Psychology-Based Empathic Communication Model in Nursing: A Model to Enhance Patient Trust and Satisfaction

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ABSTRACT: Effective communication between nurses and patients is essential in building therapeutic relationships, increasing patient trust, and enhancing satisfaction with healthcare services. This study employs a cross-sectional design to evaluate the impact of a psychology-based model of empathic communication in nursing on patient trust and satisfaction. The model, which emphasizes understanding, active listening, and emotional presence, is grounded in psychological principles that support patient-centered care. Data were collected through a structured survey administered to patients in healthcare settings in Indonesia and Malaysia. The study analyzes how empathic communication influences patient trust, reduces anxiety, and improves satisfaction with care. Findings indicate that implementing a structured empathic communication model significantly enhances nurse-patient interactions and contributes to better health outcomes. The results underscore the importance of integrating psychological principles into nursing communication practices to improve patient care quality.

INTRODUCTION

Empathic communication in nursing practice constitutes a crucial element in establishing effective therapeutic relationships between nurses and patients. More than a mere interpersonal skill, empathy functions as a psychological mechanism that enhances patients' perception of service quality while increasing trust and satisfaction throughout the care process (Babaii et al., 2021; Karaman et al., 2024). In the context of increasingly complex healthcare services, the ability of nurses to deliver empathy in a structured and measurable manner is not merely an added value, but an essential requirement for supporting holistic clinical success (Mudri et al., 2024).

In Indonesia, the imbalance between nurses' high workloads and limited interaction time often results in the neglect of empathic communication practices. A national survey revealed that over 40% of patients expressed dissatisfaction with the quality of nurse-patient communication, particularly regarding emotional understanding and personal attention (Lutfi et al., 2019). A similar phenomenon is also observed in Malaysia, where the Ministry of Health reported that the lack of psychological training in nursing communication is a major contributing factor to the low level of patient trust, especially in public facilities (Jaaffar & Samy, 2023; Staff, 2014).

Although the importance of empathic communication has been widely emphasized, existing approaches remain general and are not explicitly grounded in a systematic psychological framework. The psychology-based empathic communication model emerges in response to this limitation by integrating principles from social, affective, and cognitive psychology to develop a therapeutic communication pattern that is not only emotionally responsive but also structured and

measurable (Karaman et al., 2024; Suchman et al., 1997). This approach has the potential to provide an applicable framework for professional training and can be adapted into healthcare service protocols across institutions.

Unfortunately, to date, there remains a significant research gap regarding the practical effectiveness of this model, particularly in the Southeast Asian region. Previous studies have primarily adopted qualitative or narrative approaches, which have yet to provide strong empirical evidence on the relationship between psychology-based empathic communication and improvements in objective indicators such as patient trust and satisfaction (Howick et al., 2018; Nam et al., 2024). Moreover, comparative studies between countries with differing cultural characteristics and healthcare systems, such as Indonesia and Malaysia are still notably limited (Rahayu & Shalihah, 2023; Yanuar et al., 2025).

Based on this background, this study aims to quantitatively evaluate the effectiveness of a psychology-based empathic communication model within the nursing context by examining its influence on patient trust and satisfaction in both countries Indonesia and Malaysia. This cross-national approach is expected to contribute significantly to the development of more humane, evidence-based, and culturally relevant nursing communication practices.

Study Aim and Hypothesis

The primary aim of this study is to evaluate the association between the perceived implementation of a psychology-based empathic communication model and patient trust and satisfaction in nursing practice across two Southeast Asian healthcare settings: Indonesia and Malaysia. This research aims to empirically explore how specific aspects of empathic communication, such as emotional recognition, cognitive empathy, and behavioral responsiveness are associated with patient outcomes, particularly trust and satisfaction, as perceived by patients.

Rather than testing the **direct effectiveness** of a specific communication model through an experimental or intervention-based approach, this study seeks to assess the **relationship** between perceived empathic communication and patient outcomes. Data were collected using a structured cross-sectional survey that asks patients to evaluate the extent to which they experience these empathic communication elements during interactions with nurses.

The study also seeks to explore how the model's components, grounded in psychological principles, manifest in real-world clinical settings, and whether these elements are perceived similarly across two culturally distinct healthcare systems in Southeast Asia. While empathic communication is widely recognized as crucial for patient care, few studies have quantitatively assessed its real-world impact across different cultural contexts using a cross-sectional survey design.

To achieve this aim, the following hypothesis are proposed:

H1: There is a positive relationship between the perceived level of empathic communication by nurses and patient trust.

H2: There is a positive relationship between the perceived level of empathic communication by nurses and patient satisfaction.

