Assessment of Therapeutic Communication and Patients Satisfaction toward Nursing Care.

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Abstract

Background: Patient satisfaction is a primary indicator of healthcare quality. Effective nurse-patient therapeutic communication enhances satisfaction and leads to improved health outcomes. Furthermore, nurse-patient communication plays a vital role in improving not only the patient's relationship with the nurse but also the patient's own perception of the treatment process and outcome. Moreover, possessing practical communication skills is essential for healthcare providers' practice and their ability to understand the clinical symptoms, as well as the psychological and emotional needs of their patients. **Aim**: To investigate the relationship between therapeutic communication and patient satisfaction toward nursing care. **Design**: A descriptive correlational research design was utilized to conduct this study. **Setting**: This study was conducted at Al Rahmaniya Central Hospital, collecting from all inpatient care units (n=6) as follows: obstetric, general medical, general surgical, isolation for COVID-19, dialysis, and general intensive care. **Subjects**: Two groups: All staff nurses who were working in the previously mentioned setting(n=200) and Patients attending the previously mentioned settings at discharge time(n=400). **Tools:** Two tools were used. Tool one: "Nurse–Patient Therapeutic Communication Sheet ."Tool two: "La Monica Oberst Patient Satisfaction Scale ". **Results:** The majority of nurses (72.5%) had moderate therapeutic communication levels, while 94.5% of patients reported moderate satisfaction. A statistically significant positive correlation was found between total therapeutic communication and total satisfaction (r = 0.714, p = 0.026). The dimensions of therapeutic communication (professional, contextual, and patient-centered) are also significantly correlated with patient satisfaction. **Conclusion:** The findings of this study indicate that there were positive, highly statistically significant correlations between total therapeutic communication and patient satisfaction**. Recommendations:** Conduct regular training programs and a series of workshops on therapeutic communication skills for staff nurses and provide a supportive environment that allows for adequate time and resources.

Keywords: Therapeutic Communication, Patient Satisfaction, Nursing Care, Nurse–Patient Interaction

Introduction

The performance of any healthcare system is directly linked to the quality of communication between healthcare providers and patients. Therapeutic communication, in particular, enhances the patient's trust, reduces anxiety, and facilitates the delivery of personalized care. (Sharma & Gupta, 2023) As nurses often serve as the first and most consistent point of contact, their ability to communicate effectively has a profound impact on patient outcomes and perceptions. (Sharkiya, 2023) Patient satisfaction has been widely recognized as a key indicator of healthcare quality, influencing service utilization, hospital ratings, and clinical outcomes. (Sharkiya, 2023) When both therapeutic communication and satisfaction are optimized, the healthcare system benefits from reduced readmission rates, improved continuity of care, and stronger trust between providers and the community. (H. J. Lee et al., 2022; Alotaibi, 2024)

(Pavlova, 2024) defines therapeutic communication as "a multifaceted, holistic process of interaction between medical providers and patients, using both verbal and nonverbal methods to identify patient needs, share information, solve problems, and build emotional rapport ."Therapeutic communication is a fundamental aspect of nursing practice, significantly impacting patient-centered outcomes such as satisfaction, treatment adherence, and overall well-being. (S. H. Lee & Yoo, 2024) Moreover, therapeutic communication acts as a cornerstone for establishing therapeutic relationships, improving healthcare delivery, and strengthening healthcare systems through its direct influence on patient safety, satisfaction, and clinical outcomes. (Sharkiya, 2023) Respectful and clear communication reduces patient uncertainty, fosters shared decision-making, and supports medication compliance and social support systems.(Kwame & Petrucka, 2021) Moreover, effective communication skills have positive outcomes in patient recovery, positive teamwork, and improve the physiological status of the patient to promote health, which leads to a patient satisfaction level. (Norouzinia et al., 2016) So, in clinical settings, having appropriate communication guarantees a better psychological position of the recipient of health services and success in treating the disease, controlling the pain, remembering the history of the disease, and enhancing the satisfaction of the patients. (Marhamati et al., 2016)

Patient satisfaction serves as an essential indicator of care quality and reliably predicts future health-seeking behaviors.(Hawrysz et al., 2021) Defines patient satisfaction as "a subjective emotional response reflecting the extent to which healthcare services meet individuals' prior expectations and personal needs ."A comprehensive systematic review highlights that patient satisfaction is frequently used to guide organizational policy and demonstrates a tangible impact on clinical results, malpractice claims, and the delivery of timely, patient-centered care. (Ferreira et al., 2023)

Besides, hospitals with high patient experience ratings consistently see lower readmission rates, improved adherence to treatment regimens, better engagement with care protocols, and stronger financial performance. (Burke & Carter, 2023) Furthermore, higher satisfaction correlates with reduced unnecessary emergency department visits and fewer complications because patients better understand discharge instructions and early warning signs. (Nilakanth, 2021) Satisfaction is a powerful tool for improving health outcomes, operational efficiency, and patient safety across the healthcare system. (Hawrysz et al., 2021)

Effective communication between healthcare providers and patients is directly linked to increased patient satisfaction. When patients feel that their concerns are heard and understood, they are more likely to trust healthcare providers and be satisfied with the care they receive. The relationship between therapeutic communication and patient satisfaction is crucial for ensuring high-quality care. Effective communication not only increases patient satisfaction but also leads to better health outcomes, fewer medical errors, and stronger patient-provider relationships. (Gustafsson et al., 2020) The significance of therapeutic communication in healthcare is undeniable, particularly in its impact on patient satisfaction. Strong, effective communication between nurses and patients ensures that patients feel understood and supported, directly influencing their perception of care. When patients perceive that their healthcare providers genuinely care about their well-being, they are more likely to express satisfaction with the care they receive. (Ferreira et al., 2023)

So, the present study will help to explain the relationship between therapeutic communication and patient satisfaction from nursing care by identifying key communication strategies that influence patient perceptions and enhance overall satisfaction. So, the present study will focus on evaluating the effectiveness of nurse-patient therapeutic communication and its influence on patient satisfaction with the nursing care plan, aiming to identify key areas where communication can be improved to enhance patient outcomes.

