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RESEARCH

The Implementation of Therapeutic Communication in the Orientation Phase on Family Satisfaction of Patients Treated in the Intensive Care Unit (ICU) at Ibnu Sina Regional General Hospital, Gresik

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ABSTRACT

Intensive Care Unit (ICU) services often cause anxiety among families due to patients' critical conditions and limited access to information. The orientation phase of therapeutic communication plays an essential role in enhancing clarity, safety, and trust. This study aimed to analyze the effect of implementing therapeutic communication in the orientation phase on family satisfaction of patients treated in the ICU of Ibnu Sina Gresik Hospital. This study used a pre-experimental one-group pretest–posttest design without a control group. The population consisted of all family members waiting in the ICU, and 30 respondents were selected through purposive sampling based on inclusion criteria. The independent variable was the implementation of the orientation phase of therapeutic communication, while the dependent variable was family satisfaction. Data were obtained using a validated and reliable family satisfaction questionnaire. The intervention consisted of a structured orientation phase conducted by nurses, including self-introduction, role explanation, time contracting, initial information provision, orientation to ICU procedures and environment, and opportunities for clarification. Data collection was carried out in two stages: pretest before the intervention and posttest after the intervention. Data analysis included univariate distribution and Wilcoxon Signed Rank Test to measure changes in satisfaction. Results indicated a significant improvement in family satisfaction after the intervention ($p=0.000$; $p<0.05$). Most respondents reported moderate satisfaction before the intervention and shifted to satisfied to very satisfied afterward. It is concluded that systematic implementation of the orientation phase of therapeutic communication effectively increases family satisfaction in the ICU.

Keywords: therapeutic communication, orientation phase, family satisfication, ICU..

INTRODUCTION

The Intensive Care Unit (ICU) is a specialized environment designed to provide advanced and continuous care for patients in life-threatening conditions. The complexity of clinical procedures, high patient acuity, and the presence of sophisticated technology often create an atmosphere of tension and uncertainty for family members who must navigate unfamiliar routines while coping with emotional distress (Reifarth et al., 2025). In addition to the physiological instability of patients, restricted visitation policies and limited opportunities to interact directly with healthcare providers may heighten feelings of anxiety, fear, and confusion among families of ICU patients (Sánchez Vega & Quenorán Almeida, 2023). These circumstances highlight the essential role of therapeutic communication as a core nursing competency that promotes clarity, emotional support, and trust during critical care transitions.

Therapeutic communication is a purposeful, patient-centered approach used by nurses to facilitate understanding, reduce anxiety, and strengthen the nurse–family relationship. Among its stages, the orientation phase is recognized as a foundational component bridging the initial encounter with subsequent phases of communication. This phase includes nurses' self-introduction, clarification of roles, explanation of ICU rules and daily routines, orientation to the physical environment, and opportunities for the family to express concerns or informational needs (Stuart, 2020). Evidence shows that a well-executed orientation phase enables families to develop an early sense of psychological safety, enhances their preparedness to participate in decision-making, and improves their overall satisfaction with healthcare services (Heriani &

Gandi, 2023).

However, despite its critical importance, the orientation phase is often inadequately implemented in high-intensity clinical settings such as the ICU. Work overload, unpredictable emergency demands, and time constraints commonly hinder nurses from conducting structured communication at the beginning of family interactions (Suwito & Priyantari, 2022). Poorly delivered orientation may result in unmet informational needs, misinterpretation of clinical conditions, diminished trust toward healthcare providers, and reduced satisfaction with the quality of care (Noome et al., 2021). Families who lack adequate information or emotional reassurance are also at greater risk of psychological consequences such as anxiety, stress, and impaired coping during the patient's ICU stay (M. A. Safitri et al., 2024).

Various studies have documented the positive association between effective therapeutic communication and family satisfaction in critical care units. (Suwito & Priyantari, 2022) reported that nearly half of family members expressed dissatisfaction due to inconsistent communication during the orientation stage. Similarly, (Heriani & Gandi, 2023) emphasized that families who receive clear, structured, and empathetic communication from nurses during the initial phase demonstrate significantly higher satisfaction levels. International research also supports these findings, with (Reifarth et al., 2025) demonstrating that structured orientation significantly improves family comprehension and reduces emotional distress for up to 90 days post-ICU.

