



# IMPROVING HEALTH COUNSELING SKILLS THROUGH THERAPEUTIC COMMUNICATION LITERACY AMONG NURSING STUDENTS : A CLASSROOM ACTION RESEARCH STUDY

Ria Tri Harini Dwi Rusiawati<sup>1\*</sup>, I Ketut Wijana<sup>2</sup>

<sup>1,2</sup>*Universitas Pendidikan Ganesha (INDONESIA)*

*\*Corresponding author: harini.dwi.rusiawati@undiksha.ac.id*

## Abstract

The ability to communicate therapeutically is very important for health workers, including nurses, because in addition to helping change patient's behavior for the better, it can also prevent legal and ethical problems in the implementation of services. A wise step in improving the quality of service is to hone and improve the ability of effective therapeutic communication in health workers, and this must be trained since the education period. In a preliminary study in the Internal Medicine ward at Buleleng District Hospital, it was found that 86.7% of patients were happy with the services provided by nurses because the implementation of nursing care was always well and clearly communicated so that patients understood the importance of the actions given.

This study utilized a Classroom Action Research (CAR) design with two cycles. Each cycle consisted of planning, implementation, observation, and reflection. The study aimed to improve students' abilities in implementing health counseling through therapeutic communication literacy. In the implementation of therapeutic communication literacy in cycle I, the results of the student's abilities to carry out counseling were in the ENOUGH category. The implementation of cycle II there is an increase in the abilities of students to carry out counseling which is in the GOOD category. So it can be concluded that the implementation of therapeutic communication literacy can improve students' abilities to carry out health counseling. It is hoped that communication literacy can continue to be applied in the world of education to improve student competence in communicating.

Keywords: Therapeutic communication, literacy, health counseling skills

## 1. INTRODUCTION

As social beings, humans require communication in order to interact with others. Through communication, individuals are able to establish relationships with one another as an effort to sustain their lives. Fundamentally, communication is a process of exchanging thoughts and information aimed at creating mutual understanding and trust in order to establish positive interpersonal relationships (Cangara, Hafied, 2014). Communication also serves as the foundation of interaction in maintaining harmony and balance in human relationships as well as preserving human existence. Therefore, communication can be interpreted as an essential process in interpersonal relationships.

In healthcare services, particularly within the nursing profession, communication is an effective method for implementing the nursing care process. In clinical practice, nurses are responsible for providing high-quality care. The quality of nursing care services is determined by how nurses establish relationships, both with colleagues and with patients as recipients of care. Furthermore, the quality of healthcare services is also influenced by nurses' ability to communicate effectively with patients. Nurses are required to understand and apply the concepts and processes of therapeutic communication in delivering nursing care in order to enhance mutual trust with patients, which may subsequently facilitate positive behavioral changes in patients.

The ability to communicate therapeutically with patients is an essential competency for healthcare professionals, including nurses. In addition to increasing patient satisfaction and supporting positive behavioral changes, therapeutic communication skills may also prevent legal and ethical issues in healthcare practice and improve the professional image of nurses. However, in practice, many problems arise due to ineffective therapeutic communication resulting from misinterpretation of conveyed messages. Patients frequently submit complaints to nurses because they do not fully understand the health-related information provided, leading to dissatisfaction, anger, and reluctance to revisit the healthcare facility. If conflicts in message delivery and reception continue to occur, they may negatively affect the sustainability of nursing services, including the quality of care, patient satisfaction, and public trust in healthcare services.

To prevent such undesirable outcomes, a prudent strategy for improving healthcare quality is to enhance and continuously develop effective therapeutic communication skills among healthcare professionals. These communication skills should be cultivated during the educational period. Therefore, it is important to foster communication literacy, particularly therapeutic communication literacy, among nursing students in order to strengthen their competencies in counseling and in providing Communication, Information, and Education (CIE) to clients in the future. This is consistent with the statement of Siti Anggraini (2016), who explained that literacy is a fundamental competency encompassing four language aspects, one of which is speaking or communication skills.

