


Application of Therapeutic Communication of Nurses in the Inpatient Room of Prof. Dr. M. Ildrem Mental Hospital Medan Year 2024

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| Article Info | ABSTRACT |
|--|--|
| <p>Keywords: Implementation of Therapeutic Communication, Orientation Phase, Work Phase, Termination Phase</p> | <p>Communication that is consciously planned and purposeful and its activities are focused on client healing and is professional communication that leads to the goal of client healing carried out by nurses or other health workers is called therapeutic communication. The ability of nurses to communicate therapeutically in nursing actions for mental disorders depends on the cognitive, affective and psychomotor competencies of nurses. Such communication limits the client's opportunity to expand the conversation or express the client's own problems. The type of research used is descriptive design. The sampling technique used is total sampling with a total of 139 respondents. The results of the study showed that 113 respondents (81.3%) implemented good nursing communication, while 26 respondents (18.7%) implemented poor therapeutic nursing communication. It is hoped that nurses can improve the implementation of therapeutic communication between nurses and clients with mental disorders, so that therapeutic communication becomes 100% good, to help the healing process of clients with mental disorders.</p> |
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INTRODUCTION

According to the World Health Organization (2016), therapeutic communication is communication carried out by nurses with patients, families, colleagues, and other health professionals involved in patient care (Ginting et al., 2023). According to Fasya & Supratman (2018), therapeutic communication is a process of helping patients reduce their mental burden, because its nature is intended to provide therapy.

According to Julfity et., al (2023), communication that often occurs in hospitals is sometimes still ineffective and less therapeutic, so that misunderstandings often occur between nurses and patients or patient families, and this is usually caused by patients and families who are multicultural and have different backgrounds. According to Larira (2020), therapeutic communication cannot take place by itself, but must be planned, considered, and implemented professionally.

The prevalence of the application of therapeutic communication in Indonesia is in West Java Province from 30 respondents, it was found that 13 respondents (43.3%) were included in the high therapeutic communication category while 17 respondents (56.7%) were included in the low therapeutic communication category (Kartikasari et al., 2019). Meanwhile, research in North Sumatra Province showed that the application of good communication was 44 people (83%), the application of sufficient therapeutic communication was 9 people (17%) (Ginting et al., 2023).

According to Ginting et. al (2023), the interaction between nurses and patients is more often limited to tasks that must be done by nurses rather than exploring patient beliefs, where nurses talk more than patients and pay less attention to the patient's condition. This communication limits the possibility for patients to expand the conversation or express their own problems, if communication is not implemented properly, patient care will not achieve optimal results.

According to Mardhatillah et., al (2022), nurses in mental hospitals may only provide medication or treatment as needed, so that having good knowledge regarding therapeutic communication, nurses still tend to ignore patients and not respond too much to patients when they talk, but there are still some nurses who respond to patients even though the topics discussed are always the same. In addition, nurses rarely talk to patients because they assume that patients will not understand or comprehend what the nurses are saying so that nurses often take action directly or ignore patients.

According to Yulianti & Purnamawati (2019), therapeutic communication that is not implemented properly makes patients less cooperative and does not accept every action taken by the nurse. Factors that can influence therapeutic communication with patients, namely: perception, values, emotions, socio-cultural background, knowledge, role of relationships and environmental conditions.

According to Aritonang (2020), implementing therapeutic communication techniques requires practice because communication does not occur in a short time and affects the success of communication which is seen through its therapeutic impact on patients. Nurses must have responsibility, high morals and be based on a caring attitude and full of feelings of wanting to help others.

According to Efrianty (2021), building trust between nurses and clients is very useful in communicating effectively. The need for nurses to build a relationship of trust with clients through communication is useful as a support in the implementation of nursing care, so that they can know what the client feels and needs. Based on the results of this preliminary study, the researcher is interested in conducting research on the application of therapeutic communication by nurses in the inpatient ward of Prof. Dr. M. Ildrem Mental Hospital, Medan in 2024.

