The Relationship of Patient Assessment of the Implementation of Nurse Therapeutic Communication with Patient Satisfaction with Service

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Komunikasi terapeutik adalah aspek penting dalam pelayanan keperawatan yang menggambarkan keterampilan interpersonal perawat dalam membangun hubungan profesional dan empatik dengan pasien. Dalam konteks pelayanan holistik, komunikasi terapeutik mempengaruhi persepsi dan pengalaman pasien terhadap kualitas pelayanan kesehatan yang mereka terima. Penelitian ini bertujuan untuk menganalisis hubungan antara penilaian pasien terhadap komunikasi terapeutik perawat dengan tingkat kepuasan pasien di ruang rawat inap. Metode yang digunakan adalah penelitian kuantitatif dengan desain deskriptif korelasional. Sampel terdiri dari 234 pasien yang dipilih dengan teknik purposive sampling, dengan kriteria inklusi pasien yang dapat berkomunikasi dengan baik, serta kriteria eksklusi pasien dalam kondisi kritis atau yang pulang atas permintaan sendiri. Instrumen yang digunakan untuk menilai komunikasi terapeutik perawat sudah terbukti validitasnya (0,517 - 0,855) dan reliabilitasnya (Cronbach alpha 0,962). Data dianalisis menggunakan uji Chi-Square Pearson. Hasil analisis univariat menunjukkan bahwa 56% pasien menilai komunikasi terapeutik perawat baik, dan 73,1% pasien merasa puas. Uji bivariat menghasilkan nilai p sebesar 0,001 (p < 0,05), yang menunjukkan adanya hubungan signifikan antara penilaian komunikasi terapeutik dan tingkat kepuasan pasien.

The Relationship between Patient Assessment of the Implementation of Nurse Therapeutic Communication and Patient Satisfaction with Services

Therapeutic communication is a crucial aspect of nursing care that reflects the interpersonal skills of nurses in establishing a professional, empathetic, and attentive relationship with patients. In the context of holistic care, therapeutic communication significantly influences patients' perceptions and experiences regarding the quality of healthcare services they receive. This study aims to analyze the relationship between patients' assessments of nurses' therapeutic communication and their satisfaction with inpatient services. The study employed a quantitative method with a descriptive correlational design. A total of 234 patients were selected using purposive sampling, with inclusion criteria of patients who could communicate effectively (without hearing or speech impairments) and exclusion criteria of patients in critical conditions or those discharged against medical advice. The instrument used to assess nurses' therapeutic communication demonstrated validity ranging from 0.517 to 0.855 and reliability with a Cronbach alpha value of 0.962. Data were analyzed using the Pearson Chi-Square statistical test. The univariate analysis showed that 56% of patients rated nurses' therapeutic communication as good, while 73.1% expressed satisfaction with the services. The bivariate analysis yielded a p-value of 0.001 (p < 0.05), indicating a significant relationship between the assessment of therapeutic communication and patient satisfaction.

Introduction

Nurses are a field that has a crucial role in hospitals and has an important influence on the quality of hospital services (Halawa et al., 2020). The quality of nursing services is not only seen from the success of the nurse in providing care, but also from the ability of the nurse to build a relationship of mutual trust through interaction with the aim of recovering the client. Therefore, the interaction between nurses and patients is a very important and fundamental element (Erliana et al., 2022). Without a nurse, the patient's well-being can be neglected because the primary liaison nurse and the longest interacting with the patient where nursing services are continuous up to 24 hours a day while the client is in the inpatient room (Marpaung, 2025). Nurses need to have the ability to properly care, appreciate, and care for patients. Nurses play the role of executors in providing nursing services as well as educators for individuals, families, community groups, and other health workers under their responsibility (Ismoyowati, 2021).

According to data from the Ministry of Health of the Republic of Indonesia (Kemenkes RI, 2020), the number of Health Human Resources (HR) in all hospitals in Indonesia was recorded at 817,145 people. Of these, 569,714 are health workers and 247,431 are health support workers. Nurses are the profession of health workers with the highest number, which is 50.79%. A high proportion of nurses must be balanced with good competence or superior performance. Good performance can be seen from the standard of nursing care services given to patients. The nursing service process always involves an interaction between the nurse and the patient known as communication (Ministry of Health, 2020). Lestari et al., (2024) stated that the workload given does not affect communication, but is not carried out optimally and is less effective. This is due to an imbalance between the nurses on duty and the number of patients. Information delivery is done well but does not apply therapeutic communication according to theory.

