

RELATION BETWEEN NURSE THERAPEUTIC COMMUNICATION WITH PATIENT SATISFACTION AT JATIROTO PUSKESMAS LUMAJANG

Siti Umi Kulsum¹, Yugi Hari Chandra Purnama¹, Syiska Atik Maryati² 1.Program Studi Ilmu Keperawatan, Fakultas Ilmu Kesehatan, Universitas dr.Soebandi Jember 2.Program Studi Kebidanan Jember, Poltekkes Kemenkes Malang

e-Mail: <u>Si.umik17@gmail.com</u>

Therapeutic communication is defined as nurses communication techniques to provide support and information to patients aims to therapy. When the nurses provide good communication, it will bind a good relation between nurses and patient so that the patient will be satisfied with the services. This research aims to determine the relation between nurse therapeutic communication with patient satisfaction at latiroto Puskesmas, Lumajang. This research was using cross sectional approach. The sampling method was using incidental sampling and sampling technique was using nonprobability sampling. The data collection was conducted by observational and questionnaires. The result of this research shows that 73,3% nurse therapeutic communication are in good category and 26,7% nurse therapeutic communication are in fair category. The satisfaction level of patient 53,3% are satisfied, 13,3% are dissatisfied and 53,3% are very dissatisfied. The statistic analytical by Spearman's Rank was obtained ρ -value <0.05, it means there is a relation between nurse therapeutic communication with patient satisfaction at Jatiroto Puskesmas. It means that better nurse's therapeutic communication is, more satisfied the patient is. Nurse's therapeutic communication is in good category and patient satisfaction is in satisfied category. The practice of health services through therapeutic communication by nurses at the Puskesmas is an example and a small part of the lessons and application of Akhlag in a profession.

Keywords: nurse therapeutic communication, patient satisfaction



1. INTRODUCTION

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Patient dissatisfaction with nurse communication can have an unfavorable impact on patients, nurses and the management of the institution itself. One of the impacts is the lack of public interest in using health services.¹ Based on previous research, it is known that patient satisfaction provides good feedback on health services. If the patient satisfied with the services provided, the patient will reuse the health service facility.² Impact that will occurs when patient not satisfied with the services provided, the patient will not use the service again.

Islam has view that what is meant by good communication is communication that has good morals or has adab that refers to the Qur'an and Hadith.³ This communication will have a good impact on the patient. A health worker must be able to communicate well with patients, especially when performing nursing interventions so as to provide therapeutic benefits for the patient's recovery. When nurses can communicate well, it will form a good relationship between nurses and patients so that patients are satisfied with the service provided.⁴

The results of a patient satisfaction survey of 25 Puskesmas in 2018 by Lumajang District Health Office found that results of the excellent service unit performance were 3 Puskesmas, the results of good service unit performance were 17 Puskesmas and poor service unit performance results were 4 Puskesmas, namely Jatiroto Puskesmas with a score of the conversion interval was 74.71, Sukodono Puskesmas with a conversion interval value of 75.26, Padang Puskesmas with a conversion interval value of 73.93 and Klakah Puskesmas with a conversion interval value of 74.97.

In the field of science, especially nursing, the communication process between nurses and patients cannot be avoided. Because the service process always involves direct or indirect contact between nurses and patients which forces them to interact with each other, one of which is communication.⁵ Discussing about communication itself, a nurse must have skills in initiating communication or leading communication with patients. As Allah[®] says in the Qur'an, Q.S. An Nisa : 63, which means "give them advice, and say to them the words that make an impression on their souls"

2. METHODS

The research design used was correlational with a cross sectional approach, the number of samples was 15 patients using accidental sampling technique. The measuring instrument used to measure nurse's therapeutic communication is an observation sheet which consists of four phases of therapeutic communication, namely the pre-interaction phase, orientation phase, work phase and termination, while patient satisfaction uses a questionnaire. The data obtained were tested using Spearmean Rank with a significant p-value < $0.05.^{6}$



3. RESULT AND DISCUSSION

Table 1. Frequency Distribution Based on Patient Age in the Inpatient Room atJatiroto Puskesmas, Lumajang 2019.

Age	Frequency	Percentage
	(respondent)	(%)
17 – 25	2	13.3
26 - 35	5	33.3
36 - 45	6	40.0
46 - 55	2	13.3
Total	15	100.0

Table 2. Frequency Distribution Based on Respondent Education in the InpatientRoom of Jatiroto Puskesmas, Lumajang 2019.

Educational background	Frequency (respondent)	Percentage (%)
SD	8	53.3
SMP	5	33.3
SMA	2	13.3
Total	15	100.0

Table 3. Distribution of Frequency Based on Length of Work of Nurses in the Inpatient Room at Jatiroto Puskesmas, Lumajang 2019.

Length of	Frequency	Percentage
working	(respondent)	(%)
< 1 year	7	46.7
> 1 year	8	53.3
Total	15	100.0

Table 4. Frequency Distribution Based on Nurse Therapeutic Communication in the Inpatient Room at Jatiroto Puskesmas, Lumajang 2019.

