

Perception of the Community Regarding Delay in Receiving Emergency Care in Saudi Arabia

¹Hassan Nasser AlSalman, ²Mahmood Ahmed Boeisa, ³Abdulathim Saleh AlKhalaf, ⁴Dr. Abdul sattar khan

Abstract: The phase-1 of the survey explored the community's perception about any delay in care provided inside emergency departments all over Saudi Arabia.

Methodology: This is phase-1 of the complete study which ultimate aim to compare the perception of community and action health care personals with different indicators. This phase - 1 cross section survey was conducted through snowball sampling by targeting adult Saudis from all over the country through social networks (Twitter, Instagram, Facebook, whatsapp , telegram)

Results: Out of 1010 participants, 33.5% stated that they always faces delay inside emergency department while 34.2% stated that delay occurs usually and 24.8% face it sometimes.

Conclusion: Community is unhappy about how quick emergency care is provided, as the vast majority faces delay regularly. Overcrowding and inappropriate system is the selection of the majority to be most agreed on as a cause of delay.

Keywords: Emergency care, delay, perception, Saudi Arabia.

1. INTRODUCTION

Three intervals are possible periods for delay to occur until management of an acute setting starts. The third delay is between the arrival to a health facility and the receiving of proper care. [1]

The number of ED visits in Saudi Arabia is increasing which manifests as longer waiting time inside ED which in other words means delay in providing proper care at proper time. This delay, may results in unfavorable outcomes on health as well as in patient dissatisfaction. Delay may also affect patient judgment about the emergency department. [2], [3], [4], [5], [6]

Delay may occur at various steps inside ED such as admission and investigations. There are many possible reasons for delay including overcrowding.[3], [7]

To accurately determine where the delay occurs according to community, we divided the third interval into 5 steps: clinical examination and initial diagnosis, nursing care, Investigations, initial treatment and Admission. Similarly, the reasons for delay were suggested in a way that covers the various components of ED including external and internal factors such as the inappropriate system, Overcrowdings, unqualified or irresponsible physicians and nurses. [5], [8], [9], [10], [11]

2. RESULTS

Out of 1010 participants The vast majority (88.21%) was in age group ranging between 18 to 40 years, while (11.58%) of them were between 41 and 60 years and only (0.198%) were older than 60 years . 67.5% of participants were males, while 32.5% were females .

Most of the participants (53.1%) have bachelor degree , 17.7% have diploma degree, 19.2% finished secondary school , and 3.6% finished intermediate school . 6% of participants have master or higher degree, while 0.4% have only finished elementary school. 31.6% of the participant have a degree in health related specialty or at least studying one .

Citizens from all over Saudi provinces have participated in answering the questionnaire. However, Eastern province constitute for most of the participants at 72% , then comes Riyadh province at 9.2% , then Makkah province at 6.8% ,and the rest 12% accounts for the rest 10 provinces. 79% of the participants live in the cities, while 20.1% lives in the villages and 0.2% lives in Hijra.

Upon asking the participants about how much usually visiting Emergency department is important to their health, almost half of them (47.5%) believe that their visits are urgent, while (22.5%) are of less urgent visits and 15.1% admits that visits are non-urgent at all. However, 1% visits the emergency department when it is a matter of Resuscitation and 13.9% when it is an emergency situation.

Around one third of the participant (36.5%) believes that there is delay in providing health care when they wait more than 30 minutes, while only 5% believes that care must be provided immediately otherwise it is a delay. In contrary, 11.8% will wait up to 120 minutes to label it as delay.

Almost one third (33.5%) always faces a delay, while 34.2% stated that delay occurs usually and 24.8% face it sometimes. Only 1.8% has never faced any delay in Emergency department .For 32%, delay in clinical examination in initial diagnosis occurs sometimes. The rest 68% of participants are almost equally distributed on the other choices (never, rarely, usually and always). 34% faces delay in nursing care sometimes while 23.4% face it rarely. Delay in laboratory tests and imaging investigations occurs sometimes for 31.8%. However it always occurs for 18.1% and never 16.1%. Sometimes, Initial treatment encounters delay for 31.2% while this occurs rarely for 21.3 % and never for 19.1%. Even when there is a decision to admit the patient, for 29% there is delay sometimes in the process while this kind of delay occurs rarely for 21.5% and never for 19.5%.

More than half of participants (52.8%) strongly agreed that a usual cause of the delay is The overcrowding while only 3.3% strongly disagreed . 48.1% strongly agreed that the inappropriate system is a usual cause of delay while 2.8% disagreed strongly .While 20.2% strongly agree on unqualified physician being a usual cause , 38.4% neither agreed nor disagreed . Similarly, 35.4 % chooses not to agree or disagree on unqualified nurses being a usual cause of the delay. However, 29.4% strongly agrees that careless and irresponsible physician is a usual cause but almost the same percentage (28.8%) choses to be neutral about it while 27.5% agrees, around 10% disagree and 5% disagree strongly. Not very different, 26.1% strongly agree and 27.8% agree that irresponsible and careless nurse is a usual cause; however 30.6% feels neutral about it.

3. DISCUSSION

The survey showed that majority of participants were not happy for their care at emergency departments of hospitals in Saudi Arabia.

