

Deanship of Graduate Studies

Al-Quds University



**Nurses' Perception of Emergency Departments
Overcrowding in Governmental Hospitals of Gaza Strip**

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M.Sc. Thesis

Jerusalem – Palestine

1441/2020

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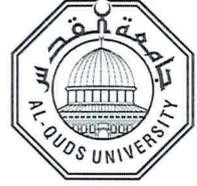
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A Thesis Submitted in Partial Fulfillment of Requirements
for the Degree of Master of Nursing Management /Faculty
of Health Professions/Al-Quds University

1441 / 2020



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Jerusalem – Palestine

1441 / 2020

Dedication

It's my genuine gratefulness and warmest regard that I dedicate this thesis to my beloved family and friends.

Ahmed H.AISufi

Declaration

I certify that this thesis submitted for the degree of Master, is the result of my own research, except where otherwise acknowledged, and that this study (or any part of the same) has not been submitted for a higher degree to any other university or institution.

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Date: / /

Acknowledgment

In the name of Allah, the most merciful, the most compassionate all praise be to Allah, the lord of the worlds; and prayers and peace be upon Mohammed, his servant, and messenger. First and foremost, I must acknowledge my limitless thanks to Allah, the ever-magnificent; the ever-thankful, for his help and bless. I am totally sure that this work would have never become truth, without his guidance.

With great appreciation, I would like to express my thanks to my thesis supervisor Dr. Khalil Shoaib and co-supervisor Dr. Abdelrahman Alhams for the excellent guidance, support and caring for my academic development without which this project wouldn't have been possible.

I would like to express my deepest thanks to all the staff at Al Quds University for the knowledge and skills I gained through my study.

I would like to thank the nurses in the hospitals who helped me complete this study by accepting to participate in this study.

Ahmed H. AlSufi

Abstract

Overcrowding in emergencies has turned out to be one of the biggest problems in health systems around the world. Overcrowding represents a serious impediment to the ability of the Emergency Department (ED) to provide the public with quality emergency care. Prolonged waiting times and treatment delays can have substantial effects on patient outcomes. The study aimed to assess nurses' perceptions about ED overcrowding at governmental hospitals in the Gaza Strip in terms of its causes, effects and possible solutions. The design was a quantitative cross-sectional descriptive design. Census sample was used. 145 nurses that work in ED at governmental hospitals that have adult emergency department participated in the study with a response rate of 82.85%. The tool used in the study was a self-administered questionnaire that includes questions related to nurse's demographic characteristic data and included questions related to 3 domains (Factors that may cause ED overcrowding, effects of ED overcrowding, and possible solutions to the ED overcrowding). Cronbach's Alpha coefficient was (0.902) indicating high reliability. Results showed that the presence of a lot of patient escorts in the ED (weighted mean: 91.6%), presence of some patients for non-urgent reasons (weighted mean: 86.8%), and the shortage of healthcare providers (weighted mean: 86.2%) are the main factors of ED overcrowding as perceived by ED nurses. Results also showed that increased workload (weighted mean: 87.03%), verbal abuse of patients or their escorts (weighted mean: 86.62%), patient dissatisfaction (weighted mean: 78.62%), and increased patient waiting time (weighted mean: 87.21%) are the major effects of ED overcrowding from the nurses' perspective. Nurses believe that recruiting more health care providers (weighted mean: 93.4%) and educating people about the role of primary care (weighted mean: 90.3%) would help reducing ED overcrowding. The study concluded that emergency departments suffer from a shortage of healthcare providers with an increased flow of non-urgent cases and patient escorts which causes overcrowding and as a result of that, nurses suffer from an increased workload and patients suffer from increased waiting time and dissatisfaction about the provided care in the EDs. The study recommended expanding the role of primary care in dealing with non-urgent cases, expanding the area of EDs and offering more beds, and controlling the flow of patient escorts to the EDs.

