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Conceptual article

Measures to increase satisfaction with hospitalization in the department of traumatology: Service design project

[Dildara Ahmedi](#)¹, [Feruza Saduyeva](#)², [Anastassiya Vlassova](#)³, [Saule Kaldar](#)⁴

¹ Nurse of the City Center for Primary Health Care, Karaganda, Kazakhstan. E-mail: dilyaanarova1995@gmail.com

² Assistant professor of the Karaganda Medical University, Karaganda, Kazakhstan. Email: Feruza_1308@mail.ru

³ Teacher at the Karaganda Medical University, Karaganda, Kazakhstan. Email: vlassnast@gmail.com

⁴ Lecturer of the Department of Informatics and biostatistics, Karaganda Medical University, Karaganda, Kazakhstan.

E-mail: kaldarsaule7@gmail.com

Abstract

In 2022, Kazakhstan's Bureau of National Statistics reported 2.449 accidents, with the Karaganda region recording the highest injury rate at 18.8% or 460 cases. Trauma department focus on emergency and routine care for musculoskeletal injuries and diseases, including diagnostics, conservative and surgical treatments. Patient-centered care, pivotal for quality health outcomes, and service design, an approach enhancing health care quality and patient satisfaction by addressing specific needs and preferences, are increasingly employed to improve service delivery and patient experiences in healthcare settings.

The aim: This study seeks to understand patient needs and expectations to enhance satisfaction within the trauma department.

Methods. This study employed a qualitative design using a service design approach to enhance patient satisfaction and increase service volume in the traumatology department at the Makazhanov clinic in Karaganda. Incorporating shadowing and semi-structured interviews with 12 patients and 6 nurses, using convenience sampling until data saturation were provided. Data from interviews were analyzed through content analysis method.

Results. Through interviews and observations involving both patients and staff, we sought insights into patient journeys, focusing particularly on the trauma care experience. The study revealed a strong patient desire for quick access to care, clear communication, effective pain management, specialized care, psychological support, and comfortable stay conditions. These findings will guide the development of targeted improvements in our trauma department's service design.

Conclusions. Our study identified key improvements for the trauma department's admissions process to enhance patient satisfaction and optimize hospitalization conditions. Overall, research revealed significant areas needing attention in the emergency trauma department, including challenges like long wait times, informational gaps, and overall uncertainty during hospital stays. Feedback from patients and staff highlighted the importance of understanding and meeting patient needs for effective healthcare, emotional backing, and clear communication.

Keywords: satisfaction, hospitalization, traumatology, service, nursing.

Corresponding author: Feruza Saduyeva, assistant professor, Karaganda Medical University, Karaganda, Kazakhstan

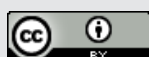
Phone: +7 7053145588

E-mail: Feruza_1308@mail.ru

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Introduction

According to the Bureau of National Statistics of the Agency for Strategic Planning and Reforms of the Republic of Kazakhstan, 2,449 accidents were registered in 2022 [1]. The highest injury rate remains in the Karaganda region. In 2022, 460 cases were recorded in this region, which is 18.8% of the total number of cases. In second place is the Ulytau region, where 307 people were injured at work (12.5% of the total number of cases) [1].

The trauma department is an essential component within a clinical institution that provides medical care to patients suffering from injuries and diseases of the musculoskeletal system [2]. This is a specialized unit focused on providing emergency and routine care, including diagnosis, conservative treatment, and surgical interventions.

The main tasks of the trauma department include providing emergency medical care, conducting comprehensive diagnostics, including clinical examination, laboratory, and instrumental tests, and providing services for performing various surgical interventions to treat injuries and orthopedic problems [3-10]. An important part of the work of a trauma department is the provision of patient care. The trauma department provides a full range of trauma care to patients, including assessment, timely dressings and procedures, pain control and provision of necessary medical care in the postoperative period. It is important to provide optimal conditions for recovery and prevent possible complications [11, 12].

