

## Original Research Paper

**Effective therapeutic communication by nurses improves inpatient satisfaction on Hospital Wards****Nur Izzah<sup>1\*</sup>** , **Elsya Alfirotul Khasanah<sup>1</sup>**, **Nur Intan Kusuma<sup>2</sup>**<sup>1</sup>Study Program of Nursing, Faculty of Health Sciences, Universitas Muhammadiyah Pekajangan, Pekalongan, Pekalongan, Indonesia<sup>2</sup>Study Program of Midwifery, Faculty of Health Sciences, Universitas Muhammadiyah Pekajangan Pekalongan, Pekalongan, Indonesia [izzah.priyogo@yahoo.com](mailto:izzah.priyogo@yahoo.com)

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**Abstract**

In an era of global competition and increasing societal demands, the quality of healthcare services and patient satisfaction are important indicators of hospital quality. Nurses are the healthcare workers with the highest frequency of interaction with patients in inpatient wards, and communication is crucial. Effective and high-quality communication is key to nurses' success in carrying out their roles and functions to improve patient satisfaction. This study aims to examine the relationship between nurses' therapeutic communication and patient satisfaction in the inpatient ward. This study employs a descriptive correlational design with a cross-sectional approach. The sample used was 67 inpatients who were selected proportionally based on the number of patients in each treatment room using a proportional random sampling technique. A questionnaire was used as the measurement tool to measure therapeutic communication and patient satisfaction. Data analysis was conducted using Fisher's Exact Test. The study indicated a significant relationship between nurses' therapeutic communication and patient satisfaction in the inpatient ward. Therefore, hospitals are strongly recommended to provide regular training and incorporate this skill into nurse performance evaluations to systematically improve the overall quality of care and institutional reputation.

**Keywords:** nurses; patient satisfaction; therapeutic communication**1. Introduction**

The quality of hospital services, a vital element in improving health status, is directly measured by patient satisfaction (Pangerapan, 2018; WHO, 2025). As frontline healthcare personnel, nurses play a dominant role in this satisfaction through the provision of 24-hour care (Izzah et al., 2018). The quality of nursing care delivery is highly dependent on therapeutic communication. Effective communication between nurses and patients is a professional prerequisite for building trust, facilitating efficient care, and serves as a major determinant of patient satisfaction (Basri, 2018).

Effective therapeutic communication skills enable nurses to build trust with patients, thereby facilitating more efficient and satisfactory care. While service facilities often serve as quality benchmarks for customers, service attitudes and behaviors remain critical in metrics in staff evaluations (Aswad et al., 2015). Research on nurses' therapeutic communication conducted by Lotfi et al. (2019) and Basri (2021) across several regional public hospitals in Indonesia revealed that most patients expressed dissatisfaction with nurse communication. Key findings indicated that patients often did not recognize their nurses, encountered unfriendly behaviors (e.g., rare smiling, loud speech), and experienced suboptimal interactions (Basri, 2018; Lotfi et al., 2019). Such dissatisfaction may stem from ineffective therapeutic communication. Conversely, proficient therapeutic communication enhances trust and patient satisfaction with hospital services (Djala, 2021).

Multiple studies highlight persistent challenges in nursing patient communication, warranting serious attention. While these findings cannot be generalized to all Indonesian hospitals due to institutional diversity (e.g., varying ownership structures), they underscore systemic concerns. To address this gap, the current study examines patient satisfaction with nurse communication at a private religious-affiliated hospital an institution with a distinct vision compared to government run or other private hospitals. This hospital aspires to be the community's trusted and preferred healthcare provider, guided by missions including delivering Islamic, excellent, and precise services focused on patient safety and comfort; fulfilling social, Islamic outreach (*syiar*), and preaching (*dakwah*) functions through Islamic nursing care.

To address this gap, the current study focuses on a Private Religious Hospital, which possesses strong differentiation. This hospital is not solely business-oriented, but also carries the Vision of becoming the community's primary choice, supported by a Mission that emphasizes Islamic Nursing Service as the core of its operations. The underlying assumption is that the implementation of this Islamic value-based Mission focused on safety, comfort, *Syiar* (religious broadcasting/symbol), and *Dakwah* (proselytizing/preaching) should be able to yield a higher quality of communication and interaction compared to the average Regional Public Hospital (*Rumah Sakit Umum Daerah*). This context provides an ideal empirical laboratory to test the hypothesis that a faith-based service philosophy can demonstrably improve patient satisfaction with nurses' therapeutic communication.

