

Influence of Safety and Security towards Emotional Safety with special consideration of Servicescape: Dedicated to Healthcare Sector in an Experience Economy

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Abstract

This study examines the influence of safety and security towards emotional safety with special consideration of servicescape: Dedicated to the Healthcare sector in an experience economy. The present work is founded out of observational information derived from a descriptive study that extends to survey the research strategies and methods brought up data collection and analysis relies on the identical. Research design incorporated to understand this status is exploratory research, in keeping with this researcher explore only Safety and Security, emotional safety aspect required in hospitals. The study reveals that instead of following a global standard in common, the hospitals have to identify the key parameters in order to keep the patients satisfied in several facets and to be a one-stop health care solution provider at the most competitive price.

Keywords: Safety and Security, Emotional safety, Service scape, Experience economy, Healthcare, Hospitals.

Introduction

Safety and Security

Health services are devoted to providing a safe and secure atmosphere for patients, staff, and visitors. Hospital security measures keep patients, staff and visitors safe from unsuitable behaviour such as fierceness and hostility.

Emotional Safety

Emotional safety refers to an emotion achieved in a bonding relation wherein each individual is open and vulnerable. The concept is predominantly used by couples' therapists to describe closely acquainted relationships. To feel emotionally safe, I have to feel like there is mutual honesty and respect. As far as with colleagues, who we don't get to choose, open communication is key to developing a connection (Weinstein, n.d.)

Service Scape

The totality of aura and physical environment within which a service takes place. it's also known as service setting. Though several articles accentuate the importance of the service scape (the physical facilities of a service organisation), the effect of the service scape on quality perception has been inadequately captured by previous researchers

Experience Economy:

Experience economy isn't an economic model or system, but more of a business term. This buzz word originated in the year 1998, where businesses sell the experience of something.

For example, once you walk into Starbucks and sit there and do some work. You're not paying only for the coffee except for the experience of the place, the atmosphere. The same goes for other themed restaurants. An equivalent is often said for theme parks, airlines, hotels than one.

Basically, it encourages businesses to supply experience as a part of their offering. A bit like customer service and such. It's a strong model to make brand loyalty.

Emotional Safety in Hospitals:

To feel emotionally safe in a hospital the patient should feel that the hospital as a second home and the doctors, nurses and staff should be like his family members from the first time of his visit to the hospital. If we are lost in the first impression to bring them into our safety zone, we are lost forever.

The hospital staff should treat the patients with respect, care, without any discrimination and make them believe that their disease is curable.

Patient should feel the ease of taking treatment and visiting the hospital frequently for follow-ups. The hospital management should be responsible and accountable for the well-being of their patients and it should be imbibed as a culture in the hospital. Bills that are issued to the patients should not scare them and it should contain detail description of the treatment and their charges

Safety and Security in Every Hospital

To keep staff, patients, and visitors safe, hospitals use an array of security procedures, including the utilization of CCTV, duress alarms for workers members, and electronic access control systems for entryways. Many hospitals also deploy staff.

Review of Literature

(Prasad, 2019) research is spreading a step extra to an outstanding study and practices recommended by National Accreditation Board for Hospitals & Healthcare Providers (NABH), on safety and security aspects. By considering major recommendations, present shove solely emphases on four imperative dimensions of skills such as safety and security, post employability skills, fire safety, and service standards. The gentle blend of the service standards and service excellence can be a way out to answer the umpteen questions pertaining to experience economies in health care sectors i.e. for Multi-Specialty Hospitals intended for signs of Hospitality.

(Casteel et al., 2009) examine changes in violent incident rates to hospital workforces before and after enactment of the California Hospital Safety and Security Act in 1995. They compared pre- and post-initiative employee assault rates in California and new jersey where state-wide workplace violence initiatives do not exist and found that Policy may be an operative system to rise safety to health care workers.

