

Original Research Article

Improving patient care in the emergency department in a selected hospital: a study on patient centered care

Shyni Cardoza, Jyothi Seema Moras*

Department of Hospital Administration, Father Muller Medical College, Kankanady, Mangalore, Karnataka, India

Received: 02 August 2024

Revised: 09 September 2024

Accepted: 12 September 2024

*Correspondence:

Jyothi Seema Moras,

E-mail: jyothimoras11@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: Patient-centred care is founded on the principle of active patient and family engagement at all levels of care, enabling them to take ownership of treatment decisions. As patients are best positioned to understand their unique needs and priorities, their involvement is crucial. This study seeks to evaluate the patient centered care delivered by the healthcare providers, specifically doctors and nurses in the emergency department setting.

Methods: A Questionnaire-based method was employed to collect data from a sample of 72 patients in the emergency department, assessing patient centered care in the selected tertiary care teaching hospital. The study was conducted between 1st May 2023 to 31st May 2023.

Results: The study revealed that patients rated their care experience as very good, achieving high ratings across various dimensions, with the following mean and standard deviation scores: "Patient preference" 4.06 ± 1.13 , "Physical comforts" 3.99 ± 1.04 , "Coordination of care" 4.03 ± 1.06 , "Information and education" 4.08 ± 1.06 , "Communication" 4.06 ± 1.07 , with respect to "Continuity and Transition" 4.13 ± 1.07 and "Family and Friends" 4.24 ± 1.08 . These ratings demonstrate a high level of satisfaction with care quality.

Conclusions: Patient centered care is a healthcare approach that prioritizes patient needs and values. Its about working together with patients to provide flexible and personalized care. This study found that emergency department staff understand the importance of patient centered care and its benefit for patients and healthcare organisations.

Keywords: Emergency department, Quality health care, Patient centered care, Patients, Safe patient care

INTRODUCTION

Patient-centered care (PCC) is a crucial aspect of healthcare, particularly in emergency departments (EDs) where patients' needs and expectations must be addressed promptly. Research has shown that PCC improves patient satisfaction, health outcomes, and quality of care.^{1,2} Patient-centered care (PCC) requires efforts on all levels including the patient, the provider, and the healthcare system to ensure it is meaningfully practiced.³

In the emergency department, patient-centered care means tailoring treatment to each patient's concerns, preferences, and values. This personalized approach deviates from the traditional one-size-fits-all method, ensuring care is tailored to meet individual needs. For instance, a patient with a fear of needles may require alternative methods for administering medication, while a patient with a language barrier may need interpreters to ensure effective communication.

By acknowledging patients' diverse backgrounds, experiences, and lifestyles, healthcare providers can deliver care that addresses specific needs and promotes well-being. This empathetic approach empowers patients and families to make informed decisions about their health. Furthermore, patient-centered care encourages active participation in care planning, leading to better health outcomes and increased patient satisfaction.

Ultimately, patient-centered care in the emergency department enhances trust, reputation, and delivers high-quality, cost-effective care. By prioritizing patient-centered care, hospitals can build a strong reputation, improve patient satisfaction, and provide exceptional care that meets the unique needs of each individual. As a result, patient-centered care becomes a cornerstone of healthcare excellence, driving positive change in the way healthcare services are delivered.

METHODS

Statement of the problem

Improving patient care in the Emergency Department in a selected hospital: A study on patient centered care.

Study design

This study used a descriptive cross-sectional design to explore patient centered care in the emergency care. A standardized questionnaire was administered to the patients receiving care in the emergency department of a selected hospital.

Sampling and sampling techniques

The data was collected from 72 patients in the emergency department during the study period.

Tools and techniques of data collection

The study was conducted using a structured, close-ended questionnaire to collect patient data.

Data collection method

A structured questionnaire was made and given to the patients after receiving Ethical clearance from the Ethics Board of the institute where in the study was conducted.

Study period

The study was conducted from 1st May 2023 to 31st May 2023.

Inclusion criteria

Patients who received emergency care in the month of May 2023 were included in the study.

Exclusion criteria

Opinion of the patient bystander was not included.

Content validity

The tool was given to experts for content validity. Based on their suggestions and recommendations, the tool was modified.

