

Original Article

GENDER DIFFERENCE IN PATIENT'S SATISFACTION IN TERTIARY CARE HOSPITALS OF LAHORE.

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ABSTRACT:

Objectives: Quality of health care services is a global affair. Effective quality health services are measured for quality management in hospitals. Patient satisfaction is a major indicator to measure the quality management of hospitals. The main objective of this study is to assess gender difference in satisfaction level of patients coming to tertiary health care facilities in Lahore

Methods: An analytical cross-sectional study was conducted from January to August 2018 in two tertiary care hospitals of Lahore including Akhtar Saeed Trust Teaching Hospital and Farooq Hospital, Westwood branch. A sample of 200 patients was collected, using Non-Probability, consecutive technique. Data was collected by using a self-structured questionnaire with multiple variables related to services, an attitude of health care providers and the environment of hospitals. Data was entered and analyzed using SPSS 22. The chi-square test was applied and the p-value was fixed at ≤ 0.05 as significant.

Results: Out of 200 participants, 109 (86.5%) were males and 91 (45.5%) were females. The overall satisfaction rate of patients was reported at 93% with no significant difference in the satisfaction level of both genders. Females were much more satisfied with hospital services. Regarding waiting time 91.2% of the females were satisfied ($p = 0.007$), comfortable waiting area was reported by 93.4% of the females ($p=0.001$). Females were more satisfied with examination in clean environment ($p=0.004$) and Lab services ($p= 0.002$). Regarding satisfaction parameters related to health care providers, females were more satisfied with provision of privacy ($p= 0.002$), treatment with respect and dignity ($p=0.038$), correct diagnosis ($p=0.042$), adequate time ($p= 0.03$), careful attitude ($p= 0.025$) and adequate knowledge ($p=0.031$).

Conclusion: Females show a higher satisfaction level as compared to males regarding services offered to them in these tertiary care hospitals of Lahore.

Key Words: Patient satisfaction, Gender Differences, Tertiary Healthcare Hospital.

INTRODUCTION:

Quality of healthcare is a global affair and patient satisfaction is the key element to assess the quality of healthcare services.^{1,2} Patient satisfaction is measured in terms of expense, approachability of health services and patient fast recovery.³ Patient satisfaction is also based upon the expectations of the patient and their actual experience of receiving healthcare services.^{4,5} Provision of patient centered-care is essential and is directly related to satisfaction.⁶

Multiple standardized questionnaires have been widely used to measure the satisfaction level of patients in various parts of the world.⁷ Patient satisfaction is influenced by some common determinants and predictors.^{5,7} Demographic factors like age, gender, education level, socio-economic status and functional status of the patient greatly affect their satisfaction levels regarding health care service provision.^{5,8,9} According to a study, in the USA; the male gender, age greater than 50 years, short hospital stay and primary level of education had shown more level of satisfaction.¹⁰ While some studies demonstrated the opposite result where patients were satisfied

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with longer hospital stay.¹¹ Regarding gender, male patients were more satisfied in Israel while female patients demonstrated higher satisfaction rates in Saudi Arabia.⁸ Various other factors affected the level of satisfaction inversely, including long waiting times and heavy registration of patients.¹²

According to a study conducted in Malaysia gender, income level and purpose of visit to a hospital play a key role in attaining high satisfaction levels among patients.¹³ In Pakistan, previously many studies had considered the patient satisfaction level as a measuring tool for the health care system. According to research conducted in Peshawar, in private sector hospitals mean patient satisfaction score was 121.94 ± 20.84 as compared to public sector hospitals, which was lower in value by 104.97 ± 18.51 ($p < 0.001$).¹⁴ A critical review comprising of many studies revealed that elder age, male gender, higher socioeconomic status, and education had positive affect on patient satisfaction.¹⁵

This study was conducted to assess the patient satisfaction level by considering the gender difference as a predicting factor in patient satisfaction levels.

