



CLINICAL COMPETENCE AND THERAPEUTIC COMMUNICATION SKILLS OF NURSES IN RELATION TO PATIENT EMOTIONS : A CORRELATIONAL STUDY

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ABSTRACT

Emotional satisfaction is an important aspect of nursing care quality, particularly among patients undergoing abdominal surgery who are vulnerable to anxiety, pain, and emotional stress. Nurses' clinical competence and therapeutic communication skills contribute to patients' emotional experiences during care. This study aimed to analyze the relationship between nurses' clinical competence and therapeutic communication skills and emotional satisfaction among patients undergoing abdominal surgery at Karsa Husada Batu Regional Hospital. This quantitative, cross-sectional correlational study included 68 patients selected through convenience sampling. Data were collected using a clinical competence instrument developed from selected items of the Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ), a therapeutic communication skills questionnaire, and the Patient Evaluation of Emotional Comfort Experienced (PEECE). Data were analyzed using the Spearman Rank test. Clinical competence was moderate in 35 patients (51.5%), therapeutic communication was fairly good in 30 patients (44.1%), and emotional satisfaction was moderate in 38 patients (55.9%). Clinical competence was significantly related to emotional satisfaction ($p < 0.001$; $r = 0.582$), as was therapeutic communication ($p < 0.001$; $r = 0.755$). Nurses' clinical competence and therapeutic communication skills are significantly associated with emotional satisfaction in patients undergoing abdominal surgery. Strengthening clinical competence and therapeutic communication may support better emotional experiences among patients undergoing abdominal surgery

Keywords: Nurses' Clinical Competence, Therapeutic Communication Skills, Patient Emotional Satisfaction, Abdominal Surgery

INTRODUCTION

Patient emotional satisfaction is a critical dimension of nursing care quality. It reflects the affective evaluation by patients regarding the extent to which their emotional needs and expectations are met during nursing care. Patient satisfaction is commonly defined as the degree of congruence between patients' expectations of care and their perception of the care actually received (Alharbi et al., 2023). In the present study, emotional satisfaction is defined as patients' positive affective response to interpersonal interactions with nurses, including feeling safe, valued, respected, and emotionally supported.

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Emotional satisfaction is distinct from emotional comfort. Emotional comfort refers to the immediate psychological experience of patients during care, arising when needs for relief, ease, and transcendence are met across physical, psychospiritual, sociocultural, and environmental contexts (Tavares et al., 2022). Although the Patient Evaluation of Emotional Comfort Experienced (PEECE) was originally developed to measure emotional comfort rather than emotional satisfaction (Williams et al., 2017), the present study employed a modified version of the PEECE. This modification was designed to align the questionnaire items with the construct of emotional satisfaction in the context of postoperative nursing care. The importance of assessing patients' perceived emotional care is further supported by validation evidence for the Patient Evaluation of Emotional Care during Hospitalisation (PEECH) questionnaire, which includes the domains of security, knowing, personal value, and connection among hospitalised patients (Trujillo et al., 2022).

Although overall satisfaction with postoperative nursing care is frequently reported as high, patients' emotional needs may remain insufficiently addressed. In a cross-sectional study of 246 postoperative patients, only 36.3% rated emotional support highly, while 63.5% reported high overall satisfaction with nursing care (Naeem et al., 2025). These results indicate that emotional support is a less adequately addressed component of postoperative care compared to other aspects of nursing care.

Postoperative patients are vulnerable to emotional distress resulting from pain, physical discomfort, anxiety, and uncertainty regarding recovery. A systematic review and meta-analysis found that the pooled prevalence of preoperative anxiety among patients undergoing surgery in low- and middle-income countries was 55.7% (Bedaso et al., 2022). Secondary Indonesian literature citing national health data from 2016 has reported that 25.1% of surgical patients had mental health conditions and 7% experienced anxiety (Suhadi & Pratiwi, 2020). These findings underscore the importance of addressing the emotional needs of surgical patients, including those undergoing postoperative abdominal surgery. Therefore, emotional support, clear information, reassurance, and empathetic communication by nurses are essential for improving patients' emotional experiences and satisfaction with postoperative care (Puspitasari et al., 2020; Trujillo et al., 2022).