## 2. Research Methods

This research used a descriptive correlational design with a cross-sectional approach to examine the relationship between therapeutic communication by nurses and patient satisfaction in the inpatient ward of RSI PKU Muhammadiyah Pekajangan, Pekalongan

### 2.1.Participants

The study sample included 67 patients admitted to the inpatient ward of RSI PKU Muhammadiyah Pekajangan, Pekalongan. Based on sample size calculations, the study included 67 respondents. The sample was obtained using a proportional random sampling technique applied across five inpatient wards. Proportional random sampling is conducted by first determining the total sample size, after which the researcher proceeds to determine the sample size within each selected ward based on the proportion of the number of patients in each respective selected ward. The inclusion criteria were as follows: patients must have been hospitalized for at least 24 hours and able to communicate effectively. The inclusion criteria stipulated that patients must have been hospitalized for a minimum of 24 hours and be capable of communicating. Conversely, the exclusion criteria encompassed patients who were unconscious or had a decreased level of consciousness, pediatric patients under 10 years of age, and patients admitted to the Intensive Care Unit (ICU).

### 2.2.Variables, Instruments, and Data Analysis

The independent variable in this study is therapeutic communication. The measurement tool used was the Basri Therapeutic Communication Questionnaire (2021), which consists of 15 statements. A reliability test for the questionnaire was previously conducted, yielding a Cronbach's Alpha coefficient of 0.949. Patient satisfaction, the dependent variable, was assessed using the Nursalam Patient Satisfaction Questionnaire (2022), consisting of 25 statements. This 25-item instrument measures five dimensions: reliability, assurance, tangibles, empathy, and responsiveness. Both questionnaires have undergone testing for validity and reliability. Univariate analysis was performed using frequency distributions, while bivariate analysis employed Fisher's Exact Test to assess associations between variables.

### 2.3. Ethical Considerations

The study was reviewed and approved by the Ethics Committee of the Research and Community Service Institute at Universitas Muhammadiyah Pekajangan Pekalongan, with Approval No. 152/KEP-UMPP/XII/2024. The researchers initially informed potential respondents about the purpose and benefits of the study. Those who agreed to participate completed the questionnaire independently. For respondents who encountered difficulties, the researchers provided assistance without influencing their responses.

## 3. Results and Discussion

### 3.1. Results

The study involved 67 participants from the inpatient ward. Of these, 43 individuals had been hospitalized for more than 24 hours, while 24 had been admitted for exactly 24 hours. In terms of educational background, 43% of the respondents had completed elementary school, a small percentage had not received formal education or had attended middle school or higher education institutions. Additionally, 75% of the respondents were employed.

**Table 1. Overview of Respondent Characteristics**

Variable	N= 67	Frequency	Percentage (%)
Age	< 20 years	9	13
	20- 65 years	28	42
	>65 years	30	45
Hospitality	More than 24 hours	43	64
	42 hours	24	36
Gender	Male	30	45
	Female	37	55
	Not in school	2	3
Education Level	Elementary school	29	43
	Middle school	13	20
	High school	20	30
	University	3	4
	Housewife	17	25
Employment status	Employee	13	20
	Entrepreneur	10	15
	Other	27	40

**Table 2. Overview of Nurses Performing Therapeutic Communication in the Inpatient Ward**

Nurses Performing Therapeutic Communication	Frequency (f)	Percentage (%)
<b>Good</b>	49	73,1
<b>Poor</b>	18	26,9
<b>Total</b>	<b>67</b>	<b>100,0</b>

Table 2 shows that the majority of respondents, 49 patients (73.1%), rated the nurses' therapeutic communication as good. However, a small number of patients, 18 patients (26.9%), rated the nurses' communication as poor.

**Table 3.** Overview of Patient Satisfaction in the Inpatient Ward

Patient Satisfaction	Frequency (f)	Percentage (%)
Satisfied	49	73,1
Not Satisfied	18	26,9
Total	67	100,0

Table 3 shows that 73.1% of patients were satisfied with the communication used by the nurses. In contrast, 26.9% of patients reported being dissatisfied with the communication used by the nurses during their hospital stay.

**Table 4.** Therapeutic Communication by Nurses and its Relationship with Patient Satisfaction in the Inpatient Ward

Therapeutic Communication by Nurses	Patient Satisfaction		Total	P Value	Odds Ratio (OR)	95% CI
	Satisfied	Unsatisfied				
Good	45	4	49	< 0,001	39,37	8,697 - 178,263
Poor	4	14	18			
Total	49	18	67			

Table 4, shows that the Fisher's Exact test resulted in a p-value of < 0.001, indicating a significant relationship between nurses' therapeutic communication and patient satisfaction. The odds ratio (OR) is 39.37, meaning nurses who engage in good therapeutic communication have a 39 times greater chance of ensuring patient satisfaction compared to nurses with poor therapeutic communication.