Patient centered care is important while making

Materials and methods

Employing a qualitative research design, our study sought to elevate both patient satisfaction and the overall volume of services rendered. The study was aimed at implementing a service design approach to improve patient satisfaction. The methodological framework of Service Design was applied, utilizing the shadowing method and semi-structured interviews facilitated by the Service Design Toolkit (SDT) [16]. Encompassing patients hospitalized in the traumatology department of the Makazhanov clinic in Karaganda. Overall, 12 patients and 6 nurses took part in this study. We used convenience sampling to recruit participants into the research. All patients undergoing treatment in the trauma department of the clinic were invited to participate in the study. Recruitment was stopped when data saturation was reached. No participants withdrew from the study during the data collection and analysis.

Department of traumatology have 55 beds. During 2023 there was treated 1134 people by emergency causes and 209 people by planned

To ensure the ethics and transparency of the study, we developed an informed consent form in which patients consented to participate in the study to improve the quality of services and care provided by the emergency trauma department. A list of interview questions was also developed for both patients and medical staff, aimed at identifying the basic needs and expectations of both parties from the work and services of the emergency trauma department.

The interview results were analyzed using content analysis and grouped into categories.

Results

In the context of our study, the first tool we consider acts as a defining element in our quest to achieve the goal and objectives of our development. Through it, we identify

decisions in healthcare, as studying the needs to predict and create positive emotions shapes service analytics trends. Moreover, providing health care services that respect and meet the needs of patients and their caregivers is essential to achieving positive health outcomes and perceptions of quality of care, which constitutes patient-centered care [13].

One of the tools for providing user-oriented medical services is Service design. Service design is an innovative, human-centered approach to problem solving [14]. Service design is used to solve complex and persistent problems in various medical institutions and among a wide variety of patient groups to improve the quality of care and patient outcomes [15].

Service design helps improve the quality of health care and patient experience. Moreover, it allows processes and services to be tailored to patient needs and preferences, which is important for ensuring patient satisfaction. The introduction of service design promotes innovative approaches, such as the use of technology and improved communication, which are important for modern healthcare. Involving medical staff, administration and patients in the service design process ensures a more complete and balanced understanding of all aspects of health care [14,15].

The purpose of the study is to explore the needs and expectations of patients and develop recommendations to improve patient satisfaction in the trauma department.

In this work we will consider the Double Diamond model. It is a 4 sequential phase (Discover, Define, Develop and Deliver) Design Service initiated by the British Design Council in 2005 [15].

The «Discover» stage corresponds to a deep contextual understanding of problems through empathy for people. This stage uses divergent thinking and research/field research methods (e.g. interviews, observations and focus groups) to gain insight into people's explicit/latent needs, experiences, and motivations.

The «Define» stage identifies core issues using convergent thinking by analyzing/synthesizing recurring patterns in the contextual data collected in the Empathy stage. At this point, insight maps and affinity diagramming techniques can be used to help organize, cluster, and visualize complex data.

The third stage, or «Develop» aims to generate conceptual ideas and identify new solutions to the problem statement using a variety of thinking methods (e.g., brainstorming, storytelling, and co-creation workshops).

Finally, «Deliver» uses convergent thinking and focuses on adjusting and testing proposed concepts on a small scale and rejecting those that are not feasible/promising, using evaluation methods. Despite the linear illustration of the double diamond model, the process is most effective after going through four iterative and non-sequential stages involving divergent and convergent thinking.

problems associated with the provision of medical care and direct our efforts to improve the quality of medical services provided. Our goal is to create a favorable and

supportive environment for the treatment and rehabilitation of patients. Hospital staff have a strive to provide a high standard of medical care, create a comfortable environment and guarantee safety and security for both our patients and medical staff.

The study results enable us to provide an overview of the journey that patients take when presenting to a healthcare facility, with a particular focus on the experience of receiving care in trauma department. Our goal is to identify potential problems and inconveniences that patients experience and develop measures to improve this experience, providing a more comfortable and efficient service.

Planned hospitalization: Patients planning hospitalization go through several steps, beginning with contacting a primary care physician for consultation and then being placed on a waiting list for hospitalization. They face the challenges of long wait times and difficulty fitting hospitalization into their daily routine.

