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The Relationship between Healthcare Service Quality, Nurses' Therapeutic Communication, and Inpatient Satisfaction at Labuang Baji Regional Hospital, Makassar

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ABSTRACT

Purpose: This study aims to analyze the relationship between the quality of health care—based on the dimensions of Public Hospital Service Quality (PubHosQual)—and nurses' therapeutic communication on the satisfaction of inpatients at Labuang Baji Regional General Hospital in Makassar.

Research Method: This study employed a quantitative approach with a cross-sectional design. The sample consisted of 154 inpatients selected using purposive sampling from a population of 252 patients. Data were collected via a structured questionnaire and analyzed using the Chi-Square test and multiple logistic regression.

Results and Discussion: The results of the study show that all dimensions of healthcare quality (patient admission, medical services, overall services, hospital discharge, and hospital social responsibility) as well as all stages of therapeutic communication (pre-interaction, orientation, working stage, and termination) are significantly associated with patient satisfaction ($p < 0.05$). Multivariate analysis showed that the services provided by doctors and nurses (OR = 50.500; p = 0.013) and the termination stage of therapeutic communication (OR = 101.000; p = 0.008) were the most dominant factors associated with patient satisfaction.

Implications: These findings serve as a basis for hospitals to improve the quality of medical care and the use of therapeutic communication—particularly during the end-of-care phase—in order to enhance patient satisfaction

Originality: This study integrates the five dimensions of PubHosQual and the four stages of therapeutic communication into a single analytical model to explain inpatient satisfaction at government hospitals.

Keywords: quality of health care; therapeutic communication; patient satisfaction; PubHosQual; hospital.

1. Introduction

Hospitals are healthcare institutions that play a strategic role in ensuring that the public's health needs are met through promotive, preventive, curative, and rehabilitative services. Growing public awareness of the importance of quality healthcare has prompted hospitals to focus not only on the success of medical procedures but also on the patient experience during their care. In this context, patient satisfaction has become one of the key indicators of successful healthcare delivery because it reflects the alignment between patients' expectations and the care they receive (Djala & Fany Lairin, 2021). In accordance with the provisions of Law of the Republic of Indonesia No. 44 of 2023 on Hospitals, every

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hospital is obligated to provide high-quality healthcare services that prioritize patient safety, uphold humanitarian values, and deliver professional care to all segments of society. Therefore, improvements in the quality of healthcare services are determined not only by the clinical competence of healthcare workers but also by the hospital's ability to deliver high-quality, responsive, and patient-centered care (Martina Helmalia *et al.,* 2024).

Theoretically, patient satisfaction is influenced by various dimensions of service quality, including administrative aspects, medical care, hospital facilities, the patient discharge process, and the hospital's social responsibility. One approach capable of comprehensively evaluating service quality is the PubHosQual model, which measures service quality based on five main dimensions: Patient Admission, Medical Services, Overall Services, Hospital Discharge, and Hospital Social Responsibility (Anita Putri Wijayanti & Febiana, 2024). In addition to service quality, therapeutic communication by nurses is also a fundamental factor in building effective interpersonal relationships between healthcare providers and patients. Therapeutic communication, which occurs through the stages of pre-interaction, orientation, interaction, and termination, plays a role in building trust, providing emotional support, improving patient adherence to treatment, and reinforcing positive perceptions of the services received (Nurwahyuni *et al.,* 2024). In fact, the World Health Organization emphasizes that effective communication can enhance trust, satisfaction, and the success of healthcare services. In contrast, ineffective communication can diminish patients' perceptions of overall service quality (WHO, 2024). Thus, the quality of healthcare services and therapeutic communication are two complementary components in shaping the patient experience and determining satisfaction with hospital services.

Various recent studies indicate that the quality of healthcare services is a key determinant of patient satisfaction with inpatient care. Research by Rizkiawan *et al.,* (2024) demonstrates that service quality is significantly associated with patient satisfaction, with the majority of respondents who received high-quality care expressing satisfaction with the services provided. These findings underscore that meeting patient expectations through prompt, accurate, safe, and patient-centered care is a critical factor in fostering positive perceptions of the hospital. These results reinforce the view that improving service quality must be a top priority in the management of modern healthcare facilities. In addition to service quality, therapeutic communication is increasingly recognized as a key factor in the success of healthcare services. Wibowo Suwandi *et al.,* (2025) demonstrated that therapeutic communication has a significant relationship with patient satisfaction, as empathetic, open, and responsive communication can build trust and comfort during the care process. Conversely, rushed, uninformative, or inattentive communication can diminish patients' experience of the care they receive. In line with these findings, the World Health Organization (WHO, 2024) emphasizes that effective communication between healthcare providers and patients is a critical component in improving treatment adherence, patient safety, and the overall quality of healthcare services.

Research developments also indicate efforts to refine the measurement of service quality through a more comprehensive approach. Anita Putri Wijayanti and Febiana (2024) introduced the PubHosQual model, which evaluates service quality based on five dimensions: Patient Admission, Medical Services, Overall Services, Hospital Discharge, and Hospital Social Responsibility. This approach provides a more comprehensive picture of the patient experience from admission through discharge. On the other hand, data from the Ministry of Health (2023) and the WHO indicate that patient satisfaction levels in Indonesia remain relatively low compared to service expectations; therefore, improving service quality and therapeutic communication remains a key priority for hospitals.

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Although various studies have confirmed that both service quality and therapeutic communication are associated with patient satisfaction, these studies generally still examine these two variables in isolation. Rizkiawan *et al.,* (2024) placed greater emphasis on the relationship between service quality and patient satisfaction, while Wibowo Suwandi *et al.,* (2025) linked therapeutic communication to patient satisfaction without integrating all dimensions of service quality into a single analytical framework. On the other hand, research on the PubHosQual model has also largely focused on evaluating hospital service quality without considering the contribution of therapeutic communication as part of the patient's experience during treatment (Anita Putri Wijayanti & Febiana, 2024). These conditions indicate that the simultaneous relationship between service quality—measured across all dimensions of PubHosQual—and therapeutic communication based on the four stages of communication has yet to be extensively explored within a comprehensive empirical model. In addition to this empirical gap, there is also a contextual gap that reinforces the urgency of this study. Data on inpatient visits at Labuang Baji General Hospital in Makassar show a downward trend during the 2023–2025 period, accompanied by patient complaints regarding healthcare provider communication, service ethics, and inpatient facilities that are deemed not to fully meet patient expectations (Medical Records of Labuang Baji General Hospital, Makassar, 2025; Labuang Baji General Hospital, Makassar, Complaints, 2024–2025). This phenomenon indicates that evaluating patient satisfaction cannot be based solely on service quality or therapeutic communication in isolation; rather, it requires an approach capable of explaining the simultaneous contribution of both aspects. Therefore, this study aims to address this gap by integrating the PubHosQual dimensions and the stages of therapeutic communication to explain inpatient satisfaction in the context of a public hospital.

