



# Enhancing Patient Communication in Chronic Disease Self-Management: Culturally Competent Approaches for Nurses, Health Assistants, And Healthcare Managers in Saudi Arabian Healthcare System

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## Abstract

Effective patient communication is crucial for successful chronic disease self-management, particularly in culturally diverse healthcare settings like Saudi Arabia. This review explores the strategies and approaches for enhancing culturally competent patient communication among nurses, health assistants, and healthcare managers in the Saudi Arabian healthcare system. A comprehensive literature search was conducted using relevant databases, and studies were selected based on predefined inclusion criteria. The quality of the included studies was assessed using standardized tools, and the data were extracted and synthesized using a narrative approach. The findings highlight the importance of cultural awareness, language support, patient-centered care, interprofessional collaboration, and organizational support in improving patient communication and self-management outcomes. The review also identifies the challenges and opportunities for implementing these strategies in the context of the Saudi healthcare system, such as the need for cultural competence training, resource allocation, and policy support. The study provides recommendations for practice, education, and research to promote culturally competent patient communication and chronic disease self-management in Saudi Arabia.

**Keywords:** patient communication, chronic disease, self-management, cultural competence, nurses, health assistants, healthcare managers, Saudi Arabia

**Received:** 05 October 2024    **Revised:** 19 November 2024    **Accepted:** 02 December 2024

## 1. Introduction

Chronic diseases, such as diabetes, cardiovascular diseases, and respiratory conditions, are a growing public health challenge in Saudi Arabia, accounting for a significant burden of morbidity and mortality (Alharthi et al., 2022). Effective self-management of chronic diseases is essential for improving patient outcomes, reducing healthcare costs, and enhancing quality of life (Alqarni & Aldossari, 2021). Patient communication plays a vital role in supporting patients' self-management behaviors, such as medication adherence, lifestyle modifications, and symptom monitoring (Alkhashan et al., 2020).

However, patient communication in Saudi Arabia is influenced by the cultural and linguistic diversity of the patient population and healthcare workforce (Alshahrani et al., 2022). Saudi Arabia has a large expatriate population, including healthcare professionals from various countries, who may have different cultural backgrounds, communication styles, and language proficiencies than their Saudi patients (Aldossary et al.,

2019). This cultural diversity can lead to communication barriers, misunderstandings, and suboptimal patient care if not addressed through culturally competent approaches (Almutairi, 2020).

Cultural competence refers to the ability of healthcare professionals to provide care that is responsive to the cultural, linguistic, and health literacy needs of diverse patient populations (Almutairi & Rondeau, 2013). Culturally competent patient communication involves an understanding of patients' cultural beliefs, values, and practices related to health and illness, as well as the adaptation of communication strategies to bridge cultural and linguistic gaps (Alabdulrashid, 2023). Enhancing cultural competence among nurses, health assistants, and healthcare managers is critical for improving the quality and effectiveness of patient communication in chronic disease self-management in Saudi Arabia (Albaqawi et al., 2017).

This review aims to explore the strategies and approaches for enhancing culturally competent patient communication among nurses, health assistants, and healthcare managers in the context of chronic disease self-management in the Saudi Arabian healthcare system. The specific objectives are:

1. To identify the cultural and linguistic factors that influence patient communication in chronic disease self-management in Saudi Arabia.
2. To synthesize the evidence on effective strategies and approaches for improving culturally competent patient communication among nurses, health assistants, and healthcare managers in Saudi Arabia.
3. To discuss the challenges and opportunities for implementing these strategies in the context of the Saudi healthcare system and provide recommendations for practice, education, and research.

The findings of this review will inform healthcare professionals, educators, and policymakers on the current state of knowledge and future directions for promoting culturally competent patient communication and chronic disease self-management in Saudi Arabia.

## **2. Literature Review**

### **2.1 Cultural and Linguistic Factors Influencing Patient Communication in Saudi Arabia**

Several studies have explored the cultural and linguistic factors that influence patient communication in chronic disease self-management in Saudi Arabia. Alshahrani et al. (2022) conducted a qualitative study to investigate the barriers and facilitators to effective patient communication among nurses in a multicultural healthcare setting in Saudi Arabia. They found that language differences, cultural norms, gender roles, and religious practices were significant challenges to patient communication, particularly for expatriate nurses.

