

## In-Depth Analysis of Patient Experiences Through Health Communication

Muhammad Al Assad Rohimakumullah<sup>1</sup>, Hanna Wisudawaty<sup>1</sup>, Muhammad Sufyan Abdurrahman<sup>1</sup>, Haria Saputry Wahyuni<sup>2</sup>, Zayyin Abdul Quddus<sup>3</sup>

<sup>1</sup>Communication and Social Science Faculty, Telkom University, Bandung, Indonesia

<sup>2</sup>Library and Information Science Department, Universitas Widyatama, Bandung, Indonesia

<sup>3</sup>Social and Politic Science Faculty, Universitas Pembangunan Nasional Veteran Jakarta, Jakarta, Indonesia

e-mail: [assadr@telkomuniversity.ac.id](mailto:assadr@telkomuniversity.ac.id)<sup>1\*</sup>; [hannahwd@telkomuniversity.ac.id](mailto:hannahwd@telkomuniversity.ac.id)<sup>1</sup>; [muhammadsufyan@telkomuniversity.ac.id](mailto:muhammadsufyan@telkomuniversity.ac.id)<sup>1</sup>; [harisaputry@widyatama.ac.id](mailto:harisaputry@widyatama.ac.id)<sup>2</sup>; [zayyin\\_abdul@upnvj.ac.id](mailto:zayyin_abdul@upnvj.ac.id)<sup>3</sup>

\*Corresponding author

### ABSTRACT :

Communication in the health industry can influence patient satisfaction. Patient satisfaction is an essential factor that can stimulate changes in healthcare quality through temporary patient-centred policies that communicate patient engagement in treatment decisions. However, patient satisfaction is challenging to define broadly, and satisfaction surveys do not often represent patient expectations. Numerous hospital customer satisfaction studies do not guarantee the outcomes of customer satisfaction questionnaires that deeply examine patients' perspectives on their intended goals or objectives. This study will examine how patient communication experiences, particularly for inpatients and hospital services, might shape expectations through data gathering via interviews and focus group discussions. This research utilizes communication experiences as the object of this research and the perspective of hospitalized patients or their families as the subject. Data was collected through interviews and focus group discussions (FGDs) to acquire information directly from the experiences of patients or patient families in four public hospitals in West Java Province with levels B and A. This study employs a qualitative analysis method that integrates a phenomenological approach and theories, using the Press Geney Experiment Patient Experience Survey as an analysis tool. The study's findings demonstrate that providing patients with relevant information at the right moment can make them feel more at ease and optimistic about their treatment and build trust in healthcare facilities.

### ARTICLE HISTORY

Submitted: 05 October 2024

Revised: 7 January 2025

Accepted: 29 January 2025

### KEYWORDS

health communication, patient experience, patient satisfaction, phenomenology

## INTRODUCTION

Communication concepts play an important role in the patient's healing process, as effective communication can help patients stay more focused on their healing journey (Jenstad et al., 2024; Rohimakumullah & Abdurrahman, 2021). Communication significantly impacts the level of satisfaction of patients undergoing hospitalization. The better the communication in the hospital environment, the higher patient satisfaction (Dora et al., 2019). One of the hospitals' main communication strategies to improve patient satisfaction is Patient-Centered Care. This approach emphasizes patient involvement in the decision-making process regarding their care, monitoring of their health, and even hospital policy decisions, ensuring that they are aligned with patient feedback and suggestions. In line with the Indonesian Ministry of Health's regulation No. 2, Article 6 in Paragraph 6 specifies that patient satisfaction is an essential indicator of hospital service quality (MENKES, 2022). Hospitals must consequently strive to deliver the best possible treatment in order to preserve a favourable and respected public image, with excellent patient care at the centre of their efforts.

Patients' experiences of communication, coupled with patient satisfaction surveys, are critical in shaping policy and assessing the quality of healthcare organizations (Al-Abri & Al-Balushi, 2014). However, according to the 2022 regulation from the Ministry of Health, healthcare quality across healthcare organizations in Indonesia is measured using standardized indicators. The policy framework for healthcare quality in these organizations is based on seven dimensions identified by the World Health Organization (WHO): effective, safe, human-centred, timely, efficient, equitable, and integrated (MENKES, 2022)

Nevertheless, the current understanding of patients' communication experience, including their satisfaction or dissatisfaction with healthcare organizations, is ambiguous when viewed from the patient's perspective (Hawthorne et al., 2014; Sitzia & Wood, 1997). Previous research has also shown that patient satisfaction surveys often fail to accurately reflect the proper expectations of healthcare users (The Beryl Institute, 2024). These discrepancies underscore the need for a more transparent and patient-focused approach to evaluating healthcare quality. However, preliminary research conducted through in-depth interviews and other data revealed that several patients expressed harsh criticism, citing poor service quality, a high number of complaints, and other issues indicating dissatisfaction (Lee et al., 2010; Onadipe & Curlin, 2024; Shafiei et al., 2024). This study aims to discover what form of communication is anticipated by examining patients' communication experiences with healthcare services through in-depth interviews, which in-depth satisfaction surveys have not entirely captured.

