Jurnal Penelitian Komunikasi Vol. 24 No. 2, Desember 2021: 117-128
ISSN: 1410-8291 | e-ISSN: 2460-0172 | http://bppkibandung.id/index.php/jpk

THERAPEUTIC COMMUNICATION BETWEEN NURSES AND DEMENTIA'S PATIENTS AT PSYCHIATRIC HOSPITAL

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Naskah diterima tanggal 16 April 2021, direvisi tanggal 9 Agustus 2021, disetujui tanggal 27 Agustus 2021

KOMUNIKASI TERAPETIK ANTARA PERAWAT DAN PASIEN DEMENSIA DI RUMAH SAKIT JIWA

Abstract. *Dementia is a mental and behavioural disorder which requires the process of handling patients to be carried out with a rehabilitation approach. The condition of dementia patients who experience senility or memory loss is an interesting issue to analyze. This study aimed to explain the interaction process and the application of therapeutic communication between dementia patients and nurses in the rehabilitation process. This research was conducted with a descriptive qualitative research method, utilized the theory of managing dementia patients. Using purposive sampling in determining the sources, the authors then conducted in-depth interviews with three experienced nurses dealing with dementia patients to examine the application of therapeutic communication in the rehabilitation process. As a result, the cultural approach in the interaction between nurses and patients dramatically determined the success of building patient trust. The cultural similarities reflected in most of the regional languages used in the interaction process between nurses and patients effectively built emotional bonds in interpersonal interactions. Nurses' experience in dealing with dementia patients also supported effectiveness in the rehabilitation process for dementia patients.*

Keywords: *therapeutic communication, dementia rehabilitation, interpersonal communication*

Abstrak. Demensia yang merupakan gangguan mental dan perilaku *(mental and behavioural disorders)* menghendaki proses penanganan pasien dilakukan dengan pendekatan rehabilitasi. Kondisi pasien demensia yang mengalami kepikunan atau penurunan daya ingat, menjadi isu yang menarik untuk dianalisis. Studi ini bertujuan menjelaskan bagaimana proses interaksi dan penerapan komunikasi terapetik antara pasien demensia dan perawat dalam proses rehabilitasi. Penelitian ini dilakukan dengan metode penelitian kualitatif deskriptif dengan menggunakan teori penanganan pasien demensia. Penentuan narasumber menggunakan *purposive sampling* dan dilakukan wawancara mendalam kepada tiga perawat yang berpengalaman menangani pasien demensia, untuk menelaah penerapan komunikasi terapetik dalam proses rehabilitasi. Hasilnya, ditemukan bahwa pendekatan kultural dalam proses interaksi antara perawat dan pasien sangat menentukan keberhasilan dalam membangun kepercayaan pasien. Kesamaan kultural yang tergambar dari mayoritas penggunaan bahasa daerah dalam proses interaksi antara perawat dan pasien sangat efektif dalam membangun ikatan emosional dalam interaksi interpersonal. Pengalaman perawat dalam menangani pasien demensia juga menunjang efektifitas dalam proses rehabilitasi pasien demensia.

Kata kunci: komunikasi terapetik, rehabilitasi demensia, komunikasi interpersonal

DOI: 10.20422/jpk.v24i2.796

INTRODUCTION

In the last few decades, various kinds of research related to dementia have been carried out. Dementia is a condition that related research were more commonly found in the fields of epidemiology or nursing science research (Jia et al., 2020). In this context, the authors see dementia as an interesting issue to observe from a communication science perspective. One of the treatment mechanisms or the healing process for dementia patients is attained by the rehabilitation process, where the interaction process becomes a healing method performed by nurses using therapeutic communication techniques (Brodaty et al., 2011). The interaction process between nurses and dementia patients who have particular symptoms, if viewed from the perspective of communication science, has its uniqueness to describe considering that one of the characteristics of typical dementia patients is senility. It is challenging to communicate with such conditions. Thus, the effort to describe this phenomenon gets very interesting and challenging.