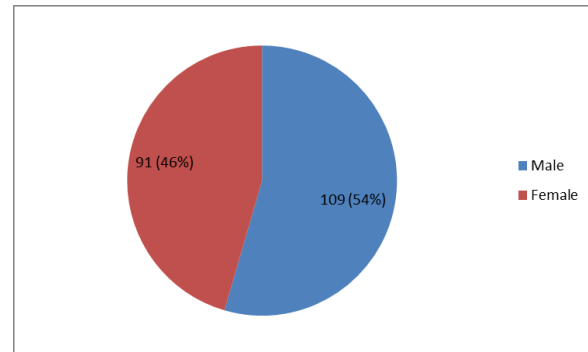
METHODS:

This was an analytical cross-sectional study conducted in two tertiary care hospitals situated in Lahore between January to August 2018. Two hundred patients were recruited from Akhtar Saeed Trust Teaching Hospital and Farooq Hospital, Westwood branch. Both male and female patients above 18 years of age were recruited by using nonprobability consecutive sampling after taking informed consent. Data was collected by using a structured questionnaire with multiple variables related to satisfaction about health care providers, services and hospital environment. Data were analyzed using SPSS version 22 and the data was presented in the form of Likert scale, pie chart and frequency tables. Chi-square test of significance was applied to assess the gender difference in satisfaction level of patients keeping p-value of ≤ 0.05 as significant.

RESULTS:

This study consisted of a sample of about 200 patients, out of which 54.5% were males and 45.5% were females. (Figure 1)

Figure 1: Distribution of gender among respondents



To assess the patient's satisfaction level, multiple variables were included in different parameters related to the hospital, health care provider, and patient. Regarding parameters of hospital, higher satisfaction levels were observed with ease to make an appointment (86.5%), convenience in approaching hospital (74.5%), reasonable waiting time (83.5%), comfortable waiting room (84.5%), examination in a clean and safe environment (87%) and lab and radiology services (86.5%). Satisfaction with affordable hospital services was slightly lower with 59% satisfaction level.

Satisfaction with parameters related to the doctor revealed that 91.5% of respondents said that they were involved in decisions about their treatment. One hundred and eighty-four (92%) of the respondents were satisfied with the communication skills of the doctor. Satisfaction with the provision of privacy was shown by 86.5% of respondents and 91% respondents said that they were treated with dignity. The provision of complete information was shown by 94% respondents and 97% respondents agreed that their personal information was kept confidential. Satisfaction with effective treatment was shown by 97.5%. Lower satisfaction levels were reported with correct diagnosis (61.5%), adequate time provision by doctor (73.5%), attitude of doctor (77.5%)

and adequate knowledge (74%). One hundred and thirty-five respondents (67.5%) felt that doctor on duty used medical terminology after explaining the term and 85% were satisfied with the caring attitude of the doctor.

The satisfaction level of patients revealed that 93.5% of respondents had confidence and trust in their doctor providing treatment. Only 25% of the respondents felt ignored by

the doctor on duty. Expensive medical treatment was pointed out by 55% of the respondents, who said that they sometimes go without medical care because it is expensive. Overall 93% of the respondents were satisfied with the doctors and medical services and among them, 89% would recommend these hospitals to their relatives. (Table 1)

Table 1: Variables to assess the satisfaction of respondents (n=200)

Parameter to measure satisfaction	Frequency (n) Yes	Percentage (%)
Related to hospital:		
Easiness to make an appointment	173	86.5%
Convenience in approaching the hospital	149	74.5%
Reasonable waiting time	167	83.5%
Comfortable waiting room/OPD	169	84.5%
Examination in a clean and safe environment	174	87%
Affordable hospital services	118	59%
Satisfaction with radiology and lab services	173	86.5%
Related to Health care provider/ Doctor on duty		
Involvement in decisions making about care	183	91.5%
Doctor's communication skills	184	92%
Provision of privacy	173	86.5%
Treatment with dignity	182	91%
Provision of adequate information	188	94%
Maintenance of confidentiality	194	97%
Provision of effective treatment	195	97.5%
Correctness of the diagnosis	123	61.5%
Provision of doctor's time	147	73.5%
Attitude of the doctor towards the respondent	155	77.5%
Careful attitude while examination	170	85%
Use of Medical terminology	135	67.5%
Adequate knowledge	148	74%
Related to patient		
Confidence and trust in the doctor	187	93.5%
Feeling of being ignored	50	25%
Expensive treatment	110	55%
Recommendation of hospitals to others	178	89%
Overall satisfaction level	186	93%

