

## Original Article

## Application of Therapeutic Nurse Communication to Self Concept as Reviewed from the Anxiety Level of Tuberculosis Patients

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### Abstract

**Background:** Tuberculosis (TB) sufferers rank second highest in Indonesia. Treatment of tuberculosis that is lived for 6 months will cause physiological, psychological, and social problems for the client. Initially there is a disruption in body image which in turn will affect other aspects of self-concept and cause anxiety so that it can affect interpersonal relationships with others.

**Aim:** This study was conducted to determine the effect of therapeutic communication nurses through self-concept of anxiety in TB patients

**Methods:** This study was a descriptive study with a cross sectional approach involving 24 TB patients with a selection of Stratified Random Sampling techniques. The instrument used in the form of a questionnaire which was then analyzed by the Path Analysis test significance level  $p < 0.05$

**Result:** Path analysis test results obtained the effect of therapeutic communication on the self concept of 0.000, the effect of communication on anxiety 0.000, and the effect of therapeutic communication on self-concept towards anxiety of TB patients 0.015, therapeutic communication through self-concept indirectly affects the anxiety of TB patients with total values 1,742.

**Conclusion:** Based on the results of the analysis test, data obtained that nurse therapeutic communication through the patient's self concept affects the level of anxiety of TB patients on the condition experienced.

**Key words:** Therapeutic communication, self-concept, anxiety, TB

### Background

Indonesia ranks second in the world's highest cases of tuberculosis (TB) in 2016 after India (WHO, 2016). TB is a respiratory disease caused by mycobacterium, which multiplies in body parts where there is a lot of blood flow and oxygen (Guo, Marra, & Marra, 2009). Fear of illness, being shunned by the family, feeling worthless and fear of the patient's death are a physiological, psychological and social burden for TB patients (Aydin, D, Ulus, & D, 2001; Oliveira & Andrea, 2017). Treatment problems that must be lived for 6 months without clear information from nurses or doctors causes patients to feel hopeless and helpless so that there is a lack of adherence to treatment.

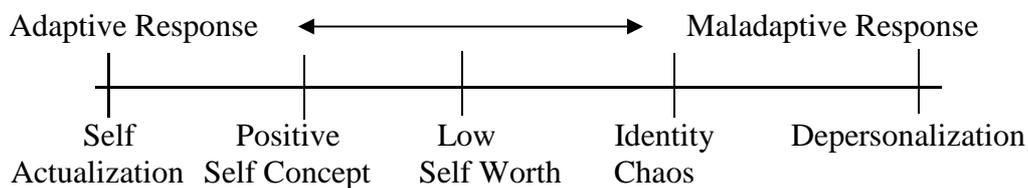
Therefore, communication is very necessary between health workers and patients (Kumboyono, 2016).

Therapeutic communication is carried out consciously, aims and activities are focused on healing patients. Therapeutic communication includes pre-action stages, interactions and termination stages. Therapeutic communication is carried out throughout the process of nursing care to patients ranging from assessment, formulation of diagnoses, planning of actions, implementation and evaluation (Kourkouta & Papatheanasiou, 2014). Communicating effectively is a skill that nurses must have. This is useful in conveying information to patients who can encourage changes in the behavior of patients making positive changes (He, Mackey,

O'Brien, Ng, & Arthur, 2011; Tijani-Eniola, 2016). Therapeutic communication is not only about sharing information but more about how to improve the mental condition experienced by patients by increasing patient acceptance of their conditions so that they can improve adherence to treatment (Charlton, Dearing, Berry, & Johnson, 2008). Communication carried out verbally and non-verbally results in the patient's understanding of the state of his health, opportunities and constraints, so that he can jointly look for alternatives to overcome the problem (Liljeroos, Snellman, & Ekstedt, 2011).

Therapeutic communication that is well implemented influences the psychosocial conditions of patients including self-concept and anxiety of patients which will have an impact on the recovery of patients (Street, Makoul, Arora, & Epstein, 2009).

