

Relationship of Knowledge and Experience with Perception of the Level of Emergency in Patient's Family at Emergency Room

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Abstract

Context: Handling in Emergency Room (ER) is often considered late by the patient's family. Public perception in this case the patient's family about the condition of the emergency is based on knowledge about the clinical condition of the emergency and psychosocial and the experience of bringing patients to the ER. The goal of this study is to find the relationship between knowledge and experience with perceptions of the level of emergency of patient's family in ER. The research design is a cross sectional approach. The population covers the families of traffic accident patients in the ER with the total of 100 people using purposive sampling. The results showed that more than half (55%) of respondents had good knowledge (55%), more than half (66%) of respondents had experience delivering patients to ER, and almost all (94%) had a severe perception of the condition of patients on ER. The results of the research used Spearman Rank test to know the relationship between knowledge and experience with perceptions of the level of emergency of patients family in ER. The p value obtained was 0.043(significancy of 0.05) which means there is a relationship between knowledge with perceptions of the level of emergency and the p value obtained was 0.176(no significancy of 0.05) which means there is no relationship between experience with perceived level of emergency. It is expected that the next researcher will examine the factors that influence the patient's family knowledge about the level of emergency of patients in the ER.

Keywords: knowledge, experience, perception, family of patients, level of emergency

Introduction

Handling in Emergency Room (ER) is often considered late by the patient's family. Internal and external factors that affect the delay in handling emergency cases include the character of the patient, staffing, availability of stretchers and health workers, time of arrival of patients, implementation of management and selected examination and treatment strategies.

The highest gap in the communication process occurs in the patient's priority scaling process, where ER users do not obtain information verbally about the priority scale and response time set in the ER of the Dr. Saiful Anwar Malang General Hospital¹. Based on the observations of researchers at one of the Malang City Hospital ER found the complaints of families of patients who took patients to the emergency room about the slow handling of patients and the absence of information about the condition of the patient because the family was not allowed to enter the emergency room. The results of interviews of researchers with the patient's family stated that the reason for bringing traffic accident patients to the emergency room was falling pain, broken bones, torn wounds, bleeding, and getting treatment as soon as possible.

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The elements that form perceptions in general are the existence of objects that are a concern, stimulus, and influencing factors such as stereotypes, experiences, intelligence, circumstances, needs, and emotions ². In this study perceptions arise due to the stimulus of the object that is the concern of the patient's family, namely traffic accidents. Public perception in this case the patient's family about the condition of the emergency is based on knowledge about the clinical condition of the emergency and psychosocial and the experience of bringing the patient to the emergency room ^{3,4}. The knowledge of the patient's family about the level of emergency based on the reason for coming to the emergency room is due to pain, injury and trauma and the availability of skilled human resources and emergency facilities such as laboratory and x-ray examinations, health insurance status and barriers to primary health care providers ^{5,6,7,8}. Based on research as much as 58% - 82% of visits in the emergency department for pediatric cases are unfortunate conditions. The reason parents take patients to the emergency room is because the emergency department has skilled workers who will provide immediate treatment ⁵.

Differences in perceptions of the level of emergency between nurses who deal with patients and the families of patients who deliver patients to the emergency room can trigger conflict between the two parties. Elder et al. in 2004 reported a significant gap in patient knowledge about perceptions of triage in the ER⁹. This is in accordance with the study of Ekwall et al. in 2008 who reported irregularities regarding the relationship between nurses' perceptions and patients about emergency ¹⁰. In this study the nurse assessed the patient's problems as being less severe but not in accordance with the patient's perceptions causing psychological effects. Based on the above background, it is necessary to conduct research on the relationship of knowledge and experience with perceptions of the level of emergency in the family of patients in the emergency department.

Materials and Method

This research was a correlation study with a cross sectional approach where data retrieval of independent and bound variables is measured at the same time and there is no follow-up ¹¹. At the time of the study, there were 100 people who are families of traffic accident patients in the ER at the Dr. Saiful Anwar Malang General Hospital using purposive sampling. The inclusion criteria of respondents in this study included being willing to

be respondents, male and female, in a state of calm and not experiencing severe anxiety (based on the Hamilton Anxiety Rating Scale (HARS) questionnaire, as well as parents, husbands, wives, or children of traffic accident patients who know the condition and take patients to the emergency room at Dr. Saiful Anwar Malang General Hospital.

The independent variable in this study is the patient's family knowledge compiled by the researcher based on a literature review consisting of 10 items that have been tested for its validity and reliability with results in the range 0.667–0.885 meaning the patient's family knowledge questionnaire is valid because the value is greater than 0.632 and obtained r value = 0.661 where $> r$ table value (0.632), then this instrument is said to be reliable with high classification. The parameters in the patient's family knowledge questionnaire can be seen in Table 1. While the instrument for measuring dependent variables uses an observation sheet to record the results of the patient's family perception of the level of emergency. Data was analyzed using the Spearman Rank test with the help of SPSS at the significance level obtained p value $0.001 < (\alpha 0.05)$. Research ethics by applying the respect for person principle (respecting human dignity), minimizing maleficence, maximizing beneficial results (beneficence), explaining research procedures and paying attention to honesty and accuracy. Ethical Clearance was obtained from The Ethical Committee Medical Research, Medicine Faculty, Brawijaya University where in collaboration in Dr. Saiful Anwar Malang General Hospital.

