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"COMMUNICATION BARRIER AND CUSTOMER SATISFACTION IN AN EMERGENCY DEPARTMENT: A CROSS-SECTIONAL STUDY OF PRIVATE TERTIARY CARE HOSPITALS IN KARACHI"

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Abstract
Emergency departments (ED) in private tertiary care hospitals are often hectic and crowded environments where both patients and staff experience significant stress. In a tense ED environment, effective communication between patients and emergency department staff and physicians is crucial, as communication barriers can lead to errors and impact on the quality of care. Patient satisfaction, a key indicator of care quality, is determined by the alignment between expected and perceived care. This study aims to identify communication challenges in emergency departments that contribute to patient dissatisfaction and to assess their impact on overall satisfaction. A cross-sectional, mixed-methods approach was employed, involving open-ended interviews using the "Mall Intercept Interview" technique and survey responses on a Likert scale from patients at two private tertiary care hospitals in Karachi. Data analysis was carried out with SPSS, and revealed that patient satisfaction improves significantly when staff and physicians effectively communicate and explain medical issues and treatments in a clear, comprehensible manner.

Key Words: Healthcare Management, Emergency Department, Patient Satisfaction, Communication barriers, Healthcare Strategy, Emergency Management.

1. Introduction:

The inadequacy of communication results in medication mistakes and may lead to adverse events. The barriers which are responsible for the poor communication and less customer satisfaction include unrestricted information pressure and a need for fast acquisition results in violence, shouting, verbal and physical abuse. Communication pertaining to understanding the patient's expectation before proceeding with the procedure is very important (Mahmood Faris, 2024). In addition to this, the emergency department requires multiplicity of work which means there are similar patients with the same illness, but the emergency department staff should not be confused between two patients (Hogan, T.M, and Malsch, A. (2018)

Effective communication is necessary between the caregiver and the emergency department customer to result in customer satisfaction and improved quality of care whereas the outcome of ineffective communication leads to negligence, carelessness and medications blunder Dean, M., and Oetzel, J.G. (2013).

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Patient/customer satisfaction is the main benchmark of quality care delivered in the Emergency Department. It's a vital metric for assessing healthcare quality and delivering patient-centered care (Bhatt et al., 2024; Mir-Tabar et al., 2024). Customer satisfaction can also be elaborated as the extent of equivalence between expected care and perceived care. Satisfaction is referred to as the impression of the patient/attendant that their expectancy and necessity are being achieved (Topacoglu, H et. Al. 2004).

Customer's satisfaction means to deliver standard service that matches or surpasses the customer's satisfaction (Topacoglu, H et. Al. 2004). Lack of proper communication in the emergency departments has a significant impact on customer satisfaction as it creates a communication barrier and a stressful environment in the emergency departments (Roh, H., and Park, K.H. (2016).

There are many direct and indirect factors affecting the communication barrier and the customer's satisfaction that include lack of language proficiency, lack of medical knowledge and terms. Attendants are unaware of the health status of their patient, anxiety, emotional distress, traumatic environment, delay in decision making, time taking diagnostic tests, sometimes unavailability of physicians and beds, limited hospital staff and capacity. Hogan, T.M, and Malsch, A. (2018). The research objectives are first, to determine the relationship between customer satisfaction and emergency department communication; second; communication barriers in Emergency Department (ED) and their impact on the customer's satisfaction. The scope of this research study was to consider the attendant of patients who were treated in the ER department. Such attendants whose patients were treated in the last two months were also investigated based on the assumption that they could recall their experiences of the ER department. Therefore, it was a patients' attendant focused study. The inclusion criteria of the study were the communication occurring in ED involving patients or their attendants with the ED physician.

2. Literature Review

2.1 Emergency department of tertiary care hospitals

The services at the emergency department are significantly important as an individual might need those services once or more than once in their lives. It is important to treat the patient in an effective and efficient way by adopting accurate curative and preventive procedures and measures.

