The Lived Experiences of Discharged Patients on Quality Care in a Crowded Emergency Department

ADVENTIST MEDICAL CENTER COLLEGE

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ABSTRACT

➢ *Background and Aim:*

In the Philippines, the problem of overcrowding in emergency rooms causes serious negative effects to delivering quality care to patients. The study aims to investigate the lived experiences of discharged patients from a crowding emergency rooms revealing the difficulties that patients encounter and offer critical insights to improve the standard of care and emergency department flow.

➢ *Method:*

This qualitative study employed a phenomenological approach, using semi-structured interviews to gather data from 16 participants who had recently been discharged from an overcrowded emergency department in Iligan City, Lanao del Norte. The interviews were conducted in the local dialect, Bisaya, and were analyzed using Colaizzi's method for qualitative data analysis.

➢ *Results:*

The findings reveal key themes that emerged from the participants' responses; the stress and anxiety, the environmental stressors such as noise, overcrowding, lack of privacy, the Specific spaces like triage, examination rooms, and waiting areas, the technological environment, particularly equipment quality, the Extended waiting periods, rapid treatment progression, sudden discharge and contrasting temporal experiences. Lastly, human connection amidst chaos and feeling understood and cared for with kindness.

➢ *Conclusion:*

The findings emphasize the need for improved patient flow management, enhanced environmental design, and a patient-centered approach to care delivery to prioritize patient comfort, reduce distress, and promote better outcomes especially for patients. It also shows how nurses care compassionately with patients amidst piling responsibilities in crowding emergency department.

Keywords:- *Lived Experiences, Crowding, Emergency Room, Difficulties, Discharged Patients, Nurses, Quality Care.*

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DEDICATION

This research is dedicated to our parents for their unconditional love, support, and encouragement throughout our academic journey. Your belief in us has been our greatest source of motivation and strength.

To our siblings, for always being there for us and for their continuous encouragement and understanding.

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CHAPTER ONE
INTRODUCTION

The issue of overcrowding in emergency departments is still emerging as a prominent concern for hospitals in the Philippines. The presence of overcapacity in the Philippines has been officially acknowledged by the Department of Health (Jaymalyn and Romero 2021). During the COVID-19 pandemic, there were observed changes in the utilization and management reflecting the underlying challenges faced by most tertiary hospitals in the Philippines (Jimenez et al. 2023). Reports concluded that the increasing ED visits could be a reflection of a declining primary healthcare access, an increasing healthcare costs and vulnerable cases (Allen et al. 2021).

Emergency departments across the globe have the challenge of overcrowding, which leads to delays in providing patient care. Global EDs grapple with overcrowding due to design, staffing, and flow issues (McKenna et al. 2019). Resolving it requires enhancing ED operations. Sartini et al. (2022) note ED overcrowding often results from broader hospital capacity limits, leading to patient boarding.

Emergency department overcrowding is a multifaceted issue that demands collaborative efforts across the healthcare delivery system. On a local scale, it was estimated that 96,141 beds were available nationwide for the Filipino population (Laylo et al. 2020). Emergency department crowding involves identifying challenges and best practices. These objectives align with overarching goals: improving care quality, patient experience, population health, and reducing healthcare costs. The issue of congestion in the Emergency Department (ED) cannot be effectively addressed by a singular strategy (Gross et al. 2023).

Enhancing human resources and using predictive software for check-ins, identifying appointment-skipping patients, and optimizing staffing are key strategies for improved patient flow. This holds true irrespective of the hospital's nature or geographical location. Hospital productivity is of great importance for patients and public health to achieve better availability and health outcomes (Ahlin et al. 2022). Predictive software projects aim to enhance patient flow by defining and optimizing throughput times for specific patient groups in healthcare systems (Rosstad et al. 2013).

Delay in ED treatment is the time between symptom onset and the start of therapeutic intervention. ED overcrowding, per Darraj et al. (2023), leads to significant treatment delays, affecting outcomes. For conditions like CAP, delayed antibiotic administration results in treatment failure, longer LOS, and higher costs (Herlitz et al. 2010). High ED inflow increases waiting times for medication across medical conditions, impacting care delivery (Chang et al. 2018). Further investigation into specific associations between ED overcrowding and treatment delays is needed (Sovold 2023). Health organizations should prioritize addressing concerns and reconfiguring ED organization to mitigate delays (Savioli et al. 2022).

The increasing surplus of patients exceeding the emergency department's capacity poses a threat to patient safety and global health systems. Sartini et al. (2022) found that overcrowding in emergency departments is linked to worse outcomes and increased mortality. In a study published in the Health Services Research journal, researchers from Penn State and the University of California, San Francisco discovered that heightened crowding in a hospital's emergency department correlates with a 5.4% elevated risk of all-cause mortality among patients throughout the hospital (Wagner 2022).

The phenomenon of overcrowding in the emergency room exerts a significant influence on clinical practice. Chiu et al. (2018) elucidated the correlation between congestion and clinical practice within the context of the emergency department. High patient volume in the emergency department can delay clinical decisions and prolong patient stays (Savioli et al. 2022). Additionally, this situation may necessitate the admission of a greater number of patients to observation units or inpatient departments (Gabayan et al. 2018). Increased use of CT scans and lab tests may raise patient retention in the emergency department (Bellolio et al. 2017).

Emergency department crowding diminishes healthcare quality. Jones et al. (2021) found key variables linked to care safety and effectiveness include ED length of stay, boarding time, and overall occupancy rate (Ahmed et al. 2020). The relationship between crowding measures and quality varies across domains (dos Santos et al. 2023).

Emergency department overcrowding is a prevalent issue in the United States and the Philippines with adverse ethical consequences. In their study, Moskop et al. (2018) delineated the adverse ethical consequences associated with the phenomenon of overcrowding in the emergency departments. Despite prolonged attention, it persists, presenting a significant moral dilemma (Morley et al. 2018). The present issue at hand in emergency care is arguable the most significant moral dilemma (Robert. 2022). Addressing it requires collaborative efforts among stakeholders for effective preventive measures (Morley et al. 2018).

The present study aims to investigate adverse encounters in high-quality care for patients discharged from overcrowded emergency departments. Extensive research addresses operational consequences, but there's a dearth of studies on how ED crowding impacts care quality and patient experiences post-discharge (Sartini 2022). Pine et al. (2023) discovered a negative correlation between ED crowding and overall hospitalization satisfaction. Crowded emergency rooms increase the likelihood of negative discharge experiences due to limited staff and facilities. Limited knowledge exists regarding the adverse effects of overcrowded emergency rooms on the provision of excellent care for discharged patients (Lekwijit et al. 2020).

A. Research Purpose and Research Questions

The purpose of this study is to explore the lived experiences of quality care received in a crowding emergency departments. Specifically the questions are:

- What are the lived body experiences on quality care in a crowding emergency department?
- What are the lived time experiences on quality care in a crowding emergency department?
- What are the lived space experiences on quality care in a crowding emergency department?
- What are the lived human relationship experiences on quality care in a crowding emergency department?
- What are the meaning of these experiences to discharged patients in a crowding emergency department?

B. Significance of the Study

This research aimed to provide crucial information and knowledge regarding the chosen topic from the respondents, recent studies or theses, and related studies needed to the individuals as follows:

- The Researchers. Novice nursing students may have the skills to create opportunities for professional advancement and the development of original ideas in terms of quality care in emergency crowding conditions. It is vital to improve healthcare delivery and outcomes in crowded emergency departments. Understanding the research process helps nursing students approach any duty with critical thinking skills.
- The Emergency Room Discharged Clients. This research aims to prevent negative quality care experiences for discharged patients in crowded emergency rooms. By systematically examining contributing factors, the study seeks evidence-based interventions to inform healthcare practitioners and policymakers, enhancing care quality and patient satisfaction in challenging, overcrowded emergency department settings.

C. Scope and Delimitation

The general intent of this study was to explore the discharge patients' experience on quality care in crowded emergency departments. This study will mainly identify and explore different experiences that affect quality of care in crowded emergency departments. This study was conducted with a limited amount of financial resources and time frame from January 2023 to June 2023 at the public hospital of Iligan City, Lanao del Norte.

D. Definition of Terms

- Crowding Emergency Rooms. A condition wherein the demand for emergency medical services exceeds the facility's capacity to provide timely and efficient care. It is characterized by an increased volume of patients seeking urgent medical attention, leading to congestion, longer waiting times, and potential strain on resources such as staff, beds, and equipment.
- Emergency Department. A specialized medical facilities equipped to provide immediate and critical care to patients experiencing acute illnesses, injuries, or other urgent medical conditions.
- Emergency Discharge Patients. An individual who, having received necessary medical attention in the emergency department, are released for further care or recovery outside the hospital setting.
- Emergency Rooms. A physical space within hospitals or medical centers where individuals receive immediate medical attention for urgent health issues.
- Overcrowding. The context of healthcare facilities, particularly emergency rooms occurs when the number of individuals seeking medical attention exceeds the available resources and capacity of the facility.
- Quality Care. The delivery of effective, safe, and patient-centered healthcare that meets or exceeds established standards, contributing to positive health outcomes and patient satisfaction.

CHAPTER TWO
REVIEW OF RELATED LITERATURE

This chapter presents a review of the literature related to overcrowding in the emergency room or department particularly in the field of nursing. A total of 50 literatures are compiled and investigated below for the research, with the inclusion criteria that includes publications from 2019 onwards in English, using qualitative or quantitative research designs, involving discharged patients, providers, and titles that includes emergency department crowding.

A. Overcrowding in the Emergency Department

Emergency department overcrowding is a significant public health concern impacting both the standard of emergency care and decisions regarding patient admissions. In a retrospective study it was highlighted that Emergency Departments overcrowding directly impacts medical care quality, leading to delays in medication administration and heightened mortality rates among admitted patients according to Jung et al. (2021). The findings imply that Emergency Departments overcrowding potentially triggers various issues, including excessive use of medical resources and unnecessary admissions.

Emergency Departments overcrowding stems from numerous complex causes, creating a challenging issue to resolve. As highlighted in a systematic review, it represents an imbalance between the demand and supply of healthcare services. An imbalance is not solely reflected in Emergency Departments overcrowding but also in queues and unmet healthcare needs across various services. This persisting issue is exacerbated by social and economic pressures on healthcare systems, leading to stringent budget constraints in public healthcare according to Bittencourt et al. (2020).

Overcrowding in the Emergency Department is one of the main problems that needs to be solved in order to enhance and maximize the quality of services offered in emergency situations. As defined by The American College of Emergency Physicians (ACEP) Crowding Resources Task Force, overcrowding in emergency department is a situation where demand for care exceeds available resources. A consequence of this problem includes higher death rates and longer hospitalizations in critical care units as stated in a prospective study by Colella et al. (2022).

B. Factors of Overcrowding

Identifying root causes and recommending targeted solutions is significant in determining the causal factors of limited efficient quality care. Overcrowding is identified as one of the main factors limiting correct, timely, and efficient hospital care according to Savioli et al (2022). The study aimed to investigate and address hospital overcrowding, especially in emergency departments, by identifying causes and proposing solutions through a literature review. Crowding is caused by input factors, throughput factors, and output factors as stated by Savioli et al (2022).

Extended stays in the Emergency Departments can result in adverse outcomes, with distinct implications across age groups. Emergency Department target times should consider the age of patients. Both younger and older adults in a longer Emergency Departments stay can lead to adverse outcomes, with potential variations based on age according to Ogliari et al (2022). This study assessed how age relates to (1) clinical features and (2) the duration of Emergency Departments stays in adult Emergency Departments patients. In this real-world study, older adults, especially the oldest, were more prone to Emergency Departments stays of ≥ 4 hours in the study conducted by Ogliari et al (2022).

There is a need for innovative solutions to optimize space utilization and enhance the efficiency of care delivery within Emergency Departments. The recognized need of solutions have emphasized the importance of gaining a better understanding of patient flow. This study aimed to pinpoint input, throughput, and output factors that contribute in patient flow and longer Emergency Departments length of stay. In an Australian regional Emergency Departments, a concurrent mixed-methods study included the retrospective analysis of attendance data, patient flow observations, and a focus group according to Pryce et al (2021)

The impact of the COVID-19 pandemic on patients' views of emergency physician empathy and communication. The purpose of this study is to determine the influence of the pandemic on patient satisfaction. Despite the commencement of the COVID-19 epidemic, patient satisfaction levels for perceived emergency provider empathy and communication remained positive. Positive provider feelings and awareness of shifting healthcare dynamics were shown via qualitative study according to Aguirre et al. (2021).

C. Effects of Overcrowding

The crowding of ED is due to delayed service, reduced care quality, and overall inefficiency within the emergency care setting. Emergency Departments crowding is recognized as a worldwide issue impacting care access and quality. This study aimed to conduct a systematic review on the challenges and results of Emergency Departments crowding. The outcomes, Emergency Departments crowding has adverse effects on patients, healthcare systems, and communities. It leads to delayed service, lower care quality, and inefficiency, ultimately harming the healthcare outcomes of emergency patients according to Rasouli et al (2019).

There is an impact of emergency department overcrowding on the quality of care provided to acute stroke patients. It reveals high daily bed occupancy rates and a median duration between triage and interventions. There is a lack of correlation between occupancy rates and the duration of patient care. The impact of overcrowding in emergency departments on providing high-quality care is significant for stroke patients as stated by Momeni et al. (2017). The study found a mean daily bed occupancy rate of 184.9 ± 54.3%, with a median duration of 34 minutes between triage and interventions. No significant correlation was found between occupancy rate and patient care duration in the study conducted by Momeni et al. (2017).

Both studies directly address Emergency Departments overcrowding's impact on patient care quality, highlighting delayed services, reduced care standards, and overall inefficiencies as stated by Rasouli et al. The study comprehensively outline negative impacts on individuals, healthcare systems, and communities. The focus on acute stroke patients reveals challenges due to high bed occupancy and care duration disparities, emphasizing the need for better care amidst Emergency Departments crowding as stated by Momeni et al. (2019) both aim to highlight issues and improve emergency patient care.

D. Aspects of Overcrowding Outcomes

Increased pediatric emergency department crowding was linked to higher odds of hospital admission. The identified Emergency Departments Crowding has been linked to higher chances of hospital admission and post-discharge mortality. This study assesses how overcrowding in a pediatric emergency department relates to adverse outcomes in children. A retrospective cohort study involving children across 4 provinces from 2010 to 2014 was conducted. Higher departmental crowding was linked to an increased likelihood of hospital admission according to Doan et al (2019)

Higher emergency department patient counts affect inpatient outcomes. Overcrowding has been identified as having a significant role in impeding efficient hospital care. The length of stay outcomes were primarily influenced by patients undergoing planned admissions. Conversely, instances of readmissions and in-hospital mortality were notably affected by patients with unplanned admissions. This underscores how different admission categories respond uniquely to the strain caused by heightened Emergency Departments patient counts according to Hsuan et al. (2022).