Communication includes a variety of physical, psychological, and social activities. Likewise in nursing practice, in addition to the skills of caring for patients, nurses must also have good, efficient, and goal-oriented communication skills. Communication skills are seen as a must for a nurse (Mahmudah et al., 2022). Communication carried out by nurses has a great ethical obligation. The moral responsibility of nurse communication is evident through empathetic and caring behaviors, as well as the drive to support and care for patients in order to achieve healing, which is called therapeutic communication.

Therapeutic communication is a relationship or interaction between nurses and clients that is designed to support therapeutic goals to achieve an ideal and efficient level of recovery (Sitorus et al., 2023). Therapeutic communication can occur when there is a relationship of mutual trust between the nurse and the patient. The therapeutic communication process involves three phases, namely the orientation, work, and termination phases. When therapeutic communication takes place, a good attitude is carried out by the nurse, namely a position to face the client, maintain eye contact, and be relaxed. If nurses do not carry out or do not apply therapeutic communication, there will be several negative impacts, one of which is an increased risk of errors in the interpretation of the information received, which ultimately triggers conflicts. In addition, loss of trust, negative emotional reactions when receiving information and services, misalignment in perception, and a decrease in the quality of health services that affect the value of satisfaction levels as well as patient dissatisfaction (Luthfiana et al., 2024). However, the reality is that there are still many nurses who do not carry out the telepathic communication process properly.

According to research conducted by Simamora (2022) of 88 respondents showed that therapeutic communication applied by nurses at the hospital. Ferdinand L. Tobing Sibolga City lacked 35 respondents (39.8%) and 21 patients (23.9%) were good. In the study, it was concluded that nurses did not perform therapeutic communication procedures well. The results showed that some nurses did not greet patients, did not introduce themselves, did not explain the duration required for a procedure, often did not ask for the patient's consent or readiness, and did not perform or continue to follow up on the interactions that had been carried out and did not schedule the next meeting and the lack of therapeutic communication between the nurses due to the inequality of many patients with the nurses. Making the performance of nurses not optimal and the stages of therapeutic communication not being resolved properly (Simamora *et al*., 2022). In Djala's (2021) study, nurses often do not provide communication in accordance with expectations in providing nursing services related to health information. In addition, nurses also often do not pay attention to techniques in therapeutic communication especially in the Internal Care Room, the relationship between nurse and patient is often disrupted because nurses only focus on actions and procedures that must be carried out due to inadequate ratio between nurse and patient so that nurses have limited time to communicate with patients.

Based on existing research, research related to nurse communication at Arifin Achmad Hospital, especially in the Inpatient Room, is still rarely carried out. Even though this is very important to be done to improve the quality of service and patient satisfaction at Arifin Achmad Hospital because Arifin Achmad Hospital is a referral hospital in Riau Province. In accordance with Djala's (2021) statement, when nurses do not implement therapeutic communication effectively, it can result in misperceptions, affect mutual trust relationships and disrupt or damage the therapeutic relationship between nurses and patients. So that it can affect patient satisfaction.

Patient satisfaction is the feeling of happiness or disappointment that arises when patients compare their performance and the results of their perceived service with their expectations (Karunia et al., 2022). Everyone's level of satisfaction will vary depending on how their self-perception reflects the reality of the actions taken. Patient dissatisfaction can arise due to a process in which the patient's demands or demands change rapidly, but these changes have not been in line with the speed of change in work patterns and actions by nurses. Patient dissatisfaction can have an impact on the image of nurses who are considered unprofessional in carrying out their duties. Patient satisfaction reflects the quality of health services which means that the level of satisfaction that patients feel arises due to the results of the health services provided, which are compared to their expectations. (Marzuq *et al*., 2022).