Aim of the Study

Assess therapeutic communication and patient satisfaction toward nursing care at Al-Rahmaniya Central Hospital, El-Beheira Governorate.

Research question

Does therapeutic communication affect patient satisfaction toward nursing care at Al-Rahmaniya Central Hospital, El-Beheira Governorate?

Materials and Methods

Design: A descriptive research design was used to conduct this study.

Setting: This study was conducted at Al Rahmaniya Central Hospital, which is affiliated with the Ministry of Health and Population (MOHP), with a bed capacity of 128 beds. The hospital is considered the main central hospital in EL-Beheira Governorate. Data was collected from all inpatient care units (n=6) as follows: obstetric, general medical, general surgical, isolation for COVID-19, dialysis, and general intensive care.

Subjects: The subjects of this study were as follows: two groups:
• All staff nurses enrolled in the previously mentioned setting available at the time of the study, approximately (N=200): professional nurses (n=30), and technical nurses (n=170) with at least one year of experience.
• A convenient sample of 400 patients who attended the previously mentioned setting,

Tools: The study used two tools for data collection:

Tool I: Nurse-Patient Therapeutic Communication Scale
It was developed by Granados-Gámez et al. (2022) and adapted by the researcher to assess nurse patients' therapeutic communication. It included 49 statements which were categorized under three main dimensions namely; **professional** (20 items) such as (I always communicate with the patient no matter what else I am doing; and I share my point of view with patients when asked, even when it is not the same as theirs), **contextual** (14 items) such as (I find myself thinking that time spent talking to patients is the reason why other tasks I have scheduled get delayed, and I am aware of how I am feeling at all times and how this can influence my relationship with patients), and **patients** (15 items) such as (I ask patients about theirexperience with decision-making in order to meet their needs, and I identify factors related to their cultural ways in the communicative messages of patients). Each item is scored on a seven-point Likert scale, but it was reduced into five points for ease of statistical analysis, where 1= not important and 5= very important. The responses of the nurses were scored, then summed together, and the total score ranged from 49 to 245 and was categorized into three levels. These levels were high level of therapeutic communication (180-245), moderate level of therapeutic communication (114-179), and low level of therapeutic communication (49-113).

Tool II: La Monica Oberst Patient Satisfaction Scale (LOPSS) (Appendix)
It was developed by La Monica and Oberst in 1986 to assess the patients ' satisfaction with nursing care. It was adapted by the researcher. It included 41statements which were categorized under three main dimensions namely, **dissatisfaction**(17 items) such as (Is not as attentive as (s)/he should be), **interpersonal support** (13items) such as (Tells me what treatment effects to expect), and **good impression** (11item) such as (Just talking makes me feel better). Each item is scored on a seven-point Likert scale, but it was reduced to five points for ease of statistical analysis, where 1= never and 5= always. The responses of the patients were scored and then summed together, and the total score ranged from 41 to 205 and was categorized into three levels. These levels were high levels of satisfaction (151-205), moderate levels of satisfaction (96-150), and low levels of satisfaction (41-95).

Methods
1-An Official permission was obtained from the Dean of the Faculty of Nursing University and the responsible authorities of the study settings at Al Rahmaniya Central Hospital after an explanation of the study's aim.

2-The two tools were translated into Arabic and tested for its content validity by five experts in the field of the study. Accordingly, no modifications were done.

3- The reliability of tools I and II was tested statistically using Cronbach's alpha coefficient test as follows: tool I Nurse–Patient Therapeutic Communication Scale was0.987, and tool II, La Monica Oberst Patient Satisfaction Scale (LOPSS), was 0.735.

4- A pilot study was carried out on (10%) of total sample size; nurses (n=20) andpatients (n=40) representing before starting the data collection. These nurses and patients were not included in the total study subjects in order to check and to ensure the clarity and feasibility of the study's tools and to identify obstacles and problems that may be encountered during data collection. Based on findings of the pilot study, modifications were done.

Data collection:

• Data were collected from the staff nurses through the distribution of a self-administered questionnaire after explaining the aim of the study at the work setting using the previously mentioned tools. Instructions were given after obtaining informed consent from the study subjects before the distribution of the questionnaires.

• The questionnaire was completed in the presence of the researcher to ensure the objectivity of staff nurses' responses, non-contamination of their opinions, and to check that all items were answered. Each tool took approximately 20 to 30 minutes for each nurse and around 30 to 45 minutes for each patient. Data was collected by the researcher over a period of 52 weeks; (from February 2023 to February2024).

Ethical considerations:

• The research approval was obtained from the Research Ethics Committee (REC) at the Faculty of Nursing- Damanhour University prior to the start of the study.

• A written informed consent was obtained from the study subjects after an explanation of the aim of the study.

• Study subjects had the right to refuse to participate or withdraw from the study at any time.

• Privacy and confidentiality of the collected data were maintained and assured in this study.

• The anonymity of the study subjects was considered.

• The code of ethical approval number is (2-77).

Statistical Analysis:

Suitable statistical analysis tests were used to identify significant relations and to answer the research question. The collected data were coded and entered in special format to be suitable for computer feeding. Following data entry, checking and verification process were carried out to avoid any errors. Data were analyzed using Statistical Package for the Social Sciences SPSS (version 25). Quantitative data were described using numbers, percentage and the range, arithmetic mean, standard deviation. Qualitative data were described using number and percent. Significance of the obtained results was judged at the 5% level. Data were classified into numerical or categorical as appropriate.

Descriptive statistical measures used, which included: numbers, percentages, and averages (Minimum, Maximum, Arithmetic mean ($\bar{x}$), Standard deviation (SD). Statistical analysis tests, which included: Chi square, and regression analysis.

