

Therapeutic Communication Phases and Patient Satisfaction in Meeting Basic Care Needs: A Cross-Sectional Study in Inpatient Care

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Abstract: Therapeutic communication is a core nursing competency that influences patient perceptions of care quality, comfort, safety, and the fulfillment of basic needs during hospitalization. However, evidence remains limited regarding how each phase of therapeutic communication contributes differently to patient satisfaction in inpatient settings. **Objective:** This study aimed to analyze the relationship between therapeutic communication phases orientation, working, and termination and patient satisfaction in fulfilling basic care needs among inpatients at Mitra Sejati General Hospital, Medan. **Methods:** A quantitative analytical study with a cross-sectional design was conducted from January to March 2024. The sample consisted of 71 inpatients selected using consecutive sampling. Data were collected through structured questionnaires administered via interviews and analyzed using descriptive statistics and Spearman's rho correlation test with a significance level of $\alpha = 0.05$. **Findings:** Therapeutic communication was generally rated as good across phases, yet patient satisfaction was predominantly neutral (52.1%). Significant positive correlations were found between the orientation phase and patient satisfaction ($r_s = 0.911$; $p < 0.001$) and between the working phase and patient satisfaction ($r_s = 0.787$; $p = 0.003$), while the termination phase showed no significant relationship ($r_s = -0.134$; $p = 0.265$). **Implications:** The findings highlight the importance of strengthening trust-building communication at the initial and active stages of care. Hospitals should prioritize communication training and clinical protocols that emphasize admission interactions and continuous engagement to improve patient satisfaction and care quality. **Originality/Value:** This study demonstrates that therapeutic communication phases contribute unequally to patient satisfaction and identifies the orientation phase as the most dominant relational component in the inpatient context, offering new insights for patient-centered nursing practice in Indonesia.

Keywords: Therapeutic Communication; Patient Satisfaction; Basic Care Needs; Inpatient Nursing

INTRODUCTION

Healthcare services increasingly face public expectations for more humane and responsive inpatient care, particularly regarding the fulfillment of patients' basic needs such as comfort, rest, nutrition, hygiene, mobility, and safety, which are strongly influenced

by nurse–patient interactions. Therapeutic communication is widely recognized as a fundamental component of nursing practice because effective communication improves care quality, enhances patient experience, and strengthens trust in healthcare systems (Mersha, Teshome, et al., 2023; Molina-Mula et al., 2020). Research also indicates that the quality of interpersonal interaction between nurses and patients significantly shapes patients’ perceptions of care, autonomy, and overall satisfaction, confirming communication as a key determinant of patient-centered healthcare delivery (Molina-Mula et al., 2020)

Empirical evidence further demonstrates that therapeutic communication is positively associated with patient satisfaction in hospital settings. Studies have reported that effective communication behaviors, including empathy, active listening, and clear information delivery, significantly contribute to higher levels of patient satisfaction and improved healthcare outcomes (Gaol, 2025; Hayulita et al., 2024). Moreover, consistent implementation of therapeutic communication across different phases of nursing care has been shown to enhance patient experiences and support the fulfillment of their basic needs during hospitalization (Mersha, Teshome, et al., 2023). These findings highlight the academic importance of examining nurses’ communication behavior and its practical relevance for improving patient-centered care and service quality.

Previous research consistently demonstrates that nurse–patient communication is a crucial determinant of patient satisfaction and healthcare experiences. Therapeutic communication has been shown to enhance patients’ perceptions of care quality, trust, and loyalty toward healthcare institutions (Amahoru, 2023; Wahdatin et al., 2019). Variations in patient satisfaction have also been linked to demographic characteristics such as age, gender, and educational background, indicating that communication outcomes are shaped by individual patient contexts (Alshalawi et al., 2025). In addition, interpersonal relationship–based approaches highlight that effective communication improves patient experiences and service quality (Mersha, Abera, et al., 2023), while structured communication models such as CICARE and SAIDAR have been found to strengthen nurses’ communication skills and patient satisfaction (Laari, 2025; Shen et al., 2025). However, most studies treat communication as a single construct without differentiating the contribution of each therapeutic communication phase, and only limited evidence links communication directly to the fulfillment of patients’ fundamental care needs.

Theoretical and empirical work grounded in Peplau's Interpersonal Relations Theory provides a structured understanding of therapeutic communication through the orientation, working, and resolution phases of the nurse-patient relationship (Forchuk, 2021; Jojan & Carroll, 2025). Applications of this framework across clinical contexts demonstrate improvements in therapeutic alliance, patient engagement, and care outcomes, particularly in mental health and specialized care settings (Arabacı & Taş, 2019; Martinez, 2021). Structured relational approaches have also been shown to enhance patients' understanding of treatment processes and cooperation with care plans (Marchese, 2006; Mesquita Garcia et al., 2025) and recent studies indicate that interventions based on interpersonal models can improve postoperative recovery (Su et al., 2024). Nevertheless, existing research remains largely conceptual or context-specific, with limited empirical evidence examining how individual communication phases influence patient satisfaction in general inpatient settings or how these phases relate to the fulfillment of basic care needs.

