Nurse-patients Communication and Its Relation to Inpatients Satisfaction in Indonesia General Hospital at RSU Bina Kasih

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Keywords: Nurse, patients, communication, inpatients, satisfaction

Abstract: One of the things that affect patient satisfaction in hospital is nurse communication way. The purpose of this study is to determine the association of nurse communication in inpatient installation with patient satisfaction in Bina Kasih Hospital. This research conducted at Bina Kasih Hospital Inpatient Wards on January – April in 2018. The research is a mixed method. The sample used in the first phase was 100 inpatients, and in the second phase were 16 nurses who were divided into 2 FGDs and an in-depth interview with the Chairman of Bina Kasih Hospital Foundation. The results showed that the patient satisfaction at interaction communication stage has the lowest percentage stages (65% - 68%). The basic problem is the problem of assignment transfer between nurses, lack of knowledge about diagnosis, lack of local language skills, low caring level to patients and patient's family who indifferent toward the nurses, the work experience of nurses is still low which yielded to low self-confidence in giving services. It is recommended to Bina Kasih Hospital to evaluate and continuously improve the quality of communication through continuous communication training.

1 INTRODUCTION

Satisfaction is the feeling of pleasure or disappointment of someone who emerges after comparing perceptions or impressions of the performance or outcome of a product and its expectations [Kotler, 2002].

Therapeutic communication is an interpersonal relationship between nurse and patient. It is then necessary for nurses to learn the best communication methods to reach the client's emotional experience [Stuart, 1998]. The results of the nurse communication survey of inpatients wards in RSU Bina Kasih General Hospital from October to December 2017 were 57% and the standard should be above 90%. This general purpose of the study aims is to determine the association of nurse communication with patient satisfaction at inpatient wards and specifically to identify the way of the nurse's communication manner in a general hospital RSU Bina Kasih, and to analyze the nurse communication associated to patient satisfaction.

2 METHODS

This research study is a mixed method between quantitative research design and qualitative research designs with ultimately qualitative research design becomes as this study research priority.

2.1 The First Phase of Research

The design of quantitative data is cross-sectional and the data is to find the percentage of patient satisfaction to nurse communication in inpatient ward which will be presented in a frequency distribution table. The populations are all patients at RSU Bina Kasih inpatients ward around 150 patients per day in March 2018. The incidental sampling technique used is all patients who are being
hospitalized in RSU Bina Kasih at the time of research and the research instrument is questionnaires.

2.2 The Second Phase of Research

The design of this phase is sequential explanatory that qualitative data is used to explain quantitative data. The sample of FGDS is nurses from RSU Bina Kasih inpatient ward with purposive sampling technique and homogenous sampling, and the total was 16 persons divided into 2 FGDS. The sample for the in-depth interview was the chairman of the RSU Bina Kasih Foundation. The main instrument research for this phase is the researcher supported with in-depth interview sheet and set topics for FGDS.

3 RESULTS

3.1 Results of the First Phase

Table 1: The quality of the pre-interaction stage of nurse communication

<table>
<thead>
<tr>
<th>Nu.</th>
<th>Statement</th>
<th>Patient satisfaction</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Neatness and cleanliness of nurse appearance</td>
<td>not satisfied less satisfied satisfied very satisfied</td>
<td>1 13 84 2</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Nurses are calm and able to control their feelings when meeting patients</td>
<td>not satisfied less satisfied satisfied very satisfied</td>
<td>2 23 73 2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The nurse in completing the tool will be used to perform the action</td>
<td>not satisfied less satisfied satisfied very satisfied</td>
<td>2 23 73 2</td>
<td></td>
</tr>
</tbody>
</table>

Table 2: The quality of the interaction stage of nurse communication

<table>
<thead>
<tr>
<th>Nu.</th>
<th>Statement</th>
<th>Patient satisfaction</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The nurse greets and introduces himself when he first interacts with the patient/family</td>
<td>not satisfied less satisfied satisfied very satisfied</td>
<td>4 27 68 1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Provide an opportunity for clients to describe their opinions</td>
<td>not satisfied less satisfied satisfied very satisfied</td>
<td>6 26 67 1</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Nurse attention listening</td>
<td>not satisfied less satisfied satisfied very satisfied</td>
<td>4 29 65 2</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>The nurse asks me about my readiness before taking nursing action.</td>
<td>not satisfied less satisfied satisfied very satisfied</td>
<td>2 30 67 1</td>
<td></td>
</tr>
</tbody>
</table>

Table 3: The quality of the work stage of nurse communication

<table>
<thead>
<tr>
<th>Nu.</th>
<th>Statement</th>
<th>Patient satisfaction</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The nurse explains every action to be performed to the patient</td>
<td>not satisfied less satisfied satisfied very satisfied</td>
<td>3 23 73 1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Nurses explain and educate the patients and families about health</td>
<td>not satisfied less satisfied satisfied very satisfied</td>
<td>0 36 63 1</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The nurse offers help to the patient during difficulty</td>
<td>not satisfied less satisfied satisfied very satisfied</td>
<td>3 24 72 1</td>
<td></td>
</tr>
</tbody>
</table>
3.2 Result of the Second Phase

