



Islamic Counseling Communication of Nurses on Cancer Patients in Islamic Hospital

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ABSTRACT

This study aims to determine the therapeutic communication of Islamic perspectives conducted by nurses in cancer patients in Islamic Hospitals. The research was conducted through a qualitative approach with the study of symbolic interactionism. The results showed that the communication management carried out by RSI nurses in chemotherapy patients was carried out with an interpersonal approach, the use of persuasive sentences, empathic communication of patients' families, and transcendental communication. The meaning of verbal communication is done when providing relevant information to patients and collecting patient data. The meaning of non-verbal communication is done to read the patient's emotions through facial expressions and intonation. The symbolic interaction process can be seen when nurses treating chemotherapy patients have fear or worry when interacting with their patients.

Keywords : *Islamic counseling; communication; cancer patients; Islamic hospital.*

ABSTRAK

Penelitian ini bertujuan untuk mengetahui komunikasi terapeutik perspektif Islam yang dilakukan oleh perawat pada pasien kanker di Rumah Sakit Islam. Penelitian dilakukan melalui pendekatan kualitatif dengan studi interaksionisme simbolik. Hasil penelitian menunjukkan bahwa pengelolaan komunikasi yang dilakukan para perawat RSI pada pasien kemoterapi dilakukan dengan pendekatan interpersonal, penggunaan kalimat persuasif, komunikasi empatik keluarga pasien dan komunikasi transedental. Makna komunikasi verbal dilakukan pada saat memberikan informasi penting kepada pasien dan mengumpulkan data pasien. Makna komunikasi non verbal dilakukan untuk membaca emosi pasien baik melalui ekspresi wajah maupun intonasi. Proses interaksi simbolik dapat dilihat pada saat perawat merawat pasien kemoterapi memiliki rasa takut atau khawatir pada saat berinteraksi dengan pasiennya.

Kata kunci : *Konseling Islami; komunikasi; pasien kanker; Rumah Sakit Islam.*

INTRODUCTION

Communication plays a significant role in the process of human life. Human social relations in daily life requires the existence of contact and communication between individuals. In the process, this communication activity completes various communications that are determined to win the communication. This success was obtained from the news about communication between the transmitter and the receiver. The process of delivering this communication message uses specific languages and symbols that are approved, the selection of relevant communication media, and categories of communication messages that are verbal and non-verbal. [Effendy \(1986: 13\)](#) states that communication activities involve transmitter, communication, receiver, message, media, and communication effects in the form of reception and comfort.

Practically, the need for communication belongs to all groups. As an activity, communication is carried out by anyone in any way and is used to achieve any goal. All professions in the activities of human life require communication skills as an effort to convey ideas, experiences, and feelings. Academically, communication science develops to meet the needs of every profession. Communication science is not only intended in the field of social science itself but also widen to applied science such as development communication, rural communication, health communication, cybernetic communication, and therapeutic communication. One of the professions that requires communication skills as the central supporting aspect in its activities is the profession of medical personnel.

Communication activities carried out by medical personnel in communication studies are known as therapeutic communication. One of the professional medical professions that requires communication skills is a nurse. In the process, the nurse as a communicator establishes a communication relationship with the patient to motivate, strengthen, and provide stimuli to ease the psychological burden of the patient in difficult times due to his illness. In this case, nurses need particular skill and social care, including intellectual, technical, and interactional skills, to establish caring, hearing, and sharing relationships with patients. These particular skills are referred to as therapeutic communication aimed at patients' healing process (Sinaulan, 2016: 134).

The communication process can be viewed from two perspectives, namely psychological and mechanical processes. In the first process,

communication is seen as a social psychological activity that involves not only communicators-message-media but also the emotional relationships that lead to perception, decoding, and encoding. While in the second process, communication is done depending on the situation and context (Ayuningtyas & Prihatiningsih, 2017: 202). In this case, the nurse's communication process is carried out with an orientation to foster trusting relationships, motivating, increasing satisfaction, and strengthening the trust and image of the hospital. Therapeutic communication carried out by nurses is carried out persuasively, which can touch the psychological dimension of the patient, thus providing calm and comfort to the patient. The nurse plays the role of communicator with an empathic soul.

Communication activities between nurses and patients are done through an interpersonal approach. This relationship is marked by the desire to exchange ideas, thoughts, feelings, and experiences. The nurse establishes an equal position with the patient so that emotional connections are built very solidly between them (Stuart & Sundeen, 1995). A nurse will try to read and translate the emotions of his patients to build harmony and interpersonal relationships effectively. This communication process is also carried out with the patient's family. Thus, the established communication spaces will build an empathic communication atmosphere that can reduce the level of anxiety between the patient and the patient's family.

