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ORIGINAL ARTICLE

Need for the dedicated emergency department in health care services; Postgraduate doctors' perspective.

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ABSTRACT… Objective: To explore the perspectives of post graduate residents working on emergency floor about the need of dedicated emergency department in healthcare department. **Study Design:** Qualitative Exploratory study. **Setting:** Allied Hospital, Faisalabad (AHF), Pakistan A Tertiary Care Public Sector Hospital in Punjab. **Period:** January 10, 2024, to January 30th, 2024. **Methods:** Post-graduate residents of surgery and medicine department were included in study and interviews were conducted after taking their consent till the data saturation. Total 18 interviews were recorded and then transcribed. Thematic narrative analysis was performed. **Results:** Out of 18 participants, 14 (77.7%) were males while 4(22.2%) were females. From surgical floor, 8 Residents participated in the study out of which 1 (12.5%) was female and 7 (87.5%) were males while 10 residents participated from medical floor out of which 3 (30%) were females and 7(70%) were males. Theme 1: The problems faced on the emergency floor: All the participants agreed that the working condition of emergency floor is quite hectic and stressful. With sub themes (1a) Over-burdened emergency of tertiary care centers: 1b) Faulty Referral system: (1c) Patient interactions: (1d) Lack of facilities: (1e) Guidance & facilitation center: Theme 2: Dedicated Emergency Department: The Participants when asked about their suggestions regarding improvement of working condition at emergency floor, they all had a clear idea of establishment of a dedicated emergency department with specially trained and recruited staff for this purpose. With subthemes (2a) Filtration clinics: (2b) Rotational Duties: (2c) Proper Training: (2d) Public Awareness. **Conclusion:** The emergency departments in tertiary hospitals should be a separate department with dedicated staff, proper triage system and adequate facilities to deal with the critical patients.

Key words: Dedicated, Emergency Department, Postgraduate Residents.

INTRODUCTION

Since ages health sector has evolved so much and has been through different phases, starting from the family physician and then as the world expanded there was a need for the specialist who can deal the complex medical problems.[1] Thus, according to the society needs different arrangements were made and ultimate goal was to improve the quality of life and best provision of health care services. Medical education has also been through different phases of improvements starting from apprenticeship model and after published detailed Flexner's report [2], there had been so many curriculum models developed to equip the medical doctors with the fastest advancements in medical field. Recently, COVID-19 pandemic has changed the entire scenario.[3,4]

Attending serious emergencies had been a salient feature of teaching hospitals. All the big cities have main public teaching hospitals and all kind of medical and surgical emergencies are dealt here because best resources are available there.[5] All the attached peripheral health care services prefer to refer the serious cases to the tertiary hospital after providing essential first aid. Over the years, with increased population load it has been becoming very difficult to manage the entire emergency load. Health care team working in tertiary care setting is already dealing with outdoor, indoor and the entire

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urgent epidemic calls e.g. dengue, corona etc.[6] In different countries, establishment of dedicated surgical and medical departments with trained dedicated staff had shown to be associated with improved clinical and finical outcomes both for the community and health sector.[7-8] In Pakistan, the emergency system is overburdened and usually handled by the physicians and surgeons not formally trained in emergency medicine. Emergency medicine is still an establishing field with physicians and surgeons mainly handling the trauma and emergency departments overflooded with patients suffering from life threatening situations to minor ailments, and all are presenting under the safe roof at the same time.[9] Considering this situation, this study was planned to analyze the perspective of the training doctors (post-graduate residents) about the need of establishment of a dedicated emergency department with trained staff as they are main workforce on the emergency floors.

METHODS

The qualitative, exploratory study was conducted at the Allied Hospital, Faisalabad (AHF), Pakistan, a tertiary care Public sector hospital in Punjab from January 10, 2024, to January 30th, 2024, after approval from the ethical review committee (48.ERC/FMU/2023-24.371) of Faisalabad Medical University (FMU). The current sample comprised postgraduate residents of medicine and surgery departments, performing their duties in the emergency department of the hospital on weekly rotation. After Literature search, the four questions were initially formulated and sent to six professors, 3 from surgery and 3 from medicine, for final feedback. They approved the questions for this qualitative research. After taking informed consent from the participants, data was collected using direct interviews, which were recorded, and each participant was given a code to ensure anonymity and confidentiality. Data saturation was ensured and the data-collection process was stopped after 18 interviews. The interviews were transcribed and the text was sent back to the participants for verification. The data was subsequently subjected to thematic narrative analysis with consensus among the researchers to avoid personal bias. Themes and subthemes were generated by open, axial and selective coding of data.

RESULTS

Out of 18 participants, 14 (77.7%) were males while 4(22.2%) were females. From surgical floor, eight residents participated in the study out of which 1 (12.5%) was female and 7 (87.5%) were males. Ten residents participated from medical floor out of which 3 (30%) were females and 7(70%) were males. The details of themes and subthemes along with the relevant quotations of participants are given in Table-I.