To increase an understanding of safety and security measures, a London-wide survey of acute admission wards was undertaken revealing a large form of actions and guidelines operative. Two independently changing emphases of ward security guidelines were identifiable, the primary geared toward avoiding harm to patients by means of door security, proscription of the item, and restrictions on inpatients. The opposite is geared toward tumbling risks to staff through trying to find patients,

usage of security personnel, and erudite alarm systems. There's some initial sign that these security guidelines are differentially linked with the amount of absconding and violent incidents(Bowers et al., 2002)

(Cowman & Bowers, 2009) extended a comparative study to explain and differentiate safety and security measures in psychiatric acute admission wards within Ireland and London and located out that there's an absence of coherent policy and procedure in safety and security procedures across psychiatric acute admission wards, regarding clinical practice there must be a concerted effort to confirm that they found all policies and procedures in safety and security on evidence and best practice. Mental health managers must establish a review of staff safety and security procedures and practices. Risk assessment and environmental audits of all mental state clinical environments should be mandatory.

(Comer & Nemeroff, 2000) did a study on the venereal behaviour of young grown-ups has documented a casual/regular partner distinction in relations of condom usage and professed risk of constricting sexually transmitted diseases (STDs). College students' conceptions of casual vs. regular partners were exposed and used to create 3 sexual partner setups: casual, regular with insufficient risk info (regular emotionally safe), and regular with sufficient risk information (regular objectively safe). Partakers rated the target companion in terms of emotional safety, AIDS/STD risk, and probability of condom use. Outcomes presented partakers to be blurring emotional with physical safety; i.e., employing an emotionally constructed strategy in rating perceived risk.

(Clark, Drain, & Malone, 2003) did a groundwork to induce whether patients' emotional and spiritual needs are vital, whether hospitals are operative in addressing these needs, and what strategies should guide improvement. Analysis exposed a strong relationship between the "degree to which staff addressed emotional/spiritual needs" and overall patient satisfaction. Three measures most highly correlated with this measure of emotional/spiritual care were (i) staff response to concerns/complaints, (ii) staff effort to include patients in decisions about treatment, and (iii) staff sensitivity to the inconvenience that health problems and hospitalization can cause.

(Mitchell & Irvine, 2008) In this paper, the researchers reveal the necessity for researchers to be conscious of their "research footprint," in precise the necessity to be reflexive and responsive to participants' emotional well-being, and for funders and employers to be sensitive to and mindful of the demands of social research, including effects on researchers' well-being.

(Bowtell, Sawyer, Aroni, Green, & Duncan, 2013) presented a case study involving the unanticipated deaths of two young persons whose parents were collaborating during a qualitative study concerning adolescents with chronic disease. The likenesses are drawn from team discussion and analysis of the trainee researcher's responses to the circumstances that specialize in (a) reflexivity and ethical mindfulness as a technique for enhancing emotional safety, (b) the concept of emotional safety for qualitative researchers, and (c) the procedural issues and emotional responses that led to engagement with the human research ethics panel and resulting changes in policy. The article recommends the promotion of emotional safety in qualitative health research that's relevant for researchers, especially trainee researchers, likewise as ethics committees.

Research Methodology & Approach

The researchers recommend naturalistic (or) participant observation method and descriptive research designs (based on interview method - non parametric study is applicable) of survey type. It is a participant observation method (sixty three actively participated employees from the

various multi-specialty hospitals located in and around Chennai involved in this diagnostic method) no manipulation of variables took place, but a survey of independent factors influencing (or) affecting post employability skills among employees in Indian corporate companies with limited extension to experience economy and its standards can be assessed as easily. Suggested population for the survey should consist of employees from several departments of the governing body and respective HR trainers (or) coach.

Questionnaire and content for enhancing awareness on safety & security were constructed. The instrument being used in this research is questionnaires relevant to post employability skills the instruments were subjected to face contents and construct validity on research outputs.

Mixed Methods Research is a combination of Causal, Exploratory and Descriptive type of research used as a methodology for taking research that involves gathering, analysing and integrating quantitative (e.g., experiments, studies) and qualitative data gathered out of observational studies (e.g., focus groups, interviews) respondents.

