Indonesian Journal of Global Health Research

Volume 6 Number S6, December 2024 e-ISSN 2715-1972; p-ISSN 2714-9749



http://jurnal.globalhealthsciencegroup.com/index.php/IJGHR

THE INFLUENCE AND FACTORS OF NURSE THERAPEUTIC COMMUNICATION ON PATIENT SATISFACTION: A SYSTEMATIC REVIEW

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ABSTRACT

Important for nurses to have good therapeutic communication skills so that nurses more easily establish trusting relationships with patients, so as to improve the quality of health services provided. Patient satisfaction is an important indicator for healthcare providers. This study aims to determine the influence and factors of nurse therapeutic communication on patient satisfaction. The research design used was a systematic review, the sample used was a hospital nurse, the variables were therapeutic communication and patient satisfaction. The intervention provided was the implementation of good therapeutic communication of the nurse with the patient. Articles searched was using five databases published since 2019 through 2024. A total of 77,254 articles were identified in five databases, after the screening process, those studies that did not meet the criteria were not included in the analysis. A total of 77,254 articles identified were obtained from five databases, namely Pubmed with 1400 articles, Proquest with 13354 articles, Scince Direct with 10,000 articles, Sage Journal with 45,600 articles, and SpringerLink with 6900 articles. The screening process was carried out based on the year of publication of 55,038 articles, filtering based on language as many as 15,816 articles, filtering by type of article as many as 13,147 articles, and duplicate documents as many as 421 articles. Research screening is continued based on the results of titles and abstracts so that 10 articles can be used in systematic reviews. The reason for exclusion is due to the research point of view. Because it does not match the desired criteria. All of them focus on the influence and factors of nurse therapeutic communication on patient satisfaction. There were 10 crosssectional articles selected involving 43177 patients who rated hospital service satisfaction and 1617 nurses who applied therapeutic communication. Gender, nurse burnout, lack of empathy from nurses, challenging nursing duties, use of technical terms by nurses, lack of trust in nurses, stress, ignorance with nurses' job descriptions, lack of nurses, lack of knowledge, lack of participation in decision making, and infectious diseases showed significant and negative associations with overall therapeutic communication. So that it can affect the level of patient satisfaction. Motivating and creating a positive work environment are essential to improve therapeutic communication. Good nurse therapeutic communication can increase patient satisfaction. Patient satisfaction with the services provided is very important parameter of health service quality.

Keywords: nurse; patient satisfaction; therapeutic communication

How to cite (in APA style)

Safitri, M. A., Nursalam, N., & Nihayati, H. E. (2024). The Influence and Factors of Nurse Therapeutic Communication on Patient Satisfaction: A Systematic Review. Indonesian Journal of Global Health Research, 6(S6), 1413-1422. https://doi.org/10.37287/ijghr.v6iS6.4647.

INTRODUCTION

Therapeutic communication is communication that aims to cure the patient. With good therapeutic communication skills, it will be easier for nurses to establish trusting relationships with patients, and this will be more effective for nurses in providing professional satisfaction in nursing care and in each hospital patient satisfaction is influenced by many factors, one of them is the therapeutic communication carried out by the nurses. Good therapeutic communication will provide patient satisfaction, which will ultimately influence patient satisfaction with the services provided at the hospital (Suriyani, 2022). A data from the Ministry of Health of the Republic of Indonesia in 2018 showed that approximately 60% of hospitals in Indonesia have not met the needs of efficient services and have not implemented service standards that can be accepted and reached by every community. The Director General of Medical Services Development of the Ministry of Health, said that approximately 20% to 40% of more than 1,000 hospitals are inadequate in improving service quality or have

not implemented minimum service standards (Soumokil et al., 2021). Data results at East Java Regional Hospital show that 83% of patients are dissatisfied with nurses' communication services (Moykari et al., 2023).

The fundamental right of every patient is to be satisfied with the services provided by the hospital. Therefore, patient satisfaction is usually used as a measure of the quality of health care because it affects a person's safety and lawsuits for malpractice. Quality of service and patient satisfaction are two of the most important things in hospital services. The quality of service will be perceived well if the patient is satisfied with the fulfillment of needs in accordance with the patient's expectations and desires, including needs fullfillment of clear and accurate information about health conditions and treatments received by patients through communication with health workers (Kurniasari et al., 2024).