Given the complexity of ICU care and the emotional vulnerabilities of families, it is imperative for nurses to adopt structured communication strategies that support informational clarity and emotional stability. The orientation phase is not merely an introductory step; it serves as the foundation for ongoing interaction, influencing families' expectations, their ability to cope with critical illness, and their satisfaction with the care provided.

Based on these considerations, the present study aims to analyze the effect of therapeutic communication during the orientation phase on the satisfaction level of families of patients in the ICU of RSUD Ibnu Sina Gresik. The findings of this research are expected to strengthen evidence-based nursing practice, support the standardization of communication protocols in critical care, and provide valuable insights for improving the overall family experience in the ICU.

METHOD

This study used a quantitative approach with a one-group pretest–posttest design to determine the effect of therapeutic communication during the orientation phase on the satisfaction level of families of ICU patients. The research was conducted at the Intensive Care Unit of RSUD Ibnu Sina Gresik from July 28 to September 19, 2025. The sample in this study consisted of 30 family members of ICU patients who met the inclusion criteria, selected through purposive sampling. The inclusion criteria included family members aged ≥18 years, present during the data collection period, able to communicate effectively, and willing to participate in the study. Family members who were emotionally unstable or unable to complete the questionnaire were excluded. The independent variable in this study was the implementation of therapeutic communication in the orientation phase, while the dependent variable was family satisfaction. Therapeutic communication was carried out by ICU nurses and included self-introduction, explanation of roles, orientation to ICU routines and procedures, and clarification of general patient conditions. Each session lasted approximately 15–20 minutes.

Data were collected using a validated family satisfaction questionnaire, consisting of several items assessing information clarity, emotional support, and communication effectiveness. The questionnaire had previously undergone tests of validity and reliability, with Cronbach's alpha values above 0.80. The research procedure began with a pretest, followed by the implementation of therapeutic communication, and concluded with a posttest administered shortly after the intervention. Data were analyzed using univariate analysis to describe participant characteristics and bivariate analysis using the Wilcoxon Signed Rank Test to determine differences in satisfaction before and after the intervention, with a significance level of $p < 0.05$.

RESULT

GENERAL DATA

Table 1. Characteristics of Patient Families in the ICU Room of Ibnu Sina Regional Hospital, Gresik, from July 28 to September 19, 2025 (n=30)

No.	Characteristic	Category	*Frequency* (F)	*Percent* (%)
1.	Gender	Man	11	36,7%
		Woman	19	63,3%

	Sum		30	100%
2.	Age (years)	18-30	9	30%
		31-40	8	26,7%
		41-50	10	33,3%
		51-60	2	6,7%
		61-70	1	3,3%
	Sum		30	100%
	Relationship with Patients	Wife	7	23,3%
		Husband	3	10%
		Mother	2	6,7%
		Father	3	10%
		Siblings	2	6,7%
		Child	13	43,3%
	Sum		30	100%
3.	A family's experience of being treated in the ICU	Yes	3	10%
		No	27	90%
	Sum		30	100%
4.	Living in the same house as the patient	Yes	22	73,3%
		No	8	26,7%
	Sum		30	100%
5.	Last education	Elementary school	1	3,3%
		Junior high school	7	23,3%
		Senior high school	14	46,7%
		College	8	26,7%
	Sum		30	100%

The results showed that most respondents were female family members and were within the productive age group. The majority had a senior high school education level and lived in the same household as the patient. Most respondents reported no previous experience accompanying patients in the ICU. Overall, the demographic characteristics indicate that respondents were generally close relatives who had a strong emotional connection to the patient and were actively involved during the ICU care process.