Emergency Admission: Patients with emergency

injuries are referred to the emergency department where, after examination and diagnosis, they are admitted to the hospital. Here, problems arise related to fear, pain, and the unexpected nature of events, which can cause anxiety and worry.

To conduct a study on the service design of a trauma department, we organized a series of interviews with patients and medical staff and observed the work of staff and the reactions of patients. The results of our interviews with patients allowed us to better understand our clients and identify additional information that we would like to receive. During the interviews, we asked certain questions, but we noticed that our patients, especially the elderly, were happy to talk about their lives, sharing joys and experiences, as well as the history of their trauma and fears. They also described the process of treatment and rehabilitation and expressed a desire to return home to family and friends as soon as possible to return to the normal rhythm of life. The interview results are presented in Table 1.

Table 1 - The results of interview with patients

Categories	Codes	Quotes
Challenges of hospitalization	Financial issues related to payment for medical services and medications	Patient 1 "Everything is so expensive, if I don't have time to get tested and come, I'll have to get tested at clinics for a fee." Patient 2 "I looked at the prices for rehabilitation, I'm afraid I can't afford it"
	Lack of information about the hospitalization process	Patient 5 "I don't know how long to wait for recovery" Patient 10 "I will be treated for about 10 days, they haven't said for sure yet" Patient 4 "They said they need surgery, they'll probably schedule it soon"
	Lack of information about the treatment plan	Patient 6 "They're injecting something. My heart is sick, probably from the heart, I told the doctor, he said he'll prescribe it."
	Discomfort when they cannot satisfy their basic needs on their own	Patient 5 "It's not convenient to constantly ask for help, I have a bad leg, sometimes I can't get up, I have to ask a nurse or other people. And it's not comfortable to ask for a boat."
	For patients undergoing planned hospitalization, problems are associated with long queues on the portal	Patient 1 "I waited until I was admitted to the hospital, collected and took tests through my local doctor. This process is long and hassle-free."
Psychological aspects	Stress, depression	Patient 11 "It's hard to lie in bed for days on end, people from the dean's office are constantly calling, asking when I'll be leaving"
	Need psychological support	Patient 12 "after the accident I have a fear of driving a car, I'm afraid"
	Social isolation	Patient 7 "I'm from a village, I don't have any friends here, my family can't come often, I want to go home soon"
Concerns during treatment:	Fear of surgery	Patient 4 "I feel afraid of the operation, I hope everything goes well"
	Recovery from injury	Patient 2 "I'm already old, I'll probably have to recover for a long time, who knows" Patient 8 "I have a fracture, I'll have to walk in a cast for 2 months, how will I survive this, children at home, everyday life, it'll probably be hard"
	Pain	Patient 9 "they said that if it doesn't heal properly, I'll have to break it again, I don't know how I can stand this pain again"
Concerns after discharge	Fear due to uncertainty in recovery	Patient 7 "The doctor said that it is unknown how my fracture will end, the result of the treatment will be clear only in a few months"
	Returning to previous lifestyle	Patient 11 "It took three months for rehabilitation, I'm afraid I'll miss a lot of studying, I don't know how I'll catch up with the program"
Needs and expectations	Transparent information from medical staff about the treatment plan and procedures performed	Patient 7 "I would like the doctor to explain in more detail and clearly what will happen next"
	Receiving highly qualified medical care	Patient 4 "I would like to get additional advice from another specialist, a rehabilitation specialist"
	Ensuring security and confidentiality	Patient 3 "I'm afraid of complications after surgery" Patient 5 "I'm scared to walk on crutches, I'm afraid to fall, the floor in the department is slippery"
	Speedy recovery and discharge	Patient 2 "I want to go home quickly, houses and walls are healing" Patient 9 "I hope I'll make a full recovery soon, I need to go to work"
	Comfortable outpatient treatment at your place of residence	Patient 3 "You will need to go to the clinic, I hope to undergo rehabilitation"

These aspects require attention and require the development of individualized approaches to improve the patient experience in the acute trauma department.