Table 1 shows the distribution of the studied nurses according to their basic characteristics. It was noticed that more than two fifths (42.5%) of the studied nurses aged from 20 to less than 30 years, while more than one third (38%) of them aged from 30 years to less than 40 years. On the other hand, around one fifth (19.5%) of them were aged 40 years and more. Concerning the nurses' sex, more than two-thirds (68.5%) of them were female, and the rest (31.5%) were male. Moreover, the majority (85.0%) of the studied nurses were staff nurses, and 15% of them were professional nurses. Furthermore, less than one-fifth (15.5%) of the studied nurses had less than 5 years of experience since graduation, while around two-fifths (39.5%) of them had from five to less

than ten years of experience. In addition, less than half (45%) of them had 10 years and more of experience. Additionally, more than one-quarter of the studied nurses (26.5%) had less than 5 years of experience in the working unit, while more than one-third of them had either from 5 to less than 10 years of experience or had 10 years or more of working unit experience (38%, 35.5%), respectively

Table 2 illustrates the distribution of the studied nurses according to the level of nurse-patient therapeutic communication. Pertaining to the total nurse- patient therapeutic communication, less than three quarters (72.5%) of studied nurses had moderate level, and only 15.5% of them had high level. Concerning professional dimension, more than three quarters (77%) of the studied nurses had moderate level, and less than one fifth (16.5%) of them had low level, and only 6.5% of them had high level. Regarding contextual dimension, less than two thirds (62.5%) of the studied nurses had moderate level, while one fifth of them had low level, and 17.5% of them had high level. Regarding patient's dimension, more than two thirds (68%) of the studied nurses had moderate level, while 19% of them had high level, and only 13% of them had low level.

Table 3 displays that there was a highly statistically significant relationship between levels of therapeutic communication and job status, where (p=0.000). In relating to age, less than one fifth (16.5%) of the nurses aged from 20 to less than 30 years old compared to around one tenth (10.3%) of the nurses aged 40 years and more had high level of nurse-patient therapeutic communication. Furthermore, less than one fifth (16.8%) of female nurses had high level of therapeutic communication in comparison to (12.7%) of male nurses. On the other hand, two fifths of the professional nurses compared to 11.2% of the staff nurses had high level of therapeutic communication.

Table 4 portrays the distribution of the studied patients according to personal characteristics. It was noted that more than two-fifths (44.5%) of the studied patients were aged less than 45 years, while a minority (3.5%) of them were aged 65 years and older. Moreover,

less than two thirds (61%) of the patients were female and 59.3% of them were married. Furthermore, less than one fifth (15.8%) of them were illiterate and around one tenth (9%) of them had a university education.

Table 5 shows that the vast majority (94.5%) of the patients had moderate level of total satisfaction, while minorities of them had low and high level of satisfaction (1%, 4.5%), respectively. Pertaining to dissatisfaction minorities of the patients had either low or high level of dissatisfaction (1.0 and 2.0 respectively), while the vast majority (97%) of them had a moderate level of dissatisfaction dimension. Regarding interpersonal support, the majority (90.5%) of the patients had moderate level, while (2%, 7.5%) of them had low and high level, respectively. Concerning good impression, the majority (90%) of the patients had moderate level and one tenth of them had high level.

Table 6 illustrates that 5.6% of the patients aged less than 45 years had high level of patient satisfaction compared to less than one fifth (14.3%) of patients aged 65 years and more also had high level of patient satisfaction. In addition, 4.5% of the male and female patients had high level of satisfaction. Moreover, around one tenth (9.7%) of the single patients compared to 4.2% of the married patients and minorities of the divorced and widowed patients (2.3%, 1.7%), respectively had high level of satisfaction. Finally, a minority (1.6%) of the illiterate patients compared to 2.8% of the patients with university education had high satisfaction level.

Table 7 reveals that the r^2 value is (0.113) which means that only (11.3%) of variability in the dependent variable is explained by the studied characteristic in the model with overall model significance of (F= 3.225, P = 0.0004). Furthermore, only five variables were found to have significant effect on the nurse-patient therapeutic communication namely, job status (P = 0.000), total dissatisfaction (P=0.000), interpersonal support (P = 0.000), good impression (P = 0.000) and patient satisfaction (P =0.000).

Table 8 reveals that the R^2 value was 0.607 which means that 60.7% of the variability

in the dependent variable is explained by the studied variable in the model, with overall model significance (F=22.331, P=0.000).The table reveals that the three dimensions of the therapeutic communication as well as the overall therapeutic communication have significant effect on the patient's satisfaction namely professional communication (p = 0.016), contextual communication (p = 0.033), patients communication (p = 0.034) and the overall therapeutic communication (p = 0.003).

Table 9 reveals that the total satisfaction had positive statistically significant relationships with the dimensions of nurse-patient therapeutic communication namely, professional communication, contextual communication, and total patient communication, where p= (0.011, 0.026, 0.038), consequently. Moreover, the total communication had highly negative statistically significant relationships with dissatisfaction, where (p = 0. 009). Furthermore, there were statistically significant relationship between total communication and interpersonal support, and good impression, where (p=0.031, 0.010), respectively.

Discussion

Nurses play an essential role in enhancing the healthcare system and delivering quality care, making effective communication skills crucial for both nurses and other members of the healthcare team. Since nurses frequently engage with patients and their families, who often come from diverse social, cultural, and educational backgrounds, they must communicate in a clear, respectful, and professional manner. The term "therapeutic" encompasses more than just healing or treatment; it refers to supportive relationships that foster personal growth, resilience, and well-being. It also involves managing illnesses effectively, promoting health, and alleviating suffering. Communication, on the other hand, is the exchange of information through spoken words, writing, or other mediums. Therefore, to ensure meaningful interaction and patient-centered care, nurses must be attentive to the emotions and needs of individuals while offering therapeutic guidance to both patients and their families. (Haugan, 2021; Koppel

et al., 2024; Mortensen et al., 2021; Siokal et al., 2023)

Therefore, to accomplish desired goals and improve interpersonal relationship with patients, clients, and healthcare professionals, therapeutic communication encompasses the sharing of ideas, health instructions, information, a choice of care, and sentiments. . (Mortensen et al., 2021) By fostering a positive relationship with patients that is characterized by open, honest, courteous, and nonjudgmental communication in a secure setting, nurses can lay the groundwork for effective interventions and the highest quality of care. (Siokal et al., 2023)

Regarding levels of therapeutic communication, the result of this study concluded that less than three quarters of the nurses studied had a moderate level of therapeutic communication, while less than one fifth had a high level, and more than one tenth had low levels. Numerous reasons, including the heavy workload of the nurses due to the enormous number of patients being cared for in the governmental hospital which is linked to a scarcity of nurses could be blamed for these findings. The duration and type of communication and interaction with the patients may be impacted by each of these variables. Furthermore, variations in workload, patient flow, nurses' communication experiences and skills, nurse-to-patient relationship (lack of dedication to communicating), and patient involvement level could all be contributing factors to these inconsistent results. Organizational issues that impact communication between nurses and patients as well as the degree of a favorable work environment could be additional considerations.

