

## EVALUATING PROFESSIONALISM, EMPATHY, AND PATIENT SATISFACTION IN CLINICAL ENCOUNTERS: A CROSS-SECTIONAL STUDY AT ALI ABAD TEACHING HOSPITAL, KABUL, AFGHANISTAN

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### Abstract

**Background:** Physician professionalism and empathy are critical in shaping patient satisfaction and trust, particularly in post-conflict, low-resource healthcare settings. However, these factors often face challenges in environments like Afghanistan, where systemic limitations affect patient care. This study aimed to evaluate the impact of professionalism and empathy on patient satisfaction at Ali Abad Teaching Hospital, Kabul.

**Methodology:** A cross-sectional study was conducted with 50 physicians and 300 patients at Ali Abad Teaching Hospital. Physicians completed a modified version of the Jefferson Scale of Physician Empathy (JSPE), while patients filled out the Patient Satisfaction Questionnaire Short-Form (PSQ-18). Data were analyzed using SPSS to assess satisfaction scores and levels of professionalism and empathy.

**Results:** The study found that professionalism and empathy had a positive impact on patient satisfaction, with high satisfaction rates in financial transparency (85.3%) and interpersonal interactions (80.3%). The overall patient satisfaction rate was 82.5%. Physicians reported strong performance in professionalism and empathy, with mean scores of 4.63 for professionalism and trust, 4.40 for patient-centered communication, and 4.33 for empathy and emotional understanding. However, areas such as time spent with doctors showed room for improvement, with a lower satisfaction score of 81.0%.

**Conclusion:** Strengthening physician-patient communication and empathy is essential for enhancing patient satisfaction in resource-limited settings, with implications for improving care quality in post-conflict healthcare environments.

### INTRODUCTION

The relationship between patients and physicians is central to the delivery of effective healthcare, shaping not only clinical outcomes but also patient satisfaction and trust in the healthcare system. Professionalism and empathy are two key attributes that define the quality of this interaction, yet they are

often challenged by systemic, cultural, and institutional constraints (1).

While professionalism ensures that physicians adhere to ethical standards, competence, and integrity, empathy enables them to connect with patients on a deeper emotional and psychological level, fostering trust and adherence to treatment

plans (2). However, striking a balance between these two aspects remains a persistent challenge, particularly in resource-limited settings such as Afghanistan.

Despite growing awareness of the importance of empathy in medical practice, research indicates that empathy often declines during medical training due to factors such as clinical workload, emotional detachment, and institutional pressures (3). Professionalism, on the other hand, is frequently shaped by both formal education and the hidden curriculum, which includes implicit norms and behaviors modeled by senior practitioners. The ability of physicians to integrate empathy into their professional conduct is influenced by their exposure to patient-centered communication training and the broader socio-cultural context in which they practice (4). In Afghanistan, the healthcare landscape presents unique challenges, including strained doctor-patient relationships, limited resources, and cultural expectations that may impact the expression of empathy in clinical settings (5).

The effectiveness of patient-physician interactions is further shaped by how professionalism and empathy are perceived by both healthcare providers and patients. Studies suggest that while physicians may prioritize technical competence and diagnostic accuracy, patients often value interpersonal skills, compassionate care, and the ability to communicate effectively (6). These differing perspectives can contribute to gaps in understanding, potentially leading to dissatisfaction, reduced compliance, and even conflicts between patients and healthcare providers (7). In some cases, ineffective communication styles have been linked to higher patient distress and lower self-efficacy, impacting overall healthcare experiences (8). Addressing these discrepancies requires targeted interventions, including enhanced medical training, institutional support, and systemic reforms aimed at promoting a culture of empathy and ethical professionalism (9).

This cross-sectional study examined the roles of professionalism and empathy in shaping patient-physician interactions and their impact on patient satisfaction at Ali Abad Teaching Hospital in Kabul, Afghanistan. By capturing and analyzing both patient and physician perspectives, the study identifies key barriers to effective communication and trust-

building within clinical encounters. The research aimed to highlight the association between interpersonal quality of care and patient-reported satisfaction, offering insights into systemic and contextual factors that influence the therapeutic relationship in a resource-limited healthcare setting. (10). The findings of this study are expected to inform ongoing discourse on medical education reform and healthcare policy by underscoring the importance of a patient-centered care model that integrates professional ethics and emotional intelligence as core components of clinical practice (11).

