

**ANALYSIS OF THERAPEUTIC COMMUNICATION PRACTICES BY
MEDICAL PERSONNEL IN HEALTH SERVICES (STUDY AT BISUI
PRATAMA HOSPITAL (RSP) SOUTH HALMAHERA PRIMARY)**

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ABSTRACT

Therapeutic communication is a crucial element in health services because it builds empathy, trust, and understanding between medical personnel and patients. At Pratama Bisui Hospital, South Halmahera, a number of patient complaints regarding ineffective communication prompted this study. The purpose of the study was to analyze the principles and barriers to therapeutic communication and the communication pattern used in medical services at the hospital. This study used a descriptive qualitative approach with a constructivist paradigm and case study method. Data were obtained through in-depth interviews, participant observation, and document analysis of doctors, nurses, patients, and patient families. The results showed that the principles of therapeutic communication such as transparency, empathy, supportive attitudes, positive views, and equality had begun to be applied, although not optimally. The main obstacles found were language and cultural differences, low communication training, and the absence of standard SOPs. The communication pattern that developed was relational and convergent, which encouraged active patient participation in medical decision-making. In conclusion, therapeutic communication at Bisui Pratama Hospital leads to more dialogic and humane practices, but still requires structural strengthening and communication training for medical personnel.

Keywords: Therapeutic Communication, Medical Personnel, Health Services, Hospitals Pratama Bisui

1.0 INTRODUCTION

Therapeutic communication is a fundamental aspect of health care that not only aims to convey medical information, but also build empathy, provide emotional support, and create a positive relationship between medical personnel and patients. Through effective communication, health workers can understand the patient's needs more deeply, increase trust, and build cooperation in the healing process.

Smith (2020) emphasized that therapeutic communication is an interaction that aims to improve patient well-being through a supportive and patient-oriented relationship. However, the implementation of therapeutic communication in various health facilities, including in Indonesia, still faces significant challenges. The main obstacles include the lack of quality interactions, the use of difficult-to-understand medical terms, and low empathy in communication. This reality shows a gap between the ideal standards of therapeutic communication and practice in the field.

As happened in Bisui Pratama Hospital (RSP), South Halmahera. This hospital has a strategic role in serving the community in remote areas. However, based on initial observations and public complaints, various problems were found related to communication between medical personnel and patients. Patient complaints include minimal direct interaction between doctors and patients, lack of warm welcome from nurses, unclear explanations of medical procedures, and the use of medical language that is not understood by patients. In fact, some patients complained of misunderstandings in communication which resulted in dissatisfaction with hospital services.

This finding is reinforced by online media coverage. The site www.ternathits.com published an article entitled "Bad Service! South Halmahera Regent Asked to Evaluate Bisui Hospital Director", which highlighted the absence of officers in the registration room and the unresponsiveness of medical personnel. The report said that patients had to call the officers in the room themselves and there were requests for patient data via WhatsApp after the patient went home.

Another report from www.majalaglobal.com titled "Injustice Experienced by Halsel Community, Bisui Pratama Hospital Services Allegedly Not in Accordance with SOP", shows a nurse who stated that the hospital was "on holiday", even though it should be operating. The absence of officers at the registration desk also worsened the quality of service. Social media posts from patients and medical personnel showed misunderstandings and mutual blame regarding the quality of hospital services. As a result of these conditions, some patients prefer to seek treatment at the nearest health center. This phenomenon reflects the importance of improving therapeutic communication to maintain the quality and trust in hospital services.

Based on the explanation above, it can be seen that therapeutic communication at RSP Bisui still faces various challenges that need to be fixed immediately. Lack of effective communication between medical personnel and patients can have an impact on the decline in the quality of health services and the overall level of patient satisfaction. Therefore, this study aims to analyze the communication patterns applied by doctors and nurses in an effort to improve the quality of service and patient satisfaction at RSP Bisui

2.0 THEORY USED

This study uses the interpersonal communication theory of Joseph A. DeVito (1992) as an analytical framework. This theory emphasizes the importance of five key elements in therapeutic communication: Transparency, Empathy, Supportive Attitude, Positive View, and Equality. These five elements are the foundation for understanding the interactions between doctors, nurses, and patients in the context of health services. DeVito distinguishes two main

forms of communication: intrapersonal (communication with oneself) and interpersonal (communication between two or more people), which both involve the process of sending and receiving messages, are often affected by noise, and occur in a specific context.

