

## ANALYSIS OF EMOTIONAL INTELLIGENCE ON THE IMPLEMENTATION OF THERAPEUTIC COMMUNICATION OF NURSES IN BANJARMASIN HOSPITAL

Yuanita Pandang Sari <sup>1</sup>, Achir Yani S Hamid <sup>2</sup>, Yustan Azidin <sup>3</sup>

<sup>1,2,3</sup> University Muhammadiyah Banjarmasin, Indonesia

---

### ABSTRACT

**Background:** Nursing services significantly contribute to improving the quality of hospital services through patient satisfaction. Therapeutic communication can enhance the quality of nursing services to achieve patient satisfaction. It is crucial for House Sick to develop strategies to improve the implementation of therapeutic communication. **Aim:** to analyze emotional Intelligence with the implementation of therapeutic communication. **Method:** This research design is cross-sectional, and it was conducted in 2023 using questionnaires and observations on 64 nurses. Bivariate analysis using *Rank Spearman* For knowing connection intelligence emotional with the implementation of nurse therapeutic communication with a p-value <0.05. **Result:** This study found that of 64 nurses, more than half (84.4%) had exemplary implementation of therapeutic communication. In addition, emotional Intelligence is related to nurses' implementation of therapeutic communication. The p-value is less than 0.05 (0.029), which means there is a relationship between nurses' emotional Intelligence and the implementation of therapeutic communication, with an r-value (0.273), which means the strength of the relationship is weak with direction positive. It means the more intelligent the nurse is, the better implementation communication. **Conclusion:** Intelligence emotions in nurses are closely related to the implementation of therapeutic communication (p-value (0.029), so House Sick needs to compile a strategy For increasing the implementation of therapeutic communication because nursing services are one of the determinants of service quality in hospitals

Keywords: implementation communication therapeutic, nurse

---

### INTRODUCTION

Nursing services significantly contribute to improving the quality of hospital services through patient satisfaction because nurses interact directly with patients 24 hours a day, which can also be seen from the number of them who dominate in hospitals. Perry & Potter (2017) stated that 80% of patient recovery and satisfaction is determined by nurses' success in providing physical and psychological nursing care, with a bio, psycho-social, and spiritual approach following the patient's needs to maintain or restore optimal and quality health. Therapeutic communication can improve the quality of nursing services to achieve patient satisfaction.

Therapeutic communication in nursing practice is very role important in

carry out administrative processes and interactions between elements within it. Communication is a form of conveying messages between two or more people, which is processed from the communicator or message giver to the communicant or message recipient for a specific purpose. Communication is also the core of social life and essential to human relationships. Many problems concerning humans can be identified and solved through communication. Still, many small things in human life become fundamental problems because of communication, so in providing health services, nurses must be able to foster good therapeutic communication relationships (Nursalam, 2014).

Phenomenon Which Happens At Home Sick At the moment, some minimal nurses do

---

In therapeutic communication, nurses have not fully paid attention to sound and correct techniques and stages in communicating with patients, so clients do not receive proper service because there are still nurses who do not introduce themselves and are less friendly. Some nurses answer questions with jokes. This is in line with what Endah Aulia Novita (2015) conveyed in his research: A low number of nurses still use therapeutic communication to communicate and seek information with hospitalized patients. Other research related to communication was Also done in Regional General Hospital Dr. Pirngadi Medan in 2014, Where it was found that nurses with interpersonal communication skills tallied 56.8%, while nurses with low interpersonal communication were 53.2%.

Several factors can influence therapeutic communication, including nurse characteristics such as education, age, and length of work (Permatasari, 2016). The implementation of therapeutic communication in hospitals will be done well if it is supported by good nursing knowledge. Good knowledge is obtained from the level of education (Nofia, 2016). So, someone with emotional Intelligence can communicate with others (Daniel Goleman, 1997 in Charisma 2020). Nurses who have self-awareness will also understand their emotions and feelings, so the nurse's self-awareness is also an aspect that must be considered (Rikanurriszki et al., 2017).

