



## **Therapeutic Communication Skills of Nurses in Hospital**

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**Abstract.** Nurses are the spearhead in health services that must be able to establish good relations with patients. An essential skill in creating a good relationship with patients is therapeutic communication skills (TCS). The purpose of this study was to identify the therapeutic communication skills of nurses in the hospital. This research is a quantitative study using a descriptive analysis method with a cross-sectional approach. Respondents of this study were 30 nurses who served in bangil hospital. The instrument used was a questionnaire on the characteristics of the respondents and questionnaire on therapeutic communication skills. The data analysis used in this study is the chi-square test. The results of this study indicate 60.0% of respondents' therapeutic communication skills are excellent. The test results of the analysis between work experience and therapeutic communication skills showed a significance value of 0.015 ( $<0.05$ ), meaning that there was a relationship between work experience and therapeutic communication skills. Whereas the results of the analysis between the therapeutic communication skills and characteristics of other respondents (gender, age, education, employment status, and marital status) show a value  $>0.05$  means that there is no relationship. The therapeutic communication skills of nurses who are in the hospital in the hospital are mostly excellent. Factors that can influence therapeutic communication skills are work experience. This means that the more often nurses conduct therapeutic communication, the better the ability of therapeutic communication. For improving therapeutic communication skills, continuous training is needed, and training is provided along with regular and ongoing therapeutic communication practices

**Keyword:** Instrumental music therapy; self-hypnosis; blood pressure level; hypertension



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## INTRODUCTION

The role of nurses in health services is significant in helping solve problems faced by patients. Nurses are the health care providers who are closest to patients because those who accompany patients every day are nurses. Success in giving nursing care depends on the close relationship between nurse and patient (1, 2). In this case, the nurse must be able to create a therapeutic relationship to help solve problems that occur in patients. The process of building therapeutic relationships cannot be separated from TCS carried out by nurses (3).

In reality, not all nurses master therapeutic communication skills well. Based on the results of previous research, not all nurses in charge of hospitals have adequate communication skills in implementing nursing services to patients (4). The results of other studies state that therapeutic communication skills include verbal and non-verbal communication and other therapeutic communication elements used by nurses are still lacking, and training and guidance on therapeutic communication skills need to be done (5). The implementation of unfavorable therapeutic communication will have an impact on the incoherence of nurses' relationships with patients. However, the initial step of providing services to patients is to create a relationship of mutual trust and mutual influence so that cooperation can be established between nurses and patients.

Therapeutic communication is a way of communicating that emphasizes learning experiences together with patients to improve patient emotions (6). Therapeutic communication is influenced by the personal quality, facilitative communication, response dimensions, dimensions of action, and therapeutic barriers (7). Therapeutic communication will stimulate someone to open up to others and their environment so that their adaptation skills will increase (8). A person's ability to adapt to the environment will minimize the persona (mask) so that it will be more comfortable in developing himself (9). Good therapeutic communication skills will increase nurses' confidence in providing health services to patients so that they can increase nurse satisfaction in their work

Therapeutic communication carried out by nurses affected the satisfaction and improvement of the patient's psychological condition of patient satisfaction (2,3). Therapeutic communication also influences patient motivation and cooperation (4,5). In addition to controlling patients, the ability of therapeutic communication also affects nurses and the care environment. Poor therapeutic communication can lead to environmental conditions that are not conducive to care and decrease nurse job satisfaction (11)

Good therapeutic communication skills will increase nurses' confidence in providing health services to patients so that they can increase nurse satisfaction in their work.

For this reason, further research is needed on nurse therapeutic communication, which aims to assess the extent of nurse therapeutic communication skills and what factors can influence therapeutic communication. Based on the description above, we would like to research nurse therapeutic communication skills in hospitals. Thus, it can be used as a frame of reference in the development of TCS nurses in hospitals. Based on this situation, further research is needed on nurse therapeutic communication, which aims to assess the extent of nurse therapeutic communication skills and what factors can influence therapeutic communication.

## OBJECTIVE

This study aims to identify the therapeutic communication skills of nurses at Bangil Hospital.

## METHOD

The design of this study used a cross-sectional to determine factors related to nurse therapeutic communication skills (13). Sampling is used to select 30 samples according to the specified inclusion criteria. Inclusion criteria included 1) Nurses who served in the inpatient ward of the hospital, 2) Nurses who were willing to be respondents of the study, 3) Nurses carried out nursing care to patients. The study was conducted in a hospital inpatient ward by distributing questionnaires to nurses who had been selected as research respondents.

