

The Effect of Nurses' Clinical Competence and Therapeutic Communication on Service Quality (Case Study on the Emergency Department of Dr. Dradjat Prawiranegara Regional General Hospital, Serang)

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ABSTRACT: Nursing services in the Emergency Department (ED) require nurses to have adequate clinical competence and effective therapeutic communication skills, considering the characteristics of fast, precise, and high-risk services. However, the results of the internal evaluation of dr. Dradjat Prawiranegara Regional General Hospital, Serang show that there are still obstacles in the implementation of emergency room services, especially related to the clinical competence of nurses that are not optimal and therapeutic communication that is not consistent, so that it has the potential to affect the quality of services received by patients. This study aims to analyze the picture of clinical competence, therapeutic communication, and nurse service quality, as well as examine the influence of clinical competence and therapeutic communication both partially and simultaneously on the quality of services in the emergency room. The research method used is a quantitative approach with a survey method. This study involved 90 respondents who were patients or patients' families in the emergency room of dr. Dradjat Prawiranegara Regional General Hospital, Serang. Data was collected using a structured questionnaire that has been tested for validity and reliability. Data analysis was carried out through descriptive analysis to describe the condition of each variable, as well as multiple linear regression analysis to test the partial and simultaneous influence between the research variables. The results showed that clinical competence and quality of emergency room services were in the sufficient category and therapeutic communication was in the good category. Verifiably, clinical competence and therapeutic communication have a positive and significant effect both partially and simultaneously on the quality of emergency room services. Therapeutic communication is the variable that has the most dominant influence on service quality. This study shows that improving the quality of emergency room services requires an integrated approach that not only emphasizes the determination of clinical actions, but also on strengthening the therapeutic communication skills of nurses. Therefore, hospital management needs to prioritize the development of therapeutic communication competencies along with improving clinical competencies as part of efforts to improve the quality of emergency room services.

KEYWORDS: Clinical Competence, Therapeutic Communication, Quality of Service, Emergency Department

I. INTRODUCTION

Public services are the responsibility of the government and are carried out by government agencies, be it at the center, in the regions, and within State-Owned Enterprises. The legal basis for Public Services is regulated in Law of the Republic of Indonesia Number 25 of 2009 concerning Public Services which states that the state is obliged to serve every citizen and population to fulfill their basic rights and needs within the framework of public services which is mandated by the Constitution of the Republic of Indonesia in 1945. One form of public service implemented by the government is the fulfillment of public health needs. Reforms in the health sector are carried out to improve health services and make them more efficient, effective and accessible to all levels of society.

Hospitals as one of the individual health service facilities are part of the health resources that are indispensable in supporting the implementation of health efforts. The implementation of health efforts in hospitals has very complex characteristics and organizations. Hospitals will provide individual health services in a complete manner through promotive, preventive, curative, rehabilitative, and/or palliative health services by providing inpatient, outpatient, and emergency services (Law No.17., 2023). Emergency handling within health service facilities is an Emergency service provided to patients in Health Service Facilities

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according to standards. Handling between health service facilities is an act of referral of patients from a health service facility to another health service facility that is more capable in accordance with the provisions of laws and regulations (Permenkes No. 47 of 2018). Health Service Facilities that provide Emergency Services must have human resources, facilities, infrastructure, drugs and consumable medical materials, as well as medical devices.

To be able to carry out emergency handling optimally, both within and between facilities, service support is needed that is not only supported by the availability of resources, but also by the quality of services that are maintained. The quality of health services is an important aspect in every service process, including in emergency situations, because it reflects the ability of hospitals to provide effective, safe, responsive, and patient-centered services. Service quality is also one of the important indicators in evaluating hospital performance and affects patient experience and assessment of the services they receive (Lu et al., 2020).

Medical service standards in hospitals are regulated in the Minister of Health Regulation Number 129/Menkes/SK/II/2008 concerning Minimum Service Standards for Hospitals, which is a guideline for every hospital in ensuring the implementation of safe, quality, and affordable health services for all levels of society. The provisions for fulfilling health service standards are then regulated more technically in Permenkes Number 6 of 2024 concerning Technical Standards for the Fulfillment of Minimum Health Service Standards, which stipulates that technical standards must be met by health service providers to ensure the fulfillment of basic services to which every citizen is entitled. The existence of this standard has a normative function as a tool for evaluating the hospital's obligations in fulfilling service quality, so that the achievement or non-fulfillment of SPM indicators, especially in Emergency Departments, can be used as an initial benchmark in assessing the effectiveness of clinical competence and therapeutic communication of nurses in emergency service practice.

