Arab American University

Faculty of Graduate Studies

Patient Satisfaction Concerning Information Dispensation at the Emergency Department: A Cross-Sectional Study

By

Amal Sarahin

Supervisor

Dr. Abeer Hussein

This thesis was submitted in partial fulfillment

of the requirements for the Master's degree in emergency nursing

Jan /2025

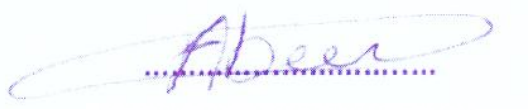
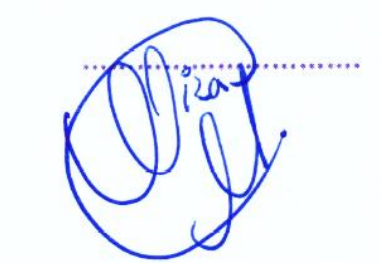
Thesis Approval

Patient Satisfaction Concerning Information Dispensation at the Emergency Department: A Cross-Sectional Study

By

Amal Sarahin

This thesis was defended successfully on 30.1.2025 and approved by:

Committee members	Signature
1. Abeer Husein: Supervisor	
2. Imad Abu-Khader: Internal Examiner	
3. Nizar Said: External Examiner	

Declaration

I certify that this thesis submitted for the master's degree is the result of my own research, except where otherwise acknowledged and that this thesis (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Name: Amal Hatim Sarahin

ID: 202012545

Signature: Amal Hatim Sarahin

Date: 17.7.2025

Acknowledgement

First and foremost, I extend my heartfelt gratitude to God, the Almighty, for giving me various blessings, knowledge, and opportunities and finally allowing me to finish the thesis. Furthermore, I would like to convey my gratitude and appreciation to Dr Abeer Husein, my supervisor, for her assistance and guidance.

Dr. Abeer Husein provided me with excellent knowledge in the field of research and considerable time assisting me in completing my thesis; with her guidance, support, and mentorship, I was able to progress to this point.

In addition, I would like to acknowledge the contributions of all those who have supported me in various ways during my study courses. Their encouragement, insights, and assistance have enriched my research and made this thesis possible.

Finally, I also want to express my sincerest appreciation to my family, whose constant support and care have been a continuous source of strength and motivation. Their belief in me and encouragement throughout my academic pursuits have been instrumental in my achievements.

Abstract

Introduction: Proper information dispensation in the emergency departments is crucial for achieving a satisfactory level of healthcare services that is reflected by positive outcomes on both patients and quality of care. The current study aimed to assess satisfaction levels of the Palestinian patients who visit emergency departments regarding information dispensation, as well as the most common sociodemographic factors affecting them.

Methods: The study utilized a cross-sectional quantitative design on a convenience sample of 200 patients from emergency departments of Palestine Red Crescent Society-Hebron Hospital, Al-Ahli Hospital, Bethlehem Arab Society Hospital, Al Yamamah Hospital, Red Crescent-Ramallah Hospital and Istishari Arab Hospital between May 26th and June 13th, 2023, and were asked to fill in a self-administered questionnaire on their demographic data, general satisfaction of health information, and satisfaction on information dispensation. Data were analyzed using SPSS, with a full commitment to ethical considerations of anonymity and confidentiality.

Results: The sample consisted of 51.5% males, 66% married, 51% with bachelor's degree, 56.5% living in rural areas and 50.5% with more than 3000 Shekels of monthly income. 57.5% of the patients waited for less than an hour for doctor's interview, with a dominant oral communication (97%). The general satisfaction score was 3.25 out 5, while the scores of satisfaction of distribution of general information (2.93/5), practical information (3.37/5) and medical information (3.19/5) resulted in a n overall satisfaction level with information dispensation to reach 3.17/5. Significantly higher satisfaction was seen in older patients ($F = 3.049$, p-value = 0.011) and with higher income ($F = 4.656$, p-value = 0.004).

Conclusions: The study highlighted the presence of an overall average level of satisfaction among Palestinian patients towards information dispensation in emergency departments. Policymakers in the healthcare sectors should support the factors that enhance patients' satisfaction, as it is reflected on positive health outcomes and quality of care.

Keywords: patient satisfaction, information dispensation/dissemination, emergency departments.

Table of Contents

List of Tables

List of Figures

List of Appendices

List of Abbreviations

Abbreviation	Full term
ED	Emergency Department
ECG	Electrocardiogram
CT	Computed tomography scan
ECT	Expectation-Confirmation Theory
CAT	Communication Accommodation Theory
CINAHL	Cumulative Index for Nursing and Allied Health Literature
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
EDPSS	Emergency Department Patient Satisfaction Scale
SPSS	Statistical Package for Social Sciences
SD	Standard deviation
ANOVA	Analysis of variance
IRB	Institutional Review Board
AAUP	Arab American University – Palestine

Chapter One: Introduction

1.1. Overview

1.1.1. Patient satisfaction in the emergency departments (EDs)

Satisfaction of the patient is one of the cornerstones of the healthcare systems since it is a criterion to evaluate the technical, service, and structural aspects of care. Various studies have established a positive correlation between patients' satisfaction on the one hand and important aspects of health care such as patients' return to the medical facility, patients' referral, re-admission episodes, and recovery on the other hand (Iddrisu et al., 2019; Ng & Luk, 2019).

The focus on client satisfaction has shifted the goal of care delivery towards a patient-centered model, where clinical procedures are carried out in a timely manner and healthcare services are provided with optimal efficiency. Furthermore, the level of patient satisfaction is inherently connected to the efficiency with which hospitals, outpatient facilities, doctors, nursing professionals, and other healthcare professionals render health services. The issues of patient/consumer satisfaction go beyond the profitability or existence of the hospital to include greater effectiveness, efficiency and better results of treatment (Adebanke Yekeen et al., 2024; Kholghabad et al., 2019).

According to research, patients' satisfaction with hospital emergency departments is inversely associated to difficulties such as insufficient support, poor explanation of medical conditions, excessive wait times, and difficulty arranging follow up appointments (Asnawi et al., 2019). This scientific viewpoint calls for the redesign of emergency department treatment practices to address these problems and improve patient satisfaction (Ferrand et al., 2022). A previous study on patient satisfaction with various hospital emergency departments identified three strong predictors: care staff's lack of interpersonal skills and empathetic attitudes, insufficient and untimely information and explanations of patient conditions, and perceived waiting times (Abass et al., 2021).

1.1.2. Patient rights

Owad et al. (2022) concluded that achieving high levels of operational flow efficiency in emergency departments positively correlates with higher quality of care, financial efficiency, client retention, and, crucially, patient satisfaction. An optimal operational flow ensures timely and appropriate care for sensitive cases while efficiently addressing non-threatening cases. This modification in patient care processes has the potential to transform patients' perceptions from negative to positive experiences, where autonomy preservation is the central pillar for the off-shooting of the patients' right to know their health condition which is regarded in a certain European country. Although this right is understood by professionals, there is a realization that it is not always followed (Connelly et al., 2023). It still remains an unsolved problem of how to integrate the patients' independence to the professionals anxiety against an avalanche of data requirements related to chronic illnesses (Govender & Naidoo, 2020). It is correct to state that patients very much need to be informed, but there are no fixed criteria regarding the amount of information they receive; the result is low morale for a range of patients. As a result, there is a change in emphasis to a more patient-centered approach which involves the submission of information in a unique way to each particular patient (Sheridan et al., 2024).

Advancements in medicine and a social focus on human rights and autonomy have transformed the connection between health providers and their patients. This relationship is now viewed as a social contract between moral strangers, with respect for patients' autonomy being essential. Shifting from the perception of healthcare as a gift to acknowledging clients' entitlement fosters more curious and demanding attitudes (Connelly et al., 2023).

1.1.3. Health information and patient education

Grasping that knowledge represents a real need for patients, allows them to have a favorable attitude towards the disease, to respond adequately, to be actively engaged in decision making and in the perspective of the future. Information is one of the decisive factors in health education programs, forming in patients' attitudes towards the disease, the decisions they take and actions they perform in the future which affects the quality of life (Fernandes et al., 2024). With respect to their autonomy, patients are owed information as a matter of right and as a practical advantage. The positive influence of appropriate information on clients has been noted by various authors as it affects prevention, treatment, recovery, change in behavior, decision making, continuity in care and the optimization of health outcomes (Lbugami & El Alem, 2021).

The hospital discharge is seen as an opportunity for patient education, despite having some constraints in EDs, while focusing on education's benefits remains the main motivation, including enhancement of patient satisfaction, adherence to recommendations and prevention of complications and early admissions (Petre et al., 2019). While there are several difficulties in achieving an optimal level of patient education in EDs, including challenges related to overcrowding, limited time and patient literacy, several solutions are proposed, such as improving communication skills and strategies, and using innovative ways to enhance patient education. A good example includes using of structured patient education tools to improve the quality of patient education by boosting nurses' confidence as educators, which showed significant improvements in outcomes and staff satisfaction (Petre et al., 2019).

1.2. Problem Statement

An important indicator of the quality of emergency medicine is the concept of patient satisfaction and in this case, the provision of information in the emergency department. Improved

information provision has the ability to benefit patients' experience and expectations. To improve informative interaction in the ED setting it is very important to know in detail what the targets may want to be told at the same time and any way and whenever they want. This study seeks to assess the satisfaction of the patient with regard to the information dispensation which includes information of a general, medical or practical nature. Studying the process of information distribution in the emergency departments of the Palestinian hospitals is a matter of great significance (de Steenwinkel et al., 2022).

While the association between patient satisfaction and process design, mapping, and improvement in healthcare systems has been extensively explored in developed countries, there is a notable dearth of studies on patients' satisfaction in developing countries (Manzoor et al., 2019; P Gore et al., 2022).Thus, a significant task would be to comprehend the peculiarities of information dissemination in the ED within the scope of Palestinian hospitals.

1.3. Significance of the study

Nevertheless, transforming ED into a more efficient unit in terms of information dissemination is likely to translate into an elevated patient experience, which in turn would in elevate satisfaction levels (de Steenwinkel et al., 2022).It is also important to know within which particular information the patients are interested in and the best ways to provide such information in order to improve the information provided in the ED.

Dealing with how information is provided/disseminated in emergency department is an important aspect that warrants attention in having satisfied patients. This, in turn, plays a pivotal role in the healing process and also in the patients' commitment to the treatment plan. Patient satisfaction appears again to be one of the critical aspects of the healing process and as such it is necessary to investigate this aspect of care in order to provide answers to the question and advocate for change in hospitals.

Active adjustment of patients ` opinions can be used as a tactic for the improvement of the quality of medical services. Especially, for the emergency settings, emotional and psychological care to patients and their relatives in various situations as well as in one type of care is important. But rather, we have to be able to provide not only technical assistance, but ‘everything’ which includes informational, emotional and practical support (de Steenwinkel et al., 2022).

Focusing on the Palestinian context, unique challenges are presented in the Palestinian healthcare systems, including political insecurity, resource limitations and overcrowding in EDs, and their consequences on shortage of medical supplies, staff burnout and infrastructure deficits (Bani Odeh et al., 2024; Rosenbloom & Leff, 2022), which make information dispensation more critical, and therefore, understanding how patients perceive and receive health information is important to optimize their experience. Moreover, the Palestinian population is characterized by a diversity in health literacy levels, which is influenced by education, socioeconomic status and healthcare services access, as influenced by barriers to timely access such services, especially in rural areas and refugee camps (A. Aljamal et al., 2023), which calls for addressing the impact of such variations on health information dispensation to enhance patients’ comprehension and cooperation with treatment plans.

1.4. Objectives of the Study

Main objective

This study aims to investigate patient satisfaction, needs, and preferences concerning information dispensation at the emergency department.

Sub Objectives

To identify the level of satisfaction concerning information dispensation at the emergency department.

To identify patient needs and preferences concerning information dispensation at the emergency department.

To find-out the statistical differences in the level patients' satisfaction with information dispensation according to their socio-demographic characteristics.

1.5. Questions of the Study

The study is carried out to answer the following main question:

1) What is the level of patient satisfaction concerning information dispensation at the emergency department.

2) What are the patient needs and preferences concerning information dispensation at the emergency department.

3) Are their statistical differences in the level patients' satisfaction with information dispensation according to their socio-demographic characteristics.

1.6. Hypotheses of the study

The current study is conducted to test the following hypothesis:

H_0: There are no significant differences in Palestinian patients' satisfaction with health information dispensation across their sociodemographic factors of gender, age, marital status, level of education, place of residence or monthly income at a significance level of 0.05.

1.7. Terms definitions

Conceptual definitions

Patient satisfaction: It conceptually refers to the perception and evaluation of patients towards healthcare services that are received, based on personal expectations, experiences and perceived quality of care, which is considered essential in the area of healthcare effectiveness indicators, and plays a role in influencing their adherence to treatment, trust in healthcare professionals and overall healthcare outcomes (Coutinho et al., 2020; Ng & Luk, 2019).

Information dispensation: Also referred to information dissemination, is conceptually defined as the process by which medical information is communicated to the patients, which may include details about diagnoses, treatment options, prognosis, and discharge instructions, which is crucial in the EDs to be effective, as they ensure patients and healthcare professionals to understand their conditions and necessary actions for better health outcomes (Morrato & Smith, 2020; Rodiah et al., 2019).

Operational definitions

Patient satisfaction on information dispensation: Is operationally defined as measuring the overall patient satisfaction about information dispensation using a 5-statement section that is evaluated on a 5-point Likert scale (from Strongly disagree to Strongly agree), and then followed by a more specific part that consists of 21 items that are evaluated on a 5-point Likert scale, from (Strongly disagree to Strongly agree, and are divided into 3 domains: general information on waiting time, expenses, recognizing nurses and doctors, admission reason and patient files access (6 items), practical information on availability of specific services, like parking, taxis, pharmacies, water circuits, foods, drinks and Wi-Fi networks (6 items) and medical information on services of ECG, X-Rays, blood sampling and testing, CT scans, pain and anti-emetic medications, monitoring and medications' side effects (9 items). The scores of the overall patient's satisfaction on information dispensation and its domains is calculated by summing the scores of satisfaction for each statement and divide it by the number of statements, giving a score out of 5, with higher scores indicating higher satisfaction levels (de Steenwinkel et al., 2022).

1.8 Study Variables

1.8.1 Independent Variables: Demographic factors of the patients related to gender, age, marital status, level of education, place of residence, and monthly income.

1.8.2 Dependent Variables: Patient's satisfaction with information dispensation in emergency departments.

1.9 Theoretical Framework

1.9.1 Theories on Patient Satisfaction

1.9.1.1 Service Quality Theory

Healthcare is not an exception when it comes to the importance of perceived quality in carving up customer satisfaction. According to the theory on service quality, "the difference between what the customer expects a service to be and their perception of the actual service delivered," (Parasuraman et al., 1985) can be termed as service quality. In the context of healthcare service quality includes multiple elements such as reliability, responsiveness, assurance, empathy and, tangibles (Zygiaris et al., 2022).

Within the theory of service quality and within the context of patient expectations, patients base their expectation of the care they will receive on the quality they have experienced before, on the reputation of the facility, and other information sources. The measure of their satisfaction becomes the measure of whether their actual experience meets the expectation, which follows therefore that interventions that seek to enhance patient satisfaction should target measures aimed at closing service quality gaps, increasing communication, and increasing the technical skills of the health care professionals (Jaber-Chehayeb, 2023; Salaria et al., 2020).

1.9.1.2 Patient-centered Care Theory

Patient-centered care theory argues that healthcare services should be personalized to each and every patient with special regard to communication, compassion, and collaborative decision processes (Tamli & Sain, 2023).This theory contends that "patient satisfaction" is determined by how oriented the care is towards the patient, in which case, the patient's physical, emotional and informational requirement's recognition is met together with the patient's autonomy and wishes (Kuipers et al., 2019).