Nurses' clinical competence and therapeutic communication are key factors influencing patients' emotional experiences during hospitalization. Clinical competence is a fundamental aspect of quality nursing care, encompassing technical proficiency, ethical conduct, and sound decision-making in practice (Puspitasari et al., 2020). High clinical competence enables nurses to provide accurate, safe, and responsive care that addresses both physical and psychological patient needs. Harisa et al. (2023) reported that 58.3% of nurses were classified as competent, and Arshadi Bostanabad et al. (2022) identified associations between clinical competence, work experience, and psychological empowerment. Therapeutic communication, alongside clinical competence, is a vital component of the nurse–patient relationship as it enables patients to express their needs and emotions. Effective therapeutic communication can reduce anxiety and enhance patients' sense of security (Daryanti & Priyono, 2019). Despite its importance, communication remains a persistent challenge in nursing practice. Fandizal et al. (2020) found that 35–40% of patients were dissatisfied with healthcare professionals' communication, while Dora et al. (2019) reported a 56.7% dissatisfaction rate with nurses' communication. Agritubella (2018) also



documented patient dissatisfaction related to nurses' competence and communication. Consequently, nurses' clinical competence and therapeutic communication are likely important determinants of patients' emotional satisfaction, as both influence the safety, clarity, responsiveness, and interpersonal quality of postoperative care.

A preliminary study at Karsa Husada Batu Regional Hospital identified 210 patients who underwent abdominal surgery within a three-month period. Interviews with five patients indicated experiences of anxiety, discomfort, and insufficient verbal or emotional support; nurses were perceived as communicating quickly and providing limited emotional attention. These findings emphasize the need to address patients' emotional experiences following abdominal surgery. While previous studies have examined clinical competence and therapeutic communication, few have investigated their relationship with emotional satisfaction among postoperative abdominal surgery patients in regional hospitals. Accordingly, the present study aimed to examine the relationship between nurses' clinical competence, therapeutic communication, and patients' emotional satisfaction after abdominal surgery at Karsa Husada Batu Regional Hospital.

METHODS

This study used a quantitative analytic correlational design with a cross-sectional approach. The study aimed to analyze the relationship between nurses' clinical competence, therapeutic communication, and emotional satisfaction among patients undergoing abdominal surgery at Karsa Husada Batu Regional Hospital. The study was conducted in the surgical inpatient ward of Karsa Husada Batu Regional Hospital from November to December 2025.

The study population consisted of patients who had undergone postoperative abdominal surgery and were receiving care in the surgical inpatient ward of Karsa Husada Batu Regional Hospital. Preliminary data indicated that 210 patients underwent abdominal surgery during the preceding three months. The sample size was calculated using Slovin's formula with a 10% margin of error, resulting in a minimum required sample of 68 respondents. Respondents were selected through non-probability consecutive sampling. Eligible patients who met the inclusion criteria were recruited consecutively during the data-collection period until the minimum sample size was achieved. Inclusion criteria were patients on postoperative days 2–3, aged 18 years or older, fully conscious, able to communicate verbally, and willing to participate by providing informed consent. Exclusion criteria included severe postoperative complications, cognitive impairment, hearing impairment, psychiatric disorders that could affect communication or questionnaire completion, or discharge before data collection was completed.

Data were collected using three instruments, each completed by patients based on their perceptions and experiences during postoperative care. Patients' perceptions of nurses' clinical competence were assessed using 12 items adapted from the Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ) developed by Laschinger et al. (2005). These items addressed communication, technical skills, education, responsiveness, empathy, and caring, and were rated on a five-point Likert scale. Therapeutic communication was measured using a 15-item questionnaire adapted from Anwar (2017), which covered the orientation, working, and termination phases. Responses were rated on a three-point Likert scale ranging from 1 (never) to 3 (always).

