



The Effect of Therapeutic Communication on Patient Satisfaction in the Cardiac Outpatient Services at Bunda Thamrin General Hospital, Medan

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Article details:

Published: 30th September 2025



Abstract

Patient satisfaction is one of the main indicators of successful healthcare services. Several factors influence this satisfaction, including service quality, the competence of medical personnel, and the effectiveness of communication during the treatment process. Effective communication between medical personnel and patients helps patients feel valued, understood, and receive services that meet their expectations. Therapeutic communication not only conveys information but also embodies empathy, respect, and emotional support, which can

enhance patients' trust in healthcare professionals. This study aimed to assess the effect of therapeutic communication on patient satisfaction at Bunda Thamrin General Hospital, Medan. A survey method was employed using a saturated sample, which included all patients who met the criteria during the data collection period, resulting in 180 respondents. The research instrument was a questionnaire that had been tested for validity and reliability, and the data were analyzed using a simple linear regression test. The results showed that therapeutic communication was predominantly in the "sufficient" category (48.9%), while the majority of patient satisfaction was in the "satisfied" category (41.7%). Simple linear regression analysis revealed a significant effect of therapeutic communication on patient satisfaction, with a p -value < 0.001 . These findings confirm that therapeutic communication plays a crucial role in improving patient satisfaction. Therefore, hospitals and medical personnel should integrate therapeutic communication into professional practice and work ethics by consistently prioritizing effective communication in every service.

keywords: Therapeutic communication, patient satisfaction, medical

To cite this article :

Rizka Maulidia, Zulfendri, R. K. R. (2025). The Effect of Therapeutic Communication on Patient Satisfaction in the Cardiac Outpatient Services at Bunda Thamrin General Hospital, Medan. *International Journal of Health, Education and Social (IJHES)*, 8(9), 58–68



Introduction

Communication is a fundamental element of human interaction, particularly in healthcare. Effective communication enables the clear exchange of information between medical personnel and patients, ensuring that patients understand their condition, treatment procedures, and the necessary steps in their care (Nuraliza, 2024). One essential form of communication in healthcare is therapeutic communication, which emphasizes not only the delivery of information but also empathy, respect, and emotional support. This approach fosters patient trust in healthcare personnel (Sharma & Gupta, 2025; Ernstmeyer & Christman, 2022).

Patient satisfaction is a crucial indicator of successful healthcare services (Ferreira et al., 2023). Factors influencing satisfaction include service quality, the competence of medical personnel, and the quality of communication during the care process (Dwijayanti et al., 2024). Effective communication helps patients feel valued, understood, and cared for in line with their expectations (Kwame & Petrucka, 2021). Several studies have demonstrated that therapeutic communication has a significant impact on patient satisfaction (Priyantini et al., 2023), especially in outpatient cardiac care, where clear information and emotional support are vital (Azhar & Kusumawati, 2022).

Therapeutic communication encompasses both verbal and nonverbal aspects, including intonation, facial expressions, and body language (Stuart, 2011). Elements such as eye contact, a smile, and a calm tone of voice can increase patient trust and comfort. However, many medical personnel still pay insufficient attention to nonverbal cues, leading to interactions that may feel awkward and impersonal (Salam et al., 2024). A similar situation was observed at Bunda Thamrin General Hospital in Medan. Although this hospital is a referral center for heart disease, serving more than 6,000 patients in 2024, a preliminary study at the Cardiac Outpatient Clinic revealed low levels of patient satisfaction. Of the 30 patients interviewed, 19 expressed dissatisfaction with the communication of medical personnel. Reported complaints included information being delivered too quickly, the use of complex medical terminology, limited opportunities to ask questions, and interactions perceived as unfriendly.

The researcher's experience as a cardiologist at Bunda Thamrin General Hospital further highlights the crucial role of therapeutic communication. Some patients even sought treatment abroad, particularly in Malaysia, because they felt more comfortable with the doctors' simple, reassuring, and optimistic communication style there. In daily practice, explanations delivered in straightforward, empathetic, and reassuring language have proven more acceptable to patients. This demonstrates that therapeutic communication is not merely an additional component of care, but a vital factor influencing patient compliance, perception, and comfort.



