Therapeutic Communications of Doctors and Hypertensive Patients' Satisfaction

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A B S T R A C T

Introduction: Hypertension or high blood pressure is an increase in systolic blood pressure of more than 140 mmHg and diastolic blood pressure of more than 90 mmHg at two measurements at intervals of five minutes under adequate rest/calm conditions. Therapeutic communication is the most effective and important thing in establishing relationships between doctors and patients. Good communication based on trust will produce satisfaction from the patients, thus they can seek treatment again. This study aimed to analyze the relationship between therapeutic communication and hypertensive patients' satisfaction measured among those who visited the Primary Health Center (PHC) of Surabaya to control their blood pressure.

Methods: This was a cross-sectional quantitative study with all hypertensive patients who visited the PHC in November 2018-January 2019 as the subjects. Characteristics of the subjects, as well as the doctors and the therapeutic communication practices, were rated by the patients. Patients' satisfaction was collected using validated questionnaires.

Results: According to a relationship analysis between doctors' therapeutic communication and patients' satisfaction, it is found that there was a significant relationship. This was based on a significance value of 0.00 and smaller than 0.05. The better the communication applied by the doctor, the more satisfied the patient was. This study showed that service satisfaction was influenced by therapeutic communication where doctors at the PHC try to fulfill every indicator.

Conclusion: There was a relationship between the therapeutic communication of doctors and the satisfaction of hypertensive patients at the PHC.

A R T I C L E   I N F O

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Introduction

Doctors have become one of the components that affect healing and patients' compliance with treatment. Patients' comfort and satisfaction are the purposes of medication.[1] One of the very influential aspects is communication between patients and doctors. More than 80% of patients' disease diagnoses can be obtained from anamnesis. Therefore, to obtain sufficient and suitable information, a doctor must gain the patients' confidence by doing therapeutic communication.

Therapeutic communication is a main basic intervention modality consisting of verbal and nonverbal techniques used to build relationships between therapists and patients in fulfilling need.[2] Accordingly, therapeutic communication forms a vital key in convenient health services performed by therapists to discover patients' feelings and desires to make them satisfied and trust the doctors.[3]

The result of research and observation showed that communication between doctors and patients in Indonesia is not yet a major concern. Throughout the years, communication competencies tend to be ignored, as 35-40% of patients are not satisfied to communicate with doctors.[2]

Higher patient satisfaction indicates a good relationship between doctors and patients. This relation can avoid cases of lawsuit, help the treatment process and patients' healing, as well as increase the quality of health care providers.[4] The best solution to increase patients' trust in doctors is by giving satisfying services. The important aspect that must be considered is therapeutic communication.[5] A doctor must be able to meet the patients' expectations which include communication of clear information as needed and an attentive empathetic attitude to make the patients calm.[6] The hospital must make therapeutic communication a standard operational procedure in service for patients.[7]

Based on the data from the Indonesian Ministry of Health, the prevalence of hypertension in Indonesia reaches 31.7% of the population aged 18 years old and over. About 60% of people with hypertension end up with a stroke. Meanwhile, the rest ended with heart disease, kidney failure, and blindness. The data from Basic Health Research mentioned hypertension as the third cause of death after stroke and tuberculosis, which amounts to 6.8% of the proportion of causes of death at all ages in Indonesia.[8] This phenomenon is caused by changes in people's lifestyles globally; for instance, the ease to get fast food which causes the consumption of fresh vegetables and fiber to decrease and the increase of salt, fat, sugar, and calories consumption which has a major role in increasing the incidence of hypertension.[9]

A study needs to be conducted on how doctors' therapeutic communication skills can affect patients' satisfaction. The result of this study is expected to contribute to the medical field, especially the study of communication between doctors and patients in providing information and attentive empathy, and to provide benefits in the form of references for related studies in the future.

Methods

This study was conducted in the form of a survey using an analytic study research approach.[10] This study aimed to analyze the relationship between doctors' therapeutic communication competence and patients' satisfaction. This was a cross-sectional study to examine the dynamics of relationships or correlations between risk factors and their effects observed at the same time.[11]

This study was performed at the Primary Health Center (PHC) and conducted between November 2018–January 2019. The population of this study was hypertensive patients in the working area of the PHC and doctors who worked at the PHC. This study used the population of hypertensive patients because they need explanation and good therapeutic communication to explain the hypertensive disease.

The sample size was calculated based on the formula and obtained a hundred patients. The sampling technique used in this study was consecutive sampling. The patients were included in the sample if they met the inclusion criteria, such as they had been treated by a doctor with a hypertensive diagnosis and were able to communicate well. Meanwhile, the patients were excluded from the sample if they met the exclusion criteria, such as they had complications and disturbance of consciousness. The independent variable of this study was the doctors' therapeutic communication competence.

1. Communication: Data about doctors' communication in performing communication with patients in the form of a questionnaire that was already developed based on communication theory by Egan.[12]
2. Patients' satisfaction: Data about patients' satisfaction towards communication implementation by doctors in the form of a questionnaire that was already developed based on measuring aspects of satisfaction in communication performance from Egan.[12]

The questionnaire was designed to convince respondents to answer various levels of each question and statement. The data about the dimension of variables analyzed in this study were addressed to respondents using a value scale of 1–5.

