ORIGINAL ARTICLE

Patient Satisfaction with Healthcare Workers' Communication and Attitudes in the Emergency Department of a Rural Government Hospital: A Cross-Sectional Study

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CITATION
Singh J, Kumar S, Singh SP, Rathore VS, Gupta S, Singh P. Patient Satisfaction with Healthcare Workers' Communication and Attitudes in the Emergency Department of a Rural Government Hospital: A Cross-Sectional Study. Indian J Comm Health. 2026;38(2):392-398. https://doi.org/10.47203/IJCH.2026.v38i02.031
ARTICLE CYCLE
Received: 18/03/2026; Accepted: 27/03/2026; Published: 31/03/2026

ABSTRACT

Background: Assessing patient satisfaction concerning the communication skills and attitudes of healthcare workers in the emergency department (ED) of a rural government hospital in India, addressing a gap in understanding patient experiences in public health studies. **Objectives**: The study aims to assess patient satisfaction with the communication skills and attitudes and to evaluate operational factors that influence patient experience, such as waiting times for the initiation of treatment and measures to reduce overcrowding in the emergency department. **Methods**: Conducted between February 2024 and May 2025, the cross-sectional observational study included 800 patients aged 18–65 years who were admitted to the ED for 6–12 hours and had a Glasgow Coma Scale score of 15. Red-triaged patients and those with psychiatric illness were excluded. Data were collected using a validated structured questionnaire administered via face-to-face interviews. Responses were recorded on a five-point Likert scale. As the data were not normally distributed, nonparametric statistical tests were applied. **Results**: A majority (59%) of patients were satisfied with communication practices, with satisfaction levels consistent across age and gender. In contrast, 48% expressed satisfaction with the attitudes of healthcare workers, with women and younger patients showing comparatively higher satisfaction ($p < 0.05$). Regarding operational factors, 62% reported dissatisfaction with waiting times before treatment initiation, with younger patients reporting significantly greater dissatisfaction ($p < 0.001$). Additionally, 57% of patients perceived overcrowding measures in the emergency department negatively, with significant differences noted across genders and age groups ($p < 0.001$). **Conclusion**: Communication practices were generally satisfactory; the attitudes of healthcare workers and operational issues such as treatment delays and overcrowding played a critical role in shaping patient experiences. Recommendations include enhancing communication training, fostering empathetic interactions among healthcare workers, and developing effective strategies to manage ED overcrowding to improve patient-centred care in rural emergency healthcare settings, ultimately leading to better public health outcomes and higher patient satisfaction.

KEYWORDS

Patient satisfaction, Emergency department, Communication skills, Attitude, Overcrowding, Rural health, Patient safety culture, Health policy.

INTRODUCTION

Healthcare delivery involves interactions between healthcare professionals, patients, and the systems used to provide care. Feedback from patients and healthcare providers plays an important role in improving the quality of healthcare services.(1) Access to healthcare varies greatly between populations and countries and is influenced by socioeconomic conditions, health policies, and the availability of healthcare resources.(2) Recently, patient safety and quality of care have been recognised as essential components of universal health coverage. Patient safety culture involves establishing systems, processes, practices, and organisational environments that lower the risk of harm that could have been avoided and improve healthcare outcomes.(3)

Patient satisfaction is widely used as an indicator of healthcare quality and patient experience in healthcare systems. It shows how patients feel about their care and gives useful information about how well healthcare delivery systems perform.(4) Modern healthcare

emphasises patient-centred care, shared decision-making, and effective communication, which significantly influence patient trust, treatment adherence, and satisfaction.(5,6,7) Accreditation bodies and quality improvement frameworks are increasingly recognising patient satisfaction as a key indicator to measure how effectively healthcare works.(8)

Emergency departments (EDs) are among the most challenging environments to receive healthcare because quick clinical decision-making and interventions are necessary to avoid death or disability. Even small delays in treatment can have a negative effect on patient outcomes.(9) In rural healthcare settings, EDs frequently face additional challenges, including limited infrastructure, workforce shortages, high patient volumes, and operational constraints. These conditions may affect not only the efficiency of care delivery but also patients' perceptions of healthcare workers' communication and interpersonal behaviour. Operational factors such as waiting time before treatment initiation and overcrowding may further influence patient experiences and quality of care in emergency departments.

