

# Knowledge Profile of Therapeutic Communication Students of Health Services Expertise Program at Vocational School

Amarlian Bilqisthi Agustin<sup>1\*</sup>, Mochamad Bruri Triyono<sup>2</sup>, Wagiran<sup>3</sup> 

<sup>1,2,3</sup> Technological and Vocational Education, Universitas Negeri Yogyakarta, Yogyakarta, Indonesia

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## ABSTRAK

*Komunikasi terapeutik adalah jenis komunikasi yang digunakan oleh profesional kesehatan, seperti dokter, perawat, atau konselor, untuk membantu individu mengatasi masalah emosional, psikologis, atau fisik. Komunikasi terapeutik merupakan kompetensi dasar yang wajib dimiliki oleh siswa SMK sebelum pelaksanaan praktik kerja lapangan. Tujuan penelitian ini adalah untuk mengetahui profil pengetahuan komunikasi terapeutik siswa sekolah menengah kejuruan program keahlian layanan kesehatan. Jenis penelitian ini adalah kuantitatif. Teknik pengambilan sampel yang digunakan adalah proportionate stratified random sampling sebanyak 71 orang terhadap seluruh siswa SMK program keahlian layanan kesehatan sebanyak 238 orang. Pengumpulan data dilakukan secara kuantitatif dengan menggunakan kuesioner yang diisi langsung oleh responden. Hasil penelitian menunjukkan nilai rata-rata berdasarkan jenjang kelas yang menunjukkan ketiga jenjang kelas memiliki nilai rata-rata yang sama dan tergolong belum kompeten atau dibawah nilai 70. Perbedaan nilai rata-rata kelas X terhadap kelas XI, kelas X terhadap kelas XII, dan kelas XI terhadap kelas III, tidak signifikan. Tingkat pengetahuan komunikasi terapeutik sebanyak 18% siswa dengan kategori kompeten, sedangkan 82% siswa tergolong belum kompeten. Mengingat pentingnya kompetensi terapeutik bagi calon tenaga Kesehatan, hasil penelitian ini diharapkan dapat menjadi referensi dan gambaran untuk Lembaga SMK Kesehatan untuk dapat meningkatkan kompetensi dalam komunikasi terapeutik kepada siswa.*

## ABSTRACT

Therapeutic communication is used by health professionals, such as doctors, nurses, or counselors, to help individuals overcome emotional, psychological, or physical problems. Therapeutic communication is an essential competency that vocational school students must have before doing practical fieldwork. This research aimed to determine the therapeutic communication knowledge profile of vocational high school students in health service expertise programs. This type of research is quantitative. The sampling technique used was a proportionate stratified random sampling of 71 people from all 238 vocational school students in health service expertise programs. Data collection was carried out quantitatively using questionnaires filled out directly by respondents. The research results show the average score based on class level, which shows that the three class levels have the same average score and are classified as not yet competent or below 70. The difference in the average score of class X to class XI and class XI to class III is insignificant. The level of therapeutic communication knowledge of 18% of students is competent, while 82% are classified as yet competent. Considering the importance of therapeutic competence for prospective health workers, it is hoped that the research results can become a reference and illustration for health vocational schools to increase competence in therapeutic communication for students.

## 1. INTRODUCTION

Communication is an essential component of human life. Since the beginning of time, humans have communicated with the environment. Communication success and failure are impacted by a variety of things. Communication is a social process. This implies that communication requires humans and human relationships. The interaction contains information. Communication in everyday life is a crucial tool for building connections with others. Communication is defined as the process of transmitting and receiving messages or information between two or more people that has clear purposes and objectives that are easy

\*Corresponding author

E-mail addresses: [rafif.lian@gmail.com](mailto:rafif.lian@gmail.com) (Amarlian Bilqisthi Agustin)

to grasp (Arda, 2019; Fitria & Shaluhayah, 2017). Communication is the most critical factor in the nursing process. Communication is the main key that has an important role in carrying out the nursing process. Communication in nursing is called therapeutic communication which is a way of fostering a therapeutic relationship between nurses and patients and has the aim of helping the patient's healing process. This therapeutic communication is used to create a good relationship between the nurse and the patient so that the patient's needs can be met (Rochani, 2019; Saprilla, 2018).

