

**How to Cite:**

Kusumaningrum, A. E., Rusmita, E., Susanti, S., Sari, A. R., & Makmuriana, L. (2022). Efficiency of the ethnopsychotherapeutic communication culture of medical personnel for patients needs in Indonesia. *Linguistics and Culture Review*, 6(S4), 24-34.  
<https://doi.org/10.21744/lingcure.v6nS4.2006>

## **Efficiency of the Ethnopsychotherapeutic Communication Culture of Medical Personnel for Patients Needs in Indonesia**

**Anggraeni Endah Kusumaningrum**

Universitas 17 Agustus 1945, Semarang, Indonesia

**Eli Rusmita**

Politeknik Kesehatan TNI AU Ciumbuleuit, Bandung, Indonesia

**Susanti**

Universitas Borneo, Tarakan, Indonesia

**Ade Risna Sari**

Universitas Tanjungpura, Indonesia

**Lestari Makmuriana**

STIK Muhammadiyah, Pontianak, Indonesia

**Abstract**--Therapeutic communication will create a trusting relationship between nurses and patients. With thus, patients will feel satisfied and comfortable with the services provided by nurses so as to increase enthusiasm and motivation of patients to recover. The purpose of this study was to determine the relationship of communication therapeutic nurse with satisfaction of inpatients at RS Columbia Semarang, RSI Tologorejo Semarang, RSIA PKU Muhammadiyah Yogyakarta, RS Rem 721 Yogyakarta, RSU Siloam Surabaya, and RS Adi Husada Surabaya in 2020. Types quantitative research with a cross sectional research design. The population in this study were all patients hospitalization in the selected. Sampling using accidental sampling, then obtained the number of samples in this study as many as 40 respondents. Research instrument using questionnaires and data processing using the program. The results obtained from 40 respondents as much as 24 respondents are satisfied with inpatient services and as many as 23 respondents assess therapeutic communication good nurse. Test the chi square hypothesis between nurse's therapeutic communications on inpatient satisfaction in hospital. The research target hospital obtained a p-value of 0.016 and an Odds Ratio (OR) value of 6.600.

**Keywords**---communication, nurse, patient, satisfaction, therapeutic.

## Introduction

In everyday life we cannot be separated from communication activities. So now the science of communication is growing rapidly (Park et al., 2016). One of the studies of communication science is health communication which is a reciprocal between past and present human behavior with the degree of health and disease, without prioritizing attention to the practical use of this knowledge or professional participation in programs aimed at improving health status through a better understanding (Thomas, 2006; Neuhauser & Kreps, 2003). about reciprocal relationships through healthy behavior changes in the direction that is believed to promote better health. In fact, communication is absolutely an integral part of our lives, there are no health workers, whose daily tasks are always in contact with other people (Willemse et al., 2017). Whether it's patients, fellow friends, with superiors, doctors and so on. Therefore, communication is important as a very effective means in facilitating health workers to carry out their roles and functions properly (Nida, 1960; Fuchs, 2021; Ruesch et al., 2017).

In addition to communicating with patients, health workers also communicate with other members of the health team. As we know, it is not uncommon for patients to always demand complete health care services (Silverman et al., 2016). The pain suffered is not only physical pain, but also psychological (soul) especially emotional disturbances. The reason could be due to the process of adaptation to the daily environment (Roberts & Bucksey, 2007). For example, according to Ley (1988), the environment in a hospital is mostly all white and different from the patient's house which can be of various colors. This situation causes patients who have just entered to feel foreign and tend to be nervous or afraid (Trevena et al., 2006; Alston et al., 2012).

Not infrequently patients make various kinds of tantrums, with the intention of getting the attention of those around them (Kessler, 1991). The form of this compensation can be in the form of screaming, restlessness, wanting to run, dropping objects or tools around them. This is where the role of communication has a very big role, by showing full attention, a friendly attitude, soft spoken (Levinson et al., 1993). In a hospital consists of various professions; namely Medical (General Doctors, Specialist Doctors), Nursing (Clinical Nurses, Midwives) and Other Professions (Pharmacy, Analysts, Radiographers, and others.) who have the habits and backgrounds of their respective professions. However, to work in serving the needs of patients with the principle of "patient center care", each profession cannot work alone, but must be a solid, compact, and cooperative team (Meltzoff, 1999; Akyildiz et al., 2008).