### 3.2. Discussion

Table 2 presents an overview of nurses' therapeutic communication, indicating that 26.9% of nurses still exhibit suboptimal communication practices. Deficiencies in communication were identified through questionnaire responses, which revealed that some nurses failed to prepare the necessary equipment before meeting patients, did not establish communication contracts or agreements prior to engaging with patients, neglected to maintain patient privacy by not drawing curtains during procedures, and did not schedule follow-up conversations.

The proportion of nurses demonstrating inadequate therapeutic communication in this study is lower compared to a similar study conducted by Djala (2021) at a Regional Public Hospital, which reported a higher rate of poor communication (36.7%). Another study by Basri (2021) found that 51.0% of nurses' therapeutic communication was considered effective, while 49.0% was deemed less effective, thus categorizing the overall communication quality as effective.

A notable distinction between the present study and the aforementioned studies lies in the setting. This study was conducted in a private faith-based (Islamic) hospital, whereas Djala and Basri conducted their research in public hospitals. Effective communication plays a crucial role when caring for patients from diverse religious and cultural backgrounds. Factors inhibiting communication may include the nurse's skills, attitude, and self-confidence, as well as the patient's own awareness, attitudes, and resistance. Miscommunication between nurses and patients from varied cultural backgrounds can lead to misunderstandings and suboptimal care. Indeed, differences in language, beliefs, cultural practices, gender, religious observances, and social norms are frequently cited as barriers in nurse-patient communication (Akinyemi et al., 2022; Alharazi et al., 2025; Kline et al., 2021).

Islamic culture may influence nursing communication through its ethical principles and values rooted in Islamic teachings. Nurses guided by Islamic cultural values are likely to communicate with

politeness, attentiveness, compassion, and sensitivity to patients' spiritual needs. Nurses who understand and respect these values can foster stronger relationships and enhance patient trust. Muslim nurses who are mindful of their religious teachings are more likely to engage in respectful and meaningful communication with all individuals, including their patients. Islamic teachings emphasize the importance of using noble and respectful speech when communicating with others. Interpersonal communication involves six types of ethical speech mentioned in the Qur'an using the term *Qaulan* (speech): *Qaulan Sadidan* (truthful speech), *Qaulan Ma'rufa* (good speech), *Qaulan Layyina* (gentle speech), *Qaulan Baligha* (effective or impactful speech), *Qaulan Karima* (noble speech), and *Qaulan Maisura* (appropriate or considerate speech) (Al-Qur'an, 2021; Astuti et al., 2020).

Poor communication by nurses can hinder the healing process and make it difficult for patients to express their concerns. Nurses, who spend 24 hours with patients, are in a unique position to establish good communication and enhance the overall care experience. Nurses are expected to engage in therapeutic communication through words, behavior, and expressions to support the healing process (Cholis et al., 2020). Communication is the key to success in providing nursing care in hospitals. The inadequacy of communication skills among nurses is a serious issue for both nurses and patients. Therapeutic communication by nurses is professional communication that is planned and carried out to assist in the healing or recovery of patients (Prasetyo Kusumo, 2017).

Therapeutic communication refers to the interaction between nurses and patients that occurs during nursing interventions aimed at promoting the healing process. Its purpose is to assist patients and their families in clarifying situations, facilitating appropriate action, and maximizing their positive ideas and energy. This effective communication is crucial for establishing a trusting relationship and supporting the patient's healing process (Martin & Chanda, 2016; Rønning & Bjørkly, 2019).

Despite the positive results, 26.9% of patients reported that the therapeutic communication was poor. Several issues were identified, including nurses not preparing the necessary equipment before meeting with patients, failing to set expectations or make agreements prior to continuing communication, and not respecting patient privacy during procedures. This finding is similar to Djala's study (2021), which stated that therapeutic communication by nurses was categorized as effective in 63.3% of cases, while 36.7 were considered as less effective (Djala, 2021).

Several factors contribute to patient dissatisfaction in hospitals, one of which is nurse communication. For instance, if verbal and non-verbal communication by nurses are not properly executed, this can lead to patient dissatisfaction. In addition, patient satisfaction is also influenced by various personal factors, such as physical environment, socioeconomic conditions, culture, occupation, personality, living environment, and the patient's disease diagnosis (Basri, 2018).