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Patient emotional satisfaction was assessed using a modified version of the 12-item Patient Evaluation of Emotional Comfort Experienced (PEECE) questionnaire. The original PEECE was designed to measure patients' emotional comfort (Williams et al., 2017). For this study, several items were reworded to align the instrument with the construct of emotional satisfaction, specifically focusing on patients' affective evaluation of the fulfillment of their emotional needs during postoperative nursing care. Responses were rated on a five-point scale ranging from 0 (not at all) to 4 (very much), with higher scores indicating greater emotional satisfaction.

The clinical competence instrument demonstrated item validity coefficients ranging from 0.394 to 0.742 and a Cronbach's alpha of 0.827. The therapeutic communication instrument demonstrated item validity coefficients ranging from 0.490 to 0.899 and a Cronbach's alpha of 0.835 (Anwar, 2017). For the modified PEECE-derived instrument, empirical item validity was assessed using Pearson Product Moment correlation, with item-total correlation coefficients ranging from 0.408 to 0.836, and internal consistency reliability was acceptable, with a Cronbach's alpha of 0.829. However, formal construct validity, such as expert-panel content validation, calculation of a content validity index, or factor analysis, was not conducted for the modified instrument. Therefore, findings related to patients' emotional satisfaction measured using the modified PEECE-derived instrument should be interpreted with caution.

Primary data were collected directly from participants using questionnaires administered once, on either postoperative day 2 or postoperative day 3. Participants completed the questionnaires independently or with researcher assistance, as needed. Prior to data collection, participants were informed about the study's purpose and procedures and provided informed consent. Participant confidentiality was maintained throughout the study. Ethical approval was obtained from the Health Research Ethics Committee of Mardi Waluyo Blitar Regional Hospital (No. 800/228.16.4/410.302.3/KEP/X/2025).

Data analysis comprised both descriptive and inferential methods. Univariate analysis described participant characteristics and the distributions of patients' perceptions of nurses' clinical competence, therapeutic communication, and emotional satisfaction using frequencies and percentages. Bivariate analysis employed the Spearman rank correlation test to examine the relationships between patients' perceptions of nurses' clinical competence and emotional satisfaction, as well as between therapeutic communication and emotional satisfaction. Statistical significance was set at $p < 0.05$.

RESULT

This study involved 68 respondents who were patients undergoing abdominal surgery and receiving care in the surgical inpatient ward of Karsa Husada Batu Regional Hospital. Respondent characteristics included sex, age, previous surgical experience, and educational level.

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Table 1. Frequency Distribution of Respondents Based on Demographic Characteristics at Karsa Husada Batu Regional Hospital, November 2025

Characteristics	<i>f</i>	%
Sex		
Male	39	57,4
Female	29	42,6
Total	68	100,0
Age		
21-25 years	2	2,9
26-35 years	24	35,3
36-45 years	21	30,9
46-55 years	15	22,1
>55 years	6	8,8
Total	68	100,0
Previous Surgical Experience		
Never	57	83,8
Previous Experience	11	16,2
Total	68	100,0
Education		
Elementary school	2	2,9
Junior high school	3	4,4
Senior high school/Vocational high school	60	88,2
Bachelor's degree	3	4,4
Total	68	100,0

Based on Table 1, most respondents were male (39 respondents, 57.4%). The largest age group was 26–35 years (24 respondents, 35.3%). Most respondents had no previous surgical experience (57 respondents, 83.8%), and the largest educational group was senior high school/vocational high school (60 respondents, 88.2%).

Table 2. Frequency Distribution of Clinical Competence, Nurses' Therapeutic Communication Skills, and Patients' Emotional Satisfaction at Karsa Husada Batu Regional Hospital, November 2025

Characteristics	<i>f</i>	%
Clinical Competence		
Low	6	8,8
Moderate	35	51,5
High	27	39,7
Total	68	100,0
Therapeutic Communication Skills		
Poor	11	16,2
Fairly Good	30	44,1
Good	27	39,7
Total	68	100,0
Patient Emotional Satisfaction		
Low	19	27,9
Moderate	38	55,9
High	11	16,2
Total	68	100,0

Based on Table 2, the largest proportion of respondents rated nurses' clinical competence as moderate (35 respondents, 51.5%). Therapeutic communication skills were

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most frequently rated as fairly good (30 respondents, 44.1%), although this category did not constitute a majority. Meanwhile, most respondents reported moderate emotional satisfaction (38 respondents, 55.9%).

