

The Relationship Between Therapeutic Communication And The Role Of Nurse Educators With The Level Of Patient Satisfaction In The Inpatient Ward

Hubungan Komunikasi Terapeutik dan Peran Pendidik Perawat dengan Tingkat Kepuasan Pasien di Bangsal Rawat Inap

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Abstract

The inconsistency of the implementation of therapeutic communication and patient education by nurses at the Palembang Harbor Hospital is evident from patient complaints regarding unclear explanations of procedures, incomplete information, and nurse responses that are considered less empathetic, so that these conditions are suspected to affect the level of patient satisfaction and need further research to determine the extent to which therapeutic communication and education provided by nurses are related to patient satisfaction in the inpatient ward. The purpose of this study was to determine the relationship between therapeutic communication and the role of nurse educators with the level of patient satisfaction in the inpatient ward of the Palembang Harbor Hospital. This study used a cross-sectional approach. The sample of this study was 30 patients treated in the inpatient ward using an accidental sampling technique. Data collection used a questionnaire on therapeutic communication, the role of nurse educators and patient satisfaction. The results showed that therapeutic communication and the role of nurse educators were significantly related to patient satisfaction, indicated by a p value = 0.003 in therapeutic communication and p = 0.001 in the role of educators, with the majority of patients (76.7%) reporting high satisfaction so that the quality of communication and nurse education were the main factors determining patient satisfaction. It can be concluded that there is a significant relationship between therapeutic communication and the level of patient satisfaction and there is a significant relationship between the role of nurse educators and the level of patient satisfaction.

Abstrak

Ketidakkonsistenan pelaksanaan komunikasi terapeutik dan edukasi pasien oleh perawat di Rumah Sakit Pelabuhan Palembang yang terlihat dari keluhan pasien mengenai penjelasan tindakan yang kurang jelas, informasi yang tidak lengkap, serta respons perawat yang dianggap kurang empatik, sehingga kondisi tersebut diduga berpengaruh terhadap tingkat kepuasan pasien dan perlu diteliti lebih lanjut untuk mengetahui sejauh mana komunikasi terapeutik dan edukasi yang diberikan perawat berhubungan dengan kepuasan pasien di ruang rawat inap. Tujuan Penelitian ini adalah guna mengetahui hubungan komunikasi terapeutik dan peran edukator perawat dengan tingkat kepuasan pasien di ruang rawat inap rumah sakit pelabuhan Palembang. Penelitian ini menggunakan pendekatan cross-sectional. Sampel penelitian ini adalah 30 pasien yang dirawat di ruang rawat inap dengan menggunakan teknik accidental sampling. Pengumpulan data menggunakan kuesioner komunikasi terapeutik, peran edukator perawat dan kepuasan pasien. Hasil penelitian menunjukkan bahwa komunikasi terapeutik dan peran edukator perawat berhubungan signifikan dengan kepuasan pasien, ditunjukkan oleh nilai p = 0,003 pada komunikasi terapeutik dan p = 0,001 pada peran edukator, dengan mayoritas pasien (76,7%) melaporkan kepuasan tinggi sehingga kualitas komunikasi dan edukasi perawat menjadi faktor utama penentu kepuasan pasien. Dapat disimpulkan bahwa terdapat hubungan secara signifikan antara komunikasi terapeutik dengan tingkat kepuasan pasien dan ada hubungan secara signifikan antara peran edukator perawat dengan tingkat kepuasan pasien

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INTRODUCTION

A hospital is a health service institution that functions to provide comprehensive health services to individuals, including outpatient, inpatient, and emergency services. As a

health facility with a large responsibility, hospitals are required to carry out promotive, preventive, curative, and rehabilitative functions in an integrated manner ⁽¹⁾. The services provided do not only depend on technology or facilities, but

are also greatly influenced by the human resources working in them, one of which is the nursing staff.

Nurses play a crucial role as the healthcare professionals who interact most directly with patients. Therefore, their behavior, communication style, and ability to provide care significantly impact patient satisfaction. One of the primary factors determining patient satisfaction is the quality of care received from the hospital. This satisfaction can be achieved if the hospital is able to implement **excellent service**, which is the best service that aims to optimally meet patient needs and expectations ⁽²⁾. Excellent care is achieved when patients are satisfied with the care provided, both in terms of communication, attitude, and actions of healthcare professionals.