When the gender of the respondents was taken into consideration the results of this study showed that female patients were more satisfied with a percentage of 94.5% as compared to 91.7% males. Gender differences were observed in reasonable waiting time ($p=0.007$), comfortable waiting room ($p=0.001$) examination in a clean and safe environment ($p=0.004$),

radiology and lab services ($p=0.002$) where females showed greater satisfaction with services. Females showed higher satisfaction levels with the provision of privacy ($p=0.002$), treatment with dignity and respect ($p=0.038$), correct diagnosis ($p=0.042$), adequate time provision by doctor ($p=0.003$), careful attitude of doctor ($p=0.025$) and adequate knowledge of

doctor ($p=0.031$). No gender difference was observed in overall satisfaction level of patients with p -value of 0.446. (**Table 2**)

Table 2: Association of gender with the satisfaction level

Satisfaction with parameters related to hospital				
Variables to assess satisfaction	Gender	Yes	No	p value
Easiness to make an appointment	Male	96(88.1%)	13 (11.9%)	0.476
	Female	77(84.6%)	14(15.4%)	
Convenience in approaching the hospital	Male	80(73.4%)	29(26.6%)	0.695
	Female	69(75.8%)	22(24.2%)	
Reasonable waiting time	Male	84(77.1%)	25(22.9%)	0.007*
	Female	83(91.2%)	8(8.8%)	
Comfortable waiting room/OPD	Male	84(77.1%)	25(22.9%)	0.001*
	Female	85(93.4%)	6(6.6%)	
Examination in a clean and safe environment	Male	88(80.7%)	21(19.3%)	0.004*
	Female	86(94.5%)	5(5.5%)	
Affordable hospital services	Male	67(61.5%)	42(38.5%)	0.437
	Female	51(56.0%)	40(44.0%)	
Satisfaction with radiology and lab services	Male	87(79.8%)	22(20.2%)	0.002*
	Female	86(94.5%)	5(5.5%)	
Satisfaction with parameters related to doctor				
Involvement in decision making about care	Male	98(89.9%)	11(10.1%)	0.377
	Female	85(93.4%)	6(6.6%)	
Satisfaction with doctor's communication skills	Male	98(89.9%)	11(10.1%)	0.233
	Female	86(94.5%)	5(5.5%)	
Provision of privacy	Male	87(79.8%)	22(20.2%)	0.002*
	Female	86(94.5%)	5(5.5%)	
Treatment with dignity	Male	95(87.2%)	14(12.8%)	0.038*
	Female	87(95.6%)	4(4.4%)	
Provision of adequate information	Male	101(92.7%)	8(7.3%)	0.383
	Female	87(95.6%)	4(4.4%)	
Maintenance of confidentiality	Male	104(95.4%)	5(4.6%)	0.150
	Female	90(98.9%)	1(1.1%)	
Provision of effective treatment	Male	105(96.3%)	4(3.7%)	0.246
	Female	90(98.9%)	1(1.1%)	
Correctness of the diagnosis	Male	74(67.9%)	35(32.1%)	0.042*
	Female	49(53.8%)	42(46.2%)	
Provision of doctor's time	Males	71(65.1%)	38(34.9%)	0.003*
	Female	76(83.5%)	15(16.5%)	
Attitude of the doctor towards respondent	Male	79(72.5%)	30(27.5%)	0.063
	Female	76(83.5%)	15(16.5%)	
Careful attitude of the doctor	Male	87(79.8%)	22(20.2%)	0.025*
	Female	83(91.2%)	8(8.8%)	
Use of medical terms	Male	69(63.3%)	40(36.7%)	0.165
	Female	66(72.5%)	25(27.5%)	
knowledge of doctor	Male	74(67.9%)	35(32.1%)	0.031*
	Female	74(81.3%)	17(18.7%)	
Satisfaction with parameters related to patient				
Confidence and trust in the doctor providing treatment	Male	97(89.0%)	12(11.0%)	0.005*
	Female	90(98.9%)	1(1.1%)	
Feeling of being ignored	Male	32(29.4%)	77(70.6%)	0.119
	Female	18(19.8%)	73(80.2%)	
Expensive treatment	Male	59(54.1%)	50(45.9%)	0.786
	Female	51(56.0%)	40(44.0%)	
Recommendation of hospital services to others	Male	94(86.2%)	15(13.8%)	0.172
	Female	84(92.3%)	7(7.7%)	
Overall satisfaction	Male	100(91.7%)	9(8.3%)	0.446
	Female	86(94.5%)	5(5.5%)	

