

PENELITIAN**EFFECT OF THE NURSES VERBAL STATEMENTS
TOWARD THE PATIENT****Amiruddin**

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Abstract. Observation at Teratai Room (VIP Room) Abdoel Wahab Syahrani General Hospital shows that patients complain to the services provided which should have been overcome with good nurses therapeutic communication. The research aims to explain the process of the therapeutic communication and to reveal the way the patient interpret the nurses' verbal statements in the therapeutic communication at Abdul Wahab Syahrani General Hospital of Samarinda, as well as to disclose the effect of the therapeutic communication. This research used qualitative method. The data were collected by using indepth interview and recording techniques and analyzed based on the theory of denotational text . The samples of this research were the dialogues between the patient and nurse. The technique of sampling that the researcher uses was nonrandom purposive sampling. The result of this research indicates that nurse has a big role in the process of the Therapeutic Communication to alleviate and help the patient to recover using non-medical treatment by means of greeting, performing empathy, observing, exploring, offering information and greeting again in the closing to recognize and to console the patient. The most dominant interpretation used by patients is figurative interpretation. Finally, the effect of therapeutic communication is the patient feels comfort, confidence, and relax.

Keywords: Effect toward patient , Nurses' Verbal Statements, Therapeutic Communication.

Abstrak. Pengamatan di ruang Teratai (ruang VIP) Rumah Sakit Umum Daerah Abdul Wahab Syahrani menunjukkan adanya keluhan-keluhan pasien terhadap pelayanan yang diberikan yang seharusnya bisa diatasi dengan komunikasi terapeutik dari perawat. Penelitian ini bertujuan menjelaskan proses komunikasi terapeutik dan mengungkapkan cara pasien menginterpretasikan/menafsirkan ucapan-ucapan perawat dalam komunikasi terapeutik di Rumah Sakit Umum Daerah Abdul Wahab Syahrani, Samarinda serta menguraikan efek yg dirasakan oleh pasien ketika mendapatkan komunikasi terapeutik dari perawat. Metode yang digunakan, yaitu metode deskriptif kualitatif. Pengumpulan data menggunakan tehnik wawancara mendalam dan tehnik merekam. Sampel penelitian, yaitu dialog antara perawat dan pasien. Teknik penyampelan yang digunakan, yaitu sampel purposif tidak acak. Data dianalisis berdasarkan teori teks denotasional (denotational text). Hasil penelitian menunjukkan bahwa perawat mempunyai peranan besar dalam proses komunikasi terapeutik untuk meringankan dan menyembuhkan pasien secara nonmedis melalui sapaan, empati, pengamatan dan penyelidikan, penawaran informasi, dan sapaan penutup untuk menghargai dan menghibur pasien. Selanjutnya interpretasi yang paling dominan digunakan oleh pasien, interpretasi figuratif (prinsip berpikir umum). Efek yang dirasakan oleh pasien dari komunikasi terapeutik, yakni mereka merasa lebih nyaman, percaya diri, dan merasa santai.

Kata kunci: Efek terhadap pasien, Ucapan Verbal Perawat, Komunikasi Terapeutik.

INTRODUCTION

Communication is essentially a social process. Anwar (1998), asserts as a

social process, not only communication of human relationships occur but also it affects the mutual interaction. In other

words, communication is the essence of all social relations. If two or more people have entered into social relations, then the communication system which they do will determine whether the system can tighten or loosen the relationship, decrease or increase the strain and increase the confidence or reduce it.

One of the factors to increase patients' satisfaction is to improve a nursing care where the nursing is main elements of the existing services in the hospital, because for 24-hours, nurse is always dominant in giving nursing care to the patient. Nurses have a very big role, whether viewed from the interaction with the patient and his family or from the involvement of the service directly to patients. Nurses as medical staff who are constantly in touch with the patient must have many skills, one of the skills is the interpersonal skill which is a skill in communicating with patients.

Communication in nursing profession is very important because it is a means in doing nursing process. According to Stuart *et al* (1995), Therapeutic means a nurse can take action and verbalize it which facilitates a recovering process. Whereas Purwanto (1994), states that Therapeutic Communication is a planned communication consciously, the only aimed to recovering a patient, and a professional communication that has a goal for recovering the patient done by nurse or medical employee.

