

THE INFLUENCE OF NURSE RESPONSIVENESS IN THERAPEUTIC COMMUNICATION PRACTICES ON PATIENT SATISFACTION IN INSTALATION INSTALATIONS RSNU TUBAN

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ABSTRACT

Background: Patient satisfaction is one of the indicators measured in the Hospital Minimum Service Standards. In the Inpatient Installation (IRNA) of the Tuban Hospital there are 17 indicators but only 9 are met (52.94%). One of them is patient satisfaction with an achievement of 74.35% of the standard set by the hospital of 82%. One of the causes of not achieving patient satisfaction is the high number of patient complaints regarding aspects of the competence of nurses in providing services, a total of 61 complaints during 2014-2021.

Methods: The research questionnaire instrument used a Likert scale of 1-5 on the independent and dependent variables. The rating scale on the independent variable or nurse's responsiveness ranged from strongly disagree to strongly agree. Meanwhile, the rating scale for the dependent variable ranges from very dissatisfied to very satisfied.

Results: Based on the results of the study, it can be concluded that there is a significant effect of responsiveness or responsiveness of 0.003 ($\alpha=0.05$). to patient satisfaction. This shows that the better the patient's assessment of the responsiveness of the nurse, the more patient satisfaction will increase at the Inpatient Installation (IRNA) of the Tuban Hospital.

Conclusion: More than 20% of respondents' assessments are in the category of being satisfied with the nurse's response. The hospital needs to hold training on human resources, especially training in therapeutic communication between nurses and patients to maintain the quality of service at the hospital.

Keywords: satisfaction, therapeutic communication, inpatients, responsiveness

INTRODUCTION

Quality management in the field of health service provider organizations is currently an important issue due to changes in public demand, government policies, patterns of disease epidemiology, and competition between organizations providing health services. Health service provider organizations that are unable to meet these changes will be abandoned by their customers. Therefore, discussions related to quality management are important, one of which is useful for maintaining patient trust by continuing to improve services so that customer satisfaction will also increase. Satisfaction is defined as an effort to fulfill customer needs related to the fulfillment of customer expectations for the product or service received (Easter, Wowor, and Pondaag, 2017). Satisfaction is a subjective thing. There are various factors that can cause dissatisfied customers, one of which is

the responsiveness of nurses in providing services that take a long time (Eninurkhayatun, Suryoputro and Fatmasari, 2017).

RSNU Tuban was established on April 17, 1993, is a type B non-educational hospital with the Decree of the Minister of Health No. 1006/Menkes/SKIX/1998. RSNU Tuban has the main task of providing complete individual health services including treatment services and health recovery in accordance with hospital service standards. Therefore, the management of RSNU Tuban is also required to continue to improve following changes and developments in science and technology in order to retain customers.

Based on the 2017 Performance Report data, there are 302 MSS indicators for RSNU Tuban with the realization of achievements of 70.86% of the target set at 88.00%. There are 29 work units that do not meet the standard of achievement of the MSS indicators, one of which is the Inpatient Installation (IRNA)

which only meets 9 of the 17 indicators or around 52.94%.

There are 8 indicators that have not been met by the inpatient installation of the Tuban Hospital, one of which is an indicator of patient satisfaction of 74.35% of the standard that has been set at 82.00%. Satisfaction is a subjective matter because each individual will have his or her own assessment of the services received. There are various factors that can affect the level of patient satisfaction. One of them can be caused by an increase in the number of patient visits which will have an impact on the quality of health services provided by providers to patients. This can be due to limited or fixed service time while the provider's workload is high which will also have an impact on patient satisfaction with the services received.

There are 15 indicators of achieving the quality target of the Inpatient Installation of the Tuban Hospital, including the service providers at IRNA are specialist doctors; a certified nurse at least D-3; there is a doctor in charge; patient death 48 hours; dicubitus events; the incidence of phlebitis; the incidence of nosocomial infections; cure rate of diarrhea patients in 3 days; absence of patient falling out of bed ' absence of patient falling from bathroom ; punctuality of doctor's visite; the incident of forced discharge of the patient; the achievement of the settlement of the complaint; and Community Satisfaction Index (coordination with R&D). there are 4 indicators of achieving the quality target of the Tuban Hospital Inpatient Installation that have not been achieved, one of which is the Community Satisfaction Index (IKM) in 2017 of 73.14% of the standard set at 85.00%.

