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Interpersonal communication between medical rescue service employees and patients as perceived by patients

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ABSTRACT

Introduction: Interpersonal communication forms the basis for building interpersonal relationships. The level of employee-patient relationship communication in the National Medical Rescue Service (NMRS) system is of particular importance in emergency medicine. For the employee, it allows him/her to obtain information about the patient's health condition. While for the patient, it can reduce the stress associated with a health or life-threatening situation. This study aimed to investigate patients' subjective perceptions of communication with the NMRS system employees during the provision of emergency medical services by the emergency medical teams and medical services in the emergency department.

Material and methods: The diagnostic survey method was applied in the study, using the author's own questionnaire. The survey was conducted between January and March 2022. The study group included 183 persons who were patients of the NMRS system and completed an anonymous questionnaire posted on online social media platforms.

Results and conclusions: Most medical staff relate to patients with due respect and respect for their dignity. The staff's attitude towards sick persons is of great importance to patients. Patients' expectations are largely based on their emotional sphere. It is important for patients to be treated with respect, understanding and empathy. In the opinion of the patients, the psychological support provided by the NMRS system is insufficient, which indicates the need to implement good and effective interpersonal communication training for medical professionals.

Keywords: interpersonal communication; patient; National Medical Rescue Service

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Introduction

Interpersonal communication is a process of transmitting and receiving information that allows for its exchange, as well as the exchange of thoughts and emotions. Its purpose is to establish mutual interaction between persons. It is a fundamental element of building relationships [1]. In the health care system, interpersonal communication between individual employees and between staff and patients is the basis of effective treatment [2], while interpersonal communication skills are among the key competencies of health care personnel.

Interpersonal communication skills are of particular importance in the case of National Medical Service (NMRS) personnel, whose main task is to provide emergency medical care (EMC) as well as medical services to patients in a sudden life and health-threatening condition.

Effective communication between members of the emergency medical team (EMT), both in the ambulance and in the hospital emergency department (ED), requires a number of skills, including composure, assertiveness, negotiation, use of simple and unambiguous language, constructive feedback and non-verbal messages. These skills are used more efficiently by those who have learned leadership skills, team cognition and closed-loop communication [3]. Having one person take command during an emergency response (rescue operation) increases team efficiency by controlling the chaos. Team cognition refers to a shared understanding of the purpose and tasks that have been assigned to particular persons because of their skills and experience. Closed-loop communication refers to a situation where the sender transmits a specific message to the recipient and the recipient sends feedback that he or she has received and understood the message. This

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makes it possible to avoid errors during medical procedures [3].

Interpersonal communication between NMRS personnel and a patient is crucial during both emergency medical care (EMC) and medical services, starting with greeting and introducing oneself, taking a medical history, providing psychological support, and informing about the procedures being performed. It is an essential element of the treatment process because nowadays, with the increasing awareness and education of society, there is also an increasing need to provide patients with detailed information about their condition or the diagnostic and therapeutic process. It should be communicated in simple, clear and comprehensible language, trying to avoid jargon or typical medical vocabulary. It is worth repeating the most important information and, if necessary, to clarify and answer any questions. It is also important to provide emotional support and reasonable hope appropriate to the health condition [4]. Establishing a good rapport with the patient allows one to obtain information that is important for further treatment. Creating, as far as possible, a good atmosphere for conversation gives the patient a sense of security and inspires trust in the person providing care [5].

The communication process is an indispensable element of the medical personnel's work with patients. It should provide three functions: informative-and-diagnostic, the aim of which is mutual understanding and agreement; persuasive, aiming at influencing the patient or changing his/her behaviour which negatively affects health, and therapeutic, leading to the alleviation of negative emotions related to the health condition, thus improving the psychophysical state [6].

This study aimed to investigate patients' subjective perceptions of communication with the National Medical Rescue Service (NMRS) system employees during the provision of emergency medical services by the emergency medical teams (EMT) and medical services in the ED.

The respondents were asked how they assessed how information about the activities performed by the medical staff was communicated, what impact this had on the patients' feelings and psychological comfort, and what they expected from the NMRS system personnel in life- or health-threatening situations.

