"Compassion first": a survey on bystander feedback and communication standards in a high-volume tertiary care emergency department

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Background: Effective communication is a cornerstone of patient-centered care and a critical indicator of healthcare quality. In overcrowded Emergency Departments (ED) within Lower-Middle Income Countries (LMIC), balancing rapid clinical intervention with clear communication presents unique challenges. This study evaluates healthcare staff (HCS) communication standards and their direct impact on bystander satisfaction at the Colombo South Teaching Hospital (CSTH).

Methods: A prospective study was conducted in February 2025 at the CSTH Accident and Emergency (A&E) Department, which manages an average of 450 patients and 15 resuscitations daily. Feedback was gathered from 198 randomly selected patients' families through direct observation and medical officer quality assessments. The study focused on doctor-family communication, the clarity of information provided, and the management of "bad news".

Results: The assessment revealed high performance in several communication metrics: 97% of respondents reported clear communication, and 93.9% expressed overall satisfaction. Senior doctor involvement was strongly correlated with higher family satisfaction. While 87% of communication was deemed timely and 80% used plain language, 5% of bystanders specifically desired more consistent updates on patient status. Notably, there were no reported disputes during the study period.

Discussion: Maintaining communication quality in a busy resuscitation area is a primary challenge due to the high volume of critically ill patients and limited staffing. However, prioritizing shared decision-making and an "escalation matrix" of communication helps minimize conflicts. The findings suggest that effective communication reduces the administrative burden of resolving disputes and improves the bystander's perception of care quality.

Conclusion: High-quality communication is achievable even in high-pressure LMIC settings. Implementing standardized protocols and involving senior clinicians are vital for maintaining patient-centered care and high bystander satisfaction.

Keywords: Emergency medicine, patient-centered care, LMIC, bystander satisfaction, healthcare communication.

Table 1. *Communication matrix in ED communication in the resuscitation room.*

Communication metric	Performance level	Context
Clear communication	97%	High clarity in doctor-family interactions
Overall satisfaction	93.9%	General bystander approval of communication
Senior doctor involvement	90%	Correlated directly with higher family satisfaction
Timely updates	87%	Frequency of providing information to families
Breaking bad news	80%	Effectiveness in sensitive communication
Plain language use	80%	Avoiding medical jargon for better understanding
Shared decision making	78%	Inclusion of family in the care process
Consistent status updates	5% Gap	Percentage of bystanders desiring more regular information
Reported disputes	0%	No conflicts reported during the study period