

The Effect of Application of Nurse Therapeutic Communication on Cooperative Behavior of Patients with Mental Disorders

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Abstract

Therapeutic communication is one of the tools in carrying out the nursing process, where through communication carried out by nurses consciously, directed, and has a goal, namely to heal patients. Mental disorders are clinically significant syndromes or behavioral patterns associated with distress or suffering and may interfere with one or more functions of human life. The purpose of this study was to determine the effect of the application of nurse therapeutic communication on cooperative behavior of mental patients in the mental room of RSUD Tgk. Chik at Tiro Sigli. The research design was a pre-experimental design, with a one group pre and post test design, to obtain cooperative behavior before and after the application of therapeutic communication. This type of research is a quasi-experimental design with a one-group pre-test and post-test design with a sample of 52 respondents. Statistical test using Wilcoxon Signed Range Test. The results showed that there was an effect of therapeutic communication on patient cooperative behavior such as self-care abilities (eating, bathing and elimination) with a p value of 0.000. It is expected that nurses can pay more attention to the therapeutic communication process in patients, especially those who experience self-care deficits according to the nursing action plan and on an ongoing basis.

Keywords

therapeutic communication;
cooperative behavior; mental
disorders



I. Introduction

Mental disorders are serious problems related to mental health in Indonesia that need more attention from national health policy makers. Although it is still not a priority program for national health policies, the figures obtained from several national studies show that there are still many people with mental disorders in Indonesia and tend to increase (Lestari, W. & Wardhani, Y. F, 2014).

Data from Basic Health Research (Riskesdas) (2018) shows that the prevalence of severe mental disorders/schizophrenia/psychosis in Indonesia is 6.7 per 1000 households. This means that from 1,000 households there are 6.7 households that have household members (ART) with schizophrenia/psychosis. The highest prevalence distribution is in Bali and DI Yogyakarta with 11.1 and 10.4 per 1,000 households on ART having schizophrenia/psychosis, respectively (Riskesdas, 2018). The province of Aceh at riskesdas was previously the area with the highest prevalence after DI Yogyakarta, while the incidence rate in Pidie district was second with a percentage of 17.92% per 1000 households (Riskesdas, 2018).

In general, the results of the 2018 Riskesdas research also stated that 84.9% of people with schizophrenia/psychosis in Indonesia had received treatment. However, those who take drugs are not routinely lower slightly than those who take drugs regularly. In this case, it is necessary to conduct behavioral therapy to improve the patient's cooperative behavior in carrying out daily actions so that the treatment given can also be maximized (Risna & Rahmawati, 2018).

One therapy to improve behavior change in mental patients is the implementation of therapeutic communication. Where communication between nurses and patients with mental disorders has a healing effect in both the mental health content and the client's physical health so that it makes a significant contribution to the health and recovery of the patient as well as the willingness of the client in daily activities (Sanggal, 2013). Communication in the form of implementation strategies (SP) in patients with mental disorders aims to make patients behave cooperatively, able and willing to carry out daily activities (Stuart, G.W., & Sundeen, S. J, 2013). Therapeutic communication is a bridge between nurses as service providers and patients as service recipients. Because it can accommodate the consideration of the health status experienced by the patient. By paying attention to patients holistically, covering aspects of safety, exploring the causes and finding the best solution for patient problems. It also teaches ways that can be used to express feelings that can be accepted by all parties without being assertive (Kusomo, M.P, 2017).

So far, in health services, especially hospitals, therapeutic communication and interactions between nurses and patients are still not optimally implemented. Nurses provide services to patients not in the form of implementation strategies (SP) which are actually very influential in increasing changes in patient behavior (Young Kim Eun & Jang Mi Heui, 2019). Cooperative behavior itself is a patient's response to a stimulus or stimulus to work together in achieving common goals between nurses and patients in the implementation of the nursing process (Hammer M, Fox Sylvia & DeCoux Hampton Michelle, 2014). Stuart G.W (1998) emphasizes that the essence of communication is as a relationship that can lead to changes in attitudes and behavior as well as togetherness in creating mutual understanding of the people involved in communication. Therefore, the similarity of language, the similarity of symbols, the similarity of meaning greatly affect the information to be received and communicated.