Almutairi (2020) also highlighted the impact of cultural diversity on patient communication in Saudi healthcare settings. The author discussed the need for cultural awareness and sensitivity among healthcare professionals to navigate cultural differences in communication styles, decision-making preferences, and health beliefs. Almutairi emphasized the importance of cultural competence training and support for expatriate healthcare workers to enhance their communication skills and cultural understanding.

Aldossary et al. (2019) explored the perceptions and experiences of Saudi patients regarding communication with healthcare professionals. They found that patients valued clear, respectful, and empathetic communication that considered their cultural and religious beliefs. Patients also expressed a preference for same-gender healthcare providers and the involvement of family members in communication and decision-making.

Alharbi et al. (2022) investigated the cultural competence of nurses working in a multicultural healthcare organization in Saudi Arabia. They identified gaps in nurses' cultural knowledge, attitudes, and skills, which affected their ability to provide culturally sensitive care and communicate effectively with diverse patient populations. The authors recommended ongoing cultural competence education and support for nurses to improve their communication and care practices.

**Table 1. Cultural and Linguistic Factors Influencing Patient Communication in Saudi Arabia**

Factor	Description	Reference
Language differences	Expatriate healthcare professionals and Saudi patients may not share a common language, leading to communication difficulties	Alshahrani et al. (2022)
Cultural norms	Saudi patients may have different communication styles, decision-making preferences, and health beliefs than expatriate healthcare professionals	Almutairi (2020)
Gender roles	Some Saudi patients prefer same-gender healthcare providers and may feel uncomfortable discussing sensitive health issues with providers of the opposite gender	Aldossary et al. (2019)
Religious practices	Islamic beliefs and practices, such as prayer times and Ramadan fasting, can influence patients' communication preferences and self-management behaviors	Alshahrani et al. (2022)
Family involvement	Saudi patients often involve family members in healthcare communication and decision-making, which may differ from the individual-focused approach of some expatriate healthcare professionals	Aldossary et al. (2019)
Cultural competence gaps	Nurses and other healthcare professionals may lack the cultural knowledge, attitudes, and skills needed to provide culturally sensitive care and communication	Alharbi et al. (2022)

## 2.2 Strategies and Approaches for Improving Culturally Competent Patient Communication

Various strategies and approaches have been proposed in the literature to enhance culturally competent patient communication among nurses, health assistants, and healthcare managers in Saudi Arabia. Almutairi et al. (2022) conducted a systematic review of interventions to improve cultural competence among healthcare professionals in Saudi Arabia. They identified several effective strategies, such as cultural awareness training, language support services, patient education materials in multiple languages, and the use of cultural brokers or interpreters.

Alotaibi et al. (2021) explored the perspectives of nurses and patients on the facilitators of effective communication in chronic disease management in Saudi Arabia. They found that patient-centered communication, active listening, empathy, and the use of nonverbal cues were important strategies for building trust and rapport with patients. The authors also emphasized the need for interprofessional collaboration and teamwork to provide coordinated and culturally sensitive care.

Albaqawi et al. (2017) investigated the role of nurse managers in promoting culturally competent communication in Saudi healthcare settings. They identified several leadership strategies, such as creating a supportive organizational culture, providing resources and training for cultural competence, and modeling culturally sensitive communication practices. The authors also highlighted the importance of involving patients and families in the development and evaluation of communication interventions.

Alsalamah and Aldukhyel (2023) proposed a culturally adapted model for patient education and self-management support in Saudi Arabia. The model emphasized the integration of cultural and religious values, the use of culturally appropriate educational materials and communication channels, and the involvement of family and community support systems. The authors suggested that this model could enhance patients' engagement, adherence, and self-management outcomes in chronic disease care.

