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Assessing Patient Satisfaction with Pre-Hospital Emergency Services: A Study of Punjab Emergency Service Rescue 1122 in Chiniot, Punjab

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ABSTRACT

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First step of health care system is Pre-hospital emergency service to provide treatment facilities to patients. Before admission of patients to hospital, provision of services to patients by pre hospital emergency service causes satisfaction or dissatisfaction for the patients with overall health care system of a society. This study was conducted to measure the satisfaction of patients with Punjab Emergency Service Rescue 1122 in the city of Chiniot, Punjab. There were 340 conscious patients at the time of emergency were included in this study by using systematic sampling technique. Data were analysed by a computer software Statistical Packages for Social Sciences (SPSS). Results of the univariate analysis showed that the majority of the users of the service were male and belong to rural area of the Chiniot 236 and 225 respectively. The majority of the respondents 250 experienced road traffic accidents. The results showed that the satisfaction of the patients from condition of the ambulance, response time, behaviour of the rescue team, efficiency of the service and professionalism of rescue crew was very high. The independent variables including condition of ambulance, behaviour of rescue team and professionalism of team showed a strong positive relationship with patients' satisfaction. While response time of the ambulance showed a strong negative correlation. The results of the study revealed a very high level of satisfaction of the patients with Punjab Emergency Service Rescue 1122 Chiniot.

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1.0 Introduction

Every society in this world faces emergencies. Being a part of this society, every individual experience emergency in his/ her life. According to World Health Organization (2011) an emergency is an incident, which arises suddenly and special kind of measures are demanded to handle this abruptly arise condition. Victims of emergencies are negatively affected by the situation. In these emergencies, people feel the need of quick and timely rescue services to be provided to handle. Emergency Medical Services are very important in improving the clinical conditions of patients in various kinds of emergencies (Kazemeini *et al.*, 2013). To improve the community health sector, one of the most important elements is provision of pre hospital emergency services to the public (Zia *et al.*, 2017). The vital and important role is played by Pre hospital services in various kinds of emergencies such as disasters, industrial incidents, road traffic accidents, spread of infectious diseases, act of terrorism and other health related issues that required urgent response for their solutions. It responds quickly to serve the community in case of emergencies (Pan American Health Organization, 2003). The most important organ of pre hospital emergency care is ambulance services (Moore, 1999).

According to National Board of Health (2004) Prehospital Emergency Service (PES) consists emergency ambulance, trained emergency medical technicians and the medical treatment which they provide to the patients at the place of emergency, during their transfer from place of emergency to the emergency department of the hospital. The prime purpose of this is to provide patients with best medical services instantly after the happening of the emergency. Its goal is to make the patients' condition as stable as possible. So that the patients can be shifted to the next phase of health system in a better condition (Jonasson & Wallman 1999; Bang, 2002). Overall health quality of a society can be measured by the services that are provided in the emergency. The availability of quality pre hospital emergency services greatly decrease the mortality rate among the victims of road traffic accidents and chronically ill patients. For the improvement of services in emergencies need the understanding the existing facilities and resources available in a society (Snooks *et al.* 2017). Emergency medical centres are among the prime organs health system worldwide (Willis & Dalrymple, 2015). The top objective of pre hospital emergency medical service is to provide efficient and satisfactory health care services in the minimum possible time following world-class quality standards (Saberi et *al.* 2013

Prehospital emergency service is playing a key role in making communities' safe, secure and healthy throughout the world. It emphasizes on the preventive measures and community awareness about the health-related problems. The provision of the Prehospital Emergency Service is the basic human right of the citizens of any country. It makes the public health system effective and efficient. To maintain an efficient and effective response to deal disasters and emergencies at domestic and international level, the principle of prevention and preparedness is an important factor (Tang & Kellen, 2007).

The government of Punjab, Pakistan started Rescue 1122 pilot project from the most populous, capital city of the province "Lahore". The fundamental objective to start this service was the provision of modern, organized and professional pre-hospital emergency services to the

urban community of the province. In Pakistan, it was first pre hospital emergency medical service consisting trained and skilled emergency personnel with well-equipped ambulances. The citixens can accessed this service by dialling an emergency toll free number 1122. After the successful working of this pilot project, this service is now available in every tehsil of Punjab.

