A Journal Kiara Nursing and Midwifery (JKNM)
ISSN (Online) 3063-7600 Volume 1, Issue 02 , March 2025

The Relationship Between Nurses' Therapeutic Communication and Patient Satisfaction Treated in the Mawar and Melati Treatment Rooms at Mamuju District Hospital

[1]Yuliana D,[2]Akbar Nur, [3]Suaib, [4]Nur Fadilah A, [5]Rismalasari Dewi
[1,2,3,5] Bachelor of Nursing Study Program, Faculty of Health Sciences, St. Fatimah Health and Business Institute, Mamuju
[4]Undergraduate Nursing Study Program Student, Faculty of Health Sciences, St. Fatimah Health and Business Institute, Mamuju

ARTICLE INFO

Article history :
Received 2025-January-8
Received in revised form 2025-January-22
Accepted 2025-March-24

Keywords :
Therapeutic communication,
Nurses,
Patient satisfaction.

Kata Kunci :
Komunikasi teraupetik,
Perawat, Kepuasan pasien

Correspondence :
Email : akbarskep@gmail.com

ABSTRACT

Patient satisfaction is the main indicator in assessing the quality of health services in hospitals. One factor that plays a role in patient satisfaction is therapeutic communication carried out by nurses. Effective therapeutic communication can build a relationship of mutual trust between nurses and patients, increasing patient comfort and satisfaction. This study aims to determine the relationship between nurse therapeutic communication and patient satisfaction treated in the Mawar and Melati rooms at the Mamuju District Hospital. This study used a cross-sectional design with a simple random sampling technique. The study sample consisted of inpatients who met the inclusion criteria. Data were collected using a questionnaire that measured the level of nurse therapeutic communication and patient satisfaction. Data analysis was performed using the Chi-Square test. The results of this study indicate that the p-value is 0.440 (>0.05), which means that there is no significant relationship between the therapeutic communication of nurses at the Mamuju District Hospital and the level of patient satisfaction at the Mamuju District Hospital. This indicates that other factors, such as health facilities, responsiveness of services, and patient conditions, may have a greater influence on patient satisfaction.

INTRODUCTION

Patient satisfaction is one of the main indicators used to assess the quality of health services in hospitals. Factors that influence patient satisfaction include hospital facilities, health worker services, and communication between patients and medical personnel, especially nurses (1). Therapeutic communication is an important aspect of nursing care because it helps build a relationship of mutual trust between nurses and patients, which ultimately affects patient comfort and satisfaction (2). However, in practice, many patients feel dissatisfied with the health services they receive due to nurses' ineffective communication (3).

Data from the Indonesian Ministry of Health in 2018 showed that around 60% of Indonesian hospitals have not met efficient service standards, including in terms of communication between medical personnel and patients (4). In addition, research in the United States revealed that 68% of patients felt dissatisfied with hospital services due to unfriendly health workers and ineffective communication (5). A similar phenomenon also occurs in Indonesia, where patient satisfaction levels vary between 40.4% and 44.4% in several regions. This is largely influenced by medical personnel's communication skills (6).

Several previous studies have examined the relationship between nurse therapeutic communication and patient satisfaction. One study showed a significant relationship (7). An important skill that health workers must have is the ability to communicate effectively with patients (8,9). Nurses with good therapeutic communication skills will find it easier to establish a relationship of mutual trust with patients, which will be more effective in providing professional satisfaction in nursing care (8,10).

The main objective of this study was to determine the relationship between therapeutic communication between nurses and the level of satisfaction of patients treated in the Mawar and Melati Rooms at Mamuju District Hospital.

METODE

This study uses a quantitative approach with an observational analytical method, which aims to determine the relationship between nurse therapeutic communication and patient satisfaction levels. The research design used was cross-sectional, where data on independent variables (therapeutic communication) and dependent variables (patient satisfaction) were collected and analyzed at the same point in time. The research was conducted at the Mamuju District Hospital, specifically in the Mawar and Melati Rooms. It was implemented from August to September 2023. Data were collected through questionnaires given to patients treated in the Mawar and Melati Rooms. The questionnaires included demographic data, nurses' therapeutic communication assessments, and patient satisfaction levels. The instrument used in this study was a structured questionnaire consisting of Respondent Characteristics (age, gender, education, occupation), Therapeutic Communication (measured with a Likert scale of 1–3), and a Patient Satisfaction questionnaire (measured with a Likert scale of 1–4). The data obtained were analyzed using the Chi-Square statistical test, which was used to see the relationship between nurse therapeutic communication and patient satisfaction. The results of the analysis are presented in the form of a frequency distribution table and statistical interpretation.