Therapeutic communication by nurses has a significant impact on nursing care. Research indicates that effective therapeutic communication in inpatient settings is closely linked to patient satisfaction. The findings suggest that nurses who excel in therapeutic communication can increase patient satisfaction levels by 39 times compared to those who do not communicate effectively. A nurse who communicates therapeutically fosters a trusting relationship with patients, making them feel comfortable during interactions. This environment allows nurses to convey information clearly and encourages patients to openly share their concerns.

Improving therapeutic communication skills among nurses can significantly enhance patient satisfaction with the nursing care they receive. Patient satisfaction is a key indicator of the overall quality of nursing services. To boost patient satisfaction and consequently improve the quality of nursing services, hospitals should monitor the therapeutic communication practices of nurses and other healthcare providers closely. Enhancements in therapeutic communication can be achieved

through training, increased supervision by managers, the establishment of strong role models, and fostering a shared commitment to improving communication with patients.

Lu et al. (2019) identified several factors influencing patient satisfaction, including (1) the quality of products and services, (2) product characteristics, (3) services, (4) performance, (5) aesthetics, (6) price, (7) emotional factors, (8) location, (9) communication, (10) atmosphere, (11) visual design, and (12) available facilities. Fisher's exact test shows a significant relationship between therapeutic communication performed by nurses and patient satisfaction in the inpatient room of RSI PKU Muhammadiyah Pekajangan Pekalongan. The p-value is  $< 0.001$  (Lu et al., 2019). This aligns with the research by Lotfi et al. (2019) titled "Assessment of Nurse-Patient Communication and Patient Satisfaction from Nursing Care," which found a p-value  $< 0.003$ , indicating a relationship between patient satisfaction and the quality of nurse-patient communication (Lotfi et al., 2019).

The odds ratio (OR) in this study was 39.37, indicating that nurses who excel in therapeutic communication are 39 times more likely to make patients feel satisfied compared to those who do not communicate effectively. The OR value of 39.37 is considered a very strong and significant finding (because  $CI > 1$ , which suggests that therapeutic communication is highly vital for patient satisfaction. However, the wide CI 8.696 to 178.263 indicates that this estimate lacks precision and should be interpreted cautiously when generalized to the broader population, likely due to limitations stemming from a small sample size. Additionally, the nurse's behavior during communication significantly impacts patient satisfaction. Key behaviors include facing the patient, maintaining eye contact (which shows that the nurse is listening attentively), and adopting an open, calm posture, all of which contribute to effective communication (Musliha & Fatmawati, 2017). Aswad et al. (2015) argued that better communication quality leads to higher patient satisfaction with nursing care provided (Aswad et al., 2015). Jensen (2019) identified four phases of therapeutic communication: pre-interaction, orientation, working phase, and termination (Jensen, 2011).

Before meeting the patient, the pre-interaction phase involves the nurse preparing for communication by gathering initial information about the patient's background. This preparation is essential for facilitating smooth communication. During this phase, the nurse can review the patient's medical history, medical records, previous illnesses, and current status. The orientation phase involves introducing oneself to the patient. Before initiating any nursing actions, the nurse should introduce themselves and explain the purpose of the visit. The working phase is the core of the nurse-patient relationship, where the focus is on implementing the care plan and achieving the established objectives. The termination phase marks the conclusion of the nurse-patient communication interaction.

The results of the statistical test revealed a p-value of  $< 0.001$ , indicating a significant relationship between nurses' therapeutic communication and patient satisfaction in the inpatient ward. The odds ratio (OR) of 39.37 suggests that nurses who perform good therapeutic communication have a 39 times higher chance of providing satisfaction to patients compared to nurses with poor therapeutic communication. These findings are consistent with a study conducted by Lotfi et al. (2019), which stated that there is a significant relationship between patient satisfaction and the quality of communication between nurses and patients. Effective communication is crucial for building trust between nurses and patients. The failure to establish effective communication can negatively affect the therapeutic relationship and lead to patient dissatisfaction (Basri, 2021).

The findings of this study are consistent with those of Fitriani (2021), which demonstrated a significant relationship between therapeutic communication and patient satisfaction in healthcare settings. Fitriani's research revealed that when nurses effectively apply therapeutic communication, patients are more likely to feel open, relaxed, and comfortable when discussing their concerns. A

strong nurse-patient relationship aids nurses in gathering information about patients' issues and expectations, ultimately leading to improved nursing care (Izzah et al., 2018).