### Methodology

This study employed a quantitative cross-sectional design to evaluate professionalism and empathy in patient-physician interactions at Ali Abad Teaching Hospital, Kabul, Afghanistan. Quantitative data were collected from both physicians and patients to capture a comprehensive understanding of healthcare dynamics from their perspectives.

The study sample included physicians ( $n = 50$ ), patients ( $n = 300$ ). Stratified random sampling was used to select doctors from key departments to ensure proportional representation. Based on departmental distribution, 20 participants were selected from Medicine, 15 from Surgery, and 15 from Pediatrics. For patients, systematic sampling was conducted from the outpatient department (OPD), targeting 30–40% of the daily patient load over a period of four consecutive days. A total of 300 patients were recruited.

For the physician survey, a modified version of the Jefferson Scale of Physician Empathy (JSPE) was utilized (12). This is widely used for assessing empathy in healthcare providers and includes items focused on perspective-taking, compassionate care, and understanding patient experiences. The final questionnaire consisted of 20 items, each rated on a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree) to evaluate active listening, emotional sensitivity, and patient-centered communication. The Cronbach's alpha value for the physician questionnaire was 0.956, indicating excellent internal consistency.

Patients completed the Patient Satisfaction Questionnaire Short-Form (PSQ-18) developed by

Marshall and Hays (13). The standardized questionnaire (PSQ- 18), comprising 18 items categorized into seven aspects general satisfaction (2 items), interpersonal manner (2 items), technical quality (4 items), financial aspect (2 items), time spent with the doctor (2 items), and accessibility and convenience (4 items). Each question in the PSQ-III utilizes a 5-point Likert scale, encompassing the responses: “strongly disagree,” “disagree,” “neutral,” “agree,” and “strongly agree.” All items are rated on a scale from one to five, with higher scores indicating greater satisfaction with healthcare. The questionnaire was translated into local language (Dari) and back-translated to ensure accuracy and validity in the cultural context.

Quantitative data were analyzed using SPSS version 26. Descriptive statistics, including means, standard deviations, frequencies, and percentages, were used to summarize demographic characteristics and core variables related to patient satisfaction and physician professionalism and empathy. For patient satisfaction, mean scores were calculated for each domain of the PSQ-18, and the percentage of respondents expressing satisfaction was determined by aggregating item-level responses within each domain. Similarly, for physician professionalism and empathy, mean scores were computed across the three core domains using the modified Jefferson Scale, and the proportion of physicians reporting high professionalism/empathy was calculated.

All participants provided informed consent prior to data collection. Ethical clearance was obtained from the Institutional Review Board (IRB) of Ali Abad Teaching Hospital. Participation was voluntary, and all data were anonymized to ensure confidentiality and adherence to ethical research standards.

**Results**

The demographic profile of the participating physicians (N = 50) indicated that all respondents were male, with no female physicians represented in the study sample (Table 1). Participants were predominantly affiliated with the Surgery and Allied departments (52%), while the remaining 48% were from Medicine and Allied disciplines. The age distribution indicated that the largest proportion of respondents fell within the 36–45-year age group (32%), followed by those aged 46–55 years (28%), 25–35 years (26%), and 56–65 years (14%). Regarding professional designation, the majority were Assistant Professors (36%), followed by Consultants (32%), MD Doctors (22%), and Professors (10%). In terms of years of experience (YOE), 40% of participants had 6–8 years of practice, 28% had 9–12 years, 22% had 1–5 years, and 10% had 13–15 years of experience. The weekly patient workload (WLPW) data showed that more than half (54%) of the participants attended to 41–50 patients weekly, while 28% managed 21–40 patients and 18% saw 10–20 patients; none reported managing more than 51 patients per week.