In the ED setting, the theory-based model of care more closely reflects the concept of patient-centered care which emphasizes the need for care that is needed by the patients, e.g. timely control of pain, emotional reassurance, and provision of the direct and precise information about the illness processes and the treatment yea or nay. Thus, interventions targeting patients getting satisfaction should focus on enhancing the patient providing communication and the provider's empathy and intrapersonal relationship skills and decision making and patient involvement (Kazimi et al., 2020)**.**

1.9.1.3 Expectation-confirmation Theory

The Expectation-Confirmation Theory (ECT) can be regarded as a cognitive approach learning to explain satisfaction in a number of different services, including healthcare. According to the ECT, satisfaction is determined by how the customers' expectations about the service, the service they **received,** and the reasonableness of these expectations are verified or disproved (Wang et al., 2022).

In referring to the context of this study – the patient satisfaction in an emergency department as a part of healthcare, ECT in this regard implies that patients bring certain expectations of care quality based on previous experience, links with the institution and referrals from others (K. Nicol et al., 2022). As a result of disconfirmation, a patient's rating can be above the expected score, – positive disconfirmation, or below the expected score, – negative disconfirmation. The interventions directed towards the patients' satisfaction should therefore handle issues capitalizing patients' expectations as well as the quality of care provided that overrides these expectations (Afrashtehfar et al., 2020).

1.9.2 Theories on Information Dispensation

1.9.2.1 Information Processing Theory

The theory of informational processing can be defined as a cognitive theory which tries to elaborate the way individuals learn, encode, and recollect information (Sweller, 2020). This theory posits that information processing proceeds in three stages: (1) sensory registration, where individuals get hold of an information via their senses; (2) cognition, whereby individuals **categorize**, evaluate and assimilate the information with what they already know; and (3) reaction, wherein an individual responds to the information by decision making, problem solving or taking any other actions (Luoma & Martela, 2020).

Regarding the nature of information distribution between the emergency room and the patients, the theory of information processing states that the understanding and use of health information by patients is affected by the amount of detail in the information, how it is presented, and the patient's level of intelligence and prior knowledge (Sarkar et al., 2020). Strategies with which information distribution can be improved will therefore concentrate on the analysis of the information to be [distributed] so that it is ensured that the details are kept to the minimum without straining the point, plain language and diagrams are suitable, and the reconstructed information coincides with what the patients' want (Sarkhosh et al., 2022).

1.9.2.2 Health literacy theory

Health literacy is a multiple aspect of a person's capabilities which include functional (reading and writing) interactive (communicative and social) and critical (analytical and indecisive.) aspect of an individual, and its Health literacy theory claims that a person has capacity to participate in their healthcare by understanding the information (Vamos et al., 2020).

While providing health communication, this theory suggests that the literacy level of patients is important and ought to be evaluated, for instance, in an emergency department; if in such

communication patients don't understand their diagnosis or the treatment, it would lower their satisfaction and even outcomes (Mor-Anavy et al., 2021). Low-health-literate patients are unlikely to appreciate most medical terms and what they mean in the most basic therapy. Meanwhile, higher praise or treatment outcomes would be far less easy to understand without language that is simple, clear drawings, or images, or employ teach-back techniques (Vamos et al., 2020).

Let's analyze the Health Literacy Theory more deeply. You understand that in order to achieve your desired health outcomes, you have to take part in action. You are required to be active with your healthcare which goes far beyond basic comprehension on your part and extends into your ability to mobilize and apply the information (Vamos et al., 2020).

1.9.2.3 Communication accommodation theory

Communication Accommodation Theory, abbreviated CAT, is a sociology and psychology theory that explains on how people usually alter their speech in order to be in sync with their interlocutors. For instance, according to CAT, social goals such as affiliation, identity maintenance or power assertion may cause individuals to engage in convergence which is the tendency to modify their communication to be closer to what their conversation partner does, or engage in divergence which is the focus on differences in communication (Elhami, 2020).

In other fields of practice such as communication in the dispense of information in emergency departments, CAT claims that the communication practice of the healthcare providers does affect how well the patient understands and even how much the patient is satisfied with the information given to him or her (Momand et al., 2022). Interventions intended to facilitate better exchange of information should consider training and educating the healthcare personnel on good communication practices such as active listening and empathy. For example, a patient who seeks for assistance and is met by a nurse or a doctor trained to converge might feel satisfied because the provider uses layman's terms while explaining to the patient (Delli et al., 2022).

1.9.3 Integration of Theories and Relevance to the Study

Great philosophers identified service quality theory, patient centered care theory and expectation confirmation theory as prerequisites of compliance with patients' needs expectations and their mends, seeing or rules breached. It provides more accent. It integrates analysis: communication accommodation theory, information processing theory, and the theory of health literacy to consider the mechanisms for providing and understanding information in context of the patient compliance ability (Akhtar et al., 2019; Salaria et al., 2020).

Emphasis is placed on the satisfaction of patients with information in the context of emergency departments. It is proposed to keep in mind an amalgamation of healthcare expectations, level of the communication skills of medical practitioners, and the communicative competence of patients, as well as the level of care that they received. It is especially useful if the aim will be to explain particulars in satisfaction of patients in an emergency department and communication of information to them in order to specific strategies to improve the level of that patient care.

For instance, the investigation could be conducted on how communication skills of healthcare providers, which are based on the communication accommodation theory, are related to emergency department patients' satisfaction with the information they get. It might also assess the effect of health literacy on the effect of information dispensation on patients' satisfaction as defined in the health literacy theory. Finally, the study may include the effect of service quality, patient-centered care, and expectation-confirmation on overall patient satisfaction toward the emergency department (Kay Nicol et al., 2022), including satisfaction level toward the information.

The untapped areas for further investigation, as well as intervention formulation, may be better formulated through this work as it combines information dispersal in emergency departments together with patient satisfaction while taking into consideration the abovementioned theories and their application in this study (Moradi Rekabdar Kalaiee et al., 2024).

Chapter Two: Literature Review

2.1 Introduction

This chapter concentrates on the studies focused on patient satisfaction and information dispensation in case of emergency departments. The literature were retrieved from scientific databases of PubMed, CINAHL (Cumulative Index for Nursing and Allied Health Literature) and Scopus, using the following keywords: patient satisfaction, information dispensation, emergency department, healthcare communication. The most recent and related articles that were published in peer-reviewed journals in English language were used in the following review of literature. Among the issues outlined in the review are the models used in understanding patient satisfaction and information dispensation including the service quality model, the model of patient-centered care, expectation-confirmation model, information processing model, health literacy model and communication accommodation model respectively. Other aspects that are noted to enhance patient satisfaction features in the ED include waiting time, communication, interpersonal relationships, perceived degree of technicality and emotional support.

Emergency departments (EDs), in particular, are an integral part of the hospital that should be emphasized for providing resourceful and life-saving treatment to patients who may be in a critical condition and require immediate intervention. As the need for emergency treatment becomes extended, it becomes more crucial to explain factors that determine the satisfaction of patients (Bhojak et al., 2023). As a measure of the quality of healthcare provided, patient satisfaction remains an important outcome of the ED and has been correlated with a greater compliance to treatment, better outcomes and lower rates of rehospitalization (Schäfer et al., 2023; Sonis & White, 2020). Among the issues that patients express concern about which affects their level of satisfaction with an ED is the information they receive about the health care services offered, that is, the dispensation of instructions on how to give essential health information to patients.

In addition, the review examines the strategies, tools, and approaches employed in measuring and enhancing dispensation of information and patient satisfaction in the ED, including survey instruments, qualitative methods, and targeted interventions. It stresses the importance of health literacy, cultural and linguistic competence and patient-provider communication in the information dispensation and satisfaction of patients in EDs.

Moreover, the literature review pays attention to methodological aspects and key findings from previous cross-sectional studies on patient satisfaction and information dispensation in EDs, focusing them on such issues as the study of design, sampling and sampling, data analysis, while also considering the strengths and limitations of literatures. Finally, the review outlines the principal gaps that needs further investigation and argues for the importance and contribution of the present study to the existing literature on patient satisfaction and information dispensation in the ED.

2.2 Patient Satisfaction

Patient satisfaction is defined as the evaluation patients make of their health care encounters in terms of what they expect and what they need (Abu-Rumman et al., 2022). It includes the quality of communication, the availability of information, the speed of service, the efficiency, the skill of the providers and the healthcare facilities themselves (Black et al., 2021).

For the past few decades, especially the recent ones, it has become more important to analyze and interpret patient feedback since this will result in better patient care, improved patient adherence to treatment and enhanced quality of health care (Sonis & White, 2020). Nowadays, satisfaction of patients has become one of the most important components of the health care performance indicators and the policies associated with reimbursements whereby the health care organizations and providers are required to maintain a high-level patients' satisfaction (Liu et al., 2020).

There are many determinants of satisfaction amongst patients, which include the patient themselves, the physician, and the health institution. Some of the characteristics include age, gender, wealth, and education (Alharbi, 2022). Likewise, the interpersonal skills, empathy, and clinical skills of the nurse are important factors in the patient's rating of their satisfaction, while other organizational variables also lass influence on the satisfaction of patients of their visits to the clinic such as the total time taken to receive the service, the number of nurses or doctors available, and the service cleanliness status (Al Nuairi et al., 2022; Kalaja, 2023).

A diverse range of tools are made with the intention of estimating patient satisfaction. HCAHPS is an example sf a standardized questionnaire (Kumar et al., 2020; Richards et al., 2023). Other tools include interviews and focus groups (Abbasi-Moghaddam et al., 2019) which are more qualitative. These assessment tools help the health institutions to find the gaps and work on them to improve the patient satisfaction index as well as the quality of care in general.

2.3 Information Dispensation

The process of information dispensation involves furnishing patients with pertinent and precise health information, enabling them to make well-informed decisions about their care, actively participate in their treatment, and ensure the continuity of care (Luiz et al., 2022). This encompasses details about their diagnosis, prognosis, available treatment options, potential risks and benefits, as well as follow-up and self-care instructions. Various methods, including verbal communication, written materials, audiovisual aids, and digital resources, can be employed to facilitate information dispensation (Wongtaweepkij et al., 2021).

The value of treatment information's communication cannot be downplayed, as it bears close relation with the treatment satisfaction, the extent to which a patient follow the treatment, and the success of the treatment (Diviani, 2019). Insufficient information dispensation may lead to

suboptimal decision-making, diminished patient engagement, and decreased satisfaction with care (Briedé et al., 2024).

Recent studies underscore the necessity for healthcare providers to tailor their information dispensation strategies to align with patients' individual needs, preferences, and health literacy levels (Mor-Anavy et al., 2021). This may entail utilizing plain language, visual aids, and teach-back techniques to ensure that patients comprehend and retain the provided information (Nguyen et al., 2020).

2.4 Factors Influencing Patient Satisfaction in the ED

2.4.1 Waiting Time

The length of wait time is one of the factors affecting the patient's satisfaction in the Emergency Department (ED). Increased waiting time has always been associated with poor satisfaction in patients (Kusumasari & Sundari, 2021). Long waiting period may be perceived as the poor working of the system, unsatisfactory management or even lack of personnel (Chatgitisan et al., 2021). This means that long periods of waiting may increase the anxiety and frustration and discomfort of the patients resulting in even greater dissatisfaction than what is standard (Chatgitisan et al., 2021; Kusumasari & Sundari, 2021).

Waiting time has been highlighted in a number of investigations as one of the most significant contributing factors to an individual's satisfaction with EDs (Chatgitisan et al., 2021). Regardless of the clinical result, satisfaction is more prevalent among patients who are put away for shorter periods of time (Joseph et al., 2023). Thus, there is an improvement in patient satisfaction with policies that are aimed at reducing waiting time in the ED.

2.4.2 Communication and Interpersonal Skills

The improvement of patient satisfaction in the Emergency Department (ED) involves the use of effective communication as well as interpersonal dynamics. According to the research, patients

who perceive their caregivers as attentive and compassionate are more likely to be satisfied with their care. Moreover, effective communication is to be seen not only as the transfer of information but also as a means of joint decision making and enhances the patient's participation in the care process (Tuohy & Wallace, 2023).

Additionally, active communication, that is, the ability to talk, listen, and perceive the patients' concerns are relevant to making the patients feel supported and understood. Furthermore, enhanced communication may reduce patients' anxiety, explain their understanding, and/or their misconceptions about the condition and available treatment modalities (Delgadillo & Gonzalez Salas Duhne, 2020). Hence, strategies to improve communication of health care providers and interpersonal relationship could lead to better patient satisfaction in the ED.

2.4.3 Perceived Technical Competence

Perceived technical competence involves the patient's evaluations of their provider's abilities, knowledge capacity and skills in the context of diagnosing and treating the patient. Patients tend to be more satisfied with the care they receive when they believe their healthcare provider is competent, and they report a higher level of satisfaction (Alharbi, 2022). On the other hand, perceived incompetence can lead to perceived mistrust, dissatisfaction and lack of compliance to the treatment advice given (Schiele et al., 2021).

The patients' perceptions of the health providers competency can be shaped by their ability to address head operative conditions as well as the providers credentials and reputation. Moreover, the patients' perceptions could also be influenced by the body language and voice to nation of the providers, therefore, improving perceived technical competence may include training people to become better healthcare communication providers, investing in continual professional development and seeking to inform patients about their providers qualification and experience (Bhowmick, 2024).

2.4.4 Emotional Support

An important part of patient satisfaction in an emergency department is through the use of emotional support. People in ED usually encounter fear, anxiety and stress concerning their medical conditions due to which the provider's support significantly affects their satisfaction with the care given (Zineldin & Vasicheva, 2019). Empathy, reassurance, validation of patients' feelings, and encouragement are factors that make up emotional support (Kim, 2020).

Considerable evidence shows that patients who feel support from their providers have higher satisfaction with the services provided to them, increased compliance with treatment directives, and improved clinical conditions (Jüngst et al., 2019). Or even worse, such support may inhibit trust formation between a patient and the healthcare provider excluding the chance of having a good relationship (Zineldin & Vasicheva, 2019). Some of the interventions which target the ED with the focus of improving emotional support to the patients may consider educating the providers on how to empathically communicate with patients and teach them active listening and appreciation tactics.

2.5 Interventions to improve patient satisfaction in the ED

2.5.1 Reducing Waiting Times

Reducing waiting times emerges as a pivotal strategy to enhance patient satisfaction in emergency departments. Approaches to alleviate waiting times encompass optimizing patient flow, implementing triage protocols, and leveraging technology to improve overall efficiency (Peng et al., 2020). For example, some hospitals have introduced "fast-track" systems that prioritize patients with less severe conditions, ensuring that they receive care more quickly and reducing overall waiting times.

2.5.2 Enhancing Communication and Interpersonal Skills

Training programs focused on improving healthcare providers' communication and interpersonal skills can significantly enhance patient satisfaction in emergency departments. These programs may include workshops, role-playing exercises, and simulations designed to teach effective communication techniques, such as active listening, empathy, and clear explanation of medical concepts (Sonali, 2020).

Evidence-based communication training models, such as the Calgary-Cambridge Guide and the Four Habits Model (Hastings, 2024), provide structured frameworks for healthcare providers to develop and refine their communication skills. Such models indicate that regular feedback and performance evaluations can further support the development of effective communication and interpersonal skills among healthcare providers in the ED.

2.5.3 Strengthening Perceived Technical Competence

Building patients' faith in healthcare personnel' technical ability requires a mix of open communication, continual professional growth, and visible display of skill. Healthcare personnel may increase their perceived technical competence by discussing their qualifications and experience with patients, properly describing medical processes, and responding to patients' inquiries with knowledge and confidence. Furthermore, healthcare institutions should engage in continuing education programs, certification courses, and frequent skill tests to ensure that emergency department clinicians retain a high level of technical competence (Burchard et al., 2020). Healthcare practitioners can increase patient satisfaction by exhibiting their dedication to professional growth.