Research further highlights that communication in nursing care plays a central role in meeting patients' fundamental needs, comfort, and overall care experiences. Effective communication fosters trust, emotional support, and a sense of safety, enabling nurses to better understand and respond to patients' physical and psychosocial conditions (Afriyie, 2020). Empirical findings indicate that communication quality is associated with positive perceptions of care and improved patient experiences (Coskun Palaz & Erkus Kucukkelepce, 2025; Siokal et al., 2023), while also promoting patient participation in decision-making as a key principle of patient-centered care (Kwame & Petrucka, 2020). Despite this evidence, communication is often examined as part of overall service quality rather than as a specific determinant of basic need fulfillment, and many studies rely on qualitative or conceptual approaches, leaving a gap in comprehensive quantitative analyses that integrate therapeutic communication, patient satisfaction, and fundamental care needs within a unified framework.

The present study aims to examine the relationship between nurses' therapeutic communication behaviors and patient satisfaction in fulfilling basic care needs within an inpatient setting. Specifically, this study analyzes the contribution of each phase of therapeutic communication orientation, working, and termination to patient satisfaction, thereby addressing the limitation of previous research that has predominantly treated communication as a single global construct. By integrating the assessment of therapeutic communication with indicators of basic need fulfillment, this study seeks to provide a more

comprehensive understanding of how interpersonal interactions influence patient experiences and to contribute empirical evidence that supports the improvement of nursing practice and patient-centered care quality.

Building upon theoretical perspectives and empirical findings, this study argues that nurses' therapeutic communication behaviors are a key determinant of patient satisfaction and the fulfillment of basic care needs in inpatient settings. Effective interpersonal interaction is expected to enhance trust, clarity of information, and emotional support, which collectively shape patients' perceptions of care quality (Afriyie, 2020; Amahoru, 2023). It is therefore hypothesized that each phase of therapeutic communication orientation, working, and termination has a positive relationship with patient satisfaction, with the orientation and working phases anticipated to demonstrate stronger effects due to their central role in establishing relationships and delivering care. Furthermore, overall therapeutic communication is predicted to be positively associated with the fulfillment of patients' fundamental needs, providing a conceptual basis for empirically testing communication as a core component of patient-centered care outcomes.

RESEARCH METHOD

The unit of analysis in this study was individual patients who received nursing care in the inpatient wards of Mitra Sejati General Hospital, Medan. The study specifically focused on patients' perceptions of nurses' therapeutic communication behaviors and their level of satisfaction regarding the fulfillment of basic care needs during hospitalization. Patients were selected as the analytical unit because they directly experience nursing services and are therefore able to provide valid evaluations of communication quality and care outcomes. By examining patient perceptions, this study aimed to capture real-world interactions between nurses and patients as indicators of patient-centered care quality.

This study employed a quantitative analytical research design using a cross-sectional approach conducted from January to March 2024. The quantitative approach was chosen because it enables objective measurement of the relationship between therapeutic communication and patient satisfaction through statistical testing. The cross-sectional design was considered appropriate as it allows the researcher to assess the association between variables at a single point in time, providing a practical and efficient method for identifying correlations within a clinical setting. This design is widely used in healthcare

research to evaluate service quality and patient experiences because it can capture current conditions without requiring long-term follow-up.

The population of this study consisted of 245 inpatients recorded at Mitra Sejati General Hospital during October 2023. From this population, a sample of 71 respondents was selected using a consecutive sampling technique. This technique was employed to ensure that all patients who met the inclusion criteria during the data collection period were recruited sequentially until the required sample size was achieved. The inclusion criteria included patients who were conscious, able to communicate effectively, had received nursing care, and were willing to participate in the study, while patients with severe medical instability or cognitive impairment were excluded. The study utilized both primary data collected directly from respondents and secondary data obtained from hospital records to support demographic and clinical information.

Data collection was conducted through structured face-to-face interviews using a standardized questionnaire as the research instrument. The questionnaire was designed to measure therapeutic communication behaviors based on three main phases orientation, working, and termination and to assess patient satisfaction related to the fulfillment of basic care needs, including physical comfort, emotional support, information clarity, and responsiveness of care. Prior to implementation, the instrument was reviewed to ensure clarity of wording and suitability for the inpatient context. Respondents completed the questionnaire after receiving nursing care, ensuring that their responses reflected recent experiences and minimized recall bias. The data collection process was carried out with respect to ethical principles, including voluntary participation and confidentiality of responses.

