



Therapeutic communication between Midwives and Pregnant Women at Keruak Health Centre

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ABSTRACT

Keywords

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This study aims to examine the therapeutic communication practices midwives use when caring for underage pregnant women. Minor pregnant women have special needs for medical care and emotional support. Therefore, effective therapeutic communication can play an important role in improving their well-being.

This research method collects data through in-depth interviews with midwives who have experience caring for underage pregnant women. The research findings indicate that effective therapeutic communication includes the ability to actively listen, demonstrate empathy, and establish a positive relationship with patients. Midwives must also have adequate knowledge of health issues relevant to underage pregnant women.

This study also highlights the challenges midwives face in therapeutic communication with underage pregnant women, such as social stigma and privacy issues. Thus, there is a need for specialized training and institutional support to increase midwives' competence in providing sensitive care that is sensitive to the needs of underage pregnant women. The findings of this study may provide important guidance for health practitioners to improve the quality of care for underage pregnant women.

1. Introduction

The fact that almost everyone has experienced therapeutic communication, this communication is very close to human life. Therapeutic communication occurs when someone feels sick and meets with medical professionals such as medical personnel such as doctors, nurses, and midwives. To foster good relationships with their patients, increase totality in the profession and midwifery services, and form a good image of a midwife, a midwife must have good therapeutic communication skills. The most important part is how midwives use their knowledge to help others.

Communication helps midwives and patients connect to determine their needs and plan actions. This includes the act of improving the patient's body and mind. This is influenced by how the communication is formed, the patient's background, treatment experience, and so on. Communication patterns that occur to help patients heal are called therapeutic communication. Interpersonal communication is formed from therapeutic communication. Stuart G.W. (2013) states that therapeutic communication is an interpersonal relationship between midwives and patients. In this relationship, both have the opportunity to learn from each other about how to improve the patient's emotional state.

During interactions with patients, a midwife must pay attention to how they communicate therapeutically. Patients will expect the best medical personnel to give them the information they need about their health. In addition, the image of the midwifery profession will be enhanced if midwives can provide the best service to their patients. The public considers midwives as medical personnel who often assist in the delivery process. The communication that midwives have with their patients, especially underage pregnant women, is an example of therapeutic communication. Underage

pregnant women need emotional support and specialized medical care. This can be implemented with the application of effective therapeutic communication.

Underage pregnancy defined as pregnancy around the age of 11-19 years is very vulnerable to various complications during pregnancy and childbirth (WHO, 2015). Among the complications that may occur include the difficult birth of the baby, infant defects to infant death. Based on the results of the 2015 Indonesian Demographic and Health Survey (IDHS), it was noted that 9.5% of women aged 15-19 years have experienced childbirth and are currently in the process of raising their first child. Specifically, 7.0% of these individuals have already given birth, while 2.5% are currently experiencing their first case of birth. These figures represent a 1% increase in teenage pregnancy and subsequent birth prevalence.

East Lombok is one of the regions in Indonesia with the highest rate of underage pregnancy cases. In addition, the East Lombok District Office of Women's Empowerment Child Protection, and Family Planning (DP3KB) recorded thousands of childbirth cases for women under 20 years old in 2020. Around 2,700 cases were reported by the East Lombok Health Office. Researchers also found that in the community of Keruak Village, young marriages followed by underage pregnancies are increasingly common. It seems that marriage can be carried out by people who are capable or not yet capable of running a household, as long as there is the intention and courage to take responsibility.

Based on the background described above, the problem in this study can be formulated, namely therapeutic communication between midwives and pregnant women at the Keruak Health Center. This research is expected to be an input and description for the East Lombok government and the Keruak Health Center in determining strategies related to therapeutic communication in underage pregnant women patients. In addition, this research is also expected to be a reference for the development of science and a reference for further research to examine in more detail related to therapeutic communication.