Therapeutic communication in nursing refers to communication carried out by a nurse during an intervention in order to provide therapies for the patient's healing process. The purpose of therapeutic communication is to aid the patient in clarifying and decreasing the load of the patient's thoughts and minds; to support the patient in taking appropriate action; and to effect the person, the physical environment, and himself (Djala, 2021; Transyah & Toni, 2018). Therapeutic communication is thought to help patients and families maximize positive thoughts and energy, which helps reduce the mental burden involved with living with and acting on their health. Communication is a crucial ability for nurses. Nurses who communicate effectively will give extraordinarily high-quality nursing health care to patients and their families. One aspect that can affect the quality of health care is nurse-patient communication. This great communication will enable collaborating Caregiver Professionals to detect health concerns early, improve diagnosis accuracy, reduce costly medical crises and treatments, and avoid long-term care. A nurse must be able to sense the client's emotions in order to build a healthy and successful therapeutic relationship with the client (Mawaddah & Handrianto, 2023; Siti et al., 2016). Nurses who are sensitive to their patients' feelings may avoid speaking or doing things that breach their privacy or damage their feelings.

Based on preliminary research, students in the health service expertise program at SMK Muhammadiyah Lumajang have been assigned therapeutic communication courses. As nursing assistants, vocational school students handle patients directly, therefore basic communication skills are required. The application of communication is the most significant aspect that vocational school students must have in the health service expertise program, because it is a basic skill that must be acquired before carrying out actual field work. The findings of the interviews revealed that numerous students at SMK Muhammadiyah Lumajang had trouble discriminating between interpersonal and therapeutic communication. According to knowledge data, 35 of 174 vocational school students in classes X, XII, and XII obtained a score of 70 or above in therapeutic communication. Patients frequently express complaints about a lack of communication from nurses and a lack of clarity regarding the treatment process, such as the long waiting time after entering the treatment room, the length of time nurses answer patient calls, and nurses are not friendly, a lack of health education for home care, nurses are not attentive, and nurses do not explain treatment programs and disease processes (Dora et al., 2019; Sembiring & Munthe, 2019). Therapeutic communication is required for health professionals because effective and efficient communication allows therapeutic goals to be met. Poor communication can lead to undesirable outcomes such as therapy not going well, risking patient safety, and inefficient patient treatment and therapy (Arkorful et al., 2021; Hakim et al., 2022).

The novelty of this study lies in the different approaches in evaluating students' understanding of therapeutic communication, which is a key skill in nursing practice. The purpose of this research is to know the profile of knowledge of therapeutic communication students of secondary school vocational programs of health services expertise, in particular in SMK Muhammadiyah Lumajang. Given the importance of therapeutic communication skills, we'd like to see how the competence of therapy communication is in students of classes X, XI, and XI as a form of preparation as a healthcare candidate. The findings of this research are expected to be a reference and an overview for the SME Health Institute to be able to improve competence in therapeutic communication to students.

## 2. METHOD

The research design used in this study is quantitative. The relationship between these variables is determined based on statistical tests using the cross-sectional method. Data collection was carried out quantitatively using questionnaires for students in classes X, XI, and XII of the health service expertise program at SMK Muhammadiyah Lumajang. The questionnaire instrument consists of 22 question items and has been validated. Question items are divided into five types, namely 6 question items regarding the basics of therapeutic communication, 2 question items regarding the goals of therapeutic communication, 2 question items regarding the benefits of therapeutic communication, 4 question items regarding therapeutic communication, and 8 question items regarding therapeutic communication techniques. The population in this study was all students of the health service expertise program, totaling 238 people. The sampling technique used in this research was proportionate stratified random sampling. Proportionate stratified random sampling is carried out by dividing the population into sub-populations or strata

proportionally and carried out randomly. After calculating the sample, the sample required for this research was 71 people, divided into 29 class X students, 23 class XI students, and 19 class XII students.

### 3. RESULT AND DISCUSSION

#### Result

From the research that has been done, the findings presented in several frequency tables can be obtained. The author wanted to show how the age spread and competence of therapeutic communication skills. Data can be presented in the [Table 1](#).