EDs are the most critical part of the hospital, and their main purpose is to achieve the necessary health care targets within the time frame. Alharethi, S., Gani, A., and Othman, M.K. (2019). Emergency departments as primary gateways for patients to have immediate access to the health care facilities with complex outpatient diagnosis and treatments and linking with the respective physician. Hogan and Malsch (2018) further elaborated that EDs contributors proceed to cure chronic diseases, acute illness and manage distressing injuries either minor or life threatening.

Roh and Park (2016) illustrated that there are certain environmental challenges in EDs affecting the communication between the patient/attendant and the ED staff including the physician, nurses and other paramedical staff. These challenges include noise, lack of privacy, frequent interruptions, limited time, 24-h clinical care, staff shortages, few resources, unpredictability, overcrowding, and never-ending patient intakes. Moreover, in ED various critical situations are being supervised and managed such as death, gunshot cases, acute illness, RTA(Road Traffic Accidents) and accidents. These factors altogether can influence interpersonal communication and customer satisfaction in EDs.

2.2 Communication barriers

It is of prime importance to consider the patients' perceptions of the patient-centeredness of their communication with healthcare providers (Okamura et al., 2024). Shrivastava et.al., (2015)

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explains communication as a two-way process in which two people or groups of persons are involved and there is a possibility that both the parties either understand each other or not. There are various types of communication barriers involved which result in day-to-day challenges. These barriers included have been attributed to the failure in communication between the doctor/health worker and the community. These barriers are as follows:

1. Physiological (complications in understanding and observation)
2. Psychological (mental distress, lack of attention, poor retention, distrust, neurosis, degree of intellect, communication, or premature evaluation)
3. Environmental (shouting and inconspicuous)
4. Cultural (unawareness, degree of capability and conception, customs, beliefs, religion, attitudes, socio-economic class differences, language, and cultural variability) Baric, L. (2014)

In a bit similar vein, (Senger et al., (2024) identified three challenging themes including caregiver communication unsettling healthcare interactions, caregiver presence limiting patient communication, and caregiver engagement challenges. These are the primary barriers that place a limit on the standard care and therapeutic outcomes of the patients and their attendants. These communication barriers raise socio-cultural barriers despite easy accessibility and affordability of healthcare services.

1. The communication barriers in the health sector have been identified in three main categories,
2. Lack of communication between doctors and nurses:
   Topacoglu et.al. (2004) defined that another component of customer/patient satisfaction is the attributes of the healthcare providers.
3. In another discussion, Topacoglu et.al. (2004) mentioned again that nurses' practices and approaches influence the patient/customer satisfaction according to the present study.
4. Problematic communication between the healthcare team, patients, and their families:
5. Topacoglu et.al. (2004) mentioned that acquiring information from health care givers is one of the factors influencing customer/patient satisfaction. Customers/patients seem more satisfied if they are provided with complete information regarding their state of health and their treatment regimens (Hogan and Malsch,2018).
6. Cultural challenges

Bjorvell and Stieg (1991) pointed out that happy customers reported that they would be satisfied if they were educated regarding their stay in the hospitals and after their discharge from the ED.

Both physician (poor communication skills, no special training during under-graduation, not listening to complaints of patients, use of medical terminologies, and minimal knowledge about the prevalent socio-cultural practices of the community) and patient/relatives (illiteracy, myths and misconceptions, and poor awareness about health issues) related factors have been accounted for the observed gaps in communication. This poor communication has resulted in serious consequences in different areas such as poor clinical outcomes (diagnosis — lower diagnostic confidence and increased perception that ancillary tests are needed to narrow the diagnosis, and therapeutic regimes (Power et al., 2024). As a whole, empathy training is required for caregivers to better communicate with patients (Byrne et al., 2024).