The fulfillment of service quality is carried out by health workers and medical supporters, where this fulfillment aims to create superior services that are in accordance with the wishes of customers or patients (Setianingsih et al., 2021). Hospitals in this case are required to be able to meet the quality standards set by the government so that health services can be optimal and provide satisfaction to patients. In the context of emergency services, nursing personnel play a central role because they are the spearhead who interact directly with patients and patients' families. Thus, the quality of service felt by patients in the Emergency Facility is greatly influenced by the clinical competence and therapeutic communication skills of the nurses (Messina et al., 2015).

The Emergency Department (ED) has a strategic role in the hospital service system because it is the first service unit that is the entrance for inpatients. The initial experience of patients and families in receiving services in the emergency room plays an important role in shaping the perception of the overall quality of hospital services. The services provided in the early stages, including the speed of action, the accuracy of clinical decision-making, and the quality of communication between nurses and patients and families, can affect the level of trust, satisfaction, and acceptance of patients for follow-up services in the inpatient unit (Idahor et al., 2025). Therefore, the problem of service quality in the emergency room has the potential to have a systemic impact on the quality of hospital services as a whole, thus making the emergency room a relevant and strategic unit to be studied in this study.

Based on Law of the Republic of Indonesia Number 17 of 2023 concerning Health, the position of nurses in the national health system has clear legal legitimacy. In Article 197 paragraph (1) it is stated that Health Human Resources consists of three groups, namely medical personnel, health workers, and health support/support personnel. Furthermore, Article 199 paragraphs (1-3) affirm that nurses are included in the category of health workers, which include vocational nurses, nurses, and specialist nurses. With these provisions, nurses are recognized as an integral part of the national health workforce system who not only play a role in the implementation of technical services, but also have professional responsibilities to ensure the quality of services, including in Emergency Departments. This strengthens the position of nurses as the spearhead of services that interact directly with patients as well as strategic actors in an effort to achieve hospital service quality standards in accordance with the mandate of applicable laws and regulations.

Law of the Republic of Indonesia Number 17 of 2023 concerning Health emphasizes that the quality of health services is greatly influenced by the clinical competence of health workers. In Article 258 paragraphs (1-3) it is stated that to maintain and improve quality, medical personnel and health workers are required to participate in training and competency improvement activities that are carried out in accordance with professional standards, competency standards, and the development of science and technology. Furthermore, Article 260 paragraph (1-4) stipulates that every medical and health worker who will carry out the practice must have a Registration Certificate (STR) issued by the Council on behalf of the Minister, provided that they have an education diploma and a certificate of competency. This provision shows that the state provides legal legitimacy to the practice of health workers, including nurses, by emphasizing the obligation to master measurable and sustainable clinical competence.

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Competency is an individual's ability to carry out a job or task based on the mastery of knowledge, skills, and supported by work attitudes and behaviors that are in accordance with the demands of the job so that they are able to produce optimal performance (Fauzan & Arnawilis, 2021). In hospital services, the form of competence owned and applied by health workers, including nursing personnel, is clinical competence. Clinical competence is a well-rounded ability, which includes medical knowledge, technical skills, clinical reasoning skills, sound decision-making, and professional attitude, all of which are applied in an integrated manner in healthcare practice (Lee & Wimmers, 2011).

In addition to clinical competence, therapeutic communication is an important aspect that supports the achievement of quality health services. In service practice, nursing personnel are not only required to have clinical skills, but also the ability to build effective communication with patients. Han et al. (2024) define therapeutic communication as a conversational process that is directed and focuses on identifying thoughts, feelings, attitudes, and changes in health conditions according to the patient's needs, thereby assisting nursing personnel in planning and adjusting service actions to achieve optimal health conditions. Through effective therapeutic communication, a relationship of trust between nurses and patients can be formed to support patient-centered services, improve patient safety, patient satisfaction, and health care outcomes.

Dr. Dradjat Prawiranegara Serang Regional General Hospital is a government hospital where this hospital is the main referral hospital in the Serang Regency area, where this hospital plays an important role in providing optimal health services, including through emergency room services where it functions in serving the community related to cases or emergency conditions. To ensure the quality of health services, each hospital is required to meet the Minimum Service Standards (SPM) that have been set by the government. Hospital SPM is a benchmark of health service performance that describes the extent to which health service facilities are able to meet predetermined quality targets, especially in terms of safety, speed, accuracy, and patient satisfaction. Evaluation of SPM achievements in the Emergency Department (ED) is important because the emergency room is a service unit that functions as the main entrance for patients in emergency conditions that require fast and appropriate handling.

Based on the Minimum Service Standard (SPM) Report of dr. Dradjat Prawiranegara Hospital for the January-March 2025 period, the achievement of service indicators in the Emergency Department (ED) shows problems in several aspects. One of them is the certified nursing workforce training indicator (BTCLS/ACLS/ENIL/ATLS) which only reached 70% in January, 71% in February, and 75% in March, below the hospital target of 100%. This condition shows that most emergency room nurses only receive training at the beginning of their working life, but do not receive continuous training updates. As a result, the mastery of the latest knowledge or skills is uneven, so it has the potential to reduce the clinical competence of nurses in handling emergency cases.