This theory serves as a guide in explaining the phenomenon of interpersonal therapeutic communication and influences the success of the healing process. In practice, the success of communication depends on openness, emotional sensitivity, mutual support, respect between individuals, and equal relationships in interactions. This theory supports a humanistic and pragmatic approach in health services.

3.0 RESEARCH METHODOLOGY

This study uses a descriptive qualitative method with a case study approach, aiming to deeply understand the practice of therapeutic communication between doctors and nurses with patients at Pratama Bisui Hospital. This method was chosen because it allows researchers to observe phenomena in a natural context and interact directly with research subjects.

According to Moleong (2017), qualitative research produces descriptive data in the form of written, spoken, and observed behavior, with a focus on the process and meaning of the subject's experience. The research is conducted flexibly and inductively, without rigid hypotheses, and using techniques such as in-depth interviews and observation.

Kirk and Miller emphasize the importance of understanding the meaning that subjects give to their experiences and being aware of potential biases such as reporter and observer bias. This method is very suitable for exploring complex phenomena that cannot be explained quantitatively. This approach was chosen because the researcher wanted to describe, obtain a picture and explore clearer information related to Therapeutic Communication of doctors and Nurses to patients at the Pratama Bisui Hospital, South Halmahera. This study uses a constructivist paradigm, which holds that reality is subjectively formed by individuals through experience and social interaction. According to George Kelly in (Morissan, 2018), humans construct meaning through "personal constructs" that are formed from each person's cultural background, experiences, and social context. The constructivist paradigm emphasizes that:

1. Meaning is subjective, there is no absolute truth.
2. Experience and social context shape how individuals understand messages.
3. Social interaction is a collective process in shaping reality.

In this approach, researchers not only observe, but are also actively involved in interpreting the data. Therefore, the constructivist paradigm is generally used in qualitative research, which aims to explore in-depth understanding from the perspective of the research subject. This study also uses an intrinsic case study, as explained by Moleong (2017), which is a study that focuses on one particular case because of its uniqueness, not to build a new theory, but to understand the case in depth.

Informants were determined through recommendations from Pratama Bisui Hospital (doctors and nurses), and were selected directly by researchers (patients and patient families). Consisting of 1 doctor, 2 nurses, 2 patients, and 1 patient family. Doctors and patients became

the main informants because they were directly involved in therapeutic communication, while others were as supporters.

Referring to Moleong (2017), the data is descriptive and categorized as: a. Verbal Data: Results of interviews, conversations, discussions.

- a. Visual Data: Photos, videos, maps supporting verbal data.
- b. Observation Data: Records of behavior and direct interactions.

Research Instruments

In qualitative research, research instruments have a very important role in the data collection process. Lexy J. Moleong (2017) emphasized that the main instrument in qualitative research is the researcher himself. This is because the nature of qualitative research requires in-depth understanding and interpretation of data obtained from the social and cultural context of the subjects being studied. Researchers as

The Main Instrument that is fully responsible for the data collection and interpretation process:

- a) Supporting Instruments: Interview guidelines, recording devices, and field notes.
- b) Instrument Validity: Maintained through data triangulation to make interpretation more accurate and representative.

Data collection technique

In the context of qualitative research, data collection is a very crucial stage in determining the success of the research. Lexy J. Moleong in his book "Qualitative Research Methodology" (2017) explains various techniques commonly used in qualitative research. These techniques are designed to capture the experiences, perspectives, and meanings expressed by participants in their social environment:

1. In-depth interviews, namely researchers exploring the views and experiences of doctors, nurses and patients directly at Bisui Pratama Hospital.
2. Participant Observation is a researcher involved in a social context to observe real dynamics both up close and from a distance.
3. Document Analysis, namely researchers use archives, reports and related documents as supporting data.

Research Location

This study was conducted at Bisui Pratama Hospital, South Halmahera Regency. Bisui Pratama Hospital is a health facility owned by the South Halmahera Regency Government which is under the Health Office with non-BLU/BLUD status. Located in Bisui Village, Gane Timur Tengah District, this hospital serves seven districts on Gane Island with a total population of around 39,500 people from 91 villages. Increasing public awareness of the importance of health, coupled with the policy of free health services through the Jamkesda program since May 2006, is expected to encourage increased demand for health services in the future.

Pratama Bisui Hospital has a vision to become a referral hospital on Gane Island with equitable and quality health services. While the vision includes improving the quality and reach of services, awareness of healthy living, fair and sustainable services, and fostering a sense of ownership of the hospital. Pratama Bisui Hospital provides various services such as basic medical services, KIA/KB (Maternal and Child Health/Family Planning), emergency, pharmacy, medical records, facility maintenance, midwifery care, to emergencies, with a total capacity of 30 beds for children and adult patients.