Material and methods

The diagnostic survey method was applied in the study. An author's own survey questionnaire in electronic form, prepared using Google wizard, was used. The first part of the questionnaire contained 14 questions, the aim of which was to obtain the respondents' opinions on the attitude of the NMRS system employees towards patients during the provision of medical care

and to assess the employee's communication with patients. In the second part, respondents answered two open questions. The first one concerned the respondents' expectations regarding the behaviour of the NMRS system personnel during the provision of emergency medical care and/or treatment in EDs. In the second one, respondents were asked to list the most important features that they thought should characterize persons working in the NMRS system. The survey was conducted between January and March 2022. The study group included 183 persons who were patients of the NMRS system and completed an anonymous questionnaire posted on online social media platforms.

The study was carried out on the basis of consent no. KB 607/2021 of the Bioethics Committee at the Nicolas Copernicus University in Torun, Collegium Medicum in Bydgoszcz.

Results

The study comprised 183 participants who had received services from emergency medical teams or were patients of EDs. The average age of women was 26 ± 10.64 years, while of men 31 ± 12.27 years. Respondents aged 18-25 years were the most numerous group (61.75%, $n = 113$). More than half were city/town residents (55.7%, $n = 102$) and people with secondary education (59%, $n = 108$).

ED patients were 50.8% ($n = 93$) of the respondents, while 10.9% ($n = 20$) received care from emergency medical teams (EMT). Whereas 38.3% ($n = 70$) of the respondents received help from both institutions (Table 1).

In the first part of the survey, respondents assessed the way in which they were treated, the respect for their human dignity and the provision of psychological support. The question "Did the staff refer to you with respect during the provision of services?", was answered by the respondents as follows: definitely yes — 26.8% ($n = 19$), rather yes — 58.5% ($n = 107$), rather not — 10.4% ($n = 19$), definitely not — 2.2% ($n = 4$), as many as did not have an opinion on this issue. When asked about respecting the human dignity of a patient, the majority of respondents rated this element of communication positively: 35.5% ($n = 65$) of respondents answered that they definitely felt their dignity was respected, 56.3% ($n = 103$) felt that their dignity was rather respected. A definite minority responded that their dignity was rather not respected (5.5%, $n = 10$) and that it was definitely not respected (0.5%, $n = 1$). 2.2% of the respondents ($n = 4$) did not express their opinion at all. When asked about the provision of adequate psychological support by the medical personnel in a situation of illness or health or life-threatening conditions, the answers varied, with more than half of the respondents, 59.60% ($n = 109$), expressing the opinion that they were provided with such support (Table 2).

Table 1. Social-demographic data

Social-demographic data	N = 183	%
Gender		
Female	136	74.3
Male	47	25.7
Age		
18–25	118	64.5
26–30	19	10.4
31–40	16	8.7
41–50	19	10.4
≥ 51	11	6.0
Domicile		
Village	81	44.3
City/town	102	55.7
Education		
Secondary	14	7.7
Vocational	7	3.8
Secondary	108	59.0
Higher	54	29.5
Use of medical care		
ED	93	50.8
EMT	20	10.9
ED/EMT	70	38.3

Table 2. Responses to the question “In your opinion, did the personnel provide adequate mental support in a situation of illness/health or life threat?”

In your opinion, did the personnel provide adequate mental support in a situation of illness/health or life threat?	N = 183	%
Definitely yes	30	16.4
Rather yes	79	43.2
Rather not	38	20.8
Definitely not	19	10.4
I have no opinion	17	9.3

The question “Did you feel important during the conversation with the EMT/ED personnel?” was answered by 15.3% of the respondents (n = 28) as definitely yes, 42.1% (n = 41) rather yes, 22.4% (n = 41) rather not and 9.3% (n = 17) definitely not. One in ten patients had no opinion (10.9%, n = 20).

The question “Did the staff show patience and listen attentively to the patient’s answers during the medical interview?” was answered by 77.6% (n = 142) of the respondents (Tab. 3).