Based on the observation of researcher at Teratai Room (VIP Room) Abdoel Wahab Syhramie General Hospital showed complaints of patients with the services provided which should be able to overcome by nurses' therapeutic communication, especially for the care of patients who require long time make patients and families haunted by a variety kinds of stressors, namely the fear of death, the uncertainty of results,

concerns about the cost of care, and other anxieties.

Suryani (2009), says the anxiety experienced by a person can greatly affect their interactions with others. It is caused by an error in interpreting of what the other person said. When someone feels anxious, he would not be able to listen what speaker says well and is unable to perform active listening and attentive.

Griffiths (2006), said that a basic interpretation of an utterance, using contextual information and world knowledge to work out what is being referred to and which way to understand ambiguous expressions is defined as a figurative interpretation.

Incorrect interpretation of both the nurse and the patient will have a negative impact among which may cause misunderstanding between nurses and patients and their families, so the patient is not satisfied. Patient satisfaction of nurse communication is the level of one's feelings after comparing between the perceived nurse communication and the desired expectation by patients after undergoing hospitalization. Nurses in providing nursing care can not be separated from the nurse communication with patients that may affect patient satisfaction. Purwanto (1994), says the effective therapeutic communication is expected to support the recovery process of a patient. Therapeutic communication provides excellent service (without disabilities), so that recovery and patient satisfaction is achieved.

Sandaruppa (2013), said that language is analyzed as text and the emphasis is on the relation between text and context. Text then is seen as consisting of three levels, denotational text which answers the question 'what is being said?', interactional text which answers the question of 'what is really happening'. Finally, the relation between

the two is mediated by semiotic indexicality. In this approach, form, meaning, function and structure are not in language but arise out of the interaction. The denotational text focuses on features related to the structure of the utterances.

There are several studies that have been conducted relating to the therapeutic communication. Rahman (2003), conducted experimental research on the effect of therapeutic communication training on nurses' competence raising. Whereas, Darmawan (2010), conducted cross-sectional research on a relationship between high knowledge, positive attitudes, behavior of nurses in implementing therapeutic communication. Otherwise there is no relationship between training participation and nurses' behavior in implementing therapeutic communication. Besides, Wanto (2012), also conducted cross-sectional research on therapeutic communication management analysis at Abdul Wahab Syahrani General Hospital of Samarinda.

The previous researchers have focused on the effect of nurses' knowledge in therapeutic communication. So, the aim of this research which not only stand on nurses point of view but also stand on patients point of view. Thus, it is interesting to look into patients' interpretation of the nurses verbal statements in therapeutic communication.

RESEARCH METHODOLOGY

Research Design

This research employs a qualitative approach in a single case study at Abdul Wahab Syahrani general hospital of Samarinda.

Source of Data

This qualitative data consists of both primary data and secondary data, which

can be derived from the nurse's depth interviews, the dialogues' recording and some documents from the books, the journals, the internet and libraries.

Procedures of Collecting Data

In collecting the data, the researcher used depth interview and recording technique. The researcher collected primary data from participants by doing an interview and recording.

Techniques of Analyzing Data

The researcher used the descriptive qualitative method in analyzing the data. These methods were carried out with the some steps, the recording speech is firstly made in transcript. After that, the transcription of speech was identified as utterances. Then, each utterance is analyzed by using the theory of the denotational text.

RESEARCH FINDINGS

The researcher would like to present linguistic features used in the therapeutic communication. Furthermore, the researcher will elaborate the process of denotational in constructing the power of nurses verbal statements in the therapeutic communication. Although the researcher does not interview the patients anymore, but the responses of the patient have showed the interpretation of the patient.

The following utterances are the denotational text :

N : (1) "*Selamat pagi bu' Kelti !*" (Good morning Mrs. Kelti !)

P : (2) "*Pagi pak...*" (Morning sir ...)

N : (3) "*Waduu Sepertinya bu' Kelti ini tidak bisa duduk ya ?*" (Ouch...It seems Mrs. Kelti can not sit down, doesn't it ?).

