

Perceptions and Attitudes of Patients' Attendants Toward Nurses in Emergency Department of a Public Sector Hospital (Pakistan)

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Abstract

Emergency departments (EDs) serve as the initial point of contact for urgent and critical care, where nurses perform triage, assessment, and family communication under high-pressure conditions. Attendants' perceptions play a vital role in shaping satisfaction and cooperation with nursing staff. This cross-sectional study, conducted at Liaquat University Hospital (Jamshoro/Hyderabad, Sindh), explored attendants' perceptions and attitudes toward ED nurses and identified factors influencing satisfaction. A total of 374 attendants completed a validated questionnaire (Cronbach's $\alpha = 0.80$). Data were analysed using SPSS version 27 with a significance level of $p < 0.05$. Results revealed that overall satisfaction was high, with positive ratings most frequent for professionalism (69.6%), communication (61.5%), and responsiveness (59.9%), while gaps persisted in greetings at admission and emotional support. No significant gender differences were observed ($p > 0.05$), though education was associated with perceived communication ($p = 0.017$). Multiple regression indicated that empathy ($\beta = 0.444$, $p < 0.001$), professionalism ($\beta = 0.364$, $p < 0.001$), and communication ($\beta = 0.115$, $p = 0.004$) independently predicted satisfaction. The findings suggest that empathy and professionalism are the strongest determinants of satisfaction, highlighting the need for targeted training to enhance greeting practices, emotional support, and confidentiality, thereby improving attendants' experiences in emergency departments.

Keywords: Emergency Nursing; Patient Attendants; Satisfaction; Perception; Attitude; Empathy; Communication; Public Sector; Hospital.

Introduction

Emergency departments (EDs) are the first point of contact for patients requiring urgent or life-saving care, where rapid decision-making and effective teamwork are essential (Pini et al., 2021; Savioli et al., 2022). These departments operate continuously, managing unpredictable patient loads and complex conditions. Within this demanding environment, nurses play a central role in assessing patients, managing emergencies, and maintaining compassionate communication with both patients and their families (Horvath et al., 2023; Callihan et al.,

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2023). Although nursing is globally recognised as a trusted profession, public perceptions of nurses vary widely, shaped by social expectations, media portrayals, and limited awareness of nursing's professional scope (Dębska et al., 2024; López-Verdugo et al., 2021). Studies consistently show that nurses' communication, empathy, and professionalism are key determinants of patient and family satisfaction, especially in high-pressure settings such as emergency care (López Hernández et al., 2024; Al-Saidat et al., 2025; Rawat et al., 2025).

In many developing countries, including Pakistan, nurses face multiple professional and social challenges. Public sector hospitals struggle with overcrowding, limited staff, and resource shortages, which can affect service quality and perceptions of care (Abbas et al., 2020; Abbas et al., 2022). In emergency settings, nurses frequently interact with patients' attendants (relatives or caregivers) who accompany patients and play an active role in communication, emotional support, and decision-making (Rance et al., 2020; Dijkstra et al., 2023). These attendants are often anxious and emotionally distressed; their perceptions of nurses' behaviour, empathy, and professionalism strongly shape their cooperation and satisfaction with care. When nurses are perceived as competent and respectful, attendants express trust and cooperation; conversely, poor communication or perceived indifference can result in frustration, complaints, or even aggression (Myers & Kowal, 2024; Qadri et al., 2021).

Emergency departments worldwide face similar operational challenges. Overcrowding, long waiting times, and high workloads are persistent issues that negatively affect care quality and staff performance (Altun & Kudu, 2025; Wachtel & Elalouf, 2020). In South Asian countries such as India, Bangladesh, and Pakistan, nurse-to-patient ratios remain below global standards, compelling attendants to take on caregiving responsibilities such as feeding, mobility assistance, and emotional reassurance (Al-Ghabeesh et al., 2023; Cheng et al., 2023; Agyei et al., 2023; Ramasamy et al., 2025). While this active involvement bridges service gaps, it also increases expectations for personalised attention from nurses (Jaygopal et al., 2022). The resulting tension can strain nurse-attendant communication, reduce morale, and contribute to emotional fatigue among nursing staff. In Pakistan, these stressors are intensified by limited hospital resources and heavy patient volumes, which directly influence satisfaction and perceived quality of care (Burney & Burney, 2021; Siddiqi et al., 2020).

Communication quality remains central to positive care experiences. When nurses engage clearly, listen attentively, and demonstrate empathy, attendants report greater trust and understanding (Al-Kalaldehy et al., 2024; Hettinger et al., 2020). Family involvement during emergency care has also been shown to reduce anxiety and improve outcomes (Gheshlaghi et al., 2021; Abdel-Nabi et al., 2024). Conversely, miscommunication or dismissive interactions can lead to dissatisfaction and conflict (Naz et al., 2024; Braun et al., 2024). For nurses, repeated exposure to such negative experiences increases stress and burnout, which undermine both staff wellbeing and care quality (Ghazanfari et al., 2022; Alshammari et al., 2024). In Pakistan, nearly 60% of attendants report satisfaction with nurses' behaviour, yet negative perceptions persist due to overcrowding, limited staff responsiveness, and social stigma associated with the nursing profession (Aftab Khan et al., 2023; Ehsan et al., 2022; Khowaja-Punjwani et al., 2023).

