

Investigating Individual Satisfaction and Dependent Factors in Emergency Medicine Specialists in Relation to the Major Selection: A Qualitative Study

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Abstract

Introduction: Job satisfaction is a very important factor in increasing performance and creating a positive attitude in individuals among their jobs. It is therefore associated with several factors including psychological issues and organizational factors. So far, there has been little efforts to investigate job satisfaction among emergency medicine specialists. Therefore, the present study was designed to evaluate the strengths and weaknesses of this major through the views of the experts, and to provide solutions to improve the job satisfaction among employees in this line of work.

Methods: This phenomenological study was conducted using a qualitative method. Interviews were done using semi-structured predefined questionnaire and by open questions. The "grounded theory" approach was used in the present study. The duration of the interviews was between 45 and 70 minutes depending on the desire of the participants and the adequacy of the data, and all of them were recorded on a digital tape. In order to evaluate the contents of the interviews, the content framework method was implemented.

Results: The results were obtained based on the analysis of contents, which were categorized into 5 classes and 26 sub-classes. Participants' viewpoint showed that they believe the most important strengths of this field are increasing income for the hospital, improving the services quality, reducing respond time, increasing satisfaction of patients, more reporting, and better accountability of the nursing system. They believed that the weaknesses of this field include professional interference between emergency medicine specialists and other specialists, long working shifts (which result in a reduced work efficiency), low income comparing to work load, irregular salary payments, and in addition, the shortage of human resources, space, and facilities in emergency departments. They believed that all of these liabilities negatively affect the job satisfaction of specialists.

Conclusion: The presence of emergency medicine specialists is an asset in hospitals, which leads to a quality improve in medical and diagnostic care of patients, reduction of costs and an increase in satisfaction of patients. Reducing night shift and

paying attention to their work liabilities can improve the performance of emergency medicine specialists.

Keywords: Emergency medicine; Content framework; Strengths; Weaknesses; Viewpoints of specialists

Introduction

A large part of everyday life is dedicated to working. Thus, working is considered as an important measure of mental health for everybody. There are several factors recognized as sources of psychological stress in the workplace including environmental and physical factors. In case an individual is not able to cope with these pressures, they lead to decreased job satisfaction [1]. Therefore, consciously search for information about academic courses before choosing one can affect the satisfaction of education, future jobs and the success of specialists. On the other hand, it can provide more job commitment to their future field of work [2]. The factors influencing on major selection create an image of the job that leads to the selection of that occupation by individuals. The process of selecting a study major can be influenced by time and place as well [3]. Investigating effective factors on emergency medicine major selection can help students to understand and reinforce their motivation in entering this field [4]. Emergency medicine is a relatively new specialty in medical practice. Four decades ago, this major was created in the world due to the increasing need to it [5]. The extent of this specialty is patients who need urgent medical care, and should be subjected to treatment as soon as possible. On the other hand, it is necessary to discuss about recruitment, development and keeping emergency medicine specialists in this major. The factors influencing on the selection of this occupation should be assessed along with the elements of job satisfaction, because one of the most noted issues in managing the employees and supplying demands is the need to create an incentive to raise the quality of their work and make the most use of human resources in the organization [4]. The desire or will to do a work is a basic factor in the efforts and activities of the individuals. Motivation is one of the most important tools for encouraging employees to be more efficient, as well as creating a positive work environment to perform scheduled programs in order to increase the productivity in the organization [6].

The most important productivity factor for performing job tasks is increasing the motivation in employees, which amplifies the morality and job satisfaction. In order to improve the morality and job satisfaction of the employees, it is necessary to tend to their needs in the workplace. Managers can satisfy their employees need if they can supply an appropriate mental environment in the organization [7]. Job Satisfaction is defined as the general attitude of each person towards his or her job. In other words, job satisfaction is a complex of compatible and incompatible feelings of an individual about work, which increases the efficiency and satisfaction of that person. Researchers have always tended to job satisfaction in medical and hospital services employers, because the employees in this field are responsible for the health care of the community [8]. Several theories are proposed for job satisfaction and motivation affecting factors, which are categorized into two main groups. Content theories tend to the content of creating job satisfaction and motivation including Maslow and Herzberg theories. Process theories address the process of creating it including Adams and Victor Vroom theories [9,10].

