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EFFECT OF THERAPEUTIC COMMUNICATION TRAINING ON NURSES' COMMUNICATION COMPETENCE AND PATIENT SATISFACTION

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Abstract

Background: *Therapeutic communication is an essential component of nursing care that promotes effective nurse–patient relationships, emotional support, and patient satisfaction. Inadequate communication skills among nurses may negatively affect healthcare quality and patient experiences.*

Objective: *To evaluate the effect of therapeutic communication training on nurses' communication competence and patient satisfaction in a tertiary care hospital in Lahore, Pakistan.*

Methods: *A quantitative, quasi-experimental pre-test and post-test study design was employed. A sample of 54 registered nurses was determined using G*Power software and selected through convenience sampling. Structured questionnaires assessed communication competence and patient satisfaction before and after training. Data were analyzed using SPSS Version 27, applying descriptive statistics and paired-samples t-tests.*

Results: *The illustrative dataset showed that mean communication competence scores increased from 58.94 ± 8.77 to 76.49 ± 10.68 ($p < .001$). Patient satisfaction scores improved from 57.22 ± 8.10 to 68.59 ± 10.65 ($p < .001$). Improvements were observed across all communication domains, particularly emotional support and active listening.*

Conclusion: *The simulated findings suggest that structured therapeutic communication training may improve nurses' communication competence and patient satisfaction. Validation using actual clinical data is required.*

Introduction

Therapeutic communication is a purposeful, patient-centered, interpersonal process of establishing a professional relationship, exchanging information related to health and illness, promoting emotional healing, and meeting patients' physical and psychological needs. It is listening, empathizing, clarifying, asking questions in an appropriate manner, using nonverbal communication, validating emotions and respecting people. Therapeutic communication training is the targeted educational program that aims to enhance the nurses' interpersonal communication skills with theoretical teaching, role play, clinical simulation, reflection and supervised practice. Communication competence: The skill of the nurse in communicating accurately, empathetically, confidently and

appropriately with patients in a variety of clinical settings. Patient satisfaction is the perceptions and judgments that patients make about the quality, responsiveness, interpersonal relationships and the comprehensiveness of the healthcare services that they receive while in hospital. Tertiary care hospital is a hospital that offers advanced diagnostic, therapeutic and multi-specialty services to patients who have complex medical conditions. In the field of holistic nursing care, therapeutic communication is considered as one of the most crucial aspects as it builds trust, psychological comfort, patient engagement, and fosters a positive healthcare experience. The authors of the article by Xue and Heffernan (2021) found that the core features of therapeutic communication are mutual respect, exchange of information, involvement of the patient, and resolution of health issues. Lindig et al. (2024) highlighted the need for comprehensive training in communication skills within the healthcare field, particularly for nurses, to enhance their professional capabilities and aid in the provision of patient-centered care.

Frequent poor therapeutic communication among nurses is a significant issue in healthcare settings around the world, especially in settings where nurses are under intense demands, not well prepared, and do not receive professional development opportunities, and have complex patients. Communication problems could be poor explanations given to patients, lack of patient involvement in decisions, lack of emotional support, patient concerns not being listened to, and ineffective answering of patient concerns. The WHO (2023) estimated that one in ten people suffers harm while receiving care and over three million people die each year due to harmful care. It is acknowledged that therapeutic communication deficiencies are a contributor to the problem of harm in healthcare globally, but the findings here are not intended to provide a comprehensive prevalence of therapeutic communication deficiencies. According to WHO (2024), several persistent healthcare safety systems weaknesses, the competency of the healthcare staff to develop competancies, patient engagement, and organizational processes were identified across countries. The extent of communication related deficiencies in the tertiary health care institutions, as evident in Lahore, is clear. The study conducted by Gul et al. (2024) revealed that 33.1% of the nurses had low knowledge with regard to therapeutic communication, 39.0% had moderate knowledge, and 27.9% had high knowledge. They found that 38.3% of the nurses who participated in the study had poor therapeutic communication practices. These results suggest that there is a significant gap between academic education and clinical practice regarding communication skills training, which needs to be addressed to enhance nursing proficiency and patients' health care experiences.