When the level of satisfaction was assessed with the application of Likert scale it was observed that 8% of the participants rated overall hospital as excellent, 27.5% as very good and 48% as good. (Figure 2)

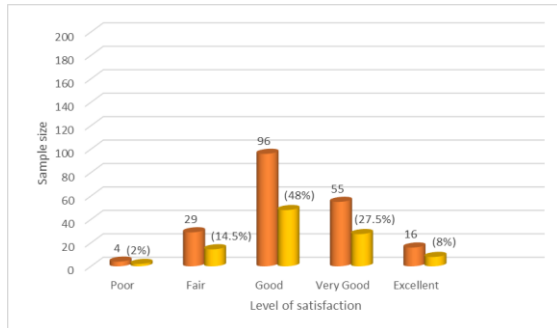


Figure 2: Level of satisfaction with the provision of services

DISCUSSION:

This study was conducted to determine the level of satisfaction of patients attending tertiary care hospitals in Lahore. The results showed that overall 93% of the patients were satisfied, which is similar to another study conducted in India in which 89.1% of patients were generally satisfied.¹ The overall satisfaction level didn't show any significant gender difference.

Overall 86.5% respondents were satisfied with easiness to make an appointment and no gender difference was observed in satisfaction levels. This result is similar to a study conducted in Malaysia, which showed that 79.4% of the respondents thought that it was easy to make an appointment to the hospital.¹⁶ The results of this study revealed that 74.5% of the respondents agreed that it was convenient to approach the hospital with no gender difference. A study conducted in India showed that 84% of the participants had a problem accessing the hospital due to either an ill-maintained road or long waiting time at the bus stop.¹ Results revealed that 83.5% of the patients considered the waiting time to be reasonable. Females were more satisfied with waiting time in comparison to males ($p=0.007$). This finding is in line with a study conducted in the emergency

department of a tertiary care hospital, Bangladesh which showed that the majority of the patients had to wait for five minutes before being examined by the doctor which increase their satisfaction with provision of services.¹⁷ In this study 93.5% female patients were contended with the environment of the waiting room as compared to 77.1% male respondents with a significant p-value of 0.001. Studies suggest that patients identified adequate seating, non-overcrowding, and privacy for conversations as important factors for satisfaction with provision of services of health settings.¹⁸ Approximately 87% of the respondents agreed that they were examined in a clean and safe environment with higher level of satisfaction in the female gender. Studies show that proper housekeeping of the hospitals is important for keeping the patients safe and preventing spread of infections and patients feel more comfortable in clean hospital environment.¹⁹

In this study 41% respondents affirmed that they had to pay more for their medical care than they could afford. Worldwide it is observed that some patients report non-adherence to therapy as a result of higher out-of-pocket costs.^{20, 21}

Informed consent and shared decision making leads to the patient's understanding of their ailments in a better way and openly discussing their treatment plans.²² In this study, 91.5% of respondents were involved in making decisions about their treatment. An informed consent taken from the patient, using any format, reduces anxiety and increases comprehension of the patient.²³ Assessing patient's understanding after informed consent will allow the clinicians to better manage expectations and improve the outcome and improves patient satisfaction.²⁴ In this study 92% respondents said that they were satisfied with the communication skills of the doctor on duty and there was no gender difference in satisfaction level observed. More female respondents (94.5%) as compared to male respondents (89.9%) were satisfied at a p-value of 0.233 which was insignificant. Good communication

skills are essential for a doctor which greatly affects satisfaction level of patients regarding doctor's attitude.²⁵