The result of this study was supported by Alrimali, Alreshidi (2024)(Alrimali & Alreshidi, 2024a) ,who demonstrated that almost two-thirds of the nurses in their study demonstrated a moderate level of therapeutic communication. Similar levels of therapeutic communication between the nurses and the patients were also noticed (2020) (Wubneh et al., 2020) ; (2020)(Wune et al., 2020); and (Camara et al., 2020) (2019) (Fite et al., 2019) ,who revealed

that inadequate communication skills in nursing education and practice. On the other hand, this result was contradicted with (Gebeyehu et al., 2021) who discovered that more than one-third of the nurses had either a low or high degree of successful communication between the hospitalized patients and the healthcare professionals. In terms of professional communication, the current study findings showed that, over three quarters of studied nurses exhibited a moderate degree of professional therapeutic communication. This result may be attributed to a combination of factors, including insufficient continuous training on communication strategies, limited time available for patient interaction due to high workload, and a lack of institutional support for developing soft skills. Moreover, nurses may focus more on technical aspects of care, leaving less emphasis on building therapeutic relationships with patients. This result in the same line with (Alrimali & Alreshidi, 2024a) and (2015)(Moir et al., 2015), noting that the majority of the nurses under study had a fair level of professional communication with the patients and that the nurses' age and years of experience had a significant impact on the professional items, with the oldest nurses and those with more than fifteen years of experience exhibiting the highest professional communication scores.

In terms of contextual communication, the current study' showed that less than two thirds of the nurses were at a moderate level of contextual communication, and roughly one-fifth of the nurses were at a high or low level. These results may be explained by the fact that most of the nurses in the current study were staff nurses, the majority of them were older (30 years or more), and they had a sufficient amount of experience (10 years or more). This group may be better at balancing experience and flexibility, which enables them to handle the intricate interactions between work environments, dynamics of clinical units, and patient communication. Their knowledge of changing healthcare procedures and maybe extensive professional network may make them well-suited to handle these complexities.

Similarly, the findings of Alrimali, (Alrimali & Alreshidi, 2024a) , (Brandenburg, 2017), and (Kourkouta & Papathanasiou, 2014), revealed that age had a notable impact on contextual communication and that nurses with sufficient practical experience could overcome communication barriers and engage in therapeutic communication.

In terms of patient communication, the results of the current study concluded more than two thirds of studied nurses had a moderate level. The study evaluated factors such as patients' culture, appearance, decision-making, lifestyle, and situation and its effect on communication. These disparate patient communication levels may be explained by the different experiences and aptitudes of the nurses under study, who were able to comprehend the unique histories and preferences of their patients and effectively adapt their messages to fit each patient's lifestyle and circumstances. This result supported by (Alrimali & Alreshidi, 2024a) , and (2021) (Bossou & Bondzie-micah, 2021) , who concluded that a majority of studied nurses demonstrated a moderate level of professional therapeutic communication.

Regarding levels of **total patient satisfaction,** the result of this study concluded that majority of the studied patient had a moderate level of satisfaction with therapeutic communication. This result may be attributed to a combination of factors, including the provision of basic care needs, effective communication from some healthcare staff, and timely responses to patient concerns. Additionally, nurses' consistent implementation of essential therapeutic communication skills, such as active listening, empathy, and clear, respectful explanations. This result was supported by (Ariyanti, 2022) , who found that majority of the studied patient receiving therapeutic communication from nurses reported moderate level of satisfaction. Furthermore, (Atallah et al., 2013) found that most patients had a moderate degree of satisfaction with the quality of nursing treatment. Moreover, (Al-Awamreh & Suliman, 2019) discovered similar results, showing that most of the patients under study reported moderate levels of satisfaction.

In term of dissatisfaction, the result of this study concluded that most of the studied

patients reported a moderate level of dissatisfaction. This result may be attributed to a systemic limitation within the healthcare environment such as understaffing, high patient-to-nurse ratios, and time constraints that hinder nurses from fully engaging in effective therapeutic communication. These operational barriers may lead to standardized, task-focused interactions rather than patient-centered communication, which often results in a sense of dissatisfaction, even if core clinical needs are met. This result is supported by (Lotfi et al., 2019) , who found that 80% of burn ward patients reported moderate levels of dissatisfaction with nursing communication, indicating consistent patterns of moderate dissatisfaction in specialized care settings.

In term of Interpersonal support, the result of this study concluded that most of the studied patients (90.5%) reported a moderate level of satisfaction with interpersonal support. This result may be attributed to a task-oriented approach adopted by many nurses due to time constraints and workload pressures, which limits their ability to provide continuous interpersonal presence, reassurance, and psychological comfort which are core elements of high-level interpersonal support.This result in the same aligns with (Yanti et al., 2025), who demonstrated that a majority of patients reporting moderate levels of satisfaction with the interpersonal support they received.

In term of good impression, the result of this study concluded that majority of the studied patients reported a moderate level of satisfaction regarding their general impression of the care. This result may be related to initial patient encounters with caregivers that were sufficient to form generally positive but not outstanding impressions. Such moderate satisfaction could be due to nurses providing standard care effectively, yet not consistently exceeding patient expectations in aspects such as empathy, personalized attention, or emotional support. This result supported by (Imes et al., 2024) , who concluded that most patients formed a moderate initial impression of bedside nurses.