Research Time

This research began in September 2024 until December 2024, a time duration of approximately four months for the researcher to conduct the research.

Data Analysis Techniques

The data analysis method used is descriptive qualitative. So this study attempts to provide a description of the data collected to draw a conclusion regarding the application of therapeutic communication of doctors in relation to improving patient health services at Pratama Bisui Hospital. The collected data is processed in a simple form so that it is easy to interpret the data analysis process in this study using qualitative analysis methods to produce descriptive analysis data.

According to Lexy J. Moleong (2017), data analysis in qualitative research is carried out continuously and repeatedly throughout the entire research process. This means that analysis is not only carried out after the data is collected, but also while the data is still being collected. The stages include:

- a. Data Reduction: Filtering and organizing relevant data.
- b. Data Presentation: Presented in narrative form to facilitate understanding.
- c. Drawing Conclusions and Verification: Conclusions are continuously tested with data.
- d. Triangulation: Combining interviews, observations, and documents to validate data.

4.0 RESEARCH RESULTS

This study describes the practice of therapeutic communication at Pratama Bisui Hospital through a qualitative descriptive approach with a constructivist paradigm. Data were obtained through in-depth interviews, participant observation, and document analysis, involving doctors, nurses, patients, and patient families. The results showed that therapeutic communication at Pratama Bisui Hospital runs through five phases, namely pre-interaction, introduction, orientation, work, and termination. Medical personnel generally understand the importance of empathetic and supportive communication, and show concern in providing medical explanations, maintaining eye contact, and building patient trust.

However, obstacles remain, such as language and cultural differences, the strict nature of nurses, limited Standard Operating Procedures (SOP), and low patient understanding of medical terms. Nurses often act as translators and patient calmers in emergency situations. The advantages of the service are seen from the rapid response of paramedics, professionalism during holidays, and the use of verbal, nonverbal, and relaxation communication techniques to

calm patients. Nurses also show empathy by adjusting their communication style according to the patient's age. At the end of treatment, nurses continue to monitor the patient's condition and coordinate follow-up consultations.

5.0 DISCUSSION OF RESEARCH RESULTS

Therapeutic communication is a form of interpersonal communication that aims to support holistic patient healing, through direct interaction between health workers and patients. This communication builds trust, provides comfort, and supports the emotional and physical recovery process. Experts such as Devito, Syahrul Abidin, and Damaiyanti emphasize the importance of interpersonal communication in social and health relationships. Therapeutic communication not only conveys medical information, but is also persuasive and empathetic, encouraging active patient participation in decision making, as emphasized by Dr. Diaz Syafrie.

Effective interactions between doctors, nurses, and patients require transparency, empathy, and respect for patient autonomy. Poor or inappropriate communication can damage relationships and reduce the quality of care. Therefore, understanding and compliance with standard operating procedures (SOPs) are important, as emphasized by nurse "WY" in the interview, that patience and understanding are the keys to good care.

Five basic principles of therapeutic communication that must be applied by health workers at Bisui Pratama Hospital:

1. Transparency (Openness)

Openness in communication aims to create a sense of comfort so that patients are free to express their complaints. At Pratama Bisui Hospital, this practice is not optimal because communication between nurses and patients is still limited. In fact, clear medical explanations and patient consent to medical procedures are important to build patient trust and involvement in treatment.

2. Sensitivity (Empathy)

Empathy is important in understanding the emotional state of the patient. Although medical personnel are quite sensitive, their implementation is not yet consistent. The speed and patience of nurses, especially in emergency conditions, are highly appreciated by patients. However, challenges remain, such as differences in the character of medical personnel and language barriers. Effective communication must use language that is easy to understand and take into account the time and emotional state of the patient.

3. Supportive Attitude (Supportiveness)

Positive and responsive attitudes create emotional comfort for patients. At Pratama Bisui Hospital, the friendly attitude and responsiveness of nurses have built trust in the patient's family. This supportive attitude strengthens interpersonal relationships, as explained in DeVito's theory.

4. Positive Outlook (Positiveness)

Positive views towards patients are reflected in the dedication of nurses in providing services even outside of working hours. Although non-verbal expressions of empathy are not evenly distributed due to the influence of local culture, nurses are still required to be friendly and patient in dealing with various patient characters, in order to maintain professionalism.