RESULTS AND DISCUSSION

RESULT

Respondent characteristics based on gender

Table 1
Distribution of Demographic Characteristics of Patient Respondents Based on Gender Treated in the Mawar and Melati Rooms at Mamuju District Hospital

Gender	**F**	**Presentase (%)**
Male	17	56.7%
Fimale	13	43.3%
Total	**30**	**100 %**
Age		
18 – 25 year	7	23.3%
26 – 35 year	8	26.7%
36 – 45 year	9	30.0%
46 – 55 year	1	3.3%
56 – 70 year	5	16.7%
Total	**30**	**100 %**
Education		
No school	1	3.3%
Elementary school education	2	6.7%
Junior high school	7	23.3%
Senior High School	16	53.3%
higher education	4	13.3%
Total	**30**	**100 %**
Education		
Civil Servant (PNS)	1	3.3%
Housewife (IRT)	6	20.0%
Others	23	76.7%
Total	**30**	**100 %**

Source: primary data 2023

Based on Table 1 in this study, of the total 30 respondents treated in the Mawar and Melati Rooms at Mamuju District Hospital, there were 17 men (56.7%) and 13 women (43.3%). From this distribution, it can be seen that the 36-45-year-old age group has the largest number of respondents, namely 9 people (30.0%), while the 46-55-year-old age group has the smallest number of respondents, namely only 1 person (3.3%).

Most respondents in this study had a high school education (53.3%). As many as 10% of respondents only had an elementary school education or no school at all. Respondents with higher education (D3/S1/S2) amounted to 13.3%, who are likely to be more critical in assessing the health services they receive. As many as 76.7% of respondents have jobs that are not included in the category of civil servants or housewives. This can include private workers, labourers, farmers, traders, or people who do not have permanent jobs. This shows that

patients treated at the Mamuju Regency Hospital are mostly from groups of people with informal jobs or various other job sectors. As many as 20% of respondents are housewives, and only 3.3% are civil servants.

Respondent characteristics based on therapeutic communication

Table 2
Distribution of respondent characteristics based on therapeutic communication of nurses treated in the Mawar and Melati rooms at Mamuju District Hospital

Nurse therapeutic communication	F	Presentase (%)
Never	11	36.7%
Rarely	16	53.3%
Always	3	10.0%
Total	**30**	**100 %**

The majority of respondents (53.3%) stated that nurses rarely carry out therapeutic communication, while 36.7% stated that therapeutic communication is never carried out. This shows that the interaction between nurses and patients in the context of therapeutic communication is still less than optimal. Only 10% of respondents considered that nurses always carry out therapeutic communication.

Respondent characteristics based on patient satisfaction

Table 3
Distribution of respondent characteristics based on patient satisfaction treated in the Mawar and Melati rooms at Mamuju District Hospital

patient satisfaction	F	Presentase (%)
Not satisfied	8	26.7%
Satisfied	22	73.3%
Total	**30**	**100 %**

As many as 73.3% of respondents stated that they were satisfied with the hospital's services. As many as 26.7% of patients stated that they were dissatisfied with the services received. This dissatisfaction can be caused by various factors, such as a lack of therapeutic communication between nurses, inadequate facilities, or slow service response times.

The Relationship Between Nurses' Therapeutic Communication and Patient Satisfaction Treated at Mamuju District Hospital

Table 4
The relationship between therapeutic communication and patient satisfaction treated at Mamuju District Hospital

Therapeutic Communication	patient satisfaction				Total	p-value (chi-square)
	Not satisfied		Satisfied			
	F	%	F	%		
Never	4	36,4%	7	63,6%	11	0.440
Rarely	4	25,0%	12	75,0%	16	
Always	0	0%	3	100.0%	3	
Total	8	26,7%	22	73,3%	100%	

The results of the statistical test showed that nurses' therapeutic communication did not have a significant relationship with patient satisfaction levels. This means that other factors are more likely to influence patient satisfaction, such as the quality of medical services, hospital facilities, or the speed of response of health workers. Although most respondents stated that therapeutic communication was "rarely" or "never" carried out, the majority of patients still stated that they were satisfied (73.3%). This indicates that patient satisfaction may be more influenced by other aspects of hospital services besides nurses' therapeutic communication.