Based on previous research and statistical data obtained from two regional public hospitals through preliminary research, the data revealed that customer satisfaction surveys in healthcare institutions do not show significant variations, with the majority of customer satisfaction levels ranging from 85% to 98%, indicating a very high level of satisfaction (Schoenfelder et al., 2011; Zhao et al., 2022). However, preliminary study using in-depth interviews and other data found that some patients were harshly critical, claiming poor service quality, an excessive number of complaints, and other factors suggesting dissatisfaction

(Onadipe & Curlin, 2024; Shafiei et al., 2024). This study aims to reveal the types of communication anticipated by analyzing patients' experiences with healthcare-related communication through in-depth interviews, which satisfaction surveys have not fully captured.

According to the Australian Institute of Health and Welfare, public hospitals are approaching a crisis (Australian Institute of Health and Welfare, 2018). The report shows a decline in various performance indicators in public hospitals nationwide. Factors contributing to this problem include poor staff welfare, hierarchical and non-collaborative organizational structures, and national health policies, such as insufficient activity-based funding to improve individual performance. Hospitals or countries need to address these complex issues with diverse solutions. The quality of communication and interactions that patients have with hospital staff has a significant impact on their satisfaction. Patients who feel listened to and receive clear information will likely be satisfied with their care. However, suppose healthcare professionals are under pressure or working in an unsupportive environment. In that case, this can affect their ability to provide adequate attention to patients, reducing patient satisfaction.

The conditions of public hospitals in Australia can provide a valuable perspective on the importance of health communication and patient satisfaction in improving hospital performance. This study will target patients or families of inpatients who have been treated at one of the four different hospitals in West Java without revealing the names and addresses of the hospitals. The researcher's policy to keep this information confidential aims to avoid forming reader opinions about these hospitals.

The company offers several tools to measure consumer satisfaction, including the PGPEs (Press Ganey Patient Experience Survey). This study will utilize this tool because Press Ganey is globally recognized in the healthcare sector for providing a thorough platform that collects and analyzes patient feedback through surveys, helping to assess and enhance the overall patient experience. Press Ganey is a private organization offering patient satisfaction surveys to enhance patient care. In previous studies, over 10,000 healthcare organizations utilized the system, which had been employed in previous studies to measure patient satisfaction (Boulding et al., 2011; Rogers et al., 2013).

Therefore, this study will examine patient satisfaction through their communication experiences in the hospital. The research will also identify communication factors that encourage patients to give positive and negative feedback based on their experiences. The findings from this study will be valuable in health communication and public relations, especially as feedback for healthcare organizations to better understand the expectations of inpatients who have direct and frequent contact with healthcare professionals. In addition, this research will contribute to a deeper understanding of public relations within the healthcare sector. This research utilizes communication experiences as the object of this research and the perspective of hospitalized patients or their families as the subject. This research uses qualitative analysis techniques, collecting data through in-depth interviews, directed observations, and focus group discussions (FGDs) to obtain data that can represent patient

expectations. Building rapport is necessary to ensure that the data obtained is unbiased and validated before data collection.

## RESEARCH METHOD

This research uses a qualitative analysis method (Creswell & Poth, 2016) by integrating a phenomenological approach. The phenomenological (Schütz, 1940) approach will be the foundation of this research, as the aim is to examine the phenomenon of patients' expectations through their communication experiences with health services. Phenomenological theories were also used in this research design because Maurice Natanson further said that the term phenomenology could be used as a generic term to refer to all views of social science that place human consciousness and its subjective meaning as the focus for understanding social action (Rasid et al., 2021). The phenomenon studied in this research is the reality of communication experiences as the object of this research and the perspective of hospitalized patients or their families as the subject.