The World Health Organization (WHO) categorizes dementia as a part of mental and behavioural disorders, generally defined as several conditions that occur in a person. First, there is a decrease in memory to a certain extent related to daily activities, or the act of living alone, even in difficult conditions or in conditions that do not make sense. Second, there is a decrease in thinking, planning, and organizing things daily within certain limits. Third, a decrease in keeping awareness of environmental conditions, including orientation in space and time experienced. Fourth, there is a decrease in controlling emotions or motivation or a change in social activities monitored on several occasions; the occurrence of a patient's unstable emotion, sensitivity to something, apathetic, or rude to the surrounding conditions in observable actions (Henderson & Jorm, 2003).

There were approximately 35 million people with dementia reported worldwide in 2010, and it is predicted that it will reach 65 million in 2030 then 113 million in 2050, mostly in developing countries (Brodaty et al., 2011). China contributes 25 % of cases of dementia in general worldwide (Jia et al., 2020). According to Alzheimer's Indonesia data in 2019, in Indonesia alone, it was estimated that there were around 1.2 million people with dementia in 2016, which will increase to 2 million in 2030 and 4 million people in 2050. The increase in cases of dementia as mental and behavioural disorders also requires medical treatment. In this case, actions taken in an effort to cure dementia is a rehabilitation approach. (Brodaty et al., 2011) revealed that one of the rehabilitation efforts for people with dementia is carried out by a therapeutic approach. The concept of the therapeutic approach pretends to be in the realm of health research. However, in communication research, the issue is reviewed in terms of the interactions process between the dementia patient and the therapist who handles the rehabilitation process.

The issue of dementia is an important issue to discuss. Accounts of abuse of older people in care homes (Cooper et al., 2013) and carer 'burnout' in social care (Duffy, Oyebode & Allen, 2009) indicated that care workers struggle with specific demands of dementia caring. This issue was the basis for the United Kingdom National Institute for Health and Care Excellence (NICE) to apply person-centered care principles in the rehabilitation process for people with dementia. A study written by (Riachi, 2018) discussed the management of dementia patients from people who live with families experiencing symptoms of dementia (dementia-care). The study described how communication techniques were often used by the family in communicating with people with dementia. In this study, the authors examined from a different side, viz. the side of people with dementia symptoms who undergo the rehabilitation process in a psychiatric hospital. The subject's focus is on the rehabilitation process carried out by psychiatric hospital nurses for dementia patients. This perspective will ultimately enrich the information in looking at the treatment of dementia patients from a different side of the research conducted by (Riachi, 2018). The main focus of the researcher was not on the form of communication that occured in the interactions between other people and people with

dementia reference (Riachi, 2018). However, the author focused on how therapeutic communication be practiced in the rehabilitation process at the psychiatric hospital under the standard operating procedures set out in the rehabilitation mechanism. In relation to this process, this study examined the implementation of therapeutic communication practiced at Dr. H Marzoeki Mahdi Psychiatric Hospital in Bogor, West Java, Indonesia.

CONCEPTS

Therapeutic Approach in Communication Studies

In communication science, we recognize a concept that focuses on interactions between individuals in social interactions, known as interpersonal communication. Berger and Roloff (Berger & Roloff, 2019) revealed that interpersonal communication is the basis of theory and research rooted in the social-psychological area, which aims to find out and understand how individuals use verbal and nonverbal and written communication approaches to achieve their communication goals, such as informing something, make something personal, and share emotional support for others, in the act of face to face communication. (Chenoweth et al., 2009) argued that maintaining well-being for people with dementia is increasingly linked to personal and psychosocial aspects of care. Some studies on interpersonal communication were even aimed at examining specific topics such as emotional relationships and social interactions (Planalp, Metts & Tracy, 2010).

Based on a conceptual area that is also related to the concept of interpersonal communication, there is a theory called Uncertainty Reduction theory (R. & Calabrese, 1975); (Berger, C.R. and Gudykunst, 1991) which offers an effort to reduce uncertainty in interpersonal interactions to achieve the main goals of interaction itself. (Berger, C.R. and Kellerman, 1994) identified three general levels of strategies for reducing uncertainty in achieving the planned interaction goals. First, passive strategies in this condition have no direct interaction, but a communicator observes the communication recipient obtain information about them from the monitoring process. Second, active strategies where this process is also carried out face-to-face between the communicator and the communication recipient. The information retrieval process is accomplished with the help of other parties, the communication-recipient partner, family, and other necessary sources. Third, interactive strategies are face-to-face communication processes to collect information directly to the communication recipient, relax the atmosphere in the interaction process, share sympathy, and build emotional bonds. This strategy is effectuated with respect and adapts to the communication recipient to achieve the goals of the interaction.