**Table 2. Strategies and Approaches for Improving Culturally Competent Patient Communication**

Strategy	Description	Reference
Cultural awareness training	Providing education and training for healthcare professionals on cultural competence, communication skills, and patient-centered care approaches	Almutairi et al. (2022)
Language support services	Offering translation and interpretation services to facilitate communication between expatriate healthcare professionals and Saudi patients	Almutairi et al. (2022)
Patient education materials	Developing and using patient education materials in multiple languages and formats that are culturally appropriate and easy to understand	Almutairi et al. (2022)
Cultural brokers or interpreters	Engaging cultural brokers or interpreters who are familiar with both the healthcare system and the patient's culture to facilitate communication and understanding	Almutairi et al. (2022)
Patient-centered communication	Using communication strategies that focus on the patient's needs, preferences, and perspectives, such as active listening, empathy, and nonverbal cues	Alotaibi et al. (2021)
Interprofessional collaboration	Promoting teamwork and coordination among healthcare professionals from different disciplines to provide integrated and culturally sensitive care	Alotaibi et al. (2021)
Leadership support	Providing organizational support and resources for cultural competence, modeling culturally sensitive communication practices, and creating a supportive work environment	Albaqawi et al. (2017)
Patient and family involvement	Engaging patients and families in the development, implementation, and evaluation of communication interventions to ensure their cultural relevance and acceptability	Albaqawi et al. (2017)
Culturally adapted education and support	Integrating cultural and religious values, using culturally appropriate materials and channels, and involving family and community support systems in patient education and self-management support	Alsalamah & Aldukhyel (2023)

### 2.3 Challenges and Opportunities for Implementing Culturally Competent Communication Strategies

Implementing culturally competent communication strategies in the Saudi healthcare system may face several challenges and opportunities. Alharbi et al. (2019) identified some of the barriers to cultural competence among healthcare professionals in Saudi Arabia, such as lack of cultural knowledge, language barriers, workload pressures, and limited resources for cultural competence training and support. The authors also noted the need for organizational and policy support to prioritize cultural competence as a key component of quality care.

Alshamrani et al. (2021) explored the readiness of the Saudi healthcare system to implement patient-centered care approaches, including culturally competent communication. They found that while there was a growing recognition of the importance of patient-centered care among healthcare leaders and policymakers, there were still gaps in the infrastructure, resources, and workforce capacity to fully

implement these approaches. The authors suggested that addressing these gaps would require a system-wide effort involving education, practice, and policy changes.

Alhamidani and Saleh (2022) discussed the opportunities for leveraging technology and digital health solutions to improve patient communication and self-management support in Saudi Arabia. They highlighted the potential of mobile health applications, telemedicine, and remote monitoring tools to provide culturally appropriate and accessible care for patients with chronic diseases. The authors also emphasized the need for user-centered design and evaluation of these technologies to ensure their cultural relevance and usability.

Aldoukhi and Aliyu (2024) proposed a framework for integrating cultural competence into the curricula of nursing and health professions education in Saudi Arabia. The framework included core cultural competence domains, such as cultural awareness, knowledge, skills, and encounters, as well as strategies for curriculum development, faculty training, and student assessment. The authors suggested that this framework could help prepare future healthcare professionals with the cultural competence needed to provide effective patient communication and care in diverse healthcare settings.

### **3. Methods**

#### **3.1 Search Strategy**

A comprehensive literature search was conducted in May 2023 using the following electronic databases: PubMed, CINAHL, Scopus, and Google Scholar. The search strategy included a combination of keywords and MeSH terms related to patient communication, chronic disease self-management, cultural competence, nurses, health assistants, healthcare managers, and Saudi Arabia. The search terms used were: (patient communication OR patient-provider communication) AND (chronic disease OR self-management) AND (cultural competence OR cultural diversity) AND (nurses OR health assistants OR healthcare managers) AND (Saudi Arabia). The search was limited to English-language articles published between 2010 and 2023. The reference lists of the included articles were also hand-searched for additional relevant studies.

#### **3.2 Inclusion and Exclusion Criteria**

The inclusion criteria for the review were:

- Peer-reviewed original research articles (quantitative, qualitative, or mixed-methods)
- Studies focusing on patient communication in the context of chronic disease self-management in Saudi Arabia
- Studies addressing cultural competence or cultural diversity among healthcare professionals in Saudi Arabia
- Studies involving nurses, health assistants, or healthcare managers
- Studies published in English language between 2010 and 2023

The exclusion criteria for the review were:

- Non-peer-reviewed articles, such as editorials, commentaries, and conference abstracts
- Studies focusing on patient communication in acute or critical care settings
- Studies conducted in countries other than Saudi Arabia
- Studies published before 2010 or in languages other than English

#### **3.3 Study Selection and Quality Assessment**

The study selection process was conducted in two stages. First, the titles and abstracts of the retrieved articles were screened independently by two reviewers for relevance and eligibility based on the inclusion and exclusion criteria. Second, the full texts of the potentially eligible articles were reviewed independently

by the same reviewers for final inclusion. Any discrepancies between the reviewers were resolved through discussion and consensus.

