

The Effect of Nurse Therapeutic Communication on Patient Satisfaction at Medan Advent Hospital

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Abstract— Therapeutic communication is an experience of communicating together between nurses and clients which aims to solve a client's problem. Therapeutic communication can be one indicator in measuring patient satisfaction; if therapeutic communication is not carried out, it will be challenging to create a trusting relationship between the client and the nurse, which affects the pride felt by the patient. The purpose of this study was to determine whether there is an effect of nurse therapeutic communication on patient satisfaction at the Medan Adventist Hospital in 2021. This type of research is quantitative. Correlation study design with the cross-sectional approach. The population in this study were all patients who received treatment in the inpatient ward of the Medan Adventist Hospital. The total number of patients treated in the inpatient room of the Medan Adventist Hospital in May 2021 was 523 people. The sample in this study were patients treated in the inpatient ward of the Medan Adventist Hospital using the Arikunto formula (2016), as many as 52 people. From the study results, it was concluded that therapeutic communication affected patient satisfaction with a p-value of 0.000. It is expected that the medical team at the hospital maintains effective therapeutic communication; in addition to providing satisfaction to patients, patients can also participate in medical actions that can improve their quality of life.

Keywords— Therapeutic Communication, Patient Satisfaction.

I. INTRODUCTION

The hospital is one of the subsystems of health services that provide two types of community services: health services and administrative services. Health services include medical assistance, medical support services, medical rehabilitation, and care services. These services are carried out through emergency units, inpatient units, and outpatient units (Putra, 2013).

Quality nursing services are determined by accuracy in providing services and fostering communication relationships that can heal patients. This communication model is called therapeutic communication (Mission et al., 2016).

Nurses need to have therapeutic communication skills in carrying out their roles to determine the success of professional nursing services or care by taking into account the holistic needs of patients. Nurses also need to realize that the success of the patient's treatment goals cannot be separated from the therapeutic communication activities carried out by nurses to patients (Mission et al., 2016).

Therapeutic communication is an experience of communicating together between nurses and clients which aims to solve a client's problem. Therapeutic communication can be one indicator in measuring patient satisfaction. If therapeutic communication is not carried out, it will be challenging to create a trusting relationship between the client and the nurse, which affects the pride felt by the patient. Therapeutic communication between nurses and patients during the treatment period in the hospital will also impact the patient's healing process. (Afnuhazi, 2014).

The benefits of therapeutic communication itself are helping the patient clarify the patient's condition, reducing the burden of feelings, thoughts, and being able to change the existing situation if the patient believes in the needed things. Reduces doubts, helps in taking effective action, and defends

his ego. Influencing other people, the physical environment, and himself in terms of improving health status. Strengthen the relationship or interaction between clients and therapists (health workers) professionally and proportionally to help resolve client problems. (Mundakir, 2016)

A nurse will not know the client's condition if she cannot carry out therapeutic communication, and the nurse does not seem to appreciate the uniqueness of each client's communication pattern. Without knowing the identity of each, especially regarding the client's needs, the nurse will also find it challenging to provide assistance to the client and overcome the client's problems. So we need the proper method in accommodating so that nurses can get the right knowledge about patients. Through therapeutic communication, nurses are expected to face, perceive, react, and appreciate the client's uniqueness. Therapeutic touch is necessary for providing services in administering drugs to patients (Mundakir, 2016).

Satisfaction is a feeling of pleasure felt by someone who appears after comparing the service results by or not by the expectations he had before getting service. Patients as users of nursing services demand nursing services by their rights, namely quality nursing services (Nursalam, 2014).

One indicator to assess the performance of a hospital's health services is patient satisfaction. Suppose the percentage of patient satisfaction obtained is high. In that case, it means that the hospital's health services are good, and vice versa if the level of patient satisfaction is low, then the hospital services need to be improved, especially in terms of communication (Nursalam, 2014).

Based on the report on the results of the community satisfaction survey on nursing services in hospitals in 2019, it was explained that the service user satisfaction index was around 80-81%, meaning that the community's assessment of service quality was in the excellent category (Mundakir, 2016).

Sembaring & Munthe's research (2019) explains a relationship between nurse therapeutic communication and patient satisfaction in the Deli Serdang Regional General Hospital Inpatient Room in 2018. The same study was also conducted by Wijayanti (2019), explaining a relationship between nurse therapeutic communication and satisfaction. Patients to invasive procedures where the better the therapeutic communication carried out by nurses, the patient satisfaction also increases.

Research conducted by Hanif & Zein (2017) explains that therapeutic communication can increase patient satisfaction in the inpatient room of Martha Priska Me Hospital.

