



## **HOW DOES THE THERAPEUTIC COMMUNICATION OF MIDWIVES AFFECT THE SATISFACTION OF PREGNANT MOTHERS IN RECEIVING ANTENATAL CARE (ANC) SERVICES**

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<b>ABSTRACT</b>	<b>Keywords</b>
Communication plays a vital role in influencing patient satisfaction, which is the primary responsibility of healthcare providers. The success of healthcare facilities and services in meeting patient expectations can increase the likelihood of patients returning to use those services, while mismatches may prompt patients to seek better facilities or feel disappointed. This study aims to assess the relationship between therapeutic communication by midwives and the satisfaction of pregnant women in antenatal care (ANC) services at Kalibalangan Public Health Center in North Lampung. The research method involves a cross-sectional approach with simultaneous measurement of independent and dependent variables in 52 randomly selected pregnant women. Statistical analysis using the Chi Square test shows significance ( $p$ ) of $0.002 < 0.05$ ( $p < \alpha$ ). From these results, it is concluded that therapeutic communication aims to obtain shared learning experiences to improve patients' emotional experiences. There is a significant relationship between therapeutic communication by midwives and maternal satisfaction, hence pregnant women are advised to pay attention to their pregnancy condition by attending ANC regularly and consistently visiting the Public Health Center.	<b>Therapeutic Communication on Patient satisfaction Antenatal care</b>

### **INTRODUCTION**

The responsibility of healthcare providers is to ensure patient satisfaction. If the facilities and healthcare services meet the expectations of patients, they are likely to continue using those services consistently. Patients always seek healthcare services that meet their expectations, and if they do not, they may seek better or less disappointing facilities (Astutik, 2018). One factor that can influence patient dissatisfaction with healthcare services is the lack of therapeutic

communication from nurses, such as insufficient smiling while providing nursing care. Many mistakenly assume that therapeutic communication is limited to smiling and speaking softly. However, this is an oversimplification because the essence of therapeutic communication is communication conducted for therapy (Nuraini, 2020; Appia et al., 2023). Therapeutic communication by midwives also significantly affects pregnant women's visits to healthcare facilities. The standards of maternal or antenatal healthcare

services include a minimum of six prenatal check-ups, with two check-ups by doctors. Prenatal checks should be conducted at least once in the first trimester, twice in the second trimester, and three times in the third trimester, with at least two check-ups by doctors during the first visit in the first trimester and the fifth visit in the third trimester (Ministry of Health, 2021).

The recommended time standards for service provision are intended to ensure protection for pregnant women and fetuses through the early detection of risk factors, prevention, and management of pregnancy complications. Assessment of maternal healthcare service implementation can be conducted by examining the coverage of K1, K4, and K6 (Ministry of Health, 2021). According to data from the Ministry of Health, the coverage of maternal healthcare services, specifically K4, tends to fluctuate. In 2021, the K4 rate was 88.8%, indicating an increase compared to the previous year. Maternal healthcare services (K4) in 2021 nationally achieved the RPJMN 2021 target of 88.8%, surpassing the target of 85% (Ministry of Health, 2021).

Researchers conducted interviews with 10 pregnant women who visited the Kalibalangan Health Center in North Lampung. The results of the interviews showed that 5 women felt dissatisfied, 3 were moderately satisfied, and 2 were satisfied with the communication of the midwives. Respondent 69 stated, "I was somewhat disappointed with the staff because they were not communicative and seemed indifferent when providing service." "The midwife never smiled and the service was too fast. Yes, even though there were many patients waiting in line, the midwife should still be friendly in serving visitors." Meanwhile, when the researchers asked, "Will you visit the health center again?" other respondents answered, "Maybe only if the midwife is on duty." However, there

were also those who responded, "I have BPJS here, so I don't want to visit here again" (Kalibalangan Health Center, 2023).