One crucial aspect of the therapeutic communication process of nurses to their patients is to build intimacy. This intimacy occurs in the form of nurses' skills to motivate, master feelings, understand patient emotions, realize the physical and mental needs of patients, maintain honesty and openness, and play a professional role in convincing patients (Machfoedz, 2009: 106).

The intimate relationship between nurses and patients will strengthen emotions. Because after all, someone's feelings will determine the quality of his life. This emotional quality is related to the development of the patient's health, understanding the patient's health problems, and helping to achieve optimum health (Fortinash, 2000). This intimidation and emotional reinforcement are done to give suggestions based on mutual trust, mutual openness, and mutual respect between nurses, patients, and patients' families, to reduce anxiety, stress, and frustration (Fuad Raya, 2014).

Communication skills for a nurse, especially the process of reading and translating patient emotions, become essential because they will

determine patients' attitudes shifting in facing difficulties. Both nurses and patients will interpret each communication message that takes place. It is done to avoid various misunderstandings in the communication space between them. The essence of communication itself is a relationship that can lead to changes in attitudes, behavior, and togetherness in creating a mutual understanding of the people involved in communication (Hidayat, Maulana & Darmawan, 2019: 142).

The seriousness of the illness suffered by the patient will determine emotional disturbances. Patients with deadly diseases such as cancer are more likely to experience high psychological disorders than conditions with low lethal rates. It is due to several factors, namely terms of the duration of the healing process, the availability of drugs and therapy, the length of time, and the high burden of medical expenses.

Cancer is one of the leading causes of death worldwide. In 2013, the national cancer prevalence in all ages was 1.4% (MOH RI, 2015). The World Health Organization (WHO) in 2016 stated that cancer was ranked third as a deadly disease. This fact shows how psychological shocks will be experienced by patients who are convicted of cancer. In the healing process, cancer patients need the strength to be able to convince themselves to go through difficult times caused by the disease he suffered.

Cancer is an uncontrolled cell growth that can invade and spread to the patient's body (Wicaksana & Ashtuta, 2019). Cancer has severe health consequences and can cause death (American Cancer Society (ACS), 2015). Cancer cells can spread to other parts of the body through the blood and lymph system. Cancer is not just one disease but many diseases. There are more than 100 different types of cancer. Most cancers are named for the organ or cell type in which they evolve - for example, cancer develops in the large intestine are called colon cancer; cancer grows in the skin's basal cells is called basal cell carcinoma.

In the case of cancer, pain is one of the clinical manifestations that patients often feel, both acute and chronic. According to the 2011 Paice study, the prevalence of pain in cancer patients is estimated to reach 25% in newly diagnosed patients, 33% in patients undergoing therapy, and 75% in patients with end-stage. Whereas, based on WHO data, 70% of patients from 10-17 million new cases that arise annually worldwide are reported to suffer from chronic pain (Candrayuni, Aribawa & Aryabiantara, 2019).

Medically, several ways of handling cancer patients can be done through tissue removal surgery, radiotherapy, and chemotherapy

(Nurjanah, Noer, Labor & Syaury, 2019). In the process, the handling methods can be done separately or together. These various handling processes medically cause consequences that affect the life quality of patients. Thus, not a few cancer patients who decide not to do surgery, radiotherapy, and chemotherapy. It is due to patients' and families' lack of knowledge about the disease, and also how to treat it. Not to mention the fact that not all cancer patients can be cured through radiotherapy or chemotherapy.

Chemotherapy or commonly called chemo is known as a cancer treatment. Chemotherapy has a variety of benefits in combating cancer cells. However, this treatment method also has side effects. Chemotherapy is a systemic treatment of cancer in addition to hormonal therapy and target therapy. Generally, when chemotherapy is given, it can cause side effects at the injection site (Mirah & Adiputra, 2012). At the time of the implementation of chemotherapy, most of the patients felt anxious. That is, what is thought in the process of undergoing cancer treatment is not only pain due to the side effects of chemotherapy, but also emotional shock, suggestion and instability of the patient and the patient's family also influence the mental condition. Therefore, not a few patients feel stressed, frustrated, and even depressed when undergoing treatment.

Challenging times like this become the momentum for a nurse to calm patients through therapeutic communication skills. Patients' anxiety is the responsibility of nurses to continue to provide encouragement and strengthen motivation so that interpersonal relationships between nurses and patients are done to improve the client's emotional experience (Suryani, 2006: 12). This interpersonal relationship must be carried out not only when the patient is undergoing chemotherapy but also after chemotherapy so that moral encouragement delivered empathically will reduce the level of stress, frustration, and depression of the patient. It includes involving family members who can give full support to patients.