The research instrument used in this study was a questionnaire on the characteristics of respondents and questionnaires for nurse therapeutic communication skills. The questionnaire characteristics of respondents included data on respondents, including age, gender, education, employment status, length of employment, and marital status. Questionnaire nurses' communication skills use a Likert scale model that has been tested for validity and reliability (14,15). The therapeutic communication skills questionnaire consists of 14 questions that contain elements of therapeutic communication, namely personal quality, facilitative communication, response dimensions, action dimensions, and therapeutic barriers. The results of filling in questionnaires are therapeutic communication skills in the categories of high, moderate, and low. Before the research was conducted, researchers first applied for ethical clearance at the research site. The ethics research team has given research ethics permits at the Bangil hospital with letter no.445.1/570.1/424.202/2019. After obtaining ethical approval, the researcher conducted the study following based on the procedures.

## RESULTS

### Respondents' characteristic

Table 1 showed the gender of respondents most of the women (60.0%). The age of respondents was more in the range of 20-29 years (43.3%). Education is mostly a diploma of nursing (60.0%). The majority of respondents were non-government employees (63.3%). They worked experience in the range of 6-10 years (53.3%). The marital status of the respondents was mostly single (70.0%). The therapeutic communication skills of the respondents were not in the low category. Most are in a proper category (60%), the rest is in the medium type (40%)

Table 1. Respondents' characteristic among experiment and control group

Characteristics of Respondents		n	%
Gender	Male	12	40.0
	Female	18	60.0
Age (Year)	20 – 29	12	40.0
	30 – 39	13	43.3
	40 – 49	5	16.7
Education	Diploma of Nurse	18	60.0
	Bachelor of Nurse	12	40.0
Job Status	Government Employees	11	36.7
	None Government Employees	19	63.3
Work Experience (Year)	1 – 5	10	33.3
	6 – 10	16	53.3
	> 10	4	13.3
Marital Status	Married	21	70.0
	Single	9	30.0
Therapeutic Communication Skills	High	18	60.0
	Moderate	12	40.0

### Relationship between therapeutic communication skills and gender

Table 2 showed that out of the total male respondents, there are more in the high category (75.0%), while from the total female respondents, the same category is high (50.0%). However, if viewed from the number of therapeutic communication skills categories, both male and female numbers were the same (9 respondents). The chi-square test results obtained a significance value of 0.171 which means there is no relationship between gender and therapeutic communication skills

Table 4.2 Relationship between therapeutic communication skills and gender

Therapeutic Communication Skills	Gender						Sig-2 (tailed)
	Male		Female		All Gender		
	n	%	n	%	n	%	
High	9	75.0	9	50.0	18	60.0	0,171
Moderate	3	25.0	9	50.0	12	40.0	
Low	0	0	0	0	0	0	
Total	12	100	18	100	30	100	

### Relationship between therapeutic communication skills and age

Table 3 showed that most of the respondents were in the high category (60.0%). At the age of 30 - 39 showed that most therapeutic communication skills were in the high category (76.9%), age 20 - 29, both high and moderate categories were the same (50.0%), and ages 40 - 49 were mostly in the medium category. The results of the chi-square test showed a significance value of 0.236, meaning there was no relationship between therapeutic communication skills and age.

Table 3 Relationship between therapeutic communication skills and age

Therapeutic Communication Skills	Age (Year)								Sig-2 (tailed)
	20 - 29		30 - 39		40 - 49		All-Age		
	n	%	n	%	n	%	n	%	
High	6	50.0	10	76.9	2	40.0	18	60.0	0.236
Moderate	6	50.0	3	23.1	3	60.0	12	40.0	
Low	0	0	0	0	0	0	0	0	
Total	12	100	13	100	5	100	30	100	

### Relationship between therapeutic communication skills and education

Table 4 shows that therapeutic communication skills for all respondents with a diploma of nurse are partly in the high category (55.6%) as well as for all respondents with a bachelor of a nurse, most of who are in the good category (66.7%). The results of the chi-square test showed a significance value of 0.115, meaning there was no relationship between therapeutic communication skills and education.