Based on the study conducted by Rorie (2014), 91.3% of patients in the Irina A Inpatient Ward at RSUP Prof. Dr. R. D. Kandou Manado reported satisfaction with nurses' communication skills in delivering healthcare services. Preliminary findings conducted by the researcher in the Internal Medicine Ward of RSUD Kabupaten Buleleng revealed that 86.7% of patients expressed satisfaction with the nursing services provided because every nursing intervention was communicated clearly and effectively, enabling patients to understand the importance of the care administered. Only one patient was unable to provide an opinion because the individual had been hospitalized for only a few hours.

In a subsequent preliminary survey conducted at community health centers and independent midwifery practices at different times, the researcher interviewed approximately 17 patients visiting these healthcare facilities. The interview results showed that 70% of patients felt satisfied with the services received. However, 17.6% reported dissatisfaction because healthcare staff provided only brief explanations regarding their condition, and some patients perceived the nurses' tone of voice as excessively loud and uncomfortable. Additionally, 12.4% of patients stated that the explanations provided were unclear. These findings indicate the importance of nurses possessing effective therapeutic communication skills when interacting with patients.

To assess nursing students' abilities in providing health information and counseling to clients, the researcher also interviewed clinical supervisors at RSUD Kabupaten Buleleng as well as teaching staff responsible for the Nursing Therapeutic Communication course. The interviews with clinical supervisors indicated that students' abilities in implementing therapeutic communication with patients or clients were generally adequate. Nevertheless, several students were unable to establish effective communication with patients, resulting in patient dissatisfaction because the health information or counseling provided did not sufficiently address the patients' specific needs and health problems. Furthermore, interviews with teaching staff revealed that students were previously provided with guidance and practice sessions using learning guides to evaluate their communication skills.

Communication is one of the most essential competencies for nurses because, in delivering healthcare services and nursing care, nurses are responsible not only for improving patients' physical health but also for supporting their psychological well-being through communication and therapeutic relationships established with patients. As a therapeutic element, therapeutic communication may produce healing effects for patients. Through both verbal and nonverbal therapeutic communication, nurses may contribute to patients' recovery through smiles, warm greetings, patience, gentleness, assertive yet comforting words, and clear explanations, all of which may positively influence patients' behavior in efforts to improve their health status.

Considering the importance of communication skills that must be possessed by nurses, the cultivation and development of communication literacy should begin during the educational process. Nursing students are trained in communication and counseling skills through communication courses included in the curriculum of the Asosiasi Pendidikan Ners Indonesia (AIPNI). This educational approach is expected to equip students with effective therapeutic communication skills that can be applied when providing counseling and health information during the implementation of nursing care as an effort to improve patients' health outcomes.

Literacy refers to an individual's ability to process and comprehend information through reading and writing activities. Over time, the definition of literacy has continuously evolved in response to societal and technological developments. Traditionally, literacy was defined merely as the ability to read and write. However, the term literacy is currently used in a broader context. Etymologically, the term "literacy" is derived from the Latin word *litteratus* (*littera*), which corresponds to the English word *letter* and refers to the ability to read and write. Initially, literacy was interpreted solely as reading and writing proficiency, but it has since expanded to encompass the ability to master knowledge in specific fields. According to Law No. 3 of 2017 concerning the Book System, literacy is defined as "the ability to critically interpret information so that individuals are able to access knowledge and technology as an effort to improve their quality of life" (Ministry of Education and Culture, 2016).

According to Merriam-Webster (cited in K. Khotimah, 2020), literacy originates from the Latin word *litterature* and the English word *letter*, referring to literacy skills that encompass not only reading and writing abilities but also visual literacy, which is defined as "the ability to recognize and understand ideas presented visually, such as scenes, videos, and images." Meanwhile, the National Institute of Literacy defines literacy as an individual's ability to read, write, speak, calculate, and solve problems at a level of proficiency required in the workplace, family, and society. This definition reflects a broader perspective of literacy.