In addition, the satisfaction indicators of emergency room patients in the January-March 2025 period showed unsatisfactory results. From the three months of measurement, more achievements were below the standard of 70%, so it can be concluded that the majority of emergency room patients still feel dissatisfied with the services provided. This condition shows that there is a gap in service quality, especially related to direct interaction between nurses and patients. One of the factors that is suspected to contribute to the low level of satisfaction is the communication skills of nurses that are not optimal, such as a lack of clarity of explanation or empathy when dealing with patients and families in emergency situations.

Based on the results of this inconsistent quality assessment, further investigation is needed to find out the root of the problem. Therefore, an initial survey was conducted through an interview with the Head of the Emergency Room of Dr. Dradjat Prawiranegara Hospital to obtain a more real empirical picture of the factors that affect the quality of services in the emergency room. The results of the interviews revealed that there are still nurses in the emergency room who show clinical competence that is not optimal and therapeutic communication skills are still limited. This condition is caused by the high pressure on emergency situations that demand speed and limited continuous training followed by nursing personnel. These factors make some nurses not fully consistent in carrying out clinical actions according to standards or in communicating therapeutically with patients and families. This is feared to affect the quality of service, considering that the emergency room is a unit that demands fast, precise, and responsive action to emergency situations.

Furthermore, the Head of the Emergency Room emphasized that the clinical competence of nurses is a crucial aspect in ensuring that patients receive safe and standard services. Nurses with good clinical competence will be able to conduct accurate assessments, set priorities, and carry out nursing actions in accordance with applicable procedures. In addition, nurses' therapeutic communication skills are also seen as very important in the context of the emergency room. Clear, empathetic, and soothing communication can help patients and their families understand the emergency conditions they are facing, while fostering trust and security in the services provided.

International research shows that the communication skills of health workers have an effect on the quality of services perceived in the Emergency Department, but have not been tested simultaneously with clinical competence (Muñoz et al., 2020).

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Another study shows that communication in emergency departments is influenced by operational complexity and interaction barriers that have the potential to reduce service quality, but it has not been used as a basis for quantitative analysis related to service quality (Pun et al., 2015). In addition, another study reported an association between communication quality and perception of patient care quality in the emergency department, but focused on patient trust without simultaneously including clinical competence (Bahari et al., 2024). Based on the results of previous research, it can be seen that clinical competence and therapeutic communication have been proven to contribute to improving the quality of service. However, these studies still examined the two variables separately or placed therapeutic communication as the main focus without analyzing their effect simultaneously with clinical competence on service quality. In addition, research that specifically examines the relationship between these two variables in the context of Emergency Department (ED) services at referral hospitals in Indonesia is still limited. Therefore, this study was conducted to analyze the influence of clinical competence and therapeutic communication of nurses, both partially and simultaneously, on the quality of services in the Emergency Department of dr. Dradjat Prawiranegara Regional General Hospital, Serang, so that it is expected to make an empirical contribution to the development of hospital service quality management.

II. FORMULATION OF THE PROBLEM

1. Does the clinical competence of nursing staff have a partial effect on the quality of services at the emergency room of dr. Dradjat Prawiranegara Regional General Hospital, Serang?
2. Does the therapeutic communication of nursing staff have a partial effect on the quality of service in the emergency room of dr. Dradjat Prawiranegara Regional General Hospital, Serang?
3. Does the clinical competence and therapeutic communication of nursing staff have a simultaneous effect on the quality of services in the emergency room of dr. Dradjat Prawiranegara Regional General Hospital, Serang?

III. RESEARCH METHODS

A. Research Design

This research uses a quantitative approach with descriptive and verifiable methods. Descriptive analysis is used to describe clinical competency conditions, therapeutic communication, and quality of service, while verifiable analysis is used to test the influence of clinical competence and therapeutic communication on service quality statistically. This approach was chosen because it is able to produce objective and measurable findings.

B. Population and Sample

The study population is Emergency Department (ED) patients of dr. Dradjat Prawiranegara Hospital who have a history of revisits at least three times during the January-March 2025 period. Of the total 8,665 emergency room patient visits in the period, 840 patients met the criteria as a research population. Population restrictions are carried out so that respondents have adequate experience in assessing the quality of services received.

The research sample amounted to 90 respondents who were determined using the Slovin formula with an error rate of 10% and selected using a simple random sampling technique. Respondents consisted of patients or patient companions who met the inclusion criteria, namely being able to provide an assessment of nursing services in the emergency room and were willing to participate in the research. Meanwhile, respondents who were in a severe emotional or psychological condition, experienced communication, cognitive, or sensory impairments, did not witness the service process directly, or were not willing to be respondents, were excluded from the study based on exclusion criteria.