Purpose

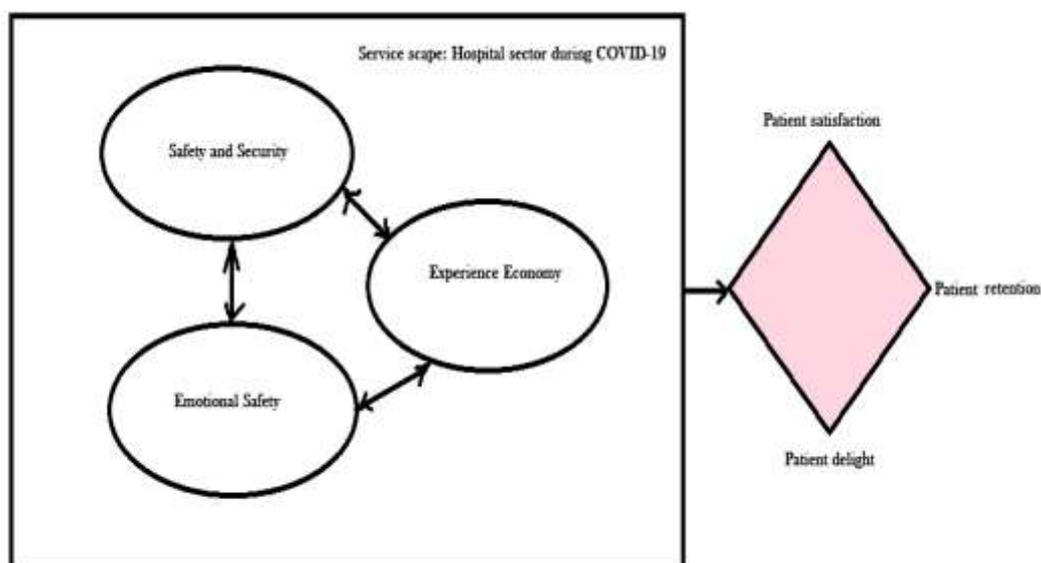
The prime motive and purpose of this study is to create awareness and educate employers on the Influence of Safety and Security towards Emotional Safety with special deliberation of Servicescape: Dedicated to Healthcare Sector in an Experience Economy.

A Statement of the Problem

What are the attributes related to safety and security will influence emotional safety? Do the characteristics considered in this study, i.e. Safety and security, Emotional safety, and experience economy lead to patient satisfaction, patient retention and patient delight?

Research Model

This research focuses on the three-step tree, i.e. Safety and Security and Emotional safety hooked on experience economy - (service standards & service experience).



As an outcome, If the patients are aware of safety and security prevailing in an organisation, they will feel emotionally safe and in turn cooperate with the Medical staff and get the maximum satisfaction

Objectives

The objective of the research is to look at the influence of safety and security towards emotional safety with special consideration of servicescape: Dedicated to Healthcare sector in an experience economy.

Suggested Hypothesis

Based on current research these hypotheses are drawn: - Theoretical Opinion only

H1: There is no significant relationship between safety and security and emotional safety.

H2: Safety and security, Emotional safety in service scape industry does not significantly contribute to patient satisfaction, patient retention and patient delight

H3: There is no significant relationship between safety and security and experience economy

Research Design

The present work is founded out of observational information derived from descriptive study which extends to survey the research strategies and methods brought up data collection and analysis relies on the identical. Research design incorporated to understand this status is exploratory research, in keeping with this researcher explore only Safety and Security aspects required in hospitals. Exploratory research doesn't aspire to supply final and conclusive answers to research questions and formulated hypothesis. The research results may even alter the focus of the work to a specific extent. Data collection and analysis is strongly recommended within the level to explore more in keeping with recent evidence gained during the research process.

Importance of the Study

Safety and security and emotional safety have been identified as the vital factors in servicescape industry in an experience economy in the fast-growing world. Most of the service organisation does not understand the importance of these aspects. If these critical factors are not addressed especially in the health sector where we fail to accept zero tolerance results in huge dissatisfaction to the patients

Research Limitations or Implications

The study provides useful insights for understanding and creating awareness of safety and security, emotional safety in an experience economy. The impact of Servicescapes in an experience economy and its shown design and suggestions need developments. The paraphernalia and combination of the experience economy and service standards need wide study; the results of these have not been analysed separately by using statistical analysis.