Based on the Decree of the Minister of Health (Kepmenkes) Number 129 of 2008 concerning minimum service standards for hospitals, the indicator of customer satisfaction standards in inpatient services should ideally be $\geq$ 90% (Maryana & Christiany, 2022). However, the results of Ra'uf's research (2021) indicate that in the inpatient room of Ulin Hospital Banjarmasin, most patients feel dissatisfied with the services provided, which is 51.9%. The results of the analysis showed that 40.3% of respondents reported low satisfaction, which is related to nurses' therapeutic communication which was perceived as lacking (Ra'uf, 2021). In accordance with previous research, it is known that patient satisfaction in hospitals is still low. However, patient satisfaction at Arifin Achmad Hospital, especially the inpatient room, has not been researched related to this. In addition, previous research such as the research of Sudarsih and Santoso (2024) using the analysis of the T test and the F test, which only

emphasized the assessment of nurse communication and did not see the relationship with patient satisfaction in the hospital.

Based on a preliminary study conducted by researchers on September 17, 2024 in the IRNA Surgical Inpatient Room of Arifin Achmad Hospital with an interview method with 10 patients, it is known that 6 patients stated that nurses rarely communicated or spoke to patients when performing actions and after giving actions. 4 of them said they were quite satisfied with the communication carried out by the nurse. When nurses enter the patient's room, they rarely say hello or smile, which causes the nurse to not be perceived as friendly by the patient. In addition, nurses also rarely introduce themselves to patients, although at this stage the onboarding phase by the nurse is considered very important. In the orientation phase, not all nurses provide an explanation of the action to be taken and the purpose of the action. In this phase, it is hoped that nurses will be able to interact more intensely with patients. During the action, some nurses do not maintain communication with patients. The patient said that the nurse was silent so the patient felt awkward to ask. In the termination phase, the nurse does not ask the patient how he or she feels after receiving the action, and does not explain the follow-up plan to the patient. In this phase, the nurse should evaluate the actions that have been taken.

In accordance with previous research and preliminary studies conducted by researchers at Arifin Achmad Hospital that have been described, this study aims to analyze whether there is a relationship between patient assessment of nurses' therapeutic communication and patient satisfaction with services in the inpatient room using correlation analysis.

Method

This study uses a quantitative approach with a correlation design *cross sectional*. The researchers collected data from a variety of subjects or respondents at the same time to illustrate the relationship between patients' assessments of nurses' therapeutic communication and patients' satisfaction with nursing services at the time. The population in this study is all patients treated in the IRNA Surgical Inpatient Room of Arifin Achmad Hospital Pekanbaru, which includes the Gardenia, Edelweis, and Dahlia Rooms with a total population of 566 people. The determination of the number of samples was carried out using the Slovin formula with *error tolerance* 5% (0.05), resulting in a sample of 234 respondents. Sampling using the *purposive*

sampling With the inclusion criteria, namely patients who have the ability to communicate effectively, do not experience hearing impairment or speech function impairments, and the exclusion criteria, namely patients who suddenly experience a critical condition as well as patients who go home at their own request. An instrument to measure patients' assessment of the application of therapeutic communication of nurses was adapted from a questionnaire developed by Afriadi et al., (2024) that has been tested for validity in the range of 0.517 - 0.855, and is reliable with a value of *Cronbach Alpha* 0.962. Meanwhile, to measure the level of patient satisfaction with services, a questionnaire was used that referred to the Regulation of the Minister of State Apparatus Empowerment and Bureaucratic Reform of the Republic of Indonesia (PermenPAN RB) Number 14 of 2017 concerning Guidelines for the Preparation of Community Satisfaction Surveys in Public Service Implementation Units. This questionnaire is also used as part of the Standard Operating Procedures (SOP) for assessing patient satisfaction at Arifin Achmad Hospital. The data analysis used was univariate and bivariate analysis. Univariate analysis was used to describe the characteristics of the respondents, as well as to provide a description of the patient's assessment of the application of therapeutic communication by the nurse and the level of patient satisfaction with the service. Meanwhile, bivariate analysis was conducted to determine the relationship between patients' assessments of nurses' therapeutic communication and patient satisfaction with services, using statistical tests *chi-square* with a significance of 0.05 that has met the assumption *chi square* with the help of SPSS.