2. Method

Therapeutic Communication: Therapeutic communication is communication that aims to help patients recover. Therapeutic communication is a uniquely important process in human relationships and an essential part of midwifery practice. In therapeutic communication, midwives must not only know how to help patients with their science, knowledge, and techniques, but must also support patients with compassion, care, and good communication. This therapeutic communication is intended to reduce the patient's emotional distress and fear of the pain and trauma they are experiencing. It can also lead to a reduction in the doubts that exist in patients towards media actors (Machfoedz, 2009). These are some of the elements of therapeutic communication: Trustworthiness is a crucial aspect of therapeutic communication, and it is impossible to establish trustworthy relationships without honesty. Client candor and transparency are contingent upon their perception of the maid's trustworthiness.

The maid should use clear and articulate language that is easily comprehensible to the client. Empathy, distinct from compassion, is a crucial attitude in maternity care since it enables nurses to genuinely understand and acknowledge the client's concerns, aligning their emotions and thoughts accordingly. In order to provide nursing care, nurses should have a client-oriented approach and understand problems from the standpoint of the client. By really welcoming clients, one can establish a sense of ease and security in therapeutic close connections. If the maid is not sensitive to the client's sentiments, she may violate boundaries, insult, or undermine the customer's emotional well-being. Consequently, the absence of this skill makes it difficult to establish and maintain effective therapeutic interactions.

According to Machfoed (2009), the prior experiences of clients and nurses are not easily influenced. If someone is continually dwelling on regrets from the past, it will hinder their capacity to perform at their best in the present. Therapeutic communication in its application can reduce the patient's pain and fear during the birth process. That is why midwives are required to communicate effectively, especially therapeutic communication to eliminate the fear and postpartum trauma that the patient will experience. Therapeutic communication itself is defined as the process of sending messages or information by the midwife as the communicator and the patient as the communicant which aims to help the patient recover. Therapeutic communication itself is included in interpersonal

communication which functions to build emotional and personal relationships between midwives and their patients (Damaiyanti, 2010).

There are 4 (Four) stages or phases of therapeutic communication carried out by doctors and paramedics toward patients according to Stuart and Sundeen, as follows:

The pre-interaction phase refers to the preparation stage that occurs before the nurse's involvement and communication with the patient. During this phase, nurses' responsibilities include gathering relevant patient information, such as the reason for admission and medical history, as well as conducting research on issues relevant to the patient's condition. In addition, they engage in an analysis of the patient's emotions, fears, and fantasies, while also evaluating their strengths and weaknesses.

The orientation phase, which occurs throughout each patient encounter, involves conducting an orientation stage also called the familiarization stage. The main purpose of this phase is to verify the alignment of the patient's data and plan with the client's situation during the initial or ongoing encounter, while also assessing the outcome of previous actions. At this time, the interaction between the nurse and the patient remains superficial, with the dialog mostly focusing on information gathering. This phase includes five main activities: testing (assisting the process of getting to know each other), building trust (fostering trust), identifying concerns and goals (accepting challenges and defining goals), clarifying responsibilities (communication of role expectations), and formulating a care contract. (establishing agreements for caregiving).

The working phase is an important component of the therapeutic communication process. The duration of this stage is extended due to the involvement of medical professionals, namely doctors and nurses, who provide assistance and support to patients in expressing their emotions and thoughts effectively. In addition, these healthcare providers evaluate reactions and interpret verbal and nonverbal signs conveyed by the patient. During this phase, nurses are expected to diligently pursue the goals set during the orientation phase. engage in a collaborative dialogue with the patient to explore and analyze the various barriers that stand in the way of achieving the desired goals. Two key actions in this phase involve the integration of the communication process with care actions and the creation of an environment that facilitates the transformation process.

The termination phase, alternatively referred to as ending the encounter, marks the completion of the interaction between the nurse and the client. This phase has two distinct phases: interim termination and definitive termination. After interim disconnection, the caregiver and client will reconvene in separate instances as determined by a mutually agreeable interim agreement. During this phase, the caregiver facilitates the patient's assessment of the progress made, aiming to ensure that the desired outcome is achieved in a mutually beneficial and satisfactory manner. Tasks performed at this stage involve assessing goal achievement and the act of saying goodbye.