Based on the above interviews, it can be concluded that some respondents are still not satisfied with the communication provided by healthcare professionals, especially midwives. Patient satisfaction is influenced by several factors, such as the alignment between expectations and reality, the level of healthcare facility services, costs, promotions or advertisements that match reality, and good therapeutic communication. Therapeutic communication is consciously planned communication aimed at healing patients.

Therapeutic communication, demonstrated with warmth, sincerity, and full attention, can foster mutual trust, respect, and dignity, thus enabling patients to perceive healthcare services with full understanding and minimizing dissatisfaction or avoiding its occurrence (Pratiwi, 2021; Hidayatullah, 2020). The communication process consists of three stages, each with its own tasks that must be completed by healthcare professionals. First, the pre-interaction phase where healthcare providers gather data about the patient, plan interventions, explore feelings, fantasies, and fears. Second, the working phase where midwives provide opportunities for patients to ask questions, inquire about main complaints, initiate activities in a good manner, and perform activities according to previous interventions. Third, the termination phase where midwives summarize the interview or discussion results, follow up with the patient to make a contract (time, place, and topic), and end the interview in a good manner (Astutik, 2018; Siregar et al., 2021).

Poor communication is one of the leading factors behind many complaints about professional care. Midwives need to learn to communicate more effectively by improving their attitudes, offering friendly smiles, displaying high empathy, and being attentive. Communication is the process of exchanging

information or the process that creates and conveys meaning or significance. However, on the contrary, patients rarely consider whether the services provided are effective and efficient in terms of time, energy, and resources used (Yuliana, 2022).

## METHOD

This cross-sectional study aims to investigate the correlation between midwives' therapeutic communication and maternal satisfaction in Antenatal Care (ANC) services at Health Centers within the North Lampung Working Area. The population comprises all pregnant women and midwives serving in the KIA rooms of these Health Centers, totaling 52 pregnant women. Using total sampling, pregnant women receiving ANC services at these Health Centers will form the sample. Inclusion criteria encompass pregnant women who have visited the Health Centers at least three times and are willing to participate, while exclusion criteria include uncooperative and non-resident pregnant women. The research will span from January to March 2024, conducted across 26 Health Centers in North Lampung. Data will be collected through interviews and questionnaire completion, with instruments assessing therapeutic communication and maternal satisfaction. Validity and reliability testing will ensure the quality of the data, which will be analyzed using univariate and bivariate analyses, particularly the Chi-Square test to explore the relationship between midwives' therapeutic communication and maternal satisfaction.

## RESULTS

**Table 1 Characteristics of pregnant respondents receiving Antenatal Care (ANC) at Health Centers in the Working Area of North Lampung in 2024.**

Characteristics of pregnant respondents	N	%
<b>Mother's Age</b>		
< 20 Years Old	1	1,9
20-35 Years Old	46	88,3
> 35 Years Old	5	9,5
<b>Mother's Education</b>		
Elementary, Junior High School	10	19,2
High School, Equivalent	23	44,2
Diploma / Bachelor's / Master's	19	36,5
<b>Mother's Occupation</b>		
Civil Servant	2	3,85
Entrepreneur	1	1,9
Private Employee	11	21,2
Housewife	35	67,3
Others	3	5,8
<b>Parity</b>		
0	9	17,3
1	15	28,8
2-4	26	50,0
≥ 5	2	3,8
<b>ANC Visits</b>		
First Time	2	3,8
1-3 Times	33	63,5
>3 Times	17	32,7
<b>Total</b>	<b>52</b>	<b>100</b>

Source: Primary Data

Based on the data from Table 1, out of 52 pregnant women receiving Antenatal Care (ANC) services at 26 Health Centers in the North Lampung Working Area, the majority of respondents were in the 20-30 years age group, with a total of 46 respondents (88.3%). The highest level of education among pregnant women was generally secondary school (SMA, Equivalent), with 23 respondents (44.2%). Most pregnant women worked as housewives, totaling 35 respondents (67.3%). The most common parity was 2-4, with 26 respondents (50.0%), and ANC visits were most frequently 1-3 times, with a total of 33 respondents (63.5%).

