

## THERAPEUTIC COMMUNICATION

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### *Abstract*

*The purpose of this research is to know descriptive knowledge about therapeutic communication skills. To get this result, this research uses a descriptive qualitative approach where by collecting data that is supplied by sentences in it. Literature Review Steps include: Systematic Identification, Document Analysis containing information about the problem of problems. In this study, data collection methods used by researchers are documentation methods, data on data about matters or variables in books, newspapers, journals, and so on. Books, literature, and notes about the problems to be discussed. The techniques used are content analysis or content review. The results of this study are: Communication is an important factor in medical professional careers and service success in the world of health. Medical professionals, such as doctors, nurses, midwives, pharmacists, and others need communication to support their work success. The results of the study revealed that good communication between doctors and patients at the hospital indicated progress or improvement in the patient's physical and emotional health, as well as better control of various chronic diseases. Communication that is planned consciously, aims and activities are centered on patient recovery is referred to as therapeutic communication. Therapeutic communication is very important and useful for patients, because good communication can provide an understanding of patient behavior and help patients overcome the problems they face.*

**Keywords:** *Therapeutic Communication, Health Communication.*

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## INTRODUCTION

In nursing practice, communication is an important tool for fostering therapeutic relationships and can affect the quality of nursing services. Therapeutic communication activities carried out by health workers to patients are implemented in a form of communication with warmth and sincerity, so that patients feel close and comfortable. This cooperative relationship is characterized by the exchange of clear verbal messages, accompanied by gentle greetings, using an open attitude in medical consultations and therapy. Health workers communicate using verbal messages, while written communication is also used to support smooth therapeutic communication, such as writing the name of a drug or medical prescription given by a doctor. Not only verbal communication and written communication, but nonverbal communication is also applied in interactions with patients including self-performance, tone of voice, facial expressions, and sincere touch, so that patients feel calm and happy, can reduce patient pain and help patients recover quickly.

Meanwhile, doctor-patient communication also has a role in improving patient health in the medium term. For example increased adherence, better self-care skills which in turn, affect health and well-being. The researcher then revealed that there are seven pathways through which communication can lead to better patient health including

increased access to care, greater patient knowledge and shared understanding, higher quality medical decisions, enhanced therapeutic alliances, increased social support, agency and patient empowerment, and better emotional management. Street, Richard L. et al. (2009) Verbal communication carried out by doctors can be therapeutic, for example reducing patient anxiety and providing comfort. Data found that doctor-patient communication affects the results of patient health recovery indirectly. Street, Richard L. et al. (2009)

Therapeutic communication is a relatively new research field in Indonesia. It is widely recognized that the success of therapeutic communication is largely influenced by the effectiveness of medical providers' communications when dealing with their clients. Furthermore, communication is very important because it can affect the level of patient satisfaction with the health services provided. On the other hand, the cause of patient dissatisfaction is often due to poor communication with patients. Therefore measuring patient satisfaction with nurse therapeutic communication will be useful in monitoring and improving the quality of health services, especially to improve nursing services (Asrin, 2006).

## LITERATURE REVIEW

In this study, previous research will be presented based on two paradigms, namely the objective paradigm and the subjective paradigm. The objective paradigm views that reality is single and objective, truth is universal, science is developed in a value-free context. Mulyana (2013: 23) states that an objective approach is applied in systematic, controlled, empirical, and critical research on hypotheses regarding assumed relationships between natural phenomena. One of the important principles in quantitative research according to Hasdindingansyah (2004:199) is what is called *hypothetico-deductive method*, namely a series of research steps based on a deductive logic system. In *hypothetico-deductive method*, an empirical research is preceded by a deductive process, which begins with the establishment of a theoretical framework, to generate hypotheses as tentative answers to research problems which will further be tested through a particular methodological device. The next stage is the inductive process which, among other things, involves the use of certain methods to draw inferences from the sample to the population, or draw generalizations from the indicators used to measure variables to a more general concept, including drawing generalizations from the tested hypothesis to theory. from which the initial hypothesis was derived, or draw generalizations from the findings of the research *in setting* or a particular context to a more general context. In the following, eight previous studies regarding therapeutic communication based on the objective paradigm are described.