**Table 1 Demographic and Professional Characteristics of Male Doctors Participating in the Study (N = 50)**

Variables		n	n %
Age	25 -35	13	26.0%
	36-45	16	32.0%
	46-55	14	28.0%
	56-65	7	14.0%
Gender	Male	50	100.0%
	Female	0	0.0%
Specialty	Medicine and Allied	24	48.0%
	Surgery and Allied	26	52.0%
Department	Medicine	24	48.0%
	Surgery	26	52.0%
Position	MD doctor	11	22.0%
	Consultant	16	32.0%
	Assistant professor	18	36.0%
	professor	5	10.0%
Years of Experience	1-5	11	22.0%
	6-8	20	40.0%
	9-12	14	28.0%
	13-15	5	10.0%
Work load per week	10-20	9	18.0%
	21-40	14	28.0%
	41-50	27	54.0%
	Above 51	0	0.0%

The study sample consisted of 300 male participants, with no female respondents (Table 2). The age distribution showed that the largest proportion of participants were aged 16–25 years (33.0%), followed by those aged 26–35 years (28.0%), 36–45 years (25.7%), and 46–55 years (13.3%), with no participants above the age of 55. In terms of marital status, 62.7% were married, while 37.3% were single.

Regarding educational background, 56.7% of participants were educated, while 43.3% had no formal education. Most respondents (61.7%) had visited the surgical department, whereas 38.3% had visited the medicine department. Concerning the frequency of hospital visits, 44.3% of participants were on their second visit, 28.7% were visiting for the first time, and 27.0% were on their third visit.

**Table 2 Socio-Demographic Characteristics and Hospital Visit Patterns of Study Participants (N = 300)**

Variables		n	n %
Age	16-25	99	33.0%
	26-35	84	28.0%
	36-45	77	25.7%
	46-55	40	13.3%
	above 55	0	0.0%
Gender	Male	300	100.0%
	Female	0	0.0%
Marital status	Single	112	37.3%
	Married	188	62.7%
Education	Educated	170	56.7%
	Uneducated	130	43.3%
Department Visited	Medicine	115	38.3%
	Surgical	185	61.7%
Frequency of Visits	First time	86	28.7%
	Second time	133	44.3%
	Third time	81	27.0%

**Patient Satisfaction across Core Domains**

Table 3 and Figure 1 present the distribution of patient satisfaction scores across seven core domains of physician-patient interaction, as measured by the PSQ-18. The overall mean satisfaction score was 3.54 (SD = 0.96) on a 5-point Likert scale, corresponding to an overall satisfaction rate of 82.5%.

Among the domains, General Satisfaction recorded the highest satisfaction rate (86.0%) with a mean score of 3.57 (SD = 1.005), followed by Financial

Aspects (85.3%, Mean = 3.55, SD = 0.94) and Accessibility and Convenience (82.2%, Mean = 3.58, SD = 0.92). Technical Quality (81.3%, Mean = 3.56, SD = 0.99), Communication (81.66%, Mean = 3.46, SD = 0.92), and Interpersonal Manner (80.3%, Mean = 3.53, SD = 0.97) also demonstrated high satisfaction levels. The domain Time Spent with Doctor showed the lowest satisfaction (81.0%, Mean = 3.51, SD = 0.94) compared to the other categories, suggesting a potential area for improvement.

**Table 3: Mean Patient Satisfaction Scores and Percentages Across Core Domains of Physician-Patient Interaction.**

Satisfaction Domain	Mean	SD	%Satisfied (Average of percentage of satisfaction of items of each dimensions)
General Satisfaction (Item 3 + 17)	3.57	1.005	86.0%
Technical Quality (Item 2 + 4+ 6 + 14)	3.56	0.99	81.3%
Interpersonal Manner(Item 10 + 11)	3.53	0.97	80.3%

Communication (Item 1 + 13)	3.46	0.92	81.6%
Financial Aspect(5+7)	3.55	0.94	85.3%
Time Spent with Doctor (Item 12 + 15)	3.51	0.94	81.0 %
Accessibility & Convenience (Item 8 + 9 +16 + 18)	3.58	0.92	82.2%
<b>Overall Satisfaction</b>	<b>3.54</b>	<b>0.96</b>	<b>82.5%</b>