Despite the growing emphasis on patient-centred care, there is still limited evidence examining patient satisfaction with healthcare workers' communication and attitudes in rural emergency settings, particularly in low- and middle-income countries. Understanding patient perceptions in such environments is essential for identifying gaps in healthcare delivery and strengthening patient safety practices. Patient satisfaction surveys provide valuable information about healthcare workers' communication skills, interpersonal behaviours, and service delivery processes. They can also serve as practical tools for monitoring the implementation of patient safety and quality improvement measures. The present study aimed to assess patient satisfaction regarding healthcare workers' communication skills and attitudes in the emergency department of a rural government hospital, and also to evaluate operational factors such as waiting time for treatment initiation and emergency department overcrowding reduction measures.

Aim: To assess patient satisfaction with healthcare workers' communication skills and attitudes in the emergency department of a rural government hospital.

Objectives Primary

- To evaluate patient perceptions of healthcare workers' communication practices in the emergency department.
- To assess patient satisfaction regarding healthcare workers' attitudes and interpersonal behaviours.

Objectives Secondary

- To examine the influence of waiting time for treatment initiation on patient satisfaction.
- To assess patient perceptions regarding emergency department overcrowding and patient flow measures.
- To compare patient satisfaction across demographic variables (age and gender).

Material & Methods

Study Type and Study Design: This was a cross-sectional observational study employing a quantitative descriptive–comparative design, conducted to assess patient satisfaction with healthcare workers' communication and attitudes in the emergency department.

Study Setting: The study was conducted in the Department of Emergency and Trauma at a rural government tertiary-care hospital in Uttar Pradesh, India, catering to a large and diverse patient population.

Study Duration: Data collection was carried out over a period of 15 months, from February 2024 to May 2025.

Study Population: The study included adult patients (18–65 years) who were admitted to the emergency department and subsequently transferred to inpatient wards.

Sample Size Calculation: The sample size was calculated using the single population proportion formula, assuming a 95% confidence level, a 5% margin of error, and an expected satisfaction proportion of 50%. The minimum required sample size was 384. To enhance the precision and robustness of the analysis, a total of 800 patients were included in the study.

Inclusion Criteria

- Patients aged 18–65 years
- Patients who were fully conscious (Glasgow Coma Scale score of 15)
- Patients who stayed in the emergency department for 6–12 hours
- Patients admitted and later transferred to inpatient wards

Exclusion Criteria

Patients triaged into the 'red' category (requiring immediate life-saving intervention)

Patients with psychiatric disorders

Strategy for Data Collection

Data were collected using a validated structured questionnaire consisting of closed-ended questions. The tool assessed:

- Healthcare workers' communication skills
- Healthcare workers' attitudes toward patients
- Waiting time before initiation of treatment
- Overcrowding reduction measures (triage prioritisation, patient transfer, and flow management)

Responses were recorded using a five-point Likert scale:
1 = Very poor, 2 = Poor, 3 = Average/Neutral, 4 = Good, 5 = Excellent

For analysis:
"Good" and "Excellent" → Satisfied
"Poor" and "Very poor" → Dissatisfied

The questionnaire was administered through interviewer-assisted, face-to-face interviews to ensure clarity and minimise response bias.

Working Definitions: Patient satisfaction: patients' perceived level of fulfilment of expectations from healthcare services

Effective communication: Clear, understandable, and empathetic interaction between healthcare workers and patients

Positive attitude: respectful, compassionate, and professional behaviour of healthcare staff

Waiting time: The duration between a patient's arrival in the emergency department and the initiation of definitive medical treatment or clinical intervention.
Overcrowding reduction measures: Strategies such as triage prioritisation, timely patient transfer, and efficient patient flow management in the emergency department
Ethical Issues and Informed Consent: The study was conducted after approval from the Institutional Scientific and Ethics Committee. Ethical No. IEC/P-441/2023 dt 11/10/2023
Written informed consent was obtained from all participants. Patient confidentiality and anonymity were strictly maintained, and participation was voluntary.
Data Analysis – Software: Data were entered in Microsoft Excel and analysed using IBM SPSS version 29.
Descriptive statistics: Frequency distributions and percentages
Graphical representation: Bar graphs and box plots
Measures of central tendency: Median and mode
Distribution assessment: Skewness
Normality was assessed using the Kolmogorov–Smirnov and Shapiro–Wilk tests, which showed significant deviation from normality ($p < 0.001$).
Accordingly, non-parametric tests were applied: Mann–Whitney U test for comparison across gender (male vs female) and age groups (18–41 vs 42–65 years). A p-value ≤ 0.05 was considered statistically significant.