The fulfillment of privacy leads to protection, improved communication, and dignity of patients. Better privacy can be ensured by lowering voice or by avoiding discussion of patient's treatment options in the ward where they could be overheard. Some studies have emphasized the importance of staff education in improving patient privacy and satisfaction.^{26,27} In this study 86.5% of respondents revealed that they were provided enough privacy including. Females were more satisfied with provision of privacy during examination ($p = 0.002$) Dignity and privacy are interrelated and lack of one leads to loss of the other.²⁸ In this study of 200 respondents, 91% of them identified that they were treated with dignity at all times with higher satisfaction level in females with p -value of 0.038. These findings are in contrast to a study that was conducted on female patients showing violation of their dignity in India.²⁹ Other studies also confirmed that intrapersonal values and attitudes had a central role in preserving or threatening the patients' dignity.³⁰

Study findings showed that 94% of respondents agreed that the information they received helped them understand their disease. A study done to compare the communication skills of junior and senior residents suggests that senior residents have an easier time having unpleasant and tough conversations with patients as compared to junior residents.³¹ Literature suggests that overcrowding can cause a breach in confidentiality of patient's information with total 75% of breaches occurring during patient handover, examining and performing procedures at inappropriate places and giving patient's credentials to computer personnel at 25% each.³² In our study 97% respondents agreed that their personal information was kept confidential.

In this study, about 61.5% of respondents did not question the correctness of the diagnosis made by the doctor including

67.9% males and 53.8% females. These results show clear female predominance at a significant p -value of 0.042. Decisions made collectively by the doctor and patient, increase the trust of the patient in the medical care provider.³³

In this study 83.5% of the female patients were satisfied with a highly significant p -value of 0.003 with the amount of time the doctor spent with them. Research shows that the accuracy of treatment provided by the doctor has a powerful effect on the patients' satisfaction than the actual amount of time and those who are given more time by the doctor are less satisfied showing a negative correlation between time given by the doctor and patient satisfaction.³⁴

In this study, 77.5% of respondents were satisfied with the attitude of the doctor with higher levels of female satisfaction. In a study conducted by the Department of Forensic Medicine and Toxicology Tehran, out of the 56 cases, the frequency of malpractice was observed in 48.2 % of the female patients.^{35,36} In this study 74% of the respondents agreed that the medical staff providing them treatment was knowledgeable. Worldwide it is accepted that greater knowledgeability leads to better adherence of code of ethics by the doctor which leads to lower rates of malpractice.^{37, 38}

Of the total sample, 93.5% of respondents showed confidence and trust in the doctor providing treatment with a higher female satisfaction level. Trust is empirical as it ensures patients' compliance with the instructions given to them. Patients are more confident in the doctors who pay attention to their complaints and needs.³⁹ In our study 25% of respondents said that the research shows that when the doctors take a dominant role and do one-sided interactions, patients, as well as their families, don't get a chance to clear their queries and feel ignored by their medical care provider.⁴⁰ In this study 93% respondents were overall satisfied among whom 89% would recommend the services of these hospitals to their relatives. Many studies revealed that a satisfied patient

refers to other relatives to the facility where he was provided care which overall increases utilization rates and increases the quality of services.³²

CONCLUSION:

It is concluded that there are multiple factors that affect patient satisfaction levels including factors related to the hospital, services, health care provider and patient himself. Generally, females were found much more satisfied as compared to males with these parameters.

REFERENCES:

