Abstract

In Saudi Arabia, over 60% of the overall health care services including primary, secondary and tertiary health care services are provided by the governmental Ministry of Health. All citizens in Saudi Arabia are expected to enjoy free and unlimited health care but there are several accessibility challenges. One major challenge is that many patients visit directly the emergency departments (ED) of hospitals although their health issues could be treated at primary health care centres (PHCC). The over-presentation of Saudi patients in ED impacts on health care efficiency because available PHCC services are underused whereas expensive ED services are overused. This research aims to understand why patients who could be treated in PHCC inappropriately seek care at ED in Saudi Arabia. The planned study specifically examines whether there are differences in the characteristics, knowledge, attitudes and satisfaction of patients presenting in PHCC compared to patients who present in ED but could be treated in PHCC. The main goal of this research is to identify factors that could be used by commissioners and policy makers in Saudi Arabia to improve the usage of PHCC and reduce the inappropriate use of ED. Methods: A cross-sectional survey was undertaken in the King Fahd Hospital and three of its associated PHCCs in Jeddah city. The main inclusion criteria for this study is adult patients attending the PHCCs and adult patients presenting in ED with non-urgent health problems (which are treatable in PHCCs). All participants in PHCCs and ED were interviewed using structured questionnaires specifically devised for the purposes of this study. A participant information sheet explaining the purpose of this study was given to all potential participants and informed consent was sought at the start of the study; participants were informed that their participation is voluntary and that they have the right to withdraw from this study at any time; their responses would be confidential and the obtained data would be stored for ten years. Anonymised data was analysed using the SSPS software. Results: I recruited 410 adult patients, with males comprising 51.0% of the sample. A significantly high proportion of patients with non-urgent cases visited the ED in compare to PHCCs not married (64.9%), at younger age (62.5%), with lower education (56.4%), and lower income (72.2%). A significantly higher proportion of patients without emergencies did not suffer from any chronic diseases, and most of them lacked of health insurance while some of them worked for private sector. Most patients without emergencies thought the ED was the first place to consult when they felt symptoms as they lacked the knowledge of PHCCs clinics and services. A significantly higher percentage of ED attendees for non-urgent cases did not know the opening hours of PHCC in their neighbourhood. A significantly high percentage of ED attendees reported that their decision to visit ED without emergences was influenced by family or friends, and most of them were not registered with PHCC. A significantly higher proportion of ED attendees reported that they get better services at ED in compare to PHCCs services. These patients reported difficulties

of getting appointments, communication with their PHCC physician, unavailability of investigation services, shortage of some medication, and visiting a different physician each time. Patients were more satisfied with PHCCs when their physician provided preventive counselling. The general satisfaction of PHCCs attendees were higher than ED attendees regarding PHCCs services. Conclusion: Overuse of ED services is high at the Ministry of Health hospital (KFGH) in Jeddah. Individuals who overused ED were younger, single, and had lower income and education. Important modifiable risk factors for inappropriate use of ED are poor knowledge, negative attitudes and poor satisfaction with PHCCs. Policy makers and health providers have a challenging task to control ED overuse. We recommended that strategies should be developed to implement policies aimed at reducing non-urgent use of EDs as well as making healthcare services more available to the population.