Data analysis was performed in several stages using statistical procedures. Descriptive statistics were used to summarize respondent characteristics, including age, gender, and length of stay, as well as to describe the distribution of therapeutic communication and satisfaction variables. Inferential analysis was then conducted using Spearman's rho correlation test to examine the strength and direction of the relationship between therapeutic communication phases and patient satisfaction. This non-parametric test was selected because it is appropriate for ordinal data and does not require the assumption of normal distribution. Statistical significance was determined at a confidence level of 95% ($\alpha = 0.05$). The analytical results were interpreted to determine whether therapeutic

communication behaviors significantly influenced patient satisfaction and the fulfillment of basic care needs, thereby providing empirical evidence to test the study hypotheses.

RESULT

Distribution of Therapeutic Communication and Patient Satisfaction

The distribution of therapeutic communication across its phases indicates that most respondents perceived nurses' communication as good. In the orientation phase, 44 respondents (62.0%) rated communication as good, followed by 18 respondents (25.4%) who rated it as fair and 9 respondents (12.7%) as poor. A similar pattern was observed in the working phase, where 57.7% of respondents assessed communication as good, while the proportion of poor ratings slightly increased to 14.1%. In the termination phase, 59.2% of respondents rated communication as good, although this phase recorded the highest proportion of poor ratings (15.5%) among the three phases. These findings suggest that communication performance was generally perceived positively across phases, although weaknesses were more evident in the termination phase at Table 1. Patient satisfaction levels showed a different pattern. More than half of the respondents reported a neutral level of satisfaction (37 respondents; 52.1%), while only a small proportion expressed satisfaction (12.7%) or very high satisfaction (5.6%). The cumulative proportion of dissatisfaction reached 29.6%, indicating that despite favorable communication ratings, overall satisfaction tended to remain moderate rather than high at Table 2.

Table 1. Distribution of Therapeutic Communication by Phase

Phase	Category	Frequency	Percentage
Orientation	Good	44	62.0%
	Fair	18	25.4%
	Poor	9	12.7%
Working	Good	41	57.7%
	Poor		14.1%
Termination	Good		59.2%
	Poor		15.5%

Table 2. Patient Satisfaction Levels

Category	Frequency	Percentage
Very Satisfied		5.6%
Satisfied		12.7%
Neutral	37	52.1%
Dissatisfied		18.3%

Category	Frequency Percentage
Very Dissatisfied	11.3%

Correlation Between Orientation and Working Phases with Patient Satisfaction

The correlation analysis revealed a very strong and statistically significant positive relationship between therapeutic communication in the orientation phase and patient satisfaction ($r_s = 0.911$; $p < 0.001$). This indicates that higher quality communication during the initial interaction phase was strongly associated with higher satisfaction levels. Similarly, communication during the working phase also demonstrated a strong and statistically significant positive relationship with patient satisfaction ($r_s = 0.787$; $p = 0.003$), suggesting that effective communication during care delivery plays an important role in shaping patient satisfaction at Table 3.

Table 3. Correlation Between Orientation and Working Phases with Patient Satisfaction

Phase	r_s	p-value
Orientation	0.911	<0.001
Working	0.787	0.003

Correlation Between Termination Phase and Patient Satisfaction

The correlation analysis for the termination phase showed a weak negative relationship with patient satisfaction ($r_s = -0.134$) that was not statistically significant ($p = 0.265$). This finding indicates that communication at the closing stage of the nurse–patient interaction did not significantly influence patient satisfaction in this study. Compared with the orientation and working phases, the termination phase appeared to have the least impact on satisfaction outcomes at Table 4.

Table 4. Correlation Between Termination Phase and Patient Satisfaction

Phase	r_s	p-value
Termination	-0.134	0.265

DISCUSSION

The findings of this study reveal a contrasting pattern in the relationship between therapeutic communication dimensions and patient satisfaction in the inpatient setting of Mitra Sejati General Hospital. Strong and statistically significant positive correlations were identified in the orientation phase ($r_s = 0.911$; $p < 0.001$) and the working phase ($r_s = 0.787$; $p = 0.003$), whereas the termination phase showed no significant association ($p = 0.265$).

In addition, an empirical discrepancy emerged between the generally positive assessment of nurses' communication performance and the predominance of neutral patient satisfaction responses (52.1%). This pattern suggests the presence of a relational disconnect in which early and ongoing interactions exert a stronger influence on satisfaction than the closing phase of care.

The very strong association observed in the orientation phase indicates that patient satisfaction is highly dependent on the effectiveness of initial trust-building and clarity of information exchange. This finding supports the notion that first-contact interactions shape patient perceptions of care quality, particularly in inpatient contexts where patients experience vulnerability and uncertainty. The strong relationship in the working phase further underscores the importance of continuous interpersonal engagement, emotional support, and participatory communication during treatment. Conversely, the absence of a significant relationship in the termination phase suggests that final interactions may have limited capacity to reshape patient perceptions once expectations have been formed earlier in the care process.