RESULTS

A majority (59%) of respondents reported satisfactory perceptions of healthcare workers' communication practices in the emergency department. The median communication score was 4, and the mode was also 4, indicating that "good" was the response category (Table 1). The distribution of responses demonstrated negative skewness (−0.683), indicating that responses were concentrated toward the higher satisfaction categories. Statistical analysis showed no significant difference in communication scores between genders ($p = 0.741$) (Table 2, Figure 2). Age-based comparison showed that although older patients reported slightly less satisfaction with communication than younger patients, the difference was not statistically significant ($p = 0.890$) (Table 2, Figure 3).
Perceptions of healthcare workers' attitudes varied across respondents. Approximately 48% of patients reported satisfaction, while 46% expressed dissatisfaction with healthcare workers' attitudes. The median score was 3, indicating generally neutral to slightly negative perceptions, although the most frequent response (mode 4) was "Good" (Table 1). The distribution of responses showed slight negative skewness (skewness = −0.176), suggesting a modest concentration of responses toward the higher satisfaction categories. Gender-based comparison showed that female patients reported more satisfactory perceptions of healthcare workers' attitudes than male patients, and the difference was statistically significant ($p = 0.015$) (Table 2, Figure 2). Similarly, age-based analysis demonstrated that younger patients expressed significantly more positive perceptions than older patients ($p < 0.001$) (Table 2, Figure 3).
Approximately 62% of patients reported dissatisfaction, whereas 31% reported satisfaction with the waiting time before treatment initiation. The median perception score was 3, whereas the mode was 2, indicating that "poor" was the most frequently selected response category (Table 1). The distribution demonstrated positive skewness (0.215), suggesting that responses were concentrated toward lower satisfaction categories. An age-based comparison showed significantly greater dissatisfaction among younger patients than among older patients ($p < 0.001$) (Table 2, Figure 3), whereas gender differences were not statistically significant ($p = 0.440$) (Table 2, Figure 2).
Approximately 57% of patients reported dissatisfaction with the measures implemented to reduce overcrowding, while 34% expressed satisfaction. The median score for overcrowding-related measures was 3, indicating an average perception, while the mode was 2, suggesting that poor responses were most frequent (Table 1). The distribution demonstrated positive skewness (0.39), indicating a greater concentration of responses toward dissatisfaction. Significant differences were observed across demographic groups. Female patients reported more positive perceptions than male patients, and younger patients reported more positive perceptions than older patients, with statistically significant differences across both gender and age groups ($p < 0.001$) (Table 2, Figure 2, Figure 3).
Overall (Figure 1), the findings indicate that while communication practices were generally satisfactory, healthcare workers' attitudes and operational factors, such as treatment waiting time and overcrowding reduction measures, were major contributors to patient dissatisfaction in the emergency department.

Table 1: Descriptive statistics of patient satisfaction variables in the emergency department (N = 800)

Variable	Very Poor n (%)	Poor n (%)	Average / Neutral n (%)	Good n (%)	Excellent n (%)	Satisfaction n (%)	Dissatisfaction n (%)	Median	Mode
Communication skills	57 (7.1)	173 (21.6)	98 (12.3)	276 (34.5)	196 (24.5)	59	29	4	4
Healthcare workers' attitude	202 (25.3)	169 (21.1)	50 (6.3)	269 (33.6)	110 (13.8)	48	46	3	4
Waiting time for treatment initiation	229 (28.63)	265 (33.13)	58 (7.25)	148 (18.5)	100 (12.5)	31	62	3	2