DISCUSSION

The results of this study indicate that there is no significant relationship between nurses' therapeutic communication and patient satisfaction treated in the Mawar and Melati Rooms at the Mamuju Regency Hospital. This is indicated by a p-value of 0.440, which is greater than 0.05, so the alternative hypothesis (H1) is rejected, and the null hypothesis (H0) is accepted. This finding contradicts several previous studies that showed a positive relationship between therapeutic communication and

patient satisfaction (11,12). One possible cause of this result is that patient satisfaction is influenced by various other factors, such as hospital facilities, quality of medical services, environmental comfort, and the patient's personal experience of health services (13,14). Therefore, although therapeutic communication remains important, it is not the only factor that determines patient satisfaction.

This study also found that patient demographic characteristics, such as age, education level, and occupation, can influence how they assess the quality of communication carried out by nurses. Patients with higher levels of education tend to have greater expectations of the communication and services received, so they may feel less satisfied even though nurses have implemented good therapeutic communication (14,15). Conversely, patients with lower levels of education may focus more on basic service aspects such as the availability of drugs and quick response from medical personnel (16,17). This suggests that strategies to improve patient satisfaction must consider various aspects, not only therapeutic communication but also other factors that contribute to the patient's overall experience in the hospital.

In addition, it is important to consider the differences in perception between nurses and patients in assessing the effectiveness of therapeutic communication. Nurses may feel that they have carried out therapeutic communication well, but patients may judge otherwise due to differences in individual expectations and needs (10). For example, nurses who are busy with administrative tasks and other responsibilities may not be able to fully devote time to communicating with patients in a more personal way, which can affect patient satisfaction levels (18). Therefore, more intensive communication training is needed for nurses, as well as the application of more in-depth patient satisfaction evaluation methods to identify gaps in communication between nurses and patients.

As a strategic step, hospitals can develop a more comprehensive service quality improvement program, not only focusing on therapeutic communication but also improving facilities, providing professional training for medical personnel, and strengthening the patient feedback system (19,20). Periodic evaluation of patient satisfaction is also an important step so that hospitals can continue to adapt and improve the quality of services provided (21,22). With this more holistic approach, patient satisfaction can increase, and health services at the Mamuju Regency Hospital can be more optimal in meeting patient needs.

CONCLUSION

This study shows that there is no significant relationship between nurses' therapeutic communication and patient satisfaction in the Mawar and Melati Rooms at Mamuju District Hospital. The results of the Chi-Square test showed a p-value of 0.440 (> 0.05), so the null hypothesis (H0) was accepted. This shows that therapeutic communication is not the only factor that determines patient satisfaction; other factors, such as hospital facilities, service responsiveness, and patient conditions, also play a role. In addition, the study found that patients' demographic characteristics, such as age, education level, and occupation, can affect their perceptions of nurse communication. Patients with higher education levels have greater expectations of health services, while patients with lower education levels focus more on basic services and quick responses from medical personnel.

As an implication, hospitals need to improve the quality of services as a whole, focusing not only on therapeutic communication but also on facilities and patient satisfaction evaluation systems. With this holistic approach, patient satisfaction is expected to increase, and health services at Mamuju District Hospital will be more optimal.

ACKNOWLEDGMENTS

Thank you to the Mamuju District Hospital and all parties who have contributed to this research, both directly and indirectly.

REFERENCES

1. Lestari W, Rizany I, Setiawan H. Faktor-faktor yang mempengaruhi tingkat kepuasan pasien rawat inap di rumah sakit. Berk Ilm Mhs Ilmu Keperawatan Indones. 2021;9(1):46–53.

2. Suhaila E, Susanto MPK. Pengaruh komunikasi terapeutik perawat terhadap kepuasan pasien di instalasi bedah sentral RSUD Kota Yogyakarta. Proceeding Heal Archit. 2017;1(1):83–95.

3. Rusnoto R, Cholifah N, Kusmiyati Y. Hubungan Pelayanan Keperawatan dan Komunikasi Terapeutik dengan Kepuasan Pasien Rawat Inap di RSUD dr. Loekmono Hadi Kudus. Proceeding of The URECOL. 2019;838–49.

4. Kemenkes RI. Hasil utama RISKESDAS 2018. Online) http//www depkes go id/resources/download/info-

terkini/materi_rakorpop_2018/Hasil% 20Riskesdas. 2018;202018.

5. Sembiring IM, Munthe NBG. Hubungan komunikasi terapeutik perawat dengan kepuasan pasien rawat inap. J Keperawatan Dan Fisioter. 2019;1(2):54–61.

