

ASSESSING PATIENTS' PERSPECTIVES ON CARE, TEAMWORK AND COMMUNICATION IN THE EMERGENCY DEPARTMENT

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ABSTRACT

Background: This study aims to assess patients' perspectives on care, teamwork, and communication in the emergency department (ED) of the University of Lahore Teaching Hospital in Lahore, Punjab, Pakistan. The study is important to understand patient satisfaction and identify areas for improvement in the emergency care setting.

Methodology: A total of 59 patients from the ED were surveyed using a structured questionnaire that contained 18 questions. The questions focused on aspects such as the quality of care, the effectiveness of communication between staff and patients, and teamwork within the ED. The data collected provided insight into patients' perspectives and experiences.

Results: The study's findings revealed that patients were generally satisfied with the care provided in the ED, with satisfaction scores ranging from 3.44 to 4.15. The highest satisfaction was recorded in areas like patient safety and staff responsibility. However, certain areas, such as staffing levels and patient involvement in decision-making, were identified as needing improvement.

Conclusion: In conclusion, while the overall satisfaction with ED care was positive, the study highlighted the need for improvements in staffing levels and patient involvement in treatment decisions. Enhancing communication and teamwork among healthcare workers will be crucial to improving patient outcomes and ensuring higher satisfaction in the emergency department

1. INTRODUCTION

Background

The emergency departments (EDs) have the potential to be a unique environment for effective teamwork and communication (Kilner & Sheppard, 2010) where clinical, administrative, and budgetary factors are the main indicators of the level of care provided. However, the patients' perspectives, experiences and degree of satisfaction seem to be mostly influenced by the efficiency of their communication with EDs staff, their perception of the length of their delays, the

information that they receive, and the organization and atmosphere of the EDs (Olthuis et al., 2020). This needs to be explored within the framework of the current emergency environments, as well as the issues that the modern emergency department encounters (Kilner & Sheppard, 2010). Additionally, "The patient will never care how much you know, until they know how much you care" (Degabriel et al., 2023). In (ED) care, initiatives aimed to measure patients' perspectives have concentrated on patient satisfaction and patient-reported experience

measures that focus on the experience of obtaining care, for example, physician kindness, waiting periods, and environment cleanliness. Despite the variety of conditions and symptoms that lead to ED visits, a better understanding of these results from the perspective of ED patients is required, which may reveal previously unidentified areas for assessment and improvement (Roh & Park, 2016).

Each year, emergency departments globally encounter the difficulty of successfully managing an increasing volume of patient visits. A recent review highlighted the rise in patient presentations linked to inadequate availability of suitable hospital beds and the results of prolonged stays in the emergency department, which has garnered media interest. Too many people in emergency rooms have been linked to bad results and medical mistakes that could have been avoided (Milton et al., 2023).

Healthcare workers (HCPs) often have to deal with healthcare systems and structures that make it hard for them to talk and work together efficiently. Unpredictable traffic and emergency medical situations make this even harder. The literature indicates that the ED work environment seems unsuitable with adaptability and close collaborative ties, increasing the probability of unfavorable events. Ineffective communication can result in poor care due to a lack of coordination and poorly communicated care practices. To preserve healthcare quality and safety, patient care must be coordinated by a well-trained team of Health Care Professionals. However, healthcare professionals' conceptions of cooperation may differ, resulting in dysfunctional teams. These teams, described as "false teams" or "pseudo teams," have been identified as a risk to patient safety (Henry et al., 2016).

Effective communication, which includes face-to-face conversations, phone calls, and text entry into a medical record, is essential for effective cooperation and high-quality patient care (Mercer et al., 2022). developed a framework for effective clinician cooperation that stressed five critical components: team leadership, mutual performance monitoring, backup behavior, flexibility, and team

orientation, as well as system support and coordination. To assess and improve health-care team effectiveness, efforts have usually depended on trained observers or team member self-report (Henry et al., 2016).

According to this research, poor communication and teamwork is probably the root of systematic error and preventable poor clinical outcomes in the field of healthcare (Dubois et al., 2024). Traditionally, communication assessment has concentrated on communication processes and individual caregivers, although evidence indicates that teamwork does improve both safety and quality of patient care (Mercer et al., 2008).

