ORIGINAL ARTICLE

KNOWLEDGE AND ATTITUDE AMONG NON-CRITICAL PATIENTS OF THE EMERGENCY UNIT AT THE BESUT DISTRICT HEALTH CLINICS

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ABSTRACT

Introduction: In the primary healthcare system, the Emergency Unit of the Besut District Health Clinic serves as the primary entry point for urgent medical care, which is an important function that the emergency unit service provides. For the purpose of improving healthcare outcomes and making the most efficient use of available resources, it is essential to have an understanding of the patient's knowledge and attitudes toward this emergency unit. ***Materials and Methods:*** Patients who were treated at the Besut District Health Clinic Emergency Unit were the subjects of the study, and the researchers collected data from them through a variety of approaches, including questionnaires, interviews, and data gathering. The use of this all-encompassing methodology made it possible to conduct an in-depth investigation of the opinions and experiences of patients. ***Results:*** Various levels of patient knowledge regarding the appropriate utilization of emergency care and the services that are offered were discovered by the study. Patients presented a variety of viewpoints regarding the quality of care and communication between patients and providers. There is space for development in patient-centered care and communication tactics, as evidenced by the fact that some patients reported having great experiences while others expressed concerns. ***Conclusion:*** The results indicate that the overall efficiency of the Emergency Unit falls short of the predetermined KPI. Targeted educational efforts, such as informative brochures and workshops, are necessary to enhance patient comprehension of the functions and capabilities of the Emergency Unit. Furthermore, the study emphasizes the significance of improving protocols, staff education, and communication between patients and healthcare providers in order to narrow the divide between patient expectations and healthcare services. These enhancements possess the capacity to augment patient contentment, optimize healthcare results, and raise the overall effectiveness of the healthcare system.

Keywords: knowledge, attitude, non-critical patients, emergency unit, Terengganu

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INTRODUCTION

The Emergency Unit at the Besut District Health Clinics has a crucial role in primary healthcare system, functioning as the principal gateway for those requiring urgent medical care. Emergency units are distinguished by their capacity to deliver prompt and vital medical care, rendering them indispensable elements of healthcare infrastructure. The optimal operation of these entities not only influences the results for patients but also has an effect on the overall efficiency of healthcare provision[1]. In this particular environment, it is crucial to gain a comprehensive grasp of the knowledge and attitudes exhibited by patients towards the Emergency Unit at Besut District Health Clinics. The decision-making process and effectiveness of medical interventions can be strongly influenced by patients' awareness of when to seek emergency care, their views of the quality of care received, and their overall attitudes towards the healthcare facility[2]. Hence, it is imperative to conduct a thorough investigation into the understanding and perspectives of patients in order to enhance the efficiency of Emergency Unit procedures and guarantee the prompt delivery of suitable medical attention.

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The correlation between patient satisfaction and healthcare service consumption is contingent upon patients' encounters and evaluations of care. Numerous studies have demonstrated that those who possess a sense of being adequately educated and has confidence in the standard of healthcare that had been receive exhibit a higher likelihood of adhering to medical recommendations and seeking subsequent care when necessary[3]. Within the framework of Besut District Health Clinics Emergency Unit, it is of utmost importance to comprehend the various aspects that contribute to either favorable or poor patient experiences. This includes the evaluation of the efficacy of communication between healthcare professionals and patients, the promptness of care provision, and the general ambiance and infrastructure. In addition, the identification of specific areas in which patients lack knowledge can serve as a basis for developing focused educational initiatives and outreach programs[4]. These initiatives aim to empower individuals by equipping them with the necessary information to make educated choices regarding the utilization of emergency healthcare services and adherence to recommended treatment regimens. services and adherence to recommended treatment regimens.

The discovery holds significant implications in terms of its potential to improve healthcare outcomes and optimize resource allocation[5]. By acquiring a comprehensive understanding of patient knowledge and attitudes inside the Emergency Unit of Besut District Health Clinics, healthcare administrators and physicians can effectively employ evidence-based approaches to enhance the overall experience of patients, diminish avoidable emergency room visits, and maximize the allocation of health care assets[6]. Furthermore, this study can serve as a paradigm for other healthcare establishments aiming to improve their Emergency Units and the provision of patient care. In summary, conducting a comprehensive analysis of patient knowledge and attitudes pertaining to the operations of the Emergency Unit at Besut District Health Clinics is crucial for enhancing local healthcare services and furthering the overall comprehension of patient-centred care within emergency medical environments.

