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The Use of Therapeutic Communication Symbol to Motivate Patient's Healing

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Abstract: Therapeutic communication activity implemented health workers to the patient, implemented communication form with warmth and sincerity, is interpersonal communication, so patient feels close and comfortable. Therapeutic communication is a process developed by nurses to study clients where nurses use a planned approach, conduct interpersonal relationships and focus to the client. Therapeutic communication can be either verbal communication or nonverbal communication. Verbal communication can be distinguished: verbal communication using vowels, ie spoken language and verbal communication do not use vowels, ie written language. Communication activity can reduce the burden of mental disorders of patients. In the theory of therapy psychology can be done by someone by conveying the problem as far as possible to others.

Keywords: Al Quran; therapeutic communication; patient's healing

I. INTRODUCTION

Therapeutic communication activity implemented health workers to the patient, implemented communication form with warmth and sincerity, is interpersonal communication, so patient feels close and comfortable. Cooperation relations are characterized by exchange of clear verbal messages, accompanied by gentle speech, using open attitudes in consultation and medical therapy. Health workers communicate by using verbal messages while written communication is also done to support the smooth of therapeutic communication, such as writing the medicine names or medical prescription given by the doctor. Not only verbal communication and written communication, but nonverbal communication is also implemented in the interaction to the patient including self-performance, voice tone, facial expression, and sincere touch, so patients feel calm and happy, able alleviate patient's pain and help the patient's healing immediately. The therapeutic communication process that takes place in mental hospitals is the provision of healthcare assistance for the patients aimed to motivate the healing of mental disorders experienced by the patient. Especially in the view of Islam that in every difficulty there is ease. Lord puts the test to the people with diseases to test their faith. Even the Muslim Imam narrates in his book from hadith of Abu Zubair narrated from Jabir bin 'Abdullah, Rasulullah SAW said that

كل داء دواء فإذا إصيب دواء الداء برأة بإذن الله عز وجل (رواه أحمد الحاكم)

means:

"Every disease has a cure. If the right medicine is given with Allah's permission, the disease will heal."(Hadith narrated by Ahmad and Hakim).

Implementation of therapeutic communication between health workers and patients also occurs in mental asylum Prof. Dr. Muhammad Ildrem Medan. It is located on Let.Jend Jamin Ginting S Km 10 street/ Tali Air street number 21 Medan having capacity 470 inpatients and accepting outpatient. Based on the survey on March 2017 the mental asylum Prof. Dr. Muhammad Ildrem Medan has accommodated approximately 400 inpatient treated in 17 rooms class I, class II and class III.

II. METHODOLOGY

2.1 The Definition of Interpersonal Communication

Interpersonal communication is defined as the process of sending and receiving messages between two persons or a small group of people, with some effects and some immediate feedbacks. Interpersonal communication takes place at least two people face-to-face, such as husband and wife, parent-child, superior-subordinate, doctor-patient, theologian-followers. Interpersonal communication takes place to reach an understanding. Happened Relationships are usually ongoing and positive. The equality of understanding is caused by the bonds of friendship, romance, and family relationships. It involves intimacy, trust, help, faith, and spontaneous action. The most important thing in interpersonal communication is how to properly communicate, so the process of establishing relations in achieving the goals can work well and meet the needs of all parties.

Interpersonal communication generally takes place face to face, so between communicator and communicant happend personal contact. When the communicator conveys the message, the feedback is

immediate feedback. Communicator can find out at that time that the communication response to the message is thrown, such as facial expressions and style of communicant's speech. If the feedback is positive, meaning communicator response is fun. of course communicator will maintain the style of communication. Conversely, if the communicant's response is negative, communicators can change the communication style until conveyed communication is success.

2.2 Therapeutic Communication

Therapeutic communication is a process developed by nurses to study clients where nurses use a planned approach, conduct interpersonal relationships and focus to the client. Nurses should equip themselves with special abilities associated with various nonverbal interactions and behaviors. Therapeutic communication by Northouse in Suryani (1998) states that the nurse's ability or skills to help clients adapts to stress, overcomes psychological disorders, and learns how to socialize to others. Stuart G.W. informs that therapeutic communication is a consciously planned communication. its purpose and activities are focused to heal the client. Therapeutic communication takes place verbally and nonverbally. therapeutic communication has specific goals, deadlines, focuses on the client in meeting the needs of clients, set together, reciprocity, and oriented to the present and sharing feelings