**Table 1.** Frequency Distribution of Respondents Based on Age and Gender

Age	Gender (%)	
	Man	Woman
15	31.5	62.5
16	26.9	73.1
17	22.7	77.3
18	28.5	71.5

Based on [Table 1](#), it shows that 72% of respondents are female and 28% of respondents are male. A total of 71 respondents were divided into 22% aged 15 years or as many as 16 people, 37% aged 16 years or as many as 26 people, 31% aged 17 years or as many as 22 people, and 10% aged 18 years or as many as 7 people.

**Table 2.** Frequency Distribution of Therapeutic Communication Knowledge

Category	Amount	Percentage (%)
Competent	13	18.370
Incompetent	58	81.690
<b>Total</b>	<b>71</b>	<b>100.000</b>

Based on [Table 2](#), it shows that students in the competent category above 70 are 18% or 13 people and students in the not yet competent category below 70 are 82% or 58 people. It was concluded that more than 50% of Lumajang Muhammadiyah Vocational School students' knowledge of therapeutic communication was not yet competent or had not mastered therapeutic communication.

**Table 3.** Frequency Distribution of Therapeutic Communication Knowledge Based on Class

Class	Amount	Category (%)	
		Competent	Incompetent
X	29	17.2	82.8
XI	23	8.6	91.4
XII	19	31.5	68.5
<b>Total</b>	<b>71</b>		

Based on [Table 3](#) showing knowledge of therapeutic communication based on class level, more than 50% of the three are in the not yet competent category. It was concluded that knowledge of therapeutic communication based on very low class was included in the not yet competent category.

**Table 4.** Frequency Distribution of Knowledge of the Basics of Therapeutic Communication

Class	Amount	Category (%)	
		Competent	Incompetent
X	29	65.5	34.4
XI	23	43.4	56.6
XII	19	52.6	47.4
<b>Total</b>	<b>71</b>		

Based on [Table 4](#), knowledge about the basics of therapeutic communication shows that more than 50% of students from all grade levels are classified as competent. Classes X and XII show that more than

50% of students are classified as competent, while in class XI as many as 43% of the 23 students were classified as competent.

**Table 5.** Frequency Distribution of Knowledge of the Goals of Therapeutic Communication

Class	Amount	Category (%)	
		Competent	Incompetent
X	29	0	100
XI	23	8	91
XII	19	1	99
<b>Total</b>	<b>71</b>		

Based on Table 5, knowledge about the goals of therapeutic communication shows that more than 50% of students are classified as not yet competent. Class X data shows that there are no competent students. Classes XI and XII have 2 competent students. This shows that at all grade levels the students' low knowledge about the purpose of therapeutic communication.

**Table 6.** Frequency Distribution of Knowledge of the Benefits of Therapeutic Communication

Class	Amount	Category (%)	
		Competent	Incompetent
X	29	31.3	68.9
XI	23	47.8	52.1
XII	19	56.6	47.3
<b>Total</b>	<b>71</b>		

Based on Table 6, knowledge about the benefits of therapeutic communication shows that 42% of the 71 students are competent. There are 53% of class XII students have competent qualifications from 19 students, while class X and XI are below/less than 50%.

**Table 7.** Frequency Distribution of Knowledge of the Stages of Therapeutic Communication

Class	Amount	Category (%)	
		Competent	Incompetent
X	29	86.2	16
XI	23	56.5	43
XII	19	78.9	21
<b>Total</b>	<b>71</b>		

Based on Table 7, knowledge about the stages of therapeutic communication shows that 53 out of 71 students are classified as competent. 4 out of 19 class XII students are classified as not yet competent, 10 out of 23 class XI students are classified as not yet competent, and 4 out of 29 class X students are classified as not yet competent. It was concluded that more than 50% of students had knowledge about the stages of therapeutic communication.

**Table 8.** Distribution of Knowledge of Therapeutic Communication Techniques

Class	Amount	Category (%)	
		Competent	Incompetent
X	29	16	86.2
XI	23	13	86.9
XII	19	21	78.9
<b>Total</b>	<b>71</b>		

Based on Table 8, knowledge of therapeutic communication techniques shows that 11 out of 71 students are classified as competent. 4 out of 19 class XII students are classified as competent, 3 out of 23 class XI students are classified as competent, and 4 out of 29 class X students are classified as competent. This can be concluded if >50% of students do not have knowledge of therapeutic communication techniques.