Table 3. Responses to the question “Did the emergency medical team/emergency department employees show patience and listen attentively to the patient’s answers during the medical interview?”

Did the NMRS employee show patience and listen attentively to your answers and statements?	N = 183	%
Definitely yes	50	27.3
Rather yes	92	50.3
Rather not	27	14.7
Definitely not	6	3.3
I have no opinion	8	4.4

Table 4. Responses to the question “Were you informed during the provision of health care activities what activities were performed and for what purpose?”

Were you informed during the provision of health care activities what activities were performed and for what purpose?	N = 183	%
Definitely yes	61	33.3
Rather yes	82	44.8
Rather not	21	11.5
Definitely not	11	6.0
I have no opinion	8	4.4

The language used by medical staff is an important element when communicating with patients. Respondents were asked to assess whether the language was understood by the patient. The answer was “Definitely yes” for 31.7% (n = 58), rather yes for 60.1% (n = 110), rather not for 4.9% (n = 9), definitely not for 1.1% (n = 2), and 2.2% (n = 4) had no opinion.

Table 4 shows the patients’ answers regarding the information provided by the NMRS staff about the activities performed by them. The vast majority of patients, i.e. 78.1% (n = 143), were informed about such activities.

Respondents were asked whether the information provided by the NMRS personnel on the activities performed had a calming effect on the patient. The answers were as follows: definitely yes — 15.3% (n = 28), rather yes — 38.8% (n = 71), rather not — 24% (n = 44), definitely not — 8.7% (n = 16) and no opinion — 13.1% (n = 24).

The respondents answered the question “Did you have the feeling during the course of the medical emergency procedure that an ambulance/emergency department staff was not involved in your case?” as follows: rather not 42.1% (n = 77), definitely not 24.6% (n = 45), definitely yes 12% (n = 22), rather yes 15.3% (n = 28), I have no opinion 6% (n = 11).

Table 5. Respondents' opinions on the behaviour of medical personnel and its impact on the atmosphere during the provision of medical services

Gender, age	Domicile	Respondents' opinions on the behaviour of medical personnel and its impact on the atmosphere during the provision of medical services
Female aged: 21	Village	The employee was empathetic and knowledgeable so that my sense of security was not compromised, I felt looked after by qualified staff.
Male aged: 21	Town/city	The conversation was not stressful in any way, the first aider used easy-to-understand language and was very friendly.
Female aged: 21	Town/city	The emergency department employee patiently listened to the description of the whole incident as well as related events, answered questions, showed understanding of both the emotional condition and the situation itself, calmed me down and treated the situation seriously.
Male aged: 43	Village	I was perceived more as a problem than a person in need of help.
Female aged 24	Town/city	Expressing pityingly and disregarding the patient's words.
Female aged 21	Town/city	When I was admitted to hospital as an adolescent the staff tried to persuade my parents that I was lying because I didn't want to go to school. As a young person, I felt very bad about this.
Male aged 23	Town/city	The overall behaviour of first aiders towards me and calmness evident in their actions
Female aged 21	Village	First aider's lack of patience with the elderly and unpleasant comments.
Female aged 20	Village	The ED employee kept me calm and had a casual conversation while helping me. Thanks to this I was not frightened or nervous during the medical procedures.
Female aged 20	Town/city	Lack of an accurate diagnosis, lack of clear instructions on how the treatment would look like, and uncertainty about my health as a result of feeling neglected by the staff.
Male aged 31	Town/city	I don't remember much about the incident (I was a victim of an accident), but I found myself in an ambulance very quickly and although I don't know what they were saying, I vaguely recollect that they were addressing me directly.
Female aged 21	Town/city	No respect for the patient.
Male aged 46	Town/city	My case was considered a simulation.
Female aged 26	Town/city	The staff's attention was drawn to too many other patients.