According to Elliot Eisner (cited in Yunus A et al., 2017:04), multiliteracy, or literacy in the digital era, refers to the ability to read, write, draw, dance, speak, and engage with various forms of media that require literacy skills. Eisner argued that literacy should be viewed as a means of discovering and constructing meaning from diverse forms of representation. This perspective is consistent with the view of C. Luke (cited in Yunus A et al., 2017:04), who stated that multiliteracy in the digital era represents the ability to perceive knowledge in an integrative, thematic, multimodal, and interdisciplinary manner.

According to Alberta, literacy refers to the ability to read and write, acquire knowledge and skills, think critically in solving problems, and communicate effectively in ways that enable individuals to develop their potential and actively participate in social life.

Contemporary definitions of literacy demonstrate a paradigm shift in understanding literacy and its learning processes. The concept of literacy now encompasses various forms, including media literacy, computer literacy, scientific literacy, school literacy, and others. The essence of critical literacy within a democratic society may be summarized through five key actions: understanding, engaging, using, analyzing, and transforming texts. These concepts emphasize competencies that extend beyond basic reading and writing skills.

Based on the various definitions presented above, literacy in the context of this study refers to language skills required within a particular environment to communicate effectively in different ways according to specific objectives.

Therapeutic communication is a critical skill that must be possessed by nurses and constitutes an integral component of nursing care and healthcare services. Therapeutic communication refers to a deliberate interaction process or communication skill performed by nurses to assist patients in adapting to both physical and psychological disturbances. According to Peter G. Northouse (1998, cited in Nurhasanah Nunung, 2010), therapeutic communication is defined as nurses' ability to help patients adapt to stress, cope with psychological disturbances, and learn how to establish relationships with others. Through therapeutic communication, an interpersonal relationship is established between nurses and patients, enabling nurses to provide emotional support and essential information that may assist patients in achieving recovery or overcoming their health-related problems.

Therapeutic communication is perceived as an interaction process between patients and nurses that assists individuals in coping with stress, living harmoniously with others, adapting to their environment, and overcoming psychological barriers that hinder self-actualization (Muchlisin Riadi, 2020).

As prospective nurses, nursing students are expected to possess the ability to implement therapeutic communication with patients. Therefore, during their educational training, students are provided with guidance in therapeutic communication, counseling, and health-related Communication, Information, and Education (CIE) through communication courses. The literacy process begins with the delivery of instructional materials on therapeutic communication, counseling, and health education using a lecture and question-answer method. Subsequently, students receive guidance in conducting client counseling through role-play activities.

During the guidance process, students are also provided with learning guides to assist them in following the stages of counseling implementation systematically. After completing the guided sessions, students are given the opportunity to practice independently using the learning guides as references. Throughout this independent practice process, students are assessed by their peers to evaluate the progress and development of their counseling skills. Once students perceive themselves to be sufficiently competent and prepared for formal evaluation, the next stage involves an assessment of their counseling skills conducted by supervising lecturers. Student performance is evaluated using an observation checklist. The scores obtained from both practice sessions and formal evaluations are subsequently used to determine the effectiveness of therapeutic communication literacy provided to students in the Nursing Study Program at Universitas Pendidikan Ganesha (Undiksha).

## 2. METHODOLOGY

This study used the Classroom Action Research (CAR) method with two cycles. Each cycle consisted of planning, implementation, observation, and reflection. The study aimed to improve students' abilities in implementing health counseling through therapeutic communication literacy.

The sample used in this study was 36 second-semester students of the Nursing Study Program at Ganesha University of Education. The sampling technique used was Total Sampling. The research instruments included a counseling implementation learning guide, a counseling performance checklist, documentation used to record students' role-play and counseling activities, and a structured interview form designed to obtain a clear and comprehensive understanding of students' ability to perform therapeutic communication with patients.