The Clarification of the patient experience, which is the unit of analysis in this study, will refer to the Press Ganey Patient Experience Survey (PGPES). The PGPES survey collects data on patients' experiences and satisfaction with healthcare services (Martinez et al., 2019). The PGPES will serve as one of the frameworks for the unit of analysis, helping to limit the scope and focus the discussion on patient satisfaction. The PGPES contains 84 Likert-scale questions defined into eight important themes that will be used as the unit of analysis and the main topic of discussion in this study, such as: (1) How does the hospital staff understand and facilitate your emotional and spiritual needs? (2) How prepared do you feel to leave the hospital? (3) How well the hospital staff communicated or coordinated with you. (4) How communication between doctors and nurses regarding your care is conducted. (5) How did the hospital staff involve you in the decision-making process regarding your treatment and care? (6) How did the hospital staff involve you or your family in decision-making? (7) How did the hospital staff communicate with you or your family? (8) How did the hospital staff respond to your concerns, complaints, and questions during your stay?

Data for this study were obtained through in-depth interviews with health workers, inpatients and patients' family members. Five health workers consisting of doctors and nurses, 12 family members of patients, and eight inpatients who had undergone treatment at the hospital clarified that informants expressed dissatisfaction with the services and felt compelled to select "satisfied" when completing the survey. Thorough interviews were conducted with all informants, completed by a Focus Group Discussion (FGD) attended by three hospitalized patients, five family members, and two healthcare workers. The research questions were derived from items in the Press Ganey Patient Experience Survey (PGPES), which were then transformed into research questions. For example, the survey item "How was communication between doctors and nurses regarding your care?" was transformed into questions such as "Have you ever seen doctors and nurses discussing patients? What was that like?" or "Which staff member tried to greet you or your family?"

This study aims to understand and assess patient satisfaction through the clarification and communication experiences of patients and their families in class A and B hospitals in West Java. The study also sought Clarification through analysis aligned with the Press Ganey Patient Experience Survey (PGPES) thematic framework and factors determining satisfaction. A total of 20 informants, consisting of patients, family members, and health workers, were interviewed using in-depth interview and Focus Group Discussion (FGD) methods, divided into two groups. Nvivo software, version 12, was used to help with data analysis in this study.

## RESULTS AND DISCUSSION

This study illustrates that the informants expressed their desire to establish a special division within the healthcare institution, namely an emotional and spiritual division. This division is expected to assist and monitor patients' and their families' emotional and spiritual needs. The informants explained that although they did not prioritize meeting their emotional needs, they expected the hospital to help them manage emotional stress. This is supported by the results of FGDs conducted with patients and their families who stated: *"...In the ER, waiting for an available room or waiting for the doctor to come for treatment... panic and negative thoughts are bound to happen... what makes us suffer is our helplessness, only being able to wait... The emotional support we need most is clarity and reassurance..."* (FGD results with patients and families)

When discussing negative or positive experiences, this is closely related to item 1 of the PGPES, which addresses how hospital staff monitor informants' emotional state and meet their spiritual needs. The findings of this study show that the empathy of staff, nurses, and doctors is quite visible. Nurses and staff were found to be quite adept at making informants feel more comfortable during their hospitalization by communicating in a way that fosters a more positive outlook.

However, this study also found negative aspects, such as some informants feeling ignored. Some informants shared their experiences when they were not considered people with a stake in the patient's care when they tried to seek confirmation from health workers. This failure to fulfil emotional needs led to adverse satisfaction outcomes. One informant supports this: "When I ask the nurses questions, they always give uncertain answers. Everything depends on the doctor, waiting for lab results or asking the doctor. However, I didn't get as much communication with the doctor as I expected. During my month at the hospital, there were only a few nurses on duty, and their answers were always the same. This made me very dissatisfied, as I was always in limbo." (Informant 3 at Hospital A)

The decision-making theme in this study is a combination of two dimensions from PGPES, precisely dimensions five and six. Combining these dimensions was found to have a strong relationship and allowed for developing a theme that accurately reflected the patient experience. The survey items in this theme focus on family members' involvement with health professionals in the decision-making process.

The results of interviews conducted with 15 informants in this study revealed that many of them felt that a large amount of information about their condition was shared with them

when their family did not accompany them during hospitalization. Patient informants stated they preferred making decisions independently rather than involving their family members. Some research informants stated that health workers did not pay much attention to their families during discussions and focused more on the patient; one informant said, "Maybe they communicate carefully ... it doesn't seem easy for them to share information about my health with my family" (Informant 7, Hospital C).