2.5.4 Promoting Emotional Support

Patients in the ED can benefit by providing emotional assistance through the help of training programs which would aid in recognizing the patients emotional needs and teach them to assist

efficiently. Such programs can consist of training in empathic communication, validation techniques, and stress management strategies for patients (Kelly et al., 2020).

Apart from that, developing a patient care environment which encourages compassion, empathy, and paying attention to the patient's emotional health turns out to be beneficial in supporting the care provided in ED (Zineldin & Vasicheva, 2019). By attending to the emotional needs of patients, healthcare services can provide not only comprehensive patient's psychological assistance but also lead to increased patient satisfaction and consequently the quality of care given in emergency departments.

2.6 Importance of Information Dispensation in Emergency Departments

2.6.1 Informed Decision Making

The proper dissemination of information is critical in the Emergency Department (ED) to enable informed decision-making. Patients must understand their medical condition, diagnostic testing, and treatment options in order to actively participate in their care and make educated decisions. According to research, patient engagement in decision-making is associated with better health outcomes, more satisfaction with care, and greater adherence to treatment recommendations (Krebs et al., 2019).

The engagement of a healthcare professional is crucial in Marine Specialization Service education as it facilitates the process of acquiring the knowledge needed to make informed decisions regarding patients. This encompasses the effective transmission of information, answering patient's questions and concerns, and the patient's involvement in the decision (Szumacher, 2019). In this way, patients are assisted in making informed choices that encourage them to take an active role in the management of their medical care which leads to an improved satisfaction level with the hospital emergency departments.

2.6.2 Patient Engagement

Information dissemination is critical for increasing patient participation in the ED. Patient engagement is the active participation of patients in their healthcare, such as knowing their medical condition, making decisions, and following treatment recommendations. Effective information dissemination may make patients feel more connected to their treatment, boost their trust in healthcare providers, and build a collaborative collaboration between patients and healthcare professionals (Bruce et al., 2024; A. Walsh et al., 2022).

Research has shown that patient participation is linked to better health outcomes, lower healthcare expenditures, and more patient satisfaction, with strategies to improve patient involvement via information dispensation in the emergency department including giving patients with conveniently available educational materials, utilizing plain language to explain complicated medical ideas, and including patients in the development of their care plane (Alarjani et al., 2019; Chatterjee et al., 2020).

2.6.3 Continuity of Care

The sharing of important information is critical to ensuring that patients who are leaving the Emergency Department (ED) get the care they need either through primary care or with some specialist services. Care is said to be continuous when the same patient is treated by multiple providers across different locations at different times, and people are assured that care is thorough, purposeful and comprehensive (Faulks, 2021).

Thus, in the ED, providing patients with instructions on making follow-up appointments, and wider education on the use of medications and how the patients can look after themselves would quite comfortably resolve the issues of coordination of care. Furthermore, the providers of care were able to transfer the patients' medical records and treatment plans together with test results and consultations to the other points of care in an efficient manner (Romanelli et al., 2024).

Information transfer in the ED can achieve the desirable outcome of better healthcare satisfaction, improved clinical care, and most importantly correct use of healthcare infrastructure and time by enhancing coordination of care.

2.7 Types of Information Provided in the ED

2.7.1 Diagnostic Information

Bluestone describes diagnostic data as information which contains data such as interpreting the source of why a patient is experiencing certain symptoms, the scale of how badly ill the patient is, the different tests carried out, like lab or imaging tests, and so on. Moreover, patients are usually better able to determine their health circumstances and make appropriate decisions regarding their treatment with the assistance of clear, concise and accurate diagnostic information. Providers who are in the core of the team of medical professionals must not only accurately interpret the patient's condition using diagnostic information, but also objectively, accurately and sensitively provide this information to the patient (Dahm et al., 2024).

2.7.2 Prognostic Information

Prognostic information is the information that is related to the expected outcome of a disease including expected growth of the disease, its complications and recovery time. Such information, if given accurately to patients, would allow them to have realistic expectations of the outcome of their illness, plan for the future and be conscious of the treatment or its possibilities (Malhotra et al., 2019).

Healthcare providers should always be sensitive and professionally supportive when giving out prognostic information, taking into consideration the feelings of the patients regarding their uncertainty with such information. It may also prove to be of great importance to the communication of such prognostic information, the selection of the patients' preferences as to some patients may want a detailed account while others may not (van Eenennaam et al., 2020).

2.7.3 Treatment Options and Potential Risks

Providing details on treatment options, encompassing the advantages, risks, and alternatives, is crucial for enabling patients to make well-informed decisions about their care (Laight, 2022). Healthcare providers ought to present an impartial perspective on various treatment choices, engaging in discussions about potential benefits and drawbacks, the probability of success, and potential side effects or complications (van de Water et al., 2020).

Likewise, healthcare practitioners should assess patients' understanding of treatment alternatives and related risks, clarify any misconceptions, and give further information as needed. Finally, the objective is to help patients make decisions that are consistent with their beliefs, interests, and unique circumstances (Pieterse et al., 2021).

2.7.4 Follow-up and Self-care Instructions

The distribution of information in the Emergency Department includes follow-up and self-care instructions which are important to help the patients in the management of health and complications after discharge from the Emergency Department. These instructions may involve aspects such as the taking of medication, caring for wounds, restricting some activities, alterations of diet and determining the possible complications that require patient evaluation (Woods et al., 2019).

Healthcare providers need to make follow up and self-care instructions understandable by the patients by avoiding the use of medical terms but use ordinary language (Dinsdale et al., 2020). The development of written information and visual material aids may serve to complement oral information given to the patient and enhance their comprehension and compliance with key messages on self-care practices.

2.8 Methods of Information Dispensation

2.8.1 Verbal Communication

Verbal communication is the major means of disseminating information in the emergency department. Effective verbal communication between healthcare personnel and patients is critical for building rapport, determining patients' needs and preferences, and communicating complicated medical information. Healthcare practitioners should utilize active listening, empathy, and open-ended inquiries to establish a meaningful discourse and encourage collaborative decision-making (Alghamdi et al., 2023; Mor-Anavy et al., 2021).

2.8.2 Written Materials

As McKenna et al. (2023) posit, pamphlets and prescription guidelines preserve and enhance the patient's understanding of both the condition and the treatment plan. In fact, I would tend to be in unison because visual materials such as discharge summaries do enhance recall. However, for those visual materials to be completely effective it is essential that they are devoid of any medical terminology, slang or technical jargon in order for the patients to for comprehend them. Family backgrounds and even linguistic capabilities also tend to have a large role to play, as Delavar et al. (2020) mentioned, and thus any written material needs to take those factors into account as well.

2.8.3 Audiovisual Aids

Videos, pictures, and, personalized multimedia programs could be helpful tools in conjunction with oral or written instruction for the provision of information in the ED (Diedrich & Dockweiler, 2021). As Russell et al. (2024) postulated, for the most effective comprehension of complex medical topics, follow-up of instructions, and delivery recommendations, patients require these aides.

In the same way, Lopez Gavilanez et al. (2019) recommended that health scientists be careful to ensure that the information contained in the audiovisual aids is correct and is not out of date or

inconsistent with the culture of the potential user. In addition, it is very important that patients using such materials are encouraged to ask questions and raise doubts regarding any concept or fact that might be included in the material.

2.8.4 Digital Resources

The Emergency Department (ED) has new opportunities for information dissemination in the form of digital resources like websites, mobile apps and electronic health records. Due to these resources, patients can be managed through personal health information, education and tools which would assist them in managing their own health and assist in making informed decisions. However, the use of digital resources as a form of information dissemination raises issues related to privacy and data protection as well as the reliability and revision of online healthcare information. Medical practitioners need to be careful to determine the reliability and precision of digital resources and tell patients where it is safe to get the information (Yigzaw et al., 2022; Zandesh, 2024). Furthermore, it is necessary to tackle the issue of the digital divide where it would ensure all patients get the appropriate tools and assistance so that they can use the digital health technologies effectively (Bhoyar et al., 2024).

2.8.2 Impact on Information Dispensation and Patient Satisfaction

Compromised health literacy can block communication channels between patients, nurses, or doctors in an emergency scenario event in the ED and thereby obstruct the transfer of information that is crucial. Patients with inadequate health literacy are more likely to encounter difficulties in understanding complex medical information as well as in formulating appropriate queries, concerns, or even preferences, which can be even worse as a combination of these problems worsens and results in patients being even more unsatisfied (Haug et al., 2022).

Furthermore, health literacy is a determinant of patient satisfaction, because some of the patients that might find it difficult in garnering comprehensible information to them tend to feel neglected,

irritated, and hence become dissatisfied with their treatment/medicine (Rapport et al., 2019). It is imperative for the healthcare practices to identify and manage health literacy related issues in making sure that all the patients are able to have access to the required information to make the right decisions that would lead to attaining optimal health.

2.9 Cultural and Linguistic Competence

2.9.1 Impact on Information Dispensation and Patient Satisfaction

Cultural and linguistic competence involves the ability of healthcare professionals to understand and properly address the culture, language and other attributes of their patients. Cultural competence is the ability of healthcare providers to understand and appreciate cultural perspectives that may influence the health beliefs, values, and norms of their patients (Skjerve et al., 2023). Linguistic competence is the ability to speak to patients in foreign languages and those who do not speak the language of the provider in a specific healthcare setting (Ortega & Prada, 2020).

In the ED context, lack of cultural and linguistic competence hinders information dissemination because patients across cultures often have limited understanding of medical language, may not be able to articulate their demands, or have a lack of confidence in care providers who speak a different language or belong to a different culture. Therefore, there is likely to be information failure, poor communication, and lower patient satisfaction levels (Al Shamsi et al., 2020).

2.10 Conclusion

With its cross-sectional design, this study focuses on expanding the current knowledge base on information dispensation within the Emergency Department (ED) by understanding the patient's satisfaction factors. With the inclusion of relevant theories, and by paying attention to methodological issues, the study expects to provide a comprehensive understanding of the subject (References not provided in the original text).

The literature review for the current study started with an outline of the purpose and the scope of the review. It defined important keywords with the help of examples such as patient satisfaction, information dispensation, and emergency department. The theoretical framework section involved relevant theories regarding patient satisfaction and information dispensation and synthesized these theories as to why they are relevant to the study. The review later examined patient satisfaction in the emergency department with emphasis on specific aspects including waiting time, communication and interpersonal skills, perceived technical competence support as well emotional support. Various methods of determining patient satisfaction as well as ways to solve this problem were also raised.

The first issue to be raised was informational exposition in emergency departments with regards to patients' relationships with medical staff, and decision-making. The review assessed what information is delivered during the visits of patients in the ED and by what means this information is delivered, including verbal means, printed publications, pictures or videos, and websites. Also dealt with were factors affecting the provision of information and patient satisfaction, such as adequate understanding of the information and comprehensiveness of the provider's and patient's roles. Measures for overcoming obstacles to communication as well as measures that would help improve communication were reviewed. Cross-sectional studies on satisfaction, and information provision in EDs were reviewed, noting the study parameters, such as selection of participants, data gathering, or data analysis. A commentary was provided on cross-sectional studies that have already been undertaken about the topic in question as well as about their advantages and drawbacks. The last sections were about gaps in the literature and contributions of the current work, so the problems to be addressed and contributions for future research were more clearly stated.

Chapter Three: Research Methodology

3.1 Overview

Methodology pertinently denotes the theoretical examination of methods suitable for a specific field of study or the set of methods and principles unique to a particular branch of knowledge. In this chapter, we focus on the research methodology, delineating the identification of the study's population and sample, the selection of the research approach, the development of the research instrument, and the determination of statistical data analysis techniques.

3.2 Research Approach

This study is based on a cross-sectional, quantitative design. Thus, the researcher relied on the analytical descriptive approach, to research patient satisfaction concerning information dispensation at the emergency department.

3.3 Population and Sample

The study population consists of all patients who visited the emergency departments in six targeted hospitals: Palestine Red Crescent Society-Hebron Hospital, Al-Ahli Hospital, Bethlehem Arab Society Hospital, Al Yamamah Hospital, Red Crescent-Ramallah Hospital and Istishari Arab Hospital between the period of May 26th and June 13th of the year 2023.

The sample size of the study was calculated using G*Power 3.1 software (Faul et al., 2007), which was set to a “F-test” test family, ANOVA statistical test, using fixed effects, omnibus, one-way type, and an “A priori” type of power analysis, where the software calculated the required sample size based on a given error probability “α”, power and effect size. Using a moderate effect size of 0.25, error probability of 0.05, a power of 0.8 and 4 groups, the recommended sample size was 180, and with the addition of a 10% for attrition probability, the final targeted sample size is 198 patients.

The researcher was able to collect data from 200 patients, who were recruited using convenience sampling technique, which is a type of non-probability sampling methods, where the researcher collected from the available patients at the time of data collection, who agreed to participate, and the researcher aimed to recruit patients in a proportionated way, which means that the number of sampled patients is in a percentage similar to the percentage of patients in the population, according to the size of the hospital. The following figure illustrates the sample size calculation.

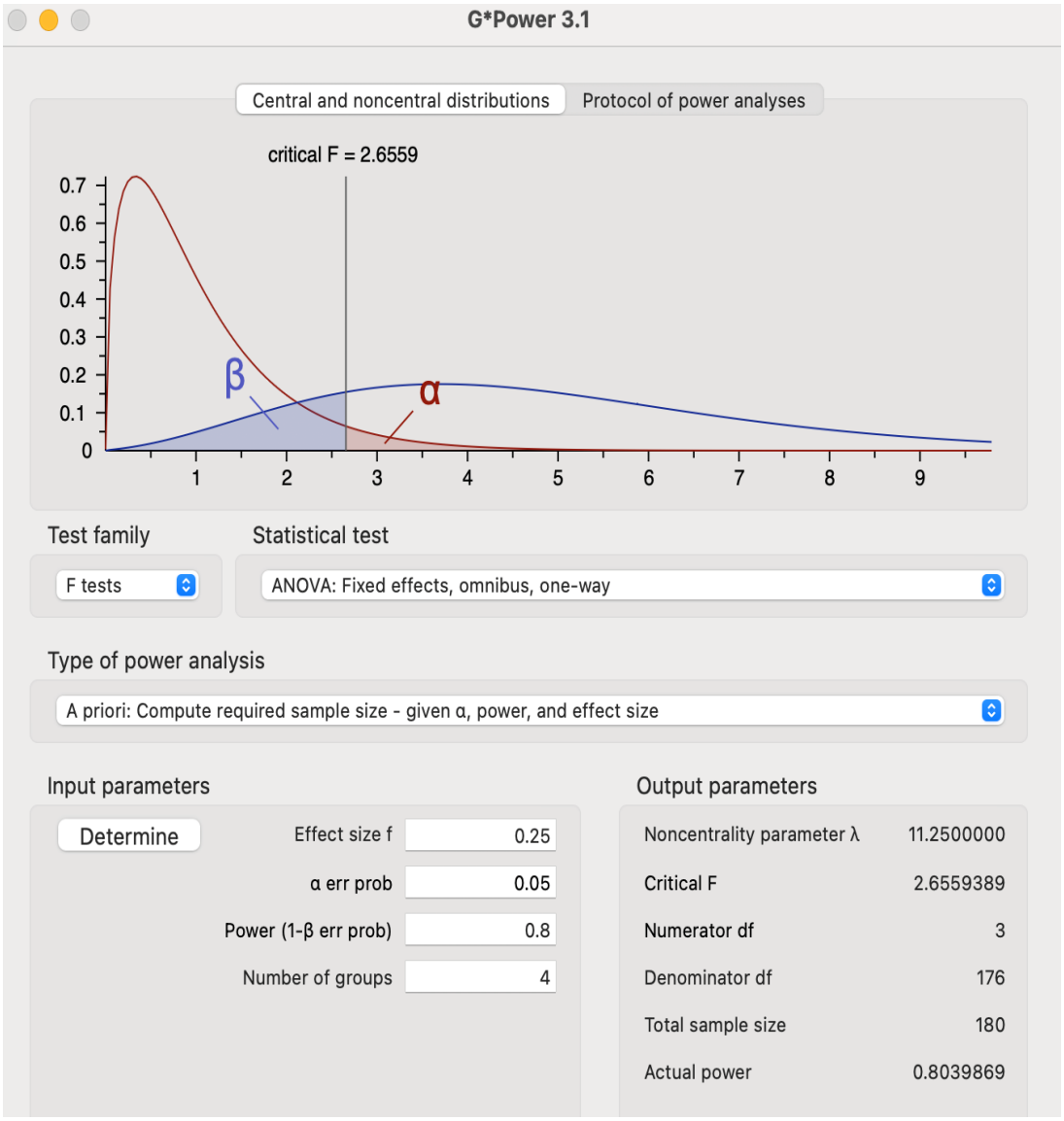


Figure 3.1: Sample size calculation using G*Power 3.1 software on MacOS.