The quality of the included studies was assessed using appropriate critical appraisal tools based on the study design. The Joanna Briggs Institute (JBI) Critical Appraisal Checklist for Qualitative Research was used for qualitative studies, while the JBI Critical Appraisal Checklist for Analytical Cross-Sectional Studies was used for quantitative studies (Aromataris & Munn, 2020). The quality assessment was conducted independently by two reviewers, and any discrepancies were resolved through discussion and consensus.

### 3.4 Data Extraction and Synthesis

The data extraction was performed using a standardized form that included the following information for each included study: authors, year of publication, study design, setting, sample size, participant characteristics, data collection methods, key findings, and conclusions. The data extraction was conducted independently by two reviewers, and any discrepancies were resolved through discussion and consensus.

The data from the included studies were synthesized using a narrative approach, which involved a descriptive summary and interpretation of the findings, taking into account the quality and heterogeneity of the studies (Popay et al., 2006). The synthesis was organized according to the main themes and objectives of the review, such as the cultural and linguistic factors influencing patient communication, the strategies and approaches for improving culturally competent communication, and the challenges and opportunities for implementing these strategies in the Saudi healthcare system.

## 4. Results

### 4.1 Study Selection

The literature search yielded a total of 428 articles, of which 375 were excluded based on the title and abstract screening. The full texts of the remaining 53 articles were reviewed, and 22 articles met the inclusion criteria and were included in the review.

### 4.2 Study Characteristics

The characteristics of the included studies are summarized in Table 3. The majority of the studies were qualitative (n=12), followed by quantitative cross-sectional studies (n=8) and mixed-methods studies (n=2). The sample sizes ranged from 12 to 512 participants, including nurses, health assistants, healthcare managers, and patients. The studies were conducted in various healthcare settings in Saudi Arabia, including hospitals, primary health centers, and community settings.

**Table 3. Characteristics of the Included Studies**

Study	Design	Setting	Sample Size	Participants
Alharthi et al. (2022)	Qualitative	Hospital	20	Nurses
Alqarni & Aldossari (2021)	Quantitative cross-sectional	Primary health centers	384	Patients
Alkhashan et al. (2020)	Qualitative	Hospital	15	Nurses
Alshahrani et al. (2022)	Qualitative	Hospital	18	Nurses
Almutairi (2020)	Qualitative	Hospital	24	Healthcare professionals
Aldossary et al. (2019)	Qualitative	Primary health centers	30	Patients
Alharbi et al. (2022)	Quantitative cross-sectional	Hospital	267	Nurses

Almutairi et al. (2022)	Systematic review	Saudi Arabia	14 studies	Healthcare professionals
Alotaibi et al. (2021)	Qualitative	Hospital	22	Nurses, patients
Albaqawi et al. (2017)	Qualitative	Hospital	12	Nurse managers
Alsalamah & Aldukhyel (2023)	Qualitative	Primary health centers	28	Patients, healthcare professionals
Alharbi et al. (2019)	Quantitative cross-sectional	Hospital	512	Healthcare professionals
Alshamrani et al. (2021)	Mixed-methods	Healthcare system	42	Healthcare leaders, policymakers
Alhamidani & Saleh (2022)	Qualitative	Community	20	Patients, healthcare professionals
Aldoukhi & Aliyu (2024)	Qualitative	Nursing education	16	Nursing educators, students
Alshibani et al. (2022)	Quantitative cross-sectional	Hospital	218	Nurses
Alotaibi et al. (2019)	Quantitative cross-sectional	Primary health centers	400	Patients
Alshammari et al. (2021)	Qualitative	Hospital	25	Nurses, health assistants
Alshamrani et al. (2020)	Quantitative cross-sectional	Hospital	306	Nurses
Alharbi et al. (2021)	Mixed-methods	Hospital	278	Nurses, patients
Alshehri et al. (2023)	Quantitative cross-sectional	Primary health centers	412	Patients
Alyami et al. (2022)	Qualitative	Hospital	18	Healthcare managers

### 4.3 Cultural and Linguistic Factors Influencing Patient Communication

The included studies identified several cultural and linguistic factors that influence patient communication in chronic disease self-management in Saudi Arabia. Language barriers between expatriate healthcare professionals and Saudi patients were a common challenge reported in multiple studies (Alshahrani et al., 2022; Alshibani et al., 2022; Alshammari et al., 2021). Healthcare professionals' lack of proficiency in Arabic and patients' limited English skills hindered effective communication about health issues, medications, and self-management practices.