The original spelling of patients' opinions has been retained

In response to the question of whether the conversation with an ambulance or emergency department staff member was conducted in a friendly atmosphere, the answers were: definitely yes 21.3% (n = 39), rather yes 53.6% (n = 98), rather not 13.7% (n = 25), and 3.8% (n = 7) definitely not. While 14 respondents (n = 7.7%) had no opinion. This question included an additional space to express one's opinion, which was not obligatory. 97 respondents took advantage of the opportunity. Selected opinions are presented in Table 5.

To the question "Have you ever heard a comment that you considered inappropriate while being provided with medical care?" almost one-third of the respondents (28.9%) answered affirmatively (Table 6).

Respondents were asked to rate communication with the NMRS system employee. Communication was rated very good by 22.4% (n = 41), good by 42.1%

(n = 77), unremarkable by 30.6% (n = 56), bad by 2.7% (n = 5) and very bad by 2.2% (n = 4).

The second part of the questionnaire consisted of two open questions, the answers to which were voluntary. The first was aimed at identifying the behaviour that patients expect from NMRS personnel. 132 people provided answers to the questions. Most of them consisted of several single terms, among which the most common were understanding, empathetic approach, commitment, showing respect, professionalism, patience, understanding and keeping informed about the procedures performed. Slightly fewer people would also expect staff to behave in such ways as performing their duties conscientiously, maintaining the seriousness of the situation, not judging the patient, being communicative and kind, and treating each as an individual. More complex responses are included in Table 7.

Table 6. Have you ever heard a comment that you considered inappropriate while being provided with medical care?

Have you ever heard a comment that you considered inappropriate while being provided with medical care?	Females		Males		Total	
	N = 136	%	N = 47	%	N = 183	%
Definitely yes	26	19.2	3	6.4	29	15.8
Rather yes	18	13.2	6	12.8	24	13.1
Rather not	53	39.0	25	53.2	78	42.6
Definitely not	35	25.7	12	25.5	47	25.7
I have no opinion	4	2.9	1	2.1	5	2.7

Table 7. Behaviour that patients would expect from the staff of the emergency medical teams (EMT) and EDs when performing medical emergency procedures and providing medical services

Gender, age	Domicile	Patients' expectations of medical personnel behaviour towards patients
Male aged 20	Town/city	First of all, to follow guidelines instead of their own patterns or old guidelines that I suffered from and did not receive proper help.
Male aged 20	Village	Conversation with a patient, performing emergency medical care according to procedures, being kind to patients, professional approach to healthcare
Male aged 34	Town/city	Thorough care for the patient, taking as much time as needed to make them feel cared for. More empathy towards the elderly and every patient.
Male aged 22	Town/city	Patience and understanding, a kind approach to a patient, refraining from personal thoughts and opinions about the situation.
Female aged 21	Village	Understanding, calmness, empathy, providing a sense of safety and psychological comfort, informing about medical activities and procedures that will be provided to me, and for what purpose they will be performed.
Female aged 21	Town/city	They should communicate their actions at every stage, treat patients with respect and be robust in their actions.
Female aged 21	Town/city	Above all, should show understanding, because, what is an everyday situation for some persons (like paramedics or ED staff) can be a paralyzing and stupefying experience for others (patients). Moreover, I would expect thoroughness and not underestimating the patient's symptoms and emotional condition, which depends on individual resistance to pain, fear of blood (hemophobia), the suffering of other people, coping with new situations, etc.
Female aged 19	Village	Commitment from staff, interest, showing a willingness to talk and listen, so that they don't show resentment and arrogance, and address me with respect.
Female aged 20	Town/city	What I would expect is that when asked a question, the personnel would not direct me to the next person and the next and the next person but that they would provide information right away.
Female aged 22	Town/city	That they would behave appropriately in the situation. I was trembling at the time of my grandfather's rescue and the doctors who provided aid were clearly having fun and showed it without hesitation. Doctors should have behaved responsibly and shown a willingness to help, but instead, they laughed in my face and said that grandpa would never come back and we should not „bawl“.
Female aged 21	Town/city	They should be willing to help and listen to a patient objectively. It seems to me that sometimes, in an attempt to loosen up, the staff may say something inappropriate in the situation.
Female aged 19	Town/city	To have self-control, to be kind and treat the patient with respect, to tell what they are doing thus showing their knowledge.
Female aged 21	Village	To show commitment, listening, understanding, mental support, friendly approach to patients
Female aged 21	Town/city	They should show respect regardless of the patient's age, physical and mental condition and the reason for being in the ED or the ambulance.