We can find several communication techniques based on interpersonal communication, including therapeutic communication. Therapeutic communication as a communication strategy cannot be separated from the concept of interpersonal communication itself. For interaction related to the rehabilitation process, therapeutic communication is aimed at building good interactions with the communication recipient, in this case, the dementia patient, in order to obtain information that can be used in the patient's medical recovery process. (Miller-Keane, 2004) stated that "therapeutic" refers to science and art in the healing process, or something related to an action or something useful in the healing process (Potter et al., 2013). The concept of therapeutic communication refers to the process by which a nurse or therapist consciously influences a patient or performs various assistance to the patient for a better understanding of the healing process with a verbal or nonverbal approach. Therapeutic communication involves using specific strategies to encourage patient expression and feelings so that the ideas conveyed can be accepted and respected by the patient (Sherko., Sotiri. & Lika., 2015).

Therapeutic Communication on Nurses-Patients Interaction

(Sherko., Sotiri. & Lika., 2015) revealed that therapeutic communication involves

interpersonal communication between patients and nurses/therapists is initiated to help the patient. The communication and interaction skills needed in therapeutic communication are subtle forms of interaction and much more than in general interpersonal communication interactions. Communication techniques are key in therapeutic approaches to dementia (Vriese, 2013); then, the ability to understand interpersonal communication techniques for a nurse is vital and needed to support the effectiveness of conducting therapeutic communication with patients. (Belcher & Jones, 2009) stated that the ability to make personal sacrifices, absorb new information, and acquire new skills often could not be maintained by nurses who have minimal experience dealing with special patients. Nurses need to have qualified qualities to create and maintain a trusting relationship between nurses and patients. A trusting relationship encourages patient improvement and healing and is a source of energy, satisfaction, and at the same time increasing the capacity of the nurses. The key to building a trusting relationship is the integration, use, and mastery of therapeutic communication skills.

Therapeutic communication aims to build several goals for the nurses as professional mental health therapists. In this case, communication is defined as initiation, elaboration of action, and determining the relationship between nurses and patients. To achieve efficient therapeutic communication, nurses must follow privacy guidelines, maintain confidence and other patient privacy rights, and provide space for patients to express themselves freely, respect their background regardless of age, belief, or position, social, and economic strata as best as possible. In addition, nurses in therapeutic communication must be able to distinguish between the needs and desires of patients, making boundaries in matters related to the rehabilitation process (Sherko., Sotiri. & Lika., 2015). Finally, although professional communication is essential in the relationship between nurses and patients, the process must follow the rules and a predetermined format, such as greeting hello, goodbye, knocking on doors, introducing themselves, making eye contact, smiling, and so on. Conceptually, therapeutic communication has five levels of action (Table 1).

In therapeutic communication, there are communication techniques that guide the interaction between nurses and patients, including the following: 1) Asking a relevant question; the act of asking questions on occasion or at a specific time to explore topics that are acceptable to the patient before engaging in further interactions. 2) Providing information; providing information to patients regarding matters that the patient deems necessary to know related to the rehabilitation process. 3) Paraphrasing; repeating the patient's message when speaking so that the patient knows that the nurse heard what was said. 4) Clarifying; pay attention to whether the patient understands what the nurse informs in the rehabilitation process.

Table 1
Five Levels of Action of Therapeutic Communication

	Level	Definition
1	Interpersonal Communication	A face-to-face communication process between nurses and patients.
2	Transpersonal Communication	The interaction process that occurs in a spiritual space between nurses and patients, spiritual in this case, is related to a deeper understanding between the two in careful interaction.
3	Small-group Communication	The interaction that occurs when patients in the same condition meet and generally interact.
4	Interpersonal Communication	A stronger form of communication that occurs in interactions with one another.
5	Public Communication	The interaction with a larger audience (in this case, the nurses must make eye contact, gestures in so on to establish interactions)

Source: (Sherko., Sotiri. & Lika., 2015)

5) Focusing; focus on the main issue or keywords in each interaction. 6) Summarizing; create an atmosphere of closeness in every conversation. 7) Self-disclosing; a way that nurses show patients whether they understand, and we give respect in the interaction process. 8) Confronting; helping the patient to realize his inconsistency in terms of, what he feels, the attitude he does, things he believes (Sherko., Sotiri. & Lika., 2015).