Methodology

This study has a cross-sectional approach, gathering data at a singular moment in time. A convenience sample technique, which is a form of non-probability sampling, was utilized to pick individuals over the age of 18 who sought care at the Besut District Health Clinic Emergency Unit, excluding critically ill patients. The Raosoft Sample Size Calculator indicated that a sample size of 108 participants is necessary, with a confidence level of 70% and a response distribution of 50%.

The data was collected using a well-organized questionnaire, which was divided into two sections: Section A consisted of socio-demographic questions, while Section B focused on questions on knowledge and attitudes towards the emergency unit. Section B was subdivided into three distinct parts: Parts I and II evaluated knowledge using binary responses (yes/no/not sure), whereas Part III measured attitudes using a Likert scale. The data gathering technique entailed administering surveys to patients, with their explicit consent, while they were in the waiting area for treatment, ensuring that only non-critical cases were included.

The data was analyzed quantitatively using SPSS Version 22.0. The Kolmogorov-Smirnov test was used to test for normality, with a significance level of $p<0.05$. Descriptive statistics, including frequency, percentage, and mean, were used to summarize the data. The relationship between knowledge and attitude was assessed using statistical tests such as the Chi-Square test and Spearman's Rho. These tests provided a thorough examination of the study's aims.

RESULTS

Demographic analysis shows that most respondents were aged 31-35 and 56 years and above, each constituting 32.4% of the sample, while the majority were female (60.3%). Respondents with secondary education comprised the highest percentage (73.5%), and the income analysis revealed that 51.5% of the respondents earned below RM 999, the largest group visiting the Emergency Unit. The study examined the level of knowledge through 30 questions about conditions needing emergency care. Results showed that only 29.4% of respondents answered correctly, highlighting a low understanding of emergency conditions. For instance, 100% recognized chest pain and drowning as emergencies, while only 76.5% incorrectly identified a cold as requiring emergency care. Similarly, a significant number

(92.6%) were aware that conditions like femur fractures and seizures should be treated at the Emergency Unit, but many (79.4%) incorrectly believed that upper respiratory infections required emergency care.

The attitude section revealed that many respondents sought treatment at the Emergency Unit due to non-medical reasons like financial problems (73.5%) and logistical issues (98.5%). There was also a lack of understanding regarding the proper use of ambulance services, with 41.2% of respondents incorrectly believing that minor problems warranted ambulance transportation. Panic, violence, and logistical challenges were frequently cited as reasons for seeking emergency care, though these issues often do not require urgent treatment. The results highlight a concerning trend in which patients use emergency services for non-emergency conditions, leading to a potential strain on healthcare resources. There was a notable relationship between patients' knowledge and their attitudes towards seeking treatment, with many motivated by convenience rather than medical necessity. For example, 88.2% desired to see a doctor as soon as possible, and 73.5% sought treatment during weekends due to time constraints. The study concludes that a lack of knowledge and improper attitudes toward the Emergency Unit's function contributes to unnecessary visits, which may affect the overall efficiency of emergency care services at the clinic. Results are shown in Table 1, Table 2 and Table 3.

Table 1: Descriptive level of knowledge about the function of the Health Clinic Emergency Unit

No	Statement	Yes, n(%)	No, n(%)
1.	Victims of abuse	139 (92.6%)	11 (7.4%)
2.	Convulsions	132 (88.2%)	18 (11.8%)
3.	Chest pain	150 (100%)	0 (0%)
4.	Upper Respiratory Tract Infections	119 (79.4%)	31 (20.6%)
5.	A cold	115 (76.5%)	35 (23.5%)
6.	Femur fracture in an accident	139 (92.6%)	11 (7.4%)
7.	Pregnancy Checkup	139 (92.6%)	11 (7.4%)
8.	Diarrhea and vomiting caused by food poisoning	115 (76.5%)	35 (23.5%)
9.	Insect bites with severe allergies	113 (75%)	37 (25%)
10.	The baby looks a little yellow	99 (66.2%)	51 (33.8%)
11.	Cracked heels	22 (14.7%)	128 (85.3%)
12.	Headache	128 (85.3%)	22 (14.7%)
13.	Difficulty urinating	140 (92.6%)	10 (7.4%)
14.	Joint pain	121 (80.9%)	29 (19.1%)
15.	Mental illness (malignant)	126 (83.8%)	24 (16.2%)
16.	Mild stomach ache	68 (45.6%)	82 (54.4%)
17.	Severe food allergies	146 (97.1%)	4 (2.9%)
18.	Scabies	128 (85.3%)	22 (14.7%)
19.	Patients who take an overdose	130 (86.8%)	20 (13.2%)
20.	Asthma attack	150 (100%)	0 (0%)
21.	Pain during menstruation	97 (64.7%)	53 (35.3%)
22.	Small wound incision	33 (22.1%)	117 (77.9%)
23.	Rape victim	128 (85.3%)	22 (14.7%)
24.	Fall from a high place	117 (77.9%)	33 (22.1%)
25.	Drown	150 (100%)	0 (0%)
26.	Patients who attempt suicide	137 (91.2%)	13 (8.8%)
27.	Chicken pox disease	126 (83.8%)	24 (16.2%)
28.	Inflammation of the eye (conjunctivitis)	113 (75%)	37 (25%)
29.	Victims of domestic violence (OSCC)	132 (88.2%)	18 (11.8%)
30	Skin disease	126 (83.8%)	24 (16.2%)

