

## **Chapter V**

### **Conclusion and Suggestion**

#### **Conclusion**

Working with foreign in-patients requires good communication skills. For Indonesian nurses, interactions with foreign in-patients could be accepted as a challenge because nurse-patient's interactions should characterize therapeutic communication. In such communication every nurse is expected to contribute to the patients' healing process through therapeutic communication techniques applied throughout the caring processes in the hospital. From the analyzed data it was found that all nurses participated in the study were aware of the application of therapeutic communication technique in every interaction.

The total number of therapeutic communication techniques studied in this research was 17. It was reported that 8 techniques were frequently used by the nurses. 4 techniques, such as providing general leads, restating or paraphrasing, offering self, and giving information were used with less difficulties. Apart from that, a number of interactions showed that difficulties occurred in some techniques, such as being specific and tentative, using open-ended questions, seeking clarification, clarifying time or sequence.

In every attempt to get accurate information, the nurses frequently made use of questions which were specific and tentative. This technique was usually associated with strategies by which nurses triggered their patients to provide more information as

expected. In several interactions, the use of specific and tentative statements was not effective. This was because the nurses sometimes set up multiple questions in a row but only the last question was answered to convey information required for medical records. Confusion or misunderstanding was likely to occur due to this factor. The nurses were not able to maintain the flow of conversation that the patients were likely to skip a number of questions and end up giving very limited answer and even ambiguous statements.

Open ended question is another strategy to collect data from the patients. Many types of information can be explored when the nurses formulate open ended questions. However, some investigations are not very effective when questions

are not in the right focus. As what happens in using specific and tentative questions, the nurses occasionally produce unclear message by proposing two different questions at once. Open ended questions can be effective when the nurse gives sufficient time the patient to provide answers, describe or explain in a lengthy manner. With active listening the nurses may also provide general leads, motivating the patients to discuss more about their problems. When the nurses failed to apply this technique properly, information shared may not be sufficient.

Misunderstandings were found in some situations. Among other techniques, seeking clarification was found to be the most difficult practice for most of the nurses. When they were in the middle of misunderstanding, in most cases, they did

not use proper technique of seeking clarification.

Instead of clarifying, they used tentative expressions and at different times they uttered restatements. As a matter of fact, this technique suggested that having failed to clarify, they were expected to confess confusion and directly asked for an explanation to the patient. Thus, the nurses could minimize the risk of getting more serious communication problem with their patients.

Some conversations indicated problems when the nurses were involved in interactions where clarifying time and sequence was required. They could not justify whether or not the accepted information was valid. For example, when a patient clarified his discharge time. The nurse was supposed to know from the beginning that the patient was

planned to leave the hospital in a given time. When the nurse failed to provide such clarification, the patients would later lose their trust to the nurses who were expected to be good resource persons.

Using silence and using touch were hardly observable during the study but the nurses admitted doing so in almost every practice of the nurse-patient interaction. Both techniques were reported based on the interviews. Using silence was very likely to occur in the beginning of conversations where nurses gathered data and information when they set up questions for the patients to be answer. During that time the nurses gave sufficient time for the patient to collect any information about symptoms, pain, and other related problems. In the meantime, using touch was used as a strategy for the nurse to show empathy

to the patient and build emotional relations as well as trust between nurses and patients. The nurses, in this case, admitted to use this technique in times when they saw the patients encountering hard times.

Some strategies in therapeutic communication were not frequently practiced and the skills did not appear to be very familiar to the nurses. The most inactive skills applied in therapeutic communication were:

1. Perception checking or seeking consensual validation
2. Acknowledging
3. Clarifying time or sequence
4. Presenting reality
5. Focusing
6. Reflecting

## 7. Summarizing and planning

It was because the nurses felt that they were inconfident to deeply interacted in communication that required high command of English. They did not want to experience difficulties that ended up in misunderstandings. Some expressions were hard to formulate. Insufficient skill in using English was a major problem for the nurses in communicating with foreign in-patients.

### **Suggestion**

Therapeutic communication is compulsory curriculum designed under the subject of nursing communication. In this subject, nursing students learn how to handle patients and improve their communication skill that should characterize therapeutic communication. They learn how to work



and interact with patients at different levels of age, nursing processes, diseases, and unit of society (individuals, groups, families, and communities). and Training on therapeutic communication in English is necessary to encourage Indonesian nurses to provide better healthcare service and communication skill to foreign patients.

Attempts on raising language competence are needed to be made. Some of the results in this study have shown that unsuccessful communication is the nurses' inability to predict patients' responses regarding utterances they use to elicit the expected reactions, in this context, getting the intended perlocutionary forces. To achieve this level of ability nurses need to learn organizational knowledge, in which they elaborate grammatical and textual

knowledge. At another level they also require pragmatic knowledge, in which functional and sociolinguistic knowledge are put into practice. This complex organization of language knowledge leads nurses to raise their pragmatic awareness. Hence, language training should be managed in a way that it can adopt both therapeutic communication techniques and pragmatic principles especially in the field of speech acts.

In the future nursing schools should provide a course in the curriculum that facilitates learning in situations requiring nurses to interact with foreign patients. Such course is not yet provided in the curriculum. As a matter of fact, hospitals in big cities, like Jakarta, Surabaya, Denpasar and other regions in Bali are visited by many foreigners who come for

education, shopping, business, as well as recreation. They certainly need medical assistance in cases of accidents and other health problems. It is expected that hospitals having regular visits of foreign patients make contributions to nursing schools in giving feedbacks in order that nurse educators to be aware of the developing issues related to foreign patients treated in those hospitals. This will later provide continuous updates for the development of caring processes for nurses, who potentially deal with foreign patients.

Without continuous and persistent efforts to develop nursing students' skill in therapeutic communication, advances in this area will not be achieved. In line with this issue some researches also need to be conducted to study the possibilities of

improving communication strategies for Indonesian nurses in international hospitals and designing a course related to the use of therapeutic communication in English and publishing coursebooks under this subject. The findings will be useful for nurses, nurse educators, and other healthcare practitioners, who work with foreign patients.

In several hospitals where foreign patients are generally treated, communication problems encountered by Indonesian nurses can be solved through providing resources for guidance. In the first place the presence of language instructors that monitor communication problems occurring between Indonesian nurses and their foreign patients, will be of great value. It is possible that language barriers take place when Indonesian nurses are involved in very

complicated interactions. The role of language instructors can be as mediators or resource persons that assist the nurses to anticipate for potential language barriers occurring in their interactions with foreign patients.

For practical uses, it is also possible that nurses provide themselves with a guide book that contains formulaic expressions listing choices of expressions in relevant to the use of each technique in therapeutic communication. In many conditions, nurses encounter difficulties when sudden flow of messages is exchanged and responses are to be made. With this very limited time available in interactions, they need to anticipate for any cases of misunderstandings. Therefore, a guide book can be very helpful in pre-interaction phase to learn the

situation and possible expressions used prior to the  
visiting time.

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