Pragmatic Implications of safety theories in Implementing emotional safety

Hospital Visitors and Safety

As a hospital visitor, the patient must respect visiting hours and rest periods for patients throughout the day. If they wish to bring a present for your dear, crisscross with the hospital reception to form sure whether it's okay. Some wards restrict pot plants, flowers, or food. Sometimes, seeing a dear in pain or suffering may be stressful. The visitors should and attenders should always be polite to the hospital staff, other patients, and visitors. Physical or verbal mishandling towards staff, patients, or other visitors won't be endured and you'll be asked to manoeuvre out of the hospital.

Hospital Security Arrangements

Many hospitals have staff and arrangements to shield patients and hospital staff to form sure they're safe. Health services enforce a code of behaviour. they are doing not tolerate physical or verbal aggression, or abuse towards staff, patients, relations, or visitors. staff or police will ask aggressive or abusive visitors to depart the hospital.

Patient Safety in Hospital

Another a part of keeping patients safe within the hospital is ensuring they get the proper treatment, don't acquire infections, have falls, take the incorrect medication, or develop pressure sores.

Identification Checks

As a hospital patient, every individual entering the hospital should be asked to wear an identification (ID) band along with your name and other important details around your wrist or ankle, or both. Your ID band must be worn during the hospital stay. This is often to create sure that hospital staff can identify you easily which you receive the proper treatment and care. Staff will check your ID band before supplying you with any medication or treatment. All hospital staff members have a background and identification check before they're employed by a hospital to create sure they're qualified for his or her role and are of excellent character. They have to display their ID badge in the slightest degree times while at the hospital.

Personal Information Security

All hospital staff, including administration and health care team, must take reasonable precautions to guard your personal health statistics from:

- Unauthorized access
- Improper use
- Disclosure
- Unlawful destruction
- Accidental loss.

Staff who get contact along with your personal health information must maintain the confidentiality of that information.

Infections

All hospitals have infection control procedures and policies, and staff takes all precautions to avoid infections. However, the chance of infection can never be fully eliminated and a few people have the next risk of acquiring an infection than others.

Lung wound, tract, and bloodstream infections is picked up during a stay within the hospital. These are called 'healthcare-associated infections.

Some things that may help reduce the chance of getting an infection while you're within the hospital include:

- Washing hands properly, especially after using the restroom
- If the patient has got an IV drip, let their nurse know if the spot round the needle isn't clean and dry
- Telling their nurse if their dressings aren't clean, dry and attached around any wounds that they have
- Telling their nurse if tubes or catheters have moved or feel uneasy
- Doing deep breathing exercises—the staff will teach the patient and this is often imperative because it can help prevent a chest infection
- The hospital management should restrict relatives or friends who have colds or ill, to not visit the hospital.

Pressure Injuries

Pressure injuries are wounds that form because of ongoing pressure on an area of skin. Pressure injuries may cause pain and discomfort, resulting in a slower recovery and longer hospital stay. If the patient is assessed as a high-risk patient for developing a pressure injury, hospital staff will follow a care plan to minimise their risk of developing a pressure injury.

The patient care plan may include:

- Frequent inspection of skin
- Keeping skin clean and dry
- Making sure nutrition and fluids are suitable
- Changing patients position frequently
- Using a pressure-relieving device, such as a special mattress or supportive pad.

Electrical Appliance Checks

For your safety and to cut back potential fire risks, many hospitals won't allow patients to use any personal electrical appliances like a drier, radio, movable charger or docking station, until an electrician tests the item. Let hospital staff fathom any appliances that they've got brought with them and that they can arrange for the things to be tested.

Food Safety

Hospitals have food safety regulations and procedures to stop food contamination and to stay patients safe from sickness. For instance, most hospitals won't allow patients or your visitors to usher in food from outside the hospital that has to be heated.