1. Retrieval procedure
   a. Giving questionnaires to the patients at the PHC.
   b. Classifying according to the already listed data.
   c. Analyzing data statistically.
   d. Determine patients' satisfaction levels towards therapeutic communication that had been performed at the PHC.
2. Data collection

The data were obtained from patients who were at the PHC. After all data was collected, a bivariate analysis consisting of two independent variables using the Spearman Rank correlation test was performed.

Results

Doctors' Profile

Based on data obtained from the PHC, there were 2 general practitioner doctors on duty at the PHC.

Table 1. Doctors' profile at the PHC

Gender	University	Graduate Year	Practice Start Year	Practice Year in PHC
P	A	2008	2009	2011
P	B	2006	2007	2017

Table 2. Respondent characteristics

Variable	Frequency	Percentage (%)
Gender		
Male	15	15.0
Female	85	85.0
Total	100	100.0
Age		
Young Adult (20-40 years old)	2	2.0
Adult (41-65 years old)	64	64.0
Elderly (>65 years old)	34	34.0
Total	100	100.0
Education Level		
Elementary	43	43.0
Middle School	28	28.0
High School	27	27.0
Diploma	2	2.0
Total	100	100.0

Based on Table 2, it can be seen that from 100 respondents, most of them were females, as many as 85 respondents or 85%. According to age, the majority of respondents aged 41-65 years old were 64 respondents or 64%. Meanwhile, based on education level, the majority of respondents were elementary graduate as many as 43 respondents or 43%.

Table 3. Doctors' therapeutic communication according to patients at the PHC

Variables	Amount (n)	Percentage (%)
Orientation Stage		
Less Effective	1	1.0
Sufficient Effective	56	56.0
Effective	43	43.0
Work Stage		
Less Effective	1	1.0
Sufficient Effective	16	16.0
Effective	83	83.0
Termination Stage		
Less Effective	0	0.0
Sufficient Effective	27	27.0
Effective	73	73.0
Total	100	100.0

Based on Table 3, it shows that the therapeutic communication at the PHC in the orientation stage indicator according to the respondents' assessment was mostly categorized as sufficiently effective as many as 56 respondents or 56%. One respondent (1%) stated that the therapeutic communication at the PHC was less effective. According to the work stage indicator, the respondent assessment was mostly categorized as effective as many as 83 respondents or 83%. Meanwhile, based on the termination stage indicator, the results obtained and categorized as effective were as many as 73 respondents or 73%.

Patient's Satisfaction

Table 4. Hypertensive patient's satisfaction at the PHC

Variables	Amount (n)	Percentage (%)
Physical Facility		
Less Satisfied	11	11.0
Moderately Satisfied	31	31.0
Satisfied	58	58.0
Health Workers Reliability		
Less Satisfied	8	8.0
Moderately Satisfied	45	45.0
Satisfied	47	47.0
Health Workers Responsiveness		
Less Satisfied	17	17.0
Moderately Satisfied	32	32.0
Satisfied	51	51.0
Assurance of Patient Service Certainty		
Less Satisfied	12	12.0
Moderately Satisfied	42	42.0
Satisfied	46	46.0
Empathy		
Less Satisfied	13	13.0
Moderately Satisfied	47	47.0
Satisfied	40	40.0
Total	100	100.0

Based on Table 4, it shows that patients' satisfaction at the PHC in physical facility (tangible) indicator based on respondents' assessment mostly were categorized as satisfied, namely 58 respondents or 58%. In the responsiveness indicator based on respondents' assessment, most of them were categorized as satisfied, namely 51 respondents or 51%. Meanwhile, in the assurance indicator, based on respondents' assessments, most of them were categorized as satisfied, namely 46 respondents or 46%. According to the empathy indicator, based on the respondents, most of them were categorized as moderately satisfied, namely 47 respondents or 47%.

Correlation of Doctors' Therapeutic Communication and Patients' Satisfaction

Based on Spearman correlation test, correlation value was obtained 0.342. It means that the strength of the correlation between patients' satisfaction and therapeutic communication was quite strong and positive or at the same line. Based on the significance value or Sig., the results obtained 0.002. Because 0.002 < 0.05, it can be explained that the two variables were significantly related.

Relation between Doctors' Therapeutic Communication and Doctor Alumni

Table 6. Relation between doctors' therapeutic communication and doctor alumni

Doctor	Therapeutic Communication			Total
	Less	Sufficient	Good	
A	0	52	10	62
B	1	33	4	38
Total	1	85	14	100

Based on Table 6, the results of doctors' therapeutic communication skill applied by doctors who graduated from University A was included as sufficiently effective based on 52 respondents (52%).