Plan for data analysis

The collected data were analyzed by frequency, percentage, mean, and standard deviation based on the study's objectives. The data were presented graphically as well as in the form of tables.

RESULTS

This section analyses data from 72 patients who completed structured questionnaires, providing insights into their experiences and perceptions of emergency care during their treatment at the selected hospital. The results of the analysis are shown in tables and graphs. The representation of results is listed in seven sections. Part A: Evaluation of the patient centered care with regards to the patient preference, Part B: Evaluation of the patient centered care with regards to the physical comfort, Part C: Evaluation of the patient centered care with regards to the coordination of care, Part D: Evaluation of the patient centered care with regards to the information and education, Part E: Evaluation of the patient centered care with regards to the communication, Part F: Evaluation of the patient centered care with regards to the continuity and transition, Part G: Evaluation of the patient centered care with regards to the family and friends.

Our study shows that the majority of patients (48.6%) reported being satisfied, while 38.9% were highly satisfied, 9.7% were highly dissatisfied, and 1.4% were neutral or dissatisfied with being treated with dignity and respect. Patients expressed high satisfaction (45.8%) and satisfaction (40.3%) with the focus on improving their quality of life, while 9.7% were highly dissatisfied and 1.4% were neutral or dissatisfied. Most patients (43.1%) were highly satisfied, 36.1% were satisfied, 11.1% were neutral, and 9.7% were highly dissatisfied with being involved in decisions regarding their care. Overall, patient-centered care with respect to patient preference received a very good score, with a mean of 4.06 and a standard deviation of 1.13 (Table 1).

Patients' satisfaction with pain management was high, with 44.4% reporting they were highly satisfied, 37.5% satisfied, 11.1% neutral, and 6.9% highly dissatisfied, indicating that healthcare professionals are effectively addressing patients' pain needs. Patients' satisfaction with the cleanliness and comfort of patient areas in the emergency department was also positive, with 40.3% satisfied, 37.5% highly satisfied, 12.5% neutral, 8.3%

highly dissatisfied, and 1.4% dissatisfied, suggesting a clean and comfortable environment. Patients' satisfaction with privacy in the hospital was similarly positive, with 41.7% satisfied, 33.3% highly satisfied, 12.5% neutral, 6.9% highly dissatisfied, and 5.6% dissatisfied, indicating

a sense of privacy and respect for patients' personal boundaries. Overall, patient-centered care with respect to physical comforts was good, with a mean score of 3.99 and a standard deviation of 1.04, indicating a high level of satisfaction with physical aspects of care (Table 2).

Table 1: Evaluation of the patient centered care with regard to the patient preference.

Components	Highly satisfied (%)	Satisfied (%)	Neutral (%)	Dissatisfied (%)	Highly dissatisfied (%)	Mean	SD
Treating patients with dignity and respect	28 (38.9)	35 (48.6)	1 (1.4)	1 (1.4)	7 (9.7)	4.06	1.16
Focused on improving patients quality of life	33 (45.8)	29 (40.3)	2 (2.8)	1 (1.4)	7 (9.7)	4.11	1.19
Involve patients in decisions regarding their care	31 (43.1)	26 (36.1)	8 (11.1)	0	7 (9.7)	4.03	1.19
Overall						4.06	1.13

Table 2: Evaluation of the patient centered care with regard to the physical comfort.

Components	Highly satisfied (%)	Satisfied (%)	Neutral (%)	Dissatisfied (%)	Highly dissatisfied (%)	Mean	SD
Healthcare professionals pay attention to pain management	32 (44.4)	27 (37.5)	8 (11.1)	0	5 (6.9)	4.13	1.09
Patients areas in emergency are clean and comfortable	27 (37.5)	29 (40.3)	9 (12.5)	1 (1.4)	6 (8.3)	3.97	1.15
Patients in hospital have privacy	24 (33.3)	30 (41.7)	9 (12.5)	4 (5.6)	5 (6.9)	3.89	1.15
Overall						3.99	1.04

Table 3: Evaluation of the patient centered care with regard to the coordination of care.

