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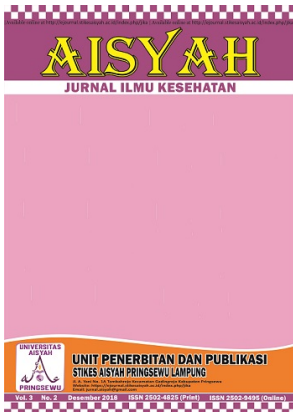
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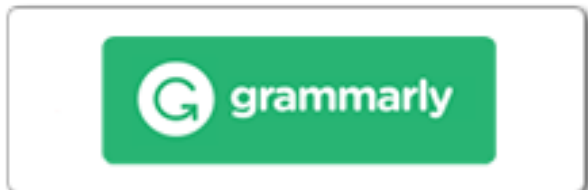
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Nurses' Therapeutic Communication and Its Effect on Hospitalized Patients' Satisfaction

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ABSTRACT

Patient satisfaction is one of the hospital indicators used to measure hospital quality. However, the result of patient satisfaction measurement in the inpatients' rooms showed that the level of patient satisfaction was below target. Therefore, it's crucial to carry out a series of therapeutic communication processes as an effort to improve patient satisfaction. This study sought to determine the effect of nurses' therapeutic communication on patient satisfaction in the inpatients' rooms. This was an analytical study with a cross-sectional design conducted from May to June 2022 at Muji Rahayu Hospital, with 70 respondents obtained using systematic random sampling technique. Primary data was gathered from questionnaires that had been distributed to respondents earlier. SPSS was used to analyze data with the Spearman test used. This study revealed that as many as 48,6% of nurses carried out therapeutic communication well. This study also showed that the orientation phase ($p=0.000$) and work phase ($p=0.000$) affected patient satisfaction, while the termination phase had no effect ($p=0.081$). Collectively, there was a significant effect between therapeutic communication on patient satisfaction ($p=0.000$).

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ABSTRAK

Kepuasan pasien merupakan salah satu indikator pengukuran mutu rumah sakit, tetapi hasil dari pengukuran kepuasan pasien di ruang rawat inap RS Muji Rahayu menunjukkan bahwa tingkat kepuasan pasien masih dibawah target. Oleh karena itu perlu dilaksanakan serangkaian proses komunikasi terapeutik sebagai upaya untuk meningkatkan kepuasan pasien. Tujuan dari penelitian ini adalah untuk mengetahui pengaruh dari komunikasi terapeutik perawat terhadap kepuasan pasien di ruang rawat inap RS Muji Rahayu Surabaya. Penelitian ini berjenis analitik dengan rancang bangun cross-sectional yang dilakukan pada bulan Mei–Juni 2022 di RS Muji Rahayu Surabaya dengan jumlah 70 responden dan diambil menggunakan teknik systematic random sampling. Data primer diperoleh dari kuesioner yang disebar ke responden. Analisis data menggunakan SPSS dengan uji Spearman. Hasil dari penelitian ini menunjukkan bahwa sebanyak 48,6% perawat telah melakukan komunikasi terapeutik dengan baik. Penelitian ini juga menunjukkan bahwa fase orientasi ($p=0,000$) dan fase kerja ($p=0,000$) berpengaruh terhadap kepuasan pasien, tetapi fase terminasi tidak berpengaruh ($p=0,081$). Secara bersama-sama, terdapat pengaruh yang signifikan antara komunikasi terapeutik terhadap kepuasan pasien ($p=0,000$).

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INTRODUCTION

The problem of communication is widely considered to be of interest to both clinicians and researchers because, in recent decades, patients have become increasingly informed about their condition and are directly engaged in the decision-making process (Popa-Velea & Purcarea, 2014). Nurses must be able to build the ability to interact with patients in the workplace because this is important in providing quality care (Amoah et al., 2019). A genuine, trusting clinician-patient relationship is associated with better patient compliance and fewer conflicts or lawsuits (Versluijs et al., 2021). Effective communication plays a significant role in developing a relationship with patients (Crawford et al., 2017).