C. Technical Data Collection

The research data was collected using a questionnaire that was distributed online through Google Form to respondents who met the research criteria. The questionnaire was used to obtain data on clinical competence, therapeutic communication, and service quality in the Emergency Department (ED) of dr. Dradjat Prawiranegara Hospital. The assessment uses a five-point Likert scale, namely strongly disagree (1), disagree (2), neutral (3), agree (4), and strongly agree (5).

D. Validity and Reliability Tests

Before being used as a data collection tool, the questionnaire is first tested for validity and reliability to ensure that the instrument is able to measure research variables appropriately and consistently. The validity test is carried out using Pearson correlation (Pearson Product Moment) by correlating the score of each statement item to the total score of the variable. An item is declared valid if the significance value is less than 0.05 and the calculated r value is greater than the r of the table, so that each statement item is judged to be able to represent the measured construct.

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Next, a reliability test was performed to test the consistency level of the instrument using Cronbach's Alpha coefficient. An instrument is declared reliable if it has a Cronbach's Alpha value of more than 0.60, which indicates that each statement item has good internal consistency and is suitable for use in the study. The entire validity and reliability testing process was carried out with the help of IBM SPSS Statistics software version 29.

E. Data Analysis Techniques

1) Classic Assumption Test

Classical assumption tests are carried out to ensure that the regression model meets statistical assumptions so that the results of the analysis can be interpreted appropriately. The tests in this study include normality tests, multicollinearity tests, and heteroscedasticity tests.

a) Normality Test

The normality test aims to find out whether the residual in the regression model is normally distributed. The test was carried out through two approaches, namely graph analysis using the Normal Probability Plot (Normal P-P Plot) and statistical analysis using the Kolmogorov-Smirnov test. In graph analysis, residual is declared to be normally distributed when the points are spread around the diagonal line and follow the direction of the line. Meanwhile, based on the Kolmogorov-Smirnov test, the data is declared to be normally distributed if the Asymp value. Sig. (2-tailed) > 0.05.

b) Heteroscedasticity Test

The heteroscedasticity test aims to find out whether there is residual variance inequality in the regression model. The test was carried out through graph analysis using scatterplots and statistical analysis using the Glejser test. The regression model is declared free of heteroscedasticity if the dots on the scatterplot are randomly spread without forming a specific pattern and the significance value in the Glejser test is greater than 0.05.

c) Multicollinearity Test

The multicollinearity test aims to find out whether or not there is a high correlation between independent variables in the regression model. The test was carried out by looking at the value of Tolerance and Variance Inflation Factor (VIF). The regression model is declared free of multicollinearity if the Tolerance value is > 0.10 and the VIF value is < 10.

2) Hypothesis Testing

The hypothesis test was carried out to test whether clinical competence and therapeutic communication had an effect on the quality of services at the Emergency Department (ED) of dr. Dradjat Prawiranegara Hospital. Hypothesis testing in this study was carried out using simultaneous tests (F test) and partial tests (t tests) with a significance level of 5% ($\alpha = 0.05$).

a) Simultaneous Test (F Test)

Simultaneous tests (F tests) are used to determine whether clinical competence and therapeutic communication together affect the quality of services. Decision-making is based on the significance value (Sig.), that is, if the Sig. value < 0.05, then the two independent variables simultaneously have a significant effect on the quality of service. On the other hand, if the Sig. value is > 0.05, then the two independent variables simultaneously do not have a significant effect on the quality of service.

b) Partial Test (t-test)

Partial tests (t-tests) were used to determine the influence of each independent variable, namely clinical competence and therapeutic communication, on the quality of services. Decision-making is based on a significance value (Sig.), where a Sig. value of < 0.05 indicates that independent variables have a significant effect on service quality, while a Sig. value of > 0.05 indicates that independent variables do not have a significant effect on service quality.

IV. RESULT AND DISCUSSIONS

A. Validity and Reliability Tests

Table 1. Validity Test Results

Research Variables	Number of Items	Number of Valid Items	r Table	Description
Clinical Competence (X1)	8	8	0.207	All items are valid
Therapeutic Communication (X2)	8	8	0.207	All items are valid
Quality of Service (Y)	12	12	0.207	All items are valid

Source: Primary data processed, 2025

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Based on the results of the validity test in Table 1, all statement items on the variables of clinical competence, therapeutic communication, and quality of service had a greater calculated r value than the r of the table (0.207). Thus, all statement items are declared valid and suitable for use as research instruments.