Therapeutic communication views mental disorders as rooted in communication disorders, in the patient's inability to express himself. In short, straightening people's souls is obtained by aligning the way they communicate (Rachmat, 2008: 5). Awareness and understanding of nurses as therapeutic communication practitioners about the importance of therapeutic communication will help the patient's healing process for the illness suffered by the patient.

Previous research on therapeutic communication in cancer patients

was conducted by Rohim (2008), which showed that poor communication quality between nurses and patients led to several cases of malpractice. This study aims to explore a verbal and non-verbal language that is shown by nurses in dialysis units in a local hospital. Suhartono's research (2004) explained that Nursing Paramedics' understanding of therapeutic communication still lacks in practical knowledge only, lacking competency is not supported by a high sense of self-awareness and deep trust as a professional nurse. Sudarman's research (2009) stated that the communication carried out at the Sugondo Clinic provides a therapeutic effect so that individuals experience significant changes in themselves. There are at least three categories of corrective communication patterns carried out, namely cognitive therapy, emotional therapy, and physical therapy.

Meanwhile, research on therapeutic communication in an Islamic perspective was conducted by Fuad Raya (2014), who stated that therapeutic communication could be effectively carried out if the communication process is carried out directly with a persuasive and interpersonal approach. Therapeutic communication in an Islamic perspective is done by emphasizing Islamic values that can change patient attitudes. Sinaulan's research (2016) concluded that nurses made themselves therapeutically through various communication techniques optimally to change patient behavior in a positive direction by strengthening religious values. Hidayat, Maulana & Darmawan (2019) research on therapeutic communication in Islamic counseling guidance. The results showed that one of the things that supported the success of the guidance and counseling service process was the existence of a therapeutic communication atmosphere, meaning that the atmosphere was focused on healing the client.

Other relevant research in terms of methodology, locus, and object of research, for example, was conducted by Hasani (2018), who examined the therapeutic communication of Islamic spiritual nurses in Ciamis Regional Hospital. The results showed that the level of significance of therapeutic communication in the patient's healing process. Astuti's research (2019) examined nurses' motives as therapeutic communication practitioners in Sumedang District Hospital. The results showed that internal and external factors determine the nurse's self-concept as a therapeutic communication agent. Methodologically, both of these studies were carried out through phenomenological studies.

The research on cancer and chemotherapy was carried out by [Wicaksana & Asthuta \(2019\)](#), who examined the characteristics of nasopharyngeal cancer patients in Sanglah General Hospital based on age, sex, stage, and major complaints. Moreover, research was carried out [Candrayuni, Aribawa & Aryabiantara \(2019\)](#) examined the study of the pattern of handling severe pain in cancer in Sanglah Hospital. Further, [Mirah & Adiputra \(2012\)](#) stated the handling of cancer patients through chemotherapy treatment.

Some of the research above shows how the significance of the study of nurses' therapeutic communication of cancer patients is considered to have a high level of anxiety. The difference between this research and previous research is in the methodology and topic of study directed at the perspective of Islamic therapeutic communication. Moreover, the chosen research locus is the Islamic Hospital, which is considered to tend to strengthen Islamic values in the healing process. The study was conducted with a qualitative approach through the study of symbolic interactionism to determine the meaning of communication symbols by nurses when conducting therapy to patients, communication management, and communication processes by nurses both verbally and non-verbally when patients undergo chemotherapy.

RESULTS AND DISCUSSIONS

Nurse Communication Management on Chemotherapy Patients

In nursing practice, communication is a valuable tool to foster therapeutic relationships and affect the quality of services provided by nurses to their patients. More than that, communication is also considered necessary because it can influence patient satisfaction in the health services offered. Based on the study results, here are some descriptions for managing nurse communication on chemotherapy patients.

First, use the interpersonal approach. The nurses assume that they need to have the ability to diagnose the patient's physical ailments, needs, comfort, and even the patient's discomfort. To determine what the patient is feeling, nurses need a therapeutic communication technique by building interpersonal communication.

Researchers state that nurses will quickly establish an interpersonal approach to patients, especially when giving education about chemotherapy. It is clearly in line with [Priyanto \(2009: 67\)](#), which says that interpersonal communication is considered necessary when providing

health services, about relationships or interactions between patients and nurses.

According to one of the nurses from RSI Sultan Agung, the interpersonal approach is considered quite useful when nurses want to deliver education that patients need to know. The information submitted is very diverse. If the nurse meets the patient for the first-time doing chemotherapy, the nurse will provide preliminary information about what chemotherapy is, what medications will be given, and also tell what side effects the patient will go through after doing chemotherapy.

According to one of the nurses, the side effects of chemotherapy treatment were varied among them, such as nausea, vomiting, hair loss, diarrhea, weight loss, and others. Meanwhile, nurses also always provide an understanding of the side effects of chemotherapy for each individual is different.