Therapeutic communication is a communication technique used by healthcare workers, either verbal or non-verbal, that concentrates on the needs of the patient and seeks to restore one's health (Mahyana et al., 2020). Effective therapeutic communication involves direct communication and face-to-face contact in order to respond to the patient. A study shows that effective communication skills have a positive result on a patient's recovery process, teamwork and improvement of the patient's physiological status that, eventually led to a higher level of patient satisfaction (Nisa et al., 2019). Measuring the quality of nursing care is a priority for healthcare providers and policymakers because nurses are the representative of most segments of healthcare workers (Wahdatin et al., 2019).

Feeling satisfied with the services provided by the hospital is a fundamental right of every patient. Therefore, patient satisfaction is commonly used as an indicator to measure the performance or quality of a hospital because patient satisfaction affects the outcome of health, patient retention and malpractice lawsuits (Lotfi et al., 2019; Prakash, 2010). Furthermore, performing a study of patient satisfaction is highly suggested due to the fact that healthcare entities have to establish a competitive advantage in the medical services market (Pekacz et al., 2019).

Based on a previous study conducted by (Wahdatin et al., 2019), it was discovered that there was a significant relationship between postoperative patient satisfaction and therapeutic communication carried out by nurses in the inpatient room. This research is in line with the research performed by (Kusumo, 2017), who stated that there is an influence of the implementation of nurses' therapeutic communication on patient satisfaction in the emergency room and also in the outpatient department at RSUD Jogja. In addition, research conducted by (Rachman, 2020) also shows that there is a significant effect between therapeutic communication and patient satisfaction at RSUD Bangkinang. However, from the various existing studies, there are still a few studies that discuss each stage of therapeutic communication and its relation to patient satisfaction.

According to a survey conducted by WHO in 2016 in the United States and Europe, it was found that patient satisfaction plays an important role in the quality of care and health reform, and the survey uncovered that only 20% said that they were satisfied with the health services they received (Patmono et al., 2021). Based on data from the Committee for Quality Improvement and Patient Safety (KPMKP) in 2021, patient satisfaction at the inpatient installation of Muji Rahayu Hospital is only around 77%, which is below the set target of >80%. Meanwhile, the Ministry of Health of the Republic of Indonesia (Kemenkes RI) has set the national patient satisfaction standard of 95% (Fanny et al., 2020). Compared to the Indonesian Ministry of

Health standards, the satisfaction rate of inpatients at Muji Rahayu Hospital is still far from the target. Furthermore, from the results of patient complaint data on the Muji Rahayu Hospital website, it is known that communication is one of the problems that cause patients to be dissatisfied. Thus, this study seeks to determine the effect of therapeutic communication on patient satisfaction in the inpatient installation of Muji Rahayu Hospital Surabaya in the hope that patient satisfaction can be increased.

METHOD

Participant characteristics and research design

This research was analytic observational research with a cross-sectional design. The population of this study were all the hospitalized patients in the inpatients' room, which were taken based on the average number of patients per month during 2021, which amounted to 165 people. The inclusion criteria of the respondents were hospitalized patients aged 17 years and over, not in a critical condition (in a conscious state) and willing to be the research respondents.

Sampling procedures

The sampling technique used in this study was systematic random sampling with the interval of 2 patients, and 100% of respondents participated in this study.

The first step was to select the first respondent randomly from the list of inpatients, and then the second respondent was chosen at an interval of 2 patients from the first respondent, and so on. This study was performed in the inpatient room of Muji Rahayu Hospital from May to June 2022.

The required data were acquired through the distribution of questionnaires. Data collection was carried out when the patient was about to be discharged from the hospital so that the patient could feel the nurses' therapeutic communication services (Lotfi et al., 2019). The researcher asked for the nurse's help in the inpatient room to convey to the patient his/her willingness to be a research respondent. If the patient was willing, the researcher would explain the research procedure as stated in the research explanation to the research respondent. All questionnaires are anonymous and kept confidential by the researcher. Patients have the right to refuse to participate in the study at any time.