Table of Contents

Declaration.....	i
Acknowledgment.....	ii
Abstract.....	iii
Table of Contents.....	iv
List of Tables.....	vi
List of Figures.....	vii
List of Appendices.....	viii
List of Abbreviations.....	ix
Chapter One: Introduction.....	1
1.1. Background.....	1
1.2. Problem Statement.....	2
1.3. Justification of the Study.....	3
1.4. General Objective.....	4
1.5. Specific Objectives.....	4
1.6. Research Questions.....	5
1.7. Context of the Study.....	6
1.8. Theoretical and Operational Definitions.....	9
Chapter Two: Conceptual Framework and Literature Review.....	11
2.1 Conceptual Framework.....	11
2.2 Literature Review.....	12
2.2.1 Causes of Emergency Department Overcrowding.....	13
2.2.2 Effects of Emergency Department Overcrowding.....	18
2.2.3 Solutions to Reduce Emergency Department Overcrowding.....	21
2.2.4 Summary of Literature Review.....	26

Chapter Three: Methodology	28
3.1 Study Design	28
3.2 Settings of the Study	28
3.3 Study Period.....	28
3.4 Study Population and Response Rate	29
3.5 Sample Size and Sampling Procedure	29
3.6 Study Instrument	30
3.7 Validity of the Instrument	30
3.8 Ethical Considerations	30
3.9 Pilot Study.....	31
3.10 Reliability of the Study Instrument.....	31
3.11 Data Entry and Data Analysis	31
Chapter Four: Results and discussion	32
4.1 Demographical characteristics of participants in the study	32
4.2 Analyzing the dimensions of the questionnaire.....	37
4.3 Independent t-tests and one-way ANOVA tests for ED overcrowding domains	44
Chapter Five: Conclusion and Recommendations	54
5.1 Conclusion.....	54
5.2 Recommendations	54
References.....	56
Appendices	62
Arabic Summary.....	78

List of Tables

Table (3.1): Number of ED nurses and response rate.....	29
Table (3.2): Reliability of the study instrument.....	31
Table (4.1): Nurses distribution according to age, marital status, and job title.....	32
Table (4.2): Nurses distribution according to their workplace and residence	34
Table (4.3): Nurses distribution according to their experience in healthcare and experience in the ED.....	35
Table (4.4): Nurses distribution according to their qualifications and job titles	36
Table (4.5): Distribution of study participants according to their perceptions about factors that may cause ED overcrowding.....	37
Table (4.6): Distribution of study participants according to their perceptions about the effect of ED overcrowding	40
Table (4.7): Distribution of the nurses according to their perception about proposed solutions to reduce ED overcrowding	42
Table (4.8): Mean difference in the nurse’s perception toward ED overcrowding in governmental hospitals of Gaza Strip related to their Gender.	44
Table (4.9): Mean difference in the nurse’s perception toward ED overcrowding in governmental hospitals of Gaza Strip related to their ages.	45
Table (4.10): Mean difference in the nurse’s perception toward ED overcrowding in governmental hospitals of Gaza Strip related to their qualification.	46
Table (4.11): Mean difference in the nurse’s perception toward ED overcrowding in governmental hospitals of Gaza Strip related to their job title.....	47
Table (4.12): Mean difference in the nurse’s perception toward ED overcrowding in governmental hospitals of Gaza Strip related to their marital status.....	48
Table (4.13): Mean difference in the nurse’s perception toward ED overcrowding in governmental hospitals of Gaza Strip related to their Work Place.	49
Table (4.14): Mean difference in the nurse’s perception toward ED overcrowding in governmental hospitals of Gaza Strip related to their Residence Place.	50
Table (4.15): Mean difference in the nurse’s perception toward ED overcrowding in governmental hospitals of Gaza Strip related to their Work Experience.	51
Table (4.16): Mean difference in the nurse’s perception toward ED overcrowding in governmental hospitals of Gaza Strip related to their Work Experience in ED.....	52

List of Figures

Figure (2.1) Conceptual Framework of Emergency Department overcrowding	11
Figure (4.1) Nurses distribution according to their gender.....	33