Based on this gap, this study aims to analyze the relationship between the quality of healthcare services, nurses' therapeutic communication, and inpatient satisfaction at Labuang Baji General Hospital, Makassar. Specifically, the study evaluates five dimensions of service quality based on the PubHosQual model—Patient Admission, Medical Services, Overall Services, Hospital Discharge, and Hospital Social Responsibility—as well as the four stages of therapeutic communication: pre-interaction, orientation, work, and termination. The novelty of this study lies in integrating these two approaches into a single comprehensive analytical framework to explain inpatient satisfaction at a public hospital, thereby providing a more holistic understanding of the factors influencing the patient experience.

The remainder of this paper is organized as follows. Section 2 provides a literature review and hypothesis development. Section 3 presents the research method and design. Section 4 provides the results and discussion. Section 5 presents Concluding Remarks and Recommendations.

2. Literature Review and Hypothesis Development

2.1 Literature Review

2.1.1 *Quality of Health Care*

Healthcare quality refers to the extent to which healthcare providers meet or exceed patient expectations through effective, safe, and patient-centered care. Conceptually, quality is understood as the characteristics of products, services, processes, human resources, and the environment that determine an organization's ability to satisfy service users (Anggit & Setyorini, 2022). In the hospital context, healthcare services focus not only on medical procedures but also encompass the entire service process that patients experience from the moment they enter until they leave the healthcare facility

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(Faradiba Syaifuddin *et al.,* 2021; Aji *et al.,* 2022). Therefore, service quality is one of the primary determinants of patient satisfaction and an indicator of the success of healthcare delivery (Musdalipah *et al.,* 2025; Zalius *et al.,* 2023). Healthcare service quality is a multidimensional concept derived from the SERVQUAL model, which measures quality across five dimensions: reliability, responsiveness, assurance, empathy, and tangibles (Parasuraman *et al.,* 1991). As research has progressed, various models have been developed to accommodate the characteristics of hospital services, including HEALTHQUAL, HospitalQual, and PubHosQual (Carman, 1990; Camilleri, 1998; Endeshaw, 2021). Compared to previous models, PubHosQual offers a more comprehensive measurement because it evaluates the overall patient experience through five dimensions: Patient Admission, Medical Services, Overall Services, Hospital Discharge, and Hospital Social Responsibility (Aagja & Garg, 2010). This model not only assesses service processes but also covers patient admission procedures, the quality of medical services, overall services, the patient discharge process, and the hospital's social responsibility. With a more holistic scope than SERVQUAL, PubHosQual is considered more suitable for comprehensively evaluating hospital service quality and is therefore used as the basis for measuring service quality in this study.

2.1.2 *An Overview of Therapeutic Communication*

Therapeutic communication is a form of interpersonal communication that is conducted consciously and deliberately between nurses and patients to build a relationship of mutual trust, help patients cope with health problems, and provide psychological and emotional support throughout the care process (Soharab, 2024). In nursing practice, therapeutic communication is a key determinant of successful care because it enhances patient trust, strengthens interpersonal relationships, and fosters a positive perception of the quality of hospital care (Wardanengsih *et al.,* 2024). The effectiveness of therapeutic communication is determined not only by verbal communication but also by nonverbal communication—such as facial expressions, eye contact, voice intonation, body language, and an empathetic attitude—which influence how patients receive and interpret the information provided (Wibowo Suwandi *et al.,* 2025). Therapeutic communication aims to help patients achieve self-acceptance, build positive interpersonal relationships, improve their ability to meet their health needs, and strengthen their self-identity and integrity during the healing process (Ulandari *et al.,* 2023). In practice, therapeutic communication proceeds through four stages—pre-interaction, orientation, work, and termination—which form a structured communication process ranging from the healthcare provider's preparation, the establishment of a trusting relationship, the implementation of nursing interventions, to the evaluation and conclusion of the professional relationship with the patient (Stuart, Gail Wiscarz, & Sundeen, 1998). The success of each stage is influenced by clear communication goals, a conducive environment, the maintenance of privacy, the nurse's self-confidence, a focus on the patient's needs, the use of appropriate communication cues, and the ability to maintain an appropriate interpersonal distance (Nurwahyuni *et al.,* 2024). Therefore, therapeutic communication is regarded as an essential competency that supports the quality of nursing care while enhancing patient satisfaction with healthcare services.

2.1.3 *An Overview of Patient Satisfaction*

Patient satisfaction is a key indicator in evaluating the quality of health care because it reflects the alignment between patients' expectations and the care they receive. Patient satisfaction is defined as

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patients' responses or perceptions of their experience while receiving health care, which is influenced by the quality of care, the professionalism of health care providers, and the effectiveness of the care process (Pamesangi *et al.,* 2025). Conceptually, satisfaction arises when service performance meets or exceeds patient expectations, whereas a mismatch between expectations and the care received leads to dissatisfaction (Cheng *et al.,* 2024; Rusnoto, 2019). In the context of hospital care, patient satisfaction is related not only to treatment outcomes but also to the experience of nursing care, interactions with healthcare providers, and a care environment that supports the healing process (Adzrin Narulitha *et al.,* 2025). Various factors influence patient satisfaction, including service quality, staff reliability, responsiveness, service assurance, empathy, and physical evidence in the form of healthcare facilities and resources (Alfriana *et al.,* 2025). Amelia and Rodhiyah (2020) state that patient satisfaction is influenced by product quality, service quality, emotional factors, price, and costs incurred by the patient. Meanwhile, Ware (1984) explains that satisfaction assessments encompass aspects such as staff attitude, technical quality of care, accessibility, cost, service outcomes, physical conditions, and availability of facilities. Mitropoulos *et al.,* (2017) add that service characteristics, patient characteristics, and characteristics of the healthcare institution influence patient satisfaction. In Indonesia, the measurement of patient satisfaction is based on Regulation of the Minister of State Apparatus Empowerment and Bureaucratic Reform No. 14 of 2017 through the Public Satisfaction Survey, which covers nine service elements: requirements, procedures, time, costs, service products, provider competence, provider behavior, complaint handling, and facilities and infrastructure. Therefore, this study uses these indicators as the basis for measuring patient satisfaction, as they constitute the national standard for evaluating the quality of public health services. In addition, patients' experiences with services, the application of professional standards, adherence to codes of ethics, and the quality of interactions with healthcare personnel also contribute to patient satisfaction (Nurwahyuni *et al.,* 2024; Martina Helmalia *et al.,* 2024).

2.1.4 *Overview of Inpatient Care*

Inpatient care is one of the main components of hospital services that plays a crucial role in reflecting the quality of healthcare. The success of inpatient care not only determines the quality of hospital services but also influences patients' experience and satisfaction as service recipients (Tarjono, 2022). In practice, nurses play a central role as healthcare professionals because they provide continuous nursing care 24 hours a day. Therefore, nurses' competence, professionalism, and availability are critical factors in supporting the effectiveness of care and enhancing patient satisfaction (Selviani *et al.,* 2024). In addition to clinical aspects, the quality of inpatient care is also determined by healthcare workers' ability to establish effective communication and provide service that is friendly, responsive, empathetic, and professional. Thus, the quality of interactions among medical staff, nursing staff, and support personnel contributes to patient satisfaction during their hospital stay (Ani Liyana *et al.,* 2023).