Based on the results of our month-long observation, carried out to look at the services we provide through the prism of patient experience. We carefully monitored patients' behavior and reactions, seeking to understand their feelings, thoughts, words, and actions, as well as what they saw and heard.

When interviewing medical staff, we saw how staff, including nurses, viewed their patients in the acute trauma unit. Average age of medical personnel is from 25 to 40 years old, have secondary specialized education and are constantly striving for professional development. The goals are to relieve pain and suffering for patients and ensure maximum comfort during treatment and rehabilitation.

Staff are always committed to supporting each patient, but sometimes face a lack of physical resources, which may prevent them from providing adequate attention to each patient. Patients depend on staff, and staff are aware of their responsibility. Despite fatigue and stress, she tries to maintain positive communication and empathy with each patient.

Also recognizes the importance of taking care of one's own psychological well-being. Therefore, access to psychological counseling and training to improve the emotional state of a healthcare worker would be a valuable resource for professional and personal growth.

During our research, we saw what our patients expect and what expectations they associate with hospitalization. In both planned and emergency hospitalizations, the basic needs of patients include:

- Quick access to medical care: Patients highly value prompt provision of medical care and special attention from medical staff.
- Clear and understandable communication: By understanding the nature of their injury, upcoming procedures, and treatment plan, patients feel more confident and more involved in the healing process.
- Specialized Care: Experienced staff providing quality support plays an important role in the recovery process.

Discussion

In our research, we found that patients worry about the consequences of an injury or surgery they have had or feel fear and anxiety about upcoming procedures. They observe their roommates, their injuries, and the interventions of medical staff. They also see the joy on neighbors' faces when they are discharged and recuperated, and they also see family during visits. Our findings align with previous studies, which have shown that patients expressed concern for their future, with pain and fear of falling being particularly common themes [17]. Another study showed that patient feel pain and more worried about the future. Patients' feelings of uncertainty were associated with a lack of information [18].

Most often, patients talk about their symptoms and pain, share their feelings, communicate with doctors, and ask questions. They hear recommendations for a speedy

Conclusions

As a result of our research in the emergency trauma department, we identified several important aspects that require attention and improvement. During both routine and emergency hospitalizations, patients face a variety of

• Pain Management: Effective pain relief and education about pain control techniques are key aspects of patient care.

• Psychological support: The importance of psychological support during recovery from injury is essential for patients.

• Comfortable stay conditions: Creating a comfortable environment during your hospital stay promotes a faster and more effective recovery.

All these aspects can serve as a basis for developing a program to improve the quality of care in the emergency trauma department.

Recommendations. Based on our research and understanding of service design, we have identified potential areas for improvement in the trauma department's admissions process. The developed recommendations can create optimal conditions for patients and ensure a high level of satisfaction during hospitalization.

Our recommendation includes the following aspects:

Personalized Experience: developing personalized experiences for patients based on their unique needs and preferences.

Improved Communication: integrating technology to improve communication, providing clear information about the treatment plan and hospitalization processes.

Emotional Support: implementation of emotional support measures, including psychological services and resources for patients and their families.

Feedback and Patient Participation: creating a feedback system that allows patients to actively participate in improving processes and services.

Staff Training: train medical staff in the principles of service design so that they effectively integrate it into daily practices.

Applying these recommendations within service design can significantly improve the interaction between patients and the healthcare facility, making processes more efficient.

recovery, as well as the concerns and worries of their roommates. Despite the restrictions imposed by the hospital regime, patients find ways to occupy themselves: they read books, watch movies on their phones or interesting videos. Those who are allowed can walk along the corridor and talk with patients from other wards. According to Abrahamsen et al. (2023) patients require information through a variety of delivery methods, preferably a combination of text, graphics, images, animations, and videos. The authors emphasized the importance of involving representatives of future users in creating this mHealth solution to meet user needs [19].

challenges and inconveniences, including long queues, lack of information and feelings of uncertainty.

