

Nurse's therapeutic communication correlated with patient's satisfaction at Tanjung Regional Hospital in North Lombok: A cross-sectional study

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Abstract

Background: Dengue hemorrhagic fever (DHF) is an infectious disease caused by the dengue virus, transmitted by the *Aedes aegypti* mosquito. This illness poses a significant public health threat, particularly in tropical and subtropical regions such as Indonesia. Poor environmental sanitation can promote the breeding of the disease vector, leading to an increase in DHF cases. As a result, public awareness and understanding of sanitation practices are essential for preventing and controlling this disease.

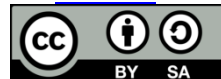
Purpose: This study aims to investigate the relationship between knowledge of environmental sanitation and the incidence of Dengue Fever in the coastal areas of Mataram City.

Methods: This study adopted a quantitative approach with a cross-sectional design, collecting data at a singular point in time. A structured questionnaire was employed to observe and measure variables within the target population. Two hundred thirteen respondents were selected through systematic random sampling, adhering to clearly defined inclusion and exclusion criteria. The primary instruments utilized in this research included a survey sheet and a validated questionnaire.

Results: The findings from the Spearman rank correlation test revealed a statistically significant relationship between environmental sanitation and the incidence of dengue hemorrhagic fever (DHF), as indicated by a p-value of 0.000 ($p < 0.05$). The correlation coefficient ($r = 0.320$) demonstrates a moderate positive association between these two variables.

Conclusion and recommendation: This study reveals a statistically significant association between environmental sanitation conditions and the incidence of dengue hemorrhagic fever (DHF), indicating a moderate positive correlation ($r = 0.320$; $p < 0.05$). These findings underscore the importance of environmental hygiene as a crucial factor in the transmission dynamics of DHF within the population examined.

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1. Introduction

Health services are the rights of every person guaranteed by the 1945 Constitution of the Republic of Indonesia, which must be realized by efforts to improve the highest level of public health. Health services are related to patient satisfaction which is an indicator of the quality of hospital services. Patient satisfaction can be met with nursing services carried out through therapeutic communication relationships between nurses. The quality of health services, one of which is influenced by the effectiveness of communication between nurses and patients, according to Agustriani (2015). Effective communication of a nurse emphasizes cooperation with patients. One of the reasons for common complaints from patients in hospitals is that patients are often dissatisfied with the quality of communication and information services received from health workers (Rusnoto, 2019).

Nursing is a crucial element of the healthcare system, with nurses playing an essential role in its function. They provide patient care around the clock, 24 hours a day, 7 days a week, making their contributions indispensable. Nursing is dedicated to offering care to individuals, families, and communities to help them achieve, maintain, or restore optimal health and well-being (Aripuddin, 2014). According to Perry and Potter (2005), the effectiveness of nurses in delivering both physical and psychological care accounts for 80% of patient recovery and satisfaction. A key factor influencing patient satisfaction is delivering nursing services through therapeutic communication. This approach enables nurses to listen to patients' feelings and communicate nursing procedures effectively (Mundakir, 2006).

Effective communication with patients is a critical component of nursing care (Yes & Mohammed, 2016). This process involves the exchange of messages between individuals, initiated by a communicator or message sender, with a specific purpose in mind. Nurses with strong communication skills are better positioned to build trust with patients, minimise the risk of legal issues, enhance their professional satisfaction, and elevate the reputation of the nursing profession and the healthcare facility. The type of communication nurses employ when interacting with patients is known as therapeutic communication (Afnuahazi, 2014).