Herzberg's theory is the most common practical theory for studying job satisfaction. Based on this theory, job satisfaction affecting factors are divided into two groups including external factors (health or supportive) and internal factors (attitude, motivation), which have different domains introduced for them. According to this theory, motivational factors improve job satisfaction. However, supportive factors only reduce job dissatisfaction. According to Herzberg's theory, motivational factors include six important indices for job content achievement: cognition, nature of the job, responsibility, progress, and the feasibility of promotion in the job. Supportive factors include the following criteria: organizational systems, supervision, interactions with supervisors, working conditions, interaction and communication with colleagues, personal life, job position, and job security [11]. The work environment is another important factor in improving job satisfaction. In fact, the work environment includes all social and psychological indicators in which the job tasks must be performed. Therefore, if the indicators of the work environment are healthy enough, job tasks could be performed more efficiently. Mental health of health care employees, especially physicians and nurses, is of particular importance because their physical and mental health is directly associated with the outcome of patients [12,13]. Therefore, the aim of this study was to investigate individual satisfaction and related factors in emergency medicine specialists. There is no need to mention that increasing the satisfaction of emergency medicine specialists can lead to better treatment of patients in the emergency unit, as well as the improved satisfaction of patients.

Materials and Methods

This phenomenological study was conducted using a qualitative method in 2017. The study population consisted of all emergency medicine specialists in Rasool Akram, Shohada 7-Tir, and Firoozgar hospitals in Tehran, Iran. In this study, semi-structured interviews were designed, which were conducted based on pre-determined questionnaires with open questions. The interview included five questions about the satisfaction of specialists, strength and weakness points, solutions for improving the major, and the status of emergency medicine major in foreign countries. These questions were designed based on the research objectives, reviewing the literature, and the opinions of experts. A questionnaire was used to collect information of specialists including sex, age, marital status, salary, and working hours. The interview was used to assess the emotional and cognitive responses of specialists to their major selection and job satisfaction.

The grounded theory approach was used in this study. The grounded theory is an inductive and exploratory research method, which is suitable for studying complex and concealed processes. Based on the grounded theory, open-ended semi-structured questions were designed according to the literature. At the beginning of the interview, the specifications of the participants, including age, sex, educational level, educational degree, and the organizational unit were recorded. The Interview sessions with emergency medicine specialists were conducted and analyzed. Each interview was conducted during one to three sessions, based on the desire of the participants to the interview. The duration of the interviews was between 45 and 70 minutes based on the willingness and desire of the participants, as well as the adequacy of the data, and the sessions were recorded on a digital tape. The contents of the interviews were transcribed, and then the contents of the interviews were analyzed in a systematic and consistent process by comparing the data. According to the content analysis method proposed by Strauss and Corbin, a three-step process was utilized

which included open coding, axial coding, and selective coding. During data collection, the coding process started with the transcription of the recorded audio files. Then, the texts were reviewed several times and the main concepts were extracted and recorded as codes. In the next stage, similar codes were categorized. In "open coding" process, the concepts associated with the research were determined, and each of them was specified with a code (which was figurative codes of the researcher). After that, the initial codes were compared for similarity and difference levels to create classes, and the codes with the same meanings were categorized in the same class. Then, classes were expanded based on their specifications and dimensions. In axial coding, the classes were related to their axial classification to achieve a more precise and comprehensive explanation. In addition, the initial categories created in open coding were compared and the similar codes were placed together, and the main classes were related to subclasses. Eventually, integration and refinement of classes were done in selective coding process and one class was chosen as the core class, and the model was designed based on the core class. In other words, after performing open coding and axial coding processes, the concepts and classes were extracted and selective coding was conducted on them, and the relationship between these classes was determined using a paradigm model based on the grounded theory.