METHOD

This research uses a quantitative method with the typedescriptive design. The study was conducted at the Prof. Dr. M. Ildrem Mental Hospital located on Jalan Letjend. Jamin Ginting

Km. 10/Jl. Tali air number 21 Medan. The study was conducted on December 22–December 26, 2024. The population was 139 inpatient nurses at the Prof. Dr. M. Ildrem Mental Hospital. The data collection instrument used a nurse therapeutic communication questionnaire used by previous researchers, totaling 15 statements.

RESULTS

Table 3.1 Frequency and Percentage Distribution Based on Demographic Data (Age, Gender, Education and Length of Service) in inpatient nurses at Prof. Dr. M. Ildrem Mental Hospital Medan in 2024

| Characteristics | f | % |
|-------------------|-----|------|
| Age | | |
| ≤35 years | 37 | 26.6 |
| >35 years | 102 | 73.4 |
| Total | 139 | 100 |
| Gender | | |
| Man | 20 | 14.4 |
| Woman | 119 | 85.6 |
| Total | 139 | 100 |
| Education | | |
| D3 | 28 | 20.1 |
| Nurse | 109 | 78.5 |
| S2 | 2 | 1.4 |
| Total | 139 | 100 |
| Length of working | | |
| 1-10 years | 56 | 40.3 |
| 11-20 years | 70 | 50.4 |
| >21 years | 13 | 9.4 |
| Total | 139 | 100 |

Table 5.2 frequency and percentage distribution based on demographic data (age, gender, education and length of service) in inpatient nurses at Prof. Dr. M. Ildrem Mental Hospital, Medan in 2024 with 139 respondents showed that the most were >35 years old, 102 respondents (73.4%) and the least were aged ≤35 years old, 37 respondents (26.6%). The most respondents were female, 119 respondents (85.6%) and the least were male, 20 respondents (14.4%). Respondents with the most educational backgrounds were Nurses, 109 respondents (78.5), D3, 28 respondents (20.1%) and the least were S2, 2 respondents (1.4%). Based on the length of service, the most were 11-20 years, 70 respondents (50.4%), 1-10 years, 56 respondents (40.3%) and the least >21 years, 13 respondents (9.4%).

Table 3.2 Distribution of Respondents Based on the Implementation of Nurses' Therapeutic Communication in the Orientation Phase in the Inpatient Room Prof. Dr. M. Ildrem Mental Hospital Medan 2024

| Implementation of Therapeutic Communication by Nurses in the Orientation Phase | f | % |
|--|-----|------|
| Good | 112 | 80.6 |
| Not good | 27 | 19.4 |
| Total | 139 | 100 |

Table 5.3 distribution of respondents based on the application of therapeutic communication by nurses in the orientation phase in the inpatient ward of Prof. Dr. M. Ildrem Mental Hospital, Medan in 2024 with 139 respondents shows that 112 respondents (80.6%) have good therapeutic communication and 27 respondents (19.4%) have poor therapeutic communication.

Table 3.3 Distribution of Respondents Based on the Implementation of Nurses' Therapeutic Communication in the Work Phase in the Inpatient Room Prof. Dr. M. Ildrem Mental Hospital Medan 2024

| Implementation of Nurse Therapeutic Communication in the Work Phase | f | % |
|---|-----|------|
| Good | 121 | 87.1 |
| Not good | 18 | 12.9 |
| Total | 139 | 100 |

Table 5.4 distribution of respondents based on the application of therapeutic communication by nurses in the work phase in the inpatient ward of Prof. Dr. M. Ildrem Mental Hospital, Medan in 2024 with 139 respondents shows that 121 respondents (87.1%) have good therapeutic communication and 18 respondents (12.9%) have poor therapeutic communication.

