

## An Analysis of the Defects of Therapeutic Communication between Nurses and Patients in a Hospital: The Case of RSUD Prof. DR. W. Z. Johannes Kupang

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**Abstract:** This study focuses on the therapeutic communication between nurses and patients, based on the negative perceptions harbored towards poor patients who seek medical attention in a hospital. This research also focuses on how therapeutic communication occurs between nurses and patients in a Class III room and Pavilion room of RSUD Prof. DR. W. Z. Johannes Kupang. This research aims to (1) analyze communication types between the nurses and patients in the Class III room and Pavilion room of RSUD Prof. DR. W. Z. Johannes Kupang, (2) examine factors that shape the communication types, and (3) determine the interrelationships between the components of communication. The method used in this research was the qualitative with the approach to communication ethnographic study. The data collection techniques included participative observation, in-depth interview and documents analysis. The data was verified using triangulation. The findings of this research show that: (1) there were two types of communication in the therapeutic process between the nurses and patients in the Class III room and Pavilion room. The two types were communication between nurses and patients and communication between nurses and patient's families. These two types of communication were the most significant occurrences, and (2) the components forming the communication were *setting and scene* related with space, time, situation, and psychological aspect; *participants*, consisted of main participants who are the nurses and patients, and supporting participants, i.e the patient's families and doctors. *Ends*, which is related to the purpose of communication which is to achieve patient's recovery; *act sequences*, related to the form and content of communication and the sequence of speech; *key*, related to the tone of voice in communication; *instrumental*, related to the channel and media used in communication; *norms*, related to the norms of interaction in the communication occurrences; and *genre*, related to the form of delivery, i.e. request, question, statement, advice, and notification; (3) Finally, these components were assessed on therapeutic communication of nurses to patients.

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### Introduction

Based on the perceptions of the services provided by nurses at RSUD Prof. DR. W. Z. Johannes Kupang, a Regional Public Hospital of NTT Province, there is a negative feeling by the society members towards the services provided by the hospital. The negative perception of the general public towards the services of nurses in the hospital expelled the researcher to explore the phenomenon in-depth.

There are various experiences and issues emerging in the society which indicate that the health services offered by the nurses are inadequate. The nurses are often considered unappreciative or disrespect the rights and dignity of the patients and their families, and they disregard other various ethics and norms of the surrounding environment. Prior to the study, information about the behavior of nurses at the hospital was got accidentally, this occurred as a result of the researcher's interaction with the patients at the hospital during a preliminary study, and the researchers went on to further investigate the patient

opinions which later led to a study on communication between nurses and the patients.

On administering questionnaires to the former patients of RSUD Prof. DR. W. Z. Johannes Kupang and results shows that 63% feel that services offered by the nurses at the hospital were poor, and 37% considered them to be excellent. From this study, the researcher concluded that allegations of poor professional conduct by the nurses in this hospital were true. This fact often affects patients and dissatisfaction has increased among the patients after experiencing or witnessing how the nurses delivered health-care services. The nurses in RSUD Prof. DR. W.Z Johannes Kupang are often considered impolite because their attitude and behavior towards the patients and their families is poor.

This has also been admitted by a former nurse at the hospital. IW, and says. "I know that the images of the nurses in the hospital are not good among the people of Kupang City. We were more concerned about providing medical services than about building

good relationship with them [the people]. Hence, we only meet them when we have to provide medical care as required. Considering the vast amount of patients in this hospital, particularly those who were referred to us from other places, we believe that providing medical attention was more important.”

This was an excerpt of the statement of IW (24), a former nurse at Class III inpatient room of RSUD Prof. DR. W.Z. Johannes Kupang, given to the researcher during pre-research activities on 03 September 2013.

IW's statement was supported by similar statement from Nurse N: “It is indeed true that the nurses of this hospital are clumsy and rude. But it was because of the huge workload we have. The number of patients compared the number of nurses on duty in each shift was large.”

Regarding this, patients' complaints and dissatisfaction came from the low-to-middle class people who experienced the services of RSUD Prof. DR. W. Z. Johannes Kupang. From this complex phenomenon, the researcher realized that there are main factors influencing this outcome i.e. communication, particularly therapeutic communication. To understand therapeutic communication, the researcher attempts to explore deeper to the important matters that form the communication.