To realize a solid, compact, cooperative teamwork, good communication is needed among its members. In Indonesia (2006), explained. effective communication can be applied to become a solution so that each member understands and respects each other in order to achieve common goals. Communicating effectively Suprpto (2018), means that communicators and communicants both have the same understanding of a message. Therefore, in a foreign language people call it "the

communication is in tune", that is, both parties who communicate understand the message conveyed. Communication can be verbal, electronic, or written. Poor communication can harm the patient. Communication that is prone to errors is when verbal orders or orders by telephone, verbal communication, when conveying the results of critical examinations must be conveyed by telephone (Wiener & Mehrabian, 1968).

### **Literature review**

The role of communication for health workers is very large to further develop their personality and for the smooth implementation of daily tasks. According to Wilber et al. (2008), there are 4 (four) requirements for health workers in a series of communication with patients and in health education in the community. The four requirements are knowledge, sincerity, spirit, and practice (Xiao & Chen, 2009; Martin, 1997).

### **Knowledge**

Knowing the main issues that will be discussed and conveyed in counseling. In an effort to communicate well, a health worker must have sufficient knowledge to make it easier to carry out his duties every day. Although the patient does not know well about the nursing care plan, if the health worker discusses it and invites cooperation with the patient about the stages that are passed in the process of health workers, patients will finally put their trust in the health workers concerned because they have asked for their opinion. Ease of carrying out tasks, is strongly influenced by the knowledge factor possessed by the health workers themselves (Hislop et al., 2018; Bandura, 1994). A health worker not only memorizes the patient's name, address, diet, etc., but the way of communicating also plays a big role. Likewise, if in providing health education to the community, questions from community members will be able to be answered clearly and provide follow-up, rather than assuming the task of health education is just carrying out their duties due to limited capabilities (Davenport, 2005; Zuvekas et al., 1999). Precisely, Coulehan & Williams (2001) health workers who have broad knowledge will be easier to communicate than with limited knowledge (Schaeffer & Haebler, 2019; Kumaran & Carney, 2014).

### **Sincerity**

Just knowing the patient and their needs is not enough, but sincere trust cannot be ignored (Van Alphen et al., 2009). The appearance of a sincere health worker is reflected in his simple attitude, willing to listen to the complaints of patients without intending to harass or ridicule him. In carrying out their daily duties, a health worker often deals with patients who have various characteristics and traits. However, with a sincere attitude, a health worker can help ease the burden on a patient without discriminating between one patient and another. Although the salary of health workers is not a high salary, a health worker gets inner satisfaction if he is able to help patients in overcoming their illness, especially if their advice and suggestions are well received by patients. Although there were those who praised her presence, not a few of them were dissatisfied with the care

provided by the health workers, so the term nurse bitch emerged (Jackson Jr, 2010).

"I am often told that the nurse is bitchy by the patients here, maybe because I am fussy, I always remind patients that they don't want to take medicine or violate the restrictions that have been explained by the doctor, but over time if we are patient, patients will also understand themselves," said the nurse "H" who works in one in Indonesia. But one thing we need to underline, health workers are still health workers, human figures who can make mistakes (Sole & Wilson, 2002; Jameson, 2007). Meanwhile, what distinguishes him is because of his expertise and sincerity in helping patients overcome difficulties related to their illness (Dasari & Leung, 2002; Wilson & Peterson, 2006).

### **Spirit**

In communicating with patients, in addition to knowledge and sincerity, a health worker must be enthusiastic. High spirit of life can affect the spirit of the patient. As for the disease suffered by the patient, the patient will recover more quickly if the patient's advice and suggestions as well as the doctor's recommendations are fully complied with (Calvert et al., 2021; Song et al., 2009). For example about diet and adequate rest, then you can also train the patient's body parts that are not functioning (mobilization) with a chair wheels, crutches and so on according to the rehabilitation unit's instructions. With the spirit that continues to be pumped by health workers, the patient's confidence to recover is even greater. In addition, Calvert et al. (2018) as a cause of the patient's inability to cooperate because his feelings are constrained and difficult to remove, this situation can be caused by a lack of attention from health workers so that the patient feels isolated. Facing such a situation, a health worker with maternal instincts must be wise, especially in changing the patient's feelings of restraint by giving encouragement (Lesho, 2003). So, in addition to health workers must be enthusiastic in working also provide encouragement to patients (Garvey et al., 2016; Holmström & Röing, 2010).