Medication Safety

Hospitals have procedures to minimise the chance of patients being given the incorrect medication or wrong dose. Nurses will check your ID band and therefore the dosage instructions before supplying you with medication. Do not take the any other medication simultaneously while you're in hospital, including herbal supplements or remedies, without the consent of your physician. you will think that

the medication is safe to require, but it could interfere with the medication your doctor has prescribed or have a negative effect on you.

Keeping Valuables Safe

Theft is often a problem in hospitals, so the patients and visitors are advised not to bring jewellery, much money, or valuable personal items with them. It's okay to bring a tiny low amount of money or change for newspapers and other small necessities. Bring only the essential items that they just need for their stay. If they're admitted to the hospital through the emergency department, ask a devotee or relative to see after your valuables while you're being treated and to require them home. Some hospitals will accept valuable items for storage in an exceedingly safe after they need to be formally receipted. Visibly label all of their stuff together with their full name and have everyday stuff in marked cases or bags.

Keeping Children Safe Within the Hospital

Children's hospitals and wards have procedures to safeguard the kids in their care. Visitor access is proscribed to carers after hours, and there are also visitor restrictions or limitations during the day. Parents and carers can negotiate certain tasks of their child's care while in hospital, like who will bathe the kid and who is in a position to offer the medication. Children also will have to wear identity (ID) bands on their wrist or ankle, or both during their hospital stay, in order that they are often easily identified.

Service Scape:

(Rosenbaum & Massiah, 2011) has put into view an expanded servicescape context that displays that a perceived servicescape encompasses physical, social, socially symbolic, and natural environmental dimensions. A servicescape encompasses not only objective, measurable, and managerially controllable stimuli but also subjective, immeasurable, and often managerially uncontrollable social, symbolic, and natural stimuli, which all influence customer approach/avoidance decisions and social interaction behaviors. Moreover, customer responses to social, symbolic, and natural stimuli are habitually the drivers of profound person-place attachments.

3P's:

Patient Satisfaction:

(Linder-Pelz, 1982) has framed five hypotheses on social-psychological determinants of patient satisfaction and tested among patients coming to the primary care clinics of a university medical centre in Manhattan. The social-psychological variables operationalized here were expectations, values, entitlement and perceived occurrences; the three dimensions of satisfaction studied were doctor conduct, convenience and general satisfaction (Williams, 1994) articulates that patients may have a multifaceted set of significant and pertinent beliefs which cannot be embodied in terms of expressions of satisfaction. In simple terms, the hospital should deliver what is required or expected by the patient, so that he gets satisfied.

Patient Delight:

Creating a delight for a patient is the most challenging task in the universe. But giving him emotional safety and care will keep him elated and will act as a source of delight. (Vidhya, Samudhra Rajakumar, & Tamizhjothi, n.d.) in their study has identified patient satisfaction and emotional attachment influence patient delight.

Patient Retention:

Patient retention is not retaining him as a patient, but to retain him as a brand ambassador for our hospital through delighted service. (Rosen, Fox, & Gill, 2007) did a study on Patient Retention in Antiretroviral Therapy Programs in Black Africa and revealed that better patient tracing procedures, better understanding of loss to follow-up, and earlier initiation of ART to scale back mortality are needed if retention is to be improved. Retention varies widely across programs, and programs that have reached higher retention rates can function models for future improvements.

Background

Few or limited aspects of staff & patient safety initiatives exist in Multi-Specialty Hospitals

Originality/value

This report constitutes an original contribution to understanding affective values towards the importance of awareness of safety and protection. The research provides a methodology to study complex environments with many alternative solutions using special resources. Moreover, this work uses a combination of an observational method and oral opinion surveys to produce this pattern.

Structural & Functional Analysis

Mixed Methods Research is a combination of three research types used as a methodology for conducting research that involves collecting, analysing and integrating quantitative and qualitative theoretical data gained out of observational studies from respondents.

Research Questionnaire Method or Survey Method is recommended under scope for future research. Hence the data collection, analysis and interpretation outcomes are based on observation method of Research Methodology.