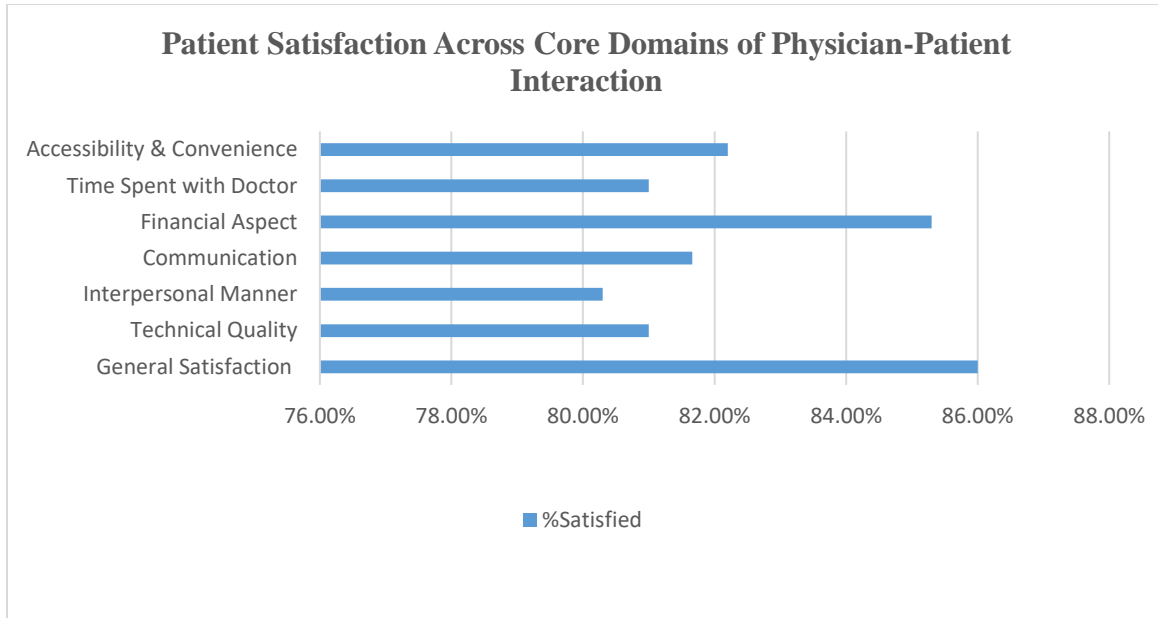


Figure 1: Distribution of Patient Satisfaction across Core Domains at Ali Abad Teaching Hospital.

### Physician Professionalism and Empathy across Core Domains

Table 4 and Figure 2 present the distribution of physician professionalism and empathy scores across three core domains, based on responses to the modified Jefferson Scale of Physician Empathy. Among the evaluated domains, the highest mean score was observed in Professionalism and Trust (Mean = 4.63, SD = 0.57196), with 94.5% of physicians reporting high levels of professionalism and trust-building behavior. Patient-Centered Communication and Involvement demonstrated a mean score of 4.40 (SD = 0.61113), with 94.28% of respondents endorsing strong patient engagement

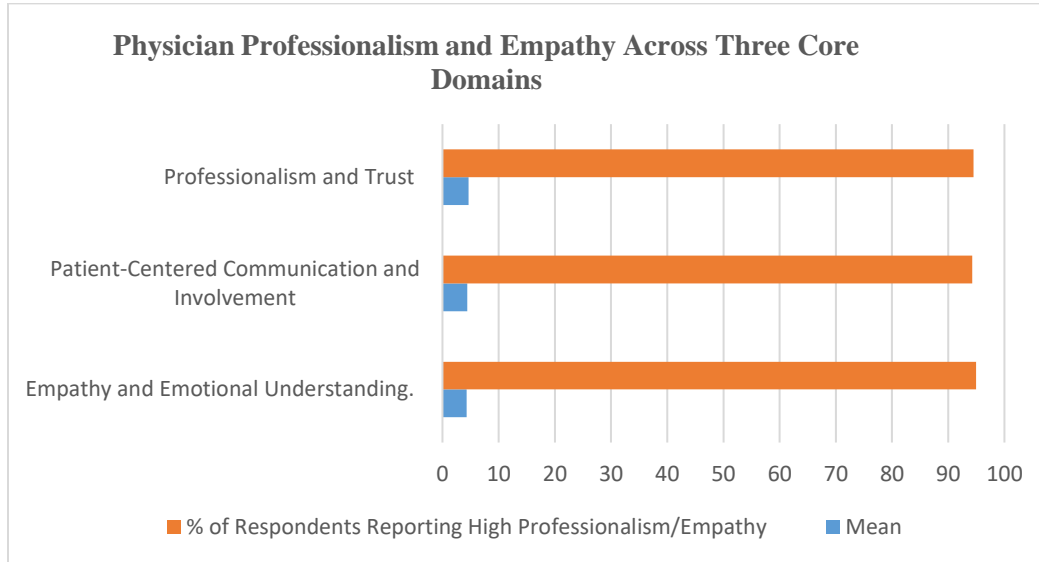
and communication practices. Empathy and Emotional Understanding yielded a mean score of 4.33 (SD = 0.64963), with 94.95% of physicians exhibiting high levels of emotional sensitivity and empathic concern.