Overcrowding challenges triggered by high admissions, notably for respiratory failure, infections, and strokes. It is predominantly occurring in communal spaces and driven by specific medical needs. It is particular among elderly and female patients. Taype-Huamaní et al.'s study focuses on the complex challenges facing the hospital's emergency department. Specifically how insufficient consultation facilities and medication shortages contribute to Emergency Departments crowding. These elements reveal the intricate challenges in the hospital's emergency department, unveiling the multifaceted nature and specific drivers of the overcrowding issue in this healthcare setting according to Taype-Huamaní et al.

E. Aspects of Emergency Department Overcrowding Management

Increasing implementation of measures and a notable lack of utilization of the most effective strategies is used to address emergency department overcrowding. Azari et al (2023) acknowledged the need for a task force to create a list of affordable, effective solutions for crowded emergency departments. This study discussed the adoption rate of ACEP-recommended Emergency Departments crowding interventions in US hospitals over time. The main focus was on hospital adoption of ACEP-recommended interventions, categorized into technology-based and flow adjustments. Improving work flow increases patient satisfaction and flow. DeAnda (2018) identified the disruptions in the nursing process of handling a large number of patients daily can lead to patient backlogs and difficulties for both patients and staff. This study introduced a quality improvement effort that involves the addition and implementation of a flow nurse coordinator to enhance patient flow. The quality initiative team's recommendations included a weekly Emergency Departments staffing committee meeting, consisting of frontline staff, nurse educators, and flow nurse coordinator.

Improving patient flow results positively in delivering quality care. Probus at al (2020) recognized many Emergency Departments are not successful despite mandates to reducebottlenecks by increasing throughput. This study aimed to determine the impact of specific measures to reduce the length of stay in an emergency department. The study observed reductions in average length of stay times. These findings can be applied to improve patient flow, ultimately enhancing the quality of care and accessibility.

Patients' Own Medications (POMs) has found to be a valuable role in informing clinical decisions, ensuring accurate medication history documentation, and facilitating prompt medication administration. The study assessed how this procedure influenced process and patient safety results as stated by Taylor et al (2023). After the procedure was implemented, POMs were stored in standardized places for 45.9% of patients and were seldom left in the Emergency Departments or short-stay unit after discharge. Although the procedure improved POMs storage, there is still room for improvement.

A difficulty in finding quick safety info can lead to unnecessary pumping and dumping of breast milk, with unintended harm. A treatment algorithm was discussed for breastfeeding patients in the Emergency Departments, focusing on commonly prescribed medications according to Premer – Barragan et al (2023). An inquiry into the frequently prescribed medications for female patients aged 12 to 50, across all chief complaints, was conducted at Northwestern Memorial Hospital Emergency Department. Analgesics are the most used Emergency Departments medications, and generally safe in limited doses in this setting.

Patient safety issues are common in critical and high-demand care settings, like the emergency department. International literature on patient safety incidents in emergency departments is aimed to be reviewed in order to gather insights for improving practices as stated by Amaniyan et al (2020). A systematic review of literature using an integrative design was applied. The findings of this review suggest that addressing communication barriers, enhancing interprofessional communication, reducing overcrowding, providing safety education, and improving Emergency Departments organization and management can lower patient safety incidents (PSIs).

Patient safety as a pressing concern in emergency departments overcrowding. Turner et al (2020) aimed to gauge Emergency Departments physicians' awareness of abnormal vital signs and critical clinical actions, and to see how patient handoffs affected this awareness. Emergency Departments physicians were inquired about each patient they attended, specifically regarding: 1) the count of IV lines, 2) the use of supplemental oxygen, and 3) the presence of abnormal vital signs. Emergency physicians often make errors in recognizing their patients' vital signs, oxygen and vascular status, and patient handoffs contribute to an increased occurrence of these errors.

Potential problem in patients who present to public Emergency Departments with Limited English Proficiency. Taira and Orue (2019) aims to identify the unmet language assistance needs in a public ED. 84.5% of patients requesting language assistance lacked spoken language support, and 30% lacked language-concordant written instructions. The substantial unmet language assistance need in this public Emergency Department highlights a concerning gap between patient preference and provider practice. This could be a potential factor in Emergency Departments crowding due to longer stay.

Improving Emergency Departments discharge communication to enhance quality of Emergency Departments discharge. According to Stevens et al. (2019), there is a need to investigate the quality of Emergency Departments discharge communication in order to guarantee safe transitions, reduce harm, avoid re-presentations, and improve self-management and compliance. The outcome stresses safe discharge and patient comprehension tactics, although time and resource constraints impede information delivery and comprehension. It also suggests that a broader range of educational flyers and discharge papers be made available to improve Emergency Departments discharge.

Managing the Emergency Departments crowding by testing and using a sharing system through mobile application. Ehrler et al. (2022) identified overcrowding in emergency departments as a worldwide problem that endangers patient safety. The purpose of this study was to determine the efficacy of a mobile app for getting test data and interprofessional communication. It increased the efficiency of pediatric emergency care providers. Mobile apps can streamline information sharing and improve emergency care efficiency by connecting Emergency Departments caregivers with their workstations and colleagues in a simple and replicable manner.

Assessing contiributing factors is significant in overcrowding management. Gross et al. (2023) stated that the study addresses the severe issue of Emergency Department crowding, which jeopardizes patient safety and healthcare quality. This study employs time measures and a conceptual model of Emergency Departments congestion to give evidence-based solutions to Emergency Departments crowding that will be important for primary care clinicians and the healthcare regulatory sector. As result, Emergency Departments crowding cannot be solved with a single solution. Assessing contributing factors is critical for improving pediatric care and reducing the impact of crowding on patients, improving care quality, and improving the patient experience.

National Emergency Department Overcrowding Study (NEDOCS) scoring system is a reliable system in studying Emergency Departments crowding issue. Burga Llhan et al. (2020) sought to assess the efficacy of the National Emergency Department Overcrowding Study (NEDOCS) scoring system. It is used in tackling the pervasive issue of emergency department overcrowding. It is a multifaceted challenge stemming from the continuous accessibility of services, insufficient staffing, prolonged diagnostic procedure delays, and the scarcity of available inpatient beds.

A comprehensive multimodal intervention shows reductions in emergency department crowding and improved patient flow. Linden et al's 2019 study found that a multimodal intervention in a trauma center in the Netherlands reduced emergency department crowding and patient flow. The intervention included an Emergency Nurse Practitioner, five medical specialists, a Lean program, and extended operating hours. Prompting the recommendation for deeper exploration into the financial implications and broader repercussions of such healthcare provisions.

The worldwide challenge of emergency department overcrowding resulting from resource inadequacies, proposing a comprehensive set of five solutions. Maninchedda et al. (2023) highlight the global issue of overcrowding in emergency departments due to insufficient resources. They propose five solutions: work organization, investment in primary care, professional roles creation, structural changes, and predictive simulation models. They highlight the impact of capacity imbalances, unexpected visits, persistent patients, and high demand for diagnostic tests.

In investigating the impact of emergency medicine residents replacing internal medicine residents in a university medical center's single-site, ED. Kim et al. (2018) found that while hospital stays decreased when emergency medicine physicians admitted internal medicine patients, there was no significant decrease in diagnostic agreement. Hikmet Şencanlar Çetiner and colleagues (2023) aimed to determine the prevalence of acute seizures and identify risk factors for their recurrence in an emergency department visit in individuals with epilepsy.

Overcrowding in the Emergency Department negatively impacts staff satisfaction, healthcare quality, and safety, leading to increased expenditures. Strada et al. stated that the Delay in Action (DA) protocol was implemented at the University Hospital of Ferrara in Italy, reducing hospitalization durations for chest pain, abdominal pain, and non-traumatic bleeding. The primary factor contributing to overcrowding is prolonged patient stays, primarily due to patient flow within the Emergency Departments.

These studies aim to address challenges linked to emergency department (ED) overcrowding and patient safety. It focuses on improving Emergency Departments efficiency, workflow, communication, and care quality while mitigating the strains caused by overcrowding. From implementing interventions and utilizing technology to investigating language barriers and discharge communication, these studies aim to enhance patient outcomes, healthcare quality, and alleviate the negative impact of Emergency Departments overcrowding on both patients and providers.

F. Correlation of Causes, Effects, and Solutions of Emergency Departments Crowding

Emergency Departments crowding is known to have negative effects, such as worse patient outcomes and staff's inability to follow treatment guidelines. Morley et al (2018) recognized emergency department crowding is a significant global healthcare problem, and its causes are subject to ongoing debate, making it challenging to develop effective, precise solutions. This review found a disconnect between causes and solutions. Most identified causes were linked to the volume and characteristics of Emergency Departments visitors and timely discharge, while proposed solutions primarily addressed improving patient flow within the Emergency Departments.

Berlyand, et al. (2022) investigates how emergency department crowding affects the experiences of discharged patients. The major goal is to determine if there is a correlation between ED overcrowding and service quality of discharged patients. In this retrospective cohort study, the survey of 9,221 adult Emergency Departments discharged patients revealed that individuals arriving at a busy Emergency Departments and finally discharged are more likely to have a negative patient experience. As a result, it is critical to battle Emergency Departments crowding in order to improve the discharged patient experience. More study is needed to identify the important determinants impacting patient based experiences and satisfaction among Emergency Departments discharges.

A thorough review was conducted to understand Emergency Department overcrowding, examining its causes, consequences, and solutions - a perspective rarely explored in previous studies. It included 61 articles in their review, highlighting the various factors contributing to Emergency Departments overcrowding, from input to output causes according to Sartini et al. (2022). The review emphasizes the importance of holistic strategies at both Emergency Departments and hospital levels, encompassing the broader healthcare system and the community.

The imbalance between supply and demand in Emergency Department capacity could lead to adverse effects on physicians and patients. Kim et al. (2020) The imbalance of supply and demand in Emergency Departments capacity can result in hazardous effects both on physicians and patients, and previous studies have found that overcrowded Emergency Departments conditions increased physician decision-making time, led to more medication errors , decreased quality of care , and increased mortality during hospital stay. This study aimed to evaluate the correlation between emergency department occupancy rates and the incidence of in-hospital cardiac arrest.

There is a significant need of providing high-quality care for stroke patients in an overcrowding emergency department. Overcrowding in emergency departments were thoroughly investigated and it shows it has been affecting the quality of care administered to stroke patients according to Momeni et al. (2017). Despite the overwhelming occupancy, the study did not identify a significant relationship between higher occupancy rates and the duration of care provided to stroke patients, challenging common assumptions about the direct impact of overcrowding on emergency care delivery.

The efficacy of advanced nurse triage might alleviate accessibility and safety healthcare services. Cristina Font-Cabrera and colleagues' 2023 study evaluates advanced nurse triage in a high-complexity hospital's Emergency Department, focusing on low complexity patients. The study aims to improve accessibility, safety, and humanization of healthcare services by providing equitable, high-quality care. In order to improve healthcare services by ensuring equitable access, enhancing safety, and emphasizing humanization to deliver high-quality care.

The increasing number of patients in emergency departments leads to overcrowding, extended waiting periods, and decreased patient satisfaction. The study, conducted at Prince Mohammed bin Abdulaziz Hospital in Riyadh, Saudi Arabia, found that although most patients were not familiar with the triage system, they understood the rationale behind prioritizing certain patients, according to Alhaqbani et al. (2022).

The previous study shared the goal of understanding and resolving the detrimental impacts of emergency department overcrowding on patient care and healthcare quality. They examine causes, effects, and potential solutions to the challenges in Emergency Departments overcrowding. Additionally, these studies explore the connection between Emergency Departments overcrowding and patient experiences, uncovering negative influences on physician decision-making, service quality, and patient satisfaction. Their collective aim is to improve patient-centered care, safety, and access in overcrowded Emergency Departments, underscoring the need for comprehensive approaches and efficient triage systems to tackle these challenges.

G. Factors of Overcrowding

Overcrowding is a multifactorial and complex phenomenon; these different factors are independent from one another but are closely connected and influenced by additional factors. Sartini et al (2022) addresses overcrowding in Emergency Departments as a results from various factors, often causing more patients, higher mortality and morbidity rates, and delays in critical care for medical emergencies. As anticipated, the problem of overcrowding in Emergency Departments can be due to multiple factors, which may be represented by the input–throughput–output model.

Low staff-patient ratio leads to inability in delivering quality healthcare in Emergency Department crowding situations. Van de Ruit et al. (2020) investigate crowding and its consequences for patient care in order to improve the quality and efficacy of emergency care. This study fills a gap in our understanding of emergency care systems by examining the experiences of frontline staff in public Emergency Departments with crowding and its contributing factors. As a result, physicians and nurses were concerned about the quality of care they could deliver with such low staff-to-patient ratios.

There is a significant demand in emergency department and crowding has heightened focus on the need for better understanding of patient flow. It aims identify input, throughput and output factors contributing to Emergency Departments patient flow bottlenecks and extended Emergency Departments length of stay. Concurrent nested mixed method study based on retrospective analysis of attendance data, patient flow data and a focus group in an Australian regional Emergency Departments as stated by Pryce et al. (2020). Vulnerable groups, like older patients and those with mental health conditions, face longer waits.

Longer stay in Emergency Departments results in negative patient experience. In Emergency Departments, the Length of Stay links to negative patient outcomes. It aims to study how Emergency Departments length of stay is used in various pieces of literature to make its meaning clearer. A concept analysis study included a literature search to find every instance where the concept was used by Andersson et al. (2020). According to concept analysis it acts as substitutes for other phenomena. Long stays in Emergency Departments are frequently used as a stand-in for other concepts and phenomena.

Through an emphasis on its multiple causes and effects, these studies seek to comprehend and manage the overcrowding in Emergency Departments. They focus on a number of issues that lead to Emergency Departments overcrowding, including a rise in patients, a lack of staff, and difficulties providing high-quality care because of poor staff-to-patient ratios. Furthermore, the study highlights how extended Emergency Departments stays affect patient outcomes and the effectiveness of healthcare, underscoring the need for better patient flow and solutions to issues related to congestion in Emergency Departments settings.

H. Diagnostic Errors in Emergency Department Patients

Diagnostic errors are more expected in crowded Emergency Departments that could affect patient encounters. The diagnostic decision-making is a complex cognitive process with high uncertainty, making it prone to diagnostic errors. This study aimed to utilize validated diagnostic error triggers in Emergency Departments patient encounters and employ machine learning for comparison. The study aims to identify factors causing diagnostic errors in two phases as stated by Huschka et al (2023). The study successfully demonstrated the predictive performance of various factors, such as ICD.

The vulnerability of diagnostic decision-making in crowded Emergency Departments, emphasizing the importance of understanding and addressing the factors influencing diagnostic errors. By leveraging diagnostic error triggers and employing machine learning techniques, the research not only identified these contributing factors but also showcased the predictive potential of certain factors, particularly the utilization of ICD codes. This research offers valuable insights into improving diagnostic accuracy and decision-making processes within overcrowded emergency department settings, aiming to enhance patient care and outcomes.

I. Characteristics of Patient Experience in Crowding Emergency Department

Investigating an adult Emergency Departments patient experiences help establish a new Emergency Departments patient-reported experience metric. After discovering a lack of investigation of adult patient experiences in Australian Emergency Departments this descriptive, exploratory qualitative study gathered data from adult discharged patients in the Emergency Departments. The findings emphasizes four critical characteristics of Emergency Departments patient experiences. Which are the clinician interactions, the Emergency Departments environment, wait times, and family/friend engagement according to Bull et al. (2022) investigates.