P : (4) "*Iya pak, saya masih lemas. Jadi belum bisa duduk sekarang.*" (Yes sir,

I'm still weak. So I can not sit down now).

N : (5) "oooh gitu...itu penyebabnya bu' Kelti itu kekurangan cairan atau mungkin juga kekurangan gizinya...". (oooh I see ... it may be caused by dehydrated or nutritional deficiencies...).

P : (6) "oooh seperti itu ya pak ya...". (oooh I see ...).

N : (7) "Iya..Baiklah bu' Kelti, sesuai janji saya...(8)saya akan datang kepada bu' Kelti untuk memberikan infus ini. (9)Apakah ibu bersedia untuk saya infus?". ("Yes..well Mrs. Kelti, as I promise ... I will come to Mrs. Kelti to apply this infusion. Are you ready to apply this infusion ?).

P : (10) "Tapi pak, apakah infus itu jalan satu-satunya pak?". (But sir, is the infusion the only way, sir ?).

N : (11) "Iya, memang jalan satu-satunya karena...(12)ooo atau ibu sepertinya khawatir ya dengan infus ini?". (Yes, it's indeed the only way because ... ooo or you seem to worried by this infusion ?).

P : (13) "Iya pak, soalnya itukan saya lihat di pasien-pasien lain itu kadang keluar darah di cairan infusnya itu, jadi saya takut...". (Yes sir, because I see other patients sometimes there is a little blood in their infusion, so I'm afraid ...).

N : (16) "Ya memang sih kadang ada begitu bu' tapi itu tidak terlalu mengkhawatirkan bu' kalau darah karena disini ada perawat...(17)banyak perawat yang bisa menolong ibu". (Yes, sometimes I see like that but that was not too worried if the blood because there are nurses here ... many nurses who can help you).

P : (18) "Seperti itu ya pak. Jadi nggak bahaya ya kalau diinfus?" (I see sir. So is it never mind to applied infusion, is it ?).

N : "ya...(19) jadi infus itu bisa mengembalikan cairan ibu Kelti, (20)menambah zat gizinya supaya bisa segar kembali, bisa pulih kembali. (21)Bagaimana bu' Kelti?". (yes ... so it can return the fluid, Mrs. Kelti, feeding nutrients to make you fresh, and recovery. How about you, Mrs. Kelti ?).

P : (22) "Baiklah pak kalau tujuannya seperti itu, saya bersedia untuk diinfus pak". (Okay sir, if I see like that, I am ready to applied infusion).

N : (23) "ooo...kalau begitu mungkin 5 menit kemudian saya akan kembali ke bu' Kelti sambil saya mempersiapkan alat-alatnya dulu ya bu' Kelti ya...". (Ooo ... then maybe 5 minutes later I would return to find Mrs. Kelti while I was preparing the instruments Mrs. Kelti ...).

N : (25) "Sampai nanti ya bu' Kelti...". (See you, Mrs. Kelti ...).

N : (27) "Selamat pagi !" (Good morning!)

Feature of the process of therapeutic communication is the dialogue between the nurse and the patient in hospitalization's room. It is the nurse that initiates the dialogue between the two. The patient has just been hospitalized in Teratai room. She has diarrhea because she experienced decreasing trombosa. The conversation consists of opening, content and closing.

In order to facilitate and to hasten the recovering process of the patient, the nurse has a big role in the process of therapeutic communication by means of language (verbal statements) i.e. greeting, performing empathy, observing and exploring, offering information to give the right comprehension, and the last greeting to recognize and to console.

How do the patient interpret the nurses verbal statements in the Therapeutic Communication ?

The responses of the patient constitute or show the effect of therapeutic communication of the nurse, at once have showed their interpretation. Let's see the patient's interpretation as follow :

The opening of the conversation is begun by nurse's greeting (1) "*selamat pagi bu' Kelti !*" (good morning Mrs. Kelti !), in this case, the nurse tried to establish a contact (phatic function) with the patient to begin to communicate his message. This phatic is used to ensure the hearer having attention from the speaker in order to make the patient recovered. This greeting would give recognition to the patient and it could make patient into be better.

