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THERAPEUTIC COMMUNICATION ON SATISFACTION THROUGH HEALTH MOTIVATION IN OUTPATIENT PATIENTS OF RSUD DR. M. HAULUSSY AMBON

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Abstract

This study aims to analyze the effect of therapeutic communication on satisfaction through motivation to heal in outpatient installation patients of RSUD dr. M. Haulussy Ambon. The research approach used is quantitative with an associative explanation level through survey data collection with cross-section data types with the ex post facto method. The population used in this study were all patients in the outpatient installation of RSUD dr. M. Haulussy Ambon during June-August 2024. The sample determination was purposive as many as 100 outpatients of RSUD dr. M. Haulussy Ambon. Data were analyzed using path analysis. The results showed that when therapeutic communication is combined with high motivation to heal, the impact on patient satisfaction is significant. Patients with strong motivation are more eager to engage in the healing process and value interactions that support their health goals.

Keywords: therapeutic communication, motivation to recover, patient satisfaction

Introduction

Hospitals as one of the health providers in their implementation are required to provide quality services as stated in Law of the Republic of Indonesia No. 36 of 2009 Chapter 4 Article 54 which states that the provision of health services is carried out responsibly, safely, with quality, and evenly and non-discriminatory. Quality health services are health services that can satisfy every user of health services according to the average level of satisfaction of the population and whose implementation is in accordance with the standards and codes of ethics of the profession that have been set.

Improving patient satisfaction is becoming increasingly important in the context of increasingly tight competition in the health industry. In the era of information and digitalization, patients have easy access to compare the services of various hospitals, clinics, and other health facilities. They tend to choose health service providers that have a good reputation and positive reviews from previous patients. Therefore, hospitals that are able to provide high-quality services and ensure patient satisfaction tend to be superior in attracting and retaining patients. Patient satisfaction covers various aspects, such as speed and accuracy of service, friendliness of staff, comfort of facilities, and transparency of costs. By meeting and exceeding patient expectations, hospitals can differentiate themselves from competitors and build a loyal patient base (Aqil, 2020; Christiani Nababan et al., 2020; Maryana & Christiany, 2022).

Understanding outpatient satisfaction is important because it directly relates to the quality of healthcare services provided by a hospital. Patients who are satisfied with the services they receive tend to have higher levels of adherence to care and treatment plans, which in turn can speed up the healing process and reduce readmission rates. In addition,

patient satisfaction also impacts the reputation of the hospital; satisfied patients are more likely to recommend the service to others, thereby enhancing a positive image and attracting more patients. Therefore, a deep understanding of the factors that influence patient satisfaction, such as waiting times, quality of interactions with medical personnel, and availability of facilities, is key to improving the quality of care. Furthermore, understanding outpatient satisfaction also allows hospitals to identify and address issues that may not be immediately apparent. For example, patient feedback may reveal weaknesses in management systems or deficiencies in staff training, which can be addressed through policy adjustments or improved training programs. By proactively listening to and acting on patient complaints and suggestions, hospitals can implement continuous improvements that not only improve the patient experience but also operational efficiency and the overall quality of healthcare services. Ultimately, high patient satisfaction not only benefits individual patients, but also strengthens the hospital's position as a trusted and quality health service provider.

RSUD dr. M. Haulussy Ambon is a class B hospital established on March 3, 1954. It has a vision to become a quality hospital of choice in service, education and research in Maluku province. With a mission to provide complete quality health services according to community expectations and conduct quality research according to health service needs. RSUD dr. M. Haulussy is a central referral hospital in Maluku Province. facilities and infrastructure as well as medical equipment are quite complete with 24-hour emergency room services.

The phenomenon of outpatient dissatisfaction at RSUD dr. M. Haulussy reflects the challenges faced in providing optimal services for patients who do not require hospitalization. The main complaint that is often expressed is the long waiting time to get a medical consultation, which is often caused by long queues and inefficient scheduling systems. In addition, some patients complain about limited facilities, such as inadequate waiting rooms and lack of availability of drugs in hospital pharmacies. Ineffective communication between medical staff and patients also added to the dissatisfaction, with some patients feeling inadequately informed about their condition and treatment. While there have been efforts to improve the quality of care, such as the implementation of an electronic queuing system, more comprehensive improvements are needed to address the various aspects that cause this dissatisfaction.