The nursing profession itself demands expertise, empathy, and a high level of responsibility. A professional nurse must possess excellent communication skills to build therapeutic relationships with patients. Therapeutic communication is a form of communication used by nurses during nursing interventions that are psychologically healing. Through this communication, nurses can understand patients' emotional states and help accelerate the healing process. Research by Tarigan et al. (2023) showed that more than half of respondents assessed nurses' therapeutic communication as inadequate, which resulted in low patient satisfaction levels. [3]

Another study by Sabrina and Nurbani (2024) showed that therapeutic communication contributed 37.3% to patient satisfaction ⁽⁴⁾. This means that the better the nurse's communication, the higher the patient's satisfaction. Effective communication enables nurses to determine appropriate actions, increases patient trust, and strengthens the relationship between healthcare providers and patients.

In addition to communication, education is also an important aspect of nursing care. Patient education is the process of conveying information or teaching aimed at improving a patient's ability to care for themselves. Good education can help patients understand their health condition, reduce anxiety, and increase adherence to therapy ⁽⁵⁾. According to research by Maisaroh (2022), patients who receive good education have higher levels of satisfaction than those who receive less than optimal education.

An international study by Wisely et al. (2020) even showed that delivering education using visual methods, such as preoperative videos, can significantly improve patient understanding compared to conventional methods. Patients who received additional educational videos felt they understood medical procedures better and had greater trust in the doctors or nurses treating them. [6]

However, the implementation of nursing education in Indonesia is still not optimal. Zendrato et al. (2019) reported that more than 60% of nurses have not provided active education or demonstrations to patients ⁽⁷⁾. However, providing effective education is part of professional nursing care that can improve patients' quality of life. Good communication and nursing behavior will strengthen the effectiveness of education, thus positively impacting patient satisfaction ⁽⁸⁾.

Patient satisfaction is an important indicator for assessing the quality of healthcare services. Gavurova et al. (2021) explain that patient satisfaction plays a role in building loyalty and trust in healthcare institutions and motivating medical personnel to perform better ⁽⁹⁾. Unfortunately, national data shows that patient satisfaction with paramedic services in hospitals remains relatively low. Indahwati (2021) noted that complaints about nursing services are among the top ten most common complaints in Indonesia,

with the number of cases increasing year after year. This situation illustrates the need to improve the quality of communication and education provided by nurses to patients and their families. [10]

The quality of healthcare services is measured not only by medical success, but also by the patient's emotional and psychological experiences during treatment. Nurses who are able to provide empathetic communication and clear education will help patients feel valued and cared for. This directly impacts patient satisfaction and loyalty to the hospital. Satisfied patients are more likely to return to the hospital in the future and recommend it to others ⁽¹¹⁾.

Palembang Harbor Hospital is a private hospital under the auspices of PT Pertamina Bina Medika - Indonesia Healthcare Corporation (PBM-IHC). This hospital is highly committed to providing professional and quality healthcare services, upholding the motto "Friendly, Caring, and Friendly." Based on a preliminary study conducted on August 12, 2024, of five inpatients, three patients stated that the nurses had behaved in a friendly manner, made eye contact, and provided good education. However, the other two patients still felt that the education provided was unclear and inconsistent.

These preliminary findings indicate that although most nurses have implemented therapeutic communication and education effectively, there are still areas that need improvement to ensure more equitable and effective nursing care. Therefore, further research is needed to examine the relationship between nurse communication and education and patient satisfaction levels in the inpatient ward at Pelabuhan Hospital Palembang.

METHOD

This study employed a quantitative analytical design with a cross-sectional approach, where the independent and

dependent variables were measured at the same point in time. The study was conducted in the inpatient ward of the Palembang Harbor Regional Hospital, with data collection from January 16, 2025, to January 22, 2025. A cross-sectional design was chosen because it allowed researchers to examine the relationship between therapeutic communication and the role of nurse educators on patient satisfaction through a single data collection without follow-up observations.