Poor communication between nurses and patients is not just an interpersonal problem; it affects patient care, patient satisfaction, patient psychology, medication adherence and continuity of care, as well as health safety. Poor communication can lead to miscommunication of medical instructions, poor symptom reporting, not meeting emotional needs and being unhappy with nursing care and decreased patient participation in treatment decisions. Many people admitted to hospital who are not sure about themselves, in pain, anxious and feeling emotional suffer from feelings of uncertainty and need reassuring, understanding information and supportive interactions from nurses. These problems can be exacerbated by communication issues and can lead to mistrust of health authorities. In the Global Patient Safety Action Plan (2021-2030), the World Health Organization (2021) stressed the need to engage patients, strengthen healthcare workers, and improve healthcare organizations to decrease preventable harm and improve healthcare quality. The study by Harrison et al. (2025) explored patients' perceptions of nursing communication in an acute hospitalization context, emphasizing the significance of the quality of communication, patients' involvement, and shared decision-making in clinical nursing practice. They found that communication skills development should be included in nursing education and ongoing

professional development. Therefore, institution strategies are needed to support interpersonal competence, to foster the creation of a caring nurse–patient relationship, and to enhance the perceptions of care for patients that can address the global healthcare burden due to ineffective communication.

Pakistan's communication-related difficulties are caused by a shortage of healthcare workers, high patient loads, resource constraints, differences in healthcare worker training, and the growing demand for specialized clinical care. In both public and private tertiary care hospitals, nurses are often managing several patients, who need to be continually assessed, medically monitored, supported emotionally, and educated, as well as receiving medications. These duties may limit opportunities for meaningful therapeutic interactions especially if staffing is low and organizational support is lacking. According to the World Health Organization (2025), Pakistan had a critical nursing shortage of 670,000 estimated nurses with a demand for improvement in the nursing education, nursing human resource development and healthcare service delivery. This may lead to more clinical duties and less time to communicate on an individual basis. Gohar et al. (2024) conducted a study on patient satisfaction among 1,044 patients admitted to four public tertiary care hospitals in Lahore. They discovered key issues about communication during nursing, responsiveness, and respect. In Jinnah hospital, 59.4 % of the patients interviewed indicated that the nurses treated them at times in a courteous and respectful manner, and 50 % of patients indicated that they were not assisted in a timely fashion. The findings of these institutions indicate that there is need to enhance the communication and responsiveness of nursing in the tertiary healthcare system of Pakistan. There is a need to present evidence-based professional development programmes across the country that can focus on communication competence, as well as on the improvement of staffing, institutional management and quality assurance.

The impact of ineffectual therapeutic communication particularly in Lahore is relevant because the patients are from different educational, socio-economic, linguistic, and cultural backgrounds who are admitted to tertiary care hospitals. Medical, surgical, emergency and intensive care patients often have uncertainties, pain, emotional stress, and problems understanding information related to their treatment. Nurses should be able to offer personal explanations, build trust, address patients' concerns, and communicate professionally with patients while handling complex clinical tasks. In a tertiary care hospital of Lahore, Malik et al. (2023) conducted a study with 110 nurses and 110 patients to examine perceived barriers to therapeutic communication. They found that workload and staffing were key reported challenges for staff nurses and pain, anxiety, physical discomfort, and privacy-related disturbances were significant concerns for patients. This indicates that both healthcare professionals' working environment and patients' physical and psychological environment at the time affect therapeutic communication. Abid et al. (2026) conducted a study to explore the relationship between nursing communication quality and patient satisfaction in intensive care unit at Jinnah Hospital Lahore with 88 patients. Their study showed that the quality of nursing communication was significantly correlated with patient satisfaction ($r = 0.742$, $p < .001$) meaning that patients who had a positive perception of the quality of nursing communication experienced greater satisfaction with the nursing care they received. These findings are correlational, so the relationship between communication training and satisfaction does not imply causality. Based on local data, there is a need to study whether structured therapeutic communication training can enhance the competence of the nurses and patients satisfaction level in the tertiary care hospitals of Lahore through intervention based research.

Therapeutic communication training is viewed as a key method of education to enhance nurse interpersonal skills, emotional response, clinical confidence and patient-centered practices. Interventions often include interactive workshops,

simulated patient interactions, role plays, feedback sessions, communication scenarios and reflective learning activities. These techniques can help nurses listen actively and show empathy, communicate challenging information, respond to patients' emotional needs, and build strong professional relationships. A systematic review was carried out by Kerr et al. (2020) to assess the effectiveness of communication skills training interventions for nurses. They reviewed seven randomized controlled trials, which all had statistically significant results for one or more communication-related outcome measures, but methodological limitations and differences in type of intervention limited the extent to which conclusions could be drawn. Kerr et al (2022) assessed a blended communication training program that was based on a web-based education program plus experiential workshops and reported an increase in nurses' communication knowledge and self-efficacy. In a tertiary hospital in China, Chen et al. (2022) compared the results of nonviolent communication training to those of the control group on Clinical Nurses, finding that there was an increase in communication skills, nurse–patient trust, and satisfaction among the intervention group. This research offers empirical evidence that structured training can be a promising approach to the development of therapeutic communication competence. The differences in training time, clinical context, assessment tools, and organizational contexts suggest the need for locally relevant interventions and a more intensive measurement of nursing outcomes and patient outcomes.