Table 2. Reliability Test Results

Research Variables	Cronbach's Alpha	Alpha Coefficient	Description
Clinical Competence (X1)	0.942	0.60	Reliable
Therapeutic Communication (X2)	0.854	0.60	Reliable
Quality of Service (Y)	0.888	0.60	Reliable

Source: Primary data processed, 2025

Based on the results of the reliability test in Table 2, all research variables have a Cronbach's Alpha value above the minimum limit of 0.60. The clinical competency variable obtained a Cronbach's Alpha score of 0.942, therapeutic communication of 0.854, and quality of service of 0.888. These results show that all research instruments have a good level of internal consistency so that they are declared reliable and suitable for use in research.

B. Classic Assumption Test

1) Residual Normality Test

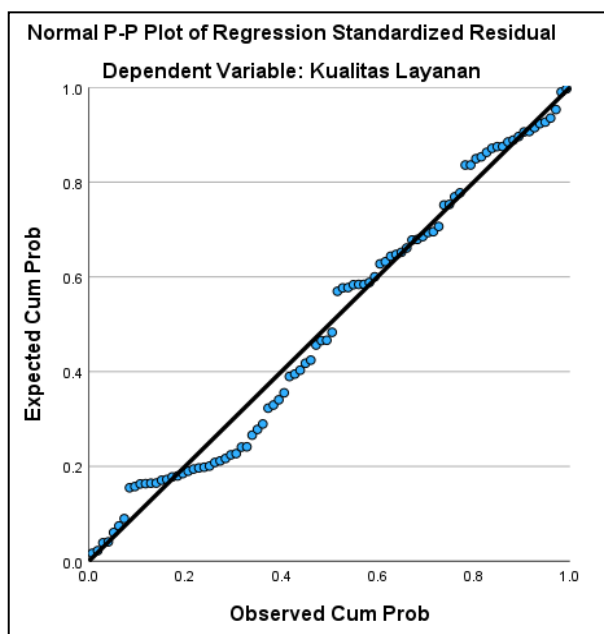


Figure 1. Residual Normality Test Results P-P Plot

Based on Figure 1, the results of the normality test through the Normal Probability Plot (P-P Plot) graph show that the residual points are spread around the diagonal line and follow the direction of the line. This indicates that the residual is normally distributed so that the normality assumption in the regression model has been met. To strengthen the results of the graph analysis, the normality test was also statistically carried out using the Kolmogorov-Smirnov test. The test results are presented in Table 3 below.

Table 3. Kolmogorov-Smirnov Normality Test Results

One-Sample Kolmogorov-Smirnov Test		
		Unstandardized Residual
N		90
Normal Parameters ^{a,b}	Red	.0000000
	Std. Deviation	.18269978
Most Extreme Differences	Absolute	.086
	Positive	.086

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	Negative	-.080
Test Statistic		.086
Asymp. Sig. (2-tailed) ^c		.097

Source: Primary data processed, 2025

Based on Table 3, the results of the normality test using Kolmogorov-Smirnov show an Asymp value. Sig. (2-tailed) is 0.097, which is greater than 0.05. These results show that the residual is normally distributed, so the normality assumptions in the regression model have been fulfilled and the data are suitable for further regression analysis.

2) Heteroscedasticity Test

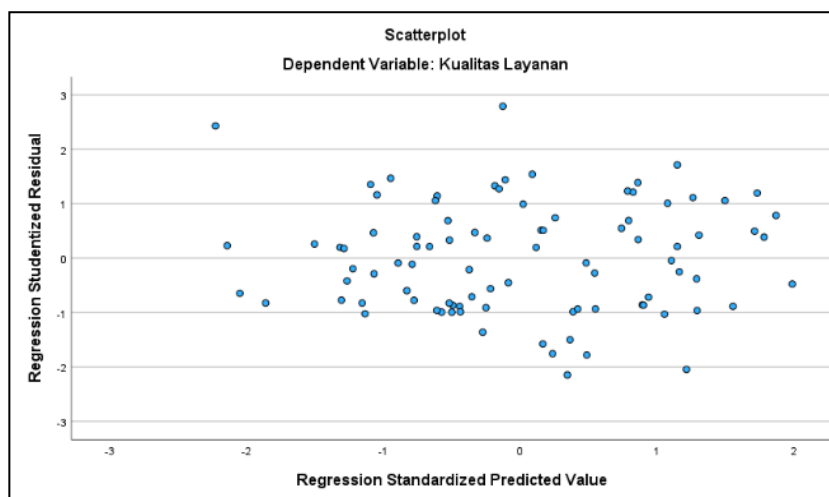


Figure 2. Heteroscedasticity Test Results

Based on Figure 2, the results of the heteroscedasticity test using scatterplots show that the residual points are randomly scattered around the zero line without forming a specific pattern. These results indicate that the regression model does not experience symptoms of heteroscedasticity. To strengthen the results of the graph analysis, the heteroscedasticity test was also statistically carried out using the Glejser test. The test results are presented in Table 4 below.