Regarding, Levels of therapeutic communication of staff nurses according to their demographic characteristics

The current study revealed that there was highly significant statistical relationship between therapeutic communication and job status. Professional nurses were more likely to have high levels of therapeutic communication, regardless of their educational background. This result may be related to the fact that professional nurses may have taken multiple courses on therapeutic and efficient patient communication, which may have had an impact on how well they performed in actual clinical situations. Moreover, unlike staff nurses who are limited by a severe workload, a large number of patients to see each day, and a lack of time, professional nurses can work as head nurses or senior nurses with less clinical work and more administrative workload. In addition to limiting the amount of time that might be spent with each patient, time constraints may also lead to stress and fatigue in the healthcare professionals, which could have a detrimental impact on the interaction with the patients.

This result supported by (Mersha et al., 2023) and (Cubaka et al., 2018) who showed that nurses' educational attainment significantly influenced by how well they communicated with patients. Furthermore, (Alrimali & Alreshidi, 2024) observed that the quality of therapeutic communication with patients was significantly impacted by the educational background and workplace setting of nurses.

Regarding levels of total patient satisfaction according to their demographic characteristics

The current study concluded that patients with university education experienced lower levels of satisfaction than patients with lower educational backgrounds. This outcome may be interpreted in light of the fact that more educated individuals tend to have greater awareness of healthcare standards, are more critical in evaluating the quality of services, and often expect a higher degree of involvement in their care. When these expectations are not fully met particularly in busy or resource-constrained healthcare environments, it may

lead to perceived shortcomings and reduced satisfaction. In contrast, patients with lower educational backgrounds may be less likely to question or challenge healthcare practices and may express higher satisfaction due to more modest expectations or limited comparison.

This result was supported by (Alrimali & Alreshidi, 2024) and (Shinde & Kapurkar, 2014) ,who has consistently found that patient satisfaction is negatively impacted by education level. Conversely, this result is contradicted with (Karaca & Durna, 2019), who found that patients with university education reported higher levels of satisfaction than those with less education.

Regarding the Correlation matrix between nurse therapeutic communication and patient satisfaction:

The current study indicated that a strong positive correlation between patients' satisfaction and therapeutic communication. Furthermore, the study discovered that most patients expressed satisfaction with the therapeutic communication abilities of the nurse. This result may be related to Increase patient involvement in their own treatment, lowering the danger of lawsuits, raising health agency earnings, and offering better opportunities to improve patient health conditions are all benefits of improving patient satisfaction. Additionally, improved therapeutic communication helps lower the risk of lawsuits. By ensuring clear, empathetic interactions, the likelihood of misunderstandings that could lead to legal disputes is minimized. As a result, healthcare providers not only improve patient satisfaction but also reduce the risk of potential legal issues stemming from perceived negligence or inadequate care. Finally, better therapeutic communication offers greater opportunities to improve patient health conditions.

When patients understand their treatment plans clearly and feel supported throughout the process, they are more likely to adhere to medical advice and follow through with prescribed interventions. This leads to improved clinical outcomes, contributing to better health conditions and an overall higher level of patient satisfaction with their care. This

result in the same line with Rahagia et al., (2025) [26] , who reported a strong positive correlation between therapeutic communication and inpatient satisfaction. Furthermore, this finding aligns with Simanullang et al., (2024) [27] , who found a significant positive correlation between nurse therapeutic communication and patient satisfaction. Moreover, Nilakanth (2021) [28] found strong positive correlation between therapeutic communication and patient satisfaction in hospitalized individuals. Ariyani et al., (2024) [29] examined the relationship between nurses' therapeutic communication skills and patient satisfaction in the emergency room at Lavalette Hospital, Malang. The study found a significant relationship between therapeutic communication skills and patient satisfaction. Moreover, Sharkey (2023 [30]) conducted a rapid review investigating the effects of quality and effective communication on patient-centered outcomes among older patients. The review found that various verbal and non-verbal communication strategies positively impacted patient-centered outcomes, including patient satisfaction, quality of care, quality of life, and physical and mental health.

Conclusion

The results of the present study concluded that there was a highly statistically significant positive correlation between patients' satisfaction and nurse therapeutic communication working at Al Rahmaniya Central Hospital. Additionally, the majority of the study subjects reported moderate levels of therapeutic communication and patient satisfaction.

Recommendations

Based on the findings of the current study, the following recommendations are suggested:
The hospital administrators should:
- Organize continuous professional development programs focused on therapeutic communication skills.

  Strategy: Collaborate with accredited training providers or academic

institutions to design workshops tailored to the hospital's communication challenges. Schedule these programs quarterly and link participation to continuing education credits.

- Establish policies that promote patient-centered communication and integrate communication competencies into performance evaluations.

    Strategy: Form a multidisciplinary committee to revise current policies, include communication performance indicators in annual nurse evaluations, and provide structured feedback mechanisms.

- Provide a supportive environment that enables nurses to have sufficient time and resources to engage in effective communication with patients.

    Strategy: Adjust nurse-to-patient ratios where needed and ensure availability of communication aids (e.g., visual charts, translation services). Integrate communication time into care routines.

- Enhance collaboration with academic institutions to support nursing research and training in communication.

    Strategy: Establish formal partnerships with nursing schools and universities to host joint training sessions, research internships, and pilot communication enhancement projects.

Head nurses should:
- Encourage nurses to participate in communication workshops and simulation-based training.
    Strategy: Set yearly goals for staff development, provide protected time for training during shifts, and track attendance and outcomes through performance dashboards.
- Implement routine assessments of nurse-patient interactions to identify communication gaps and areas for improvement.
    Strategy: Use standardized observation tools or patient feedback surveys monthly to assess and analyze

interaction quality. Share findings with staff in team debriefs.
- Ensure fair staffing levels to reduce nurse burnout and allow more time for meaningful patient interactions. **Strategy**: Monitor workload distribution using staffing software and advocate for temporary staff during high-demand periods to maintain balanced assignments.
- Develop a feedback mechanism that enables patients to share their experiences with nurses regarding communication.
    Strategy: Install anonymous patient feedback kiosks or distribute short surveys post-discharge; review data monthly and discuss improvement plans with nursing teams.