**Table 9.** Average Therapeutic Communication Knowledge Based on Class

Average	Class		
	X	XI	XII
Value	62.070	57.700	64.580

Based on Table 9, the average value of knowledge regarding therapeutic communication for class X is 62.070. The average score for class XI is 57,700 and class XII is 64,580. This shows that the average student's therapeutic communication knowledge is low, because it is below 70.

**Table 10.** One Way Anova Test Results

	Sig.
Value	0.104

Based on Table 10, it is known that the sig value is  $0.104 > 0.050$ , so it can be concluded that the three class levels have the same average value. Based on data analysis showed that a Sig value  $> 0.050$ , it can be concluded that the difference in the average value of class X to class XI, class X to class XII, and class XI to class XII, is not significant. Significance Value Based on Output Multiple Comparisons of Tukey HSD Test showed in Table 11.

**Table 11.** Significance Value Based on Output Multiple Comparisons of Tukey HSD Test

Class		Sig.
X	XI	0.304
	XII	0.700
XI	X	0.304
	XII	0.096
XII	X	0.700
	XI	0.096

**Discussion**

In nursing, therapeutic communication refers to communication conducted by a nurse during an intervention to give treatments for the patient's healing process. The goal of therapeutic communication is to help the patient explain and reduce the load on his or her thoughts and minds; to assist the patient in taking appropriate action; and to affect the person, the physical environment, and oneself (Donovan & Mullen, 2019; Moreno-Poyato & Rodríguez-Nogueira, 2021). Therapeutic communication is supposed to assist patients and family in maximizing positive ideas and energy, so reducing the mental burden associated with living with and acting on their health. Nurses must be able to communicate effectively. Nurses who communicate effectively will provide exceptional nursing health care to patients and their families (Martin & Chanda, 2016; Rønning & Bjørkly, 2019).

Based on the research results, it is known that the average therapeutic communication knowledge of vocational school students is classified as low, namely below 70. Classically, 13 people or 18% of students are in the competent category, while 58 people or 82% of students are classified as not yet competent. The level of knowledge regarding therapeutic communication is divided into five types, namely 55% of students or 39 people are classified as competent regarding the basics of therapeutic communication, 6% of students or 4 people are classified as competent regarding the goals of therapeutic communication, 42% of students or 30 people are classified as competent regarding the benefits of therapeutic communication, 75% of students or 53 people were classified as competent regarding the stages of therapeutic communication, and 15% of students or 11 people were classified as competent regarding therapeutic communication techniques. This shows that knowledge of therapeutic communication as a whole is still low, as can be seen from the average score based on class level which shows that the three class levels have the same average score. The difference in the average value of class X to class XI, class X to class XII, and class XI to class III, is not significant. As research shows in the initial research survey on September 2 2015 of 10 (ten) nurses working in the Internal and Surgical Inpatient Installation at Pariaman Regional Hospital regarding nurses' knowledge of the application of therapeutic communication, 8 people stated that they did not know the meaning of therapeutic communication, 7 people said they didn't know the purpose of therapeutic communication, 6 people said they didn't know the benefits of therapeutic communication, 7 people said they didn't know the stages of therapeutic communication and 8 people said they didn't know the techniques of therapeutic communication.



In contrast to research, it shows that 53% of respondents have good knowledge of therapeutic communication, 100% of respondents have good knowledge of the basics and goals of therapeutic communication, 80% of respondents have good knowledge of the stages of therapeutic communication, and 56% of respondents have good knowledge of the therapeutic communication techniques respondents are nurses at the Roemani Muhammadiyah Hospital in Semarang. Meanwhile, research showed that of the 50 respondents there were 28 (56%) nurses who had good knowledge, and 22 (44%) nurses had sufficient knowledge (Simamora et al., 2022; Tamonob et al., 2023). The majority of nursing students have good knowledge about therapeutic communication as many as 28 respondents or around 70%, for attitudes in communication the majority have good attitudes as many as 34 respondents or around 85%, and actions in therapeutic communication as perfect respondents as many as 29 respondents or around 72%. Research showed that 40 students or around 59% had implemented communication well, while 28 students or around 41% had implemented it poorly (Nofia, 2021; Saputra et al., 2020).