Then, the nurse continues with utterances that attempts to influence the patient (conative function) (3) "*Waduu Sepertinya bu' Kelti ini tidak bisa duduk ya ?*" (Ouch...It seems Mrs. Kelti can not sit down, doesn't it ?). The word '*waduu*' and the interjection '*ooh*' contain therapeutic value because the nurse shows empathy as if he felt what the patient feel. This utterance is also expected to stimulate the patient to assert her complain (4) "*Iya pak, saya masih lemas. Jadi belum bisa duduk sekarang.*" (Yes sir, I'm still weak. So I can not sit down now.), and then nurse could respond it immediately (5) "*ooh gitu...itu penyebabnya bu' Kelti itu kekurangan cairan atau mungkin juga kekurangan gizinya...*". (ooh I see ... it may be caused by dehydrated or nutritional deficiencies...). It means the politeness in responding could hasten patient's recovery.

In the content, the nurse fulfill his promise to visit the patient (7) "*Iya..Baiklah bu' Kelti, sesuai janji saya...(8)saya akan datang kepada bu' Kelti untuk memberikan infus ini...*" (Yes..well Mrs. Kelti, as I promise ... I will come to Mrs. Kelti to apply this infusion...), in this case

the nurse attempts to make patient trust to him, and if this condition is maintained continuously, surely it would establish mutual trusting sense each other and then it could hasten patient's recovery.

Thus, topics occur in utterances, such as (8) above, (9) "*..Apakah ibu bersedia untuk saya infus?*" (Are you ready to apply this infusion ?), the nurse shows assertive skill in this utterance. This assertive skill is aimed to convince patient but remain to appreciate rights of the patient. When one feels convincing and her rights are recognized, so surely she would be better and certainly it would hasten the patient's recovery. The topics also occur in utterance (10) "*Tapi pak, apakah infus itu jalan satu-satunya pak?*". (But sir, is the infusion the only way, sir ?), and in utterance (19) "*... jadi infus itu bisa mengembalikan cairan ibu Kelti...*" (it can return the fluid, Mrs. Kelti). So, the topic of the conversation is infusion in which contains information carried in the message.

Features also occur in content in which nurse offers himself without expecting conditional response from patient (17) "*..banyak perawat yang bisa menolong ibu*" (...many nurses who can help you). This utterance helps patient to reduce doubts before giving intervention, so the patient come to utterance (18) "*Seperti itu ya pak. Jadi nggak bahaya ya kalau diinfus?*" (I see sir. So is it never mind to applied infusion, is it ?). It means the patient's convincing would hasten her recovery.

Furthermore, nurse offers information to patient in which it could be seen in utterances (5) above, (19), and (20) "*... menambah zat gizinya supaya bisa segar kembali, bisa pulih kembali*" (...feeding nutrients to make you fresh, and recovery). In this case these nurse's utterances intend to give the right comprehension to take further response from patient. Relating to language

functions, such utterances are referential function and metalinguistic function. Those utterances carry information that required by the patient and the information is clarified more by nurse. The information received by the patient is then processed (decoding) more by transforming the information into a message (encoding) in herself (transformativ power), then delivering feedback to the message received so that patient comes to an utterance (22) *"Baiklah pak kalau tujuannya seperti itu, saya bersedia untuk diinfus pak"*. (Okay sir, if I see like that, I am ready to applied infusion). The effect of the nurse's utterances make patient immediately to take decision, and then the right decision could hasten patient's recovery anyway.

The effect of therapeutic communication to the patient is found in the end of content in which the patient feels comfortable, relax and does not hesitate anymore as found in the utterance (22) above. This utterance make the nurse immediately ready to give intervention by preparing the instruments of applying infusion with an utterance (23) *"ooo...kalau begitu mungkin 5 menit kemudian saya akan kembali ke bu' Kelti sambil saya mempersiapkan alat-alatnya dulu ya bu' Kelti ya..."*. (Ooo ... then maybe 5 minutes later I would be back to find Mrs. Kelti while I was preparing the instruments, Mrs. Kelti "). It means that there must a feedback from the patient first, then the nurse could close the interaction.

Feature in the closing of the conversation is found that the nurse initiates to close the communication by greeting the patient (25) *"Sampai nanti ya bu' Kelti..."*. (See you, Mrs. Kelti ...), (27) *"Selamat pagi !"* (good morning). Instead of going away anywhere, this greeting would provide effect to the patient i.e. giving recognition and appreciation, and eventually it would

hasten the process of the patient's recovery.