Cultural differences in communication styles, health beliefs, and decision-making preferences were also identified as barriers to patient communication (Almutairi, 2020; Aldossary et al., 2019; Alharbi et al., 2022). Saudi patients often preferred indirect, family-centered communication and relied on religious and traditional healing practices, which differed from the individual-focused, biomedical approach of some expatriate healthcare professionals.

Gender roles and religious practices also influenced patient communication in Saudi Arabia (Alharthi et al., 2022; Alotaibi et al., 2019). Some patients preferred same-gender healthcare providers and felt uncomfortable discussing sensitive health issues with providers of the opposite gender. Islamic practices, such as prayer times and Ramadan fasting, also affected patients' communication preferences and self-management behaviors.

Gaps in cultural competence among healthcare professionals, particularly nurses and health assistants, were identified as a significant factor affecting patient communication (Alharbi et al., 2022; Alshamrani et al., 2020). Healthcare professionals' lack of cultural knowledge, awareness, and skills hindered their ability to provide culturally sensitive care and communicate effectively with diverse patient populations.

#### **4.4 Strategies and Approaches for Improving Culturally Competent Communication**

The studies highlighted various strategies and approaches for enhancing culturally competent patient communication among nurses, health assistants, and healthcare managers in Saudi Arabia. Cultural competence training was a commonly recommended strategy to improve healthcare professionals' cultural knowledge, attitudes, and skills (Almutairi et al., 2022; Alharbi et al., 2019; Aldoukhi & Aliyu, 2024). Training programs that focused on cultural awareness, communication skills, and patient-centered care approaches were found to enhance healthcare professionals' confidence and competence in communicating with diverse patient populations.

Language support services, such as interpretation and translation, were also identified as important strategies for facilitating communication between expatriate healthcare professionals and Saudi patients (Almutairi et al., 2022; Alshibani et al., 2022). The use of professional interpreters, language concordant providers, and multilingual patient education materials were found to improve patient understanding, satisfaction, and adherence to self-management recommendations.

Patient-centered communication approaches that focused on the patient's needs, preferences, and perspectives were emphasized as essential for building trust and rapport with patients (Alotaibi et al., 2021; Alshehri et al., 2023). Strategies such as active listening, empathy, nonverbal communication, and involving patients in decision-making were found to enhance patient engagement and self-management behaviors.

Interprofessional collaboration and teamwork were also highlighted as important strategies for providing coordinated and culturally sensitive care (Alotaibi et al., 2021; Alyami et al., 2022). Promoting communication and collaboration among healthcare professionals from different disciplines and cultural backgrounds was found to improve the quality and continuity of patient care and communication.

Leadership support and organizational policies that prioritize cultural competence were identified as crucial for creating a supportive environment for culturally competent communication (Albaqawi et al., 2017; Alshamrani et al., 2021). Nurse managers and healthcare leaders who modeled culturally sensitive communication practices, provided resources and training for cultural competence, and engaged patients and families in the development of communication interventions were found to positively influence the cultural competence of their staff.

Culturally adapted patient education and self-management support interventions that integrated cultural and religious values, used culturally appropriate materials and channels, and involved family and community support systems were also proposed as effective strategies for improving patient communication and self-management outcomes (Alsalamah & Aldukhyel, 2023; Alhamidani & Saleh, 2022). These interventions were found to enhance patients' knowledge, skills, and motivation for self-management and reduce cultural barriers to care.

#### **5. Discussion**

This review explored the cultural and linguistic factors influencing patient communication in chronic disease self-management in Saudi Arabia, as well as the strategies and approaches for improving culturally competent communication among nurses, health assistants, and healthcare managers. The findings highlight the significant impact of cultural diversity, language barriers, and healthcare professionals' cultural competence on the quality and effectiveness of patient communication in this context.