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Baric (2014) illustrates that communication challenges are interconnected to the problems of doctor and customer association as well as health education in general. He also says that communication barriers between the doctor and the patient/customer have a strong influence on customer satisfaction. There is a contrast in viewpoints about the ideal number of communications for a successful doctor-customer interaction. The numerous studies reviewed that the average consultation time between the average consultant and the customer was 3-10 minutes per patient. This is frequently cited by the critics as an apparent barrier in the doctor-customer interaction. During the average consultation time it must be reviewed that one must consider societal differences, language barriers, familiarization to medical terminologies which discriminate against a doctor from patient/attendant. He further illustrates that the main challenge is in the difference of expectations of customer and the doctor whereas the customer desires to receive complete instructions, treatment plans, operating procedures and empathy as an individual and the doctor desires to rationalize the association within the thresholds of optimal proficiency.

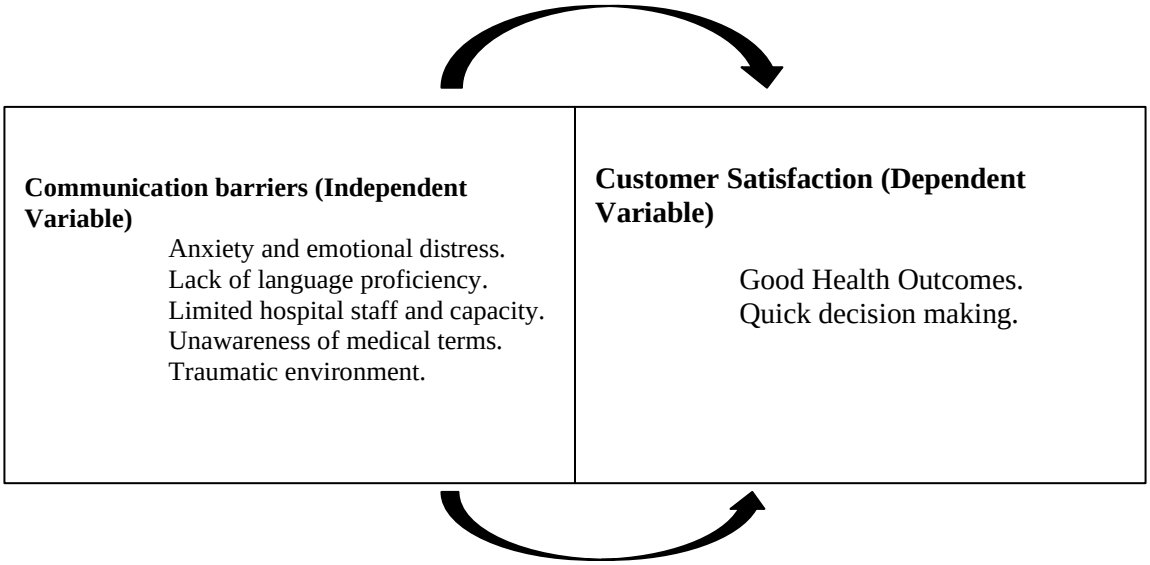

Figure1: Communication Barrios and Customer Satisfaction (Garra et.al.,2010)

2.3 Communication in emergency departments

Cameron et.al. (2010) explained that patient awareness of communication issues in the emergency departments has been linked with reduced patient/attendant satisfaction and adherence with care. In another discussion Cameron mentioned that it has been cited by The Joint Commission that Communication failure is the most general reason for sentinel patient safety occasions that results in medical error. The high risks, fast-paced description of the emergency departments (EDs) surroundings give rise to considerable challenges to effective communication. ED staff focuses on quick identification and response to at hand life threatening conditions while also complying with other necessary patients/customer requirements including empathy, consideration, relief and delivering complete easy to understand information. Additional stresses, such as crowding, interruptions, and shift changes, may further complicate relationships and communication between the patient and the ED health care team.

2.4 Communication and customer satisfaction in service industry

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Worku et.al. (2017) defines satisfaction as the state of fulfilment with the measures, occasions or services desired by the customers. According to client satisfaction it is the degree of contentment experienced by the client with the service. Hence, satisfaction reflects the direct relation between the expected service and the client experienced. In addition, patient satisfaction is determined by the patient's insight into his treatments received versus treatment received.