3.4 Site and Settings of the Study

The current study was conducted in the emergency departments of six hospitals, which are Palestine Red Crescent Society-Hebron Hospital, Al-Ahli Hospital, Bethlehem Arab Society Hospital, Al Yamamah Hospital, Red Crescent-Ramallah Hospital and Istishari Arab Hospital. Below are brief descriptions of each hospital's characteristics, capacity and emergency statistics.

The Palestine Red Crescent Society (PRCS)-Hebron Hospital was established in 1999, and is still under development, located in Wad Al-Tuffah area, which is an accessible area in Hebron. The hospital consists of 8 floors, and provides unique healthcare services compared to other hospitals in Palestine, including in departments of pediatric ICU, neonatal ICU, Gyn/Ob, general surgery and outpatient clinics, while the emergency department includes 7 beds (Palestine Red Crescnt Society, 2020).

Al-Ahli Hospital is considered the largest hospital in the southern West Bank, which operates about 250 beds, with a plan to expand it to 304 beds, while the infrastructure us prepared to surge up to 500 beds in emergencies if needed. According to the official resources, the hospital handles a total of 160,000 patients per year, including 28,000 patient admissions per year. The emergency department at Al-Ahli Hospital has a capacity of 24 beds, expanded recently from 16 beds, and received more than 5,000 emergency patients per month, with the availability of on-site imaging equipment for critical cases to be immediately evaluated in ED (Ahli Hospital, 2020)

Bethlehem Arb Society for Rehabilitation is a non-profit specialized hospital that is located in Beit Jala, and was founded in 1960 as a charitable home for disabled children, and has since grown into a nationally recognized rehabilitation and medical center, providing comprehensive healthcare services in departments of cardiology, surgery, outpatient and other diagnostic and support units, with an approximate capacity of 100 inpatient beds, including a 6-bed ICU and 2 operating theatres. Its ED is relatively small compared to larger general hospitals, historically around 4 beds

and basic resuscitation/stabilization areas, that was upgraded in 2016 and opened by the Palestinian Ministry of Health, improving the hospital's ability to triage and treat urgent cases more efficiently, while exact numbers are not published (Bethlehem Arab Society for Rehabilitation, 2024; Community-Based Rehabilitation Program (CBR), 2024).

Al-Yamamah Specialist Hospital was established in 1997 in a form of a medical center for emergency services and outpatient clinics only, which thereafter was approved by the Palestinian Ministry of Health as a specialized hospital in 1999, serving the governorates of Bethlehem and Hebron, providing services in pediatric, Ob/Gyn, internal medicine and surgery clinics, among others, and allied health services. The hospital contains an emergency department that provides emergency services on a 24/7 basis, with no clear available data related to its capacity and volume.

The PRCS-Ramallah Hospital (Al-Bireh) was established in 1987 as a small maternity hospital with only 15 beds, and received the official licensing in 1991, which continuously expanded and modernized over the years to treat around 100,000 patients annually. It contains major departments and services in Ob/Gyn, internal medicine, general surgery, neonatal ICU, outpatient clinics and allied services, with an overall bed capacity of 60 – 70 beds, and a hospital space of 4,000 m^2. The ED is considered a high patient volume relative to the hospital size, which sees roughly 27,7000 patient visits per year, ranging from accident injuries to medical emergencies, and manage flow of patients using a comprehensive triage service, while the exact number of ED beds is not officially documented. The ED also handles around 73,000 outpatient visits per year, and 5,500 inpatient admissions annually. In peak periods, it is reported that the bed occupancy reaches 145%, which highlights how vital the ED in this hospital is meeting the local needs.

Istishari Arab Hospital was established in 2016 and located at Al-Rayhan suburb, initially opening with 100 beds, which expanded to a recent capacity of around 300 beds, that serves a variety of

healthcare services, majorly general surgery, emergency medicine, cardiology, cardiosurgery, neurosurgery and orthopedics among others. The capacity of ED is 10 beds that is operating 24/7, which include a convertible waiting area that can be turned into extra treatment space during mass casualty incidents or major emergencies. It is also equipped with on-site imaging and laboratory services for immediate diagnostics, and a triage system for all incoming patients to be immediately categorized according to the severity of the case (Arab Hospitals Group, 2023; archive.org, 2017).

3.5 Data Collection Method

A self-administered questionnaire that was developed by the researcher from previous literature (de Steenwinkel et al., 2022) and experts' opinions was used to collect data from the patients. The original questionnaire was structured in English language and then was translated to Arabic language and back-translated via a licensed translation center, which is done to ensure the linguistic and conceptual equivalence of the questionnaire across the cultural and language differences in the Palestinian community of patients. The questionnaire consisted of the following parts:

Part One: The socio-demographic characteristics

This part consists of the demographic characteristics (Gender, Age, Marital status, level of education, Place of Residence, Monthly income), and information of emergency department visit (number of visits to the emergency department over the last 3 months, Emergency Department visit, Access, Access in times, Access in days, Reason to visit Emergency Department (case), Waiting period at the Emergency Department for a doctor's interview.

Part two: method of distribute and share information in the emergency department

This part consists of (3) questions about method of distribute and share information in the emergency department.

Q1: Have you shared general and special medical information in the Emergency Department?

Q2: What method is used to distribute and share information in the section?

Q3: What way do you prefer to receive information in the Emergency Department?

Part three: General patient satisfaction about receiving information

This part consists of 5 items about general patient satisfaction about receiving information.

Part four: Patient satisfaction about distribution of information

This part consists of (3) parts:

Part 1: general information (waiting times, costs, identify the attending physician, identify the hospital staff, reason to visit emergency department and access to patients' files).

Part 2: practical information (parking, Taxis/Public Transport, Availability of pharmacies, washrooms, food and drinks and Wi-Fi).

Part 3: Medical Information (electrocardiogram, X ray, blood samples, the venous system, computed tomography, pain medications, vomiting and emptying drugs, monitor patients' vital standards, side effects and negative symptoms of drugs).

A five-point Likert scale, ranging from a minimum of 1 “Strongly Disagree” to a maximum of 5 “Strongly Agree”, is used in the last two parts of the questionnaire.

3.6 Validity and reliability of the questionnaire

The initial form of the questionnaire was validated using content validity method, where the questionnaire was reviewed by 5 experts in the field of emergency, including 2 faculty doctors, 2 experienced nurses and 1 emergency doctor, who provided valuable feedback points and were used to modify the content of the questionnaire. The panel of experts were also asked to evaluate the translated version, which was translated using translation and back-translation method, and they evaluated the suitability of the translation for the population of Palestinian emergency patients.

For the reliability part, the internal consistency of the questionnaire was tested using Cronbach’s alpha test using the statistical analysis software, which checks if the question items produce similar

results to ensure that the scale measures the same construct, with the cut point of 0.7 to consider it reliable. The Cronbach's alpha result of the study's questionnaire was 0.801, which is considered an acceptable result of internal consistency, which reflects that the questionnaire is reliable, can be used in future studies on same populations, and that the study results can be generalized on the study population.

3.7 Piloting

Prior to the final data collection, the researcher recruited a piloting sample that consisted of 10% of the calculated sample size, and asked them to fill in the validated questionnaire, followed by asking them to comment on the content of it. The piloting phase was utilized to gather a feedback about the content, feasibility and consistency of the questions, as well as obstacles and problems to the data collection procedure, and while their feedback was minimal, it included valuable opinions concluding that the items were clear, not confusing, comprehensive, suitable, and were easy to complete, with an average of 15-20 minutes to be completed, which were taken into consideration for further modifications on the questionnaire.

The piloted sample was also used for the calculation of Cronbach's alpha for internal consistency, and were excluded from the final data analyzed.

3.8 Statistical Data Analysis Techniques

The Statistical Package for Social Sciences (SPSS) version 25 was used to analyze the descriptive and analytical results of the current study, and was used to test the normality of the data, using Kolmogorov-Smirnov normality test, which had a p-value of < 0.05, indicating that the data are normally distributed, resulting in the use of parametric tests.

The descriptive results included the distribution of categorical variables in frequencies and percentages, including the patients' demographic factors and their individual responses to

satisfaction statements, in addition to the use of means and standard deviations (SD) for the description of scale/continuous variables, and the scores of satisfaction domains.

Lastly, the significance of mean differences of satisfaction scores across the categorical demographic factors was tested using independent samples t-test for dichotomous factors, and one-way analysis of variance (ANOVA) for non-dichotomous variables. The cut point of 0.05 for p-value was considered for significant analytical results resulting from rejecting the related hypotheses.

3.9 Ethical Considerations

First, the researcher has obtained the ethical approval from the Institutional Review Board (IRB) (IRB:2023/3/9) of Arab American University – Palestine (AAUP), which was followed by granting the approval to start collecting data from each of the targeted settings.

The researcher also included an informed consent form at the beginning of the questionnaire that contains the aims of the study, as well as detailed components of the questionnaire. Also, the form included clear statements about the efforts made to protect the anonymity and confidentiality of the collected data and participants, which includes not collecting names or sensitive information of the mothers at any study phase. Also, the collected data were stored in safe envelopes until the start of data analysis, where the data were used by the researcher and supervisor and for the purposes of data analysis only. Lastly, the form declares that the participants can withdraw from the study at any time without the need to state any reason.

Chapter Four: Data Analysis and Discussion

4.1 Overview

This chapter is devoted to present data analysis and discussion. More specifically, it consists of descriptive statistical analysis, and inferential statistical analysis the questionnaire.

4.2 Descriptive Statistical Analysis

The demographic characteristics

This section presents demographic characteristics (gender, age, marital status, level of education, place of residence, monthly income) are analyzed using frequencies and percentages.

Table 4.1: The demographic characteristics

Variable	Category	Frequency	Percentage (%)
gender	Male	103	51.5
	Female	97	48.5
Age	Less than 18	18	9
	From 18 – 24 years old	42	21
	From 25 - 34 years old	46	23
	From 35 - 44 years old	46	23
	From 45 - 54 years old	35	17.5
	More than 55 years old	13	6.5
Marital status	Single	60	30
	Widower	5	2.5
	Divorced	3	1.5
	Married	132	66
level of education	Uneducated	2	1
	Less than a high school	23	11.5
	High school	46	23
	Diploma	20	10
	Bachelor	102	51
	Master's or Ph.D	7	3.5
Place of Residence	City	73	36.5
	Camp	14	7
	Village	113	56.5
monthly income	Less than 1500 shekels	38	19

Variable	Category	Frequency	Percentage (%)
	From 1500 – 2500 shekels	14	7
	From 2500 – 3000 shekels	47	23.5
	More than 3000 shekels	101	50.5
	Total	200	100

Information of emergency department visit

This section presents descriptive statistical analysis using frequencies and percentages about information of emergency department visits, which examines times and days of access, reasons to visit the Emergency Department, waiting periods, share general and special medical information in the Emergency Department, and method of distributing and share information in the emergency department.

Visit to the Emergency Department in the past three years

The descriptive statistics of visits to the Emergency Department in the past three years are shown in Table 4.2. The results indicate that (51.5%) of the study sample visited the emergency department in the past three years only once and twice.

Table 4.2: frequencies and percentages of visit to the Emergency Department in the past three years

	Frequency	Percentage (%)
0	75	37.5
1 – 2	103	51.5
More than 3	22	11
Total	**200**	**100**

Emergency Department visit

The descriptive statistics of emergency department visits are shown in Table 4.3. The results indicate that (93%) of the study sample visited emergency services through department self-referral.

Table 4.3: frequencies and percentages of emergency department visits

	Frequency	**Percentage (%)**
Referral from a general doctor	5	2.5
Referral from a specialist doctor	9	4.5
Self-referral	186	93
Total	**200**	**100**

Access

The descriptive statistics of access to visit emergency department are shown in Table 4.4. The results indicate that (97.5%) of the study sample used private transportation to visit the emergency department.

Table 4.4: frequencies and percentages of access

	Frequency	**Percentage (%)**
Private transportation	195	97.5
Ambulance	5	2.5
Total	**200**	**100**

Access in times

The descriptive statistics of times access to the emergency department are shown in Table 4.5. The results indicate that (60%) of the study sample accessed for the emergency department in the morning, and (40%) of the study sample accessed for the emergency department in the evening.

Table 4.5: frequencies and percentages of access in times

	Frequency	**Percentage (%)**
Morning	120	60
Evening	80	40
Total	200	100

Access in days

The descriptive statistics of the emergency department access days for are shown in Table 4.6. The results indicate that (61.5%) of the study sample accessed for the emergency department in the normal working, and (38.5%) of the study sample accessed for the emergency department in the weekend.

Table 4.6: frequencies and percentages of access in days

	Frequency	**Percentage (%)**
Normal Working	123	61.5
Weekend	77	38.5
Total	200	100

Reason to visit Emergency Department (case)

The descriptive statistics of the reason for visiting the emergency department are shown in Table 4.7. The results indicate that the most reasons are accidents (16%), suffocation and shortness of breath (15.5%), food poisoning or chemical poisoning (15%), abdominal pain (12.5%) Broken (12.5%).

Table 4.7: frequencies and percentages of reason to visit emergency department (case)

	Frequency	**Percentage (%)**
Broken	25	12.5
Burns	5	2.5
Suffocation and shortness of breath	31	15.5
Accidents	32	16
Food poisoning or chemical poisoning	30	15
low or high blood pressure	6	3
Flu symptoms	9	4.5
Menstrual pain	1	0.5
Inflammatory pain	7	3.5
Ankle pain	1	0.5
Wound	5	2.5
Abdominal pain	25	12.5
Scorpion pinch	7	3.5
Allergy to a bee sting or skin allergy	6	3
General fatigue and dizziness	7	3.5
Excess shipments	1	0.5
Heart disease	2	1
Total	200	100

Waiting period at the Emergency Department for a doctor's interview

The descriptive statistics of the waiting period at the Emergency Department for a doctor's interview are shown in Table 4.8. The results indicate that (57.5%) of the study sample waited for a doctor's interview at the Emergency Department from half an hour to an hour, (40.5%) of the study sample waited for a doctor's interview at the Emergency Department less than half an hour, and (2%) of the study sample waited for a doctor's interview at the Emergency Department more than an hour.

Table 4.8: frequencies and percentages of waiting period at the Emergency Department for a doctor's interview

	Frequency	**Percentage (%)**
Less than half an hour	81	40.5
From half an hour to an hour	115	57.5
more than an hour	4	2
Total	200	100

Method of distribute and share information in the emergency department

This section presents descriptive statistical analysis using frequencies and percentages about method of distribute and share information in the emergency department.

Have you shared general and special medical information in the Emergency Department?