2.1.5 *Overview of the Hospital*

Hospitals are healthcare institutions that play a vital role in the national healthcare system by providing comprehensive healthcare services that encompass promotive, preventive, curative, and rehabilitative care. According to the World Health Organization (WHO), hospitals are an integral part of social and healthcare organizations responsible for providing comprehensive healthcare services to the community. In addition to providing medical care, hospitals also manage a complex array of resources, including human resources and healthcare support facilities (Igusti *et al.,* 2025). In Indonesia, a hospital

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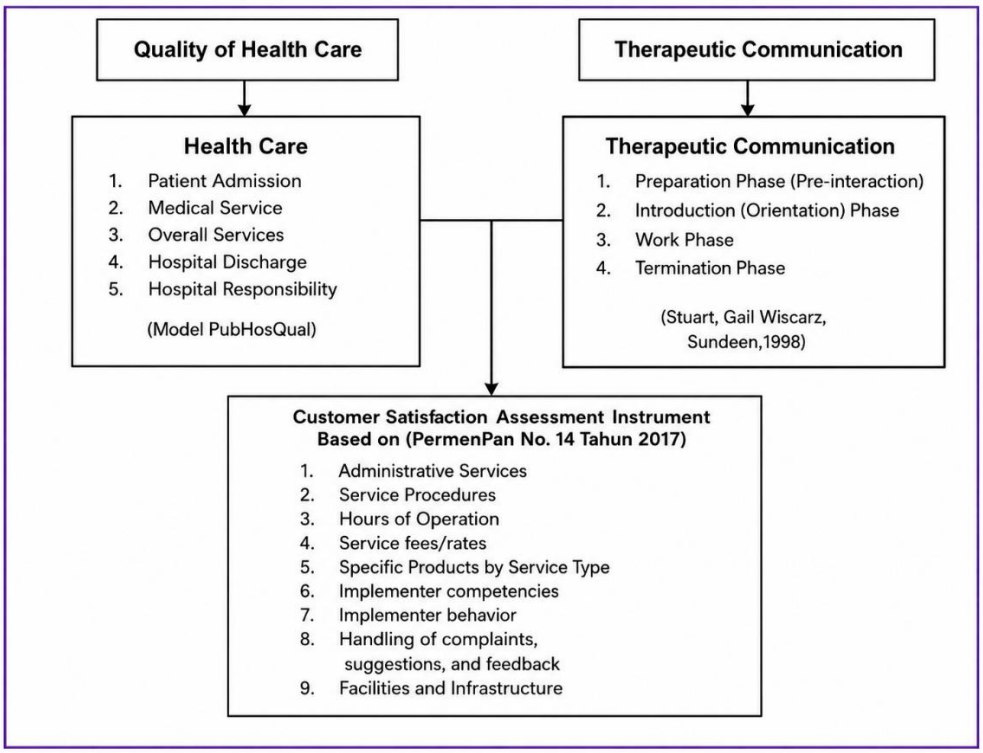
is defined as an institution that provides individual health care through outpatient, inpatient, and emergency services, as stipulated in Law of the Republic of Indonesia No. 44 of 2009, Decision of the Minister of Health of the Republic of Indonesia No. 340/MENKES/PER/2010, and Regulation of the Minister of Health No. 1204/MENKES/SK/X/2004, which also emphasizes the importance of managing the hospital's environmental health to prevent the transmission of diseases and health problems (Law, 2014; Restiana *et al.,* 2025). Therefore, hospitals serve not only as providers of medical and nursing care but also as centers for rehabilitation, education, research, the advancement of health science and technology, and the improvement of the quality of health services for the community (Rizkiawan *et al.,* 2024; Restiana *et al.,* 2025).

Based on Law of the Republic of Indonesia No. 44 of 2009, hospitals are tasked with providing comprehensive individual health care services grounded in the values of humanity, professionalism, justice, patient safety, and social responsibility. Hospitals also function to provide medical treatment and health recovery services, health maintenance, education and training for health personnel, as well as research and development in health technology. Based on the type of services provided, hospitals are categorized into general hospitals, specialized hospitals, teaching and research hospitals, hospitals owned by institutions or companies, and clinics, each with distinct service characteristics. Meanwhile, based on their management structure, hospitals are classified as public or private hospitals, while based on their service capacity, they are categorized into Class A, B, C, and D hospitals according to the scope of specialist and subspecialist services they offer. This classification indicates that each hospital has distinct functions, capacities, and roles in supporting the delivery of effective, high-quality, and patient-safety-oriented healthcare services in accordance with community needs.

2.1.6 *Theoretical Framework*

Figure 1. The Relationship Between the Quality of Health Care Services and Therapeutic Communication and Patient Satisfaction Among Inpatients



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2.1.7 Previous Research

Various studies in recent years have consistently shown that the quality of health care is a key determinant of patient satisfaction. A study by Yusra (2021) found that suboptimal service quality was associated with low levels of satisfaction among BPJS patients at Tanjung Selamat General Hospital. These findings are supported by Agil *et al.,* (2022), Zalius *et al.,* (2023), Rizkiawan *et al.,* (2024), Loisa (2024), Soharab (2024), Maelani *et al.,* (2025), and Widiatmini and Purwito (2025), all of whom reported that improvements in service quality have a significant impact on patient satisfaction across various healthcare facilities, including both hospitals and community health centers. These findings indicate that patient satisfaction is influenced not only by the success of medical interventions but also by the quality of the service process experienced from the moment a patient enters a healthcare facility until they receive comprehensive care. Thus, service quality is regarded as a key indicator in evaluating the success of healthcare services that are oriented toward patients' needs and expectations.

In addition to service quality, therapeutic communication is also receiving increasing attention as a factor influencing the patient experience during treatment. Agil *et al.,* (2022), Liyana *et al.,* (2023), Nurwahyuni *et al.,* (2024), Wardanengsih *et al.,* (2024), Haykal *et al.,* (2025), and Maelani *et al.,* (2025) demonstrate that effective therapeutic communication has a positive and significant relationship with patient satisfaction. Communicative, empathetic, informative, and respectful interactions with patients can build trust, enhance a sense of security, and strengthen patient adherence to the treatment process. Conversely, unclear communication, rushing, or a lack of empathy can lower patients' perceptions of the quality of care they receive. The consistency of these research findings demonstrates that therapeutic communication is not merely an interpersonal skill of healthcare professionals but an integral part of service quality that determines the patient's experience during healthcare delivery.

Nevertheless, a review of previous studies indicates that most research still examines service quality and therapeutic communication as standalone variables or merely links the two in general terms to patient satisfaction. Most studies use conventional service quality indicators without adopting a more comprehensive approach, such as the PubHosQual model, which evaluates service quality based on five dimensions: Patient Admission, Medical Services, Overall Services, Hospital Discharge, and Hospital Social Responsibility. On the other hand, research on therapeutic communication generally has not systematically elaborated on the four stages of communication—pre-interaction, orientation, work, and termination—as mutually integrated components in shaping patient satisfaction. This situation indicates that previous research still leaves room to develop a more comprehensive analytical model by integrating dimensions of service quality and stages of therapeutic communication into a single empirical framework, particularly in the context of inpatient care at government hospitals.