Considering the importance of communication in the relationship of nurses and patients, the researcher was interested in conducting research on the communication between the nurses and patients at RSUD Prof. DR. W. Z. Johannes Kupang in order to examine the therapeutic communication occurring between the nurses and patients in RSUD Prof. DR. W. Z. Johannes Kupang. The researcher believes that communication, particularly therapeutic type in this case, was an important aspect in the process of health care provided by the nurses to the patients. However, the researcher limits this research only on therapeutic communication of nurses and patient, and a comparison between the therapeutic communications occurring in Class III room and in Pavilion Class of this Hospital using the communication ethnography approach.

#### **Method**

In this research, the researcher employed qualitative research method using communication ethnographic study. Communication ethnography was highly relevant in the field of qualitative research. Qualitative study would guide communication ethnography to understand how language, communication, and culture worked together to produce certain communication act.

Communication ethnography study was a development of linguistic anthropology comprehended

in the context of communication. Communication ethnography was defined as a study on the role of language in communicative behavior of society, i.e. how language was used in societies with different culture. It was called communication ethnography because Hymes believes that the reference frame to put language in a culture should focus on communication, not on language. Language lived in communication; language would lose its meaning if it was not communicated (Hymes, in Kuswarno, 2011: 11). The stages of communication ethnography research suggested by Hymes were as follows:

- Identification of recurrent events of communication occurrences.
- Inventory of communication components that formed the recurrent events of communication occurrences.
- Finding the relationship among the components that formed communication events, which would be called communication patterning.

Recurrent events of communication occurrences are the significant communication occurrences that become characteristics of communication actions of a society. The communication components in communication ethnography research were the communication units that supported a communication occurrence (communication event). Dell Hymes, as an important figure in communication ethnography, proposed eight components, commonly known as SPEAKING, that explained the communication components. SPEAKING consisted of: *setting/scene*, *participants*, *ends*, *act sequence*, *keys*, *instrumentals*, *norms of interaction*, and *genre*. The interrelationship among these communication components would result in communication patterning.

#### **Techniques to Determine Informants**

To gain relevant data pertaining to this research, the researcher needed informants who would provide data concerning the topic researched. In this research, the researcher employed purposive sampling. It meant that the sampling was not done randomly; it was adjusted with the criteria required by the researcher so that the sample would fit the research requirement. As mentioned by Sugiyono, purposive sampling was a technique to determine sample based on certain considerations.<sup>1</sup> Therefore, the researcher employed purposive sampling in this research.

In this research, the key informants were the nurses working at the Class III inpatient room and the Pavilion room of RSUD Prof. DR. W. Z. Johannes Kupang. The researcher chose 6 informants, consisted of two male nurses from Class III room, two female nurses from Class III room, and two nurses from Pavilion room. The following was the informant table:

#### **Data Collecting Techniques**

Communication ethnography research in general was a holistic study, because the examined object covered all aspects. Data collecting technique for communication ethnography research, as proposed by Cresswell, consisted of three techniques: participative observation, in-depth interview, and documents analysis. These three data collecting technique would be employed in this research.

**Table 1. Informant Data**

No	Initial	Remarks
1.	T T	Nurse of Class III M
2.	J O	Nurse of Class III M
3.	S J	Nurse of Class III F
4.	L B	Nurse of Class III F
5.	R P	Nurse of Pavilion Room
6.	I L	Nurse of Pavilion Room

*Sources: formulated from research finding*

## Findings

### Illustration of Communication in Male Section

After conducting research in male Class III room, the researcher found two communication occurrences (events); the communication between nurses and patients and the communication between the nurses and patient's families. From these two communication occurrences, the researcher found several communication phenomena, including, among others: the communication occurred when the patient was admitted and formally received by the head or head deputy of the room who introduced and oriented the patient to the room; communication when health/medical care was administered, consisted of communication between nurses and patients or patient's families in male Class III room when the nurses administered medical care to the patients; and communication when the patients were out of the hospital/demised.