Theme-I Problems faced on the emergency floor

All the Participants agreed that the working condition of emergency floor is exceptionally hectic and stressful.

(1a) Overburdened emergency of tertiary care centers

According to the post graduate residents, the patients usually have a perception that teaching hospitals “Bara Hospital (Big Hospital)” will have all the facilities and best doctors. Consequently, all the patients prefer to directly present to the teaching hospitals instead of going to the local health centers where general ailments and minor problems could have been conveniently managed. They further described that the emergency floors are more crowded and busier in afternoon and evening when the outpatient departments are being closed and everyone rushes toward the emergency floor for their health issues. Secondly, a single emergency department without a system of “filtration or Triage”, all the patients are referred to the emergency including suffering from a minor ailment to those in their “Golden Hour period. “Everyone just comes to the emergency and they are being sent to their respective floor. We have patient with diarrhea only and Infarction coming to us without any priority sign or tag” said participant Q.

Sr No.	Theme	Sub-theme	Description
1. 2	Faced On emergency floor	(1a) Overburdened emergency of tertiary care centers	"There is a lot of rush especially in evening" "emergency duty is very hectic and exhaustive"
		(1b)Referral system	"it seems that everyone is coming to the main hospital, even mild cough and itching. These should be treated at periphery"
		(1c) Patient interactions	"what's more tough is to deal with patients and their attendants… the team is not adequate to handle them all and problems arise"
		(1d) Lack of Facilities	"the patients also suffer. its difficult to take traumatized patient for CT or Ultrasound. everything should be provided at the same floor"
		(1e) guidance and facilitation centers	"The patients gets confused…there is no one to guide them properly hence they become irritated even before meeting the Doctor"
2.	Dedicated emergency department	(2a) Filtration Clinics	"the patients must be tagged or given some code. So the team knows which one needs immediate attention"
		(2b) Rotational Duties	"every department should have a representative in emergency department so that patients can be referred easily".
		(2c) Proper training	"all the staff, Doctors, nurses even paramedics should be properly trained, so that if the Doctor is busy, thy can give medical care and manage a patient at least. It should be a team work"
		(2d) Public Awareness	"People should be told that where and when they have to go"

Table-I. Themes and sub-themes

(1b) Faulty Referral system

The participants highlighted that all the patients from the periphery are being referred to the tertiary care hospitals and due to lack of prompt the system of transfer of patients, they reach hospitals at the hours when outpatient departments are being closed. Many of these patients don't have any emergency condition but this is not possible for them to return and come to hospital next morning. Hence, they are being treated in the emergency increasing patient burden and work load. Participants advocated that this extra burden not only affects the quality of care, but also adds exhaustion to the emergency staff, which further reduces the working potential of doctors on the emergency duty. The participants also mentioned that at periphery, especially at RHCs and BHUs, there is a shortage of trained medical doctors and majority of patients are being referred to secondary and tertiary care hospitals with ailments that can be easily managed at the periphery. "Even patient with seasonal cough, itching and running nose only are not being treated at primary care, and are referred to us. So we have to deal with them as well and can't refuse" said RI. Further 3 participants mentioned that there is no proper slip of patients and record of referral making things more complicated for the doctors on duty "They come with just a slip with their name. That's' it, nothing properly mentioned"

(1c) Patient interactions

One of the problems highlighted by the postgraduate residents was the difficulty to interact with the patients during emergency. Although the doctors are aware of priority patient's care and more attention, patients don't understand this. Every patient expects that he/she must be treated on top priority and express anger if doctors attend the patient coming afterwards, without considering serious condition of the next patient. W stated "They think that now they are in the emergency, they should be attended first and if we start attending other patient due to some pertinent cause, people start creating issues and even fighting that they have been ignored… they say we don't care". Thirteen (out of 18) participants specifically talked about difficulty to counsel patients and their relatives about the severity of the disease on the emergency floor.

They further added that this added pressure to manage everyone at the same time decrease their work efficiency and occasionally it may cause serious medical errors as well.

(1d) Lack of facilities

The participants highlighted that the patients have to go at different places for investigations and imaging needed for final diagnosis and management plan .which causes panic and distress to patients and their attendants. Further, ICU facilities and ventilators must be close to the emergency floor.

(1e) Guidance and facilitation center

The post graduate residents advocated the need of a guidance and facilitation counter for patients coming to the emergency to avoid any inconvenience, "There must be some professional or trained staff to guide the, usually the first encounter is with a security guard or the peon who themselves know nothing" said AR.