In Indonesia, the average level of patient satisfaction across various hospitals indicates that 67% of patients express dissatisfaction with health services. At the West Nusa Tenggara Provincial Hospital, the patient satisfaction index was recorded at 81.6% in 2017, which improved to 83.4% in 2018, particularly due to the quality of therapeutic communication provided by nurses (LAKIP NTB Provincial Hospital 2018). In contrast, at Tanjung Hospital in North Lombok Regency, findings from searches and interviews conducted by the Public Relations Division in 2022 revealed that 12 patients expressed dissatisfaction with the services provided. A review of the hospital's profile indicated about 20 dissatisfied patients over the past three years. According to the head of Public Relations at North Lombok Regency Hospital, complaints were reported through various channels, including direct communication with the head of hospital management, submissions through a suggestion box, and messages via social media. The patient numbers for the years 2019 to 2021 were as follows: in 2019, there were 6,244 patients; in 2020, this increased to 7,217; and in 2021, there were 7,101 patients, as documented in the RENSTRA UPTD RSUD North Lombok Regency for the years 2016-2021. Furthermore, data from the Internal Medicine Inpatient Room over the last two months shows that there were 145 patients in July and 155 in August, with the facility comprising six rooms, each containing four beds, supported by 16 nursing staff in the Internal Medicine Inpatient Room (Profile of RSUD North Lombok Regency 2024).

This study examines the relationship between nurses' therapeutic communication and patient satisfaction levels at Tanjung Regional Hospital in North Lombok Regency. The findings are anticipated to serve as a foundation for enhancing the quality of nursing services, particularly concerning the therapeutic communication occurring within the wards of Tanjung Regional Hospital, and to assess how this impacts patient satisfaction.

2. Methods

2.1 *Research design*

This study is a cross-sectional design to determine the relationship between the nurse's therapeutic communication and patient satisfaction at Tanjung Regional Hospital in North Lombok (Nursalam, 2007). Therapeutic communication refers to the purposeful interaction between a nurse and a patient to enhance the patient's emotional and physical well-being. In contrast, patient satisfaction reflects their perception of care quality and healthcare experience. By analysing data collected at a single point in time, the study seeks to determine whether a statistically significant association exists between the quality of communication provided by nurses and how satisfied patients are with their care.

2.2 *Setting and samples*

The study was conducted at Tanjung Regional Hospital, located in North Lombok Regency, Indonesia. This hospital serves as a secondary healthcare facility providing both inpatient and outpatient services to a diverse population across rural and semi-urban areas.

Sample Population:

The target population comprised inpatients admitted to various wards at Tanjung Regional Hospital during the study period. An accidental sampling method was used to select participants who met the following inclusion criteria: Aged 18 years or older, Hospitalized for at least 24 hours, Conscious, oriented, and able to communicate, Willing to participate and provide informed consent, and Patients unable to undergo research are replaced by family members who wait for the patient during treatment.

The final sample included 58 patients, determined based on Slovin's formula.

2.3 *Measurement and data collection*

Therapeutic Communication was measured using a validated questionnaire adapted Therapeutic Communication Questionnaire (TCQ) consisting of items that assess four core components: empathy, active listening, verbal and non-verbal communication, and respect for patient autonomy. Responses were rated using a Likert scale (e.g., 1 = Strongly Disagree to 5 = Strongly Agree).

Patient Satisfaction was assessed using a standardized instrument: the Patient Satisfaction Questionnaire (PSQ) or a locally validated scale. Domains included: communication with nursing staff, responsiveness of care, overall satisfaction with services.

Data were collected between November 11 and December 11 2025, with trained enumerators administering the questionnaires in face-to-face interviews. Ethical approval was obtained before data collection, and participants provided written informed consent. Confidentiality and anonymity were strictly maintained throughout the process.

2.4 Data analysis

Descriptive statistics, such as frequencies and percentages, were used to summarise the demographics of the respondents and their levels of patient satisfaction. Additionally, Spearman's rank-order correlation coefficient (Spearman's rho) was utilised to evaluate the relationship between nurses' therapeutic communication and patient satisfaction.

2.5 Ethical considerations

Before the commencement of the research, eligible respondents received a detailed explanation of the study's intent and purpose, the benefits of participation, and assurances regarding the confidentiality of their responses. Alternatively, respondents can review the explanation sheet provided by the researcher. If they choose to participate, they must sign the informed consent form (World Medical Association, 2014).