Patients in hospitals are very sensitive to the environment, the behavior of nurses, the way they are provided with therapeutic and nursing interventions and continuous information, their involvement in care, cooperation with both patients and their families. Patient dissatisfaction may stem from a lack of nursing and auxiliary staff or inadequate communication, which are negative factors in the assessment of patient satisfaction. Attention should be paid to the better communication between Health professionals and patients, to develop various communication strategies aimed at improving patient satisfaction and to use various feedback instruments. The nurse's communication to the patient is recognized as an important component in the treatment that fosters the creation of a therapeutic relationship (Plevová et al., 2023). Important for nurses to have good therapeutic communication skills so that nurses more easily establish trusting relationships with patients, so as to improve the quality of health services provided. Patient satisfaction is an important indicator for healthcare providers. This study aims to determine the influence and factors of nurse therapeutic communication on patient satisfaction.

METHOD

An initial scoping search is conducted to identify similar and relevant systematic reviews that have been conducted. Articles and journals deserve to be reviewed systematically according to Preferred Reporting Items for Systematic Review and Meta Analyse (PRISMA). The inclusion criteria in this study are articles taken that do not limit the publication year to 2024 using the Cross Sectional Study method. This study aims to determine the therapeutic communication of nurses and related factors affecting patient satisfaction. The article search strategy is carried out using the PICOS framework. It can be refer in Table 1.

Table 1. PICOS Framework

PICOS	Inclusion Criteria	Exclusion Criteria
Framework		
Population	1. Nurses and patients in the hospital	1. Nurses who take annual leave
	2. Nurses and patients who agree to fill out questionnaires	2. Nurses who work less than a month
Interventions	Conduct therapeutic communication to improve patient satisfaction	
Comparator	No comparison	
Results	Therapeutic communication can increase patient satisfaction with hospital services.	
Study Design and publication types	Cross-sectional studies	Quasi-Experimental /RCT, Qualitative study, Abstract only, Case series, Case report, Review, Discussion paper, and cohort
Publication Year	Only published between 2019 and 2024	
Languages	English	

After performing the inclusion and exclusion criteria, the next step is a literature search. The literature search conducted was only published between 2019 and 2024 with five databases, namely Pubmed, Science Direct, Proquest, Sage Journal, and SpringerLink. The results of writing published articles follow protocols and rules with Preferred Reporting Items for Systematic Review (PRISMA). Article or journal search uses keywords and boolean operators (AND, OR, NOT and AND NOT) where these are used to expand or define the search, making it easier to determine the article or quantity you want to use. Keywords in the systematic review tailored to the Medical Subject Heading (MeSH) article were identified by keywords ("therapeutic communication" OR "nurse communication") AND ("patient satisfaction*" OR "hospital service satisfaction*") AND (nurse OR "nursing student").