Sample size, power and precision

The desired sample size in this study was 70 respondents who were obtained by the Lemeshow formula.

The research instrument used was a paper-based questionnaire because previous studies showed that the participation rate of respondents with web-based questionnaires was lower than with paper-based questionnaires (Ebert et al., 2018). Therefore, this study uses two questionnaires made by the researcher: the therapeutic communication questionnaire and the patient satisfaction questionnaire. Both of these questionnaires have been tested for validity and reliability on 30 respondents with the results of Cronbach's Alpha > 0.6, so it can be said that the two questionnaires are reliable (Kusumo, 2017).

Measures and covariates

Measurement was done by looking at the data from the questionnaire that the respondents had filled out. A therapeutic communication questionnaire seeks to assess the level of therapeutic communication carried out by nurses. Respondents were asked to rate the three stages of perceived nurse therapeutic communication based on seven questions in the therapeutic communication questionnaire with the answer choice "Yes", then the score is 1. If the answer is "No", then the score is 0. The higher the score, the better the therapeutic communication. In addition, respondents were asked to rate their satisfaction with nurses based on two indicators, namely nursing services and nurse skills, based on a patient satisfaction questionnaire containing ten questions. In this questionnaire, a Likert scale was used to calculate the level of patient's agreement or disagreement with the attitude or behaviour of the nurse. Likert scale rating system with a range of 1-5, where 1 means "Very Dissatisfied", 2 means "Not Satisfied", 3 means "Neutral", 4 means "Satisfied", and 5 means "Very Satisfied". The higher the value, the higher the level of patient satisfaction.

Data analysis

Data analysis was univariate with frequency distribution and bivariate with the Spearman test with a significance level of 0,05. The data obtained were analyzed using the SPSS version 25 application. The results will be displayed in the form of sentences and tables.

RESULTS AND DISCUSSION

The characteristics of participants can be described as table 1.

Table 1.
Frequency Distribution of Respondents (n=70)

Variables	Frequency	Percentage (%)
Sex		
Female	49	70,0
Male	21	30,0
Usia		
17-25 years old	18	25,7
26-35 years old	21	30,0
36-45 years old	11	15,7
46-55 years old	18	25,7
56-65 years old	2	2,9
Marital Status		
Single	17	24,3
Married	52	74,3
Divorced	1	1,4
Occupation		
Labourer	3	4,3
Self-employed	10	14,3
Civil servant	1	1,4
Private job	32	45,7
Others	24	34,3
Education		
No formal education	1	1,4
Primary/equivalent	7	10,0
Junior High/equivalent	6	8,6
Senior High/equivalent	38	54,3
Diploma	7	10,0
Bachelor	11	15,7

Based on table 1, it is known that of the 70 respondents in the inpatients' room, the number of female respondents is far more considerable than male respondents (70%), with the highest age group being in the age group of 26-35 years (30%) and more than two years old. In addition, about one-third of respondents are married (74.3%). The type of work occupied mainly by respondents is private job (45.7%), with the dominant respondent's education being senior high/equivalent (54.3%).

Gender affects the acceptance of therapeutic communication, which will affect the satisfaction when receiving health services. This is because, according to (Dagun, 2002), women are more emotional than men, such as more easily offended, more easily influenced, and very sensitive. This is also in accordance with research conducted by (Wahdatin et al., 2019), which says women are psychologically more sensitive than men, making them more sensitive to receiving various signs in communicating with others. This is supported by the opinion of (Lotfi et al., 2019), which stated that there is a significant direct relationship between gender, communication quality, and patient satisfaction. In addition, research conducted by (Fite et al., 2019) also shows that gender differences can affect therapeutic communication, which can be caused by cultural and belief factors.