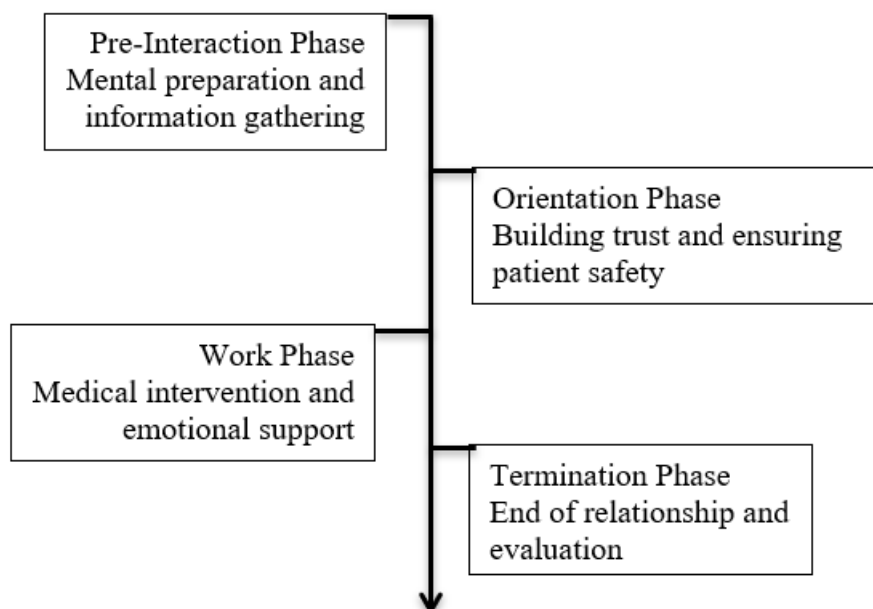
5. Equality

Although medical personnel treat patients equally, communication is still formal and limited. Equality includes the patient's right to be heard and involved in medical decision-making. Nurses also play an important role as a language bridge between patients and doctors. However, short and infrequent interactions mean that communication is not yet fully dialogic.

Referring to the therapeutic communication theory of Joseph A. Devito and the Lasswell communication pattern that emphasizes the elements of Who, Says What, In Which Channel, To Whom, and With What Effect, the therapeutic communication process at Bisui Pratama Hospital (RSP) was analyzed through four main phases. The description of each phase is based on the results of observations and interviews in the field, to provide a real picture of how the principles of therapeutic communication are applied in the health service environment:

Diagram 4.5

Four Phases of Therapeutic Communication at Pratama Bisui Hospital



Based on analysis using Joseph A Devito's Theory (1992), the four phases of therapeutic communication in health services are described as follows:

1. Pre-Interaction Phase

This phase is the preparation stage for health workers before meeting patients. Doctors and nurses study medical records, socio-cultural conditions, and patient health history to develop

appropriate communication strategies. The goal is to create effective and empathetic interactions. At Pratama Bisui Hospital, this phase is carried out consistently through discussions with the medical team before meeting patients.

2. Introduction/Orientation Phase

It is the initial stage of direct interaction, where health workers build a sense of security and trust in patients. Communication is done with empathy and techniques such as active listening, polite greetings, and explaining procedures. simply. At Pratama Bisui Hospital, doctors and nurses greet patients with a friendly and open attitude, and ensure that information is conveyed clearly. Nurses are also often the initial liaison when the doctor is not present, maintaining the continuity of therapeutic communication from the start.

3. Working Phase

This phase is the core of therapeutic communication, where medical interventions are carried out while maintaining the interpersonal relationships that have been built. Doctors and nurses explain procedures clearly, respect patient rights, and adjust communication styles according to the patient's emotional condition. At Pratama Bisui Hospital, collaboration between doctors and nurses, neat medical records, and the use of local languages are the keys to effective communication. In addition, attention to the patient's psychological aspects and sensitivity to age are important factors in this phase.

4. Termination Phase

The final stage of the nurse-patient relationship usually occurs when the patient is discharged or the nurse completes a task. This phase involves reflection on the care process and providing final support, both emotional and educational. Termination can be temporary or final. The nurse ensures that the patient understands further instructions and is ready to be independent at home, and continues to facilitate communication if further consultation is needed.