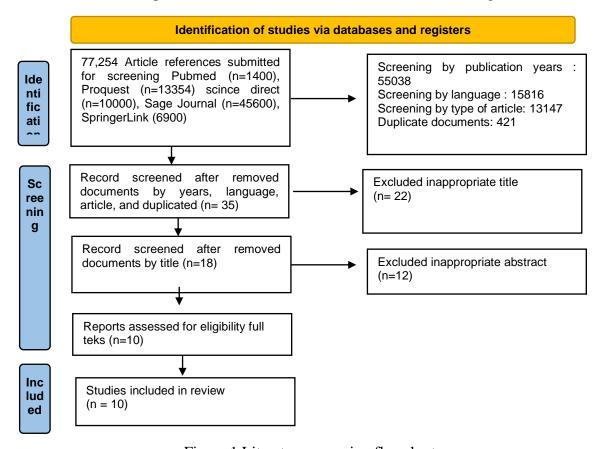


Figure 1 Literature screening flowchart

Search results based on keywords and selections made, obtained 10 articles from 77,254 articles found. The selection was carried out using PRISMA (Figure 1) where according to PRISMA guidelines the first step was carried out by searching for articles according to the database, after that the articles were selected to be deleted duplicate articles, after that abstract selection was carried out. and excluded for those who do not meet the criteria so that a full text that fits the inclusion and exclusion criteria is obtained for further evaluation. To determine the bias of a study is to use the Critical Appraisal Skills Program (CASP). Based on the assessment with JBI for the cross-sectional study, scores are then calculated and summed, until 70% meet the critical assessment criteria with a cut-off point value agreed by the research researcher to be included in the inclusion criteria. The results of the bias risk assessment are presented in Table 2:

			Tabl	le 2.						
	C	ritical	Asses	sment	Resul	lts				
Study	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Total	Overall
									Score	Quality
										of the
										study
(Padilla et al., 2020)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100	Good
(Mersha et al., 2023)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100	Good
(Carrasco-Guirao et al., 2024)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100	Good
(Karaferis & Niakas, 2024)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100	Good
(Meng et al., 2024)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100	Good
(Giménez-Espert et al., 2023)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100	Good
(Yan et al., 2022)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100	Good
(Moykari et al., 2023)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	87,5	Good
(Fite et al., 2019)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100	Good
(Plevová et al., 2023)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100	Good

RESULT Study Selection

A total of 77,254 articles were identified in five databases, after the screening process, those studies that did not meet the criteria were not included in the analysis. A total of 77,254 articles identified were obtained from five databases, namely Pubmed with 1400 articles, Proquest with 13354 articles, Scince Direct with 10,000 articles, Sage Journal with 45,600 articles, and SpringerLink with 6900 articles. The screening process was carried out based on the year of publication of 55,038 articles, filtering based on language as many as 15,816 articles, filtering by type of article as many as 13,147 articles, and duplicate documents as many as 421 articles. Research screening is continued based on the results of titles and abstracts so that 10 articles can be used in systematic reviews. The reason for exclusion is due to the research point of view. Because it does not match the desired criteria. All of them focus on the influence and factors of nurse therapeutic communication on patient satisfaction.

Study Characteristics

The trial was published between 2019 and 2024. The study was conducted in a hospital with a sample of nurses who applied therapeutic communication and patients who rated hospital service satisfaction, involving 43177 patients who rated hospital service satisfaction and 1617 nurses who applied therapeutic communication. Data collection through questionnaires was carried out ranging from 1 month to 6 months.

Risk of Bias

Risk bias that can occur is when inpatient respondents are surveyed before they are discharged from the hospital, which can lead to bias in their responses (more positive responses to satisfaction questionnaires). This entire article explores several hospital-level factors as impact factors (i.e. exchange of information or communication between nurses and patients, demographic data, geographic location, type, department), there are other important factors that are not included due to lack of data e.g., hospital work environment, and specific training for service providers.

Table 1. Characteristics of the included studies

			racteristics of the inclu			
No	Author,	Participant	Type of intervention	Instrument,	measurement	P-
	year	setting		follow up		value
1.	(Padilla et al., 2020)	The study included 42 family members, with 71.4% being female and 52.4% having prior critical care experience.	Family members of critically ill patients with 3–7 days of stay and respiratory support were approached. Questionnaires were used to assess satisfaction with communication (Family Satisfaction in the Intensive Care Unit-24), perceived stress (Perceived Stress Scale-10), depressive symptoms (Patient Health Questionnaire-9) and perceived social support (Medical Outcomes Study Social	The SC subscale of the Family Satisfaction in the Intensive Care Unit-24 questionnaire, Perceived Stress Scale, The Patient Health Questionnaire, and The Medical Outcomes Study Social Support Survey (MOSSSS)	Current communication practices in acute care settings should be adapted to family members' psychosocial context to improve their satisfaction with the communication process.	P = 0,039
2.	(Mersha et al., 2023)	408 nurses working in public hospitals of Gamo zone	Support Survey). The data were collected from nurses in medical and surgical wards of the hospitals during the study period. A two-days training was given for the data collectors and supervisors. The data were collected through a face-to-face interview in the hospital setting. Besides, data were collected by using ODK to control possible inconsistencies.	The data were collected by a structured interviewer-administered Open Data Kit (ODK) survey tool.	There is an arming gap in therapeutic communication between nurses and patients in Ethiopia, which hinders the quality of nursing care	P < 0,001
3.	(Carrasco-Guirao et al., 2024)	180 nursing	the participants were given an electronicquestionnaire that included the communication skills scale (CSS), competence in evidencebased practice questionnaire (EBP-COQ), and socio-	Questionnaire	Communication skills and EBP competencies predict performance in simulated scenarios for nursing students.	P < 0,001
	(Vomof	2724	demographic variables.	Sotiafostion	The cotiofaction	D -
4.	(Karaferis	3724 patients,	The questionnaire of	Satisfaction	The satisfaction	P <