ANALYSIS RESULTS BEFORE THE IMPLEMENTATION OF THERAPEUTIC COMMUNICATION AT THE ORIENTATION STAGE

Table 2. The Level of Patient Family Satisfaction Before the Implementation of Therapeutic Communication on the Satisfaction of Patients' Families Treated in the ICU Room of Ibnu Sina Regional Hospital, Gresik, from July 28 to September 19, 2025 (n=30)

Satisfaction Level	*Frequency* (F)	*Percent* (%)
Very Dissatisfied	0	0%
Not Satisfied	0	0%
Quite Satisfied	13	43,3%
Satisfied	16	53,3%
Very Satisfied	1	3,3%
Sum	30	100%

Before the implementation of therapeutic communication at the orientation stage, most family members were categorized as satisfied (53.3%), followed by quite satisfied (43.3%),

while only 3.3% reported being very satisfied. None of the respondents reported dissatisfaction. This indicates that although the majority of families had a generally positive perception of nursing communication, their satisfaction level had not yet reached an optimal category.

ANALYSIS RESULTS AFTER THE IMPLEMENTATION OF THERAPEUTIC COMMUNICATION AT THE ORIENTATION STAGE

Table 3. The Level of Patient Family Satisfaction After the Implementation of Therapeutic Communication on the Satisfaction of Patients' Families Treated in the ICU Room of Ibnu Sina Regional Hospital, Gresik, from July 28 to September 19, 2025 (n=30)

Satisfaction Level	*Frequency* (F)	*Percent* (%)
Very Dissatisfied	0	0%
Not Satisfied	0	0%
Quite Satisfied	0	0%
Satisfied	12	40%
Very Satisfied	18	60%
Sum	30	100%

Based on Table 3, after the implementation of therapeutic communication, the satisfaction level of family members increased significantly. The majority—18 family respondents (60%)—reported being very satisfied. This indicates that the therapeutic communication intervention delivered during the orientation phase was effective in enhancing family satisfaction, particularly in terms of information comprehension, emotional reassurance, and trust in the nursing care provided in the ICU of RSUD Ibnu Sina Gresik.

WILCOXON TEST RESULTS

Table 4. Analysis Results Before and After the Implementation of Therapeutic Communication on the Satisfaction of Families of Patients Treated in the ICU Room of Ibnu Sina Regional Hospital, Gresik, from July 28 to September 19, 2025 (n=30)

	Wilcoxon Signed Rank Test				
	N	*Mean*	Std.*Deviation*	Z	Sig (2-tailed)
Pre-Test	30	3,60	0,563	-4,973	0,000
Post-Test	30	4,60	0,498		

Based on Table 4, the results of the Wilcoxon Signed Rank Test indicate a significant difference between the family satisfaction levels before and after the implementation of therapeutic communication. This is shown by the Asymp. Sig. (2-tailed) value of 0.000, which means $p < 0.05$. In statistical analysis, the p-value is used to determine whether the observed differences occur by chance or as a result of the intervention. Since the p-value is smaller than 0.05, it can be concluded that the difference is statistically significant, demonstrating that the therapeutic communication intervention at the orientation stage had a real and measurable impact on improving family satisfaction.

Furthermore, the Z value of –4.973 reflects the direction and magnitude of the change before and after the intervention. The negative Z value indicates that post-intervention satisfaction scores were generally higher than pre-intervention scores (as negative ranks in the Wilcoxon test result from post-test values exceeding pre-test values). The magnitude of –4.973 suggests that the improvement was strong and consistent across the majority of family members.

The mean satisfaction score increased from 3.60 in the pre-test to 4.60 in the post-test. Prior to the intervention, most families fell within the categories of “quite satisfied” to “satisfied,” whereas after the intervention, the majority reported being “very satisfied.” These findings reinforce that the therapeutic communication delivered by nurses in the ICU of RSUD Ibnu Sina Gresik effectively enhanced families’ positive perceptions and significantly improved their overall satisfaction.

DISCUSSION

FAMILY SATISFACTION BEFORE THE IMPLEMENTATION OF THERAPEUTIC COMMUNICATION IN THE INTENSIVE CARE UNIT (ICU) OF RSUD IBNU SINA GRESIK

Based on Table 2, most family members were female (63.3%), which aligns with previous research indicating that women tend to play a more active role in accompanying sick family members. The majority of respondents were within the

productive age range of 18–50 years and predominantly had a senior high school education (50%), which suggests that they were capable of understanding basic information provided by nurses. In addition, 73.3% of respondents lived in the same household as the patient, indicating close emotional bonds and a sense of responsibility in monitoring the patient's condition. Nearly half of the respondents were the patient's children (43.3%), which is a significant factor because children commonly serve as primary decision-makers and caregivers for ICU patients.

