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ORIGINAL RESEARCH

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THE IMPLEMENTATION OF THERAPEUTIC COMMUNICATION OF NURSES TO THE PARENTS OF PEDIATRIC PATIENTS IN PRE-OPERATIVE STAGE

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Abstract

Background: The pre-operative care aims at preparing the patient and family to face the surgery. In providing nursing care to the pediatric patients, it is better and is recommended that the nurse demonstrate a therapeutic communication.

Objective: This study aims to identify the implementation of the therapeutic communication by nurses to the parents of the pediatric patients who will undergo surgery in the pediatric surgical ward based on the perspective and expectation of the parents.

Methods: The study used a mixed method, with the strategy of sequential explanatory. The quantitative study involved 101 respondents. The implementation of therapeutic communication is measured by using the questionnaire of therapeutic communication implementation. The qualitative study was conducted to six participants as samples, with analysis interactive model technique.

Results: The result of quantitative study found that 53.5% identified poor therapeutic communication being implemented by nurses to the parents of the patients. The result of the qualitative study found that parents expect comprehensive therapeutic communication from nurses, both in terms of language or behavior in any delivery of information or actions to be performed.

Conclusion: The result of this study is expected to be an input for the health care institutions, especially to make it as a reference for consideration in making the standard operating procedures on the implementation of therapeutic communication to improve the nurses' quality of care.

Keywords: nurses; parents' perspective; therapeutic communication

INTRODUCTION

Pre-surgery care is meant to prepare the patients and their families to face the operation/surgery. Nowadays, the pediatric care has shown a lot of improvement; the family is not only considered as visitors for the sick child, but more importantly, they are partners of the nurses in determining the child's needs, and it is carried out through a family-centered care of the patient ([Supartini, 2004](#)). Emotional stress generated from hospitalization can affect the emotional

adjustment of parents, whether prior to admission or post-discharge from the hospital ([Diaz-Caneja, Gledhill, Weaver, Nadel, & Garraida, 2005](#)). In addition, when parents are distressed, it can affect and increase the child's emotional distress as well ([Suryani, 2016](#)).

In the pediatric nursing care, the nurses will always interact and communicate with parents, and advisably, such a communication is a therapeutic one. Communication is the core of

human social life and is an important dimension of human interpersonal relation. A helper or nurse can overcome the problems encountered through communication ([Suryani, 2016](#)). An important means to facilitate feedback onto the parents upon getting their decision regarding their child's treatment is through a correct and open/transparent communication with the nurses ([Ward, 2005](#)). It is strengthened by a qualitative study on the experience of the parents when the child is hospitalized. The study shows that the health workers in the hospitals must improve their communication with parents and provide them with maximal opportunity to participate in the patient care; because it can reduce their stress and it has a greater potentiality to improve the emotional condition of the patient ([Diaz-Caneja et al., 2005](#)).

Therapeutic communication is the ability or the skill of nurses to help clients adapting with stress, coping with psychological disturbance, and learning how to relate with others ([Northouse & Northouse, 2007](#)). One of the goals of therapeutic communication is to develop the client's personality to be more positive and adaptive to stressful situations. Thus it is expected that the parents become more adaptive to the stressful situations ([Suryani, 2016](#)). Pediatric surgery ward in one of the main referral hospitals in West Java, Indonesia, is a place offering in-patient pediatric nursing care for children from 29 days to 14 years old. The patients treated here are those who are going to, or already, undergo surgery. Based on the observation data, the number of patients treated here is about 55 children in a month. Based on the observation of the researcher in the field, the high amount of workload and level of the bustle of nurses in the surgical ward sometimes making the nurses limiting the communication with parents only to information dissemination about patient's condition. On the one hand, some parents expressed confusion and worry about how to care for their children before and after the surgery. Some parents also said that nurses communicated with them only to get their consent for any intervention to the patients. However, on the other hand, the

nurses said that they have done good communication with the parents.