The function of therapeutic communication in nursing is not just ordinary communication. Nurses carry out this communication to help/support the healing process. The nurse's attitude and communication can influence the anxiety felt by the patient and family (Tridiyawati et al., 2018). Worry thought by the family can impact a lack of concentration and peace of mind. When health workers explain the disease to the patient's family, the family finds it difficult to make a decision, Which causes

a delay in action (Fandizal *et al.*, 2020). The implementation of therapeutic communication is expected to help patients and families maximize positive thoughts and energy, which can reduce the burden on the mind when dealing with and taking action. For his health. Smile nurses, patience, gentleness, firm and soothing words or words that are conveyed clearly can influence the behavior of patients and their families' behavior to improve their health status. A nurse's ability to recognize patient problems, empathize and respond patiently, and communicate to understand the patient's wishes can help patients understand and overcome disease effectively (Putu, Ayu & Dewi, 2017).

Nurses who have therapeutic communication skills not only quickly establish trusting relationships with clients but can also foster empathy and *caring attitudes*, prevent or reduce the occurrence of legal problems due to medical errors, provide professional satisfaction in nursing services, reduce poor performance, and even improve the image of the nursing profession and the image of the hospital (Putra, 2018). Communication can become ineffective due to errors in interpreting the message it receives. The nurse does not understand the meaning of the patient's message and vice versa. Continuous admission errors can result in patient dissatisfaction. This condition of dissatisfaction will have a low impact on the quality of service, Which is given to patients, and the flight of patients to other health services that can provide satisfaction (Putri, 2014).

Based on a preliminary study in the inpatient room at RSU Banjarmasin, researchers conducted interviews with six patients in the Internal Medicine inpatient room. Two people said they were not satisfied, and four others said they were pretty confident with the therapeutic communication carried out by nurses. Still, they said there were several nurses who, when acting, did not explain the action being taken, such as not explaining the use of the medicine or tool that will be paired to a patient only.

Answer when asked. The patient also said that two nurses were not friendly, such as making a loud tone if there was a request from the patient or family who wanted to ask the nurse for help. According to the Public Complaints Installation (IPM) section of RSU Banjarmasin, there are several complaints from the public regarding the attitude of nurses while working, especially in the inpatient room, in the form of direct complaints. To part HDI or through social media, these complaints include the attitude of nurses who are not friendly enough, such as nurses who are bitchy, fierce, and show an ugly face friendly when serving patients. Interviews were conducted with six nurses in the Internal Medicine inpatient room, where education was conducted with nurses in the room. The majority have vocational education (D3). Results interview from 6 person nurse It was found that nurses find it challenging to carry out therapeutic communication if the number of clients in the room is not comparable to the number of nurses available based on an analysis of staff needs, coupled with the increasing number of other additional tasks such as making reports and attending other meetings, then there are personal problems such as internal conflicts. household or with Friend keep Also affecting nurse communication with clients. Implementation of the communication technique alone has not received particular attention from nurses or institutions, even though therapeutic communication can help patients clarify and reduce the burden of thought and feeling as the basis of action. Using a change situation to reduce doubts, help take effective action, and strengthen interactions between the two parties professionally and proportionally is essential. Based on the situation, What research needs to be studied about Emotional Intelligence in implementing therapeutic communication?

## METHOD

This research uses quantitative research methods with a *cross-sectional design*. The population of this study was nurses. Workroom takes care stay The hospital consisted of 76 nurses with a sample size of 64 based on the Slovin formula. Technique sampling, Which is used on

This research uses a *simple random sampling technique*. *Simple random sampling* is taking a sample from a population in a random way without paying attention to the strata in the population. Data was collected from December 2022 to January 2023 with a questionnaire and observation sheet. Questionnaires were distributed directly by the researcher after an explanation was given. The study and questionnaire that has been filled in are received directly by the researcher, while the researcher carries out the observation sheet for the respondents who have been coded. Researchers structured the questionnaire in this study into four parts, namely the nurses' emotional intelligence questionnaire consisting of 10 *favorable* and *unfavorable statements*.

The observation sheet used as a therapeutic communication instrument for nurses consists of 26 questions, namely three questions at the pre-interaction stage (items questions no 1-3), 12 questions at the orientation stage (questions no. 4-15), eight questions on stage Work (item questions no. 16-23) and three questions at the termination stage (questions no. 24-26). The scale used is *Guttman*, namely yes=1 and no=0.

The research received approval and passed the ethical test from the Muhammadiyah University ethics committee Banjarmasin (UMB) with number 316/UMB/KE/XI/2022. The researcher explained that the respondents' implementation study covered the objectives, risks, and benefits of research and provided directions and requests to participate in implementing this research activity with the confidentiality of respondent data. Researchers guarantee the confidentiality of the identity. Data obtained does not include a name but consists of a number code on instruments, which is only filled in by the researcher. Respondents were also informed that if they were willing to be researched, they would be asked to sign a research consent letter ( *informed consent* ) To become respondents. However, if the respondent refuses, the researcher does not force them and still respects their rights. All respondents in this study were willing to be used as samples for the research.

