

ORIGINAL RESEARCH

Enhancing communication between nurses and patients in ambulatory care settings: A pretest–posttest design

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ABSTRACT

Background and objective: In ambulatory care settings, effective nurse–patient communication is often hindered by workload pressures and time constraints. A major contributing factor is the lack of nurses’ communication-related knowledge, attitudes, and skills, which affects their ability to engage meaningfully with patients and deliver high-quality care. This study aims to evaluate the effectiveness of structured interventions in improving nurses’ communication-related knowledge, attitudes, and skills, with the goal of achieving over 95% compliance. Additionally, the study seeks to enhance patient satisfaction to at least 95% within ambulatory care settings.

Methods: This study employed a descriptive cross-sectional design to assess patient satisfaction and a one-group pretest–posttest design to evaluate the impact of the interventions on nurses’ communication with patients.

Results: Nurses’ overall communication compliance increased from 89.85% in the pre-test to 99.03% in the post-test, reflecting significant improvements across the knowledge, skills, and attitude domains. Patient satisfaction also demonstrated a substantial rise, increasing from 77.6% before the interventions to 97.92% afterward.

Conclusions: The implementation of structured interventions—including communication skill development, team collaboration, ongoing training, and motivational initiatives—led to significant improvements in nurses’ communication practices and a marked increase in patient satisfaction within ambulatory care settings. These findings underscore the value of continuous, well-designed communication training in fostering effective nurse–patient interactions and enhancing the overall patient experience.

Key Words: Ambulatory care, Communication, Nurses, Patient satisfaction

1. INTRODUCTION

Effective communication is a cornerstone of nurse–patient interactions, playing a critical role in establishing trust and comfort within the context of nursing care. It requires mutual understanding between nurses and patients, which is fundamental to achieving optimal health outcomes.^[1] Clear and intentional communication fosters reciprocal compre-

hension, thereby enhancing patient satisfaction. Since the 19th century, during the era of Florence Nightingale, the role of communication in nursing has received considerable attention from both nursing professionals and other healthcare providers.^[2,3] Encompassing both verbal and non-verbal modalities, communication is essential for conveying information, shaping relationships, and influencing care de-

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livery.^[4] It also exerts a significant impact on the nursing process and supports effective clinical decision-making.^[5] Effective communication occurs when verbal and non-verbal messages are in harmony, enabling the recipient to interpret the message as the sender intended.^[6] To achieve this, nurses must understand their patients' needs and exhibit qualities such as courtesy, compassion, and integrity. Compassion plays a significant role in nursing, as nurses can enhance their relationships with patients by demonstrating attentiveness, openness, and respect in caregiving.^[7] Furthermore, it is essential for nurses to dedicate sufficient time to communicating with patients and their caregivers.^[8] Nursing emphasizes the interaction between nurses and patients as a crucial professional and ethical characteristic.^[9] Nonetheless, communication continues to be a multifaceted challenge in the nursing domain, as a considerable portion of patient-reported grievances in healthcare pertain to ineffective communication.^[10]

Data gathered by the National Health Service (NHS)^[11] revealed that, in hospitals during 2020–2021, out of a total of 170,013 written complaints, the highest proportion concerning specific subject areas (including clinical treatment) was related to communication, which accounted for 18%. This highlights the significant role of communication in shaping patient perceptions of care and their overall satisfaction. Communication between nurses and patients in ambulatory care settings is central to ensuring high-quality healthcare. Ambulatory care settings, characterized by outpatient services where patients do not stay overnight, presents unique challenges and opportunities for nurse-patient interactions. Unlike inpatient settings, ambulatory care settings often involve brief, episodic encounters where nurses may not have prior knowledge of a patient's medical history, making effective communication even more critical.^[12] In ambulatory care settings, the lack of established relationships and the time-constrained nature of interactions can create significant barriers to effective communication. Interruptions are frequent, and the seriousness of patients' medical conditions can add tension to these interactions.^[13] Therefore, a holistic approach to communication that goes beyond mere information exchange to include rapport building and contextual understanding is essential.^[14] More numerous barriers persist. Competing demands, insufficient time, excessive workload, and background noise present significant challenges to effective communication between nurses and patients. Furthermore, elements such as insufficient privacy, the involvement of family and friends at the bedside, and cultural values and beliefs may contribute to misunderstandings or the reinterpretation of essential messages.^[15] Communication between nurses and patients can be influenced by various fac-