### **Practice**

To be able to speak well or communicatively, it is not enough just to have theory, but to emphasize applied practice or practice. It is not an easy thing for a person to appear intact as a health worker. The environment demands to be able to carry out their duties as well as possible, while the personality of health workers also gets the same portion (Dollaghan, 2007). For this reason, to be more flexible but alert and not stiff in speaking, intensive training is one way out. And according to Velikova et al. (2004), the ability to practice speaking every day must be further improved until it reaches the conditions desired by the aircraft itself. This exercise can be in the form of saying the consonants of the vowels A, I, U, E, O every time you wake up. Can also count from 1 to 100 and vice versa from a hundred backwards until it reaches the number one. With such practice, practice is added speaking in public will relieve anxiety so that you are not stiff and dare to appear. In the end, if the four imperatives are implemented, there will be no difficulty in communicating for health workers both in hospitals and at the puskesmas,

especially during health counseling (Bal, 1981; Cioffi, 2003; Iswarawanti et al., 2019; Naveena, 2015; Lotan et al., 2009).

## **Method**

Ethnopsychotherapeutic Research is a collaborative research discipline. This means that this research combines several unified theories or concepts in one study. The studies in question are related to ethnography or culture, psychology, and therapy. The unified theory or concept uses health analysis. This type of research is quantitative research with a cross-sectional research design, namely the collection of research data that is carried out at RS Columbia Semarang, RSI Tologorejo Semarang, RSIA PKU Muhammadiyah Yogyakarta, RS Rem 721 Yogyakarta, RSU Siloam Surabaya, and RS Adi Husada Surabaya in 2020 once (point time approach), meaning that research data is carried out at once, the dependent variable and the independent variable are measured at the same time. This study uses an instrument or a questionnaire or questionnaire method. The population in this study were all inpatients at Grha Permata Ibu Hospital, Depok. The sampling technique in this study is Accidental Sampling. Accidental sampling is a sampling method by choosing who happens to be there. Samples were obtained during the study from July 3 s.d. 20 September 2020 as many as 65 patients (Cooper & Artz, 1995; Babin & Griffin, 1998).

The samples taken were respondents who met the inclusion criteria. The inclusion criteria in this study were inpatients at the target and willing to be respondents. The non-inclusion criteria in this study were not hospitalized patients who were not understood, could be asked to the target hospital and were not willing to be respondents. While the exclusion criteria in this study did not exist, because all the target samples met the inclusion criteria and all primary data were filled in completely by the respondents through questionnaires. The data used are primary data, namely basic sources consisting of evidence or main witnesses from the events of the object being studied and the symptoms that occur in the field. Data processing is done through data editing, coding, data cleaning and processing. The data were processed computerized, the results of which included univariate analysis explaining or describing the characteristics of each research variable, and bivariate analysis using the Chi-Square statistical test with a significance degree of 5%. Then the data is presented in the form of tables and narratives (Zuccato et al., 2000; Draelos, 2000).

## **Result and Discussion**

Communication in the field of health workers is a process to create a relationship between health workers and patients to recognize patient needs and determine action plans and cooperation in meeting these needs. Therefore, therapeutic communication plays an important role in solving the problems faced. Basically therapeutic communication is a proportional communication that leads to the goal of healing patients in therapeutic communication, there are two important components, namely the communication process and the effect of communication. Therapeutic communication includes personal communication with the starting point of providing mutual understanding between health workers and patients. According to Utami & Natalia (2021), therapeutic

communication is a form of basic skills for conducting interviews and counseling in the sense that interviews are used when health workers conduct assessments, provide health education and health personnel planning (Suprpto et al., 2021; Akhmetianova et al., 2021).