Not a few nurses feel the inconvenience of establishing communication with patients, especially patients who are considered new. If they experience difficulties because patients who have not been so brave to open with nurses, nurses will try to understand that. However, nurses will continue to try as much as possible to continue to be able to communicate with patients, so that communication produces results for patient health.

According to [Mulyana \(2003: 73\)](#), communication carried out between people face to face, allows each person to be able to capture other people's reactions directly, both verbally and non-verbally. Meanwhile, according to [Rohim \(2008: 70\)](#), in his book entitled *Theory of Perspective Communication, Variety and Application* states, effective communication is an interpersonal relationship that is considered excellent. While secondary communication failures can occur if the message content can be understood, the relationship between communication is damaged.

Based on the theory mentioned above, the researcher looks at that communication that is carried out directly or referred to face-to-face will more easily capture the speaker's reaction. Thus, the reaction given is directly referred to as feedback from the transmitter's information provided to the receiver.

In the observation process, researchers pay attention to nurses who build good interpersonal closeness with patients, so the concept of kinship can be easily intertwined. It started with questions about personal and even family so that the feeling of comfort slowly arises in the patient and can

eliminate anxiety or fear before chemotherapy is done. With the concept of kinship built based on available data, some patients no longer feel afraid and even continue to drive to run the chemotherapy cycle. One of them, Sultan Agung Hospital patient named Sumini and already in her 60s, no longer felt anxious when she came to the hospital and did a series of chemotherapy treatments. Even when no relatives or family are waiting for her, she still feels comfortable because accompanied by a nurse, and she feels safe. It is proof that the concept of communication and interpersonal awareness, whether realized or not, has been done by nurses in their patients.

Nurses who understand that interpersonal communication's effectiveness is done on the patient or patient's family is one way to maintain a good relationship between nurses and their patients or with their families. Nurses' interpersonal communication with patients has a goal so that patients have a sense of trust and want to express what is being felt. Because the purpose of communication, especially interpersonal communication, is to change the attitude of the transmitter (nurse), including cognitive, affective, and psychomotor, according to the message delivered by the receiver (patient).

Therapeutic communication will work effectively if the nurse can use it and train herself frequently. Training yourself by using the most interpersonal communication can increase nurses' sensitivity to the feelings felt by the patient. At the time, the patient submits his complaint. At the same time, treatment in the therapeutic process has begun. Therapeutic communication skills are not innate but can be learned.

Second, use persuasive sentences. If communication works to change one's attitudes and behavior, the nurse also needs to understand the form of persuasive communication. One chemotherapy nurse at RSI Surabaya said his team always tried to keep learning to use persuasive or inviting sentences and tried to avoid patronizing sentences to hurt patients' feelings and make them lazy to interact with nurses.

According to [Widjaja \(2002: 67\)](#), persuasion communication is an attempt to convince others so that the public can act and behave as desired or expected by the transmitter by persuading, without coercion and violence. Persuasion activities have the aim to be able to encourage the receiver (in this case, the patient) to change attitudes, opinions, and behavior of their own volition and not because of the compulsion carried out by nurses. It is in line with what was delivered by [Suranto \(2005: 116\)](#),

which states that persuasion activities have the aim to be able to make someone voluntarily change their attitude with pleasure, and there is no coercion at all. It happened, according to the messages he received.

For nurses, persuasion communication requires strategy. A strategy is a carefully selected plan that is very careful or can be said as a series of maneuvers that have been strung together to be able to achieve the stated goals. At least, there are three persuasion communication objectives, including forming responses, strengthening responses, and changing responses.

One of the nurses shared her experience while communicating with patients. Nurses are faced with patients who think that when they have to do chemotherapy therapy, there is no chance for them to live longer. According to the nurse, it is a presumption that will quickly kill patients' hopes for health.

Moreover, the nurse will provide understanding by using persuasive sentences so that patients can change their responses for the better. Slowly, nurses will tell that not a few patients who have a better life expectancy and longer despite having to undergo the process of chemotherapy therapy. Not infrequently, nurses will briefly name and identify the patient who recovered and made it the most difficult times when suffering from cancer. It is done so that nurses can convince and motivate patients, that all patients have the right to have the hope to return to health as before.

Third, establish communication with the patient's family. Meanwhile, other nurses said, in addition to building closeness with patients, nurses also always tried to build closeness and cooperate with patients' families. It is done so that the family understands the treatment process and also knowledge about the side effects of chemotherapy. Therefore, if the patient is at home, the family can continue to motivate and calm patients. They experience excessive anxiety about the side effects they feel.