Communication Process: Communication is conveying significant symbols to others to help them understand and act according to their wishes. Communication is considered successful or effective if the transmitter (communicator) and receiver (communicant) understand the content of the message in the same way and use appropriate symbols. Communicator, message, and communicant are the three main components of communication. The communicator is the sender of the message and the communicant is the recipient of the message. Message, according to Rakhmat (2008), is defined as an idea consisting of important symbols conveyed by the message sender to the message receiver. If these three factors are not supported, namely communicators, messages, and communicants, communication will not run effectively. Therefore, for communication to run effectively, we must pay attention to these factors.

Effective communication relies on three essential components: the communicator, the message, and the communication itself. Without proper support for these variables, communication will not be successful. Hence, for communication to be efficient, it is imperative to take into consideration these variables. Feedback, usually referred to as an effect, is a crucial element of the communication process. Feedback is crucial in determining the continuation or cessation of the communication process. Feedback is the determining factor in the success or failure of the communication process (Rakhmat, 2008).

Communication Barriers: Although the information conveyed is easy to understand, the communication that occurs is ineffective or there is a misunderstanding between the communicator

and the communicant. This ineffective communication process occurs because of the many challenges or errors that arise in the communication process. In each phase of the communication process, a decrease in the content and quality of the message can occur, starting from changes in words, sentences, and intonation and articulation of the message sender. According to Arni (2009) the barriers that occur in communication are divided into three, namely: Barriers related to the communication actors themselves such as experience, background, habits, and so on. Barriers related to the environment around which communication takes place are called physical barriers such as signal interference. Barriers related to the language of the communication actors.

The research method used is a qualitative approach case study. Qualitative research describes and analyzes events, social activities, phenomena, perceptions, and human thoughts that can be material for developing theoretical concepts (Djunaidi, 2012). The case study method is an intensive detailed and in-depth approach to a phenomenon both individuals and groups for in-depth knowledge about therapeutic communication between midwives and pregnant women at the Keruak Health Center.

Data collection technique: The data collection method is a very urgent part of the research itself. The data collection procedures used in this research are observation, interview, and documentation.

Data Analysis Techniques: The data analysis technique is a data processing method to obtain follow-up conclusions based on factual data. In qualitative research, data analysis is an effort made by processing data, organizing data, categorizing it into manageable units, and identifying important content that needs to be studied and telling it to others. The data analysis technique used in this research is the Miles and Huberman analysis interaction model, namely data collection, data reduction, and conclusion drawing and verification (Miles, 2014).

Data Validation Techniques: Data validation techniques or data validity are efforts to test the validity or truth of data. In this study, data validation techniques were used in the form of data triangulation techniques. Triangulation in credibility testing is checking data from different sources at different times. Through source triangulation, researchers look for other topics about the topic being studied from the source of their participation (Hallaludin dan Hengki Wijaya, 2019).

3. Result and Discussion

Therapeutic Communication between Midwives and Pregnant Women at Keruak Health Centre: There are two types of relationships that result from nursing practice: The legal relationship between the midwife and the patient is a partnership that results in rights and responsibilities for both parties. The midwife has the responsibility to offer childcare services, while the patient has the entitlement to receive them. As per 1234 of the Code of Civil Law, each bond is required to provide something, perform an action, or refrain from any action. A therapeutic relationship refers to the establishment of a conducive environment or circumstances between individuals involved in the provision and reception of healthcare services, with the aim of achieving a certain health-related objective. Therapy communication is facilitated by these therapeutic partnerships. Therapeutic communication refers to the collaborative interaction between a healthcare professional and a patient with the goal of resolving the patient's issue.