Table 3.4 Distribution of Respondents Based on the Implementation of Nurse Therapeutic Communication in the Termination Phase in the Inpatient Room Prof. Dr. M. Ildrem Mental Hospital Medan 2024

| Implementation of Nurse Therapeutic Communication in the Work Phase | f | % |
|---|-----|------|
| Good | 131 | 94.2 |
| Not good | 8 | 5.8 |
| Total | 139 | 100 |

Table 5.5 distribution of respondents based on the application of therapeutic communication by nurses in the termination phase in the inpatient ward of Prof. Dr. M. Ildrem Mental Hospital, Medan in 2024 with 139 respondents shows that 131 respondents (94.2%) have good therapeutic communication and 8 respondents (5.8%) have poor therapeutic communication.

Table 3.5 Distribution of Respondents Based on the Implementation of Nurses' Therapeutic Communication in Inpatient Rooms Prof. Dr. M. Ildrem Mental Hospital Medan 2024

| Implementation of Nurse Therapeutic Communication | f | % |
|---|-----|------|
| Good therapeutic communication | 113 | 81.3 |
| Therapeutic communication is not good | 26 | 18.7 |
| Total | 139 | 100 |

Table 5.6 distribution of respondents based on the application of therapeutic communication by nurses in the inpatient ward of Prof. Dr. M. Ildrem Mental Hospital, Medan in 2024 with 139 respondents shows that 113 respondents (81.3%) have good therapeutic communication and 26 respondents (18.7%) have poor therapeutic communication.

Discussion

Based on research conducted on 139 respondents on the application of therapeutic communication by nurses in the inpatient ward of Prof. Dr. M. Ildrem Mental Hospital, Medan in 2024, the following results were obtained:

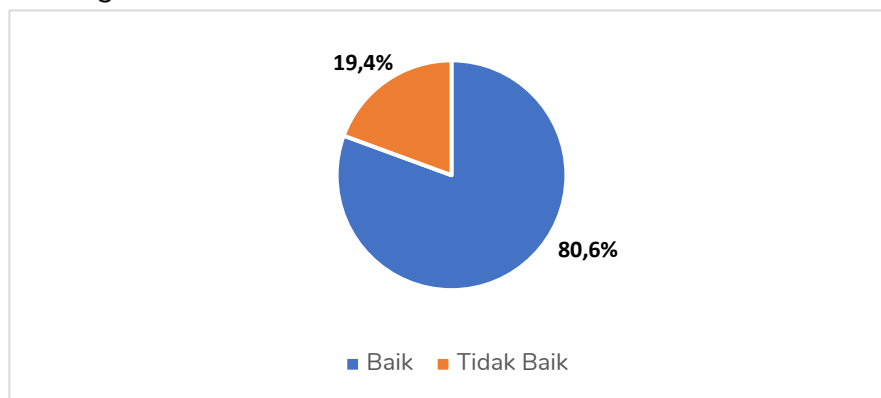


Diagram 5.1 Distribution of Respondents Based on the Implementation of Therapeutic Communication in the Nurse Orientation Phase in the Inpatient Room Prof. Dr. M. Ildrem Mental Hospital Medan 2024.

The results of the study obtained data that the majority had good application of therapeutic communication in the orientation phase, amounting to 112 respondents (80.6%) and the minority had poor application of therapeutic communication in the orientation phase, amounting to 27 respondents (19.4%). According to the author, good therapeutic communication of nurses in the orientation phase at Prof. Dr. M. Ildrem Mental Hospital Medan is because nurses respect clients every time they communicate and understand when clients tell them what they are complaining about. Nurses always ask about the complaints felt by clients and can build a relationship of mutual trust so that clients can work together with nurses for the healing process.

This is in line with research Angkestareni et.al (2016), the success of nurses in the orientation stage is an initial factor that supports successful communication. Where nurses

have implemented therapeutic communication very well, nurses are friendly, polite and caring to clients.

However, there are still nurses who have poor therapeutic communication in the orientation phase. According to researchers, this is because nurses rarely introduce themselves at the beginning of the meeting, and nurses have often been acquainted with clients and often meet with clients. This is in line with Marisca's research. A (2013), said that in the orientation phase, nurses often ignore these phases, where nurses feel that they already know each other and have often communicated with clients, so nurses do not need to introduce themselves.