Table 2: Attitudes of patients who need treatment at Besut District Health Clinic Emergency Unit

No	Condition	Yes, n(%)	No, n(%)
1.	Financial problem	110 (73.5%)	40 (26.5%)
2.	Pandemic (COVID-19)	150 (100%)	0 (0%)
3.	Victims of natural disasters (landslides, floods, etc.)	132 (88.2%)	18 (11.8%)
4.	Panic	88 (58.8%)	62 (41.2%)
5.	Need ambulance service for minor problems	62 (41.2%)	88 (58.8%)
6.	Fire	110 (73.5%)	40 (26.5%)
7.	Airplane crash	150 (100%)	0 (0%0
8.	Violence	150 (100%)	0 (0%)

No	Condition	Yes, n(%)	No, n(%)
9.	Referrals from other clinics and Outpatient Unit	150 (100%)	0 (0%)
10.	Logistical problems (difficult to get a vehicle)	148 (98.5%)	2 (1.5%)

DISCUSSION

The findings of the research into the Besut District Health Clinic Emergency Unit reveal significant challenges stemming from patients' attitudes and misconceptions regarding the role of emergency services. The study highlights a troubling trend: a substantial number of patients seeking treatment at the Emergency Unit do not present with critical or life-threatening conditions. This phenomenon is influenced by various factors, including patients' desires for quick and convenient treatment, misunderstandings about the purpose of emergency care, and broader systemic issues such as limited access to primary care[7]. Addressing these challenges is essential to improve the efficiency of emergency services and ensure that patients with genuine emergencies receive timely and appropriate care.

One of the primary issues identified in the research is the patients' preference for the Emergency Unit due to its perceived advantages over other healthcare settings. Many patients believe that the Emergency Unit provides faster and more effective treatment, regardless of the severity of their condition[8]. This belief is often driven by the desire for immediate attention and the convenience of receiving care at a facility that operates around the clock. Additionally, patients may view the Emergency Unit as a more cost-effective option compared to other healthcare settings, further encouraging non-critical visits. This preference for the Emergency Unit, however, reflects a fundamental misunderstanding of its intended role. Emergency Units are designed to address acute and life-threatening conditions, and the influx of non-critical cases can overwhelm these facilities, leading to longer wait times and reduced quality of care for those with genuine emergencies.

Table 3: The relationship between the level of knowledge and the patient's attitude is not critical about the function of the Besut District Health Clinic Emergency Unit

No.	Descriptions	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
1.	There is only way to see the doctor after work	n=88 (58.8%)	n=18 (11.8%)	n=22 (14.7%)	n=11 (7.4%)	n=11 (7.4%)
2.	Desire to see a doctor as soon as possible	n=132 (88.2%)	n=18 (11.8%)	-	-	-
3.	Live near the Clinic	n=10 (14.7%)	n=40 (58.8%)	n=18 (11.8%)	n=18 (11.8%)	-
4.	No time to go to the Outpatient Unit	n=66 (44.1%)	n=22 (14.7%)	n=18 (11.8%)	n=22 (14.7%)	n=22 (14.7%)
5.	To obtain a supply of medicine	n=44 (29.4%)	n=40 (26.5%)	n=22 (14.7%)	n=22 (14.7%)	n=22 (14.7%)
6.	Want to hurry up to finish other things	n=132 (88.2%)	n=9 (5.9%)	n=9 (5.9%)	-	-
7.	Only able to spare time on weekends	n=110 (73.5%)	n=18 (11.8%)	-	n=11 (7.4%)	n=11 (7.4%)
8.	Usually receive treatment from the same doctor (who works in the Emergency Unit)	n=84 (55.9%)	n=22 (14.7%)	-	n=22 (14.7%)	n=22 (14.7%)