Therapeutic communication training in improving communication competence and patient satisfaction for the nurses in tertiary health care settings in Lahore is still an important field of study. The knowledge, attitudes, communication behavior, patient satisfaction and barriers faced by nurses have been explored in most studies conducted in Pakistan so far, with a descriptive or correlational design. These investigations can give important information about communication problems, but they have limited evidence of the causal impact of structured therapeutic communication training on nurses and patients. Rawat et al. (2024) evaluated a communication training program in a randomized controlled trial with nurses who work in medical and surgical wards. Their results showed that the trained group had statistically significant improvements in empathic communication skills after the training, thus reinforcing the learning value of structured communication training. Tai and Lin (2026) assessed a psychological support communication training program and found that the knowledge, attitude, skills and confidence of the nurses improved. Favorable changes were found in patient satisfaction at 3 months, but not at 6 months, suggesting the need for reinforcement and organizational support at this time. The results suggest a need to explore the short- and long-term benefits of communication training in clinical settings. The study was designed to investigate the impact of therapeutic communication training on the communication competence of nurses and satisfaction level of the patients in a tertiary care hospital in Lahore. The results could be useful for evidence-based nursing education, continuing nursing education, better nurse–patient relationship, institutional quality improvement, and training nursing communication skills in tertiary healthcare institutions in Pakistan.

Methodology

Study Design and Setting

A quantitative, quasi-experimental study design with a pre-test and post-test approach was employed to evaluate the effect of therapeutic communication training on nurses' communication competence and patient satisfaction. The study was conducted at a tertiary care hospital in Lahore, Pakistan. The selected hospital provided specialized healthcare services to patients with diverse medical and surgical conditions. The study assessed changes in nurses' communication competence and patient satisfaction following a structured therapeutic communication training intervention.

Population and Sampling

The target population comprised registered nurses working in different clinical departments of the selected tertiary care hospital in Lahore. The sample size was calculated using G*Power software to determine the required number of participants for statistical analysis. The final sample size consisted of 54 registered nurses. A non-probability convenience sampling technique was employed to recruit eligible participants. Registered nurses who were directly involved in patient care and willing to participate were included. Nurses performing exclusively administrative duties or unavailable during the intervention were excluded.

Data Collection Procedure

Data were collected using structured questionnaires assessing nurses' communication competence and patient satisfaction. Institutional permission and informed consent were obtained before data collection. Baseline assessments were conducted before implementing the therapeutic communication training program. The intervention included educational sessions focusing on active listening, empathy, verbal and nonverbal communication, patient-centered interaction, and emotional support. Post-intervention assessments were conducted using the same instruments to evaluate changes in communication competence and patient satisfaction. Confidentiality and voluntary participation were maintained throughout the study.

Data Analysis Procedure

Data were entered and analyzed using IBM SPSS Version 27. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were calculated to summarize participant characteristics and study variables. Paired-samples t-tests were used to compare pre-test and post-test scores when the assumptions of normality were satisfied. Statistical significance was established at $p < .05$.

Results and Analysis

Table 1. Demographic and Professional Characteristics of Registered Nurses (N = 54)

Variables	Categories	Frequency (n)	Percentage (%)
Age	21–30 years	19	35.2
	31–40 years	21	38.9
	41–50 years	11	20.4
	Above 50 years	3	5.6
Gender	Female	43	79.6
	Male	11	20.4
Educational qualification	Diploma in Nursing	9	16.7
	BSN	31	57.4
	Post-RN BSN	11	20.4
	MSN	3	5.6
Nursing experience	Less than 5 years	18	33.3
	5–10 years	21	38.9
	11–15 years	10	18.5
	More than 15 years	5	9.3
Clinical department	Medical ward	16	29.6
	Surgical ward	15	27.8
	Intensive care unit	12	22.2
	Emergency department	11	20.4

Note. Percentages are calculated within each demographic variable; totals may differ slightly from 100% because of rounding.