Unfortunately, this did not meet the expectations of the patients' families who accompanied them. Some informants admitted that they preferred to be given information and instructions that could help with the patient's care process. As a result, some informants said they appreciate being part of the care process whenever a nurse or doctor enters the patient's room. Patients and family members who shared our opinions indicated they needed all available information and opportunities to participate in decision-making.

The findings of this research theme are drawn from the agreed conclusions of the Focus Group Discussion (FGD), which involved 20 participants, including five healthcare professionals - doctors, nurses, pharmacists, security guards, and 15 patient informants. Security guards were invited because, in some hospitals, they make first contact with patients or customers who come to the hospital and assist them in navigating public spaces. The FGDs conducted in this study started with discrete questions about the research, followed by a joint discussion of the eight PGPES themes used in the study.

The factors influencing patient expectations, aligned with the second objective of this research, are categorized into several sub-themes. These include elements that enhance positive patient experiences, ethical communication regarding patients, and strategies to prevent patients from having to repeat their stories during staff transitions. One informant noted, "They shouldn't have to ask the same things I've already explained multiple times. They should be able to see it in my medical record."

Another positive aspect highlighted by informants was the significance of ethical communication among staff. Some patients felt embarrassed when doctors and nurses discussed their conditions in their presence; they preferred these conversations to occur privately. One informant from Hospital A remarked, "Their discussion took place outside the room... the conversation was brief... I felt that it protected my privacy."

Informants also reported a positive experience with the formal complaints process, which was transparent and accessible. Patients could easily find information on how to file complaints through channels like WhatsApp or social media (Sigurdsson et al., 2021)—the responses from healthcare staff after complaints significantly differed from prior interactions. Healthcare workers recognize their limitations and understand that each patient has unique needs (Kennedy et al., 2017) and expectations (El-Haddad et al., 2020). This awareness was reinforced by the hospital's management team, which continuously monitored complaints and made prompt decisions based on feedback from nurses and staff in direct contact with patients. Consequently, patients felt more at ease with the hospital's response. One informant from Hospital D said, "Even after I went home, they kept contacting me almost every day to check on my condition. Honestly, I felt much better."

However, the experiences of other informants highlighted different issues. This research found instances where patients and their families reported a lack of response when using the emergency or call buttons to summon a nurse or doctor. One informant recounted, "It happened in the room next to mine... If the patient's family hadn't run to find a nurse, their parent might have passed away. Right after that, there was a code blue. The next day, I tried it myself and realized that when we pressed the call button, the nurse didn't come right away... it could take more than 15 minutes" (Informant 9, Hospital B).

Additionally, interviews with patients and their families revealed numerous complaints about the hospital's building and facilities, including rooms being too cold, hot, or noisy. Several informants admitted they had many concerns during their hospital stays but chose not to voice them. They felt nothing was perfect, and raising complaints would not change the situation (Informant 1, Hospital D). Some informants found it difficult to express their grievances, especially regarding protocols or standard operating procedures, such as room transfers or waiting for an available room. One informant emphasized the importance of understanding the needs of patients and their families. They suggested establishing a dedicated communication room where patients or their families could voice their concerns and complaints, as answering numerous customer satisfaction survey questions was insufficient (Informant 5, Hospital D).

This research incorporates Alfred Schutz's "because motive" concept to enhance the understanding of patient satisfaction. The analysis was conducted using several codes, with the most frequently occurring codes forming the basis for discussion in this section. The identified codes are as follows:

**Table 1. Identified Codes from Nvivo**

SDG's Indicators	Number of Coding References	Percentage (%)
Nodes\\1. Emotional needs\\Disappointed	13	17%
Nodes\\2. Preparation for hospital discharge \\Assistance	13	17%
Nodes\\1. Emotional needs\\Passive	15	20%
Nodes\\2. Preparation for hospital discharge\\Bad Experiences	16	21%
Nodes\\1. Emotional needs\\Uncomfortable	18	24%

A comprehensive depiction of patient expectations based on the study's findings reveals that "uncomfortable" experiences are predominant among the informants. This discomfort often arises when patients witness or participate in hierarchical communication. This aligns with previous research indicating that communication breakdowns frequently stem from vertical communication patterns (Sutcliffe et al., 2004). The diagram below illustrates that the

cluster of codes reflects the analysis results. Hospitalized patients and their families often encounter unique experiences. In summary, the study shows that patient discomfort related to vertical communication, disappointment from delayed responses, and anxiety-related negative experiences are critical factors influencing overall satisfaction.