## RESULT

The data collection results are processed using computerization, then edited, coded, tabulated, analyzed, and presented in a form table accompanied by an explanation.

**Table 1.** Connection Intelligence Emotion Nurse with Implementation Communication Therapeutic in the hospital.

Emotional Intelligence	Implementation Communication				Total		p	r
	Bad		Good					
	F	%	F	%	F	%		
Low	7	10.9	14	21.9	21	32.8	0.029	0.273
Hight	3	4.7	40	62.5	43	67.4		
Total	10	15.6	54	84.4	64	100		

Based on Table 1, data shows that most respondents have high emotional Intelligence with good therapeutic communication, namely 40 respondents (62.5%), and respondents who have low emotional Intelligence with poor therapeutic communication, seven respondents (10.9%). The p-value is less than 0.05 (0.029), which means there is a relationship between nurses' emotional Intelligence and the implementation of therapeutic communication, with a mark r (0.273). Which means strong connection weak with direction Positive means the higher the nurse's emotional Intelligence so will the more Good implementation of therapeutic communication.

## DISCUSSION

This research shows that there is a relationship between nurses' emotional Intelligence and the implementation of therapeutic communication. This is in line with research conducted by Amini et al . (2019), which stated that there is a significant, solid, and positive relationship between emotional intelligence and communication skills in nurses. An emotionally intelligent person can perform and differentiate between emotions That differ and develop accurate and practical plans of action to respond to various situations and scenarios (Kaur & Sharma, 2019). Nurses need high emotional Intelligence. This is because nurses are professional health workers who constantly interact and often communicate with patients. Nurses as providers of services to patients should be pleasant because nursing services determine a hospital's good and bad image. Communication in nursing, namely therapeutic communication, fosters therapeutic communication relationships, including conveying information and exchanging thoughts and feelings between nurses and patients (Utamy, 2015). According to the researchers' assumptions, most

respondents who stated that nurses' therapeutic communication was good indicated that most therapeutic communication principles had been implemented with Good by nurses to make communication effective. Meanwhile, respondents who stated that nurses' therapeutic communication was not good were because there were several parts of the communication that were not yet implemented well by nurses, such as rarely introducing themselves, providing health information to patients, and not making contracts about plans for following actions.

*Emotional Quotient* (EQ) or emotional Intelligence is a series of skills that allow us to open our hearts to personal and social aspects and defend all Intelligence, the mysterious common sense and sensitivity essential to effective functioning. Emotional Intelligence has five basics: self-awareness, self-regulation, motivation, empathy, and social skills. Emotional mastery skills greatly influence performance. Therefore, EQ makes a meaningful contribution to helping improve work results. Working days without applying EQ can cause boredom, lack of motivation, and various other emotions, which negatively impact performance, such as the nursing care provided to clients (Wandira, 2022). Goleman further argues that emotionally intelligent people can effectively cope with another person, in a way emotion, by manipulating situations, body language and conversation to manage and direct the emotions of others in a direction beneficial to the problem. In practice, emotional Intelligence can be an employee's competency, ability, and personality traits that help them understand, utilize, and manage emotions effectively (Goleman, 2018; Hasani et al., 2018).

A person's emotional Intelligence contributes significantly to interpersonal communication. Emotionally intelligent people will be able to recognize emotions, control emotions, motivate themselves, empathize, and build social relationships; with the ability to recognize emotions, control emotions, motivate themselves, empathy and social relationships, they will be able to communicate with other people (Goleman, 2018). Employees with high emotional Intelligence can interpret interpersonal communication relationships to manage work stress effectively because when in a stressful situation, a person cannot think positively. Hence, they tend to express their emotions when communicating with others (Hutagalung, 2014).

Emotional Intelligence develops with age

and experiences from childhood to adulthood. It is even more critical that Emotional Intelligence be studied, improved, and expanded in line with a study done by Cherry et al. (2013), where in their research, it was explained that emotional Intelligence develops according to the stages of a person's development, where in this case nurses who are already at the adult stage will undoubtedly have a higher level of emotional Intelligence so that they can carry out therapeutic communication well. Other research described by Liza et al. (2013) shows that emotional Intelligence can also formed from the high level of a person's education, where nurses have a higher level of education, so that they can carry out therapeutic communication well. Most respondents' education also supports the above, which is D3 Nursing.