The population in this study was all inpatients treated at the Palembang Harbor Regional Hospital during the study period. The sampling technique used was accidental sampling, which involved selecting patients encountered by the researchers during data collection and meeting predetermined criteria. The sample size for this study was 30 inpatients. Inclusion criteria included patients being treated in the inpatient ward, being in a stable clinical condition, being able to communicate well, and being willing to participate. Exclusion criteria were patients who had undergone long-term care and patients who were discharged at their own request. Sampling was based on respondents' compliance with the inclusion criteria, with questionnaires distributed to patients who met these criteria. Although the accidental sampling method is practical and easy to implement, it has limitations in the form of potential selection bias, so the sample may not be fully representative of the entire population.

Data collection was conducted using printed questionnaires that had undergone validity and reliability testing. The research instrument consisted of three questionnaires: the therapeutic communication questionnaire, which consisted of 7 valid statement items with a Cronbach's alpha value of 0.745; the nurse educator role questionnaire, which consisted of 14 valid statement items with a Cronbach's alpha value of 0.768; and the patient satisfaction questionnaire, which

consisted of 15 valid statement items with a Cronbach's alpha value of 0.763. The questionnaires were distributed directly to respondents who met the inclusion criteria during the data collection period.

Data analysis began with univariate analysis to describe the distribution of respondent characteristics and each study variable. Bivariate analysis was then conducted using the Chi-Square test to determine the relationship between therapeutic communication and the nurse educator role with patient satisfaction. The strength of the

relationship between variables was analyzed using the Odds Ratio (OR) with a 95% confidence interval. All data analysis was conducted using SPSS version 27.0. This research has obtained ethical approval with the Code of Ethics No: 000398/KEP IkesT Muhammadiyah Palembang/2025, so that the implementation of the research has fulfilled the ethical principles of health research.

RESULTS AND DISCUSSION

Univariate Analysis

Table 1. Distribution Patients at Palembang Harbor Hospital (n = 30)

Variables	Frequency (n)	Percentage (%)
Age		
20-30 years	17	56.7%
31-40 years	8	26.7%
41-50 years	4	13.3%
51-60 years	1	3.3%
Gender		
Man	11	36.7%
Woman	19	63.3%
Level of education		
JUNIOR HIGH SCHOOL	4	13.3%
SENIOR HIGH SCHOOL	10	33.3%
D3	6	20.0%
S1	10	33.3%
Work		
Trader	6	20.0%
Private sector employee	12	40.0%
civil servant	1	3.3%
Housewife	7	23.3%
Teacher	4	13.3%
Health insurance		
BPJS	28	93.3%
General	2	6.7%

Based on the data in the table 1, it is known that respondents aged 20–30 years were 17 people (56.7%), aged 31–40 years were 8 people (26.7%), aged 41–50 years were 4 people (13.3%), and aged 51–60 years were 1 person (3.3%). When viewed from gender, there were 11 male respondents (36.7%) and 19 female respondents (63.3%). Viewed from the level of education, respondents with the latest education of junior high school were 4 people (13.3%), high school were 10 people (33.3%), D3

were 6 people (20.0%), and S1 were 10 people (33.3%). Based on the type of work, respondents who worked as traders were 6 people (20.0%), private employees were 12 people (40.0%), civil servants were 1 person (3.3%), housewives were 7 people (23.3%), and teachers were 4 people (13.3%). Based on the type of health insurance, the majority of respondents used BPJS, as many as 28 people (93.3%), while the remaining 2 people (6.7%) were general patients.

Bivariate Analysis

Connection communication therapeutic and role educator nurse with level satisfaction

patient in the room care Palembang Harbor Hospital inpatients tested with using the chi square test, the results can seen in table 2 below

Table 2. Connection Communication Therapeutic With Satisfaction Level Patient Inpatient Room

Communication Therapeutic	Satisfaction Patient				Total		p Value
	Low		High		N	%	
	N	%	N	%	N	%	
Not good	7	23.3	8	26.7	15	50.0	0.003
Good	0	0	15	50.0	15	50.0	
Total	7	23.3	23	76.7	30	100.0	

Based on table 2 above show that communication therapeutic nurse not good and satisfaction patient low as many as 7 people (23.3%), while communication therapeutic less good and satisfaction patient tall as many as 8 people (26.7%). Communication good therapeutic and satisfaction patient tall as many as 15 people (50.0%). Statistical test results with

using the *chi square* test show that expected value < 5 so value taken is Fisher's exact test value is 0.003, because mark *p Value* = 0.003 < 0.05, then can concluded that " there is connection communication therapeutic with level satisfaction patient in the room care Palembang Harbor Hospital inpatient . Strength connection from both of them is currently with *r value* = 0.483.