### Illustration of Communication in the Female Section

The picture of communication in female class III room was similar with that of the male class III room. The communication occurrences found in this room also consisted of two communication occurrences; the communication of nurses and patients and of nurses and patient's families. In these two occurrences, the researcher found three recurrent events of communication: communication occurred when the patient was admitted, communication when health care was administered, and communication when the patients were out of the hospital or demised. There was a difference between communications occurred when the patients were admitted in Male Class III room and in Female Class III room. In Male Class III room, the admission was conducted formally by the head and/or the deputy head of the room, while in

Female Class III, new patients were admitted more informally by the deputy head of the room and nurses/staff.

### Illustration of Communication in the VIP Section

The researcher found that in the Pavilion Room, services were not different from those found in the two previous rooms. The communication occurrences consisted of two types, communication between nurses and patients and communication between nurses and patient's families. In these two types of communication, several communication phenomena were observed: the communication occurred when the patient was admitted formally by the head of the room, communication when the nurses administered medical care to the patients, and communication when the patients were out.

## Discussion

### Therapeutic Communication in both the General and VIP Sections

Therapeutic communication occurred in Class III and Pavilion rooms could be analyzed through the findings gathered by the researcher. As previously mentioned, both in Class III and in Pavilion rooms there were two communication occurrences; communication between nurses and patients and communication between nurses and patient's families; with three communication phenomena; communication when patients were admitted, communication when health care was administered, and communication when patients were out of the hospital or demised. From these communication phenomena, it could be seen indirectly that the stages of therapeutic communication occurred.

As stated by Stuart G. W. in La Ode (2012: 56-59), there were four stages of therapeutic communication process: the preparation/pre-interaction stage, the introduction/orientation stage, the working stage, and the termination stage. Both in Class III and Pavilion, the first stage was not clearly apparent. However, the last three stages were clearly apparent; the introduction/orientation stage was found in communication when the patients were admitted, the working stage was found in communication when health care was administered, and the termination stage was found in communication when patients were out of hospital or demised. Therefore, it could be concluded that the four stages of therapeutic communication occurred in both rooms of Class III and Pavilion.

### Therapeutic Communication Activities of Nurses to Patients in both Sections

The therapeutic communication of nurses to patients occurred in Class III and Pavilion room of RSUD Prof. DR. W. Z. Johannes Kupang was a communication activity occurred between the nurses

and patients, and patient's family, aimed to achieve a better condition for the patients.

Based on the understanding and explanation concerning the components of communication ethnography, as mention in the previous part, this communication activity could be explained further using those components. Hymes noted that those components formed communication activity which then was classified into communication situation, event, and act.

As outlined by Hymes in Kuswarno (2011: 41), to describe and analyze communication activities in communication ethnography, an understanding of discreet units of communication activities was needed. These units included the communicative situation or context in which the communication occurred, the communicative event or entire holistic components, and the communicative act, i.e. the single function of communication such as statement, request, command, or non-verbal actions.

Therapeutic communication activity of nurses to patients in Class III and Pavilion rooms could be examined through the occurring therapeutic communication process. It began with pre-communication stage, moved through introduction stage, working stage, and ended in termination stage. From these four stages, the communication situation (setting), event, and act in therapeutic communication of nurses to patients in the two rooms could be discovered.

#### **Communicative Situation of Nurses and Patients**

The communication situation referred to by the researcher was the situation in which therapeutic communication occurred between the nurses and patients. It is a context of communication occurrences. In this research, the communicative situation in therapeutic communication of nurses to patients occurred in two different rooms, the Class III room and the Pavilion room. It was also affected by the setting of space and condition when the participants communicated. The communicative situation appeared in therapeutic communication process in Class III room would be very different with the communicative situation appeared in therapeutic communication process in Pavilion room.

The communicative situation appeared in therapeutic communication of nurses to patients in Class III room tended to be louder and livelier because it was influenced by the setting of the room in which the patients were placed in one single room with curtains as dividers. Meanwhile, the communicative situation appeared in therapeutic communication of nurses to patients in Pavilion room tended to be quieter. It was affected by the setting of the room in which each patient was provided one room so that the

space between patients would allow for high level of privacy.