In our study most of the participants strongly agreed that delay was happening because of the overcrowding whereas the study (Causes of Delay in Patient Triage in the Emergency Departments of Tabriz Hospital) conducted in Tabriz ,Iran depicted that delay is due to Shortage of nursing staff.[12]

The shortage is a relative term; certain number of nurses may and may not be considered shortage based on whether they can accommodate the number of patient at a given time. The same role applies to the term overcrowding .Therefor what may appear as nursing staff shortage might actually be an overcrowding .Similarly, apparent overcrowding could be simply a shortage in staff especially that our community usually don't have habit to wait in queue therefore sometime a small numbers even make problem in emergency room. This idea is supported by several studies showing that the inability of staff to perform their job , is affecting their judgment when assessing whether there is overcrowding or not. [13],[14],[15]

When it comes to blaming manpower (nurses and physicians) to be unqualified, community shows hesitance compared to their sure opinion about the overcrowding and the logistics. One Third of participants choose to be neutral about blaming manpower, and the remaining participants are almost equally distributed between strongly agree and agree. Different Ideas could explain such hesitancy Including : 1-Community trusts the manpower or, 2-simply they feel unable to evaluate the manpower when they are working under what community itself believes as bad circumstances such as the overcrowding and inappropriate system . The results are more suggestive of the second explanation as the neutral options were chosen more rather than choosing strongly disagree. In addition to this, there are more participants agreeing on blaming manpower than those who don't. However even in the state of being neutral in judging the manpower, results

show that community is slightly more hesitant when it comes to blaming nurses compared to blaming physicians to be unqualified.

The opinions slightly shift toward agreeing rather than being neutral, when it comes to blaming physicians to be careless and irresponsible. However, blaming nurses to be careless shows no such shift.

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APPENDIX – A

LIST OF TABLES:

Table 1: General Description of the participants

Characteristics	Frequency	Percentage
Age groups (Years):		
18 – 40	891	88.21%
41 – 60	117	11.58%
61 – 80	1	0.099%
81 - 90	1	0.099%

Sex :		
Male	682	67.5%
Female	328	32.5%
Educational Level :		
Elementary school	4	0.4%
Intermediate school	36	3.6%
Secondary school	194	19.2 %
Diploma degree	179	17.7%
Bachelor degree	536	53.1%
Master or Higher degree	61	6%
Provinces :		
Easter province	727	72%
Riyadh	93	9.2%
Bahah	3	0.3%
Jawf	10	1%
Northern Borders	2	0.2%
Qassim	15	1.5%
Madinah	23	2.3%
Tabuk	5	0.5%
Jizan	22	2.2%
Hail	9	0.9%
Asir	28	2.8%
Makkah	69	6.8%
Najran	4	0.4%
Living Area :		
Cities	805	79.7%
Villages	203	20.1%
Hijra	2	0.2%
Do you study or have a degree in any health specialty?		
Yes		
No	319	31.6%
	691	68.4%

Table 2

Characteristics	Frequency	Percentage
Usually, how much going to Emergency department is important to your health?		
Resuscitation	10	1%
Emergent	140	13.9%
Urgent	480	47.5%
Less urgent	227	22.5%
Non urgent	153	15.1%
In your opinion , the delay of the health care provided inside Emergency department is when you wait for more than :		
Immediately	50	5%
15 minutes	207	20.5%
30 minutes	369	36.5%
60 minutes	265	26.2%
120 minutes	119	11.8%
Have you ever taken an action against this delay :		
Yes		
No	399	39.5%
	611	60.5%
If you have taken an action against this delay, How often?		
Rarely	132	13.1%
Sometimes	205	20.3%

Usually	100	9.9%
Always	51	5.0%
Missing	522	51.7%
Usually you take an action when you wait for more than :		
30 minutes	162	16%
1 hour	255	25.2%
2 hours	161	15.9%
3 hours	39	3.9%
4 hours	36	3.6%

Table 3

Statements	Never	Rarely	Sometime	Usually	Always
How often do you face delay in the health care provided inside emergency department?	18 (1.8%)	59(5.8%)	250(24.8%)	345(34.2%)	338(33.5%)
The delay is in the clinical examination and diagnosis :	171(16.9%)	174(17.2%)	323(32%)	182(18%)	160(15.8%)
The delay is in : [the nursing care]	147(14.6%)	236(23.4%)	343(34%)	170(16.8%)	114(11.3%)
The delay is in: [the laporaotory and imaging tests]	163(16.1%)	183(18.1%)	321(31.8%)	160(15.8%)	183(18.1%)
The delay is in : [the initial treatment]	193(19.1%)	215(21.3%)	315(31.2%)	152(15.0%)	135(13.4%)
The delay is in : [the admission to the hospital]	197(19.5%)	217(21.5%)	293(29%)	130(12.9%)	173(17.1%)

Table 4

Statements	SA	Agree	N	Diagree	SD
The delay is usually because of : [the crowdness]	533(52.8%)	281(27.8%)	115(11.4%)	48(4.8%)	33(3.3%)
The delay is usually because of : [inappropriate system]	486(48.1%)	320(31.7%)	142(14.1%)	34(3.4%)	28(2.8%)
The delay is usually because of : [unqulaified physician]	204(20.2%)	255(25.2%)	388(38.4%)	121(12%)	42(4.2%)
The delay is usually because of : [careless and irresposible physician]	297(29.4%)	278(27.5%)	291(28.8%)	92(9.1%)	52(5.1%)
The delay is usually because of : [unqualified nurse]	191(18.9%)	284(28.1%)	328(35.4%)	125(12.4%)	52(5.1%)
The delay is usually because of : [irresposible and careless nurse]	264(26.1%)	281(27.8%)	309(30.6%)	103(10.2%)	53(5.2%)