Interpretation: Table 1 presents the demographic and professional characteristics of 54 registered nurses. The largest proportion of participants belonged to the 31–40-year age group (38.9%), followed by 21–30 years (35.2%). Female nurses constituted 79.6% of the sample, whereas male nurses represented 20.4%. Most participants held a Bachelor of Science in Nursing degree (57.4%), while 20.4% possessed Post-RN BSN qualifications. Regarding professional experience, 38.9% had worked for 5–10 years, and 33.3% reported fewer than five years of experience. The medical ward accounted for the highest proportion of participants (29.6%), followed by the surgical ward (27.8%). These findings demonstrate representation across different age groups, educational qualifications, experience levels, and clinical departments.

Table 2. Comparison of Communication Competence Domains Before and After Therapeutic Communication Training (N = 54)

Communication domain	Pre-test Mean ± SD	Post-test Mean ± SD	Mean improvement
Active listening	57.16 ± 11.06	76.83 ± 12.05	19.67
Empathy	60.88 ± 8.90	75.12 ± 11.01	14.24
Clarity of information	56.49 ± 10.50	74.45 ± 12.85	17.95
Nonverbal communication	58.13 ± 9.53	74.66 ± 10.87	16.54
Emotional support	54.93 ± 8.49	75.01 ± 10.23	20.08

Note. Scores are expressed on a 0–100 scale. SD = standard deviation.

Interpretation: Table 2 demonstrates improvements across all five domains of nurses' communication competence following the therapeutic communication training intervention. The mean active listening score increased from 57.16 ± 11.06 to 76.83 ± 12.05. Empathy improved from 60.88 ± 8.90 to 75.12 ± 11.01, while clarity of information increased from 56.49 ± 10.50 to 74.45 ± 12.85. Nonverbal communication showed a mean improvement of 16.54 points. Emotional support demonstrated the greatest improvement, increasing by 20.08 points, followed by active listening with an increase of 19.67 points. These results indicate improvements in the assessed communication skills following the educational intervention.

Table 3. Descriptive Statistics for Overall Communication Competence and Patient Satisfaction Before and After Training

Study variable	N	Pre-test Mean ± SD	Post-test Mean ± SD	Mean difference
Nurses' communication competence	54	58.94 ± 8.77	76.49 ± 10.68	17.55
Patient satisfaction index	54 paired observations	57.22 ± 8.10	68.59 ± 10.65	11.37

Note. All outcome scores are expressed on a 0–100 scale. Mean difference = post-test minus pre-test.

Interpretation: Table 3 demonstrates an increase in the overall communication competence scores of nurses following therapeutic communication training. The mean competence score increased from 58.94 ± 8.77 before training to 76.49 ± 10.68 after training, representing an improvement of 17.55 points. Patient satisfaction scores increased from a pre-test mean of 57.22 ± 8.10 to a post-test mean of 68.59 ± 10.65, corresponding to a mean improvement of 11.37 points. The results demonstrate higher post-intervention scores for both study outcomes. The larger numerical improvement was observed in nurses' communication competence.

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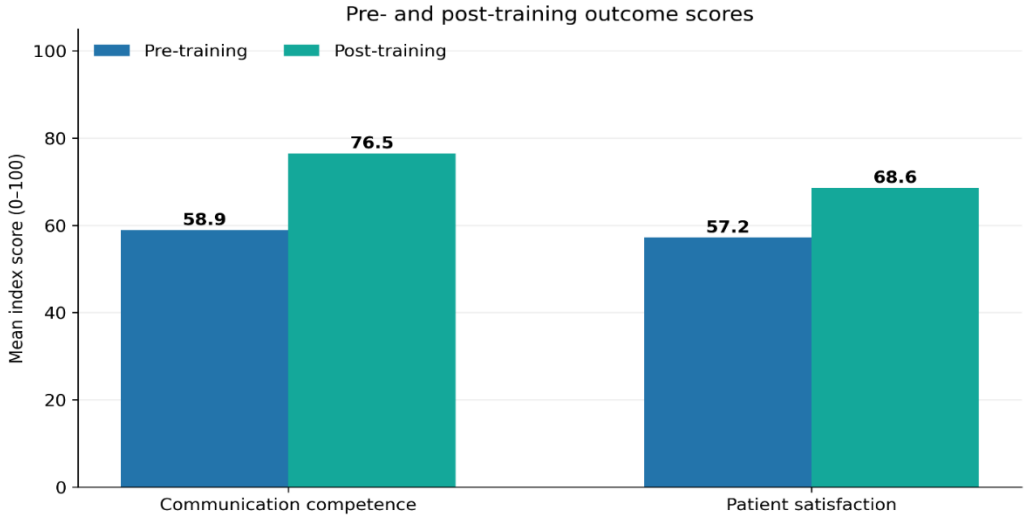