3. Results

3.1. The Sociodemographic characteristics of the study participants

Table 1. Demographic characteristics

Variables	Numbers (n)	Percentage (%)
Gender		
Male	15	57,6
Female	11	42,4
Total	26	100
Age (Years)		
60 - 67 years old	21	80,8
75 - 90 Years old	5	19,2
Total	26	100
Level of Education		
Low	18	77,6
Moderate		15,6
High	0	6,8
Total		100

The study included a total of 58 participants. Regarding gender representation, males constituted the majority at 55.2% (n=32), while females accounted for 44.8% (n=26). Regarding age distribution, half of the participants (50%, n=29) were between 45 and 59, making this the predominant age group. Participants over 60 comprised 31.2% (n=18), while those between 18 and 44 years represented 18.8% (n=11). Regarding educational attainment, a significant majority of participants (77.6%, n=45) reported a low level of education. Only 15.6% (n=9) had achieved a moderate level of education, and a minority of 6.8% (n=4) held a high level of education. Concerning employment status, most participants were unemployed, making up 72.5% (n=42) of the sample, whereas 27.5% (n=16) were employed during the study.

3.2. The analysis of the relationship and cross-tabulation of nurses' therapeutic communication on patients' satisfaction at Tanjung Regional Hospital in North Lombok

Table 2. Analysis of the relationship and cross-tabulation of nurses' therapeutic communication on patient satisfaction at Tanjung Regional Hospital in North Lombok Regency.

The nurses therapeutic communication * Patients satisfaction				
		Patients satisfaction		Total
		Satisfied	unsatisfied	
Therapeutic communication	Therapeutic	37 (63,9%)	5 (8,6%)	42 (72,5%)
	Not therapeutic	2 (3,4%)	14 (24,1%)	16 (27,5%)
	Total	39 (67,3%)	19 (32,7%)	58 (100%)

			KOMUNIKASI_T ERAPEUTIK_PER AWAT	KEPUASAN_ PASIE
Spearman's rho	KOMUNIKASI_ TERAPEUTIK_ PERAWAT	Correlation Coefficient Sig.(2-tailed N	1.000	.458**
			.58	.000
	KEPUASAN_P ASIEN	Correlation Coefficient Sig.(2-tailed N	.458**	1.000
			.000	.58

** . Correlation is significant at the 0.01 level (2-tailed)

Based on the analysis presented in Table 2, which examines the relationship and cross-tabulation of nurses' therapeutic communication and patient satisfaction in the Tiu Teja Inpatient Room at Tanjung Hospital, North Lombok Regency, in 2024, it was found that out of 58 respondents, 42 individuals (72.5%) affirmed that nurses engaged in therapeutic communication. Of these 42 respondents, 37 people (63.9%) reported being satisfied, while five (8.6%) expressed dissatisfaction. Conversely, 16 respondents (27.5%) indicated that nurses did not partake in therapeutic communication; of these, only two individuals (3.4%) were satisfied, while 14 people (24.1%) were not satisfied.

This aligns with the findings in the Cross Tabulation Table, which illustrates the relationship between nurses' therapeutic communication and patient satisfaction. The results of the Spearman Rank Test indicate that the significance value (2-tailed) is 0.000, as derived from the SPSS output. Since the significance value (sig. 2-tailed) is 0.000, which is less than 0.05, it suggests a significant relationship between the therapeutic communication of nurses and patient satisfaction at North Lombok District General Hospital.

4. Discussion

4.1. The nurse's therapeutic communication

The study's findings revealed that 42 nurses engaged in therapeutic communication, accounting for 72.4% of respondents, while 16 indicated their communication was not therapeutic, representing 27.6%. These results align with the research conducted by Almi Saprianingsih (2020), which demonstrated that nurses can implement therapeutic communication in their patient care. Furthermore, Sihotang's research (2019) supports these findings, showing that nurses effectively practice therapeutic communication. According to Suryani (2015), therapeutic communication is vital for nurses to deliver nursing care, fostering a trusting relationship between the nurse and the patient, ultimately enhancing patient satisfaction with the services provided. Effective therapeutic communication involves several stages: the pre-interaction stage, the introduction stage, the working stage, and the termination stage. Adhering to these stages properly contributes to improved patient satisfaction.

Therapeutic communication is a planned and purposeful professional communication to support a patient's recovery. Engaging in therapeutic communication involves effectively conveying messages, taking appropriate actions, and expressing sentiments that positively influence the healing process (Nurjannah, 2005). This type of communication is specifically designed to facilitate patient recovery (Purwanto, 1994, as cited in Nursalam, 2017). According to Nursalam (2013), therapeutic communication is one of the simplest yet most effective ways for nurses to provide quality care, as it creates an environment where patients feel comfortable and are more willing to share their thoughts and feelings with their nurses.