tors, including physical conditions, medication effects, pain, anxiety, and fatigue. The presence of these barriers poses significant challenges to effective communication between nurses and patients in healthcare environments.^[16,17] Research highlights the importance of targeted interventions in enhancing nurses' communication knowledge, attitudes, and skills, ultimately leading to improved patient satisfaction and outcomes.^[18,19] However, a gap remains in the application of such interventions within ambulatory care settings, where communication challenges are frequently underrecognized. This study addresses a critical gap by focusing on enhancing nurse-patient communication in ambulatory care settings. It aims to evaluate the effectiveness of structured interventions in improving nurses' communication-related knowledge, attitudes, and skills, with a target of achieving over 95% compliance. Additionally, the study seeks to increase patient satisfaction to at least 95% following the implementation of these interventions.

2. METHODS

2.1 Study design

This study employed a descriptive cross-sectional design to evaluate patient satisfaction and a one-group pretest-posttest design to assess the effects of the intervention on nurses' communication—specifically their knowledge, skills, and attitudes—in ambulatory care settings. Descriptive research aims to systematically and accurately represent a situation or population without manipulating variables, focusing on observing and measuring phenomena as they naturally occur.^[20] The cross-sectional approach provides a snapshot of these factors at a single point in time. In contrast, the pretest-posttest design is commonly used across disciplines to evaluate the impact of new teaching methods, medical treatments, and psychological interventions.^[21]

2.2 Study setting

This study was conducted in the ambulatory care settings of King Abdullah Medical Complex in Jeddah, including the Urology, Endoscopy, Wound Management, Day Surgery Unit (DSU), and Outpatient Department (OPD). King Abdullah Medical Complex is a public, 470-bed hospital under the Jeddah Second Health Cluster, providing elective medical and surgical services.

2.3 Study sample

The total sample included 170 patients in the pre-test phase, 155 patients in the post-test phase, and 59 nurses who participated in both the pre-test and post-test phases across all ambulatory care settings.

2.4 Sampling technique

The researchers utilized convenient sampling in choosing the nurses and patients, meaning that the participants who were available at the time of data gathering became respondents, convenience sampling is a simple and easy way to get information compared to other methods.^[22]

2.5 Research instruments

The data collection in this study was conducted through two parts, the first part is nurses' demographic data questions, including details such as gender, age group, education level, and years of experience. While patients' demographic data included details such as gender, age group, education level, and number of visits to the ambulatory care settings. The second part included questions created by researchers to assess nurses' communication and to evaluate patient satisfaction. Comprehensive literature studies and reviews, along with the incorporation of the nursing competency manual, enhanced the development of these questions. The nurse's communication checklist included three key domains of communication behavior: knowledge, skills, and attitude. Under the knowledge domain (7) items, the skills domain included (7) items, and the attitude domain had (6) items. Researchers reviewed these behaviors, rating them as "met," "partially met," or "not met," with compliance assessed as percentages to determine the overall effectiveness of the nurses. The patient questions to gather feedback on nurses' communication behaviors consisted of four questions, combining structured (binary) questions.

2.6 Data collection and ethical considerations

Before the commencement of data collection, permission was sought from the research ethics committee at the directorate of health affairs in Jeddah city to approve the study. Permission was also obtained from the nursing director via duly signed letters. The correspondence requested authorization to carry out the research and how the organization could facilitate the achievement of the study's objectives. Once the letters received approval, the team promptly commenced data collection for the pretest in the first week of August and the posttest during the last week of October 2024. During data collection, a consent form was obtained from each participant. The study involved observing the performance of nurse respondents based on specific assessment criteria related to their knowledge, skills, and attitudes. The survey questions also evaluated patient satisfaction with the nursing staff's communication behavior.

2.7 Interventions

Following the completion of the pretest, targeted interventions were carried out between August 7 and October 20,

2024. The researcher formulated an action plan to address the shortcomings in nursing communication and patient satisfaction identified during the pretest evaluations. We incorporated additional elements that influence successful nurse-patient communication, including staff burnout, routine workflow demands, attitudes, ineffective communication methods, and insufficient procedural knowledge. The identified challenges led to a sequence of focused initiatives designed to improve communication.

