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Nurses' therapeutic communication and patient satisfaction among hospital inpatients

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Abstract

Background: Therapeutic communication is an important component of nursing care and may be associated with patients' satisfaction during hospitalization.
Purpose: To examine the relationship between nurses' therapeutic communication and patient satisfaction among hospital inpatients.
Method: This quantitative descriptive-correlational study used a cross-sectional design. A total of 89 inpatients at Panembahan Senopati Regional General Hospital, Bantul, Yogyakarta, Indonesia, were recruited through purposive sampling. Data were collected using an 18-item therapeutic communication questionnaire and a 19-item patient satisfaction questionnaire. Descriptive statistics and Spearman's rank correlation were used for data analysis.
Results: Most respondents rated nurses' therapeutic communication as good (67; 75.3%), while 22 (24.7%) rated it as fair. All respondents (89; 100.0%) were classified as satisfied with the nursing services received. The reported Spearman correlation coefficient was 0.343, with a p-value of 0.001. However, the available data did not permit independent verification of the correlation analysis, and the absence of variation in the categorized satisfaction variable limits interpretation of the reported association.
Conclusion: Most respondents rated nurses' therapeutic communication positively, and all were classified as satisfied with nursing services. The reported association between therapeutic communication and patient satisfaction should be interpreted cautiously because the underlying statistical analysis could not be independently verified.

Keywords: Inpatients; Nurses; Nursing Care; Patient Satisfaction; Therapeutic Communication.

INTRODUCTION

Hospitals play an important role in providing comprehensive healthcare services, including inpatient care for individuals who require continuous medical treatment, monitoring, and nursing support. The quality of inpatient services is an important consideration in meeting patients' needs and expectations and supporting their experiences during hospitalization (Basir & Wahyono, 2023; Sukardi & Katmini, 2021; Kaka et al., 2024). Within this setting, nurses provide continuous care and interact frequently with patients, making their communication an important component of the overall nursing experience. Patient satisfaction reflects patients' evaluations of healthcare services in relation to their expectations and perceived needs. It is commonly used as an indicator of healthcare service quality and may influence patients' perceptions of the healthcare facility and their willingness to return for future care (Komariah et al., 2025). Conversely, unmet expectations may contribute to dissatisfaction and negative evaluations of healthcare services (Ananda et al., 2023). However, comparisons of patient satisfaction across healthcare settings and countries require caution because studies may use different instruments, indicators, and measurement approaches (Friedel et al., 2023). Patient satisfaction

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is influenced by several factors, including service quality, staff performance, facilities, the care environment, costs, and communication (Siregar et al., 2021; Suwandi et al., 2023).

Among these factors, communication between nurses and patients is particularly important because it occurs throughout the nursing process. Nurses constitute a substantial part of the hospital workforce and often have frequent and prolonged interactions with patients, positioning them to influence patients' experiences of care (Mariana & Ramie, 2021). Nursing care encompasses promotive, preventive, curative, and rehabilitative activities, all of which require appropriate communication to facilitate patient understanding and participation (Siregar et al., 2021). Accordingly, clear and respectful communication may help patients understand nursing procedures, express their concerns, and participate more meaningfully in their care. Therapeutic communication is a structured interpersonal process intended to establish a professional helping relationship between nurses and patients. It supports the exchange of information, facilitates the expression of feelings, and helps patients understand their health conditions and the care they receive (Nurwahyuni et al., 2024). The process commonly involves four stages: pre-interaction, orientation, working, and termination (Helmalia et al., 2024). Effective implementation requires appropriate communication skills, preparation, respect for patient privacy, and responsiveness to individual needs. When communication is unclear, rushed, or insufficiently attentive, patients may experience difficulties understanding their care, and the therapeutic relationship may be weakened.