As discussed in Chapter II, several techniques for effective therapeutic communication are outlined by Prabowo (2014). The first technique is listening, which requires nurses to hear patients' verbal and nonverbal messages attentively. This serves as a foundation for understanding the patients' feelings. The second technique is acceptance, where the nurse is willing to listen without showing doubt or disagreement regarding the patient's expressions. The third technique involves open questions or "Broad Opening," allowing patients to ask questions and encouraging them to choose topics for discussion. The fourth technique is restating. In this technique, the nurse reiterates what the patient has expressed, indicating their engagement in the conversation. The fifth technique is clarification, which involves re-explaining the patient's thoughts and feelings about the conveyed message to ensure understanding. The sixth technique, focusing, narrows the scope of the conversation to enhance clarity and target specific goals. The seventh technique is providing information, including offering patients health education. Lastly, giving appreciation and greeting the patient and their family by name shows respect for them as individuals with rights and responsibilities.

The survey results regarding the stages of therapeutic communication reveal that patients often perceive nurses as engaging in non-therapeutic communication during the introduction and termination phases. Specifically, respondents frequently indicated "never" or "sometimes" for the items "Did the nurse introduce herself at the beginning of the meeting?" and "Did the nurse greet you by name?" At the termination stage, the question "Did the nurse discuss the next meeting's details with you (including place, time, topic, and purpose)?" also received similar responses. Despite this, respondents rated the other question items regarding communication by nurses in the Tiu Teja inpatient room positively. Overall, the research findings suggest that nurses at Tanjung Regional Hospital in North Lombok Regency are performing well in providing therapeutic communication as part of patient care.

4.2. Patients satisfaction

The findings of this study indicate that 39 participants expressed satisfaction, which accounts for 67.2% of the respondents. In contrast, 19 individuals reported dissatisfaction, representing 32.8%. These results are consistent with the research conducted by Almi Saprianingsih (2020), which found that most patients treated in the inpatient department at Sultan Imanuddin Hospital in Pangkalan Bun, Central Kalimantan, were satisfied with the services they received.

Satisfaction is an emotional response of pleasure or disappointment when an individual compares their perceptions or impressions of a product's performance or results with their expectations (Kotler, 2004, in Nursalam, 2017). It can be described as a feeling of enjoyment derived from weighing the experience of an activity or product against one's expectations (Nursalam, 2017). In healthcare, patient satisfaction refers to the emotional state of patients that arises from the performance of the health services they receive, as they compare this with their expectations (Pohan, 2010).

The evaluation of patient satisfaction is significantly influenced by the quality of services nurses provide. Essential components include: Responsiveness: This pertains to the ability of nurses to deliver timely service, measured by the duration patients wait from registration until they receive care. Reliability: This reflects nurses' competence in providing appropriate care. Reliability is vital for customer satisfaction, as it involves having dedicated staff who are professional, friendly, and skilled. Assurance: This aspect refers to nurses' capability to offer trustworthy care that meets established standards, which includes clear communication regarding patients' conditions and medications. Empathy: This highlights nurses' ability to connect with patients, show genuine concern, and comprehend their needs. Effective communication and involving patients in treatment decisions are key manifestations of empathy. Tangible Elements: These encompass the physical facilities and amenities that enhance patient comfort during treatment, along with the promptness of nurses in addressing patient needs. Together, these factors contribute significantly to patients' overall satisfaction with nursing services.

4.3. The relationship between nurse therapeutic communication and patient satisfaction

Table 2 shows that 37 nurses who engaged in therapeutic communication with patients reported satisfaction, accounting for 63.9% of the respondents. In contrast, only five nurses expressed dissatisfaction, representing 8.6%. The table further indicates that only two nurses who used non-therapeutic communication reported satisfaction, just 3.4%. Additionally, 14 nurses who did not utilise therapeutic communication stated they were dissatisfied, making up 24.1% of the responses. These findings align with Wijono's theory (2010), which posits that therapeutic communication is a key factor influencing patient satisfaction. Effective communication between nurses and patients is essential in nursing care, as it significantly impacts patient satisfaction. Nurses can attend to patients' feelings through communication and clearly explain nursing procedures (Mundakir, 2006). Furthermore, Nursahid (2009) asserts that therapeutic communication serves as a means to provide accurate information and foster a trust-based relationship with patients, ultimately enhancing their satisfaction with the nursing services received.