The responsiveness aspect relates to the responsiveness of hospital health workers in this case doctors, nurses, or other medical personnel to immediately come to serve when needed by the patient. Responsiveness can also be related to health workers visiting the patient's inpatient room to offer help or ask about the patient's condition without being asked (Supriyanto and Ernawaty, 2010). Based on the results of

interviews with the Head of Public Relations of the Tuban Hospital, there are 4 main factors that patients complain about related to nurse services, including nurses who are considered less friendly (forgetting to greet patients), the services provided by nurses are sometimes considered less comfortable to patients (at the time of writing). giving injections), nurses are lacking in providing explanations regarding the actions to be given to patients,

Handling patient complaints regarding the responsiveness aspect is a form of hospital care to always improve by providing the best service. Good complaint handling will provide opportunities to turn dissatisfied patients into satisfied or even increase to loyal patients. So that it becomes a must for the hospital management to conduct an evaluation to find out the causative factors so that further improvements can be made. In addition, handling complaints will also provide opportunities to turn dissatisfied patients into satisfied ones or even increase into loyal patients.

RESEARCH METHODS

The writing of this scientific article uses analytical research methods to find the effect of the independent variable on the dependent variable with a cross sectional study design. The research was conducted in April 2021 in the Shofa and Marwah buildings of the Tuban Hospital Inpatient Installation. The population in this study were all patients who received services at the Tuban Hospital Inpatient Installation in 2021 in one month on average there were 1,212 patients. Sample calculation was done by probability sampling using simple random sampling technique using the Lemeshow formula, obtained a total of 69 patients. The research sample was the inpatient installation of the Tuban Hospital, aged more than 18 years (≥ 18 years), able to communicate consciously,

The technical analysis of the data in this study consisted of 3 stages of analysis, namely descriptive analysis which was

carried out to describe factors related to the individual characteristics of patients who were willing to become respondents in the study including age, gender, education, occupation, marital status, and type of patient payment. Furthermore, the distribution of the patient's assessment of the responsiveness variable on a scale of 5 got a value of 20% so it can be concluded as a strategic issue. The second analysis is the inferential analysis, which is carried out because this study aims to determine the effect of the independent variable on the dependent variable so that statistical test analysis is carried out. The independent variable in this study is the responsiveness of nurses. While the dependent variable in this study is patient satisfaction. Test the effect of the independent variable on the dependent variable using multiple linear regression test. Furthermore, the interpretation of strategic issues that need to be improved is obtained based on the test of the effect of the responsiveness variable on the satisfaction variable which shows a significance value of <0.05 (significant) and descriptive analysis for each question in the responsiveness component that gets patient ratings on a scale of 5 20%. The interpretation of this strategic issue is based on the Pareto principle. The Pareto principle was put forward by an Italian economist-sociologist named Alfredo Pareto in 1906. Alfredo Pareto is a Professor in Political Economy in Lausanne, Switzerland. The Pareto Principle is also known by various terms such as The Principle of Least Effort and The Principle of Balance. Pareto Principle (Pareto Principle) started in 1906, Alfredo Pareto observed that 80% of income in Italy belongs to 20% of the total population of Italy. Therefore the Pareto principle is also known as the 80:20 rule which means that 20% of the problems have 80% of the impact and only 20% of the existing problems are considered important so that the rest are considered easy problems. The Pareto principle was later developed by a business management expert named Joseph M. Juran, known as the "Juran Assumption" as an instrument for classifying

quality-related problems in manufacturing and service organizations. The main principle in Pareto's 80:20 rule is that maximizing 20% of your effort will give you 80% of maximum results. In its implementation, The pareto principle can also be applied in various ways, such as 80% of customer complaints arise from 20% of the products or services provided; 80% of the resulting output is obtained from 20% of the input; 20% of system defects will cause 80% of problems; and 20% of maximizing the product or service it will achieve 80% of the profit.