H3: There is no significant difference in the perception of empathic communication between patients in Indonesian and Malaysian healthcare settings.

H4: There is no significant difference in patient trust and satisfaction between Indonesian and Malaysian respondents, based on perceived empathic communication.

These hypothesis aim to examine both the general association of empathic communication with patient trust and satisfaction, and the cross-cultural consistency of this model in two neighbouring countries with shared regional values but distinct healthcare system characteristics. Ultimately, the findings will provide insights into the application of a psychology-based empathic communication model, its relevance across diverse healthcare contexts, and its implications for nursing training modules and institutional policies aimed at enhancing patient-centered care.

METHODS

Design

This research employed a cross-sectional quantitative design using a survey-based approach to assess the impact of a psychology-based empathic communication model on patient trust and satisfaction. The study was conducted in two countries Indonesia and Malaysia to provide a comparative perspective and examine the model's cross-cultural applicability. Data collection was carried out simultaneously in both countries over a period of three months in 2024.

Participants

Participants in this study included patients who had received inpatient care for a minimum of three days in general hospitals located in Yogyakarta, Indonesia and Selangor, Malaysia. A total of 400 respondents were selected using stratified random sampling, with equal representation from both countries (n = 200 each). Inclusion criteria comprised adult patients aged 18 years or older, physically and mentally capable of completing a questionnaire, and willing to provide informed consent. Patients with cognitive impairments or language barriers that hinder comprehension of the instrument were excluded.

Instruments

Data for this study were collected using a structured self-administered questionnaire, which consisted of three main sections. The first section gathered demographic information from respondents, such as age, gender, education level, and length of hospital stay. The second section measured patients' perceptions of empathic communication, using a modified version of the Empathic Communication Assessment Scale (ECAS). This scale was adapted to include relevant psychological constructs, such as emotional attunement, perspective-taking, and appropriate non-verbal expression. The third section contained items adapted from validated instruments to measure two key variables: Patient Trust and Patient Satisfaction.

The Patient Trust scale consisted of 8 items assessing components such as reliability, honesty, and communication openness, while the Patient Satisfaction scale included 10 items focused on emotional comfort, clarity of information, and responsiveness to care. All items used a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The instruments were pre-tested for content validity and linguistic equivalence in both Bahasa Indonesia and Bahasa Malaysia to ensure that the measures were clearly understood by respondents from both countries. Reliability testing conducted in a pilot study (n = 40) yielded excellent Cronbach's alpha values of 0.89 for empathy, 0.87 for trust, and 0.91 for satisfaction, indicating strong internal consistency of the instruments used.

Data Analysis

The data were analyzed using SPSS Version 26. Descriptive statistics were first applied to summarize the demographic characteristics of the participants and their responses to the survey items. For inferential analysis, several statistical techniques were employed. Pearson correlation tests were used to explore the relationships among key variables, including empathic communication, patient trust, and patient satisfaction. To examine the predictive effect of empathic communication on patient trust and satisfaction, multiple linear regression analysis was performed. Additionally, independent samples t-tests and two-way ANOVA were utilized to assess potential differences between the country samples (Indonesia and Malaysia). Statistical significance was set at $p < 0.05$. Before conducting the regression and comparative analyses, all assumptions of normality, linearity, and homoscedasticity were thoroughly tested to ensure the validity of the statistical tests.

RESULTS AND DISCUSSION
Results

This section presents the findings of the study on the Psychology-Based Empathic Communication Model in Nursing, focusing on its impact on patient trust and satisfaction. The results were analyzed using descriptive statistics, Pearson correlation, multiple linear regression, and comparative analysis across Indonesian and Malaysian samples. The findings are discussed in relation to the research hypothesis and contextualized with the existing literature. Table 1 provides an overview of the demographic characteristics of the study participants. This includes information on age, gender, educational level, and length of hospitalization for both Indonesian and Malaysian respondents.

Table 1. Demographic Characteristics of Participants

Demographic Variable	Indonesia (n = 200)	Malaysia (n = 200)	Total (n = 400)
Age (Mean ± SD)	35.2 ± 8.3	34.5 ± 7.9	34.8 ± 8.1
Gender (Male/Female)	90 / 110	95 / 105	185 / 215
Education Level	High School: 120 (60%)	High School: 130 (65%)	High School: 250 (62.5%)
	College: 80 (40%)	College: 70 (35%)	College: 150 (37.5%)
Length of Stay (Mean ± SD)	5.4 ± 1.2	5.3 ± 1.1	5.35 ± 1.15

The sample consisted of 400 patients, 200 from Indonesia and 200 from Malaysia. The average age of the participants was 35 years with no significant age difference between the countries. The majority of participants had completed high school (62.5%), followed by those with college education (37.5%). The average length of hospitalization was approximately 5.35 days, consistent across both groups. Table 2 present the Pearson correlation coefficients between empathic communication, patient trust, and patient satisfaction for both Indonesian and Malaysian groups.