Therapeutic communication by nurses is essential in delivering nursing care services, as it encompasses the skills and abilities needed to assist patients in overcoming their health

challenges (Prabowo, 2014). Patients evaluate all aspects of nurses' performance and attitudes throughout their treatment journey, from admission to discharge. This evaluation ultimately translates into their feelings of satisfaction or dissatisfaction. By employing therapeutic communication, nurses enhance their professional fulfilment in providing care and contribute significantly to patient satisfaction.

Satisfaction with services at Tanjung Regional Hospital, particularly in communication, is crucial. Patient satisfaction is a vital indicator of quality assurance within a hospital setting. However, some patients report dissatisfaction, often feeling that certain services do not meet their expectations. According to Nursalam (2014), several factors contribute to this dissatisfaction, including discrepancies between expectations and reality, an unsupportive atmosphere, and inadequate physical conditions.

Overall, patients in the Internal Medicine Inpatient Room express satisfaction with the nurses' therapeutic communication. This finding is reinforced by data analysis that explored the relationship between nurses' therapeutic communication and patient satisfaction through the Spearman Rank Test. The results indicated a significance value (2-tailed) of 0.000 (p value = 0.000), leading to the acceptance of the alternative hypothesis (H_a) and the rejection of the null hypothesis (H_0). This outcome demonstrates a significant relationship between nurses' therapeutic communication and patient satisfaction at Tanjung Regional Hospital in North Lombok Regency. It can be concluded that enhanced therapeutic communication by nurses correlates with increased patient satisfaction regarding nursing services.

5. Implications and limitations

This study underscores the vital importance of nurse-patient communication in shaping patient satisfaction, particularly within the culturally specific context of North Lombok. However, it is important to interpret these findings cautiously due to limitations such as the cross-sectional design, the small and localised sample, and the possibility of confounding variables. Future research should employ multi-site, longitudinal, and intervention-based designs to generate more robust and generalizable evidence.

6. Conclusion

The study concludes a significant positive correlation between nurses' therapeutic communication and patient satisfaction at Tanjung Regional Hospital in North Lombok. Patients who reported more empathetic, respectful, and transparent nurse communication also expressed greater satisfaction with their care experiences. These findings highlight the crucial role of interpersonal communication in nursing practice and its direct influence on patients' perceptions of healthcare quality. Enhancing therapeutic communication skills among nurses could be an effective strategy to improve patient satisfaction and the overall quality of healthcare services in regional and rural hospital settings.

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Author contribution

[DAMS and NSTU]: Conceptualized the study, designed the methodology, and led data analysis and interpretation.

[SMU]: Contributed to data collection, literature review, and manuscript drafting.

[EM]: Reviewed the manuscript critically for intellectual content and provided final approval for publication.

All authors have read and agreed to the published version of the manuscript.