2.8 Interventions components

Team building and morale boosting: Conducted team-building exercises to alleviate staff burnout and foster a supportive work environment. Strengthening camaraderie among staff members is essential for effective internal communication and collaborative patient care.

In-service training: Organized regular in-service training sessions to ensure nurses are up to date with unit-specific procedures and confident in their roles. These sessions focused on current best practices, procedural updates, and policy changes relevant to the ambulatory setting.

Nurse-patient communication training: Implemented training to address deficiencies identified during pretest assessments, including targeted training areas:

- 1) Emphasized the importance of nurses introducing themselves to establish rapport and trust.
- 2) Trained nurses in active listening and empathetic responses to make patients feel heard and valued.
- 3) Used role-playing exercises to practice maintaining a respectful and compassionate tone, even under stress.
- 4) Explained procedures and care plans, providing strategies for conveying information clearly to reduce patient uncertainty and involve them in their care.

Weekly team huddles: Implemented weekly team huddles supported by visual huddle boards for ongoing discussions about progress and challenges. Required the use of nameplates for easy staff identification to enhance transparency.

Monthly unit meetings: Held monthly unit meetings featuring communication simulations aligned with nursing quality standards. Conducted motivational workshops to strengthen both communication skills and team spirit.

Ongoing monitoring: Monitored communication practices through patient satisfaction surveys and direct staff observations. Provided real-time feedback to nurses for immediate adjustments.

2.9 Data analysis

All observation data were first entered into an Excel sheet, where calculations were automated. Observations in each nursing domain were categorized as "Met," "Partially Met," or "Unmet," while patient satisfaction with nurses' communi-

cation was categorized as "Yes" or "No." The average scores for each item were calculated and then converted into percentages by multiplying each score by 100. The following formula was used to calculate the percentage for each item: Percentage (%) = (Frequency / Number of Nurses) x 100

3. RESULTS

Table 1 presents the demographic characteristics of participants in the pre-test (n = 170) and post-test (n = 155) phases. Participants aged > 51 years constituted the highest proportion, while the 21–30 age group had the lowest. Females slightly outnumbered males in both phases. Secondary education was the most common educational level, and illiteracy

was the least represented. The majority of participants reported 3–5 visits to the ambulatory department, whereas the fewest reported more than 10 visits.

Table 2 presents the demographic characteristics of the nurses (n = 59). The vast majority were female, with only one male nurse represented. Most nurses were aged 31–40 years, while no participants were above 51 years. A bachelor’s degree was the most common educational qualification, whereas a master’s degree was the least represented, and no nurses held a doctoral degree. Regarding years of experience, the highest proportion of nurses had more than five years of experience, while the fewest had less than one year.

Table 1. Patients’ demographic characteristics in pre- and post-test phases

Items	Pre-test Patients (number = 170)		Post-test Patients (number = 155)	
	Frequency	Percentage	Frequency	Percentage
Gender				
Male	78	45.8	67	43.2
Female	92	54.2	88	56.8
Age Group				
<21–30	18	10.6	12	7.7
31–40	48	28.2	39	25.2
41–50	44	25.9	49	31.6
>51	60	35.3	55	35.5
Education level				
Illiterate	10	5.9	7	4.5
Informal Education	39	22.9	28	18.1
Primary Education	28	16.5	24	15.5
Secondary Education	48	28.2	61	39.3
Bachelor’s or higher education	45	26.5	35	22.6
Number of visits to the ambulatory care settings				
1-2 times	32	18.8	27	17.4
3-5 times	66	38.8	58	37.4
6-10 times	59	34.7	55	35.5
More than 10 times	13	7.6	15	9.7

The analysis of patient satisfaction with nurses’ communication in ambulatory care settings, as shown in Table 3, indicates significant improvement after interventions. In the pre-test, overall patient satisfaction was 77.6%, while the post-test satisfaction rate rose to 97.92%. Specifically, the item "Did the nurse explain the procedure?" showed the most notable improvement, with positive responses increasing from 48.2% in the pre-test to 97.2% in the post-test. Satisfaction regarding whether the nurse spoke nicely also improved significantly, from 68.2% to 99.2%.