1. Qadri SS, Pathak R, Singh M, Ahluwalia SK, Saini S, Garg PK. An assessment of patients' satisfaction with services obtained from a tertiary care hospital in rural Haryana. *International Journal of Collaborative Research on Internal Medicine & Public Health*. 2012 Aug 1;4(8):1524.
2. Beşciu CD. Patient Satisfaction in the Hospital's Emergency Units in Bucharest. *Procedia Economics and Finance*. 2015 Jan 1;32:870-7.
3. Faezipour M, Ferreira S. A system dynamics perspective of patient satisfaction in healthcare. *Procedia Computer Science*. 2013 Jan 1;16:148-56.
4. Shirley E, Josephson G, Sanders J. Fundamentals of patient satisfaction measurement. *Physician leadership journal*. 2016;3(1):12.
5. Ahmad I, Nawaz A, Khan S, Khan H, Rashid MA, Khan MH. Predictors of patient satisfaction. *Gomal Journal of Medical Sciences*. 2011;9(2).
6. Naidu A. Factors affecting patient satisfaction and healthcare quality. *International journal of health care quality assurance*. 2009 Jun 12;22(4):366-81.
7. Al-Abri R, Al-Balushi A. Patient satisfaction survey as a tool towards quality improvement. *Oman medical journal*. 2014 Jan;29(1):3.
8. Dayasiri MB, Lekamge EL. Predictors of patient satisfaction with quality of health care in Asian hospitals. *Australasian Medical Journal (Online)*. 2010 Sep 18;3(11):739.
9. Alrubaiee L, Alkaa'ida F. The mediating effect of patient satisfaction in the patients' perceptions of healthcare quality-patient trust relationship. *International Journal of Marketing Studies*. 2011 Feb 1;3(1):103.
10. Otani K, Herrmann PA, Kurz RS. Improving patient satisfaction in hospital care settings. *Health Services Management Research*. 2011 Nov;24(4):163-9.
11. Quintana JM, González N, Bilbao A, Aizpuru F, Escobar A, Esteban C, San-Sebastián JA, de-la-Sierra E, Thompson A. Predictors of patient satisfaction with hospital health care. *BMC health services research*. 2006 Dec;6(1):102.
12. Arshad AS, Shamila H, Jabeen R, Fazli A. Measuring patient satisfaction: A Cross Sectional study to improve quality of care at a tertiary care hospital. *Health line*. 2012 Mar;3(1):43-6.
13. Ganasegeran K, Perianayagam W, Abdul Manaf R, Jadoo A, Ahmed S, Al-Dubai SA. Patient satisfaction in Malaysia's busiest outpatient medical care. *The Scientific World Journal*. 2015;1-6.
14. Khattak A, Alvi MI, Yousaf MA, Shah SZ, Turial D, Akhter S. Patient satisfaction—a comparison between public & private hospitals of Peshawar. *International Journal of Collaborative Research on Internal Medicine & Public Health*. 2012;4(5):713-22.
15. Naseer M, Zahidie A, Shaikh BT. Determinants of Patient's satisfaction with health care system in Pakistan: a critical review. *Pakistan Journal of Public Health*. 2012;2(2):52.
16. Ghani A, MH MZ, Cheah CW. Satisfaction of Patient in Undergraduate Periodontal Clinic at University of Malaya. *Annals of Dentistry University of Malaya*. 2015 Dec 31;22(2):31-7.
17. Akhtar K, Rashid MM, Akhtar K, Siddika A, Siddika SS. Status and Patients Satisfaction Attended at Emergency Department of a Tertiary Level Hospital in Dhaka City. *Journal of Current and Advance Medical Research*. 2019 Mar 27;6(1):53-8.
18. Hallock JL, Rios R, Handa VL. Patient satisfaction and informed consent for surgery. *American journal of obstetrics and gynecology*. 2017 Aug 1;217(2):181-e1.