#### **Communicative Events of Nurses and Patients**

The types of communication occurrences (events) according to Dell Hymes were significant communication events, which became the characteristics of communication act of a certain group of society.

Based on that description, the significant communication events occurred in therapeutic communication process of nurses to patients in Pavilion and Class III rooms could be examined through the stages of therapeutic communication delivered by the nurses to the patients in both rooms. Through these stages, it could be concluded that the significant communication events occurred were the communication between nurses and patients and communication between nurses and patients' families. The researcher argued that these two communication events were the types of communication occurrences in therapeutic communication process of nurses to patients in these two rooms because these two communication events were the most significant in therapeutic communication process of nurses to patients in Pavilion and Class III rooms.

#### **Communication Components that led to Occurrences of Therapeutic Communication between Nurses and Patients**

Communication components according to Dell Hymes' communication ethnography were the communication units that supported the occurrences of a communication event. In communication ethnography, communication components consisted of the types of events, topic, purpose, setting, participants, form of message, content of message, sequence of communication acts, and communication norms. These components would, in the end, formed therapeutic communication occurrences of nurses to patients in Pavilion and Class III rooms.

The types of communication occurrences identified by the researcher, based on the findings, in therapeutic communication in Pavilion and Class III rooms were the type of communication occurrences of nurses to patients and the type of communication occurrences of nurses to patient's families. The components forming these types of communication occurrences were setting and scene, participants, ends, act sequences, key, instrumentals, norms, and genre, or known as SPEAKING, as proposed by Dell Hymes.

The first component that formed the types of communication occurrences of nurses to patients and nurses to patient's families in the whole process of therapeutic communication in Pavilion and Class III rooms was setting and scene. Setting and scene were related with space, time, and situation or atmosphere existed in the types of communication occurrences of



nurses to patients and of nurses to patient's families. In those two types of communication occurrences in Class III and Pavilion rooms, the setting was the Class III and Pavilion rooms themselves.

The setting of these rooms affected the patterns of therapeutic communication occurred inside them, in which the communication occurred in Class III room was livelier and more active than the communication occurred in Pavilion room.

Besides setting of the room, situation or atmosphere also affected the types of communication occurrences of nurses to patients and of nurses to patient's families in Class III and Pavilion rooms. In these communications, there were psychological aspects concerning the atmosphere and emotions arose in the communication occurrences. The scenes of Class III and Pavilion rooms were similar; however there were certain situations that made Class III and Pavilion rooms different. The psychological aspects, in terms of situation and emotions in communication occurrences, emerged in therapeutic communication in Class III room were, among others, fear and anxiety, uneasiness, seriousness, and amusement. The psychological aspects emerged in therapeutic communication in Pavilion room were the same, with addition of a sense of being exclusive and wealthy.

The second component that formed the communication occurrences in therapeutic communication of nurses to patients in Pavilion and Class III rooms was participants. The communication participants in both rooms were the same; the nurses, patients, patient's families, and doctors. However, the researcher categorized these participants in two groups; main participant and supporting participant. The main participants were the nurses and patients. The patients families and doctors were the supporting participants because, in general, patients families and doctors only supported the occurrences of therapeutic communication process between nurses and patients.