Therapeutic communication encompasses interpersonal communication, which refers to direct face-to-face contact between individuals, enabling each participant to directly perceive and interpret the spoken and non-verbal responses of others. Therapeutic communication includes both spoken and non-spoken methods of communication. Verbal communication involves the use of language symbols along with nonverbal gestures, such as approaching, touching, and pointing to a specific region. Therapeutic communication involves two categories of behavior: scripted behaviors and conscious behaviors (sometimes referred to as made behaviors) Field interviews reveal that therapeutic communication actions are consistently carried out, such as the act of greeting patients and inquiring about their condition. However, there are intentional measures to refrain from specific habits that do not impede therapeutic contact. For example, abstaining from introducing personal matters into patient interactions to avoid any negative emotional consequences for the patient. Completed communication refers to communication that is currently in the process of being developed.

Therapeutic communication methods are tailored to the needs of the patient. However, midwives usually perform several actions such as listening to the patient's complaints, asking about the patient's condition, and providing an explanation of the patient's condition. Communication that occurs is not only verbal but also non-verbal. Non-verbal communication includes the midwife's polite treatment of the patient during the examination. In therapeutic communication, this method is effective for digging up information and providing teaching to pregnant patients. The purpose of communication is the adjustment of the midwife's communication style to the patient she is handling. This research refers to several stages of therapeutic communication in midwives and pregnant women including:

Pre-interaction phase: Midwives, as communicators who perform therapeutic communication, prepare themselves to meet with clients or patients at the pre-interaction stage. Before meeting the patient, the midwife should know information such as name, age, gender, etc. to eliminate self-doubt and anxiety. After adequate preparation, the nurse will be able to choose the most suitable therapeutic communication technique for the patient, thus promoting a comfortable environment for effective patient interaction. The midwife's responsibility at this stage is to investigate emotions, aspirations, and concerns. By doing an assessment of one's own strengths and limitations, the nurse can undergo self-analysis to enhance their ability to provide optimal therapeutic value to the client. Gathering client data to establish a foundation for developing an interaction plan. Drafting a written meeting agenda to be executed during the customer meeting.

As the informant for this study, Regita, a widow, has extensive experience and thus demonstrates a deep understanding of the challenging circumstances faced by pregnant women seeking medical care. During the therapeutic communication process, midwife Regita inquired about the patient's age, level of education, frequency of pregnancy, and pre-existing check-ups conducted before meeting the patient. Midwife Asrol, who had served as a secondary informant confirmed the information mentioned above. The communication process began by reviewing relevant patient information included in the patient's card or notebook. Each patient has a health record that includes comprehensive data about their pregnancy. Regular pregnancy tests are often given every month starting from the first month of her pregnancy until the seventh month. In the eighth month, the frequency of tests increases to twice a week, and in the ninth month, or as birth approaches, tests occur once a week.

Midwife Dewi also stated that she would first understand the circumstances of her patients, especially if it related to underage pregnant women with unstable emotional conditions. To provide an explanation that is easy for the patient to understand, use words that are appropriate and not offensive. According to one patient, Sri Utami, midwives at Puskesmas Keruak are friendly and communicative, which makes her comfortable sharing her problems and getting the right solutions.

Orientation Phase: At this stage, it is the right time to explore the client's complaints or concerns and ensure that they are true. The midwife should be an active listener and have a strong ability to encourage the client to express her complaints and feelings. The data will be used to create an action plan and goals. The orientation or introduction phase is the therapeutic communication process in the second stage. At this stage, the midwife introduces herself and greets the patient. Then, she asks the patient's name and the complaints the patient feels to start the conversation. The statement was conveyed by Regita and Asrol when they interacted and talked with their patients.

The responsibilities of the midwife at this level encompass establishing a rapport based on mutual trust, demonstrating an attitude of acceptance and open, honest communication, respecting and accepting the client as they are, adhering to commitments, and showing respect for the client. Create a contractual agreement with a client. Crucial agreements are necessary for the continuation of an exchange. Contracts need to be established with the customer, specifically regarding the location, time, and subject matter of the meeting. The formulation of objectives occurs subsequent to the identification of the client's problem.