Previous research on the objective paradigm was conducted by Rahmawati, Devie, et al. (2017) with the title *A Therapeutic Communication Study of Families with Children Suffering from Cancer*. This study aims to explore the relationship between therapeutic communication and satisfaction or dissatisfaction experienced by families of children with

cancer. This study uses a quantitative approach by design *cross-sectional*. The research sample was a family of children suffering from cancer who accompanied patients during their treatment at a public hospital in a public hospital in Jakarta, Indonesia during the period December 2014 to March 2015. There were 23 respondents for this study. The statistical test used is *chi square* with a significance level of 0.05. The results show that 56.5% of respondents are satisfied with the therapeutic communication provided by the nursing staff and those who practice good therapeutic communication. Good therapeutic communication is 22 times more likely to provide a satisfactory level of satisfaction for families of children with cancer than those who do not practice good therapeutic communication. Research shows that effective communication from medical providers is associated with patient satisfaction. This suggests that medical providers should be involved in workshops on how to improve their communication skills to make their clients more satisfied with medical services. The research conducted by Rahmawati is presented clearly, so that it presents data that is easy for readers to understand and explore.

Then the second research is research with an interpretive or subjective paradigm. The subjective approach, according to Mulyana (2013: 33) assumes that knowledge does not have objective and fixed characteristics, but is interpretive in nature. In line with Mulyana, Newman (1997:68) also states that the interpretive approach departs from efforts to seek explanations about social or cultural events based on the perspectives and experiences of the people being researched. The interpretive approach is adopted from a practical orientation. In general, the interpretive approach is a social system that interprets behavior in detail directly observing. This is in accordance with the opinion of Mulyana (2013: 33) which states that according to a subjective view, human behavior is contextual, based on the meaning they give to their environment.

The interpretive paradigm sees facts as something unique and has a special context and meaning as the essence of understanding social meaning. Interpretive sees facts as fluid (not rigid) attached to the system of meaning in the interpretive approach. The facts are not impartial, objective and neutral. Facts are specific and contextual actions that depend on the meaning of some people in social situations (Newman, 2000: 72).

This paradigm emphasizes that knowledge is not based on standard laws and procedures; each symptom or event may have a different meaning; Science is inductive, moving from the specific to the general and abstract. Science is idiographic, meaning that science reveals reality through symbols in a descriptive form. The interpretive approach eventually gave birth to a qualitative approach (Muslim, 2016:78).

Research with an interpretive paradigm was conducted by Susanti in 2017. Susanti used the method qualitative descriptive, where data is obtained through observation, interviews and documentation. The informants in this study were stroke therapists, namely Mrs. Nadia and 7 therapists who treat patients *stroke*. This study uses observational data collection techniques, interviews, and research documentation. To achieve data validity in this study, researchers used extended participation and triangulation.

The results showed that in the first stage, namely the pre-interaction stage, the therapists collect information about the patient and then develop strategies for interpersonal communication (openness, empathy, being supportive, positive attitude, and equality). At the orientation/introduction stage, the therapist introduces himself to the patient showing a friendly attitude, sincerity, empathy and warmth. In the occupational therapist stage, the therapist gathers information about the patient and applies therapeutic methods such as interpersonal communication. Therapy is given by a therapist such as a stage standing, sitting, walking, talking and trying to repeat social activities. At the end of the session, the therapist informs the patient about the next steps as well as the upcoming appointment the following day.

The criticism and analysis in this study is that the results of the research are not explained in detail regarding the patterns of verbal and nonverbal communication carried out by nurses to patients *stroke*. For example, a supportive attitude is shown by a friendly smiling face, a gentle touch of the hand, or words that motivate the patient to recover. Even though it will be complete if it is explored further regarding verbal and nonverbal communication carried out by the therapist.

## **METHOD**

This study uses a qualitative descriptive approach in which by collecting data which includes sentences in it. The type of research used in this discussion is to use library research. Library research has the meaning as a series of research activities using library data collection methods. Abdul Rahman Sholeh said that library research is research conducted by digging up data through library facilities such as books, magazines, documents, records of historical stories or pure literature research related to the object of research. By using these references, this research is expected to be able to provide answers to the problems being studied.

