

Nurses Communication Model to Increase Patient Satisfaction: Evidence from Indonesia Hospital

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Abstract

Communication is an effective and important model in the field of nursing services because it is the basis for nurses to foster interpersonal relationships with patients and families. Communication is one way that allows nurses to deliver and receive messages so that maintenance activities can run well. Patient dissatisfaction with communication reduces patient loyalty and patient trust in nurses and decreases patient comfort levels. The purpose of this study is to develop a nurse communication model to improve patient satisfaction. This study uses an observational analytic design, consisting of 100 respondents consisting of 5 adult inpatient rooms with sampling techniques using simple random sampling. Data were analyzed using Partial Least Square (PLS). The results of the study show that nurse factors, patient factors and good social factors can increase the interaction that occurs between nurses and patients. Increasing nurses' communication skills can be influenced by good interactions between nurses and patients in the adult inpatient Syarifah Ambami Rato Ebu hospital. Good communication skills carried out by nurses will increase patient satisfaction as users of hospital services. For further researchers to continue the research by implementing a nurse communication module to determine differences in communication skills of nurses and patient satisfaction before and after being given a nurse communication module.

Keywords: Nurse communication, Nurse-patient Interaction and Patient Satisfaction.

Introduction

Communication is an individual effort to maintain and retain individuals to continue to interact with others and important components in nursing practice. Therapeutic communication is an important tool for fostering therapeutic relationships and can affect the quality of nursing services. One of the goals of therapeutic communication is to form an interaction, interdependence with the capacity to give and receive. A nurse in carrying out therapeutic communication must have the ability, among others: sufficient knowledge, adequate skills and good communication techniques and

attitudes. The good communication skills of nurses are one of the success factors in implementing the nursing process which includes the stages of assessment, formulation of diagnoses, planning, implementation and evaluation^{1,2}

Nurses must improve their performance in providing nursing care, especially when communicating with patients. Nurses are one of the health workers who are often in contact with patients so that patients communicate more with nurses. Lack of communication between hospital staff and patients is one reason for the general complaints of patients in hospitals. Patients are often dissatisfied with the quality and amount of information received from health workers^{1,3}

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The phenomenon that occurs in the Indonesia hospital is a breakdown of the communication of nurses, namely that the communication carried out by nurses has not yet fully paid attention to the techniques and

stages that are good and right, so that the client lacks the correct information, or lacks the proper service. This is supported by the results of research conducted that, four nurses' errors were identified when implementing communication namely, non verbal (eye contact, facial expression and paralanguage), verbal (active listening and incorrect choice of words) and content (poor quantity and quality of information provided); and bad attitude (lack of respect and empathy)²

The results of a preliminary study conducted at Indonesia hospital, 9 patients (60%) considered that nurses were more focused on treatment activities so that they lacked attention and ignored the importance of communication. A total of 10 patients (66.7%) were still dissatisfied with nurse communication. Some things that also influence nurse communication are nurse factors, patient factors and social factors. A dissatisfied patient will, in turn, produce an attitude that is not compliant with all nursing procedures and medical procedures such as refusing to insert an IV, refusing to take medication, refusing to be compressed hot or cold and so on. Eventually, the patient will leave the hospital and look for quality services elsewhere.

The solution that can be done to increase patient satisfaction starts by increasing the ability and skills. These skills must be learned and trained continuously through the ability to learn independently, refresh and training. Besides that, an increase in the understanding of nurse and patient factors is also needed to improve nurse communication^{2,3}. Interaction of nurses with patients must also be considered in order to form therapeutic communication between patient nurses. Enhancing nurses' communication skills will increase patient satisfaction^{1,4}

Materials and Method

This study used an observational analytic design, consisting of 100 respondents consisting of 5 adult inpatient rooms with sampling techniques using simple random sampling. Variables in this study include nurse factors, patient factors, social factors, patient-nurse interactions and nurse communication in providing nursing care. The research instrument used a questionnaire. Research data were analyzed using *Partial Least Square(PLS)*.