2.2 Hypothesis Development

H1: *The patient admission dimension (registration process) is significantly associated with inpatient satisfaction at Labuang Baji Regional General Hospital in Makassar.*

H2: *The medical services dimension (services provided by doctors and nurses) is significantly associated with the satisfaction of inpatients at Labuang Baji Regional General Hospital in Makassar.*

H3: *The overall services dimension (facilities and services as a whole) is significantly associated with inpatient satisfaction at Labuang Baji Regional General Hospital in Makassar.*

H4: *The hospital discharge dimension (the process of discharging patients) is significantly associated with inpatient satisfaction at Labuang Baji Regional General Hospital in Makassar.*

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H5: *The dimension of hospital social responsibility is significantly associated with the satisfaction of inpatients at Labuang Baji Regional General Hospital in Makassar.*

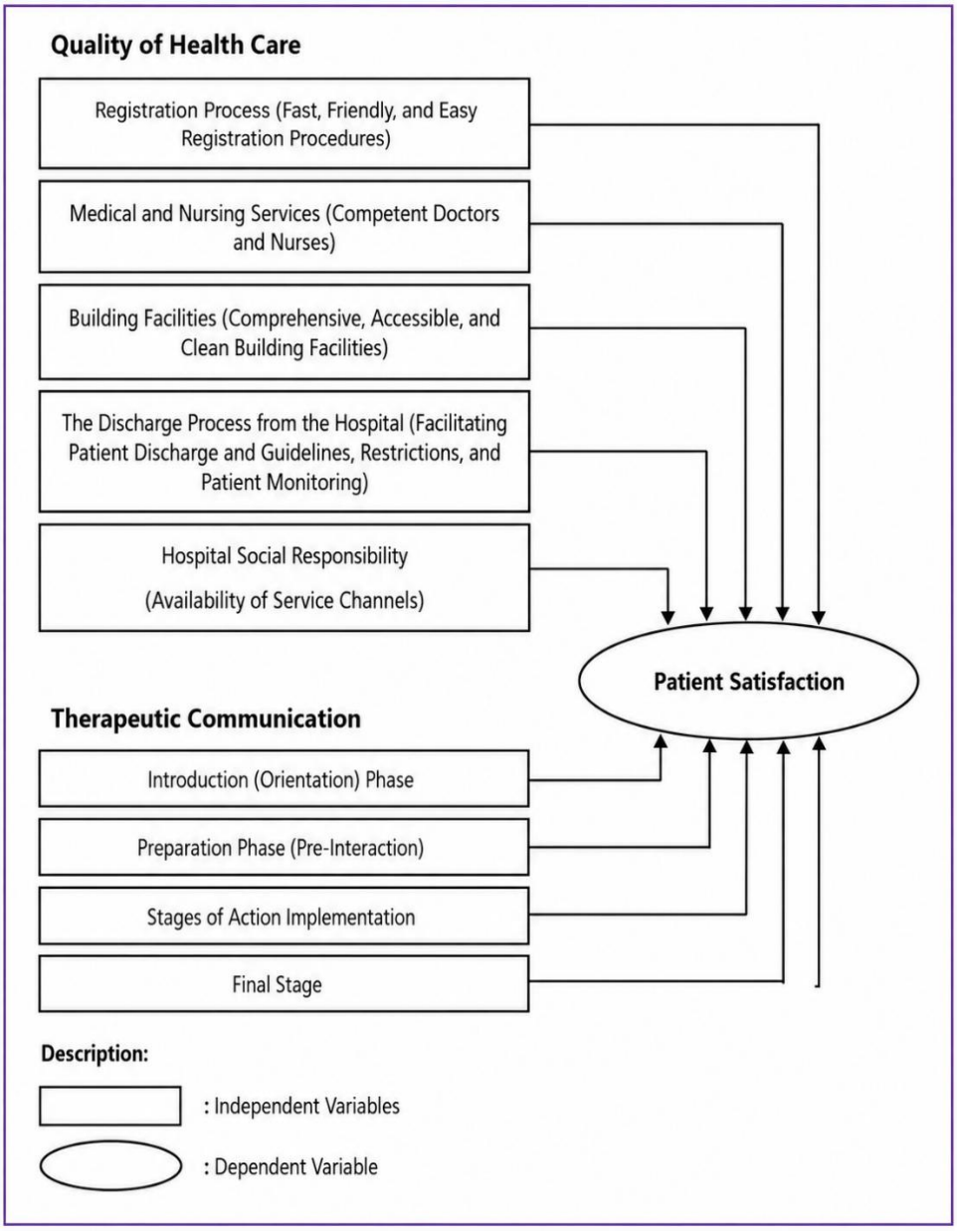
H6: *The orientation phase in therapeutic communication is significantly associated with the satisfaction of inpatients at Labuang Baji Regional General Hospital in Makassar.*

H7: *The pre-interaction stage in therapeutic communication is significantly associated with the satisfaction of inpatients at Labuang Baji Regional General Hospital in Makassar.*

H8: *The work phase (implementation of interventions) in therapeutic communication is significantly associated with the satisfaction of inpatients at Labuang Baji Regional General Hospital in Makassar.*

H9: *The termination stage (final stage) of therapeutic communication is significantly associated with the satisfaction of inpatients at Labuang Baji Regional General Hospital in Makassar.*

Figure 2. Research Conceptual Framework



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3. Research Method

This study employed a quantitative approach with an analytical observational design using a cross-sectional study to analyze the relationship between the quality of health care and nurses' therapeutic communication on inpatient satisfaction. The study was conducted in the Baji Ateka, Baji Nyawa, and Mamminasa Baji inpatient wards at Labuang Baji Regional General Hospital in Makassar during April–June 2026. A cross-sectional design was chosen because it allows for the simultaneous measurement of independent and dependent variables at a single point in time, making it suitable for identifying relationships among variables in the study population.

The study population consisted of all inpatients in the three wards, totaling 252 patients. The sample size was determined using the Slovin formula with a 5% margin of error, resulting in 154 respondents. The sample was selected using purposive sampling based on predetermined inclusion and exclusion criteria. Inclusion criteria included patients aged ≥17 years, receiving care in the study wards, nearing discharge, able to communicate effectively, and willing to participate. Conversely, patients with communication or cognitive impairments, those in critical medical condition, those with severe psychological disorders, or those who refused to participate were excluded from the study. Respondents were selected just before discharge so that patients had gained a comprehensive experience of the entire service process during their hospitalization.

The research data consisted of primary and secondary data. Primary data were collected using a structured questionnaire with a four-point Likert scale (1 = strongly disagree to 4 = strongly agree). In contrast, secondary data were obtained from the medical records of the Labuang Baji General Hospital in Makassar—the research instrument comprised three main constructs. The healthcare service quality variable was measured using the Public Hospital Service Quality (PubHosQual) model, which encompasses five dimensions: Patient Admission, Medical Services, Overall Services, Hospital Discharge, and Hospital Social Responsibility, with a total of 19 indicators. The variable of nurses' therapeutic communication was measured using 19 indicators representing the four stages of therapeutic communication: pre-interaction, orientation, the working stage, and termination. Meanwhile, the patient satisfaction variable was measured using 35 indicators developed based on the elements of the Public Satisfaction Survey as stipulated in Regulation of the Minister of State Apparatus Empowerment and Bureaucratic Reform of the Republic of Indonesia No. 14 of 2017. All indicators were formulated based on theoretical reviews and prior research and adapted to the context of inpatient care. Details of the variables, indicators, measurement codes, and primary references are presented in Table 1.