Table 4 Relationship between therapeutic communication skills and education

Therapeutic Communication Skills	Education						Sig-2 (tailed)
	Diploma		Bachelor		All Education		
	n	%	n	%	n	%	
High	10	55.6	8	66.7	18	60.0	0.115
Moderate	8	44.4	4	33.3	12	40.0	
Low	0	0	0	0	0	0	
Total	18	100	12	100	30	100	

### Relationship between therapeutic communication skills and job status

Table 5 shows the average respondent therapeutic communication skills in the high category. The significance test results showed a value of 0.216, meaning there was no relationship between therapeutic communication skills and job status.

Table 4.5 Relationship between therapeutic communication skills and job status

Therapeutic Communication Skills	Job Status				All Job Status		Sig-2 (tailed)
	Government E		None Government E		n	%	
	n	%	n	%	n	%	
High	5	54.4	13	68.4	18	60.0	0.216
Moderate	6	45.5	6	31.6	12	40.0	
Low	0	0	0	0	0	0	
Total	11	100	19	100	30	100	

### Relationship of therapeutic communication skills with work experience

Table 6 shows that the respondents with 6 -10 years work experience were the majority of both (68.7%) and >10 years of therapeutic communication skills also more in the high category (75.0%), while in the 1 - 5-year, majority work experience in the moderate group (60.0%). The results of the chi-square test show a significance value of 0.040 means that there is a relationship between work experience and therapeutic communication skills.

Table 6 Relationship of therapeutic communication skills with work experience

Therapeutic Communication Skills	Work experience (Year)						All Job E		Sig-2 (tailed)
	1 -5		6 - 10		> 10		n	%	
	n	%	n	%	n	%	n	%	
High	4	40.0	11	68.7	3	75.0	18	60.0	0.040
Moderate	6	60.0	5	31.2	1	25.0	12	40.0	
Low	0	0	0	0	0	0	0	0	
Total	10	100	16	100	4	100	30	100	

### Relationship between therapeutic communication skills and marital status

Table 7 showed the relationship between therapeutic communication skills and marital status. The finding indicated that the majority of therapeutic communication skills are in the high category with p-value=0.193. It explained there was no relationship between therapeutic communication skills and marital status.

Table 4.7 Relationship between therapeutic communication skills and marital status

Therapeutic Communication Skills	Marital Status				All Marital Status		Sig-2 (tailed)
	Married		Single		n	%	
	n	%	n	%	n	%	
High	11	52.4	7	77.8	18	60.0	0.193
Moderate	10	47.6	2	22.2	12	40.0	
Low	0	0	0	0	0	0	
Total	21	100	9	100	30	100	

## DISCUSSION

The results showed that nurses who are assigned to the hospital were good communication skills. This shows that the services carried out by nurses in the hospital are mostly using therapeutic communication. The results of this study are not the same as previous studies that nurses who work in government hospitals do poor communication.

Bangil hospital is a government-owned hospital, but the employees in it are not all state employees, some of them are non-civil servants. So even though the government is sick, the managerial management is almost the same as the private sector. In this case, each employee

must provide services based on hospital standards, including the implementation of therapeutic communication. Each nurse is required to master therapeutic communication skills in carrying out nursing care to patients. Based on these reasons, the results of TCS nurses are in the high category.

Analysis of TCS relationships with gender showed insignificant results. It was consistent with previous research, which states that gender is not related to therapeutic communication (16). Both male and female gender have the majority of the therapeutic communication features in the high category, meaning that gender is not related to TCS, which both have. However, when viewed from the percentage of each gender. In men, the rate of TCS is higher than women. Women tend not to be able to hold back emotions than men. The ability to manage emotions well can do TC better (17).

The relationship between TCS and the age of the respondents showed insignificant results, meaning there was no relationship between TCS and someone's age. The results of previous studies stated that there were no differences in the age characteristics of respondents with therapeutic communication (16). If seen from the TCS percentage data, the highest number is at the age of 30 - 39 years. At that age, enter the adult category. The development of adulthood that stands out is the achievement of emotional maturity within. Someone who has emotional maturity will be able to resist emotions, be empathetic to appreciate, and be able to maintain feelings. This ability is needed in TCS so that it can create therapeutic relationships.