This study was conducted in two cycles, with each cycle consisting of four stages: planning, action, observation, and reflection. The procedures undertaken in this study were as follows:

### 1. Initial Reflection

This stage was conducted to identify the students' baseline conditions prior to the implementation of Cycle I. The activities carried out during this stage included observation of students' counseling abilities, preliminary interviews and discussions, and a pretest to assess therapeutic communication skills.

Several problems were identified during the pre-cycle stage, including students' lack of self-confidence, limited empathetic communication skills, unsystematic counseling practices,

insufficient eye contact, and the use of language that had not yet reflected therapeutic communication principles.

## 2. Action Planning

Based on the findings from the observation phase, the researcher implemented a role-playing method during the learning intervention. The researcher conducted observations and identified existing problems, then developed an action plan to be implemented. In addition, the researcher provided guidance on the research instruments to the students.

## 3. Action Implementation

**Cycle I** activities included :

### 1) Planning

At this stage, the researcher prepared all instructional and intervention requirements, which included :

- a. Developing a learning plan covering the concepts of therapeutic communication, stages of therapeutic communication, health counseling techniques, empathy, and active listening.
- b. Preparing instructional media in the form of PowerPoint presentations, simulation videos, and learning guidance modules.
- c. Developing research instruments in the form of a therapeutic communication observation checklist.

### 2) Action

- a. Delivering instructional materials on therapeutic communication through lectures, discussions, and therapeutic communication simulations.
- b. Conducting therapeutic communication practice through student role-play activities.

### 3) Observation

The researcher and observers monitored both the learning process and the students' abilities throughout the implementation of the intervention. The expected competencies included the ability to initiate communication effectively, maintain eye contact, demonstrate empathy, apply active listening skills, use appropriate language, provide health education, and appropriately terminate communication. Observations were conducted using an observation checklist.

### 4) Reflection

At the reflection stage, the researcher analyzed the results of the observations regarding students' therapeutic communication skills and reflected on the obstacles encountered by the students, the observation scores obtained, and the students' responses during the implementation of therapeutic communication practice.

## Cycle II

Cycle II was conducted as an improvement to address the weaknesses identified in Cycle I

### 1) Planning

Improvements were made based on the reflection results from Cycle I. The activities carried out included dividing the students into several small groups. Each student within the small group performed a role play activity and was evaluated by other students in the same group using a checklist prepared by the supervisor. The supervisor observed the activities and provided corrections and feedback.

### 2) Action

The intervention was carried out again using the improved method. Once the students were considered competent for evaluation, they were assessed by other students within their group using a checklist prepared by the supervisor.

### 3) Observation

The observer reassessed the students' progress.

### 4) Reflection

Evaluating whether the indicators of success had been achieved.

Data were analyzed using both descriptive and inferential statistics. Descriptive statistics were employed to determine the mean, standard deviation, and percentage of students achieving mastery of therapeutic communication skills in each cycle. Inferential analysis was conducted using either a paired-samples t-test to examine the statistical significance of the improvement in students' therapeutic communication abilities. The formula applied was as follows :

$$t = \frac{\bar{d}}{S_d/\sqrt{n}}$$

Description:

$\bar{d}$  = difference scor

Sd = standard deviation of the difference

n = respondents

To determine the classification level of students' tendency in performing counseling using effective therapeutic communication, categories were developed specifically for the purpose of this study, as presented below:

**Table 3.1** Categories of Therapeutic Communication Ability

NO	VALUE	CATEGORY
1	85 – 100	GOOD
2	69 – 84	ENOUGH
3	< 69	POOR

Categorization of values is carried out according to research needs, with modified percentage interpretations from the opinions of Arikunto (2010) and Purwanto (2013).

### 3. RESULTS AND DISCUSSION

#### 3.1 Result

Based on the data collected through the implementation of literacy activities in Cycles I and II, the results obtained are presented in the following table:

**Table 1.** Results of Communication Literacy Scores in Cycles I and II and Their Improvement

Results Obtained	Cycle I	Cycle II	Improvement
Total Score	2543	3173	630
Average Score	70.64	88.14	17.5

Based on the score results presented in Table 4.1 above, it can be seen that there was an improvement in students' ability to conduct health counseling after undergoing the therapeutic communication literacy process through two cycles.