C. Nurses should:
- Maintain open, empathetic, and culturally sensitive communication with all patients.
- Engage in reflective practices to self-assess and improve their interpersonal communication skills.
- Collaborate with multidisciplinary teams to ensure consistency in information shared with patients.
- Ensure that patients have the opportunity to ask questions and clarify information during interactions, helping them feel confident in their understanding of their health condition and treatment plan.

Table (1): Distribution of the studied nurses according to their basic characteristics.

Nurses' characteristics	Total (N=200)	
	No.	%
Age (years)		
• 20-	85	42.5
• 30-	76	38.0
• ≥40	39	19.5
Sex		
• Male	63	31.5
• Female	137	68.5
Job-status		
• Professional nurse	30	15.0
• Staff Nurse	170	85.0
Years of experience since graduation		
• <5	31	15.5
• 5-	79	39.5
• ≥10	90	45.0
Years of experience in the working unit		
• <5	53	26.5
• 5-	76	38.0
• ≥10	71	35.5

Table (2): Distribution of the studied nurses according to the level of nurse-patient therapeutic communication (By dimensions).

Dimension	Levels of Nurse- Patient Therapeutic Communication					
	Low		Moderate		High	
	No.	%	No.	%	No.	%
▪ Professional	33	16.5	154	77.0	13	6.5
▪ Contextual	40	20.0	125	62.5	35	17.5
▪ Patient	26	13.0	136	68.0	38	19.0
Total Nurse- Patient Therapeutic Communication	**24**	**12.0**	**145**	**72.5**	**31**	**15.5**

Table (3): Relationship between the studied nurses' demographic characteristics and the levels of nurses- patient therapeutic communication.

Nurses' characteristics	Levels of Nurses- patient therapeutic communication						Total N=200		Test of Significance
	Low (N= 24)		Moderate (N= 145)		High (N= 31)				
	No.	%	No.	%	No.	%	No.	%	
Age (years)									
▪ 20-	10	11.8	61	71.8	14	16.5	85	42.5	X^2=1.031
	9	11.8	54	71.1	13	17.1	76	38.0	P=0.905
▪ 30-	5	12.8	30	76.9	4	10.3	39	19.5	
▪ ≥40									
Sex									
▪ Male	8	12.7	47	74.6	8	12.7	63	31.5	FET=0.559
	16	11.7	98	71.5	23	16.8	137	68.5	P=0.756
▪ Female									
Job-status									
▪ Professional nurse	0	0.0	18	60.0	12	40.0	30	15.0	X^2=18.664
	24	14.1	127	74.7	19	11.2	170	85.0	P=0.000*
▪ Staff Nurse									
Years of experience since graduation									
▪ <5	3	9.7	23	74.2	5	16.1	31	15.5	X^2= 2.314
	7	8.9	58	73.4	14	17.7	79	39.5	P=0.678
▪ 5-	14	15.6	64	71.1	12	13.3	90	45.0	
▪ ≥10									
Years of experience in the working unit									
▪ <5	8	15.1	37	69.8	8	15.1	53	26.5	X^2= 0.862
	8	10.5	57	75.0	11	14.5	76	38.0	P=0.930
▪ 5-	8	11.3	51	71.8	12	16.9	71	35.5	
▪ ≥10									

X^2 Chi Square Test   FET = Fisher Exact Test * Statistically significant at p ≤0.05

Table (4): Distribution of the studied patients according to their basic characteristics.

Patients' characteristics	Total (N=400)	
	No.	%
Age (years)		
▪ <45	178	44.5
▪ 45-	146	36.5
▪ 55-	62	15.5
▪ ≥65	14	3.5
Sex		
▪ Male	156	39.0
▪ Female	244	61.0
Marital status		
▪ Single	62	15.5
▪ Married	237	59.3
▪ Divorced	43	10.8
▪ Widowed	58	14.5
Level of education		
▪ Illiterate	63	15.8
▪ Basic education	162	40.5
▪ Secondary/technical education	139	34.8
▪ University education	36	9.0

Table (5): Distribution of the studied patients according to the level of patients' satisfaction (by dimensions).

Dimension	Levels of Patients' Satisfaction					
	Low		Moderate		High	
	No.	%	No.	%	No.	%
▪ Dissatisfaction	4	1.0	388	97.0	8	2.0
▪ Interpersonal support	8	2.0	362	90.5	30	7.5
▪ Good impression	0	0.0	360	90.0	40	10.0
Total Patients' Satisfaction	**4**	**1.0**	**378**	**94.5**	**18**	**4.5**

Table (6): Regression analysis of correlates of the nurses- patient therapeutic communication.

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	2.763	0.539		5.126	0.000*
Job-status	-0.395	0.104	-0.270	-3.808	0.000*
Age	0.005	0.067	0.007	0.077	0.939
Sex	0.015	0.085	0.013	0.180	0.858
Years of experience in the work unit	0.097	0.067	0.145	1.443	0.151
Years of experience in nursing	-0.132	0.076	-0.182	-1.743	0.083
Total dissatisfaction	-0.309	0.028	0.336	11.204	0.000*
Total interpersonal support	0.344	0.032	0.334	10.783	0.000*
Total good impression	0.370	0.030	0.375	12.162	0.000*
Total patient satisfaction	0.252	0.067	0.229	3.738	0.000*

Model Summary					
r	r Square	Adjusted r Square	Std. Error of the Estimate	F	Sig.
0.336	0.113	0.071	0.506	3.225	0.004*

Table (7): Regression analysis of correlates of the patients' satisfaction.

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	2.079	0.124		16.733	0.000*
Age	-0.001	0.027	-0.002	-0.024	0.981
Sex	-0.029	0.036	-0.060	-0.813	0.417
Marital status	0.000	0.025	-0.001	-0.016	0.988
Level of education	0.019	0.020	0.068	0.947	0.345
Total professional communication	0.163	0.068	-0.153	2.413	0.016*
Total contextual communication	0.086	0.040	0.218	2.151	0.033*
Total patients' communication	0.122	0.057	0.124	2.132	0.034*
Total nurse-patient communication	0.190	0.064	0.193	2.954	0.003*

Model Summary					
R	R Square	Adjusted R Square	Std. Error of the Estimate	F	Sig.
0.779	0.607	0.580	0.335	22.331	0.000*

Table (9): Correlation between Nurse-patient Therapeutic Communication and Patients' Satisfaction.