The original spelling of patients' opinions has been retained

The second question asked the respondents to indicate the most important qualities that, in their opinion, should characterize a member of the EMT/ED staff. 140 people responded, including 109 women and 31 men. The most frequently mentioned features were empathy (n = 56), patience (n = 46), understanding (n = 31), appropriate knowledge (n = 21) and composure (n = 20). This was followed by qualities such as professionalism, showing respect, being kind and cultured towards patients and their families and being self-confident in decision-making.

Discussion

The relationship between a patient and a health professional has changed over the last few years. More and more often staff deals with a patient who is aware of his or her rights and a demanding customer of medical services. This also applies to patients' right to information and therefore to good and efficient communication.

The way people communicate has a significant impact on the sense of mental well-being in a relationship with another person. The relationship between a patient and a member of the NMRS system is of special nature. It concerns patients who have experienced a sudden illness or injury, as a consequence of which a patient is additionally burdened with severe emotional stress caused by an unexpected and difficult situation. Proper communication on both verbal and non-verbal levels, as well as the knowledge of the personnel on the patient's defence mechanisms, may not only improve the flow of information between the medical personnel and the patient but also increase the effectiveness of his/her treatment [7]. Moreover, the personnel's skills in this area demonstrate their high competence and build the image of the entire emergency medical service system.

In a survey of teenage students, it was found that the language used by teachers significantly influences students' understanding of the content taught. According to the students, the information provided using simple, 'youthful' language is much more friendly to them and easier to understand and remember [8]. Similar conclusions can be drawn on the basis of this study conducted among EMT and ED patients. The respondents pointed out that the use of language that they understand promotes understanding of the procedures carried out by the staff, increases the sense of safety and has a calming effect.

In a study by Rudnicka-Drożak et al, ED patients were asked to rate their communication with a physician, a nurse and a paramedic. The respondents reported the best contact with paramedics, weaker contact with nurses, and contact with physicians was rated the least. When assessing the atmosphere during the visit to the ED, half of the respondents described it

as positive, more than a third as mediocre and the rest as bad [6]. In the author's own survey, the majority of patients rated the atmosphere during their conversation with NMRS staff positively. Comparing the assessment of the atmosphere during a visit to the ED and a conversation with EMT staff in an ambulance, the respondents definitely more positively assessed the medical history taking and provision of information about the activities performed by the EMT personnel. This may have been influenced by the fact that during medical history taking in the ambulance, the EMT staff member is only focused on one person, which gives the patient a sense of being important. It is different in the case of the ED, where there are often more patients and the staff's attention is divided over a larger number of patients.

A survey among nurses on their knowledge of the Code of Professional Conduct and Ethics for Nurses and Midwives showed that most of them are familiar with the content of this document. The priority moral values in their work are to show respect and kindness to another person [10]. Zarzycka et al. emphasize that nurses' empathy improves the quality of care and positively influences the relationship between a patient and a nurse [11]. The author's own survey has shown that the majority of patients positively assessed medical staff's respect for their dignity and treating them with respect. However, there are many problems in communication between a patient and the medical staff. In the study by Surmacka, patients indicated that the way in which information about their condition was communicated was inadequate. They also did not receive the support they expected, and they were not shown respect [9].