The Pareto principle is a comparison model that is widely used, including health services. There is a scale of 1-5 on the research questionnaire which will then be added to each variable for each respondent

RESULTS AND DISCUSSION

Responsiveness

Responsiveness or responsiveness is defined as a form of desire or willingness that is carried out consciously by someone to help and provide services (Luan et al., 2018). Responsiveness is a willingness to help and provide fast (responsive), precise, and clear delivery of information to customers. Responsiveness or responsiveness of health workers in this case nurses in therapeutic communication practice can include 5 basic things such as; nurses come immediately when patients need; nurses regularly visit patients without being asked; nurses immediately offer help without being asked when the patient has difficulty doing something; nurses will actively ask patients about things that need help;

In addition to the five basic aspects of responsiveness mentioned above, responsiveness covers a wider range of issues related to the quality of services in the health sector. Indicators of responsiveness or responsiveness include the ability of nurses to help and provide complete services such as; nurses are able to provide a fast response in every service provided; nurses are able to

act swiftly; nurses should provide opportunities for patients to ask questions regarding information or their health conditions; nurses pay attention to the needs and complaints of patients; and nurses are polite and friendly to patients to establish two-way communication that aims to heal patients (therapeutic communication) (Khumayrah, 2015)

Responsiveness is the most dynamic quality assessment. This is because the assessment of each individual tends to be different from one patient to another regarding the standard of responsiveness of health workers in providing services in accordance with procedures. Responsiveness is the patient's perception of the ability and reliability of nurses to be responsive and alert to various things including complaints and patient needs.

Therapeutic Communication

Communication is defined as an interpersonal process that involves two or more people and contains elements of verbal and non-verbal communication. This communication element serves to translate information, ideas, or ideas to be conveyed. The purpose of communication is the delivery of information from the sender (sender) to the recipient (receiver) through a medium. The information conveyed can be received in its entirety or even partially lost due to disturbing factors such as the absence of basic elements of communication.

The basic elements of communication include; Referent (Referent) is something that can motivate individuals to carry out the communication process with other individuals; The sender is an individual who will convey a message in the form of information, ideas, or ideas. The sender must also understand the accuracy of the message content and the emotions contained in the message to be conveyed; Can also be called an encoder, a message (Message) is information, ideas, or ideas to be conveyed containing verbal, non-verbal, and symbolic meanings; Media (Channel) is a means of

delivering and receiving messages, namely the senses of sight and hearing; Receiver (Receiver) also called decoder is an individual or other party who translates the code of the message conveyed by the sender; And feedback (Feedback) is a process of reciprocal interaction or returning messages from the recipient to the sender (Potter and Perry, 2010). This element is an indicator that the message that has been previously conveyed by the sender can be well received and its meaning is understood by the recipient.

The communication process occurs anywhere and anytime, including in the health sector. Intense communication will be established between patients and health workers, especially in inpatients. This is because the patient is more than 24 hours in a treatment room that requires continuous nursing care assistance. Effective communication is one of the most important elements in nursing practice. The ability or skill to communicate effectively is part of the standard of building and maintaining a healthy work environment. Effective communication is a tool to achieve a helping-healing relationship between patients and nurses (Kusmiran, 2017).

The theory related to nurse-patient interpersonal communication is known as Hildegard Peplau's Theory of Nurse-Client Relationship proposed by Hildegard Peplau. The theory views the nursing care process as an interactive and collaborative process between the patient and the patient. The nurse-patient relationship begins with a change in the patient's health status and the availability of nurses with the ability to provide nursing care. Patients with various characteristics indirectly become a challenge for nurses in adjusting to their role when communicating. Nurses must be able to recognize, accept, and encourage the patient's healing process.

Therapeutic communication is a form of interpersonal communication between patients and nurses so that both will gain experience to learn from each other (Paju

Dwiantoro, 2018). Therapeutic communication is defined as a form of communication carried out by health workers with patients or between health workers with the aim of achieving patient recovery. Therapeutic communication is a specific response process that encourages the expression of feelings, ideas, and delivery of acceptance and appreciation (Potter and Perry, 2010). The process focuses on the patient but is planned and directed by health workers (Damayanti, 2010). The therapeutic communication process as a process of conveying confidentiality because the patient knows all the information provided by the nurse as medical record material that should not be known by other people or unauthorized persons. Therapeutic communication makes it easier for nurses to establish a trusting relationship with patients so that nurses are more effective in carrying out nursing care.

Besides that, with therapeutic communication, patients will feel helped in clarifying and understanding their health conditions so that they will reduce feelings of doubt, anxiety, and fear related to the condition and all healing actions that will be or are being received. In addition, it can also identify, express feelings, and examine problems and evaluate the actions taken by nurses, assist patients in taking action decisions, and influence patients in taking action decisions (Damayanti, 2010).

In addition, with the practice of therapeutic communication that aims to provide excellent service, it will have an impact on the sustainability of an organization that provides health services. This is because patients will feel satisfied and helped so that patient loyalty can be increased (Supriyanto and Ernawaty, 2010). One indicator of therapeutic communication is responsiveness.