II. LITERATURE REVIEW

2.1. Definition of Therapeutic Communication

Communication comes from the Latin communication, which means notification or exchange of ideas. Notification or exchange of ideas in a communication process will be speakers who submit statements or questions hoping that there will be reciprocity or answers from listeners. Therapeutic is something that is directed to the process of facilitating the healing of the patient. So that therapeutic communication itself is one form of various kinds of communication carried out in a planned and carried out to help the patient's healing process. (Suryani, 2015)

Therapeutic communication is the ability or skill of nurses to help clients adapt to stress, overcome psychological disorders and learn how to relate to others. Communication in the nursing profession is essential because, without communication, nursing services are challenging to apply. (Suryani, 2015)

2.2. The Purpose of Therapeutic Communication

Therapeutic communication aims to develop everything in the patient's mind and self in a more positive direction which will later be able to reduce the burden on the patient's feelings in dealing with and taking action about his health.

Other goals of therapeutic communication, according to Suryani (2015), are:

1. Self-realization, self-acceptance, and increased self-respect.
2. The ability to build interpersonal relationships that are not superficial and interdependent with others.
3. Improve function and ability to satisfy patient needs and achieve realistic goals.
4. Maintain self-esteem.
5. A trusting relationship.

2.3. Types of Therapeutic Communication

This type of communication consists of verbal and non-verbal which is manifested therapeutically (Mubarak, 2009).

2.3.1. Verbal Communication

Communication that uses words includes the most and most crucial language communication used in communication. This is because the material can represent a concrete reality. The advantage of face-to-face verbal communication is that it allows each individual to share directly.

Effective verbal communication, according to Mubarak (2009), must meet the following criteria:

1. Clear and concise.

Effective communication should be simple, short, and direct. Recipients of messages need to know what, why, how, when, who, and where. Be concise using words that express ideas.

2. Vocabulary (easy to understand).

Communication will not be successful if the sender of the message cannot translate words or speech. Technical terms are used in nursing and medicine, and if nurses use these, clients can become confused and unable to follow directions or learn important information.

3. Denotative and connotative.

Denotative means are giving the same meaning to the word used, while connotative meaning is the thoughts, feelings, or ideas contained in a comment. The client understands the term severe as a near-death condition, but the nurse will use the word critical to describe a near-death situation.

4. Interruptions and speaking opportunities.

The right speed and tempo of speech also determine the success of verbal communication. Lengthy interruptions and quick diversions to other topics may impression that the nurse is hiding something from the client. Nurses should not babble that the words are not clear. Interruptions need to be used to emphasize a certain point, giving the listener time to listen and understand the word's meaning.

In addition to the right can be done by thinking about what will be said before saying it, listening to nonverbal cues from listeners that may indicate. The nurse can also ask the listener if they are speaking too slowly or too fast and if it needs to be repeated.

5. Time and relevance.

The right timing is critical to capture the message. If the client is crying in pain, it is not time to explain the risks of surgery. Even though the notice is spoken clearly and concisely, the wrong timing can hinder the accurate reception of the message. Nurses must be sensitive to the timeliness of communication. Likewise, verbal communication will be more meaningful if the message conveyed is related to the interests and needs of the client.

6. Humor.

Humor stimulates the production of catecholamines and hormones that induce feelings of well-being, increases tolerance to pain, reduces anxiety, facilitates relaxation of breathing, and uses humor to mask fear and discomfort or mask the inability to communicate with clients.

2.3.2. Non-Verbal Communication

Non-verbal communication is the transfer of messages without using words. The most convincing way to get the news across to others. Nurses need to be aware of verbal and non-verbal messages conveyed by clients from the time of assessment to the evaluation of nursing care because non-verbal cues add meaning to spoken messages. The nurse detects a condition and determines the need for nursing care. Nonverbal communication, according to Mubarak (2009), can be observed in:

1. Metacommunication.

Communication depends not only on the message but also on the relationship between the speaker and the speaker.

Metacommunication is a commentary on the content of the conversation and the nature of the relationship between the speaker, namely the message in the message that conveys the sender's attitude and feelings towards the listener.

2. Personal appearance.

A person's appearance is one of the first things to pay attention to during interpersonal communication. First impressions occur within the first 20 seconds to 4 minutes. 84% of images of someone are based on their appearance. Physical form, dress, and decorate show personality, social status, occupation, religion, culture, and self-concept. Appearance does not fully reflect the nurse's abilities, but it may be more difficult for the nurse to trust the client if the nurse does not fulfill the client's image.

3. Intonation (tone of voice).

The tone of the speaker's voice has a significant impact on the meaning of the message sent because a person's emotions can directly affect the tone of his voice. Nurses must be aware of their feelings when interacting with clients because the nurse's tone of voice can hinder the intention to ask a genuine interest in the client.