6. Simanullang MSD, Ginting AAY, Marbun GG. Hubungan Komunikasi Terapeutik Perawat Dengan Kepuasan Pasien Di Ruang Rawat inap Rumah Sakit Santa Elisabeth Medan Tahun 2022. J Cakrawala Ilm. 2023;3(1):167–84.

7. Kalli VM, Rosdiana Y, Parnawati TA. Hubungan Komunikasi Terapeutik Perawat Dengan Kepuasan Pasien Rawat Jalan di Puskesmas Kendalkerep Kota Malang. Fakultas Ilmu Kesehatan Universitas Tribhuwana Tunggadewi Malang; 2022.

8. Jatmika DGDP, Triana KY, Purwaningsih NK. Hubungan komunikasi terapeutik dan risiko perilaku kekerasan pada pasien skizofrenia di Rumah Sakit Jiwa Provinsi Bali. J Keperawatan Raflesia. 2020;2(1):1–10.

9. Aprianti RA, Pramana Y. Hubungan komunikasi terapeutik perawat dengan tingkat kepuasan pasien di rst tk. Ii kartika husada. Tanjungpura J Nurs Pract Educ. 2020;2(2).

10. Apriani R, Nurcahyo GW. Tingkat kepuasan pasien RSIA Siti Hawa dalam upaya peningkatan kualitas pelayanan menggunakan metode service quality (SERVQUAL). J Sistim Inf dan Teknol. 2021;150–5.

11. Setyawati D, Diel MM, Gantini N. Hubungan Komunikasi Terapeutik Perawat Yang Dipersepsikan Keluarga Dengan Tingkat Kepuasan Di Ruang Dahlia Atas Rsu Kabupaten Tangerang. Nusant Hasana J. 2024;3(12):30–8.

12. Rahmadani AS. Hubungan Komunikasi Terapeutik Perawat Terhadap Tingkat Kepuasan Pasien Rawat Inap (Skripsi Literature Review). STIKES Yayasan RS Dr. Soetomo Surabaya; 2021.

13. Laila FN. Pengaruh Kualitas Pelayanan Pada Kepuasan Pasien Dan Konsekuensinya Terhadap Loyalitas di Rumah Sakit. J Kesehat Ilm Indones (Indonesian Heal Sci Journal). 2024;9(2).

14. Marjun M, Said IM, Ningsih K, Tahali A. Pengaruh Di Mensi Dimensi Kualitas Layanan Terhadap Kepuasan Pasien Rawat Inap Bpjs Kesehatan Center Rumah Sakit Umum Daerah Anutapura. J Ekon Trend. 2019;7(1):12–26.

15. Rusnoto R, Purnomo M, Utomo TP. Hubungan Komunikasi Dan Pelayanan Keperawatan Dengan Tingkat Kepuasan Pasien. J Ilmu Keperawatan Dan Kebidanan. 2019;10(2):343–9.

16. Yuniarti R, Syafriati A. Penggunaan teori keperawatan health promotion nola j. Pender dengan memberikan edukasi booklet pada pasien hipertensi. J Kesehat. 2022;11(4).

17. Marzuki DS, Tahrim N. Derajat kesehatan masyarakat. Uwais Inspirasi Indonesia; 2024.

18. Nurlina D. Faktor-faktor yang memengaruhi kepuasan pasien instalasi gawat darurat Rumah Sakit TNI AD Tk Iv 02.07. 04 Bandar Lampung tahun 2017. Institut Kesehatan Helvetia Medan; 2018.

19. Sulaiman ES. Pendidikan dan promosi kesehatan: Teori dan implementasi di Indonesia. Ugm Press; 2022.

20. Nurhadi ZF. Pelatihan Komunikasi Terapeutik pada Kerabat Pasien untuk Mendukung Perawatan Pasien Gangguan Jiwa. Prima Abdika J Pengabdi Masy. 2024;4(4):785–97.

21. Kuddi A, Siregar AD, Putri AAT, Purwadhi P, Widjaja YR. Inovasi dan tantangan dalam manajemen strategi rumah sakit: Sebuah tinjauan literatur. J Innov Res Knowl. 2024;4(5):2593–610.

22. Nur R, Lala SK, Vanchapo AR, AP S, MKes M, Kusumaningrum PR, et al. Peran Manajemen Keperawatan Dalam Mengoptimalkan Kinerja Tim Medis Di Rumah Sakit. CV Rey Media Grafika; 2024.