To improve patient satisfaction, a personalized approach is essential. Examples include addressing patients by name, giving extra attention to anxious patients, and maintaining a warm communication style (Sharkiya, 2023). Hospital system support is also needed, particularly regarding adequate consultation time and the use of digital technology to clarify health information (Sheehan et al., 2021; Alexander et al., 2021). Hospital management plays a crucial role in establishing communication standards, providing training, and integrating communication quality into the performance evaluation of medical personnel. Through a comprehensive strategy, improvements in the quality of therapeutic communication can be achieved, ultimately enhancing patient satisfaction and the overall quality of healthcare services at Bunda Thamrin General Hospital, Medan.

Methods

This research employed a survey design and was conducted at Bunda Thamrin General Hospital, Medan, from January to August 2025. The study population comprised all outpatients undergoing examinations at the hospital's cardiac polyclinic, with the total population size unknown.

The sampling technique applied was saturated sampling, in which all patients who met the inclusion criteria during the data collection period were included as respondents, without random selection or statistical formula-based calculations. Respondents were patients at the cardiac polyclinic who visited within a two-week period and met the following criteria: aged ≥ 18 years, had attended at least three consultations with a cardiologist, were conscious, and able to provide answers independently.

The variables in this study were therapeutic communication as the independent variable and patient satisfaction as the dependent variable. Data were collected through structured, closed-ended questionnaires administered via interviews. Data analysis was carried out in stages, beginning with univariate analysis to describe the frequency distribution of each variable, followed by bivariate analysis using simple linear regression to examine the effect of therapeutic communication on patient satisfaction.

Results

Characteristics of Patients in the Cardiac Outpatient Clinic at Bunda Thamrin General Hospital, Medan

The patient characteristics observed in this study included age, gender, occupation, education, income, length of visit, and health insurance. Based on the frequency distribution of



180 respondents, 54 respondents (30.0%) were aged ≤ 40 years, while 126 respondents (70.0%) were aged > 40 years. The gender distribution showed that 82 respondents (45.6%) were male and 98 respondents (54.4%) were female.

In terms of occupation, 39 respondents (21.7%) were private employees, 45 respondents (25.0%) were civil servants, 45 respondents (25.0%) were self-employed, and 51 respondents (28.3%) were unemployed. Regarding education, most respondents held a bachelor's degree (87 respondents, 48.3%).

For income, 55 respondents (30.6%) reported earnings of more than 10 million, while 47 respondents (26.1%) earned 5–10 million. The distribution of visit frequency showed that 44 respondents (24.4%) had visited fewer than five times, while 136 respondents (75.6%) had visited five times or more.

Regarding health insurance, most respondents were covered by BPJS Non-PBI (74 respondents, 41.1%), followed by BPJS Independent (56 respondents, 31.1%).

Table 1. Frequency Distribution of Patient Characteristics in the Cardiac Outpatient Clinic at Bunda Thamrin General Hospital, Medan (2025)

Variables	n	%
Age		
≤ 40 years	54	30.0
> 40 years	126	70.0
Gender		
Man	82	45.6
Woman	98	54.4
Work		
Private sector employee	39	21.7
civil servant	45	25.0
Doesn't work	51	28.3
Self-employed	45	25.0
Education		
Elementary School/Equivalent	9	5.0
Junior High School/Equivalent	10	5.6
High School/Equivalent	19	10.6
Diploma	42	23.3
Bachelor	87	48.3
Postgraduate	13	7.2
Income (Rupiah)		
< 1 million	16	8.9
1-3 million	16	8.9
3-5 million	46	25.6
5-10 million	47	26.1
> 10 million	55	30.6
Length of Visit		



Variables	n	%
< 5 times	44	24.4
≥5 times	136	75.6
Health Insurance		
Private Health Insurance	5	2.8
BPJS Non PBI	74	41.1
BPJS Mandiri	56	31.1
BPJS PBI	44	24.4

Therapeutic Communication in Cardiac Outpatient Services at Bunda Thamrin General Hospital, Medan

Therapeutic communication was assessed using 13 statement items that served as indicators. Based on the responses of 180 participants, 47 respondents (26.1%) were categorized as poor, 88 respondents (48.9%) as sufficient, and 45 respondents (25.0%) as good.