2.3 The definition of Mental Disorders

Mental disorders can happen to every normal persons. Mental disorder is caused by the pressure experienced by the psychic due to receive problems that causes anxiety. Especially, intelligent people is very susceptible to get mental disorders because what he saw and felt is not appropriate with what is thought by mind. Mental disorders of the past are seen as demon possession or punishment because of violation of the social, religious, or social norms. Sufferers are persecuted, punished, shunned, or ridiculed by society. Right now the view is changing. The American Psyciatric Association (1994) defines mental disorders as syndromes or psychological patterns or patterns of clinical significance, which occur in individuals and the syndrome is associated with distress (painful) or disability (inability of one of parts or some important functions) or accompanied by a significant increase of risk for death, sickness, disability, or loss of freedom.

Mental disorders include a wide variety, either mild like anxiety and tension on normal people or severe mental called daily crazy diseases. The equation of mild and severe is that all mental disorders, personality functions are disrupted, so the person is incapable to do his or her daily duties properly. The Psychiatric Diagnostic Classification Manual uses the term or mental disorders and does not recognize mental illness / mental diseases. Mental disorder is a manifestation of divergence behavioral form that is caused by there is emotional distortion, so it is found morbidity in the behavior. This happens because of the decline in all psychological functions. Thus the mental disorder can be defined as follows:

a. There is disturbance on psychological function that includes thingking process, emotion, will, and psychomotor behavior, including talking.
b. There is group of found symptoms or behaviour clinically accompanied by distress in most cases and associated with disruption of one's function.

III. RESEARCH METHODOLOGY

3.1 Research Approach

This research is conducted with qualitative approach. Qualitative research is a research conducted based on the paradigm, strategy, and implementation of the model qualitatively. The perspectives, strategy, and models developed greatly, so there is a presumption that qualitative research is many things to money people. The qualitative research process, the research cycle is begun by selecting a research project. Then it is proceeded by asking questions relating to the research project, and collecting data relating to the questions relating to the object of research. After collecting data, the collected data note is compiled and analyzed. This process takes place repeatedly several times, it is depended on the scope and depth required of the research questions.

Based on qualitative methods, in health communication research, if the research question: "How are the behavior (communication) of the doctors when examining their patients while hospitalized?", Qualitative research is more feasible. There is no need to conduct a survey by spreading hundreds of questionnaires to the doctors or patients, but it can be observed how the communication between doctors and patients takes place in the real condition. Communication patterns can be identified in a doctor's and patient's conversation. Similarly, if the researcher wants to know how the patient defines nurses' behaviour that cares to their patient, the researcher may ask some patients to explore a number of important issues underlying such interactions. The themes that emerge in this study may include empathy, openness, life as a mystery, and a presence for others.

Based on a review of the above definition Lexy J. Moleong205 synthesizes that qualitative research is a study that intends to understand the phenomenon of what is experienced by research subjects such as behavior, perception, motivation, action, etc, holistically and by description way in the form of word- Words and languages in a natural special context by utilizing various natural methods.

Various explanations above, researcher choses to use a qualitative approach, with consideration and reason: first, scientifically it is justified because the focus is how the behavior of health worker and patients in terms of therapeutic communication to motivate the healing of patients. Second, after determining the types of data, researcher uses observation, interviews, documentation, and Focus Group Discussion (FGD), so researcher is easier to obtain valid, reliable and objective data. Through field observations, in-depth interviews to informants, focus group discussions and documentation of mental asylum profiles in the form of supporting data, drawings and tables, the research results can be described more fully, completely, as they are.

3.2 Types of Research

This type of research uses descriptive method. This method is designed to collect information about conditions found during the study take place. The main purpose of using this type of research is to describe the characteristic of a situation that runs at the time of the study and examines the causes of a particular symptom. Descriptive research is aimed to collect actual detailed data describing existing symptoms, identifying problems or examining conditions or practices, as well as determining what is done by others in facing the same problem and learning from their experiences to establish the plans and decisions on future. Descriptive method can also be interpreted as an attempt to describe variable to variable or concept to concept, one by one, as a problem-solving procedure that is investigated by describing the state of subject and object of research (can be people, institutions, society and others) at the time when research takes place based on facts that appear or as they are. Generally, descriptive analysis research is non hypothetical research, so that in the step of the research it does not need to formulate hypothesis.