Table 4. Results of the Glejser heteroscedasticity test

Coefficient						
Models		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.069	.048		1.413	.161
	Clinical Competence	-.002	.008	-.027	-.249	.804
	Therapeutic Communication	.009	.010	.100	.927	.357

a. Dependent Variable: ABS_RES

Source: Primary data processed, 2025

Based on Table 4, the results of the heteroscedasticity test using the Glejser test showed that the clinical competency variable had a significance value of 0.804 and therapeutic communication of 0.357. The entire significance value is greater than 0.05, so it can be concluded that the regression model does not experience symptoms of heteroscedasticity and meets the homoscedasticity assumption.

3) Multicollinearity Test

Table 5. Multicollinearity Test Results

Coefficient			
Models		Collinearity Statistics	
		Tolerance	VIVID
1	Clinical Competence	.971	1.030

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	Therapeutic Communication	.971	1.030
a. Dependent Variable: Quality of Service			

Source: Primary data processed, 2025

Based on Table 5, the results of the multicollinearity test showed that the variables of clinical competence and therapeutic communication each had a Tolerance value of 0.971 (>0.10) and a Variance Inflation Factor (VIF) value of 1.030 (<10). These results show that there are no symptoms of multicollinearity between independent variables, so the regression model meets the assumption of multicollinearity.

C. Multiple Linear Regression Analysis Results

Multiple linear regression analysis was performed to model the relationship between clinical competence and therapeutic communication on quality of service. The results of multiple linear regression analysis are presented in Table 6.

Table 6. Multiple Linear Regression Analysis Results

Variable	B	Std. Error	Beta	Sig.
Constant	2.329	0.090	–	<0.001
Clinical Competence (X1)	0.100	0.015	0.415	<0.001
Therapeutic Communication (X2)	0.220	0.018	0.769	<0.001

Source: Primary data processed, 2025

Based on Table 6, the multiple linear regression equation is obtained as follows:

$$Y = 2.329 + 0.100X_1 + 0.220X_2$$

The equation shows that a constant value of 2.329 is the basic value of service quality when clinical competence and therapeutic communication are considered constant. The clinical competency regression coefficient of 0.100 indicates that every increase in one unit of clinical competence will improve the quality of service by 0.100 units, assuming that other variables are fixed. Meanwhile, the regression coefficient of therapeutic communication of 0.220 indicates that every increase of one unit of therapeutic communication will improve the quality of service by 0.220 units assuming other variables are fixed.

Based on the standardized beta coefficient value, therapeutic communication has a value of , higher than clinical competence with the value of The results show that therapeutic communication is the variable that has the most dominant influence on service quality compared to clinical competence in the Emergency Department of dr. Dradjat Prawiranegara Hospital. $\beta = 0.769$ $\beta = 0.415$.

D. Hypothesis Test

1) The Effect of Clinical Competence and Therapeutic Communication on Service Quality

To determine the effect of clinical competence and therapeutic communication together on service quality, a simultaneous test (F test) was conducted. In addition, the magnitude of the contribution of the two independent variables to the quality of service was analyzed using the simultaneous determination coefficient (Adjusted R Square).

Table 7. Test F Results (Simultaneous)

Source of Variation	Sum of Squares	df	Mean Square	F count	F Table	Sig.
Regression	2.097	2	1.048	82.836	3.101	<0.001
Residual	1.101	87	0.013	–	–	–
Total	3.198	89	–	–	–	–

Source: Primary data processed, 2025

Based on Table 7, the results of simultaneous trials show that clinical competence and therapeutic communication together have a significant effect on the quality of services. This is shown by the calculated F value of 82,836, which is greater than the F of the table of 3,101, so that the regression model is declared significant. These results were strengthened by a significance value of <0.001 , which is smaller than 0.05, so it can be concluded that clinical competence and therapeutic communication simultaneously affect the quality of services at the Prawiranegara Emergency Facility.

The contribution of clinical competence and therapeutic communication to service quality was analyzed using a simultaneous determination coefficient (Adjusted R Square). The test results are presented in Table 9.

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Table 8. Simultaneous Determination Coefficient

R	R Square	Adjusted R Square	Std. Error of the Estimate
0.810	0.656	0.648	0.11250

Source: Primary data processed, 2025

Based on Table 8, the Adjusted R Square value is 0.648. The Adjusted R Square value is used because it has taken into account the number of independent variables and the sample size, thus providing a more accurate estimate of the model's ability to explain the variation of dependent variables. The results showed that clinical competence and therapeutic communication together were able to explain 64.8% of the variation in service quality, while the remaining 35.2% were influenced by other factors outside the study model.

2) The Effect of Clinical Competence on Service Quality

To determine the influence of clinical competence on service quality, a partial test (t-test) was performed. In addition, the amount of clinical competency contribution to service quality was analyzed using a partial determination coefficient through the calculation of effective contributions.