Overcrowding preventive measures	192 (24)	264 (33)	72 (9)	178 (22.25)	94 (11.75)	34	57	3	2

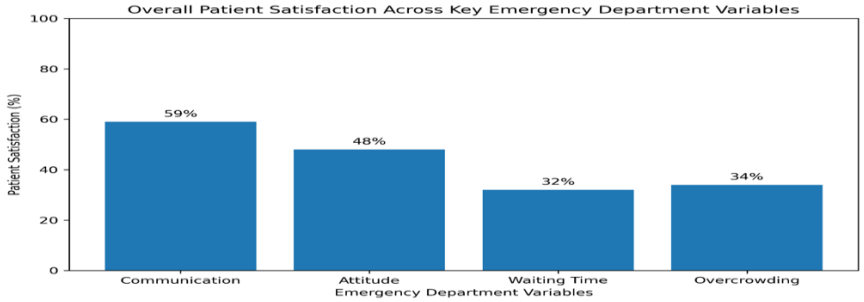
Values are presented as frequency (n) and percentage (%). Responses were recorded on a five-point Likert scale (1 = Very poor, 2 = Poor, 3 = Average/Neutral, 4 = Good, 5 = Excellent). "Good" and "Excellent" responses were categorized as satisfaction, while "Poor" and "Very poor" were categorized as dissatisfaction. Median and mode are reported as measures of central tendency for ordinal data.

Table 2: Comparison of patient perception scores by gender and age group (Mann–Whitney U test)

Variable	Median (Male)	Median (Female)	Gender p-value	Median (18–41 yrs)	Median (42–65 yrs)	Age group p-value
Communication skills	4	4	0.741 (NS)	4	3	0.890 (NS)
Healthcare workers' attitude	3	4	0.015	4	3	<0.001
Waiting time for treatment initiation	3	3	0.440 (NS)	3	3	<0.001
Overcrowding preventive measures	3	4	<0.001	4	3	<0.001

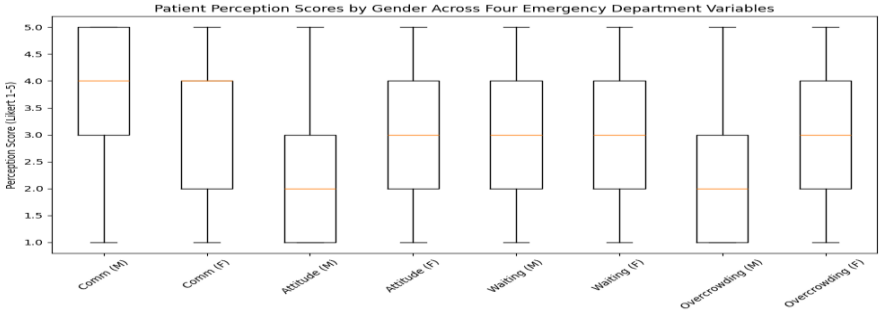
Data are presented as median values. Comparisons between groups were performed using the Mann–Whitney U test. NS = not statistically significant (p > 0.05). A p-value ≤ 0.05 was considered statistically significant.

Figure 1. Overall patient satisfaction with important indicators of emergency department care.



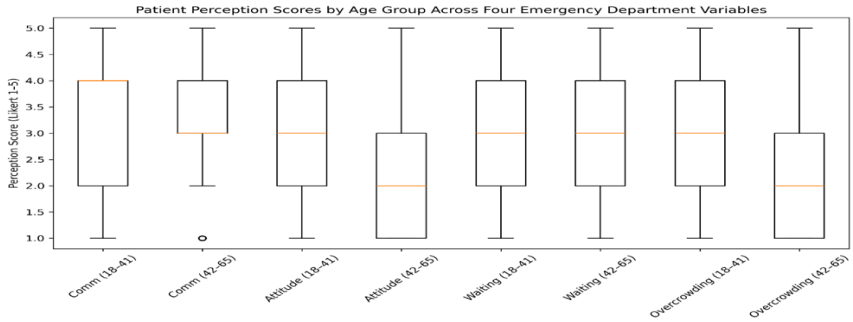
Bars represent the percentage distribution of patient responses across Likert scale categories for each variable.