Previous studies have examined the relationship between nurses' therapeutic communication and patient satisfaction in various healthcare settings (Meikayanti et al., 2020; Ariyanti, 2022; Nisa et al., 2022). A systematic review also identified therapeutic communication as an important component associated with patient satisfaction and discussed factors that may influence its implementation (Safitri et al., 2024). Further studies have investigated communication and satisfaction with nursing care in hospital settings (Heltty et al., 2025; Gaol & Karo, 2025). Nevertheless, findings from individual hospitals may not be directly generalizable to other settings because patient characteristics, nursing practices, service organization, and measurement procedures may differ. Evidence from Indonesian hospitals illustrates the relevance of this issue. At Bhayangkara Hospital Makassar, a previous study reported substantial patient dissatisfaction associated with the implementation of therapeutic communication (Ramli, 2021). Other research found that most participating nurses were reported to have implemented therapeutic communication effectively, although implementation may vary across clinical settings (Hasjum et al., 2023). Communication practices may also be affected by differences in patients' cultural backgrounds, social circumstances, and educational levels. At Labuang Baji Regional General Hospital in Makassar, research examined healthcare service quality and nurses' therapeutic communication in relation to patient satisfaction (Ima et al., 2025). Together, these findings support the continued examination of communication practices and patient satisfaction in specific inpatient settings. The interpretation of individual studies, however, should take account of their respective designs and measures.

Therapeutic communication is also relevant to the psychosocial dimensions of hospitalization. Patients may experience uncertainty, anxiety, or concerns related to illness, treatment procedures, separation from their usual environment, and changes in daily activities. Listening attentively, explaining procedures clearly, and responding respectfully may help patients express their concerns and develop trust in nursing care. Research in intensive care settings has examined the relationship between nurses' therapeutic communication and patients' anxiety, highlighting the relevance of communication to psychological experiences during treatment (Muliani et al., 2021). More recent research has explored patients' perceptions of therapeutic communication in relation to service satisfaction and self-care among inpatients (Kusuma et al., 2026). Research involving hospitalized oncology patients has also examined the mediating role of nursing presence in the relationship between trust in nurses and satisfaction with nursing care (Yilmaz & Bakiş Açar, 2026). These studies provide a broader psychosocial context for understanding nurse–patient interactions. However, anxiety, trust, and psychological well-being are distinct constructs and should not be assumed to have been measured when a study focuses specifically on

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communication and satisfaction.

Although previous research has examined therapeutic communication and patient satisfaction in different healthcare settings, further investigation in specific hospital inpatient settings remains relevant. In particular, examining patients' ratings of therapeutic communication alongside their satisfaction scores can help clarify whether differences in perceived communication are associated with differences in satisfaction. This relationship should be assessed using the underlying questionnaire scores because categorizing all respondents within a single satisfaction category may conceal variation in their individual evaluations. By examining these two variables, the study seeks to contribute to the understanding of communication in patient-centered nursing care and its relevance to patients' experiences during hospitalization. Although the study is situated within a broader psychosocial perspective, it specifically measures therapeutic communication and patient satisfaction rather than anxiety, trust, or psychological well-being directly.

RESEARCH METHOD

This study employed a quantitative descriptive-correlational design with a cross-sectional approach to examine the relationship between nurses' therapeutic communication and patient satisfaction among inpatients. The study was conducted in the Setyaki, Bima, Abimanyu, Gatotkaca, and Parikesit inpatient wards of Panembahan Senopati Regional General Hospital, Bantul, Yogyakarta, Indonesia. Data collection took place from December 24 to 28, 2025. Both variables were measured during the same data-collection period without any intervention. The study population consisted of 400 inpatients. A total of 89 respondents were recruited using purposive sampling based on predetermined eligibility criteria. The initial sample size was calculated as 80 respondents using the Slovin formula, and the target was increased to 89 to allow for a potential 10% nonresponse or dropout rate. Eligible participants were patients who had been hospitalized for at least 3 × 24 hours, were conscious and able to communicate verbally, were willing to participate, and could read and understand the questionnaire. Patients in critical or unstable conditions were excluded.