Data collection was conducted after obtaining a research permit from the Labuang Baji General Hospital in Makassar and ethical approval from the relevant ethics committee. All respondents received an explanation of the study's objectives and procedures before signing the informed consent form. The questionnaire was then administered to respondents in person and reviewed to ensure the completeness of their responses before the coding, data entry, and data cleaning processes were carried out. Data analysis was performed using IBM SPSS. Univariate analysis was used to describe respondent characteristics and the distribution of each research variable. The relationship between each dimension of healthcare quality, stages of therapeutic communication, and patient satisfaction was analyzed using the Chi-Square test with a significance level of $\alpha = 0.05$. Furthermore, multiple logistic regression was used to identify the independent variables most strongly associated with patient satisfaction after

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controlling for the effects of other variables. The results of the analysis are presented as p-values, odds ratios (OR), and 95% confidence intervals.

Table 1. Variables and Measurement

Variable	Code	Indicator	Major Reference
Patient Admission	PA1–PA3	Admission procedure	Aagja & Garg (2010)
Medical Services	MS1–MS3	Doctor and nurse services	Aagja & Garg (2010)
Overall Services	OS1–OS4	Facilities and overall services	Aagja & Garg (2010)
Hospital Discharge	HD1–HD3	Discharge process	Aagja & Garg (2010)
Hospital Social Responsibility	HSR1–HSR6	Social responsibility	Aagja & Garg (2010)
Therapeutic Communication	TC1–TC19	Pre-interaction, orientation, working, and termination stages	Stuart *et al.,* (1998)
Patient Satisfaction	PS1–PS35	Patient satisfaction dimensions	PermenPANRB No. 14 Tahun 2017

This study adhered to research ethics principles, including respect for persons, beneficence, justice, confidentiality, and anonymity. All respondents participated voluntarily; their identities were kept confidential through the use of codes; and all information obtained was used solely for research purposes without affecting the healthcare services received by the respondents.

4. Results and Discussion

4.1 Analysis Results

4.1.1 *Distribution of Respondent Characteristics*

Table 2. Characteristics of Respondents (n = 154)

Characteristic	Category	n	%
Age (years)	17–25	23	14.9
	26–35	60	39.0
	36–45	22	14.3
	46–55	17	11.0
	56–65	21	13.6
	>65	11	7.1
Gender	Male	53	34.4
	Female	101	65.6
Education	Elementary School	56	36.4
	Junior High School	7	4.5
	Senior High School	39	25.3
	College/University	52	33.8
Occupation	Unemployed	13	8.4
	Entrepreneur	31	20.1
	Private employee	19	12.3
	Housewife	64	41.6
	Farmer	9	5.8
	Honorary employee	7	4.5
	Civil servant	11	7.1

Source: *Primary Data (2026)*

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The majority of respondents were aged 26–35 years (39.0%), female (65.6%), had an elementary school education (36.4%), and were homemakers (41.6%). These characteristics indicate that most respondents were adult patients with a primary school education who were not employed in the formal sector; consequently, their perceptions of service quality and therapeutic communication reflect the experiences of hospital service users from the general public.

Table 3. Distribution of Research Variables (n = 154)

Variable	Category	n	%
Patient Admission	Good	123	79.9
	Poor	31	20.1
Medical Services	Good	125	81.2
	Poor	29	18.8
Overall Services	Good	132	85.7
	Poor	22	14.3
Hospital Discharge	Good	118	76.6
	Poor	36	23.4
Hospital Social Responsibility	Good	130	84.4
	Poor	24	15.6
Orientation Stage	Good	108	70.1
	Poor	46	29.9
Pre-interaction Stage	Good	110	71.4
	Poor	44	28.6
Working Stage	Good	106	68.8
	Poor	48	31.2
Termination Stage	Good	115	74.7
	Poor	39	25.3
Patient Satisfaction	Satisfied	103	66.9
	Less satisfied	51	33.1

Source: *Primary Data (2026)*

Most respondents rated all dimensions of healthcare quality as "good," with the highest percentage in the Overall Services dimension (85.7%), followed by Hospital Social Responsibility (84.4%), Medical Services (81.2%), Patient Admission (79.9%), and Hospital Discharge (76.6%). For the therapeutic communication variable, all stages were also predominantly rated as "good," namely Termination (74.7%), Pre-interaction (71.4%), Orientation (70.1%), and Working Stage (68.8%). In addition, 66.9% of respondents expressed satisfaction with inpatient care, while the remaining 33.1% were still dissatisfied. Descriptively, these results indicate that the quality of healthcare services and therapeutic communication at Labuang Baji General Hospital in Makassar has been perceived positively by the majority of patients. However, a proportion of respondents gave less favorable ratings on several service dimensions, thus requiring attention in efforts to improve service quality.

4.1.2 *Bivariate Analysis*

Based on Table 4, all dimensions of healthcare quality and stages of therapeutic communication by nurses showed a significant association with inpatient satisfaction ($p = 0.001$; $p < 0.05$). Across all variables, respondents who gave lower ratings were predominantly dissatisfied, reaching as high as 100% for the dimensions of the registration process, building facilities, the hospital discharge process, the hospital's social responsibility, the orientation stage, and the pre-interaction stage. Conversely,

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respondents who rated the service as "good" were mostly satisfied, with percentages ranging from 78.0% to 96.2%.

In the dimension of healthcare service quality, the highest level of satisfaction was found in the hospital discharge process (87.3%), followed by the registration process (83.7%), doctor and nurse care (80.8%), the hospital's social responsibility (79.2%), and building facilities (78.0%). Meanwhile, regarding nurses' therapeutic communication, the highest satisfaction levels were found during the implementation stage (96.2%), followed by the orientation stage (95.4%), the pre-interaction stage (93.6%), and the final (termination) stage (88.7%). These findings indicate that the better the quality of healthcare services and therapeutic communication received by patients, the higher their level of satisfaction with inpatient care at Labuang Baji General Hospital in Makassar.