The data in Table 4 presents a pre-test assessment of nurses’ communication with patients in ambulatory care settings, focusing on three domains: knowledge, skills, and attitude. The findings reveal key areas of deficiency that need attention. In the Knowledge domain, only 29% of nurses fully met the

requirement of explaining the nursing plan of care to patients, indicating a significant gap in conveying essential information effectively. Additionally, 78% of nurses adequately explained the prevention of complications, suggesting a need for enhanced training to improve patient understanding of safety measures. Within the skills domain, 98% of nurses demonstrated effective use of body language, while 95% utilized active listening skills, indicating room for improvement in attentive communication. In the Attitude domain, 95% of nurses communicated with respect and were attentive to patients during interactions, though a minor gap remains in consistently demonstrating these qualities, which can impact patient trust and satisfaction.

The data in Table 5 shows that nurses in ambulatory care settings demonstrate a high level of proficiency in commu-

nication across three key domains: knowledge, skills, and attitude. In the knowledge domain, items like explaining the nursing plan, detailing procedures, and discussing medications and discharge information were met with an impressive compliance rate of 97% to 99%. While these scores are excellent, slight inconsistencies in providing procedure details and discharge education suggest minor areas for improvement, possibly due to time constraints or variability in experience. In the skills domain, behaviors such as communicating, encouraging patient participation, and showing confidence and active listening skills were all met at a 99% rate, indicating strong interpersonal competencies and effective training in these areas. The Attitude domain achieved a perfect 100% compliance across all items, highlighting nurses' commitment to respect, empathy, confidentiality, and cultural sensitivity, which are crucial for building patient trust and comfort.

Table 2. Nurses' demographic characteristics in pre- and post-test phases (number = 59)

Items	Frequency	Percentage (%)
Gender		
Male	1	1.7
Female	58	98.3
Age Group		
21–30	15	25.4
31–40	39	66.1
41–50	5	8.5
>51	0	0
Education level		
Diploma	9	15.3
Bachelor	49	83
Master's Degree	1	1.7
Doctoral Degree	0	0
Years of Experiences		
Less than 1 year	2	3.4
1–2 years	10	16.9
3–4 years	23	39
More than 5 years	24	40.7

Table 3. Patient satisfaction with nurses' communication in ambulatory care settings

No.	Items	Pre-test - Patients (number = 170)				Post-test - Patients (number = 155)			
		Yes		No		Yes		No	
		Frequency	%	Frequency	%	Frequency	%	Frequency	%
1	Did the nurse introduce himself/herself?	162	95.3	8	4.7	150	97.0	5	3.0
2	Did the nurse answer all your concerns?	168	98.8	2	1.2	152	98.2	3	1.8
3	Did the nurse speak with you nicely?	116	68.2	54	31.8	154	99.2	1	0.8
4	Did the nurse explain the procedure?	82	48.2	88	51.8	151	97.2	4	2.8
The overall patient satisfaction percentage in the pre-test and post-test is approximately:		77.6				97.92			

Table 4. Pre-test results of nurses' communication knowledge, skills, and attitudes with patients in ambulatory care settings (n = 59)

Domains	N	Item	Not Met 1	Partially Met 2	Met 3	Total Audits	Formula (No. of Met/ Total Audit)	Percentage of Met (%)
Knowledge	1	Explain the nursing plan of care to patients	2	40	17	59	17/59	29
	2	Give details regarding the procedures to be performed	2	10	47	59	47/59	80
	3	Ensure complete information about medications given to patients	0	12	47	59	47/59	80
	4	Explain the signs and symptoms of the disease	1	10	48	59	48/59	82
	5	Explain the prevention of complications	3	10	46	59	46/59	78
	6	Empowered to answer patient's questions about the condition	3	0	56	59	56/59	95
	7	Provide complete and correct discharge education to patients	2	1	56	59	56/59	95
Skills	1	Communicate in an understandable manner	1	4	54	59	54/59	91
	2	Encourage patient participation and give feedback	0	1	58	59	58/59	98
	3	Shows confidence during the communication process	0	1	58	59	58/59	98
	4	Communicate with eye contact	0	1	58	59	58/59	98
	5	Communicate using correct body language	0	1	58	59	58/59	98
	6	Utilize active listening skills	1	1	56	59	56/59	95
	7	Willing to share information with patients	0	1	58	59	58/59	98
Attitude	1	Communicate with respect	0	2	56	59	56/59	95
	2	Attentive to the patient during the communication process	0	2	56	59	56/59	95
	3	Shows interest in the patient's concern	0	1	58	59	58/59	98
	4	Displays calmness and patience while speaking to the patient	0	1	58	59	58/59	98
	5	Keeps information private and confidential	0	1	58	59	58/59	98
	6	Respect individual and cultural differences	0	1	58	59	58/59	98
The overall nurses' communication with patients in pre-test is approximately:							89.85	