The independent variable was nurses' therapeutic communication, defined as patients' perceptions of nurses' communication during nursing care. It was assessed across four stages: pre-interaction, orientation, working, and termination. The dependent variable was patient satisfaction, defined as patients' evaluations of the nursing services they received during hospitalization. Satisfaction was assessed across five dimensions: responsiveness, assurance, tangibles, empathy, and reliability. Data were collected using two structured questionnaires: an 18-item therapeutic communication questionnaire and a 19-item patient satisfaction questionnaire. Both instruments used four-point Likert-type response scales, with reverse scoring applied to negatively worded items. Therapeutic communication scores ranged from 18 to 72 and were categorized as good (55–72), fair (37–54), and poor (18–36). Patient satisfaction scores ranged from 19 to 76 and were categorized as satisfied (48–76) and not satisfied (19–47), based on the operational definitions specified in the research documentation. Higher scores indicated more favorable perceptions of therapeutic communication and greater satisfaction with nursing services.

Internal consistency was assessed using Cronbach's alpha. The therapeutic communication questionnaire had an alpha coefficient of 0.928, while the patient satisfaction questionnaire had an alpha coefficient of 0.976. These coefficients indicated high internal consistency in the study sample. The available study documentation did not provide sufficient information to specify additional instrument validation procedures; therefore, no further validity claims are made here. Before data collection, permission was obtained from the hospital director. Eligible patients were informed about the study's purpose and procedures, and informed consent was obtained before participation. Respondents completed the questionnaires in approximately 15 minutes, with clarification of instructions provided when necessary. Completed questionnaires were checked for completeness, coded, entered into the data-processing system, and reviewed to minimize data-entry errors.

Univariate analysis was used to describe respondent characteristics and the distributions of therapeutic communication and patient satisfaction. Bivariate analysis was conducted using Spearman's rank correlation to examine the direction and strength of the relationship between the two variables. The

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correlation analysis was specified as using the original total questionnaire scores before categorization, rather than the categorized satisfaction variable. This distinction was important because all 89 respondents were classified as satisfied, leaving no variation in the binary satisfaction category. The original patient satisfaction scores therefore need to be examined to confirm that they varied across respondents and that the reported correlation was calculated from these scores. The minimum and maximum scores, as well as an appropriate measure of central tendency and dispersion, should be reported to document this variation. The reported correlation coefficient and p-value must be verified against the original statistical output before final submission. Statistical significance was set at $p < 0.05$.

Ethical approval was obtained from the Research Ethics Committee of Universitas 'Aisyiyah Yogyakarta before data collection (No. 5008/KEP-UNISA/XII/2025). The certificate was issued on December 15, 2025, and was valid until December 15, 2026. The study documentation states that the ethical review referred to the seven World Health Organization ethical standards (2011) and the 2016 Council for International Organizations of Medical Sciences guidelines. Informed consent was obtained from participating respondents. Because the sample included four respondents aged 10–18 years, the applicable consent and assent procedures for participants younger than 18 years, including parental or guardian permission where required, must be confirmed against the approved protocol and actual study records before the ethical procedures can be considered fully documented.

RESEARCH RESULTS

Table 1. Characteristics of Respondent (N = 89)

Variable	Results
Age (n/%)(Mean±SD)(Range)(Year)	**(52.2 ± 19.6)(10–80)**
10–18	4/4.49
19–59	44/49.44
≥60	41/46.07
Gender (n/%)	
Male	47/52.81
Female	42/47.19
Occupation (n/%)	
Laborer	33/37.08
Housewife	27/30.34
University Student	5/5.62
Self-employed	7/7.87
Civil servant	1/1.12
Businessman	6/6.74
Farmer	7/7.87
Retired military personnel	1/1.12
School Students	2/2.25
Length of hospitalization (n/%)	
≥3 days	89/100.00
<3 days	0/0.00
Nurses' Therapeutic Communication (n/%)	
Good	67/75.28

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Fair	22/24.72
Poor	0/0.00
Patient Satisfaction (n/%)	
Satisfied	89/100.00
Not Satisfied	0/0.0