Based on age, the majority of respondents were aged between 26-35 years, classified as adults, followed by respondents aged between 46-55 years, classified as elderly (Hakim, 2020). (Arifin et al., 2019) said that the older the patient, the higher the level of satisfaction when receiving health services. This is supported by research conducted by (Rizal & Jalpi, 2018), which showed that there is a significant relationship between age and patient satisfaction. This is because age is one of the variables that affect actions in pursuing treatment, and also, the older people get, the more their knowledge and experienced increase, which will have an impact on their behavior and attitudes when receiving health services.

Many respondents were married (74.3%) in terms of marital status. However, several studies found no significant effect between marital status, patient satisfaction, and therapeutic communication (Faridah et al., 2020; Lestari & Sari, 2021). The absenteeism of this effect can be caused by the difference in the communication's goal. For example, communication between the patient and the nurse had a therapeutic goal. Meanwhile, communication in marriage is often in the form of social communication that does not always have a clear purpose.

Looking at respondents' occupations, the majority of respondents work in private areas. Furthermore, research conducted by (Rizal & Jalpi, 2018) said there is a significant relationship between work and patient satisfaction. This is because the group of people who work, especially at the level of work with middle to high salaries, have the ability to take advantage of quality health services so that it will be easier to feel satisfied when receiving health services compared to groups of people who do not work or work but have lower middle income.

Dominantly, respondents have the latest educational background, namely senior high (54,3%). According to the Law of the Republic of Indonesia Number 20 of 2003 regarding the National Education System, senior high is included in the secondary education level group. Moreover, from a study conducted by (Faridah et al., 2020), it is known that education has a significant effect on patient satisfaction. This is because education is known as a predisposing factor that affects a person's health, including health maintenance,

disease prevention, seeking treatment, and a tool to determine therapy for himself, so this is related to his satisfaction when getting health services (Oktarina & Sulistiawan, 2022). This is also supported by (Rizal & Jalpi, 2018)'s research which stated that a person with a high education tends to be more demanding of the health services he receives than someone with a low education, which tends to be more resigned and accept the health services given to him because he does not know what he needs so that in the end it will affect their satisfaction when receiving health services.

Table 2.
Frequency Distribution of Therapeutic Communication's Category (n=70)

Category	Frequency	Percentage (%)
Poor	14	20,0
Moderate	22	31,4
Good	34	48,6
Total	70	100,0

Therapeutic communication is a communication technique for healthcare workers, both verbally and non-verbally, that concentrates on the patient's needs and seeks to restore one's health (Mahyana et al., 2020). Therapeutic communication is about trust, which leans on the reliability of healthcare workers to communicate effectively with the patients. Therapeutic communication as one of the factors in the health care process can have benefits, such as healing effects, and has a function in treatment, and if it does not have benefits, then it has the opposite effect, which is commonly referred to as an anti-therapeutic process. Broadly speaking, therapeutic communication can be divided into three situations, namely at the beginning of the conversation, during the conversation, and at the end of the conversation. By performing effective therapeutic communication, nurses gather diverse necessary information about the patients, build good relationships and develop favorable conditions for the sake of successful outcome of patient care (Živanović & Ćirić, 2017).

Therapeutic communication in this study was divided into three categories: poor, moderate, and good. Based on table 2, it is known that nearly half of the respondents stated that the nurse's therapeutic communication was in a good category (48.6%). The results of the analysis in the therapeutic communication questionnaire showed that the best therapeutic communication carried out by nurses was when the nurse gave advice or suggestion to relieve the patient's discomfort and the nurse explained the rules during patient care. This is in line with research conducted by

(Surahmat et al., 2020), which stated that most respondents rate the implementation of nurse therapeutic communication in the good category, with the best part being in the planning area before interaction. However, the result of this study is in contrast to research conducted by (Adistie et al., 2018), which stated that more than half of the respondents rated the implementation of nurse therapeutic communication as poor. This study was conducted on mothers of pediatric patients who will undergo surgery. The difference in the result of this study may be due to differences in the characteristics of the respondents and the gender of the respondents. The reason for the poor execution of nurses' therapeutic communication is because healthcare workers tend to ignore communication resulting in miscommunication or information exchange errors, both to patients and other healthcare workers. In addition, the potential cause of the poor implementation of nurses' therapeutic communication is that the number of patients in a day is not proportionate to the number of nurses on duty, which makes the performance of nurses not optimal (Ra'uf, 2021).