A study was conducted by Wijayanti to determine the effectiveness of therapeutic communication in reducing the family's anxiety and increasing the success of nursing care to the family of clients/patients with hearing hallucination in a hospital in Surabaya ([Wijayanti, 2010](#)). From this study, it was concluded that there is a relationship between the administration of therapeutic communication and reduction of family anxiety. In addition, therapeutic communication also contributes positively to the success of nursing care. Another study was conducted by Setiawan and Tanjung (2005) regarding the effectiveness of therapeutic communication on the level of pre-surgery anxiety of patients ([Tanjung, 2005](#)). The study showed that after administering the therapeutic communication, as many as 92.3% of patients experienced reduced pre-surgery anxiety to light or lower level and only about 7.7% to medium level. This study shows that the therapeutic communication has a significant effect in reducing the anxiety of patients.

Studies on therapeutic communication nowadays are more concentrated on the application of therapeutic communication to psychiatric patients, and it has not been found a study on its implementation to the parents of the surgical pediatric patients. Whereas, the parents of these surgical pediatric patients also experience various psychological problems, whether pre-surgery or post-surgery, that must be considered by the nurses. There was a significant level of psychological distress on mothers whose children would undergo elective surgery ([Osuoji, Coker, William, & Ajai, 2012](#)). This research was conducted to identify how the implementation of nurse therapeutic communication based on parents' perspective. However, the therapeutic communication that is expected by parents is also important to be explored so that this research can be more beneficial for nurses and parents. Therefore, this study uses mixed method design using sequential explanatory model, consisting of quantitative and qualitative analysis sequences. Qualitative data

collection is conducted to enrich the results of quantitative research that has been done before. Therapeutic communications can give benefit, not only to clients but also to the nurses, as the skills do not only give them benefits of mutual trust with clients and further generate effectiveness in obtaining the therapeutic goals, but also it gives them professional satisfaction or fulfilment in service and can enhance their profession ([Damaiyanti, 2008](#)). Referring to the above situation, it is important for the nurses to apply therapeutic communication in nursing care, whether to the patients or to their parents. This aim of this study was to identify the implementation of the nurses' therapeutic communication to the parents, based on the parent's perspectives and also parents' expectations regarding the implementation of nurses' therapeutic communication.

METHODS

Study design

This study employed a mixed method research design using sequential explanatory model, which consisted of a sequence of quantitative and qualitative analysis. The purpose of this model was to identify the variable component through the analysis of quantitative data and then collecting qualitative data to expand the available information based on quantitative data (Creswell, 2010). The main purpose was to combine the quantitative and qualitative data in order to obtain a more comprehensive analysis.

Sample

The population of this study was all parents of children being treated at the pediatric surgical ward in one of the main referral hospitals in West Java, Indonesia. Samples were selected by consecutive sampling. On the selection of consecutive sampling, all subjects that came and met the selection criteria for inclusion were taken in the study until the targeted number met ([Ismael & Sastroasmoro, 2010](#)). Criteria for inclusion in this study included: 1) Parents of children being treated in the pediatric surgical ward; 2) Parents who were

able to communicate well, and 3) parents who were cooperative and willing to become respondent. The number of samples obtained for the quantitative study was 101 respondents. For the qualitative study, most of the respondents were those that belong to quantitative study respondents. The participants were 6, with the same criteria of inclusion. The collection of quantitative data was carried out through focus group discussion, which was conducted after the results of quantitative data analysis obtained.