The major purpose of this study is to learn how patients perceive the quality and efficacy of care, healthcare professional collaboration, and communication during their ED visits. By assessing these perspectives, the study hopes to find potential areas where the patient experience might be enhanced. It aims to gather insights into patient satisfaction, identify communication gaps, and assess perceived collaboration among healthcare workers in order to promote a better patient-centered approach in emergency care settings (Degabriel et al., 2023).

Understanding patients' perspectives on the outcomes they value from ED care may provide essential new views into relevant targets for quality improvement in care, as well as enhance the development of a patient-reported outcome measure for ED care. However, for the purposes of this study, they provide little direction on how to include patients in the treatment process, and the presence or absence of teamwork has a significant influence on the end consumer (Henry et al., 2016).

Problem Statement:

Emergency Departments (EDs) face challenges with overcrowding, lack of resources, and communication problems that impact patient satisfaction and privacy. While patients' experiences in the ED are influenced by healthcare provider teamwork and the quality of communication, these aspects are often overlooked from the patient's perspective. This study aims to explore how patients perceive care, teamwork, and communication in the

ED, in order to find specific gaps that, if addressed, might enhance patient-centered care and improve overall satisfaction and outcomes in emergency settings.

These problems are made worse by the hectic and stressful nature of EDs, which fosters a culture where mistakes and misunderstandings are more common. Additionally, chances for growth are frequently lost when patient input on communication and cooperation is ignored. This study aims to offer important insights that might guide efforts to maximize emergency care delivery and promote a more encouraging and productive healthcare environment by looking at these important characteristics from the perspective of the patients.

Significance:

This study is about how patients feel about communication, teamwork, and the level of care in emergency rooms (EDs). These findings are important for patient-centered care. The goal of this study is to provide light on the things that make patients happy with the emergency room by focusing on their own experiences. These factors include long wait times, the effectiveness of healthcare workers communication, the clarity of information, and the overall framework and environment of the department.

In addition, this study could show how poor communication and teamwork among healthcare professionals can lead to patients feeling ignored or dissatisfied with their care. Highlighting these aspects allows for the suggestion of improvements in ED practices, such as enhanced resource management, improved collaboration methods, and straightforward communication strategies. This study has the potential to enhance patient satisfaction and outcomes in healthcare settings globally by focusing on patient feedback regarding their experiences and advocating for emergency rooms that prioritize safety, effectiveness, and a patient-centered approach.

Objective:

The objective of this study is as follows:

1. Assessing patients' perspectives on care, teamwork, and communication in the emergency department.

2.LITERATURE REVIEW

There may be differences in how patients and healthcare providers (HCPs) perceive communication and teamwork in the emergency room (ED). According to current studies, empathy, sharing information, and patient-centered care are all very important for lowering worry and increasing happiness in the ED. Many research investigations demonstrate that patients would rather be treated as unique people, with a focus on complete care that meets both their physical and mental needs, then feeling like their medical conditions make them an object. Honesty about the ED's limitations like long wait times and treatment goals, also makes patients feel less anxious and more in control. Interestingly, this study's results support these ideas, showing that patients really value when healthcare professionals show care and empathy and have a good conversation with them about their care. That's why better teamwork and conversation are needed to make the ED a better place for patients (Milton et al.,2023)

According to this research, there is a significant difference in the quality of care between public and private hospitals in Bahir Dar, Ethiopia, based on patients' opinions on patient-centered therapy. According to a poll conducted between May and June 2022, patient dissatisfaction was higher in public hospitals (66.3%) than in private hospitals (40.3%). Additionally, 53.7% of patients believed that their care was not patient-centered. The duration of stay, the level of closeness with providers, the level of privacy, and the ease of access to services were all factors that affected patient-centered care. In private hospitals, characteristics such as illness awareness and engagement in care decision-making were more important. Furthermore, patient-centered treatment was better in public hospitals when variables including residency, prescription information, and institutional look were included. Our results show that public hospitals in particular need patient-centered care training to boost satisfaction among patients and guarantee safer, higher-quality treatment (Ewunetu et al., 2023).