**Table 2. Distribution of Respondents Based on Midwife Therapeutic Communication**

Therapeutic Communication	N	%
Low	10	19
High	42	81
<b>Total</b>	<b>52</b>	<b>100</b>

Source: Primary Data

Based on Table 2, data regarding Midwife Therapeutic Communication from 52 respondents were obtained, with 10 respondents (19%) experiencing low levels of Midwife Therapeutic Communication and 42 respondents (81%) experiencing high levels.

**Table 3 Distribution of Respondents Based on Maternal Satisfaction**

Maternal Satisfaction	N	%
Dissatisfied	17	33
Satisfied	35	67
<b>Total</b>	<b>52</b>	<b>100</b>

Source: Primary Data

Based on Table 3, data regarding maternal satisfaction from 52 respondents were obtained, revealing that 17 respondents (33%) expressed dissatisfaction, while 35 respondents (67%) expressed satisfaction.

**Table 4. The Relationship between Therapeutic Communication and Maternal Satisfaction at the Public Health Centers in the North Lampung Work Area in 2024**

		Maternal Satisfaction		$\Sigma p^*$	95% % (CI)
		Dissatisfied	Satisfied		
<b>Therapeutic Communication</b>	Low	8	2	10	OR: 14,6
	High	9	33	42	0.067 (2,6)
<b>Total</b>		<b>17</b>	<b>35</b>	<b>52</b>	0.037-81,5 (67)

Source: \* Uji Chi Square

Data from table 4 reveals that out of 52 respondents, 10 individuals reported a low level of satisfaction. Conversely, 42 respondents experienced high satisfaction due to therapeutic communication with midwives. The Chi-Square test resulted in a significant value of  $0.002 < 0.05$ , or  $p < \alpha$ , thus accepting the hypothesis and indicating a relationship between maternal satisfaction

and Therapeutic Communication by Midwives. Meanwhile, the Odds Ratio (OR) value stands at 14.667, indicating that therapeutic communication influences maternal satisfaction in Antenatal Care (ANC) services at the Public Health Centers in the North Lampung Work Area 14.667 times.

## DISCUSSION

The data in Table 1 indicates that the majority of pregnant women are aged between 20-30 years, totaling 46 respondents (88.3%). The highest level of education among pregnant women is at the secondary school level (SMA, or equivalent), with 23 respondents (44.2%). The majority of pregnant women work as homemakers, comprising 35 respondents (67.3%). The most common parity is between 2-4, with 26 respondents (50.0%), and the most frequent ANC visits are between 1-3 times, totaling 33 respondents (63.5%). Communication is a transaction of exchanging information, a symbolic process that requires individuals to organize their environment by building relationships among themselves through exchanging information to reinforce the attitudes and behaviors of others and to change those attitudes and behaviors (Banul, 2020; Baranowska, 2021).

Therapeutics encompasses everything that facilitates the healing process for patients. Therapeutic communication is an interactive experience between healthcare providers and patients. It involves communication aimed at resolving the issues faced by patients and finding solutions to their problems (Banul, 2020). Therapeutic communication is consciously and deliberately planned communication, with its purpose and activities focused on the healing of the patient. It constitutes an interpersonal relationship between healthcare providers and patients, where both parties engage in a learning experience to improve the patient's emotional experience (Cheng, 2020).

Based on the explanation above, it can be concluded that therapeutic communication is a consciously planned and deliberate communication process aimed at obtaining a learning experience together to improve the patient's emotional experience in order to address the patient's problems and facilitate their healing.

