**Introduction**

Communication in an Emergency Department (ED) is a crucial contributing factor for patient management and satisfaction. In fact, ineffective communication is a major cause of critical medical adverse effects in Emergency Department (*1*). In addition, communication in Emergency Department was rarely relatives-oriented with very little empathy being developed between the relatives and clinicians. Thus, the present study evaluates the pivotal role of communication in relatives of suspected Covid-19 cases admitted to Emergency Department.

**Methods**

This study is a prospective observational study and it was conducted at the Marcianise Hospital, ASL Caserta, Italy. The Ethics Committees Campania Nord approved it. All participating signed a consent form to be interviewed. 1500 relatives of suspected Covid-19 patients admitted to Emergency Department (ED) were enrolled between February -December 2020. The database included information about demographic characteristics, including educational level, clinical outcome, age, and gender. In Table I we reported the baseline clinical characteristics of enrolled relatives. We excluded 148 relatives who were younger than 18 years old and 151 patients with no information on education and included 1201 cases in the study. Each relatives’ educational level was classified as high (a bachelor's degree or higher), medium (graduated from high school or middle school), or low (graduated from elementary school or no education). We used the questionnaire CAT-T (2). In this questionnaire we also include clinical history evaluation, age, sex, nationality, educational level, triage code. Exclusion criteria were: relatives with neuro-psychiatric diseases, psychological instability. We used a descriptive analysis to compare the demographic and clinical characteristics of relatives with low, medium, and high levels of education. This included age, sex, medical history, health behaviors. The t2 test was used to compare categorical variables.

**Results**

In figure 1A we reported the AA for gender. In particular, we observed that the AA mean for female was significantly increased compared to male (4.7 vs 3.9 respectively, p< 0.01). In figure 1B we reported the AA for age. In particular, we observed that the AA mean for young patients (age < 65 yrs. old) was significantly decreased compared to older age (3.8 vs 4.3 respectively, p< 0.01). In figure 1C we reported the AA in relation to age and educational level. In particular, we observed that over 65 yrs. with low educational level had a significantly higher AA (4.7 vs 3.9, p< 0.01) compared to young people.

**Discussion**

Our data represent a preliminary study that evaluate the role of educational level, gender differences on the satisfaction level in relatives of Covid-19 suspected cases, enrolled to Emergency Department. No data reported the satisfaction level in relatives of Covid-19 suspected cases admitted to Emergency Department during Covid-19 pandemic. The Covid-19 has placed enormous stress on hospitals, clinicians and general population. It is crucial provide guidance on how to communicate with patients and relatives of Covid-19 suspected cases. The communication is only one part—albeit an essential part—of what clinicians will need to survive well. In fact, this is an important for the satisfaction level in relatives of Covid-19 suspected cases. The importance of clear and accurate communication between clinicians and relatives in a variety of formats has always been essential for population admitted in Hospital. The lack of accessible information, during Covid-19 pandemic, is a key site of anxiety and further concern. This is an original study, that showed, for the first time, in Emergency Department, that less educational level, female gender and older age were more likely to want the satisfaction relatives. These dimensions have not been previously explored. To this regard, we reported that the average answer is significantly higher in women, low graduated and older relatives. No data reported the role of age, gender and educational level on the relative’s satisfaction in ED. As reported in other studies, male and younger patients were more likely to want the error reported. Recent data suggest that satisfaction level of patients increases with level of education (3). It is possible that individuals with more educational level may be more suspicious with clinicians and nurses, trying to found potential mistakes. In our study, we report that the older with low education level and women have a major average answer. In fact, it has been reported that educational interventions to assist clinicians may want to emphasize the uniformity of patient preferences and describe the generally positive response to disclosure with respect to legal action (4). Future studies are needed to confirm these data.

**References**

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