Table 4. The Relationship Between the Quality of Health Care Services and Nurses' Therapeutic Communication and the Satisfaction of Inpatients at Labuang Baji Regional General Hospital in Makassar (n = 154)

Variable	Category	Not Satisfied n (%)	Satisfied n (%)	Total	p-value	Description
Registration Process	Not Good	31 (100.0)	0 (0.0)	31	0.001	Significant
	Good	20 (16.3)	103 (83.7)	123		
Doctor and Nurse Services	Not Good	27 (93.1)	2 (6.9)	29	0.001	Significant
	Good	24 (19.2)	101 (80.8)	125		
Building Facilities	Not Good	22 (100.0)	0 (0.0)	22	0.001	Significant
	Good	29 (22.0)	103 (78.0)	132		
The Discharge Process from the Hospital	Not Good	36 (100.0)	0 (0.0)	36	0.001	Significant
	Good	15 (12.7)	103 (87.3)	118		
Hospital Social Responsibility	Not Good	24 (100.0)	0 (0.0)	24	0.001	Significant
	Good	27 (20.8)	103 (79.2)	130		
Orientation Phase	Not Good	46 (100.0)	0 (0.0)	46	0.001	Significant
	Good	5 (4.6)	103 (95.4)	108		
Pre-Interaction Stage	Not Good	44 (100.0)	0 (0.0)	44	0.001	Significant
	Good	7 (6.4)	103 (93.6)	110		
Stages of Action Implementation	Not Good	47 (97.9)	1 (2.1)	48	0.001	Significant
	Good	4 (3.8)	102 (96.2)	106		
Final Stage (Termination)	Not Good	38 (97.4)	1 (2.6)	39	0.001	Significant
	Good	13 (11.3)	102 (88.7)	115		

Source: *Primary Data (2026)*

4.1.3 *Multivariate Analysis*

Multivariate analysis was conducted using multiple logistic regression to identify the variables most strongly associated with inpatient satisfaction. All independent variables that showed a significant association in the bivariate analysis ($p < 0.05$) were included in the regression model, which encompassed five dimensions of healthcare quality and four stages of therapeutic communication by nurses.

Advances in Healthcare Research
Volume 4, Issue 2 (2026). 359-379
DOI: https://doi.org/10.60079/ahr.v4i2.1005
OPEN ACCESS
e-ISSN: 2985-9808

Table 5. Results of the Multiple Logistic Regression Analysis of Factors Associated with Inpatient Satisfaction at Labuang Baji Regional General Hospital in Makassar (n = 154)

Variable	B	S.E.	Wald	p Value	Exp(B)
Registration Process	21.525	4652.584	0.000	0.996	222.959
Medical and Nursing Services	3.922	1.584	6.128	0.013	50.500
Building amenities	21.891	5642.478	0.000	0.997	321.559
The discharge process from the hospital	22.109	4362.421	0.000	0.996	399.645
Social Responsibility of Hospitals	21.769	5256.226	0.000	0.997	284.567
Orientation phase	33.608	5292.410	0.000	0.995	394.063
Pre-interaction stage	32.955	5345.201	0.000	0.995	205.206
Stages of implementing the action	-11.734	3549.015	0.000	0.997	0.000
Final stage (termination)	4.615	1.735	7.076	0.008	101.000

Source: *Primary Data (2026)*

Based on Table 5, only two variables remained significantly associated with patient satisfaction after simultaneous analysis using multiple logistic regression: physician and nurse care (p = 0.013) and the final stage (termination) of therapeutic communication (p = 0.008). Meanwhile, the variables of the registration process, building facilities, the hospital discharge process, the hospital's social responsibility, the orientation stage, the pre-interaction stage, and the treatment implementation stage did not show a significant association (p > 0.05).

The final stage (termination) variable was the most dominant factor associated with patient satisfaction, as indicated by the value Exp(B) = 101.000, meaning that patients who received therapeutic communication at the termination stage rated as "good" were approximately 101 times more likely to be satisfied than patients who received therapeutic communication rated as "poor," after controlling for other variables in the model. In addition, the services provided by doctors and nurses were also significantly associated with patient satisfaction (Exp(B) = 50.500), indicating that high-quality medical care increases the likelihood of patient satisfaction by approximately 50.5 times compared to substandard care. These findings indicate that the competence of healthcare personnel and the quality of communication during the final stage of care are the most decisive factors in inpatient satisfaction at Labuang Baji General Hospital in Makassar.

4.2 Discussion

4.2.1 *The Relationship Between the Registration Process and Inpatient Satisfaction*

The results of the study indicate that the registration process is significantly associated with inpatient satisfaction at Labuang Baji Regional General Hospital in Makassar (p = 0.001). These findings suggest that the quality of service during the initial stage is a key factor in shaping patients' perceptions of the hospital's overall service quality. Patients who experience a quick and easy registration process, supported by friendly staff, tend to give more positive evaluations of the care they receive during their hospital stay. Conversely, slow, uninformative, or unresponsive administrative procedures can create negative perceptions from the outset, thereby affecting overall patient satisfaction. These findings demonstrate that a patient's first experience upon entering the hospital serves as the foundation for building trust in the quality of care provided.

These findings align with the PubHosQual concept, which identifies patient admission as one of the key dimensions of hospital service quality. This model explains that a patient's experience during the admission phase influences their evaluation of the entire subsequent care process. The results of

Advances in Healthcare Research
Volume 4, Issue 2 (2026). 359-379
DOI: https://doi.org/10.60079/ahr.v4i2.1005
OPEN ACCESS
e-ISSN: 2985-9808

this study also support Oliver's Expectancy-Disconfirmation Theory, which states that satisfaction is achieved when the service received meets or exceeds patient expectations. Thus, efficient administrative services, clear information, and an empathetic attitude on the part of staff are critical factors in meeting patient expectations. These findings are consistent with those of Essig *et al.,* (2022), who reported that the quality of the admission process is associated with inpatient satisfaction, as well as Rivai *et al.,* (2023), who demonstrated that patient-centered care beginning at the admission stage can enhance patient satisfaction. Therefore, enhancing the competencies of administrative staff, streamlining procedures, and optimizing the registration system are important strategies for improving the quality of hospital services.

4.2.2 *The Relationship Between Physician and Nurse Care and Inpatient Satisfaction*

This study shows that the care provided by doctors and nurses is significantly associated with inpatient satisfaction ($p = 0.001$). Multivariate analysis also identified this variable as one of the most dominant factors influencing patient satisfaction ($p = 0.013$; OR = 50.500). These results indicate that patients who receive good medical care are approximately 50 times more likely to be satisfied than patients who receive substandard care. These findings suggest that patient satisfaction is determined not only by the success of medical interventions but also by the professional competence of healthcare providers, the accuracy of diagnoses, the speed of care, the ability to provide information, and empathetic attitudes throughout the care process. The close interaction between patients and doctors and nurses makes the quality of medical care a key component in shaping the patient experience during hospitalization.

Theoretically, the results of this study support the concept of Patient-Centered Care (PCC), which places the patient at the center of healthcare through open communication, respect for patient rights, and patient involvement in clinical decision-making. This approach allows patients to feel valued, receive adequate information, and build trust in healthcare providers, thereby increasing their satisfaction with the care they receive. These findings align with those of Balqis Nurmauli Damanik (2024), who demonstrated that the quality of care provided by doctors and nurses significantly influences inpatient satisfaction. These findings also reinforce various previous studies stating that the clinical competence and interpersonal communication skills of healthcare professionals are key determinants of patient satisfaction. Therefore, hospitals need to strengthen the development of both the clinical competence and interpersonal communication skills of healthcare professionals so that the services provided are not only medically effective but also capable of meeting patients' expectations and needs.