The overall mean score for professionalism and empathy was 4.45 (SD = 0.6109), reflecting consistently high physician performance across all measured domains. As illustrated in Figure 2, scores were relatively uniform across domains, suggesting that physicians at Ali Abad Teaching Hospital maintain a strong and balanced emphasis on emotional understanding, effective communication, and professional trustworthiness in patient care.

Table 4: Mean Scores and Percentage of Physicians Reporting High Professionalism and Empathy Across Core Domains.

Professionalism and Empathy	Mean	SD	% of Respondents Reporting High Professionalism/Empathy
Empathy and Emotional Understanding. (Item 1+2+5+6+7+8+10+19+20)	4.33	0.64963	94.95

Patient-Centered Communication and Involvement (Item 3+4+9+12+13+14+15+)	4.40	0.61113	94.28
Professionalism and Trust (Item 11+16+17+18)	4.63	0.57196	94.5
<b>Overall Satisfaction</b>	<b>4.45</b>	<b>0.6109</b>	<b>94.57</b>



**Figure 2: Distribution of Physician Professionalism and Empathy across Core Domains at Ali Abad Teaching Hospital**

### Discussion

In recent years, patient-centered care has emerged as a cornerstone of quality healthcare, emphasizing the significance of professionalism, empathy, and patient satisfaction in shaping clinical outcomes. These elements are particularly vital in low-resource or post-conflict settings, where systemic limitations pose ongoing challenges to equitable healthcare delivery. Despite global advances in healthcare ethics and communication, there remains a lack of empirical focus on how such interpersonal dimensions are experienced by patients in fragile health systems like Afghanistan. Research from Uganda and Timor-Leste has shown that empathy, respect, and communication are strongly linked to patient satisfaction, especially in maternal and oncology care services in resource-constrained environments (14, 15). In these contexts, patients' satisfaction is often shaped not only by clinical competence but also by the quality of provider-patient relationships. Our study responds to this gap by examining perceptions of clinical professionalism, empathy, and patient

satisfaction at Ali Abad Teaching Hospital, thereby contributing new insight into the patient experience in a socioeconomically disadvantaged, post-conflict context.

Patient satisfaction is a critical indicator of healthcare quality, and its evaluation is essential for identifying strengths and areas for improvement in healthcare delivery systems, particularly in low-income and post-conflict settings. In this study, patient satisfaction was assessed at Ali Abad Public Teaching Hospital in Kabul, Afghanistan, across several domains including General Satisfaction, Financial Aspects, Time Spent with Doctor, and Interpersonal Manner, yielding an overall satisfaction rate of 82.5%. While this indicates generally positive perceptions of care, it also highlights several areas, such as Time Spent with Doctor, which could benefit from improvement.