The relationship between attendants and nurses can also be explained through the Theory of Planned Behaviour (TPB), which suggests that attitudes, social norms, and perceived behavioural control shape individuals' intentions and actions (Ajzen, 1991; Bosnjak et al., 2020). In this context, attendants' perceptions of nurses' empathy, communication, and professionalism influence how they interact with and respond to nursing care. Understanding these dynamics is crucial for improving nurse-attendant relationships, enhancing patient experiences, and fostering safer, more respectful healthcare environments.

Despite the importance of attendants in emergency care, few studies in Pakistan have examined how they perceive and evaluate nurses' roles and behaviour in public hospitals. Addressing this

gap is essential for promoting mutual respect, improving communication, and strengthening the quality of healthcare delivery. Therefore, this study aims to explore the perceptions and attitudes of patients' attendants toward nurses working in the emergency department of a public sector hospital in Pakistan and to identify the factors that shape these perceptions.

Methodology

Study Design and Setting

A quantitative cross-sectional study was conducted to examine the perceptions and attitudes of patients' attendants toward nurses in the emergency department (ED) of a public-sector hospital in Sindh, Pakistan. The study took place at the Emergency Department of Liaquat University Hospital, Jamshoro/Hyderabad, a 2,000-bed tertiary care teaching hospital affiliated with Liaquat University of Medical & Health Sciences (LUMHS). The hospital provides a wide range of specialised services, including general and critical care, surgical, radiological, and diagnostic facilities. The ED, equipped with a six-bed high-dependency/intensive care unit, handles a high turnover of trauma, cardiovascular, and infectious disease cases, making it a suitable environment to assess nurse–attendant interactions in real-world emergency conditions.

Study Population and Sampling

The study population included patient attendants—such as family members, relatives, or caregivers—accompanying patients admitted to the ED during the study period. These attendants were directly involved in communication with nursing staff and had firsthand exposure to nursing practices in a high-pressure setting.

Participants were eligible if they were aged 18 years or older, had at least 15 minutes of exposure within the ED before responding, and provided informed consent. Hospital employees, students, and healthcare professionals acting as attendants were excluded to prevent biased responses, as were individuals with cognitive or communication impairments.

A non-probability convenience sampling technique was used to recruit participants due to the dynamic nature of emergency care and the impracticality of random sampling. Data were collected over four months following ethical approval.

Sample Size

The required sample size was estimated using the single-proportion formula:

$$n = (Z^2 \times p \times (1-p)) / E^2,$$

where $Z = 1.96$ (95% confidence level), $p = 0.419$ (prior satisfaction estimate), and $E = 0.05$ (margin of error). The target sample size was 374 attendants.

Data Collection Tool

Data were gathered through a structured questionnaire adapted from previously validated instruments assessing perceptions and attitudes toward nursing care. The tool was slightly modified based on expert feedback and pilot testing to enhance contextual relevance. The final questionnaire comprised four sections:

Demographic information – age, gender, education, occupation, patient relationship, and duration of hospital stay.

Perception scale – items assessing attendants' views of nurses' competence, communication, empathy, and professionalism.

Attitude scale – items evaluating attendants' behavioural and emotional responses toward nurses.

Open-ended item – allowing participants to share additional comments about their experiences.

Responses to perception and attitude items were measured on a 5-point Likert scale ranging from strongly disagree (1) to strongly agree (5).

Reliability and Validity

The instrument's reliability and validity were confirmed through statistical and expert validation methods. Cronbach's alpha coefficients demonstrated acceptable internal consistency, with $\alpha = 0.80$ for the perception scale and $\alpha = 0.76$ for the attitude scale. Content validity was established through review by subject experts in nursing and behavioural research, ensuring clarity, cultural appropriateness, and alignment with study objectives.

Data Collection Procedure

After obtaining institutional and ethical approvals, data Collection was carried out by trained research assistants fluent in Sindhi and Urdu. Potential participants were approached in the ED waiting areas, and the purpose, voluntary nature, and confidentiality of the study were explained. Written informed consent was obtained before participation. Questionnaires were self-administered whenever possible; for participants with limited literacy, the assistants conducted structured interviews, maintaining neutrality and privacy. Ethical principles such as voluntary participation, anonymity, and the right to withdraw at any stage were strictly observed.

Data Analysis

Data were analysed using IBM SPSS Statistics v27. Descriptive statistics summarised demographics and scale scores. Given Likert-type items, Mann–Whitney U and Kruskal–Wallis H tests compared groups; Spearman's rho examined bivariate associations. For predictors of satisfaction, we modelled the composite satisfaction score as approximately continuous. Regression assumptions (linearity, homoscedasticity, normality of residuals, multicollinearity) were checked; all VIF < 2. Statistical significance was set at $p < 0.05$ (two-tailed).

Ethical Considerations

Ethical approval was obtained from the Ethical Review Committee of Liaquat University of Medical & Health Sciences, Jamshoro (Reference No. LUMHS/ERC/615). The hospital administration also granted written permission. Participation was voluntary, and confidentiality was assured by using anonymous questionnaires without identifying information. Participants were informed of their right to decline or withdraw without penalty. Data were stored securely and used solely for research purposes in accordance with institutional ethical guidelines.

Results

This section presents the findings of the study conducted among 374 attendants of patients in the emergency department of a public-sector tertiary care hospital. The results are organised into descriptive and inferential components. Descriptive findings highlight the socio-demographic characteristics of the participants, while subsequent sections explore their perceptions and attitudes toward nurses' communication, professionalism, and caregiving practices.

Socio-Demographic Characteristics of Respondents

Table 1 summarises the socio-demographic characteristics of the 374 attendants included in the study. Participants varied in age, education, occupation, and their relationship to the patients, reflecting a broad cross-section of individuals commonly accompanying patients in public hospital emergency settings.