4. Facial expressions.

Facial expressions are often used as an essential basis in determining interpersonal opinions. A study showed six central emotional states through facial expressions: surprise, fear, anger, disgust, happiness, and sadness. Eye contact is significant in interpersonal communication. People who maintain eye contact during a conversation are expressed as trustworthy and likely to be good observers. Nurses should not look down when talking to clients; therefore, they should sit so that the nurse does not appear dominant if eye contact with the client is made in a parallel state.

5. Body posture and steps.

Body posture and steps describe attitudes, emotions, self-concept in a physical state. Nurses can gather valuable information by observing the client's posture and actions. Stages can be affected by biological factors such as pain.

6. Touch.

Affection, emotional support, and attention are conveyed through touch. Touch is an integral part of the nurse-client relationship, but one must pay attention to social norms.

2.4. Patient Satisfaction

Siregar (2016) defines satisfaction as a feeling of pleasure, relief, joy, and so on because his heart's desires have been fulfilled. Customer satisfaction depends on the perceived performance of the product in delivering value relative to buyer expectations. If the performance or performance matches or even exceeds expectations, the buyer is satisfied. Innovative companies aim to make customers happy by only promising what they can deliver, then delivering more than they promise (Shinta, 2011).

To create patient satisfaction, hospitals must create and manage a system to obtain more patients and retain patients. Patients are sick people who are treated by doctors and other health workers in practice. At the same time, satisfaction is a person's feeling of pleasure that comes from a comparison between the charm of activity and a product with his

expectations (Nursalam, 2012). Customer satisfaction is a function of the view of product performance and buyer expectations. Many companies aim for total customer satisfaction (TCS). So that marketing managers have a responsibility centered on quality. They must formulate strategies and policies designed to help companies excel in the competition through total quality features (Shinta, 2011).

2.5. Satisfaction Indicator

The methods used for measuring satisfaction include (Shinta, 2011):

- a) Complaints and suggestions system; example: providing suggestions and complaints boxes, comment cards, customer hotlines.
- b) Customer satisfaction survey; example: with a questionnaire either sent by post or given when the customer is shopping; personal conversations by telephone or face-to-face interviews.
- c) Lost Customer Analysis; the company contacts customers who have stopped buying from the company or switched to competitors.
- d) Ghost Shopping; companies use Ghost Shopper to observe the strengths and weaknesses of the company's products and services and competitors.
- e) Sales-related method: customer satisfaction is measured by the criteria of sales growth, market share, and repurchase ratio.
- f) Customer panels: the company forms a customer panel that will be sampled periodically to determine how they feel about the company and all company services.

2.6. Factors Affecting Patient Satisfaction

The factors that influence patient satisfaction, according to Siregar (2016), are:

- 1) The quality of the product or service, patients will feel satisfied if the results of their evaluation show that the product or service used is of high quality. The patient's perception of the quality of the product or service is influenced by two things: the reality of the quality of the product or service and the company's communication, in this case, the hospital in advertising its place.
- 2) Quality of service, patients will feel satisfied if they get good service or as expected.
- 3) Emotional factors: Patients feel proud, satisfied, and amazed by hospitals seen as "expensive hospitals."
- 4) Price, the more expensive the price of treatment, the patient has greater expectations. Meanwhile, hospitals with the same quality but low prices give higher value to patients.
- 5) Cost, patients who do not need to incur additional costs or do not need to waste time to get services, then patients tend to be satisfied with these services.

III. METHOD OF RESEARCH

This type of research is quantitative. Correlation study design with the cross-sectional approach. This study aims to determine therapeutic communication carried out by nurses on patient satisfaction at the Medan Adventist Hospital in 2021. The population in this study were all patients who received treatment in the inpatient ward of the Medan Adventist

Hospital. The total number of patients treated in the inpatient room of the Medan Adventist Hospital in May 2021 was 523 people. The sample in this study was patients treated in the inpatient room of the Medan Adventist Hospital. The sampling technique in this study is to use the Arikunto formula (2016), with the provision that if the sample is more than 100, then the number of pieces can be taken 10-15% or 20-25%. Therefore, researchers took with the provisions of 20% of the total population, namely $10\% \times 523 = 52.3$ or about 52 people.

The research instrument used for data collection was a questionnaire sheet. The questionnaire in this study consisted of a consent form to become a respondent, a questionnaire about therapeutic communication, and a questionnaire about inpatient satisfaction at the Medan Adventist Hospital.

Research must respect human dignity. In this study, researchers still give freedom to respondents to participate or not. Before the data collection process, the respondents had been explained in advance about the research, and if they were willing, the respondents would fill out an informed consent form as proof of agreement. In addition, the researcher also maintains the confidentiality of the data obtained from the respondents and still respects the privacy of the respondents.