Table 7. Patients' satisfaction based on patients' characteristics

Variables	Patients' Satisfaction			
	Less Satisfied	Moderately Satisfied	Satisfied	Total
Doctor Alumni				
A		48	14	62
B		32	6	38
Total		80	20	100
Gender				
Female	0	12	3	15
Male	0	67	18	85
Total	0	79	21	100
Age				
Young Adult	0	1	1	2
Adult	0	50	14	64
Elderly	0	29	5	34
Total	0	80	20	100
Education Levels				
Elementary	0	34	9	43
Middle School	0	21	7	28
High School	0	23	4	27
Diploma	0	2	0	2
Total	0	83	20	100

Based on Table 7, it can be concluded that patients' satisfaction with therapeutic communication applied by doctors who graduated from University A was included in the category of moderately effective based on the respondents, namely 52 respondents (52%). According to patients' gender, female patients tend to be more satisfied

with the PHC services than male patients. Based on patients' age, adult patients tend to feel more satisfied with the PHC. According to patient education level, patients with elementary graduates tend to be more satisfied with PHC services.

Discussion

Doctors' Therapeutic Communication

Based on processed research data, it is known that the ability of doctors in conducting therapeutic communication with patients was more than average and was categorized as moderately effective. Doctors' ability to apply therapeutic communication skills was found to be close to the average in the effective category. The effectiveness of therapeutic communication was performed by doctors in every stage of orientation, work, and termination.[13]

The ability in the orientation stage was the largest percentage in the category of moderately effective (56%), meanwhile in the effective category was less than average (43%). There was a doctor who was assessed by the patients as less effective in their therapeutic communication skills (1%). Overall, it is known that the deviation standard in the working stage was 3.077. This was the widest deviation standard between the working stage and termination. The therapeutic communication skill of a doctor was found as most effective in the work stage. The effectiveness of the work stage could be based on the smallest standard deviation of 0.962. Almost overall (83%) therapeutic work stage communication was in the effective category. Effective communication between doctors and patients is a function of the clinical center in building relationships between doctors and therapeutic patients which is essential to provide high quality health care.[14]

Based on doctors' therapeutic communication data, it shows that doctors emphasize communication more in the working stage. This relates with patients coming to the doctors to seek healing. Meanwhile, the working stage is the main moment between doctors and patients to interact. Working stage in therapeutic communication is the activity performed by doctors which includes giving space for the patients to ask, asking about main complaint, starting the activity in a good manner, and doing activities according to plan. This describes that pre-interaction stage is considered not too important in therapeutic communication process in the medical field.

It is certainly contrary to the concept of therapeutic communication explained by Stuart & Sunden who explained the importance of the orientation phase. At the

Table 5. Correlation of doctors' therapeutic communication and patients' satisfaction

		Satisfaction	Therapeutic Correlation
Satisfaction	Correlation Coefficient	1.000	.342
	Sig. (2-tailed)	.	.002
	N	100	100
Therapeutic Communication	Correlation Coefficient	.342	1.000
	Sig. (2-tailed)	.002	.
	N	100	100

introductory stage, the doctors start the first activity where they meets the clients for the first time.[15]

Doctors should perform all the stages in therapeutic communication. In accordance with its objectives, therapeutic communication aims to develop everything that exists in the mind and self of the patients in a more positive direction which later will be able to reduce the burden and feelings of patients in facing and taking action about their health.[16]

Patients' Satisfaction

According to the processed and analyzed research data, it can be shown that the tangible dimension was the most rated dimension which gave the most satisfaction for patients as more than average (58%) in good category. Meanwhile, the lowest satisfaction category was empathy. The deviation standard for empathy had the biggest score (4.191). The responsiveness dimension lacked the rating from patients' assessment (17%). The lowest dimension was reliability (8%).

Doctors are expected to bring up positive perception to patients in the first meeting. Doctors' impressions which are convincing and pleasing will give comfort to the patients, thus it can be a contribution for patients' satisfaction in services. This was already performed by the doctors at the PHC. Patients' assessment about doctors' tangibility as dimension has a big role in giving patients' satisfaction. Tangibly, the patients will use their sense of sight to assess service quality, such as doctors' appearance, the things that give pleasure when seen.[17,18]

Relation between Doctors' Therapeutic Communication and Patients' Satisfaction

According to relationship analysis between doctors' therapeutic communication and patients' satisfaction, it is known that there was a significant relationship. This was based on significance value of 0.00 which is smaller than 0.05. The better the communication applied by the doctor, the more satisfied the patient was. This study showed that service satisfaction was influenced by therapeutic communication where doctors at the PHC try to fulfill every indicator. As seen from the very strong correlation, it can be concluded that doctors in PHC were aware that patients had a perception of the services provided by doctors. It was expected because doctors were medical officers assigned to meet every patient's needs in treatment.[19]

In addition to therapeutic communication skills that can bring satisfaction to patients, it can also overcome psychological conditions that occur and are experienced by patients in certain conditions, including conditions of fear and anxiety.[20] Patients' satisfaction will produce things that are expected by the health service provider, including an increase in patients' compliance with given instructions by the health workers and an increase in patients' loyalty to service providers, thus the patients will return for advanced services and further reduce malpractice demands.[21]

Conclusion

There was a relationship between doctors' therapeutic communication and hypertensive patients' satisfaction at the PHC Surabaya.

Acknowledgments

Conflict of Interest

The authors declared there is no conflict of interest.

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