Table 3. Odd Ratio

Communication Therapeutic	Satisfaction Patient				Total		OR 95% CI (LL-UL)
	Low		Tall		N	%	
	N	%	N	%	N	%	
Not good	7	23.3	8	26.7	15	50.0	12,600 (1,999-79,436)
Good	0	0	15	50.0	15	50.0	
Total	7	23.3	23	76.7	30	100.0	

The odds ratio analysis shows that the value of OR = 12.600 with a 95% confidence interval ranging from 1.999 to 79.436. These results indicate that patients who receive good therapeutic communication have 12.6 times higher odds of experiencing high satisfaction compared to those who receive poor therapeutic communication. Because the lower and upper confidence

interval limits do not include the value of 1, the relationship between therapeutic communication and patient satisfaction is statistically significant. This finding demonstrates that therapeutic communication functions as an influential factor in determining the level of patient satisfaction.

Table 4. Relationship between the Role of Educator Nurse With Satisfaction Level Patient Inpatient Room

Educator Nurse	Satisfaction Patient				Total		p Value
	Low		Tall		N	%	
	N	%	N	%	N	%	
Not good	6	20.0	4	13.3	10	33.3	0.001
Good	1	3.3	19	63.3	20	66.7	
Total	7	23.3	23	76.7	30	100.0	

Based on table 4 above show that educator nurse less good and satisfaction patient low as many as 6 people (20.0%), while educator nurse not good and satisfaction patient tall as many as 4 people (13.3%). Educators good nurse and satisfaction patient low as many as 1 person (3.3%), while educator good nurse and satisfaction patient tall as many as 20 people (66.7%). Statistical test results with using the *chi*

square test show that expected value < 5 so value taken is Fisher's exact test value is 0.001, because mark *p* Value = 0.001 < 0.05, then can concluded that " there is connection role educator nurse with level satisfaction patient in the room care Palembang Harbor Hospital inpatient . Strength connection from both of them is currently with *r* value = 0.523.

Table 5. Relationship between the Role of Educator Nurse With Satisfaction Level Patient Inpatient Room of Palembang Harbor Hospital

Educator Nurse	Satisfaction Patient				Total		OR 95% CI (LL-UL)
	Low		Tall		N	%	
	N	%	N	%			
Not good	6	20.0	4	13.3	10	33.3	28,500 (2,649- 306,638)
Good	1	3.3	19	63.3	20	66.7	
Total	7	23.3	23	76.7	30	100.0	

Based on statistical test results using OR (Odd Ratio) obtained OR value = 28,500 with The Lower Limit (LL) and Upper Limit (UL) values are 2.649 - 306.638. Which means that role educator nurse is factor from satisfaction meaningful patients statistically . This is because Because the value obtained OR > 1 with LL and UL values include number 1.

Discussion

Therapeutic Communication

The study findings indicate that fifteen respondents, representing half of the total sample, demonstrated good therapeutic communication, while the remaining fifteen respondents exhibited poorer communication skills. This balanced distribution shows that nurses' communication abilities are not yet uniform. However, further analysis reveals that nurses who possess good therapeutic communication skills tend to contribute more positively to patient satisfaction. The three lowest scoring aspects within therapeutic communication were politeness, nodding, and the ability to create a calming atmosphere. These aspects are essential components of therapeutic

communication, and their low scores reflect gaps in the implementation of nonverbal communication that supports patient safety and comfort.

Several contributing factors influence the low scores in these aspects, including a high nursing workload, limited time available for interaction, and suboptimal continuity of training. A work culture that prioritizes technical tasks over interpersonal approaches also affects the application of nonverbal communication. Additionally, crowded and less conducive inpatient environments limit nurses' ability to create a calming atmosphere for patients.