This research focuses on improving healthcare through improved care coordination and the use of patient feedback. The Patient Input to

Validate Observations of collaboration (PIVOT) questionnaire was designed by the researchers to examine patients' views of collaboration during emergency department (ED) visits. Between March and August 2012, they updated the questionnaire using a three-phase mixed-methods approach that included examining comments from 119 healthcare clinicians and patient advocates via a web-based survey and conducted cognitive interviews with 42 ED patients. The final instrument consists of 16 measures that focus on care coordination, communication, and group dynamics. Validity testing validated its capacity to record patients' observations on teamwork, assisting efforts to enhance team interactions and promote patient-centered care (Henry et al., 2016). This study examines the outcomes of emergency department (ED) care that are most important to discharged patients, with the goal of guiding the creation of a patient-reported outcome measure. Researchers interviewed 46 patients one to nine days following their emergency department visit, focusing on their treatment expectations and perceived outcomes. Patients consistently appreciated four main outcomes: knowing the source and predicted progression of their symptoms, collecting comfort, achieving pain relief, and having a clear strategy for managing their symptoms or seeking additional care. These findings indicate major areas for improvement in ED care and emphasize the significance of monitoring patient-reported outcomes independently in order to properly measure the effectiveness of treatment (Vaillancourt et al., 2017).

This study investigates the efficacy of a modest communication intervention in emergency departments (EDs) to increase patient satisfaction. Physicians at two emergency departments in Lugano, Switzerland, were instructed to ask patients if they had any concerns before releasing them. A total of 517 discharged patients completed the modified CAT-T questionnaire to rate their communication experience. The findings revealed a considerable increase in patient satisfaction, with totally pleased patients rising from 57% to 68%. Younger patients (<30 years) reported slightly poorer satisfaction, although waiting durations had no impact on

communication views. The intervention, which focused on a specific communication habit, not only increased overall satisfaction, but also indicated that tiny, targeted improvements in physician practice may have a significant impact. These findings show the significance of patient-centered communication tactics in emergency departments and offer a realistic strategy to enhance treatment quality (Frau et al., 2024).

This study focuses on how dispersed teamwork in emergency care affects patient engagement and shared decision-making vs co-located teams. In a study conducted in northern rural Sweden, where telemedicine is frequently used, 51 healthcare professionals worked in co-located or dispersed teams to mimic emergency scenarios. Using the PIC-ET tool for patient participation and the Dyadic option questionnaire for shared decision-making, the results revealed significantly lower patient participation in distributed teams (44.7% vs. 51.1%, $p = 0.02$), with a significant decrease in the "Sharing power" category (2% vs. 14.4%, $p = 0.001$). Self-reported shared decision-making scores were similarly lower in scattered groups (55.8% vs. 60.5%, $p = 0.03$). These findings suggest that, while dispersed collaboration improves access to treatment, it may restrict essential components of patient-centered care including empowerment and collaborative decision-making. The findings highlight methods to increase patient engagement in telemedicine-based emergency care teams (Dubois et al., 2024). Using the Communication Assessment Tool for Teams (CAT-T), this paper assesses patients' impressions of emergency department (ED) team communication. Designed in an urban university ED, 226 respondents—response rate 65.3%—filled out the survey upon discharge. With the highest ratings for "let me talk without interruptions" (76.1%), "talked in terms I could understand" (75.2%), and "treated me with respect" (74.3%), scores for communication quality varied from 50.0% to 76.1%. "Encouraged me to ask questions" (50.0%) ranked lowest among the items. Patient demographics or ED operational indicators—such as wait times or daily census—did not greatly affect perceptions. These results show that although ED teams are seen as polite

and clear communicators, there is potential for development in actively including patients in decision-making and promoting honest communication, especially by means of patient queries. This emphasizes the need of focused techniques to improve ED patient-centered communication (McCarthy et al., 2013).