Research Results
Respondent Characteristics
Table 1. Respondent Characteristics

Respondent Characteristics	Frequency (N)	Presentase (%)
Age		
17-25 years old	29	12.4
26-35 years old	78	33.3
36-45 years old	60	25.6
46-55 years old	57	24.4
56-65 years old	10	4.3
Total	234	100
Gender		
Women	142	60.7
Male	92	39.3

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Total	234	100
Marital Status		
Married	173	73.9
Unmarried	49	20.9
Duda/Janda	12	5.1
Total	234	100
Respondent Education		
No School	0	0
SD	15	6.4
SMP	61	26.1
SMA	139	59.4
DIII/S1/S2	19	8.1
Total	234	100

Table 1 shows the characteristics of the majority of respondents treated in the Irna Surgikal room of Arifin Achmad Hospital in this study are in the age range of 26-35 years, namely 78 people (33.3%), female gender 142 people (60.7%), married status 173 people (73.9%), and high school education which is 139 people (59.4%)

Frequency Distribution of Patient Assessments on the Application of Nurse Therapeutic Communication
Table 2 Frequency of Patient Assessment About   Application of Nurse Therapeutic Communication

Patient Assessment	Frequency	Presentase (%)
Good	131	56.0
Bad	103	44.0
Total	234	100

Based on table 2, it shows that of the 234 respondents, most of them had good patient assessments, namely 131 respondents (56.0%). Meanwhile, patients who had a bad assessment were 103 respondents (44.0%).

Distribution of Patient Satisfaction with Services
Table 3 Frequency of Patient Satisfaction with Service

Patient Satisfaction	Frequency	Presentase (%)
Excellent	2	0.9
Good	171	73.1
Not Good	59	25.2
Not Good	2	0.9
Total	234	100

Based on table 3, it is known that out of a total of 234 respondents, most patients are satisfied with the services provided. This can be seen from 171 respondents (73.1%) who stated

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that the service was in the good category. Meanwhile, 59 respondents (25.2%) rated the service as poor, and 2 respondents (0.9%) each rated the service as very good or not good.

Table 4. Patient Assessment Relationship on Communication Implementation Nurse Therapeutics with Patient Satisfaction with Service.

Patient Assessment	Patient Satisfaction										ρ Value
	Excellent		Good		Not Good		Not Good		Total		0,001
	N	%	N	%	N	%	N	%	N	%	
Good	2	0.9	124	53.0	5	2.1	0	0.0	131	56.0	
Bad	0	0.0	47	20.1	54	23.1	2	0.9	103	44.0	
Total	**2**	**0.9**	**171**	**73.1**	**59**	**52.2**	**2**	**0.9**	**234**	**100**	

Based on Table 4, the results of the analysis showed a relationship between patient assessment of the application of therapeutic communication by nurses and the level of patient satisfaction with the services provided. The p-value obtained was 0.001, meaning it was smaller than the set significance level ($\alpha = 0.05$). This indicates that there is a statistically significant relationship between patients' assessments of nurses' therapeutic communication and their satisfaction with service. This indicates that the patient's assessment of the nurse's therapeutic communication application is significantly related to the patient's satisfaction with the service.

Discussion
Respondent Characteristics
Age

The age characteristics of the respondents based on the results of the study on 234 patients who were hospitalized showed that most of the early adult patients in the age range of 26-35 years were 78 respondents (33.3%). According to the Ministry of Health (2009) those who are included in the category of early adults are those aged 26-35 years According to Scarlet Witch (2022), adulthood is characterized by the ability to evaluate experiences rationally and to have an adequate level of health literacy. This allows them to actively participate in the therapeutic communication process, such as relying on complaints, understanding medical information, and collaborating on treatment planning. Research results (Ratnaningtyas et al., 2023) that of the 357 patients hospitalized at the South Tangerang City Hospital, the most are known to be in the age range of 26-35 years, namely 190 patients (53.2%).

Gender

Based on the results of the study, the distribution of respondents by gender was mostly female patients as many as 142 respondents (60.7%). This is in line with the results of the

research Widjaja et al., (2021) that of the 48 patients hospitalized at Immanuel Hospital Bandung, the results were obtained that the most patients were female, with a total of 26 patients (54.2%). Djala (2021) stated that gender affects patients' perceptions and expectations in meeting needs, including health services. Pretirose et al., (2021)mentioning gender is related to inpatient satisfaction where biologically, women's reproductive states are more complex than men's. When compared between the two, women are more susceptible to diseases than men. Similarly, in this study, female patients were more found than male respondents when the researcher conducted the study. According to this explanation, the author assumes that gender is a differentiator between women and men. The large number of women illustrates that the level of health services is widely used by women.