Most attendants were male (64.7%), while 35.3% were female. The mean age was 36.7 ± 10.0 years, with the highest proportion in the 21–30-year group (33.4%), followed by those aged 31–40 years (32.9%). Educational levels were generally low: 36.9% were illiterate, 20.7% had primary education, and 28.3% had completed secondary education, whereas only 14.4% held a graduate degree or higher.

Occupationally, the largest group was daily-wage labourers (29.9%), followed by housewives (26.5%) and government or private employees (22.5%). Regarding relationship to the patient, the majority were children (26.2%), spouses (25.4%), and parents (23.3%), reflecting the strong family involvement typical in emergency care in Pakistan.

The mean duration of stay in the emergency department was 8.4 ± 3.1 hours, with most attendants remaining for one day (74.1%), followed by two days (21.9%) and three days (4.0%).

Table 1: Socio-demographic characteristics of patients' attendants (N = 374)

Variable	Category / Statistic	Frequency n (%)
Gender	Male	242 (64.7%)
	Female	132 (35.3%)
Age (in years)	Mean $\pm$ SD	36.7 ± 10.0
Age Group	21–30	125 (33.4%)
	31–40	123 (32.9%)
	41–50	93 (24.9%)
	>50	33 (8.8%)
Education Level	Illiterate	138 (36.9%)
	Primary	76 (20.7%)
	Secondary	106 (28.3%)
	Graduate and above	54 (14.4%)
Occupation	Daily-wage laborer	112 (29.9%)
	Housewife	99 (26.5%)
	Government / Private employee	84 (22.5%)
	Business	35 (9.4%)
	Others	44 (11.8%)
Relationship to Patient	Child	98 (26.2%)
	Spouse	95 (25.4%)
	Parent	87 (23.3%)
	Sibling	74 (19.8%)
	Other relatives	20 (5.3%)
Duration of Stay (in hours)	Mean $\pm$ SD	8.4 ± 3.1
Duration of Stay (in days)	1 day	277 (74.1%)
	2 days	82 (21.9%)
	3 days	15 (4.0%)

Note: Values are presented as frequencies and percentages unless otherwise specified.

Perceptions of Patient Attendants Toward Emergency Department Nurses

Table 2 illustrates that most respondents (61%) agreed that nurses demonstrated a high level of professionalism, while 8.6% strongly agreed. A smaller proportion remained neutral (20.1%) or disagreed (10.4%). This indicates that the majority of attendants perceived nurses as professional in their duties.

Over half (54.8%) agreed and 6.7% strongly agreed that nurses communicated effectively. About 27.5% were neutral, while only 11% disagreed. This suggests generally positive communication, though a considerable proportion were unsure.

A majority (53.2% agree, 6.7% strongly agree) felt that nurses responded promptly. However, nearly 35% either disagreed or were neutral, reflecting some inconsistency in timely response. Only 34.2% agreed/strongly agreed that nurses greeted them at admission, while almost half (48.2%) disagreed or strongly disagreed. This suggests a significant gap in initial nurse-patient interaction.

More than half (52.7% agree, 7.8% strongly agree) believed privacy was maintained, while 14.2% disagreed and 25.4% remained neutral.

A strong majority (54.8% agree, 11.2% strongly agree) felt nurses responded to calls promptly. Only 13.1% disagreed, showing reliability in emergency responsiveness. Most (53.4% agree, 9.4% strongly agree) felt they were well-informed, though 15.8% disagreed and 21.4% were neutral.

About 56.1% agreed and 6.7% strongly agreed that consent was obtained, but 16.5% disagreed. This suggests that informed consent is practiced but could be more consistent.

Polite and appropriate communication received very positive feedback, with 63.1% agreeing and 10.2% strongly agreeing. Only 9.9% disagreed.

Table 2: Perceptions of Patients' Attendants toward Emergency Department Nurses (N = 374)

Statement	Strongly Disagree f(%)	Disagree f(%)	Neutral f(%)	Agree f(%)	Strongly Agree f(%)	Total (n)
The nurses demonstrate a high level of professionalism.	15 (4.0%)	24 (6.4%)	75 (20.0%)	228 (61.0%)	32 (8.6%)	374
The nurses communicated effectively with patients and attendants.	10 (2.7%)	31 (8.3%)	103 (27.5%)	205 (54.8%)	25 (6.7%)	374
The nurses respond promptly to patients' needs.	18 (4.8%)	37 (9.9%)	95 (25.4%)	199 (53.2%)	25 (6.7%)	374
The attending nurse greeted us at admission.	102 (27.3%)	78 (20.9%)	66 (17.6%)	104 (27.8%)	24 (6.4%)	374
Nurses maintained privacy and confidentiality.	22 (5.9%)	31 (8.3%)	95 (25.4%)	197 (52.6%)	29 (7.8%)	374
Nurses responded to our calls for help.	15 (4.0%)	34 (9.1%)	78 (20.9%)	205 (54.8%)	42 (11.2%)	374
Nurses provided information about the patient's condition and treatment.	16 (4.3%)	43 (11.5%)	80 (21.4%)	200 (53.4%)	35 (9.4%)	374
Nurses sought consent before performing procedures.	17 (4.5%)	45 (12.0%)	77 (20.6%)	210 (56.2%)	25 (6.7%)	374
Nurses used an appropriate tone and voice.	8 (2.1%)	29 (7.8%)	63 (16.8%)	236 (63.1%)	38 (10.2%)	374

Attitude of Patient Attendants Toward Emergency Department Nurses

Figure 1 shows that most participants were satisfied with nursing care, with 73% agreeing or strongly agreeing. Only 11.7% expressed dissatisfaction, while 15.2% remained neutral, reflecting an overall positive perception of care in the emergency department.