In the incidents such as Road Traffic Accidents, heart diseases and other medical emergencies, key role is played by Emergency medical services (Moore, 1999). The first contact of victims of emergencies is with staff of ambulance (Petz et *al.* 2011). Now a days the ambulances are equipped with modern diagnostic tools and trained staff (Ali et *al.* 2016). The personnel of pre hospital medical services are required to be ready for unseen and stressful conditions (Mistovich et *al.* (2004). The initial component of this system is an emergency call to the emergency dispatch centres of the ambulance (NBH, 2002). The dispatch departments of ambulance services provide basic information about the victims, need rescue service. In line with this information the rescue workers get ready to attend the victims on the scene of emergency (The Victorian Health Services, 2021).

1.1 Objectives

i. To investigate the perception of patients about the quality of Recue 1122 Punjab services in study area
ii. To analyse the sociological factors of patients' satisfaction from the ambulance service of Rescue 1122 Punjab
iii. To recommend some strategies and policies for the improvement of the services of Rescue 1122 Punjab

2.0 Literature Review

Kazemeini et al. (2013) argued that one of the most important factors to measure the quality of pre hospital emergency service patient satisfaction. Zia et al. (2015) examined that for evaluation of institutional and service performance, the patient's satisfaction is an important and basic factor. Jaklic et al. (2018) state that the fundamental principles for delivering medical services include ensuring a high level of safety for both clients (such as patients) and emergency personnel, making best use of limited resources, and utilizing innovative and current treatment techniques. According to the study conducted by Davis & Bush (2003), patient satisfaction is closely linked to the competence of healthcare professionals, the social environment, and the ethical and compassionate behaviour of healthcare providers towards patients.

According to Walshe & Smith (2021), social qualities encompass traits such as amiability, pragmatism, advancement, favourable interpersonal connections within the healthcare team and towards the patient, as well as the professionalism of the healthcare provider. In a study conducted by Kuisma et al. (2003), it was found that when patients were not allowed to choose their own medical clinic or hospital, the medical staff failed to address their clinical conditions, did not introduce themselves, and did not directly communicate with the patient's family members. This resulted in significant levels of disappointment. Boyle et al. (2012) investigated the issue of delayed ambulance off-load times as a potential cause of patient dissatisfaction.

According to the Victorian Health Services (2021), the time it takes for a patient to be

physically transferred and handed over to hospital professionals is highly significant. Kerr MP (2002) asserted that an effective handover is correlated with enhancements in client safety and the consistency of patient care. Veillard et al. (2005) investigated that the most sensible method to assess the level of achievement of objectives in a healthcare institution is to measure the total efficiency and success rate of its services and operations. Muntlin (2009) asserts that the primary and essential attribute for guaranteeing the quality of a healthcare system is the attainment of patient satisfaction. Assessing patient happiness is a crucial and fundamental factor in evaluating the quality of a healthcare system.

Körner et al. (2015) examined the correlation between the patients' satisfaction with emergency services and the efficiency, effectiveness, and outcomes of the care provided to the victims. Kersnik (2003) demonstrated that the behavioural characteristics of healthcare providers, the social setting, and the background of patients were the primary factors that increased the level of patient satisfaction. The behavioural characteristics of healthcare professionals encompass benevolence, providing support, and offering words of encouragement when dealing with patients and their family members during emergencies.

Dimova et al. (2017) found that there is currently no globally approved standard instrument for measuring patient satisfaction with pre-hospital emergency treatments. Several techniques have been developed to measure patients' satisfaction. Zdravniška (2020) posited that excellent communication between patients and ambulance personnel is a crucial determinant of patients' satisfaction. In addition to excellent communication, the combination of training and treatment significantly increased satisfaction. In their study, Zadovoljstvo et al. (2011) found that the primary reason for individuals not utilising emergency services again was attributed to the inadequate or absence of engagement between healthcare professionals and patients as well as their family members. The proactive and supportive engagement of healthcare staff significantly increased patient satisfaction levels.

According to Veillard et al. (2005), the key factor for assessing the effectiveness and level of quality of healthcare services is patient happiness. Kuhar et al. (2008) asserted that the primary aim of a pre-hospital emergency service is to deliver high-quality healthcare services in order to ensure client satisfaction. According to Esmaeili et al. (2014), the level of satisfaction of victims with the performance of pre-hospital emergency services might also impact the satisfaction of patients with other aspects of the healthcare system. Khezri et al. (2015) found that the primary factors influencing patient satisfaction are mental perception, patients' knowledge of their rights, staff's communication skills related to mental health, and demographic characteristics such as age, gender, education level, personality traits, and cultural and socioeconomic status.