This study conducts a comprehensive evaluation of the importance of collaboration and communication in the emergency department (ED), with a particular emphasis on their relevance to physiotherapy practice. The study synthesizes worldwide literature from several databases, identifying 14 studies that highlighted the value of excellent communication and cooperation in improving patient safety, minimizing clinical mistakes, and increasing ED efficiency. According to the study, sessions of collaboration training produced great employee satisfaction and positive opinions about teamwork. Moreover, the use of multidisciplinary teams which included physiotherapists has demonstrated to lower access barrier, therefore contributing to long wait times and treatment delays. The findings suggest that physiotherapists, as part of a collaborative team, can play an essential role in improving patient flow and reducing ED wait times. Effective communication among healthcare workers is crucial for building a culture of mutual respect and improving patient outcomes. The study discovered that collaboration and communication are crucial for improving ED performance, and implementing them into physiotherapy practice can enhance patient care and overall department efficiency (Kilner & Sheppard, 2010).

3. MATERIALS AND METHODS

Study design:

This is a descriptive cross-sectional study that was conducted to assess patients' perspectives on care, communication, and teamwork in the emergency department.

Study variable:

Patients' Perspectives

Study setting:

The University of Lahore teaching hospital is a private hospital established in October 2014 and located in Lahore, Punjab, Pakistan

Study population:

The patients from the emergency department of the University of Lahore Teaching Hospital.

Sampling technique:

Convenient sampling was used.

Operational Definitions:

Patients' overall evaluation and satisfaction with the medical care received in the emergency department, including aspects such as care, teamwork, and communication of healthcare workers in emergency department during stay. The questionnaire was contained 18 questions on patient perspectives with responses of 'Strongly agree, Agree, don't know, Disagree, strongly disagree. The score was 100 percent were used to classify the perspectives of the participants.

Positive perspective ($\geq 80\%$)

Negative perspective ($\leq 79\%$)

Sample Size:

$$n = N / 1 + N(e)^2$$

N=population size

n=sample size?

e= Margin of error (5%)

$$n = 70 / 1 + 70(0.05)^2$$

$$n = 59$$

So, the sample size of this study will be 59 participants.

Inclusion criteria:

1. Patients who are currently receiving or have recently received care in the Emergency Department.
2. Patients who are mentally capable of responding to survey questions.
3. Patients who are willing to participate in the study within the study's recruitment.
4. Patients who have been treated two or more times were included.

Exclusion criteria:

1. Patients who are unable to provide informed consent or participate meaningfully

due to cognitive disorders, severe psychiatric conditions, or other mental health issues.

2. Patients under 18 years of age.

Study duration:

This study took with in 4 months (September 2024 to January 3, 2025)

Data Collection Procedure:

The study used a carefully designed and approved questionnaire to get information from the participant. Informed consent was obtained before data collection at the University of Lahore Teaching Hospital.

Data Analysis Procedure:

After getting the required data, this was entered on as presses for analysis. Then descriptive statistics were applied, data normality was checked, and the study tools were checked to

ensure a table was making frequency and also percentage check.

Ethical consideration:

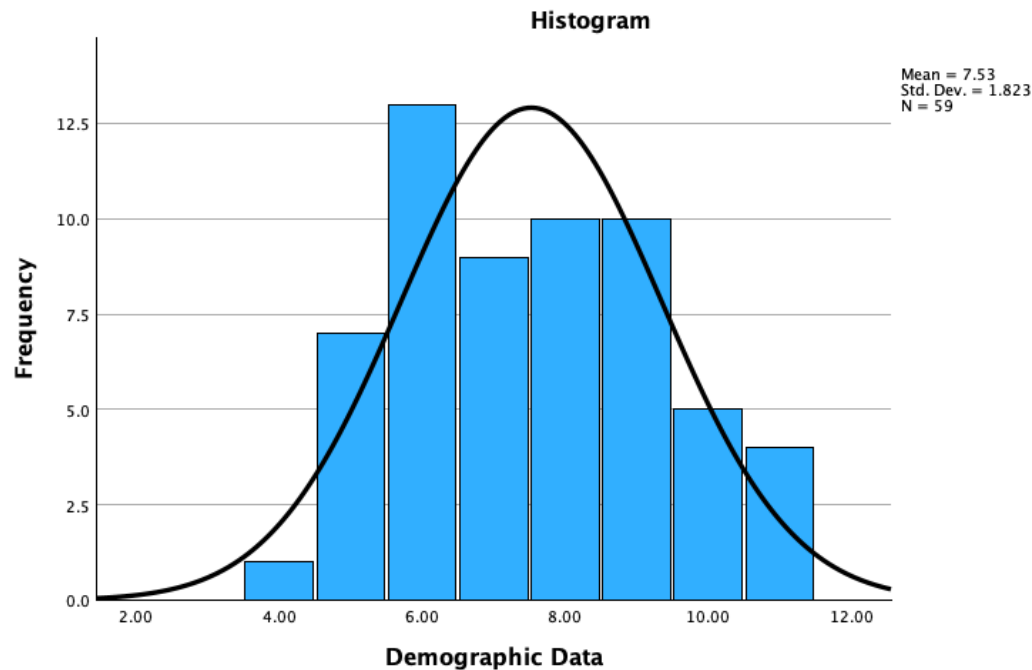
The rules and regulations set by the ethical committee of the University of Lahore Teaching Hospital were followed while conducting the research, and the rights of the research participants are respected.