Discussion of Results

Findings based on Observational Research

Most patients will not complain to the nurse or doctor whom they interact, but they complain to the visitors, relatives etc., who may not be the right person to make him satisfied.

If a patient fails to express his grievance to the management, we not only lose the chance of curing his ailment, but more than that.

Patient's will not cooperate:

- Fear / discomfort of hospitalisation
- because of the lack of awareness of his health condition.
- lack of trust on the hospital employees
- feedback of the visitors who visits the patient
- improper Attitude and care of the hospital employees
- because he dislikes the environment and shows aversion
- past history/ rumours about the hospital
- pre-conceived notion about the hospital
- scared about the bills

If a customer complaint, he may be satisfied with majority of the service and giving us a chance to rectify the minority and he is also interested in us.

Suggestions & Recommendations

- Creating mindfulness on safety and security among hospitality industry employees helps the organisation to create a safe and secure environment at the workplace which in turn provides emotional safety.
- Introducing KPI's for employees in the organisation can help us to attain needs and requirements of experience economy.
- Safeguarding organisational property and employees in case of disasters can be more successful only after creating awareness among employees on safety and security concerns.
- Continuously training employees on KPI & KRA's of experience economy in a service scope industry can help organisations to attain their goal swiftly.
- Mapping of KRA's in developing service standards can aid us to progress service quality and Servicescape.
- Instant feedback system with the help of an application before the patient's discharge will help us to know and realize the voice of customers for services rendered by us.
- Patients who gets admitted and treated for more than two days can be given an app login to check the details of his treatment.
- Critical care patient's health details should be made available to all the nurses and doctors who treat him/ her and they can check the details even after returning home after duty. These things will give him tracker and emotional safety.
- Through this app the patients also can post his grievance every now and then (if any) and we can have a hang on the mindset of the patient when he is inside the hospital. This will enable us to rectify if there is any problem during his stay in the hospital, instead of patient giving a negative feedback after discharge. And if we get a negative feedback, we may lose a chance to rectify the same.
- Retaining the existing patients for follow-up treatment is a herculean task and If we have a **patient wellness management system (PWMS)** we can track them and pull the patients for follow-up.

- The employer should reward and recognise employees, who gets great feedback from patients, which will motivate employees to give their best. Star rating or cumulative grade points can be given to them.
- Great attitude of employees with care will build trust among the patients and lead to emotional safety and patient satisfaction.

Conclusions Derived

Expecting delighted service from the service provider at an affordable price is the greatest challenge in the hospitality industry. The expectation keeps on mounting every single day. Patient's expects you to treat them well and the value addition that you give make him satisfied. Satisfaction that we give, not only retains him but also makes him as a brand ambassador for our organisation.

To conclude: As a service provider we need to identify the key parameters that keeps our patients delighted, instead of blindly following a global standard.

Limitations

The study provides useful insights for understanding and creating awareness of safety and security, emotional safety at some crucial stages of incorporating experience economy. The impact of Servicescapes and its proven design and suggestions need enhancements. The effects and combination of the experience economy and service standards need extensive study; the outcomes of these have not been analysed separately by using a statistical tool. This study discusses on customer's expectations on service standards, not global standards.

Present Experiment Offers Scope for Further Research

For strong Instances, comparisons with other similar research in other units like hospitals, health care systems in India are recommended, so as to experience exposure to risk factors and outcomes due to lack of adequate safety and security awareness. Finally, this study might be beneficial to comprehend how safety and security influences emotional safety in an experience economy and develop a culture in the organisation such that the environment creates emotional safety and yields to 3P.

All the esteemed corporate businesses can identify vital safety and security requirements and list out them as per their business model and specialisations-henceforth after identifying specialists - essential safety and security requirements and customer expectations can be scrutinised and listed as per current research formats. This survey is devoted exclusively to health care organisations and hospitals. In addition to awareness of safety and security detailed research on the below mentioned acronyms can further broaden the actual core of experience economy in and around health care organisations.

Suggested Title: Impact of safety and security, emotional safety incorporating the global service standards and customers' expectations in hospitality sector in an experience economy.

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