# ORIGINAL ARTICLE

# Relationship of Therapeutic Communication And Healing Between Nurse and Patient

Achmad Faisol<sup>1</sup>, Ahmad Yudianto<sup>1</sup>, Hartono Kahar<sup>1</sup>, Suryani Dyah Astuti<sup>2,3</sup>

- <sup>1</sup> Science Forensic Department, Postgraduate School Airlangga, Airlangga University, Surabaya, Indonesia 60286
- <sup>2</sup> Departement of Physics Faculty of Science and Technology, Universitas Airlangga, Surabaya, Indonesia 60115
- <sup>3</sup> Biophysics and Medical Physics Research Group, Faculty of Sciences and Technology, Universitas Airlangga, Surabaya, Indonesia, 60115

### **ABSTRACT**

**Introduction:** Therapeutic communications are managed by a nurse during the nursing procedure, who provides therapeutic benefits for patients through the healing process. A happy patient is the patient's feeling resulting from the patient's healthcare performance after comparing it with what he expected. **Methods:** In this study, the relationship needs of healthcare services were assessed. The descriptive correlation was designed for research. The collection of data was conducted via a questionnaire and is a therapeutic nurse communication. Accidental sampling was the method used. **Results:** Computer-based statistical analyzes showed 38.2% satisfaction. In the Kedungrejo Patient Satisfaction Centre, therapeutic communication was identified using the Spearman rank correlation (Rho) and value r=0.446. This value is less than the mean value level (p) 0,004. This value is less than the mean value level ( $\alpha$ )=0,01 there is a positive correlation between therapeutic nurse's communications in a medium interpretation and patient satisfaction in the Kedungrejo public health center Nursing services. **Conclusion:** There is a relation between therapeutic communication with the patients.

Keywords: Therapeutic, Nurse, Patient, Communication, Healing

# **Corresponding Author:**

Suryani Dyah Astuti, M.Si Email: suryanidyah@fst.unair.ac.id Tel: +6282143211353

# **INTRODUCTION**

The nurse's core competency is efficient communication Quoting Blake and Blake, therapeutic communication is defined in 2019 as face-to-face interactions that aim to improve the patient's emotional and physical well-being (1). Nurses can provide emotional support and important information to patients through therapeutic communication (2). The number of public complaints about health services reduces the quality of health services to 29.8%. Patients said 33.21% were dissatisfied with health services because of the lack of services (3). Based on the results of studies conducted at Kedungrejo Public Health Center, showed that there is still a lack of application of therapeutic communication by nurses to their patients, one of the factors is the difference between patients and inpatients at Puskesmas Kedungrejo, Muncar, Banyuwangi Regency, in 2015 as many as 800 patients and an increase in 2016 as many as 892 people. Therapeutic communication is a process in which the infant consciously affects the patient or helps the patient to improve his understanding through verbal and nonverbal communications. In practice, the use of certain strategies that encourage patients to express their feelings and ideas is part of this kind of communication in health care. Psychologic therapeutic communication aims to build a connection of trust between nurses and healthcare users and cooperation between them (4,5). In general, undergraduate nursing programs highlight therapeutic communication skills during the curriculum mental health course (6,7). Effective communication and therapeutic use of oneself are required in quality nursing care (8). Inpatient satisfaction, compliance with the treatment, and recovery effective communication play a key role (9).

Therapeutic communication develops a more positive or adaptive customer personality and aims for client growth which includes: 1. Self-realization, autonomy, and increased self-respect 2. Ability to create non-superficial and interdependent interpersonal relationships. Customers learn through therapeutic communication how to accept and be accepted by others. 3. Increase

the ability to meet needs and achieve realistic goals. 4. A clear sense and integration of personal identity (10). This interaction makes them feel safe because the conversation is not meant to reveal the veil of secret (11). Quoted from (7), the holistic and patient focus of therapeutic communication discusses the following aspects of physiological, psychological, environmental, and spiritual patient care (9).

### **MATERIALS AND METHODS**

## **Selection of Research Subjects**

This study used an analytical survey design, which is a study that seeks to determine the causes of health problems and to analyse the relationship between the two. This type of research is a framework for researchers to examine the relationship between variables in a study (12). This study is based on a cross-sectional approach, one time focused on measuring the independent and dependent variable data - the time of observation. Independent and dependent variables are evaluated simultaneously as either separate variables or dependent variables.