6.0 CONCLUSION

Based on research data taken from various informants at Pratama Bisui Hospital, analyzed based on the interpersonal communication theory of Joseph A. Devito and relevant concepts, the researcher concluded the following:

1. Therapeutic Communication Principles between Pratama Bisui Hospital

Based on Aris Juliansyah's research (2023), it shows that nurses' therapeutic communication has entered the pre-interaction stage and works well, but is still weak in the use of medical language. This finding is in line with the results at Pratama Bisui Hospital, where nurses also play an important role in bridging complex medical language. However, research at Pratama Bisui Hospital also added a more prominent dimension of dialogic relationships between doctors, nurses, and patients, emphasizing clarity of messages and active participation, reflects a more holistic approach to interpersonal communication.

Therapeutic communication at Pratama Bisui Hospital has led to the application of interpersonal communication principles that emphasize clarity of message, empathy, and active participation. The relationship between doctors, nurses, and patients tends to be dialogic, with nurses acting as the main liaison in bridging communication, especially when patients have difficulty understanding medical terms. This approach reflects an effort to build a more humane relationship and focuses on shared understanding in the healing process.

2. Barriers to the Implementation of Therapeutic Communication at Pratama Bisui Hospital Research by Wahyuni Bailussy (2018) and Grance Sinthike Kewas (2020)

showed communication barriers in the form of limited nonverbal communication, cultural differences, and language barriers. These findings support the findings of researchers, but present novelty in identifying that not only patients experience difficulties, but also medical personnel from outside the region experience cultural and communication gaps, exacerbated by the absence of standard communication SOPs. This reveals the structural side as the root of the problem that has not been widely highlighted in previous studies.

The implementation of therapeutic communication at Pratama Bisui Hospital still faces a number of obstacles, both from psychological, semantic, cultural, and structural aspects. Some of the main obstacles are differences in language and cultural background between medical personnel (some of whom come from outside the region) and local patients, minimal communication skills training for health workers, and the absence of standard communication SOPs. These obstacles reduce the effectiveness of communication and have the potential to inhibit active patient participation in the health service process.

3. Communication Pattern in the Service Process at Bisui Pratama Hospital

In contrast to the research of Muhammad Arief Alfiansyah (2018) which highlights therapeutic communication as a process that is often influenced by the family, your research at Pratama Bisui Hospital focuses on a relational and convergent communication pattern, where medical personnel and patients actively collaborate in decision making. This shows a shift in the communication pattern from one-way to a more participatory and equal pattern.

The communication pattern that is developing at Pratama Bisui Hospital tends towards a relational and convergent communication pattern. Communication not only functions as a means of conveying information, but also as a process of building reciprocal relationships and shared understanding between medical personnel and patients. This pattern supports the active involvement of all parties in the medical decision-making process and strengthens the principle of equality in interaction. The existence of a medical recording system is also an important supporter in maintaining continuity of information and alignment of services between shifts.

7.0 SUGGESTIONS

Based on the results of research on therapeutic communication between medical personnel and patients at Bisui Pratama Hospital, the researcher provides the following suggestions:

1. Therapeutic Communication Training

Medical personnel, especially those from outside the region, need to receive regular training to be able to communicate empathetically and understand the patient's local cultural and language context.

2. Preparation of SOP (Standard Operating Procedure)

Hospitals need to create and implement Standard Operating Procedures (SOP) for therapeutic communication as a professional guide for doctors and nurses.

3. Optimizing the Role of Local Nurses

Local nurses play an important role as mediators between doctors and patients. It is recommended that they be given additional training and recognition for their strategic role.

4. Development of Patient-Friendly Communication Media

Hospitals should provide easy-to-understand educational media, such as brochures in local languages and medical explanation videos to help patients understand.

5. Routine Evaluation and Monitoring

Periodic evaluation through surveys or internal audits is important to assess the effectiveness of therapeutic communication and as a basis for improving the quality of empathetic and participatory services.

8.0 RECOMMENDATIONS

The researcher realizes that in carrying out this research there are various limitations, both in terms of the limited data that has been collected and the relatively short research time. This certainly has an impact on the depth of analysis and the completeness of the findings produced. Therefore, the researcher does not rule out the possibility of room for further improvement and development of the topics that have been studied. These limitations should be important notes for subsequent researchers to better prepare the methodological and technical aspects more maturely.

For this reason, the researcher recommends that students or other researchers who are interested in continuing or expanding similar studies can enrich their scientific insights through more in-depth literature reviews and more comprehensive data collection. Further research is expected to be conducted over a longer period of time, allowing researchers to obtain a more complete, valid, and representative picture of the object being studied.

BIBLIOGRAPHY

Books and Theses

Adhani, R. (2024). Ethics and communication. PT Grafika Wangi Kalimantan.