1. Written informed consent attached was taken from all the participants.
2. All information and data collection were kept confidential.
3. Participants were to remain anonymous throughout the study.
4. The subjects were informed that there are no disadvantages or risks in the procedure of the study.
5. They were also informed that they were free to withdraw at any time during the process of the study.

04. RESULTS

Table 4.1: Demographic Data

Gender	Frequency	Percentage %
Male	30	50.8 %
Female	29	49.2 %
Age		
18-30	31	52.5 %
31-40	16	27.1 %
41-60	12	20.3 %
Reason of ED visit		
illness	22	37.3 %
injury	14	23.7 %
other	23	39.0 %
Experience in ED		
1-2 times	32	54.24%
3 or more time	27	45.76%



Description:

According to the sample's gender breakdown, there are 29 females (49.2%) and 30 males (50.8%). The majority of people are among the ages of 18 and 30 (31 people, or 52.5%), followed by those between the ages of 31 and 40 (16 people, or 27.1%), and those between the ages of 41 and 60 (12 people, or 20.3%). 22 people (37.3%) claimed being ill, 14 people

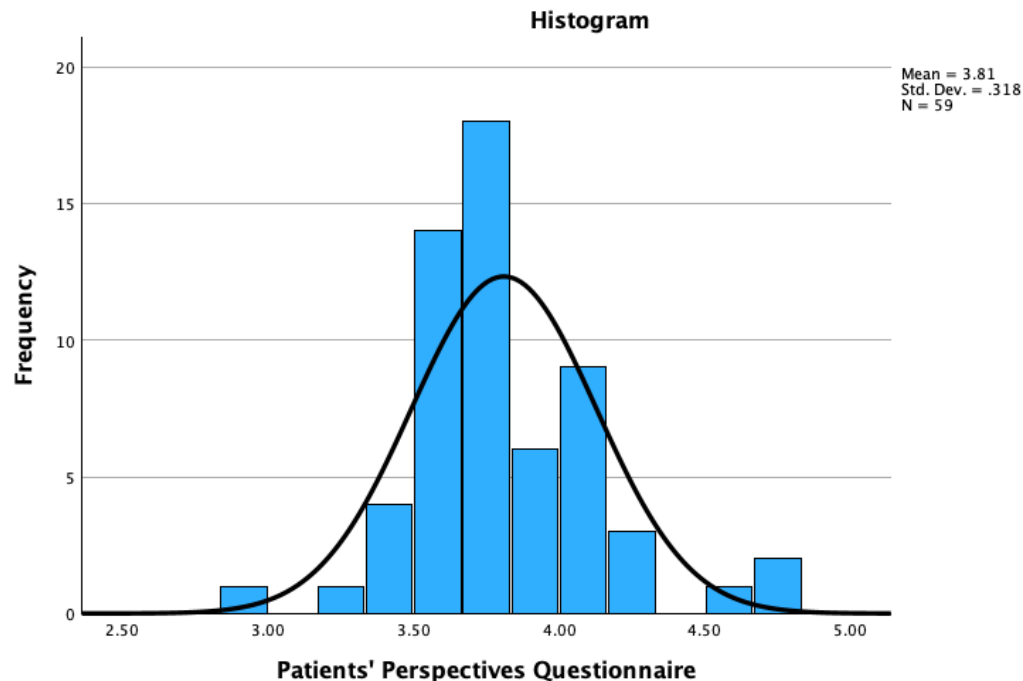
(23.7%) reported being injured, and 23 people (39.0%) stated other reasons for going to the emergency department (ED). In terms of prior ED experience, 32 people (54.24%) had been there two times visitors, and 27 people (45.76%) had been there three or more times. Fifteen people (25.4%) reported having a chronic health concern, compared to forty-four people (74.6%) who did not.