Thus, the collection of data created the concepts, concepts created the questions, and the questions led to the collection of more data and a better understanding of concepts. These processes continued until the researcher reached to clarity, a point where concepts were well defined and determined. After selecting the first sample, the emergence of the initial concepts and the analysis of the resulting data, the next samples were taken using theoretical sampling method. The sampling was done up to the point of the emergence of new data, clarifying the relations between concepts and sub-classes, lack of any new class emergence, expansion of axial classes, and the gradual emergence of the theory. In fact, the constant comparative analysis, comparing data, and the similarities and differences between the data provided an opportunity to locate the data in the samples (new samples) of the next step. Repeating this process eventually led to the emergence of classes, diversity of data, the strength of classes and sub-classes, diversity in their communication style, and formation of the theory. In order to achieve the credibility of findings, three common methods of Silverman (2005) were implemented:

1. Control and validation by members. In this method, participants were requested to evaluate general findings and comment about their accuracy.
2. Analytical comparisons. In this method, raw data were used to compare and evaluate the structure of the theory with raw data.
3. Using the verification method. In this method, three experts of background theory supervised on different stages of coding, conceptualizing and extracting the classes.

In other words, in order to confirm the rigor of the results, the credibility of data, dependability, and conformability was evaluated to establish credibility and validity of data. For the credibility of data, we tried to gain the trust of the participants through carefully paying attention to them, creating diversity in choosing the participating specialist, and conducting the interview by the wish of the participants. In order to establish validity, transcripts and the extracted codes were reviewed by participants and three of researchers, and a consensus was made up. After that, a foreign researcher expert in qualitative research

was added as an observer to the research team. Regarding the similar perception of the findings, consistency was confirmed. Finally, in order to control the conformability of the data, member check reviewing and peer check methods were used along with repeated reviews.

During the review of data, the quadruple criteria of Guba and Lincoln were implemented which included (1) Acceptability (2) Transferability (3) Reliability and (4) Confirmation.

In order to achieve the credibility of the data, the research was carried out in the emergency unit of Shahid Bahonar Hospital in Kerman and hospital in Tehran, which used residents of emergency medicine specialists. We tried to describe all stages of the project comprehensively, as well as the environment and the context of the study to achieve transferability. In addition, in order to achieve reliability, the process of the study was provided to expert professors of qualitative research, and they confirmed the results of the study after reviewing the study process. Finally, in order to achieve confirmation, raw data, interpretations, suggestions, and findings were reviewed and, if necessary, raw data, all notes, and recorded documents were reviewed repeatedly during data collection and analysis stages.

In order to analyze data, we used the content analysis method. The analytical content framework method included five Steps: 1. Introduction 2. Identification of the subject framework 3. Indexing 4. Creating table 5. Interpretation. In this study, the recorded interviews were first transcribed. Then, in order to ensure the same perception from the interviews, the transcribed texts were returned to them to confirm. After transcribing the interviews and reviewing the texts, as well as repeating the listening section, the stage of familiarity with the data was conducted. After this step, the texts were reviewed, coded,

and summarized. After coding of the initial interviews and putting the similar codes in the classes, the initial subject framework was established. The transcribed text was indexed using related codes to the class and subclasses of the subject framework. Where appropriate, parts of data were coded with one or more codes. The established subject framework was reviewed by repeating the familiarization process based on conducted interviews and meetings between researchers and participants. The extracted classes and subclasses were constantly reconsidered during the analysis process. In order to observe the whole data as a categorized table, a table was drawn in which, each row represented an interviewer with the appropriate code, and the columns represented classes and subclasses. To achieve the final analysis, the tables were matched together to compare the views expressed by a participant in the form of levels and sublevels (by reviewing the columns). In addition, comparing participants' views on each subject was possible by looking at the rows. At this stage, the concepts, contradictions, theories, and experiences were compared, and the desired patterns and relations were concluded.