Afrilla, N., et al. (2020). Communicator theories. Desanta Muliavisitama.

Alfiansyah, M. A. (2018). Therapeutic communication in nursing at Royal Prima Hospital Medan (Master's thesis, Universitas Muhammadiyah Sumatera Utara).

- Al Jamiliyati, N. U., N. A., S. R., Hayunnisa, R., Eka, S., Farihatul, S., & Rochma, S. (2025). Effective communication in nursing: Strategies for using simple language in patient education. *Kirana*, 2 (1), 11–15 <https://doi.org/10.61579/kirana.v2i1.275>
- Arifin, Z. (2012). Educational research: Methods and new paradigms. PT Remaja Rosdakarya.
- Boedi Abdullah, & Saebani, B. A. (2014). Research methods in Islamic economics. Pustaka Setia.
- Cangara, H. (2014). Introduction to communication science (2nd ed.). RajaGrafindo Persada.
- Darmawan, D. (2007). Learning communication. UPI Press.
- DeVito, J. A. (1997). Human communication: The basic course. Karisma Publishing.
- Griffin, E. (2012). A first look at communication theory (8th ed.). McGraw-Hill.
- Moleong, L. J. (2006). Qualitative research methodology (Rev. ed.). PT Remaja Rosdakarya.
- Mubarak, W. I., & Chayatin, N. (2012). Community nursing science: Introduction and theory. Salemba Medika.
- Mukarom, Z. (2020). Communication theories. UIN Sunan Gunung Djati Bandung.
- Pertiwi, M. R., & Wardhani, et al. (2022). Therapeutic communication in healthcare. Rizmedia Pustaka Indonesia.
- Prabowo, T. (2014). Communication in nursing. Pustaka Baru Press.
- Smith, J. (2020). Therapeutic communication in healthcare settings. *Journal of Health Communication*, 15(2), 12–25.
- Suprpto, T. (2019). Philosophy and theory of communication: An introduction to theories, concepts, and communication philosophy (citing Joseph A. DeVito). Pustaka Pelajar.
- Suranto, A. W. (2011). Interpersonal communication. Graha Ilmu.
- Sugiyono. (2017). Quantitative, qualitative, and R\&D research methods. Alfabeta.
- Syafruddin Ritonga. (2019). The implementation of Islamic communication in therapeutic communication for patient recovery at public hospitals in Medan (Doctoral dissertation, UIN Sumatra Utara).
- Wilantara, M. (2024). Reconstructing Bali tourism communication: Shifting the perspective from globalization to locality (p. 131). Depublish (CV Budi Utama Publishing Group).

Journal Articles and Scientific Papers

- Al Husain, A. H. (2020). Doctor–patient health communication based on Sipakatau local wisdom during the pandemic. *Jurnal Ilmu Komunikasi*, 18(2), 126–141.

- Apriliavini, A. P. (2023). Efforts to improve health service management in hospitals: A theoretical review. *Diagnosa: Journal of Health and Nursing Sciences*, 1(1).
- Astuti, D. R. (2019). Nurse's motivation as a profession and as therapeutic communication actors. *Communicatus: Jurnal Ilmu Komunikasi*, 3(2), 189–210.
- Basri, Utami, & Handayani. (2023). The relationship between response time and nurses' therapeutic communication with patient satisfaction levels at the ER of Sekarwangi Hospital. *JIKBHK Health Science Journal*, 14(1).
- Juliansyah, A. (2023). Nurses' therapeutic communication in supporting the recovery of pediatric patients at Bhakti Medicare Hospital Cicurug. *Jurnalika: Jurnal Ilmu Komunikasi*, 7(1).
- Himawan, R., & Hartinah, D. (2016). The relationship between nurses' verbal and nonverbal therapeutic communication and family anxiety levels in the intensive care unit at Kudus Regional Hospital. *The 4th University Research Colloquium*.

Online Sources

- Ministry of Health of the Republic of Indonesia Regulation No. 6 of 2024.
[<https://peraturan.bpk.go.id/Details/288060/permenkes-no-6-tahun-2024>]
(<https://peraturan.bpk.go.id/Details/288060/permenkes-no-6-tahun-2024>)
- Indonesian Medical Ethics Code. (2012). Honorary Council of Medical Ethics of Indonesia.
- Ternate Hits Article. Poor service! South Halmahera Regent urged to evaluate Director of Bisui Hospital.
- Global Magazine Article. Injustice experienced by the people of South Halmahera, services at Pratama Bisui Hospital allegedly not in accordance with SOP.