Theme 2: Dedicated Emergency department

The Participants, when asked about their suggestions regarding improvement of working condition at emergency floor, they all had a clear idea of establishment of a dedicated emergency department with specially trained and recruited staff for this purpose. "We must have a separate department like in other countries they have A & E department" said TB. Dr M mentioned the term of "emergency medical officers" for the same purpose. They also wished that the emergency team should have lesser working hours and more incentives, as they are working in a very stressful dynamic. 'they should not work more then 36 hours a week OR two weeks on-call with 2 weeks complete off. so that they can relax and do their work efficiently" said RI.

(2a) Filtration clinics

The participants said that in emergency, there should be a filtration system to categorize the patients based on the severity of their disease and the patients with life threatening conditions must be prioritized. Four Participants namely Dr Q, ZU, RE AND W, suggested the concept of "color tagging" for prioritization purpose so that the medical team will get the idea that which patients need immediate attention as compared to others. Dr Z proposed that there should be different floors for patients with different disease severity, while AQ proposed different bay "Like first bay for critical patients, 2nd bay for patients with intermediate severity and 3rd bay for minor ailments".

(2b) Rotational Duties

All the participants were in favor of a separate emergency department with dedicated staff but 6 participants said that all the post graduate residents should have rotational training in emergency department to get exposure to emergency patients. Dr RE proposed emergency team comprising of all specialties with rotational duties.

(2c) Staff Training

The participants also mentioned that all the health professionals working on emergency floor must be properly trained in CPR (cardiopulmonary resuscitation), chest intubation, endotracheal intubation and skills to promptly handle the emergent situations.

(2d): Public Awareness

The participants highlighted that there is aware general public about the working of emergency departments, and educate them about conditions which can be treated in outpatient departments and ailments for which they should approach the emergency departments. They must also be made aware of the concept that on emergency floor patients with life threatening conditions must be prioritized and the others will have to wait. The participants reported that patients and their attendants are usually not acclimatized with the concept of triage and prioritization of patients based on disease severity. They start fighting sometimes if they have to wait "they don't allow a doctor to see another patient no matter how serious the condition of the other patient is…they just don't want to wait… even they start blaming you of being partial" mention AQ.

DISCUSSION

Working in Emergency departments is quite

stressful and often reported as occupational stress in health care professionals performing their duties on emergency floors. The symptoms vary from fatigue, anxiety, depression to emotional exhaustion, depersonalization and feeling of low personal accomplishment. Occupational stress level is more in health professionals working in emergency departments, ranging for 26% to 842% reported in multiple studies which are far greater than other medical specialities.[10] The main causes of burnout and stress among emergency health professionals are burdened and overcrowded emergency floors, multitasking, human interactions and administrative tasks.[10-11] Similarly, the lack of adequate resources and support add on to the stressors, complicating to maintain work-life balance for health professionals working in emergency department.[12] The participants of current study also mentioned stress, anxiety and increased workload during emergency duties. They also highlighted lack of adequate resources and facilities at the emergency floor making working conditions tough for the health professionals.

The participants mentioned that during emergency calls, the health care professionals prioritize patients on the basis of disease severity, but the patients in emergency departments don't understand this and so the conflicts arise. A mismatch between societal expectations and health professional's expectation in attending and managing patients at emergency floor was also noted in other countries.[12-13] This added expectation to treat all the patients coming to emergency at once leads to added stress, ultimately reducing work efficacy and increasing the chances of medical errors as well.[13] Triage is said to be the solution of this problem where patients are categorized based on their disease severity.[14] With triage, less burden will be put on the healthcare team and services will be provided equitably.[15] Color coding can help health professionals identify patients with need of immediate attention and can save lives and reduce complications as well.[15] Studies have shown that implementing triage in emergency departments has significantly improved patient outcomes.[16] But public complaints have been reported in literature regarding prolonged wait times in reference to application of triage in emergency departments which was also reported by the participants of current study.[17]

The participants of the current study advocated the need to reduce the duty hours of health professionals working in emergency department and increased incentives for them to reduce the stress and improve their working efficacy. Break form work, positive benefits in terms of finance and other facilities and talking to friends have shown to be best coping strategies against stressors for health professionals working in dedicated emergency departments.[12,18]

Process involvement refers to utilizing different strategies in emergency department to reduce burden, release stressors for health professionals and improved patient outcome. It includes Triage implementation, communication, adequate resource allocation, facilitation centers, staff training, incentives and implementation of quality metrics.[19,20] The participants of current study advocated the same strategies to cope up with the problems they face in emergency department. They said that, for guidance of patients, properly trained staff must be stationed and needful guidance should be provided to the patients and their relatives. Similarly, all the health professionals must be adequately trained and resources must be provided to facilitate their working conditions.

CONCLUSION

The emergency departments in tertiary care hospitals are overburdened and deals with patients with minor ailments along with life threatening conditions. There should be separate emergency departments with dedicated staff and triage implementation, so that only critical and trauma patients come to the floor, to reduce the burden on working health professionals and economy of the country.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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