Based on several existing studies, it was found that when health care providers listen to patients well, patients' devotion to treatment increases, patient satisfaction increases, and medical personnel are less likely to be subject to malpractice demands (Rahmawati et al., 2017). Moreover, the assessment of therapeutic communication by patients in the inpatients' room can vary from one ward to another. This is supported by research conducted by (Fite et al., 2019) who wrote that the value of nurse therapeutic communication in the gynecological ward is higher than the value of nurses' therapeutic communication in surgical, obstetric, medical, and eye wards. In addition, the therapeutic communication between the inpatients' room and the emergency room is also different. This is supported by research conducted by (Kusumo, 2017) which stated that therapeutic communication in the emergency room is less of a concern for nurses because nurses are more focused on actions to be taken to patients. However, the opposite result was shown by Renaldi in (Daryanti & Priyono, 2016) which stated that as many as 66.7% of patients were satisfied with the therapeutic communication carried out by nurses in the emergency room of RSUD Dr. Soedarso Pontianak.

Effective therapeutic communication will make patients feel satisfied so that the hospital's image will increase. This opinion is supported by research conducted by (Hidayatullah et al., 2020), who wrote that nurses who have adequate therapeutic communication skills not only form good relationships with patients but can also prevent legal problems, provide satisfaction in nursing services and improve the image of the nursing profession and the image of the hospital.

Table 3.
Cross-tabulation Between Therapeutic Communication and Patient Satisfaction in Inpatients' Room

Therapeutic Communication	Patient Satisfaction						p value	R
	Low		Moderate		High			
	n	%	n	%	n	%		
Poor	2	14,3	11	78,6	1	7,1	0,000*	0,676
Moderate	0	0,0	3	13,6	19	86,4		
Good	0	0,0	1	2,9	33	97,1		

Based on table 3 above, it is found that good therapeutic communication leads to high patient satisfaction (97.1%). Furthermore, the statistical test results between nurse

therapeutic communication and patient satisfaction in the inpatients' room at Muji Rahayu Hospital found that the p-value was 0,000 (p-value below 0,05). Thus, Ha is accepted,

which means that there is a significant effect between therapeutic communication and patient satisfaction. In addition, a correlation coefficient value of 0,676 was also obtained, which indicates a positive correlation between the two variables, and the correlation is included in the strong category (Sugiyono, 2013). Therefore, the value of the correlation coefficient can be interpreted as follows, the better the therapeutic communication carried out by nurses, the higher the patient satisfaction. This phenomenon occurred because the patients felt that their needs were well cared for during the treatment period, the patients felt that their speech and complaints were well heard, and the nurse explained in a language that was easily understood by the patient so that the patient felt satisfied. This idea is supported by research conducted by (Fite et al., 2019) which stated that one of the main factors influencing therapeutic communication with patients is the use of medical terms that patients do not understand.

On the other hand, if the patient does not feel cared for or listened to properly, he will feel dissatisfied, leading to a bad image of healthcare workers and the hospital. Therefore, the ability to communicate therapeutically is crucial for healthcare workers, which in this study is nurses, to increase patient satisfaction. Similar to what was said by (Lotfi et al., 2019) that good communication skills between nurses and patients could increase patient satisfaction.

The result of this study are in line with research conducted by (Wahdatin et al., 2019), which showed that there is a significant relationship between therapeutic communication with post-operative patients at RSI Sultan Agung Semarang, and it is also said that the better the nurse's therapeutic communication, the higher the patient satisfaction and the worse the nurse's therapeutic

communication, the lower the patient satisfaction. This study's result also in line with study conducted by {Citation}, which stated that there was a significant relationship between nurses' therapeutic communication and patient satisfaction at Orchid Lounge Hospital BP Batam. Similar to research conducted by (Madani et al., 2018) which stated that there is a relationship between nurse therapeutic communication and patient satisfaction. This result is due to nurses' openness, empathy, and equality of behavior with patients so that patients feel satisfied.