Effective therapeutic communication serves as the foundation for building trusting relationships between nurses and patients. Interactions characterized by empathy, clarity of information, and consistent attention help reduce patients' psychological tension and foster positive perceptions of care. This process progressively enhances feelings of safety, emotional comfort, and trust in the healthcare providers' competence. These elements collectively contribute to higher levels of patient satisfaction with the services received

The results of this study are in line with previous research on therapeutic communication. Research conducted by Djala⁽¹³⁾ showed that of the 26 respondents (83.9%) who said they were satisfied with the nurses' therapeutic communication. Those who said they were less satisfied were 8 respondents (44.4%). Respondents who stated that nurses carried out therapeutic communication well were 31 respondents (63.3%). Those who stated that communication was less good were 18 respondents (63.3%). Professional communication for nurses is planned and carried out to help the healing and recovery of patients. With good therapeutic communication skills, nurses will more easily establish a relationship of mutual trust with patients.

According to Hayati et.al⁽¹⁴⁾ explains that the factors that influence communication in health services are perception, values, emotions, socio-cultural background, knowledge, roles and relationships and environmental conditions. Assessment of nursing services is determined by the accuracy in providing services in building good relationships with patients, as well as good therapeutic communication skills.

The researcher's assumption is that every nurse must have good therapeutic communication because therapeutic communication plays an important role in solving the problems faced. Basically, therapeutic communication is professional communication that leads to the goal of healing the patient. Therapeutic communication can be described through a situation where, in a communication, the nurse is able to get a clear picture of the condition of the patient being treated, such as complaints felt and so on. From this, the nurse will get a useful picture to determine what actions will be taken for the patient, with the aim that the nursing actions carried out are appropriate or on target so that they can help speed up the patient's healing process.

Role of Nurse Educators

Research result known that role educator There were 20 respondents (66.7%) who performed well , while 10 respondents (33.3%) performed poorly . These results indicate that the majority of nurses performed well as educators to patients. The primary task of nurse educators, in this case , educating patients and their families, has been well-executed. The three aspects of the questionnaire with the lowest scores, which contributed to poor nurse educator performance, were aspects 10, 11, and 5, namely providing examples and explanations of the disease.

The study shows that two-thirds of the nurses performed well in their educator roles, while the remaining one-third demonstrated suboptimal performance. The lowest scoring aspect was providing examples and explanations related to the patient's illness. Low scores in this aspect reflect limitations in nurses' ability to deliver practical and easily understood information. Constraints such as limited time, insufficient educational tools, and uneven pedagogical competencies among nurses contribute to the low performance in this area. Nurses often need to balance administrative duties and clinical procedures, leaving limited time for comprehensive education. Variations in patients' health literacy levels also require adaptable educational strategies, which some nurses may not yet be fully equipped to implement.

An effectively executed educator role enhances patients' understanding of their condition and the treatment procedures they will undergo. This improved understanding strengthens patients' sense of control over their health status. Greater self-control reduces uncertainty and anxiety. The reduction of anxiety facilitates psychological comfort, which shapes positive perceptions of the care provided. High-quality patient education also

improves adherence to medical instructions and contributes to better clinical outcomes.

The results of this study are in line with study previously, research conducted by Fibriansari et.al (2023) [14] show that statistical test results using Spearman Rank Correlation shows there is significant relationship between role nurse educator with level anxiety preoperative patients (p Value = 0.004 and $r = -0.617$). Based on results the obtained that There is connection between role nurse educator with level anxiety pre-operative patients with correlation moderate and negative which means the more tall role nurse educator so level anxiety patient the more decreased by 61.7%.

According to Nurhafizah et.al (2022) (18) Many influencing factors satisfaction respondents in providing educational programs patients and families, one of which is empathy or satisfaction. Caring a power medical influence level satisfaction patients and families somebody in A series care nursing care provided. Where care is in matter giving medicine and in welcoming and explaining to family impact to satisfaction itself.

Assumptions researchers the impact that occurs if nurse No give education and teaching to patient that is patient will feel worried with condition, patient feel Afraid moment done procedure treatment and care. What happens if nurse give education and teaching that is patient will motivated For maintain level optimal health, preventing disease, treatment disease and develop skills individual For nurse self and family in a way independent. Nurse as power giver care nursing expected capable operate his role as educator in give education and teaching health, in order to provide knowledge to patients and overcome anxiety patient.