The descriptive statistics of the sharing of general and special medical information are shown in Table 4.9. The results indicate that (97.5%) of the study sample shared general and special medical information in the Emergency Department.

Table 4.9: frequencies and percentages of shared general and special medical information

	Frequency	**Percentage (%)**
Yes	195	97.5
No	5	2.5
Total	200	100

What method is used to distribute and share information in the emergency department?

The descriptive statistics of the method of distributing and sharing information in the emergency department are shown in Table 4.10. The results indicate that (97%) of the study sample used oral communication with the medical staff to share information in the emergency department.

Table 4.10: frequencies and percentages of method of distribute and share information in the emergency department

	Frequency	**Percentage (%)**
Paper flyers	3	1.5
Signs and information boards	2	1
Orally communication with the medical staff	194	97
Hospital applications and websites	4	2
Display screens in waiting rooms	5	2.5

What way do you prefer to receive information in the Emergency Department

The descriptive statistics about the way patients prefer to receive information are shown in Table 4.11. The results indicate that (30.5%) of the study sample prefer social media to receive information, (29.5%) of the study sample prefer display screens in waiting rooms to receive information, and (15%) of the study sample prefer applications and websites of hospital to receive information, few patients prefer other ways to receive information such as direct communication with medical staff, signs and information boards, paper flyers, and videos.

Table 4.11: frequencies and percentages of way patients prefer to receive information

	Frequency	Percentage (%)
Social Media	61	30.5
Display screens in waiting rooms	59	29.5
applications and websites of hospital	30	15
Direct communication with medical staff	6	3
Signs and information boards	2	1
Paper flyers	2	1
Videos	2	1

General satisfaction with receiving information

This section analyzes, in a descriptive way, general satisfaction with receiving information.The descriptive statistics of general satisfaction with receiving information are shown in Table 4.12. The results indicate that this part consists of five items. Item (1) has the highest mean value whereas item (5) has the lowest. The overall mean value is (3.24) out of a possible maximum of 5, with a moderate qualitative level.

Table 4.12: Descriptive Statistical Analysis of general satisfaction with receiving information

Items	**level of satisfaction**					**Descriptive Statistical Analysis**		
	Very low	**Low**	**Medium**	**High**	**Very high**	**Mean**	**Std.dev.**	**%**
Medical staff complete the explanation and clarification of medical analyses, treatments, and what to expect.	4	8	62	123	3	3.57	0.69	71.3
Nurses explain how to prepare for medical analysis and operations.	2	16	70	107	5	3.49	0.72	69.7
Nurses prepare to answer questions all the time.	3	8	73	113	3	3.53	0.67	70.5
The bulletins about the general information of the Emergency Department are clear	15	57	106	21	1	2.68	0.78	53.6
Easy access to information.	8	46	102	42	2	2.92	0.80	58.4
Total of general satisfaction with receiving information						**3.24**	**0.52**	**64.7**

Patients' satisfaction with the distribution of information

This section analyzes, in a descriptive way, patients' satisfaction with the distribution of information. The descriptive statistics of patients' satisfaction with the distribution of information are shown in Table 4.13. The results indicate that the overall mean value of patient satisfaction is (3.17), with a moderate qualitative level, and the greatest satisfaction with the distribution of practical information was with a mean (3.37), then medical information with a mean (3.19), then general information with a mean (2.93).

Table 4.13: Descriptive Statistical Analysis of Patients' satisfaction with the distribution of information

	Have you received information?		**level of satisfaction**					**Descriptive Statistical Analysis**		
General Information	**Yes**	**No**	**Very low**	**Low**	**Medium**	**High**	**Very high**	**Mean**	**Std.dev.**	**%**
Waiting times.	179	21	2	14	130	53	1	3.19	0.60	63.7
Costs	111	89	4	76	98	22	0	2.69	0.69	53.8
Identify the attending physician.	166	34	3	32	111	53	1	3.09	0.71	61.70
Identify the hospital staff.	107	93	8	93	90	9	0	2.5	0.65	50
Reason to visit Emergency Department.	193	7	2	11	112	72	3	3.32	0.65	66.3
Access to patients' files.	156	44	9	49	114	27	1	2.81	0.74	56.2
Total of satisfaction with the distribution of general information								**2.93**	**0.47**	**58.62**
Practical Information	**Have you received information?**		**level of satisfaction**					**Descriptive Statistical Analysis**		
	Yes	**No**	**Very low**	**Low**	**Medium**	**High**	**Very high**	**Mean**	**Mean**	**%**
Parking	136	64	25	42	122	10	1	2.60	0.79	52

	Have you received information?		level of satisfaction					Descriptive Statistical Analysis		
Taxis/Public Transport	118	82	27	60	102	10	1	2.49	0.81	49.8
Availability of pharmacies.	189	11	3	2	42	132	21	3.83	0.68	76.6
Washrooms	194	6	0	2	48	129	21	3.85	0.60	76.9
Food and drinks.	183	17	0	7	48	126	19	3.78	0.66	75.7
Wi-Fi	176	24	2	10	52	120	16	3.69	0.73	73.80
Total of satisfaction with the distribution of practical information								**3.37**	**0.45**	**67.47**
Medical Information	**Have you received information?**		**level of satisfaction**					**Descriptive Statistical Analysis**		
	Yes	**No**	**Very low**	**Low**	**Medium**	**High**	**Very high**	**Mean**	**Mean**	**%**
Electrocardiogram	75	125	68	56	47	24	5	2.21	1.11	44.20
X ray	133	67	34	43	48	59	16	2.90	1.23	58.00
blood samples	185	15	5	14	83	92	6	3.40	0.77	68.00
the venous system	190	10	2	16	79	95	8	3.46	0.74	69.10
computed tomography	111	89	24	47	67	59	3	2.85	1.03	57.00
pain medications	196	4	0	5	79	98	18	3.65	0.68	72.90
Vomiting and emptying drugs.	143	57	9	36	85	61	9	3.13	0.91	62.50
Monitor patients' vital standards.	190	10	1	4	72	108	15	3.66	0.67	73.20
Side effects and negative symptoms of drugs.	182	18	1	9	88	93	9	3.50	0.68	70.00
Total of satisfaction with the distribution of medical information								3.19	0.54	63.88
Total of satisfaction with the distribution of information								**3.17**	**0.40**	**63.00**

Receiving additional information in the emergency department

The descriptive statistics of receiving additional information in the emergency department are shown in Table 4.14. The results indicate that (95.5%) of the study sample received additional information in the emergency department. Among this additional information is Information about the disease itself, Information about stomach bacteria, Information about blood pressure, and Information from the doctor about the disease itself.

Table 4.14: frequencies and percentages of receiving additional information in the emergency department

Did you receive additional information in the emergency department?	Frequency	Percentage (%)
Yes	9	4.5
No	191	95.5
Total	200	100

4.2.7 Differences between socio-demographic variables in terms of patients' satisfaction with information dispensation mean score.

Regarding gender, the study included 200 participants, with 103 identifying as male and 97 as female. The mean score for males was 3.23 (SD = .342), while for females it was 3.19 (SD = .356). A t-test was conducted, revealing a non-significant difference in mean scores between genders (T = .793, df = 198, p = .429).

Regarding age group, participants were categorized into different age groups. A one-way ANOVA indicated a significant difference in mean scores across age groups (F = 3.049, df = 5, p = .011). The Tukey post-hoc analyses indicated that patients aged between 25 - 34 years old (M=3.29, SD=0.311) have higher satisfaction that those aged between 18 – 24 years old (M=3.06, SD=0.324).

Regarding marital status, the majority of participants were married (n = 132) with a mean score of 3.22 (SD = .327). Other categories included Single (n = 60, mean = 3.16, SD = .404), Divorced (n = 3, mean = 3.33, SD = .225), and Widower (n = 5, mean = 3.30, SD = .202). A one-way ANOVA indicated no significant difference in mean scores across marital status categories (F = .697, df = 3, p = .555).

Regarding level of education, participants were categorized based on their level of education. A one-way ANOVA revealed no significant difference in mean scores across education levels (F = 1.098, df = 5, p = .363).

Regarding place of residence, participants were classified based on their place of residence into City, Camp, and Village. A one-way ANOVA showed no significant difference in mean scores across residence types (F = 2.266, df = 2, p = .106).

Regarding monthly income, participants were grouped based on their monthly income. One Way ANOVA indicated a significant difference in mean scores across income groups (F = 4.656, df = 3, p = .004*). The group with "Less than 1500 shekels" had the lowest mean score (mean = 3.04, SD = .361) that those who have >3000 Shekels as Tukey post hoc test results.

Table 4.15 Differences between socio-demographic variables in terms of patients' satisfaction with information dispensation.

Variables		**n**	**Mean Score**	**SD**	**Statistical values**	**P-value**
Gender	Male	103	3.23	.342	T=.793	
	Female	97	3.19	.356	Df=198	.429
Age group	Less than 18 years old	18	3.15	.373		
	From 18 – 24 years old	42	3.06	.394		
	From 25 - 34 years old	46	3.29	.311	F=3.049	
	From 35 - 44 years old	46	3.19	.338	Df=5	.011*
	From 45 - 54 years old	35	3.28	.317		
	More than 55 years old	13	3.34	.260		

Marital status	Single	60	3.16	.404	F=.697 Df=3	.555
	Married	132	3.22	.327		
	Divorced	3	3.33	.225		
	Widower	5	3.30	.202		
level of education	Uneducated	2	3.48	.027	F=1.098 Df=5	.363
	Less than a high school	23	3.10	.389		
	High school	46	3.16	.287		
	Diploma	20	3.21	.330		
	Bachelor	102	3.25	.358		
	Master's or Ph.D	7	3.23	.492		
Place of Residence	City	73	3.18	.362	F=2.266 Df=2	.106
	Camp	14	3.05	.322		
	Village	113	3.24	.339		
monthly income	Less than 1500 shekels	38	3.04	.361	F=4.656 Df=3	.004*
	From 1500 – 2500 shekels	14	3.16	.352		
	From 2500 – 3000 shekels	47	3.21	.337		
	> 3000 shekels	101	3.28	.331		

Independent t test and One Way ANOVA
**Significant at p=<0.05*

Chapter Five: Discussion

5.1 Introduction

The following chapter provides a discussion of the study's findings, by comparing them with previous findings and providing a comprehensive critique from the researcher's point of view, which is followed by providing a conclusion of the study, suggested recommendations for patients and future research, and potential limitations of the study to be addressed for the improvement of future studies in the field of information dispensation and patients satisfaction in emergency departments in Palestine.

5.2 Reason to visit Emergency Department

The results of the present analysis explain the major causes for seeking health care at the emergency department providing a great deal of information as regards the characteristics of acute illnesses. Most prominently, accidents emerged as the leading cause, constituting 16 of the examined cases. This is consistent with nagging evidence which pointed out the crucial factor of accidents in the induction of admissions over the emergencies (Jayasekera et al., 2020). Such high proportions make it imperative to put in place measures and increase awareness campaigns that will bring down the rate of accidents thereby decreasing the pressure on emergency care services. Dealing with suffocation and shortness of breath have accounted for 15.5 percent of the total cases handled stressing the urgency in ventilatory emergencies. Those findings are quite consistent with those of studies which stress the necessity of timely intervention in patients with respiratory distress (Patch, 2019). Increased community understanding on basic life support and understanding the signs of respiratory distress could help to tackle this great portion of the emergency cases.

The reasons advanced by the respondents for seeking health care at the emergency department reflects a range of acute medical conditions. The study provides useful information that could be

useful for healthcare development, tobacco control, resource utilization and community health programs that seek to prevent or manage the commonest emergencies.

5.3 Waiting period at the Emergency Department for a doctor's interview

The evaluation of waiting time for a doctor’s consultation at the ED in our sample offers invaluable information on the waiting time effectiveness of emergency medical care services. A major finding is that the majority of respondents, or 57.5 percent, indicated that they waited between thirty minutes and one hour. This situation corresponds to other studies, which confirm that extended periods of waiting in the triage section are a normative practice in such facilities and, more often than not, the patients are dissatisfied with such occurrences and the treatment offered (Mosleh et al., 2023; Navas et al., 2022).

A commendable number of respondents, namely 40.5 percent, reported a time lag not exceeding half an hour whereby a considerable chunk of the study population was able to consult a physician earlier. Indeed, timely medical interventions especially in emergency cases has been proved to guarantee better patient outcomes and satisfaction in the long run (Alhabib et al., 2024). Our results enhance the need to focus in particular on techniques which will target on minimizing waiting times and ensuring access to the medical attention promptly.

Even though our study offers useful information on how waiting times are currently experienced at the ED waiting, one more level of investigation must be done to with respect to the detailed factors that explain the trends observed. It would also be worthwhile to investigate how the patients’ view, how the staff work and wall chart at the unit influence waiting times in an emergency setting. Other future research efforts should also look into the effect of a decrease in waiting time on patient's overall satisfaction, patient’s clinical results and the effectiveness of the emergency services provided.

5.4 Sharing general and special medical information in the Emergency Department

With regards to specific forms of medical and even general information, an overwhelming 97.5% of participants in our research were able to convey that information during their Emergency Department (ED) visit. This phenomenon appears to be the most vital aspect when the patients and medical providers interact in an emergency care setting as well as factors that affect clinical decisions, continuity of care, and patient's satisfaction in general.

Diagnosis and effective treatment greatly rely on how patients are communicating with the health care providers (Al-Kalaldeh et al., 2020). By deeper reasoning, the general and special medical information that was shared during the visit is related to the patient group which knows how to give good medical information. Other studies indicate that comprehensive medical history is important in determining the actions taken while in emergency health care and in averting complications (Alghamdi et al., 2023; Matthews, 2022).

5.5 Methods used to distribute and share information in the emergency department

The agreement with the fact that 97% of our study sample relied on verbal communication to interact with the medical staff in the ED emphasizes the 'mutual' aspect of oral communication during the emergencies. It has been noted in the literature that such methods of communication are critical in relation to the correct and quick assessment, treatment and management of patients in such environments that are usually highly time sensitive. As we have observed above, it is the emergency nature of care that explains such a huge percentage of the participants who have relied on the spoken form. In the context of emergency situations, Cue verbal messages are quick and easy. It allows structural clarity. It allows to alter the explanation to match the patients understanding of the message. An active interaction between the patient and the caregiver is crucial to address patients' needs in this aspect (Al-Kalaldeh et al., 2020; Delli et al., 2022).

In addition, the frequency of oral communication in the ED setting would be indicative that patients demand and expect to talk directly to the health care personnel during a crisis .This is in accordance with literacy focusing attentions on patients' or caregivers' inclusive roles in the communication as well as active processes so that the quality of care during emergency maximally improves (Alghamdi et al., 2023; Matthews, 2022).

5.6 Patients' satisfaction with the distribution of information

Considering that 63% of patients in the survey reported being satisfied with the distribution of information in the Emergency Department, this can be regarded as a reflection as well as a measure of the perceived quality of information dissemination at the ED. It is of utmost importance that the factors impacting patient satisfaction are identified as well as corrected in order to improve the patient experience and healthcare in general in emergency situations

The reporting of satisfaction level illustrates an opportunity of improvement in the information-sending processes in the ED. Communication effectiveness, clarity of information, and level of perceived involvement in decision-making are some factors that have been shown to be related with patient satisfaction (Al-Kalaldeh et al., 2020; Leaming-Van Zandt et al., 2021). Therefore, measures targeting these aspects may help improve overall patient satisfaction.

These findings are consistent with those of earlier systematic review and meta-ethnographic synthesis which stressed the importance of the use of patient-centered communication and designed information management in emergency care (Anna Walsh et al., 2022). A direct impact on patients' satisfaction in the ED will require an understanding of what specific elements/formats and patterns of information distribution are the most relevant for that particular patient..