Considering customer satisfaction is the fundamental aspect of health care management strategies across the world. Furthermore, evaluating customer satisfaction systematically has been required by the quality assurance and the accreditation process. The dominant factor affecting patient/client satisfaction is the association between the healthcare providers and the patient/attendant. For the accomplishment of the sustainable development goals on the health service delivery it is necessary to understand the importance of patient/customer satisfaction.

Patient/customer satisfaction is one of the main benchmarks of quality of care delivered in the EDs. Patient/customer satisfaction can also be elaborated a.s the extent of equivalence between expected care and perceived care. Satisfaction is referred to as the impression of the patient/attendant that their expectancy and necessity are being achieved (Topacoglu, H et. Al. 2004). Delivering quality of care that satisfies or goes over the patient's/attendant expectations is referred to as patient/customer satisfaction. Customer satisfaction is mostly defined as delivering standard service/product that matches or surpasses customer satisfaction.

McMillan et. al. (1986) pinpointed that customer gratification occurs when presumptions established before acquiring the service/product are fulfilled. Outcomes of going beyond the expected presumptions would be a high level of satisfaction, while failure to fulfil them concludes dissatisfaction.

Emergency departments waiting times

Waiting times are the significant determinants of client satisfaction and correspondence with customer anxiety. With the rise in waiting times, customer anxiety increases and decreases self-control. Topacoglu et al. (2004) pointed out that in earlier studies it was mentioned that customers who were provided with adequate information regarding their medical attention and the purpose of lengthening waiting times documented an elevated degree of satisfaction as compared to others. The delays due to extended waiting times can be difficult in all different health care settings but principally in Emergency departments as the customers' anxiety is raised by this time. Cohen et al. (2013) also explains that the less critical customers in the emergency departments may not have life-threatening indications but due to unawareness of their medical condition they believe that their life is at risk. He mentioned again that during long waits customers experienced negligence, annoyed and anxious when they are suffering from unfamiliar conditions in the EDs. Increase in waiting leads to unpredictable anxiety and in the worst cases long waits can lead to physical or verbal abuse against the emergency staff. Long EDs waiting can affect the financial position of the hospital as the frustrated customer would leave the department without having complete treatment. customers associate waiting times with negligence and ignorance.

As Eisenberg, et.al. (2006) observed and explained that: "In the waiting area, a stressful and unease situation exists between the customers whose symptoms are observable and those whose symptoms are not observable. When not taking care of customers whose symptoms are not visible, this elevates the patient's dissatisfaction by making the waiting time seem longer and injustice.

Effective communication in the emergency department can lead to decrease error, enhance safety, improve throughput, reduce patient-attendant anxiety while simultaneously improving understanding of the instructions and customer satisfaction. The need for reducing communication

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barriers in the emergency department is central to excellent health care and leads to empathy, customer concerns, the identification of knowledge deficits and taking the time to listen and explain. (Hogan & Malsch, 2018)

Communication in the emergency department is the important contributor in the patient-attendant satisfaction through which physician can gather accurate information in a timely manner to determine the urgency and nature of the patient's condition. The impact of communication barriers leads to customer dissatisfaction resulting in delay in decision making which results in a more traumatic environment. The combination of directed history and physical examination results in a reasonable diagnosis or recognition of serious disease in the vast majority of patients. Unfortunately, the exchange of information from patient to physician and physician to patient is often hindered. In our ED setting, physicians commonly perceived barriers to communication with patients. Physicians are less confident in the patient's diagnosis when a CB is perceived, and more likely to rely on ancillary tests for a diagnosis. (Garra et.al.,2010)