After receiving feedback from patients and medical staff, we realized the significance of their experiences and

expectations. Patients expressed their concerns, fears, and hopes, which helped us better understand their needs for quality health care, emotional support, and awareness.

Based on our research, we have developed recommendations to improve the hospital environment in the emergency trauma department.

The results of our study provide the basis for the development and implementation of measures to improve hospitalization conditions and patient satisfaction in the emergency trauma department. Our goal is to provide the highest level of quality care and create a supportive and empathetic environment for all our patients.

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Науқастардың травматология бөлімінде алған стационарлық емге қанағаттану деңгейін арттыру шаралары: Сервистік дизайн жобасы

Ахмеди Д.М.¹, Садиева Ф.², Власова А.³, Қалдар С.А.⁴

¹ Қалалық алғашқы медициналық-санитарлық көмек орталығының мейірбикесі, Қарағанды, Қазақстан.

E-mail: dilyaanarova1995@gmail.com

² Доцент, Қарағанды медицина университеті, Қарағанды, Қазақстан. E-mail: Feruza_1308@mail.ru

³ Оқытушы, Қарағанды медицина университеті, Қарағанды, Қазақстан. E-mail: vlassnast@gmail.com

⁴ Информатика және биостатистика кафедрасының оқытушысы, Қарағанды медицина университеті, Қарағанды, Қазақстан. E-mail: kaldarsaule7@gmail.com

Түйіндеме

2022 жылы Қазақстанның Ұлттық статистикалық бюросы 2 449 жазатайым оқиғаны хабарлады, жарақат алудың ең жоғары көрсеткіші Қарағанды облысында 18,8% немесе 460 жағдайды құрады. Травматология бөлімі тірек-қозғалыс аппаратының жарақаттары мен ауруларына, оның ішінде диагностикаға, консервативті және хирургиялық емдеуге шұғыл және жоспарлы көмек көрсетуге бағытталған. Науқасқа бағытталған күтім, денсаулық сақтаудың сапалы нәтижелері үшін маңызды рөл атқаратын қызмет көрсету дизайны, нақты қажеттіліктер мен қалауларды ескере отырып, денсаулық сақтау сапасы мен пациенттердің қанағаттануын арттыратын тәсіл денсаулық сақтау орындарында қызмет көрсетуді және пациенттердің тәжірибесін жақсарту үшін көбірек қолданылады.

Бұл зерттеу жарақат бөліміндегі қанағаттануды арттыру үшін пациенттің қажеттіліктері мен үміттерін түсінуге тырысады.

Әдістері: Зерттеуде Қарағанды қаласындағы Мақажанов атындағы емхананың травматология бөлімшесінде пациенттердің қанағаттануын арттыру және қызмет көрсету көлемін ұлғайту үшін сервистік дизайн тәсілін қолданатын сапалы дизайн қолданылды. 12 пациент пен 6 мейірбикемен көлеңкелі және жартылай құрылымдық сұхбаттарды қосу, деректердің қанықтығы қамтамасыз етілгенге дейін ыңғайлы іріктеуді қолдану. Сұхбаттан алынған мәліметтер мазмұнды талдау әдісі арқылы талданды.

Нәтижелер. Пациенттерді де, қызметкерлерді де қамтитын сұхбаттар мен бақылаулар арқылы біз әсіресе жарақатты емдеу тәжірибесіне назар аударатын, пациенттердің саяхаттары туралы түсінік іздедік. Зерттеу пациенттің көмекке жылдам қол жеткізуге, анық қарым-қатынасқа, ауырсынуды тиімді басқаруға, мамандандырылған күтімге, психологиялық қолдауға және жайлы болу жағдайларына деген қатты ұмтылысын анықтады. Бұл нәтижелер біздің жарақат бөлімінің қызмет көрсету дизайнын мақсатты жақсартуларды дамытуға бағыттады.