**Figure 1. Mapping Codes**

Discomfort can manifest in various forms, including physical pain, an unsupportive hospital environment, a lack of empathetic communication between healthcare providers and patients, or invasive medical procedures (McCabe, 2004). This discomfort can lead to increased anxiety and stress for patients, prompting them to seek alternatives to alleviate their unease.

Disappointment arises when patient expectations regarding treatment outcomes, service quality, or interactions with medical staff are unmet. This disappointment can further exacerbate feelings of discomfort and anxiety. Within healthcare services, negative experiences can result in dissatisfaction with care (Eriksen et al., 2023; Ling et al., 2021), while positive experiences may encourage patients to seek further assistance (Heyn et al., 2023). To overcome disappointment, patients may consider alternatives, such as changing doctors, exploring different treatment methods, or seeking healthcare facilities that better align with their expectations.

Slow responses from healthcare providers can heighten patient anxiety and stress (Jaiswal et al., 2022; Kleipool et al., 2024; Walter et al., 2024). When patients feel their needs are not addressed promptly, they may worry they are not receiving timely care. This can create a dilemma between prioritizing their health needs and pursuing treatment options they perceive as more favourable (Sun et al., 2024). Anxiety is a common experience for many patients, particularly when faced with uncertainty about their health (NHS, 2013). This anxiety can be compounded by discomfort, poor communication, and previous negative experiences. Anxious patients often seek more control over their situation, including options that make them feel safer and better informed.

A significant finding of this study is that patients can articulate their needs and desires (Ravenhill et al., 2023) based on their experiences during their hospital stay. However, this



clarity is not easily achieved, as patients recognize that specific topics may be challenging to discuss openly in the hospital setting. Surveys administered during care are sometimes distributed unexpectedly without prior notice. When the survey process is well-communicated, patients tend to feel better prepared. Another key finding is that patients are often reluctant to express dissatisfaction, fearing it may impact their care. They may believe that providing negative feedback could jeopardize their treatment, leading to hesitation in sharing their true feelings about their hospital experiences.

The study also highlights that clear communication and appropriate timing are critical for helping patients and their families feel more confident and maintain a positive outlook on their treatment. This aligns with previous research indicating that effective communication patterns within families are essential, mainly when a family member falls ill. Changes in communication dynamics must be managed carefully (Carter et al., 2019; Rohimakumullah & Abdurrahman, 2021)

Messages from healthcare professionals that convey empathy and attentiveness to the needs of both patients and their families are crucial in treatment discussions and decision-making. This finding supports previous research, highlighting that individuals thrive on care and attention. When healthcare professionals prioritize effective communication, it enhances the overall success of the treatment process (Zolnieriek & Dimatteo, 2009). Moreover, such communication fosters patient trust in their treatment, reducing impatience with the complex and confusing pathways they encounter (Anhang Price et al., 2014).

This research indicates that while patients can articulate their needs and expectations in response to hospital satisfaction surveys, several factors can hinder their ability to provide accurate feedback. These include discomfort in giving honest feedback, fear of negative repercussions on their care, and the unexpected timing of the surveys. Patients often hesitate to express dissatisfaction (Forsgårde et al., 2016), worried that negative comments might impact the quality of their treatment. However, effective communication, thorough preparation before the survey, and empathy from healthcare providers can encourage patients to share their experiences more openly. This ultimately leads to more valid survey results that can be used to improve services.

## CONCLUSION

This study's conclusion emphasizes that the specific institution involved is not disclosed to protect the hospital's privacy. This decision reflects ethical considerations regarding confidentiality and aims to highlight broader patterns of patient experiences rather than isolating findings to a single facility. The study reveals that patient experiences are influenced by factors such as vertical communication structures, delayed responses, and feelings of uncertainty, all of which contribute to heightened anxiety and discomfort during hospital stays. Patients often hesitate to voice their dissatisfaction, fearing their feedback may negatively impact their care. This reluctance poses challenges in accurately assessing patient satisfaction, essential for improving healthcare services. Despite these challenges, the research emphasizes that improved communication practices, such as providing timely information, conducting

surveys with prior notice, and employing empathetic approaches, can significantly enhance openness and trust between patients and healthcare providers. When patients are well-informed and feel that their concerns are addressed with genuine empathy, they are likelier to share their honest experiences, leading to more reliable feedback. Additionally, fostering a sense of safety in the communication process can boost confidence in treatment outcomes, reduce patient stress, and ultimately contribute to more positive experiences within the hospital environment.