Therapeutic communication plays a crucial role in improving outpatient satisfaction by increasing motivation to recover (Irawandi et al., 2024; Kalidupa & Maria, 2021; Sambo, 2018). By implementing an empathetic, clear, and caring communication approach, medical personnel can build better relationships with patients, so that patients feel more valued and heard. This effective communication not only helps patients understand their health conditions and treatment plans better, but also increases patient confidence and motivation to follow medical instructions and maintain their health. When patients feel supported and motivated, they tend to be more optimistic and active in the healing process, which in turn contributes to an increase in overall satisfaction levels.

Therapeutic communication is very important because it can affect the level of patient satisfaction with the health services provided. Nurses who have good therapeutic communication skills will find it easier to establish a relationship of mutual trust with patients, and this will be more effective for nurses in providing professional satisfaction in nursing care (Daryanti & Priyono, 2022; Fitriani et al., 2021; Hidayatullah et al., 2020; Jusliawati et al., 2023; Listifani & Indrawati, 2024; Pebrianti et al., 2023; Sukmanda & Maryani, 2022).

This study aims to analyze the effect of therapeutic communication on satisfaction through motivation to heal in outpatient installation patients of RSUD dr. M. Haulussy Ambon.

Research Method

The research approach used is quantitative which starts from theory to data presentation in the form of numbers and is analyzed statistically. Based on the level of explanation, this research is associative research to determine the influence or relationship between two or more variables. Meanwhile, based on data collection, this research is survey research conducted on large or small populations, but the data studied is data from samples taken from the population, to find relative events, distributions, and relationships between variables. Based on the type of data, the approach used in this study is cross-section, namely the collection of research data carried out over a certain period of time. The ex post facto method is a study conducted to examine events that have occurred and then trace back to find out the factors that can cause the incident.

The research was carried out at the dr. M. Haulussy Ambon Regional Hospital. This research was conducted for 2 (two) months, namely June to August 2024. The population used in this study were all patients in the outpatient installation of the dr. M. Haulussy Ambon during June-August 2024. The sample determination was purposively determined as many as 100 outpatients of RSUD dr. M. Haulussy Ambon. Data were analyzed using path analysis.

Result and Discussion

This study attempts to examine the extent to which the therapeutic communication variable influences patient satisfaction through the mediation of the recovery motivation variable. For this purpose, a path analysis statistical test is conducted which is stated in the following equation:

Substructure equation 1:

$Y1 = py1. X + e1$

Substructure equation 2:

$Y2 = py2. Y1 + py2. X + e2$

Where:

Y2 = Patient satisfaction

Y1 = Recovery motivation

X1 = Therapeutic communication

Py2.Y1 = Y1 path coefficient

Py2.X1 = X1 path coefficient

e2 = error term

To determine the magnitude of the path coefficient between variables X and Z, as well as the path coefficient from Z to Y, can be seen in the following table:

Table 1. Path Analysis Statistical Test Results

Parameter Structure	Path Coeff. (beta)	t. count	t. tab	Probability	Decision
X to Z (pZ.X)	0,237	4,355	2,021	0,003	Ha Accepted
Z to Y (pY.Z)	0,344	4,479	2,021	0,000	Ha Accepted
X toY (pY.X1)	0,278	2,614	2,021	0,001	Ha Accepted
R^2 (X, Z to Y)		0,927		F_{count}	29,366
R^2 (X to Z)		0,728		F_{count}	23,536

The results of the analysis in the table show that the path coefficient from the simultaneous test results is significant so that a decision can be taken to reject H0 and accept H1 which means it can be continued to individual testing. From the results of individual testing, for the first path, the path coefficient from variable X to Z is statistically significant, so H0 is rejected and Ha is accepted. Likewise for the second path, the path coefficient from variable X1 and Z to Y is significant. Furthermore, the results of the analysis in the table above are translated into a path diagram as in the following diagram:

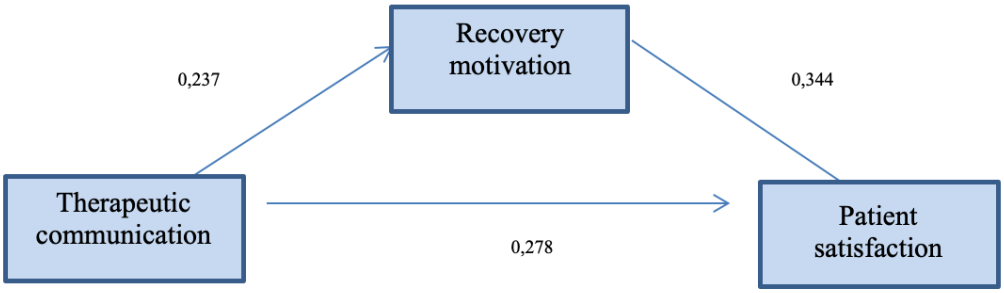


Figure 1. Structure of the Relationship Between Variable X and Variable Y through Intervening Variable Z