## **Data analysis**

Data analysis and evaluation using SPSS power window software version 20.0 was carried out to test the hypothesis: the analysis aims to clarify and describe the characteristics of each variable according to age, sex and occupation. The data analyzed are variables of the relationship between therapeutic communication and patient satisfaction variables. Test the relationship hypothesis or impact hypothesis between the two (13).

## **RESULTS**

Therapeutic communication is managed by a nurse during the nursing procedure which provides a patient with the therapeutic benefit of the healing process. A satisfied patient is the patient's feeling resulting from the patient's treatment after comparing the patient to what they anticipated. Characteristics of the respondents in Kedungrejo, sub-district Muncar, Banyuwangi district, based on therapeutic communication. According to Table 1 the data for the interlocutor frequency are obtained based on therapeutic communication from the nurses; in particular, most respondents said the therapeutic communication among nurses is good and missing; 13 (38.2%) respondents respectively (23.5%). Characteristics of respondents based on public health center in Kedungrejo, Muncar subdistrict, Banyuwangi Regency. The frequency of dissatisfaction, 8 (52.9%) and a small number of patients with a satisfactory rate of 7 (12.9%), were obtained based on Table I and respondents' frequency data obtained based on patient satisfaction, namely the bulk of patients' satisfaction in the Kedungrejo Public Health Centre (20.6%). Research

correlation in the Kedungrejo Public Health Center, Banyuwangi Regency 2017 between therapeutic communication of nursing staff and patient satisfaction. Results from the statistical test on Table II. can be concluded with the Spearman ranking testing formula, which is based on SPSS testing results in version 20, the  $\alpha$  result with N = 33 is 0.01, then Rho = 0.0446, whereas the Rho value is calculated = 0.486. Then, rho count> rho table means that therapeutic communication is linked with patient satisfaction in the Center for Public Health, Muncar County, Banyuwangi Regency.

Table 1 : Frequency Distribution of Respondents Based on therapeutic communication and patient satisfaction

	Frequency Distribution of Respondents Based on therapeutic		Respondents distribu- tion based on patient satisfaction	
Processing	F	%	F	%
Less	13	38,2	8	52,9
Enough	7	23,5	7	20,6
Good	13	38,2	7	20,6
Total	33	100.0	33	100.0

Table 2 : Correlation between nurse therapeutic communication and patient satisfaction

	Nurse Therapeutic Communication	Patient Satisfaction
Correlation Coefficient Sig.	1.000	.486**
(2-tailed)		.004
N	33	33
Correlation Coefficient Sig.	.486**	1.000
(2-tailed)	.004	.004
N N	33	33

# **DISCUSSION**

Thus the Rho Count> rho table means a connection is found in Kedungrejo Publikum Health Center, Muncar district, Banyuwangi Regency, between therapeutic and patient satisfaction. This research was conducted at the Kedungrejo Public Health Center, Muncar District, Banyuwangi City on Sept. 30, 2016, on the relationship between nursing therapeutical communication and patient satisfaction with 33 patients respondents. 33 patients were present in the study. 32 patients were included in the study. The results from this study obtained data on respondent frequency,

which was based on the communication from nurses therapy, namely nearly half of the interviewees, that 13 respondents (38,2%) respectively were adequate or insufficient, and a small proportion responded sufficiently to 7 interviewed persons (23.5%). With therapy communications from nurses in the Kedungrejo public health centre patient satisfaction will increase, the majority of patients from 33 respondents, namely 13 respondents said that the therapeutic communication of nurses is good and lacking, whereas a small proportion said that 7 respondents said the therapeutic communication was good and lacking (25.5%). The majority of respondents therefore stated that it was good to have therapeutic communication with the nurses at the Kedungrejo Community Health Centre. This means that the communication conducted by nurses is monitored always and becomes the attention of the patient (7).

The results from the nurse communication research obtained data on the respondent frequency of patient satisfaction in Kedungrejo Public Health Center 7 (20.6%), 8 (26.4%) and 18 patient satisfaction for the dissatisfied frequency; (52.4 % ). %). %). The results of the above research show that patient fulfillment is also affected by the health care provider's communication and has a major role to play in patient recovery (6). On the basis of Table III, the results of the research statistical analysis can be concluded by knowing the Spearman grade correlation of the SPSS version 20 test results, the results of the  $\alpha$ value are 0.01 with N = 33, and the results of the Rho grade are Rho = 0,446, whereas the Rho value is 0.486. So rho count> rho table, that means there is a r elationship in Kedungrejo Public Health Centre between nursing therapeutic communication and patient satisfaction.