It emphasized important factors affecting patient experiences, placing particular emphasis on interactions between clinicians, the Emergency Departments setting, wait periods, and involvement with friends or family. The study particularly highlighted how important it is for patient-provider interactions to shape overall Emergency Departments experiences. This study offers insightful information about critical factors influencing patient satisfaction and the caliber of care in the emergency department.

J. Factors of Positive and Negative Patient Experience in crowding Emergency Departments

Communication by any means in Emergency Departments is significant as it affects patient experiences. The Experiences and perspectives of older patients with a return visit to the emergency department within 30 days were focused in a study by Schouten et al (2021). The aim of this study is to achieve patient-centered care for older patients at the Emergency Departments, it provides insight into contributing factor of negative experiences. The two major findings were that lack of information about waiting times and suboptimal discharge communication contributed to negative experiences.

Efficient communication has a major impact on Emergency Departments experiences for elderly patients. Research reveals inadequacies in the transmission of discharge instructions, which impact patient readiness and post Emergency Departments everyday problems. The main conclusions highlighted the detrimental effects on patient experiences of inadequate waiting time information and poor discharge communication. Negative experiences are exacerbated by incomplete information about waiting times and diagnoses, which emphasizes the need for more patient involvement and transparent, educational communication throughout Emergency Departments visits and discharge.

K. Quality Care Management in Crowding Emergency Departments

Patients not understanding who to contact for follow-up treatment is identified as factors for Emergency Departments revisits. An increase follow-up completion within seven days of discharge and decrease revisits is intended by McGillivray et al (2020). Employing the Plan-Do-Study-Act (PDSA) methodology, which involved detailed chart reviews for outcome assessment, the initial results underscored a concerning trend where less than half of the discharged patients managed to adhere to the recommended follow-up. Results show that initially, less than half of the patients returned within seven days of discharge.

There is a significant impact of emergency medicine residents taking over internal medicine roles in a university-affiliated medical center. Kim et al. (2018) found that the decision-making process led to reduced stay durations and maintained diagnostic concordance rates, despite a decrease in admission rates. Their findings illuminated that this shift in roles positively influenced the decision-making process, resulting in shortened durations of stays for patients while upholding consistent diagnostic concordance rates, despite observing a decline in admission rates.

There is a need to improve follow-up completion and decrease returns because patients' uncertainty about follow-up contacts leads to Emergency Departments revisits. Less than half of patients initially complied, according to an assessment of follow-up. Additionally, it looked at emergency medicine residents transitioning into internal medicine positions. It found that, in spite of lower admission rates, stays were shorter and diagnostic accuracy was maintained, which had a favorable effect on decision-making and patient lengths.

L. Analysis of Methods

The review of the related literature indicates the variety of research approaches that have been employed to study our topic. The most popular approach, retrospective investigations are valued. There have also been observational cohort studies, mixed methods studies, systematic reviews, prospective studies, cross-sectional studies, and qualitative descriptive methods. This comprehensive analysis highlights the widespread reliance on retrospective research and emphasizes the value of exploring qualitative descriptive methods in greater detail to capture more complex contextual subtleties.

M. Summary

In a collaborative effort the articles intend to fully co address a range of issues related to patient experiences, treatment, diagnostic accuracy in a crowding emergency departments. Every study focuses on a different issue, such as how crowded emergency departments affect patient outcomes, what causes patients to stay longer, how patients communicate, what causes diagnostic errors, and what can be done to streamline the delivery of care.

A review of overcrowding in Emergency Departments has uncovered a variety of problems and possible solutions. Research was conducted on a number of topics, such as the effects of Emergency Departments overcrowding on patient outcomes, patient flow management, and the causes of extended hospital admissions. The main goals are to pinpoint difficulties in emergency departments, provide advice on how to improve patient care, boost diagnostic precision, and suggest solutions to problems caused by overcrowding in order to improve the quality of healthcare and increase patient satisfaction.

The missing study in the compiled literature is the prioritization of discharge patient's first hand experience on a crowding Emergency Department dedicated to understanding the perspective of patient's lived experience in the Emergency Department emphasizing the meaning of the experience to them, quality of care they received and how it directly influenced their lives and perceptions of the healthcare system within our country. Further investigation on this missing piece could provide invaluable insights into the practical implications of Emergency Departments crowding on patients and contribute to enhancing the quality of care and systemic improvements within the healthcare setting.

CHAPTER THREE
METHODS

This chapter outlines the study's methodology, detailing the research approach and design, the tools and instruments used, the methods for data collection, sampling strategies, and ethical considerations.

A. Research Approach

This study employed qualitative research to explore the lived experiences of discharged patients on quality care in a crowded emergency department. Qualitative research, focusing on real-life social phenomena, aims to understand why certain occurrences happen, emphasizing people's experiences and meaning. Using words, behaviors, and images, data enriches the understanding of the phenomenon (University of Utah College of Nursing, 2022). (McBrien 2008) suggests that qualitative research is suitable for exploring lived experiences of patients on quality care in a crowded emergency department.

B. Research Design

This study used a qualitative approach, employing a descriptive phenomenology mixed with interpretative phenomenology based on the four world existentials: the lived body, lived space, lived time, and lived human relationships. Researchers conducted semi-structured interviews to explore experiences related to post-discharge care among patients from overcrowded emergency rooms. The flexible interview format allowed additional questions to capture crucial subjective and objective experiences in a narrative and descriptive manner (Smith and Doe 2023).

The objective of phenomenology is to acquire a more profound comprehension of the significance of events encountered in ordinary existence (Neubauer et al, 2019). Phenomenology employs specific experiences to inductively reveal the fundamental or universal nature, known as the core or essence of the phenomena (Barrow et al. 2017). In phenomenological analysis, participants' unique experiences are abstracted to reveal the fundamental nature of the experience. This involves identifying essential characteristics that define an experience and distinguishing it from others. Without these defining features, an experience cannot be classified as such (Neubauer et al. 2019).

C. Population and Sample

Purposive Sampling. Participants were intentionally chosen to ensure a diverse range of experiences regarding the quality of care in a crowded emergency department. The sample consisted of sixteen (16) participants, allowing for the collection of a wide array of perspectives on the quality of care provided. The sample size was based on data saturation, with themes emerging from the interviews. This approach ensured that enough participants were included to capture the complexity of the phenomenon.

D. Instrumentation/ Tools

In-depth interviews served as the primary data collection tool. An interview guide, featuring open-ended questions, was created to explore discharged patients' experiences with quality care in a crowded emergency department. To gather rich perspectives, researchers posed follow-up questions that elicited more detailed and nuanced responses. The guide was formulated following an extensive literature review and consultations with experts in Emergency Department operations and qualitative research.

E. Ethical Considerations

➢ *The Following Guidelines Served as the Researchers' Guide for Conducting the Interview:*

- Asking for Permission to Conduct Study. The researchers drafted a formal letter, endorsed by their thesis advisor, seeking permission from the college dean and receiving approval from the hospital authorities to conduct in-person interviews with selected respondents. Participation was entirely voluntary. After agreeing to participate, the researchers briefed the participants on both the specific and general objectives of the study.
- Obtaining Informed Consent to Interview. Informed consent involves the participant being fully informed about all aspects of the research and agreeing to participate voluntarily. Consequently, informed consent was obtained from the participant before the interview, ensuring the security, privacy, and confidentiality of the interview and its documentation.
- Conduct of Personal Interview. The interview was conducted in a carefully chosen setting, with the interviewee fully briefed on the interview's objectives and confidentiality assurances. The format, nature, goals, expectations, and duration were also explained. To facilitate flexible and adaptable information gathering, the interview used an informal, conversational approach.
- Establish Privacy and Confidentiality. Ensuring privacy and confidentiality was crucial, with a focus on protecting participants' anonymity. The researcher faced challenges in maintaining these standards, only accessing information disclosed by the participants, including their identities. Key concerns included confidentiality, consent, and identity protection. Additionally, specific data from the interviews was documented.

F. Data Gathering Procedures

➢ Preliminary Gathering of Data

In the initial phase of the research, the team conducted a collaborative brainstorming session, guided by the research adviser, to explore potential subjects and variables. The aim was to refine the focus by identifying the most promising topics, ultimately narrowing it down to a single subject. With valuable input from the research adviser, the team then worked on formulating a compelling title for the chosen topic.

Once the study was finalized, it was presented to the research adviser for assessment and to identify any necessary corrections. The researchers then implemented the revisions suggested by the adviser. After making the modifications, the adviser reevaluated the study to determine approval or disapproval. The research adviser also conducted a plagiarism check and assessed any potential ethical issues the study might pose.

With the study clarified, the researchers formulated precise and insightful research questions to guide the inquiry. These questions acted as a compass for understanding the lived experiences of discharged patients regarding quality care in a crowded emergency department. Careful consideration was given to participant selection, aiming for diversity to ensure representation across various demographics and backgrounds. This intentional selection enriched the data, capturing a broad spectrum of experiences and perspectives from discharged patients.

➢ The Interview Process

This study aimed to comprehensively explore the experiences of patients on lived body, lived time, lived space, lived human relationships, and the meaning of the experiences requiring intensive data collection (Merriam 1998; Yin 2003) applying "various forms of data" (Creswell 2002). Data collection for phenomenological study primarily highlighted observing participants as they experience the phenomenon, and conducting in - depth interviews before, during, and after experience (Dovetail et al.2023). Data was collected through formal interviewing to address our research question, followed by documentation of the data.

The study was carried out in the selected hospital of Iligan City, Lanao del Norte. The researchers wrote a letter to the hospital and received approval to conduct the study within their hospital. The purpose of the study was explained to the selected patients regarding the quality of care received in the emergency department. This study was conducted over four weeks.

Data were gathered through open-ended questions, with the entire interview recorded to ensure accuracy. Key details were noted for encoding. Researchers carefully formulated and clearly articulated each question to prevent misunderstandings, asking them one at a time to allow interviewees sufficient time to respond. Instructions were provided to the 16 participants, with 30 minutes allocated for each interview. Nine pertinent questions were asked, and participants were given the freedom to respond fully to avoid inaccuracies.

The interview was semi-structured, using a thematic framework with predetermined questions, but without a fixed order or phrasing. This approach combines aspects of structured and unstructured interviews, offering flexibility with open-ended questions. This allows for both pattern recognition and respondent comparisons (George 2023).

Table 1: Interview Questions for Discharged Patients in Emergency Department

Research Questions	Interview Questions
What are the discharged patients' lived experiences on quality care in the means of entry in a crowded emergency department?	How long have you been waiting? Have you experienced any pain or discomfort during the wait? Did you notice any changes in your condition while waiting? Are you experiencing any specific symptoms (e.g., chest pain, shortness of breath, weakness)? Have you been able to move comfortably while waiting?
What are the discharged patients' lived experiences on quality care throughout the time of admission in a crowded emergency department?	How did the physical environment of the crowded emergency department impact your overall care experience? Were there specific spaces that made you feel more comfortable or anxious during your treatment? How about the care you received from the interventions involving technologies, instruments, and things that were used in treating you, is it giving quality care?
What are the discharged patients' lived experiences on quality care in the means of exit in a crowded emergency department?	How did time play a role in your transition from waiting during the means of entry until you're waiting in the means of exit? Reflect on moments when time felt either prolonged or rushed during your recovery and discharge process
What are the meanings of these experiences to discharged patients in a crowded emergency department?	How did your interactions with healthcare providers impact your overall experience during your stay? And what do those experiences mean to you? Were there specific moments when you felt a strong connection or rapport with any of the staff members? What do those moments mean to you?

G. Data Analysis

Colaizzi's method of data analysis was utilized in this study. (Colaizzi's 1978) recognizable seven-step procedure offers a rigorous analysis, with each stage remaining true to the facts. The analysis commenced with individual readings and subsequent re-readings of the material to deepen comprehension of the overall dialogue. Subsequently, keywords, phrases, and statements associated with the phenomena were identified and subjected to repeated analysis, focusing on derived meanings (Salvador 2022; Salvador et al.2022).

The following are the steps in Colaizzi's descriptive method: (1) *familiarization with the data*; (2) *identifying significant statements*; (3) *formulating meanings;* (4) *clustering themes*; (5) *developing an exhaustive description*; (6) *producing the fundamental structure;* and lastly (7) *seeking verification with each informant* (Morrow et al. 2015).
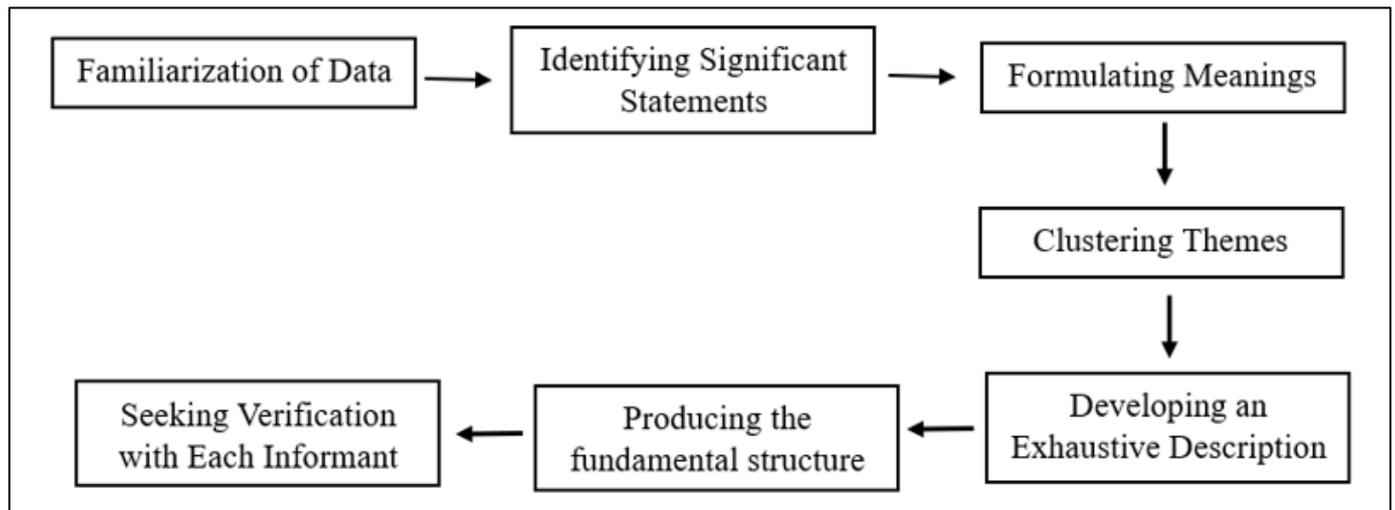
➢ *Data Analysis Procedure*

Fig 1: Colaizzi's Method of Data Analysis

The first step involved transcribing the recorded interviews. After transcription, the researchers read the transcribed interviews several times over a few days to familiarize themselves with the information gathered and to gain an understanding of the informants' experiences (Morrow et al., 2015).