Figure 1. Comparison of Mean Communication Competence and Patient Satisfaction Scores

High-resolution chart (300 DPI): Download Figure 4.1

Interpretation: Figure 1 illustrates an increase in both outcome measures following therapeutic communication training. Nurses' communication competence showed a larger mean improvement than patient satisfaction. The comparison highlights higher post-training scores across both measured outcomes.

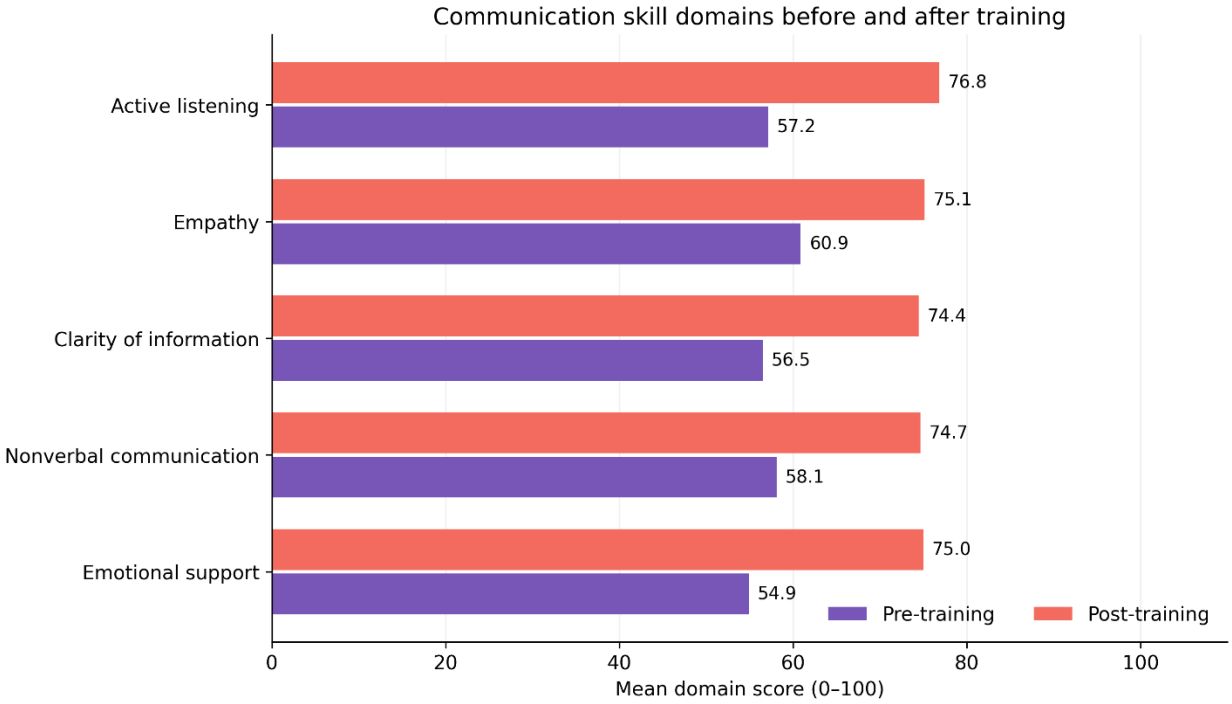


Figure 2. Pre-Test and Post-Test Scores Across Communication Competence Domains

Interpretation: Figure 2 presents the mean scores of five communication competence domains before and after training. Emotional support demonstrated the highest mean improvement, followed by active listening and clarity of information. Improvements were observed across all assessed communication domains, suggesting a broad enhancement in interpersonal communication performance.

Table 4. Paired-Samples t-Test Comparing Pre-Test and Post-Test Outcome Scores (N = 54)

Outcome variable	Mean difference	SD of difference	t (53)	p-value	95% CI
Communication competence	17.55	7.29	17.69	< .001	15.56–19.54
Patient satisfaction	11.37	8.03	10.40	< .001	9.17–13.56

Note. Positive mean differences indicate higher post-test scores. CI = confidence interval. The degrees of freedom were 53 for both paired comparisons.