Self-concept is a person's assessment of him. The self concept consists of 5 parts namely self-image, self-ideal, self-esteem, role and identity (Yeung, Li, Wilson, & Rhonda, 2014). Self-concept can be seen from the range of self-concept, namely:



The response of self-concept throughout the healthy range of pain ranges between the most positive self-actualization status and a more maladaptive status of identity confusion and depersonalization. Identity confusion is a form of one's failure to integrate various processes of identifying childhood into a harmonious adult psychosocial personality. Depersonalization is a form of unrealistic feeling and alienation from oneself. Positive self-concept has positive body image criteria that are accurate, ideal and reality, high self-esteem, satisfaction with physical conditions, and identity clarity (Higgins, Klein, & Strauman, 1985). The self concept functions as one's self control in acting. With a positive self-concept in helping patients use a good coping mechanism to be adaptive to a person's natural conditions and vice versa if the patient has a negative self-concept will affect the acceptance of the conditions experienced one of which is anxiety that can lead to depression (Marsh, 1990).

Anxiety is an individual's response to an unpleasant situation and is experienced by every living thing in daily life. Anxiety occurs as a result of threats to self-esteem or self-identity that are fundamental to the existence of individuals (Mcintyre, Saliba, Wiener, & Bishop,

2017). Anxiety is divided into 3, namely mild, moderate and severe with different symptoms. There are several factors that affect anxiety including age, life experience, gender, family support, level of knowledge, self-concept (Peltzer et al., 2012; Silvia & Kimbrel, 2010). Therapeutic communication is also able to reduce the patient's anxiety level by utilizing the mind's natural ability to block anxiety so that communication can be used as one of the distraction techniques that nurses can use to reduce one's anxiety (Lang, 2012). Controlled levels of anxiety can influence decision making so that it can encourage patients to choose the right actions for the conditions experienced (Hartley & Phelps, 2012).

In a previous study, Rosner (2013) found that therapeutic communication motivated the treatment of TB patients, Lang (2012) found that therapeutic communication provided by nurses was able to reduce patient anxiety levels while Silvia (2010) found the effect of self-concept on patient anxiety.

**Aim:** This study was conducted to determine the effect of therapeutic communication nurses through self-concept of anxiety in TB patients

## Research Methodology

**Research design:** This research is a quantitative non-experimental study with a cross-sectional research design in which therapeutic data are nurses, patients and patients. With this method, researchers analyzed the therapeutic relationship of nurses to patients' self-concept when viewed from TB patients

**Settings and Samples:** The study was conducted in the Masalle Community Health Center Masalle District Enrekang District, South Sulawesi Province starting on January 8 to 31, 2018. In this study, the population was all patients diagnosed with TB positively who were undergoing therapy or not with 24 selected samples. The sampling technique used is Stratified Random Sampling at the age level of patients with inclusive criteria (1) patients are willing to be respondents and (2) patients are conscious.

**Data Collection Technique:** The study collected by distributing questionnaires to respondents selected according to the criteria of the sample, before the researcher introduced himself first to the respondent, asked the identity of the respondent and afterwards asked to sign an informed consent, then gave questions to respondents based on questions in the form of questionnaires.

**Instrument:** Data obtained from the results of questionnaires regarding nurse therapeutic communication, patient's self concept and patient's anxiety level. The questionnaire about nurse therapeutic communication consisting of 15 questions includes the nurse's therapeutic communication skills in the orientation phase, work phase and termination phase. The self-

concept questionnaire consists of 18 questions covering the five components of self-concept namely self-image, self-esteem, self-ideal, identity and role while the anxiety questionnaire uses the HARS questionnaire consisting of 14 questions about symptoms of anxiety.

**Data Analysis:** The collected questionnaire was reviewed for completeness and clarity of the answers. If it is complete then coding is done to facilitate inputting data. Next is the processing stage or inputting data into the master data and tabulating the data then fixing it if something goes wrong. The results obtained were analyzed using SPSS 20 with the Path Analysis test and said to be significant if the value of  $p < 0.05$ .

## Ethical Consideration

Before conducting the research, the researchers took care of the permission of the head of the PKM agency Masalle and after obtaining permission, the researchers began conducting research. The approval sheet is given to respondents who meet the criteria as respondents. If there is someone who refuses, the researcher must not force the patient and respect subjective rights. Before filling out the questionnaire, first the research subjects signed an informed consent. The confidentiality is guaranteed anonymously by encoding all data names and codes stored separately. And all information that has been collected is guaranteed confidentiality by researchers, only certain data groups will be reported on the results of research.