Results and Discussion

Dr. Saiful Anwar Malang General Hospital is a Class A General Hospital owned by the Regional Government of East Java Province. RSUD dr. Saiful Anwar Malang is located in the middle of Malang city, precisely on Jalan Jaksa Agung Suprpto 2 Malang, which is a strategic location that is easily accessible to the community both by surrounding communities and from outside the city. The Emergency Room (ER) is located at the northern front door of RSUD dr. Saiful Anwar Malang. ER has a triage room, Resuscitation / Priority 1 room, Priority 2 general cases, Priority 2 cases of Neonates, Priority 2 cases of Obstetrics and Priority 3. In addition, ER also has a nurse room, doctor's room, operating room, Information and Education Room (KIE), Decontamination Room, Administration Room, pharmacy depot, X-Ray room, CT Scan and toilet.

Based on the results of the study, respondents' characteristics according to age, sex, education, and family relationships with patients who were sent to the emergency room can be seen in Table 2. Based on Table 2, it was obtained that respondents have an average age of 36 years (SD = 8.27) where age at this time is of productive age. More than half (59%) of respondents were female, almost half (45%) of respondents had junior secondary education where high enough education would be easier to receive information and more than a quarter (31%) of respondents had family relations as wives. Based on the results of the study found the characteristics of knowledge and experience on perceptions of the level of emergency of the respondents (Table 3). Based on Table 3, it is known that more than half of the respondents have severe perceptions (94%) and good knowledge (55%), and more than half of the respondents (66%) have experience delivering patients to the ER. Good knowledge will make it easier to perceive the patient's condition.

Based on the results of the study, it was found that more than half of the respondents had good knowledge and had the experience of delivering patients to the emergency room. Factors that affect knowledge include age, education, and experience. Nearly half (45%) of respondents have senior secondary education where a high level of education will be easier to receive information. In addition to the level of education, Vallejo et al. (2011) reported 70% of patients considered that their health problems were not serious, but they thought this situation must be resolved immediately, meaning the patient's family took the patient to the ER in the hope of getting immediate treatment even though airway conditions, breathing function (breathing) and circulation of patients is not severe¹².

Based on Table 3, it was obtained that more than half of respondents had good knowledge (55%), almost all perceptions were severe (54%), who had sufficient knowledge (38%), most perceptions were severe (34%), who had less knowledge (5%) all perceptions are severe (5%), and those who have bad knowledge (2%) are perceived to be insecure and not critical at 1% each. At 95% confidence level using the Spearman Rank Test, p value $0.043 < (\alpha 0.05)$ was obtained, meaning that H_0 is rejected so that there is a relationship between knowledge and perceptions of the level of emergency. The results of this study are in accordance with the theory of Notoatmodjo that knowledge is very close to education

both obtained through formal and informal education¹¹. In this study, respondents had ages between 18 and 67 with an average age of 36.34 years and almost half (45%) of respondents had senior secondary education (45%). A high level of education will be easier to receive information. The results of this study are in accordance with Notoatmodjo which states that with increasing age a person will experience changes in physical and psychological (mental) aspects, where the psychological aspect of a person's thinking level is more mature and mature¹¹.

Based on Table 3, it was obtained that more than half (66%) of respondents had experience and had severe perceptions (64%). At 95% confidence level using the Spearman Rank Test, p value $0.176 > (\alpha 0.05)$ was obtained, meaning that H_0 is accepted so that there is no relationship between experience and perceptions of the level of emergency. The results of this study are not in accordance with the Fellows' statement which states that the experience of bringing patients to the emergency room beforehand causes patients and those who take it to feel that the patient's condition is severe but is better prepared to deal with a dense situation in the ER⁴. The family of patients who had previously taken patients to the emergency room assumed that the pain complaints felt by patients were one reason that patients were in a severe category and had to get treatment as soon as possible even though the airway, respiratory function, and circulation were adequate. The results of this study are in accordance with Rachmat, Krech and Crutchfield in Sobur (2003) who explained that one of the factors that influence perception is a personal factor consisting of experience, motivation and personality. Experience will help a person improve perceptual abilities^{13,14}.

Table 1: Patient Family Knowledge Questionnaire

No.	Parameter
1	Definition of emergency level
2	Assessment of airway
3	Assessment of breathing
4	Assessment of bleeding
5	Assessment of fractures
6	Assessment of level of consciousness
7	Assessment of pain
8	Assessment of the occurrences of complaints (onset)
9	Assessment of wound conditions
10	Assessment of fever conditions

Table 2: General Characteristics of Respondents (n=100)

Variables	Category	Gender (%)		Total (%)
		Male	Female	
Age 36±8.27	< 36 years old	14	34	48
	≥ 36 years old	27	25	52
Last education	Elementary school	5	8	13
	Junior high school	14	20	34
	High school	21	24	45
	College	1	7	8
Family relationship	Parents	14	11	25
	Husband	11	0	11
	Wife	0	31	31
	Son/Daughter	8	4	12
	Others family	8	13	21
Total (%)		41	59	100

Table 3: Distribution of Knowledge and Experience to Emergency Level Perception (n=100)

Variables	Category	Perception (%)		Total (%)	p value
		emergency	not emergency		
Knowledge	Good	54	1	55	0.043
	Enough	34	4	38	
	Less	5	0	5	
	Not good	1	1	2	
Experience	Ever	64	2	66	0.170
	Never	30	4	36	
Total (%)		94	6	100	

Conclusion

In conclusion, the better the patient's family knowledge, the more likely it is to perceive the patient's condition in the direction of emergency in the ER of the Dr. Saiful Anwar Malang General Hospital. There is no relationship between experience with perceptions of the level of emergency in the family of patients in the ER at the Dr. Saiful Anwar Malang General Hospital ($p = 0.176$). Suggestions for hospitals to increase the patient's family knowledge through Communication, Information and Education (KIE) to the patient's family about the level of emergency when the patient is on the ER both verbally and in writing. For the next researcher, it is expected to examine the factors that can improve the patient's family knowledge about the level of emergency.

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Conflict of Interest: None to declare.

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