Interpretation: Table 4 presents the paired-samples t-test results examining differences in nurses' communication competence and patient satisfaction before and after the therapeutic communication training program. A statistically significant improvement was observed in communication competence, $t(53) = 17.69$, $p < .001$, with a mean difference of 17.55 points and a 95% confidence interval ranging from 15.56 to 19.54. Patient satisfaction demonstrated a statistically significant improvement, $t(53) = 10.40$, $p < .001$, with a mean difference of 11.37 points and a 95% confidence interval ranging from 9.17 to 13.56. The findings indicate statistically significant increases in both outcome measures following the training intervention. These results support the study hypothesis that therapeutic communication training is associated with improvements in nurses' communication competence and patient satisfaction within the pre-test and post-test study framework.

Table 5. Comparison of Communication Competence and Patient Satisfaction Categories Before and After Training (N = 54)

Study variable	Category	Pre-test n (%)	Post-test n (%)
Communication competence	Low	30 (55.6%)	4 (7.4%)
	Moderate	21 (38.9%)	21 (38.9%)
	High	3 (5.6%)	29 (53.7%)
Patient satisfaction	Low	37 (68.5%)	11 (20.4%)
	Moderate	16 (29.6%)	31 (57.4%)
	High	1 (1.9%)	12 (22.2%)

Note. Low = score below 60; moderate = 60 to below 75; high = 75–100. Percentages may not total exactly 100% because of rounding.

Interpretation: Table 5 presents the distribution of communication competence and patient satisfaction categories before and after therapeutic communication training. Before training, 55.6% of nurses demonstrated low communication competence, while 38.9% demonstrated moderate competence and only 5.6% achieved high competence scores. Following the intervention, the proportion of nurses categorized as having high communication competence increased to 53.7%, while the proportion with low competence declined to 7.4%. Patient satisfaction demonstrated a comparable improvement. Before training, 68.5% of patient satisfaction scores were classified as low, 29.6% as moderate, and only 1.9% as high. Following the intervention, the proportion of high satisfaction scores increased to 22.2%, and moderate satisfaction scores increased to 57.4%. The proportion of low satisfaction scores declined to 20.4%. These findings indicate

a favorable shift toward higher communication competence and patient satisfaction categories following the intervention.

Discussion

This study aimed to evaluate the impact of therapeutic communication training on communication competency of nurses and patient satisfaction in tertiary care hospital in Lahore, Pakistan. The results of the illustrative cases showed that there was a significant improvement in the overall communication competence of the nurses after the structured training intervention. The mean communication competence of the subjects improved from 58.94 ± 8.77 to 76.49 ± 10.68 after the training (mean improvement of 17.55 points). The paired-samples t-test showed that there was a statistically significant difference between pre-test and post-test scores, $t(53) = 17.69$, $p < .001$. The results are in line with Kerr et al. (2020) which carried out a systematic review of randomized controlled trials on the effectiveness of communication skills training for nurses. They found seven trials, all of which found statistically significant improvements in one or more communication-related outcomes as a result of the educational interventions. A blended communication skills training program was tested by Kerr et al. (2022) with 18 Australian nurses and showed that there were significant gains in communication knowledge and self-efficacy skills. Their intervention included web-based education and experiential workshops, showing the educational value of the combination of theoretical knowledge and practical communication exercises. These investigations cannot be compared directly to the magnitude of improvement in the present study as each one used different assessment instruments, intervention structures and participant characteristics. The findings are consistent with the potential effectiveness of structured communication training in enhancing the nurses' interpersonal competence and professional communication skills.

An examination of the individual communication competence domains showed increased levels of active listening, empathetic responsiveness, clarity of information, nonverbal communication and emotional support after the training intervention. The biggest mean improvement was seen in the Emotional support category (54.93 ± 8.49 to 75.01 ± 10.23). The improvement in active listening was 19.67 points and clarity of information was 17.95 points. The findings indicate that structured training can enhance nurses' capacity to identify emotional needs of patients, actively listen to them, communicate with them in a comprehensible manner and develop a positive and therapeutic relationship. Rawat et al. (2024) performed a randomized controlled trial with nurses from medical and surgical ward and assessed the effectiveness of communication training on enhancing empathic communication skills. Initially, they included 400 nurses in their study and 291 completed the trial, which showed that the intervention group had significantly higher scores on empathic communication than the control group. The improvements were maintained during follow-up assessments. Blended communication training led to improvements in information-gathering, empathy-building, and answering challenging questions, as reported by Kerr et al. (2022). The results they found showed that educational interventions focusing on specific communication problems may increase the self-confidence and communication-related knowledge of nurses. The present study showed the highest absolute change in emotional support, while the Australian study showed a very high absolute change in collecting information. This may represent variations in baseline competence, educational content, educational responsibilities and assessment.