Table 3. Bivariate Analysis and Cross-Tabulation of the Relationship Between Nurses' Clinical Competence and Patients' Emotional Satisfaction

Clinical Competence	Patient Emotional Satisfaction						Total		P value	Correlation Coefficient
	Low		Moderate		High					
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%		
Low	6	31,6%	0	0,0%	0	0,0%	6	8,8%	<0,001	0,582
Moderate	11	57,9%	23	60,5%	1	9,1%	35	51,5%		
High	2	10,5%	15	39,5%	10	90,9%	27	39,7%		
Total	19	100,0%	38	100,0%	11	100,0%	68	100,0%		

Based on Table 3, all respondents who rated nurses' clinical competence as low had low emotional satisfaction, totaling 6 respondents. Among respondents who rated clinical competence as moderate, most had moderate emotional satisfaction, totaling 23 respondents (60.5%). Meanwhile, among respondents who rated clinical competence as high, most had high emotional satisfaction, totaling 10 respondents (90.9%). The Spearman Rank test showed a significant relationship between nurses' clinical competence and patients' emotional satisfaction ($p < 0.001$; $r = 0.582$). The correlation coefficient indicated a moderate positive relationship.

Table 4. Bivariate Analysis and Cross-Tabulation of the Relationship Between Nurses' Therapeutic Communication Skills and Patients' Emotional Satisfaction

Therapeutic Communicatio n Skills	Patient Emotional Satisfaction						Total		P value	Correlation Coefficient
	Low		Moderate		High					
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%		
Poor	11	57,9%	0	0,0%	0	0,0%	11	16,2%	<0,001	0,755
Fairly Good	8	42,1%	22	57,9%	0	0,0%	30	44,1%		
Good	0	0,0%	16	42,1%	11	100%	27	39,7%		
Total	19	100,0%	38	100,0%	11	100,0%	68	100,0%		

Based on Table 4, all respondents who rated nurses' therapeutic communication skills as poor had low emotional satisfaction, totaling 11 respondents. Among respondents who rated therapeutic communication as fairly good, most had moderate emotional satisfaction, totaling 22 respondents (57.9%). Meanwhile, among respondents who rated therapeutic communication as good, 11 respondents (100.0%) had high emotional satisfaction and 16 respondents (42.1%) had moderate emotional satisfaction. The Spearman Rank test showed a significant relationship between nurses' therapeutic communication skills and patients' emotional satisfaction ($p < 0.001$; $r = 0.755$). The correlation coefficient indicated a strong positive relationship.

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DISCUSSION

The results indicated that most respondents rated nurses' clinical competence as moderate (35; 51.5%). Patients perceived nurses as responsible and accurate in providing care; however, improvements are needed in the clarity of information, responsiveness to complaints, and patient involvement. Clinical competence encompasses technical skills, communication, responsiveness, education, empathy, and caring (Laschinger et al., 2005). Previous studies have associated workload, emotional pressure, and time constraints with clinical performance (Zakeri et al., 2021), while motivation, ongoing training, and organizational support have also been identified as important factors (Harisa et al., 2023). In this study, nurses' clinical competence was positively correlated with patients' emotional satisfaction ($r = 0.582$, $p < 0.001$), although this does not establish causation. Further research should assess the construct validity of the adapted instrument, control for confounding variables, and utilize clearly defined postoperative assessment time points to strengthen the findings.

Nurses' therapeutic communication skills were rated as fairly good by 30 respondents (44.1%). Patients observed that nurses communicated politely and openly, greeted them, explained procedures, and maintained privacy; however, greater consistency in applying empathy and active listening is needed. Enhancing interactions that enable patients to express concerns and emotional needs is necessary. This finding is consistent with Peplau (1997), who emphasized therapeutic communication as essential for building professional relationships through the orientation, working, and termination phases. Ginting et al. (2025) found that empathy and openness in communication reduced patient anxiety, while Wandira et al. (2022) linked therapeutic communication to patient comfort and satisfaction. Therefore, therapeutic communication should prioritize both effective information delivery and understanding patients' emotional needs through empathy and patient-centered interactions.