In a study by Mydlarska [12], psychological support provided to child victims of traffic accidents was assessed by parents and first aiders/paramedics. Various forms of support were assessed: giving a teddy bear to the child, explaining to both the child and the parent the psychological reactions that can occur in the victim of the accident, and providing information about the possibility of psychological help in case the child develops post-traumatic stress disorder. According to the parents, the majority of children were not aided in this respect. Only a few of them confirmed that their child, for reassurance, had been given a 'paramedic teddy bear'. More than half of the respondents were not informed about the possibility of post-traumatic stress disorder or the possibility of receiving psychological support. Paramedics, on the other hand, as the most common form of emotional support for children identified talking to a young patient to divert his or her attention from the stressful situation and help to understand it. This usually involves telling the child about the activities being performed in order to focus his or her attention, making him or her laugh when the child is frightened and taking care to spare them unpleasant images of the accident. Paramedics admitted that it was rare to give

a teddy bear to a child or to inform the parents about the possibility of seeking psychological support in case of post-traumatic stress disorder [12]. The respondents of the present study felt that in most cases they received adequate psychological support. However, this study involved adult patients, who certainly approach a crisis situation in a different way than children. One can assume that adults have a higher understanding of the situation they are in and may expect a different kind of support from medical personnel.

Patients reporting sick to healthcare facilities have certain expectations. These include obtaining information, feeling secure, being shown interest, understanding and respect, and maintaining a friendly atmosphere [2, 13]. The expectations of the respondents of this survey were similar. They mainly expected NMRS personnel to show understanding in difficult situations for the patient as well as empathy and sympathy. Showing respect and patience to the patient and professionalism were also important. Of the personal qualities, empathy, patience and understanding turned out to be the most important. Self-control, adequate knowledge and professionalism were also important, less so confidence and firmness when performing procedures and making decisions. According to Zembala, positive emotions such as understanding, cooperation and security can be very effective tools in proper communication [14].

The results of the project conducted in three British A&Ds (accident & emergency) based on the strategy of an effective communication model seem interesting. During the project, factors that may trigger aggressive behaviour in patients were identified. As a result, a clear communication strategy between A&D staff and patients was developed with a key role assigned to the information provided to the patient at various stages of treatment in A&D. The result of implementing the project was the reduction of verbal aggressive behaviour among patients by half [15].

Medical personnel develop communication skills through learning and practice. However, this requires willingness, self-discipline and time, as well as the inclusion in the teaching process of interpersonal communication topics and their role in the treatment process. As noted by Zembala, patients are not able to fully assess the competence of the staff related to professional performance. Therefore, their satisfaction in the treatment process is fundamentally influenced by proper communication with medical staff [14].

Practical recommendations

In future research, it would be worthwhile to delve into the specific communication strategies employed in the NMRS system, including, among others, analysing

the use of verbal and nonverbal communication techniques, such as active listening, empathetic responses or clear information delivery, as well as examining the impact of different communication styles on patient satisfaction, understanding the recommendations, and thus complying with them.

It would also be interesting to examine any existing interpersonal communication training programs or protocols for employees within the NMRS system including evaluating the effectiveness of these programs and identifying areas for improvement. Developing comprehensive training programs that focus on interpersonal communication skills could potentially lead to improved staff-patient interactions, and ultimately improve both NMRS patient care and patient satisfaction in the treatment process.

Limitations of the study

The limitation of the study consisted in the fact that the survey was conducted online, which narrowed the group of respondents to users of social media platforms, thus largely excluding older people and those not using this type of technology. This may have had an impact on the relatively young group of respondents and the inability to find out the views of older patients.

Conclusions

The NMRS staff mostly treat patients with due respect and dignity. The attitude of medical staff towards patients is of great importance to them, and patients' expectations of staff are mainly based on the emotional sphere. Showing understanding and empathy to the patient is more important for the respondents than the employee's substantive knowledge. Patients expect to be treated with respect and commitment.

The language used by the personnel is an important element of communication with patients. According to patients, most employees pay attention to ensure that their messages are presented in a way that is clear and understandable to the patient.

The level of psychological support provided by the staff during the course of medical rescue operations is the weaker link in communication. For most patients, the support is insufficient. This indicates the need for good and effective interpersonal communication training for medical staff with an emphasis on psychological support for patients, and the need to give subjects taught in medical faculties in this area no less priority than others. They are an important part of the future work of medical staff, designed to prepare them to be able not only to meet the expectations of patients, but above all, to communicate with them properly.

Article information

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