Therapeutic communication is a face-to-face interaction process that aims to improve the patient's physical and mental health. This method is generally used by nurses to provide support and information to their patients. Therapeutic communication consists of a number of techniques to assist nurses in communicating with patients. By using therapeutic communication, a nurse ideally can more easily understand and empathize with patients. The following are the purposes of using therapeutic communication. Build a therapeutic nurse-patient relationship. Identify concerns that are of primary concern to the patient. Assess the patient's perception of when there is a problem related to his condition, including the patient's perception of the actions of the people involved, as well as how the patient feels about the situation, other people, and himself in the condition. Facilitates the emotional outburst of the patient. Teach patients and their closest people (family) about the necessary self-care skills. Recognize patient needs. Implement interventions designed to meet patient needs. Guide the patient in identifying a plan of action to produce a satisfactory and socially acceptable resolution (Srivastava, 2016; Badaruddin, 2016).

The therapeutic communication technique chosen by the nurse depends on the purpose of the communication and the patient's ability to communicate verbally. Nurses can choose a technique that is able to facilitate the interaction between the two. First, reception. It is important to make the patient feel heard to make it easier to receive treatment. Keep in mind that acceptance does not always equal agreement. Acceptance can be to make eye contact and say, "yes, I see what you mean. Second, silence or silence. Silence can provide time and space for the patient to express thoughts and feelings into sentences. Third, offer yourself. Provide time and attention to accompany the patient without being asked. This can help improve the patient's mood. Fourth, Giving awards. Give appreciation without over-praising. For example, say, "I noticed that you are always passionate about therapy." This will encourage the patient to continue to act without needing praise (Tetty, 2020; Widana et al., 2021).

Fifth, active listening. Nurses who are actively listening will show interest and provide verbal or nonverbal reactions that can encourage patients to open up. Patients can feel that the nurse is interested, listening, and understanding the conversation. Sixth, open communication. Start the conversation with an open topic like, "What are you thinking about?" This therapeutic communication technique will provide an opportunity for the patient to choose a topic of conversation. Fifth, ask the patient to sequence events according to time. Asking about the time sequences of events that are told can help nurses understand the story more clearly. In addition, this technique also helps patients remember something that had been forgotten.

Eighth, seek clarification. Ask patients for clarification when they say something confusing or ambiguous to avoid misunderstandings. Ninth, make observations. Observation of the patient can help identify problems that were not noticed

before. For example, when a patient experiences a change in appetite, it may lead to the discovery of new symptoms. Tenth, confrontation. Confrontation techniques in therapeutic communication can be done after the nurse is able to build trust with the patient. This is a verbal action from the nurse that shows a discrepancy between the patient's words and actions. If used properly, it can help patients break a destructive routine and understand their own situation.

Eleventh, encourage patients to express their views. Ask the patient to explain his views. This therapeutic communication technique can help nurses understand the patient's perspective. Twelfth, make a summary. The nurse can make a summary at the end of the conversation so that the patient knows that the nurse is listening and listening to the conversation. This therapeutic communication technique allows the patient to provide correction if the nurse makes a wrong conclusion. Thirteenth, reflect. Reflection encourages patients to recognize and accept their own feelings. For example, when a patient asks, "Should I discuss this with the doctor?" The nurse may respond with, "Do you think you should discuss this with the doctor. Fourteenth, gives hope and humor. Giving hope to patients that they can get through the situation and lightening the atmosphere with humor can help nurses build good relationships with patients. These two things can make the patient's mind more positive.

Fifteenth, encourage patients to make comparisons. Nurses can encourage patients to make comparisons from previous experiences. This can help patients find solutions to their problems. Sixteenth, expressing doubts. Expresses uncertainty about reality in the patient's perception. By expressing doubts, nurses can force patients to check their assumptions. Seventeenth, focus. Pay attention to the content of the conversation with the patient with focus. The patient may provide an important statement that needs further discussion. In addition, therapeutic communication also involves nonverbal communication, namely the behavior shown by someone when delivering verbal communication. Examples of nonverbal communication include facial expressions, body language, vocal cues, and eye contact.