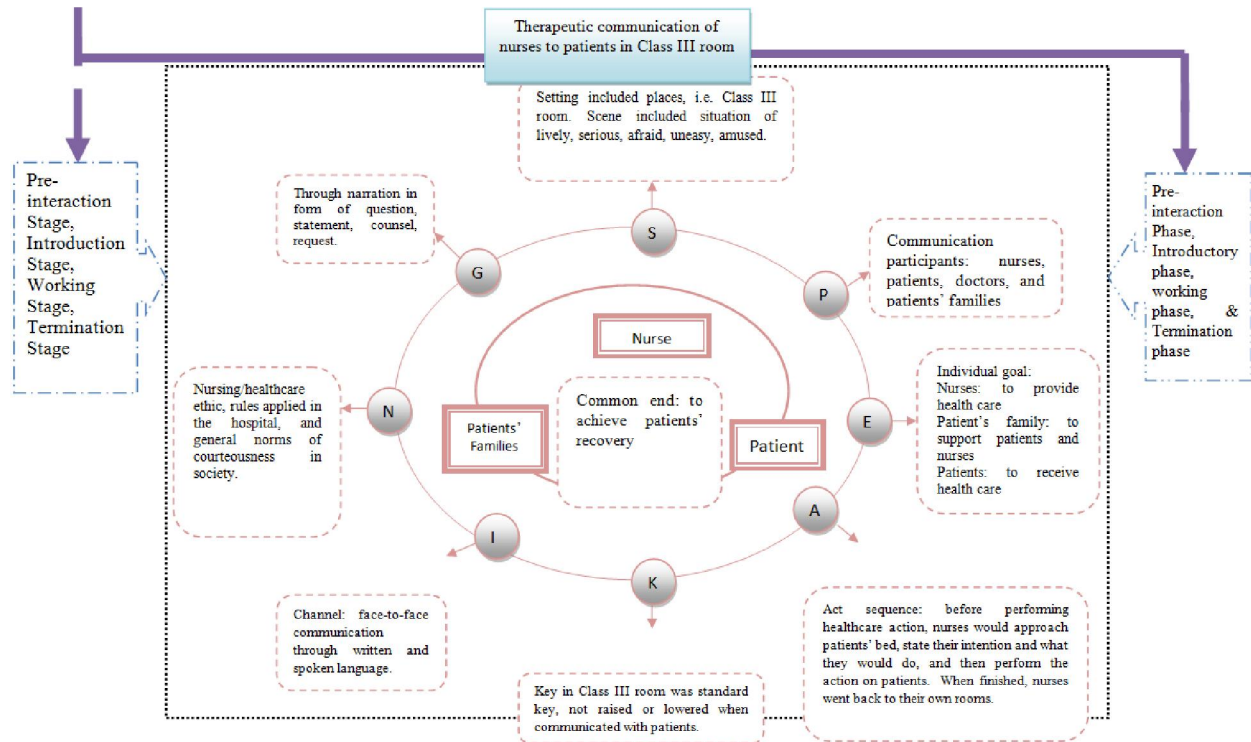
The third component formed the communication occurrences in therapeutic communication process in Pavilion and Class III rooms were ends (purposes). The purposes that formed the communication occurrences in both room were the same; to achieve full recovery of patients. The purpose of nurses was to take care of, and monitor the condition of, patients while they were in the hospital; the purpose of patients in engaging themselves in communication occurrences was to achieve full recovery; the purpose of patients families was to help and support the patients; and the purpose of the doctors was to administer special treatment required by the patients illness.

The fourth component that formed the types of communication occurrences in Pavilion and Class III rooms was act sequences. Act sequences were related with the form and content of communication, and with