A nurse who has intelligence emotion Which tall has the potential To know And handle their feelings well and can read and deal with other people's feelings well, while nurses with low emotional Intelligence find it challenging to control their emotional states, which will affect their ability to think clearly and damage their ability to focus on their tasks (Chang, 2014).

Based on theory and research, assumptions are made that nurses require high emotional Intelligence. This is because nurses are professional health workers; they will do this at any time, interact with patients, And communicate frequently with them. Nurses, as providers of services to patients, should be pleasant because nursing services determine whether they are good or bad image something House Sick. Matter This: Of course, this is a hope for RSUD because, in their work, nurses also collaborate with teams, so nurses are expected to handle emotions well so that there are no disputes in the team. In maintaining the implementation of good communication, nurses need to include the participation of hospitals, especially in the nursing sector, in providing motivation for nurses to continue higher education and providing the latest knowledge so that nurses have good work experience over time. When recruiting nurses, hospitals can consider emotional intelligence factors from nurses' work experience or assessment results to test ability And personality. Communication is essential when treating communication problems. If the client cannot interact with others due to illness, developmental delays, physical limitations, impairment due to therapy, or emotions, nurses must encourage communication.

Nurses use the nursing process to ensure that clients communicate well and effectively. The inability to communicate effectively affects the client's ability to express needs or react to the

environment (Potter, 2015).

A person's emotional Intelligence has a significant influence on interpersonal communication. Intelligent people will be able to recognize emotions, control their feelings, and motivate empathy and social relationships. With these abilities, you will be able to communicate with other people. Nurses with Intelligence and high emotions will be able to communicate with patients in an interpersonal manner. However, patients who receive the services of health workers with impeccable skills are not accompanied by attitude or emotion, which is good in service. That service assessed the patient as inadequate service (Kholifah, 2022).

## CONCLUSION

This research found that emotional Intelligence has a relationship with nurses' implementation of therapeutic communication in House Sick Where part Most of the respondents had high emotional Intelligence with their therapeutic communication in the excellent category, namely 40 respondents (62.5%), with a mark p value not enough from 0.05 (0.029) and r value (0.273). Results from research show The relationship between nurses' emotional Intelligence and the implementation of therapeutic communication. Results from research This can used as a sources of information by hospitals as a basis and material for consideration in preparing programs for implementing therapeutic communication as well as regulations for improving the quality of services in hospitals.

## REFERENCES

- Abdolrahimi, et al. (2017). Antecedents and Consequences of Therapeutic Communication in Iranian Nursing Students: a Qualitative Research. *Nursing Research and Practice*, 7, 1 - 7.
- Akbar, M. (2018). The Relationship between Religiosity and Self-Awareness of UAI Islamic Counseling (Counseling) Study Program Students. *Al-Azhar Indonesia Journal Humanities Series*, Vol.4 No.4.
- Amini, M., Amini, M., Nabiee, P., & Delavari, S. (2019). The Relationship Between Emotional Intelligence and Communication Skills in Healthcare Staff. *Shiraz E Medical Journal*, 20(4), 2018–2020. <https://doi.org/10.5812/semj.80275>
- Aulia Novita, Endah. (2015). *Implementation Overview Communication Therapeutics by Executive Nurses for Patients*