Table 4.2: Patient's perspectives on care, teamwork, and communication

Questions	Responses	Frequency N= 59	Percentage %
Greeted me in a way that made me feel comfortable.	Strongly disagree	00	0%
	Disagree	18	30.5%
	Neutral	08	13.6%
	Agree	15	25.4%
	Strongly Agree	18	30.5%
Showed interest in my ideas about my health	Strongly disagree	00	0%
	Disagree	00	0%
	Neutral	30	50.8%
	Agree	15	25.4%
	Strongly Agree	14	23.7%

Talked in terms I could understand.	Strongly disagree	00	0%
	Disagree	04	6.8%
	Neutral	18	30.5%
	Agree	25	42.4%
	Strongly Agree	12	20.3%
Paid attention to me carefully.	Strongly disagree	00	0%
	Disagree	02	3.4%
	Neutral	20	33.9%
	Agree	22	37.3%
	Strongly Agree	15	25.4%
Understood my main health concerns.	Strongly disagree	01	1.7%
	Disagree	18	30.5%
	Neutral	00	0%
	Agree	18	30.5%
	Strongly Agree	22	37.3%
involved me in decisions as much as a wanted	Strongly disagree	02	3.4%
	Disagree	03	5.1%
	Neutral	17	28.8%
	Agree	24	40.7%
	Strongly Agree	13	22.0%
Discussed next steps, including any follow-up plans.	Strongly disagree	00	0%
	Disagree	00	0%
	Neutral	13	22.0%
	Agree	30	50.8%
	Strongly Agree	16	27.1%
Encourage me to ask Questions.	Strongly disagree	00	0%
	Disagree	06	10.2%
	Neutral	19	32.2%
	Agree	22	37.3%
	Strongly Agree	12	20.3%
The management does not do anything intentionally that could jeopardize (harm) patient safety.	Strongly disagree	00	0%
	Disagree	05	8.5%
	Neutral	11	18.6%
	Agree	18	30.5%
	Strongly Agree	25	42.4%
Was I provided treatment and help on time??	Strongly disagree	00	0%
	Disagree	01	1.7%
	Neutral	21	35.6%
	Agree	19	32.2%
	Strongly Agree	18	30.5%

The staff take my health issues seriously.	Strongly disagree	00	0%
	Disagree	01	1.7%
	Neutral	19	32.2%
	Agree	24	40.7%
	Strongly Agree	15	25.4%
I would feel safe being treated here as a patient.	Strongly disagree	00	0%
	Disagree	01	1.7%
	Neutral	32	54.2%
	Agree	20	33.9%
	Strongly Agree	06	10.2%
I am able to comfortably share my concerns and symptoms with the staff.?	Strongly disagree	01	1.7%
	Disagree	03	5.1%
	Neutral	18	30.5%
	Agree	24	40.7%
	Strongly Agree	13	22.0%
The staffing levels in ED are adequate to handle the number of patients.	Strongly disagree	02	3.4%
	Disagree	05	8.5%
	Neutral	29	49.2%
	Agree	11	18.6%
	Strongly Agree	12	20.3%
Nurses' and assistants' views and suggestions about patient care are well-received in the ED.	Strongly disagree	00	0%
	Disagree	04	6.8%
	Neutral	16	27.1%
	Agree	21	35.6%
	Strongly Agree	18	30.5%
All staff here in ED take responsibility for patient's safety.	Strongly disagree	00	0%
	Disagree	04	6.8%
	Neutral	05	8.5%
	Agree	26	44.1%
	Strongly Agree	24	40.7%
Relevant personal are involved in decisions made in the ED.	Strongly disagree	01	1.7%
	Disagree	07	11.9%
	Neutral	26	44.1%
	Agree	15	25.4%
	Strongly Agree	10	16.9%
The clinic administration does a good job.	Strongly disagree	01	1.7%
	Disagree	02	3.4%
	Neutral	10	16.9%
	Agree	27	45.8%
	Strongly Agree	19	32.2%