List of Appendices

Appendix 1: Asplin’s conceptual framework for emergency department crowding.....	62
Appendix 2: Time Schedule	63
Appendix 3: Panel of Experts.....	64
Appendix 4: Helsinki Committee Ethical Approval	65
Appendix 5: MOH Approval to Facilitate Researcher's task	66
Appendix 6: Questionnaire in English	67
Appendix 7: Questionnaire in Arabic.....	73

List of Abbreviations

BR	Bed Ratio
CDC	Centers for Disease Control and Prevention
DFM	Dixon Forecasting Model
DRS	Developmental Research Sequence
ED	Emergency Department
ENA	Ecole National Administration
GDP	Gross Domestic Product
GEDs	Gynecology Emergency Departments
GP	General Practitioner
HIC	Health Information Center
JCI	Joint Commission International
LOS	Length of Stay
MoH	Ministry of Health
MTE	Medical Team Evaluation
NEDOCS	National Emergency Department Overcrowding Scale
NGOs	Non-Governmental Organizations
NHS	National Health Service
NIH	National Institutes of Health
PCBS	Palestinian Central Bureau of Statistics
PHIC	Palestinian Health Information Center
POCT	Point-of-Care Testing
QIP	Quality Improvement Project
SPSS	Statistical Package for Social Sciences
TATs	Turnaround Times
UNRWA	The United Nations Relief and Works Agency for Palestine Refugees
USA	United States of America

Chapter One

Introduction

1.1 Background

Emergency department (ED) crowding has been described in health emergency literature as a concern for more than 20 years, and it has become a modern international health delivery problem. It has been previously demonstrated that ED crowding has a detrimental effect on quality of care and medical management, including a longer duration of hospital stay, a higher risk of mortality, subsequent hospital admission, lower levels of patient satisfaction, increased costs for admitted patients, and delays in the life-saving intervention and treatment of several crucial illnesses such as myocardial infarction, pneumonia, and painful conditions (Lee et al., 2017).

Overcrowding in emergencies has turned out to be one of the biggest problems in health systems around the world. In this case, a short and accessible solution could not be reached. In fact, several basic reasons play a role in such a problem and eliminating each of them would require long-term planning. This issue not only has a negative effect on the quality of services presented to the patients but also produces both psychological and physical effects on the emergency staff such as physicians and nurses. In addition, it also causes increased dissatisfaction among referees as well as imposing excessive exhaustion on medical staff (Baratloo & Maleki, 2015). According to Asplin's conceptual model, factors of ED crowding can be classified mainly into three categories; input factors, throughput factors, and output factors. Input factors usually reflect sources and aspects of increased patient inflow, throughput factors reflect bottlenecks and slow processes within the ED and output factors reflect bottlenecks in other next parts of the health care system

that might affect the ED, such as availability of hospital inpatient beds for ED patients to be admitted (Jan et al., 2012).

The effects of ED crowding can be classified generally into four main categories; adverse clinical outcomes, reduced healthcare quality, impaired access to care and healthcare provider losses. Adverse clinical outcomes reflect health-related and clinical patient complications. Reduced healthcare quality reflects below benchmarks quality of care delivery process. Impaired access to care reflects the inability of patients to receive timely care at their preferred institutions. Healthcare provider losses reflect the consequences borne by the health care system itself (Khalifa, 2015).

1.2 Problem Statement

Overcrowding in emergency departments (EDs) is internationally recognized as one of the greatest challenges to healthcare provision. Numerous studies have highlighted the ill-effects of overcrowding, including increased length of stay, mortality and cost per admission (Strada et al.2019).

Crowding is a serious issue that emergency departments face globally and it poses major safety risks with the potential for several adverse clinical outcomes (Carlson, 2016). It limits timeous access to emergency care, prolongs patient suffering, compromises the quality of clinical care, increases staff frustration and chances of exposing staff to patient violence and is linked to unnecessary preventable fatalities. The literature shows that a better understanding of this phenomenon may contribute significantly in coming up with solutions (Pascasie, 2014). So, the researcher conducted this study in order to find factors that cause overcrowding in emergency departments and its effects from the nurses' perspectives, which may help to find a solution to this problem.