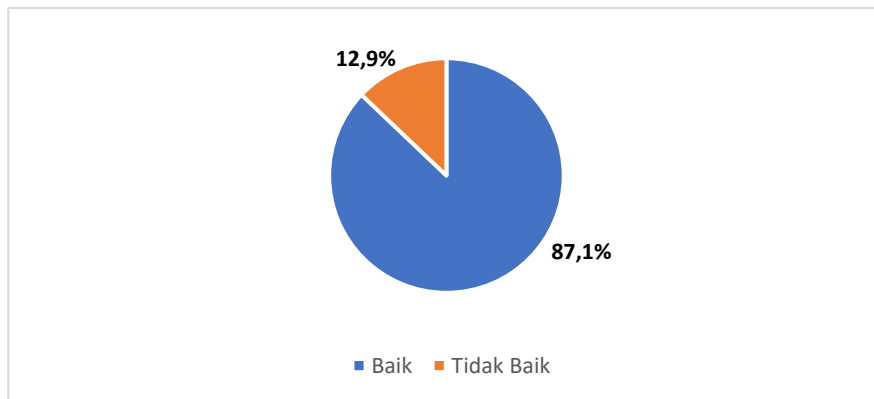


Diagram 5.2 Distribution of Respondents Based on the Implementation of Therapeutic Communication in the Work Phase of Nurses in the Inpatient Room Prof. Dr. M. Ildrem Mental Hospital Medan 2024.

The results of the study obtained data that the majority had good application of therapeutic communication in the work phase, amounting to 121 respondents (87.1%) and the minority had poor application of therapeutic communication in the work phase, amounting to 18 respondents (12.9%).

According to the author, therapeutic communication of nurses in the good work phase at Prof. Dr. M. Ildrem Mental Hospital Medan is because nurses can help clients recover by providing therapeutic actions, namely taking medication, group activity therapy, and healthy lifestyle therapy. In addition, nurses are empathetic, sincere, and self-aware and use themselves therapeutically.

This is in line with research Angkestareni et.al (2016), where the nurse has carried out his/her duties and obligations as much as possible, the nurse on duty also provides nursing care in accordance with applicable regulations, the nurse also asks about the client's complaints, the client's feelings, and the client's physical condition.

However, there are still nurses who have poor therapeutic communication during the work phase. According to researchers, this is because some nurses rarely explain the duration of the therapy, the stages of communication during the work phase are only carried out casually, and work habits such as writing client medical records and giving medication. This is in line with research The Last Supper (2015), said that nurses are less able to overcome

problems faced by clients. Nurses rarely ask about feelings and thoughts and analyze communication messages that have been conveyed by clients through verbal and nonverbal communication and there are still nurses who are less than punctual when needed by clients.

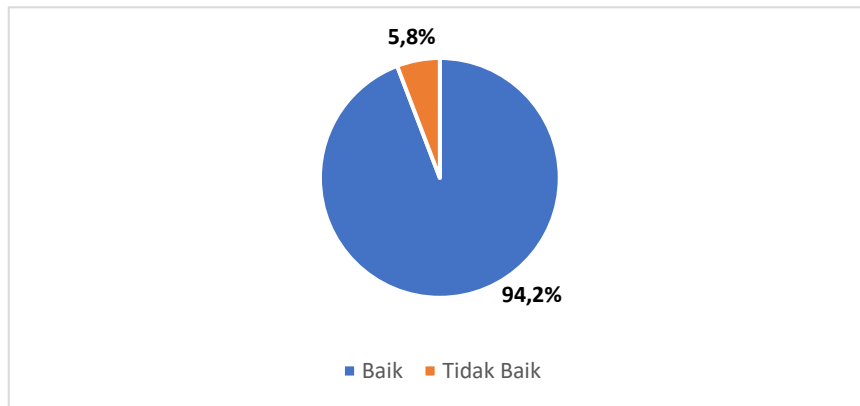


Diagram 5.3 Distribution of Respondents Based on the Implementation of Therapeutic Communication in the Termination Phase of Nurses in the Inpatient Room Prof. Dr. M. Ildrem Mental Hospital Medan 2024.