In Rosdiana's research (2009), it has been proven that nurse communication with mental patients has a healing effect in both the mental health content and the physical health of clients with deficits (self-care). Communication also has a significant contribution to the patient's health and recovery as well as the client's willingness in self-care. Communication in the form of an implementation strategy (SP) at the DPD aims to enable clients to be able and willing to carry out self-care or personal hygiene activities independently such as bathing/cleaning themselves, dressing/decoration, eating, defecating and urinating (Fitria, 2009). In the nursing process therapeutic communication is very important because this communication is a tool in carrying out the nursing process. In nursing care, communication is aimed at changing client behavior to achieve optimal health levels (Stuart GW., 1998).

Based on this phenomenon, the researcher formulated the problem as the target to be studied, namely how the influence of the application of nurse therapeutic communication on the cooperative behavior of mental patients in the mental room of RSUD Tgk. Chik at Tiro Sigli. The purpose of this study was to determine the effect of the implementation of therapeutic communication by nurses, namely in the form of SP on changes in patient behavior, namely cooperative towards nursing actions given by nurses. This research is also expected to provide benefits in nursing practice as a means to accelerate the healing process. In addition, it can help patients explain and reduce the burden of thoughts and feelings and strengthen the interaction of both parties between nurses and patients.

II. Review of Literatures

2.1. Therapeutic Communication

Communication is the process of delivering messages by someone to other people to tell, change attitudes, opinions or behavior either directly orally or indirectly through the media. In this communication requires a reciprocal relationship between the delivery of messages and recipients namely communicators and communicants. (Hasbullah, et al. 2018)

Therapeutic communication is a means for nurses to establish a trusting relationship with patients so that they can improve good interactions in carrying out the nursing care process (Santoso, D. A., Haryanti, S. & Meikawati, W, 2013). The give and take relationship between nurses and patients in nursing services that aims to help patients clarify and reduce the burden of thought so as to accelerate healing (Khaeriyah, U., Sujarwo, & Supriyadi, 2013).

It can be concluded that therapeutic communication is an interpersonal relationship between nurses and patients in fostering a trusting relationship so that it can improve the interaction process in patient care and healing (Fasya, H. , Pujasari, S, L, 2018). The function of therapeutic communication can increase mutual trust between nurses and patients, if not applied it will disrupt the therapeutic relationship which will have an impact on patient dissatisfaction and inappropriate behavior (Aswad, S., Mulyadi., & Lolong, J, 2015).

Types of therapeutic communication are distinguished according to the patient's response, namely; listen attentively, in this case the nurse must listen to the problems presented by the patient to find out the patient's own feelings, thoughts and perceptions. The attitude needed here is looking into the eyes when speaking, not crossing the legs and arms, and avoiding unnecessary movements and leaning towards speaking. In addition, it shows acceptance i.e. listening without showing doubt or disapproval. Another type of asking related questions, repeating the patient's words in his own words, the nurse gives feedback that the nurse understands the patient's message and hopes that communication will continue. Furthermore, clarifying and focusing, namely equating thoughts and cutting off the conversation when the patient conveys the problem at hand (Sulastri, Eko, T., Ermaneti, Y, 2019).

There are 4 phases of therapeutic communication between them; the assessment phase, this is the initial stage in communicating used to collect information, another name is the pre-interaction phase, nurses can identify patient needs and determine nursing action priorities. Next is the nursing plan (orientation phase), in this phase the nurse interacts with the patient to determine the appropriate nursing action for the patient. Nursing action phase (work phase), this stage the nurse is active in the actions given to the patient and requires skills or strategies to meet the patient's needs. The last phase is the phase of evaluating progress and the final result of the given action (Termination phase). Without communication the nurse will have difficulty assessing whether the nursing action that has been given is successful or not, at this stage the nurse must discuss the rationale for the change in action and the next follow-up plan (Aswad, S., Mulyadi., & Lolong, J, 2015).