There are four characteristics of library research, namely: 1) research deals directly with text (manuscripts) or numerical data and not with direct knowledge from the field or eyewitnesses (eyewitnesses) in the form of events, people or other objects, 2) library data is ready to use (ready mode), 3) library data are generally secondary sources and 4) library data is not limited by space and time because it is already "dead" data stored in written records. So in this study using library research.

The literature review steps include: systematic identification, analysis of documents that contain information related to the study problem. In this study, the data collection method that researchers used was the documentation method, namely finding data about things or variables in the form of books, newspapers, journals, and so on. books, literature, and notes regarding issues that will be discussed.

The technique used is content analysis or content review. As quoted by Lexy J Moleong, Weber stated that content review is a research methodology that utilizes a set of procedures to draw valid conclusions from a book or document.

## **RESULTS AND DISCUSSION**

Mulyana (2015:4) and Armilatus Shalihah (in Susanti, 2015:44) explain that communication is an important factor in medical professional careers and service success in the world of health. Medical professionals, such as doctors, nurses, midwives, pharmacists, and others need communication to support their work success. The results of the study revealed that good communication between doctors and patients at the hospital indicated progress or improvement in the patient's physical and emotional health, as well as better control of various chronic diseases.

Communication that is planned consciously, aims and activities are centered on patient recovery is referred to as therapeutic communication (Uripni, in Taufik, 2010:25) (Kusumo, 2017:73) (Damaiyanti, in Susanti, 2017:2) (Purwanto, in Bolla, 2013:64) (Taufik, in Prasanti, 2017:54). (Purwanto in Siregar, 2016:26) (Siti, 2016:30) (Musliha & Siti Fatmawati, in Ayuningtyas, 2017:3) (Nurjannah in Rahmانيar, 2015:96) (Mundakir, in Prasanti, 2017:56) (Heri Purwanto in Pakpahan, 2017:4) (Stuart in Susanti, 2017:6-9) (Suryani, in Fitriarti, 2017:86). Therapeutic communication is very important and useful for patients, because good communication can provide an understanding of patient behavior and help patients overcome the problems they face (Utamy, 2015: 3).

Based on many studies, the quality of communication that occurs between medical professionals and patients will result in patient satisfaction (Wahyuni, 2013: 175), reduce patient doubts, and increase patient compliance (Rusmana and Hardjodisastro in Fourianalistyawati, 2012: 82). reducing the patient's length of stay in the hospital (Megawati, 2016: 6), reducing the number of complaints and lawsuits against doctors (*American Society of Internal Medicine* in Wahyuni, 2013: 175), and mediates an accurate diagnosis in patients (Djauzi in Wahyuni, 2013: 175).

### **Types of Therapeutic Communication**

According to Mulyana (in Prasanti, 2017:56-57) (Mulyani, 2008: 152) (Dewi, 2015:195) (Stuart G.W and Sundeen S.J in Sinaulan, 2016: 133) therapeutic communication includes interpersonal communication, namely communication between people person face-to-face which allows each participant to capture the reactions of others directly, both verbally and nonverbally. Psychologists such as Fordon W. Allport, Erich Fromm, Martin Buber, Carl Rogers and Arnold P. Goldstein (in Siregar, 2016: 23) state that well-established interpersonal relationships between doctors, paramedics or nurses will make:

- 1) Patients are increasingly open to express their feelings;
- 2) The patient will receive assistance from medical personnel who help him;  
And
- 3) Patients will listen attentively and obey the advice of their doctor, paramedic or nurse.

And with therapeutic communication that is shown in a warm, sincere and caring attitude can lead to mutual trust, mutual respect and mutual respect so that patients can receive a quality level of health services with full understanding and patient disappointment does not arise or can be avoided (Bolla, 2013: 65).