The results of the study obtained data that the majority had good application of therapeutic communication in the termination phase, amounting to 131 respondents (94.2%) and the minority had poor application of therapeutic communication in the termination phase, amounting to 8 respondents (5.8%). According to the author, good therapeutic communication of nurses in the termination phase at Prof. Dr. M. Ildrem Mental Hospital Medan is because nurses are able to help the client's healing process by collaborating in providing therapeutic actions such as. Where nurses must end the action well for clients who have been given psychiatric nursing care.

This is in line with research Angkestareni et.al (2016), the nurse has taken the time to meet with the client and inform him/her of the results of the actions or activities carried out (teaching, reprimanding), and then the nurse gives praise when the client is able to cooperate during the actions or activities that have been carried out.

However, there are still nurses who have poor therapeutic communication with nurses in the termination phase. According to researchers, this is because nurses do not make agreements for follow-up meetings with clients (place, time, topics and goals discussed), because nurses often hold meetings without careful planning so that agreements are not achieved effectively and with many clients, nurses rarely handle all clients. This is in line with research The Last Supper (2019), where this phase does not have much influence on the client's condition, besides limited time, the number of clients is also the reason why nurses do not carry out this phase, and the lack of motivation and low level of awareness of nurses in carrying out the termination phase.

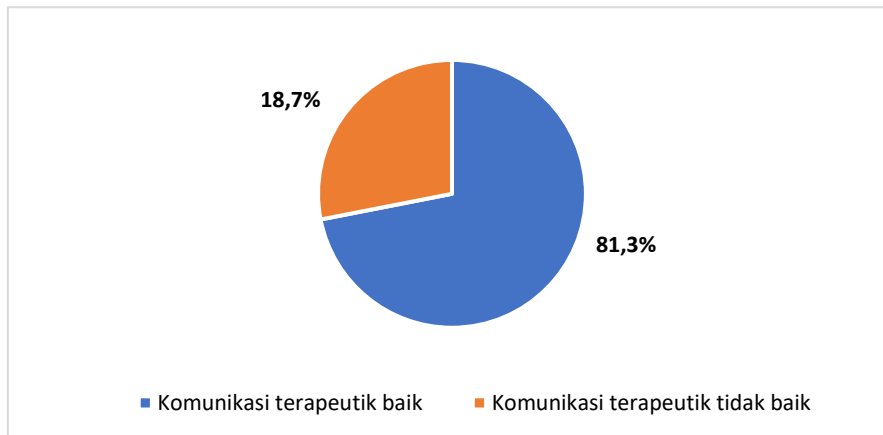


Diagram 5.4 Distribution of Respondents Based on the Implementation of Nurses' Therapeutic Communication in Inpatient Rooms Prof. Dr. M. Ildrem Mental Hospital Medan 2024.

The results of the study obtained data that the majority had good implementation of therapeutic communication for nurses, amounting to 113 respondents (81.3%) and the minority had poor implementation of therapeutic communication for nurses, amounting to 26 respondents (18.7%).

According to the author, the implementation of good therapeutic communication by nurses at Prof. Dr. M. Ildrem Mental Hospital Medan is because nurses already understand the stages in implementing therapeutic communication or have provided services according to client needs, provide explanations in simple language, and always pay attention to the client's condition in taking action. Nurses who have carried out each phase in good therapeutic communication are nurses who always provide opportunities to discuss complaints and actions to be taken to clients, always ask about complaints felt by clients, and always encourage clients to recover quickly, understand the mental disorder problems felt.