The recapitulation results of the assessment of students' ability to conduct health counseling after undergoing the therapeutic communication literacy process in two cycles are presented as follows:

**Table 2.** Recapitulation of the Assessment of Students' Ability to Conduct Health Counseling

No.	Interval	Category	Cycle I (n)	Cycle I (%)	Cycle II (n)	Cycle II (%)
1	85–100	Good	0	–	33	92
2	69–84	Enough	24	67	3	8
3	< 69	Poor	12	33	0	–
<b>Total</b>			<b>36</b>	<b>100</b>	<b>36</b>	<b>100</b>

Based on the recapitulation results presented in Table 4.2 above, there was an improvement in students' ability to conduct health counseling after undergoing the therapeutic communication literacy process over two cycles.

In Cycle I, the majority of students' counseling abilities were categorized as Enough, consisting of 24 students (67%), while 12 students (33%) were categorized as Poor, and no students were categorized as Good.

After the implementation of the therapeutic communication literacy process in Cycle II, students' ability to conduct health counseling showed considerable improvement. A total of 33 students (92%) were categorized as Good, while 3 students (8%) remained in the Enough category, and no students were categorized as Poor.

Based on the results of the paired sample t-test on the scores of Cycle I and Cycle II, the calculated t-value was 14.24 with a p-value  $<0.001$  ( $p < 0.05$ ). These results indicate a significant increase between the results in Cycle I and Cycle II.

### 3.2 Discussion

The results of the study showed that there was an improvement in students' scores after instructional improvements were implemented in Cycle II. The average student score increased from 70.64 in Cycle I to 88.14 in Cycle II, with an average increase of 17.50 points. The results of the paired sample t-test showed a t-value of 14.24 with a significance value of  $p < 0.05$ , indicating that there was a statistically significant difference between the results of Cycle I and Cycle II.

The improvement in students' learning outcomes in Cycle II occurred as a result of improvements in the instructional strategy based on reflections from Cycle I. In Cycle II, the learning process was conducted using clearer demonstration videos, small-group learning, and role-play exercises accompanied by peer evaluation using a checklist prepared by the supervisor. This approach provided students with opportunities to engage actively in learning, practice skills directly, and receive feedback from both peers and supervisors.

The role-play method proved effective in increasing student engagement in the learning process because students not only received the material passively but also directly simulated practical skills. According to Syaiful Bahri Djamarah and Aswan Zain (2010), active learning methods can improve students' understanding and skills because learners are directly involved in the learning experience. Furthermore, the use of small groups allowed students to feel more confident in practicing and discussing, making the learning process more effective.

The improvement observed in this study was also supported by the use of clearer demonstration video media in Cycle II. Audiovisual media helped students understand procedural skills more concretely and systematically. This finding is consistent with the view of Azhar Arsyad (2014), who stated that audiovisual learning media can enhance students' attention, understanding, and learning motivation.

Evaluation using a checklist also helped students understand the skill components that needed to be achieved. Direct feedback from peers and supervisors enabled students to identify weaknesses that required improvement. According to Nana Sudjana (2013), continuous evaluation can improve learning outcomes because students obtain information regarding the development of their abilities.

Therefore, the results of this study indicate that communication literacy through the implementation of the role-play method, supported by demonstration videos, small-group learning, and checklist-based evaluation, was effective in improving students' learning outcomes.

## 4. CONCLUSIONS

This study concludes that the implementation of the improved instructional intervention in Cycle II significantly enhanced students' learning outcomes.

The use of demonstration videos, small-group role-playing activities, and checklist-based peer evaluations positively contributed to students' understanding, participation, and performance

in practical skills. Therefore, literacy-based learning strategies can be recommended as an effective approach to improving student learning outcomes in practical or skills-based educational settings.

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