According to Hildegard Peplau, there are five phases of therapeutic communication, namely orientation phase, identification phase, exploitation phase, resolution phase, and termination phase. These five phases are important for nurses to

understand in the practice of therapeutic communication to achieve healing and patient satisfaction.

In the orientation phase, the patient begins to recognize or recognize the need for nurse help; the limited resources available are acceptable to the patient; and there will be a process of initiation of the nurse-patient relationship. In the identification phase, the patient has limited knowledge regarding the need for nursing care to deal with problems or complaints that are felt and the patient's confidence in the skills and knowledge of nurses begins to appear. In the exploitation phase, there is an increase in the patient's trust and comfort in the nurse; patients can take advantage of the services provided by nurses; as well as the process of combining learning experiences between nurses and patients. In the resolution phase, the initial goals between the nurse and patient have been fulfilled so that the patient feels safe; begin to form new goals to be achieved; as well as an increase in independence and a decrease in patient dependence on nurses. In the termination phase, the patient and nurse evaluate together the things that have been done to achieve healing so that the nurse and patient will begin to end their relationship.

Based on Supriyanto and Ernawaty (2010) in their book entitled "Marketing the Health Service Industry" in addition to responsiveness, there are also 3 other indicators that become elements in therapeutic communication, namely attending skills, namely indicators related to the complete appearance of both physical and psychological health workers (doctor or nurse) when communicating with the patient and the patient's family. Attending skills can be identified based on the SOLER acronym, namely S - Sit Facing the Client or Squarely, this posture will give the impression that the nurse is willing to listen and interested in continuing to listen, provide feedback, and feedback on the patient's topic of conversation; O - Observe an Open posture, this posture will give the impression that the nurse is open to the patient's topic of

conversation by not folding her legs or arms or wearing her hands on her hips during the communication process; L – Lean Toward the Client, physical appearance that shows the impression that the nurse has the desire to say or hear something from the patient; E – Establish and Maintain Intermittent Eye or Eye Contact, the absence of eye contact between the nurse and the patient during the communication process will give the impression that the nurse is less or not interested in the topic of conversation. Eye contact shows that the nurse respects the patient; R – Relax, nurses must be able to control the balance between tension and comfort in responding and taking action to patients. The second indicator is Respect which is related to the respectful attitude and behavior of health workers towards patients which includes hospitality and courtesy during the communication process. The next indicator is Empathy which is related to the attitudes and behavior of health workers to be willing to listen, understand, understand, and pay more attention to patients. Nurses are willing to listen to patient complaints and help to reduce or cure their complaints.

There are several principles of therapeutic communication such as communication must be characterized by mutual acceptance, trust and respect; nurses must be able to create an atmosphere that allows patients to develop freely without worry and patients are motivated to change themselves for the better; nurses must be able to understand empathy as a therapeutic action while sympathy is not a therapeutic action; nurses must know themselves and understand their values; nurses must be aware of the importance of the patient's physical and mental needs; and honesty and openness are the main aspects in the practice of therapeutic communication.

Analysis of the effect of responsiveness using a simple linear regression statistical test. In addition, analysis using linear regression can also be used as a modeling situation where there are variables that are influenced and those that

affect. The independent variable in this study is the responsiveness or responsiveness of nurses which is denoted by Y. While the dependent variable in this study is patient satisfaction which is denoted by X.

The questionnaire instrument in this study used a Likert scale of 1-5 on the independent variable and the dependent variable. The rating scale on the independent variable or nurse's responsiveness is 1 = strongly disagree; 2 = disagree; 3 = disagree; 4 = agree; 5 = strongly agree while the rating scale on the dependent variable or patient satisfaction is 1 = very dissatisfied; 2 = dissatisfied; 3 = not satisfied; 4 = satisfied; 5 = very satisfied.

The results of the statistical test of the effect of nurse responsiveness on patient satisfaction showed a significant value (p) of 0.032 so it was smaller than $\alpha = 0.05$. So it can be concluded that there is an effect of nurse responsiveness on patient satisfaction. The assumption test was also carried out using the SPSS.21 application and showed the results that the six assumptions of linear regression were met.