The study conducted by Vardanjani (2014) found that the pre-hospital emergency performance had the highest satisfaction levels, while the performance of technicians had the lowest satisfaction levels. The study conducted by Willis (2015) revealed that the participants reported contentment with the organisation and implementation of the services offered. In their study, Körner et al. (2015) found that despite a general feeling of happiness, certain factors such as the ambulance's structure, the level of comfort experienced, and the efficiency of the response

time have contributed to a decline in overall satisfaction. Soriano et al. (2011) conducted a review which found that several international studies also reported patient satisfaction with ambulance transfers. As per Vaitkaitis, nurses possess authority and competence when they possess sufficient knowledge and skills and are capable of effectively utilising this information.

MacRorie (1998) argued that people highly satisfied to the PES which is easy to access and quick for providing emergency services. According to Naseer et al. (2009) in the case of emergency, quick response and timely emergency care is very important. Every state is responsible to provide Pre-hospital emergency service to its citizens as their basic rights. Effective communication among all stakeholders in the Prehospital phase of the healthcare system is crucial for those involved, as it directly impacts the preservation of life and frequently occurs under high-pressure circumstances. According to Hjalte (2005), trauma, acute chest discomfort, and other heart disorders are the primary reasons for giving the highest priority to alerts and notifying the ambulance. Johansson et al. (2004) contended that patients anticipate an ideal amalgamation of medical and compassionate solutions, grounded in both theoretical and practical knowledge, when their health is in jeopardy. According to Davis (2005), time influences patients' healthcare expectations.

ALShaqsi (2010) argued that one of the key elements of patient's satisfaction is response time of the ambulance. After receiving call by the personnel, victims of the emergencies expect quick response from ambulance to reach on scene within short period of time. A quick and timely approach of ambulance on scene decreases the losses caused by the various types of emergencies. According to a study conducted by Pricel in (2006), response time is a crucial factor in assessing the quality and efficiency of a service. Bahrami et al. (2011) contended that prompt and timely action could prevent the loss of valuable lives. However, the effectiveness of reaction time may be influenced by other circumstances, such as unskilled emergency workers and a shortage of medical equipment. MacFarlane & Benn (2003) asserted that there are multiple global criteria for assessing the satisfaction of patients with EMS service. However, the most commonly utilised metrics for evaluating the performance and efficacy of services include the duration it takes for the rescue team to travel from the centre to the emergency location, as well as the time it takes for the team to transfer the patient from the emergency site. The satisfaction level of patients is also influenced by the communication and technical expertise of workers in managing emergency situations.

Pricel (2006) argued that provision of quality medical service should be priority of rescue team instead of focusing on to maintain a short response time. The provision of quality medical services and treatment may prove effective and vital for the life safety of the patients. Occasionally, prioritising a quick response time may have detrimental effects on the patient's health. Older individuals had greater levels of satisfaction in comparison to younger patients on the medical treatments they received. The reference is from (DiMatteo et al. 1993). Lieberman (1989) discovered that women had a higher level of satisfaction with medical care compared to men. Several studies have shown that affluent patients expressed higher levels of satisfaction with emergency care in comparison to impoverished individuals (Chaska, 1980). The reasons for this are that the impoverished patients receive inadequate treatment and are disregarded by the medical

staff. The primary factor is their impoverished state.

The important components of higher level of patient's gratification were communication skills and interaction, timely presence of medical team, kindness, supporting and encouraging contact and softness in their behaviour were found in a study conducted by Quint and Fergusson (1997. According to Press & Garney (1998), the staff's pleasant and encouraging attitude towards patients and their attendants was identified as the most significant and noticeable factor that influenced others to suggest using the service. They believe that patient confidentiality and privacy, as well as the level of care provided by nurses, are not significant determinants in patient satisfaction.

Weinsing et al. (1998) identified a positive association between patient satisfaction and their level of information and comprehension regarding their health condition, as well as the level of empathy they receive. In a study conducted by Garney (1999), numerous crucial variables were identified that had a major impact on patient satisfaction with service. The indications encompass timely reaction to crises, the level of attentiveness and amiability exhibited by personnel during patient interactions, and the preservation of patient anonymity concerning their health status and medical backgrounds. Dale and Howanitz (1996) conducted a study to examine how the caring and supportive attitude of the personnel affects the level of patient satisfaction.The mode of communication and interaction during emergency situations is a fundamental determinant of patient satisfaction (Rowland-Morin and Carroll, 1990).