Components	Highly satisfied (%)	Satisfied (%)	Neutral (%)	Dissatisfied (%)	Highly dissatisfied (%)	Mean	SD
Healthcare professionals are well-informed; patients need to tell their story only once	32 (44.4)	27 (37.5)	4 (5.6)	2 (2.8)	7 (9.7)	4.04	1.23
Healthcare professionals work as a team in care delivery to patients	33 (45.8)	27 (37.5)	5 (6.9)	1 (1.4)	6 (8.3)	4.11	1.16
Patients know who is coordinating their care	28 (38.9)	27 (37.5)	8 (11.0)	3 (4.2)	6 (8.3)	3.94	1.19
Overall						4.03	1.06

A majority of respondents (44.4%) reported being highly satisfied, while 37.5% were satisfied, 5.6% neutral, 2.8% dissatisfied, and 9.7% highly dissatisfied with the statement "Healthcare professionals are well informed about patients". A majority of respondents (45.8%) reported being highly satisfied, while 37.5% were satisfied, 6.9% neutral, 1.4% dissatisfied, and 8.3% highly dissatisfied with the statement "Healthcare professionals work as a team in care delivery to patients". A majority of respondents (38.9%) reported being highly

satisfied, while 37.5% were satisfied, 11% neutral, 4.2% dissatisfied, and 8.3% highly dissatisfied with the statement "Patients know who is coordinating their care". Overall, the majority of respondents rated Patient-Centered Care with respect to "Coordination of care" as very good, with a mean score of 4.03 and a standard deviation of 1.06 (Table 3).

A majority of patients (45.8%) reported being highly satisfied, while 27.8% were satisfied, 16.7% neutral,

2.8% dissatisfied, and 6.9% highly dissatisfied with being well-informed about all aspects of care. A majority of patients (45.8%) reported being highly satisfied, while 34.7% were satisfied, 9.7% neutral, 2.8% dissatisfied, and 6.9% highly dissatisfied with being able to access their care records. A majority of patients (45.8%) reported being highly satisfied, while 36.1% were satisfied, 11.1% neutral, and 6.9% highly dissatisfied with healthcare professionals supporting them to be in charge of their

care. A majority of patients (43.1%) reported being highly satisfied, while 38.9% were satisfied, 8.3% highly dissatisfied, 6.9% neutral, and 2.8% dissatisfied with being well-educated about their care. Overall, Patient-Centered Care with respect to "Information and education" was rated very good, with a mean score of 4.08 and a standard deviation of 1.06, indicating a high level of satisfaction with the information and education provided (Table 4).

Table 4: Evaluation of the patient centered care with regard to the Information and education.

Components	Highly satisfied (%)	Satisfied (%)	Neutral (%)	Dissatisfied (%)	Highly dissatisfied (%)	Mean	SD
Patients are well-informed about all aspects of their care	33 (45.8)	20 (27.8)	12 (16.7)	2 (2.8)	5 (6.9)	4.03	1.17
Patients can access their care records	33 (45.8)	25 (34.7)	7 (9.7)	2 (2.8)	5 (6.9)	4.20	1.14
Healthcare professionals support patients to be in charge of their care	33 (45.8)	26 (36.1)	8 (11.1)	0	5 (6.9)	4.14	1.09
Patients are well educated about their care	31 (43.1)	28 (38.9)	5 (6.9)	2 (2.8)	6 (8.3)	4.06	1.17
Overall						4.08	1.07

Table 5: Evaluation of the patient centered care with regard to the communication.

Components	Highly satisfied (%)	Satisfied (%)	Neutral (%)	Dissatisfied (%)	Highly dissatisfied (%)	Mean	SD
Language is not a barrier for access to care	32 (44.4)	24 (33.3)	10 (13.9)	1 (1.4)	5 (6.9)	4.07	1.13
There is open communication between patient and healthcare professionals	32 (44.4)	25 (34.7)	8 (11.1)	1 (1.4)	6 (8.3)	4.06	1.17
Healthcare professionals have good communication skills	30 (41.7)	30 (41.7)	2 (2.8)	3 (4.2)	7 (9.7)	4.01	1.23
Overall						4.05	1.07