Figure 1: Attendants' Satisfaction about Nursing Care

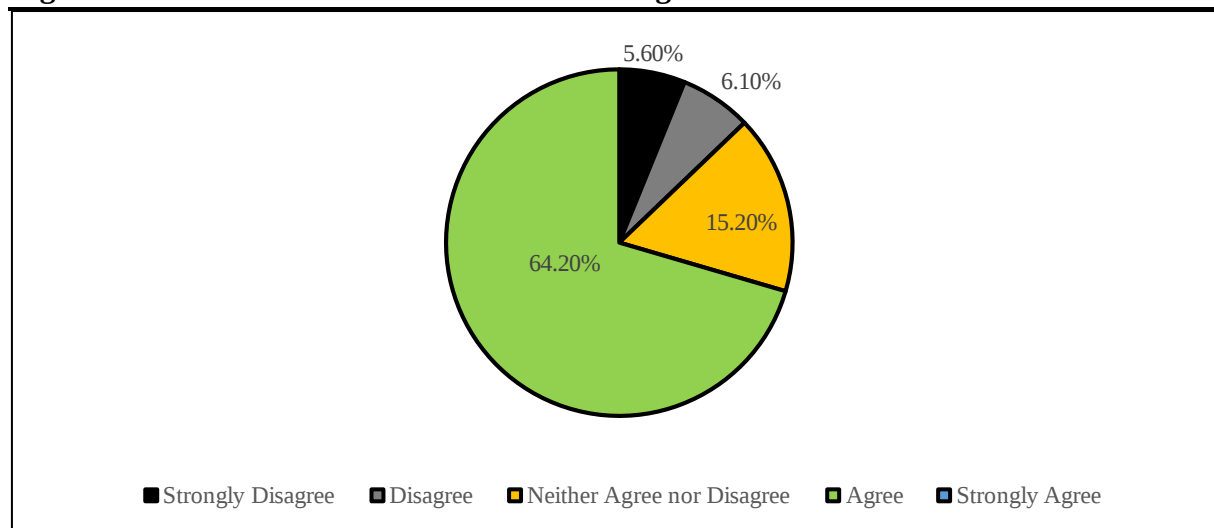
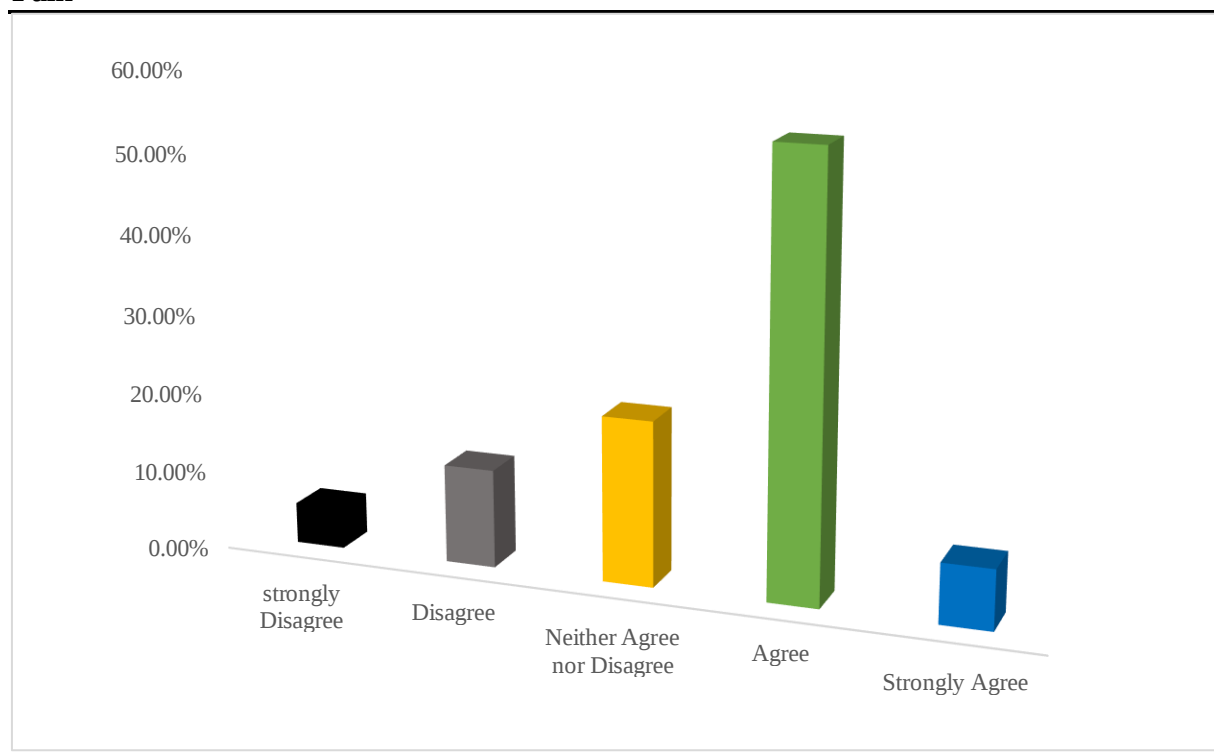


Figure 2 shows that most participants (62%) agreed or strongly agreed that nurses provided emotional support, while 17.4% disagreed and 20.6% remained neutral. Overall, attendants perceived nurses as supportive, though some reported unmet emotional needs.