This is in line with research The Great Depression (2019), regarding therapeutic communication of nurses to clients, the results obtained are that the majority of nurses implement good therapeutic communication, where this theory states that nurses in handling and caring for clients with mental disorders must adjust to the way they communicate therapeutically with clients with mental disorders. Nurses can easily interact and build a relationship of mutual trust so that cooperation is established between nurses and clients with mental disorders.

However, there are still nurses who have poor implementation of therapeutic communication for nurses. According to researchers, this is because Some nurses have not fully implemented therapeutic communication with clients with mental disorders, where researchers observed that nurses still consider therapeutic communication with clients to be not very important. When communicating with clients, nurses do not maintain eye contact with clients, there is no relationship of mutual trust between each other, and there is no openness between clients and nurses. This is in line with research Ginting et.al (2023), nurses

when communicating with clients, before carrying out therapeutic communication actions, nurses do not make a time contract at the beginning of the interaction, when communicating, nurses rarely introduce themselves. Nurses consider communicating with mentally ill clients does not need to introduce themselves, nurses do not use humor techniques when clients are awkward, one of these communication techniques is very influential in the implementation of therapeutic communication so that clients are not awkward and not confused when talking to their interlocutors.

According to the author, the age range of nurses who are most in implementing good therapeutic communication is >35 years old with 102 respondents (73.4%). The researcher argues that the age of nurses who are included in the productive category will be more innovative and creative in implementing good therapeutic communication to clients with mental disorders. Ages that tend to be in the high age category are increasingly able to show mental maturity and are increasingly able to think rationally, wisely, are able to control emotions and are open to the views of others.

This is in line with research Muthiah et.al (2022), age greatly influences the performance of nurses, which is good in early adulthood where they have the characteristics of wisdom, decision making, responsibility, mindset, emotional control and good tolerance as they get older. According to the author, the gender of nurses who are most in the application of good therapeutic communication is female, totaling 119 respondents (85.6%). The researcher argues that basically men and women have different communication styles, women tend to be more careful and thorough and require a lot of consideration in communicating so that the message delivered can be delivered well, easily understood and not offensive.

This is in line with research Efrain (2021), the gender of the implementing nurses in this study was dominated by women. This is in accordance with the general perception of society that the work of nurses is more identical to women's work, work as a nurse requires diligence, patience and compassion. Nursing is a social job that is in accordance with the nature of women, namely patience, ability to communicate, compassion, and high commitment to service, so that the nursing profession is appropriate for women.

According to the author, the most nurse education in the application of good therapeutic communication is nurses totaling 109 respondents (78.5%). The researcher argues that the higher the level of nurse education, the better the application of therapeutic communication given to clients. Nurses who have a higher level of education will better understand and understand how to apply therapeutic communication, especially to clients with mental disorders.

This is in line with research Arifin et.al (2019), education level can affect a person's rational and irrational mindset in making decisions, using, or utilizing a health service. A person with low education has a tendency towards high inconsistency in perception (not fixed in their stance), easily influenced compared to someone with a higher educational background.

According to the author, the longest working period of nurses in implementing good therapeutic communication is 11-20 years with 70 respondents (50.4%). The researcher

believes that the longest working period of nurses has more abilities, which are obtained in the room for several years since working in a mental hospital, so that the nurse has moved from room to room and from there the nurse gets different experiences in each room.

This is in line with research Sesrianty, (2018), nurses who have worked for a long time have better work quality compared to those who have just started working, the longer a person's work period, the more skilled and experienced they will be in dealing with problems in their work.

CONCLUSION

Based on the results of the study on the application of therapeutic communication by nurses in the inpatient ward of Prof. Dr. M. Ildrem Mental Hospital, Medan in 2024, with a sample size of 139 respondents, it can be concluded: Frequency distribution of respondents based on orientation phase with good category of 112 respondents (80.6%). Frequency distribution of respondents based on work phase with a good category of 121 respondents (87.1%). Frequency distribution of respondents based on termination phase with good category of 131 respondents (94.2%). The implementation of therapeutic communication by nurses in the good category was 113 respondents (81.3%).

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