Figure 2. Distribution of patient perception scores across gender.



Boxplots display the median, interquartile range, and distribution of perception scores. Whiskers represent variability outside the upper and lower quartiles.

Figure 3. Distribution of patient perception scores across age groups.



Boxplots display the median, interquartile range, and distribution of perception scores across age groups. Whiskers represent variability outside the upper and lower quartiles.

DISCUSSION

Access to timely and quality healthcare remains a major challenge in many rural regions, particularly in emergency care settings. Although achieving optimal health is recognised as a fundamental human right, irregularities in the distribution of healthcare resources and workforce shortages continue to affect rural communities.(10) Although nearly two-thirds of the population reside in rural areas, healthcare resources remain disproportionately concentrated in urban regions, resulting in restricted access to timely and quality care for rural communities.(11) These inequalities create a demanding clinical environment for healthcare workers, particularly in emergency departments (EDs), where rapid decision-making, effective communication, and empathetic interactions are essential for patient safety and satisfaction.

Research on emergency care systems in many low- and middle-income countries remains limited, and relatively little attention has been given to patient experience in emergency settings.(12) In low- and middle-income countries, there still aren't many structured training programs or evidence-based strategies for making emergency settings safer for patients.(13) In this context, measuring patient satisfaction becomes even more important because it gives us information about both the interpersonal and operational aspects of healthcare delivery.(14)

1. Communication skills of healthcare workers

Effective communication in clinical settings is frequently influenced by barriers such as language differences, varying health literacy levels, socio-cultural expectations, and emotional stress experienced by patients in emergencies.(15) The COVID-19 pandemic made it even clearer that communication strategies need to be flexible. This is because infection control measures limited nonverbal cues, making it even more important for patients to trust their healthcare providers through effective verbal communication.(16) Despite these potential challenges, the majority of patients in the present study reported satisfactory communication with healthcare workers. This finding may reflect the ability of healthcare staff to maintain clear communication with patients even in a high-pressure emergency environment. These results align with prior studies indicating that skilled provider–patient communication is a significant factor influencing patient satisfaction and trust in healthcare systems.(17) Studies conducted in Indian healthcare environments have similarly demonstrated that patient satisfaction is greatly influenced by the clarity of information delivered by healthcare personnel and their responsiveness to patient concerns.(18) Effective communication is also linked with better treatment adherence and improved patient outcomes.(19) However, unlike many previous studies conducted in general healthcare settings, the present study focused specifically on the emergency department.

2. Healthcare workers' attitudes

Despite generally satisfactory communication practices, perceptions of healthcare workers' attitudes were comparatively less satisfactory. Significant differences were observed across gender and age groups, with female and younger patients reporting more positive experiences. High workload, stress, and burnout among healthcare professionals may influence interpersonal behaviour and communication with patients.(20) Empathy, respect, and attentiveness in interactions with patients are important factors influencing patient satisfaction and perceived quality of care.(21) Previous studies have also demonstrated that respectful interaction with patients significantly improves perceptions of healthcare quality and strengthens patient trust in healthcare systems.(22)

3. Operational factors in emergency care

Operational factors were also identified as important contributors to patient dissatisfaction. A substantial proportion of patients expressed dissatisfaction with the waiting time before initiation of treatment. Waiting time has consistently been identified as one of the strongest predictors of patient dissatisfaction in emergency departments. Pitrou et al. reported that prolonged waiting times were significantly associated with lower satisfaction levels and reduced confidence in healthcare services.(23)

Patients also reported considerable dissatisfaction with the measures implemented to reduce overcrowding in the emergency department. Overcrowding is a widely recognised challenge that affects emergency care systems globally and has been associated with delays in treatment, increased risk of medical errors, and lower patient satisfaction.(24) Previous research has shown that emergency department overcrowding occurs when there is an imbalance between patient inflow, treatment throughput, and hospital outflow processes.(25) Studies have also demonstrated that overcrowding negatively affects patient experiences and perceptions of emergency care services.(26) In the present study, many patients perceived that the existing strategies to manage waiting time and patient flow were insufficient, which may have contributed to negative perceptions of emergency care services. There is a need for more effective operational strategies to improve patient throughput and reduce overcrowding in emergency departments.