Table 2. Pearson Correlation Analysis

Variable	Indonesia (r)	Malaysia (r)	Total (r)
Empathic Communication ↔ Patient Trust	0.75	0.72	0.74
Empathic Communication ↔ Patient Satisfaction	0.78	0.74	0.76
Patient Trust ↔ Patient Satisfaction	0.82	0.79	0.80

The Pearson correlation analysis reveals strong positive correlations between empathic communication, patient trust, and patient satisfaction across both Indonesian and Malaysian participants. Specifically, empathic communication was strongly correlated with both patient trust (r = 0.75 for Indonesia, r = 0.72 for Malaysia) and patient satisfaction (r = 0.78 for Indonesia, r = 0.74 for Malaysia). Additionally, a very strong correlation between patient trust and patient satisfaction was observed (r = 0.82 for Indonesia, r = 0.79 for Malaysia), indicating that higher trust is associated with higher satisfaction. Table 3 presents the results of multiple linear regression analysis examining the impact of empathic communication on patient trust and satisfaction, controlling for demographic variables.

Table 3. Multiple Linear Regression Analysis

Predictor Variable	Patient Trust	Patient Satisfaction
Empathic Communication (β)	0.68*	0.72*
Age (β)	0.12	0.08
Gender (Male/Female)	0.05	0.06
Education Level	0.10	0.11
Length of Stay (β)	0.02	0.03
R^2	0.58	0.60

The multiple linear regression analysis indicates that empathic communication is a significant predictor of both patient trust (β = 0.68, p < 0.05) and patient satisfaction (β = 0.72, p < 0.05). The model explains 58% of the variance in patient trust (R^2 = 0.58) and 60% of the variance in patient satisfaction (R^2 = 0.60). Demographic factors such as age, gender, education level, and length of stay showed weak correlations with both trust and satisfaction, highlighting the central role of empathic communication in shaping patient perceptions. Table 4 presents the results of an independent samples t-test comparing patient trust and satisfaction between the Indonesian and Malaysian groups.

Table 4. Comparative Analysis between Indonesia and Malaysia

Variable	Indonesia (Mean ± SD)	Malaysia (Mean ± SD)	t-value	p-value
Patient Trust	3.92 ± 0.45	3.88 ± 0.47	1.04	0.30
Patient Satisfaction	4.05 ± 0.49	4.02 ± 0.50	0.67	0.50

The independent samples t-test showed no significant differences in patient trust (t = 1.04, p = 0.30) and patient satisfaction (t = 0.67, p = 0.50) between Indonesian and Malaysian participants. These results suggest that the psychology-based empathic communication model has similar effects on patient trust and satisfaction in both countries, indicating the model's cross-cultural applicability.

Discussion

This study provides strong empirical evidence that psychology-based empathic communication significantly influences both patient trust and satisfaction within nursing practice in Indonesia and Malaysia. The high correlation coefficients between empathic communication and both trust (r = 0.74) and satisfaction (r = 0.76) support the psychological theory that empathy expressed through verbal and non-verbal cues facilitates relational depth and therapeutic alliance (Beck et al., 2002; Kelley et al., 2014).

The dominance of empathic communication over demographic predictors in the regression analysis (β = 0.68 for trust; β = 0.72 for satisfaction) underscores the central role of interpersonal competence in nursing practice. Unlike age, gender, or education, which showed limited predictive value, empathy operates as a dynamic emotional skill that actively shapes patient perception and experience (Chen et al., 2020; Moudatsou et al., 2020). This finding supports prior research in emotional labour theory and patient-centered care, which suggests that nurses' ability to emotionally attune to patients is critical in establishing psychological safety (Gelkop et al., 2022; Smith et al., 2009).

From a transnational perspective, the absence of significant differences in outcome variables between Indonesian and Malaysian respondents suggests that the empathic communication model is perceived and received similarly across culturally distinct healthcare settings. This could be attributed to shared cultural values rooted in collectivism, high-context communication, and spiritual-humanistic orientations in Southeast Asia (Alfred et al., 2013; Wright et al., 1997).