No Author year	, Participant setting	Type of intervention	Instrument, follow up	measurement	P- value
& Niaka 2024)		this study was presented to the patients in two parts. In Part A, we tried to retrieve information from patients' experiences in the hospitals of the 1st Health Region of Attica. Part B includes sociodemographic data, like patients' gender, age, marital and educational status, professional category, nationality, and	questionnaire	of health service recipients is one of the key elements of the success of a health system.	0,001
5. (Meng e al., 2024	-	In total, 2 modified-duty nurses from one site and neurologists from another site who were not part of the research team obtained permission from patients to be contacted by the research team. The list of email addresses or telephone numbers of patients who gave permission was shared with the research team. Participants who chose a web-based survey received an email with a brief cover letter explaining the study's purpose and their rights as study participants. Informed consent was via the web before accessing the questionnaire, and they were asked to click a box indicating that they agreed to complete the survey. Participants who chose a telephone	18-item Likert scale—based questionnaire	Home-based teleconsultation services to enhance patient experiences in stroke prevention care.	P < 0,001

No	Author, year	Participant setting	Type of intervention	Instrument, follow up	measurement	P- value
			consent form, and a copy of the survey			
6.	(Giménez- Espert et al., 2023)	961 nursing students and 460 nurses from the Valencian Community, Spain.	Approximately 35 min. were required to complete the instrument. The researchers visited the hospitals involved in the study. All the participants received detailed information about the aims and procedures, and were informed regarding confidentiality, with an emphasis on the anonymity of the data collected and the non-discrimination of participants. Once the instruments had been submitted, reminders were sent via e-mail after 2 weeks and after 3–4 weeks. The completed instruments were subsequently collected from the various boxes placed in the different services for this purpose	Likert scale—based questionnaire	The attitude in nursing students and nurses could, therefore, help improve EI and attitudes towards communication	P < 0,001
7.	(Yan et al., 2022)	24,971 inpatients from 143 tertiary hospitals across 31 provinces in China.	They were asked to fill in the questionnaire using their electronic devices under the guidance of trained investigators.	Likert scale—based questionnaire	understand patients' satisfaction regarding nursing care in Chinese tertiary hospitals and develop targeted interventions, to establish a patient-centered healthcare	P < 0,001
8.	(Moykari et al., 2023)	68 nurses	nurses agreed to join the study and gave informed consent, available online. Afterward, each nurse could access the	Likert scale–based questionnaire	system. Nurses with sufficient and poor knowledge have a good application of therapeutic	P > 0,001

No	Author, year	Participant setting	Type of intervention	Instrument, follow up	measurement	P- value
	your	setting	questionnaire to be filled out and complete all the given questions. The questionnaire was available for completion from March to April 2022.	ionow up	communication. There was no correlation between knowledge and the application of nurses' therapeutic communication	varae
9.	(Fite et al., 2019)	192 patients	Data collectors and supervisor checked the filled questionnaire for completeness every day by patient	Structured questionnaire	Significant predictors of therapeutic communication implementation were educational status	P < 0,001
10.	(Plevová et al., 2023)	14023 patients staying in medical and surgical wards of 14 acute care hospitals in the Czech Republic in 2019–2020.	Trained nurses approached all patients staying in the wards included in the survey. Those who agreed to participate received printed questionnaires. Even though in some questionnaires, not all items were completed, the data were statistically analyzed.	Likert scale-based questionnaire	Patients reported high satisfaction with nursing care	P < 0,001

The results showed patient satisfaction is an important component of a comprehensive healthcare quality system. A number of factors have an impact on patient satisfaction, one of them is communication between nurses and patients. Nurses' therapeutic communication with patients has been shown to positively impact their self-care in the context of their illness. They feel less frustration and fewer misunderstandings that occur in the treatment planning process, thus contributing to adequate satisfaction of their needs.