One of the families of chemotherapy patients at RSI Aisyiyah Malang expressed an excellent impression on researchers, about what he felt while being a family of chemotherapy patients at RSI Aisyiyah.

"For me, Aisyiyah Hospital is an excellent hospital. Because as long as my wife was treated there, we were served well. All elements are very communicative. The nurse also established closeness with the patient or with his family well enough. It made my wife comfortable, and I, as her husband and the patient's family, was comfortable too. The character of the nurse is also friendly, thus gives good value to RSI Aisyiyah ". (Interview

Results with Aisyiyah Hospital chemotherapy patient family).

Fourth, building transcendental communication. Some Islamic hospitals visited by researchers have some special rituals for chemotherapy patients besides medical rituals. One of them, RSI Sultan Agung Semarang has a special ritual which is a program to give confidence to patients who will be doing chemotherapy. In addition to providing medical education to patients, a spiritual part is presented to provide spiritual support so that patients can sincerely accept the pain given by Allah SWT. Then, the nurse and the spiritual division work together to provide psychological support from two sides, namely medical and spiritual so that the patient can complete the chemo cycle properly. Besides, the joint midnight prayer therapy, which is carried out every three months, is also implemented by RSI Sultan Agung to be able to improve the quality of the patient's closeness with his God.

The effort made can be said to be a transcendental communication process. According to [Mulyana \(1999: 49\)](#), transcendental communication is communication which in the process involves humans with their God. The dialectical relationship between the dimensions of vertical with horizontal can be explained by three transcendental perspectives, namely acceptance, response and reaction. These three terms refer to the human side of the God statement, which is said that humans react to communication with themselves who have received messages from God.

Islam teaches the human relationship with God is built by carrying out shalat, dhikr, prayer and through other worship that has a purpose to get closer to his God. When the patient tries to pray fervently, a transformation process takes place and is substantially merged with God, even though in essence, the tricks remain on the earth.

Therapeutic communication in Islam considers that pain is something that brings benefits and goodness, as long as the tendency used is that pain is a means to get closer to Allah. As explained by Allah in the QS. Al-Baqarah (2). Verse 214: 12 This verse indicates that Allah will test His servants with good and bad ([Fuad Raya, 2014](#)). [Mulyana \(1999: 49\)](#) states that although this communication is the least talked about, it is precisely this form of communication that is considered most important for humans because human success in doing so not only determines their destiny in the world but also in the hereafter.

Those values are applied by the spiritual part of several Islamic-based hospitals that researchers visit. The concept of remembering God is made

as a severe activity, to be able to enhance patient confidence further, also help patients to be closer to God, so they have a sense of comfort and calm. Therefore, it can be seen, that not only nurses but also other parts that are still in the Hospital environment trying to build maximum interpersonal communication with chemotherapy patients. It does indeed have one goal, namely for comfort and even to the point of the patient's recovery.

The Meaning of Verbal Communication on Chemotherapy Patients

Communication is a process that is considered unique and has meaning in a relationship between people. It is no exception in the world of nursing. Communication becomes entirely meaningful because it is an essential method in applying the nursing process. One type of communication is verbal communication.

Priyanto (2009: 12) mentions that verbal communication is a type of communication that is quite commonly used in the world of health care. Verbal communication is called a verbal exchange of information, especially like talking face to face. Verbal communication is considered accurate and timely. RSI chemotherapy nurses interpret verbal communication as a useful type of communication, can avoid misunderstandings, also the information conveyed or received is quite clear. Verbal communication, according to the nurse, is considered to facilitate her duties when she has to and is understanding characters or collecting data about patients, as well as conveying important information to patients. The following is an overview of the results of research on the meaning of nurse's verbal communication on chemotherapy patients.

First, convey important information to patients. According to Priyanto (2009: 13) one of the advantages of verbal communication is that it allows each individual to interact directly, quickly, can avoid misunderstandings, and also the information conveyed can be received clearly.

The results of the study in interviews with nurses at the RSI, all mentioned the workings of verbal communication that is considered adequate when delivering valuable information to patients. When researchers make observations that the nurses will convey necessary information to patients before patients undergo chemotherapy, especially in patients who are indeed the first time doing such therapy.

The nurse will explain what chemotherapy is about, side effects that are likely to be experienced by patients such as nausea, hair loss, and

weakness, also convey what drugs should be consumed, and other explanations. With notes, as stated by Damaiyanti (2008: 58) when communicating verbally with patients, it is better for nurses to use language that is often used by patients, also conveying briefly and structured. Thus, it will be easier for patients to absorb the meaning of the message it receives.