Patients' perspectives description:

In a survey of 59 individuals, 30.5% disagreed and 30.5% strongly agreed that they were welcomed in a way that made them feel comfortable, while the remainder replies ranged from agree (25.4%) to neutral (13.6%). 50.8% of respondents were neutral, 25.4% agreed, and 23.7% strongly agreed when asked if their opinions regarding their health were taken seriously. No one disagreed or strongly disagreed. 20.3% highly agreed, 42.4% agreed, 30.5% were neutral, and 6.8% disagreed that the personnel communicated in a way that they could comprehend. Regarding patient attention, 37.3% of respondents agreed and 25.4% strongly agreed, compared to 33.9% who were neutral and 3.4% who opposed. 30.5% of respondents agreed and 37.3% strongly agreed that the major health risks were well understood, while 30.5% disagreed and 1.7% strongly disagreed. 40.7% agreed and 22.0% strongly agreed that decision-making involvement was sufficient, compared to 28.8% who were neutral, 5.1% who disagreed, and 3.4% who strongly disagreed. Discussion of next steps and follow-up plans was positively rated, with 50.8% agreeing and 27.1% strongly agreeing, while 22.0% were neutral. 37.3% agreed and 20.3% strongly agreed that asking questions is a good idea, whereas 32.2% were neutral and 10.2%

disagreed. Safety measures were seen favorably; 42.4% strongly agreed and 30.5% agreed that management did not purposefully endanger patient safety. Only 1.7% disagreed with timely treatment, while 35.6% were neutral, 32.2% agreed, and 30.5% strongly agreed. 40.7% agreed and 25.4% strongly agreed that health issues should be taken seriously, compared to 32.2% who were neutral and 1.7% who disagreed.

Feeling safe being treated in the facility had 54.2% neutral, 33.9% agreeing, and 10.2% strongly agreed, and just 1.7% disagreed that they felt comfortable receiving treatment at the hospital. 40.7% of respondents agreed and 22.0% strongly agreed that it was comfortable to discuss problems and symptoms with personnel, compared to 30.5% who were indifferent, 5.1% who disagreed, and 1.7% who strongly disagreed. 49.2% of respondents had a neutral opinion about adequate staffing levels, whereas 18.6% agreed, 20.3% strongly agreed, 8.5% disagreed, and 3.4% severely disagreed. In response to the opinions of nurses and helpers, 35.6% agreed, 30.5% strongly agreed, 27.1% were indifferent, and 6.8% disagreed. 44.1% of respondents agreed and 40.7% strongly agreed that responsibility for patient safety was important, compared to 8.5% who were indifferent and 6.8% who disagreed.

Regarding participation in ED decisions, 44.1% were uninterested, 11.9% disagreed, 1.7% strongly disagreed, and 25.4% agreed and 16.9% strongly agreed. Forty-five percent

agreed and thirty-two percent strongly agreed with the clinic administration's performance, while 16.9 percent were indifferent, 3.4% disagreed, and 1.7% strongly disagreed.

Table 4.3: Patient's perspectives on care, teamwork, and communication.

S. No	Questions	N=59	Mean	Std. Deviation	Percentage
01.	Greeted me in a way that made me feel comfortable.		3.46	1.222	86.4%
02.	Showed interest in my ideas about my health		3.63	.927	90.7%
03.	Talked in terms I could understand.		3.68	.937	92.0%
04.	Paid attention to me carefully.		3.83	.854	95.7%
05.	Understood my main health concerns.		3.98	.919	99.5%
06.	involved me in decisions as much as a wanted		3.58	1.148	89.5%
07.	Discussed next steps, including any follow-up plans.		4.02	.731	100%
08.	Encourage me to ask Questions.		3.53	.989	88.2%
09.	The management does not do anything intentionally that could jeopardize (harm) patient safety.		4.05	1.024	100%
10.	Was I provided treatment and help on time?		3.92	.857	98.2%
11.	The staff take my health issues seriously.		3.86	.798	96.4%
12.	I would feel safe being treated here as a patient.		3.49	.679	87.2%
13.	I am able to comfortably share my concerns and symptoms with the staff.		3.69	.969	92.3%
14.	The staffing levels in ED are adequate to handle the number of patients.		3.44	1.022	85.7%
15.	Nurses' and assistants' views and suggestions about patient care are well-received in the ED.		3.90	.923	97.5%
16.	All staff here in the ED take responsibility for patients' safety.		4.15	.906	100%
17.	Relevant personal are involved in decisions made in the ED.		3.44	.970	855
18.	The clinic administration does a good job.		4.00	.928	100%