For the second step, identifying significant statements, researchers pinpointed all statements that directly relate to the phenomenon under investigation (Morrow et al., 2015).

For the third step, formulating the means, after carefully examining the significant statements, the researchers deciphered meanings that are pertinent to the phenomenon. For the researcher to stay as close to the phenomenon as it is experienced, they reflexively "bracket" their presuppositions (Morrow et al. 2015).

For the fourth step, clustering themes, the identified meanings were grouped by the researchers into themes that run through all of the narratives (Morrow et al. 2015).

For the fifth step, developing an exhaustive description, the researchers incorporated all the topics generated in step 4 into a comprehensive and all-inclusive account of the phenomena (Morrow et al. 2015).

For the sixth step, producing the fundamental structure,the researchers condensed the extensive explanation into a concise statement that captures only the essential elements integral to the phenomenon's structure (Morrow et al., 2015).

Finally, in the seventh step, member checking was conducted. This involved verifying the fundamental structure by presenting participants with the statement and asking if it accurately reflected their experiences. Based on their feedback, researchers could revise earlier analytical steps (Morrow et al., 2015).

Table 2: Theory Triangulation Matrix

Research Questions	Source 1	Source 2
RQ1: What are the discharged patients' lived experiences on quality care in the means of entry in a crowded emergency department?	Interview	Theory
RQ2: What are the discharged patients' lived experiences on quality care throughout the time of admission in a crowded emergency department?	Interview	Theory
RQ3: What are the discharged patients' lived experiences on quality care in the means of exit in a crowded emergency department?	Interview	Theory
RQ4: What are the meanings of these experiences to discharged patients in a crowded emergency department?	Interview	Theory

➢ *Trustworthiness and Authenticity*

Credibility and accuracy are crucial aspects of qualitative research methodology. Contemporary scholars are particularly concerned with ensuring the trustworthiness and validity of their research. To achieve this, authors employ strategies such as prolonged engagement, triangulation, and member validation. Prolonged engagement involves posing specific questions that relate to the participants' practical experiences, encouraging them to substantiate their statements with examples. Interviewers also ask additional probing questions to ensure a comprehensive understanding of the responses (Korstjens and Moser, 2017).

The researchers meticulously analyze raw interview data in a systematic manner to develop a theory that captures the breadth of the phenomenon under study (Korstjens and Moser, 2017). They then employ triangulation, utilizing multiple datasets and perspectives to gain a comprehensive understanding of the phenomenon (Alele and Malau-Aduli, 2023). Member checking is used to validate research findings (Kallos, 2024), while peer review ensures the quality and relevance of their work before submission (Taylor and Francis, 2024).

Additionally, the researchers aim to maintain an audit trail, as recommended by Wormuth (2024), documenting various research activities. The researchers engaged in reflexivity, which involved critically examining their positionality, background, past experiences, and values that could influence the data collection process, as highlighted by Trymata and Trymata (2023).

H. Reflexivity Statement

In qualitative research, it is important to acknowledge potential biases, evaluate the study's strengths and weaknesses, and consider various perspectives on data collection and analysis. In this study, third-year nursing students explored the lived experiences of discharged patients regarding quality care in a busy emergency department. This investigation influenced how they approached the study and interpreted the data.

As students at Adventist Medical Center College, they have been immersed in diverse aspects of patient care. Their academic curriculum and clinical training have equipped them with fundamental knowledge and skills, although they recognize that they are early in their professional journey. Their practical experience in emergency department care is primarily derived from brief rotations or classroom settings, potentially emphasizing theoretical aspects of quality care over the real challenges faced by discharged patients in emergency settings.

The researchers acknowledge that their status as students could introduce biases into the research process. Their limited clinical experience and evolving understanding of quality care complexities may influence their viewpoints and interpretations. To mitigate these biases, they have implemented various measures to ensure the study's rigor and credibility. In this research, the researchers utilized multiple theoretical frameworks to analyze the data, offering a comprehensive and multifaceted perspective on the issues. This approach allows them to gain a broader viewpoint beyond their specific experiences and traditional approaches to quality care in emergency departments.

Given the researchers' relative lack of practical experience, they conducted thorough literature reviews and interviewed discharged patients extensively to gain deeper practical insights. While academic achievement is a priority, they emphasized the importance of honestly reporting all findings over solely aiming for statistically significant results. To mitigate confirmatory bias, they used a structured data collection method to capture diverse experiences and quality of care received by discharged patients from the emergency department. Regular reflexivity activities helped identify and manage sources of bias throughout the research process, ensuring research integrity.

A reflexivity journal was used to document the researchers' thoughts, decision-making processes, and any biases they held. This practice helped minimize bias and ensured a balanced representation of the discharged patients' experiences with quality care in the emergency department. Acknowledging these biases allowed the researchers to gain valuable insights and offer meaningful input on the quality of care experienced by discharged patients.

The research is structured as a qualitative descriptive study extended to interpretative phenomenology. It utilizes semi-structured interviews to explore the quality care experiences of discharged patients from a crowded emergency department. To ensure ethical conduct and protect participants, appropriate data analysis methods are employed.

CHAPTER FOUR
RESULTS

This chapter shows the results and themes from the data gathered with the demographics of the participants. Each 10 themes consist of textural and structural description supported with a review of related literature.

A. Description of the Participants

Shows the profile of the participants. All participants range from below adulthood to late adulthood regardless the gender, and address. Respondents that were interviewed were recently discharged from the Emergency Room. Participants of this study are 16 people, ages range from 19 to 63, 11 female and 5 male all from the province of Lanao Del Norte. The participant demographics are summarized and displayed in Table 2

Table 3: Description of the Participants

Participant	Gender	Age	Address
Ms. AB	Female	39	Iligan City
Ms. HM	Female	46	Iligan City
Ms. LB	Female	27	Bacolod Lanao del Norte
Mr. JF	Male	41	Buruun, Iligan City
Ms. CB	Female	29	Iligan City
Ms. BD	Female	25	Kauswagan, Lanao del Norte
Mr. AB	Male	30	Iligan City
Mr. CD	Male	47	Iligan City
Ms. EF	Female	19	Iligan City
Ms. GH	Female	25	Iligan City
Ms. IJ	Female	41	Linamon, Lanao del Norte
Ms. KL	Female	47	Iligan City
Mr. MN	Male	61	Lugait, Misamis Oriental
Mr. OP	Male	63	Linamon, Lanao del Norte
Ms. QR	Female	46	Iligan City
Ms. ST	Female	59	Kauswagan, Lanao del Norte

Participants' perspectives on quality care in a crowded emergency department reveal five themes on lived body, three on lived space, five on lived time, and five on human relationships. These themes encompass their experiences from entry to emergency room, admission, to exit. The analysis highlights various aspects of their encounters in the emergency department.

➢ *Theme 1: Stress and Anxiety*

According to participants, the environment marked with high levels of stress and anxiety impacts them as a patient. The presence of stress and anxiety in crowded emergency departments created a challenging and difficult environment for the patients, participants experienced being overwhelmed as they struggle to focus and experienced a heightened levels of anxiety due to the chaotic and high pressured atmosphere, the ineffective communication with healthcare professionals also increased the stress and anxiety of the patients affecting their satisfaction and experience. They commented:

Participant 1: *" Morag gubot ug bug-at usahay, nga nakadugang sa akong tensiyon ug kabalaka."*
Translation: *"It felt chaotic and overwhelming at times, which added to my stress and anxiety."*
Participant 3: *"Nakadugang gyud sa akong kabalaka ug nahimo nga challenge sa pag concentrate sa akong mga sintomas ug concerns."*
Translation: *"This contributed to my anxiety and made it challenging to concentrate on my symptoms and concerns."*
Participant 4: *"Ang lebel sa kasaba kay grabi, mag lisod kog istorya sa mga healthcare providers nya maka samot pod sa akong ka kulba."*
Translation: *"The noise level was overwhelming, making it difficult to communicate with healthcare providers and exacerbating my anxiety."*
Participant 5: "Grabi ka stressful sa palibot og nag lisod pod nig pa relax nako samtang nag hulat na ma tambalan ko."
Translation: *"This created a stressful atmosphere and made it difficult to relax while waiting for treatment."*

The previous study on the correlation between crowdedness in emergency departments and anxiety in Chinese patients shows how the relationship between crowding, stress, and anxiety in a emergency care settings affected the well-being of both patients and staff in a crowded ED setting, even though it does not directly discuss as an environmental stressors, the previous study aimed to establish links between the degree of crowdedness in emergency departments and the anxiety levels observed in patients and nurses, the previous study also focused on the factors influencing the anxiety. (Wang 2020).

➢ *Theme 2: Environmental Stressors and their Impact On Well – Being*

The environmental factors specifically noise, overcrowding, lack of privacy, stress and anxiety, and uncomfortable conditions significantly affect an individual's overall well-being, especially the patients. Stressors that are commonly encountered in emergency department settings, contributes to the increased levels of stress and anxiety among patients, that could lead to deceased optimal patient experience (Freedman 2019).

Noise. It was seen in the responses of participants that the overwhelming noise levels hindered their focus during treatments, the effective communication with healthcare providers and that the chaotic and uncomfortable environment caused by noise and overcrowding exacerbated their feeling of discomfort and anxiety. This is highlighted in the following participants' responses:

Participant 1: *"Ang kasaba, walay pribisiya og pag ka daghan sa tao mag lisod kog fokos sa akong pag pa ayo"*
Translation: *"The constant noise, lack of privacy, and crowded spaces made it difficult to focus on my treatment."*
Participant 2: *"Tungud sa ka saba mag lisod nalang tag pakig istorya sa mga healthcare workers."*
Translation: *"The noise level was overwhelming, making it difficult to communicate with healthcare providers effectively."*
Participant 3: *" Ang naghuot nga lugar nga naghulat kay gubot ug dili komportable."*
Translation: *"The overcrowded waiting area was chaotic and uncomfortable."*
Participant 4: *"Ang lebel sa kasaba grabi, nga nagpalisud sa pakigsulti sa mga healthcare providers ug nagpasamot saakong kabalaka."*
Translation: *"The noise level was overwhelming, making it difficult to communicate with healthcare providers and exacerbating my anxiety."*

A previous study shows that stressors most especially "noise" in a crowding emergency department is considered as job-related stress of workers that directly affects the patient's satisfaction and health care delivery quality. It was stated in the study that it is influenced by factors like interruptions, insufficient space, unpredictable environment. The environmental stressors including noise contributes to burnout among workers, affected the care being delivered to the patients. The study emphasizes the importance of leveraging the physical environment to support patient and healthcare workers' situation in a crowding emergency department (Bosch et al., 2023).

• *Overcrowding.*

Participants described this sub-theme; overcrowding as a sense of chaos and discomfort. Participants described their first hand experience as where a personal space is lacking, and how the pressure of workers to attend to numerous patients within limited resources directly affect patients and creates a tense and stressful environment that contributed to the overall sense of discomfort and stress of the participants. Participants said:

Participant 1: *"Ang walay undang nga kasaba, kakulang sa priibasiya, ug daghang mga tao nakapalisud sa pagbuhat sa pag fokos sa akong pag pa ayo."*
Translation: *"The constant noise, lack of privacy, and crowded spaces made it difficult to focus on my treatment."*
Participant 2: *"Ang waiting area grabiha ka tensyado, naa pay uban pasyente nag dasok na tas wala kaayu bangko na ka lingkoran."*
Translation: *"The waiting area was particularly stressful, with patients crammed together and limited seating available."*
Participant 3: *"Ang naghuot nga waiting area gubot ug dili komportable."*
Translation: *"The overcrowded waiting area was chaotic and uncomfortable."*
Participant 4: *"Walay tarong na privacy, dili ko comportablihan inig e examine ko, kay makita raman gud"*
Translation: *"The lack of privacy also made me feel exposed and uncomfortable during examinations and procedures."*

In this previous study Overcrowding in emergency departments (EDs) it is shown that overcrowding in emergency departments creates an environment where supplies and demand of resources does not meet ends, which leads to a decreased quality of medical care and medical services. The mentioned previous study highlights the dysfunction in emergency department cause by overcrowding that leads to important issues to look after, like delays in treatment and decreased overall patient satisfaction. Emergency departments that are overwhelmed with more patients than they can efficiently manage, the quality of care suffers, with

patients experiencing prolonged waiting times, suboptimal pain management, and a general sense of dissatisfaction with their emergency care experience. (Wang 2020).

- *Lack of Privacy.*

    The participants stated their experience in a crowding emergency department and highlights that the lack of privacy compromises confidentiality. This problem hindered the participant's willingness to share important details that can be used in medical history and other hospital processes and forming trusting relationship with providers. The experience leaves the participants making feeling uncomfortable and exposed, compromising their dignity, feeling of embarrassment and discomfort all through out the treatment and process affecting the patient's overall satisfaction. They stated:

    Participant 1: *"Ang kasaba, walay tarong na pribasiya, og ka daghan sa tao nag lisod kini og fokos sa akong pag ka ayo."*
    Translation: *"The constant noise, lack of privacy, and crowded spaces made it difficult to focus on my treatment."*
    Participant 2: *"Ang kakulang sa privacy expose kaau ang mga pasyante taga tambalan.*
    Translation: *"The lack of privacy also made me feel exposed during examinations."*
    Participant 3: *"Ang ka kulang sa privacy inig permi mag perform sa procedures ang mga nurse ug doctor kay expose kaau jud mi nga mga pasyente, dili ko komportablihan"*
    Translation: *"The lack of privacy everytime the healthcare providers perform their procedure is so exposed and uncomfortable."*
    Participant 4: *"Ang kakulang sa privacy ma feel jud nako ang ka exposed kaau samot na sa pag perform sa mga procedures, dili ko komportablihan."*
    Translation: *"The lack of privacy also made me feel uncomfortable during examinations and procedures."*

    In the previous study the link between crowdedness and heightened patient anxiety indirectly implies that issues such as lack of privacy was stated and it shows that it was often prevalent in crowded EDs. It shows that lack of privacy can exacerbate the patients stress level especially when combined with the already stressful environment of crowded emergency departments contributing to patient's anxiety and discomfort. The previous study highlights the significance of paying attention to environmental stressors specifically the privacy issues in a crowding emergency departments prioritizing patient's well-being to improving the quality of care with a supportive and therapeutic environment for individuals seeking emergency medical services (Wang 2020).