## **Conclusion**

Based on the results of the study, the basic findings of a therapeutic communication culture are that there is a maximum level of patient trust in medical personnel. It is hoped that further researchers will examine apart from the variables studied in this study, there are still many variables that affect patient satisfaction. It is expected to analyze more deeply, until multivariate modeling, so that it can be seen which indicators of therapeutic communication variables most support the measurement of therapeutic communication to affect patient satisfaction. In addition, it can be done by conducting mixed method research accompanied by qualitative research so that the results of the research are analyzed more deeply.

## **Acknowledgments**

This research was carried out because of the cooperation and hard work of members in the team. Therefore, the author hopes that there will be further

research to deepen studies, theories, methods, and other aspects, especially in the health sector. On this occasion, the authors would like to thank the supervisors so that this paper can be completed. Likewise, thank you to the team of editors, reviewers, and journal managers who have directed the authors and are willing to publish this paper. Hopefully it will be useful and add scientific insight.

## References

- Akhmetianova, Z. A., Garaeva, G. K., Nizamieva, O. N., & Khamidullina, F. I. (2021). Rights of underage patients. *Linguistics and Culture Review*, 5(S1), 1195-1202. <https://doi.org/10.21744/lingcure.v5nS1.1505>
- Akyildiz, I. F., Brunetti, F., & Blázquez, C. (2008). Nanonetworks: A new communication paradigm. *Computer Networks*, 52(12), 2260-2279. <https://doi.org/10.1016/j.comnet.2008.04.001>
- Alston, C., Paget, L., Halvorson, G., Novelli, B., Guest, J., McCabe, P., ... & Von Kohorn, I. (2012). Communicating with patients on health care evidence. *NAM Perspectives*.
- Babin, B. J., & Griffin, M. (1998). The nature of satisfaction: an updated examination and analysis. *Journal of Business research*, 41(2), 127-136. [https://doi.org/10.1016/S0148-2963\(97\)00001-5](https://doi.org/10.1016/S0148-2963(97)00001-5)
- Badaruddin, M. S. (2016). The meaning of tulembang and tupakbiring mantras in the life of makassar ethnic. *International Journal of Linguistics, Literature and Culture*, 2(2), 1-15. Retrieved from <https://sloap.org/journals/index.php/ijllc/article/view/84>
- Bal, P. (1981). Communicating with non-English-speaking patients. *British medical journal (Clinical research ed.)*, 283(6287), 368.
- Bandura, A. (1994). Social cognitive theory and exercise of control over HIV infection. In *Preventing AIDS* (pp. 25-59). Springer, Boston, MA.
- Calvert, M., King, M., Mercieca-Bebber, R., Aiyegbusi, O., Kyte, D., Slade, A., ... & Wenzel, L. (2021). Communication: SPIRIT-PRO Extension explanation and elaboration: guidelines for inclusion of patient-reported outcomes in protocols of clinical trials. *BMJ Open*, 11(6).
- Calvert, M., Kyte, D., Mercieca-Bebber, R., Slade, A., Chan, A. W., King, M. T., ... & Groves, T. (2018). Guidelines for inclusion of patient-reported outcomes in clinical trial protocols: the SPIRIT-PRO extension. *Jama*, 319(5), 483-494.
- Cioffi, R. J. (2003). Communicating with culturally and linguistically diverse patients in an acute care setting: nurses' experiences. *International journal of nursing studies*, 40(3), 299-306.
- Cooper, A. C., & Artz, K. W. (1995). Determinants of satisfaction for entrepreneurs. *Journal of Business Venturing*, 10(6), 439-457. [https://doi.org/10.1016/0883-9026\(95\)00083-K](https://doi.org/10.1016/0883-9026(95)00083-K)
- Coulehan, J., & Williams, P. C. (2001). Vanquishing virtue: the impact of medical education. *Academic Medicine*, 76(6), 598-605.
- Dasari, B. D., & Leung, K. F. (2002). Detection of grip sincerity, Hong Kong data.
- Davenport, T. H. (2005). *Thinking for a living: how to get better performances and results from knowledge workers*. Harvard Business Press.
- Dollaghan, C. A. (2007). *The handbook for evidence-based practice in communication disorders*. Paul H Brookes Publishing.