Thus a descriptive research report will contain data citations to give an overview of the presentation of the report. The data comes from interviews, field notes, photographs, videotapes, personal documents, notes or memos, and other official documents. Questions with the words why, what reasons, and how the occurrence, will be used by researcher. The conclusions obtained from the above are research by using descriptive method on qualitative approach intended in this dissertation to describe in detail about the implementation of therapeutic communications conducted by health worker in motivating the healing of patients in mental asylum Prof. Dr. Muhammad Ildrem Medan.

3.3 Location of Research

This study is conducted at mental asylum Prof. Dr. Muhammad Ildrem Medan on Let. Jend. Jamin Ginting S km. 10 street/ Tali air no. 21 street Post Box 1449 Tel. 8360542 Fax. 8360542 Medan 20141.

Picture 1 : Rumah Sakit Jiwa Prof.Dr. Muhammad Ildrem Provinsi Sumatra Utara

3.4 Research Time

This research is begun in early February 2017 until May 2017.

3.5 Subject, Informant and Research Object

This research uses informants to provide information about the situation and condition of research background. The informant decided in this dissertation research is doctors and nurses who comunicate therapeutic in motivating the healing of patients. Utilization of informants for researcher in a relatively short time, a lot of information is netted and informants are invited to speak, to exchange ideas, or to compare an event found from other subjects. Selection of informants is decided through the network of cooperation through the description of the authorized person in a chain, so it is determined who most appropriate as an informant is. Researcher deems that it is very important to use informant networks to refer to potential people, participate and contribute information to researcher, such as doctor, psychologist, nurse, nursing graduates, and young doctors who practice professions in mental asylum Prof. Dr. Muhammad Ildrem Medan.

The criteria of informant in this study are as follows:

a. Doctor who has duty of health care at mental usylum Dr. Muhammad Ildrem Medan that has more than 2 (two) years experience.
b. Psychologist who has duty of health care at mental usylum Dr. Muhammad Ildrem Medan that has more than 2 (two) years experience.
c. Nurse who has duty of health care at mental usylum Dr. Muhammad Ildrem Medan that has more than 2 (two) years experience.
d. Bachelor of Nursing practicing in mental usylum Prof. Dr. Muhammad Ildrem Medan.
e. Young doctor who practices in mental usylum Dr. Muhammad Ildrem Medan.

Data collection is saturated. It stops when new data does not provide additional insight into research questions posed by researchers. This study follows the procedure selection of informants in the snowball procedure or also known as the 'networking' procedure before determining the informant, the researcher goes through the informants who will be the informants in this study by finding out from reliable sources.

IV. DISCUSSION

Communication to patients can be done both verbally and nonverbally. health worker does not only use oral language in communicating to the patient but also body language.Communicating with patients needs to pay attention. Sometimes the patient wants to talk, moments later the patient does not want anymore. If at that time the patient does not want to communicate, the nurse must be patience and do not need to be imposed, but it needs to be done repeatedly at other times. Every day can vary, but the nurse has priority and progress although the patient must follow the patient's condition. For example just talking common things. If the patient wants to interact with the nurse, it means that the patient focuses on what is communicated, but if the patient is inconsequential from the topic of conversation, it means the patient does not trust the nurse. If the nurse does not attempt dan is not able to communicate to the patient, this case is a disaster for the nurse. It means that the nurse is demanded to attempt in various ways, so patient wants and is able to communicate with nurses.

To attract the attention of patients to be invited to communicate in mental asylum Prof. Dr. Muhammad Ildrem Medan can be done stages of communication, including nurse knows the illness suffered by the patient. For example, if the patient is hallucinating, the first implemented communication runs the relationship. The nurse introduces herself to the patient. The nurse contracts her schedule and then invites the patient to trust the nurse. After the next communication is made therapeutic communication. The nurse helps the patient to overcome the hallucinations by providing support and saying that what the patient does directed by the nurse is good.

Each patient with mental disorders can communicate with the nurse both mild mental disorder and severe mental disorder,both of willingness and ability of the patient. Communicators can not fully impose their desire to communicate normally with psychiatric patients. This case can be marked by his behavior. Communications are limited. Patient who does not want to communicate are generally new patients that recently come to the hospital. New patients are usually still nervous and no contact. the patient's attitude is silent, passive, and does not want to know with the environment. Patients treated in mental asylum Prof. Dr. Muhammad Ildrem are various, such as there are low self-esteem patients and social isolation patients withdraw. Communicating with patients can reduce the burden of patient's suffering. Health workers should be able to build effective communication. Effective communication by speaking well to the patient is easy to be understood, so the patient is easy to understand. Thus what is recommended will be done well. In addition, health workers should be able to make two-way communication. It is very important to build effective communication, so the chemistry is constructed between doctor, nurse and patient is built.