Therapeutic Communication	Frequency (respondent)	Percentage	
Poor	0	0	
Fair	4	26.7	
Good	11	73.3	
Total	15	100.0	



Tabel 5. Frequency Distribution Based on Patient Satisfaction in the Inpatient Room at Jatiroto Puskesmas, Lumajang 2019.

Patient Satisfaction	Frequency	Percentage	
Very Satisfied	(respondent)	(%)	
Satisfied	8	53.3	
Dissatisfied	2	13.3	
Very Dissatisfied	5	33.3	
Total	15	100.0	

Table 6. Data on the Relationship between Nurse Performance and PatientSatisfaction in the Inpatient Room at Jatiroto Health Center, Lumajang Regency2019

Patient Satisfaction						
ТС	VS	S	DS	VDS	Total	α
Good	0 (0%)	6 (40%)	0 (0%)	5 (53.3%)	11 (73.3%)	
Fair	0 (0%)	2 (13.3%)	2 (13.3%)	0 (0%)	4 (26.7%)	0.046
Poor	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	
Total	0 (0%)	8 (53.3%)	2 (13.3%)	5 (53.3%)	15 (100%)	

*) TC: Therapeutic Comunication, VS: Very Satisfied, S: Satisfied, DS: Dissatified, VDS: Very Dissatisfied

Therapeutic Communication of Nurses with Patient Satisfaction in the Inpatient Room at the Jatiroto Puskesmas Lumajang

Based on the results of the study on the nurse's therapeutic communication variable from 15 nurses, it was found most of the nurse's therapeutic communication was in good category 11 people (73.3%) and fair category 4 people (26.7%).

In accordance with the theory of nurse therapeutic communication that therapeutic communication is an activity of exchanging information between nurses and patients that is carried out consciously in the context of the healing process. The activities carried out by nurses are looking for complaints that are felt by patients by evaluating the activities of patients that are felt so that they can be used as a guide for nurses to act.⁵ Nurses communicate according to the phases in nurse therapeutic communication. The phase is divided into four, namely the pre-interaction phase, the orientation phase, the work phase and the termination phase.⁷

From the data obtained, the factors that influence the nurse's therapeutic communication is the length of the nurse's work. From the results of the study, the number of nurses working for < 1 year was 7 people (46.7%) while > 1 year were 8 people (53.3%). This is proven from the results of research at the Jatiroto Puskesmas that nurses whose working period is >1 year have better therapeutic communication,

namely from 15 nurses there are 9 people whose communication is good. According to Robbins, the longer the nurse's tenure, the more skilled and experienced they are in dealing with problems in carrying out their duties and the more experienced they are in communicating with patients.⁸ These result is in line with previous study that there is a relationship which states that there is a significant relationship between length of work and the application of therapeutic communication.⁹

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Researchers think that nurse's therapeutic communication is in good category and there is a factor that influences therapeutic communication is the length of work of nurses. From the observations obtained, researchers can conclude that there is one phase that is not carried out properly at the Jatiroto Puskesmas in the form of phase (the results of observations), according to study results, making an appointment in advance with the patient is very important so there is an agreement between the nurse and the patient for the next step. So it is very important for the nurse to formulate an agreement with the patient. Making a clear agreement will make it easier for the patient to carry out the communication phase that has been agreed upon by the nurse and patient. If all phases are carried out properly, the patient will get the therapeutic communication expected by the patient.⁷ The length of work is a factor that affects the therapeutic communication is good, those who have a length of work more than 1 year because those who work longer periods are more skilled and more experienced in communicating so that it is easier to deal with patients.

Patient Satisfaction in the Inpatient Room at the Jatiroto Puskesmas Lumajang

Based on the results of the study on the patient satisfaction variable from 15 patients, it was found that most of the patients who said they were satisfied with the nurse's therapeutic communication were 8 people (53.3%), who said they were dissatisfied 2 people (13.3%) and 5 people were very dissatisfied (33.3%).

One of the factors that influence patient satisfaction is communication which in nursing is called nurse therapeutic communication. In satisfaction there are five indicators to assess patient satisfaction, namely Reability, Assurance, Tangibles, Empathy and Responsiviness.¹⁰ Patients will feel satisfied when nurses communicate friendly and in accordance with what patients expect. That way the patient will feel satisfied and appreciated when the nurse communicates in a friendly and not rude manner.¹¹ Nurses need to maintain their skills in communicating with patients because communication is very close to patient satisfaction.¹²

From the results of study conducted at the Jatiroto Puskesmas, most of patients aged 36-45 years said they were very satisfied, namely out of 15 patients who said they were very satisfied, 4 people, 1 patient said they were satisfied and 1 patient said they were not satisfied. Age has a significant relationship with the level of satisfaction, where young people are more sensitive and open to information and are more daring to express their dissatisfaction, while older people are more likely to accept it, resign themselves to the services they receive and are less informative.¹³ These results are in line with previous studies where the majority of respondents were aged 36-45 years (late adulthood) which said that age affects a person's thinking maturity.¹⁴