- Draelos, Z. D. (2000). Therapeutic moisturizers. *Dermatologic clinics*, 18(4), 597-607. [https://doi.org/10.1016/S0733-8635\(05\)70210-2](https://doi.org/10.1016/S0733-8635(05)70210-2)
- Fuchs, C. (2021). *Social media: A critical introduction*. Sage.
- Garvey, W. T., Hurley, D. L., & Kushner, R. F. (2016). Patient-centered care of the patient with obesity. *Endocrine Practice*, 22, 9-10. <https://doi.org/10.4158/1934-2403-22.s7.1>
- Hislop, D., Bosua, R., & Helms, R. (2018). *Knowledge management in organizations: A critical introduction*. Oxford university press.
- Holmström, I., & Röing, M. (2010). The relation between patient-centeredness and patient empowerment: a discussion on concepts. *Patient education and counseling*, 79(2), 167-172. <https://doi.org/10.1016/j.pec.2009.08.008>
- Indonesia, K. K. (2006). Komunikasi efektif dokter-pasien. *Jakarta: KKI*.
- Iswarawanti, D. N., Muslimatun, S., Basuki, E., & Hadi, A. (2019). Module development and its effectiveness for improving the competencies of voluntary health workers in communicating safe complementary feeding to caregivers in Indonesia. *Malaysian Journal of Nutrition*, 25(1).
- Jackson Jr, J. L. (2010). On ethnographic sincerity. *Current Anthropology*, 51(S2), S279-S287.
- Jameson, D. A. (2007). Reconceptualizing cultural identity and its role in intercultural business communication. *The Journal of Business Communication* (1973), 44(3), 199-235.
- Kessler, D. A. (1991). Communicating with patients about their medications. *New England Journal of Medicine*, 325(23), 1650-1652.
- Kumaran, S., & Carney, M. (2014). Role transition from student nurse to staff nurse: Facilitating the transition period. *Nurse education in practice*, 14(6), 605-611. <https://doi.org/10.1016/j.nepr.2014.06.002>
- Lesho, E. P. (2003). When the spirit hurts: an approach to the suffering patient. *Archives of internal medicine*, 163(20), 2429-2432.
- Levinson, W., Stiles, W. B., Inui, T. S., & Engle, R. (1993). Physician frustration in communicating with patients. *MEDICAL CARE-PHILADELPHIA-*, 31, 285-285.
- Ley, P. (1988). *Communicating with patients: Improving communication, satisfaction and compliance*. Croom Helm.
- Lotan, M., Moe-Nilssen, R., Ljunggren, A. E., & Strand, L. I. (2009). Reliability of the Non-Communicating Adult Pain Checklist (NCAPC), assessed by different groups of health workers. *Research in developmental disabilities*, 30(4), 735-745.
- Martin, J. (1997). Inventing sincerity, refashioning prudence: The discovery of the individual in Renaissance Europe. *The American Historical Review*, 102(5), 1309-1342.
- Meltzoff, A. N. (1999). Origins of theory of mind, cognition and communication. *Journal of communication disorders*, 32(4), 251-269. [https://doi.org/10.1016/S0021-9924\(99\)00009-X](https://doi.org/10.1016/S0021-9924(99)00009-X)
- Naveena, N. (2015). Importance of mass media in communicating health messages: An analysis. *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 20(2), 36-41.
- Neuhauser, L., & Kreps, G. L. (2003). Rethinking communication in the e-health era. *Journal of Health Psychology*, 8(1), 7-23.
- Nida, E. A. (1960). *Message and mission: The communication of the Christian faith*. William Carey Library.