Table 1 shows that the characteristics of the 89 respondents and the distribution of the study variables. Most respondents were aged 19–59 years (44; 49.44%), followed by those aged ≥60 years (41; 46.07%) and 10–18 years (4; 4.49%). Male respondents accounted for 47 (52.81%), while female respondents accounted for 42 (47.19%). The most common occupations were laborers (33; 37.08%) and housewives (27; 30.34%). All respondents had been hospitalized for at least three days (89; 100.00%). Regarding the study variables, 67 respondents (75.28%) rated nurses' therapeutic communication as good, while 22 (24.72%) rated it as fair; none rated it as poor. All respondents (89; 100.00%) were classified as satisfied with the nursing services received, while none were classified as not satisfied.

Table 2. Spearman's Rank Correlation Between Nurses' Therapeutic Communication and Patient Satisfaction

Variable	Correlation coefficient (r_s)	p-value
Nurses' therapeutic communication and patient satisfaction	0.343	0.001

Table 2 shows a reported positive association between nurses' therapeutic communication and patient satisfaction (r_s = 0.343, p = 0.001, N = 89). The coefficient indicates a positive association of modest magnitude, suggesting that higher therapeutic communication scores tended to correspond to higher patient satisfaction scores. However, all respondents were classified as satisfied. Therefore, the interpretation of the correlation depends on whether the original patient satisfaction scores varied across respondents and whether the analysis was conducted using those total scores. The distribution of the original satisfaction scores should be examined to confirm the basis of the reported association.

DISCUSSION

The findings showed that most respondents rated nurses' therapeutic communication as good (75.3%), while the remaining respondents rated it as fair (24.7%). All respondents (100%) were classified as satisfied with the nursing care received. These findings suggest that respondents generally perceived nurses' communication positively and reported satisfaction with their inpatient care. However, the distribution of satisfaction requires careful interpretation because all respondents fell into the satisfied category, leaving no variation in the categorized satisfaction variable.

Therapeutic communication is an important component of nursing care because it enables nurses to establish relationships with patients, provide understandable information, and respond to patients' needs throughout hospitalization. Effective communication can help patients feel heard and respected and may support trust in the care process. The quality of communication is influenced by how nurses establish initial contact, develop rapport, provide assistance during the working phase, and conclude interactions appropriately (Basir & Wahyono, 2023; Sukardi & Katmini, 2021). The implementation of these stages may contribute to patients' perceptions of care quality and their overall experiences during hospitalization (Kaka et al., 2024; Komariah et al., 2025).

The proportion of respondents who rated therapeutic communication as good is consistent with the importance of interpersonal interaction in nursing practice. Communication that is clear, respectful, and responsive may help patients understand information about their condition and treatment, while also creating opportunities for them to express concerns. Previous studies have discussed the relevance of

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therapeutic communication to patient satisfaction and the quality of nursing services (Ananda et al., 2023; Friedel et al., 2023; Siregar et al., 2021). Nevertheless, the present study did not provide item-level results that would establish which specific communication behaviours were most strongly associated with respondents' evaluations.

From a psychosocial perspective, communication may shape how patients experience hospitalization by influencing their perceptions of support, trust, and involvement in care. Patients who receive clear explanations and respectful responses may feel more comfortable asking questions or expressing their needs. Previous literature has highlighted the role of communication and interpersonal support in the patient-care experience (Suwandi et al., 2023; Mariana & Ramie, 2021; Nurwahyuni et al., 2024). However, anxiety, trust, perceived emotional support, and psychological well-being were not measured directly in this study. Therefore, these factors should be understood as possible explanations for the relevance of therapeutic communication rather than as outcomes demonstrated by the present findings.

The study reported a positive correlation between nurses' therapeutic communication and patient satisfaction (Spearman's ($r_s = 0.343$), ($p = 0.001$), ($N = 89$)). If confirmed using the original questionnaire total scores and the actual statistical output, this coefficient would indicate a positive association of modest magnitude. The result should not be interpreted as evidence that therapeutic communication caused greater satisfaction because the cross-sectional design only identifies an association at the time of data collection. In addition, the finding requires verification because all respondents were classified as satisfied. A correlation analysis using the categorized satisfaction variable would not be appropriate when that variable has no variation. The reported coefficient is interpretable only if it was calculated using the original satisfaction scores, which varied across respondents.