In practice, medical personnel, including doctors, nurses and therapists, establish therapeutic communication by understanding the following principles:

- 1) The doctor, nurse and patient relationship is a mutually beneficial therapeutic relationship, based on the principle of '*humanity of nurses and clients*' This relationship is not just a helper relationship (*helper/* doctors and nurses) with their patients, but the relationship between humans is dignified according to Dult-Batney (in Siregar, 2016:29).
- 2) Doctors and paramedics or nurses must respect the uniqueness of patients, respect differences in character, understand the feelings and behavior of patients by looking at differences in family background, culture, and the uniqueness of patients as individuals.
- 3) All communications made must be able to maintain the dignity of the sender and recipient of the message, in this case doctors and paramedics or nurses must be able to maintain their self-esteem and patient's self-esteem.
- 4) Communication that creates the growth of a relationship of mutual trust (*trust*) must be achieved first before exploring the problem and providing alternative solutions to the problem. The trusting relationship between doctors and paramedics or nurses towards patients is the key to therapeutic communication.

### **Stages in Therapeutic Communication**

To carry out therapeutic communication, several steps are needed that must be carried out by medical officers. Stuart and Sundeen (Taufik in Prasanti, 2017: 56) Utamy (2015:4) (Pakpahan, 2017:4) (Susanti, 2017: 6-9) (Widyaningrum, 2014:176-177) (Oktaria, 2017: 4- 6) (Putra, 2013: 50) (Nugroho, 2009:36) (Siregar, 2016:40) explains that in the process therapeutic communication is divided into four stages, namely the preparatory stage or pre-interaction stage, the introduction or orientation stage, the work stage and termination stage.

In the pre-interaction stage, the doctor as a communicator who carries out therapeutic communication prepares himself to meet with clients or patients (Widyaningrum, 2014:176-177). Meanwhile, the introduction stage is carried out every time a meeting with a patient is held. The goal at this stage is to validate the accuracy of the data and plans that have been made according to the patient's current condition, as well as evaluate the results of past actions. The introduction/orientation stage is when the doctor meets the patient. The preparations made by the doctor at the pre-interaction stage are applied at this stage. It is



very important for doctors to carry out this stage properly because this stage is the basis for the therapeutic relationship between doctor and patient.

Then, in the third stage, the work stage is carried out. The working stage is the core of the entire therapeutic communication process. The working stage is the longest stage in therapeutic communication because in it the doctor is required to help and support the patient to convey his feelings and thoughts and then analyze the responses or messages of verbal and nonverbal communication conveyed by the patient. In this stage the doctor also listens actively and with full attention so that he is able to help the patient to define the problem being faced by the patient, find a solution to the problem and evaluate it (Widyaningrum, 2014: 176-177). There are three basic things and give characteristics of therapeutic communication, namely sincerity (*genuineness*), empathy (*empathy*), and warmth (*warmth*) (Taufik, in Utamy (2015:4).

Termination is the end of the doctor and patient meeting. The termination stage is divided into two, namely temporary termination and final termination. Temporary termination is the end of each doctor and patient meeting, after this is done the doctor and patient will still meet again at a different time according to the agreed time contract. While the final termination is carried out by the doctor after completing the entire nursing process.

The methods or techniques used in therapeutic communication, among others, according to Stuart and Sundeen (Mundakir, in Prasanti, 2017:57), namely listening (*listening*), open questions (*broad opening*), repeat (*restoring*), clarification, reflection, focus, sharing perceptions, identification of themes, silence (*silence*), providing information (*informing*), and make suggestions. By implementing several techniques or methods of therapeutic communication, therapeutic communication activities can be carried out properly. Patients can comfortably provide the information needed by doctors to seek patient recovery, and doctors can also make their work easier in determining what actions to take to speed up the patient's healing process. The better the cooperation between doctors and patients, the better the results that can be achieved to speed up the healing process in patients. (Widyaningrum, 2014:176).

### **Actors in Therapeutic Communication**

In optimizing patient service, a clinic should ideally provide appropriate medical and non-medical personnel. From the researcher's observation, efficiency here means that every employee who occupies a certain position has carried out special training beforehand or has done work in accordance with the scientific field. For example, medical personnel. Medical personnel who are in a clinic or hospital are usually medical doctors who are assisted by nurses and therapists. When serving patients, doctors, nurses and therapists must of course practice optimal therapeutic communication.

Apart from medical personnel, there are also non-medical personnel. When viewed from a business and management perspective, just like any other institution, a clinic or hospital generally has other parts—besides the medical staff—who are tasked with

supporting the running of health service activities. Start with *powerfront office*, public relations staff, finance department, office boy and security.