Table 9. Results of the t-test (Clinical Competence)

Variable	B	Beta	t count	t table	Zero Order	Sig.	Remarks
Clinical Competence (X1)	0.100	0.415	6.507	1.662	0.285	<0.001	Significant

Source: Primary data processed, 2025

Based on Table 9, the results of the partial test show that clinical competence has a positive and significant effect on service quality. This is shown by the value of the regression coefficient (B) of 0.100, which means that every increase in one unit of clinical competence will improve the quality of service by 0.100 units assuming other variables are fixed. A beta coefficient value (β) of 0.415 indicates that clinical competence has a positive influence with considerable influence on the quality of services in the regression model. Furthermore, the calculated t value of 6,507 is greater than the table t of 1,662, so clinical competence has been proven to have a significant effect on service quality. The results were reinforced by a significance value of <0.001, which is smaller than 0.05, so that the influence obtained was statistically significant and the research hypothesis was accepted. A zero-order correlation value of 0.285 indicates a positive relationship between clinical competence and quality of service, which is then used to calculate the magnitude of the partial contribution or effective contribution of the clinical competency variable to quality of service.

The amount of contribution of clinical competence to service quality was analyzed using a partial determination coefficient through the calculation of effective contribution, namely by multiplying the value of the beta coefficient (0.415) by the *zero-order* correlation value (0.285) then multiplied by 100%. Based on this calculation, an effective contribution value of 11.8% was obtained. These results show that clinical competence contributes 11.8% to the variation in service quality, while the rest is influenced by other variables outside of clinical competence.

3) The Effect of Therapeutic Communication on Service Quality

To determine the effect of therapeutic communication on service quality, a partial test (t-test) was performed. In addition, the amount of therapeutic communication's contribution to service quality was analyzed using a partial determination coefficient through the calculation of effective contributions.

Table 10. Results of the t-test (Therapeutic Communication)

Variable	B	Beta	t count	t table	Zero Order	Sig.	Remarks
Therapeutic Communication (X2)	0.220	0.769	12.047	1.662	0.699	<0.001	Significant

Source: Primary data processed, 2025

Based on Table 10, the results of the partial test showed that therapeutic communication had a positive and significant effect on the quality of service. This is shown by the value of the regression coefficient (B) of 0.220, which means that every increase in one unit of therapeutic communication will improve the quality of service by 0.220 units assuming other variables are fixed. A beta coefficient value (β) of 0.769 indicates that therapeutic communication has a positive influence with a high power of influence on the quality of service in the regression model. Furthermore, the calculated t value of 12,047 is greater than the table t of 1,662,

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so therapeutic communication has been shown to have a significant effect on service quality. The results were reinforced by a significance value of <0.001 , which is smaller than 0.05 , so that the influence obtained was statistically significant and the research hypothesis was accepted. A zero-order correlation value of 0.699 indicates a positive relationship between therapeutic communication and quality of service, which is further used to calculate the magnitude of the partial contribution or effective contribution of the therapeutic communication variable to quality of service.

The amount of contribution of therapeutic communication to the quality of service was analyzed using a partial determination coefficient through the calculation of effective contribution, namely by multiplying the beta coefficient value (0.769) by the zero-order correlation value (0.699) then multiplied by 100% . Based on this calculation, an effective contribution value of 53.8% was obtained. These results show that therapeutic communication contributes 53.8% to the variation in service quality, while the rest is influenced by other variables outside of therapeutic communication.

E. Discussion

1) The Effect of Clinical Competence and Therapeutic Communication on Service Quality

The results of the simultaneous test showed that clinical competence and therapeutic communication together had a significant effect on the quality of services at the Emergency Department of dr. Dradjat Prawiranegara Regional General Hospital, Serang. This is indicated by the calculated F value of 82.836 which is greater than the F of the table of 3.101 , with a significance value of <0.001 (<0.05). In addition, a simultaneous determination coefficient (Adjusted R Square) value of 64.8% showed that clinical competence and therapeutic communication together were able to explain 64.8% of the variation in service quality, while the remaining 35.2% were influenced by other factors outside the study model.

In services in the Emergency Department, improving the quality of services cannot be achieved only through strengthening clinical competence or therapeutic communication separately, but requires synergy between the two. Clinical competence ensures the accuracy and safety of nursing actions, while therapeutic communication builds trust, provides clear information, and increases patient involvement in the service process. The results of the study also showed that therapeutic communication was the most dominant variable in influencing the quality of service, as shown by the beta coefficient value ($\beta = 0.769$) and an effective contribution of 53.8% , higher than clinical competence ($\beta = 0.415$; effective contribution of 11.8%). These findings indicate that the success of services in the emergency room is not only determined by the technical ability of nurses, but also by the quality of interaction with patients from the beginning of service.