In order to tackle the established dissatisfaction level, the healthcare providers and the workforce can consider providing the necessary focused effort. This can include training healthcare

professionals on communication techniques, changing the way people receive information, and embedding the patient input systems to allow enhancement of the information sharing procedures (Anna Walsh et al., 2022).

Further research could investigate the aspects of information where patients consider satisfaction to be a key among them, for example the explanation of certain points, the use of the language to communicate and engage patients in the decision-making processes. Investigating such elements in more detail would be helpful in designing effective evidence-based measures that suit the needs of the patients in the emotional distress.

To conclude, the level of satisfaction experienced by patients speaks volumes of the effectiveness of information sharing processes with the departments and will inform the necessity of the content utilization in ED. By implementing the highlighted areas for development, patients may be assured of a patient-oriented care that will translate into higher satisfaction levels and an improved standard of care

5.7 Differences between level of income in terms of patient's satisfaction

This research examines the relationship between income and patient satisfaction in the case of emergency services. It's been found that there exist significant differences in level of income This means that those who have higher income level have higher level of satisfaction. Our findings were supported by another study (Artajona et al., 2023). It has also been suggested that higher income individuals may have greater understanding of the health commodities thus enable them to choose appropriate alternatives during emergencies. This means they would have shorter delays leading to better experiences in terms of satisfaction and people with higher income may have dependable and more efficient means of transportation to get them to emergency care centers quickly.

5.8 Conclusion

The Study's findings indicated that 63% of participants ST appreciative of the information provided at the emergency department, which tends to point towards one of the important indicators of patients' views of their care in emergencies, While this level of satisfaction indicates a majority of positive responses, it also says there are more areas which can be improved when it comes to the information sharing processes within the emergency department. It is critical for the patients and healthcare services to comprehend and tackle this area since it forms the core of the service and quality standards in the emergency department which has become a competitive arena. Such a level of reported satisfaction is how the effectiveness of the information dispensation policies can be evaluated.

The healthcare providers and the administrators can, therefore, design specific measures in order to increase the level of satisfaction of the patients in the emergency department. This might include finding ways to improve communication, providing clear information, and helping patients make decisions. Additionally, information-sharing tools can be incorporated to improve the condition on an ongoing basis. Patients should not only be satisfied but also appreciated; hence a patient's level of satisfaction is complex and can fluctuate based on several dimensions. More research and the follow-up of patients' satisfaction levels focusing on areas addressed or not in the ED can provide information on other areas that might require work.

Lastly, the stated satisfaction level of 63% in information dispensation in the ED is a very crucial foundation's block indeed towards the accomplishment of patient satisfaction. It is the responsibility of these doctors and any other healthcare providers to learn and embrace these findings in such a way that such situation will not only be met but even surpassed, thus achieving higher patient satisfaction and better quality of healthcare in the end.

5.9 Recommendations

Take control of devising and then analyzing constant review of provision of service information to patients in the ED. Set up regular feedback processes whereby the patients will give up insights about their experiences, so that the Department is active in addressing the changing requirements of patients.

Consider the existing needs of healthcare workers providing hand-on care, and give them educational programs periodically for improvement of communication skills which are appropriate for ed environment. That comprises oratory techniques for us to note that a patient's question is a patient's, delivering concerns and transforming the complex form of medical information into understandable form.

Assess the options of using mobile phones or application for ease of provision and filling of dispensations information which is patient-centered. Make sure that these technologies correspond with the expectations of the patients and enhance seamlessness of the health's experience.

Appreciate the fact that patients will have different preferences as to how information is presented to them. Make sure that information is sent and targeted only to those who would require it (through answering questions such as age, health literacy level, or culture).

Create patient education initiatives within the Emergency Department in a bid to ensure that patients have a high level of understanding of health so as to enable them to take part in their care. This may involve providing patients with handouts, brochures or any other materials intended to inform them on their conditions and possible treatments.

5.10 Limitations

The current study may be limited by the following points:

Limited generalizability of the findings, which is caused by conducting the study in specific emergency department settings, and therefore, it may not reflect the experience of patients in other hospitals or healthcare systems.

The use of self-reported patient satisfaction data, which is common in the cross-sectional studies, and are subjective, influenced by recall bias, emotions at the time of survey or personal expectations, leading to underrating or overrating their satisfaction due to factors related to stress, urgency or past experiences.

Lack of the investigation of further organizational factors and their impact on patient satisfaction levels with information dispensation, like staffing issues, patient volume, triage efficiency, waiting time factors, … etc.

Limited assessment of information delivery methods, where the study did not sufficiently assess alternative communication methods, like written handouts, mobile applications or digital signboards, in which patients with low literacy levels, hearing impairments or language barriers may require different communication strategies.

References

A. Aljamal, B., Nimer, M., A. Zroog, S., & Aljeesh, Y. (2023). Challenges and Obstacles during Covid-19 Pandemic Crisis Management Faced by the Palestinian Ministry of Health in the Gaza Strip. *Israa University Journal for Applied Science*.

Abass, G., Asery, A., Al Badr, A., AlMaghlouth, A., AlOtaiby, S., & Heena, H. (2021). Patient satisfaction with the emergency department services at an academic teaching hospital. *Journal of Family Medicine and Primary Care*, *10*, 1718 - 1725.

Abbasi-Moghaddam, M. A., Zarei, E., Bagherzadeh, R., Dargahi, H., & Farrokhi, P. (2019). Evaluation of service quality from patients' viewpoint. *BMC Health Services Research*, *19*(1), 170. https://doi.org/10.1186/s12913-019-3998-0

Abu-Rumman, A., Al Shraah, A., Al-Madi, F., & Alfalah, T. (2022). The impact of quality framework application on patients' satisfaction. *International Journal of Human Rights in Healthcare*, *15*(2), 151-165. https://doi.org/10.1108/IJHRH-01-2021-0006

Adebanke Yekeen, I., Adejumo, P. O., & Oluwafunke Kolawole, I. (2024). Patient-Centered Care as an Optimal Solution for Enhancing the Quality of Healthcare Delivery. *International Journal of Innovative Science and Research Technology (IJISRT)*.

Afrashtehfar, K. I., Assery, M. K. A., & Bryant, S. R. (2020). Patient Satisfaction in Medicine and Dentistry. *International Journal of Dentistry*, *2020*(1), 6621848. https://doi.org/https://doi.org/10.1155/2020/6621848

Ahli Hospital. (2020). *Patient's Friends Society*. Public Relations Department. https://ahli.org/en/show_news.php?art=61#:~:text=3,disasters%20or%20urgent%20needs

Akhtar, A., Huda, S. S. M. S., & Dilshad, S. (2019). Does Perceived Service Quality Affect Patient Satisfaction? *International Journal of Public and Private Perspectives on Healthcare, Culture, and the Environment*.

Al Nuairi, A., Bermamet, H., Abdulla, H., Simsekler, M. C. E., Anwar, S., & Lentine, K. L. (2022). Identifying Patient Satisfaction Determinants in Hemodialysis Settings: A Systematic Review. *Risk Management and Healthcare Policy*, *15*, 1843 - 1857.

Al Shamsi, H., Almutairi, A. G., Al Mashrafi, S., & Al Kalbani, T. (2020). Implications of Language Barriers for Healthcare: A Systematic Review. *Oman Med J*, *35*(2), e122. https://doi.org/10.5001/omj.2020.40

Al-Kalaldeh, M., Amro, N., Qtait, M., & Alwawi, A. (2020). Barriers to effective nurse-patient communication in the emergency department. *Emerg Nurse*, *28*(3), 29-35. https://doi.org/10.7748/en.2020.e1969

Alarjani, N. O., Al Otaibi, M. K., & Alshammari, A. N. (2019). Effectiveness of patient engagement strategies in improving health outcomes. *International journal of health sciences*.

Alghamdi, A., Hmed, G., Aloqbawi, A., Almutairi, B., Alsumari, F., Alharbi, M., Nemer, R., & Alshehri, R. (2023). Patient-Healthcare Worker Communication in Emergency Departments: Patient Perspectives. *Saudi Journal of Emergency Medicine*.

Alhabib, A., Almutairi, M., & Alqurashi, H. (2024). Patient-Centered Care Model's Effectiveness in Reducing Patient Waiting Time in the Emergency Department: A Systematic Literature Review. *Saudi Journal of Health Systems Research*.

Alharbi, M. F. (2022). An Investigation into Patient Satisfaction from the Healthcare System in Saudi Arabia: Survey and Analysis of the Major Determinants in the Qassim Region. *Amazonia Investiga*, *11*(54), 158-168. https://doi.org/10.34069/AI/2022.54.06.15

Arab Hospitals Group. (2023). *Our Facilities*. https://www.ahg.ps/our-facilities

archive.org. (2017). *What Features of IAH*. https://web.archive.org/web/20190603101258/http://www.iah.ps/articles/Article/165

Artajona, L., García-Martínez, A., Aguiló, S., Burillo-Putze, G., Alquézar-Arbé, A., Fernández, C., Fernández-Simón, A., Fernández Cardona, M., Maza Vera, M. T., Iglesias Vela, M., Trenc Español, P., Salido Mota, M., García García, Á., Lucena Aguilera, C., Llopis, F., Herrero, P., Doi Grande, A. L., Serrano Lázaro, L., Chacón García, A., . . . Miró, Ò. (2023). Influence of income on in-hospital mortality in older adults during the first wave of the COVID-19 pandemic: results from the EDEN-33 study. *Emergencias : revista de la Sociedad Espanola de Medicina de Emergencias*, *35 6*, 423-431.

Asnawi, A., Awang, Z., Afthanorhan, A., Mohamad, M., & Karim, F. (2019). The influence of hospital image and service quality on patients' satisfaction and loyalty. *Management Science Letters*, *9*, 911-920. https://doi.org/10.5267/j.msl.2019.2.011

Bani Odeh, A. A. o., Wallis, L. A., Hamdan, M., & Stassen, W. (2024). Consensus-based quality standards for emergency departments in Palestine. *BMJ Open Quality*, *13*.

Bethlehem Arab Society for Rehabilitation. (2024). *About us*. https://basr.org/eng/

Bhojak, N. P., Modi, A., Patel, J. D., & Patel, M. (2023). Measuring patient satisfaction in emergency department: An empirical test using structural equation modeling. *International Journal of Healthcare Management*, *16*(3), 412-426. https://doi.org/10.1080/20479700.2022.2112440

Bhowmick, R. (2024). A Study to Measure Patients' Trust in Medical Practitioners in Surat City. *International Journal For Multidisciplinary Research*.

Bhoyar, A., Vagha, S., Mishra, V., Agrawal, M. S., & Kambala, S. R. (2024). Addressing the Digital Divide in Health Education: A Systematic Review. *Cureus*, *16*.

Black, D., Held, M. L., Skeesick, J., & Peters, T. (2021). Measures Evaluating Patient Satisfaction in Integrated Health Care Settings: A Systematic Review. *Community Ment Health J*, *57*(8), 1464-1477. https://doi.org/10.1007/s10597-020-00760-y

Briedé, S., van Charldorp, T. C., Peerden, J. P., & Kaasjager, K. A. (2024). Physicians' training and patient education initiative to improve quality of care decision communication at the emergency department. *BMJ Open Quality*, *13*.

Bruce, C., Pinn-Kirkland, T., Meyers, A., Javaluyas, E., Osborn, J., Kelkar, S., Bruchhaus, L., McLaury, K., Sauceda, K., Carr, K., Garcia, C., Arabie, L. A., Williams, T., Vozzella, G., Nisar, T., Schwartz, R. L., & Sasangohar, F. (2024). Investigating patient engagement associations between a postdischarge texting programme and patient experience, readmission and revisit rates outcomes. *BMJ Open*, *14*(3), e079775. https://doi.org/10.1136/bmjopen-2023-079775

Burchard, M. A., Grunberg, N. E., & Barry, E. S. (2020). Toward Understanding and Building Trust for Practicing and Emerging Healthcare Professionals: The ASC-DOC Trust Model. *MedEdPublish*.

Chatgitisan, A., Valipakorn, S. A.-O., & Pandee, U. (2021). Associated Factors with Prolonged Stay in Pediatric Observation Ward of Urban University Hospital in Thailand. *Open Journal of Nursing*, *11*, 132-138. https://doi.org/10.4236/OJN.2021.113012

Chatterjee, P., Beck, A., Brager, J. A. L., Durand, D. J., & D'Adamo, C. R. (2020). The Effect of an Automated Mobile Patient Engagement Application on Emergency Department Revisits: Prospective Observational Study. *JMIR Formative Research*, *5*.

Community-Based Rehabilitation Program (CBR). (2024). *CBR Specialized Units*. https://cbrpalestine.org

Connelly, Y., Kaplan, G., Ziv, A., Karni, T., Rubin, C., & Tal, O. (2023). Patient Autonomy in Practice - A Privilege or a Burden? *The European Journal of Public Health*, *33*.

Coutinho, S., Prasad, C. V. V. S. N. V., & Prabhudesai, R. (2020). Antecedents and outcomes of patient satisfaction in healthcare: A conceptual model. *Health Marketing Quarterly*, *37*, 300 - 315.

Dahm, M. R., Chien, L. J., Morris, J., Lutze, L., Scanlan, S., & Crock, C. T. (2024). Addressing diagnostic uncertainty and excellence in emergency care—from multicountry policy analysis to communication practice in Australian emergency departments: a multimethod study protocol. *BMJ Open*, *14*.

de Steenwinkel, M., Haagsma, J. A., van Berkel, E. C. M., Rozema, L., Rood, P. P. M., & Bouwhuis, M. G. (2022). Patient satisfaction, needs, and preferences concerning information dispensation at the emergency department: a cross-sectional observational study. *International Journal of Emergency Medicine*, *15*(1), 5. https://doi.org/10.1186/s12245-022-00407-7

Delavar, F., Pashaeypoor, S., & Negarandeh, R. (2020). The effects of self-management education tailored to health literacy on medication adherence and blood pressure control among elderly people with primary hypertension: A randomized controlled trial. *Patient Educ Couns*, *103*(2), 336-342. https://doi.org/10.1016/j.pec.2019.08.028

Delgadillo, J., & Gonzalez Salas Duhne, P. (2020). Targeted prescription of cognitive-behavioral therapy versus person-centered counseling for depression using a machine learning approach. *J Consult Clin Psychol*, *88*(1), 14-24. https://doi.org/10.1037/ccp0000476

Delli, R. M., Pauline, L. S. M., & Dumanig, F. P. (2022). Improving Medication Safety in Pharmacist-Patient Interactions: Making a Case for the Use of Communication Accommodation Strategies. *Global Journal of Arts, Humanities and Social Sciences*, *10*(1), 39-53.

Diedrich, L., & Dockweiler, C. (2021). Video-based teleconsultations in pharmaceutical care - A systematic review. *Res Social Adm Pharm*, *17*(9), 1523-1531. https://doi.org/10.1016/j.sapharm.2020.12.002

Dinsdale, E., Hannigan, A., O'Connor, R., O'Doherty, J., Glynn, L., Casey, M., Hayes, P., Kelly, D., Cullen, W., & O'Regan, A. (2020). Communication between primary and secondary care: deficits and danger. *Fam Pract*, *37*(1), 63-68. https://doi.org/10.1093/fampra/cmz037

Diviani, N. (2019). On the Centrality of Information Appraisal in Health Literacy Research. *HLRP: Health Literacy Research and Practice*, *3*, e21-e24. https://doi.org/10.3928/24748307-20181214-01

Elhami, A. (2020). Communication Accommodation Theory: A Brief Review of the Literature. *Journal of Advances in Education and Philosophy*, *4*, 192-200. https://doi.org/10.36348/jaep.2020.v04i05.002

Faul, F., Erdfelder, E., Lang, A. G., & Buchner, A. (2007). G*Power 3: a flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behav Res Methods*, *39*(2), 175-191. https://doi.org/10.3758/bf03193146

Faulks, K. (2021). Experiences of information sharing between providers for patients aged 45 and over, 2016. *International Journal of Integrated Care*, *20*, 177.