In practice, the rehabilitation process for dementia patients is then adjusted to standard operating procedures (SOP) for handling patients with psychiatric disorders so that the interaction process between nurses and patients refers to this SOP. In this study, these phases become the basis of analysis in viewing the application of therapeutic communication in the interaction process of each phase. (Stuart, 2006) revealed that the phases in the rehabilitation process for patients with mental disorders are divided into several phases: a) The Pre-interaction Phase; this phase is where the rehabilitation preparation process is carried out. The nurses observes patient data, medical record data, and information from the family to determine the steps in the following interaction process. b) Orientation Phase; in this stage, the interaction process between nurses and patients begins, building interactions according to therapeutic communication strategies and techniques, as well as the experience of nurses in handling patients, creating closeness and mutual trust between nurses and patients to support the ongoing rehabilitation process. c) Work Phase; the work phase is the core of all phases. In the work phase, the rehabilitation process has taken place, where the information received by the nurses in each interaction process is used as diagnostic material. Then the interaction process between the nurses and the patient is directed to the healing process or gradual healing of what has been diagnosed by the nurses to achieve a certain level of recovery for patients with mental disorders or the like. d) Termination Phase; the termination phase is the concluding phase of the rehabilitation process from all phases that have been undertaken. Termination is divided into two, that is, temporary termination (there is still a follow-up meeting) and final termination (there is no follow-up meeting). The termination phase is also the final stage when the nurses have completed the whole nursing process.

RESEARCH METHOD

This research was conducted using descriptive qualitative research method. A qualitative approach is used to understand a special social situation, an event, rule, group, or interaction in social life (Locke, L. F., Spirduso, W. W., & Silverman, 1987). Qualitative research emphasizes the text and description of data and the uniqueness of the process in data analysis (Creswell, 2017). This study used a case study approach in examining the phenomenon of interaction between nurses or therapists who use therapeutic communication techniques in the process to treat dementia patients. (Allen, 2017) stated that a case study approach to empirical research is aimed at investigating specific phenomena in real life with a specific context. The results of the case study research can provide interesting and in-depth inputs related to the context of the research being carried out. In the context of this study, the peculiarity or uniqueness of the phenomenon is reflected in the rehabilitation process of patients with dementia symptoms in their interactions with nurses or therapists, considering that the symptoms of dementia refer to a decrease in a person's memory over a certain period of time (Henderson & Jorm, 2003) which resulted in obstacles in the interaction process.

Data collection in this study were carried out in two ways. Primary data were collected by conducting interviews with three nurses at the research location, that was Dr. H Marzoeki Mahdi Bogor Psychiatric Hospital (PH). Besides being internationally accredited, the selection of this psychiatric hospital was due to the administrative requirements to conduct research where the hospital allowed researcher to collect data by following health protocols and specific rules agreed. Regarding data collection, under the agreement with the PH authority, the researcher must keep the confidentiality of the patients and nurses who treat patients with symptoms of dementia.

Meanwhile, secondary data were collected from various sources, including therapeutic research references to data and information from the internet related to dementia symptoms in Indonesia.

The selection of informants was carried out through purposive sampling, which determined the sampling according to the criteria and experience in dealing with dementia patients. Overall, the number of nurses specializing in dealing with dementia patients at the PH was eight professional nurses. In this study, we contacted all nurses who treat dementia patients with criteria of more than one year experience. After submitting an interview request to all dementia nurses, only three nurses willed to provide information in virtual interviews. Interviews with three nurses were conducted in December 2020. The data collection technique was carried out by conducting in-depth interviews with research subject. Then the other supporting data were documentation, reports of actions against patients, and other references related to symptoms of dementia. The criteria for the nurses as research resources were based on their experience and specialization in the care of dementia patients, who had more than 1-5 years of experience in this field. Interviews were conducted face-to-face using a structured question format; however, deepening the informants' answers was still carried out to capture as much information as possible from the informants. The authors did this process to obtain as deep as possible information regarding the interaction between nurses and dementia patients using a therapeutic communication approach.