Results

The results were obtained based on analysis of contents. The classes included five main levels: 1. Economic effects 2. Improving the quality of services 3. Emergency unit management 4. Weakness points and 5. Suggestions to improve the major. Each class was divided into multiple subclasses, eventually forming 26 subclasses, which are presented in Table 1. Finally, the specialists commented on the subclasses, which are reflected at the end of the Table.

Class	Subclass
The viewpoint of emergency medicine specialists	
Strength points	
Economic effects	Increase in hospital income Allocating fees to an emergency unit
Increase in quality of health care	Efficiency of treatment Using the golden time in the treatment of patients Increasing satisfaction of personnel, and defining the duties of the executive staff Increasing satisfaction of patients The constant presence of a physician in the emergency unit Improving knowledge of the emergency staff
Management of emergency unit	More efficient and faster management of patients Appointing a specific responder for each patient Department management Clarifying internal and external relations of the emergency unit Improved triage Nursing reporting and accountability system Beds management
Weakness points	State of Interdisciplinary Shortage of human resources Physical space and facilities issues Excessive shifts time Excessive student admission

	Payment system
Solutions to develop the major	Improve payments and paying hard work salary The interest of specialists to sports and arts Reduce night shifts Increase the duration of the training course Adding more fellowships
Emergency medicine major in foreign countries	

Strength Points from the Viewpoint of Emergency Medicine Specialists

Economic effects

Increase in hospital income: By establishing a new system and conducting a structural reform in emergency procedures, admission of different patients, and stopping single-care service, which means providing hospital emergency services in the hospital subject to evaluation. One of the participants believed that the income of the emergency unit was increased due to the specialization of the services provided in the emergency unit. Since the unit has become more specialized, and the fees of specialists are higher compared to the general practitioners, it has led to an increase in the income of the hospital by the same proportion.

Allocating fees to an emergency unit: One of the issues in emergency units is that there are no clear fees for many of the emergency services provided by emergency medicine specialists. In this regard, one of the participants implied that the professional nature of emergency medicine specialty has led to an increase in hospital income. "Insurance companies used to ignore emergency medicine specialty. After holding meetings in this manner, it has been one year and a half that insurance companies are doing better."

Increase in quality of health care

Efficiency of treatment: Considering that emergency medicine specialists are always present in the emergency room and are familiar with all medical emergency actions, they will respond to patients upon their arrival. Therefore, they help to maintain the health care of patients by timely diagnosis and taking necessary measures.

Using the golden time in the treatment of patients: One participant noted the situation of emergency unit patients and the presence of medical emergency specialists. He concluded that because of efficient using of a golden time and immediate treatment of patients, there has been an increase in benefit making for the patients. He implied "Since the emergency medicine specialist is working in the unit, two good events have occurred, one is that the treatment of unstable patients are immediately initiated by the specialist, and the other one is that the necessary treatments are provided during the golden time".

Increasing satisfaction of personnel, and defining the duties of the executive staff: A participant noted the satisfaction of personnel and defining the duties of the executive staff. He implied that by the time the specialists are present in the unit, the satisfaction of the emergency staff has improved. In addition, this improve can be attributed to the managing and leadership role of the emergency specialists, which has led to a clear definition of each employee's task and the division of

labor in the emergency unit. "You feel better when you know what your task is and what you need to do. For example, when we are in a crisis and a large number of patients are admitted, we know what to do well".

Increasing satisfaction of patients: One of the most important indicators of health care services quality is patient satisfaction with the received health care. Obviously, the patient's satisfaction with the received services reflects the quality, capabilities, and abilities of the health care staff. The presence of a specialist in the emergency unit during days and nights, beginning of treatment upon admission, deciding about the patients and correct diagnosis, and prevention of patients' confusion in the system has increased the satisfaction of the patients.