Patient Satisfaction

Research result known that satisfaction tall patients as many as 23 respondents

(76.7%), while the low Seven respondents (23.3%) responded. These results indicate that the majority of patients had a high level of satisfaction because the nurses provided good service. The three questionnaire aspects with the lowest scores, contributing to low patient satisfaction, were aspects 4, 10, and 3, namely assurance and empathy.

Most patients reported high levels of satisfaction. However, certain aspects received lower scores, particularly assurance and empathy. The low scores imply that even though technical aspects of care may have been delivered properly, patients' perceptions of attentiveness, compassion, and confidence in the quality of services were not fully met. This condition may arise from inconsistent interpersonal communication, delayed responses in particular situations, and the delivery of information that does not fully instill a sense of security.

Patient satisfaction emerges from the interaction between emotional experiences and rational assessments of healthcare services. Positive experiences based on empathy, friendliness, clarity of information, and willingness to assist cultivate the perception that the care provided aligns with patients' expectations. When interpersonal communication is effective and educational information is conveyed clearly, patients feel valued and involved in their care process. These experiences strengthen overall patient satisfaction.

The results of this study align with previous research on patient satisfaction. Research conducted by Rahim (2021) showed that all attributes in the responsiveness dimension significantly impacted patient satisfaction levels ($p = 0.001$). This research is also supported by Agustawan (2022). (21) that the relationship between patient satisfaction with services in general is directly proportional to patient expectations regarding health education

activities which is known to be significant based on statistical tests ($p < 0.001$).

Patient satisfaction factors are determined by the overall service, namely administrative services/patient registration, doctors, nurses, medicines, facilities and equipment, facilities and the physical environment of the Hospital as well as administrative services (Rikayoni, 2020). Customer satisfaction indicators measured include satisfaction with smiles, greetings, health services and satisfaction with facilities in the Health Service Unit ⁽²⁰⁾. According to (Dzulhidayat, 2022) patient satisfaction factors are knowledge factors, workload factors and communication factors.

Researchers assume that in the current era of globalization, the rapid development of healthcare services in Indonesia and the rise in public complaints have led to increased expectations for quality and affordable hospitals. Patient satisfaction is fundamentally variable, as it is related to individual expectations and perceptions. Satisfaction is considered satisfied if the service provided meets or meets patient expectations.

Relationship Between the Nurse Educator Role and Patient Satisfaction

Research result show that There is connection communication therapeutic with level satisfaction patient in the room care Palembang Harbor Hospital inpatient because of p Value = $0.003 < 0.05$ and the relationship has a moderate level of closeness because the correlation coefficient value is 0.483 . This indicates that if therapeutic communication is good, patient satisfaction will be good. Based on statistical test results using OR (Odd Ratio) obtained OR value = 1.600 with The Lower Limit (LL) and Upper Limit (UL) values are 1.999 - 79.436. Which means that communication therapeutic is factor from satisfaction meaningful patients statistically . This is because Because the value obtained

OR > 1 with LL and UL values include number 1.

Therapeutic communication is defined as a process carried out to accelerate patient healing and is carried out with structured planning. Through therapeutic communication skills, nurses are expected to build relationships of mutual trust more easily and efficiently, avoid potential legal problems and improve professional nursing services, which will have an impact on improving the image of the nursing profession, which indirectly also improves the image of the hospital through increased patient satisfaction. Patient satisfaction is described as an important element in assessing the quality of services provided and is an opportunity that needs to be maintained in an effort to have loyal patients who will return as users of health services when needed. Even loyal patients also have the potential to share their experiences and recommend our health services to others ⁽¹²⁾.

This research is also in line with previous research conducted by researchers Agil et.al (2022) ⁽¹²⁾ that there is a significant relationship between nurses' therapeutic communication and the level of satisfaction of inpatients in the Bung Karno Ward, Rengasdengklok Proklamasi Hospital with a chi -square statistical test result of 0.015.