Instrument

The instrument used in this study was a questionnaire given to the parents of the patients, in the form of statements about therapeutic communication that the nurses demonstrated to them, in the form of Likert scale. The questionnaire was made based on the development of standard operating procedures for the implementation of nurses' therapeutic communication. The instrument of therapeutic communication implementation consisted of 26 statements, which were subdivided into 21 positive and five negative statements. The result of this instrument is divided into good therapeutic communication and poor therapeutic communication by seeing whether the data is normally distributed or not to determine the data centered size used the mean or median. Validity test being applied was the content validity and construct validity tests. The validity and reliability tests were conducted on 10 parents of pediatric patient in pre-operative stage. The test obtained 26 question items, which were used for the study. The reliability test instrument was conducted using the Cronbach alpha, with a coefficient of reliability value 0.95. Thus, it was concluded that the instrument was reliable.

In a qualitative study, the researcher is the main research instrument ([Sugiyono, 2006](#)). Data collection in this study was done through focus group discussion. This method was used to deepen the results of the quantitative study, and to give information or data about parents' perspective about the implementation of therapeutic communication by nurses. As an

instrument of research, the researcher exercised with an expert on qualitative research to prepare himself as a facilitator of a discussion, so that he could gather information needed for the study from the respondents during the focus group discussion. Discussion guidelines were made based on the results of the quantitative study and the inputs of some experts. Then, the instrument test, called content validity, was done with the expert on the qualitative study. Another instrument used in the qualitative study was observation guidelines. In this study, the researcher observed the parents. It was done to validate the statements of the participants and to confirm the information obtained from them. The guideline was made in the form of field record. It can be in the form of chronological records being made in detail from time to time. When an important event occurred, its chronological record was made, with the number and time of occurrence. The discussion was recorded with voice recorder (MP4), hence it was possible to listen to it repetitively to ease the data analysis process.

Ethical consideration

The study was conducted by upholding the ethical principles of self-determination, anonymity and confidentiality, protection from discomfort, beneficence, and justice ([Polit & Beck, 2008](#)). Before collecting the data, the researcher followed the procedure of data collection, which consisted of administrative

procedure for permission and procedure for conducting the research. This study was approved by ethical committee on health research RSUP Dr. Hasan Sadikin Bandung with IRB approval number LB.04.01/A05/EC/408/IX/2015.

Data analysis

The quantitative data analysis was done by using statistics application. Data analysis was done by descriptive statistical analysis, in the form of distributive frequency and percentage. Data analysis for the qualitative study was done after having obtained the quantitative study results. The steps of data analysis being utilized in this study were: Analysis Interactive Model of Miles and Huberman, that subdivide the data analysis process into some parts, namely: data collection, data reduction, data display, conclusion and verification ([Miles, Huberman, & Saldana, 2014](#)).

RESULTS

Results of quantitative research

The research was conducted on 101 parents of the pediatric patients who would undergo surgery in pediatric surgical ward in one of the main referral hospitals in West Java, Indonesia. The sample collection was done by consecutive sampling method. The characteristics of respondents in this study are shown in the following table:

Table 1 Frequency distribution of respondents' characteristics

Characteristics	Frequency	Percentage
Age (Years):		
20-40	80	79.2%
41-60	21	20.8%
Gender:		
Male	27	26.7%
Female	74	73.3%
Education level:		
Elementary	30	29.7%
Junior High School	36	35.6%
Senior High School	31	30.7%
Vocational Diploma	2	2%
Baccalaureate	2	2%
Religion		
Muslim	99	98%
Christian Protestant	2	2%

Table 1 (Cont.)

Ethnicity		
Sundanese	92	91.1%
Javanese	5	4.9%
Batak	2	2%
Sumatera	2	2%

Table 1 above shows that most of the respondents were in the age range of 20 to 40 years old, i.e., 80 persons (79.2%). As for gender, most respondents were female or mothers of the patients, i.e., 74 persons (73.3%). Based on the educational attainment, the majority of them were junior high school graduates, i.e., 36 respondents (35.6%), and only a small proportion of them had finished college degree with vocational or baccalaureate diploma, i.e., 2 persons respectively (2%). Based on the religion, almost all respondents, i.e., 99 persons (98%), were Muslims and only 2 persons (2%) were

Christians. And as regards ethnicity, almost all respondents, i.e., 92 people (91.1%) were Sundanese. A small portion of them was Javanese (4.9%), Batak (2%) and Sumatra (2%).