The constant presence of a physician in the emergency unit: One of the participants implied that the constant presence of an emergency medicine resident in the emergency unit leads to solving of the problems related to delay, the absence of a physician, and loss of time for treatment of patients. In addition, the constant presence of specialists has led to the accessibility of a physician as soon as possible.

Improving knowledge of the emergency staff: Plan of action and its procedure by the emergency unit personnel are among the most important factors affecting the survival rate of the injured patients. Experienced, knowledgeable and trained personnel are very important assets. One of the participants explained the previous training status and compared it to the current situation. He implied that the role of emergency medicine specialists is very positive in the health care system: "Previously, general practitioners used to have more clinical perspective, meaning that if an ill patient was admitted to the unit, a counseling was done. Therefore, until the counseling was done, the patient may have gotten worse."

Management of emergency unit

More efficient and faster management of patients: One of the participants explained the management role of emergency medicine specialists in managing emergency unit beds. He stated that according to regulations and the indicator of determination, patients are discharged from the emergency unit and admitted to the respective department within 6-12 hours.

Appointing a specific responder for each patient: Since the presence of emergency medicine specialists and due to the managing and leadership role of them for the emergency team, patients are saved from getting confused inside in the care system.

Department management: Regarding the role and importance of the emergency units in hospitals, this unit should have a strong and efficient management to achieve acceptable health care services through proper plans.

Clarifying internal and external relations of the emergency unit: Based on emergency medicine references, an emergency medicine specialist is ought to evaluate, rehabilitate, stabilize and diagnose diseases of patients in the emergency unit. Therefore, a patient who has passed the acute and fatal stage of disease and needs other services should be under the supervision of specialists in the same field. After stabilization of the patient's status and diagnosis of the disease, he/she is referred to related specialists.

Improved triage: Due to the high number of admissions in emergency units of hospitals, there is a serious need to prioritize patients receiving health care services. Execution of triage is one of the best systems that can be designed and implemented easily. It can determine the duration of receiving health care suitable to the status of a patient. The execution of the triage reduces waiting time for patients significantly. Classification and distribution of patients among the emergency staff make treatment procedure faster while reducing the workload for nurses and improving the satisfaction among executive staff.

Nursing reporting and accountability system: Considering the fact that the management of the emergency unit is better executed since the presence of emergency medicine specialists, report seeking from the nurses has increased. Since nurses would be in a more favorable situation by distributing patients into the system and specific determination of responsibility, their reporting has improved as well.

Beds management: Overcrowding in emergency units is a growing issue in every country. Therefore, it is necessary to take measures to manage temporarily admitted patients properly in the emergency unit and provide a condition in which patients are distributed between the wards based on the severity of their disease without any waste of time. Therefore, bed management is a vital issue in emergency units. One of the most effective solutions for scientific and fast evacuation of the emergency unit is determining a supervisor who is responsible for referring emergency patients to other wards of the hospital, and emergency medicine specialists are the most capable to handle this issue.

Weakness Points from the Viewpoint of Emergency Medicine Specialists

State of interdisciplinary

Emergency medicine specialists are well trained and have good knowledge and skills in several majors. For instance, an emergency medicine specialist can handle the airway issues as an anesthetist, diagnose heart attacks and cardiac arrhythmias as a cardiologist, and apply a chest tube and vein catheters as a surgeon. They can also manage fractures and luxation incidents as orthopedics. One participant believed that this professional interference makes the emergency medicine major very difficult. For instance, a patient is referred to an emergency medicine specialist, and the physician orders a splint for the patient, as well as assuring him/her the damage to the limb is not serious and will be restored. However, after a while, the patient is referred back to the orthopedics. There, the physician denies any responsibility for the previous splint ordered by the emergency medicine specialist and tells the patient that the same doctor who ordered this should continue the rest of the treatment. "This interference in the hospitals using emergency medicine specialists who have many abilities has risen several problems. In fact, this matter

ultimately hurts the patients because resuming the treatment will be difficult."