In addition to effective communication techniques, nurses' behavior during interactions also impacts patient satisfaction. Important behaviors include facing the patient, maintaining eye contact, listening attentively, nodding in response, keeping an open posture, and remaining calm. Rorie et al. (2014) emphasized that non-verbal gestures, such as leaning forward and making eye contact, communicate messages and demonstrate empathy, serving as a substitute for or complement to spoken words.

Table 2 indicates that 26.9% of patients expressed dissatisfaction with the service provided by nurses during their stay at RSI PKU Muhammadiyah Pekajangan Pekalongan. In comparison, a study by Djala (2021) reported a higher dissatisfaction rate of 32.7% regarding nurse communication. Therefore, the results from RSI PKU Pekajangan reflect a greater level of patient satisfaction. Additionally, a study by Lotfi et al. (2019) revealed that patient satisfaction with nurses is generally low, with 80% of patients unaware of their nurses' identities. Nurses were primarily present at the patient's bedside only for medication administration and were often in uniform. The study also highlighted weak communication between nurses and patients, which contributed to dissatisfaction with interactions (Lotfi et al., 2019).

Numerous factors contribute to patient dissatisfaction in hospitals, one of the most significant being nurse communication. If nurses do not communicate effectively through verbal and non-verbal means, it can lead to dissatisfaction among patients. Additionally, patient satisfaction is influenced by various personal factors, including the physical environment, socioeconomic conditions, cultural background, occupation, personality, living situation, and the specific diagnosis of the patient's illness. Nurses with strong therapeutic communication skills can easily build relationships and trust with patients. Effective therapeutic communication also helps prevent legal issues, ensures patient satisfaction with nursing care, and enhances the reputation of both the hospital and the nursing profession (Hidayatullah, 2020).

Therapeutic communication by nurses has a significant impact on nursing care. Research indicates that effective therapeutic communication in inpatient settings is closely linked to patient satisfaction. The findings suggest that nurses who excel in therapeutic communication can increase patient satisfaction levels by 39 times compared to those who do not communicate effectively. A nurse who communicates therapeutically fosters a trusting relationship with patients, making them feel comfortable during interactions. This environment allows nurses to convey information clearly and encourages patients to openly share their concerns.

Improving therapeutic communication skills among nurses can significantly enhance patient satisfaction with the nursing care they receive. Patient satisfaction is a key indicator of the overall quality of nursing services. To boost patient satisfaction and consequently improve the quality of nursing services, hospitals should monitor the therapeutic communication practices of nurses and other healthcare providers closely. Enhancements in therapeutic communication can be achieved through training, increased supervision by managers, the establishment of strong role models, and fostering a shared commitment to improving communication with patients.

#### 4. Conclusion

This study concludes a significant relationship between nurses' therapeutic communication and the level of patient satisfaction in the inpatient ward of RSI PKU Muhammadiyah Pekajangan Pekalongan. The Odds Ratio (OR) value of 39.37 suggests that nurses who perform therapeutic communication effectively have 39 times the odds of making patients feel more satisfied compared to nurses whose therapeutic communication is less effective.



Therapeutic communication is a key element in nursing practice that significantly influences patient satisfaction levels during inpatient care. Beyond simply conveying medical information, therapeutic communication reflects the nurse's care, empathy, and emotional presence in responding to the patient's physical and psychological needs. Through this approach, nurses are able to build trusting relationships, create a sense of security, and provide meaningful support for the patient's recovery process. Patient satisfaction depends not only on the medical intervention or technology used, but is also largely determined by the quality of the human interactions that occur during the care process. When communication occurs therapeutically, patients feel valued as whole individuals, not simply objects of care. This strengthens the professional relationship between nurse and patient, increases comfort during care, and fosters positive perceptions of the overall quality of nursing care.

Enhancing nurses' therapeutic communication is expected to increase patient satisfaction with the care provided, as client satisfaction serves as a crucial indicator for improving the overall quality of nursing services. To ensure sustained patient satisfaction and foster a corresponding improvement in the quality of nursing services, Hospital Management is advised to oversee the practice of therapeutic communication among nurses and all healthcare providers. Improvements in therapeutic communication can be achieved through targeted training, increased supervisory oversight, reinforcing positive role models, and establishing a collective commitment to better communication practices. Maintaining effective therapeutic communication requires several key activities: Structured and continuous therapeutic communication training for nurses and other healthcare personnel, direct and routine supervision by Nurse Managers and Head Nurses to observe nurse communication practices, implementation of a coaching system where senior nurses (coaches) provide constructive feedback to junior nurses regarding therapeutic communication interactions with patients.

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