According to the researchers' assumptions, the implementation of therapeutic communication significantly influences patient satisfaction, thus influencing the number of patients willing to be hospitalized. Increasing nurses' attention to patients will also improve the quality of nursing care and nursing actions. This will increase the number of patients seeking treatment, thereby achieving the targets or goals set in the plan and strategy. The implementation of therapeutic communication by nurses can bring patient satisfaction because with good communication, patients will feel comfortable and at ease in the treatment

room, ultimately resulting in satisfaction with the health care they receive. The success of therapeutic communication can be seen from the number of patients willing to be treated and the satisfaction experienced by patients. This is inseparable from the nurse's obligation to implement therapeutic communication with all patients. Quality therapeutic communication is communication that is carried out based on operational standards and can satisfy patients.

Relationship between the Role of Educator Nurse With Satisfaction Level Patient Inpatient Room of Palembang Harbor Hospital

Research result show that There is connection role educator nurse with level satisfaction patient in the room care Palembang Harbor Hospital inpatient because of p Value = $0.001 < 0.05$ and the relationship has a moderate level of closeness because the correlation coefficient value is 0.523 . This indicates that the better the role of nurse educators, the higher patient satisfaction in the hospital. Based on statistical test results using OR (Odd Ratio) obtained OR value = $28,500$ with The Lower Limit (LL) and Upper Limit (UL) values are $2.649 - 306.638$. Which means that role educator nurse is factor from satisfaction meaningful patients statistically. This is because Because the value obtained $OR > 1$ with LL and UL values include number 1.

The education provided by nurses will increase clients' knowledge about how to care for and treat their illnesses. Clients will learn the best ways to manage their illnesses, thereby increasing their awareness and adherence to care and treatment (Hadidi, 2020). Therefore, patient satisfaction in hospitals depends on the service provided by the hospital. However, some services still do not meet patient expectations, and patient satisfaction still falls short of standards. [17]

This research is also in line with previous research conducted by researchers [15] The results of the study showed that there was a significant influence between the education program on patient satisfaction with a p value = 0.000 ($p \leq 0.05$) where the coefficient of determination showed the magnitude of the influence of the education program on patient satisfaction with an R square value = 0.133 .

According to the researcher's assumption, respondent satisfaction is influenced by the nursing services received by patients from nurses who directly serve them. What they receive is in line with their expectations for the best service from staff. This satisfaction arises from the reliability and responsibility of nurses, for example, nurses who handle problems appropriately and professionally, information about things that must be adhered to in care, staff who are willing to offer assistance when patients experience difficulties, and nurses who quickly address patient problems when they arrive in the room. The role of nurse educators can be realized by nurses providing education according to the needs and conditions of patients, having good educational skills at the right time and immediately providing information when patients and families need it.

These findings imply that enhancing the quality of therapeutic communication and the nurse educator role can significantly improve patient experiences during hospitalization. Strengthening nonverbal communication competencies, improving pedagogical skills, providing supportive educational materials, and creating a more conducive work environment represent strategic steps to elevate the quality of nursing care and increase patient satisfaction.

CONCLUSION

The results of the study showed that therapeutic communication and the role of nurse educators were significantly related

to patient satisfaction in the inpatient ward of Pelabuhan Hospital Palembang. In the aspect of therapeutic communication, a p value of 0.003 was obtained with a moderate relationship strength ($r = 0.483$), and an Odds Ratio (OR) value of 12.600 with a range of 95% CI 1.999–79.436, indicating that patients with nurses who communicate therapeutically well have a much higher chance of satisfaction. In the aspect of the role of educators, a p value of 0.001 with a moderate correlation ($r = 0.523$) and an OR of 28.500 (95% CI 2.649–306.638) indicated that a good educational role significantly increased the chances of patients feeling satisfied with the service. The majority of patients (76.7%) expressed satisfaction, in line with the high proportion of nurses who demonstrated a good educational role (66.7%) and adequate therapeutic communication (50%). These findings confirm that the quality of communication and education provided by nurses is a determining factor in patient satisfaction, so that improving nonverbal communication competency, providing clear and easy-to-understand education, and improving the work environment are strategic steps to improve the quality of nursing services and overall patient satisfaction.

SUGGESTION

The results of this study are expected to encourage future researchers to use different research designs, such as employing observational methods to obtain more natural and objective primary data. Future studies may also explore additional factors that could influence the level of patient satisfaction.

Furthermore, it is recommended that the hospital provide regular training for nurses on therapeutic communication and patient

education techniques in order to improve the quality of nursing services and enhance patient satisfaction.

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