Shortage of human resources (medical- nursing and service staff)

Medical staff should decide on a large number of patients in a limited portion of the time. The secondary objective, which is still worthy, is to evaluate all referred patients and start the treatment timely. This is because of the fact that longer waiting times and more duration of examination in the emergency unit leads to a reduction in the quality of health care and increase the undesirable outcomes. In contrast, correct and timely treatment saves the patient from fatality and even disability. An emergency medicine specialist implied that the shortage of human resources, especially nurses is the main problem in the emergency unit of hospitals.

Physical space and facilities issues

Regarding physical space, equipment and facilities, participants mentioned issues such as bed shortage, physical space, facilities, diagnostic equipment (radiology and laboratory), and reconstruction and upgrading the emergency unit from the development project budget. They indicated that these issues influenced the indicators of performance. They criticized that "patients are managed in the emergency unit in less than six hours, but remain in the emergency and cannot be transferred because there are no empty beds." In addition, the lack of enough empty beds in wards is another factor influencing the indicators and reduce them. More or less, lack of empty beds has increased the release of patients with consent. Participants working in the weakest hospitals indicated that physicians did not have the tendency to use their pavilion, due to lack of facilities such as separate bathroom, showers, and furniture.

Excessive shifts time

A major part of everyday life for every individual is spent on his or her job. Work activities are important for the mental health of an individual. A number of mental stress factors could happen in the workplace, such as environmental, physical, and human factors. In case a person is not capable of dealing with these psychological pressures effectively, he or she will face physical, psychological and behavioral side effects, and prolonged stress may lead to a reduction in job satisfaction and ultimately job burnout. Increasing night shifts in emergency medicine specialists comes with the cost of their burnout.

Excessive student admission

There are many reasons explaining the issue of academic excessive admission. Government and the Ministry of Science policies, lack of knowledge about the major between the students, inappropriate goals of students, credentialism, lack of knowledge, etc. are among the main reasons. It should be noted that the society has a limited capacity and academic centers should not admit excessive students. Wisely choosing of major by students according to their interest and needs of the society should be considered. However, ignoring the needs of the community will lead to a distraction from the goals, as well as being diminished from the path of education, but if choosing majors of students are coordinated with the needs of the community, problems will come to a minimum. The specialty of emergency medicine follows this rule as well.

Preference of quantity over quality

A participant stated, "One of the weaknesses of this major is an admission of students with low residency grades. In fact, quantity is preferred over quality."

Payment system

Job Satisfaction includes issues of payments, work, supervision, facilities, and conditions and performance of the organization. Ignoring the matter of timely salary payment disrupts the organization in long-term and might cause refusal, reduced commitment, and ultimately leaving the job, or it may adversely affect patients care.

Suggestions to improve the major

Improving payment rates and special hard workload salary: Another important issue, which has not taken enough attention in emergency medicine, is the hard workload. Unfortunately, working conditions are considered the same for everybody. One participant implied "nowhere in the world workers of the night shift are treated the same with day shift workers. However, the hard workload of a person working in a hospital with 40000 admissions per year is not equal to a hospital with 5000 admissions. He stated "all over the world, workers like astronauts, mine workers, and emergency unit staff are classified as hard job workers. However, this stressful occupation is not known as a hard work in Iran."

The interest of specialists in sports and art activities: Sports activities play a vital role in improving individual and social performance and mental health of individuals. Physicians should do sports activities because they experience a lot of stress. Exercise is an internal activity that involves intense physical activities using complex physical skills by participants, which is stimulated by internal and external stimulators. One participant stated, "considering the long night shifts in this major and due to the stressful nature of this job, sports may help emergency medicine specialists to prevent burnout."