IV. ANALYZE AND RESULT

The results of research conducted on respondents at the Medan Adventist Hospital, regarding the effect of nurse therapeutic communication on patient satisfaction, the following results were obtained:

TABLE 1. Frequency Distribution of Respondents' Characteristics at Medan Adventist Hospital in 2021

| No | Characteristics | Quantity (n) | Percentage (%) |
|----------|-----------------|--------------|----------------|
| 1 | Ages | | |
| | < 25 Years | 10 | 19,2 |
| | 25-30 Years | 5 | 9,6 |
| | 30-35 Years | 18 | 34,6 |
| | 35-40 Years | 19 | 36,5 |
| | Total | 52 | 100 |
| 2 | Genders | | |
| | Man | 17 | 32,7 |
| | Woman | 35 | 67,3 |
| | Total | 52 | 100 |

Based on the table above, the majority of respondents aged 35-40 years were 19 people (36.5%) and the minority of respondents aged 25-30 years were 5 people (9.6%). For gender, the majority of respondents are female as many as 35 people (67.3%) and the minority are male as many as 17 people (32.7%).

TABLE 2. Frequency Distribution of Patient Satisfaction at Medan Adventist Hospital in 2021

| No | Characteristics | Quantity (n) | Percentage (%) |
|----------|-----------------------------|--------------|----------------|
| 1 | Patient Satisfaction | | |
| | a. Satisfied | 34 | 65,4 |
| | b. Less satisfied | 18 | 34,6 |
| | Total | 52 | 100 |

From tables 2 above, it can be seen that of the 52 respondents studied, the majority of patients were satisfied as many as 34

people (65.4%) and a minority of patients felt dissatisfied as many as 18 people (34.6%).

TABLE 3. Distribution of Therapeutic Communication in Medan Adventist Hospital in 2021

| No | Variables | Quantity (n) | Percentage (%) |
|----------|----------------------------------|--------------|----------------|
| 1 | Therapeutic Communication | | |
| | a. Effective | 38 | 73,1 |
| | b. Less effective | 14 | 26,9 |
| | Total | 52 | 100 |

From table 3 above, it can be seen that of the 52 respondents studied, the majority of effective therapeutic communications were 38 people (73.1%) and the minority of less effective therapeutic communications were 14 people (26.9%).

The results showed that of the 52 respondents studied, most patients felt satisfied as many as 34 people (65.4%), and a minority of patients felt dissatisfied as many as 18 people (34.6%).

Patient satisfaction is the level of pleasure experienced by patients due to the performance and services of good quality health workers. It is hoped that health workers will provide appropriate nursing care, friendly behaviour and good therapeutic communication (Kusumo, 2017).

The results of research conducted by Kusumo (2017) of nursing services at Siti Khadijah Hospital obtained data that of the 39 respondents involved in this study, most (84.6%) stated that they were satisfied with the services provided by nurses and only a few or 15.40% who said they were not happy. According to Lambrini, in addition to increasing patient satisfaction, good therapeutic communication will also affect the results of the treatment given by doctors.

According to the researcher's assumption, patient satisfaction is an essential indicator of the service provided by the health care team at the hospital, so it is necessary to supervise and empower the health care team in carrying out their duties.

The results of the logistic regression test showed that therapeutic communication had an effect on patient satisfaction with a p-value of 0.000.

Therapeutic communication is communication carried out by health workers to provide services to patients in improving their quality of life by undergoing various stages ranging from pre-interaction, orientation, work and termination stages. Patient satisfaction is a feeling of pleasure obtained from positive actions such as good service and what the patient expects (Kusumo, 2017).

The results of another study conducted by Kusumo (2017) show that through the results of the logistic regression test, $p = 0.000$, which means that there is an effect of therapeutic communication on patient satisfaction, while the results of research conducted by Hidayatulla et al. (2020) show the correlation value indicates the number 0.814 and $p\text{-value} = 0.000$ which means that there is a relationship between therapeutic communication and patient satisfaction.

According to the researcher's assumption that effective therapeutic communication will increase patient satisfaction so that patients can actively participate in the implementation of

medical actions in hospitals that make the patient's quality of life increase, this is evidenced by the logistic regression test $p = 0.000$, which means that there is an effect of therapeutic communication on patient satisfaction.

V. CONCLUSION

Based on the results of research that has been carried out at the Medan Adventist Hospital in 2021, it can be concluded:

1. The results of the 52 respondents studied obtained that the majority of patients felt satisfied as many as 34 people (65.4%), and a minority of patients felt dissatisfied as many as 18 people (34.6%)
2. The 52 respondents' results obtained that the majority of effective therapeutic communication were 38 people (73.1%), and the minority of less effective therapeutic communications were 14 people (26.9%).
3. The results of the logistic regression test showed that therapeutic communication had an effect on patient satisfaction with $p\text{-value} = 0.000$

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