The data analysis process in this study was carried out by referring to the data analysis process mechanism proposed by Miles and Huberman (1994).

The qualitative research data analysis process in the picture above shows the interactive nature of data collection with data analysis. Data collection is an integral part of data analysis activities. Data reduction is an effort to summarize data, then we sort the data into specific concept units, certain categories, and certain themes. In the data analysis process proposed by (Miles & Huberman, 1994), five lines in the data analysis process are explained from raw data to draw the following conclusions:

1. Data collection; where primary data and secondary data have been collected from the data collection process carried out by the researcher and the research team.
2. Data classification; in this process, the collected data are classified according to the type of data and the context contained in the data to facilitate the preparation of data-based arguments in the presentation of the research results.
3. Data reduction; in this process, the collected and classified data were then reduced or cleaned to leave only data suitable with the research objectives, which will be used to strengthen the research results.
4. Presentation of data; at this stage, the analyzed data is then presented according to the type and needs of the data in its role in answering research questions and strengthening the arguments of the research results.
5. Drawing conclusions and verification; this process is where the study results are described in a short statement to be understood simply concerning the findings in the study.

Table 2
List of Research Subject

No	Name	Gender	Position	Experience of Dementia Rehabilitation Treat
1	AD (Initial Name)	Female	Dementia Nurses	4 years
2	RK (Initial Name)	Female	Dementia Nurses	1 year
3	A (Initial Name)	Male	Dementia Nurses	5 years

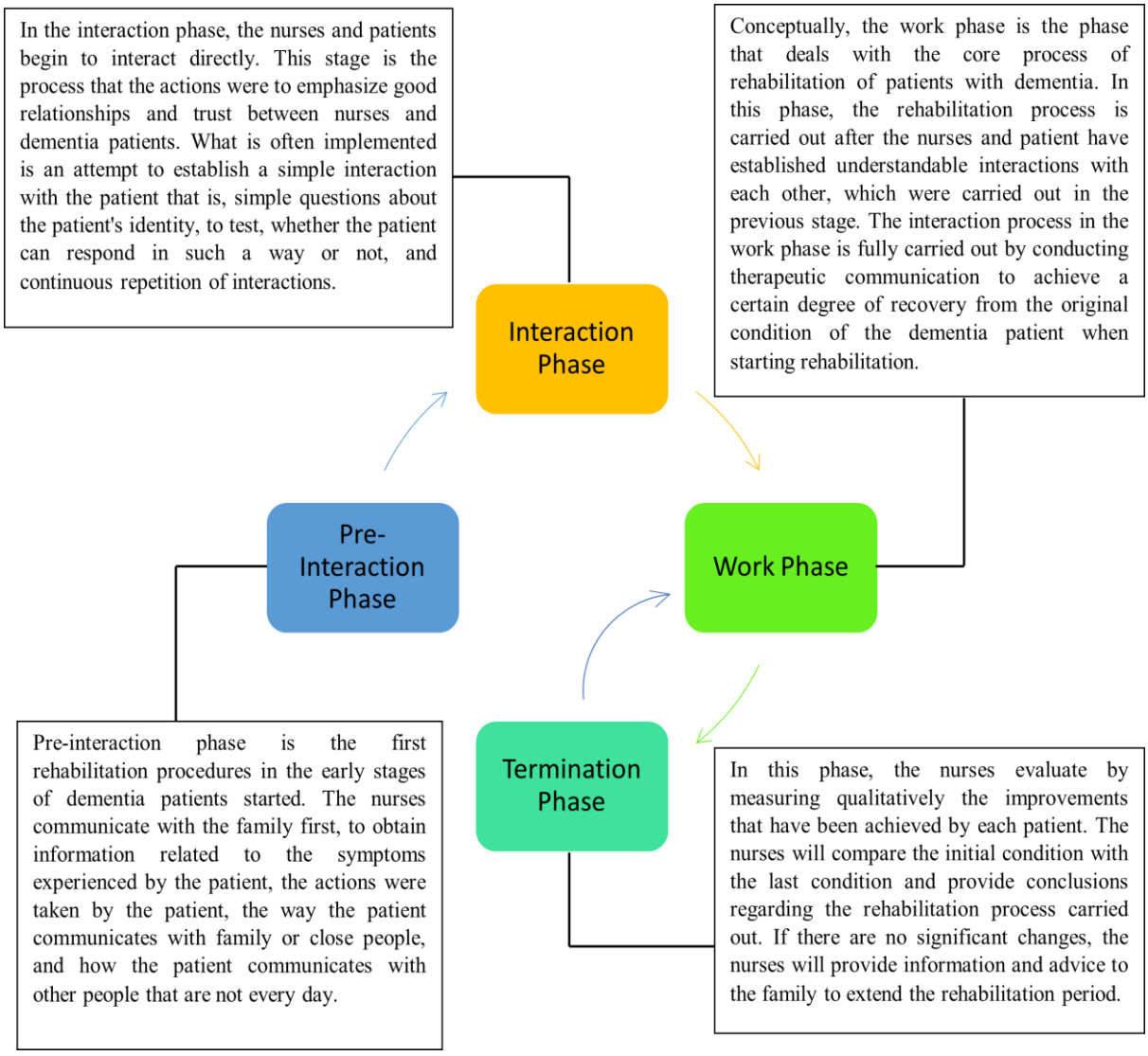
Source: Research data (2020)