These findings hold profound implications for clinical governance. The consistent weight of empathy-related communication underscores the urgent need for structured training modules that focus on emotional engagement. Programs emphasizing reflective listening, emotional recognition, and compassion fatigue management should be institutionalized within nursing education and continuing professional development (Chia-Yun et al., 2021; Raustøl & Tveit, 2023). Furthermore, this study calls for reframing empathic communication not as a "soft skill" but as a measurable, evidence-based intervention that contributes directly to patient outcomes and organizational quality indicators (Keshtkar et al., 2024; Pehrson et al., 2016).

Implications

The findings of this study hold substantial implications for nursing practice, education, and healthcare policy. First and foremost, the demonstrated influence of empathic communication on both patient trust and satisfaction underscores the urgent need to reframe empathy not as a supplementary skill, but as a central clinical competency. This calls for a paradigm shift in how healthcare institutions train, assess, and support nursing personnel.

For clinical practice, the integration of structured empathy-based communication protocols is imperative. Hospitals and nursing departments should implement targeted training programs that foster active listening, emotional attunement, and patient-centered dialogue. These trainings should be evidence-based and embedded in routine continuing professional development to ensure sustainable behavioral change. Furthermore, embedding empathic communication into daily clinical routines may reduce misunderstandings, improve therapeutic alliances, and ultimately lead to better health outcomes and reduced patient complaints.

For nursing education, curriculum developers must prioritize the inclusion of psychological principles underlying empathy, such as affective perspective-taking and emotional regulation. Simulation-based learning, role-playing, and reflective journaling should be utilized to enhance students' empathic responsiveness in real clinical scenarios. Academic assessments can also incorporate communication-focused competencies to evaluate readiness for professional practice.

From a policy perspective, national and institutional healthcare frameworks both in Indonesia and Malaysia can adopt this model to inform patient satisfaction standards and nursing care accreditation systems. Standardizing empathic communication metrics within national health quality indicators may elevate service excellence and reinforce the role of nurses in driving patient-centered care. Ministries of Health and nursing boards should consider developing national guidelines and incentives to support empathic practice as a pillar of nursing professionalism.

Moreover, this model may serve as a culturally adaptive tool across Southeast Asian contexts, where interpersonal harmony and relational care are deeply valued. Given the similarity in sociocultural values between Indonesian and Malaysian respondents, this model holds promise for broader regional adoption, offering a foundation for future collaborative policies in transnational healthcare quality initiatives.

Limitations and Further Research

While this study provides valuable insights into the impact of empathic communication on patient trust and satisfaction, several limitations must be acknowledged. First, the research relied exclusively on self-reported data from both nurses and patients, which may be subject to social desirability bias. Respondents may have overestimated their own or others' empathic behavior or satisfaction due to perceived expectations in healthcare settings. Second, the study employed a cross-sectional design, limiting the ability to establish causal relationships. While significant correlations and regression outcomes were identified, longitudinal or experimental research is needed to confirm whether enhanced empathic communication directly leads to improved trust and satisfaction over time. Third, although this study was conducted in both Indonesia and Malaysia,

the hospital samples were limited to selected urban healthcare institutions. As such, the findings may not fully represent rural settings or other regions with differing organizational cultures, staffing levels, or patient demographics. Fourth, contextual factors such as workload, shift patterns, language barriers, and patient health status were not controlled in this study. These variables may moderate the effectiveness of empathic communication and should be considered in future research.

In light of these limitations, several directions for future research are recommended. First, qualitative or mixed-methods studies could explore the lived experiences of nurses and patients in empathic encounters to capture deeper emotional and relational dynamics. Second, intervention-based studies could assess the effectiveness of empathy training programs on actual behavior change and patient outcomes using pre-post designs. Third, comparative studies across Southeast Asian countries may reveal culturally specific nuances in the practice and perception of empathy in nursing. Additionally, exploring the role of digital communication in telehealth contexts would help determine how empathy can be effectively conveyed in virtual care environments. Ultimately, by expanding methodological approaches and contextual scopes, future studies can strengthen the empirical foundation and practical application of psychology-based empathic communication models in global nursing care.

CONCLUSION

This study highlights the significant role of psychology-based empathic communication in enhancing patient trust and satisfaction in nursing care. The findings demonstrate that empathic communication is a key determinant in building positive therapeutic relationships, with empathy proving to be more influential than traditional demographic factors, such as age and education, in shaping patient perceptions. By emphasizing the importance of emotional intelligence, the study calls for healthcare systems to prioritize empathy as a core competency, not just an ancillary skill. The cross-cultural applicability of the model across Indonesia and Malaysia suggests that it can be beneficial in diverse healthcare settings within Southeast Asia. These insights provide actionable steps for improving clinical practice, nursing education, and healthcare policy, ultimately aiming to enhance patient care outcomes through a better understanding and integration of empathic communication.

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