Figure 2: Nurses' Helpfulness and Concern to Reduce Stress, Anxiety, Hopelessness, and Pain



Gender-Based Comparisons in Perceptions of Nursing Care

Table 3 indicates no statistically significant gender-based differences in perceptions of nursing care across the three measured domains. Mean rank comparisons showed that male and female respondents rated nurses similarly in terms of professionalism ($U = 15,644.000$, $p = 0.707$), communication effectiveness ($U = 14,887.500$, $p = 0.229$), and responsiveness to calls for help ($U = 15,132.000$, $p = 0.354$). These findings suggest that both male and female participants held comparable views regarding the professionalism, communication skills, and promptness of nurses.

Table 3: Gender-based Comparisons in Perceptions of Nursing Care

Item	Gender	N	Mean Rank	Sum of Ranks	Mann–Whitney U	Wilcoxon W	Z	Asymp. Sig(2-tailed)
Professionalism	Male	242	188.86	45,703.00	15,644.000	24,422.000	-0.375	0.707
	Female	132	185.02	24,422.00				
Communicate	Male	242	183.02	44,290.50	14,887.500	44,290.500	-1.203	0.229
	Female	132	195.72	25,834.50				
Responded to Calls for Help	Male	242	190.97	46,215.00	15,132.000	23,910.000	-0.926	0.354
	Female	132	181.14	23,910.00				

Education-Level Differences in Perceptions of Nursing Care

Table 4 shows a statistically significant difference only for effective communication ($H = 10.212$, $df = 3$, $p = 0.017$), indicating that perceptions on this aspect varied meaningfully between education groups. No statistically significant differences were found for perceptions of professionalism ($p = 0.223$) or responsiveness to calls for help ($p = 0.749$).

Table 4: Education-Level Differences in Perceptions of Nursing Care

Item	Kruskal–Wallis H	Df	p-value
Professionalism	4.388	3	0.223
Communication	10.212	3	0.017
Responded to Calls for Help	1.217	3	0.749

Correlation Between Communication, Empathy, Professionalism, and Satisfaction

Table 5 shows that all variables are significantly and positively correlated at the 0.01 level (2-tailed). The strongest correlation was observed between 'satisfaction with care provided by the nurses' and 'empathy and compassion shown by nurses' ($\rho = 0.612$, $p < 0.01$), indicating a strong positive relationship. Similarly, satisfaction with care was also strongly correlated with professionalism ($\rho = 0.613$, $p < 0.01$). Moderate correlations were found between communication and other variables.

Table 5: Correlation Between Patient Satisfaction and Nursing Care

		Satisfaction	Communication	Empathy	Professionalism
Satisfaction	Correlation Coefficient	1.000	.464**	.612**	.613**
	Sig. (2-tailed)	.	<.001	<.001	<.001
	N	374	374	374	374
Communication	Correlation Coefficient	.464**	1.000	.438**	.451**
	Sig. (2-tailed)	<.001	.	<.001	<.001
	N	374	374	374	374
Empathy	Correlation Coefficient	.612**	.438**	1.000	.507**
	Sig. (2-tailed)	<.001	<.001	.	<.001
	N	374	374	374	374
Professionalism	Correlation Coefficient	.613**	.451**	.507**	1.000

** Correlation is significant at the 0.01 level (2-tailed).

Predictors of Satisfaction with Nursing Care

The overall regression model was significant ($R^2 = 0.54$; $F(3, 370) = 144.21$, $p < 0.001$), and residual diagnostics did not indicate major assumption violations. Table 6 shows that all three predictors had a statistically significant positive effect on attendants' satisfaction with nursing care. Controlling for other variables, a one-unit increase in the communication score was associated with a 0.128-unit increase in satisfaction ($p = 0.004$). Similarly, a one-unit increase in empathy and compassion was associated with a 0.488-unit increase ($p < 0.001$), and a one-unit increase in professionalism was associated with a 0.386-unit increase ($p < 0.001$).

Among the predictors, empathy and compassion had the largest standardized coefficient ($\beta = 0.444$), making it the strongest predictor of satisfaction, followed by professionalism ($\beta = 0.364$) and communication ($\beta = 0.115$).

Table 6: Predictors of Satisfaction with Nursing Care (Multiple Linear Regression Analysis)

Predictor	B	Std. Error	Beta	t	Sig.
Constant	-0.031	0.151	—	-0.208	0.835
Communication	0.128	0.043	0.115	2.933	0.004
Empathy	0.488	0.045	0.444	10.779	< 0.001
Professionalism	0.386	0.044	0.364	8.805	< 0.001

Note: $R^2 = 0.54$; Adjusted $R^2 = 0.538$; $F(3, 370) = 144.21$; $p < 0.001$.

Discussion

In this study of 374 ED attendants, overall satisfaction with nursing care was high, and empathy and professionalism showed the strongest associations with satisfaction. At the same time, gaps remained in greeting, emotional support, and confidentiality.

Of the 374 attendants, most were male (64.7%), reflecting Pakistan's socio-cultural norm where men accompany patients to healthcare facilities. The mean age was 36.7 ± 10.8 years, with the largest groups aged 21–30 (33.4%) and 31–40 (32.9%). Comparable results are reported in Rawalpindi, with a mean age of 33.1 ± 9.98 years and 72% male (Yaqoob et al., 2025).

Moreover, in Karachi, the mean age was 37.1 ± 6.9 years (Aftab et al., 2023). Overall, caregiving in Pakistan is predominantly carried out by younger males due to socio-cultural expectations.