Table 5: Results of first FGDs (problems summed up)

<table>
<thead>
<tr>
<th>Informant</th>
<th>Keywords</th>
<th>Category</th>
</tr>
</thead>
</table>
| Nurses    | • ...less mastering...  
           | • ...doctor diagnosis...less mastering...  
           | • ...promising the doctor will come earlier...meanwhile, the doctor comes late... | Mastering the knowledge |
| ?????     | • ...local language...  
           | • ...not all been told during transfer...  
           | • ...patient’s family indifferent...  
           | • ...low caring level... | Mastering the local language  
           | Transfer assignment process  
           | The attitude of the patient's family  
           | Nurse behavior |

Table 6: Results of second FGDs (problems summed up)

<table>
<thead>
<tr>
<th>Informant</th>
<th>Keywords</th>
<th>Category</th>
</tr>
</thead>
</table>
| Nurses    | • ...we less familiar about...side effect...  
           | • ...not familiar with the disease...  
           | • ...his thromocyte has been explained...not satisfy...  
           | • ...from ER...has not been explained...been | Mastering the knowledge  
           | Transfer assignment process |

4 DISCUSSIONS

The nurses play an important role in the process of caring for the patients because, in terms of service time, the since nurses have the longest service time to the patients compared to the medical doctors. Medical doctors in charge of the patient who generally visits the patient at least once a day and the duration of the visit ranges from 5 to 10 minutes per patient.

One of the processes of inpatient nursing is communication. Good communication can improve patient's compliance in terms of treatment and nursing process. As well as having a significant role in the satisfaction of patient who treated, otherwise will reduce patient satisfaction [Hadi, 2013].

Based on the first phase research is showed that patient satisfaction on interaction communication stage has the lowest satisfaction percentage around 65% - 68%. And those result also the same with other researchers that the implementation of therapeutic communication of polyclinics nurses on orientation (interaction) stage is around 35% because of some of the nurses do the implementation of therapeutic communication while some of them none [Kusumo, 2016].

According to the books of Science Nurse Communication for Nursing Students that the orientation (interaction) stage is the beginning...
meeting with the patient which aims to validate the accuracy of the data and plans that have been made in accordance with the current state of the patient. In starting a relationship, the main task is to foster trust, acceptance, understanding and opened communication with patients [Nurhasanah, 2010]. Analysis result of nurse communication problems in table 5 to table 7 also caused by the nurse violation against the standards that have been determined by RSU Bina Kasih internal regulations about effective communication policy, giving information and education policy, and the provisions of communication standards by the National Accreditation Standard of Hospital, the First Edition 2017 [Hospital Accreditation Commission, 2017].

The orientation (interaction) stage is the introductory stage between the nurse and the patient, by introducing themselves to the patient means that the nurse has been open to the patient and gives a comfortable impression of the services provided to the patient [Suryani, 2016]. With a good therapeutic communication at the orientation (interaction) stage, the nurse will find the easier way to dig outpatient complaints (Reference).

Good attitudes and behaviors by nurses can often cover deficiencies in terms of facilities and infrastructure [4] it agrees with the statement from the Chairman of RSU Bina Kasih Foundation “...in management concept, human resources are a power, include infrastructure, management system, yes but, yaa that human resources. Yea if we sort between hospital infrastructure, management, and human resources, of course, human resources have the greatest role, haaa..but, if we think more, among human resources, so communication way of human resources has the greatest role...”

5 CONCLUSIONS

Patient satisfaction of nurse communication in RSU Bina Kasih inpatients ward is not in accordance with the standard that has been determined by the Decree of the Minister of Health of the Republic of Indonesia number 129/Menkes/SK/II/2008 about Minimal Standards Hospital Appendix II Description Minimum Service Standards Inpatient Services point 10 Inpatient Customer Satisfaction where the specified standard is ≥ 90%.

Interaction stage of nurse communication is becoming the main priority in this study as a source of problems to patient satisfaction. There is a relationship between the low quality of nurse communication relates to the low level of patient satisfaction and is often caused by:

- Less mastering and lack of knowledge of diagnosis, medical treatments among nurses in the hospital
- The assignment patient transfer done by nurses is not in accordance with RSU Bina Kasih standard operational procedure.
- Lack of nurses’ confidence while communicating with patient or patient’s family that makes hesitation during services
- Lack of experience or length of work, and nurse communication training in the hospital
- The increased quality of nurses’ communication to patients will have an impact on the quality of hospital services and increased patient safety at in hospitals.

Based on conclusions above, it is advisable for nurses and hospital management to improve the attitudes and behavior of nurses, especially raising the level of awareness for communication to patients or families of patients in hospitals professionally, care about the rule of law, hospital accreditation standard about communication to patients, always improve the knowledge of the mostly founded diagnosis in hospital, and always make internal or external trainings about nurse communication regularly.

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