Table 5. Post-test results of nurses’ communication knowledge, skills, and attitudes with patients in ambulatory care settings (n = 59)

Domains	N	Item	Not Met 1	Partially Met 2	Met 3	Total Audits	Formula (No. of Met/ Total Audit)	Percentage of Met (%)
Knowledge	1	Explain the nursing plan of care to patients	0	1	58	59	58/59	99
	2	Give details regarding the procedures to be performed	0	2	57	59	57/59	97
	3	Ensure complete information about medications given to patients	1	0	58	59	58/59	98.3
	4	Explain the signs and symptoms of the disease	1	0	58	59	58/59	98.3
	5	Explain the prevention of complications	0	1	58	59	58/59	99
	6	Empowered to answer patient’s questions about the condition	0	1	58	59	58/59	99
	7	Provide complete and correct discharge education to patients	0	2	57	59	57/59	97
Skills	1	Communicate in an understandable manner	0	1	58	59	58/59	99
	2	Encourage patient participation and give feedback	0	1	58	59	58/59	99
	3	Shows confidence during the communication process	0	1	58	59	58/59	99
	4	Communicate with eye contact	0	1	58	59	58/59	99
	5	Communicate using correct body language	0	1	58	59	58/59	99
	6	Utilize active listening skills	0	1	58	59	58/59	99
	7	Willing to share information with patients	0	1	58	59	58/59	99
Attitude	1	Communicate with respect	0	0	59	59	59/59	100
	2	Attentive to the patient during the communication process	0	0	59	59	59/59	100
	3	Shows interest in the patient’s concern	0	0	59	59	59/59	100
	4	Displays calmness and patience while speaking to the patient	0	0	59	59	59/59	100
	5	Keeps information private and confidential	0	0	59	59	59/59	100
	6	Respect individual and cultural differences	0	0	59	59	59/59	100
The overall nurses’ communication with patients in post-test is approximately:								99.03

4. DISCUSSION

A significant portion of participants regularly utilize the ambulatory care settings, with patients visiting 3-5 times forming the largest group, both pre-and post-interventions, with frequencies of 38.8% and 37.4%, respectively. This pattern suggests a need for continuous management, potentially for long-term health conditions. The demographic data reinforces the importance of tailoring healthcare services to meet the needs of older adults, as they represented the largest age group in both phases of the study. Specifically, patients over 51 accounted for 35.3% of the pre-test sample and 35.5% of the post-test group. This consistent representation suggests that older adults may have more complex or persistent health needs, requiring frequent interaction with healthcare providers. As such, healthcare services in the ambulatory care setting could benefit from age-specific approaches to better address the unique requirements of this demographic, en-

hancing both access to and quality of care for older patients. This finding aligns with the findings of a study analysing ambulatory care settings utilization in elderly patients in Germany, this revealed that patients with multiple health conditions had notably increased interactions with healthcare providers, suggesting a substantial level of use of ambulatory care settings among the elderly.^[23] Similarly, Lo et al.^[24] confirmed that ambulatory care settings are primarily utilized by older adults. Moreover, a population-based cohort study in Ontario, Canada, demonstrated an increase in ambulatory service utilization with age, highlighting the need for continuous management of health conditions in older adults.^[25] Also, research on the continuity of ambulatory care and its impact on emergency department visits among older adults showed that higher continuity of care is associated with a lower rate of emergency department utilization, emphasizing the importance of consistent and continuous care for this

demographic.^[26]