This study found that the better the nurse's therapeutic communication, the higher the patient's satisfaction. This result is in contrast with the research conducted by (Lotfi et al., 2019), where the quality of nurse-patient communication is low. This difference may be due to differences in sampling methods, measurement tools, and questionnaires used. Things that make therapeutic communication less successful from nurses to patients can be influenced by nurses' lack of knowledge in the application of therapeutic communication, nurses' attitudes, level of education, experience, and a lack of staff. This can be seen in research conducted by Rosenstein, which revealed that dissatisfaction with treatment outcomes was caused by communication between nurses, doctors, and support staff (Daryanti & Priyono, 2016).

The existence of satisfied and dissatisfied patients shows differences in the perception of each patient because the expectations of each patient are different. This thought is supported by the statement of (Wahdatin et al., 2019), which wrote that patient satisfaction is the result of a patient's assessment of health services by comparing their expectations with the reality of health services they received.

Table 4.
Cross-tabulation Between Each Therapeutic Communication's Phase and Patient Satisfaction in Inpatients' Room

Therapeutic Communication's Phases	Patient Satisfaction						p value
	Low		Moderate		High		
	n	%	n	%	n	%	
Orientation							
Poor	2	15,4	6	46,1	5	38,5	0,000*
Good	0	0,0	9	15,8	48	84,2	
Work							
Poor	2	22,2	5	55,6	2	22,2	0,000*
Good	0	0,0	10	16,4	51	83,6	
Termination							
Poor	0	0,0	2	100,0	0	0,0	0,081
Good	2	2,9	13	19,1	53	77,9	

Based on table 4, it was known that there were three phases of therapeutic communication and their respective effects on patient satisfaction. Each phase is divided into poor and good categories. In the orientation phase, it was known that many nurses carried out orientation well so that patients have a high level of satisfaction (84.2%). In the work phase, it was also known that the implementation was carried out well so that the patient had a high level of satisfaction (83.6%). While in the termination phase, 100% of patients had a moderate level of satisfaction due to the lack of implementation of this phase, although quite a several patients were satisfied as a result of the nurses carrying out the termination phase well (77.9%).

The Effect of Therapeutic Communication in the Orientation Phase on Patient Satisfaction

In the orientation phase, the nurse introduces herself and creates good communication so that the patient feels trust and builds a sense of acceptance and understanding between the nurse and the patient. This phase transpires when the nurse first contacts the patient.

From table 4, it is found that dominantly, nurses in the inpatient room have carried out therapeutic communication in the orientation phase well, and patient satisfaction is high (84.2%). The statistical test result obtained a p-value of 0,000 (below 0,05). Thus it can be said that there is a significant influence between nurse therapeutic communication in the orientation phase and patient satisfaction in the inpatient

room. Based on the questionnaires respondents had filled out, this was because the nurse greeted and introduced herself to the patient when entering the patient's room. As a result, patients feel comfortable because they understand who is caring for them, so patients feel safe and become more open to nurses, which leads to a better healing process and patient satisfaction. This study is in line with the research performed by (Kusumo, 2017), who wrote that there was a significant influence between therapeutic communication in the orientation phase on patient satisfaction in the Emergency Room (ER) at RSUD Jogja ($p = 0.016$). His research also revealed that when nurses introduce themselves, they are open and give the impression of comfort to the patient so that the nurse can explore various patient complaints. Similar results were also shown in a study conducted by (Wahdatin et al., 2019), where they examined nurse communication during the orientation phase in the form of attitudes and behaviors shown by nurses when they first met the patients. From the research, it was found that the orientation phase of therapeutic communication affected postoperative patient satisfaction. This is because the nurse who introduces herself and greets the patient in a friendly manner at the beginning of the meeting will make the patients feel comfortable and express various complaints about their illness to the nurse for recovery. This idea is supported by research conducted by (Kusumawardhani, 2019), who wrote that the orientation phase is the most influential phase on patient satisfaction, and this is because nurses introduce themselves first and build a supportive atmosphere for patients to express their feelings and thoughts.