The findings of this study are in line with Purnawirawati et al. (2025) who stated that the competence of nursing personnel, especially aspects of knowledge, practical skills, and professional communication, simultaneously has a significant effect on the quality of health services. In addition, Ratna Sari et al. (2021) also emphasized that effective communication has an important role in improving the quality of service and patient experience while receiving treatment. The two studies reinforce the results of this study that the quality of services in the Emergency Department is influenced by a combination of clinical competence and therapeutic communication, with therapeutic communication as the most dominant factor on the perception of patient service quality.

2) The Effect of Clinical Competence on Service Quality

The results of the partial test showed that clinical competence had a positive and significant effect on the quality of services at the Emergency Department of dr. Dradjat Prawiranegara Hospital Serang. This is indicated by a calculated t value of 6.507 which is greater than the table t of 1.662 , with a significance value of <0.001 (<0.05). A positive regression coefficient ($B = 0.100$) indicates that any improvement in clinical competence will be followed by an improvement in service quality. In addition, the results of a partial determination coefficient of 11.8% showed that clinical competence contributed to the quality of service, while the remaining 88.2% were influenced by other factors outside the study.

In services in the Emergency Department, clinical competence is a basic ability that nurses must have in providing actions quickly, precisely, and according to standards. This competence is reflected in the ability to assess patient conditions, make clinical decisions, carry out emergency actions, and apply standard operating procedures consistently. Therefore, improving clinical competence through continuous training, clinical knowledge updates, supervision, and periodic competency evaluation is an important step to support the improvement of service quality and patient safety in the emergency room.

The findings of this study are in line with the research of Novita and Prasetyo (2022) which states that nurse competence has a significant effect on the quality of hospital services, where the improvement of the competence of nursing personnel contributes to increasing patients' perception of service quality. The results of this study are also supported by Osman et al. (2019) who found a significant positive relationship between the clinical competence of nurses and the quality of patient care in the intensive care

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unit. The two studies strengthen the results of this study that clinical competence is one of the factors that play a role in improving service quality.

3) The Effect of Therapeutic Communication on Service Quality

The results of the partial test showed that therapeutic communication had a positive and significant effect on the quality of service at the Emergency Department of dr. Dradjat Prawiranegara Hospital Serang. This is indicated by a calculated t value of 12.047 which is greater than the table t of 1.662, with a significance value of <0.001 (<0.05). A positive regression coefficient ($B = 0.220$) indicates that any improvement in therapeutic communication will be followed by an improvement in the quality of service. In addition, the results of a partial determination coefficient of 53.8% showed that therapeutic communication contributed significantly to the quality of service, while the remaining 46.2% were influenced by other factors outside the study.

In services in the Emergency Department, therapeutic communication is an important factor in building relationships between nurses and patients in the midst of dynamic and high-pressure service conditions. The ability of nurses to provide clear information, listen to patient complaints, show empathy, and involve patients in the service process can increase patient trust and satisfaction with the services received. Although the implementation of therapeutic communication in the emergency room often faces limitations due to the high volume of patients and the demands of emergency management, the implementation of effective communication remains an important part of supporting the quality of service and patient experience during the acquisition of services.

The findings of this study are in line with the research of Mahmudah et al. (2022) which shows that therapeutic communication of health workers plays an important role in improving the quality of service through the ability to convey information clearly, create a sense of comfort, and build a good relationship with patients. The results of this study also strengthen the view that effective communication allows for better cooperation between health workers and patients so that services are better able to meet patient expectations. The large contribution of therapeutic communication of 53.8% in this study shows that this variable is the most dominant factor in influencing service quality compared to clinical competence. This indicates that in addition to technical competence, the ability of nurses to communicate therapeutically has a very important role in shaping patients' perception of the quality of service at the Emergency Department of dr. Dradjat Prawiranegara Regional General Hospital, Serang.

CONCLUSIONS

- 1) The clinical competence of nursing staff has a positive and significant effect on the quality of services at the Emergency Department of dr. Dradjat Prawiranegara Hospital Serang. These findings show that improving the clinical capabilities of nurses, both in terms of knowledge and skills, gives contribution to the quality of services patients receive.
- 2) Therapeutic communication by nursing staff has a positive and significant effect on the quality of services at the Emergency Department of dr. Dradjat Prawiranegara Regional General Hospital, Serang. In addition, therapeutic communication is the variable that contributes the most to the research model, so it becomes a dominant factor in shaping patients' perceptions of service quality.
- 3) Clinical competence and therapeutic communication simultaneously have a positive and significant effect on the quality of services at the at the Emergency Department of dr. Dradjat Prawiranegara Regional General Hospital, Serang. The two variables together are able to explain 64.8% of the variation in service quality, so that improving the quality of service in the Emergency Department needs to be done through strengthening clinical competence and therapeutic communication in an integrated manner.

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