A majority of patients (44.4%) reported being highly satisfied, while 33.3% were satisfied, 13.9% neutral, 1.4% dissatisfied, and 6.9% highly dissatisfied with the statement "Language is not a barrier to accessing their care". A majority of patients (44.4%) reported being highly satisfied, while 34.7% were satisfied, 11.1% neutral, 1.4% dissatisfied, and 8.3% highly dissatisfied with the statement "There is open communication between patients and health professionals". A majority of patients (41.7%) reported being highly satisfied, while 9.7% were highly dissatisfied, 4.2% dissatisfied, 2.8% neutral, and the remaining percentage satisfied with the statement "Healthcare professionals have good communication skills". Overall, Patient-Centered Care with respect to "Communication" was rated very good, with a mean score of 4.06 and a standard deviation of 1.07, indicating a high level of satisfaction with communication aspects of care (Table 5).

A majority of patients (45.8%) reported being highly satisfied, while 34.7% were satisfied, 9.7% neutral, 1.4% dissatisfied, and 8.3% highly dissatisfied with the transfer of relevant information when being transferred to a ward. A majority of patients (48.6%) reported being highly satisfied, while 38.9% were satisfied, 2.8% neutral, 1.4% dissatisfied, and 8.3% highly dissatisfied with being well-informed about their destination. A majority of patients (43.1%) reported being highly satisfied, while 43.1% were satisfied, 8.3% highly dissatisfied, 4.2% neutral, and 1.4% dissatisfied with receiving skilled advice about care and support. Overall, Patient-Centered Care with respect to "Continuity and Transition" was rated very good, with a mean score of 4.13 and a standard deviation of 1.07, indicating a high level of satisfaction with the continuity and transition of care (Table 6).

A majority of patients (52.8%) reported being highly satisfied, while 38.9% were satisfied, 1.4% neutral, and

6.9% highly dissatisfied with healthcare professionals involving relatives in decisions regarding patient care. A majority of patients (48.6%) reported being highly satisfied, while 36.1% were satisfied, 4.2% neutral, and 5.6% dissatisfied or highly dissatisfied with healthcare professionals involving relatives in emotional support.

Overall, Patient-Centered Care with respect to "Family and Friends" was rated very good, with a mean score of 4.24 and a standard deviation of 1.08, indicating a high level of satisfaction with the involvement of family and friends in patient care (Table 7).

Table 6: Evaluation of the patient centered care with regard to the continuity and transition.

Components	Highly satisfied (%)	Satisfied (%)	Neutral (%)	Dissatisfied (%)	Highly dissatisfied (%)	Mean	SD
When a patient is transferred to another ward, relevant patient information is transferred as well	33 (45.8)	25 (34.7)	7 (9.7)	1 (1.4)	6 (8.3)	4.08	1.17
Patients who are transferred are well-informed about where they are going,	35 (48.6)	28 (38.9)	2 (2.8)	1 (1.4)	6 (8.3)	4.18	1.14
Patients get skilled advice about care and support	31 (43.1)	31 (43.1)	3 (4.2)	1 (1.4)	6 (8.3)	4.11	1.13
Overall						4.13	1.07

Table 6: Evaluation of the patient centered care with regard to the family and friends.

Components	Highly satisfied (%)	Satisfied (%)	Neutral (%)	Dissatisfied (%)	Highly dissatisfied (%)	Mean	SD
Healthcare professionals involve relatives in decisions regarding the patient care	38 (52.8)	28 (38.9)	1 (1.4)	0	5 (6.9)	4.31	1.04
Healthcare professionals involve relatives in the emotional support	35 (48.6)	26 (36.1)	3 (4.2)	4 (5.6)	4 (5.6)	4.17	1.11
Overall						4.24	1.08

DISCUSSION

This study aims to assess the Patient Centered Care provided by the doctors and nurses in the emergency department in a selected hospital. The study significant findings of the study were as follows

Overall Patient Centered Care with respect to "patient preference" was very good with mean and standard deviation $[4.06 \pm 1.13]$. Based on patient preference 38.9% patients were highly satisfied towards treating patient with dignity and respect, 45.8% were highly satisfied towards healthcare professionals improving patient quality of life and 43.1% were highly satisfied towards healthcare professionals involving patients in decisions regarding their care Whereas 9.7% patients were highly dissatisfied by the care. This result shows that everybody should be treated with respect no matter what diseases they have, what nationality, race or ethnicity, or whether they are a homeless person or a VIP, everybody should be treated with dignity and respect and also patient's family should be involved in taking decision about patient care.