### **Things That Influence Therapeutic Communication**

Things that affect the quality of therapeutic communication between medical personnel and patients are relationships, trust, success of communication, and agreements. Interaction styles that show a large positive correlation with therapeutic alliances are factors that help doctors to engage more with patients by listening to what they have to say, asking questions and showing sensitivity to their emotional problems (Pinto, et al., 2012).

#### **a. Patient Satisfaction**

Three aspects of physician language style: (a) the use of silence latency or reaction time between speakers in interviews, (b) whether there is reciprocal language as determined through the reciprocal use of word lists, and (c) the reflective use of interruptions in an interview. Considering the complexity of human communication, the fact that three variables were identified, which accounted for 27% of the variance in patient satisfaction, was considered a substantial finding (Rowland, Pamela A., et al. (2019).

#### **b. Empathy**

The results of the study show that therapeutic communication involving doctors towards patients requires high empathy to produce effective communication which is characterized by changes in patient behavior, becoming healthy behaviors to achieve recovery, resulting in a communication approach model called the Empathy Therapeutic Communication Model. This study reveals the patient's experience of very painful, aching body condition, increasingly weak, and loss of appetite three days to a week after chemotherapy. Long and painful treatment creates reluctance to follow the chemotherapy stages to completion, it really requires patience, sincerity and sincerity, as well as surrender with a positive mind. Patients who are successful in chemotherapy are supported by therapeutic communication with doctors who walk empathetically and motivate each other with other patients, have positive thoughts that cancer can be cured. In order to avoid and stay healthy, it is necessary to improve lifestyle and balanced nutrition (Sanusi, 2018).

#### **c. Clear Verbal and Non Verbal Language**

The results of this study are clear, consistent, explicit verbal language. The body language shown by the nurse illustrates strong caring and empathy. This helps patients in curing the pain they experience in the hemodialysis process. The results of this study include the body language shown by nurses describing strong concern and empathy. Even so, the criticism of this study is that the results of the study are not explained in detail about how the attitude of empathy shown by nurses to hemodialysis patients, both seen verbal side of communication as well as nonverbal. Rinawati (2008).

#### **d. Sincerity**



Verbal communication and nonverbal communication. Communication between health workers and patients aims to recover the patient. Health workers give full attention to patients who have different diagnostic backgrounds. Communication is carried out repeatedly even just talking ordinary things. Health workers who often communicate with inpatients are nurses. Every patient with mental disorders can communicate with nurses, both mild mental disorders and severe mental disorders, but their nature is limited. In communicating the patient conveys the problem to the nurse. The nurse is as a friend, because all the time the patient has no friends to share with and no one cares about him (Zainun, 2017).

The communication activities above can reduce the burden of mental disorders in patients. In theory, psychological therapy can be carried out by someone by conveying the problem as far as possible to other people. This technique is known as free association. The nurse acts as a helper in overcoming the burden suffered to listen carefully to the problems faced by the patient. Nurses are good listeners, exploring and directing patients to healing. So by communicating the patient has enthusiasm and hope for healing. The skill indicator is basic communication (Zainun, 2017).

e. Cultural influence

Research shows that unique cultural influences emerge in communication patterns. Given the paucity of existing literature and studies in this field, this study provides some valuable data for further study. The implications for mental health nursing education and practice in Hong Kong are increasing, as are the implications for nurses working in multicultural countries such as Australia, the UK and the US, where there are a large number of Chinese clients who would benefit from practicing nurses with a deeper understanding of communication strategies. culturally bound (Arthur, David. et al., 2001)

**f. Creating Comfort**

Patient-physician interactions are characterized by gestures and speech acts that may help the patient feel comfortable/uncomfortable. It was also confirmed that patients were more satisfied when this parameter was more represented (both groups: satisfied patients 15 vs 38). However, communication skills are not a natural part of the doctor's professional knowledge, it is an element of the doctor's behavior and personality adaptation system and has a major role in the healing of patients. Even if they don't consciously acknowledge the patient decoding these gestures, they will reprocess them later in a cognitive way. Healthcare institutions recognize that improvements have been seen in patient safety and adherence to interventions, as well as their satisfaction with their health care experience after participating in different educational programs (Gasparik, Adreea Ildiko, at al., 2014).

**CLOSING**

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