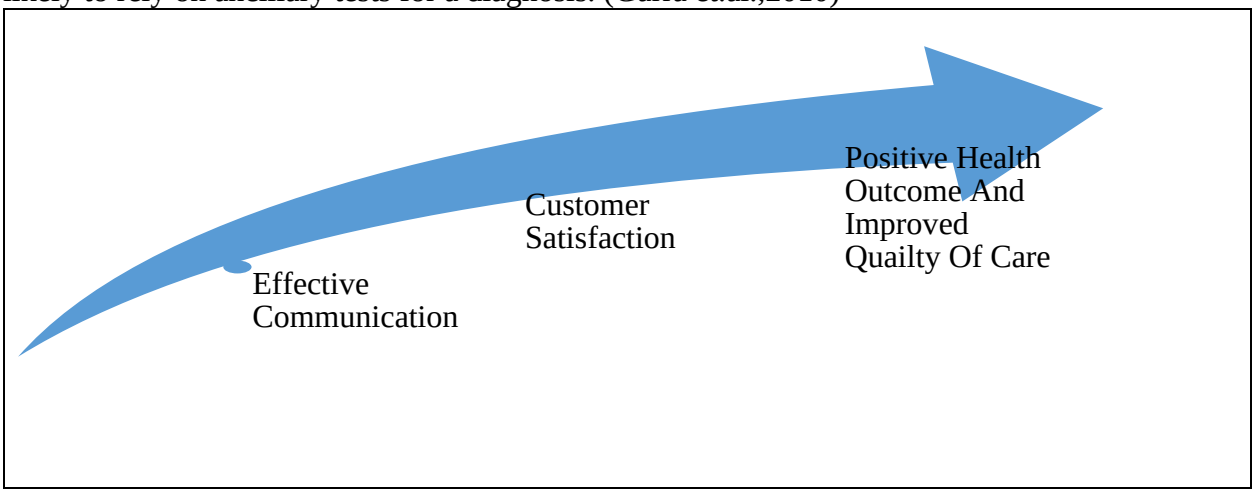

Figure 2: Relationship between Effective Communication, Customer's Satisfaction and Improved Quality of Care.Dean, M., and Oetzel, J.G. (2013).

3. Research Methodology

This was quali-quantitative and cross-sectional type research conducted in the two tertiary care hospitals of Karachi city, which is an economic hub, and largest city in Pakistan. Almost 70% of the respondents were from 'X' tertiary care hospital that was considerably bigger in size than the 'Y' tertiary care hospital from which about 30% responses were collected. Customers in the The sampling technique used to find the research objective was convenience sampling. The sample size was based on the thumb rule of at least 5 times the number of items per construct (Memon et al., 2020).

A self-administered survey was conducted. The Cornbach's Alpha was used to check the reliability of scale. ANOVA and linear regression were used to find out the impact of independent variables on the dependent variable.

Data was analyzed using SPSS version 20.0. Appropriate inferential statistics were used to test the hypothesis. With the help of literature review, we have concluded the related constructs and the variables as shown in the variable model Figure 1. In qualitative research, responses were administered by the "Mall Intercept Interview" technique. These open-ended questions were

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interviewed by the customers in the Emergency Department to support their responses in the questionnaire. The questions asked from the participants are as follows:

Question 1: What is the reason for their visit in the emergency department?

Question 2: Why have they chosen the X and Y tertiary care hospital?

Question 3: Do they believe that the Emergency department staff and the physicians are capable of treating them according to their satisfaction?

Question 4: Does the Emergency department physician explain to them the reason for their illness and how to treat it? Is the physician concerned regarding emotions and conditions?

Question 5: What is the reason behind their high satisfaction with the emergency department physician?

The emergency department customers mentioned that they have high satisfaction with the emergency department of the X and Y tertiary care hospital as they visit the same hospital whenever they require any medical intervention. They are familiar with many of the physicians and consultants. Moreover, the hospital keeps the electronic health record (EHR) of every patient, so it is convenient for the customers and the physicians to have easy access to the medical record of the customer. Emergency Department Customer Satisfaction (EDSAT) was measured on a Likert scale.