4.2.3 *The Relationship Between Hospital Facilities and Inpatient Satisfaction*

The results of the study show that building facilities are significantly associated with inpatient satisfaction at Labuang Baji Regional General Hospital in Makassar ($p = 0.001$). These findings indicate that a hospital's physical environment plays a crucial role in shaping patients' experiences during treatment. Patients tend to feel more satisfied when they have access to clean, comfortable, and easily accessible facilities, supported by adequate infrastructure and amenities. Conversely, an uncomfortable environment or inadequate facilities can diminish positive perceptions of service quality, even when medical care has been provided effectively. This demonstrates that patient satisfaction is shaped by a combination of clinical service quality and the service environment, which patients experience directly during their stay.

Advances in Healthcare Research
Volume 4, Issue 2 (2026). 359-379
DOI: https://doi.org/10.60079/ahr.v4i2.1005
OPEN ACCESS
e-ISSN: 2985-9808

These findings align with the SERVQUAL concept, particularly the "tangibles" dimension, which emphasizes that the physical condition of facilities, equipment, and the service environment are crucial components in evaluating service quality. Furthermore, in the PubHosQual model, physical facilities are included in the "overall services" dimension, which represents the overall quality of hospital services. The results of this study are consistent with the research by Fadhila Siregar *et al.,* (2024), which demonstrated a significant relationship between service quality and patient satisfaction, as well as the study by Nyoman Dharma Wiasa *et al.,* (2025), which reported that service quality simultaneously influences patient satisfaction. Therefore, improving the quality of physical facilities, maintaining equipment, and creating a comfortable service environment should be priorities for hospitals to support positive patient experiences during hospitalization.

4.2.4 *The Relationship Between the Patient Discharge Process and Inpatient Satisfaction*

This study shows that the patient discharge process is significantly associated with inpatient satisfaction (p = 0.001). These findings indicate that patient satisfaction is influenced not only by the care received during hospitalization but also by the quality of care provided during the final stage before the patient leaves the hospital. A discharge process that is swift, well-organized, and accompanied by clear information regarding medication use, follow-up appointments, permitted activities, and post-discharge care provides patients with a sense of security. Conversely, convoluted administrative procedures or a lack of pre-discharge education can create uncertainty, leading to reduced satisfaction with overall hospital care.

The results of this study support the Transitions Theory developed by Meleis, which explains that a patient's transition from the hospital to home is a phase requiring preparation so that the patient can continue care independently. These findings are also consistent with the PubHosQual model, which identifies hospital discharge as one of the key dimensions of hospital service quality. This study aligns with the findings of Nugroho Wismadi and Annisa (2021), who reported that the implementation of discharge planning is significantly associated with patient satisfaction, as well as the research by Nurul *et al.,* (2024), which demonstrated that education and discharge planning enhance inpatient satisfaction. Therefore, hospitals need to ensure that the discharge process is carried out systematically through coordination among healthcare professionals and the provision of comprehensive education so that continuity of care is maintained after patients return home.

4.2.5 *The Relationship Between Hospitals' Social Responsibility and Inpatient Satisfaction*

The results of the study indicate that the hospital's social responsibility is significantly associated with the satisfaction of inpatients at Labuang Baji Regional General Hospital in Makassar (p = 0.001). These findings suggest that patient satisfaction is influenced not only by the medical care and facilities received but also by perceptions of the hospital's commitment to providing services that are fair, transparent, accessible, and oriented toward the public interest. Respondents who rated the hospital's social responsibility as "good" tended to have higher satisfaction levels compared to those who gave a lower rating. This indicates that providing clear information, ensuring an easy-to-understand service process, treating all patients equally, and demonstrating concern for patients' needs are crucial elements in building trust and satisfaction with hospital services.

These findings align with the PubHosQual concept, which identifies Hospital Social Responsibility as one of the key dimensions in assessing hospital service quality. This dimension

Advances in Healthcare Research
Volume 4, Issue 2 (2026). 359-379
DOI: https://doi.org/10.60079/ahr.v4i2.1005
OPEN ACCESS
e-ISSN: 2985-9808

emphasizes that hospitals are not only responsible for providing clinical care but also bear a social responsibility to ensure equitable access to services, respect patients' rights, and provide care without discrimination. The results of this study also support Stakeholder Theory, which states that public service organizations must be able to meet the needs of all stakeholders, including patients as the primary users of the services. These findings are consistent with the research by Aagja and Garg (2010), which shows that social responsibility is a crucial component in shaping perceptions of hospital service quality. Therefore, hospitals need to continue improving service transparency, strengthening patient information systems, and ensuring that all patients receive equal care regardless of their social or economic background.

4.2.6 *The Relationship Between the Orientation Stage of Therapeutic Communication and Inpatient Satisfaction*

The results of the study indicate that the orientation stage of therapeutic communication is significantly associated with inpatient satisfaction (p = 0.001). The orientation stage is the initial phase of interaction between nurses and patients, aimed at building a relationship of mutual trust through introductions, explaining the purpose of care, identifying patient needs, and agreeing on the care process. Patients who receive a thorough orientation tend to feel more valued, receive adequate information, and feel secure during their care. Conversely, a suboptimal orientation can cause patients to feel confused, lack trust in healthcare providers, and lower their perception of the quality of care provided. These findings indicate that the quality of interaction at the beginning of care contributes to the formation of positive patient experiences during their hospital stay.

Theoretically, these findings support Peplau's Interpersonal Relations Theory, which identifies the orientation phase as a critical stage in establishing a therapeutic relationship between nurses and patients. At this stage, open and empathetic communication enables patients to understand their health condition, get to know the healthcare providers caring for them, and increase their trust in the care provided. These findings are also consistent with the study by Nurwahyuni *et al.,* (2024), which states that therapeutic communication that begins with a good orientation influences patient satisfaction. Research by Wardanengsih *et al.,* (2024) also indicates that nurses' ability to build interpersonal relationships from the outset of care contributes to improved quality of nursing care. Therefore, hospitals must ensure that every nurse consistently implements the orientation stages as part of patient-centered nursing care standards.

4.2.7 *The Relationship Between the Pre-Interaction Stage and Inpatient Satisfaction*

The results of the study indicate that the pre-interaction stage is significantly associated with inpatient satisfaction at Labuang Baji Regional General Hospital in Makassar (p = 0.001). These findings suggest that nurses' preparation prior to interacting with patients is a crucial component in delivering high-quality care. Nurses who prepare themselves by understanding the patient's condition, reviewing medical records, planning nursing interventions, and preparing for care needs will be better able to provide appropriate, safe, and patient-centered care. Thorough preparation also helps reduce communication errors and mistakes during the care process, thereby increasing patients' trust in healthcare providers' competence. Thus, the pre-interaction stage serves as the foundation for establishing an effective therapeutic relationship and contributes to increased patient satisfaction during hospitalization.

Advances in Healthcare Research
Volume 4, Issue 2 (2026). 359-379
DOI: https://doi.org/10.60079/ahr.v4i2.1005
OPEN ACCESS
e-ISSN: 2985-9808

Theoretically, these findings support Stuart and Sundeen's therapeutic communication model, which explains that the pre-interaction stage is a phase of professional preparation before nurses make direct contact with patients. At this stage, the nurse's readiness in terms of knowledge, skills, and emotional state will determine the quality of interactions in the subsequent stages. These findings align with the study by Nurwahyuni *et al.,* (2024), which showed that nurses' preparedness before engaging in therapeutic communication contributes to increased patient satisfaction. Research by Ulandari *et al.,* (2023) also explains that thorough preparation enables nurses to provide care more systematically, oriented toward patients' needs. Therefore, hospitals need to strengthen nurses' competencies through therapeutic communication training and the implementation of standard operating procedures that ensure every action begins with optimal preparation.