Findings

Description of Research Variables:

Table 1: Frequency distribution of nurse factors, patient-nurse interactions and nurse communication skills in developing nurse communication models to improve patient satisfaction

Variables	Good		Fairly		Less		Total	
	F	%	F	%	F	%	F	%
Nurse factors	16	16	54	54	30	30	100	100
Nurse patient interactions	19	19	44	44	37	37	100	100
Nurse communication skills	16	16	34	34	50	50	100	100

Based on table 5.4 shows that the development of nurse communication models in inpatients at ambulances in the ambassador rato ebu hospital in the nurse-patient interaction shows almost half are in the

sufficient category at 44%. On communication skills, nurses showed half of them in the category of less, namely 50%.

Analysis of the measurement model (Outer model):

Table 2: Results of convergent validity on the development of the nurse communication model to improve patient satisfaction at the Syamrabu Bangkalan Regional Hospital in 2019

Variable Name	Indicator	Loading Factor	Category Category
Nurse Factor (X1)	X1.1 Perception	0.950	Valid
	X1.2 Decision	0.942	Valid
	X1.3 Actions	0.959	Valid
Patient Nurse Interaction (Y1)	Y1.1 Interaction	0.999	Valid
	Y1.2 Communication	0.983	Valid
	Y1.3 Transaction	0.995	Valid
	Y1.4 Role of	0.995	Valid
	Y1.5 Stress	0.975	Valid
Communication Capability of Nurse (Y2)	Y2.1 Attending skill	0.919	Valid
	Y2.2 Emphaty	0.954	Valid
	Y2.3 Respect	0.832	Valid
	Y2.4 Responsivness	0.970	Valid

Table 2 can be known Indicators with outer loading values > 0.5 indicate that these indicators in the structure have met the validity test. The conclusion of this analysis is that the indicator above validly measures its latent variables and shows the criteria of goodness of a measurement model (outer model).

Table 3: Results of Average Variance Extracted (AVE), composite reliability and Cronbach’s alpha model for developing nurse communication models to improve patient satisfaction in Syamrabu Bangkalan Hospital in 2019

No.	Variable	Cronbach’s Alpha	Composite Reliability	Average Variance Extracted (AVE)	Description
1	X1	0.940	0.962	0.894	Reliable
2	Y1	0.995	0.996	0.979	Reliable
3	Y2	0.941	0.957	0.847	Reliable

Table 3 value composite reliability and Cronbach’s alpha showed > 0.7 so that it can be concluded that all the latent variables (factors nurse, nurse-patient interaction and communication skills of nurses) have met the reliability test. The next check of convergent validity is the average variance extracted (AVE) value. AVE values above 0.5 are highly recommended. Based on the table above, the AVE value for all constructs or latent variables is above 0.5.

Testing the structural model (inner model):

Table 4: Hypothesis test results of the development model of nurse communication models to improve patient satisfaction at the Syamrabu Bangkalan Hospital in 2019

No.	Variable	T-statistic	Remarks
1	Effect of nurse factors (X1) on patient-nurse interactions (Y1)	2.916	There is an influence
2	Effect of patient-nurse interaction (Y1) on nurse communication (Y2)	2.897	There is an Influence of

Table 4 Nurse factors (t statistic 2,916 > 2.0), so the nurse factor has a significant influence on patient-nurse interactions. Interaction of patient nurses (t statistic 2.897 > 2.0) so that it has a significant influence on the patient's nurse communication skills.

Discussion

The Influence of Nurse Factors on Patient Nurse Interactions in Adult Inpatient Rooms Syarifah Hospital Rami Eato Bangkalan

Based on the results of the study showed the influence of nurse factors on nurse interactions. T-test results obtained t value $t = 2.916$ greater than 2.0. Nurse factors with variable perceptions, decisions and actions influence the interaction of nurse patients with indicators of interaction, communication, transactions, roles and stress. This is consistent with King's theory that nurse factors can influence patient-nurse interactions^{1,2,4}

The most determining factor for nurses is an indicator of nurses' actions in providing nursing care with the value of cross loading 0.959. Indicators on nursing actions such as nurses ask complaints that are felt by patients, nurses provide information related to patients, deliver plans of action to be taken, ask permission when taking action and ask patient complaints when taking action. Nurses are required to carry out therapeutic communication in performing nursing actions so that patients or their families know what actions will be performed on patients in a way that nurses must introduce themselves, explain the actions to be taken, make a time contract for nursing actions^{5,6}. One of the goals of communication carried out by nurses is to convey ideas or information to patients. By providing information carried out by nurses and delivering action plans to be taken, this is one way to equate ideas that are in the minds of nurses and patients. If this has been done, the nurse will be able to foster a trusting relationship and will make it easier for nurses to carry out and succeed in the treatment program^{7,8,9}.