- at Dr. Rasidin Hospital, Padang. KTI.
- Chang, R. And Overby, J. (2014). *General Chemistry the Essential Concepts 6th Edition*. New York: The McGraw Hill Companies.
- Cherry, Barbara, and Jacob. SR (2014). *Contemporary Nursing: Issues, Trends, and Management 6th ed .*, St Louis: Elsevier.Mosby.
- Dewi, SPAAP, Purwaningsih, NK, & Lindawati, NP (2017). Diction Analysis in making Empathetic responses for Diabetic Nursing Students in STIKES Bina Usaha Bali. *LITERA: Litera Journal of Language and Literature*, 3(1), 88-97. Retrieved from <https://jurnal.undhirabali.ac.id/index.Php/literal/article/view/716>.
- Fandizal, et al. (2020). *Implementation of Foot Reflexology Massage to Reduce Blood Pressure in Clients with Uncontrolled Hypertension*.
- Goleman, D. (2016). *Emotional Intelligence*, print 21. Jakarta: Gramedia Pustaka Utama.
- Govender, D. B. (2017). *In times of uncertainty, using self-awareness and strategic foresight to build trust* [Mini Dissertation, University of Pretoria.
- Hutagalung, (2014). The Influence of Emotional Intelligence, Interpersonal Communication, and Organizational Commitment on Work Stress Management. *Journal Interaction*. Vol 3 No2 p: 103- 111
- Kaur, J., & Sharma, A. (2019). Emotional Intelligence and Work Performance. *International Journal of Recent Technology and Engineering*, 8(23), 1658–1664. <https://doi.org/10.35940/ijrte.B1301.0782S319>
- Charisma. (2020). *The Relationship between Emotional Intelligence and Communication Skills Therapeutic On Adam Malik Hospital Nurse*.
- Khodadadi, E, Hossein E, Moghaddasian, S., Babapour, J. 2013. The Effect of Communication Skills Training on Quality of Care, Self-Efficacy, Job Satisfaction and Communication Skills Rate of Nurses in Hospitals of Tabriz, Iran. *Journal of Caring Sciences*, 2(1), 27-37.
- Caliph, S., Pasingki, S. D., & Fitri, L. D. N. (2022). *The Relationship Between Emotional Intelligence and Nurses' Therapeutic Communication in the Inpatient Room*
- Liza, N.M., Suryani, M., & Meikawati, W. (2014). The Effectiveness of Nurses' Therapeutic Communication on the Anxiety Levels of Preoperative Children's Parents at Tugurejo Regional Hospital, Semarang. *Telogorejo STIKES Scientific Work*, 3, 1-7.
- Matziou V, Vlahioti E, Perdikaris P, Matziou T, Megapanou E, Petsios K. (2014). *Physician and Nursing Perceptions Concerning Interprofessional Communication and Collaboration*. *J Interprof Care* 2014 Nov; 28 (6):526-3 doi: 10.3109/13561820.2014.934338. Epub 2014 Jul 8.
- Nursalam. (2014). *Nursing Management: Applications In Professional Nursing Practice*.
- Permatasari, A. (2016). Increasing Patient Satisfaction in the Inpatient Room at Kardinah Hospital, Tegal City 2016, 2016, 1–7.
- Potter, P. A., Perry, A. G. (2015). *Nursing Fundamentals Textbook: Concepts, Processes, and Practices*. Edition 4. Volume2. Translation: Renata Komalasari, et al. EGC, Jakarta
- Potter, A. & Perry, A. (2017). *Fundamentals of nursing: Concepts, process, and practice*, 9th ed.St. Louis, MI: Elsevier Mosby.
- Son, Ardia. (2018). "The Relationship between Nurses' Therapeutic Communication and Patient Satisfaction in Inpatients at Dr. Regional General Hospital. Zainoel Abidin ." *Science Journal. Nursing 1 (1): 49*. Putra, Ardia. (2018). "The Relationship between Nurses' Therapeutic Communication and Patient Satisfaction in Inpatients at Dr. Regional General Hospital. Zainoel Abidin ." *Science Journal. Nursing 1(1): 49*.
- Daughter. (2014). *The Relationship between Therapeutic Communication and Patient Satisfaction in Health Services at Teluk Kuantan Regional Hospital, Kuantan Singing Regency. Thesis*.
- Prabowo, Eco. (2014). *Draft And Application Nursing Care Soul*. Yogyakarta: Nuha Medika.
- Rikanurrizki et al. (2017). *Health Education Whit SMS Again Self Awareness of Family Members with Diabetes Mellitus in Poly Endocrine RSUDZA*.
- Rizki Amalia. (2014). *Patient Satisfaction with Nurses' Therapeutic Communication in the Inpatient Room at Dr Pirngadi Regional General Hospital, Medan*
- Robbins, Stephen P., and Judge, Timothy A. (2013). *Organizational Behavior*. Edition 17. Pearson Education Limited.
- Tridiyawati, F (2019). *Contribution of Postpartum Mothers' Knowledge of Perineal Wound Care*. 2(2), 54–62.
- Vino Rika Nofia (2016). *The Relationship between Knowledge and Gender of Nurses with the Application of Therapeutic Communication to Patients*.
- Wandira, F., Andoko, A., & Gunawan, m R. (2022). *The Relationship between Education Level and Work Period with Nurse Skills in*

---

*Carrying Out Therapeutic Communication in  
the Installation Room Bad Emergency (IGD)  
Hospital Pertamina Bintang  
Amin. Malahayati Nursing Journal , 4 (11), 3155-  
3167.*