Fernandes, P. C. C., Carvalho, D. D. S. d. M., Alexandre, A. d. O., Nascimento, A., Jorge, E. R., De Toledo, L. A. P., Jiticovski, A. F. M., Machado, A. d. C., Da Silva, J. D. F., & Da Silva, K. C. R. (2024). Health education as a strategy for improving quality of life. *OBSERVATÓRIO DE LA ECONOMÍA LATINOAMERICANA*.

Ferrand, Y. B., Fredendall, L. D., Siemens, J. C., Weathers, D., Pirrallo, R. G., & Bitner, M. (2022). Assessing patient satisfaction with emergency department care delivery using a patient experience framework. *Quality Management Journal*, *29*, 160 - 182.

Govender, P., & Naidoo, D. (2020). Promoting patient autonomy: Perspectives of occupational therapists and nurses. *African Journal of Health Professions Education*.

Hastings, C. (2024). Is the Calgary-Cambridge Model of consultation a suitable communication tool for students and newly qualified paramedics? A qualitative study. *British paramedic journal*, *9 1*, 23-33.

Haug, M., Dahm, M. R., Gewald, H., & Georgiou, A. (2022). Just Talk to Me - A Qualitative Study of Patient Satisfaction in Emergency Departments. *Studies in health technology and informatics*, *290*, 385-389.

Iddrisu, M. T., Mumuni, A. N., Ahmed, A. M. A., Mohammed, A. K., & Yahaya, W. (2019). INDICES OF PATIENTS' SATISFACTION WITH HEALTHCARE SERVICES IN A TEACHING HOSPITAL.

Jaber-Chehayeb, R. (2023). Analyzing the Mediating Role of Service Quality in the Relationship between Service Quality and Patient Satisfaction at Rafic Hariri University Hospital. *International Journal of Professional Business Review*.

Jayasekera, P., Dassanayake, G., Bandara, K., Jayawardhena, L., & Malkanthi, K. (2020). A study of the pattern of admissions to the accident and emergency (A&E) department of a tertiary care hospital in Sri Lanka. *Emergency medicine international*, *2020*.

Joseph, M. J., Summerscales, M., Yogesan, S., Bell, A., Genevieve, M., & Kanagasingam, Y. (2023). The use of kiosks to improve triage efficiency in the emergency department. *NPJ Digit Med*, *6*(1), 19. https://doi.org/10.1038/s41746-023-00758-2

Jüngst, C., Gräber, S., Simons, S., Wedemeyer, H., & Lammert, F. (2019). Medication adherence among patients with chronic diseases: a survey-based study in pharmacies. *Qjm*, *112*(7), 505-512. https://doi.org/10.1093/qjmed/hcz058

Kalaja, R. (2023). Determinants of Patient Satisfaction with Health Care: A Literature Review. *European Journal of Natural Sciences and Medicine*, *6*, 43 - 54.

Kazimi, M., Terndrup, T., Tait, R. C., Frey, J. A., Strassels, S. A., Emerson, G., & Todd, K. H. (2020). Cultivating emergency physician behavioral empathy to improve emergency department care for pain and prescription opioid misuse. *Journal of the American College of Emergency Physicians Open*, *1*, 1480 - 1485.

Kelly, M., Svrcek, C., King, N., Scherpbier, A., & Dornan, T. (2020). Embodying empathy: A phenomenological study of physician touch. *Med Educ*, *54*(5), 400-407. https://doi.org/10.1111/medu.14040

Kholghabad, H. F., Alisoltani, N., Nazari-Shirkouhi, S., Azadeh, M. A., & Moosakhani, S. (2019). A Unique Mathematical Framework for Optimizing Patient Satisfaction in Emergency Departments. *Iranian Journal of Management Studies*, *12*, 255-279.

Kim, K. J. (2020). Project-based learning approach to increase medical student empathy. *Med Educ Online*, *25*(1), 1742965. https://doi.org/10.1080/10872981.2020.1742965

Krebs, L. D., Villa-Roel, C., Couperthwaite, S., Holroyd, B. R., Ospina, M. B., & Rowe, B. H. (2019). P148: Emergency physicians' perception on engaging patients in their emergency department care. *CJEM*.

Kuipers, S. J., Cramm, J. M., & Nieboer, A. P. (2019). The importance of patient-centered care and co-creation of care for satisfaction with care and physical and social well-being of patients with multi-morbidity in the primary care setting. *BMC Health Serv Res*, *19*(1), 13. https://doi.org/10.1186/s12913-018-3818-y

Kumar, P., Follen, M., Huang, C.-C., & Cathey, A. S. (2020). Using Laddering Interviews and Hierarchical Value Mapping to Gain Insights Into Improving Patient Experience in the Hospital: A Systematic Literature Review. *Journal of Patient Experience*, *7*, 1740 - 1747.

Kusumasari, R. R., & Sundari, S. (2021). Does Length of Waiting Time in the Emergency Room Affect Patient Satisfaction? *International Journal of Scientific and Research Publications (IJSRP)*.

Laight, D. W. (2022). Risk communication: a pillar of shared decision making. *Prescriber*, *33*.

Lbugami, M., & El Alem, U. (2021). Patient autonomy. *International Journal of Medicine*.

Leaming-Van Zandt, K. J., Zhu, H., Banuelos, R. C., Lopez, M. A., & Hsu, D. C. (2021). Impact of a Pediatric-Focused Communication Course on Patient/Caregiver-Perceived Physician Communication Skills in a Pediatric Emergency Department. *Pediatr Emerg Care*, *37*(12), e1173-e1180. https://doi.org/10.1097/pec.0000000000001950

Liu, L., Gauri, D. K., & Jindal, R. P. (2020). The Role of Patient Satisfaction in Hospitals' Medicare Reimbursements. *Journal of Public Policy & Marketing*, *40*, 558 - 570.

Lopez Gavilanez, E., Johansson, H., McCloskey, E., Harvey, N. C., Segale Bajana, A., Marriott Blum, D., Navarro Grijalva, M., Diaz Curiel, M., & Kanis, J. A. (2019). Assessing the risk of osteoporotic fractures: the Ecuadorian FRAX model. *Arch Osteoporos*, *14*(1), 93. https://doi.org/10.1007/s11657-019-0644-8

Luiz, R. B., Estevam, L. O., Raponi, M. B. G., Felix, M., & Barbosa, M. H. (2022). Efficacy of educational strategies in patient involvement for safety in care: a systematic review. *Rev Gaucha Enferm*, *43*(spe), e20210198. https://doi.org/10.1590/1983-1447.2022.20210198.en

Luoma, J., & Martela, F. (2020). A dual-processing view of three cognitive strategies in strategic decision making: Intuition, analytic reasoning, and reframing. *Long Range Planning*, 102065.

Malhotra, K., Fenton, J. J., Duberstein, P. R., Epstein, R. M., Xing, G., Tancredi, D. J., Hoerger, M., Gramling, R., & Kravitz, R. L. (2019). Prognostic accuracy of patients, caregivers, and oncologists in advanced cancer. *Cancer*, *125*(15), 2684-2692. https://doi.org/10.1002/cncr.32127

Manzoor, F., Wei, L., Hussain, A., Asif, M., & Shah, S. I. A. (2019). Patient Satisfaction with Health Care Services; An Application of Physician's Behavior as a Moderator. *International Journal of Environmental Research and Public Health*, *16*(18), 3318. https://www.mdpi.com/1660-4601/16/18/3318

Matthews, A. (2022). Finding the patient in emergency department clinician–patient communication. *Emergency Medicine Australasia*, *34*.

McKenna, V. B., Sixsmith, J., & Byrne, N. (2023). Patient public involvement (PPI) in health literacy research: Engagement of adults with literacy needs in the co-creation of a hospital-based health literacy plan. *Health Expect*, *26*(3), 1213-1220. https://doi.org/10.1111/hex.13736

Momand, B., Sacuevo, O., Hamidi, M., Sun, W., & Dubrowski, A. (2022). Using Communication Accommodation Theory to Improve Communication Between Healthcare Providers and Persons With Dementia. *Cureus*, *14*.

Mor-Anavy, S., Lev-Ari, S., & Levin-Zamir, D. (2021). Health Literacy, Primary Care Health Care Providers, and Communication. *Health Lit Res Pract*, *5*(3), e194-e200. https://doi.org/10.3928/24748307-20210529-01

Moradi Rekabdar Kalaiee, Z., Ghafouri, R., Zandi, M., & Nasiri, M. (2024). Effect of implementing of the IDEAL discharge model on satisfaction of patient referred to trauma emergency department. *PLOS ONE*, *19*.

Morrato, E. H., & Smith, M. Y. (2020). Dissemination and Implementation Science. *Communicating about Risks and Safe Use of Medicines*.

Mosleh, S., Hamoud, A. R., Saeed, A. A., Alnaqbi, H. M., Alhouti, R. S., & Alshehhi, S. S. (2023). A Descriptive Study on Patient Satisfaction with Waiting Time in Emergency Departments: Insights from Hospitals in the Northern Emirates.

Navas, C., Wells, L., Bartels, S. A., & Walker, M. (2022). Patient and provider perspectives on emergency department care experiences among people with mental health concerns. Healthcare,

Ng, J. H.-Y., & Luk, B. H. K. (2019). Patient satisfaction: Concept analysis in the healthcare context. *Patient education and counseling*, *102 4*, 790-796.

Nguyen, M. H., Bol, N., & King, A. J. (2020). Customization versus Personalisation of Digital Health Information.

Nicol, K., Carlini, J. J., Butler-Henderson, K., & Lehman, K. (2022). Developing a survey to explore online access to medical records using Expectation Confirmation Theory: a pilot study. *Proceedings of the 2022 Australasian Computer Science Week*.

Nicol, K., Lehman, K., Carlini, J., Tori, K., & Butler-Henderson, K. (2022). Patient Expectations: Searching Websites on How to Apply to Access Medical Records. *Int J Environ Res Public Health*, *19*(11). https://doi.org/10.3390/ijerph19116503

Ortega, P., & Prada, J. (2020). Words matter: Translanguaging in medical communication skills training. *Perspectives on Medical Education*, *9*(4), 251-255. https://doi.org/10.1007/s40037-020-00595-z

Owad, A. A., Islam, M., Samaranayake, P., & Karim, A. (2022). Relationships between patient flow problems, health care services, and patient satisfaction: an empirical investigation of the emergency department. *Bus. Process. Manag. J.*, *28*, 684-712.

P Gore, R., Mohamed Babiker, A., Mayang, B. C., M Aciek, C., Ezra, D. E., Kok BM, D., & J Olworo, O. (2022). Evaluating patient`s satisfaction and quality perception towards health services rendered at JTH, a major referral Hospital mostly depending on external Donners, Juba / South Sudan. *MOJ Public Health*.

Palestine Red Crescnt Society. (2020). *Red Crescent Specialized Hospital*. https://v2.prcs-hebron.org/en/centers/red-crescent-specialized-hospital

Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1985). A Conceptual Model of Service Quality and Its Implications for Future Research. *Journal of Marketing*, *49*(4), 41-50. https://doi.org/10.1177/002224298504900403

Patch, M. A. (2019). *Prevalence and Associated Characteristics of Emergency Department Visits by Women after Non-Fatal Intimate Partner Strangulation and Subsequent Diagnostic and Treatment Experiences: A Mixed-Methods Study* Johns Hopkins University].

Peng, Q., Yang, J., Strome, T., Weldon, E., & Chochinov, A. (2020). Bottleneck Detection and Reduction Using Simulation Modeling to Reduce Overcrowding of Hospital Emergency Department. *Journal of Modeling and Optimization*, *12*, 100-109. https://doi.org/10.32732/jmo.2020.12.2.100

Petre, B., Margat, A., Servotte, J.-C., Guillaume, M., Gagnayre, R., & Ghuysen, A. (2019). Patient education in the emergency department: take advantage of the teachable moment. *Advances in Health Sciences Education*, *25*, 511 - 517.

Pieterse, A. H., Brandes, K., de Graaf, J., de Boer, J. E., Labrie, N. H. M., Knops, A. M., Allaart, C. F., Portielje, J. E. A., Bos, W. J. W., & Stiggelbout, A. M. (2021). Fostering Patient Choice Awareness and Presenting Treatment Options Neutrally: A Randomized Trial to

Assess the Effect on Perceived Room for Involvement in Decision Making. *Medical Decision Making*, *42*, 375 - 386.

Rapport, F., Hibbert, P., Baysari, M., Long, J. C., Seah, R., Zheng, W. Y., Jones, C., Preece, K., & Braithwaite, J. (2019). What do patients really want? An in-depth examination of patient experience in four Australian hospitals. *BMC Health Serv Res*, *19*(1), 38. https://doi.org/10.1186/s12913-019-3881-z

Richards, S. E., Thompson, R., Garg, A., Malik, S., Carlson, K., Lyden, E., & Shiffermiller, J. F. (2023). Can specific feedback improve patients' satisfaction with Can specific feedback improve patients' satisfaction with hospitalist physicians? A feasibility study using a validated tool to hospitalist physicians? A feasibility study using a validated tool to assess inpatient satisfaction assess inpatie.

Rodiah, S., Budiono, A., & Komariah, N. (2019). Dissemination of Health Information through Community Empowerment. *Journal of Sustainable Development*.

Romanelli, S., Cuervo, C. M., & Rivera, V. (2024). Increasing Follow Up With Primary Care Providers After Emergency Department Visits in Older Adults. *Journal of gerontological nursing*, *50 3*, 33-39.

Rosenbloom, R., & Leff, R. (2022). Emergency Care in the Occupied Palestinian Territory: A Scoping Review. *Health and Human Rights*, *24*, 255 - 263.

Russell, S., Jacobson, N., & Pavlic, A. (2024). Improving Patient Understanding of Emergency Department Discharge Instructions. *Western Journal of Emergency Medicine*, *25*, 917 - 920.

Salaria, S. D., Sharma, R., & Chaurasia, S. (2020). An Overview of Patient Satisfaction and Perceived Care of Quality. *International Journal of Trend in Scientific Research and Development*.

Sarkar, S., Vance, A., Ramesh, B., Demestihas, M., & Wu, D. T. (2020). The Influence of Professional Subculture on Information Security Policy Violations: A Field Study in a Healthcare Context. *Information Systems Research*, *31*(4), 1240-1259. https://doi.org/10.1287/isre.2020.0941

Sarkhosh, S., Abdi, Z., & Ravaghi, H. (2022). Engaging patients in patient safety: a qualitative study examining healthcare managers and providers' perspectives. *BMC Nurs*, *21*(1), 374. https://doi.org/10.1186/s12912-022-01152-1

Schäfer, I., Menzel, A., Herrmann, T., Willms, G., Oltrogge, J. H., Lühmann, D., & Scherer, M. (2023). Compliance and patient satisfaction with treatment settings recommended by the medical on-call service 116117 in Germany using computer-assisted structured initial assessment: a cross-sectional observational study accompanying the demand intervention. *BMJ Open*, *13*.

Schiele, F., Aktaa, S., Rossello, X., Ahrens, I., Claeys, M. J., Collet, J. P., Fox, K. A. A., Gale, C. P., Huber, K., Iakobishvili, Z., Keys, A., Lambrinou, E., Leonardi, S., Lettino, M., Masoudi, F. A., Price, S., Quinn, T., Swahn, E., Thiele, H., . . . Hassager, C. (2021). 2020 Update of the quality indicators for acute myocardial infarction: a position paper of the Association for Acute Cardiovascular Care: the study group for quality indicators from the ACVC and the NSTE-ACS guideline group. *Eur Heart J Acute Cardiovasc Care*, *10*(2), 224-233. https://doi.org/10.1093/ehjacc/zuaa037

Sheridan, K., O'Connor, S., & Whyte, E. F. (2024). An investigation into perceived autonomy support, motivation and competence in chronic pain patients in Ireland: A cross-sectional study. *PLOS ONE*, *19*.