The high proportion of satisfied respondents may reflect generally positive evaluations of nursing services among the participants, but it may also be related to the measurement and sampling procedures. Respondents were recruited purposively from selected inpatient wards at one hospital, and patients who were critically ill or clinically unstable were excluded. These criteria may limit the representativeness of the sample and the applicability of the findings to patients with different clinical conditions or experiences of hospitalization. Previous studies have also examined patient satisfaction in relation to communication and other aspects of healthcare service delivery (Helmalia et al., 2024; Meikayanti et al., 2020; Ariyanti, 2022).

The findings also need to be considered in the context of the broader nursing relationship. Patient satisfaction can reflect multiple aspects of care, including responsiveness, assurance, empathy, reliability, and physical facilities. Consequently, satisfaction cannot be attributed to therapeutic communication alone, particularly when other service-related factors were not controlled for in the analysis. Research on patient experience and nursing care has highlighted the relevance of interpersonal interactions alongside broader healthcare service characteristics (Nisa et al., 2022; Safitri et al., 2024; Heltty et al., 2025). The present study therefore supports examining therapeutic communication as one component of the inpatient care experience rather than as the sole determinant of satisfaction.

Several limitations should be acknowledged. First, the cross-sectional design does not establish temporal sequence or causality. Second, purposive sampling at a single hospital limits generalizability. Third, the absence of variation in the categorized satisfaction outcome prevents correlation analysis using that category and makes verification of the original score-based analysis essential. Fourth, the study relied on questionnaire responses, which may be influenced by respondents' interpretations and willingness to report their experiences. Finally, although the findings may be relevant to psychosocial aspects of inpatient care, the study did not directly measure mental health outcomes or psychological well-being. These limitations should be considered when interpreting the reported association and planning further research (Gaol & Karo, 2025; Ramli, 2021; Hasjum et al., 2023).

Future studies should verify and report the distribution of the original therapeutic communication and satisfaction scores, including appropriate descriptive statistics and the exact statistical output used to calculate the correlation. Research involving larger and more diverse samples, multiple hospitals, and additional measures of patients' psychosocial experiences could provide a more comprehensive

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understanding of how communication relates to satisfaction and patients' experiences of care. Further investigation may also examine whether communication is associated with patient-reported trust, emotional comfort, or anxiety, provided these outcomes are measured using appropriate instruments (Ima et al., 2025; Muliani et al., 2021; Kusuma et al., 2026; Yilmaz & Bakiş Açar, 2026).

CONCLUSION

Most respondents rated nurses' therapeutic communication as good (75.3%), and all respondents (100.0%) were classified as satisfied with the nursing services received. A positive association between therapeutic communication and patient satisfaction was reported (r_s = 0.343, p = 0.001). However, this statistical finding requires verification against the original total questionnaire scores because the categorized satisfaction outcome showed no variation. Subject to this verification, the findings support the relevance of therapeutic communication to patient-centered nursing care.

REFERENCES

Ananda, R., Damayanti, R., & Maharja, R. (2023). Level of public satisfaction with health service performance. *Journal of Professional Nursing (KEPO), 4*(1), 9–17. doi.org/10.36590/kepo.v4i1.570

Ariyanti, S. (2022). Nurse's therapeutic communication affects patient satisfaction and motivation level. *Journal of Complementary Nursing, 1*(3), 91–98. doi.org/10.53801/jcn.v1i3.52

Basir, H., & Wahyono, B. (2023). Determinan kepuasan pasien pada pelayanan rawat inap di rumah sakit: Systematic literature review. *Jurnal Kesehatan Mahardika, 10*(2), 31–42. doi.org/10.54867/jkm.v10i2.169