There are 3 main elements that interact with each other in performance namely patient (Customer), nurse officer (customer service) and management (management). One of the important things in the interaction between patient nurses is the performance of health care workers or nurses. Interaction between officers and patients is a very deep thing that patients feel when receiving service^{10,11,12,13}. This process is strongly influenced by the behavior of nurses in carrying out services or carrying out nursing actions. Communication

by nurses when performing actions has optimal results to increase the interaction of nurses and patients^{11,13,15}.

The Influence of Patient Nurse Interactions on Communication Capabilities of Nurses in Adult Inpatient Rooms Syarifah Hospital Ambami Rato Ebu Bangkalan

Based on the results of the study showed the influence between interactions nurses to nurse communication skills. T-test results obtained t value = 2,897 greater than 2.0. Nurse-patient interactions with indicators of interaction, communication, transaction, role and stress indicators influence nurses' communication skills with attending skills, respect, empathy and responsiveness indicators. This is consistent with King's theory that improving nurses' communication skills can be influenced by patient-nurse interactions^{14,16,17,18}

The most decisive interaction factor is an indicator of the interaction itself namely the patient's perception of the nurse's behavior when communicating with the patient during nursing care with the value of cross loading 0.999. Indicators of nurse interaction include nurses maintaining eye contact with patients, nurses showing honest faces, nurses facing patients, nurses bowing toward patients and nurses respecting patients.

Positive interactions conducted by nurses such as visual eyes that looked at the eyes of the patient while the nurse was next to the patient, proximity with speech were nurses standing at least as far as the patient's arm when interacting with the patient. This must be done by nurses to improve their communication skills^{17,18}.

Maintaining proper eye contact is a powerful way to communicate respect and that nurses pay attention to patients. The eyes that are not focused on the patient give meaning as loss of interest or attention. Proper eye contact is very different from staring. Staring is insensitive and sometimes breaks up. Nurses must always have eye contact readiness when interacting with patients. In depressed patients, they will always look down. If they momentarily look up and the nurse's eye contact does not look at the patient, then the patient will lose confidence in the nurse^{20,21}.

Nurses are required to have good interactions with patients. Presence or attitude really exists for patients, is part of the interaction. Nurses must not look confused; instead, the patient must feel that he is the nurse's main focus during the interaction. In order for nurses to play an active and therapeutic role, nurses must analyze

themselves which include self-awareness, clarification of values, feelings and being able to become a responsible model. All behaviors and messages conveyed by nurses should be therapeutic for patients. An interactive process between patients and nurses that helps patients overcome stress while living harmoniously with others, adjusting to something that cannot be changed and overcoming psychological obstacles that hinder realization^{19,23,24}.

The results showed that the communication skills of nurses who made the most decisive contribution were indicators responsiveness with cross-loading 0.970 which included nurses paying attention to and responding to complaints submitted by patients, when patients had difficulties in facing their health problems nurses offered assistance without asking, after the nurse submitted the nursing plan patients, nurses ask things that can be helped, nurses come immediately when called patients and nurses look at patients to ask and check the patient's condition without being asked.

According to Egan (1998) in his book skilled helper one of the therapeutic communication indicators is responsiveness. ability Responsiveness (responsiveness), the attitude and behavior of hospital personnel to immediately serve when needed. If this is not done well, patients will feel less appreciated so that patients feel dissatisfaction, especially in terms of nurses' responsiveness in caring for patients^{13,14,24}.

Conclusion

Nurse communication model has been developed in the hospital by producing nurse communication modules in providing nursing care. The nurse communication model is influenced by nurse factors by mediating patient-nurse interactions. Nurse factors which include good perceptions, good judgment and good actions by nurses will increase interaction between nurses and patients Good interactions between nurses and patients will improve nurses' communication skills in providing nursing care.

Conflict of Interest: The Author (s) declare that they have no conflict of interest

Source of Funding: Others source,

Ethical Clearance: This study was approved by the institutional review board of Ethical Approval (No.1251-KEPK). The research received a certificate from the Airlangga University ethical permission.