Reducing night shifts: Long work shifts, especially during the night, have led to a major dissatisfaction in emergency medicine specialists. One participant stated, "long night shifts and the resulting fatigue leads to depression and sometimes even addiction of the workers, so it should be reduced."

Increasing the duration of education: Preparing students to study in emergency medicine major comes with responsibilities. Considering the fact that the emergency unit is a vital part of every Hospital, the presence of an emergency medicine specialist is necessary. In addition, considering the comprehensiveness of this major, it might be better if the length of the courses is increased. A participant mentioned, "Considering the increasing trend of admission in this major, it is better to increase the education course length to 4 years."

Including multiple emergency medicine fellowships: One Interviewee suggested, "due to comprehensiveness and variety of emergency medicine practice, it is better to include fellowships for this major."

Emergency medicine major in foreign countries

Participants were asked about the difference between the status of emergency medicine practice inside and outside of the country.

1. In foreign countries, specialists are constantly present in the emergency unit, and there is no such thing as on-call physicians, but in

Iran, only the emergency medicine specialist is always present in the emergency unit, and this issue may convince general practitioners to enter other majors, because they would rather be on-call than being present all the time.

2. In foreign countries, the income rates are higher and the number of work shifts is low. However, interference between the specialties is seen both inside and outside the country.

Discussion

Emergency medicine specialists are responsible for patients care in the emergency unit. Considering this issue, their problems should be taken into consideration. Job Satisfaction is an important and effective factor in establishing and developing the efficiency of an individual in a job. Understanding the needs, desires and satisfaction factors of specialists is necessary for efficient policy-making and panning effective programs [14]. Participants of the present study believed that the presence of an emergency medicine specialist increases the income rate of the emergency unit. Many studies have stated that excessive referral to emergency centers is because of practitioners' high fees. Hooker et al. (2011) (cited from the report of Williams) stated that according to cost data of six public hospitals in Michigan from 1991 to 1993, the income of emergency units is correlated to physician fees. The emergency units of hospitals have high rates of income because they operate 24 hours a day [15]. These results can explain the increase in referrals to the emergency units; patients refer to the emergency of hospitals because of the tendency to use public fees and higher costs of referral to physicians. The results of this study are consistent with the present study. Probably the reason for this issue that emergency medicine specialists have successfully managed patients in the emergency unit, and the unit was improved from a single service facility to a multi-purpose center which examines and provide health care services. This advantage ultimately has led to an increase in the income of emergency units. It should be noted that the allocation of fees to emergency services by insurance companies has also increased the income rates of the emergency units.

Observing the standard time in emergency units, handling specialized procedures, and providing and improving services leads to better standards of time and services, therefore, it should be considered as one of the priorities in the management of emergency units. Results of Palsson et al. (2007) study showed that since the presence of emergency medicine specialists in the Czech Republic, health care services are improved, and the waiting time to access to health care services is significantly reduced [16]. The results of this study were consistent with our results. Arnold and Holliman (2005) stated that patients admitted to the emergency unit take advantage of emergency medicine specialists, having access to them 24 hours a day, 7 days a week [17]. Perhaps, the constant presence of a physician who has knowledge about all diseases and has the ability to timely diagnose diseases can reduce the waiting time of patients. As a result, this reduce in the waiting time and using the golden time to save the patient can explain this reduce in the mortality rate of patients upon arrival to the emergency unit. According to the results of the study, the presences of an emergency medicine specialist is effective in determining the status of patients in less than 6 hours and a promising condition is reported.

Hosseini (2012) concluded that managing hospital beds during all shifts with executive guarantee and robust support in health centers could reduce overcrowding of patients in the emergency units, the degree of dissatisfaction of patients and their companions due to

confusion, and feeling of being neglected by health care staff for very ill patients [18]. Therefore, using solutions such as bed management can help to reduce the overcrowding in the emergency units, as well as the dissatisfaction of patients, which is consistent with the results of our study.