Educationally, 36.9% were illiterate and only 15.8% were graduates; most were daily-wage labourers (29.9%), homemakers (26.5%), and employees (22.5%). Such patterns are consistent with LMICs, where low education correlates with poorer preparedness and higher burden, while Turkish studies show better outcomes with educated caregivers (Özkan Tuncay, 2024). Family relationships also shaped caregiving: children (26.2%), spouses (25.4%), and parents (23.3%) were most common, similar to other LMICs, including Turkey (Özkan Tuncay, 2024; Perrins et al., 2025). In contrast, spouses dominate in the U.S. and U.K. (Fenton et al., 2022). At the same time, Iranian studies report parents and spouses as primary caregivers (Gheshlaghi et al., 2021).

The mean ED stay was 8.4 ± 3.1 hours, with 74.1% staying one day. Comparable durations (6–12 hours) are reported in India and Pakistan (Dzierzewski et al., 2024). Whereas high-income countries average 3–5 hours (Bazirete et al., 2020). Overcrowding and admission delays largely explain these differences.

Professionalism was affirmed by 69% of attendants. Comparable findings from Iran link professionalism and communication to perceived ED care quality (Bahari et al., 2024). While studies from Saudi Arabia, the U.S., and elsewhere confirm that professional conduct builds trust and improves outcomes (Deborah Brennan & Lori Wendt, 2021; Grande et al., 2023; Lee & Jang, 2023).

Effective communication was reported by 61.5%, though 27.5% were neutral and 11% disagreed. Global evidence highlights communication as a cornerstone of quality care, reducing anxiety and boosting satisfaction, while poor communication is a leading source of complaints (Siokal et al., 2023).

Responsiveness was valued by 53.2% of attendants, consistent with U.S. and UAE evidence showing that prompt responses and intentional rounds significantly improve satisfaction (Wallace, 2020; Al-Nusair et al., 2023).

A large proportion of attendants (48.2%) disagreed that nurses greeted them at the time of admission, while only about one-third (34.2%) agreed or strongly agreed. A study indicated that attendants generally had an unfavourable perception of being greeted by nurses at admission (Bekele et al., 2022). Studies emphasise that welcoming patients with courtesy reduces anxiety and fosters a trusting nurse–patient relationship (Djerubu¹ & Daar, 2024).

Privacy and confidentiality were maintained according to 60.5% of respondents, though 14.2% disagreed, and one-fourth remained neutral. This variability reflects findings in recent studies highlighting secrecy as a core, but inconsistently practised, component of care (Adhikari et al., 2021; Molalign Takele et al., 2021).

Information about health status and treatment was acknowledged by 62.9%, yet 37% were neutral or dissatisfied, reflecting communication gaps also seen in another research (Burney & Burney, 2021). Similarly, research reported lower satisfaction levels, where only 41.9% of attendants acknowledged effective nurse communication (Bekele et al., 2022).

Consent-seeking was reported by 62.8%, though 37.2% indicated inconsistency. A 2023 scoping review of emergency surgery consent highlights constrained time, impaired capacity, and low satisfaction with the consent process conditions that map closely onto public-sector EDs (Kituuka et al., 2023).

Overall, 73.1% of attendants reported satisfaction with nursing care, though 15.2% were neutral and 11.7% dissatisfied. Similar satisfaction was noted at JPMC, Karachi, 76.16% (J. Ashraf et al., 2020). But lower in other Pakistani studies, 40.4% (Khan et al., 2023; A. Ashraf et al., 2020).

Emotional support, however, was acknowledged by only 62% of participants, with notable neutrality and dissatisfaction, compared with 96% satisfaction in India (Aiken et al., 2021).

This study found no significant gender differences in perceptions of nursing care, with male and female attendants rating professionalism ($p = 0.707$), communication ($p = 0.229$), and responsiveness ($p = 0.354$) similarly comparative research in Saudi Arabia showed Yemeni attendants rated nurses similarly by gender, Sudanese men were more positive, and Saudi men more critical than women (Abdalla et al., 2024). In contrast, one study reported that female patients were 1.9 times more likely to have positive perceptions than males (Bekele et al., 2022).

Education level significantly influenced perceptions of communication ($H = 10.212$, $p = 0.017$), while professionalism ($p = 0.223$) and responsiveness ($p = 0.749$) showed no differences across groups. Another study similarly found no significant dissatisfaction with education (Abdalla et al., 2024).

All nursing care attributes were positively correlated, with the strongest links between satisfaction and empathy ($\rho = 0.612$) and professionalism ($\rho = 0.613$), highlighting their central role in patient satisfaction. Communication showed moderate associations. Similarly, a study found empathic communication significantly improved satisfaction and outcomes (Rawat et al., 2025). Other research confirmed moderate correlations between satisfaction and empathy ($\rho \approx 0.54$, $p < .001$) (Versluijs et al., 2021). Another study showed that higher perceptions of professionalism strongly correlated with better patient outcomes and satisfaction (Lee & Jang, 2023).

Regression analysis showed that communication, empathy and compassion, and professionalism all positively and significantly predicted patient satisfaction. Empathy and compassion emerged as the strongest predictors ($\beta = 0.444$), followed by professionalism ($\beta = 0.364$) and communication ($\beta = 0.115$). This highlights the central role of empathy in shaping patient satisfaction, consistent with other studies (Yang & Zou, 2025).