Skjerve, H., Braaum, L., Goth, U., & Sørensen, A. (2023). Using Simulations to Help Public Health Students Overcome Language Barriers for Better Health Outcomes. *International Journal of Environmental Research and Public Health*, *20*. https://doi.org/10.3390/ijerph20136259

Sonali, S. (2020). The Human Factor: The Critical Importance of Effective Teamwork and Communication in Providing Quality and Safe Care. *Journal of Clinical Engineering*, *45*, 150-154. https://doi.org/10.1097/JCE.0000000000000404

Sonis, J. D., & White, B. A. (2020). Optimizing Patient Experience in the Emergency Department. *Emergency medicine clinics of North America*, *38 3*, 705-713.

Sweller, J. (2020). Cognitive load theory and educational technology. *Educational Technology Research and Development*, *68*(1), 1-16. https://doi.org/10.1007/s11423-019-09701-3

Szumacher, E. (2019). Patients' Engagement in Medical Education. *Journal of Cancer Education*, *34*, 203 - 204.

Tamli, N., & Sain, M. (2023). Exploring Innovative Strategies For Patient-Centered Care In The Nursing Profession. *A Bi-annual South Asian Journal of Research & Innovation*.

Tuohy, D., & Wallace, E. (2023). Maximising nurse-patient communication in the emergency department. *Emergency nurse : the journal of the RCN Accident and Emergency Nursing Association*.

Vamos, S., Okan, O., Sentell, T., & Rootman, I. (2020). Making a Case for "Education for Health Literacy": An International Perspective. *Int J Environ Res Public Health*, *17*(4). https://doi.org/10.3390/ijerph17041436

van de Water, L. F., van Kleef, J. J., Dijksterhuis, W. P. M., Henselmans, I., van den Boorn, H. G., Vaarzon Morel, N. M., Schut, K. F., Daams, J. G., Smets, E. M. A., & van Laarhoven, H. W. M. (2020). Communicating treatment risks and benefits to cancer patients: a systematic review of communication methods. *Quality of Life Research*, *29*, 1747 - 1766.

van Eenennaam, R. M., Kruithof, W. J., van Es, M. A., Kruitwagen-van Reenen, E. T., Westeneng, H. J., Visser-Meily, J. M. A., van den Berg, L. H., & Beelen, A. (2020). Discussing personalized prognosis in amyotrophic lateral sclerosis: development of a communication guide. *BMC Neurol*, *20*(1), 446. https://doi.org/10.1186/s12883-020-02004-8

Walsh, A., Bodaghkhani, E., Etchegary, H., Alcock, L., Patey, C., Senior, D., & Asghari, S. (2022). Patient-centered care in the emergency department: a systematic review and meta-ethnographic synthesis. *Int J Emerg Med*, *15*(1), 36. https://doi.org/10.1186/s12245-022-00438-0

Walsh, A., Bodaghkhani, E., Etchegary, H., Alcock, L., Patey, C., Senior, D., & Asghari, S. (2022). Patient-centered care in the emergency department: a systematic review and meta-ethnographic synthesis. *International Journal of Emergency Medicine*, *15*(1), 36. https://doi.org/10.1186/s12245-022-00438-0

Wang, Z., Zhang, X., & Ma, L. (2022). How to Maintain a Sustainable Doctor-Patient Relationship in Healthcare in China: A Structural Equation Modeling Approach. *Journal of Healthcare Engineering*, *2022*.

Wongtaweepkij, K., Corlett, S. A., Krska, J., Pongwecharak, J., & Jarernsiripornkul, N. (2021). Patients' Experiences and Perspectives of Receiving Written Medicine Information About Medicines: A Qualitative Study. *Patient preference and adherence*, *15*, 569 - 580.

Woods, C. E., Jones, R., O'Shea, E., Grist, E., Wiggers, J., & Usher, K. (2019). Nurse-led postdischarge telephone follow-up calls: A mixed study systematic review. *J Clin Nurs*, *28*(19-20), 3386-3399. https://doi.org/10.1111/jocn.14951

Yigzaw, K. Y., Olabarriaga, S., Michalas, A., Marco-Ruiz, L., Hillen, C., Verginadis, Y., Tuler de Oliveira, M., Krefting, D., Penzel, T., Bowden, J., Bellika, J., & Chomutare, T. (2022). Health data security and privacy: Challenges and solutions for the future. In (pp. 335-362). https://doi.org/10.1016/B978-0-12-823413-6.00014-8

Zandesh, Z. (2024). Privacy, Security, and Legal Issues in the Health Cloud: Structured Review for Taxonomy Development [Original Paper]. *JMIR Form Res*, *8*, e38372. https://doi.org/10.2196/38372

Zineldin, M., & Vasicheva, V. (2019). Patient emotional support and healthcare organisational performance and effectiveness. *International Journal of Work Organisation and Emotion*.

Zygiaris, S., Hameed, Z., Ayidh Alsubaie, M., & Ur Rehman, S. (2022). Service Quality and Customer Satisfaction in the Post Pandemic World: A Study of Saudi Auto Care Industry [Original Research]. *Frontiers in Psychology*, *13*. https://doi.org/10.3389/fpsyg.2022.842141

Appendices

Appendix A: Questionnaire of the study

استبانة

الأخ/ت ..... المحترم/ة

تحية طيبة وبعد

تقوم الباحثة بدراسة بعنوان "رضا المرضى تجاه مشاركة المعلومات في أقسام الطوارئ"، وذلك استكمالاً لمتطلبات درجة الماجستير من الجامعة العربية الأمريكية، ونطلب منكم التعاون معنا بالإجابة على هذه الاستبانة، مع العلم أن هذه المعلومات سرية، ولن تستخدم إلا لأغراض البحث العلمي فقط.

القسم الأول: المعلومات الديمغرافية:

ضع اشارة (√) في المكان الذي تراه مناسباً:

1. الجنس

( ) ذكر ( ) أنثى

2. العمر:

( ) أقل من 18 ( ) من 18 – 24 سنة

( ) من 25 – 34 سنة ( ) من 35 – 44 سنة

( ) من 45 – 54 سنة ( ) أكثر من 55 سنة

3. الحالة الاجتماعية

( ) أعزب ( ) أرمل

( ) مطلق ( ) متزوج

4. المستوى التعليمي

( ) أمي ( ) أقل من الثانوية العامة

( ) الثانوية العامة ( ) دبلوم

( ) بكالوريوس ( ) ماجستير أو دكتوراه

5. مكان السكن

( ) مدينة ( ) مخيم ( ) قرية

6. الوضع الاقتصادي (الدخل الشهري)

( ) أقل من 1500 شيكل ( ) من 1500 – 2500 شيكل

( ) من 2500 – 3000 شيكل ( ) أكثر من 3000 شيكل

7. زيارة قسم الطوارئ في السنوات الثلاث الماضية:

( ) 0 ( ) 1 – 2 ( ) 3 أو أكثر

8. زيارة قسم الطوارئ:

( ) تحويل من قبل طبيب عام

( ) تحويل من طبيب متخصص

( ) تحويل ذاتي

9. الوصول:

( ) النقل الخاص ( ) سيارة إسعاف.

10. الوصول في أوقات

( ) الدوام الصباحي ( ) الدوام المسائي.

11. الوصول في أيام

( ) الدوام الطبيعي من الاثنين إلى الخميس

( ) إجازة الأسبوع سبت أحد جمعة.

12. سبب زيارة قسم الطوارئ (الحالة)

( ) كسر ( ) حروق ( ) اختناق، ضيق تنفس ( ) حوادث

( ) تسمم غذائي أو تسمم مواد كيميائية ( ) أخرى وضحها .....

13. فترة الانتظار في قسم الطوارئ لمقابلة الطبيب

( ) أقل من نصف ساعة ( ) من نصف ساعة إلى ساعة ( ) أكثر من ساعة.

القسم الثاني: طريقة توزيع ومشاركة المعلومات في القسم

1. هل تم مشاركتكم المعلومات العامة والطبية الخاصة في قسم الطوارئ؟
   ( ) نعم.
   ( ) لا.
2. ما هي الطريقة المستخدمة في توزيع ومشاركة المعلومات في القسم (يسمح بأكثر من إجابة)
   ( ) النشرات الورقية.
   ( ) اليافطات واللوحات الإرشادية.
   ( ) الفيديوهات.
   ( ) شفوياً عن طريق الحديث مع الطاقم الطبي.
   ( ) تطبيقات ومواقع خاصة بالمستشفى.
   ( ) تطبيقات التواصل الاجتماعي.
   ( ) شاشات المعلومات في غرفة الانتظار.
3. ما هي الطريقة التي تفضلها في تلقي المعلومات في القسم (ملاحظة/ يمكن أن تكون الطريقة غير مستخدمة في القسم، ولكن يفضل المريض تلقي المعلومات عن طريقها)

.....

.....

القسم الثاني: رضا العام للمريض حول تلقي المعلومات

م	المعلومات	مستوى الرضا				
		منخفض جداً	منخفض	متوسط	مرتفع	مرتفع جداً
.1	يستكمل الطاقم الطبي شرح وتوضيح التحاليل الطبية، والعلاجات وما يمكن توقعه.					
.2	تشرح الممرضات كيفية الاستعداد للتحاليل الطبية والعمليات.					
.3	تستعد الممرضات للإجابة عن الأسئلة في كل وقت.					
.4	النشرات حول المعلومات العامة للقسم واضحة.					
.5	سهولة الوصول للمعلومات.					

القسم الثالث: رضا المريض حول توزيع المعلومات

م	المعلومات	هل تلقيت معلومات ؟		مستوى الرضا عن تلقي المعلومات				
		نعم	لا	منخفض جداً	منخفض	متوسط	مرتفع	مرتفع جداً
1) معلومات عامة								
1.	أوقات الانتظار.							
2.	التكاليف.							
3.	التعرف على الطبيب المعالج.							
4.	التعرف على طاقم المستشفى.							
5.	أسباب دخول المريض للقسم.							
6.	الوصول إلى ملفات المرضى.							
2) معلومات عملية								
1.	موقف السيارات							
2.	سيارات الأجرة/ وسائل النقل العام							
3.	توافر الصيدليات.							
4.	دورات المياه.							
5.	الطعام والمشروبات.							
6.	خدمة Wi-Fi							
3) معلومات طبية								
1.	مخطط كهربية القلب							
2.	الأشعة السينية							
3.	عينات الدم							
4.	الجهاز الوريدي							

5.	التصوير المقطعي المحوسب							
6.	أدوية الألم							
7.	أدوية التقيؤ والاستفراغ.							
8.	مراقبة المعايير الحيوية للمرضى.							
9.	الأثار الجانبية والأعراض السلبية للأدوية.							

هل تلقيت معلومات إضافية في قسم الطوارئ؟ ( ) نعم ( ) لا

إذا كانت الإجابة نعم:

- ما هي هذه المعلومات .....
- مستوى الرضا عن هذه المعلومات .....

انتهت الأسئلة

شكراً لتعاونكم

Appendix B: Facilitation letter from Faculty of Graduate Studies

Arab American University
Faculty of Graduate Studies

الجامعة العربية الأمريكية
كلية الدراسات العليا

2023/3/9

الى من يهمه الأمر.

تسهيل مهمة بحثية

تحية طيبة وبعد،

تهديكم كلية الدراسات العليا في الجامعة العربية الأمريكية أطيب التحيات، وبالإشارة الى الموضوع أعلاه، تشهد كلية الدراسات العليا في الجامعة أن الطالبة **أمال حاتم إبراهيم سراحين** والتي تحمل الرقم الجامعي**202012545**هي طالبة ماجستير في برنامج تمريض الطوارىء وتعمل على رسالة الماجستير الخاصة بها بعنوان:

" Patient satisfaction concerning information dispensation at the emergency department: across sectionl study تحت اشراف الدكتورة عبير حسين" نأمل من حضرتكم الإيعاز لمن يلزم لمساعدتها للحصول على المعلومات اللازمة للدراسة، علماً أن المعلومات ستستخدم لغاية البحث فقط وسيتم التعامل معها بغاية السرية، وقد أعطيت هذه الرسالة بناءً على طلبها.

وتفضلوا بقبول فائق الاحترام

عميد كلية الدراسات العليا

د. نوار قطب

كلية الدراسات العليا
FACULTY OF GRADUATE STUDIES

Jenin Tel: +970-4-2418888 Ext.:1471,1472 Fax: +970-4-2510810 P.O. Box:240
Ramallah Tel: +970-2-2941999 Fax: +970-2-2941979 Abu Qash - Near Alrehan
E-mail: FGS@aaup.edu ; PGS@aaup.edu Website: www.aaup.edu

الملخص

مقدمة:

يعد تقديم المعلومات بشكل صحيح في أقسام الطوارئ أمرًا بالغ الأهمية لتحقيق مستوى مرضٍ من خدمات الرعاية الصحية، وهو ما ينعكس في تحقيق نتائج إيجابية لكل من المرضى وجودة الرعاية. هدفت الدراسة الحالية إلى تقييم مستويات رضا المرضى الفلسطينيين الذين يزورون أقسام الطوارئ فيما يتعلق بتقديم المعلومات، بالإضافة إلى تحديد أبرز العوامل الاجتماعية والديموغرافية التي تؤثر على هذا الرضا.

المنهجية:

استخدمت الدراسة تصميمًا كميًا مقطعيًا على عينة ميسرة مكونة من 200 مريض من أقسام الطوارئ في مستشفى جمعية الهلال الأحمر الفلسطيني–الخليل، والمستشفى الأهلي، ومستشفى بيت لحم العربي للتأهيل، ومستشفى اليمامة، ومستشفى الهلال الأحمر–رام الله، والمستشفى الاستشاري العربي، وذلك في الفترة ما بين 26 مايو و13 يونيو 2023. طُلب من المشاركين تعبئة استبيان ذاتي حول بياناتهم الديموغرافية، ورضاهم العام عن المعلومات الصحية، ورضاهم عن طريقة تقديم المعلومات. تم تحليل البيانات باستخدام برنامج SPSS، مع الالتزام الكامل بالاعتبارات الأخلاقية المتمثلة في سرية الهوية والخصوصية.

النتائج:

تكونت العينة من 51.5% من الذكور، و66% من المتزوجين، و51% من الحاصلين على درجة البكالوريوس، و56.5% من سكان المناطق الريفية، و50.5% ممن يزيد دخلهم الشهري عن 3000 شيكل. انتظر 57.5% من المرضى أقل من ساعة لمقابلة الطبيب، وكان التواصل الشفهي هو السائد (97%). بلغ متوسط الرضا العام 3.25 من 5، بينما كانت متوسطات الرضا عن توزيع المعلومات العامة (5/2.93)، والمعلومات العملية (5/3.37)، والمعلومات الطبية (5/3.19)، مما أدى إلى مستوى رضا إجمالي عن تقديم المعلومات بلغ 5/3.17. لوحظ وجود رضا أعلى بشكل ملحوظ لدى المرضى الأكبر سنًا (F = 3.049، p–value = 0.011) وذوي الدخل الأعلى (F = 4.656، p–value = 0.004).

الاستنتاجات:

سلطت الدراسة الضوء على وجود مستوى رضا متوسط بشكل عام لدى المرضى الفلسطينيين تجاه تقديم المعلومات في أقسام الطوارئ. يجب على صانعي السياسات في قطاعات الرعاية الصحية دعم العوامل التي تعزز رضا المرضى، لما له من انعكاس إيجابي على النتائج الصحية وجودة الرعاية.

الكلمات المفتاحية:

رضا المرضى، تقديم/نشر المعلومات، أقسام الطوارئ.