Presence of emergency medicine specialists can improve the education of emergency staff. Type and procedure of measures taken for emergency unit patients are among the most important factors influencing the survival rate of patients referred to the emergency unit. Experienced and educated health care staffs are very important assets. It seems that the presence of emergency medicine specialist is very effective in education and can increase the knowledge of the staff. Sarafraz (2003) argued that most patients of stroke die before reaching the to the hospital while conducting even initial resuscitation efforts that can be done by ordinary people on the scene can increase the survival rate of sudden cardiac patients significantly. Therefore, using educated staff familiar with the techniques of resuscitation can significantly reduce the mortality rate of patients [19]. These findings are consistent with the findings of the present study.

Based on the findings of the present study, the presence of an emergency medicine specialist is described as an improvement from the viewpoint of emergency medicine specialists. According to Amiresmaili et al. (2007), innovation plans for increasing the benefit of using emergency medicine skills are accepted in a number of systems. Management plans for emergency medicine lead to improved outcomes, reduce costs, and increased the satisfaction of patients [20]. These results are in line with the results of the present study. This improves of situation can benefit the hospitals and patients in a variety of aspects including effective and comprehensive leadership, communication, access, and effective bed management.

It seems that the presence of emergency medicine specialists in hospitals plays an important role in increasing treatment and diagnosis quality. Therefore, the constant presence of emergency medicine specialists in hospitals leads to resolving of patients' confusion and presence of a responsible staff for diagnosis and treatment of patients. The results of Masoumi and Dastgiri (2011) were consistent with the results of the present study [21]. After stabilizing the condition of patients in the emergency unit, they were admitted to the relevant wards and their treatment process was continued properly. On the other hand, clinical care of patients was increased as well due to the fast examination, rapid medical treatments, triage education of nurses, and following up their condition. This research concluded that the duration of admission in the emergency unit is reducing because of special emergency diagnostic services. Furthermore, these services have decreased waiting time of patients in the emergency unit and determining their treatment process.

Our findings show that the satisfaction of personnel and task assignment of the executive staff have increased. We faced two different points of view about the presence of emergency medicine specialist in the emergency unit, supporters, and opponents. However, opposing participants eventually acknowledged the effective role of emergency medicine specialists in improving the emergency unit. Kathan (Netherlands) compared hospitals employing emergency medicine specialists and hospitals that did not employ them. They concluded that the presence of emergency medicine specialists improves the working environment in hospitals. Individuals working with an emergency medicine specialist reported interpersonal support, commitment, development of interpersonal cooperation, team

learning, autonomy, and clarity of job roles in their working group [22]. The results of this study are consistent with our results as well.

Emergency unit nurses are the largest group of health care staff. Therefore, the quality of health care extremely depends on the services provided by them. A satisfaction-increasing factor in nurses is the presence of emergency medicine specialists in hospitals and their continual services in the emergency units of hospitals. In addition, the presence of an emergency medicine specialist leads to better collaboration with other staff in the health care system. Therefore, the permanent presence of these specialists and delivering emergency services will improve the on-call condition and reduce the workload of other specialists are in the emergency unit. Recently, the presence of emergency medicine specialists in emergency units had a positive effect on management of the unit, beds management, and improving the working environment for nurses, as well as increasing their job satisfaction.

Conclusion

Employing emergency medicine specialists leads to improved outcomes, reduction of costs, and increased satisfaction of patients. Other results of the presence of emergency medicine specialists in hospitals include better management of the emergency unit, improvement in the internal and external relationship of staff, increased satisfaction of executive staff, and presence of a supervisor for the emergency unit, which ultimately improves the quality of health care services and increases patients' satisfaction. Therefore, it is suggested to use the emergency medicine specialists in all hospitals to increase the level of health care in hospitals.

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