- Park, H., Reber, B. H., & Chon, M. G. (2016). Tweeting as health communication: health organizations' use of Twitter for health promotion and public engagement. *Journal of health communication, 21*(2), 188-198.
- Roberts, L., & Bucksey, S. J. (2007). Communicating with patients: what happens in practice?. *Physical Therapy, 87*(5), 586-594.
- Ruesch, J., Bateson, G., Pinsker, E. C., & Combs, G. (2017). *Communication: The social matrix of psychiatry*. Routledge.
- Schaeffer, R., & Haebler, J. (2019). Nurse leaders: extending your policy influence. *Nurse Leader, 17*(4), 340-343.  
<https://doi.org/10.1016/j.mnl.2019.05.010>
- Silverman, J., Kurtz, S., & Draper, J. (2016). *Skills for communicating with patients*. crc press.
- Sole, D., & Wilson, D. G. (2002). Storytelling in organizations: The power and traps of using stories to share knowledge in organizations. *LILA, Harvard, Graduate School of Education, 1-12*.
- Song, M. K., Ward, S. E., Happ, M. B., Piraino, B., Donovan, H. S., Shields, A. M., & Connolly, M. C. (2009). Randomized controlled trial of SPIRIT: An effective approach to preparing African-American dialysis patients and families for end of life. *Research in nursing & health, 32*(3), 260-273.
- Srivastava, K. (2016). The death of a relationship. *International Journal of Linguistics, Literature and Culture, 2*(4), 129-130. Retrieved from <https://sloap.org/journals/index.php/ijllc/article/view/148>
- Suprpto, H. A. (2018). Pengaruh komunikasi efektif untuk meningkatkan hasil belajar mahasiswa. *Khazanah Pendidikan, 11*(1).
- Suprpto, S., Rifdan, R., & Gani, H. A. (2021). Nurse capacity building strategy in health services in hospitals. *Linguistics and Culture Review, 5*(S1), 832-838.  
<https://doi.org/10.21744/lingcure.v5nS1.1467>
- Tetty, M. (2020). Theory of origin of languages. *Macrolinguistics and Microlinguistics, 1*(1), 13-22. Retrieved from <https://mami.nyc/index.php/journal/article/view/2>
- Thomas, R. K. (2006). *Health communication*. Springer Science & Business Media.
- Trevena, L. J., BPsych, H. M. D., Barratt, A., Butow, P., & Caldwell, P. (2006). A systematic review on communicating with patients about evidence. *Journal of evaluation in clinical practice, 12*(1), 13-23.
- Utami, R. S., & Natalia, S. (2021, December). The Relationship of Therapeutic Communication with Inpatient Satisfaction. In *Proceeding* (pp. 105-112).
- Van Alphen, E., Bal, M., & Smith, CE (2009). *The rhetoric of sincerity*. Stanford University Press.
- Velikova, G., Booth, L., Smith, A. B., Brown, P. M., Lynch, P., Brown, J. M., & Selby, P. J. (2004). Measuring quality of life in routine oncology practice improves communication and patient well-being: a randomized controlled trial. *Journal of Clinical Oncology, 22*(4), 714-724.
- Widana, I.K., Sumetri, N.W., Sutapa, I.K., Suryasa, W. (2021). Anthropometric measures for better cardiovascular and musculoskeletal health. *Computer Applications in Engineering Education, 29*(3), 550-561.  
<https://doi.org/10.1002/cae.22202>
- Wiener, M., & Mehrabian, A. (1968). *Language within language: Immediacy, a channel in verbal communication*. Ardent Media.

- Wilber, K., Patten, T., Leonard, A., & Morelli, M. (2008). *Integral life practice: A 21st-century blueprint for physical health, emotional balance, mental clarity, and spiritual awakening*. Shambhala Publications.
- Willemse, S. J., Smeets, W., Van Leeuwen, E., & Foudraine, N. (2017). Spiritual care in the intensive care unit: an integral part of daily intensive care. *Netherlands Journal of Critical Care*, 25(2), 62-65.
- Wilson, S. M., & Peterson, P. L. (2006). *Theories of learning and teaching: What do they mean for educators?* (p. 2). Washington, DC: National Education Association.
- Xiao, X., & Chen, G. M. (2009). Communication competence and moral competence: A Confucian perspective. *Journal of Multicultural Discourses*, 4(1), 61-74.
- Zuccato, E., Calamari, D., Natangelo, M., & Fanelli, R. (2000). Presence of therapeutic drugs in the environment. *The lancet*, 355(9217), 1789-1790. [https://doi.org/10.1016/S0140-6736\(00\)02270-4](https://doi.org/10.1016/S0140-6736(00)02270-4)
- Zuvekas, A., Nolan, L., Tumaylle, C., & Griffin, L. (1999). Impact of community health workers on access, use of services, and patient knowledge and behavior. *The Journal of ambulatory care management*, 22(4), 33-44.