RESULT AND DISCUSSION

This study was conducted based on four phases of patient rehabilitation as stated by (Stuart, 2006). In each of these phases, the authors describe how the therapeutic communication process was applied in the interaction between nurses and patients. The use of therapeutic communication will be explained in each phase, namely the pre-interaction phase, the orientation phase, the work phase, and the termination phase. The author will describe how nurses realized therapeutic communication at each phase implentation.

Pre-Interaction Phase

The pre-interaction phase is the first rehabilitation procedure in the early stages of dementia patients started. The nurses communicated with the family first to obtain information related to the symptoms experienced by the patient; the actions that were taken by the patient, the way the patient communicated with family or close people, and how the patient communicated with other people that are not seen every day until the positive and negative traits performed by the patient were recognized by the family. "Before we start interacting with them, we must recognize them first, so we usually start to find out about the patient from the family, about his hobbies, what his previous job is, what is the history of the disease and all kinds of general information about the medical history or the patient's history to be treated. We know from his family, that we will find out first, after that we can prepare ourselves to be able to communicate with dementia



Source: Stuart, 2006, and modified by authors

Figure 2. Communication Models of Nurses and Patients in Rehabilitation Process

patients by means of special preparations such as mental preparation and we must be ready with any answers and response from the patient" (AD, Nurse).

In therapeutic communication, (Kirk, 2007) stated that accuracy in assessing patients to predict characteristics and actions is an efficient way to initiate the interaction process. Accuracy is beneficial in the identification process. According to (Neukrug, n.d.), given the characteristics of dementia patients based on experiences that occur, they tend to be indifferent, or in interaction, they are less able to understand information. Therefore, information about patients from the family will significantly help nurses determine their next action. Each patient will certainly have a different treatment, according to the results of the assessment of the information obtained by the nurses.

This process is also known in interpersonal communication as passive strategies in uncertainty reduction theory ((Berger & Roloff, 2019). Berger implied that passive strategies are strategy to reduce uncertainty in interpersonal communication carried out without direct communication to communicants or dementia patients in this context. In this research which was conducted at the PH Dr. H Marzoeki Mahdi Bogor, a cultural approach was also carried out. Among others, the finding of the tendency of dementia patients in the object of this study tend to feel more familiar with people who communicate using regional languages, or Sundanese in this case. Information like this was certainly very helpful for nurses in determining treatment for patients in the next stages.