4. Data Presentation and Analysis

The Survey instruments were checked using reliability statistics in which the Cronbach Alpha value was significantly more than the cut-off point of 0.7 assuring that instrument's items were reliable. The construct reliability of each of the constructs was also run in which Time Taken to Identify Disease (TID) obtained score of 0.946, Emergency Department Staff (EDS) had value of 0.949, Emergency Department Communication (EDCOM) came up with value of 0.968, Emergency Department Facilities (EDFAC) had value of 0.957 and Emergency Department Customer Satisfaction (EDSAT) construct obtained value of 0.942.

Hypothesis 1: *Impact of Time Taken to Identify the Disease on Customer's Satisfaction*

Factors which were included to validate the impact of time taken to identify the disease are staff available at the entrance of ED, patients and attendants waiting for the allocation of bed, staff available at the bedside, identification of the problem and waiting for the treatment to begin by the ED physician and staff, comfort during the waiting. These factors are linked to customer's satisfaction.

One-way Analysis of Variance (One-way ANOVA) was conducted to evaluate the impact of time taken to identify the disease on the customer's satisfaction in the emergency department of the private tertiary care hospital. At 5% (0.05) significance level, we got the significant value of $p=0.000$ which is less than α value of 0.05 thus the data provided sufficient evidence to conclude that there is a significant impact of time taken to identify the disease on the customer's satisfaction.

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Hypothesis 2: *Impact of Emergency Department Staff on Customer's Satisfaction*

Customer's satisfaction has been affected by the caring concern, professionalism and courtesy of the ED staff and physician. The frequency of visits by the ED physician also affected the customer's satisfaction.

To evaluate the impact of emergency department staff on customer's satisfaction in ED of the private tertiary care hospital, one-way ANOVA was conducted. At 5% (0.05) significance level, we got the significant value of p=0.000 provided sufficient evidence to conclude that there is a significant impact of emergency department staff on the customer's satisfaction.

Hypothesis 3: *Impact of Emergency Department Communication on Customer's Satisfaction*

Emergency Department Communication is the most critical factor as this is directly impacting on the customer's satisfaction. Communication between the ED physician/staff and the patient/attendant included the explanation physician gave about patient condition concern physician showed for customer's questions and time spent to respond to them. The amount of time the care provider spends with the customer, willingness to listen to customer carefully and alertness of the care provider have an impact on customer's satisfaction.

Emergency department customer's satisfaction is evaluated by the impact of emergency department communication by conducting one-way ANOVA. At 5% (0.05) significance level, we got the significant value of p=0.000 which is less than p= 0.05 thus the data provide sufficient evidence to conclude that there is a significant impact of emergency department communication on the customer's satisfaction.

Hypothesis 4: *Impact of Emergency Department Facility on Customer's Satisfaction*

ED facilities include the overall customer's comfort, hours of operations/treatment convenient to customers and adequate parking.

A One-way ANOVA was conducted to evaluate the impact of emergency department facilities on the customer's satisfaction in the emergency department of the private tertiary care hospital. At 5% (0.05) significance level, we got the significant value of p=0.000 which is less than p= 0.05 thus the data provide sufficient evidence to conclude that there is a significant impact of the emergency department facility on the customer's satisfaction.

Linear Regression

The research questions of the study are what would be the impact of time taken to identify the disease (TID), emergency department staff (EDS), emergency communication (EDCOM) and emergency department facility (EDFAC) on the emergency department customer's satisfaction? To explore these questions linear regression is used. This involves all the independent variables being entered into the equation at once. The results indicated how well this set of variables can predict emergency department customer satisfaction; and it would also tell us how much unique the variance each of the independent variables (TID, EDS, EDCOM & EDFAC) explains in the dependent variable, over and above the other independent variables included in the set.

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The correlation between the dependent variable i.e. emergency department customer satisfaction and the independent variables i.e time taken to identify the disease, ED staff, Ed communication and ED facilities are provided, which indicates the strength of relationship between the two variables. The Pearson Correlation of the independent variables should be preferably larger than 0.3 to show some relation with the dependent variable i.e. emergency department customer satisfaction. From the observations it shows that each independent variable has Pearson Correlation value greater than 0.3 which determines a significant correlation between TID, EDS,EDCOM, EDFAC and the emergency department customer's satisfaction

Coefficients

Table 1: Time Taken to Identify the Disease.