Conclusion

Overall satisfaction with ED nursing care was high. Empathy and professionalism were the strongest independent predictors of satisfaction, underscoring the importance of respectful, patient-centred communication. Simple greeting and privacy protocols, along with brief empathic-communication training, can address gaps in greeting, emotional support, and confidentiality.

Recommendations

To improve nursing care in public-sector emergency departments, communication should be tailored to attendants' education levels, with nurses trained in effective verbal and non-verbal interaction. Emotional support can be strengthened through consistent greetings, shared decisions, and timely updates. Regular workshops and mentorship programs should build capacity, while multi-centre studies are needed to validate findings and assess the long-term impact of communication and empathy training.

References

- Abbas, S., Zakar, R., Fischer, F., & Gilani, A. (2022). Challenges perceived by nursing professionals in physician-centred organizations: An exploratory qualitative study. *International Nursing Review*, 69(3), 384–391. <https://doi.org/10.1111/inr.12766>
- Abdalla, Y. H. A., Ahmed, W. A., Alshameri, F. A., Alkhadher, M. A., Osman, A. M., Alwesabi, S. A. M., Abd-Elsalam, N. A.-E., Nimer, M. J. A., Elfaki, N., & Alkubati, S. (2024). Public perception toward nursing profession in selective Arabic communities. *Sudan Journal of Medical Sciences*, 19(2), 265–275.

- Abdel-Nabi, N. M., Mohamed Ahmed, N. T., & Mustafa, H. M. (2024). Emergency nurses' perspectives of patients' family presence during provision of emergency care at the emergency units. *Alexandria Scientific Nursing Journal*, 26(3), 172–183.
- Aftab Khan, K., Anwar, S., Javed, M. T., Ali, Z., Yaqoob, M. A., & Zafar, L. (2023). Satisfaction of patients' attendants in the emergency department of DHQ Hospital, Gujranwala, Pakistan. *Pakistan Journal of Public Health*, 13(3), 117–122.
- Aftab, R., Pirani, S., Mansoor, M., & Nadeem, T. (2023). Caregiver strain and its associated factors in autism spectrum disorder in Karachi, Pakistan. *Education*, 11, 100–110.
- Aiken, L. H., Sloane, D. M., Ball, J., Bruyneel, L., Rafferty, A. M., & Griffiths, P. (2021). Patient satisfaction with hospital care and nurses in England: An observational study. *BMJ Open*, 8(1), e019189. <https://doi.org/10.1136/bmjopen-2017-019189>
- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211. [https://doi.org/10.1016/0749-5978\(91\)90020-T](https://doi.org/10.1016/0749-5978(91)90020-T)
- Al-Ghabeesh, S. H., Thabet, A., Rayan, A., & Abu-Snieneh, H. M. (2023). Qualitative study of challenges facing emergency department nurses in Jordan. *Heliyon*, 9(3), e14678. <https://doi.org/10.1016/j.heliyon.2023.e14678>
- Al-Kalaldeh, M., Amro, N., Qtait, M., & Alwawi, A. (2024). Barriers to effective nurse–patient communication in the emergency department. *Emergency Nurse*, 32(5), 22–29.
- Al-Nusair, H., Alnjadat, R., Macherera Mukona, D., Fonbuena, M., & Perinchery, S. (2023). The effect of intentional nurse rounding and prompt response time to call systems on patient satisfaction: An audit trial. *Nursing and Midwifery Studies*, 12(3), 142–150. <https://doi.org/10.48307/nms.2023.406538.1225>
- Alshammari, S. A., Alsulami, A., Pasayan, E., Alshammari, A., Pangket, P., Alrashidi, M. S., Cabansag, D., Alkubati, S., Mostoles, R., Lagura, G. A., Saguban, R., Rondilla, E., & Gonzales, A. (2024). Factors associated with burnout, compassion fatigue, and moral distress among emergency nurses: A cross-sectional snapshot (Preprint). *Research Square*. <https://doi.org/10.21203/rs.3.rs-5372746/v1>
- Altun, M., & Kudu, E. (2025). Overcrowding in emergency departments: A scoping literature review. *Anatolian Journal of Emergency Medicine*, 8(2), 94–100.
- Ashraf, A., Hamid, H. M., Taghi, S. M., & Fatemeh, H. (2020). The public nursing image as perceived by nurses and citizens: A questionnaire survey. *International Journal of Caring Sciences*, 13(3), 1611.
- Ashraf, J., Hassan, M., Iqbal Jr, Q., Naseer, M., Idrees, S., Khan, M. A., & Khan, M. A. (2020). Satisfaction levels of medical attendants at a Pakistani emergency department. *Cureus*, 12(4), e7573.
- Bahari, Z., Vosoghi, N., Ramazanzadeh, N., Moshfeghi, S., & Aghamohammadi, M. (2024). Patient trust in nurses: Exploring the relationship with care quality and communication skills in emergency departments. *BMC Nursing*, 23(1), 595. <https://doi.org/10.1186/s12912-024-01595-4>
- Bekele, Y., Worku, T., Atnafe, G., Debella, A., Habte, S., Goshu, A. T., & Assebe, T. (2022). Patients' perceptions of nurses' communication in public hospitals of Harari Regional State, Eastern Ethiopia. *SAGE Open Medicine*, 10, 20503121221097270. <https://doi.org/10.1177/20503121221097270>
- Bosnjak, M., Ajzen, I., & Schmidt, P. (2020). The theory of planned behavior: Selected recent advances and applications. *Europe's Journal of Psychology*, 16(3), 352–356. <https://doi.org/10.5964/ejop.v16i3.3107>
- Braun, J. W., Darius, S., & Böckelmann, I. (2024). The correlation between effort–reward imbalance at work and the risk of burnout among nursing staff working in an emergency department: A pilot study. *Healthcare*, 12(4), 385–392. <https://doi.org/10.3390/healthcare12040385>
- Burney, S., & Burney, S. A. (2021). A study to assess patient satisfaction in the emergency department of a tertiary care hospital in Karachi. *Journal of Social Sciences and Humanities*, 60(2), 25–37.