Based on the table and figure above, the direct and indirect influence of each variable can be explained as follows:

Table 2. Direct and Indirect Influence of Therapeutic Communication Variables on Motivation to Heal and Patient Satisfaction

Influence	Therapeutic Communication (X)	Recovery motivation (Z)
Direct Ke Z	0,056	-
Direct Y	0,077	0,117
Indirect through Z	0,250	-
Total Effect	0,383	0,117

The table above shows that the largest direct influence is the influence of the variable of recovery motivation on patient satisfaction of 0.117; which shows that every 1 percent increase in recovery motivation will increase 11.7% of outpatient satisfaction at RSUD dr. M. Haulussy Ambon. While the direct influence of therapeutic communication on outpatient satisfaction at RSUD dr. M. Haulussy Ambon is 0.077 which shows that every 1 percent increase in therapeutic communication will increase outpatient satisfaction at RSUD dr. M. Haulussy Ambon by only 7.7%; assuming other variables are constant or do not change. Likewise, the direct influence of therapeutic communication on recovery motivation is 0.056 which shows that every 1 percent increase in therapeutic communication will increase recovery motivation by only 5.6%; assuming other variables are constant or do not change. The total influence of therapeutic communication variables and motivation to recover is 38.3%, which indicates that motivation to recover is a moderating variable that strengthens the influence of therapeutic communication on the satisfaction of outpatients at Dr. M. Haulussy Ambon Regional Hospital. This means that the satisfaction of outpatients at Dr. M. Haulussy

Ambon Regional Hospital will increase if the practice of therapeutic communication is supported by high motivation to recover.

Based on the results of the analysis above, a direct influence of therapeutic communication and motivation to recover on the satisfaction of outpatients at RSUD dr. M. Haulussy Ambon was obtained. Likewise, an indirect influence mediated by motivation to recover. This indicates the role of the variable motivation to recover in moderating the influence of therapeutic communication on the satisfaction of outpatients at RSUD dr. M. Haulussy Ambon. To test the significance of the role of motivation to recover in moderating the influence of therapeutic communication on the satisfaction of outpatients at RSUD dr. M. Haulussy Ambon, the Sobel test can be carried out. In this test, the variable motivation to recover is stated to be significant in moderating therapeutic communication on the satisfaction of outpatients at RSUD dr. M. Haulussy Ambon if the p value of the Sobel test results <0.05.

Table 3. Sobel Test Results the Role of Motivation to Recover in Moderating the Influence of Therapeutic Communication on the Satisfaction of Outpatients at RSUD dr. M. Haulussy Ambon

Independen Variable	Dependen Variable	Mediating Variable	P Value	Note
Therapeutic Communication	Satisfaction of Outpatients	Motivation to Recover	0,000	Significant

Based on the results of the Sobel test above, a p value of 0.000 <0.05 was obtained, so it was concluded that the motivation to recover was significant in moderating the influence of therapeutic communication on the satisfaction of outpatients at Dr. M. Haulussy Ambon Regional Hospital.

Direct Influence of Therapeutic Communication on Healing Motivation

Based on the calculations above, it is known that the direct influence of therapeutic communication on healing motivation is 0.056 or 5.6% with a calculated t value> t table value, namely 4.355> 2.021. This is also reinforced by a significance value of 0.000 which is smaller than the confidence level of 0.05. So the first hypothesis is accepted. This is in line with (Fitriani et al., 2021) that therapeutic communication is professional communication for nurses that is planned and carried out to help the healing or recovery of patients.

The purpose of therapeutic communication is to help patients clarify and reduce the burden of feelings and thoughts and can take action to change the existing situation if the patient believes in what is needed, reduces doubts, helps in taking effective action and influences others, the physical environment and themselves. For this reason, therapeutic communication plays an important role because good communication provided by health workers can help patients clarify and reduce the burden on the patient's mind, increase patient knowledge and is expected to influence patients to instill compliance in carrying out the recommended treatment (Daryanti & Priyono, 2022). Therapeutic communication that is carried out correctly will help the patient's healing process and help solve the problems faced by the patient (Suhaila et al., 2017). The encouragement and sincere feelings shown by officers to patients when communicating can create a sense of comfort in the patient, this can help the healing phase in the patient's individual self (Irawandi et al., 2024).