Questionnaire items	**TID1_** Staff available at entrance	**TID2_** Waiting for the allocation of bed	**TID3_** Staff available at bedside	**TID4_** Identification of problem	**TID5_** Waiting for the treatment to begin	**TID6_** Emergency physician to begin the treatment	**TID7_** Comfort during waiting
Standardized Coefficients, Beta	-0.160	-0.096	-0.262	-0.146	0.404	0.458	0.263
Significant value, α	0.267	0.572	0.174	0.175	0.006	0.000	0.013

With reference to Table 1, each of the independent variables was evaluated to know which of the variables included contributed to the prediction of the dependent variable. The largest beta coefficient value is for the TID6_Emergency Physician to begin treatment which is 0.458. It means that this independent variable makes the strongest unique contribution to explaining the dependent variable i.e. emergency department customer's satisfaction, when the variance

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explained by all other variables in the model is controlled for. After TID6, the second largest Beta Coefficient value is of TID5_Waiting for the treatment to begin which is 0.404 which means this variable also makes a strong contribution to the dependent variable.

For each of these variables, check the value in the column marked Sig,α . This tells you whether this variable is making a statistically significant unique contribution to the equation. If the Sig. value is less than 0.05, then the variable is making a significant unique contribution to the prediction of the dependent variable. If greater than .05, then that variable is not making a significant unique contribution to the prediction of your dependent variable. According to the Sig value, α, in Table it can be evaluated that TID5_ waiting for the treatment to begin i.e. α= 0.006, TID6_ Emergency physician to begin the treatment i.e. α=0.000 and TID7_ comfort during waiting i.e. α=0.013 are making a significant unique contribution to the prediction of the dependent variable.

Table 2: Emergency Department Staff

Questionnaire items	EDS1_Caring concern of the staff	EDS2_Professionalism of staff and exam staff	EDS3_Courtesy of ED staff and physician	EDS4_Frequency of ED physician visit	EDS5_Courtesy and satisfaction during examination
Standardized Coefficients, Beta	-0.19	0.178	0.408	0.387	-0.047
Significant value, α	0.902	0.289	0.015	0.000	0.755

From the above table, we can determine that considering the emergency department staff variable the EDS3_courtesy of ED staff and physician have the largest beta coefficient value i.e 0.408. It means that this independent variable makes the strongest unique contribution to explaining the dependent variable i.e. emergency department customer's satisfaction, when the variance explained by all other variables in the model is controlled for. After EDS3, EDS4_frequency of ED physician visits has the second largest Beta Coefficient value which is 0.387, which means this variable also makes a strong contribution to the dependent variable.

The significant value, α, in Table 2 can be evaluated that EDS3_Courtesy of ED staff and physician i.e. α= 0.015 and EDS4_Frequency of ED physician visit the treatment i.e. α=0.000 are making a significant unique contribution to the prediction of the dependent variable.

Table 3: Emergency Department Communication

Questionnaire items	EDCOM1_Explanation physician gave about customer's condition	EDCOM2_Concern physician showed for customer's questions	EDCOM3_Time spent to respond to questions	EDCOM4_Amount of time care provider spend with the customer	EDCOM5_Willingness to listen to customer carefully	EDCOM8_Alertness of the care provider

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Standardized Coefficients, Beta	-0.328	0.046	-0.013	0.427	0.225	0.590
Significant value, α	0.064	0.768	0.944	0.015	0.192	0.006

Among the questionnaire items of the Emergency Department Communication, the largest beta coefficient value is for the EDCOM8_Alertness of the care provider which is 0.590. It means that this makes the strongest unique contribution to explaining the dependent variable i.e. emergency department customer's satisfaction. Other variables being controlled,it explains that alertness of the care provider has more impact on the emergency department communication and the customer's satisfaction. After EDCOM8, the second largest Beta Coefficient value is of EDCOM4_Amount of time care provider spend with the customer which is 0.427 explaining that this variable makes a strong impact on the dependent variable i.e customer's satisfaction. Two variables are excluded which are EDCOM6_Explaining things in a way customers could understand and EDCOM7_Attention to details during examinations as these two variables would not have significant impact on the model's ability to predict dependent variables i.e. emergency department customer's satisfaction.