The Financial Aspects domain in this study showed a relatively high satisfaction rate of 85.3%, which aligns closely with the results from Rohani et al. (2025), where Nangarhar University Teaching

Hospital (NUTH) reported 89% satisfaction in the same domain. Both studies reflect a positive view of financial transparency and affordability within public hospitals in Afghanistan. In contrast, private hospitals such as Rokhan Teaching Hospital (RTH) in Rohani et al. (2025) showed much lower satisfaction with financial aspects, with 54% of patients expressing dissatisfaction. This disparity between public and private settings is consistent with findings from other low-income and post-conflict regions, such as Liberia, where financial barriers to accessing healthcare often lead to greater dissatisfaction, especially in private institutions (16, 17). These findings underscore the importance of improving financial transparency in the private sector, which could help enhance patient satisfaction in similar contexts.

In the domain of Time Spent with Doctor, the study at Ali Abad revealed a satisfaction score of 81.0%, which suggests that while patients are somewhat satisfied with the amount of time they spend with healthcare providers, there remains significant room for improvement. This finding is consistent with research from post-conflict Uganda, where limited consultation time, due to healthcare provider shortages and high patient volumes, often results in lower patient satisfaction, despite positive feedback in other areas like communication (18). In comparison, Spinghar Momand Teaching Hospital (SMTH) in Nangarhar, as reported by Rohani et al. (2025), achieved a much higher satisfaction score of 96.6% in this domain. This discrepancy highlights the significant impact that adequate consultation time has on patient satisfaction, especially in healthcare settings with high patient-to-doctor ratios. The results from both Ali Abad and SMTH suggest that increasing the amount of time allocated for patient consultations could significantly improve satisfaction, particularly in public hospitals in Afghanistan where the pressure on healthcare providers is high.

Interpersonal Manner, which assesses the quality of interactions between patients and healthcare providers, was another domain where Ali Abad showed relatively high satisfaction (80.3%), though still lower than Nangarhar University Teaching Hospital, which reported 94.2% satisfaction in Rohani et al. (2025). This difference underscores the

importance of effective communication and empathy in clinical encounters, both of which are crucial for fostering trust and improving patient experiences. In post-conflict environments, such as those seen in Sierra Leone and Liberia, improving interpersonal relationships between healthcare providers and patients has been shown to significantly enhance overall patient satisfaction, even in the context of limited healthcare resources (19, 20). Therefore, strengthening communication skills and empathy in healthcare providers could lead to improved satisfaction in Ali Abad and other similar settings in Afghanistan.

Recent studies have highlighted the critical role of physician professionalism and empathy across key domains of medical practice. The findings presented in the study from Ali Abad Teaching Hospital show that physicians exhibit high levels of professionalism, communication, and empathy, with mean scores of 4.63 (SD = 0.57196) for professionalism and trust, 4.40 (SD = 0.61113) for patient-centered communication, and 4.33 (SD = 0.64963) for empathy and emotional understanding. These results are consistent with findings from recent literature, which emphasize the importance of these domains in improving patient care, fostering trust, and enhancing communication within the doctor-patient relationship.

The high score for professionalism and trust in this study (mean = 4.63) is consistent with the work of Nahai et al. (2011) (21), who found that trust-building behaviors are integral to the success of patient-provider relationships. Nahai and colleagues (21) argue that physicians' competency, coupled with their ability to display warmth and respect, strengthens trust and contributes to a more effective therapeutic alliance. This reflects the findings from Ali Abad Teaching Hospital, where physicians demonstrated strong commitment to trust-building behaviors, with 94.5% of respondents indicating high levels of professionalism and trust in their interactions with patients. Similar conclusions were drawn by Piskorz-Ryń et al. (2024) (22), who observed that effective trust-building, facilitated by both empathy and professionalism, directly contributes to the success of patient-centered care models in hospitals. Their research further reinforces the importance of trust as a central element in

achieving positive health outcomes, demonstrating the universality of these findings across various clinical settings.

In the domain of patient-centered communication, the study from Ali Abad Teaching Hospital reported a mean score of 4.40, which aligns with findings from Janowski et al. (2021) (23), who emphasized the importance of empathetic communication in healthcare. Janowski and colleagues (23) argue that communication plays a fundamental role in patient satisfaction and care quality, with empathetic communication serving as a key factor in improving patient engagement and fostering positive health outcomes. Their work highlights the need for physicians to actively involve patients in their care decisions and engage in transparent, empathetic communication. The 94.28% of respondents in the Ali Abad study who reported strong patient-centered communication and involvement indicate that these physicians prioritize the emotional and informational needs of patients, further supporting the claim that effective communication is essential to fostering trust and improving care delivery.

