

Patient Experience and Satisfaction in the Emergency Care Setting

Description

Patient experience refers to whether or not an interaction that should happen in the emergency care setting (ECS) actually happened and how the patient perceived it happening patient satisfaction indicates if the care received met or exceeded their subjective expectations (AHRQ, 2025; Aleksandrovskiy, Ganti, & Simmons, 2022; Friedel, et al., 2023; Vermillion, 2024). These two terms, often used interchangeably, are complex and greatly influence the other (AHRQ, 2025; Friedel, et al., 2023; Vermillion, 2024). The ECS is a complex environment, with fluctuating patient volume and acuity levels, as well as high utilization of healthcare resources creating issues often associated with both patient experience and satisfaction. Patient experience aspects such as communication, staff empathy, caregiver interactions, patient/caregiver perceptions on being heard and included in care decisions, patient care environment, and wait-times contribute to patient satisfaction in key quality indicators (AHRQ, 2025; Annemans et al., 2018; Drennen, et al., 2024; Friedel, et al., 2023; Hermann et al., 2019; Nyce, et al., 2023; Rowe & Knox, 2023; Sonis & White, 2020; Vermillion, 2024).

The impact of patient experience and satisfaction scores in the ECS is are fundamental for both financial and clinical outcomes in various countries (AHRQ, 2020; Friedel, et al., 2023; Nelson, Hearld & Wein 2018). Different country's distribute surveys based on governmental requirements. In the United States, facilities may choose to use patient satisfaction survey companies but are required to use government specific surveys for accreditation purposes. The Emergency Department Consumer Assessment of Healthcare Providers and Systems (ED CAHPS) Survey, includes 35 questions that concentrate on communication, coordination, care during and discharge from the emergency department along with key demographics. (CMS, 2024). The United Kingdom uses the National Health Service Inpatient Survey (NHSIP) while Norway uses the Patient Experience Questionnaire (PEQ) (Friedel et al., 2023). Regardless of what instruments are used, surveys consist of patient-reported outcome measures (PROM) that look at treatment outcomes, or patient-reported experience measures (PREM) which collects the patient perception of their experience (AHRQ, 2025; Bull, et al., 2022; Friedel, et al., 2023). The proprietary nature of survey companies means that the randomization and distribution of the survey and dissemination of results is not transparent reference.

Patient feedback is obtained using varied methods, including paper surveys mailed to the patient's home, telephone, online, real-time, and email surveys. It is recommended that surveys are requested as close to the date of service as possible to provided more accurate ratings (Sobel et al., 2019). Patient-initiated feedback may also be obtained via patients' unsolicited posts on Yelp, Facebook, and other internet sites.

The patient's perception of their experience can be affected by multiple factors, including physical environment, personal challenges experienced at the time of their visit, the perception of how their pain is

addressed during the visit, and whether they feel heard by their provider and nurse (Annemans et al., 2018; Sobel et al, 2019). Successful strategies for enhancing patient experience and satisfaction include applying patient-centered care tactics and utilizing effective nurse-driven strategies to ensure patients are updated on reasons for waiting for care in the waiting room and other care areas (Hermann et al., 2019; Walsh et al., 2022). Many ECS have implemented practice improvement projects such as nurse rounding to help improve the patient experience in the ECS setting. (McFarlan et al., 2019).

ENA Position

It is the position of the Emergency Nurses Association (ENA) that:

1. The patient experience in the emergency setting should be equitable for all populations.
2. Patient experience and satisfaction scores do not always reflect clinical standards of excellence.
3. Emergency nurses proactively obtain education to develop and consistently demonstrate quality care and diversity awareness skills
4. Emergency nurses use evidence-based strategies to positively impact the patient experience resulting in improved patient satisfaction outcomes in the ECS.
5. Emergency nurses act to improve patient experience outcomes by engaging in research and evaluation of patient response to experience surveys.

Background

Improving patient experience and satisfaction in the ECS is challenging. The environment is chaotic and unpredictable, often producing a downstream effect on the patient and their perceptions of how their interactions and communications with staff occur. These perceptions begins with the first encounter at triage or during the patient handoff between prehospital and the ECS staff (Janerka et al., 2024). Creating a positive patient experience resulting in increased patient satisfaction in the ECS should focus on what Sonis & White (2020) call “high-yield interventions” outlined in their *Emergency Department Patient Experience Logic Model*. Sonis & White (2020) associate interventions such as environment, messaging/scripting, communication, empathy, and timely pain management with patient perceptions of the ED or staff. The patient perceptions stem from system, patient, and staff factors. According to Sonis & White (2020), system factors include aspects associated with crowding, environment, resources and/or equipment. Patient factors include the patients’ pain or illness, stress or emotional state, personal expectations or culture beliefs. Staff factors incorporate knowledge, empathy and/or timeliness of treatment. System factors along with patient factors affect the patients’ perception of both the ED and staff while staff factors are related to the patients’ perception of staff (Sonis & White, 2020). These factors contribute to positive patient experience consequently increasing patient satisfaction.

Literature/research suggests a positive patient experience is correlated with improved patient satisfaction, patient outcomes, patients’ perception, and reduces patient complaints, which is linked to improved revenue and less litigation (AHQR, 2020; Aleksandrovskiy, Ganti, & Simmons 2022; Bull, et al., 2022; Friedel, et al., 2023; Jesus, et al., 2025). In the ECS, a patient experience includes improving the patients’ perception of their experience and managing their expectations with regard to the environment and staff while making sure that communication is at the level the patient understands (Aleksandrovskiy, Ganti, & Simmons. 2022; CDC, 2024; Sonis & White, 2020). The patients’ perception and expectations of their environment and staff are often derived from how they perceive wait times, cleanliness, clinicians’ attitudes, and communication. Optimal communication requires diversity awareness. Diversity awareness is the recognition of and respect for the diverse backgrounds and experiences of the patients being cared for (CDC, 2024). Tailoring communication includes individualized information that addresses the patients’ health literacy, cultural, religious and/or ethnic preferences while speaking to what is being done, why it is being done, and answering the patient’s questions to the point they are comfortable with the plan of care thus enhancing the patient experience which improves overall patient satisfaction. (CDC, 2024; CMS, 2024; Lauwers, et al., 2024; Sonis & White, 2020).

Providing an optimal patient experience requires a collaborative effort by all staff. To be effective, education on patient experience tactics that includes rounding with purpose, use of whiteboards, and compassionate language, can be provided to all ECS staff members, including providers, nurses, technicians, environmental services, ancillary services, and registration staff (McLaney et al., 2022).. Walsh et al., (2022) found that patient centered care to be of high value and was further recognized by patients as an essential component to improved patient experiences.

Research related to the ECS patient experience continues to emerge (Karanikas, et al., 2024; Lauwers, et al., 2024)). Survey vendors offer insight into factors that impact the patient experience and strategies for improving the patient experience during their ECS visit based on their survey findings. Expanding research into the various elements that impact the patient experience, including pain, staffing, physical environment, and communication will help healthcare professionals improve the patient experience and satisfaction(Annemans et al., 2018; Karanikas, et al., 2024; Lauwers, et al., 2024; Nelson, Herald & Wein 2018).

Resources

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Authors and Reviewers

Authored by

Nancy J Denke DNP, ACNP-BC, FNP-BC, FAEN, CEN, CCRN
Joanne E. Navarroli MSN, RN, CEN Reviewed by

2025 ENA Position Statement Committee
Name, credentials, Chairperson

ENA 2025 Board of Directors Liaison
Name, credentials

ENA Staff Liaison
Domenique Johnson, MSN, RN

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