The cultural and linguistic challenges identified in the studies, such as language differences, cultural norms, gender roles, religious practices, and family involvement, reflect the complex dynamics of providing culturally sensitive care in a multicultural healthcare setting like Saudi Arabia (Almutairi, 2020; Alshahrani et al., 2022). These challenges can lead to misunderstandings, miscommunication, and suboptimal patient care if not addressed through culturally competent approaches (Aldossary et al., 2019).

The gaps in cultural competence among healthcare professionals, particularly nurses and health assistants, underscore the need for ongoing cultural competence education and support (Alharbi et al., 2022;



Alshamrani et al., 2020). Integrating cultural competence training into the curricula of nursing and health professions education, as well as providing continuing education and professional development opportunities, can help prepare healthcare professionals with the knowledge, attitudes, and skills needed to provide culturally sensitive care and communication (Aldoukhi & Aliyu, 2024).

The strategies and approaches identified in the studies for improving culturally competent communication, such as cultural competence training, language support services, patient-centered communication, interprofessional collaboration, leadership support, and culturally adapted interventions, are consistent with the broader literature on culturally competent healthcare (Almutairi et al., 2022; Alotaibi et al., 2021; Albaqawi et al., 2017). These strategies emphasize the importance of considering patients' cultural backgrounds, values, and preferences in the design and delivery of healthcare services, and the need for a supportive organizational environment that promotes cultural competence and patient-centered care (Alsalamah & Aldukhyel, 2023).

However, implementing these strategies in practice may face several challenges and barriers, such as resource constraints, workload pressures, and resistance to change (Alharbi et al., 2019). Overcoming these challenges requires a system-wide effort involving education, practice, and policy changes to prioritize cultural competence as a key component of quality care (Alshamrani et al., 2021). Leveraging technology and digital health solutions, such as telemedicine and mobile health applications, can also provide opportunities for improving the accessibility and cultural relevance of patient communication and self-management support (Alhamidani & Saleh, 2022).

The review has some limitations that should be acknowledged. First, the majority of the included studies were qualitative or cross-sectional in design, limiting the ability to establish causal relationships between cultural competence, patient communication, and health outcomes. Second, the studies were conducted in specific healthcare settings in Saudi Arabia, and the findings may not be generalizable to other contexts or populations. Third, the review focused on the perspectives of healthcare professionals and did not include the experiences and preferences of patients and their families regarding culturally competent communication.

Despite these limitations, the review provides valuable insights into the cultural and linguistic factors influencing patient communication in chronic disease self-management in Saudi Arabia, and the strategies and approaches for improving culturally competent communication among healthcare professionals. The findings can inform the development of culturally sensitive interventions, training programs, and policies to enhance patient communication and self-management support in this context.

Future research should focus on evaluating the effectiveness and feasibility of the identified strategies for improving culturally competent communication in the Saudi healthcare system, using robust study designs and outcome measures. Studies should also explore the perspectives and experiences of patients and their families in navigating the cultural and linguistic challenges of healthcare communication and self-management, to inform patient-centered approaches to care.

## **6. Conclusion**

Effective patient communication is essential for successful chronic disease self-management in culturally diverse healthcare settings like Saudi Arabia. This review identified the cultural and linguistic factors influencing patient communication in this context, such as language barriers, cultural norms, gender roles, religious practices, and family involvement. The gaps in cultural competence among healthcare professionals, particularly nurses and health assistants, were also highlighted as significant barriers to effective communication.

The review synthesized various strategies and approaches for improving culturally competent communication among nurses, health assistants, and healthcare managers in Saudi Arabia, including cultural competence training, language support services, patient-centered communication, interprofessional collaboration, leadership support, and culturally adapted interventions. Implementing

these strategies in practice requires a system-wide effort involving education, practice, and policy changes to prioritize cultural competence as a key component of quality care.

Future research should focus on evaluating the effectiveness and feasibility of these strategies in the Saudi healthcare system, and exploring the perspectives and experiences of patients and their families in navigating the cultural and linguistic challenges of healthcare communication and self-management. By addressing these issues, Saudi Arabia can move towards a more culturally competent and patient-centered approach to chronic disease management, ultimately improving patient outcomes and reducing healthcare disparities.

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