On the other hand, research conducted by (Rochani, 2019) expressed no significant effect between therapeutic communication in the orientation phase and patient satisfaction ($p = 0,100$). The difference in the results of this study is because patient satisfaction does not depend solely on therapeutic communication carried out by nurses or the performance of one phase of therapeutic communication. However, various other factors also affect patient satisfaction. Muninjaya in Rochani (2019) said that satisfaction in health service users is not only based on communication but also depends on cost factors, security, reliability, and skills of healthcare workers in providing healthcare. In addition, viewed in terms of time, the execution of therapeutic communication in this phase is the shortest of the other phases, so it can make patient satisfaction insignificant because there has not been formed a trusting relationship and emotional touch (Rochani, 2019). Poor implementation of therapeutic communication in the orientation phase will disrupt the process of gathering patient information. Hence, it can affect the patient's healing process. Given the vital role of the orientation phase at the beginning of the implementation of therapeutic communication, it is necessary to make improvements. This statement is supported by (Surahmat et al., 2020), who said it was necessary to optimize the implementation of therapeutic communication in the orientation phase.

The Effect of Therapeutic Communication in the Work Phase on Patient Satisfaction

In the work phase, the nurse was tasked with adequately explaining the plan of action to be carried out to the patient and understanding the patient's complaints to plan interventions according to the patient's needs. This statement is supported by (Kusumawardhani, 2019), who said that the work phase was the core of the implementation

of therapeutic communication because, at this stage, nurses worked together with patients to solve patients medical problems.

From table 4 above, it was known that the execution of nurse therapeutic communication in the work phase was good, and patient satisfaction was high (83.6%) with statistical test result obtained a p-value of 0,000; thus, it can be concluded that there was a significant relationship between therapeutic communication carried out by nurses in the work phase and patient satisfaction in the inpatients' room. From the results of the analysis of the questionnaires that had been distributed previously, patient satisfaction in this phase was due to the nurse explaining the action plan to be carried out to the patient and explaining the conclusions of the nursing process she is doing to the patient. With the explanation given by the nurse, the patient understands what will be done to him, and two-way communication can be created, which ultimately leads to the approval of a series of processes that will be passed for the patient's recovery. This study's result align with research conducted by (Rochani, 2019), which said that there was a significant influence between nurse therapeutic communication in the work phase on patient satisfaction in the inpatients' room of Misi Lebak Hospital ($p = 0,004$). The findings from this study are also supported by research conducted by (Kusumo, 2017), which revealed a significant influence between work phase therapeutic communication on patient satisfaction, with a p-value of 0,01. Therefore, this phase can be said to be an essential phase because it is in this phase that the process of forming a relationship between the nurse and the patient takes place intensely and for quite a long time, as stated (Rochani, 2019) in her article, that in terms of time, the work phase is the phase with the longest duration for nurses and patients to interact so that nurses and patients can build a good therapeutic relationship.

On the other hand, the result of research conducted by (Kusumawardhani, 2019) revealed that therapeutic communication in the work phase did not affect patient satisfaction significantly ($p = 0,239$). This result occurred because many factors can affect therapeutic communication, such as socio-cultural background, emotions, gender, knowledge, and environment (Agil et al., 2022). In addition, body languages also play a significant role in patient satisfaction. Gestures in question were movements such as leaning towards the patient and being friendly to the patient. However, from research conducted by (Ra'uf, 2021), as many as 73% of treated respondents said the nurse was not polite and did not lean toward them when speaking. Meanwhile, according to Egan in Ra'uf (2021), one way for nurses to be physically present and carry out therapeutic communication sufficiently is to stay relaxed and balance tension and comfort in responding to patients. Therefore, it can be concluded that in the work phase, not only verbal communication was assessed by the patient, but also non-verbal communication, which can affect the satisfaction of patients being treated, considering that the running time of this phase is relatively long compared to other phases.