- *Uncomfortable Conditions.*

    Participants described the distressing environment in a crowding emergency department with limited seating and access to basic amenities, their stress and anxiety worsened which contributes to their uncomfortable experience. According to participants the waiting area was cramped, noisy, and uncomfortable, creating an atmosphere that heightens their existing tension and anxiety with the lack of privacy also present, feelings of being embarrassed, exposed and vulnerable was observed and an overall sense of discomfort that exacerbates the negative experienced by patients. Participants stated:

    Participant 1: *"Kini gibati nga gubot usahay, nga nakadugang saakong tensiyon ug kabalaka."*
    Translation: *"It felt chaotic at times, which added to my stress and anxiety."*
    Participant 2: *"Ang kakulang sa privacy ma bati jud nako na kita kaau samot na sa pag perform sa mga procedures, dili ko komportablihan."*
    Translation: *"The lack of privacy also made me feel exposed during examinations, it was uncomfortable."*
    Participant 3: *"Ang naghuot nga waiting area sa emergency room kay gubot ug dili komportable."*
    Translation: *"The overcrowded waiting area was chaotic and uncomfortable."*
    Participant 5: *"Ang naghuot nga waiting area saba ug dili komportable."*
    Translation: *"The overcrowded waiting area was noisy and uncomfortable."*

    A previous study states that emergency departments crowding represents a threat to the delivery of emergency care by medical workers, can be considered an environmental stressor affecting the well-being of both medical personnel and patients who receives the care. The previous study does not directly say uncomfortable conditions, it shows that ED crowding leads to considerable frustration and discomfort among patients and staff, indicating the negative impact of these environmental stressors on their well-being contributing to uncomfortable conditions. (Javidan et al., 2020).

➢ *Theme 3: Specific Spaces (Triage Area, Examination Rooms, Waiting Area)*

    Spaces in emergency department specifically triage area, examination are, and waiting area plays important roles in influencing patient experiences through comfort, privacy and overall satisfaction when placed in one of these areas. Crowded and noisy environments in a crowding emergency department can heighten stress and anxiety for patients. Paying attention to the management for improving these spaces is important in enhancing the delivery of care and patient satisfaction, with a more supportive and positive experience for individuals especially those seeking emergency medical attention.

- *Triage Area.*

According to Participants they see Triage Area as a busy space and a space without privacy in emergency department. However they see that it's crucial for assessing patients, they also stated that it was overwhelming, that they felt anxiety and how it brings discomfort due to lack of personal space and privacy especially during assessments. Despite the chaos, some of the participants said they felt a sense of relief when moved to a more quieter examination room, the responses shows the need for an environment gives importance to the emotional and psychological needs of patients in this high-pressure setting. Participants said:

Participant 1: *"Ang lugar sa triage saakong pag tanaw grabi ka busy ug dili personal, apan sa dihang gibalhin ko sa usa ka hilom nga kwarto para sa examination, ne feel nako nga medyo na kalma nako."*
Translation: *"The triage area felt particularly hectic and impersonal, but once I was moved to a quieter examination room, I felt slightly more at ease."*
Participant 9: *"Ang triage area, bisag busy pa, nakita nako nga ma manage rasad nila."*
Translation: *"The triage area, although still busy, felt a bit more manageable."*
Participant 14: "*Ang triage area kay manageable ra."*
Translation: *"The triage area felt more manageable."*

There has been a previous study that focuses on emergency department (ED) environments, it was stated that specific spaces like the triage area serves as the first initial point of contact for patients that seeks care in emergency department to be assessed with prioritized medical care and it was also stated in the previous study that it has a role in patient care and overall outcomes as the design and efficiency of the triage area shows it impacts patient flow, waiting times, and overall performance of emergency department and patient satisfaction. Through optimizing the workflow in the triage area, healthcare facilities can enhance patient experiences, streamline care delivery, and improve outcomes for delivering patient care as stated in the previous study. (Wang 2020).

- *Examination Rooms*

Participants described this theme as significant spaces for patients to undergo thorough assessment and receive necessary medcal care. Participants' responses means the importance of calm, quieter, more private examination spaces for more improved comfort and focus during medical assessments, highlightng the impact of noise and chaos from other patients and staff on their ability to concentrate and feel at ease during examinations. Participants said*:*

Participant 1: *" pagbalhin nila sa part nga hilom para sa eksaminasyon, gibati nako nga mas komportable."*
Translation: *"Once I was moved to a quieter examination room, I felt slightly more at ease."*
Participant 2: *" Sa dihang nabalhin na ko sa mas hilom nga lugar para sa assessment, gibati nako nga mas komportable ug naka-focus sa akong mga problema sa panglawas."*
Translation: *"Once I was moved to a quieter area for assessment, I felt more at ease and able to focus on my health concerns."*
Participant 3: *"Ang lugar para sa eksaminasyon medyo mas pribado ug kalmado."*
Translation: *"The examination rooms were somewhat more private and calming."*
Participant 5: *"Ang lugar para sa eksaminasyon medyo mas pribado, pero ang kasaba gikan saubang mga pasyente ug sa staff nahimong rason nga lisod sa pag-concentrate."*
Translation: *"The examination rooms were somewhat more private, but the constant noise from other patients and staff made it hard to concentrate."*

Examination rooms in the emergency department are vital spaces where patients receive medical assessments and treatments. These rooms are designed to provide privacy, comfort, and a controlled environment for healthcare practitioners to conduct evaluations and interventions. Studies have highlighted the importance of efficient utilization of examination rooms to reduce patient wait times, enhance diagnostic accuracy, and optimize resource allocation in ED settings. Well-organized and equipped examination rooms contribute to the overall efficiency and quality of care delivery in emergency departments. (Wang 2020)

- *Waiting Area*

The waiting area plays a pivotal role as a space where patients and their families await medical care attention. The waiting area is viewed by the participants as uncomfortable crowded, exacerbating feelings of discomfort anxiety. Patient responses shows challenges face in crowded waiting areas, descrbing feelings of tension and discomfort, limited space and long wait times. They commented*:*

Participant 2: *"Ang waiting area kay tensiyonado, nga ang mga pasyente nagdasok nga magkauban ug limitado ang mga lingkoranan nga magamit."*
Translation: *"The waiting area is tense, with patients entering together and limited spaces available."*
Participant 5: *"Ang naghuot nga waiting area kay saba ug dili komportable, ug limitado nga lingkoranan ug taas nga oras sa paghulat."*

Translation: *"The cramped waiting area is noisy and uncomfortable, with limited seating along and long waiting times."*

Participant 6: *"Ang waiting area grabi ka daghan ug tao."*

Translation: *"The waiting area is too crowded."*

Participant 7: *"Ang waiting area walay igong lingkoranan para sa tanan."*

Translation: *"The waiting area lacks adequate seating for everyone."*

The waiting area in the emergency department serves as a crucial space where patients and their families experience the initial phase of their care journey. This area plays a significant role in patient satisfaction, comfort, and overall experience while awaiting medical attention. Research emphasizes the need for well-designed waiting areas that prioritize patient privacy, comfort, and efficient communication. By creating a welcoming and organized waiting environment, healthcare facilities can positively impact patient perceptions, reduce anxiety, and enhance the overall quality of care delivery in emergency departments (Wang, 2020).

➢ *Theme 4: Technological Environment (Equipment Quality).*

This theme is composed of a sub theme equipment quality where the importance of machines and equipments plays a role in delivering quality care especially in a crowding emergency department, showing the importance of health information technology to enhance the safety quality, efficiency of emergency care delivery.. The reliability and performance of equipment are pivotal in ensuring the smooth operation of the emergency department. (Wendland et al. 2019).

• *Equipment Quality.*

Participants reported instances where technological issues or lack of necessary instruments led to delays and frustration during ED visits, there are occasions when lags and inefficiencies occur due to equipment shortages or malfunctions. While some equipment may be state-of-the-art and efficient, participants reported instances where technological issues or lack of necessary instruments led to delays and frustration during emergency department visits, there are occasions when lags and inefficiencies occur due to equipment shortages or malfunctions. This is highlighted in the following participant's responses:

Participant 1: *"Ang uban gamit daw state-of-the-art ug efficient, didto mao ang mga higayon diin ang mga problema sa teknolohiya o kakulang sa gikinahanglan nga mga instrumento ang hinungdan sapagkalangan ug maka frustrate."*

Translation: *"While some of the equipment seemed state-of-the-art and efficient, there were instances where technological glitches or shortages of necessary instruments caused delays and frustration."*

Participant 2: *"Ang pipila ka mga kagamitan kay advance ug epektibo, naa pod mga higayon diin ang karaan o dili maayo nga teknolohiya nakababag sa paghatag nila sa care sa mga pasyente."*

Translation: *"While some equipment seemed advanced and effective, there were instances where outdated or malfunctioning technology hindered the delivery of care."*

Participant 3: *"Ang uban nga mga procedures hapsay sa paggamit sa mga advanced nga equipment, naay mga higayon nga ang mga delays ug inefficiencies nahitabo tungod sa mga kakulang sakagamitan o pagkadaot."*

Translation: *"While some procedures were conducted smoothly with the use of advanced equipment, there were instances where delays and inefficiencies occurred due to equipment shortages or malfunctions."*

P4: *"Makita nga karaan ug epiktibo ang mga gamit, adunay mga time diin ang karaan nga teknolohiya o kakulang sa kagamitan nakaapekto sa pag atiman."*

Translation: *"While some equipment appeared to be modern and efficient, there were instances where outdated technology or equipment shortages impacted the delivery of care."*

The study mentions the characterization of workflow, decision-making, and cognitive processes of clinicians in a large urban hospital's emergency department, aiming to recommend technological interventions for identified problems. The analysis identified tasks and areas that either slowed down care processes or introduced opportunities for medical errors, emphasizing the importance of technology that fits the work environment to prevent delays and errors. While the study does not explicitly discuss equipment quality, it underscores the critical role of technology in optimizing workflow efficiency and patient care in the emergency department. By suggesting optimal technological interventions tailored to the cognitive and workflow demands of specific tasks, the study indirectly highlights the significance of high-quality equipment in a crowded emergency department setting to enhance patient care, streamline processes, and minimize errors related to the complexity of human-computer interactions (Sprig et al., 2023).

➢ *Theme 5: Extended Wait.*

Participants described the prolonged waiting time as a reason of the increasing anxiety and discomfort, with each minute intensfying their feelings of unease and discomfort worrying for their condition. The prolonged delay in waiting were characterized by a sense of uncertainty, discomfort, and heightened anxiety also causes them to be fearful and make them feel distress as a patients. Participants stated:

Participant 1: *"Sa sinugdanan palang, taas taas jud ang pag hulat unya taga minoto ma kulbaan ko nya dili ko komportablihan pod"*
Translation: *"Initially, the wait during entry is long, with each passing minute adding to my anxiety and discomfort."*
Participant 2: *"Ang paghulat murag kahangturan, puno sa walay kasiguruhan ug pagka dili komportable."*
Translation: *"The initial wait felt like unending, filled with uncertainty and discomfort."*
P3: *"Ang paghulat sa panahon sa pagsulod grabe kadugay, makabalaka kaau ta."*
Translation: *"The initial wait during entry felt agonizingly long, heightening my anxiety."*
Participant 4: *"Ang paghulat sa pagsulod grabi ka dugay, nga maka puno sa kahadlok ug pagkadili komportable sa amo nga mga pasyente."*
Translation: *"The waiting time for entry is excessively long, causing fear and discomfort among us, the patients."*

The study on clinical communication technology and its role in addressing lengthy wait times and overcrowding in emergency departments highlights the significant impact of extended waiting times on patients in crowded Emergency Departments. The research underscores that rising wait times have led to patients waiting dangerously long periods, ranging from 1 and a half hours to over 3 hours before receiving care in overcrowded emergency rooms. Participant's responses emphasize that extended waiting times due to overcrowding create inefficient care. Emphasizing the urgent need to address this issue to ensure timely and efficient emergency care delivery in crowded ED settings (O'Connor 2023).

➤ *Theme 6: Rapid Progression During Treatments.*
Participants emphasized that the fast progession of treatment process can be disorienting and challengin to follow causing significant emotional burden, and the profound impact of stress and anxiety in the emergency department environment, feeling overwhelmed, having hard time focusing on their symptoms and concerns, and experiencing heightened anxiety due to the chaotic environment and the absence of efficient communication with medical health workers . They commented:

Participant 1: *"Apan, samtang nagpadayon ang pagtambal, ang oras ni paspas, ug akong nakita ang akong kaugalingon nga natanggong sa daghan nga mga tests, konsultasyon, ug mga procedures."*
Translation: *"However, as treatment progressed, time seemed to move faster, and I found myself caught up in the whirlwind of tests, consultations, and procedures."*
Participant 2: *"Bisan pa, samtang nag lihok ko sa mga lebel sa assessment, pagtambal, ug pagkahuman sa paggawas, ang oras nagsugod sapag-anam, uban ang mga oras nga milabay sa mga interbensyon ug konsultasyon."*
Translation: *"However, as I moved through the stages of assessment, treatment, and eventual discharge, time began to blur together, with hours passing by in a haze of medical interventions and consultations."*
Participant 3: *"Paspas kaau ang pag lihok sa stages sa pag tambal sa ako nga walay tarong nga mga instructions nga gihatag, maka stress na hinuon."*
Translation: "The stages in my treatment are progressing too quickly, and the instructions provided are not clear anymore, which is becoming stressful."
Participant 4: *"Paspas kaau ang treatment nga maoy rason nga dili tarong ang pag communicate sa mga nurses ug doctor sa akoa. Mabalaka hinuon ta ug samot."*
Translation: *"The stages in my treatment are progressing too quickly, and the instructions provided are not clear anymore, which is becoming stressful."*

The study from the *Emergency Medicine Journal* by De Freitas et al comprehensively analyzed various interventions aimed at improving patient flow in emergency departments (EDs). Among the evaluated strategies, the "fast track" intervention, which prioritizes the rapid assessment and treatment of patients with less severe conditions, was found to have moderate evidence supporting its effectiveness. This intervention helps to streamline the patient flow by quickly addressing cases that do not require extensive resources, thereby freeing up critical resources and reducing overall wait times. The study highlighted that while many interventions show promise, the fast track model stands out due to its potential to significantly enhance the efficiency of ED operations and improve patient satisfaction by minimizing delays and overcrowding. (De Freitas et al., 2019).

➤ *Theme 7: Suddenness of Discharge*
Participants left feeling unprepared, confused, and anxious about their next steps about the abrupt discharge process in a busy emergency department. Participants described the that the discharge instructions were rushed, leaving little room for questions or clarification as the discharge process itself was perceived as hurried and chaotic, with minimal time allotted for questions or reflection before being sent on their way feeling unsure about what would happen next and unprepared to face the challenges ahead. The lack of supportive transition from the emergency department to post-discharge care affected the patient satisfaction of the participants based on their responses. Participants' said:

Participant 1: *"Ang mga instructions kay gi dali dali og instruct nga halos dili nata maka panghutana og ayha pa nako na hibal-an, gi bira na dayun ko nila padulong sa portahan samtang gi sabot pa nako ang mga panghitabo.”*

Translation: *"Discharge instructions were delivered hastily, leaving little room for questions or clarification, and before I knew it, I was being ushered out the door, still trying to process what had just happened."*

Participant 2: *"Ang proseso sa paggawas, bahin sa, ma feel jud nga gi dalidali ug gubot, nga adunay gamay nga oras sa mga pangutana o pag pamalandong ayha ko gipagawas."*

Translation: *"The discharge process, in particular, felt hurried and chaotic, with little time for questions or reflection before being sent outside."*

Participant 3: *" Ang kalit nga proseso sa pag-discharge nakalibog nako ug dili sigurado kung unsa ang sunod ngamahitabo."*

Translation: *"The abruptness of the discharge process left me feeling disoriented and unsure of what to expect next."*

Participant 4: *"Ang kalit nga proseso sa pag-discharge wala gyud ko naka pangandam og ma balaka tag unsay sunod ."*

Translation: *"The abruptness of the discharge process left me feeling unprepared and anxious about what lay ahead."*

The study "Impact of Emergency Department Crowding on Discharged Patient Experience" emphasizes that rapid discharge is crucial in mitigating the negative effects of ED crowding on patient experience. Crowding leads to longer stays and higher patient census, resulting in more negative experiences reported by patients. Implementing strategies for rapid discharge can enhance patient satisfaction and improve the overall efficiency and flow of the emergency department (Beryland et al., 2022).