The research also underscores the impact of patients' attitudes and misconceptions on the efficiency of the Emergency Unit. Many individuals exhibit impatience and a sense of entitlement, believing that their needs should be addressed immediately, regardless of the urgency of their condition[9]. This attitude contributes to the congestion of the Emergency Unit and creates additional pressure on healthcare staff. Patients who are not critical often do not understand the triage system, which prioritizes care based on the severity of the condition rather than the order of arrival. This misunderstanding can lead to frustration and dissatisfaction, exacerbating the problem of overcrowding[28]. The presence of non-critical patients not only diverts resources away from those in true need but also increases waiting times and reduces the overall effectiveness of emergency care. The rise in non-critical visits to Emergency Units is also influenced by the ease of accessing medical information through the internet and mobile phones. With abundant online resources, patients often engage in self-diagnosis and may exaggerate the severity of their symptoms. This behavior leads to unnecessary visits to the Emergency Unit, driven by the belief that immediate and comprehensive care will be provided. While access to medical information can be beneficial, it also contributes to the misperception that all medical issues, regardless of their urgency, require emergency care[11]. The challenge, therefore, is to balance the benefits of readily available medical information with the need for accurate self-assessment and appropriate use of healthcare services.

Systemic issues, such as limited access to primary care and constraints related to insurance coverage, further complicate the situation. Patients may turn to the Emergency Unit due to difficulties accessing primary care services or concerns about the costs associated with other forms of care. This behavior reflects a broader issue of healthcare access and affordability, which drives individuals to seek emergency care for non-critical issues[12]. Addressing these systemic challenges requires a multifaceted approach, including improving access to primary care, extending operating hours, and offering telemedicine options. By enhancing the availability and accessibility of primary care services, healthcare systems can reduce the reliance on Emergency Units for non-urgent matters and alleviate some of the pressures on these facilities.

To effectively address the misuse of Emergency Units, a comprehensive strategy is needed that includes public education, improved access to primary care, and enhanced triage systems. Public education campaigns should focus on raising awareness about the appropriate use of emergency services and the importance of seeking care in the right setting[13]. These campaigns can utilize various media channels to reach a broad audience and emphasize the differences between emergency and primary care. Additionally, health literacy programs should be implemented to educate patients about recognizing urgent versus non-urgent conditions and navigating the healthcare system effectively. Workshops, seminars, and online resources can be valuable tools in promoting a better understanding of healthcare options.

Improving the triage system within Emergency Units is also crucial to ensuring that patients with genuine emergencies receive timely care. Enhancing triage processes and providing clear information to patients about the prioritization of care can help manage expectations and reduce frustration[14]. Furthermore, efforts should be made to build trust in primary care services by improving the quality of care provided in outpatient settings. By demonstrating the benefits of seeking treatment at primary care facilities for non-critical issues, healthcare systems can encourage patients to utilize these services more effectively. Engaging with community organizations and local leaders is another important step in addressing the problem of non-critical Emergency Unit visits. By fostering dialogue and collaboration with community stakeholders, healthcare providers can gain valuable insights into the specific needs and concerns of different populations[15]. This engagement can help tailor public education efforts and address barriers to accessing appropriate care. Additionally, creating feedback mechanisms that allow patients to provide input on their experiences with the healthcare system can offer valuable information for improving services and addressing issues related to patient attitudes and behavior.

Conclusion and recommendations

In conclusion, the research into patient attitudes towards the Besut District Health Clinic Emergency Unit reveals significant challenges related to the

misuse of emergency services. Addressing these challenges requires a multifaceted approach that includes public education, improved access to primary care, enhanced triage systems, and community engagement. By implementing targeted interventions and promoting a culture of responsible healthcare utilization, healthcare systems can improve the efficiency of emergency services, reduce overcrowding, and ensure that patients with genuine emergencies receive timely and appropriate care[16]. Through collaborative efforts between healthcare providers, policymakers, and community stakeholders, it is possible to achieve a more balanced and effective approach to healthcare delivery that benefits both patients and the healthcare system as a whole.

There is a critical need for comprehensive public education campaigns aimed at improving health literacy and clarifying the appropriate use of emergency services. These campaigns should leverage various media platforms, including social media, to reach a wide audience and promote understanding of when to seek emergency versus primary care. Next, expanding access to primary care through extended hours, increased availability of services, and the integration of telemedicine can help divert non-critical cases away from emergency settings. Additionally, refining the triage system to ensure clear communication with patients about prioritization based on urgency can mitigate frustration and improve overall satisfaction. Collaborative efforts with community organizations and local leaders are essential to tailor interventions and address specific local needs. Finally, implementing feedback mechanisms to gather patient input on their experiences will provide valuable insights for continuous improvement. By adopting these recommendations, healthcare systems can improve emergency care efficiency, reduce overcrowding, and ensure that resources are optimally allocated to those with genuine emergencies.

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