In this case the communication can be done in various situations and conditions. The stages or phases that are passed during the interaction must be sequential and consistent so that the actions given to the patient are also maximally carried out (Sanggal, 2013).

2.2. Cooperative Behavior

Some experts reveal that behavior is an experience that appears to a person from the results of his interaction with the environment that is manifested in the form of knowledge, attitudes and actions (Hammer M, Fox Sylvia & DeCoux Hampton Michelle, 2014).

Behavior is a person's response or reaction to a stimulus (stimulus from outside). In this case, it is known as the S-O“R theory” or “Stimulus-Organism-Response” (Fasya, H. , Pujasari, S, L , 2018).

Cooperative behavior is an attitude that shows cooperation, does not oppose the attitude of certain individuals or groups. Cooperative behavior is also a patient's response or reaction to a stimulus or stimulus to work together in achieving common goals in the implementation of nursing actions (Santoso, D. A., Haryanti, S. & Meikawati, W, 2013).

In this case, the cooperative behavior of mental patients is reflected in the cooperation of patients with nurses in carrying out nursing interventions which can be directly seen through the responses and reactions aimed at these actions (Fasya, H. , Pujasari, S, L, 2018).

2.3. Mental disorders

Mental disorders are disorders of behavior patterns shown by individuals that cause distress, reduce quality of life and dysfunction. This reflects psychological dysfunction, not as a result of social deviation or conflict with society (Risna & Rahmawati, 2018).

Signs and symptoms of mental disorders include; Tension can be seen as moody behavior or feelings of hopelessness, anxiety, restlessness, weakness, hysterics, convulsive behavior, fear and inability to achieve the goal of bad thoughts (Claire, L., O'Reilly, J. , Simon, B., Patrick, J., Kelly, Timothy, F. & Chen, 2015). Furthermore, cognitive impairment, this is a mental process in which a person realizes, maintains good environmental relations, the internal and external environment. Hallucinations are divided into visual hallucinations, auditory hallucinations, tactile hallucinations, olfactory hallucinations, synesthetic hallucinations, and kinetic hallucinations. Furthermore, illusion is a false or false perception (interpretation) that is wrong with an object. Another perceptual disturbance in the form of derealization is a strange feeling about the environment that does not match reality. And depersonalization is a strange feeling in oneself, the personality feels out of place and does not match reality (Risna & Rahmawati, 2018).

Another sign of impaired sensation. A person experiences impaired awareness of stimuli, namely the sense of touch, taste, sight, smell, hearing and health. In addition to experiencing personality disorders such as paranoid, disocial, emotionally unstable, patients also experience feelings or emotional disorders (affects and moods) (Claire, L., O'Reilly, J., Simon, B., Patrick, J., Kelly , Timothy, F. & Chen, 2015).

III. Research Methods

This study is a pre-experimental design, with a one group pre and post test design, to assess the effect of the independent and dependent variables. The independent variable is a variable that appears and affects the dependent variable. The independent variable in this study is the effect of the application of nurse therapeutic communication, while the dependent variable is the cooperative behavior of mental patients. The research design was to determine the patient's cooperative behavior before the implementation of therapeutic communication by nurses with implementation strategy techniques (SP) in mental nursing care and after the application of nurses' therapeutic communication implementation strategies (SP) techniques in mental nursing care. This research was conducted in the Mental Room of RSUD Tgk. Chik at Tiro Sigli. The population of this study were patients with mental disorders who were treated in the Mental Room of RSUD Tgk. Chik at Tiro Sigli. Data from the last 5 months the number of patients treated was 260 people with an average of 52 people per month. The research sample was taken using the total population technique, namely 52 patients with mental disorders. To get the data, the researcher used a

questionnaire sheet for the implementation of nurse therapeutic communication and an observation sheet for patient cooperative behavior. The data collection techniques used were (1) guided interview (2) Pre Test before being given the application of nurse therapeutic communication (3) Intervention (4) Post test after being given the application of nurse therapeutic communication. Interviews were conducted according to the questionnaire that had been prepared covering the phases of therapeutic communication, starting from the pre-interaction phase, orientation phase, work phase and termination, then assessing cooperative behavior with an observation sheet guideline that was prepared based on responses that emerged from nurse-patient interactions. The data that has been obtained is managed through several stages: data editing, coding, scoring, tabulation, data entry and data cleaning. Data analysis in this study used univariate and bivariate analysis.