The study also highlights the importance of human-centred care, encouraging healthcare professionals to engage with patients compassionately and attentively. This approach enhances patient satisfaction and strengthens the therapeutic relationship, leading to better health outcomes. By prioritizing clear, empathetic communication and respecting patient privacy, hospitals can improve the quality of care while fostering a more trusting and supportive environment for patients and their families.

## REFERENCES

- Al-Abri R, Al-Balushi A. Patient satisfaction survey as a tool towards quality improvement. *Oman Med J*. 2014;29(1):3–7. <https://doi.org/10.5001/omj.2014.02>.
- Anhang Price R, Elliott MN, Zaslavsky AM, Hays RD, Lehrman WG, Rybowski L, et al. Examining the role of patient experience surveys in measuring health care quality. *Med Care Res Rev*. 2014;71(5):522–54.
- Black, N., & Jenkinson, C. (2009). Measuring patients' experiences and outcomes. *Bmj*, 339.
- Clark, P. A. (2006). Patient satisfaction and the discharge process: Evidence-based best practices. Hcpro Inc. Retrieved from <https://archive.org/details/patientsatisfact0000clar>.
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). SAGE Publications.
- Dewi, M. K., & Novianti, R. (2021). Peningkatan Pelayanan Kesehatan pada Rumah Sakit Umum Daerah dalam Rangka Pelayanan Kesehatan BPJS. *Jurnal Administrasi Kesehatan Indonesia*, 9(1), 1-11. doi: 10.20473/jaki.v9i12021.1-11
- Dora, M. S., Ayuni, D. Q., & Asmalinda, Y. (2019). Hubungan Komunikasi Terapeutik Perawat Dengan Kepuasan Pasien. *Jurnal Kesehatan*, 10(2).
- Ekatjahjana, Widodo. 2018. *Peraturan Menteri Kesehatan*” Kementerian Kesehatan, Republik Indonesia
- Haskard Zolnerek KB, Di Matteo MR. Physician communication and patient adherence to treatment: a meta-analysis. *Med Care*. 2009;47(8):826–34.
- Hawthorne G, Sansoni J, Hayes L, Marosszeky N, Sansoni E. Measuring patient satisfaction with health care treatment using the short assessment of patient satisfaction measure delivered superior and robust satisfaction estimates. *J Clin Epidemiol*. 2014;67(5):527–37. <https://doi.org/10.1016/j.jclinepi.2013.12.010>.
- Kementrian Kesehatan, 2022, Permenkes No. 30 Tahun 2022 Tentang Mutu Yankes, Kementerian Kesehatan, Republik Indonesia, [https://yankes.kemkes.go.id/unduh/fileunduh\\_1666854298\\_554914.pdf](https://yankes.kemkes.go.id/unduh/fileunduh_1666854298_554914.pdf)

- McCabe C. (2004). Nurse-patient communication: an exploration of patients' experiences. *Journal of clinical nursing*, 13(1), 41–49. <https://doi.org/10.1111/j.1365-2702.2004.00817.x>
- NHS. (2013). The patient experience book. NHS Institute for Innovation and Improvement. Retrieved from <https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/Patient-Experience-Guidelines.pdf>.
- Rohimakumullah, M., & Abdurrahman, M. (2021). Pola Komunikasi Keluarga Sebagai Family Caregiver Isolasi Mandiri Covid-19. *Dialektika*, 8(2), 197-207. <https://doi.org/10.32816/dialektika.v8i2.1976>
- Schoenfelder T, Klewer J, Kugler J. Determinants of patient satisfaction: a study among 39 hospitals in an in-patient setting in Germany. *Int J Qual Health Care*. 2011;23(5):503–9.
- Schutz, Albert. (1967). *The Phenomenology of The Social World*. Evanston: Northwestern University Press.
- Sitzia J, Wood N. Patient satisfaction: a review of issues and concepts. *SocSci Med*.1997;45(12):1829–43.
- Sutcliffe, K. M., Lewton, E., & Rosenthal, M. M. (2004). Communication failures: an insidious contributor to medical mishaps. *Academic medicine*, 79(2), 186-194.
- Wolf J, Niederhauser V, Marshburn D, LaVela S. Defining patient experience. *Patient Experience J*. 2014;1(1):7–19.
- Zhang, Y., Zhang, Y., Hu, D., Liu, Y., Ding, X., Xu, K., ... & Wang, J. (2023). The experiences of emergency hospital care among adolescents and young adults with self-harm: A systematic review and thematic synthesis of qualitative evidence. *International emergency nursing*, 69, 101297.