Overall Description:

Patients' opinions about treatment, collaboration, and communication in the emergency department (ED) are compiled in this table, with mean ratings ranging from 3.44 to 4.15, the majority of respondents reported having a good experience. The items that received the highest ratings, including "Management does not do anything intentionally that could jeopardize patient safety" and "All staff here in the ED take responsibility for patients' safety," indicate the ED has strong safety and responsibility perceptions.

The lower-scoring answers, on the other hand, such "The ED staffing levels are adequate to handle the number of patients" and "Greeted me in a way that made me feel comfortable,"

draw attention to problems. Despite the fact that the percentages for every item over 85%, these areas suggest possible difficulties with patient comfort and staffing.

Overall, these findings show that patients had a good experience, but they also imply that efforts to strengthen interpersonal relationships and staffing levels may help patients be even more satisfied.

05. Discussion:

The purpose of this study was to evaluate how patients felt about care, teamwork, and communication among healthcare workers at a private hospital's emergency department (ED). The results show important areas for development while providing important

insights into patient experiences and satisfaction levels.

Key Findings:

The findings showed that although ED communication procedures were generally well-received, there were clear problems with staffing levels and patient participation in decision-making. For example, 40.7% of respondents agreed that they were involved in decision-making by healthcare professionals, while 28.8% were indifferent and 8.5% disagreed. Similarly, 49.2% of respondents were neutral, 11.9% were dissatisfied, and 38.9% had good feelings on staffing adequacy.

Comparison with Previous Studies:

The results are consistent with (Milton et al. 2023), who noted that in emergency departments, patients place a high priority on empathic treatment and clear communication. This study highlights how minor yet focused communication improvements may greatly improve patient satisfaction, a finding aligned with (Frau et al. 2024). However, this study also found important inadequacies, especially in shared decision-making and staffing sufficiency, which is comparable to what (Dubois et al. 2024) found in rural and distant emergency departments.

The findings of this study are in differ to those of (Ewunetu et al. 2023), who found that private hospitals in Ethiopia had greater satisfaction ratings than state hospitals. Even though the study was carried out in a private healthcare context, it nonetheless identifies enduring systemic problems such low staffing and little patient input into decision-making. These differences imply that organizational and cultural elements play a major role in ensuring patient satisfaction; resource availability alone is not enough.

Conclusion:

This study emphasizes the importance that teamwork, good communication, and patient-centered care are in determining how satisfied patients are in emergency departments. Significant gaps in staffing adequacy and patient engagement in decision-making were found, despite generally excellent communication methods. These results add to

the body of knowledge by offering a targeted evaluation of patients' perspectives in a private, emergency department. In conclusion, the study highlights how important it is to address both interpersonal and systemic aspects in order to enhance patient outcomes and experiences in emergency care. This study offers a useful foundation for developing interventions targeted at improving communication, teamwork, and care quality in emergency departments by highlighting the patient's perspectives.

Limitations:

1. The study was limited to a single private healthcare facility, affecting the generalizability of the results.
2. The cross-sectional design restricts the ability to draw conclusions about long-term trends in communication and teamwork.
3. Self-reported data may have introduced bias, as patient responses could be influenced by social desirability.

Recommendations:

1. Conduct similar studies across multiple healthcare facilities to improve generalizability.
2. Use longitudinal studies to assess long-term changes in patient experiences and care quality.
3. Implement targeted training programs to address staffing and improve patient engagement in decision-making.
4. Foster a culture of collaboration and patient-centered care through policy enhancements and regular feedback systems.

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