It is important for nurses to use therapeutic communication that is useful in carrying out nursing, so that they can find out what the patient is feeling and what is needed. And with therapeutic communication that is shown with a warm, sincere, and caring attitude, it can create mutual trust, mutual respect and mutual respect so that patients can receive quality health services with full understanding. Patients will be motivated if supported by the patient's trust in the nurse. The establishment of a relationship of mutual trust (trust) is a medium in developing relationships between nurses and clients or families to carry out comfortable assistance actions for clients. Adequate perception between nurses and patients in every action in the care process is one of the drivers of accelerated therapy for healing (Sambo, 2018).

Therapeutic communication is carried out with the aim that the relationship between nurses and patients is effective and can improve the patient's health. Where therapeutic communication carried out by nursing staff has an influence on the motivation for healing for patients and increases patient satisfaction with services (Rizki Lestari et al., 2021)

Therapeutic communication has a very important role in helping the patient's healing process. The correct use of therapeutic communication can give the patient peace of mind, because the behavior or body language (non-verbal) displayed by the health worker is in line with what they say, and this will make the patient's psychology feel fully cared for, thus giving rise to high motivation in the patient in trying to recover (Hasani, 2018; Parmin et al., 2023; Safitri et al., 2023)

Direct Influence of Recovery Motivation on Patient Satisfaction

The direct influence of recovery motivation on patient satisfaction is 0.117 or 11.7% with a calculated t value> t table value, namely 4.479> 2.021. This is also reinforced by a significance value of 0.001 which is smaller than the 0.05 confidence level. So the second hypothesis is accepted. This is in line with the research of Hardhiyani (2013) that patient motivation to recover is a key element in determining the level of success of treatment. A study at Stella Maris Hospital, Makassar, showed that patients with good therapeutic communication from medical personnel had higher recovery motivation (84.6%). This indicates that emotional support and education provided during treatment can increase the patient's desire to recover.

Patient satisfaction is often measured by how well their expectations are met by medical services. Studies show that dimensions such as empathy, tangibles (facilities), and reliability have a significant impact on satisfaction levels. At RS X, Madiun City, 99% of outpatients were satisfied with the service, with factors such as waiting time and quality of communication as the main determinants of satisfaction.

Another study at RSUD Kalisari, Batang, emphasized that therapeutic communication has a positive correlation with inpatients' motivation to recover. This communication allows patients to understand their condition and contribute more actively to the healing process.

High motivation to recover often goes hand in hand with high levels of satisfaction with health services. Motivated patients tend to respond positively to the care provided, especially if the service supports their emotional and physical needs. In addition to therapeutic communication, the availability of facilities and the responsiveness of medical personnel are important factors. Research at the Kassi-Kassi Health Center, Makassar, confirmed that the competence and responsiveness of medical personnel have a significant relationship with patient satisfaction.

Direct Influence of Therapeutic Communication on Patient Satisfaction

The direct influence of therapeutic communication on patient satisfaction is 0.077 or 7.7% with a calculated t value> t table value, namely 2.614> 2.021. This is also reinforced by a significance value of 0.000 which is smaller than the 0.05 confidence level. So the third hypothesis is accepted. This is in line with research (Fitriani et al., 2021; Hidayatullah et al., 2020) that communication in nursing practice is an important tool for building therapeutic relationships and can affect the quality of nursing services. Therapeutic communication is very important because it can affect the level of patient satisfaction with the health services provided. Nurses who have good therapeutic communication skills will find it easier to establish trusting relationships with patients, and this will be more effective for nurses in providing professional satisfaction in nursing care.

Good therapeutic communication usually results in individual patient satisfaction, which ultimately affects patient satisfaction with hospital services. Providing quality services requires an increase in integrated, planned and good services in all areas, such as therapeutic communication (Pebrianti et al., 2023; Sukmanda & Maryani, 2022).

Nurse therapeutic communication is related to patient satisfaction. The better the therapeutic communication provided by the nurse, the more satisfied the patient will be. This is because with the implementation of good therapeutic communication, the patient will be open, relaxed and feel comfortable when explaining their complaints because they trust the nurse. Good communication will establish a good cooperative relationship, this condition can make it easier for health workers to provide treatment because they can find out the complaints felt and what the patient expects (Siti et al., 2016). Nurses need to always pay attention to aspects of service and care provided to patients, because the right communication style and techniques from nurses can make patients feel satisfied with the service .(Daryanti & Priyono, 2022; Jusliawati et al., 2023)

If the nurse does not pay attention to the relationship with the patient, it will not provide a therapeutic impact that helps the patient's healing process. The satisfaction felt by the patient after receiving nursing services is very important for the service provider. If the patient's needs, desires, and expectations are met, the patient will feel very satisfied. So, the better the quality of service provided by the hospital, the level of patient satisfaction will also increase, and vice versa if the quality of service provided is not good, patient satisfaction will decrease (Suhaila et al., 2017).