The process of therapeutic communication between the nurse and the patient is started from the formulation of the message (encoding) by the nurse and then delivered to the patient verbally. Messages received by the patient is then processed (decoding). After understanding the message received, the patient transforms the information into a message (encoding) in herself, then delivering feedback to the message received. Thus this process will be repeated until the end purpose of the communication that is done is reached by both. The effect of therapeutic communication to the patient is the end purpose of the communication.

DISCUSSION

This research shows that the process of therapeutic communication in the dialogue (situation) consists of opening, content, and closing. The nurse initiates to begin the communication by greeting in the opening. In this case, the nurse tried to establish a contact (phatic function) with the patient to begin to communicate his message. This greeting ensures the hearer having attention from the speaker.

In formulating the message, the nurse tends to perform activity for observing and to explore the patient by uttering broad question in the content. Sometimes in the observation, the nurse performs empathy to affect the patient. The observation is carried out if there is a conflict between verbal and non-verbal communication of client and there is unusual verbal and nonverbal behavior of the client. While exploring the patient is aimed to seek and discover patient's problem deeply.

In the conversation, the nurse always fulfill his promise to visit the patient. It means that nurse attempts to make patient trust to him. Those utterances are also assumed as conative function

because it could influence the patient. Some features also occur in content in which nurse always offers himself without expecting conditional respond from the patient. In addition to the nurse shows assertive skill in his utterances. This assertive skill is aimed to convince patient but remain to appreciate rights of the patient.

Mostly in the content, the nurse offers information at once gives the right comprehension to the patient. In this case these nurse's utterances intend to take further response from the patient. Relating to language functions, such utterances are referential function and metalinguistic function. Those utterances carry information that required by the patient and the information is clarified more by nurse. The effect of nurse's utterances make patient immediately to take decision. In other words, the messages received by the patient is then processed (decoding) by transforming the information into a message (encoding) in herself, then delivering feedback to the message received.

The effect of therapeutic communication to the patient mostly we find in the end of content in which the patient feels comfortable, relax and does not hesitate anymore (confident). Then, in the closing of the conversations, the nurse initiates to close the conversation by greetings. Such greetings in the closing are aimed to recognize and to console the patient.

Sandaruppa (2013), states that in the functional semiotic theory, the investigation focuses on the language function than referential function. It is associated with the approaches that relates language to context of situations. Cook (1989), betrays relating to language functions, two linguists like Roman Jakobson (1960) and Dell Hymes (1962) have classified the main function of language.

From the researcher's point of view, the language function theory needs to be further developed. In this case, by using the Indonesian data the researcher develops this theory. Some language functions that found from the result of the Indonesian data analysis could be seen in the features of verbal statements, such as; Greetings have function of to have attention from the nurse, empathy from the nurse may affect the patient, observing and exploring have function of to seek and to discover the patient's problem deeply, establishing appointment is to construct a trust, assertive skills have function of to convince and to appreciate the patient, offering information is to convince and to give the right comprehension to the patient, and the last greetings have function of to recognize and to console the patient.

CONCLUSIONS AND SUGGESTIONS

Based on the analysis of the data which have been presented in the preceding chapter, the researcher would like to draw some conclusions on patients' interpretation of the nurses verbal statements in the Therapeutic Communication. First, The process of therapeutic communication consists of opening, content, and closing. The nurse has a big role in the process of therapeutic communication to alleviate and recovered the patient nonmedically by means of greeting, performing empathy, observing and exploring, offering information to give the right comprehension, and the last greeting to recognize and to console the patient. Second, The most dominant interpretation that used in interpreting the nurses verbal statements is figurative interpretation due to the interaction involved context of place, time and various situations. Third, the effects of the therapeutic communication that felt by patients are the patients feel comfort, relax, and

confident. Based on the conclusions above, the researcher would like to present some suggestions, such as it is important for the nurse and the other medical employee to improve their ability in applying the process of therapeutic communication. And then, relating to the interpretation the researcher suggests to find out new findings in the other investigation with the different situations.

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