- Callihan, M. L., Wolf, L., Cole, H., Robinson, S., Stokley, H., Rice, M., et al. (2023). Determining clinical judgment among emergency nurses during a complex simulation. *Journal of Emergency Nursing*, 49(2), 222–235. <https://doi.org/10.1016/j.jen.2022.10.004>
- Cheng, Y., Cao, X., Zhang, J., Xu, L., & Qin, L. (2023). Comprehensive assessment of emergency departments in county-level public hospitals: A multicenter descriptive cross-sectional study in Henan Province, China. *Frontiers in Public Health*, 11, 1301030. <https://doi.org/10.3389/fpubh.2023.1301030>
- Dean, R., Akhtar, P., Anil, F., Aftab, E., & Rind, A. (2021). Gaps in communication skills of nurses affecting nurse–patient relationships at a tertiary care hospital. *Liaquat University of Medical and Health Sciences Journal*, 2(1), 45–52.
- Djerubu, D., & Daar, G. (2024). Is politeness language needed in the communication between nurse and patient? *Learning*, 1(2), 101–108.
- Gheshlaghi, P. A., Farahani, Z. B., Anboohi, S. Z., Nasiri, M., Ziapour, A., & Garosi, V. H. (2021). Effect of family presence on pain and anxiety levels among patients during invasive nursing procedures in an emergency department at a public hospital in Western Iran. *African Journal of Emergency Medicine*, 11(1), 31–36. <https://doi.org/10.1016/j.afjem.2020.09.006>
- Grande, R. A. N., Berdida, D. J. E., Alshammari, F. F., Nacubuan, O. A., Alshammari, T. A., Alenezi, H. S., Rondilla, E. M., & Villano, D. N. (2023). Nurses' professional values and competency in Saudi Arabia: A structural equation modeling approach. *Journal of Clinical Nursing*, 32(15–16), 4741–4751.
- Hettinger, A. Z., Benda, N., Roth, E., Hoffman, D., Iyer, A., Franklin, E., et al. (2020). Ten best practices for improving emergency medicine provider–nurse communication. *Journal of Emergency Medicine*, 58(4), 581–593. <https://doi.org/10.1016/j.jemermed.2020.01.038>
- Jaygopal, M., Jain, S., Malhotra, S., Purkayastha, A., & Singhal, S. (2022). Factors affecting stress levels in attendants accompanying patients to emergency departments. *Journal of Emergencies, Trauma, and Shock*, 15(3), 116–123. https://doi.org/10.4103/JETS.JETS_50_22
- Lindner, G., & Woitok, B. K. (2021). Emergency department overcrowding: Analysis and strategies to manage an international phenomenon. *Wiener Klinische Wochenschrift*, 133(5), 229–233. <https://doi.org/10.1007/s00508-020-01747-1>
- López Hernández, M., Puig-Llobet, M., Higon Fernández, S., Franco Freirut, M., Moreno Mateos, Y., & Galimany Masclans, J. (2024). Patient satisfaction with the level of competence of the triage nurse in hospital emergency departments. *Journal of Clinical Nursing*, 33(5–6), 1123–1134. <https://doi.org/10.1111/jocn.17020>
- López-Verdugo, M., Ponce-Blandón, J. A., López-Narbona, F. J., Romero-Castillo, R., & Guerra-Martín, M. D. (2021). Social image of nursing: An integrative review about a yet unknown profession. *Nursing Reports*, 11(2), 460–474. <https://doi.org/10.3390/nursrep11020044>
- Rawat, R., Arora, S., Sharma, S. K., & Godiyal, J. (2025). Patient satisfaction with the empathic communication skills of nurses at a tertiary care hospital, Uttarakhand. *Nursing & Midwifery Research Journal*, 21(1), 33–41.
- Self-awareness and psychosocial correlates among undergraduate nursing students: A multicenter cross-sectional study. (2025). *Journal of Asian Development Studies*, 14(3), 204–211. <https://doi.org/10.62345/jads.2025.14.3.16>
- Savioli, G., Ceresa, I. F., Gri, N., Bavestrello Piccini, G., Longhitano, Y., & Zanza, C. (2022). Emergency department overcrowding: Understanding the factors to find corresponding solutions. *Journal of Personalized Medicine*, 12(2), 279. <https://doi.org/10.3390/jpm12020279>
- Versluijs, Y., Lemmers, M., Brown, L. E., Gonzalez, A. I., Kortlever, J. T., & Ring, D. (2021). The correlation of communication effectiveness and patient satisfaction. *Journal of Patient Experience*, 8, 2374373521998839. <https://doi.org/10.1177/2374373521998839>
- Wachtel, G., & Elalouf, A. (2020). Addressing overcrowding in an emergency department: An approach for identifying and treating influential factors and a real-life application. *Israel Journal of Health Policy Research*, 9(1), 37. <https://doi.org/10.1186/s13584-020-00397-2>
- Yang, Q., & Zou, W. (2025). The impact of reflective practice on the development of nursing undergraduate students. *BMC Medical Education*, 25(1), 880. <https://doi.org/10.1186/s12909-025-05501-2>