Marital Status

According to the results of the study, the distribution of respondents based on marital status was obtained by the majority of married patients amounting to 173 respondents (73.9%). This is in agreement with Muzer (2020) showed patients who were hospitalized at dr. Ario Wirawan Salatiga Lung Hospital, which amounted to 718 people, dominated by the married category, which was as much as (93.20%). Married respondents were quite dominant in this study. According to researchers, the existence of a life partner can provide support in various things such as problem solving, finance, parenting, and emotions.

Final Education

Based on the results of the research, the distribution of respondents in the last education was the high school education level of 145 respondents (62.0%). In accordance with research Yuliana & Mirasari (2020) showed that most of the patients had a last education, namely high school, as many as 21 respondents (37%). As is known, education is the foundation of intellectual knowledge possessed by individuals. According to the researchers' assumptions, a high level of education will make it easier to identify stressors within oneself as well as from outside oneself. So that it affects the behavior of the respondent, for example in choosing the health services that he will receive in the sense that the individual is aware to use health services appropriately.

Patient Assessment of Nurse Therapeutic Communication

The results of the research that have been carried out on 234 inpatients in the Irna Surgikal room of Arifin Achmad Hospital majority have a good assessment of nurses'

therapeutic communication, namely as many as 131 patients (56.0%) and patients who have a bad assessment as many as 103 patients (44.0%). This proves that the nurse in the room has done good therapeutic communication so that it gets a good assessment by the patient treated in the room. For patients, good therapeutic communication is when the nurse is friendly, shows empathy, speaks in easy-to-understand language, and is willing to listen to their complaints. Good communication makes patients feel calmer and more confident that the nurse is capable and professional in caring for them. Therefore, therapeutic communication is considered important to build relationships that support the patient's healing process. Comparable to research Hamdiah & Budiyanto (2024) It was found that 47 patients (62.7%) said that the patient's assessment of nurse communication was good. Therapeutic communication is a type of communication that is designed and structured with the purpose of therapy and healing of the patient (Nurhayati et al., 2023). Because for the patient's recovery, the patient's assessment is very important for the sustainability of the treatment. According to Yuliana and Mirasari (2020), if the patient gives a negative assessment, it will have a bad effect on the continuity of treatment.

Researchers assume that therapeutic communication serves as an important tool during the treatment process as well as the patient's recovery. This type of communication is specifically designed to support patient recovery in a more effective and targeted way. For this reason, the assessment of the patient's condition is very crucial, because it can affect the course of the treatment process. If the patient gives a negative assessment of the treatment process or communication that occurs, this can have a negative impact on his recovery. In other words, poor relationships or less effective communication can hinder healing, while open and positive communication will speed up the patient's healing process.

Patient Satisfaction with Service

The results of the study on 234 patients, it was found that the majority of patients had satisfaction with the service in the good category which amounted to 171 patients (73.1%). According to (Karunia et al., (2022) Patient satisfaction is the result of a patient's subjective assessment based on his experience and feelings while receiving health services at the hospital. This assessment represents the level of conformity between the services provided and the expectations and needs of the patient. Therefore, patient satisfaction plays an essential role as an essential indicator in evaluating the quality of health services as a whole. A high level of

satisfaction not only reflects good service quality, but also serves as a hospital's competitive advantage in attracting new patients and maintaining the loyalty of existing patients (Husna et al., 2020). Comparable to research Jayanti et al., (2024) It showed that the majority of patients were satisfied with the service obtained by 54 respondents (55.7%). Similar results were also obtained in the study Hidayatullah (2020), where out of 30 respondents, as many as 23 people (76.7%) Most of the respondents showed a positive level of satisfaction with inpatient services at the Tapen Health Center.

According to the researchers' assumptions, satisfaction is based on patients' feelings and experiences of the quality of services provided by hospitals. In other words, patient satisfaction is a patient's way of assessing the extent to which hospital services meet their expectations and needs. This level of satisfaction will largely depend on how well the patient feels about the service received, which ultimately affects the patient's perception of the overall quality of the hospital.