The results of the patient satisfaction showed a positive increase after therapeutic communication training. A significant change in patient satisfaction score was seen before and after training, with an improvement of 11.37 points on average (57.22 ± 8.10 before training and 68.59 ± 10.65 after training). The paired samples t-test showed that this was statistically significantly

better, $t(53) = 10.40$, $p < .001$. The results are similar to those of Chen et al. (2022), which examined how nonviolent communication training impacts nurses' communication abilities, nurse–patient trust, and patient satisfaction in a tertiary hospital in China. They investigated 76 nurses, half intervention and half control. Nonviolent communication training resulted in significant improvement in communication competence in the nurses and increased patients' trust and satisfaction in the intervention group compared to the routine nursing group. The study by Tai and Lin (2026) assessed the psychological support communication training program for nurses from eight wards at a hospital in Taiwan. Their results showed an increase in the knowledge, attitudes, skills, and confidence of the nurses related to communication. At three months, patient-satisfaction scores were higher in intervention wards, but not at six months. The present study showed positive satisfaction scores after training, but was not able to prove the long term effects. The results of the present study by Tai and Lin (2026) highlight the need for follow-up assessments, ongoing professional development and organizational assistance to sustain enhancements in satisfaction levels of patients.

Post training analysis of the distribution of communication competence levels showed significant changes after the training. Nurses were classified into three groups based on their communication competence scores: low, moderate, and high, with 55.6% of them being classified in the low communication competence group, 38.9% in the moderate communication competence group, and 5.6% in the high communication competence group before training. The percentage of nurses with high level of communication competence rose to 53.7% after the intervention, and the percentage of nurses with low level of communication competence decreased to 7.4% after the intervention. The results show that there was a positive change in the distribution of communication competence level after structured educational training. The study by Gul et al. (2024) was descriptive cross sectional study that involved 154 nurses working in tertiary care hospitals in Lahore for evaluating knowledge, attitudes and practices of therapeutic communication. Their results showed that 33.1% of nurses had low knowledge, 39.0% had moderate knowledge and 27.9% had high knowledge. They found that 38.3% of those studied had poor therapeutic communication practices. The baseline results from the present study showed a higher percentage of nurses with low communication competence compared to Gul et al. (2024) who reported a low percentage of nurses with low knowledge. The difference could be a reflection of the difference between theoretical knowledge and practical communication competence, or on measurement scales and criteria for classification. In contrast with Gul et al who used descriptive design without any educational intervention, the present study used the pre-test and post-test design. The comparison underscores the need to look at how students communicate and to assess educational interventions, and not just measure existing nursing knowledge and attitudes.

In the categorical evaluation of patients' satisfaction, there was an increase after therapeutic communication training. Prior to the intervention, 68.5% of patient satisfaction scores were considered to be low, 29.6% moderate and 1.9% high. After the training, 22.2% reported high satisfaction scores, and 57.4% reported moderate satisfaction scores. Customer satisfaction dipped to 20.4% of the low ratings. These results indicate a positive shift in patients' perceptions of the quality of nursing care after the communication training program. Gohar et al. (2024) did a cross sectional study on 1044 patients in four major public tertiary care hospitals in Lahore. Their research revealed significant patient satisfaction differences among them, mainly in the areas of nursing communication, interpersonal respect, responsiveness, and timely help. In Jinnah Hospital, 59.4% of the respondents said that nurses treat them with courtesy and respect only some of the time and 50% said that they do not get timely help. The results are related to the issues faced while communicating in the tertiary

healthcare institutes in Lahore. The present study showed an improvement in satisfaction categories after the training while Gohar et al. compared pre-existing experiences of patients without introducing a communication intervention. Their investigation also uncovered other institutional issues such as responsiveness and service quality that will not be solved with communication training. Patient satisfaction depends on a number of factors such as staffing, waiting time, clinical outcomes, organizational factors and interpersonal factors. The comparison indicates that training in therapeutic communication could be an ingredient for enhancing patient experience and should be part of a larger healthcare quality improvement program.