Қорытынды. Біздің зерттеуіміз пациенттердің қанағаттануын арттыру және ауруханаға жатқызу жағдайларын оңтайландыру үшін жарақат бөліміне қабылдау процесіндегі негізгі жақсартуларды анықтады. Жалпы алғанда, зерттеулер жедел жарақат бөлімінде назар аударуды қажет ететін маңызды бағыттарды, соның ішінде ұзақ күту уақыттары, ақпараттық олқылықтар және ауруханада болу кезіндегі жалпы белгісіздік сияқты қиындықтарды анықтады. Пациенттер мен қызметкерлердің пікірлері тиімді денсаулық сақтау, эмоционалды қолдау және нақты қарым-қатынас үшін пациенттердің қажеттіліктерін түсіну және қанағаттандыру маңыздылығын атап өтті.

Түйін сөздер: қанағаттану, госпитализация, травматология, қызмет көрсету, мейіргер.

Меры по повышению удовлетворенности пациентов стационарным лечением в отделении травматологии: Сервис-дизайн-проект

Ахмеди Д.М.¹, Садиева Ф.², Власова А.³, Қалдар С.А.⁴

¹ Медицинская сестра, Городской центр первичной медико-санитарной помощи, Караганда, Казахстан.

E-mail: dilyaanarova1995@gmail.com

² Доцент, Медицинский университет Караганды, Караганда, Казахстан. E-mail: Feruza_1308@mail.ru

³ Преподаватель, Медицинский университет Караганды, Караганда, Казахстан.

E-mail: vlassnast@gmail.com

⁴ Преподаватель кафедры информатики и биостатистики, Медицинский университет Караганды, Караганда, Казахстан. E-mail: kaldarsaule7@gmail.com

Резюме

В 2022 году Бюро национальной статистики Казахстана сообщило о 2449 несчастных случаях, при этом в Карагандинской области зафиксирован самый высокий уровень травматизма - 18,8% или 460 случаев. В травматологическом отделении оказывается неотложная и плановая помощь при травмах и заболеваниях опорно-двигательного аппарата, включая диагностику, консервативное и хирургическое лечение. Уход, ориентированный на пациента, имеющий решающее значение для качественных результатов в отношении здоровья, и дизайн услуг, подход, повышающий качество медицинского обслуживания и удовлетворенность пациентов за счет удовлетворения конкретных потребностей и предпочтений, все чаще используются для улучшения предоставления услуг и качества обслуживания пациентов в медицинских учреждениях.

Целью данного исследования является понимание потребностей и ожиданий пациентов для повышения их удовлетворенности в травматологическом отделении.

Методы. В данном исследовании применялся качественный дизайн с использованием подхода к проектированию услуг для повышения удовлетворенности пациентов и увеличения объема услуг в травматологическом отделении клиники Макажанова в Караганде. Включение теневого и полуструктурированного интервью с 12 пациентами и 6 медицинскими сестрами с использованием удобной выборки до тех пор, пока не будет получено достаточное количество данных. Данные интервью были проанализированы методом контент-анализа.

Результаты. Посредством интервью и наблюдений с участием как пациентов, так и персонала мы попытались получить представление о поездках пациентов, уделяя особое внимание опыту оказания помощи при травмах. Исследование выявило сильное стремление пациентов к быстрому доступу к медицинской помощи, четкому общению, эффективному обезболиванию, специализированной помощи, психологической поддержке и комфортным условиям пребывания. Эти выводы будут служить основой для разработки целевых улучшений в структуре услуг нашего травматологического отделения.

Выводы. Наше исследование выявило ключевые улучшения в процессе госпитализации в травматологическом отделении, направленные на повышение удовлетворенности пациентов и оптимизацию условий госпитализации. В целом, исследование выявило важные области, требующие внимания в отделении неотложной травматологии, включая такие проблемы, как длительное время ожидания, пробелы в информации и общая неопределенность во время пребывания в больнице. Отзывы пациентов и персонала подчеркнули важность понимания и удовлетворения потребностей пациентов в эффективном медицинском обслуживании, эмоциональной поддержке и четком общении.

Ключевые слова: удовлетворенность пациентов, госпитализация, травматология, обслуживание, сестринское дело.