From Table 3 , it can be analyzed that EDCOM1_Explanation physician gave about customer's condition i.e. α= 0.064, EDCOM4_Amount of time care provider spend with the customer i.e. α=0.015 and EDCOM8_Alertness of the care provider i.e. α=0.006 are making a significant unique contribution to the prediction of the customer's satisfaction (dependent variable)

Table 4: Emergency Department Facilities

Questionnaire items	EDFAC1_Hours of operations convenient to customer	EDFAC2_Customer's overall comfort	EDFAC3_Adequate parking and security
Standardized Coefficients, Beta	0.421	0.424	-0.017
Significant value, α	0.014	0.022	0.894

Table 4 indicates that the beta coefficient value for the EDFAC2_Customer's overall comfort is 0.424. This independent variable has a strong impact on dependent variable. After EDFAC2, EDFAC1_Hours of operations convenient to the customer with a beta coefficient of 0.421 having strong contribution to the dependent variable.

The significant value, α, in Table 4 determines that EDFAC2_Customer's overall comfort i.e. α= 0.022 and EDFAC1_Hours of operations convenient to customer i.e. α=0.014 are making a significant unique contribution to the prediction of the dependent variable.

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Conclusion

The conclusion of this research is that there is a significant impact of emergency department communication on the customer's satisfaction as due to the fact that the emergency department is considered a unique department of the hospital among the hospital care units, understanding the aspects affecting customer satisfaction is crucial. The data analysis of the research indicates that the emergency department customer's satisfaction depends on the amount of time taken to identify the disease, emergency department staff, communication in the emergency department and the facilities of the emergency department. Customers were satisfied with the services provided in the emergency department of the two private tertiary care hospitals as they believe that the physicians and the staff are capable of treating them pharmacologically and understand them psychologically. With respect to the conclusion of the research, customers in the emergency department are more satisfied if the emergency department physician and the staff gives attention to their medical condition and their questions and shows empathy towards them. Customer satisfaction is important to achieve as customers in the emergency department are in a state of anxiety or panic or in extreme pain which sometimes result in shouting, verbal or physical abuse if they feel being ignored by the physician or the staff which substantially affects the hospital management.

This research can be used to improve the management of the emergency department as it can be evaluated from the study that most of the customers in the emergency department face problems in bed allocation in the emergency room so the hospital management with the help of this research can work on this problem. Secondly, this research can help in assigning more staff in the emergency department so that the customers can have a nurse along the bedside.

Implication for Healthcare Management

The findings of this study underscore the need for hospitals to prioritize effective communication and customer satisfaction in emergency departments (ED). To enhance patient experiences, hospitals should implement structured communication protocols that emphasize timely, clear, and empathetic interactions. Regular staff training in communication skills, particularly in managing distressed or anxious patients, is essential. Furthermore, addressing staff shortages by optimizing the staff-to-patient ratio can ensure patients receive individualized attention, such as having dedicated bedside nurses for critically ill or emotionally distressed individuals. Streamlining bed allocation processes using advanced management systems and real-time dashboards can mitigate delays and improve resource utilization. Given the psychological vulnerability of ED patients, hospitals should integrate psychological care by training staff to demonstrate empathy and consider introducing on-call counselors or patient liaisons to address emotional needs.

Future Research Directions

Future studies should explore the influence of cultural and socioeconomic factors on patient expectations and perceptions of communication and care in EDs. Comparative research between public and private hospitals or across different regions can provide insights into universal and context-specific challenges. Additionally, an exploratory study with a qualitative design may bring about a more insightful picture of the communication challenges and resolves in the ED environment.

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