economically advanced urban area of South India. *Asian J Epidemiol*, 2012; 5(4): 123-9.
17. Oladapo OT, Osiberu MO. Do sociodemographic characteristics of pregnant women determine their perception of antenatal care quality? *Matern Child Health J.*, 2009; 13: 505–11.
18. Ohagwu CC, Abu PO, Odo MC, Chiegwu HU. Maternal perception of barriers to utilization of prenatal ultrasound in prenatal care in the northern part of Nigeria. *Clin Mother Child Health*, 2010; 7: 1195–9.
19. Aniebue UU, Aniebue PN. Women's perception as a barrier to focused antenatal care in Nigeria: the issue

- of fewer antenatal visits. Health Policy Plan, 2011;  
26: 423–8.
20. Socio economic survey: Telangana state portal.