Although considered quite useful, chemotherapy nurses are always careful with verbal communication that is only done in the same direction. That is, it is not always only nurses who speak. Instead, nurses will continue to provide opportunities for their patients also to speak. However, according to one of the nurses of RSI, he said that some patients were critical, namely asking more questions so that communication continued well.

In the process, although according to Priyanto (2009: 13), shortcomings of verbal communication are the occurrence of one-way communication. For example, nurses who are more dominant talking than patients, but when explaining the information that is considered essential for patients, it is not called a deficiency, but indeed oral communication is being carried out by nurses, for the benefit of their patients in order to understand what must be known.

However, according to one nurse, at this time even though the nurse was explaining the information that needed to be known by the patient, the patient was not just silent or nodded in the sense of being able to understand the message conveyed by the nurse. However, according to the nurse, the patient was now critical, which in the end, although it was explaining important information, had two-way communication ensued. That is because patients always throw questions for things they do not understand. In this condition, the nurse claimed to be happy when meeting critical patients and often asked questions. Because according to her, communicative nurses and patients, is a right combination in the communication process, even it will make it easier for nurses to ensure that patients really can understand the information that must be delivered.

According to Ellis and Nowlis (Nurjannah, 2001), one of the important things in the process of verbal communication is the use of language. The patient's experience, the patient's education level, as well as the patient's language skills, need to be the nurse's attention. It can be interpreted that the patient understands the local language; for example, the nurse should be able to provide information or deliver messages using the

local language understood by the patient.

The use of language in the communication process requires words or sentences that are concise, simple and clear. It aims so that the words or sentences that are conveyed do not have the wrong meaning.

Second, analyze the patient's emotions. For chemotherapy nurses interviewed by researchers, verbal communication has much meaning for the interaction process between nurses and patients. One of them is that it can help or facilitate nurses to analyze the patient's emotions. According to one of the nurses, how to analyze the patient's emotions is easy, in addition to being seen from the facial expressions shown by the patient, it can also be analyzed through the patient's speed of speech.

According to Ellis and Nowlis (Nurjannah, 2001), speed in speaking can provide verbal communication. Like for example, someone in an anxious state will talk very quickly also will forget to stop talking. It will not infrequently make the listener challenging to digest and also confused to respond to the speaker's words.

One RSI nurse said, analyzing the patient's emotions at the speed of speech was not easy. It needs to be trained and also requires sensitivity. Understanding the emotions that are being experienced by patients is considered necessary. It is related to the attitude that must be taken by nurses when dealing with patients.

Other nurses agreed that, by exchanging messages verbally, in this case verbal communication, it would make it easier for nurses to understand how the patient felt. If the understanding has grown in nurses, nurses also easily choose the attitude that needs to be done to deal with the patient they are handling.

When nurses can early analyze the emotions of patients who are anxious or afraid - for example, it will help nurses to be able to readily 'embrace' patients who need encouragement while undergoing chemotherapy. By understanding the patient's emotions, the nurse will easily also give an empathy attitude that is appropriate to the patient's needs.

It relates to the mental or psychological state of the patient, which is also the responsibility of the nurse while caring for the patient. Because the thing that nurses need to pay attention to is, the patient's recovery is not only guaranteed from physical care but also psychologically. When someone's psychic can be appropriately maintained, the physical pain will be more easily treated.

Third, collect patient data. One meaning of verbal communication for the world of nursing is for interviews. Interviewing patients using words or sentences that are spoken directly is considered more effective in being able to collect and explore data about the patient's medical history, complaints and patient needs.

All nurses that the researchers met said, interviewing or asking a few questions to patients, became activities that could not be missed when in the therapy process. Usually, interviews will be conducted before, during and after the implementation of therapy. The data sought, the hospital needs for documentation and doctors in order to quickly determine the action on patients. Because the actions are chosen are not the same between one patient and another patient.

One RSI nurse gave an example, for example, regarding the determination of the drug to be given. It will be different because it is seen from the dose. When asked to patient one, given a high dose for example, if indeed the body's needs are like that, and when asked if there are side effects that are felt to be excessive, if not, then administering high doses of the drug, if it is needed, yes, it is still given. However, unlike the case with patients who complain, or when asked to feel many side effects, the doctor will reduce the dose of the drug he is taking.

Nurses' Non-Verbal Communication on Chemotherapy Patients

In addition to verbal communication, communicators can also use non-verbal communication as a form or way of communicating with the speaker. [Priyanto \(2009: 16\)](#) states, non-verbal communication as a transfer of messages without using words. The non-verbal communication is communication that relies on facial expressions, body movements, pantomime, as well as sign language.

Nurses realize that non-verbal communication is a complement to information that is conveyed by patients through verbal communication. It needs to be understood by nurses from the time of assessment to the evaluation of nursing care so that eventually, it will appear that nurses can analyze the needs of nursing care for patients through non-verbal communication.