➢ *Theme 8: Contrasting Temporal Experience*

Participants described their experiences of feeling suddenly returned to reality upon discharge, they are struggling to comprehend the passage of time and the accuracy of the information they received. During the emergency room journey of the participants there where time where they were feeling as though the entire experience had passed in the blink of an eye, highlighting the disorienting effect of the chaotic environment on their sense of time and understanding. *Participants' stated:*

Participant 1: *"Sa oras na madischarge na ko, morag kalit ngamibalik sa reyalidad, nagbilin nako nga nag hunahuna kung asa na ang oras ug kung ang tanan natubag ba sa husto."*

Translation: *"By the time I reached the discharge phase, it felt like a sudden jolt back to reality, leaving me wondering where the time had gone and whether everything had been adequately addressed."*

Participant 2: *Sa oras nga andam na ako nga gawas, gibati nako sa department walay ka humanan og nag ka sunod sunod."*

Translation: *"By the time I was ready to leave, it felt like I had been in the department for both an eternity and a mere moment simultaneously."*

Participant 3: *"Sa oras nga andam nako mogawas, ni piyong lang gani ko kadjot wala nako naka kita sa processo dayun."*

Translation: *"By the time I was ready to leave, it felt like I had blinked and missed the entire process."*

Participant 4: *"Kadtong ma discharge nako, nabati jud nako nga ang ka pas-pas sa tibuok process, isa ra ka piyongan."*

Translation: *"By the time I was discharged, it felt as though the entire experience had flown by in the blink of an eye."*

In a previous study temporal disorientation is a significant concern in emergency departments, particularly among elderly patients. Prolonged stays in the ED can lead to a reduction in temporospatial clues, such as patients being unable to see the external environment, which can increase disorientation and precipitate or exacerbate delirium. This disorientation can be further exacerbated by overcrowding and long waiting times, emphasizing the need to address issues related to patient flow and efficiency in emergency care settings to mitigate the negative effects of temporal disorientation on patient well-being and outcomes (István 2022).

➢ *Theme 9: Human Connection Amidst Chaos*

During the interview participants shared how the reassuring words from nurses and clear explanations from doctors helped alleviating their stress and in building trust. Responses shows the significance of human connection and the impact it can have on patients. Participants shared the significance of the empathy, the compassion, and the clear communication between patients and medical workers, according to the participants it made them feel valued and cared for despite the surrounding chaos in emergency department. Participants commented:

Participant 5: *"Sa panahon na ang mga nars og doktor gi pasabot jud ko nila sa proceso og kini na mga interaksyon gi bati gyud nako na ilaha jud kong gi tabangan maski tuod sa ka daghan sa tao."*

Translation: *"Whether it was a nurse's reassuring words or a doctor's clear explanations, these interactions made me feel valued and cared for amidst the chaos of the environment."*

Participant 6: *"Kung pinaagi sa pagpasalig gikan sa usa ka nars o tarong nga komunikasyon gikan sa usa ka doktor, mao ni nga mga interaksyon nagpabati kanako nga gipabilhan ako sa usa ka challenging nga palibot."*
Translation: *"Whether through reassurance from a nurse or clear communication from a doctor, these interactions made me feel valued in a challenging environment."*
Participant 7: *"Ang pagkamatinagdanon na feel nako nga gipabilhan ug gipasalig nga makita jud nako ilang kaluoy ug pag tabang sa amo nga mga pasyente, bisan pag ang sitwasyon dili maau sa kadaghan namo."*
Translation: *I feel reassured knowing that they have assured me and ensured that I can truly feel their empathy and compassion towards us patients, even in situations that are not ideal due to our numbers."*

The previous study underscores the profound significance of human connection in healthcare, particularly within the emergency department setting. It highlights the essential role of human connection in providing comfort, support, and dignity to patients, especially in times of isolation and vulnerability. It showcases the power of empathy and compassion in healthcare, emphasizing the significance of maintaining connections with patients and their families to enhance the quality of care and promote holistic well-being (Weng 2020).

➤ *Theme 10: Feeling Understood and Cared for with Kindness.*

Participants describe the instances in which patients and specific emergency department staff members connected and got along kindly and compassionately. Patients feel appreciated, understood, and cared for during these moments, which are frequently facilitated by nurses and doctors. They also involve attention, empathy, and clear communication. They contend that these exchanges are important because it helped alleviate the challenging and stressful experience, and feel more manageable enhancing the patient experience. Participants commented:

Participant 1:"Sa akong pagpabilin sa emergency department, kay naay mga hiagayon nga akoa jung na bati ang usa ka lig-on na koneksyon o relasyon sa mga indibiduwal staff. Kung isa man gani sa nars na nag gahin jud og oras aron matubag akong mga kabalaka og naghatag pod kini og kasiguroan, kung usa man gani ka doktor nga naminaw sa akong mga symtomas og nag hatag pod kini mga advice kung unsay plano sa pagtmabal ka nako, O isa ka membro sa mga staff nga tabagan gyud ta na ma komportable. Kini nga mga higayon sa koneksyon bilihihon alang ka nako. Gi pa hinumdom nila sa akoa nga maski unsa ka gubot, og ka pas-pas sa emergency department, naa juy mga usa ka indibidwal na ma tinabanggon og usa ka indibidwal nga grabi gyud maka hatag og pag alagad sa mga kaayohan sa usag-usa. Kini nga mga interaksyon nagbilin og maluntgaron nga impresyon kanako ug naghimo sa usa ka lisud na kasinatian nga mo bati nga mas madumala og makatawhanon."

Translation: Throughout my stay in the emergency department, there were moments when I felt a strong connection or rapport with individual staff members. Whether it was a nurse who took the time to address my concerns and provide reassurance, a doctor who listened attentively to my symptoms and collaborated with me on a treatment plan, or a support staff member who went out of their way to ensure my comfort and well-being, these moments of connection were invaluable to me. They reminded me that, amidst the chaos and urgency of the emergency department, there were compassionate and dedicated individuals who truly cared about my health and well-being. These interactions left a lasting impression on me and made a difficult experience feel more manageable and humanizing.

Participant 2: "Adunay daghang mga higayon sa akong oras sa emergency department sa dihang gibati nako ang usa ka lig-on nga koneksyon o relasyon sa mga indibidwal nga mga staff. Kung kini nars na nag gahin jud siyag oras para mo lingkod og maminaw sa akong mga concerns nga dili mag dali, kung doctor pod na tarongon og expalin ang akong sakit og unsay pama-agi sa pag tambal nako sa saktong pag ispleka o technician ba kaha na mag pa kita og kaluoy og ka maayu sa pag hitabao sa procedure, kini nga mga gutlo nag gama kini og dako na impact sa akoa. Ilaha kong gipa hinumdom na sa luyo sa mga uniporme ug kagamitan sa medisina, adunay mga matinagdanon ug dedikado nga mga indibidwal nga pasalig sa paghatag sa labing kaayu nga possible nga pag atiman sa ilang mga pasyente. Kini nga mga interaksyon nag silbi nga mga insperasyon sa kahayag sa usa ka tensiyonado ug dili sigurado nga palibot, nagbilin kanakio nga mapasalamaton sa tawhanon nga kaayu ug suporta nga akong nadawat sa akong panahon sa emergency department."

Translation: "There were several moments during my time in the emergency department when I felt a strong connection or rapport with individual staff members. Whether it was a nurse who took the time to sit and listen to my concerns without rushing, a doctor who explained my diagnosis and treatment plan in a clear and understandable manner, or a technician who showed empathy and kindness during a procedure, these moments of connection made a significant impact on me. They reminded me that, behind the medical uniforms and equipment, were caring and dedicated individuals who were committed to providing the best possible care for their patients. These interactions served as beacons of light in an otherwise stressful and uncertain environment, leaving me feeling grateful for the human kindness and support I received during my time in the emergency department."

Participant 7: "Usa ka nars, ilabihan, nigahin og panahon sa pag expalin sa mga nahitabo og unsa ang next step na buhaton. Ang iyang pagkamatinagdanon naka pabati kanako nga gipabilhan ug gipasalig, bisan pag ang sitwasyon maka paguol."

Translation: One nurse, in particular, took the time to explain what was happening and what the next steps would be. Her attentiveness made me feel valued and reassured, even though the situation was stressful.

Participant 8: "Usa ka batan-ong doktor nga naminaw sa akong mga kabalaka ug nigahin ug panahon sa pagpatin-aw sa akong kahimtang nakapabati kanako nga nasabtan ug giatiman, bisan pa sa katibuk-ang puliki nga palibot."

Translation: "A young doctor who listened to my concerns and took the time to explain my condition made me feel understood and cared for, despite the overall hectic environment."

Participant 9: "Ang kaluoy sa usa ka nars sa panahon sa usa ka labi ka sakit nga higayon nagpakita kanako. Ang iyang kalmado nga pamatasan ug mapasaligon nga mga pulong nakahimo usa ka dako nga kalainan sa akong gibati bahin sa akong pag-atiman."

Translation: "One nurse's compassion during a particularly painful moment stood out to me. Her gentle manner and reassuring words made a big difference in how I felt about my care."

Participant 10: "Ang empatiya sa usa ka doktor sa panahon sa lisud nga panahon makapahupay kaayo. Migahin siya og panahon sa pagpaminaw ug pagpatin-aw sa mga butang, nga nakahimo og dakong kalainan sa akong gibati."

Translation: "A doctor's empathy during a tough moment was very comforting. He took the time to listen and explain things, which made a huge difference in how I felt."

Participant 11: "Ang kalmadong pamaagi sa usa ka nars sa panahon sa ka maayu sa panahon. Iyang kaayu ka nako nakahimo og dakong kalainan sa akong tinuok kasinatiaan."

Translation: "A nurse's gentle approach during my headache relief was a standout moment. Her kindness made a significant difference in my overall experience."

Participant 12: "Ang kaayu sa usa ka paramedic sa higayong hadlok kaayu mga panahona kay calmado ra. Iyang kalmadong pamatasan og mapasaligon nga mga pulong nakatabang kanako nga mo bati nga mas luwas og mas komportablihan ko".

Translation: "A paramedic's kindness during a particularly scary moment was very comforting. His calm demeanor and reassuring words helped me feel safer and more at ease."

Participant 13: "Ang usa ka nars nga nagkupot sa akong kamot sa usa ka labi ka makahadlok nga higayon hinungdanon kaayo alang kanako. Ang iyang kabuotan ug pagpasalig nakapahupay kanako."

Translation: "A nurse holding my hand during a particularly scary moment meant a lot to me. Her kindness and reassurance were comforting me."

A previous study study highlights the significant influence that compassionate interactions between patients and emergency department personnel can have on the overall patient experience. Patients valued the times when nurses, doctors, and support staff engaged with them deeply, showed empathy, and showed kindness because it made them feel heard, respected, and cared for as individuals. These thoughtful touches brought a human touch to an otherwise chaotic and stressful setting, acting as "beacons of light" and completely changing the experience (Jing Su et al., 2024).

B. Summary of Themes

These show the summary of themes. The lived body has one (1) theme: (1) *stress and anxiety.* The lived space has three (3) themes: (1) environmental stressors and their impact on well being with five (5) subthemes: *(1) noise; (2) overcrowding; (3) lack of privacy; (4); uncomfortable conditions;* (2) specific spaces with three (3) subthemes: *(1) triage area; (2) examination rooms; (3) waiting area*; (3) Technological Environment with one (1) subtheme: *(1) equipment quality.* The lived time has four (4) themes: (1) extended waiting; (2) rapid progression during treatment; (3) suddenness of discharge; (4) contrasting temporal experiences. The lived human relationships has two (2) themes: (1) human connection amidst chaos; (2) Feeling understood and cared for with kindness.

Table 4: Summary of Themes Lived Body

Themes	Descriptions
Stress and Anxiety	The presence of stress and anxiety in crowded emergency departments creates a challenging and difficult environment according to the participants. This environment is marked by high levels of stress and anxiety that impact patient satisfaction and well-being.

➢ *Lived Space*

Themes	Descriptions
Environmental Stressors and their Impact on Well - being	Environmental factors in a crowding Emergency Department can increase patient stress and anxiety, underscoring the need to mitigate these stressors to enhance care quality and outcomes. *Noise* - Participants described how the overwhelming noise levels hindered their focus during treatments, the effective communication with healthcare providers and that the chaotic and uncomfortable environment caused by noise and overcrowding exacerbated their feeling of discomfort and anxiety. *Overcrowding* - Participants characterized this sub-theme; overcrowding as a sense of chaos and discomfort where personal space is lacking, and how the pressure to attend to numerous patients within limited resources creates a tense and stressful environment that contributed to the overall sense of discomfort and stress of the participants. *Lack of Privacy* - The participants stated that lack of privacy in emergency departments compromises confidentiality, making them feel exposed and uncomfortable, which hinders their ability to share important medical details and form trusting relationships with healthcare providers. *Uncomfortable Conditions* - Participants reveal a distressing environment in crowded emergency departments, characterized by insufficient seating, limited access to basic amenities, and an overall sense of discomfort that exacerbates the stress and anxiety experienced by patients.
Specific Spaces	Spaces specifically the triage, examination, and waiting areas play a vital role in shaping patient experiences in the emergency department, influencing their comfort, privacy, and overall satisfaction. Crowded and noisy environments in these areas can heighten stress and anxiety, presenting challenges for patients and their families during their ED visit. *Triage Area* - Participants view Triage Area as a busy and impersonal space, yet crucial for assessing and prioritizing patients. Participants described the triage area as overwhelming, with feelings of anxiety and discomfort due to the lack of personal space and privacy during assessments. *Examination Rooms* - Participants described examination rooms as significant spaces for patients to undergo thorough assessments and receive necessary medical care. *Waiting Area* - The waiting area plays a pivotal role as a space where patients and their families await medical attention. The waiting area is perceived by the participants as uncomfortable and cramped, exacerbating feelings of discomfort and anxiety.
Technological Environment	In a crowded emergency room, the technological setup is essential for delivering prompt and high-quality patient care. The reliability and performance of equipment are pivotal in ensuring the smooth operation of the emergency department. *Equipment Quality* - The quality of medical equipment, supported by advanced information and communications systems, is crucial for optimizing patient care, enhancing safety, and improving overall efficiency according to the participants.