In their study, Brown et al. (1999) discovered a favourable correlation between training courses aimed at enhancing the communication skills of the crew and the degree of patient satisfaction. According to Garney (1999), there is a favourable correlation between the level of satisfaction and the ability to quickly and efficiently respond to emergency situations when treating patients. The greater degree of patient satisfaction serves as a catalyst for them to advocate for others to utilise the service. In addition, Baker (1991) conducted a study that found a favourable correlation between the promptness and efficiency of the emergency team's response and the satisfaction of the patients. In his 1991 study, Baker found that the staff's technical knowledge and skills are the primary determinant of a victim's satisfaction. Dale & Howanitz (1996) discovered a correlation between receiving professional care and experiencing discomfort, and the resulting satisfaction scores were lower than expected.

Weinsing et al. (1998) found a positive correlation between patient satisfaction and the capability, competency, and efficiency of the medical team. According to Garney's (1999) research, the satisfaction level of individuals is influenced by the technical proficiency of nurses. According to Welch et al. (1999), the quality of service is contingent upon the treatment provided by the medical service, which is a crucial factor in assessing service performance. In the treatment, the element of caring is crucial. The level of patient satisfaction serves as a benchmark for assessing the quality of medical care.

Lumley et al. (1993) discovered that patients who were promptly approached by the rescue team after experiencing an emergency exhibited a greater level of satisfaction. Esmaeili et al. (2011) conducted a study to investigate the initial interaction between ambulance services and

acutely unwell or injured patients who were being transferred. The initial encounter between emergency victims and healthcare providers has a significant impact on the patients' view of the entire healthcare system. If the patient had a positive initial experience, they are likely to be satisfied with the overall effectiveness of the healthcare system. Vuori (1991) contended that in the past, patient satisfaction and service quality were linked solely to the "treatment" aspect. However, more significant indicators have been lately established to assess the happiness of patients. These factors encompass the proficiency of medical personnel in communication, the prompt and convenient accessibility of medical staff and equipment, and the progressive enhancement of the patient's health over time.

Oluwadiya et al. (2010) demonstrated a positive correlation between the enhancement of patients' psychological and physical well-being and their satisfaction. According to him, the primary determinants of patients' satisfaction with medical services are the quality of communication and interaction between medical personnel and patients, as well as the extent to which patients' treatment expectations are fulfilled. In their study, Rodbari et al. (2009) discovered that younger patients exhibited a greater capacity to endure the difficulties associated with the disease, resulting in higher levels of satisfaction. There is a positive association between the age of the patients and their level of satisfaction. There is a positive correlation between the severity of the sickness and the level of patient satisfaction (Stewart, 2001).

A study conducted by Abedi et al. (2008) aimed to examine the correlation between the medical proficiency of rescue teams and the level of satisfaction reported by patients. He noted a correlation that was favourable. The rescue team's medical skills and services were met with a significantly high level of patient satisfaction. Carr-Hill (1992) posited that the satisfaction level of patients is influenced by the level of expertise, efficiency, and supportive behaviour exhibited by the rescue team in handling emergency conditions of victims. According to Spaite et al. (2001), patients in emergency situations expressed high levels of satisfaction when their demands were promptly provided by the rescue team. The service is expected to meet the expectations of patients and their families, as stated by the National Health Performance Committee (2000). These features encompass affordability, prompt response time, highly trained and proficient rescue team, and a well-equipped ambulance with state-of-the-art medical equipment available 24/7. The patients' satisfaction will greatly increase if the service fulfils the majority of their expectations.

The McKinley (2002) study aimed to assess the patients' satisfaction with the ambulance service in various cities across Australia. Approximately 90% of the patients exhibited a greater degree of satisfaction with the ambulance service. Sharifi et al (2012) conducted a study which found that the predominant age group of users of prehospital emergency services in Iran was between 15 and 30 years old. Rodbari et al. (2009) found that patients with a lower level of education exhibited a higher degree of satisfaction compared to those with a higher level of education. According to Sharifi et al. (2012), the presence of only male workers in pre-hospital emergency services leads to lower satisfaction levels among female patients. Various factors can impact patient satisfaction, with the most significant ones being: the time patients have to wait after calling emergency services, the level of respect shown to patients by the staff, the extent to

which patients are involved in decisions about their treatment, the consideration given to patient feedback about the service, the quality of follow-up treatments, the maintenance of confidentiality and privacy, and the establishment of effective patient-provider relationships. These factors were identified as crucial for patient satisfaction with emergency medical services (Qidwai et al., 2003).

3.0 Methodology

Methods, procedures and techniques that are used by a researcher to conduct a research project is called methodology Nachmias & Nachmias, 1992). This chapter includes different tools and techniques that are for collection, analysis of data and its interpretation.