Conflict of interest

There is no conflict of interest to declare

References

- Aditama. (2010). *Manajemen Administrasi Rumah Sakit*. Yogyakarta : EGC
- Akbar, A.Patrisia dkk.,2013, *Gambaran Kepuasan Pasien Terhadap Pelaksanaan Komunikasi Terapeutik Perawat Diinstalasi Rawat Inap RSUD Labuang Baji Makassar Tahun 2013. Skripsi*. Fakultas Kesehatan Masyarakat Universitas Hasannudin Makassar.
- Almi Saprianingsih. (2020). *Dalam Skripsi Hubungan Komunikasi terapeutik perawat dengan kepuasan pasien di Ruang Rawat Inap VIP*. RSUD Sultan Imanuddin Pangkalan Bun Kalimantan Tengah.
- Andriani, Marlina. (2014.) *Hubungan Komunikasi Terapeutik Perawat Dengan Kepuasan Pasien Di Rawat Inap Bedah RSI IBNU SINA BUKITINGGI*. STIKes YARSI BUKITTINGGI.
- Anoraga (2009) *Psikologi Dalam Perusahaan*. PT. Rineka Cipta: Jakarta
- Daryanti, C., & Priyono, S. (2016). Hubungan Komunikasi Terapeutik Perawat Dengan Kepuasan Pasien Rawat Inap di Rumah Sakit. *Jurnal Ilmu Kesehatan Masyarakat*, 05(04), 217–224. <https://doi.org/10.35730/jk.v10i2.402>
- Departemen Kesehatan RI. 2007. *Standar Pelayanan Minimal Rumah Sakit*. Jakarta. 2009. *Sistem Kesehatan Nasional*. Jakarta. Simamora, R. 2012. *Manajemen keperawatan*, EGC, Jakarta.
- Efiyana, (2023). Hubungan Komunikasi Terapeutik Perawat Dengan Kepuasan Pasien Di Puskesmas Rawat Inap Batang-Batang.
- Hidayatullah, M. S. (2020). Hubungan Komunikasi Terapeutik Dengan Kepuasan Pasien Rawat Inap Puskesmas Tapen Kabupaten Bondowoso. *Jurnal Keperawatan Profesional*, 8(1), 62- 73.
- Kosnan, W. (2020). Pengaruh Kualitas Pelayanan Terhadap Kepuasan Pasien Rawat Inap Di Rumah Sakit Umum Daerah Kabupaten Marauke. *Jurnal Ekonomi, Bisnis Dan Akutansi*, 21(4)
- Liliweri, Alo, (2007). *Dasar-Dasar Komunikasi Kesehatan*. Yogyakarta: Pustaka Pelajar.
- Musafaah. (2015). *Modul Statistik*. Banjarbaru: Universitas Lambung Mangkurat

- Nugroho & Aryati. (2014). Hubungan komunikasi terapeutik perawat dengan kepuasan pasien di rumah sakit islam Kendal. *Jurnal..unimus.ac.id/index.php/FIKkes/article/view/245/25*.
- Notoatmodjo, S. (2018). *Metodologi Penelitian Kesehatan. Cetakan Ketiga*. Jakarta: Rineka Cipta.
- Notoatmodjo. (2012). *Promosi Kesehatan dan Ilmu Perilaku*. Jakarta: Rineka Cipta.
- Nurjannah, I. (2005). *Komunikasi Keperawatan: Dasar – dasar Komunikasi Bagi Perawat*. Yogyakarta: Meco Medika.
- Nursalam. (2014). *Manajemen Keperawatan Aplikasi dan Praktek Keperawatan Profesional*. Jakarta: Salemba Medika.
- Nursalam. (2015). *Metodologi Penelitian Ilmu Keperawatan: Pendekatan Praktis*. Edisi 4. Jakarta: Salemba Medica
- Nursalam. (2016). *Manajemen Keperawatan*. Jakarta: Salemba Medika.
- Nursalam. (2017). *Manajemen Keperawatan: Aplikasi Dalam Praktik Keperawatan Profesional*. Edisi Kelima. Salemba Medika. Jakarta.
- Priyanto, A. (2012). *Komunikasi dan Konseling*. Jakarta: Salemba Medika.
- Simanjuntak, Y. T. (2019). Hubungan Pelaksanaan Komunikasi Terapeutik Perawat Dengan Kepuasan Pasien Kemoterapi One Day Care Rumah Sakit Murni Teguh Memorial Hospital Medan . *Jurnal Online Keperawatan Indonesia Vol. 2 No. 1*.
- Sugiyono, (2016). *Metode penelitian kuantitatif, kualitatif dan R&D*. Bandung: Alfabeta.
- Sugiyono. (2014). *Metode Penelitian Pendidikan Pendekatan Kuantitatif, Kualitatif, dan R&D*. Bandung: Alfabeta.
- Suryani, (2014). *Komunikasi Terapeutik Dalam Praktik Keperawatan*. Bandung: PT Refika Adiatma.
- Wahyudi. 2009. *Hubungan Pelayanan Perawat Dan Kepuasan Pasien Di RSUD Wonogiri*. Surakarta: Universitas Muhammadiyah Surakarta.