Moreover, the recipient of the message needs to have experience as well as expertise in interpreting a signal. Thus, it will lead them to get proper and correct interpretation. If an error occurs when understanding a signal, then it will lead to misinterpretation. Error in interpretation can be

triggered by a different background between the recipient and the messenger. All nurses gave responses regarding the meaning of non-verbal communication to their patients. Here are the results of the meaning of non-verbal communication based on research results.

First, read the patient's emotions. The nurses met by the researchers all agreed that non-verbal communication, which is a complement to verbal communication, is useful for nurses when they want to think or read emotions that are being experienced by patients. Because nurses realize, not all patients can verbalize what they are feeling. Based on the results of the study, several factors that support nurses in reading patient emotions are divided into three parts, including:

(1) Facial Expression. One of the non-verbal communication that can help nurses in understanding patient emotions is by analyzing the patient's facial expression or face when being invited to communicate. Said Dale G. Leathers in [Rakhmat \(2008: 106\)](#) states, the face has long been a source of information on interpersonal communication. Even the face is considered as an essential tool to convey a meaning. In a matter of seconds, the face can express feelings, and this can be examined on the face of the other person.

The six primary emotional states, such as fear, anger, disgust, surprise, sadness and happiness, can be easily analyzed by nurses by maintaining eye contact when talking with patients. Important note for nurses is that eye contact is considered essential when conducting interpersonal communication. One RSI nurse said, to understand the patient's facial expressions in analyzing the emotions he was feeling, it was indeed not easy. However, the experience when communicating with patients is made as an experience to be more sensitive when interpreting the patient's facial expressions correctly. The nurse told the researchers, once in the experience of caring for his patients, he asked if the patient was ready to do chemotherapy. The patient said, "Ready". However, the nurse looked at the eyes of patients who did not want to look back. It shows a flat expression as if scared. Because nurses understand what patients feel, nurses will invite patients to chat longer and be tucked in humour to be able to reduce fear in patients.

Moreover, understanding the emotions of patients which can be seen from facial expressions, is considered quite important so that nurses can take the right attitude, to be able to provide excellent service to their patients. According to [Priyanto](#), in his book entitled *Communication and*

Counseling (2009: 17) states, it would be helpful for nurses not to look down when establishing communication with patients. Therefore, Priyanto suggested that when talking, the patient is in a sitting condition. It is intended that eye contact is parallel, and nurses are not dominant. According to him, people who can maintain eye contact during the communication process are people who can also be trusted able to be good observers. That is what nurses need to know in the process of communicating with their patients.

(2) Intonation. The tone of voice is an essential factor for nurses when they want to analyze the patient's emotions. One of the nurses told the researchers, once she faced a patient who was doubtful when going through the chemotherapy cycle. She knew this not from what the patient said, but when she heard the patient's intonation who was answering his question. At that time, the nurse asked, "God willing, many of the patients are health after undergoing a chemotherapy cycle. Do you also believe in the miracle of God?" Patients answer, "Yes, I believe". However, when the patient answers, the tone of speech or intonation does not say so. The patient responded with very slow intonation, which meant that the patient was actually still hesitant to recover after undergoing a series of chemotherapy that he had to go through.

Other nurses also share their experiences when they found patients who do not like doing chemotherapy and are angry, which emotions can be seen from the high intonation of speech when communicating with nurses. Besides, other emotions can be easily captured by the nurse if the nurse can interpret intonation while the patient is talking.

Second is how to convey empathy to the patient. According to Bar and Higgins (2009), empathy is an affective response that comes from understanding the emotional state of others. Besides, empathy is the same feeling as what other people are feeling. Empathy is also referred to as an integral tool to be able to know and relate to others, can also patch up the quality of life as well as the wealth of social interaction. Empathy has a vital role in the development of social understanding. Also, empathy can enhance positive social behaviour and have a function for the foundation of relationships.

The attitude of empathy needs to be owned by nurses. So that patients feel comfortable while being treated by their nurses. All nurses in this study said, the attitude of empathy will usually appear when they meet with patients. They say, sometimes they feel sad when seeing those whose

conditions are so weak because of the disease they are suffering. It is also what drives them to be able to provide excellent service, even though they often feel tired when they are working.

The things they feel above is by giving a touch to the patient, who always requires enthusiasm to be able to get through the hardest times. According to [Priyanto \(2009: 17\)](#), touch is an integral part of the relationship between nurses and patients. However, nurses still need to pay attention to norms. Touch has many benefits to help patients, but nurses need to pay attention too, whether the touch has the meaning of affection, emotional support and attention can also be received by patients, or not.