The third domain, empathy and emotional understanding, also received high marks in the study at Ali Abad Teaching Hospital, with a mean score of 4.33. This score reflects the growing body of literature that identifies empathy as a critical component of physician-patient interactions. Hovland et al. (2024) (24) highlight that emotional intelligence, particularly in healthcare professionals, is fundamental to creating strong patient-provider relationships. Their research underscores the ability of empathetic physicians to effectively understand and address the emotional needs of patients, thereby improving the overall patient experience and contributing to positive health outcomes. The Ali Abad study's finding of 94.95% of physicians demonstrating high levels of empathy and emotional understanding supports these conclusions, aligning with Hovland et al.'s (24) argument that empathy fosters deeper connections with patients and improves their overall care experience.

When comparing the findings from the Ali Abad Teaching Hospital study to recent literature, it is clear that high levels of professionalism, empathy, and patient-centered communication are consistently observed across various clinical settings. The overall

mean score of 4.45 for professionalism and empathy in the Ali Abad study mirrors the general trends found in the literature, where physicians who demonstrate high professionalism and empathy are more likely to build strong, trust-based relationships with their patients, leading to enhanced patient satisfaction and improved treatment adherence. These results also align with the work of Akseer et al. (2021) (25), who emphasize that professionalism and empathy positively influence patient satisfaction by improving patient trust and fostering a more compassionate approach to care. Akseer et al. (25) further discuss the role of empathetic behaviors in creating a supportive care environment, one that is essential for ensuring positive health outcomes.

The study at Ali Abad Teaching Hospital in Kabul highlights the importance of professionalism, empathy, and patient-centered care in post-conflict settings. The high satisfaction with financial transparency and interpersonal manner suggests that trust and communication positively impact patient experiences. However, areas like time spent with doctors need improvement, which aligns with findings in other post-conflict regions like Uganda and Liberia, where similar challenges are observed despite high levels of empathy and communication. The research emphasizes that strengthening physician-patient relationships, especially in resource-limited environments, is crucial for enhancing patient satisfaction and care quality. It also contributes to the underexplored area of healthcare in Afghanistan, reinforcing the global need for improving interpersonal skills and professionalism in healthcare providers to improve outcomes in such settings.

### Limitations

While this study provides valuable insights into physician professionalism, empathy, and patient satisfaction in a post-conflict setting, there are several limitations to consider. First, the study was conducted at a single hospital, which may limit the generalizability of the findings to other healthcare settings in Afghanistan or similar post-conflict regions. The sample size, although adequate, might not fully capture the diversity of patient experiences across different demographics or healthcare conditions. Additionally, self-reported measures of

patient satisfaction and physician professionalism may introduce bias, as patients may be inclined to provide socially desirable responses. The cross-sectional nature of the study also limits the ability to draw conclusions about causality between physician behaviors and patient satisfaction. Lastly, the study did not explore the perspectives of healthcare providers themselves, which could provide a more holistic view of the factors influencing patient satisfaction and care delivery.

### Conclusions

This study at Ali Abad Teaching Hospital in Kabul, Afghanistan, highlights the vital role of physician professionalism, empathy, and communication in shaping patient satisfaction in a post-conflict, low-resource healthcare setting. The findings demonstrate that trust-building behaviors, effective communication, and empathy significantly enhance patient experiences, particularly in areas like financial transparency and interpersonal interactions. However, challenges such as limited time spent with doctors suggest room for improvement, aligning with similar issues observed in other post-conflict regions (26). Despite the study's limitations, such as its single-site design and reliance on self-reported data, it contributes valuable insights into healthcare delivery in Afghanistan and comparable environments. The results reinforce the importance of professionalism and empathetic communication in improving care outcomes, emphasizing the need for further research through multi-site studies and longitudinal approaches to refine strategies for enhancing patient satisfaction and care quality in resource-constrained settings (27).

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### Conflict of Interest

The authors declare that there are no conflicts of interest associated with this study.

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