Differences regarding knowledge of therapeutic communication can be seen from several studies, where respondents come from different levels, namely vocational school students with health service expertise programs, nursing students, and working nurses. However, this does not rule out the possibility that therapeutic communication, which is the basis of nursing competency, becomes mandatory for all levels that come into contact and communicate directly with patients. Future healthcare professionals such as physicians, nurses, pharmacists, therapists, and others must be able to communicate effectively. Here are some of the reasons why therapeutic communication is so crucial in healthcare (Purnawinadi & Lintang, 2020; Tumbuan, F. C. et al., 2017). It instills confidence and comfort in patients, which is critical for them to believe they are receiving the finest possible care. Patients are more inclined to accept health experts' advice and suggestions when they feel heard and understood (Daryanti & Priyono, 2016; Lubis & Simatupang, 2023). Therapeutic communication can help patients feel more motivated to adhere to their treatment plan.

Overall, therapeutic communication is a necessary skill for aspiring healthcare professionals since it influences not just patient-healthcare worker interactions, but also the quality of care and patient outcomes (Delgado, 2021; Leporini et al., 2014). Health practitioners can acquire information required to diagnose and arrange therapy through therapeutic conversation. Listening to patient complaints, researching medical history, and comprehending the psychological components that may impact patient health are all part of this process. Patients must be able to understand medical information and suggestions provided by health professionals (Arkorful et al., 2021; Donovan & Mullen, 2019; Moreno-Poyato & Rodríguez-Nogueira, 2021). Therapeutic communication assists them in avoiding the use of technical terminology that patients find difficult to grasp, allowing patients to fully comprehend the material (Elviana, 2015; Hasan & Bachtiar, 2023).

Patients frequently suffer stress, anxiety, or sadness as a result of their medical condition. Therapeutic communication allows the healthcare professional to listen to the patient and give emotional support, which can help release stress and encourage healing (Agarwal, 2018; Amutio-Kareaga et al., 2017). Sometimes the patient or his family will have disagreements or objections to the treatment. Therapy communication assists the health care professional in listening to issues and assisting in the development of acceptable solutions (Dewi, 2015; Morgan et al., 2016). Good communication across the whole healthcare team is a critical step in preventing medical mistakes that can have major consequences for the patient. Therapeutic communication assists healthcare staff in gathering more extensive knowledge about the patient, which can impact more accurate and successful diagnostic and treatment decisions.

The implication of this study is that the knowledge gained from evaluating the therapeutic communication knowledge profile of vocational high school students can be used to improve nursing education in the future, focusing on developing better communication skills for prospective nurses. However, the study also has the limitation that the study was only conducted in one vocational high school in a particular area, so the generalizability of the findings may be limited. In addition, the measurement of therapeutic communication knowledge is carried out only through test scores, without considering the practical aspects of the application of communication skills in actual nursing situations. Based on these limitations, the recommendation for future studies is to involve more vocational high schools in the study to obtain a more representative sample. In addition, it is recommended to incorporate more holistic methods of measuring therapeutic communication knowledge, such as direct observation or simulation of nursing situations, to gain a more comprehensive understanding of students' communication skills.

#### 4. CONCLUSION

Based on the results of the analysis and discussion, it was concluded that overall knowledge of therapeutic communication was still low. The average therapeutic communication knowledge of vocational school students is below 70 or not yet competent. As many as 18% of students are in the competent

category, while 82% of students are classified as not yet competent. The level of knowledge regarding therapeutic communication is divided into five types, namely 55% of students are classified as competent regarding the basics of therapeutic communication, 6% of students are classified as competent regarding the goals of therapeutic communication, 42% of students are classified as competent regarding the benefits of therapeutic communication, 75% of students are classified as competent regarding the stages of therapeutic communication, and 15% of students are classified as competent regarding therapeutic communication techniques. The average value is based on class level which shows that the three class levels have the same average value. The difference in the average value of class X to class XI, class X to class XII, and class XI to class III, is not significant.

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