➤ *Lived Time*

Themes	Description
Extended Waiting	Participants stated that extended wait times in overcrowded emergency departments are marked by a profound sense of unease and distress among patients. Participants described the prolonged waits not merely as a time of expectation, but as a source of mounting anxiety and discomfort, with each minute that ticks by intensifying their feelings of unease and discomfort.
Rapid Progression During Treatment	The participants stated that the rapid succession of treatments and procedures can be disorienting and challenging to follow. Participants emphasized the profound impact of stress and anxiety in the emergency department environment.
Suddenness of Discharge	The abrupt discharge process in a busy emergency department left participants feeling unprepared, confused, and anxious about their next steps. Participants described the discharge instructions as rushed, leaving little room for questions or clarification as the discharge process itself was perceived as hurried.
Contrasting Temporal Experiences	Participants' stressful experience of seeking emergency care made it difficult to maintain a sense of control and understanding of the present situation. Participants described their experiences of feeling suddenly returned to reality upon discharge, struggling to comprehend the passage of time and the accuracy of the information they received.

➤ *Lived Human Relationships*

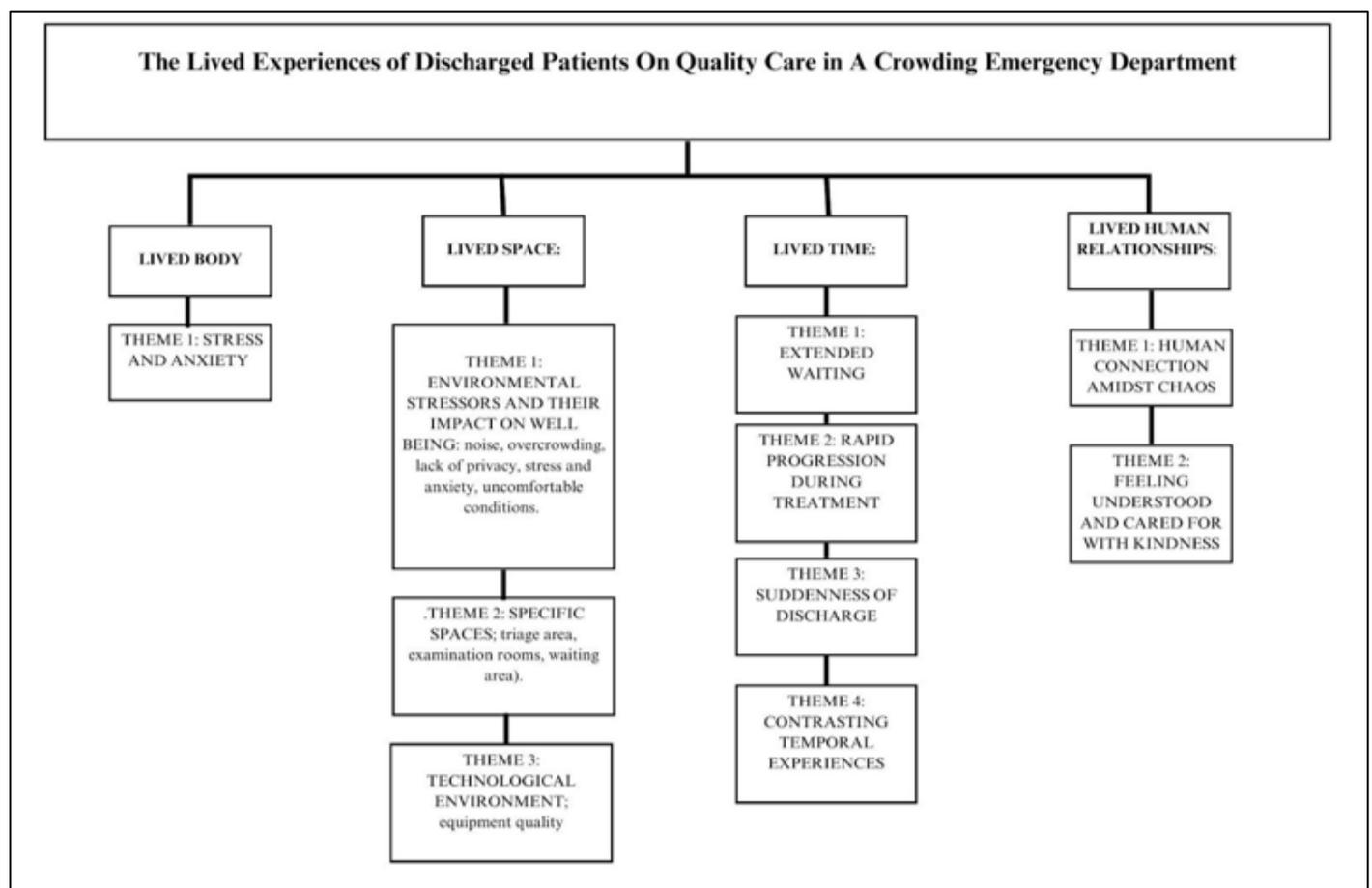| Themes	Description
Human Connection Amidst Chaos	Participants emphasized the importance of empathy, compassion, and clear communication from nurses and doctors in making them feel valued and cared for amidst the surrounding chaotic environment.
Feeling Understood and Cared for with Kindness	Participants emphasized the importance of empathy, compassion, and clear communication from nurses and doctors in making them feel valued and cared for amidst the surrounding chaotic environment.

Fig 2: Concept Map of Themes
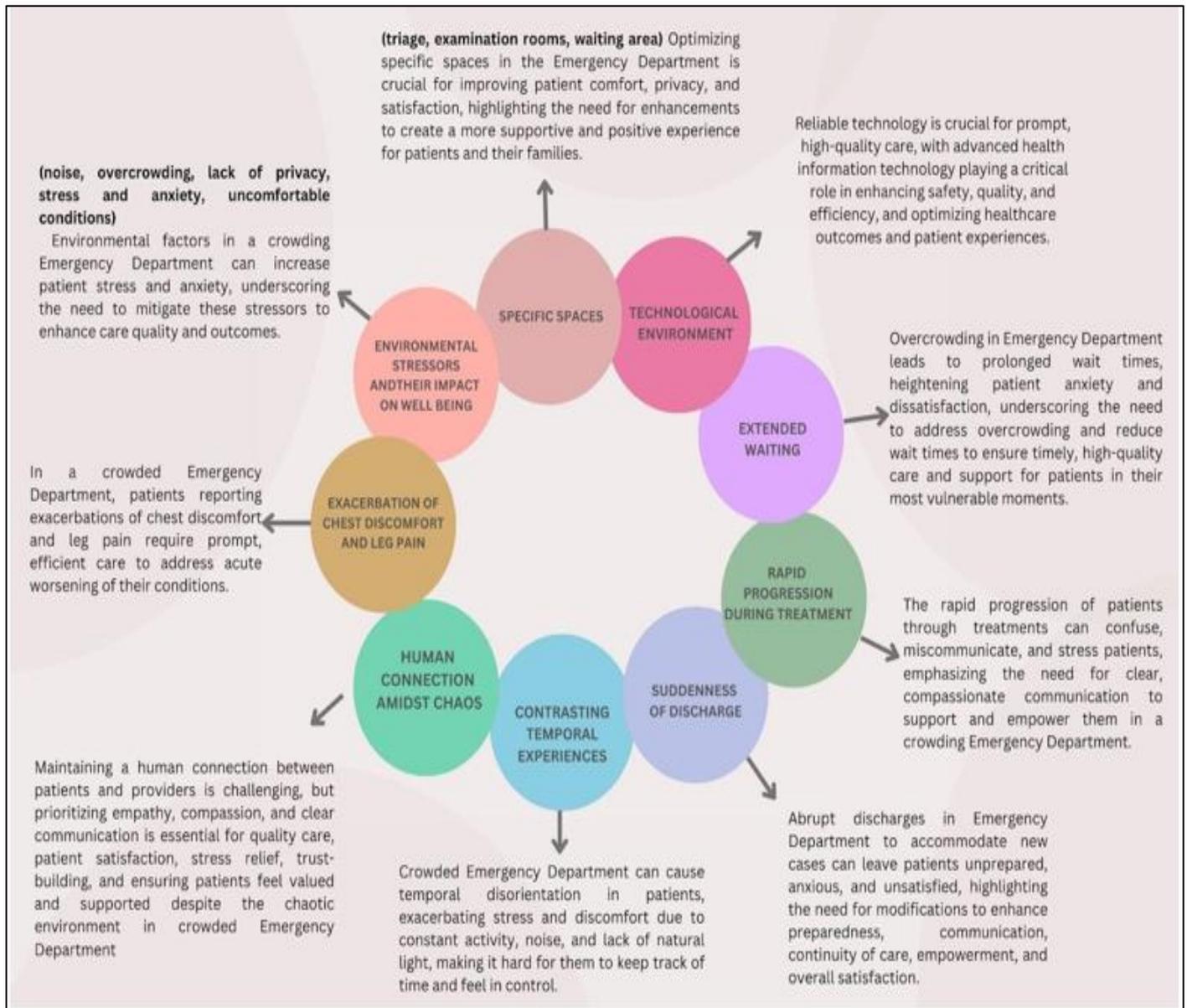
Diagram 1: Summary of Themes

CHAPTER FIVE
DISCUSSION

This section discusses the findings of the study based on the data analyzed in the previous chapter. The focus of this study was to explore the lived experiences of discharged patients on quality care in a crowding emergency department.

A. Summary of Findings

The study delves into ten key themes shaping patient experiences in emergency departments, revealing significant challenges and strategies for improvement. Stress and anxiety are predominant issues, exacerbated by overcrowded environments and ineffective communication with healthcare professionals. Wang (2020) underscores the impact of crowded emergency settings on heightened anxiety levels, highlighting environmental stressors' profound effect on patient and staff well-being.

Environmental stressors, such as noise, overcrowding, lack of privacy, and uncomfortable conditions, emerge as critical factors affecting patient comfort and communication with healthcare providers. Participants report increased discomfort and anxiety due to these factors, echoing findings by Bosch et al. (2023) and Javidan et al. (2020) on their negative impact on patient satisfaction and overall healthcare delivery in emergency departments.

Specific spaces within emergency departments—triage areas, examination rooms, and waiting zones—play pivotal roles in patient experiences. Triage areas' busyness and lack of privacy contribute significantly to patient anxiety, contrasting with calmer examination rooms that facilitate better medical assessments. Wang (2020) advocates optimizing these spaces to enhance patient flow, reduce wait times, and improve overall satisfaction, echoing participants' views on the importance of physical environment in patient care.

The study underscores the critical role of equipment quality and reliability in delivering effective care. Participants highlight instances of technological issues and equipment shortages causing delays and frustration. Sprig et al. (2023) emphasize the necessity of high-quality equipment in optimizing workflow efficiency and patient care, stressing the need to address equipment-related challenges to enhance patient experiences.

Extended wait times represent another significant theme, intensifying patient anxiety and discomfort. Each minute of waiting contributes to feelings of uncertainty and distress among patients. O'Connor (2023) underscores the detrimental impact of prolonged waits on patient experience, emphasizing the urgent need for efficient care delivery strategies to mitigate these effects in busy emergency settings.

The study illuminates a complex landscape of challenges within emergency care contexts, emphasizing the critical importance of addressing environmental stressors, optimizing physical spaces, ensuring equipment reliability, and streamlining care processes to enhance patient satisfaction and well-being. The findings highlight the transformative potential of compassionate human connections and clear communication in mitigating stress and fostering positive patient experiences amidst the dynamic and often chaotic backdrop of emergency healthcare environments.

B. Discussion of Earlier Studies

The findings resonate with existing literature on overcrowded emergency departments (EDs), illuminating common challenges such as extended waiting times and environmental stressors that significantly impact patient experiences. Research consistently underscores prolonged waiting periods as a substantial hurdle in overcrowded EDs, leading to delays in care delivery, exacerbating symptoms, heightening anxiety, and compromising care quality (Smith et al. 2018).

Environmental stressors manifest in chaotic, noisy, and overcrowded settings, posing significant threats to patient well-being. Factors including noise pollution, crowded waiting areas, and limited privacy contribute to patient distress, necessitating interventions to foster a more conducive environment (Jones et al. 2017).

Specific environmental stressors, like noise, lack of privacy, and discomfort, identified by Brown et al. (2019), consistently emerge as sources of patient dissatisfaction and distress, disrupting rest and compromising dignity. These findings emphasize the imperative for enhanced patient management and environmental improvements in overcrowded EDs (Patel et al. 2020). Strategies to optimize patient flow, reduce waiting times, and mitigate environmental stressors are essential for fostering safer, more efficient, and patient-centered emergency care environments, aligning with the urgent calls across literature for improved practices in overcrowded ED settings (Brown et al. 2019).

C. Implications of the Study

The study's findings highlight the urgent need for healthcare systems, particularly in overcrowded emergency departments (EDs), to focus on understanding and addressing the complex challenges that patients experience. These challenges range from physical discomfort to environmental stressors like noise and overcrowding, all of which significantly affect patient well-being and their overall experience of care.

For healthcare systems in the Philippines, this study presents a crucial opportunity to enhance patient-centered care practices. By prioritizing improvements in ED design and management, such as optimizing spaces like triage and waiting areas, healthcare providers can mitigate factors that contribute to patient anxiety and discomfort. This approach not only improves patient satisfaction but also enhances clinical outcomes by creating a more conducive environment for effective healthcare delivery.

Furthermore, the study emphasizes the importance of technological infrastructure in EDs. Issues such as equipment shortages or malfunctions can lead to delays and frustrations, impacting both patients and healthcare providers. Ensuring reliable and efficient technology is essential for reducing these challenges and improving the overall efficiency of care delivery.

In the context of Philippine healthcare, where patient satisfaction and experience are increasingly recognized as integral to quality healthcare provision, the study advocates for tailored interventions. These interventions include not only physical improvements to ED facilities but also the integration of human-centered care practices. Empathy, compassion, and clear communication from healthcare providers play a crucial role in alleviating patient anxiety and building trust, ultimately contributing to a more positive patient experience.

By implementing these strategies, Philippine healthcare systems can create safer, more efficient, and patient-centered emergency care environments. This proactive approach not only addresses immediate challenges in ED settings but also lays the foundation for long-term improvements in healthcare quality and patient outcomes. It underscores the importance of continuous improvement and adaptation in healthcare delivery to meet the evolving needs and expectations of patients in emergency situations.

D. Strengths of the Study

- *Comprehensive Representation:* One strength of this study lies in its inclusive approach to participant selection, encompassing a diverse range of ages and genders. By including individuals across different demographics, the study provides a comprehensive view of patient experiences in a crowded emergency department. This broad representation enhances the generalizability of the findings, allowing for insights that may be applicable to a wider patient population.
- *Qualitative Depth:* The study utilizes in-depth interviews to gather rich, detailed insights into the lived experiences of discharged patients. This qualitative approach allows for a nuanced exploration of patients' encounters with the emergency department environment, capturing not only factual data but also the emotional and subjective aspects of their experiences. By delving deeply into patients' narratives, the study uncovers subtle nuances and underlying themes that may not be fully captured through quantitative measures alone, enriching our understanding of the phenomenon under investigation.
- *Practical Implications:* The findings of this study have important practical implications for emergency department management and patient care strategies. By shedding light on the impact of prolonged waiting times, environmental stressors, and the significance of human connections, the study provides valuable insights that can inform the development of targeted interventions to improve patient experiences and outcomes in crowded EDs. These insights are particularly relevant for healthcare practitioners, administrators, and policymakers seeking to optimize emergency department operations and enhance the quality of care delivered to patients.