DISCUSSION

Therapeutic communication is a central element of nurse-patient interaction, which helps Nonverbal communication expressed through body movements, touch, to achieve positive health outcomes. An important nursing skill is to provide care by showing care and supporting patients with kind words. Therapeutic communication is interpersonal interaction that has a purpose (Fite et al., 2019). Therapeutic communication is communication that is consciously planned, purposeful, its activities are focused on healing patients, nurses who have communication skills will not only easily establish trust relationships with patients, also prevent illegal problems, provide professional satisfaction in nursing services and improve the image of the nursing profession and the image of the hospital (Sari & Wijaya, 2022).

Therapeutic communication is a consciously planned communication process for the recovery of the patient. The nurse will encourage the patient to express feelings, thoughts, and

perceptions related to the behavior seen while communicating. Furthermore, it can foster empathy and caring, provide service satisfaction, prevent dangerous patient problems, and improve views of nurses and hospitals. Improper therapeutic communication impacts nursing actions and makes them less effective, enhancing patients' emotional experiences and affecting their recovery rates. Some factors that can influence therapeutic communication include knowledge, perceptions, values, emotions, background, roles and relationships, and environmental conditions (Moykari et al., 2023).

In healthcare process assessments that focus on the quality of services provided, patient satisfaction is an important indicator for healthcare providers, as it is associated with better treatment outcomes and Health-related behaviors. In addition, increasing patient satisfaction, through adherence between patients and healthcare professionals, reduces the likelihood of malpractice or adverse events. A number of factors including ward type, communication, courtesy towards patients or environment have been shown to predict patient satisfaction with the quality of services provided. With rising healthcare costs and increased competition among healthcare providers, policymakers are realizing that patient satisfaction must be concerned. This study shows that patients' education affects their overall satisfaction with the services provided, where patients with higher and vocational education are more satisfied than patients with primary and secondary education (Plevová et al., 2023).

Patient satisfaction with nursing services reflects the actual fulfillment of patient needs and expectations, which is a concrete criterion for evaluating the quality of nursing services. It is widely considered as a key element in overall patient satisfaction and is important for hospital health outcomes and quality management. Patients who are more satisfied with their nursing services tend to have good relationships with nurses, follow medically prescribed regimens, and thus have more positive health outcomes (Yan et al., 2022). Patient satisfaction is critical and meaningful to providing high-quality care. Patient satisfaction is generally thought of as a patient's perception of service delivery as well as how their health needs are met. Patient satisfaction can be checked using direct and indirect indicators. First, quality of service can be measured by asking patients directly to assess their satisfaction with quality of service through, for example, a single item with response options ranging from very dissatisfied to very satisfied. Both were measured indirectly by applying theory-guided questionnaires to assess patient satisfaction (Meng et al., 2024).

CONCLUSION

Therapeutic communication is one of the pillars in assisting clients and paving the way to identify various patient conditions. Therefore, health care professionals in the health care system, usually nurses must give focus and take responsibility. Without effective communication, patients will not feel satisfied, and the results will be disrupted. The main weakness of health professionals is the lack of information provided to patients and their families. Patients report a lack of information about the care provided and information when discharge from the hospital. Patient satisfaction is a very important parameter in the quality of service. As patient satisfaction increases, trust is built between patients and healthcare professionals, thus contributing to a better quality of care. It is important to organize the patient satisfaction assessment process so that it reflects the actual services provided. Thus it can contribute to better quality of service and higher satisfaction for hospitalized patients.

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