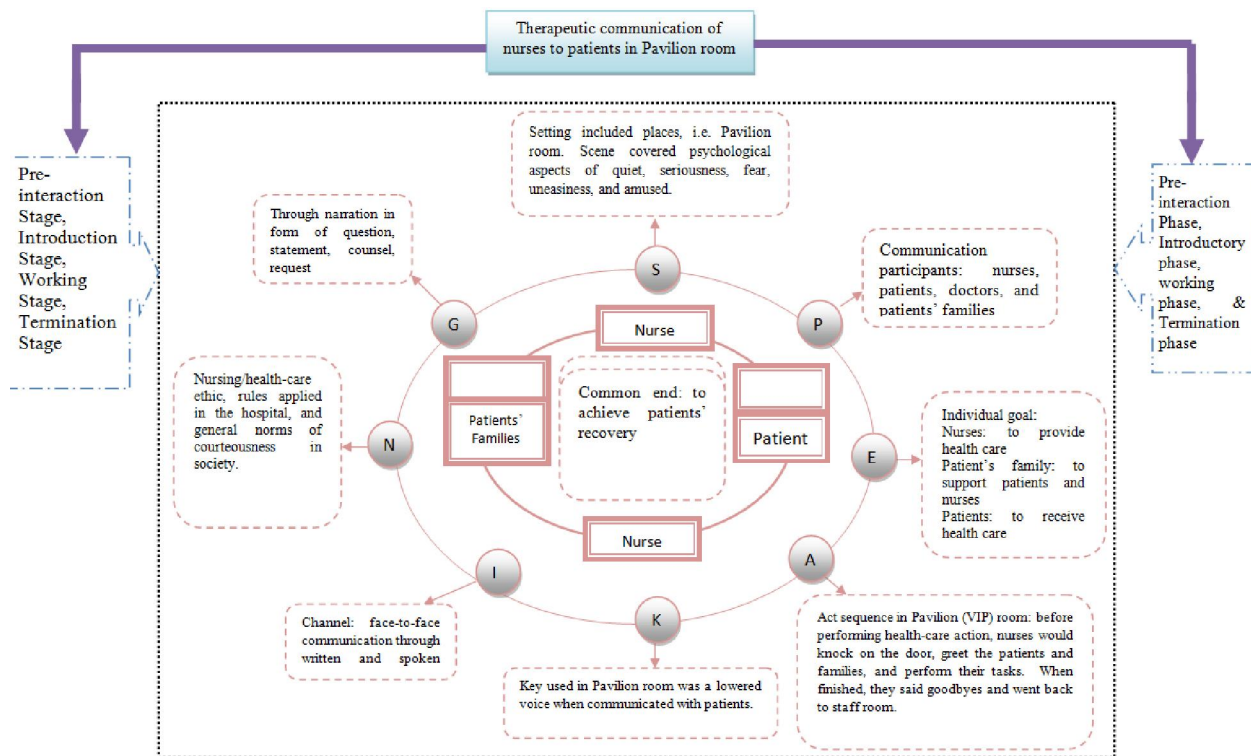
the sequence of communication act. As a whole, the act sequences in Pavilion and Class III rooms were similar, except for little differences. The form of communication used in the communication occurrences included verbal message, delivered in spoken and written form, and non-verbal message, delivered through gesture, mimic, *et cetera*. The sequences of communication act in both rooms were communicating things before acting it. It meant that before something was conducted (acted upon), it was communicated first to the patients and/or the patients families. For example, the nurses would say "*Mama, kami rawat luka dulu e*" ("Mama, we will treat the wound, now") before treating the patients wound. However, in Pavilion room, this act sequences were always preceded by knocks on the door and greetings.

The next component that formed the communication occurrences in therapeutic communication of nurses to patients in Pavilion and Class III rooms was speech key. Key was related with tone or voice notes used when talking. There were several tones appeared in communication occurrences in therapeutic communication process in both Pavilion and Class III rooms, including serious tone, requesting tone, informing tone, asking tone, and counseling tone. In general, these tones appeared in both rooms; however, upon further examination, there were differences in the notes of voices used by the nurses to talk to patients. In Pavilion room, the nurses spoke with lower note (quieter voices) than the note or voices they used in talking with patients in Class III room, even though the situation and context were similar. In communicating with patients, the nurses in Pavilion room appeared to use quieter and sing-song-y voice while maintaining eye contact with patients. In Class III room, the communication flowed naturally, in which the nurses communicated with patients in standard notes or voice. They did not raise or lower their voices, and they did not maintain eye contact as frequently as in Pavilion room. To summarize, nurses in Pavilion room was more careful that nurses in Class III room in communication with patients.

Another component that formed the types of communication occurrences of nurses to patients and patients families in therapeutic communication process in Pavilion and Class III rooms was *instrumentals* which are related with the media, channel, or mediator in communication. The instrumentals used in the types of communication occurrences in both Pavilion and Class III rooms were verbal and non-verbal language and face-to-face communication. Verbal language was employed through written and spoken language, while non-verbal language appeared in form of gestures, mimics, symbols, *et cetera*.



**Figure 1. Therapeutic Communication Model of Nurses to Patients in Class III Room of RSUD Prof. DR. W.Z. Johannes Kupang**



**Figure 2. Therapeutic Communication Model of Nurses to Patients in Pavilion Room of RSUD Prof. DR. W.Z. Johannes Kupang**

The last component was norms and genre. Norms were related with communication principles, the rules that govern communication occurrences. Genre was related with the type of delivery, in this case the delivery of therapeutic communication. The norms that formed the types of communication occurrences in therapeutic communication process of nurses to patients in Class III and Pavilion rooms were the same; i.e. the ethics of nursing and health care which governed how a nurse should act towards patient, combined with general norms of courteousness applied in society.