These findings are consistent with family nursing theory, which states that women are more likely to provide emotional support to ill family members. According to (Vilbra Ayu Lestari et al., 2023), women are more active in interacting with healthcare workers and are more sensitive to the quality of communication, enabling them to better assess the clarity of information. In terms of age, (Lahariya, 2020) emphasized that adults in the productive age range have stable cognitive capacity to process medical information, thus enabling them to evaluate nursing communication more objectively. Family roles, particularly as children or spouses, also influence their perceptions of ICU services. Secunda and (Secunda & Kruser, 2023) highlight that immediate family members have the highest level of emotional involvement, making their assessment of healthcare communication more detailed and critical. In the context of education, (W. Safitri & Astuti, 2017) found that secondary education is sufficient for understanding basic verbal communication from nurses, which may contribute to generally positive perceptions of nursing communication.

The researcher believes that the family's satisfaction level in the pre-test stage was influenced by the readiness of family characteristics in receiving information from ICU nurses. Most family members—being female, within the productive age range, and living with the patient—were likely accustomed to communicating directly with healthcare providers, which may have contributed to their initially positive perceptions. The majority's moderate educational background also made it easier for them to understand general explanations from nurses, even before structured therapeutic communication was implemented. This may explain why the initial satisfaction level was already categorized as "satisfied," although some respondents remained "quite satisfied." This suggests that basic or spontaneous communication provided by nurses was adequate, but not yet consistent or systematic, leaving room for improvement before the intervention.

The findings of this study show that some family members felt satisfied even before the implementation of therapeutic communication. This indicates that the communication delivered by ICU nurses at RSUD Ibnu Sina Gresik prior to the intervention did not fully meet the informational and emotional needs of the patients' families. The predominance of the "quite satisfied" category illustrates that nursing communication had not yet reached an optimal level in terms of delivering clear information, empathy, and family engagement in the care process.

Theoretically, therapeutic communication involves the nurse's ability to deliver clear information, listen actively, and demonstrate empathy during interactions with patients and families (Stuart, 2020). The SERVQUAL theory also emphasizes that service satisfaction is influenced by reliability, tangibles, responsiveness, assurance, and empathy—all closely related to communication practices. When communication is limited or inconsistent, families tend to feel only moderately satisfied because their informational and emotional needs are not fully addressed. These results are consistent with the study by Handayani and (Handayani & Armina, 2020) at RSUD Raden Mattaher Jambi, which found that 58.3% of 72 respondents stated that nurses had not implemented therapeutic communication effectively. This shows that suboptimal communication in ICU settings is not unique to one hospital but is a broader issue across regions, as ICU personnel often prioritize critical medical procedures over communication.

Another study by (Intan et al., 2024) found that 65.6% of nurses demonstrated inadequate therapeutic communication. This finding suggests that although communication is a core nursing competency, its implementation is often hindered by heavy workloads, limited staffing, and a lack of structured communication training. This supports the researcher's findings, where most families rated communication as merely "quite satisfying" before the intervention because the communication they received did not fully meet expectations.

Based on these findings, the researcher concludes that the "quite satisfied" category observed in this study reflects a gap between the communication needs of families and the communication delivered by nurses. Contributing factors may include high ICU workload, limited nurse staffing, and the absence of standardized communication procedures implemented consistently. Thus, prior to the implementation of therapeutic communication, family satisfaction in the ICU of RSUD Ibnu Sina Gresik was not yet optimal and required improvement.