3.1 Research Design

The research design is a roadmap that is used to answer research questions. It consists of sampling techniques, data collection tools, data analysis and at the end its interpretation (Churchill, 1995; Nachmias & Nachmias, 1996, Gay, 1996).

According to Malhotra, (2004) a research design is a guideline to conduct a research project. It represents measures that are mandatory to obtain data for the solution of research problem. In this research project the quantitative research design was applied. In a quantitative research design a questionnaire/interview schedule is administered for the collection of data from the respondents included in sample Cresswell, (2003). The collected data is analysed after entering in the computer by using Statistical Packages for Social Sciences (SPPS). After analysis and interpretation, findings are generalized at a broader level (Aaker *et a1*., 1995).

3.2 Universe of the Study

Everything included in the study is called the universe WBI, (2010). In the current study universe was the most populous tehsil Chiniot of district Chiniot.

3.3 Population of the Study

Population is total numbers of cases from which a researcher carefully draws a representative sample and results of sample are generalized to it. In this study the population included the patients, conscious at the time of emergency and shifted to hospital from scene of emergency by ambulance service of Punjab Emergency Service Rescue 1122 in tehsil Chiniot. There was total 2300 conscious patients at the time of emergency and transferred to hospital from 01/01/2024 to 01/05/2024, according to available official data of (Rescue 1122 Chiniot Office, 2024).

The list of rescued patients was used as sampling frame for the study. The list of patients was obtained through an official request to Punjab Emergency Service Rescue 1122 Chiniot office. The request was sent by Department of Sociology, Govt. Islamia Graduate College Chiniot. The name, gender, address, cell phone number, medical condition, and emergency type of the patient were all included in this sampling frame. This information was really beneficial for gathering data.

3.4 Sampling technique and Sample Size

To draw a representative sample from the total population, simple random and systematic sampling was used. The Taro Yamane's formula had been applied to calculate sample size. The particulars are as under;

$$N$$

$$n = \frac{}{1+N(e)^2}$$

$=2300/1+2300(0.05)^2$

$=340$

Where, n denotes sample size, N denotes total population 'e' for margin of error (0.05)

Total sample size calculated is 340

Systematic sampling technique was applied,

$$Interval\ (I) = \frac{N}{n}$$

$$Interval\ (I) = \frac{2300}{340}$$

For the selection of first respondent, simple random sampling was applied among first seven respondents. Remaining respondents were included by adding sampling interval of 7 until the completion of the whole representative sample.

3.5 Tool for Data Collection

The data for this study were collected by using interview schedule in face-to-face interviews with respondents.

3.6 Interview Schedule

The interview schedule for this research project was constructed very carefully in English language. But at the time of interview, questions were asked in local language i.e. Urdu and Punjabi. It was consisted well-structured close ended questions.

3.7 Pre-testing

Interview schedule was pre tested to check its reliability and validity. It enhanced the quality of interview schedule. Twenty respondents were selected for the pre testing. After its pre testing question (9) was changed.

3.8 Data Analysis Techniques

The following descriptive and inferential statistical techniques were applied for the analysis of data

1. Frequencies and percentage measures were applied to describe different variable.
2. Pearson correlation was applied to examine the relationship between variables.

4.0 Findings and Results

Table 1: Characteristics of the Participants

Gender of the respondents			
S. No	Characteristics	Frequency	Percentage
i	Male	236	69
ii	Female	104	31
Area of residence of the respondents			
i	Urban	115	34
ii	Rural	225	66
Age of the respondents			

S. No	Characteristics	Frequency	Percentage
i	16-30	185	54
ii	31-45	105	31
iii	46-60	50	15
	Mean 32.91	Std. Deviation 0.742	
Marital status of the respondents			
i	Unmarried	116	35
ii	Married	212	62
iii	Widowed	12	3

Table 2: Distribution of the participants according to response time and type of Emergency

	Response time in minutes		
S. No	**Characteristics**	**Frequency**	**Percentage**
i	1-7	290	85
ii	8-14	30	9
iii	15-21	20	6
	Total	340	100
	Mean 4.529	Std. Deviation 3.362	
Type of emergency			
i	Medical	80	24
ii	Road traffic accident	250	73
iii	Others	10	3
	Total	340	100.0