Table 2. Categories of Therapeutic Communication in Cardiac Outpatient Services at Bunda Thamrin General Hospital, Medan (2025)

Therapeutic Communication	n	%
Not good	47	26.1
Enough	88	48.9
Good	45	25.0

Patient Satisfaction with Cardiac Outpatient Services at Bunda Thamrin General Hospital, Medan

Patient satisfaction was assessed using 11 statement items as indicators. Based on the responses of 180 participants, 10 respondents (5.6%) were categorized as less satisfied, 48 respondents (26.7%) as quite satisfied, 75 respondents (41.7%) as satisfied, and 47 respondents (26.1%) as very satisfied.

Table 3. Categories of Patient Satisfaction with Cardiac Outpatient Services at Bunda Thamrin General Hospital, Medan (2025)

Patient Satisfaction	n	%
Less satisfied	10	5.6
Enough	48	26.7
Satisfied	75	41.7



Very satisfied

47

26.1

Cross-Tabulation of Therapeutic Communication and Patient Satisfaction in Cardiac Outpatient Services at Bunda Thamrin General Hospital, Medan

A cross-tabulation was conducted between the independent and dependent variables to examine the relationship between therapeutic communication and patient satisfaction in cardiac outpatient services at Bunda Thamrin General Hospital, Medan.

Of the 47 respondents categorized as having poor therapeutic communication, most patient satisfaction was in the “quite satisfied” category (30 respondents, 63.8%), while the rest were in the “less satisfied” (19.1%) and “satisfied” (17.0%) categories. Among the 88 respondents in the sufficient therapeutic communication category, the majority reported being “satisfied” (58 respondents, 65.9%), with the remainder categorized as “very satisfied” (12.5%), “quite satisfied” (20.5%), and “less satisfied” (1.1%). Of the 45 respondents in the good therapeutic communication category, most reported being “very satisfied” (36 respondents, 80.0%), while the rest were in the “satisfied” category (20.0%).

Table 4. Cross-Tabulation of Therapeutic Communication and Patient Satisfaction in Cardiac Outpatient Services at Bunda Thamrin General Hospital, Medan (2025)

Variables	Patient Satisfaction									
	Less satisfied		Enough		Satisfied		Very satisfied		Total	
	n	%	n	%	n	%	n	%	n	%
Therapeutic Communication										
Not good	9	19.1	30	63.8	8	17.0	0	0.0	47	100
Enough	1	1.1	18	20.5	58	65.9	11	12.5	88	100
Good	0	0.0	0	0.0	9	20.0	36	80.0	45	100

The Influence of Therapeutic Communication on Patient Satisfaction in Cardiac Outpatient Services at Bunda Thamrin General Hospital, Medan

Data analysis was carried out using a simple linear regression test to determine the influence of therapeutic communication on patient satisfaction. Prior to conducting the regression analysis, a classical assumption test was performed to ensure that the requirements were met.



Simple regression analysis is based on the causal relationship between one independent variable and one dependent variable. The regression coefficient is used to determine whether the independent variable in the regression equation has a significant effect on the dependent variable. The results of the simple linear regression analysis of the independent variable (therapeutic communication, X) on the dependent variable (patient satisfaction, Y) are presented below:

Table 5. Multivariate Analysis of the Effect of Therapeutic Communication on Patient Satisfaction in Cardiac Outpatient Services at Bunda Thamrin General Hospital, Medan (2025)

Model	Variables	R	R ²	Coefficient (B)	95%CI		p-value
					Lower	Upper	
1	Constant			10,451	8,554	12,348	
	Therapeutic Communication	.908	.825	.674	.628	.720	<0.001

Based on the analysis results, the simple linear regression equation is as follows:

$$Y = 10.451 + 0.674X$$

The interpretation of the regression equation is as follows:

1. The constant value is **10.451**, indicating that if the independent variable (therapeutic communication) is 0, the predicted value of patient satisfaction (Y) is 10.451.
2. The regression coefficient of the therapeutic communication variable is **0.674**, meaning that for every 1-unit increase in therapeutic communication, patient satisfaction increases by 0.674.
3. The hypothesis test shows a significance value of **p < 0.001**, which is less than 0.05. Therefore, **H₀ is rejected**, indicating that therapeutic communication has a significant influence on patient satisfaction in cardiac outpatient services at Bunda Thamrin General Hospital, Medan.