**Results:** Demographic characteristics of TB patients can be seen from table 1 which is dominated by female patients in the range of adult age

**Table 1. Demographic Data**

Variable	Amount	Percentage
Sex		
Male	10	41,7 %
Female	14	58,3 %
Age		
15 – 45 years old	14	58,3 %
45 – 65 years old	6	25 %
over 65 years old	4	16,7 %

**Table 2. Descriptive Statistic**

Variable	Amount	Percentage
Nurse's Therapeutic Communication		
Bad	4	16,7%
Average	8	33,3%
Good	12	50%
Self Concept		
Positive	15	62,5%
Negative	9	37,5%
Anxiety		
Not present	4	16,7%
Mild	10	41,7%
Moderate	6	25%
Severe	4	16,7%

Based on Table 2, it was concluded that the therapeutic communication of nurses at Masalle Health Center was 50% categorized as good, the self concept of TB patients was majority positive with a dominant level of anxiety at a mild level.

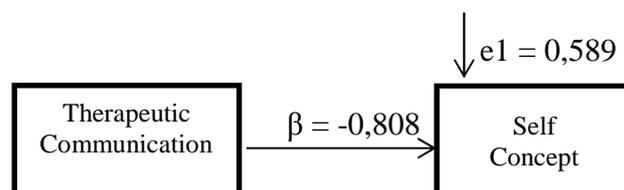
### Correlation Analysis

#### Path coefficient model I

Referring to the model I regression output in the coefficients table, the significance value of

therapeutic communication for self-concept is obtained,  $p = 0,000$  smaller than 0.05 which means that it has a significant effect.

The R square value is 0.653 which indicates that the influence of communication on self-concept is 65.3% while the remaining 34.7% is a variable not included in the study. Value  $e1 = \sqrt{1-0,653} = 0.5890$



#### Model II path coefficient

Based on the results of the model II regression output obtained the value of communication significance = 0.004 self-concept = 0,000 both smaller than 0.05. This gives the conclusion that communication and self-concept have a significant effect on the anxiety of TB patients. The amount of the R square = 0.797.

The R square value is 0.797 which indicates that the influence of communication on self-concept is 79.7% while the remaining 20.3% is a variable not included in the study. Value of  $e1 = \sqrt{1 - 0.797} = 0.4505$

1. The direct effect of therapeutic communication on self-concept obtained a significance value of 0,000 <0,05 so that it can be concluded that directly there is a significant

effect of therapeutic communication on self-concept.

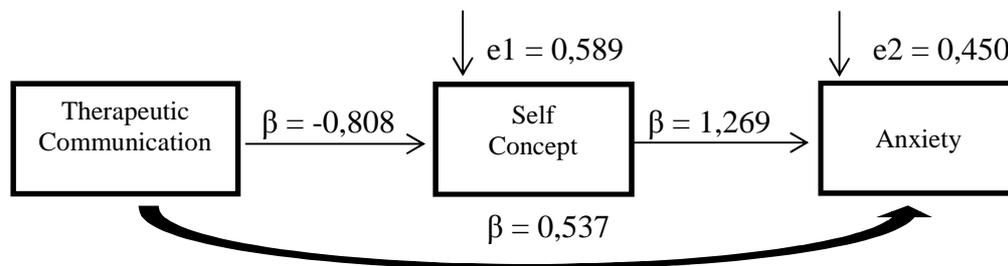
2. The direct effect of self-concept on anxiety obtained a significance value of 0,000 <0,05 so that it can be concluded that directly there is a significant effect of self-concept on anxiety.

3. The direct effect of therapeutic communication on anxiety obtained a significance value of 0.015 <0.05 so that it can be concluded that directly there is a significant effect of therapeutic communication on anxiety.

4. Analysis of the indirect effect of therapeutic communication through self-concept towards anxiety of TB patients: it is known the direct effect of therapeutic communication on anxiety of TB patients is equal to 0.537. While the indirect effect of therapeutic communication

through self-concept of anxiety, namely:  $0.808 \times 1.269 = 1.205$ . So the total effect of therapeutic communication on anxiety is:  $1.205 + 0.537 = 1.742$ . Based on the results of the above calculations, it can be seen that the value of

indirect influence 1.205 is greater than the direct influence of 0.537 which indicates that indirectly therapeutic communication through self-concept significantly influences the anxiety of TB patients.