### **CONCLUSION**

Based on research results and data analysis identifying the relationship management in Kedungrejo between therapeutic communication and patient satisfaction. The result is thus concluded as follows: with 13 respondents (38,2%), respectively, a small proportion said that the frequency of therapeutic communication is sufficient for as much as seven respondents Therapy Communication is less and better answered (23.54%). In the Center for Public Health Kedungrejo, in the Muncar District of the Regency Banyuwangi, the frequency of respondents based on the patient's satisfaction level, was at least 18 (52.9 %). The results were found that 38.2 % were satisfied with computerised statistical analytics. In Kedungrejo Public Health Center with Spearman's rank correlation(SRH) and value r=0.446

significant value (p) 0,004 were obtained for therapeutic communication relationships with patient fulfillment. This value is less than the mean value (p) 0,004. It is less than the mean value ( $\alpha$ )=0,01. In the medium interpretations there is a positive correlation between communications with therapeutic nurses and in Kedungrejo public health center nursing services. There is a relationship therefore between the communication between nurses and the satisfaction of the patient.

## **ACKNOWLEDGEMENT**

Author(s) extend their gratitude to Kedungrejo public health center for the support in this research.

### REFERENCES

- Webster, D. Using Standardized Patients to Teach Therapeutic Communication in Psychiatric Nursing. Public health central Simulation in Nursing. Elsevier Inc, 2014. 10(2), pp. e81–e86. DOI: 10.1016/j.ecns.2013.08.005.
- Blake, Tim and Blake, Tayler. Improving therapeutic communication in nursing through a simulation exercise. Teaching and Learning in Nursing. Organization for Associate Degree Nursing. 2019. 14(4), pp. 260–264. DOI: 10.1016/j. teln.2019.06.003.
- 3. Kementrian Kesehatan Republik Indonesia. Profil Kesehatan Indonesia Tahun 2011, in drg.Titi Aryati Soenardi, Mk. et al. (eds) Profil Kesehatan Republik Indonesia. Indonesia: Kementrian Kesehatan Republik Indonesia. 2012.
- 4. Martin, C. T., and Chanda, N. Mental Health Public health central Simulation: Therapeutic Communication. Public health central Simulation in Nursing. Elsevier Inc, 2016. 12(6), pp. 209–214. DOI: 10.1016/j.ecns.2016.02.007.
- 5. Živanović, D. and Ćirić, Z. Therapeutic Communication in Health Care. SciFi Nursing & Healthcare Journal, 2017. 1(2), page. 2.
- 6. Donovan LM. and Mullen LK. Expanding nursing simulation programs with a standardized patient protocol on therapeutic communication. Nurse Education in Practice. 2019. 38:127-131. DOI: 10.1016/j.nepr.2019.05.015.
- 7. Martin CT and Chandra N, Mental Health Clinical Simulation: Therapeutic Communication. Clinical Stimulation in Nursing. 2016.12(6):209-214
- 8. Sleeper JA. and Thompson C. The use of hifidelity simulation to enhance nursing students' therapeutic communication skills, International Journal of Nursing Education Scholarship, 2008. 5(1):1-12. DOI: 10.2202/1548-923X.1555.
- Chant S, Jenkinson T, Randle J, and Russel G. Communication skills: some problems in nursing

- education and practice. Journal of Clinical Nurse. 2001. 11(1):12-21. DOI: 10.1046/j.1365-2702.2002.00553.x.
- 10. Eckroth M. and Bucher. Self Awareness A Review and Analysis of a Basic Nursing Concept. Advances in Nursing Science. 2010. 33(4):297–309
- 12. Fleischer S, Berg A, Zimmermann M, Wüste K and Behrens J. Nurse-patient interaction and communication: A systematic literature review. Journal Public Health 2009. 17:339–353. DOI
- 10.1007/s10389-008-0238-1
- 13. Diane. Case Study Research Methodology in Nursing Research. Oncology Nursing Forum. 2015. 42(6): 681-682
- 14. Reitsma JB, Glas AS, Rutjes AWS, Scholten RJPM, Bossuyt PM and Zwinderman AH, Bivariate analysis of sensitivity and specificity produces informative summary measures in diagnostic reviews, Journal of Clinical Epidemiology. 2005. 58 (10):982-990.