The relationship between TCS and the respondent's education showed insignificant results. These results are in line with previous studies that stated there was no relationship between nurse education and therapeutic communication (16). The education characteristics of the respondents were mostly diploma of nursing. Education level, both diploma, and bachelor have been taught about therapeutic communication. In line with this study, the results of previous studies showed that increasing nurse knowledge about therapeutic communication affected nurses' therapeutic communication skills (4). According to Rosenberg (2011), the therapeutic communication skills of nurse students can be improved by providing knowledge and therapeutic communication practices (12). In nursing education, all are required to provide material about therapeutic communication so that therapeutic communication skills, along with the provision of knowledge about therapeutic communication without distinguishing the level of education in nursing.

The relationship between therapeutic communication skills and job status shows irrelevant results, which means there is no relationship. Job-status with TCS level is no different, which is in the high category. The job status of both government employees and non-government employees benefits received in carrying out work as nurses are no different, having to do professional services.

The relationship between therapeutic communication skills and work experience shows significant results, which means that there is a relationship between therapeutic communication skills and work experience. These results were consistent with previous studies that there is no relationship between therapeutic communication and work experience (16). Other research also mentions an increase in nurse therapeutic communication skills that have experience practicing therapeutic communication (18). The majority of respondents' work experience is between 6-10 years. With more than five years of experience, a person is used to doing skills, including therapeutic communication. The skills a person has been influenced by how often they carry out these activities. Someone who has done a repetitive activity will improve skills in the field that he usually does.

The relationship between therapeutic communication skills and marital status shows irrelevant results, meaning there is no relationship between therapeutic communication skills and marital status. Nurses who are married to nurses who are still single show their therapeutic communication skills. The majority are in the high category. In the work of the nurse is required to do work professionally, including in providing nursing services in the hospital so that the marital status of a person is not related to one's professionalism, including not related

to TCS that someone has.

The implementation of therapeutic communication in hospitals is necessary to establish therapeutic relationships with various kinds of patients, both patients who experience physical or psychological disorders (19) intending to help patients control their emotions, increase mutual trust (20). Therapeutic communication is not just regular communication between two people, but communication that affects each other and is interdependent between nurses and patients.

Therapeutic communication skills are art in communication that has an emotional closeness between nurse and patient, thus influencing the patient's self-development, which is useful to improve his ability to overcome problems, especially the health problems he is experiencing. Excellent therapeutic communication skills may influence motivation, satisfaction, trust, and overcoming patient psychology problems(21). Therapeutic communication skills are also able to control nurses in the form of increased self-confidence, job satisfaction, and ease in carrying out nursing services to patients (22).

Therapeutic communication is influenced by the personal quality, response dimensions, action dimensions, positive emotions, and therapeutic barriers. Individual quality factors include self-awareness, qualification, exploration of feelings, examples of roles, altruism, ethics, and responsibility (20,23). Facilitative communication in therapeutic communication includes verbal behavior, nonverbal behavior, problem analysis, therapeutic techniques, and motivational interviews (24). The response dimension is the response given by someone in communication that has an impact on the success of therapeutic communication, including sincerity, respect, empathy, and openness (25). The action dimensions in therapeutic communication include confrontation, freshness, nurse self-disclosure, emotional catharsis, and role-playing. This dimension must be implemented in the context of warmth, acceptance, and understanding formed by responsive dimensions. Among the dimensions of action are confrontation, immediacy, self-openness, emotional catharsis, and role-playing. Therapeutic barriers are obstacles in the progress of nurse-client relationships. This happens because of various reasons, but all obstacles become obstacles in the therapeutic relationship. Therapeutic barriers include Resistance, transference, transferability, and violation of boundaries.

Factors related to therapeutic communication must be understood and implemented by nurses during the process of implementing the therapeutic interface in providing health services (26). Therapeutic communication skills can be improved through knowledge, practice, habits, and experience of nurses (27).

The implementation of therapeutic communication in hospitals is not much different from the application of therapeutic communication in other health services. However, as a nurse in charge of the hospital, it is expected to be able to improve TCS better, because the condition of patients treated in hospitals is different from other health facilities. The situation of patients treated in hospitals, especially referral hospitals, is more complex and more severe.

## CONCLUSION

Therapeutic communication skills in nurses in hospitals are mostly in the good category. Factors that influence communication skills related to the characteristics of respondents are education, age, and work experience. Among these factors that most influence therapeutic communication skills are work experience. The longer the nurse's work experience is as well as the therapeutic communication skills he does.

Further researchers need to conduct and explore a study focused on factors influenced in therapeutic communication from patients and nurse perspectives.

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