## Discussion

### *Direct influence of therapeutic communication on self-concept*

The results of research conducted in the Masalle Health Center work area indicate that therapeutic communication has a significant effect on one's self-concept. Therapeutic communication of nurses in Masalle Community Health Center is dominantly good and the self concept of most TB patients has a positive self concept so it can be concluded that the better implementation of therapeutic communication of nurses to TB patients will increase the self-concept of TB patients.

This is in line with the research conducted by Rosner (2013) that therapeutic communication can be used by nurses in providing motivation to TB patients to increase their confidence. Research conducted by Street (2009) also shows that therapeutic communication by nurses is also able to change patients in a more positive direction, including increasing patient self-concept. Helplessness, feeling shunned, fear of transmitting illness to families or people around them makes TB patients experience low self-esteem that can affect other self-concepts. However, with therapeutic communication provided by nurses, for example when making a home visit, it can improve a patient's assessment of himself (Macq, Solis, Martinez, & Martiny, 2008).

### *The direct effect of self-concept on anxiety*

The results of research conducted on TB patients in the Masalle Health Center work area indicate that there is a significant effect of self-concept on anxiety experienced by TB patients. Most self-concept in the range of positive self-concept and most anxiety at a mild level so it can be concluded that one's self-concept that is positive can help patients reduce anxiety about the condition of the disease. This is supported by research conducted by Silvia (2010) which shows that a positive self-concept is able to help patients respond to the conditions experienced so that perceived anxiety can be controlled. Marsh (2010) explained that self-concept will influence someone's coping mechanism that can be a control to adapt to the situation experienced. Having high self-esteem becomes a control for someone in thinking to adapt to the conditions experienced (Sowislo & Orth, 2012). Self-concept provides a frame of reference that affects one's management of changing situations experienced (Obiakor, Algozzine, & Whatley, 2009). Changes in both physical, mental and social roles cause imbalances in oneself. TB patients can experience changes in relationships with others in negative expectations of themselves (Crocker, Sabiston, Kowalski, McDonough, & Kowalski, 2006). The emergence of tension in life results in problem solving behaviors (coping mechanisms) aimed at alleviating these tensions (Labrague et al., 2017).

Changes in self-concept of TB patients that are not overcome by effective coping, are able to cause problems with attitudes and behaviors while undergoing TB treatment and complaints during treatment including severe anxiety to depression (Callaghan & Cunningham, 2015).

### ***Direct influence of therapeutic communication on anxiety***

Based on the results of research conducted on TB patients in the Masalle Health Center work area, data was obtained that therapeutic communication carried out by nurses was able to reduce the anxiety level of TB patients. This can be seen from the dominant therapeutic communication classified as good and most anxiety at the light level so that it can be concluded that the better therapeutic communication provided by nurses, the anxiety experienced by patients will decrease. This is supported by research conducted by Lang (2012) which shows that therapeutic communication by nurses is able to become a distraction therapy in patients so that it will reduce the degree of anxiety experienced. Nurses act as nursing care providers, advocates and educators. Nurses who can carry out their roles well are able to provide comfort to their patients so that perceived anxiety can diminish (Szpak & Kameg, 2013). In interacting, nurses are able to reduce anxiety by fostering a relationship of mutual trust with patients by showing good attitudes and behavior and conveying information that can be understood by patients about the disease being suffered, complications and treatment in a conducive atmosphere (King, 2009).

### ***The indirect effect of therapeutic communication through self-concept towards anxiety of TB patients***

The results of research conducted on TB patients showed that therapeutic communication provided an effect on one's self-concept so that it affects the anxiety level of TB patients. Anxiety that someone feels can be influenced by factors from outside and from within. External factors such as emotional support and providing clear information about the illness can be given to patients by carrying out therapeutic communication while one of the internal factors is self-concept (Peltzer et al., 2012; Silvia & Kimbrel, 2010). When getting a pressure or stressor in the form of a doctor's diagnosis, norepinephrine hormone is stimulated and influences decision making and influences

motivation. In addition, stress can also affect the hippocampus which will affect memory consolidation (Rustan, 2017). In this case, nurses can take advantage of these conditions to provide more motivation to patients. By getting motivated, a person's level of self-confidence can increase (Rosner et al., 2013). In interacting, nurses become good listeners, show empathy, provide motivation and education so that self-confidence and improvement of perceptions and positive perspectives arise (Bashir & Ghani, 2012; Rosati & Jenkinson, 2001; Thorpe, 1997). Positive self-concept will direct patients to use adaptive coping to deal with illness, patients think more realistic in accepting the conditions experienced so that they can control the level of anxiety and vice versa patients who have low self-concept are more prone to severe anxiety to depression (Labrague et al., 2017).