The Relationship of Patient Assessment Regarding the Application of Nurse Therapeutic Communication and Patient Satisfaction with Inpatient Services

This study aims to analyze The relationship between patient assessment of nurse therapeutic communication and patient satisfaction with inpatient services. Based on the results of the study, the majority of patients who gave a good assessment of the implementation of therapeutic communication by nurses also showed a high level of satisfaction with the service, which was as many as 124 patients (53.0%). Pearson's Chi-Square statistical test yielded a value of $p = 0.001$ ($p < 0.05$), which suggests a significant relationship between therapeutic communication and patient satisfaction. When nurses demonstrate effective communication—such as listening to complaints with empathy, explaining information clearly, and showing an attitude of caring—patients feel valued and well served. Conversely, less responsive and hasty communication can reduce satisfaction, even if the technical aspects of the service are adequate. This is in line with Stuart & Sundeen's theory in Mulyana & Hilmawan (2021), which states that therapeutic relationships are cooperation that involves the exchange of feelings, thoughts, and experiences between nurses and patients. According to Pertiwi et al. (2022), therapeutic communication includes four main stages, namely the pre-interaction, orientation, work, and termination stages. At each of these stages, the role of the nurse in building trust, providing

education, and showing empathy is crucial to creating positive relationships. Nurses who master therapeutic communication skills tend to be more effective in building patient trust, contributing to strengthening the positive image of the nursing profession and hospital institutions, and facilitating the healing process. Patient satisfaction is the result of the compatibility between expectations and service experiences received. The results of this study are supported by several previous studies, such as Rohayani et al., (2024) and Suraying et al., (2025) who also showed that this study showed a meaningful relationship between the application of therapeutic communication by nurses and patient satisfaction in the inpatient room. It emphasizes that communication success is a key factor in shaping a positive experience during treatment and emphasizes that good therapeutic communication can improve patient satisfaction.

Therapeutic communication not only increases patient satisfaction, but also reflects the professional competence of a nurse. Ahmad and Dahlia (2022) stated that nurse communication is influenced by the workload of nurses in the inpatient room. Therefore, nursing science needs to continue to develop a communication approach based on the patient's needs and the principles of healthy interpersonal relationships. Nevertheless, not all patients who rated nurse communication as good showed high satisfaction. In this study, 5 patients (2.1%) were found who rated nurse communication good but felt dissatisfied with service, and 54 patients (23.1%) who rated poor communication with low satisfaction levels. These findings indicate that patient satisfaction does not solely depend on the communication aspect, but is also influenced by other factors such as the duration of the waiting time, the condition of facilities and infrastructure, the administrative system, and the patient's personal expectations. These findings are supported by the SERVQUAL theory which states that satisfaction is determined by five main aspects, namely tangible evidence, *reliability*, *responsiveness*, assurance, and *empathy*. Although therapeutic communication plays a big role in the dimensions of empathy and assurance, deficiencies in other dimensions can still lower satisfaction levels. However, this study did not measure other factors that affect patient satisfaction, such as the infrastructure used in hospitals.

This condition of dissatisfaction will have an impact on the low quality of services provided by health workers, and the flight of patients to other health service institutions. In addition, if the patient does not trust the medical staff, it will cause the patient to disobey the medical staff (Mongi, 2020). Based on the above explanation, it is known that improving the

quality of hospital services needs to be carried out comprehensively, including in the aspects of communication, facilities, and service management systems. This research can also be used *as an evidence base* for Arifin Achmad Hospital as evaluation and consideration for health service institutions, in order to improve the quality of its services as a referral hospital in Riau Province. In addition, it is hoped that the hospital management can provide continuous training on therapeutic communication to nurses, in order to improve the quality of service and patient satisfaction in the inpatient room. It is also hoped that this study will be carried out longitudinally to see changes in patient perception over time and even analyze other factors that affect patient satisfaction that have not been researched, such as the quality of facilities or service administration systems.

Conclusion

The results of the study showed that of the 234 respondents who were studied, the majority of the age characteristics of the respondents were early adults (26-35 years), namely 78 people (33.3%), female gender 142 people (60.7%), married status 173 people (73.9%), and high school education was 139 people (59.4%). The results of *the Chi-Square Pearson* statistical test showed a statistically significant relationship between patient assessment of the application of therapeutic communication by nurses and patient satisfaction with service, with a value of 0.001. It is hoped that this research will be used as a reference for the next researcher who plans to conduct research related to the problem of therapeutic communication and service to patients. The suggestion for future researchers is that research can also be focused on specific patient groups, such as geriatric patients, pediatric patients, or patients with chronic diseases, to see if their communication needs are different or not and can also develop the instruments used to be more specific.

Acknowledgments

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