	Dimensions		Patients' Satisfaction			
			Dissatisfaction	Interpersonal support	Good impression	Total satisfaction
Therapeutic Communication	**Professional communication**	R	-0.942	0.659	0.342	0.873
		P	0.005*	0.031*	0.048*	0.011*
	Contextual communication	R	-0.777	0.737	0.252	0.711
		P	0.020*	0.024*	0.051*	0.026*
	Patient communication	R	-0.974	0.692	0.261	0.591
		P	0.002*	0.028*	0.044*	0.038*
	Total communication	R	-0.895	0.667	0.203	0.714
		P	0.009*	0.031*	0.010*	0.026*

r = Pearson correlation * Significant p at ≤0.05 r ≥0.9 very high correlation r 0.7-<0.9 high correlation   r 0.5-<0.7 moderate correlation   r < 0.5 low correlation

References

- Al-Awamreh, K., & Suliman, M. (2019). Patients' satisfaction with the quality of nursing care in thalassemia units. *Applied Nursing Research*, *47*, 46–51. https://doi.org/10.1016/j.apnr.2019.05.007

- Alotaibi, J. S. (2024). Hospital Patient Satisfaction With Nursing Care in Saudi Arabia. *Cureus*, *16*(8). https://doi.org/10.7759/CUREUS.67840

- Alrimali, A., & Alreshidi, N. (2024). An assessment of nurse-patient therapeutic communication and patient satisfaction with nursing care in multiple healthcare settings: A study in Saudi Arabia. *Journal of Nursing Education and Practice*, *14*(2). https://doi.org/10.5430/jnep.v14n2p15

- Ariyanti, S. (2022). Nurse's Therapeutic Communication Affects Patient Satisfaction and Motivation Level. *Journal of Complementary Nursing*, *1*(3), 91–98. https://doi.org/10.53801/JCN.V1I3.52

- Atallah, M. A., Hamdan-Mansour, A. M., Al-Sayed, M. M., & others. (2013). Patients' satisfaction with the quality of nursing care provided: the Saudi experience. *Int J Nurs Pract*, *19*(6), 584–590. https://doi.org/10.1111/ijn.12102

- Bossou, Y. J., & Bondzie-micah, V. (2021). The Effect of Patient-Centered Communication on Patient Satisfaction: Exploring the Mediating Roles of Interpersonal-based Medical Service Encounters and Patient Trust. *North Am Acad Res J*, *4*(1), 209–225.

- Brandenburg, S. (2017). *Nurse Perceived Barriers to Effective Nurse-Client Communication*. Honors Undergraduate Theses.

- Burke, H. M., & Carter, J. (2023). Integration of patient experience factors improves readmission prediction. *Medicine*, *102*(3), e32632. https://doi.org/10.1097/MD.0000000000032632

- Camara, B. S., Belaid, L., Manet, H., Kolie, D., Guillard, E., Bigirimana, T., & Delamou, A. (2020). What do we know about patient-provider interactions in sub-Saharan Africa? A scoping review. *Pan Afr Med J*, *37*, 88. https://doi.org/10.11604/pamj.2020.37.88.24009

  - Cubaka, V. K., Schriver, M., Cotton, P., Nyirazinyoye, L., & Kallestrup, P. (2018). Providers' perceptions of communication with patients in primary healthcare in Rwanda. *PLoS ONE*, *13*(4), e0195269. https://doi.org/10.1371/journal.pone.0195269

- Ferreira, D. C., Vieira, I., Pedro, M. I., Caldas, P., & Varela, M. (2023b). Patient Satisfaction with Healthcare Services and the Techniques Used for its Assessment: A Systematic Literature Review and a Bibliometric Analysis. *Healthcare*, *11*(5), 639. https://doi.org/10.3390/HEALTHCARE11050639

- Fite, R. O., Assefa, M., Demissie, A., & Belachew, T. (2019). Predictors of therapeutic communication between nurses and hospitalized patients. *Heliyon*, *5*(10), e02665. https://doi.org/10.1016/j.heliyon.2019.e02665

- Gebeyehu, Y. K., Hailu, G. M., & Bishaw, A. Z. (2021). Nurses' communication skills and determinant factors in Amhara Region Referral Hospitals, Northwest Ethiopia. *Int J Afr Nurs Sci*, *14*, 100310.

- Gustafsson, S., Wälivaara, B. M., & Gabrielsson, S. (2020). Patient Satisfaction with Telephone Nursing: A Call for Calm, Clarity, and Competence. *Journal of Nursing Care Quality*, *35*(1), E6–E11. https://doi.org/10.1097/NCQ.0000000000000392

- Haugan, G. (2021). Nurse-Patient Interaction: A Vital Salutogenic Resource in Nursing Home Care. In G. Haugan & M. Eriksson (Eds.), *Health Promotion in Health Care – Vital Theories and Research*. Springer, Cham. https://doi.org/10.1007/978-3-030-63135-2_10

- Hawrysz, L., Gierszewska, G., & Bitkowska, A. (2021). The Research on Patient Satisfaction with Remote Healthcare Prior to and during the COVID-19 Pandemic. *International Journal of Environmental Research and Public Health 2021, Vol. 18, Page 5338*, *18*(10), 5338. https://doi.org/10.3390/IJERPH18105338

- Imes, S., Cook, C., & Neff, D. F. (2024). First Impressions of the Bedside Nurse: A Grounded Theory Study. *Nursing & Healthcare International Journal*, *8*(4),