Overall Patient Centered Care with respect to "Physical comforts" was good with mean and standard deviation $[3.99 \pm 1.04]$. 44.4% of the respondents were highly satisfied and 6.9% were highly dissatisfied towards healthcare professionals paying attention to patient's pain management. 37.5% of the respondents were highly satisfied and 8.3% were highly dissatisfied towards patient's area in emergency are clean and comfortable. 33.3% of the respondents were highly satisfied 6.9% were highly dissatisfied towards emergency patients having privacy.

Nayeri and Aghajani's study highlights that privacy and satisfaction are fundamental goals of health services. Questionnaire data were collected from a convenience sample of 360 patients admitted to emergency departments and analysed using SPSS software. The results indicated that, according to 50.6% of the patients, the extent to which their privacy was respected was described as either 'weak' or 'average'. Considering the levels of privacy observed together with the patients' degree of satisfaction, it is imperative that clinical professionals address both aspects from conceptual and

practical viewpoints. This study shows that emergency patients have privacy.⁴

Overall Patient Centered Care with respect to “Coordination of care” was very good with mean and standard deviation $[4.03 \pm 1.06]$. 44.4% of the respondents were highly satisfied towards healthcare professionals well informed about patients. 45.8% of the respondents were highly satisfied towards healthcare professionals work as a team in care delivery to patients. 38.9% of the respondents were highly satisfied towards patients know who is coordinating their care whereas 8.3% were highly dissatisfied.

Vegting et al conducted a study to investigate the factors contributing to prolonged stay in an academic emergency department. Data of ED patients were prospectively collected during four weeks in February 2010. Presentation time, referrer, discharge destination, and medical specialties involved were registered in 2510 patients. This study resulted that absence of coordination of care when multiple specialists were involved, and delay in the process of decision-making after completion of all diagnostics on the ED, were among other factors responsible for this prolonged stay. Improving the coordination of care will, in their opinion, speed up the decision-making process and lead to shortening of completion times in many patients.⁵

Overall Patient Centered Care with respect to “Information and education” was very good with mean and standard deviation $[4.08 \pm 1.06]$. 45.8% of the respondents were highly satisfied towards patients are well informed about all aspects of care, patient can access their care records and healthcare professionals support patients to be in charge of their care whereas 6.9% respondents highly dissatisfied. 43.1% of the respondents were highly satisfied towards patients are well educated about their care whereas 8.3% were highly dissatisfied. Overall Patient Centered Care with respect to “Communication” was very good with mean and standard deviation $[4.06 \pm 1.07]$. 44.4% of the respondents were highly satisfied and 6.9% were highly dissatisfied towards language is not a barrier for access their care. 44.4% of the respondents were highly satisfied and 8.3% were highly dissatisfied towards there is open communication between patients and health professionals. 41.7% of the respondents were highly satisfied and 9.7% were highly dissatisfied towards healthcare professionals have good communication skills.

Nasiriani et al emphasize the importance of communication in the medical profession and stress the need for special attention to this aspect. This study aimed to assess patient satisfaction with approach communication in emergency department. The sample consisted of 100 patients. The result indicated that patient satisfaction with communication for doctor is 50% and for nurses is 45%, the Mean score was 27 ± 7.11 . The findings showed that patient satisfaction with

communication was moderate and that it isn't enough. It suggested the healthcare workers to pay more attention to this issue with better education in university and continuous education on the job with provision of time, staff and support of management.⁶

Overall Patient Centered Care with respect to “Continuity and Transition” was very good with mean and standard deviation 4.13 ± 1.07 . 45.8% patients highly satisfied towards when patient transferred to ward relevant information also transferred, 48.6% highly satisfied towards patients are well informed about where they are going and 43.1% highly satisfied towards patients get skilled advice about care and support whereas 8.3% patients highly dissatisfied for continuity and transition.