Discussion

The Influence of Therapeutic Communication on Patient Satisfaction in Cardiac Outpatient Services at Bunda Thamrin General Hospital, Medan

Therapeutic communication is a form of interaction designed to assist patients in the healing process and in managing health problems. This interaction emphasizes the use of effective communication techniques, such as active listening, providing emotional support, and explaining



medical information in simple language. Through therapeutic communication, healthcare professionals can highlight the importance of treatment and lifestyle changes, thereby improving patient adherence to treatment plans. Skills such as attentive listening, empathy, and clear information delivery are essential aspects of this communication, which has been shown to enhance patient comfort and satisfaction (Ulfitri, 2023).

The results of this study show a significant influence of therapeutic communication on patient satisfaction in the cardiac outpatient clinic at Bunda Thamrin General Hospital, Medan. This finding aligns with theories that highlight the importance of empathy, openness, and the use of plain language in building strong doctor–patient relationships. Previous research also confirms that communication quality is a dominant factor in improving patient satisfaction (Hasna et al., 2021). Patients report feeling safer, more valued, and better understood when doctors listen attentively and provide clear explanations. From a management perspective, this demonstrates that communication is not only a clinical skill but also a strategic element of service quality and hospital competitiveness.

The regression analysis yielded a coefficient of 0.674, indicating a positive effect: the better the therapeutic communication, the higher the patient satisfaction. This result is consistent with previous studies (Rambe et al., 2021; Syamsudin & Rahma, 2022), which also identified a significant positive relationship between therapeutic communication and satisfaction. Similarly, Chen et al. (2025) confirmed that dimensions such as medical information clarity and communication skills are important predictors of patient satisfaction, covering both technical aspects—such as diagnostic explanations, therapeutic benefits, and examination objectives—and non-technical aspects, including the use of lay language and attentive listening.

However, this study also revealed that the majority of therapeutic communication was still rated as “adequate” (48.9%). This may be due to the high patient volume and physician workload, which tend to shift the focus of interactions toward technical medical tasks rather than interpersonal engagement. Additionally, factors such as patient health literacy, educational background, communication culture, and passivity in patient behavior may also influence the effectiveness of two-way communication. As a result, even when medical services meet technical standards, the lack of emotional support and empathy can reduce patient satisfaction.

Patients with heart disease generally experience higher levels of anxiety, which requires therapeutic communication that delivers not only medical information but also emotional support. Such communication acts as a non-pharmacological therapy that helps reduce anxiety while providing education about symptoms, risk management, and preventive measures. A strong doctor–patient relationship creates a safe space for patients to express concerns, ultimately increasing their sense of security, trust, and adherence to treatment.



Several studies reinforce the importance of this interpersonal dimension. Ramadhani et al. (2025) emphasized that the polite, attentive, and responsive attitudes of medical personnel significantly enhance patient satisfaction. Similar findings were reported by Hasna et al. (2022) and Yunir et al. (2021), who observed that patients were more satisfied when they received clear explanations, a warm welcome, and the opportunity to participate in decision-making about their care. Therefore, clarity of information, empathy, friendliness, and patient involvement are key components of therapeutic communication that influence satisfaction.

The high patient load in cardiac clinics presents a challenge to the optimal implementation of therapeutic communication. Interactions often concentrate on examinations and treatment, while empathy, clarification, and exploration of patient emotions receive less attention. To address this, managerial strategies are required, including training in empathetic communication, continuous supervision, and workload adjustments. More balanced consultation scheduling would allow physicians to provide both medical explanations and emotional support. With such strategies, therapeutic communication can be applied more comprehensively, in line with the modern healthcare paradigm that positions patients as active partners in the care process.

Conclusion

The results of this study indicate that therapeutic communication in the cardiac outpatient clinic at Bunda Thamrin General Hospital, Medan, was mostly in the adequate category. At the same time, the majority of patients reported being satisfied with the services provided in this unit. These findings confirm that the quality of interactions between medical personnel and patients is a crucial factor in improving service quality, maintaining patient loyalty, and strengthening the hospital's competitiveness. Therefore, therapeutic communication can be considered a strategic element that significantly influences patient satisfaction in the cardiac outpatient clinic at Bunda Thamrin General Hospital, Medan.



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