According to Midwife Regita, to achieve good therapeutic communication in its initial stages, the communicator must establish credibility by engaging with the patient through the demonstration of qualities such as honesty, empathy, and compassion. The intended concept is "heat". The United States also emphasizes that a lack of compliance in this regard can damage their credibility and undermine patient trust, as patients observe the behaviors displayed by domestic workers during their services to patients. As stated by Midwife Asrol, building patient trust serves as the basis for initiating the

therapeutic communication process. It involves adopting an approach characterized by the servant's demonstration of openness, honesty, sincerity, and kindness towards the patient.

Midwife Dewi also said that the communication process in the orientation phase is carried out in different ways so that the communication skills of each midwife are not the same and optimal. Each midwife has a unique way of communicating; some seem to speak kindly and sincerely, while others ask questions. The midwives at Puskesmas Keruak are kind and friendly, said one patient Sumaini. However, she said that there were times when the midwives did not give the right answers to patients' questions, which made it unsatisfactory.

Work phase: After the plan is made in the orientation phase, the work phase is the implementation phase. The working phase is the fundamental component of the entire therapeutic communication process. The working stage is the central aspect of the nurse-client connection, strongly tied to the execution of the action plan based on the accomplished objectives. The main responsibilities of the midwife during the job period involve identifying and examining significant stresses. Promoting the cultivation of client understanding and the utilization of effective communication methods for managing client resistance or behavior.

Midwives help patients overcome anxiety, become more independent, and feel more responsible. It is impossible to achieve this unless the client and the midwife have the same views, ideas, and thoughts. In the working phase, Midwife Regita and Midwife Asrol communicate with pregnant women patients therapeutically. Various techniques or patterns of therapeutic communication are used to obtain information about the patient's condition that is more detailed and in-depth and fosters a feeling of comfort in the communication formed so that the midwife will be considered more credible by the patient.

In addition, to make the patient calm, Midwife Dewi communicates not only verbally but also nonverbally, this is done as an application of therapeutic communication by treating the patient politely during the examination. It is very important to be an active listener and listen to the patient carefully. To reduce or eliminate the patient's worries, midwives must provide them with the information they need according to their condition.

According to Dian Susilowati, one of the patients, the midwife also talks to family members or spouses who come in to do the control with her. Her opinion of the services provided by the three midwives was quite good: they provided the best service and gave solutive explanations about the problems she faced during her pregnancy.

Terminate phase: The termination phase is when the midwife ends her relationship with the client. Clients can avoid anxiety and regression (despair) by accepting the conditions of separation with termination. This phase of termination or ending the relationship is divided into two, namely temporary or ending. Temporary termination includes re-control that will be carried out again at a later date while final termination where the re-control process is no longer carried out and the relationship with the patient is considered complete. This therapeutic communication process is carried out to reach the final point.

Termination refers to the conclusion of the midwife's meeting, which can be categorized into two types: temporary termination, indicating that there will be a subsequent meeting. Final termination occurs when the nurse has diligently completed the nursing process. The midwife's responsibility during this phase is to assess the attainment of the objectives of the conducted contact. Requesting the customer to summarize the discussed matters at the end of the process is highly beneficial at the termination phase. Conducting a subjective evaluation involves questioning the client about their feelings during or after engaging in a certain action. Reaching a consensus on the subsequent steps to be taken after the completed encounter. The subsequent course of action provided must be pertinent to the preceding or forthcoming encounter.

During the termination stage, both informants, namely Midwife Regita and Midwife Asrol, summarized the examination results and consultation with the patient that had taken place as a medical record. This medical record will be a record of the various complaints that the patient has experienced during the consultation. To address the patient's concerns, the informant provides useful information about nutrition, stress management, and pregnancy. Then, the informant makes an appointment for the next meeting and reminds the patient to keep undergoing medical check-ups until labor arrives.

Midwife Dewi added that midwives usually advise on what to do to cope with the pregnancy condition in the KIA book. They usually give advice such as not working too much, getting enough rest, and eating lots of vegetables. For the next health check-up, the midwife will usually also suggest doing it in the following month. In addition, one patient said that the midwife always reminds her of the next check-up and offers the option of additional check-ups by referring the patient to the hospital if the pregnancy is facing problems.