FAMILY SATISFACTION AFTER THE IMPLEMENTATION OF THERAPEUTIC COMMUNICATION IN THE INTENSIVE CARE UNIT (ICU) OF RSUD IBNU SINA GRESIK

The findings of this study show a significant increase in family satisfaction following the implementation of therapeutic communication in the ICU of RSUD Ibnu Sina Gresik. Whereas most families were initially categorized as satisfied, after the intervention the majority shifted into the very satisfied category. This reflects a clear transition from the predominance of "quite satisfied" before the intervention to the majority being "satisfied" and "very satisfied" afterward. These results demonstrate that therapeutic communication had a tangible impact on improving service quality, particularly regarding rules and procedures, environmental orientation, and the introduction of healthcare personnel. The increase in satisfaction distribution from pre-test to post-test indicates that therapeutic communication directly influenced the families' perceptions of ICU services. In addition, the pre-existing characteristics of the family members, which previously supported their understanding of basic communication, also contributed to their quicker acceptance of the therapeutic communication intervention.

Theoretically, these improvements align with (Ponnapa Reddy et al., 2023) view that therapeutic communication fosters trust, promotes a sense of safety, and reduces anxiety for both patients and their families. When family members feel involved, receive clear information, and are treated with empathy, they tend to value the care more positively. The principles of therapeutic communication also correspond with the SERVQUAL dimensions—reliability, tangibles, responsiveness, assurance, and empathy—which are strongly associated with service satisfaction.

The findings of this study also parallel those of (Naef et al., 2025), who implemented a multicomponent communication intervention consisting of nurse training, communication manuals, and informational materials for families. Their study reported significant improvements in information comprehension within the first week and reduced family anxiety up to 90 days post-ICU. This supports the present study's conclusion that structured and systematic therapeutic communication can effectively enhance family satisfaction.

Similarly, (Schwartz et al., 2022) reported that 45.7% of respondents expressed dissatisfaction due to inadequate therapeutic communication by nurses during the orientation phase at RS Kartika Husada Pontianak. However, their chi-square analysis demonstrated a significant relationship between therapeutic communication and patient satisfaction, indicating that improved and consistent communication can positively influence satisfaction levels—consistent with the increase observed in this study.

The improvements in satisfaction after the intervention are closely linked to more directed communication, particularly in terms of introducing staff, orienting families to the environment, and explaining ICU regulations. Although these components may seem simple, they significantly shape family perceptions of care. Additionally, the implementation of this study during the morning shift offered advantages, including better nurse readiness, more stable workloads, and higher family presence. Therefore, therapeutic communication in the ICU should be standardized as part of routine care to maintain service quality and enhance family trust in the hospital.

ANALYSIS OF THE EFFECT OF THERAPEUTIC COMMUNICATION ON FAMILY SATISFACTION IN THE INTENSIVE CARE UNIT (ICU) OF RSUD IBNU SINA GRESIK

Based on the results obtained, there was a significant increase in family satisfaction after the therapeutic communication intervention, with a p-value of 0.000 and an increase in the mean score from 3.60 to 4.60. These findings indicate that families perceived meaningful improvements after receiving more structured communication, particularly during the orientation phase such as staff introduction, explanation of the ICU environment, and information about care procedures. This aligns with real-world conditions in the ICU, where families often enter with uncertainty and require clarity during their initial interactions with healthcare personnel.

(Živanović & Ćirić, 2021) emphasized that therapeutic communication—especially during the orientation phase—is essential in establishing and strengthening the relationship between nurses, families, and patients. Their study highlighted that ICU families commonly arrive in a state of confusion and emotional distress, requiring early clarification. Thus, orientation involving self-introduction, explanation of the ICU layout, basic information about the patient's condition, and visitation rules significantly enhances families' positive perceptions of care. They found that when orientation is conducted properly, families feel valued, understood, and included in the care process, forming a stable foundation of trust. This directly influences family satisfaction because it provides direction and psychological relief during stressful circumstances. The relevance of these findings is evident in this study, where satisfaction

scores increased significantly from 3.60 to 4.60 following the orientation-focused therapeutic communication intervention. Hence, the study by (Živanović & Ćirić, 2021) strongly supports the conclusion that orientation is not merely an administrative step but an emotional and informational intervention that directly impacts ICU family satisfaction.