- 000318. https://doi.org/10.23880/nhij-16000318
- Karaca, A., & Durna, Z. (2019). Patient satisfaction with the quality of nursing care. *Nurs Open*, *6*(2), 535–545. https://doi.org/10.1002/nop2.237
- Koppel, P. D., Park, H. K., Ledbetter, L. S., Wang, E. J., Rink, L. C., & Gagne, J. C. De. (2024). Rapport between nurses and adult patients with cancer in ambulatory oncology care settings: A scoping review. *International Journal of Nursing Studies*, *149*, 104611. https://doi.org/10.1016/j.ijnurstu.2023.104611
- Kourkouta, L., & Papathanasiou, I. V. (2014). Communication in Nursing Practice. *Mater Sociomed*, *26*(1), 65. https://doi.org/10.5455/msm.2014.26.65-67
- Kwame, A., & Petrucka, P. M. (2021). A literature-based study of patient-centered care and communication in nurse-patient interactions: barriers, facilitators, and the way forward. *BMC Nursing*, *20*(1), 1–10. https://doi.org/10.1186/S12912-021-00684-2/FIGURES/1
- Lee, H. J., Park, B. M., Shin, M. J., & Kim, D. Y. (2022). Therapeutic Communication Experiences of Nurses Caring for Patients with Hematology. *Healthcare 2022, Vol. 10, Page 2403*, *10*(12), 2403. https://doi.org/10.3390/HEALTHCARE10122403
- Lee, S. H., & Yoo, H. J. (2024). Therapeutic Communication Using Mirroring Interventions in Nursing Education: A Mixed Methods Study. *Asian Nursing Research*, *18*(5), 435–442. https://doi.org/10.1016/J.ANR.2024.09.012
- Lotfi, M., Zamanzadeh, V., Valizadeh, L., & others. (2019). Assessment of nurse-patient communication and patient satisfaction from nursing care. *Nurs Open*, *6*(3), 1189–1196. https://doi.org/10.1002/nop2.316
- Marhamati, S., Amini, M., Mousavinezhad, H., & Nabeiei, P. (2016). Design and validate the nurse-patient communication skills questionnaire. *Health Management & Information Science*, *3*(2), 57–63. https://jhmi.sums.ac.ir/article_42667.html
- Mersha, A., Abeba, A., Tesfaye, T., Abera, T., Admasu, B., Melaku, T., Shiferaw, M.,
- Shibiru, S., Estifanos, W., & Wake, S. K. (2023). Therapeutic communication and its associated factors among nurses working in public hospitals of Gamo Zone, Southern Ethiopia: Application of Hildegard Peplau's Nursing Theory of Interpersonal Relations. *BMC Nursing*, *22*, 381. https://doi.org/10.1186/s12912-023-01526-z
- Moir, C., Roberts, R., Martz, K., & others. (2015). Communicating with patients and their families about palliative and end-of-life care: comfort and educational needs of nurses. *Int J Palliat Nurs*, *21*(3), 109–112. https://doi.org/10.12968/ijpn.2015.21.3.109
- Mortensen, A., Thorne, S., Wessel, I., Rogers, S. N., & Jarden, M. (2021). The nurse-patient interaction during rehabilitation consultations in patients surgically treated for head and neck cancer– a qualitative study. *European Journal of Oncology Nursing*, *53*, 101985. https://doi.org/10.1016/J.EJON.2021.101985
- Nilakanth, D. V. (2021). A correlational study to identify therapeutic communication on patient satisfaction among patients admitted in hospitals at Kolhapur. *International Journal of Nursing Education and Research*, *9*(4), 449–450. https://doi.org/10.52711/2454-2660.2021.00103
- Norouzinia, R., Aghabarari, M., Shiri, M., Karimi, M., & Samami, E. (2016). Communication Barriers Perceived by Nurses and Patients. *Global Journal of Health Science*, *8*(6), 65. https://doi.org/10.5539/GJHS.V8N6P65
- Pavlova, S. (2024). Therapeutic communication in clinical practice. *Journal of IMAB*, *30*(2), 5509–5512. https://doi.org/10.5272/JIMAB.2024302.5509
- Rahagia, R., & Nurhanifah, D. (2025). The relationship of nurse therapeutic communication to inpatient satisfaction. *Jurnal Ilmiah Kesehatan Sandi Husada*, *14*(1), 27–35. https://doi.org/10.35816/JISKH.V14I1.1244
- Sharkiya, S. H. (2023). Quality communication can improve patient-centred health outcomes among older patients: a rapid review. *BMC Health Services Research*, *23*(1), 1–14. https://doi.org/10.1186/S12913-023-09869-8/TABLES/6

- Sharma, N. P., & Gupta, V. (2023). Therapeutic Communication. *StatPearls*. https://www.ncbi.nlm.nih.gov/books/NBK56 7775/

- Shinde, M., & Kapurkar, K. (2014). Patient's Satisfaction with Nursing Care Provided in Selected Areas of Tertiary Care Hospital. *International Journal of Science and Research (IJSR)*, *3*(2), 150–161.

- Simanullang, A., Hutagaol, E. N., & Panggabean, L. E. (2024). Correlation between Nurse Therapeutic Communication and Patient Satisfaction. *Indonesian Journal of Nursing Research*, *22*(4), 202–209. https://doi.org/10.xxxxx/ijnr.2024.04202

- Siokal, B., Amiruddin, R., Abdullah, T., Thamrin, Y., Palutturi, S., Ibrahim, E., & others. (2023). The Influence of Effective Nurse Communication Application on Patient Satisfaction: A Literature Phcogj.com Review. *Pharmacogn J*, *15*(3), 479–483.

- Subekti, I., Ariyani, I. A., & Sulastyawati, S. (2024). Response Time and Therapeutic Communication Capability of Nurses on Patient Satisfaction. *Health Access Journal*, *1*(3), 110. https://doi.org/10.31290/HAJ.V1I3.4930

- Wubneh, M., Emishaw, S., & Animaw, W. (2020). Level of nurses to patients communication and perceived barriers in Government Hospitals of Bahir Dar City, Ethiopia. *Clin J Nurs Care Pract*, *4*, 12–26.

- Wune, G., Ayalew, Y., Hailu, A., & Gebretensaye, T. (2020). Nurses to patients communication and barriers perceived by nurses at Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia. *Int J Afr Nurs Sci*, *12*.

- Yanti, P., Purnom, S., Yulina, Y. E., & Adriani, E. (2025). Does interpersonal communication mediate Patient satisfaction? *International Journal of Islamic Business and Management Review*, *4*(2), 166–177. https://doi.org/10.54099/IJIBMR.V4I2.1188