Supporting Factors and Barriers of Therapeutic Communication between Midwives and Pregnant Women at Keruak Health Centre: Stuart (2016) asserts that the achievement of communication goals is significantly contingent upon the following influential elements: Purpose specification: effective communication is contingent upon the meticulous planning and articulation of the intended objective. Pleasant and cozy surroundings A setting characterized by tranquility and the absence of conflicts, or an environment with a pleasant absence of heat, is conducive to comfortable communication. An atmosphere that can safeguard privacy will foster open and uninhibited communication between individuals, enabling them to pursue their objectives freely. Private (which maintains the privacy of both parties): The capacity of the communicator and recipient to uphold the confidentiality of their respective interlocutors and foster a relationship of reciprocal confidence is crucial for good communication. Self-assurance The self-assurance of individuals involved in communication might enhance their willingness to express their thoughts, thereby promoting good communication.

The process of therapeutic conversation initiates with a superficial familiarity but progresses into a progressively fundamental friendship. Communication takes place not only during the period of pregnancy but also beyond the confines of the maternity orphanage. Therapeutic communication involves the components of feedback, interaction, and coherence. Therapeutic communication is direct interpersonal interaction when feedback is given in response to a message. As a result, there is an interaction between the motherly figure and the person seeking medical treatment. Moreover, the feedback given is in line with the information delivered, guaranteeing consistency between the two. Therapeutic communication follows precise protocols. Rules that organically emerge within a community are also utilized as rules in therapeutic communication, especially when engaging with elderly folks, when Bidan employs a more subtle kind of language.

Therapeutic communication is a dynamic exchange of information that occurs between two individuals, where both parties actively participate in the process. Both parties actively participate in the exchange of messages or remarks with each other. Effective communication is essential in promoting mutual transformation. To establish a connection with a patient, a midwife must actively participate in meaningful interaction. Aside from dispensing pharmaceuticals, it can also provide insights and incentives to support the patient's recuperation by affecting their cognition, affect, and disposition. The midwife receives communications and input from patients who anticipate the utmost standard of service.

In this study, we found supporting factors of therapeutic communication such as midwives who are patient enough in dealing with patients, communicative, and informative. Factors that hindered therapeutic communication included the patient's education and habits, communication not being done in privacy or a closed room, patients who were not sociable and therefore not open, false beliefs that did not match the patient's condition, and patients who did not listen actively.

The primary barrier lies in language comprehension, as patients find it challenging to understand the crucial messages conveyed by midwives and other medical staff through various means such as banners, brochures, pamphlets, and other media. The coordinator, who is a midwife, has adopted a psychological approach to train the mothers and provide a framework for effective communication. Obstacles related to cultural differences Researchers observe the enduring cultural, traditional, and belief systems that individuals fiercely adhere to, whether inherited from their parents, ancestors, or forebears. They place greater trust in their beliefs than in the empirical evidence presented by established medical professionals, including midwives, nurses, doctors, and others. Mental barriers This psychological impediment may appear insignificant, but it might manifest as a significant disorder, particularly if it aligns with the informant's account, as it pertains deeply to one's sense of self. Particularly in the case of patients, a person's level of intelligence, knowledge, and conduct causes the emergence of psychological barriers.

4. Conclusion

Based on the results of the study, it can be concluded that midwives in communicating with pregnant women patients carry out the stages of therapeutic communication, namely: the pre-interaction phase, orientation phase, work phase, and termination phase. The methods or techniques of therapeutic communication include listening attentively, asking about the situation, clarifying questions that have not been understood, offering information, summarizing, giving appreciation to patients such as praise, allowing the patient to start a conversation, encouraging the patient to continue the conversation and convey the results of observations. Midwives also carry out nonverbal communication with polite greetings to patients when conducting examinations. Therapeutic communication will be established if it prioritizes the effectiveness of interpersonal relationships between midwives and their patients. The result of the therapeutic communication carried out is that the patient feels calm, and relieved and finds a solution to their situation.

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