Communication activities undertaken to reduce the burden of patient's suffering is one of them by doing Group Activity Therapy (GAT). The activity of group activity therapy which is one of the setting communicate, so patient has the spirit of life. The games given in Group Activity Therapy (GAT) vary depended on the diagnosis of the patient following the activity. Patient can dance with music, play for example by guessing the picture, so at that moment the patient's complaints are lost and the patient enjoys the joy. Another motivation of the nurse to the patient in communication activities is to look to the future with hope. For example, the nurse motivates the potential in the patient's self to be able to work and be accepted back in the community where patient live.

Group activity therapy conducted in mental asylum Prof. Dr. Muhammad Ildrem Medan consists of several types, including: guessing picture, drawing, composing the words, dressing competition, combing hair, sports as well. Therapy is meant to restore cognitive function such as how to dress up, how to comb hair, how to wear powder, to introduce toiletries: soap, toothbrush, shampoo,to exemplify how to brush the body properly, to water the body when bathing. In the activities of group activities are introduced tools. Patients are asked: "is it a tool?" Another example says: "Find a toothbrush tool!" All the tools are mixed together. From the mixture of the tools whether the patient know the toothbrush is. If the choice is right, it means that the patient gets recover. Activities of group activity therapy have several benefits, including: first, the patient has activities, so patient is not focused with the disease and does not feel having burden. Second, the patient socializes with other patients. Patient can get acquainted with the other patients and interact with others. Third, the patient can express his wish. This GAT activity can motivate the patient's healing.

Another activity that can reduce the patient's burden is recreation. The recreation is like sunbathing in the yard while the others clip the nail, sing and dance. On this occasion health workers can communicate with patients.

In medical theory one of the healing processes of the patient's soul is regularly taking medicine. Medicine is one of the tool elements to heal, by taking medicine the patient does not rage and can sleep. If the patient does not want to communicate, it is impossible for patients to take madicine moreover following doctor's advice herefore something that wants to be changed from the patient is patient's behavior. Mediines are not able to change it, communication that can change behavior. This mental disorder patient is not pain on knee, not headache, but his (patient) activities are not appropriate to his age. That that will be changed because madicine is not able to change it. Every communication activities definately have obstacles in communicating. Communicating with patient has obstacles. The form of communication vary based on the activity. Communication obstacles of mental patient generally are not same in the social. Communication obstacles of mental patients usually are caused by patient's unstable condition yet such as patient who is still aggressive. The patient dislikes to be addressed at all. The uncooperative patient is the patient withdrawing, if the patient is invited to communicate, the patient will be silent and bow. They prefer to be aloof. They do not believe anyone despite a therapeutic communication has been run. Other obstacles are the use of the patient's local language that is not understood by nurses and other patients.

In overcoming these communication obstacles health workers do various efforts including: first to build a relationship of trust with patients. Building a relationship of trust with the patient is not something easy. This can be seen from the lack of contact of both eyes. The nurse should often admonish the patient. Nurses should not be bored and give up communicating to patients. Another way of building a relationship of trust is that the nurse can anticipate by taking the road. Each meeting the nurse should mentions patient's name and takes attention patient's complaint and pain.If nurses often call patient's automatically patients will remember. Gradually patients are willing to communicate. Second, contracting communications with patients, Making an appointment when communicating properly with the patient: morning, noon, or what time the patient is. After the contract is made, communication is implemented. Third, the place to communicate. The nurse must adjust the patient's preferred place and feel comfort to communicate. Sometimes patient prefers to be invited communication on the terrace,or sit on the floor. Sometimes there are some patients who are more happy when invited to chat while lying down and nurse sits next to him. While sitting on the floor, nurse takes snacks to lure the attention of patients, for example: candy. While eating snacks, patients and nurses can be more relax communicating and patients will answer any questions asked by nurses.