The Effect of Therapeutic Communication in the Termination Phase on Patient Satisfaction

The termination phase is the last phase of a series of therapeutic communication phases. In this phase, the nurse and patient together review and evaluate the treatment process that has been passed. According to (Živanović & Ćirić, 2017), to reach the termination phase properly, what must be done was to repeat important words that had been

said previously in front of the patient, check whether there was something the patient did not understand, ask if there was something the patient did not understand, then say thanks to the patient. Another way to do this in the termination phase is to ask about the patient's feelings after the interaction or after a particular action (Kusumo, 2017).

From table 4, it was known that as many as 100% of respondents had a moderate level of satisfaction and the implementation of therapeutic communication in the termination phase was not good. From the result of statistical tests, a p-value of 0,081 (above 0,05) was obtained, indicating no significant effect between the implementation of therapeutic communication in the termination phase of nurses and patient satisfaction. From the results of the questionnaire analysis, the lowest score was at the point where the nurse explained when the next visit would be. This meant that many nurses did not explain their next visit plan to patients, so patients felt dissatisfied, even though nurses had to make a time contract for the following nursing action to implement therapeutic communication (Agil et al., 2022). This study's results align with research conducted by (Kusumawardhani, 2019), which examined 100 outpatients at Karanganyar Hospital and found no significant effect between the termination phase and patient satisfaction ($p = 0,213$). A similar result was also obtained from research conducted by (Rochani, 2019), where it was found that there was no significant relationship between the termination phase and patient satisfaction. The results of this study indicate that there is no specific impact on patient satisfaction in this phase. When viewed in terms of time, this phase also has a duration of time that is not too long. Therapeutic communication will only work sufficiently if a trusting relationship has emerged. In this phase, the patient may have many concerns about his illness, costs, family, and so on, which can interfere with adequate therapeutic communication process (Rochani, 2019). In addition, various factors determine patient satisfaction, and the interaction between these factors will affect patient satisfaction with the health services obtained. In hospitalized patients, the most influential factor in patient satisfaction is nursing actions; for example, nurses give time to patients to ask questions about their illness. Other influencing factors are the patient's sociodemography, economic level, educational background, age, culture, and so on (Rizal & Jalpi, 2018). In addition, (Arifin et al., 2019) also said that facilities affect patient satisfaction. Although facilities and infrastructure are often associated with patient satisfaction, nurses' attitudes and communication behavior can have a major impact on patient satisfaction (Kusumo, 2017). Because this termination phase is the last, nurses must assess or get patient feedback. Feedback is an important indicator of how the nurse's message is interpreted and received by the patient so that the nursing care process can strongly impact the patient's recovery (Kusumo, 2017).

LIMITATION OF THE STUDY

This study has limitations, namely the small number of samples ($n=70$). In addition, this study was only conducted in an inpatient unit, so the results cannot be generalized to other units. Finally, due to the cross-sectional's nature, the relationship or effect shown in this study cannot be considered causal, so further research is needed to provide more substantial evidence.

CONCLUSIONS AND SUGGESTIONS

Based on the result of the study, it was found that therapeutic communication in the orientation and work phases significantly affected patient satisfaction. On the contrary, in the termination phase, there was no significant effect on patient satisfaction, but therapeutic communication significantly affected patient satisfaction in the big picture in the inpatients' room of Muji Rahayu Hospital. It is suggested that the hospital conduct training for its nurses to carry out good therapeutic communication, both verbal and non-verbal, especially in the termination phase, so that patient satisfaction increases.

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ETHICAL CONSIDERATION

This research has received an ethical certificate from the health research ethics committee of the Faculty of Public Health, Airlangga University, with the number 102/EA/KEPK/2022.

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Conflict of Interest Statement

The authors have no conflicts of interest to declare.

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