References

1. Abuqamar M., Arabiat D. H, & Holmes, S. Parents' Perceived Satisfaction of Care, Communication and Environment of the Pediatric Intensive Care Unit at a Tertiary Children's Hospital. *Journal of Pediatric Nursing* 2016;31(3), e177 – e184.
2. Andreas. Patients 'perceptions about the implementation of nurses' therapeutic communication in nursing care to patients in the emergency department . *Mardi Rahayu Holy*: 2009
3. Arwani. *Nursing communication*. Jakarta: EGC: 2002
4. Awdish RL, Buick D., Kokas M., et al. A Communications Bundle to Improve Satisfaction for Critically Ill Patients and Their Families: A Prospective, Cohort Pilot Study. *Journal of Pain and Symptom Management* 2017;53 (3), 644–649.
5. Blais Koenig Kathleen. *Professional Nursing Practices, Concepts & Perspectives*. Issue 4. Jakarta. EGC. 2007. Ministry of Health. (2007). *Indonesia Health Profile Jakarta*: 2005.
6. Dwidiyanti M. *Basic nursing: the concept of "caring"*. Communication, ethics and spiritual health services. Semarang: hasani: 2008
7. Egan G. *The Skill Helper*. Boston: Brooks/Cole Publishing company: 1998
8. Goh M. L, Ang,, Chan Vehviläinen K. A descriptive quantitative study on multi-ethnic patient satisfaction with nursing care measured by the Revised Humane Caring Scale. *Applied Nursing Research* 2016;31, 126–131.
9. Griffin, M., & McDevitt, J. An Evaluation of Quality and Patient Satisfaction With an Advanced Nurse Practitioner Service in the Emergency Department. *Journal for Nurse Practitioners* 2016;12(8), 553–559.
10. Juliana. *Management of Midwifery Services*. Jakarta: 2008
11. Kee J.W. Y, Khoo H. S, Lim, et al. Communication Skills in Patient-Doctor Interactions: Learning from Patient Complaints. *Health Professions Education* 2017;3(2):129-45
12. Kettunen T., Poskiparta M., Karhila P. Speech practices that facilitate patient participation in health counseling: A way to empowerment?. *Health Education Journal* 2003;62;326-340.
13. Knaus Liliweri, A.. *Fundamentals of Health*

- Communication. Yogyakarta: 2016
14. Nilsen M. L, Sereika S. M, Hoff man L et al. Nurse and Patient Interaction Behavior on Nursing Care Quality for Mechanically Ventilated Older Adults in the ICU. *Research Gerontology Nursing* 2014;7(3):113-125.
 15. Nurjannah.. *Communication Basics for Nurses*. Yogyakarta: 2005
 16. Nursalam. *Research Methodology in Nursing: Practical Approach* (4th ed.). Jakarta: Salemba Medika.:2016
 17. Oliveira V. C, Ferreira M. L, Pinto R. Zet al Effectiveness of Training Clinicians ‘Communication Skills on Patients’ Clinical Outcomes: A Systematic Review. *Journal of Manipulative and Physiological Therapeutics* 2015;38(8):601–616.
 18. Rehman S. A, Ali P. A A review of factors affecting patient satisfaction with nurse led triage in emergency departments. *International Emergency Nursing* 2016;29:38–44.
 19. Suhron, M., A.h., Yusuf., Rika, S. Assessment potential of families increasing ability to care for schizophrenia post restrain at east java, indonesia. *Indian Journal of Public Health Research & Development* 2018;9(10):369-374
 20. Sastroasmoro, Sudigdo & Ismael, S. *Research fundamentals of clinical research methodology* 5th ed. Jakarta: 2014
 21. Schofield NG, Green C., Creed F. (2008). Communication skills of health-care professionals working in oncology - Can they be improved?. *European Journal of Oncology Nursing* 2008;12(1):4–13.
 22. Stickley, T. From Soler to Surety for effective non-verbal communication. *Nurse Education in Practice* 2011;11(6):395–398.
 23. Sugiono. *Statistics for research*. Bandung: 2002.
 24. Waters S., Edmondston SJ, Yates PJ, Gucciardi DF. Identification of factors influencing patient satisfaction with orthopedic outpatient clinic consultation: A qualitative study. *Manual Therapy* 2016;25:48–55.
 25. Webster, D. Using Standardized Patients to Teach Therapeutic Communication in Psychiatric Nursing. *Clinical Simulation in Nursing* 2014;10(2), e81-e86.