The education of respondents in the inpatient room of the Jatiroto Puskesmas, Lumajang, has three levels of education: SD, SMP and SMA. From the results of research

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conducted at the Jatiroto Puskesmas, most of the patients who said they were satisfied were patients with elementary education, those who said they were very satisfied, 4 people said they were satisfied and 2 people said they were not satisfied. Patients with low levels of education are generally quite satisfied with basic health services, while patients with higher education tend to be dissatisfied with basic services because patients with higher education have a high level of knowledge demanding better services.¹⁵ The Respondents with low education are more likely to feel satisfied and higher the level of

education of a person, the effort to criticize all forms of action will increase.¹¹

From the results of the questionnaire that has been filled in by the patient, it is found that several indicators of patient satisfaction have not been met properly. These results show that most of the patient's satisfaction has said good but the patient is not satisfied with several indicators that have not been done well by the nurse so that the patient does not feel very satisfied. An indicator that has not been met properly is the reliability of the time the nurse arrives in the room when you need it. The researchers think that nurses at the Jatiroto Puskesmas should further improve reliability with nurses always there or responsive when the patient needs to listen to what the patient's complaints are, so that the patient feels comfortable and satisfied.

The factors that influence patient satisfaction are gender, age and education. The researchers think from the results of research that has been carried out, women are more likely to say they are very satisfied than men, because women have a higher level of satisfaction than men. In addition to gender, age can also affect patient satisfaction. Reasearchers think that ages 36-45 are more likely to be satisfied because young people pay more attention to the services they get, while older people are more resigned or accepting of the services they get. Reasearchers also argue that lower education is more likely to be satisfied than higher education because people with higher education have a wider level of knowledge and demand more.

The Relationship between Nurse Therapeutic Communication and Patient Satisfaction in the Inpatient Room at Jatiroto Puskesmas

There is a relationship between Nurse Therapeutic Communication and Satisfaction of Inpatients at Jatiroto Puskesmas with a moderate correlation. The results of the analysis can be concluded that good therapeutic communication can increase inpatient satisfaction at the Jatiroto Puskesmas. Nurses need to have special skills to add value to themselves. One of them is by mastering therapeutic communication. Therapeutic communication is a nurse-patient relationship designed to facilitate therapeutic goals in achieving optimal and effective levels of healing.⁵ The success of nurses in carrying out therapeutic communication is a satisfaction felt by patients so they will get maximum satisfaction. To make patients feel satisfied, nurses provide quality services.¹⁰

Therapeutic communication of nurses applied at the Jatiroto Puskesmas in this study is in good category, so that satisfaction of inpatients at the Jatiroto Puskesmas, Lumajang is satisfied, which means that good therapeutic communication can increase patient satisfaction. Good relationship between nurses and patients supports optimal patient recovery. However, there are still several phases that have not been carried out properly in nurse therapeutic communication, namely the termination phase. In the satisfaction section there is also one indicator that has not been met, namely reliability, with the phases and indicators that have not been met, it is hoped that nurses will increase knowledge related to nurse therapeutic communication and carry out all indicators of patient satisfaction well.¹⁰ Therapeutic communication of nurses can be said to be good if nurses use standard operating procedures (SOPs) that are already available at the Jatiroto Puskesmas, Lumajang Regency, which are divided into several phases, namely pre-interaction, orientation, action and termination phases. Patient satisfaction can be seen from five indicators, if all indicators are met properly then the patient will feel satisfied. The length of work and education of nurses can also be factors that influence nurse therapeutic communication, while for patient satisfaction the factors related to satisfaction are gender, age and education. This result is in line with previous study which obtained data that there was a significant relationship between nurse therapeutic communication in class III inpatient rooms at PKU Muhammadiyah Yogyakarta with data that 75% of patients were satisfied and 75% of nurses often provided therapeutic communication.¹⁶

In the perspective of Islamic communication, moral guidance on therapeutic communication activities carried out by nurses to patients in health services cannot be separated from the principles of Islamic communication with good morals which are sourced from the Qur'an and Hadith.³ Islam teaches the practice of social relations and caring for others in a special teaching, namely morality that can be practiced and applied in every area of life. The morality in question is guidance that contains elements of aqidah and shari'ah. The practice of health services through therapeutic communication by nurses at the Puskesmas is an example and a small part of the lessons and application of morality in a profession.

4. CONCLUSION

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Based on the discussion about the therapeutic communication of nurses with patient satisfaction in the inpatient room of the Jatiroto Puskesmas Lumajang, it can be concluded that therapeutic communication of the nurses in the inpatient room of the Jatiroto puskesmas is good (73.3%) and the satisfaction of the patient in the inpatient room of the Jatiroto puskesmas, the patient said satisfied (53.3%). In general, the result of this study there is a relationship between nurse therapeutic communication with patient satisfaction in inpatient care at the Jatiroto Puskesmas

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