The findings of this study emphasise the value of patient satisfaction surveys as essential tools for monitoring the real-world implementation of patient safety and quality improvement measures. Patient satisfaction surveys provide useful information about gaps in communication practices, healthcare workers' attitudes, and operational challenges. Integrating routine patient feedback with hospital quality improvement frameworks can help identify service gaps, guide targeted interventions, and strengthen patient-centred emergency care, particularly in rural and resource-limited healthcare settings.

CONCLUSION

This study demonstrates how both interpersonal and operational aspects of care delivery affect patient satisfaction in a rural emergency department. Effective communication alone may not ensure a positive patient experience without supportive interpersonal attitudes and efficient system-level processes. Improving communication and empathy training for healthcare

workers, along with better patient flow and resource management, may enhance patient satisfaction in emergency care settings. Routine patient satisfaction surveys can serve as valuable tools for monitoring the implementation of patient safety measures and guiding quality improvement initiatives in rural emergency healthcare settings. These findings may help guide quality improvement strategies in rural emergency departments in India.

RECOMMENDATION

- Strengthen communication and empathy training for healthcare workers to improve interpersonal interactions and patient trust.
- Implement regular patient satisfaction surveys as part of hospital quality improvement systems to monitor the real-world effectiveness of patient safety measures.
- Reduce waiting time for treatment initiation through improved triage protocols, faster clinical decision-making, and streamlined workflows.
- Address emergency department overcrowding by improving patient flow, discharge planning, and bed availability.
- Enhance resource allocation and workforce distribution in rural emergency departments to reduce system-level constraints.
- Promote patient-centred care policies that integrate communication quality, provider behaviours, and operational efficiency.
- Use patient feedback to guide evidence-based policy decisions at institutional and public health levels.
- Strengthen rural emergency care systems to improve equity, accessibility, and overall healthcare quality.

LIMITATION OF THE STUDY

This study included a relatively large sample size of 800 patients, which improves the reliability and statistical robustness of the findings. The research was carried out in the emergency department of a rural government hospital, which is frequently under-represented in patient satisfaction studies in India. Using a validated questionnaire survey methodology that integrates structured forms and face-to-face interviews improved the accuracy and reliability of the collected data. The study evaluated interpersonal factors, including communication skills and healthcare worker attitudes, as well as operational elements of emergency care, such as waiting time and overcrowding, thereby offering a comprehensive understanding of the determinants affecting patient satisfaction in emergency environments. Nonetheless, this study shows specific limitations. The study took place in a single rural government hospital and evaluated patients' perceptions of the effectiveness of measures already implemented in that institution, potentially restricting the generalizability of the findings to other healthcare environments. In addition, patient perceptions were self-reported and may therefore be influenced by recall or social desirability bias. Finally, although demographic variables, such as age and gender, were analysed, other potential determinants of satisfaction, including socioeconomic status, illness severity, and educational background, were not assessed.

RELEVANCE OF THE STUDY

Provides rare evidence from a rural emergency department in India, addressing a significant gap in current literature.

Identifies demographic differences (age and gender) in patient perceptions, which points to the importance of targeted interventions.

Emphasizes the role of patient satisfaction surveys as practical tools to evaluate and improve patient safety and quality of care.

Highlights the importance of strengthening public and community health systems, as improved patient experience can enhance healthcare utilisation, trust in public facilities, and overall health outcomes in rural populations.

AUTHORS CONTRIBUTION

JS: contributed to the conception and design of the study, data acquisition, and interpretation of data. GSK, SPS, VSR & PS: were involved in drafting the manuscript and revising it critically for important intellectual content. SG: provided final approval of the version to be published. All authors have read and approved the final manuscript.

FINANCIAL SUPPORT AND SPONSORSHIP

Nil

CONFLICT OF INTEREST

There are no conflicts of interest.

ACKNOWLEDGEMENT

The authors acknowledge the cooperation of all patients who participated in this study. The authors thank the emergency department staff for their support during data collection.

DECLARATION OF GENERATIVE AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

Generative AI tools were used solely for language editing and clarity enhancement; all scientific content, analyses, and conclusions are the responsibility of the authors.

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