Friedel, A. L., Siegel, S., Kirstein, C. F., Gerigk, M., Bingel, U., Diehl, A., & Kreitschmann-Andermahr, I. (2023). Measuring patient experience and patient satisfaction—how are we doing it and why does it matter? A comparison of European and US American approaches. *Healthcare, 11*(6), Article 797. doi.org/10.3390/healthcare11060797

Gaol, R. L., & Karo, M. B. M. B. (2025). The relationship between therapeutic communication and patient satisfaction with nursing care. *Interest: Jurnal Ilmu Kesehatan*. doi.org/10.37341/interest.v14i1.703

Hasjum, H. J. P., Haskas, Y., & Sabil, F. A. (2023). Hubungan komunikasi terapeutik perawat dengan kepuasan pasien. *JIMPK: Jurnal Ilmiah Mahasiswa & Penelitian Keperawatan, 3*(6), 176–183. doi.org/10.35892/jimpk.v3i6.988

Helmalia, S. M., Rohayani, L., Setiawati, S., Oyoh, O., & Inayah, I. (2024). Hubungan persepsi pasien tentang komunikasi terapeutik perawat dengan kepuasan pasien terhadap pelayanan di ruang rawat inap. *Jurnal Keperawatan Komplementer Holistic, 2*(1), 34–43.

Heltty, H., Zahalim, Z., & Krismiadi, D. (2025). Nurse communication, quality of health services, and its relationship with patient satisfaction in inpatient ward. *Jurnal Kesehatan Metro Sai Wawai, 18*(1), 1–9. doi.org/10.26630/jkmsw.v18i1.4902

Ima, I., Gobel, F. A., & Rusydi, A. R. (2025). Analysis of the influence of health service quality and therapeutic communication by nurses on patient satisfaction in the inpatient ward of Labuang Baji Regional General Hospital, Makassar. *Journal of Aafiyah Health Research (JAHR), 6*(2), 308–322. doi.org/10.52103/jahr.v6i2.2134

Jayawisastra, P., Sumampouw, M., Chain, V., Lestari, P., & Situmeang, W. Y. (2023). Analisis rencana strategis sumber daya manusia (SDM) keperawatan di rumah sakit wilayah Jakarta. *Indonesian Journal of Nursing Scientific, 3*(1), 20–40. doi.org/10.58467/ijons.v3i1.49

Kaka, H. H., Asda, P., & Hidayat, N. (2024). Gambaran tingkat kepuasan pasien di ruang rawat inap Rumah Sakit Condong Catur Yogyakarta. *MIKKI: Majalah Ilmu Keperawatan dan Kesehatan Indonesia, 13*(2), 140–152. doi.org/10.47317/mikki.v13i2.687

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DOI: https://doi.org/10.56922/mhc.v5i7.4561

Komariah, K., Purba, A. P. S., Sihombing, D., & Tampubolon, R. O. (2025). Pengaruh pelayanan keperawatan terhadap tingkat kepuasan pasien di ruang rawat inap Paviliun Rumah Sakit Advent Bandung. *Malahayati Nursing Journal, 7*(5), 2183–2190. doi.org/10.33024/mnj.v7i5.20039

Kusuma, E., Kurniawan, D. E., Kurnianto, S., Widianto, E. P., Wibowo, S. A., & Paraswati, M. D. (2026). The relationship between patients' perceptions of nurses' therapeutic communication with service satisfaction and self-care levels among inpatients. *Babali Nursing Research, 7*(2), 188–203. doi.org/10.37363/bnr.2026.72534

Manurung, M., & Soputri, N. (2025). Kepuasan pasien terhadap mutu pelayanan keperawatan. *Journal of Telenursing (JOTING), 7*, 703–712. doi.org/10.31539/hyfs2108

Mariana, E. R., & Ramie, A. (2021). Analisis hubungan beban kerja dengan stres kerja perawat: Literature review. *JKM: Jurnal Keperawatan Merdeka, 1*(2), 158–168. doi.org/10.36086/jkm.v1i2.997