(Peter et al., 2024) further supported this through their development and evaluation of a structured therapeutic communication module, in which orientation was one of the key components. Their findings show that the orientation phase contributed most significantly to improving families' perceptions of professionalism and information clarity. In critical care settings, they identified orientation as the "entry point" that determines the quality of subsequent interactions. Within their communication model, orientation included a therapeutic greeting, introduction, role explanation, clarification of family needs, and agreement on communication goals. Families who received comprehensive orientation demonstrated increased trust, reduced confusion, and greater readiness to participate in care-related decisions. Their study recorded a significant increase in satisfaction, especially in information clarity and nurse responsiveness, reinforcing the essential role of orientation in enhancing ICU family satisfaction.

Similarly, (Abdul Halain et al., 2022) described the orientation phase as the "trust-defining stage" within therapeutic communication, shaping the entire nurse–family relationship. Their research explained that during the first interaction, families evaluate a nurse's competence, empathy, and professionalism through how they introduce themselves, explain the patient's condition, and clarify what will occur next. In the ICU, where uncertainty and stress are common, effective orientation becomes a form of psychological reassurance. Families who received structured and empathetic orientation experienced greater control, reduced fear, and strengthened trust in the nursing team. This phase also forms the basis for two-way communication because families become more comfortable asking questions. These findings strongly reinforce the central role of orientation in determining family satisfaction.

In a related study, (Liyew et al., 2024) defined the orientation phase as an early intervention aimed at reducing families' perception of threat in the unfamiliar ICU environment filled with medical equipment. Families who received complete orientation showed reduced confusion and improved understanding of patient conditions and care procedures. The orientation included explanations of the environment, equipment, roles of healthcare workers, and anticipated procedures. Families felt more prepared and reassured after receiving such information. Nurses who delivered systematic orientation helped families develop more positive perceptions of communication quality, which in turn improved their satisfaction. This supports the conclusion that the orientation phase has a concrete influence on ICU family satisfaction.

(Ayu Syaiful, 2023) also reported that one of the strongest determinants of family satisfaction in ICU settings is the quality of orientation delivered during the first encounter. Families who received comprehensive explanations about the patient's condition, the plan of care, and ICU regulations were more satisfied than those who received minimal information. Their study showed that nurses often serve as the primary source of information for families, and the clarity of communication during orientation strongly influences how families evaluate hospital services. Effective orientation also makes families feel valued and important in the care process. This study concluded that orientation is one of the most influential factors in shaping family experience and satisfaction in intensive care settings.

The researcher believes that the orientation phase played a major role in improving family satisfaction in the ICU of RSUD Ibnu Sina Gresik. When nurses introduced themselves, explained ICU rules, oriented families to the environment, and provided basic information about the patient's condition, families felt more respected, valued, and included in the care process. The researcher observed that families who initially appeared hesitant or confused became more open and engaged after receiving orientation. This was reflected in their responses and level of involvement in subsequent communication. Therefore, the researcher concludes that the strongest effect of therapeutic communication in this study lies in the orientation phase, as it forms the emotional and perceptual foundation for families during their ICU experience.

CONCLUSIONS AND SUGGESTIONS

1. CONCLUSIONS

Based on the findings of this study, it can be concluded that the implementation of therapeutic communication during the orientation phase has a significant positive effect on the level of family satisfaction in the ICU of RSUD Ibnu Sina Gresik. The intervention resulted in a notable improvement in families' satisfaction scores, particularly in areas related to clarity of information, emotional reassurance, and comprehension of the patient's condition. These results highlight the importance of the orientation phase as a foundational step in establishing a therapeutic relationship between nurses and

families during critical care situations.

2. SUGGESTIONS

In accordance with these findings, it is recommended that the hospital strengthens the consistency of therapeutic communication practices by providing continuous training and developing standardized operating procedures to guide nurses in delivering structured orientation. Nurses are encouraged to apply the orientation phase communication in every initial interaction with family members, especially during moments of heightened uncertainty. Future research is expected to involve a larger sample size, include additional psychological variables, and adopt research designs with control groups to generate more comprehensive evidence regarding the effectiveness of therapeutic communication interventions in intensive care settings.

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