19. Han JH, Sullivan N, Leas BF, Pegues DA, Kaczmarek JL, Umscheid CA. Cleaning hospital room surfaces to prevent health care-associated infections: a technical brief. *Annals of internal medicine*. 2015 Oct 20;163(8):598-607.
20. Neugut AI, Subar M, Wilde ET, Stratton S, Brouse CH, Hillyer GC, Grann VR, Hershman DL. Association between prescription co-payment amount and compliance with adjuvant hormonal therapy in women with early-stage breast cancer. *Journal of Clinical Oncology*. 2011 Jun 20;29(18):2534.
21. Streeter SB, Schwartzberg L, Husain N, Johnsrud M. Patient and plan characteristics affecting abandonment of oral oncolytic prescriptions. *Journal of oncology practice*. 2011 May;7(3S):46s-51s.
22. King J, Moulton B. Group Health's participation in a shared decision-making demonstration yielded lessons, such as role of culture change. *Health Affairs*. 2013 Feb 1;32(2):294-302.
23. Goldberger JJ, Kruse J, Kadish AH, Passman R, Bergner DW. Effect of informed consent format on patient anxiety, knowledge, and satisfaction. *American heart journal*. 2011 Oct 1;162(4):780-5.
24. Hall DE, Prochazka AV, Fink AS. Informed consent for clinical treatment. *Cmaj*. 2012 Mar 20;184(5):533-40.
25. Ranjan P, Kumari A, Chakrawarty A. How can doctors improve their communication skills?. *Journal of clinical and diagnostic research: JCDR*. 2015 Mar;9(3):JE01.
26. Lin YK, Lin CJ. Factors predicting patients' perception of privacy and satisfaction for emergency care. *Emergency Medicine Journal*. 2011 Jul 1;28(7):604-8.
27. Nayeri ND, Aghajani M. Patients' privacy and satisfaction in the emergency department: a descriptive analytical study. *Nursing ethics*. 2010 Mar;17(2):167-77.
28. Baillie L. Patient dignity in an acute hospital setting: a case study. *International journal of nursing studies*. 2009 Jan 1;46(1):23-37.
29. Söderberg S, Olsson M, Skär L. A hidden kind of suffering: female patient's complaints to Patient's Advisory Committee. *Scandinavian Journal of Caring Sciences*. 2012 Mar;26(1):144-50.
30. Bagheri H, Yaghmaei F, Ashktorab T, Zayeri F. Patient dignity and its related factors in heart failure patients. *Nursing ethics*. 2012 May;19(3):316-27.
31. Falcone JL, Claxton RN, Marshall GT. Communication skills training in surgical residency: a needs assessment and metacognition analysis of a difficult conversation objective structured clinical examination. *Journal of surgical education*. 2014 May 1;71(3):309-15.
32. Calleja P, Forrest L. Improving patient privacy and confidentiality in one regional emergency department—a quality project. *Australasian Emergency Nursing Journal*. 2011 Nov 1;14(4):251-6.
33. Peek ME, Gorawara-Bhat R, Quinn MT, Odoms-Young A, Wilson SC, Chin MH. Patient trust in physicians and shared decision-making among African-Americans with diabetes. *Health communication*. 2013 Aug 1;28(6):616-23.
34. Xie Z, Or C. Associations between waiting times, service times, and patient satisfaction in an endocrinology outpatient department: A time study and questionnaire survey. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*. 2017 Nov 21;54:0046958017739527.
35. Kazemi S, Mostafazadeh B, Heshmati S, Emamhadi MA. Medical Malpractice in Cardiovascular Surgery; Cases Referred to Tehran Forensic Medicine Organization during 2011-13. *International Journal of Medical Toxicology and Forensic Medicine*. 2015 Jan 1;5(4 (Autumn)):207-13.
36. Fenton JJ, Franks P, Feldman MD, Jerant A, Henry SG, Paterniti DA, Kravitz RL. Impact of patient requests on provider-perceived visit difficulty in primary care. *Journal of general internal medicine*. 2015 Feb 1;30(2):214-20.
37. Tiruneh MA, Ayele BT. Practice of code of ethics and associated factors among medical doctors in Addis Ababa, Ethiopia. *PloS one*. 2018 Aug 8;13(8):e0201020.
38. Wamisho BL, Abeje M, Feleke Y, Hiruy A, Getachew Y. Analysis of medical malpractice claims and measures proposed by the health professionals ethics federal committee of Ethiopia: review of the three years proceedings. *Ethiop Med J*. 2015 Jan;53(Suppl 1):1-6.

39. Croker JE, Swancutt DR, Roberts MJ, Abel GA, Roland M, Campbell JL. Factors affecting patients' trust and confidence in GPs: evidence from the English national GP patient survey. *BMJ open*. 2013 Jan 1;3(5):e002762.
40. Sadati AK, Lankarani KB, Hemmati S. Patients' description of unexpected interactions: a critical ethnography of the quality of doctor-patient interactions in one educational hospital in Shiraz, Iran. *Shiraz E-Medical Journal*. 2016 Aug 31;17(7-8).