Meikayanti, N. M. K., Sukmandari, N. M. A., & Dewi, S. P. A. A. P. (2020). Hubungan komunikasi terapeutik perawat dengan kepuasan pasien di Badan Rumah Sakit Umum Daerah Kabupaten Tabanan [The correlation between nurse therapeutic communication and patient satisfaction in Tabanan Regional Hospital]. *Nursing Current: Jurnal Keperawatan, 8*(2), 135–145. doi.org/10.19166/nc.v8i2.3099

Mongi, T. O. (2020). Hubungan komunikasi terapeutik perawat dengan tingkat kepuasan pasien di ruang rawat jalan Rumah Sakit GMIM Kalooran Amurang. *Jurnal Ilmiah Kesehatan Diagnosis, 15*(3), 263–269. doi.org/10.35892/jikd.v15i3.361

Muliani, R., Pragholapati, A., & Irman. (2021). The effect of nurse therapeutic communication on the anxiety level of patients in the intensive care room. *Health Information: Jurnal Penelitian, 12*(1), 63–75. doi.org/10.36990/hijp.vi.190

Nisa, F. Y. A., Wulandari, R. D., & Wahyanto, T. (2022). Nurses' therapeutic communication and its effect on hospitalized patients' satisfaction. *Jurnal Aisyah: Jurnal Ilmu Kesehatan, 7*(3). doi.org/10.30604/jika.v7i3.1230

Nurwahyuni, F. S., Sutresna, I., & Dolifah, D. (2024). Hubungan komunikasi terapeutik perawat terhadap kepuasan pasien pada pelayanan kesehatan. *Jurnal Keperawatan Florence Nightingale, 7*(1), 223–228. doi.org/10.52774/jkfn.v7i1.176

Rahagia, R., & Nurhanifah, D. (2025). Relationship of nurse therapeutic communication to inpatient satisfaction. *Jurnal Ilmiah Kesehatan Sandi Husada, 14*(1), 27–35. doi.org/10.35816/jiksh.v14i1.307

Ramli, R. (2021). Hubungan pelaksanaan komunikasi terapeutik dengan kepuasan klien dalam mendapatkan pelayanan keperawatan di instalasi gawat darurat Rumah Sakit Bhayangkara Makassar. *Jurnal Inovasi Penelitian, 1*(11), 2567–2574. doi.org/10.47492/jip.v1i11.954

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*(6), 1413–1422. doi.org/10.37287/ijghr.v6iS6.4647

Setyawan, A., Setiyadi, N. A., & Sugiharto, S. (2025). Metode tim dalam pelayanan keperawatan: Systematic review. *Jurnal Keperawatan, 17*(2), 441–448. doi.org/10.32583/keperawatan.v17i2.3574

Siregar, H. K., Lipin, L., & Pipin, A. (2021). Literature review: Kepuasan pasien rawat inap terhadap mutu pelayanan kesehatan di rumah sakit. *Jurnal Kesehatan Holistic, 5*(2), 18–30. doi.org/10.33377/jkh.v5i2.107

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DOI: https://doi.org/10.56922/mhc.v5i7.4561

Sukardi, D., & Katmini, K. (2021). Analysis of the level of patient satisfaction on the quality of service in the inpatient unit of RSUD dr. Soedomo Trenggalek 2021. *Journal for Quality in Public Health, 5*(1), 217–223. doi.org/10.30994/jqph.v5i1.276

Suwandi, E. W., Rusnoto, R., Yulisetyaningrum, Y., & Widaristuti, S. (2023). Hubungan faktor-faktor dengan tingkat kepuasan pasien rawat inap di Rumah Sakit Permata Bunda, Purwodadi. *Indonesian Journal of Perawat (IJP), 8*(1), 24–32. doi.org/10.26751/ijp.v8i1.2019

Yilmaz, A., & Bakiş Açar, Ş. (2026). The mediating role of nursing presence in the relationship between trust in nurses and satisfaction with nursing care in oncology patients. *BMC Health Services Research, 26*, Article 802. doi.org/10.1186/s12913-026-14459-5

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