Interaction Phase

In the interaction phase, the nurses and patients began to interact directly. As with the conceptual understanding of therapeutic communication, informants in this study suggested that the actions were to emphasize good relationships and trust between nurses and dementia patients. What was often implemented was an attempt to establish a simple interaction with the patient, that were simple questions about the patient's identity, to test whether the patient can respond in such a way or not, and continuous repetition of interactions. Most dementia patients who attend rehabilitation are in a condition where they cannot communicate normally or cannot interact with other people ideally. The majority come in conditions that the dynamics of the interactions carried out by patients are not in line with the questions asked. It can be said that the interactions carried out by dementia patients in the initial stage of the majority occur irrationally. "So actually, in the interaction process, we have to do communication that is opened, or even we have to be more active when it comes to dementia patients. They have orientation disorders, experienced cognitive disorders, which means more communication went one way. The direct interaction from the nurses to the patient, or if, for example, there was interaction, usually there was no connection or incoherence between the question and the answer" (AD, Nurse).

The interaction phase emphasized efforts to initiate synchronization between nurses and patients, with light and repetitive interactions. This process did not necessarily work on one occasion, where each patient has different levels of dementia, ranging from dazedness to dementia, where the patients were difficult to interact with. This condition was caused by many factors, including the patient's uncontrolled emotional condition or level of trust in nurses who had not reached the point where the patient felt safe to interact with the patient. Conceptually, this condition was indeed a challenge for nurses in understanding the patient's condition to achieve the ideal interaction goals. (Sherko., Sotiri. & Lika., 2015) revealed therapeutic communication involves exchanging information at both verbal and non-verbal levels. So that these two forms of communication should be endeavored to present in the process of interaction, verbal interaction in this context was related to the choice of sentences, the content presented, and some more specifically, relating to the time or when the patient, face-to-face distance, felt the ideal and comfortable interaction, which was considered ideal by the patient, as well as considering the tension of the patient's answer to assess his emotional level, to cultural considerations as the authors have argued, that the majority in the object of

this study, patients were more familiar with the use of regional languages (Sundanese), especially when this study was conducted, as expressed by all sources in this study.

Work Phase

Conceptually, the work phase was the phase dealt with the core process of rehabilitation of patients with dementia. In this phase, the rehabilitation process was carried out after the nurses and patient had established understandable interactions with each other, which were carried out in the previous stage. The interaction process in the work phase was entirely carried out by conducting therapeutic communication to achieve a certain degree of recovery from the original condition of the dementia patient when starting rehabilitation. In this phase, the therapeutic communication process used all communication instruments, both verbal and nonverbal, and this was adjusted to the data obtained by the nurses in the previous stages, for example relating to non-verbal communication, such as what things were easier to communicate with nonverbally, such as eating, sleeping, etc. which can be described nonverbally and were well recognized by the patient. "Usually, we saw from their body language, then we could identify what the patient's needs were because usually, there were some dementia patients who couldn`t speak up. It means not being unable to speak and processing sentences, but not being able to express what he wanted and what he needed, so sometimes if he can express, we responded to what he said, but if we couldn`t, we couldn`t see it from his body language" (A, Nurse).

"There were various forms of interaction, such as asking "have you eaten?" We teach them about how to eat properly, here we have some exercises for the working phase, where the goal is we train the patient's memory, train him to count, train him to remember his family, train the patient to remember the achievements he has experienced" (A, Nurse).

The verbal communication carried out is still the same as the patterns applied in the previous phases, using clear articulations, daily questions, and continuous repetition of topics relevant to the patient. Each patient has the characteristics discussion topic that varies according to the information obtained by the nurses for each patient. The nurses' specific approach, which can be seen from this research, was the use of local languages and local terms in the local language (Sundanese language), which the people in the area commonly understand. "One of the approaches we used in verbal communication was using local languages because it was easier for them (dementia patients) to understand than using Indonesian Language." (A, Nurse).

According to the nurses, most of the patients were more comfortable using regional languages than using Indonesian language. This condition then became a special requirement for nurses who treated dementia patients in this study. This requirement was one of the competencies that nurses who dealt with dementia patients must-have. Specifically, it did not become a written rule but became a consideration from the nurse's ability to interact with regional languages. This condition could be categorized as specific, meaning that the regional language (Sundanese language) and the culture inherent in the speech style and dialectic was, of course, the majority-owned by nurses who came from the area. Thus, this condition will undoubtedly be different in each region, as (Sherko., Sotiri. & Lika., 2015) stated that cultural factors are a consideration in making interactions in therapeutic communication.