Gill et al discuss the importance of continuous relationship between a patient and a physician which has been shown to have a positive impact on health care use and outcomes. Previous studies have shown that patients with high provider continuity are more satisfied with their care. This study deals with examining whether continuity of care with an individual health care provider is associated with the number of hospital emergency department visits in a state-wide Medicaid population. This study demonstrates another outcome for which a continuous relationship between a patient and a provider is beneficial. Having continuity with a specific provider is significantly associated with a decreased likelihood of ED use. As would be expected, continuity has a much greater effect on the likelihood of making multiple ED visits than on making a single ED visit.⁷

Overall Patient Centered Care with respect to “Family and Friends” was very good with mean and standard deviation 4.24 ± 1.08 . Based on family and friends 52.8% of patients were highly satisfied, 5.6% were highly dissatisfied towards healthcare professionals involve relatives in decision regarding their care. And 48.6% patients were highly satisfied, 5.6% were highly dissatisfied towards healthcare professionals involve relatives in emotional support.

According to Johnson et al, Patient- and Family-Centered Care is an approach to healthcare that prioritizes mutually beneficial partnerships among health care providers, patients and families. This approach redefines the relationships within health care, focusing on collaboration and respect. Patient- and Family-Centered Care also offers a framework within which to begin examining policies, programs, and practices and for hospitals, ambulatory practices, and agencies that choose to do so and to begin on a journey to transform organizational health care culture.⁸

According to Knopp et al, Emergency Department presents unique challenges to effective physician-patient communication. The development and maintenance of a therapeutic relationship require more than one relatively brief visit. Assessment, rapport building, and patient

education are often telescoped to the point of being almost simultaneous rather than sequential because of the crisis nature of ED care. The majority of encounters are ones in which the physician and the patient are meeting for the first time. Negative stereotyping with concomitant mistrust is possible because neither the patient nor the physician enters the relationship by choice, as in a traditional practice. The emergency physician may be easily distracted, time pressure, circadian disruption, and the stress of managing unpredictable patient flow and acuity exacerbate the problem. Patients wait long hours, often in severe pain or high anxiety states, and want instant relief. They also want to be listened to and cared for. An additional frustration is that the EP cannot always assess the full spectrum of patient concerns in the ED. Decisions must be made rapidly, often with incomplete diagnostic information.⁹

Johnson et al investigated the relationship between patient race/ethnicity and patient-physician communication during medical visits. Methods used audiotape and questionnaire data collected in 1998 and 2002 to determine whether the quality of medical-visit communication differs among African American versus White patients. They analysed data from 458 African American and White patients who visited 61 physicians in the Baltimore, Md–Washington, DC–Northern Virginia metropolitan area. Outcome measures that assessed the communication process, patient-centeredness, and emotional tone of the medical visit were derived from audiotapes coded by independent raters. Results. Physicians were 23% more verbally dominant and engaged in 33% less patient-centered communication with African American patients than with White patients. Conclusions Patient-physician communication during medical visits differs among African American versus White patients. Interventions that increase physicians' patient-centeredness and awareness of affective cues with African American patients.¹⁰

According to Berghout et al, Patient Centered Care is a crucial determinant of care quality. Research has shown that PCC is a multi-dimensional concept, and organizations that provide PCC well report better patient and organizational outcomes. The aim of this study was therefore to investigate the relative importance of the eight dimensions of PCC according to hospital-based healthcare professionals, and examine whether their viewpoints are determined by context. Thirty-four healthcare professionals working at a large teaching hospital in New York City were interviewed using Q methodology. Three main viewpoints on elements important for PCC were identified: “treating patients with dignity and respect”, “an interdisciplinary approach” and “equal access and good outcomes.” In these viewpoints, not all dimensions were equally important for PCC. Conclusion: Healthcare organizations wishing to improve PCC should consider the relative importance of PCC dimensions in their specific context of care provision,

which may help to improve levels of patient centeredness in a more efficient and focused manner.¹¹

This study has limitation. The study was conducted to assess the Patient Centered Care provided by the nurses and doctors in a tertiary care hospital and no comparison is made with any other hospital in the vicinity.