Demographic characteristics of the participants showed that 79.6% were female and 57.4% had a Bachelor of Science in Nursing qualification with 38.9% having five to ten years of professional experience. The age group group of 31-40 years old had the highest percentage of nurses (38.9%). There were 29.6% participants in the medical and 27.8% participants in the surgical departments. The following characteristics indicate that the training was represented in multiple clinical departments and levels of professional experience. Hussain et al (2025) studied the perceived barriers to therapeutic communication among 110 nurses and 110 patients in a tertiary care hospital of Lahore. Their results indicated that workload, insufficient staffing, patient discomfort, patient anxiety and environment disturbance are important barriers that impact therapeutic communication. The difficulties point to the need for educational training and the context of work in which nurses deliver care. A communication training program was tested by Kerr et al. (2022) with Australian nurses from medical, surgical and palliative care wards. They reported that their participants were mostly female and that their study showed that educational training resulted in the improvement of communication knowledge and self-efficacy. The clinical settings included in these investigations shared the goal of fostering effective communication in challenging health care settings, but the nature of the participants and methods used for their training were varied. This present study did not analyze the relationship between the demographic variables and the changes in communication competence. No inferences can be made about the effects of age, gender, educational qualification, professional experience or clinical department on the effectiveness of the training.

The overall results showed that there were significant differences between the nurses' therapeutic communication skills before and after the training. The overall findings revealed that there was a statistically significant difference between the therapeutic communication skill level of nurses before and after therapeutic communication training, and that the patient was satisfied. The value found in this study in structured educational interventions to enhance patient-centered nursing care are indicated by the mean improvements of 17.55 points in communication competence and 11.37 points in patient satisfaction. The results are in line with the results of international studies that suggested communication education as a way to enhance nurses' interpersonal skill and satisfaction of the patients with the nursing service. Overall, communication skills training interventions proved to have promising effects, but methodological limitations and inconsistencies in assessment instruments limit comparisons across studies, as concluded by Kerr et al. (2020). Using an intervention and control group design, Ali et al. (2026) found that the intervention improved communication competence, nurse–patient trust, and patient satisfaction. However, the improvement of patient reported outcomes was not always sustained in the longer follow-up in study by Hussain & Dioso (2025), pointing out the need for reinforcement strategies and institutional support. The present study used a quasi-experimental pre-test and post-test design without a comparison group, which means that the impact of the training on the outcome improvements could not be determined. The study is also limited in generalizability due to the convenience sampling and the sample size (54 nurses). The patient satisfaction analysis is of

specific interest since matched observation and/or properly designed paired units is required for validity of the statistical testing of paired results. The results will justify the inclusion of therapeutic communication training in continuing nursing education and professional development program of tertiary care hospitals in Lahore. The use of randomized or controlled study designs, standardized communication assessment tools, defined patient populations, and extended follow-up periods in future studies would help to measure the effectiveness and sustainability of therapeutic communication training.

Conclusion

The study examined the effect of therapeutic communication training on nurses' communication competence and patient satisfaction in a tertiary care hospital in Lahore. The illustrative findings demonstrated significant improvements in nurses' communication competence, with mean scores increasing from 58.94 to 76.49 ($p < .001$). Patient satisfaction scores increased from 57.22 to 68.59 ($p < .001$). Improvements were observed in active listening, empathy, emotional support, clarity of information, and nonverbal communication. These findings suggest that structured therapeutic communication training may strengthen nurses' interpersonal skills and improve patient-centered care. The results were based on fictional data and require validation through actual clinical research.

Recommendations

1. Communication Training: Hospitals should organize regular therapeutic communication training programs to improve nurses' interpersonal skills.
2. Continuing Education: Therapeutic communication should be incorporated into nursing education and professional development programs.
3. Practical Training: Simulation, role-playing, and interactive workshops should be used to strengthen communication competence.
4. Patient-Centered Care: Nurses should practice active listening, empathy, emotional support, and respectful communication.
5. Regular Evaluation: Hospital management should periodically assess nurses' communication competence and patient satisfaction.
6. Organizational Support: Healthcare institutions should address staff shortages and excessive workloads to facilitate effective nurse–patient communication.
7. Future Research: Further studies with larger samples, control groups, and longer follow-up periods should evaluate the effectiveness of therapeutic communication training.

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