Patient satisfaction is the feeling of pleasure or disappointment experienced by an individual based on the comparison between the results of service performance and their expectations. Meanwhile, patients are bio-psychosocial-economic-cultural beings, meaning they require the fulfillment of their needs, desires, and expectations from biological (health), psychological (satisfaction), and socio-economic (shelter, clothing, food, and social affiliation) aspects, as well as cultural aspects (Yuliani, 2022). Patient satisfaction is an outcome of healthcare services. Therefore, patient satisfaction is one of the goals of improving the quality of healthcare services. Patient satisfaction is a level of feeling experienced by patients as a result of the performance of healthcare services they receive compared to what they expected (Astutik, 2018; Yenni, 2017).

Based on the research results, it is known that the proportion of respondents who were dissatisfied with low Therapeutic Communication from Midwives was 8 respondents, while respondents who were satisfied with low Therapeutic Communication from Midwives were 2 respondents. Meanwhile, for respondents who were dissatisfied with high Therapeutic Communication from Midwives, there were 9 respondents, and respondents who were satisfied with high Therapeutic Communication from Midwives were 33 respondents.

Based on the above data, the P-value obtained by testing the hypothesis is 0.002, which means the probability value is 0.002

< 0.05. Therefore, the hypothesis is accepted, indicating a relationship between maternal satisfaction and Therapeutic Communication from Midwives.

This study is in line with Yuliana's research (2022) entitled "The Relationship Between Therapeutic Communication of Midwives and the Level of Maternal Satisfaction in Normal Delivery Care at Kraton District Hospital, Pekalongan Regency." Based on the bivariate analysis using Spearman rank correlation test, a significance value ( $\rho$ ) of 0.001 was obtained compared to  $\alpha = 0.05$ . Therefore,  $\rho$  ( $0.001 < 0.05$ ) and thus  $H_0$  is rejected, indicating a relationship between therapeutic communication of midwives and the level of maternal satisfaction in ANC at Kraton District Hospital, Pekalongan Regency.

Therapeutic communication can be influenced by several factors as follows (Pratiwi, 2021). In order to communicate effectively, healthcare professionals must understand the influence of individual language development, thinking processes, and cognitive development. Communication styles differ based on the individual's age group; for example, when communicating with adolescents, it may be necessary to learn their slang language to ensure smooth communication.

Perception refers to an individual's personal view of an event or situation, shaped by their experiences and expectations. Differences in perception can lead to debates and hinder communication. Values are influential in shaping behavior, so it's important for nurses to recognize patients' values to make appropriate decisions and interactions. In their professional relationships, healthcare professionals should not let their personal values affect their care.

Emotions are subjective feelings towards an event, such as anger, sadness, or joy, which can impact healthcare professionals' communication with others. Nurses need to assess patients' and families' emotions to

provide proper care. Nurses should also evaluate their own emotions to ensure they don't unconsciously affect their care.

Knowledge level greatly affects communication. Individuals with low knowledge levels may struggle to respond to verbal questions compared to those with higher knowledge levels. Nurses should assess patients' knowledge levels to interact effectively and provide appropriate nursing care (Shamoradifar, 2022).

Communication style should match the roles and relationships between the individuals involved. A nurse's communication style with colleagues may differ from their communication with patients, depending on their role. Similarly, the interaction between a teacher and their students varies (Fowler et al., 2021).

The environment can also affect effective communication. A noisy, crowded environment with inadequate privacy can lead to confusion, tension, and discomfort for patients (Kwame & Petrucka, 2021). Patient satisfaction is a crucial aspect for the functioning of a hospital. It is a subjective assessment of the quality of service provided, influenced by past experiences, education, psychological situations, and environmental influences at that time.

## CONCLUSIONS

The analysis of data from the study indicates a significant relationship between therapeutic communication and maternal satisfaction at the Public Health Centers in the North Lampung Work Area in 2024. While some respondents reported low satisfaction levels, a majority expressed high satisfaction, largely attributed to effective communication with midwives. This finding underscores the importance of quality communication in influencing maternal satisfaction within the context of Antenatal Care services. The results support the hypothesis and emphasize the pivotal role of

therapeutic communication in enhancing the overall experience of expectant mothers during their healthcare encounters.

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