### **Conclusion**

Therapeutic communication is the initial capital for nurses in interacting with patients. Through therapeutic communication, nurses can foster a relationship of mutual trust with patients so as to facilitate nurses in providing maximum nursing care. With the application of good therapeutic communication, nurses can provide motivation and self-confidence to patients so that positive self-concept arises and there is a reduction in anxiety in patients with the illness. In addition to therapeutic communication, positive self-concept will also help patients use adaptive coping so that patient anxiety will decrease. Thus, therapeutic communication indirectly affects the patient's anxiety through changes in the patient's self-concept.

### **Thank-you note**

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### **References**

- Aydin, I. O., D, M., Ulus, A., & D, M. (2001). Depression, Anxiety Comorbidity, and Disability in Tuberculosis and Chronic Obstructive Pulmonary Disease Patients: Applicability of GHQ-12. *Genereal Hospital Psychiatry*, 23, 77–83.
- Bashir, A., & Ghani, M. (2012). Effective Communication And Neurolinguistic Programming. *Soc. Sci*, 6(1), 216–222.
- Callaghan, P. O., & Cunningham, E. (2015). Can A Targeted, Group-Based CBT Intervention Reduce

- Depression and Anxiety and Improve Self-Concept in Primary-Age Children? *Educational Psychology in Practice*, 31(3), 314–326.
- Charlton, C. R., Dearing, K. S., Berry, J. A., & Johnson, M. J. (2008). Nurse Practitioners Communication Styles and Their Impact on Patient Outcomes: An Integrated Literature Review. *Journal of the American Academy of Nurse Practitioners*, 20, 382–388.
- Crocker, P. R. E., Sabiston, C. M., Kowalski, K. C., Mcdonough, M. H., & Kowalski, N. (2006). Longitudinal Assessment of The Relationship Between Physical Self-Concept and Health-Related Behavior and Emotion in Adolescent Girls. *Journal of Applied Sport Psychology*, 18(3), 185–200.
- Guo, N., Marra, F., & Marra, C. A. (2009). Measuring Health-Related Quality of Life in Tuberculosis: A Systematic Review. *Health and Quality of Life Outcomes*, 7(14), 1–10.
- Hartley, C. A., & Phelps, E. A. (2012). Anxiety and Decision-Making. *BPS*, 72(2), 113–118.
- He, H.-G., Mackey, S., O'Brien, A., Ng, E., & Arthur, D. G. (2011). The Use of Video Role Play for Teaching Therapeutic Communication Skills. *International Journal of Caring Sciences*, 4(3), 154–161.
- Higgins, E. T., Klein, R., & Strauman, T. (1985). Self-Concept Discrepancy Theory: A Psychological Model for Distinguishing Among Different Aspects of Depression and Anxiety. *Social Cognition*, 3(1), 51–76.
- King, P. E. (2009). Communication, Anxiety, and The Management of Postoperative Pain. *Health Communication*, 3(2), 127–138. <https://doi.org/10.1207/s15327027hc0302>
- Kourkouta, L., & Papathanasiou, I. (2014). Communication in Nursing Practice. *Materi SocioMed*, 26(1), 65–67.
- Kumboyono, N. (2016). Identification and Exploration of the Needs for Health Care in Tuberculosis Patients Dropping Out from Therapy in Malang City: A Qualitative Phenomenological Study. *Indian Journal of Public Health*, 60(1), 10–16.
- Labrague, L. J., Mcenroe-petite, D. M., Papathanasiou, I. V., Edet, O. B., Tsaras, K., Leocadio, M. C., ... Velacaria, P. I. T. (2017). Stress and Coping Strategies Among Nursing Students: An International Study. *Journal of Mental Health*, 0(0), 1–7.
- Lang, E. V. (2012). A Better Patient Experience Through Better Communication. *Journal of Radiology Nursing*, 31(4), 114–119.