Concerning genre or the type of delivery, there were several types of delivery in therapeutic communication process in both Pavilion and Class III rooms. The genre covered the form of question, notification, request, statement, and advice/counsel. However, there were differences in Pavilion and Class III rooms, influenced by the differences in social, economy, and educational status. These differences of status would affect genre. The researcher found that in Class III room, the request, statement, *et cetera* came more from the nurses to patients and patients families, while in Pavilion room, they came more from patients and families to the nurses. To summarize, in Class III room, the party with power was the nurses; while in Pavilion room, the patients and their families had more power than the nurses.

#### **Relationship between Components that Formed Communication Occurrences in Therapeutic Communication of Nurses to Patients**

Concerning the relationship between components, the aspects that would be discussed were the relationships between *setting & scene, participants, ends, act sequence, key, instrumental, norms, and genre* in forming the types of communication occurrences in therapeutic communication process of nurses to patients in Pavilion and Class III rooms.

The types of communication occurrences were formed by communication components consisted of *setting and scene, participants, ends, act sequences, key, instrumentals, norms, and genre*. These components worked together to form a whole unit that resulted in communication occurrences of nurses and patients and of nurses and patients families in therapeutic communication process in Class III and Pavilion rooms. Began with one shared ends (purpose) of the participants of communication (nurses, patients, patients families, and doctors), which was to achieve a better state or full recovery of the patients. To achieve this end, each participant played their own roles in a communication process. In communication process, exchange of meanings occurred through channels (instruments) of verbal and non-verbal language via face-to-face communication. There was also another component affecting the flow of communication,

concerning voice or speech key. As mentioned in previous part, there was a difference of keys used in communication in Class III room and in Pavilion room. In Class III room, the speech key or note was standard, not raised or lowered. In Pavilion room, the nurses communicated in voices lower than their natural voice.

It was also affected by act sequences, form, and content of the speech. In communication through verbal and non-verbal symbols a sequence of acts emerged, that in the end formed a simple communication. In Class III, the act sequence of communication consisted of the nurses informing the patients what they would do immediately before performing the act. In Pavilion room, the sequence began with knocking on the door, followed by greetings, and informing what the nurses would do, and then performing the act informed. From this communication process, a genre found in exchange of meaning through verbal and non-verbal symbols, consisted of request, counsel, notification, statement, and question. There were also norms in the communication that governed the act of communication between the participants. These norms consisted of nursing/health care ethics and general norms of courteousness. All these components worked together in two different setting: in Class III room and in Pavilion room; although they represented similar atmosphere of uneasiness, fear, anxiety, seriousness, amused, active, and quiet. In the end, these components explained about the types of communication occurrences of nurses to patients and nurses to patients families in therapeutic communication process in Class III and Pavilion rooms of RSUD Prof. DR. W. Z. Johannes Kupang.

#### **Therapeutic Communication Model at the Hospital**

Based on the discussion above, and in line with Dell Hymes' statement that the relationship between components of communication would form communication patterning, the researcher formulated communication models occurred in Class III and Pavilion Rooms of RSUD Prof. DR. W. Z. Johannes Kupang. The models were displayed in the Figures.

#### **Conclusion**

Based on the above analysis, it is clear that there were two types occurrences in the therapeutic communication process of nurses to patients in Class III and Pavilion rooms of RSUD Prof. DR. W. Z. Johannes Kupang. The two types are the communication between nurses and patients and communication between nurses and patients families. These two communication types were formed by components which in communication ethnography are known as SPEAKING (*setting and scene, participants, ends, act sequences, key, instruments, norms, and*

*genre*). There were however, several differences between components in Class III room and in Pavilion room. The differences appeared in the communication components of *setting and scene, act sequence, and key*. All these components are interrelated and forms communication patterns shown in the communication models of Class III and Pavilion rooms of RSUD Prof. DR. W. Z. Johannes Kupang.

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