Table 3: Patients level of satisfaction from different independent variables

S. No	Characteristics	High	Very high	Total	Mean	Std. Deviation
i	Ambulance	13% (45)	87% (295)	100%(340)	4.885	0.319
ii	Professionalism	12% (40)	88% (300)	100%(340)	4.885	0.319
iii	Behaviour	16% (55)	84% (285)	100%(340)	4.847	0.360
iv	Efficiency	21% (70)	79% (270)	100%(340)	4.564	0.878

Table 4: Relationship between independent variable of the study and satisfaction of the patients

Variables	Correlation	P-Value
Response time & patients' satisfaction	-0.87**	0.000
Outlook of ambulance &satisfaction of the patients	0.95**	0.000
Efficiency of the service & patients' satisfaction	0.97**	0.000
Behaviour of the rescue team & patients' satisfaction	0.83**	0.000
professionalism of the rescue team and patients' satisfaction	0.91**	0.000

***Note*: **P<0.01**

5.0 Discussion and Conclusion

There was total 340 conscious patients at the time of emergency were transferred from scene to hospital were included in this study. The majority of the respondents 236 (69%) were male and remaining 104 (31%) were female. Out of 340 patients 225 (66%) belonged to rural area and 115 (34%) were from urban areas of the district Chiniot. More than half 185 (54%) were young of age group 16-30 years, slightly less than one third 105 (31%) belonged to age group 31-45 years and 50(15%) were of age 46-60 years. It examined that 212 (62%) of the respondents who faced emergency were married, 116 (35) were single. In majority of the emergencies 290 (85%) the response from dispatch centre to scene of emergency was less than seven minutes. There were 250 (73%) of patients were victims of the road traffic accidents. Table 3 depicts satisfaction of the patients from the independent variable included in the study. There were 295 (87%) of the respondents showed very high level of satisfaction with the overall condition of the ambulance. Majority of the patients 300 (88%) had very high level of satisfaction with professionalism of the personnel of ambulance service of Punjab Emergency Service Rescue 1122.

Behaviour of the rescue team is a key attribute for the satisfaction of the patients. There were 285(84%) respondents showed very high level of satisfaction with the behaviour they experienced from rescue team at the time of treatment. Efficiency of the service at the time of dealing emergency condition plays a vital role to affect the satisfaction level of the patients. This study examined that 270 (79%) of the respondents received emergency care from the service showed very high level of satisfaction. Inferential statistics found a direct positive correlation among independent variables i.e. overall condition of the ambulance, efficiency of the service, behaviour of the rescue team and professionalism of the rescue workers. While it has be examined that there was a negative correlation among response time and satisfaction level of the patients. The value of correlation (r = -0.87**) between response time and satisfaction of the respondents of the study was strongly negative. It has been examined in review if literature that response time plays a key role to affect patients' level of satisfaction. Table 4 explained that correlation among quality of the ambulance and the patient's satisfaction was very strong (r = o.95**). This study examined a significant correlation between independents variables behaviour of the rescue team and professionalism and dependent variable satisfaction of the patients (r = 0.95** and r = 0.81** respectively).

5.1 Conclusion

The study concludes that the primary users of the Punjab Emergency Service Rescue 1122 in Chiniot were males from rural communities. The majority of respondents who experienced an emergency were young adults between the ages of 16 and 30. The study revealed that the emergency assistance was primarily offered to those affected by Road Traffic Accidents (RTAs). Most of the casualties of road traffic accidents (RTAs) were males in their youth. There is a noticeable trend of reduced usage of this service among persons experiencing medical emergency. A third party made an emergency contact to the dispatch centre instead of the victims themselves. The primary determinant of the service's efficiency is its minimal reaction time. In the majority of cases, the ambulance arrived at the emergency location within a span of seven minutes. The victims

were administered treatment to alleviate their suffering, both at the site of the incident and during their transportation to the hospital.

Research has shown that patients receive treatment from rescue teams with exceptional care and attention. The study found that a significant majority of respondents expressed a high degree of satisfaction with the condition of the ambulance, the effectiveness of the service, the response time, and the attitude and professionalism of the rescue team. The study revealed that the independent variables, namely the general condition of the ambulance, response time, conduct of the rescue team, and professionalism of the rescue workers, were significantly correlated with the dependent variable, which is the satisfaction of the patients.

Zahid Abbas: Problem Identification and Theoretical Framework
Tanzeel Ur Rehman Alvi: Data Analysis, Supervision and Drafting
Sabeh Ahmad Sanwal: Data Collection, Idea Refinement

Conflict of Interests/Disclosures

The authors declared no potential conflicts of interest in this article's research, authorship,and publication.

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