- Liljeroos, M., Snellman, I. M., & Ekstedt, M. H. (2011). A Qualitative Study on The Role of Patient – Nurse Communication in Acute Cardiac Care. *Journal of Nursing Education and Practice*, 1(1), 17–24.
- Macq, J., Solis, A., Martinez, G., & Martiny, P. (2008). Tackling Tuberculosis Patients Internalized Social Stigma Through Patient Centred Care: An Intervention Study in Rural Nicaragua. *BMC Public Health*, 8(154), 1–10.
- Marsh, H. W. (1990). A Multidimensional, Hierarchical Model of Self-Concept: Theoretical and Empirical Justification. *Educational Psychology Review*, 2(2), 77–171.
- Mcintyre, E., Saliba, A. J., Wiener, K. K. K., & Bishop, F. L. (2017). Predicting The Intention to Use Herbal Medicines for Anxiety Symptoms: A Model of Health Behaviour Predicting the Intention to Use Herbal Medicines for Anxiety Symptoms: A Model of Health Behaviour. *Journal of Mental Health*, 0(0), 1–8.
- Obiakor, F. E., Algozzine, B., & Whatley, G. C. (2009). Self Concept Assessment & Intervention. *Australian Journal of Learning Disabilities*, (January 2015), 37–41.
- Oliveira, D., & Andrea, R. (2017). Communication on Disclosure of Tuberculosis Diagnosis and Adherence to Treatment: Social Representations of Professionals and Patients. *Texto & Contexto Enfermagem*, 26(2), 1–10.
- Peltzer, K., Naidoo, P., Matseke, G., Louw, J., Mchunu, G., & Tutshana, B. (2012). Prevalence of Psychological Distress and Associated Factors in Tuberculosis Patients in Public Primary Care Clinics in South Africa. *BMC Psychiatry*, 12(89), 1–9.
- Rosati, K., & Jenkinson, V. (2001). Anxiety Disorders. *Health Care on the Internet*, 5(1), 55–64.
- Rosner, I., Ma, D., Ma, S. I., David, I. R., At, R., & Ilusorio, S. (2013). Tuberculosis: Art Therapy With Patients in Isolation. *Art Therapy: Journal of the American Art Therapy Association*, 12(1), 24–31. <https://doi.org/10.1080/07421656.1995.10759120>
- Rustan, E. (2017). Learning Creative Writing Model Based on Neurolinguistic Programming. *International Journal of Language Education and Culture Review*, 3(2), 13–29.
- Silvia, P. J., & Kimbrel, N. A. (2010). A Dimensional Analysis of Creativity and Mental Illness: Do Anxiety and Depression Symptoms Predict Creative Cognition, Creative Accomplishments, and Creative Self-Concepts? *Psychology of Aesthetics, Creativity, and the Arts*, 4(1), 2–10.
- Sowislo, J. F., & Orth, U. (2012). Does Low Self-Esteem Predict Depression and Anxiety? A Meta-Analysis of Longitudinal Studies Does Low Self-Esteem Predict Depression and Anxiety? A Meta-Analysis of Longitudinal Studies. *Psychological Bulletin*, 139(1), 213.
- Street, R. L., Makoul, G., Arora, N. K., & Epstein, R. M. (2009). How Does Communication Heal? Pathways Linking Clinician – Patient Communication To Health Outcomes. *Patient Education and Counseling*, 74, 295–301.

- Szpak, J. L., & Kameg, K. M. (2013). Simulation Decreases Nursing Student Anxiety Prior To Communication With Mentally Ill Patients. *Clinical Simulation in Nursing*, 9(1), e13–e19.
- Thorpe, I. C. (1997). Language: The Art of Therapeutic Communication. *Psychodynamic Counselling: Individuals, Groups and Organisations*, 3(2), 143–164.
- Tijani-Eniola, O. (2016). Effective Communication Strategies for Improving Health Outcomes. *Health Expectations*, 6(1), 364–365.
- Yeung, A. S., Li, B., Wilson, I., & Rhonda, G. (2014). The role of self-concept in medical education. *Journal of Further and Higher*, 38(6), 794–812.