These results are consistent with prior research demonstrating that effective nurse–patient communication is a central determinant of patient satisfaction and perceived quality of care ([Amahoru, 2023](#); [Siokal et al., 2023](#)). From a theoretical perspective, the findings resonate with Peplau's interpersonal relations framework, which emphasizes the orientation and working phases as the core of therapeutic engagement ([Forchuk, 2021](#)). However, this study extends the literature by highlighting the unequal contribution of communication phases, showing that the termination phase may not significantly influence satisfaction outcomes in certain clinical contexts. This nuance contributes to a more differentiated understanding of therapeutic communication dynamics.

From a broader interpretive standpoint, the results indicate that patient satisfaction is shaped not only by clinical effectiveness but also by the relational integrity of care encounters. The discrepancy between positive communication ratings and moderate satisfaction levels implies that communication alone may not fully determine satisfaction; environmental factors, institutional processes, and patient expectations likely interact with interpersonal experiences. Within sociocultural contexts characterized by strong relational norms, early interpersonal engagement may carry particular weight in shaping perceptions of service quality.

The findings also highlight both functional and dysfunctional dimensions of therapeutic communication. While the orientation and working phases appear to function as critical mechanisms for enhancing patient experience, the limited impact of the termination phase suggests potential gaps in discharge communication or patient education processes. This imbalance may reduce opportunities to reinforce understanding, continuity of care, and emotional closure at the end of hospitalization.

Practically, the study provides an empirical basis for strengthening communication competencies in clinical settings. Healthcare institutions should prioritize structured training that emphasizes trust-building, empathic interaction, and clear information delivery during admission and treatment phases. Enhancing discharge communication protocols may also improve continuity and patient confidence. Integrating patient feedback into quality improvement initiatives could further address systemic factors influencing satisfaction beyond interpersonal communication alone.

The originality of this study lies in identifying the orientation phase as the most dominant relational component associated with patient satisfaction in this specific clinical context. Rather than assuming equal importance across communication stages, the findings demonstrate that early relational engagement plays a decisive role in shaping patient perceptions. This insight offers a conceptual contribution by positioning first-contact relational integrity as a strategic focus for improving patient-centered care.

Despite its contributions, this study has several limitations. The cross-sectional design limits causal inference, and the relatively small sample size may constrain generalizability to other hospital settings. The use of self-reported questionnaires may also introduce response bias, particularly reflected in the high proportion of neutral satisfaction responses. Future research should consider longitudinal or mixed-method approaches to explore patients' subjective experiences in greater depth and examine contextual variables such as workload, illness severity, and interaction duration that may moderate communication effects.

Finally, the findings carry important ethical and social implications. The strong associations observed emphasize that therapeutic communication is not merely a procedural requirement but a fundamental component of respecting patient dignity and autonomy. Failure to establish effective communication during early interactions may contribute to ambivalent patient perceptions and weaken trust in healthcare institutions.

Strengthening relational communication practices therefore represents both a professional obligation and a strategic approach to enhancing patient-centered care.

CONCLUSION

This study demonstrates that therapeutic communication plays a crucial role in shaping patient satisfaction in inpatient care, with the orientation and working phases emerging as the most influential components of the nurse–patient interaction. The findings reveal that strong relational engagement during initial contact and ongoing care significantly enhances patient satisfaction, while communication at the termination phase does not appear to exert a meaningful influence. An important insight from this study is the observed discrepancy between generally positive perceptions of communication performance and the predominance of neutral satisfaction levels, indicating that patient satisfaction is a multidimensional outcome influenced not only by communication but also by contextual and experiential factors within the healthcare environment.

The primary scientific contribution of this research lies in providing empirical evidence that different phases of therapeutic communication do not contribute equally to patient satisfaction. By highlighting the dominant role of the orientation phase as a key relational anchor in the care process, this study enriches the theoretical understanding of interpersonal nursing models and offers a more nuanced perspective on patient-centered care. The study also contributes context-specific insights from an Indonesian tertiary hospital setting, thereby expanding the global discourse on communication effectiveness in culturally relational healthcare environments.

Despite these contributions, several limitations should be acknowledged. The cross-sectional design restricts causal interpretation, and the relatively small sample size limits the generalizability of the findings beyond the study setting. Additionally, reliance on self-reported data may introduce response bias and may not fully capture the complexity of patient experiences. Future research is recommended to employ longitudinal or mixed-method approaches to explore patient perceptions more comprehensively and to examine additional contextual variables, such as organizational factors and emotional experiences, that may mediate the relationship between communication and satisfaction. By addressing these limitations, subsequent studies can provide a more holistic understanding of therapeutic communication and its role in improving patient-centered healthcare outcomes.

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