4.2.8 *The Relationship Between the Stage of Treatment Implementation and Inpatient Satisfaction*

This study shows that the intervention implementation stage is significantly associated with inpatient satisfaction (p = 0.001). This stage is central to therapeutic communication because all nursing interventions, information provision, health education, and psychological support are delivered directly to patients. Patients who receive clear communication, responsive care, and support during nursing interventions tend to feel more comfortable and have greater trust in hospital services. Conversely, ineffective communication during the implementation of interventions can cause anxiety, misunderstandings, and even lower patient satisfaction, even if medical procedures were performed according to protocol. These findings indicate that the quality of interactions during the care process is a critical factor in shaping a positive patient experience.

The results of this study support the theory of Patient-Centered Care, which emphasizes that healthcare services must be delivered through effective communication, patient involvement in decision-making, and the provision of adequate information throughout the care process. During the procedure, nurses not only carry out clinical procedures but also serve as educators, communicators, and patient companions. These findings are consistent with the research by Wibowo Suwandi *et al.,* (2025), which showed that effective therapeutic communication during nursing procedures is associated with increased patient satisfaction. The results of a study by Haykal *et al.,* (2025) also demonstrate that empathetic and responsive communication during care can enhance the patient experience and strengthen trust in healthcare providers. Therefore, hospitals need to continue improving nurses' interpersonal communication skills so that every nursing intervention not only meets clinical standards but also addresses patients' psychological and informational needs.

4.2.9 *The Relationship Between End-of-Care (Termination) and Inpatient Satisfaction*

The results of the study show that the final stage (termination) of therapeutic communication is significantly associated with inpatient satisfaction (p = 0.001). Multiple logistic regression analysis also indicates that this variable is the most dominant factor associated with patient satisfaction (p = 0.008; OR = 101.000). These findings indicate that the quality of communication during the final stage of care plays a very significant role in shaping patients' final perceptions of hospital care. During the termination stage, nurses evaluate the patient's condition, ensure the patient understands their treatment, explain follow-up plans, provide education before discharge, and professionally conclude the therapeutic relationship. A well-executed discharge process provides a sense of security, boosts patients' confidence in continuing care at home, and reinforces their belief that the care they received met their needs.

Advances in Healthcare Research
Volume 4, Issue 2 (2026). 359-379
DOI: https://doi.org/10.60079/ahr.v4i2.1005
OPEN ACCESS
e-ISSN: 2985-9808

Conversely, a discharge that is rushed or lacks adequate education can confuse and reduce patient satisfaction, even if care during previous stages was provided effectively. This indicates that the patient's final experience plays a crucial role in shaping their overall evaluation of the quality of hospital care.

Theoretically, the findings of this study support Peplau's Interpersonal Relations Theory and Stuart and Sundeen's therapeutic communication model, which position the termination stage as the phase of evaluation and resolution of the therapeutic relationship between nurse and patient. In this phase, successful communication is reflected in the nurse's ability to help the patient understand their health condition, enhance their independence in continuing care, and prepare the patient for the period following discharge from the hospital. These findings also support the concept of Patient-Centered Care, which emphasizes the importance of continuity of care through comprehensive education and effective communication throughout the care process. These research results align with the findings of Nurwahyuni *et al.,* (2024), who stated that therapeutic communication carried out fully through the termination phase contributes to increased patient satisfaction. The study by Wardanengsih *et al.,* (2024) also showed that proper evaluation and communication before a patient's discharge can enhance patient trust in healthcare providers and the quality of hospital services. The dominant influence of the termination stage in this study indicates that patient satisfaction is shaped not only by the quality of medical care but also by how healthcare professionals conclude the care process through education, evaluation, and clear communication. Therefore, hospitals need to make the termination stage an integral part of nursing care standards by strengthening procedures for patient education, discharge planning, and communication evaluation before patients leave the hospital.

5. Concluding Remarks and Recommendation

This study aims to analyze the relationship between the quality of health care services—based on the five dimensions of PubHosQual (patient admission, medical services, overall services, hospital discharge, and hospital social responsibility)—and nurses' therapeutic communication, which includes the pre-interaction, orientation, working, and termination stages, and the satisfaction of inpatients at Labuang Baji Regional General Hospital in Makassar. The study employed a quantitative approach with a cross-sectional design involving 154 inpatients selected using purposive sampling. The results indicate that all dimensions of healthcare service quality and all stages of therapeutic communication are significantly associated with patient satisfaction ($p < 0.05$). Multiple logistic regression analysis revealed that the care provided by doctors and nurses ($p = 0.013$; OR = 50.500) and the final stage (termination) of therapeutic communication ($p = 0.008$; OR = 101.000) were the most dominant factors associated with patient satisfaction. These findings indicate that patient satisfaction is influenced by the overall quality of care provided, from the admission process through communication at the end of care.

This study makes a theoretical contribution by reinforcing the application of the PubHosQual model and the concept of therapeutic communication in explaining patient satisfaction with inpatient services at public hospitals. The integration of these two approaches demonstrates that patient satisfaction is influenced not only by medical care aspects but also by the quality of interactions between healthcare providers and patients throughout the care process. From a practical perspective, the research findings provide a basis for Labuang Baji General Hospital in Makassar to prioritize improving the competencies of doctors and nurses, strengthening the implementation of therapeutic communication—particularly during the discharge phase—and optimizing service quality across all

Volume 4, Issue 2 (2026). 359-379
DOI: https://doi.org/10.60079/ahr.v4i2.1005
OPEN ACCESS
e-ISSN: 2985-9808

dimensions of hospital care. Thus, this study provides empirical evidence that a comprehensive improvement in service quality and therapeutic communication can serve as a strategy for enhancing patient satisfaction.

This study has several limitations. First, the study used a cross-sectional design; therefore, the relationships identified are limited to statistical correlations and cannot yet explain cause-and-effect relationships. Second, the study was conducted at only one public hospital; thus, generalizing the results to hospitals with different characteristics must be done with caution. Third, the measurement of all variables was based on respondents' perceptions via questionnaires, which means the results may still be influenced by response subjectivity. Therefore, future research is recommended to use a longitudinal design or mixed methods to gain a more comprehensive understanding of the dynamics of patient satisfaction. Future studies could also expand the research locations to include various types of hospitals, incorporate variables such as patient safety culture, leadership quality, or patient experience, and evaluate the effectiveness of therapeutic communication improvement programs on service quality and patient satisfaction on an ongoing basis.

Statement of Use of Generative AI

During the preparation of this work, the author used generative artificial intelligence tools to support the scientific writing process. Grammarly was used to check grammar, refine writing style, and improve clarity in scientific writing. All interpretations, analyses, and conclusions presented in this study are the sole responsibility of the author.

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Volume 4, Issue 2 (2026). 359-379
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