To have a close relationship with the patient, the patient is invited to talk. Patients should not be considered "sick". For example do not just ask the disease. To be more familiar, the patient can be asked, where do you live? How many your children, where is your work? so that the patient will not hesitate and not ashamed to expose the disease. In certain situations and conditions the interesting thing about the relationship of patients is the establishment of kinship and fraternal relationships. They help each other, respect each other, love, each other, full of solidarity. Another way to cultivate familiarity with patient, health worker uses a handshake. if doctor begins to communicate, thr doctor usually introduce hiself, pat patient's shoulder and ask his complaint. To start communication usually call or say greeting to the patient. Shaking hands is not often done, only certain time and condition. For cooperative patient, nurses can be as often as possible to shake hands, but it is not for all

because female nurse is less suitable also often shake hands with male patients. For male patient shaking hand is implemented in first introduction. Another nurse says that shaking hands is only once or twice because in the room there is also patient rages that is low self-esteem patient.Among the patients in the room, only some of them want to shake hand. The other way communication uses body language, such as making joke with the patient, patting the shoulder and embracing the patient.

Other nurse who communicates with patients must use a handshake. Of course it is not for doubtful patients and worried patient but it can be for low self-esteem patient. it can not be for the patient that has hallusination of stadium for because the patient has been nervous. It is feared that the patient thinks otherwise. From eye contact and from the language style in communicating the service to the patient theoretically opposite to the patient, especially nervous patient. in fact if the patient is not a noisy and nervous, nurse can sit beside her, except male patients. for the female patient, it does not become a problem if her shirt is held. The low self-esteem patient does not need to have distant, if his shoulders and knees are held. For example the patient is moody, then invited: "come on... come on".

In running the duty both serving and caring for the mental patient, health workers need to have good physical appearance, so it attract attention and sympathetic to patients and patients feel comfortable communicating with health worker in the mental asylum. Health workers should have a good appearance, as follows: first, the health worker must be neat because the appearance convice or hypnotize the patient, so patients can trust the doctor and can encourage patients to recover from the illness. Second, the appearance of doctor in non-physical or mental terms, such as: how to speak, how to behave, and others. Besides a good appearance of a doctor, namely: dressing neatly, cleanly, and standing on the right side of the patient. Checking in the right side of patient so that it semms more polite. In running their duties nurses usually wear office clothes and use badge name, so patient and patient's family recognize the identity of the nurse.

Mental patients have many problems not only physically but also mentally. Mental disorders need to be inserted humor and jokes to entertain and reduce the patient's mental tension. The health workers in doing the service to the patient do not forget to insert humor in communicating. In the treatment patients do not need too serious, sometimes the patients need joke. Joking is included to build a close relationship. Joking is spontaneous, based on situation and condition. One of the goals for patients is comfortable and quiet with health workers in communicating. The example of the doctor's phrase joke: "hi today you looks so fresh", "you have much money, right! have you job?" treat me please". Patients feel to be respected and have meaning in life. The patient is also entertained by inviting him to sing. If the patient is happy, health workers are also happy.

V. CONCLUSION

Therapeutic communication can be either verbal communication or nonverbal communication. Verbal communication can be distinguished: verbal communication using vowels, ie spoken language and verbal communication do not use vowels, ie written language. Nonverbal communication is also distinguished by communication using vocals, such as mumbling, screaming, or complaining. Nonverbal communication does not use vocals like nod, shake, looks, gaze, and facial expression. Communication in mental asylum Prof. Dr. Muhammad Ildrem Medan between health workers and patients uses verbal communication and nonverbal communication. Communication between health worker and patient in menta asylum Dr. Muhammad Ildrem Medan is conducted for the recovery of the patient. Health workers devote full attention to patients who have different diagnostic backgrounds. Communication is implemented repeatedly even just talking common thing. Health workers who often communicate with inpatients are nurses. Every patient with mental disorders can communicate with nurses both mild mental disorders and severe mental disorders, but their nature is limited. In communicating the patient conveys the problem to the nurse. Nurse is as a friend, because all the time the patient has no friend for sharing and no one cares to him/her.

Communication activities above can reduce the burden of mental disorders of patients. In the theory of therapy psychology can be done by someone by conveying the problem as far as possible to others. The technique is known as free association. Nurses act as a helper in overcoming the burden suffered to listen carefully to the problems faced by the patient. The nurse is as a good listener, digging and directing the patient for healing, So by communicating the patient has a spirit and hope for healing. Indicator of skill is basic communication.

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