Lotfi, et al.,^[27] identified a notable deficiency in the communication skills of nurses with patients, leading to increased patient dissatisfaction. This study found a significant disparity between the observed nurses' communication and patient satisfaction levels in the ambulatory care setting, with nursing communication before interventions recorded at 89.85% and patient satisfaction at 77.6%. After the implementation of targeted interventions, there was an increase of 99.03% in the nurse's communication behaviours. As a result, overall patient satisfaction increased by around 97.92%. These results align with a study that investigated the effects of the AIDET communication model (Acknowledge, Introduce, Duration, Explanation, and Thank You) combined with integrated medical and nursing rounds. The study found that this intervention significantly improved patient satisfaction. Among those who received the AIDET communication intervention, patient satisfaction reached 96.67%, compared to 76.67% in the control group. This demonstrates the positive impact of structured communication strategies on patient satisfaction.^[28] In the pre-test evaluation in the current study, specific domains of nurses' communication knowledge showed significant deficits, highlighting several key areas needing attention. However, the post-test results demonstrated substantial improvements in these areas, reflecting the positive impact of targeted communication interventions. For instance, the ability to explain the nursing plan of care showed a substantial improvement from the pre-test to the post-test. This notable increase highlights the success of the interventions in fostering not only informative but also empathetic communication. Improved interpersonal interactions likely contributed to patients feeling more valued and understood, thereby enhancing their overall satisfaction. This is supported by Kerr et al.,^[29] who found that communication skills training interventions promise to improve nurses' communication with patients. In the current study, the data demonstrate a notable improvement in patient satisfaction following the implementation of structured communication interventions in ambulatory care settings. These findings are consistent with previous research highlighting that patients place high value on clear, respectful, and empathetic communication, especially in areas where they previously felt underserved or misunderstood.^[30]

This study recognizes some limitations that must be considered when interpreting the findings. The lack of a control group restricts the capacity to make clear causal conclusions about the intervention's effectiveness. Convenience sampling may have caused selection bias, affecting the findings' broader applicability. Furthermore, the limited duration of follow-up constrained the assessment of the intervention's

enduring impacts. Ultimately, the single-site setting could restrict the applicability of the findings to different clinical environments.

Recommendations

Based on the study's findings, which demonstrated substantial improvements in nurses' communication practices and patient satisfaction following structured interventions, several key recommendations are proposed. Healthcare institutions are encouraged to implement ongoing communication training programs aimed at strengthening nurses' knowledge, skills, and attitudes. Establish regular monitoring through staff evaluations and patient feedback to ensure high levels of compliance and performance. Given the frequent use of ambulatory services by older adults, it is crucial to tailor communication strategies to address age-related and cultural considerations. Furthermore, fostering a supportive work environment through team-building initiatives and burnout prevention measures is essential for sustaining positive nurse-patient interactions. Finally, it is suggested that similar methods be tested in long-term studies at multiple locations, using digital tools to help with ongoing training and immediate feedback in different healthcare settings. More studies are needed to see how well these methods continue to work in helping people follow communication standards and improve patient satisfaction over time, which will support the main goals of providing high-quality outpatient care.

5. CONCLUSION

This study provides robust evidence that structured, multi-dimensional interventions can significantly enhance nurses' communication behaviors and elevate patient satisfaction within ambulatory care settings. Through targeted training, team-building initiatives, and continuous feedback mechanisms, the intervention achieved an impressive 99% compliance rate in nurses' communication performance and elevated patient satisfaction from 77.6% to 97.92%. These outcomes affirm the effectiveness of investing in ongoing communication skill development and supportive workplace strategies as core components of quality improvement efforts. Importantly, the study emphasizes the relevance of tailoring communication to the needs of older adults, who represent a substantial portion of ambulatory care users. The findings provide important information on how to fix communication issues in outpatient settings and help show that these solutions can be used in other healthcare situations.

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AUTHORS CONTRIBUTIONS

Ms. S.A. was responsible for overseeing the research process.

Mr. R.F.C. contributed to the study methodology and data analysis.

Ms. M.C.C.V. drafted the introduction and assisted in data analysis.

Ms. B.A.A. contributed to writing the discussion and participated in analyzing the data.

Ms. S.A.A.F. was responsible for data collection and participated in the analysis.

Ms. W.I.A. was also responsible for data collection and analysis.

Dr. S.A. served as the corresponding author, supervised all stages of the research, completed the Research Ethics Committee forms, and prepared the manuscript for publication.

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The authors declare that there is no conflict of interest.

INFORMED CONSENT

Obtained.

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

DATA SHARING STATEMENT

No additional data are available.

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