CONCLUSION

In conclusion, this study demonstrates the significance of Patient Centered Care (PCC) in the emergency department, highlighting the importance of integrating all seven dimensions of Patient Centered Care (PCC) into care delivery. By prioritizing patient centered principles, healthcare organizations can improve health outcomes, enhance patient satisfaction, and positively impact service quality, patient engagement and staff satisfaction. The findings of this study offers valuable insights for healthcare organizations seeking to optimize their quality management strategies, emphasizing the need to identify and prioritize the key dimensions of Patient-Centered Care (PCC) to meet the specific needs of their patient population. By refining their practice to align with patients' evolving needs and preferences, healthcare professionals can enhance Patient-Centered Care (PCC), ultimately leading to systemic changes that prioritize patient-centric policies and practices, ensuring that healthcare services truly revolve around the needs of those they serve. By embracing Patient-Centered Care (PCC), healthcare organisation can revolutionize the healthcare landscape, prioritizing collaborative partnerships between patient and healthcare professionals and empowering patients to take an active role in their care.

Recommendations

Key strategies to achieve Patient-Centered Care:

Clearly Define Staff Roles and Responsibilities: Ensure every employee understands their contribution to patient-centered care, avoiding assumptions that someone else is responsible. Encourage accountability and ownership across all roles.

Recognize and reward employees: Set goals and acknowledge employees who embody patient-centered care. This motivates others to strive for recognition, fostering a culture of excellence.

Collaborate with patient families: Engage with family members to gain valuable insights, emotional support, and perspectives on patient care. This partnership is vital to delivering patient-centered care.

Uphold patient privacy and confidentiality: Respect patients' rights by maintaining confidentiality and ensuring privacy in all aspects of care.

Continuously improve infrastructure and services: Regularly assess and enhance physical spaces, such as the emergency department, to optimize comfort, convenience, and care delivery for patients and healthcare providers.

By implementing these strategies, healthcare organizations can create a culture that truly prioritizes patient-centered care, leading to improved patient satisfaction, outcomes, and experiences.

ACKNOWLEDGEMENTS

We would like to thank the patients of the selected tertiary care teaching hospital for sharing their views and inputs for this study.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Wolfe A. Institute of Medicine Report: Crossing the Quality Chasm: A New Health Care System for the 21st Century. *Pol Polit Nurs Pract*. 2001;2(3):233-5.
2. Berwick DM. What 'patient-centered' should mean: confessions of an extremist. *Health Aff (Millwood)*. 2009;28(4):w555-65.
3. Epstein RM, Street RL Jr. The values and value of patient-centered care. *Ann Fam Med*. 2011;9(2):100-3.
4. Nayeri ND, Aghajani M. Patients' privacy and satisfaction in the emergency department: a descriptive analytical study. *Nurs Ethi*. 2010;17(2):167-77.
5. Vegting IL, Nanayakkara PW, Van Dongen AE, Vandewalle E, Van Galen J, Kramer MH, et al. Analysing completion times in an academic emergency department: coordination of care is the weakest link. *Neth J Med*. 2011;69(9):392-8.
6. Nasiriani K, Eslami MH, Dehghani A, Dehghani H. Patient satisfaction of communication in emergency department in hospital. *Avicenna J Nurs Midwifery Care*. 2007;15(2):23-33.
7. Gill JM, Mainous III AG, Nsereko M. The effect of continuity of care on emergency department use. *Archives of family medicine*. 2000 Apr 1;9(4):333.
8. Johnson BH, Abraham MR, Shelton TL. Patient-and family-centered care: Partnerships for quality and safety. *NC Med J*. 2009;70(2):125-30.
9. Knopp R, Rosenzweig S, Bernstein E, Totten V. Physician-patient communication in the emergency department, part 1. *Acad Emerg Medi*. 1996;3(11):1065-76.
10. Johnson RL, Roter D, Powe NR, Cooper LA. Patient race/ethnicity and quality of patient-physician communication during medical visits. *Am J Publ Heal*. 2004;94(12):2084-90.
11. Berghout M, van Exel J, Leensvaart L, Cramm JM. Healthcare professionals' views on patient-centered care in hospitals. *BMC Heal Servi Res*. 2015;15(1):385.

Cite this article as: Cardoza S, Moras JS. Improving patient care in the emergency department in a selected hospital: a study on patient centered care. *Int J Community Med Public Health* 2024;11:3996-4003.