Nurses who have therapeutic communication skills will not only easily establish a relationship of trust with clients, but also prevent legal problems, provide professional satisfaction in nursing services, and improve the image of the nursing profession, as well as the image of the hospital (Mongi, 2020).

Communication will be very helpful not only for patients but also for medical staff. For medical staff, information about patients is very important for determining their diagnosis and treatment. For patients, communicating can express the complaints they face as well as being a form of treatment, because it is not uncommon for patients to feel satisfied and relieved after channeling it to other parties (Hardhiyani, 2013).

Successful therapeutic communication helps solve health problems and will determine the influence on the client's healing process, communication will be effective if a relationship of mutual trust is established between the nurse and the client. Nurses who have therapeutic communication skills will find it easier to establish a relationship of mutual trust with patients, so that they will be more effective in achieving nursing care

goals and providing professional satisfaction in their nursing services (Listifani & Indrawati, 2024).

Indirect Effect of Therapeutic Communication on Patient Satisfaction Through Healing Motivation Moderator

The indirect effect of therapeutic communication on patient satisfaction through the healing motivation moderator is 0.250 or 25.0% with a p value in the Sobel test of 0.000 which is smaller than 0.05. This shows that healing motivation is stated to be significant in moderating the effect of therapeutic communication on patient satisfaction. So the fourth hypothesis is accepted. The effect of therapeutic communication on patient satisfaction has been widely studied, with consistent results showing a positive relationship between the two. In the context of RSUD dr. M. Haulussy Ambon, healing motivation can moderate this relationship by increasing the impact of therapeutic communication on the level of outpatient satisfaction.

Good therapeutic communication creates a relationship of mutual trust between medical personnel and patients, which ultimately strengthens the patient's sense of comfort and satisfaction with health services. Patients with high healing motivation tend to be more responsive to therapeutic approaches, thereby increasing their positive perceptions of the services provided. Conversely, patients with low motivation may not fully feel the benefits of therapeutic communication.

Research shows that when therapeutic communication is combined with high motivation to heal, the impact on patient satisfaction is significant. Patients with strong motivation are more eager to engage in the healing process and value interactions that support their health goals.

Conclusion

Research shows that when therapeutic communication is combined with high motivation to heal, the impact on patient satisfaction is significant. Patients with strong motivation are more eager to engage in the healing process and value interactions that support their health goals. Therefore, it is crucial for healthcare professionals to develop effective communication and motivate patients, as this can enhance the quality of care and lead to better healing outcomes.

REFERENCES

Aqil, A. D. C. (2020). Studi Kepustakaan Mengenai Kualitas Pelayanan Terhadap Kepuasan Pasien Rawat Jalan Di Rumah Sakit. *Jurnal Ilmiah Pamenang*, *2*(2), 1–6. https://doi.org/10.53599/jip.v2i2.58

Christiani Nababan, M., Listiawaty, R., & Berliana, N. (2020). Analisis Kualitas Pelayanan Terhadap Kepuasan Pasien Di Puskesmas X Kota Jambi. *Jurnal Kesmas Jambi*, *4*(2), 6–16. https://doi.org/10.22437/jkmj.v4i2.10565

Daryanti, C., & Priyono, S. (2022). Hubungan Komunikasi Terapeutik Perawat Dengan Kepuasan Pasien Rawat Inap Di Rumah Sakit. *Jurnal Kesehatan Marendeng*, *5*(4), 217–224. https://doi.org/10.58554/jkm.v6i3.48

Fitriani, D., Veri, & Laelah, I. (2021). Korelasi Komunikasi Terapeutik Perawat dengan Kepuasan Pasien di Ruang Pelayanan T Paru. *JNursing Analysis: Journal Of Nursing Research*, *1*(1), 23–31.

Hardhiyani, R. (2013). Hubungan Komunikasi Therapeutic Perawat Dengan Motivasi Sembuh Pada Pasien Rawat Inap. *Developmental and Clinical Psychology*, *2*(2), 56–61.