E. Limitations and Recommendations

While our study has demonstrated significant strengths, it is important to acknowledge and address certain limitations that could impact the interpretation and application of our findings. Firstly, our research is confined to a single public hospital, which limits the generalizability of our findings to other healthcare settings. Private hospitals often differ in patient demographics, resource availability, and environmental factors, which may affect how our results apply elsewhere. Therefore, caution is warranted when extrapolating the implications and policies derived from our study to other healthcare contexts.

Secondly, the relatively small sample size of sixteen participants in our study restricts the breadth of generalizability of our findings. A small sample size limits the diversity of perspectives and opinions within the nursing profession, weakening the qualitative analysis and generalizability of our results. Future studies should aim to include larger and more diverse samples from multiple healthcare facilities, including general hospitals, district health centers, and other relevant settings. This approach would enrich our understanding of the phenomenon under study and allow for comparisons with existing research, thereby enhancing the depth and breadth of our findings.

To improve the generalizability of future studies, researchers should consider recruiting participants from a broader range of healthcare facilities. This would not only strengthen the reliability of research findings but also contribute to a more comprehensive understanding of the challenges and strategies in providing quality care in crowded emergency departments. Moreover, future research should explore patient and family satisfaction with emergency department healthcare strategies, providing a holistic evaluation of their experiences. Such studies would advance knowledge in patient satisfaction and quality care delivery, driving improvements in nursing practice and healthcare service provision in busy emergency settings.

F. Conclusion

This study provides valuable insights into the experiences of discharged patients within overcrowded emergency departments. In essence, the significant impact of prolonged wait times, environmental stressors, and the crucial role of human connections in shaping patient well-being. The study delves into the personal significance of these experiences, including emotional responses and coping strategies, and explores broader implications for patient welfare beyond immediate healthcare settings. Through diverse participant perspectives and qualitative methods, it offers a comprehensive understanding of the multifaceted challenges patients face in such environments.

The findings underscore an urgent call for improvements in patient flow management, environmental design enhancements, and a patient-centered approach to care delivery in emergency departments. Addressing these challenges necessitates collaborative efforts among healthcare providers, administrators, and policymakers to implement targeted interventions aimed at enhancing patient comfort, reducing distress, and fostering better outcomes in crowded EDs. Ultimately, integrating the insights from this study can guide healthcare systems towards creating safer, more efficient, and more compassionate emergency care environments that effectively meet the needs of patients.

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APPENDIX A

Audit Trail of Qualitative Data Gathering in Action Research

Date	Activity	Data Collection Process	Participant	Form of Data	Location of Data	Initial Codes
March 19, 2024	Waiting in the emergency room	One on one interview	Ms. AB	Transcript	Computer and Hard copy Document	[Barriers] Some nurses are not assertive in their efforts, leading to compromises that affect the morning shift language barrier. [Strategies] Take a few moments to engage in small talk or ask about non-medical aspects of their life to build a rapport. [Challenges] Lack of privacy can prevent patients from sharing sensitive information
March 19, 2024	Waiting in the emergency room	One on one interview	Ms. HM	Transcript	Computer and Hard copy Document	[Barriers] demanding px SO [Strategies] Use simple words and Encourage them. [Challenges] Building trust and rapport, px may withhold information or be less forthcoming
March 19, 2024	Waiting in the emergency room	One on one interview	Ms. LB	Transcript	Computer and Hard copy Document	[Barriers] Px who speak different languages or dialect may find it challenging to understand and respond to questions. [Strategies] Use plain language, to avoid medical jargon and use simple clear language that patient can easily understand. [Challenges] Patients may not understand medical terminology, leading to misunderstanding.
March 26, 2024	Waiting in the emergency room	One on one interview	Mr. JF	Transcript	Computer and Hard copy Document	[Barriers] Patient with hearing loss may have trouble engaging in a clear conversation. [Strategies] Pay close attention to the patient's words, tone, and body language. Repeat back what the patient has said to ensure understanding and to confirm accuracy. [Challenges] Patient with hearing loss may struggle to communicate effectively.
March 26, 2024	Waiting in the emergency room	One on one interview	Ms. CB	Transcript	Computer and Hard copy Document	[Barriers] Without trust and rapport, patients may be less willing to share information or may withhold important details.

						[Strategies] Be honest, transparent, and respectful. Ensure the patient that their information is confidential. [Challenges] Building trust and rapport is essential; without it, patients may withhold information or be less forthcoming.
March 26, 2024	Waiting in the emergency room	One on one interview	Ms. BD	Transcript	Computer and Hard copy Document	[Barriers] Patients may be stress or nervous, which can affect their ability to recall and articulate information. [Strategies] Give the patient time to think and respond without rushing them. [Challenges] Patients may feel anxious or stressed, affecting their ability to provide accurate information.
March 30, 2024	Waiting in the emergency room	One on one interview	Mr. AB	Transcript	Computer and Hard copy Document	[Barriers] Fatigue from their condition affected how engaged they were. [Strategies] Being patient, understand and encouraging during the interview. [Challenges] This often led to short responses.
March 30, 2024	Waiting in the emergency room	One on one interview	Mr. CD	Transcript	Computer and Hard copy Document	[Barriers] Different levels of understanding affected how patients answered questions. [Strategies] Use simple and common words and provide examples to make questions clearer. [Challenges] Some misinterpreted questions, leading to incorrect responses.
March 30, 2024	Waiting in the emergency room	One on one interview	Ms. EF	Transcript	Computer and Hard copy Document	[Barriers] Patients were distracted by their medical issues during the interview, like when a nurse needed to do the administration of IV three times on other patient. [Strategies] Choose a time for interviews when they can focus better. [Challenges] Distractions affected their focus and responses.
March 30, 2024	Waiting in the emergency room	One on one interview	Ms. GH	Transcript	Computer and Hard copy Document	[Barriers] Some patients felt uncomfortable discussing personal topics. [Strategies]

						Conduct interviews in an areas where theres minimal people to create a safe space, we moved to the chairs outside the entrance. [Challenges] This discomfort led to less honest answers.
March 30, 2024	Waiting in the emergency room	One on one interview	Ms. IJ	Transcript	Computer and Hard copy Document	[Barriers] Limited time meant interviews were often rushed. [Strategies] Schedule longer interviews to allow for deeper conversations. [Challenges] This led to shallow discussions and missed details.
March 30, 2024	Waiting in the emergency room	One on one interview	Ms. KL	Transcript	Computer and Hard copy Document	[Barriers] Emotional distress made it hard for patients to reflect on their care. [Strategies] Give patients time to express their feelings and provide supportive questions. [Challenges] This often led to vague or unclear answers.
March 30, 2024	Waiting in the emergency room	One on one interview	Mr. MN	Transcript	Computer and Hard copy Document	[Barriers] Patients were afraid to share negative experiences. [Strategies] Assure them that their feedback is confidential and will help improve care [Challenges] This fear resulted in missing important information.
March 30, 2024	Waiting in the emergency room	One on one interview	Mr. OP	Transcript	Computer and Hard copy Document	[Barriers] There were times I spoke in english language and it made communication hard. [Strategies] Use translation services or bilingual staff to help explain things clearly. [Challenges] Misunderstandings affected the quality of feedback.
March 30, 2024	Waiting in the emergency room	One on one interview	Ms. QR	Transcript	Computer and Hard copy Document	[Barriers] Patients felt anxious discussing their experiences. [Strategies] Create a comfortable and private setting to encourage candidness. [Challenges] This anxiety led to limited openness and incomplete responses.

APPENDIX B

➢ *Observation Note*

NAME	DESCRIPTION
Ms. AB	The respondent, Ms AB was active and displayed a positive attitude towards the researchers. She speaks well in bisaya and english. She talks spontaneously and clearly. She was able to answer the questions properly and on point.
Ms. HM	The respondent, Ms HM enthusiastically engaged with the interviewers, demonstrating fluency in both Cebuano and English. She articulated his thoughts coherently and with confidence, providing insightful responses to the inquiries posed
Ms. LB	The respondent, Ms LB exhibited a keen interest in the discussion, effortlessly switching between Bisaya and English. Her articulate manner of speaking conveyed his thoughts effectively, offering precise and pertinent responses throughout the session.
Mr. JF	The respondent, Mr. JF demonstrated an eagerness to participate, showcasing fluency in Bisaya and English. His clear and concise communication style ensured that her answers were both comprehensive and relevant to the topic at hand.
Ms. CB	The respondent, Ms. CB actively participated in the dialogue. With a confident and articulate demeanor, she provided thorough and concise answers, demonstrating a deep understanding of the subject matter.
Ms. BD	The respondent, Ms BD enthusiastically contributed to the conversation. Her articulate manner of expression and thoughtful responses underscored her strong grasp of the topics discussed.
Mr. AB	The respondent, Mr AB displayed enthusiasm and proficiency in answering the questions. His articulate responses and ability to convey complex ideas succinctly demonstrated a high level of comprehension and engagement with the research topic.
Mr. CD	The respondent, Mr CD, the interviewee, exhibited eagerness and skill in addressing the inquiries. His articulate manner of expression and capacity to succinctly communicate intricate concepts underscored a deep understanding and involvement with the subject matter.
Ms. EF	The respondent, Ms EF, the participant, demonstrated both enthusiasm and competence in her responses. Her articulate delivery and knack for succinctly conveying intricate concepts showcased a thorough grasp and active engagement with the research topic.
Ms. GH	The respondent, Ms GH displayed both zeal and expertise in tackling the questions. Their articulate responses and ability to convey complex ideas concisely highlighted a profound comprehension and enthusiastic involvement in the research subject.
Ms. IJ	The respondent, Ms IJ was cooperative and active. She speaks in bisaya fluently. She talks spontaneously, loudly, and firmly. She was able to answer the questions confidently without any doubt and confusion.
Ms. KL	The respondent, Ms KL voluntarily presented herself during the interview. She verbalized that she can clearly understand the questions and can unser all questions even in deep bisaya language.
Mr. MN	The respondent, Mr. MN appeared to be determined in answering the questions. He was able to comprehend and answer the questions with firm answers without any confusion. She talks clearly. He is positive and joyful
Mr. OP	The respondent, Mr. OP answered the question accordingly in an average tone of voice. He is cooperative and displayed the willingness to be interviewed.
Ms. QR	The respondent, Ms. QR answered the questions appropriately. She displayed willingness to be interviewed and to a
Ms. ST	The respondent, Ms ST sits comfortably with us and answers the questions accordingly. She is very laid back and shares her thoughts and experiences freely. She is comfortable and at ease during the interview.

APPENDIX C
CODE BOOK

➢ *Lived Body*

Themes	Descriptions
Stress and Anxiety	The presence of stress and anxiety in crowded emergency departments creates a challenging and difficult environment according to the participants. This environment is marked by high levels of stress and anxiety that impact patient satisfaction and well-being

➢ *Lived Space*

Themes	Descriptions
Environmental Stressors and their Impact on Well - being	Environmental factors in a crowding Emergency Department can increase patient stress and anxiety, underscoring the need to mitigate these stressors to enhance care quality and outcomes.
Noise	Participants described how the overwhelming noise levels hindered their focus during treatments, the effective communication with healthcare providers and that the chaotic and uncomfortable environment caused by noise and overcrowding exacerbated their feeling of discomfort and anxiety.
Overcrowding	Participants characterized this sub-theme; overcrowding as a sense of chaos and discomfort where personal space is lacking, and how the pressure to attend to numerous patients within limited resources creates a tense and stressful environment that contributed to the overall sense of discomfort and stress of the participants.
Lack of privacy	The participants stated that lack of privacy in emergency departments compromises confidentiality, making them feel exposed and uncomfortable, which hinders their ability to share important medical details and form trusting relationships with healthcare providers.
Stress and Anxiety	The presence of stress and anxiety in crowded emergency departments creates a challenging and difficult environment according to the participants. This environment is marked by high levels of stress and anxiety that impact patient satisfaction and well-being.
Uncomfortable Conditions	Participants reveal a distressing environment in crowded emergency departments, characterized by insufficient seating, limited access to basic amenities, and an overall sense of discomfort that exacerbates the stress and anxiety experienced by patients.
Specific Spaces	Spaces specifically the triage, examination, and waiting areas play a vital role in shaping patient experiences in the emergency department, influencing their comfort, privacy, and overall satisfaction. Crowded and noisy environments in these areas can heighten stress and anxiety, presenting challenges for patients and their families during their ED visit.
Triage Area	Participants view Triage Area as a busy and impersonal space, yet crucial for assessing and prioritizing patients. Participants described the triage area as overwhelming, with feelings of anxiety and discomfort due to the lack of personal space and privacy during assessments.
Examination Rooms	Participants described examination rooms as significant spaces for patients to undergo thorough assessments and receive necessary medical care.
Waiting Area	The waiting area plays a pivotal role as a space where patients and their families await medical attention. The waiting area is perceived by the participants as uncomfortable and cramped, exacerbating feelings of discomfort and anxiety.
Technological Environment	In a crowded emergency room, the technological setup is essential for delivering prompt and high-quality patient care. The reliability and performance of equipment are pivotal in ensuring the smooth operation of the emergency department.
Equipment Quality	The quality of medical equipment, supported by advanced information and communications systems, is crucial for optimizing patient care, enhancing safety, and improving overall efficiency according to the participants.

➢ *Lived Time*

Themes	Description
Extended Waiting	Participants stated that extended wait times in overcrowded emergency departments are marked by a profound sense of unease and distress among patients. Participants described the prolonged waits not merely as a time of expectation, but as a source of mounting anxiety and discomfort, with each minute that ticks by intensifying their feelings of unease and discomfort.
Rapid Progression During Treatment	The participants stated that the rapid succession of treatments and procedures can be disorienting and challenging to follow. Participants emphasized the profound impact of stress and anxiety in the emergency department environment.
Suddenness of Discharge	The abrupt discharge process in a busy emergency department left participants feeling unprepared, confused, and anxious about their next steps. Participants described the discharge instructions as rushed, leaving little room for questions or clarification as the discharge process itself was perceived as hurried.
Contrasting Temporal Experiences	Participants' stressful experience of seeking emergency care made it difficult to maintain a sense of control and understanding of the present situation. Participants described their experiences of feeling suddenly returned to reality upon discharge, struggling to comprehend the passage of time and the accuracy of the information they received.

➢ *Lived Human Relationships*

Themes	Description
Human Connection Amidst Chaos	Participants emphasized the importance of empathy, compassion, and clear communication from nurses and doctors in making them feel valued and cared for amidst the surrounding chaotic environment.
Feeling Understood and Cared for with Kindness	Participants emphasized the importance of empathy, compassion, and clear communication from nurses and doctors in making them feel valued and cared for amidst the surrounding chaotic environment.