Most respondents reported moderate emotional satisfaction, with 38 respondents (55.9%). This indicates that patients generally felt attended to and comfortable, although emotional experiences varied. Williams et al. (2017) noted that emotional experiences may be influenced by the intensity of interactions with healthcare professionals and changes in physical condition. This observation aligns with Meri et al. (2022), who found that postoperative patients require support for their emotional and comfort needs. Guo et al. (2025) demonstrated that empathy-based interventions improve emotional calmness and satisfaction, while Wan et al. (2025) reported that psychological nursing interventions reduce anxiety and depression and enhance emotional satisfaction. Collectively, these findings underscore the importance of emotional support, empathy, and positive communication in shaping patients' emotional experiences.

The Spearman Rank test revealed a significant positive relationship, with a moderate correlation between nurses' clinical competence and emotional satisfaction among patients undergoing abdominal surgery ($r=0.582$; $p<0.001$). Higher patient perceptions of nurses' clinical competence were associated with greater emotional satisfaction. Patients who perceived nurses as responsive, clear, and professional reported feeling safer and calmer. This result is consistent with Lestari et al. (2021), who emphasized the importance of empathetic communication, psychological support, and personal attention in patients' emotional experiences. Sirait et al. (2020) and Yustriani & Muflihatin (2022) also

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identified significant relationships between healthcare professionals' competence and patient satisfaction. However, two respondents who rated nurses' competence as high reported low emotional satisfaction, indicating that factors such as pain, anxiety, and physical condition may also influence emotional satisfaction (Nurhasma et al., 2021).

The results demonstrated a positive and strong correlation between nurses' therapeutic communication skills and patients' emotional satisfaction ($r = 0.755$, $p < 0.001$). This finding suggests that more favorable patient perceptions of nurses' therapeutic communication skills were associated with higher emotional satisfaction. Empathetic, polite, and open communication, along with opportunities for patients to express their concerns, may contribute to patients' feelings of safety, being valued, and trust. This observation aligns with Djala (2021), who reported associations between empathetic interactions, personal attention, patient comfort, and trust. Hasjum et al. (2024) also emphasized the relevance of warmth, openness, and listening skills to patient satisfaction.

Overall, nurses' clinical competence and therapeutic communication skills were both positively and significantly associated with emotional satisfaction among patients undergoing abdominal surgery. In this sample, the correlation coefficient for therapeutic communication ($r = 0.755$, $p < 0.001$) was numerically higher than that for clinical competence ($r = 0.582$, $p < 0.001$); however, this difference was not statistically tested and should not be interpreted as evidence that therapeutic communication is a stronger or independently dominant correlate of emotional satisfaction. These findings underscore the need for nursing care that prioritizes not only clinical accuracy but also empathy, communication, and meeting patients' emotional needs. Future research should validate the adapted instrument, control for potential confounding variables, and assess outcomes at clearly defined postoperative time points. This study was limited by its cross-sectional design, which cannot establish causality, and by pain experienced by some respondents during questionnaire completion, which may have influenced their assessments.

CONCLUSION

The results showed that most respondents rated nurses' clinical competence as moderate (51.5%), therapeutic communication skills as fairly good (44.1%), and patients' emotional satisfaction after abdominal surgery as moderate (55.9%). The Spearman Rank test showed a significant positive relationship between nurses' clinical competence and patients' emotional satisfaction, with a moderate correlation ($p < 0.001$; $r = 0.582$), as well as a significant positive relationship between therapeutic communication skills and patients' emotional satisfaction, with a strong correlation ($p < 0.001$; $r = 0.755$). These findings indicate that better patient perceptions of nurses' clinical competence and therapeutic communication skills were associated with higher levels of emotional satisfaction, with therapeutic communication showing a stronger relationship. This study was limited by its cross-sectional design, which could not establish causal relationships, and by pain among some respondents during questionnaire completion, which may have influenced their assessments. Future research should consider other factors that may influence patients' emotional satisfaction, such as pain intensity, family support, and psychological conditions, and use qualitative or mixed-methods designs to better understand patients' emotional experiences.

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