The influence of nurse responsiveness in performing nursing services on patient satisfaction in accordance with one of the dimensions of service quality in the health sector or service quality. Responsiveness is defined as the responsiveness and ability of health workers to provide services according to procedures, this will affect customer satisfaction. The description of the responsiveness component of nurses at the Inpatient Installation (IRNA) of the Tuban Hospital is quite good. This is because there are only 2 aspects that received an assessment of 20% of patients from 5 aspects assessed. The problem issue in the responsiveness component of nurses at the Inpatient Installation (IRNA) of RSNU Tuban is that nurses immediately come when the patient needs a less rating of 17.39%. The component of responsiveness or responsiveness of nurses is the most important component in a service because it is very dynamic. Each individual's assessment

of the fast or slow aspect of a service can vary depending on the perception of each individual. Therefore, the responsiveness of nurses is an important thing in supporting the quality of nursing services. The responsiveness of a nurse when a patient is in need shows the nurse's reliability and ability to be alert to various situations and conditions, including attitudes in handling patient needs and complaints. Therefore, the responsiveness of nurses is an important thing in supporting the quality of nursing services. The responsiveness of a nurse when a patient is in need shows the nurse's reliability and ability to be alert to various situations and conditions, including attitudes in handling patient needs and complaints. Therefore, the responsiveness of nurses is an important thing in supporting the quality of nursing services. The responsiveness of a nurse when a patient is in need shows the nurse's reliability and ability to be alert to various situations and conditions, including attitudes in handling patient needs and complaints.

In addition, nurses regularly visit patients without being asked also still get a less rating of 15.94%. It also shows that nurses are considerate and provide patient-focused care. Nurses regularly come to visit to check the patient's condition without being asked to show a high sense of concern so that the patient and the patient's family feel satisfied and cared for. The attitude of nurses who are indifferent and let patients wait is a negative perception of service quality. This attitude can affect patient satisfaction with the services that have been obtained.

The responsiveness dimension is the most dynamic quality assessment because customer expectations tend to increase in line with advances in health technology. The customer, in this case the patient, will certainly expect fast but appropriate service, but the quality of service that is actually provided or obtained can be inappropriate or lower so that the customer will give a bad score for the experience. The assessment arises because the customer's expectations

are not or have not been fulfilled, causing a sense of dissatisfaction with the health service provider organization. On the other hand, when the quality of service provided or obtained is equal to or even more than the expectations for service, customers will tend to feel satisfied and even loyal.

This arises because health service provider organizations are able to provide added value that creates a deep impression for customers and tends to make customers reuse services and tell others about their experiences. This of course will have a positive effect on the sustainability of a health service provider organization where competition is very tight in the current era. The results of this study are in line with research that has been carried out at the Emergency Installation (IGD) of the Tuban Hospital which showed that patient satisfaction is closely related to the quality of nursing services provided to patients, including accuracy and speed in providing services (Mumu, Kandou and Doda, 2015).). The responsiveness of nurses has a positive influence and significance on patient satisfaction so that the better the patient's perception of the responsiveness, the satisfaction will tend to be high. However, if the patient's perception of responsiveness is poor, satisfaction will also tend to be low.

The element of communication in health services is one of the important factors. This is because the communication process in nursing care can be used as a medium to change patient behavior so that healing can be achieved. The practice of nurse therapeutic communication can be applied in various elements of hospital services, but it becomes very important to pay attention and practice in Inpatient Installations (IRNA) because the intensity of interaction between patients and nurses is very high.

CONCLUSION

The conclusion of the study is that there is an effect of responsiveness or responsiveness of nurses in performing

nursing services on patient satisfaction in the Tuban Hospital Inpatient Installation. Research respondents are satisfied (patient assessment > 20%) of the component of patient responsiveness and there are only 2 issues that need improvement efforts to maintain and increase patient satisfaction. These results were obtained after simple linear regression statistical tests were carried out on 69 questionnaires that had been filled out by the patients of the Tuban Hospital Inpatient Installation who met the research inclusion criteria. Therefore, the management of the Tuban Hospital needs to hold Human Resources training related to nurse-patient therapeutic communication skills in order to maintain and improve the quality of service,

Aspects of responsiveness or responsiveness of nurses included in the performance of nurses. It is expected that the head of the Inpatient Installation can implement monitoring and evaluation with an explanative approach by explaining why something happened (there are patient complaints about nurse responsiveness); why the change occurred (complaints about nurse responsiveness fluctuated for 4 years); and why there is no change (for 4 consecutive years the responsiveness aspect has always been in the first place with the highest number of complaints). The essence of the monitoring and evaluation system using an explanatory approach is to answer the question "why" something happens (Moerdiyanto, 2018).

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