The touch is also often done by nurses when they want to check physically or help patients while in the chemotherapy cycle. However, the touch here can be done; for example, when the patient looks upset because of chemotherapy, the nurse can calm the patient with a gentle touch on her hand.

Nurses Interaction Process on Chemotherapy Patients

Among the nurses, not a few feel worried when they have to interact directly with those who will do the chemotherapy process. However, Nurse from RSI Sultan Agung explained her first experience become a nurse of cancer patients, by the head of the nurse, they were given education about sincere attitude when treating patients. A sincere attitude is vital to get rid of the anxious feelings of radiation exposure which can hurt the body.

However, after talking and also reinforcing each other between nurses and nurses, they realize that the illnesses suffered by patients are not requested, but have become a destiny from Allah SWT. Thus, nurses continue to learn sincerely to be able to help ease the burden on patients by providing maximum care and service. Meanwhile, on the medical side, of course, there are special treatments. For example, having to use gloves when giving medicine, nurses whom pregnant are not allowed to interact directly in the chemotherapy room as well as always cleaning hands with special fluids so that hygiene is maintained.

One of the nurses described her experience when she was first given the assignment as a nurse for chemotherapy patients. She said, four years ago was the first time she was assigned to be a chemotherapy nurse. According to her, in the eyes of many people, the profession has its prestige. However, she said, it became a burden. That is because she must interact with those who have cancer. Which, according to the general

public, cancer is not a common disease. She felt scared, but as time went by, she started to try to be sincere, try to surrender to God, which until now, she even felt grateful. After all, when she met with many chemotherapy patients, she felt more loved by God because she was given health and was lucky maybe than those who have cancer. So the journey as long as she has to interact with these patients provides many lessons for her life.

Research results, researchers see that the process of interaction between nurses and chemotherapy patients goes the same way; nurses interact with patients in general. Those who realize that carrying out the duties as a chemotherapy nurse is not easy, but still can provide maximum service. Among other services, when starting a conversation at the beginning of the meeting and will begin the process of chemotherapy, nurses establish a reasonably close relationship with patients. One of Sultan Agung Hospital nurses said, her team agreed to be able to interact with patients, by building relationships as well as with one's own family. Therefore, patients are comfortable because of the service and a friendly attitude of the nurses who are indeed having pleasant interactions with their patients.

The Islamic perspective considers that a state of illness will cause a person - besides complaining about his physical suffering - also usually accompanied by a mental disorder or shock with mild symptoms such as stress to a more severe level. In facing this condition, spiritual guidance is needed so that the human soul is not shaken. Thus humans become stiff and can go through a critical process. Other psychological disorders that are often experienced by sick people are feeling of despair, especially for sufferers of chronic diseases and difficulty recovering. Because of the thin faith, then the desire arises to end life in a way that is not acceptable to Allah SWT. In such cases, therapeutic communication carried out by a nurse with spiritual provisions, and qualified Islamic values can play a role. The goal is to help patients and improve emotional problems in order to heal (Sinaulan, 2016: 153-155).

CONCLUSIONS

Based on the research results, it can be concluded that the Therapeutic Communication of nurses on Islamic Hospital (RSI) in Indonesia produced four categories. Namely, communication management, the

meaning of verbal and non-verbal communication of RSI nurses, and the process of nurse interaction with chemotherapy patients.

Management of communication carried out by RSI nurses in chemotherapy patients is divided into four parts. Among them is using an interpersonal approach, using persuasive sentences, building a connection with the patient's family, and building transcendent communication to help patients get closer to their God and be sincere and resigned to his recovery. RSI nurses interpret verbal communication as a tool to be able to convey important information to the patient being treated, analyze the patient's emotions to determine attitudes when interacting with patients and to collect data about the patient needed to support the patient's recovery.

The meaning of nurses' non-verbal communication in chemotherapy patients is to read the patient's emotions. It is indeed not much different from the meaning given to verbal communication. Because essentially, non-verbal communication is a supporter of non-verbal communication in terms of conveying sense. Patient emotions can be read through non-verbal communication, including facial expressions and patient intonation of speech while communicating with nurses. Moreover, non-verbal communication is interpreted as one way to show empathy for the patient. It can be done through the touch given by nurses to patients and by continuing to pay attention to norms and politeness.

Meanwhile, the symbolic interaction process can be seen when nurses who are assigned to treat chemotherapy patients have fear or worry when interacting with their patients. Anxiety or worry arises from the possibilities that occur when the nurse is in contact or close to the patient, which could be due to radiation exposure or other things. However, nurses always encourage and strengthen one another to continue to work well and provide the best service to the patients they are treating. For this reason, nurses can do nothing but foster a sense of sincerity and surrender to God to help chemotherapy patients struggle with their illness.

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