Hasani, I. (2018). Komunikasi Terapeutik Perawat Rohani Islam Dalam Proses Penyembuhan Pasien di RSUD Ciamis. *Communicatus: Jurnal Ilmu Komunikasi*, *2*(2), 123–158. https://doi.org/10.15575/cjik.v2i2.4938

Hidayatullah, M. S., Khotimah, H., & Nugroho, S. A. (2020). Hubungan Komunikasi Terapeutik Dengan Kepuasan Pasien Rawat Inap Puskesmas Tapen Kabupaten Bondowoso. *Jurnal Keperawatan Profesional*, *8*(1), 62–73. https://doi.org/10.33650/jkp.v8i1.1022

Irawandi, D., Setiadi, S., & Priyantini, D. (2024). Komunikasi Terapeutik Perawat Terhadap Motivasi Kesembuhan Pasien. *Jurnal Surya Muda*, *6*(1), 43–53. https://doi.org/10.38102/jsm.v6i1.183

Jusliawati, Haskas, Y., & Fauzia, L. (2023). Hubungan Komunikasi Terapeutik Dengan Kepuasan Pasien Di RSUD Labuang Baji Makassar. *JIMPK: Jurnal Ilmiah Mahasiswa & Penelitian Keperawatan*, *3*(4), 62–67.

Kalidupa, R., & Maria, L. (2021). Hubungan Komunikasi Terapeutik Perawat dengan Motivasi Sembuh pada Pasien Diabetes Mellitus di Ruang Rawat Inap Rumah Sakit XX. *Jurnal Ilmiah Kesehatan Rustida*, *8*(2), 84–91. https://doi.org/10.55500/jikr.v8i2.136

Listifani, I. A., & Indrawati, L. (2024). Hubungan Komunikasi Terapeutik Perawat dengan Kepatuhan Diet Pasien Diabetes Mellitus. *Jurnal Penelitian Perawat Profesional*, *6*(4), 1594–1556.

Maryana, M., & Christiany, M. (2022). Hubungan Aspek Kualitas Pelayanan Dengan Kepuasan Pasien Rawat Inap. *Citra Delima Scientific Journal of Citra Internasional Institute*, *5*(2), 105–112. https://doi.org/10.33862/citradelima.v5i2.262

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.

Parmin, S., Safitri, S. W., & Widianti, M. P. (2023). Hubungan Komunikasi Terapeutik Perawat Dan Motivasi Terhadap Tingkat Kesembuhan Pasien Tuberkulosis (TBC). *Jurnal 'Aisyiyah Medika*, *8*(2), 201–210.

Pebrianti, F., Rubianti, R., & Obar. (2023). Pengaruh Komunikasi Terapeutik Perawat Terhadap Kepuasan Pasien. *Jurnal Keperawatan Pernus*, *1*(1), 24–31.

Rizki, L., Siska M. S., & Abdur, A. R. (2021). Penerapan Komunikasi Terapeutik Perawat Pada Saat Tindakan Keperawatan. *Jurnal Keperawatan Hang Tuah (Hang Tuah Nursing Journal)*, *1*(1), 31–44. https://doi.org/10.25311/jkh.vol1.iss1.316

Safitri, S. W., Parmin, S., & Sakinah, W. (2023). Analisis Komunikasi Terapeutik Perawat dan Motivasi Terhadap Tingkat Kesembuhan Pasien TBC di Puskesmas Merdeka. *Nanggroe: Jurnal Pengabdian Cendikia*, *2*(4), 451–458.

Sambo, M. (2018). Hubungan Komunikasi Terapeutik Perawat Dengan Motivasi Sembuh Pasien Rawat Inap. *Jurnal Keperawatan Profesional*, *1*(1), 66–74.

Siti, M., Zulpahiyana, Z., & Indrayana, S. (2016). Komunikasi Terapeutik Perawat Berhubungan dengan Kepuasan Pasien. *Jurnal Ners Dan Kebidanan Indonesia*, *4*(1), 30–34. https://doi.org/10.21927/jnki.2016.4(1).30-34

Suhaila, E., Susanto, & Kusumo, M. P. (2017). Pengaruh Komunikasi Terapeutik Perawat Terhadap Kepuasan Pasien di Instalasi Bedah Sentral RSUD Kota Yogyakarta. *Proceding Health Architecture*, *1*(1), 83–95.

Sukmanda, A., & Maryani, A. (2022). Kajian Komunikasi Terapeutik Bidan dengan Pasien. *Prosiding Manajemen Komunikasi*, 18–27.

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