IV. Result and Discussion

Statistical tests on independent variables and dependent variables were carried out by the Shapiro Wilk Test, to determine the normality distribution of the data, the results of the Shapiro Wilk test were obtained on all test variables with a p value of 0.000. It is concluded that the data is not normally distributed, so the statistical test used is the Wicoxon signed test.

Table 1. Wilcoxon Signend Ranks Test

	Wilcoxon Signed Ranks Test Statistic		Meaning
	Z	Sig.	
Post-pre Ability	-5,613	0,00	Significant
PH(Bath)		0	N
Positif ranks			
Post-pre Ability	-1,857	0,06	Significant
PH(dress up)		3	N
Ties ranks			
Post-pre Ability	-5,305	0,00	Significant
PH(eat)		0	N
Positif ranks			
Post-pre Ability	-3,742	0,00	Significant
PH(elimination)		0	N
Positif ranks			

Based on the results of the analysis carried out, it was found that the average post-test score was greater than the post-test for self-care behavior (bathing, eating and elimination), while the post-test self-care ability (dressing up) was the same as the pre-test. This shows that there is an increase in cooperative behavior or self-care abilities (bathing, eating and elimination).

Table 2. Wilcoxon Signend Ranks Test

	Wilcoxon Signed Ranks Test Statistic		meaning
	Z	Sig.	
Post-pre	-3,506	0,00	Significant
Will		0	N
PH(bath)			
Positif ranks			
Post-pre	-1,000	0,31	Significant
Will		7	N
PH(dress-up)			
Ties ranks			
Post-pre	-4,505	0,00	Significant
Will		0	N
PH(eat)			
Positif ranks			
Post-pre	-0,000	1,00	Significant
Kemauan		0	N
PH(elimination)			
Ties ranks			

The results of the analysis carried out showed that the post-test average value was greater than the post-test for cooperative behavior or self-care willingness (bathing and eating), while for self-care ability (dressing and elimination) the post-test was the same as the pre-test. This shows that there is an increase in self-care ability behavior (bathing and eating) (Aswad, S., Mulyadi., & Lolong, J, 2015).

Efforts can be made to patients with mental disorders with uncooperative behavior problems in self-care or self-care deficits, namely after nursing actions are carried out, then the client's response to the therapy is obtained, the nurse can make further nursing plans to meet the client's needs (Sanggal, 2013). This certainly supports that the therapy given is in accordance with the nursing plan and can help the client's recovery process.

Based on the analysis and statistical tests using the Wilcoxon Signed Range Test. The results showed that there was an effect of the application of therapeutic communication on the cooperative behavior of mental patients in the Mental Room of RSUD Tgk Chik Di Tiro Sigli such as self-care abilities (eating, bathing and elimination) with each p value of 0.000.

Another effort that can be done is in accordance with the nurse's task in therapeutic communication itself, with several stages of communication, namely the interaction phase, orientation phase, work phase and termination phase (Hammer M, Fox Sylvia & DeCoux Hampton Michelle, 2014). Another thing that can be done, the family also needs to be involved in helping the client's recovery process. Family involvement as a support group has benefits for the client's recovery process, because it can accelerate the client's healing process through family and group dynamics (Fasya, H. , Pujasari, S, L, 2018).

V. Conclusion

Based on the analysis and statistical tests using the Wilcoxon Signed Range Test. The results showed that there was an effect of the application of therapeutic communication on the cooperative behavior of mental patients in the Mental Room of RSUD Tgk Chik Di Tiro Sigli such as self-care abilities (eating, bathing and elimination) with each p value of 0.000.

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