In the work phase, the interaction process did not always go for interactive. (Rosenberg & Gallo-Silver, 2011) revealed that the preparation of nurses before starting the interactions with patients in building constructive interactions was a meaningful relationship that must be established between nurses and patients in therapeutic communication. On several occasions, nurses in the communication process could not force the two ways interaction. According to the nurses, this condition occured because most dementia patients could not be directed to a normal condition. They always acted on their own or suddenly needed to interact, so the nurses needed to be there and allowed the patient to convey what he had to say. In this situation, most of the patients failed to compile a statement about what they wanted to convey,

so the nurses used therapeutic communication. "When using verbal language, the communication used must be clear, clear on articulation, clear on pronunciation, or lip-read, our voices must also be clear, and the tone should not be too high. Thus, in theory, there were many decibels frequencies were right for an elderly person with dementia to reach capture. So, if we used non-verbal symbols, we used hands, for example taking a bath with a shower symbol, drinking, we used drinking symbols, so that's what we usually did". (A, Nurse).

According to the nurse, the failure to convey a statement by the patient was caused of the desire or idea that the patient would convey tended to be more complicated, and the condition of their brain could not compose sentences from the idea that was in their head. In this condition, it resulted in the statement conveyed by the patient that people, in general, could not understand. However, the nurse who treated dementia patients could see this from a non-verbal perspective and was associated with the articulation or words conveyed by the patient, albeit irregular. Finally, the ability to read nonverbal interactions from patients was also needed in keeping the rehabilitation process going to achieve a certain degree of awareness from the patient. In general, all tools of therapeutic communication techniques as proposed by (Sherko., Sotiri. & Lika., 2015), that asking relevant questions, providing information, paraphrasing, clarifying, focusing, summarizing, and confronting, were applied in the nurses` approach, and based on experience in treating dementia patients. Experience was one of the keys to establishing interactions to achieve a certain degree of healing that could be achieved in the rehabilitation process.

Termination Phase

The termination phase could be conceptually deemed as the evaluation phase. In this phase, the nurses evaluated by measuring qualitatively the improvements that each patient has achieved. The nurses usually interacted intensely with the patient to assess the patient's understanding of personal, family, and other matters related to the patient. The result of this interaction, or in the termination phase, was also part of interview process. The nurses would compare the initial condition with the last condition and provide conclusions regarding the rehabilitation process. If there were no significant changes, the nurses would provide information and advice to the family to extend the rehabilitation period. Conversely, if the nurses assessed that the patients have experienced a good improvement and reached a certain degree where they could start interacting normally in their development, usually the nurses permitted the family to send the patient home with monitoring from the family and continue to carry out routine checks at the hospital.

CLOSING

Conclusion

Based on the results of this study, the authors compiled a conclusion related to how therapeutic communication was applied in the rehabilitation process of dementia patients. In general, the application of therapeutic communication could not be separated from the experience and quality of nurses in carrying out all stages of the rehabilitation process for dementia patients. As described, dementia patients had symptoms of decreased memory quality, which made the interaction process very difficult. Therefore, the nurse's professionalism, thoroughness, and dedication are absolute requirements in carrying out this process. The next thing that the authors can convey is related to the concept of therapeutic communication in its application by nurses. Conceptually, therapy is done both verbally and nonverbally, where these two techniques are used. However, this study found that the concepts and techniques of therapeutic communication were determined not only on whether this concept could be applied by every nurse or not. This study shows that the most crucial entry point so that therapeutic communication techniques could be applied was how well nurses established interpersonal relationships with patients. Just as the use of a cultural approach to creating a perception between nurses and patient was on the same level so that it created trust in each other, which in the end interactions could be built,

therapeutic communication techniques in the rehabilitation process could be applied, and rehabilitation could work well to achieve a certain degree of cure in the end.

Recommendation

This study explains the application process of therapeutic communication in the rehabilitation process of dementia patients. We focused on how therapeutic communication was applied to the characteristics and culture of each nurse. With limited data and difficulty in accessing the objects in this study and the established rules and ethics, we suggest that researchers who are concerned in this field do this research with more nurses from various cultures. Broadening the subjects is beneficial in finding a complete reality in this field and explains how therapeutic communication is applied in the rehabilitation process of dementia patients in Indonesia in general.

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