The following table demonstrates the implementation of therapeutic communication of nurses to the parents of pediatric patients in pre-operative stage uses the median as a measure of centralized data because the data is not normally distributed.

Table 2 The implementation of therapeutic communication of nurse to the parents of children in pre-operative stage in the pediatric surgical ward (N = 101)

No.	Implementation of Therapeutic Communication	F	Percentage (%)
1.	Good therapeutic communication	47	46.5
2.	Poor therapeutic communication	54	53.5
Total		101	100

Table 2 shows the implementation of therapeutic communication of nurses to the parents of pediatric patients who were about to undergo surgery, based on the median value; it was found that more than half of respondents, i.e., 54 persons (53.5%) stated about poor therapeutic communication of nurses to them. And only 47 respondents (46.5%) stated about the good therapeutic communication.

Result of qualitative study

There were 6 participants in this qualitative study. They were the parents of the pediatric patients who were about to undergo surgery at the pediatric surgical ward of hospital in West Java, Indonesia. All of them had common characteristics, i.e., mothers of the patients, with the age range of 20 to 40 years old, with the education level of Junior High School. All respondents belong to Sundanese ethnic group, Muslims, and work as housekeepers. The

discussion method was focus group discussion (FGD).

An Analysis Interactive Model was done to the results of a qualitative study. Based on the results of qualitative research, the theme obtained that parents expect comprehensive therapeutic communication from nurses, both in terms of language / speech or behavior in any delivery of information or actions to be performed. The following are the subthemes transpired from the FGD with 6 participants. The FGD results generated some important subthemes in relation with the parents' expectation regarding the comprehensive therapeutic communication of nurses:

Introducing themselves always before performing an intervention

The participants expected the nurses to always introduce themselves every time they met or

encountered the patients and their parents, or before performing an intervention to patients. The participants found it to be important so that they knew the nurses that took care of their child. Some of the expressions were:

"It is important to know the nurse's name" (P.1, P.2, P.3, P.4, P.5, dan P.6)

Parents sometimes forgot if the nurse had already introduced themselves in the beginning. Thus, it was found to be important for the nurses to always introduce themselves.

"For me, it was already told. She has already told her name... but I always forget" (P.3)

Greeting and asking for the condition of parents and pediatric patient every encounter
Greetings from the nurses to parents and their children is a form of nurses' solidarity and concern. Participants expected the nurses to always greet and ask for their condition in every encounter.

"I expect the nurse to ask how is the child?" (P.3)
"... more or less, like the university students; always say hello, and ask how is the child?" (P.4)
"... nurse have to say something to greet, etc..." (P.5)

Communicating regularly and giving information

Parents of pediatric patients in pre-operative stage could worry about many things regarding the surgery procedures, the future prognosis of the child, and how to give pre-and post-operative care. This anxiety could happen due to the lack of information or lack of communication between parents and nurses regarding the operation procedures being undertaken by the patient. At the time, the parents felt the lack of communication with nurses, as manifested in the following:

"They lack to communicate ..." (P.1)
"... well, the mothers rarely relaxed. Chatting... but they rarely chat ..." (P.5)
"When it's time to work, they seem busy. In contrary, if they are not busy, they can chat; it all depends on the situation" (P.5)

Participants expected to have more time to communicate and talk with the nurses.

"I want to communicate with nurse" (P.1)
"... as often as possible to give information" (P.3)

A participant also wanted to know the clear information about the time of operation for her child; as it is shown in the following:

"We have been admitted here for a long time, it's already three weeks. Only after three weeks then the intervention was performed. Even what takes longer time is the operation. In contrary, here the waiting is long. Hopefully, after the surgery, we can go home early." (P.2)

Good manner in talking and communication

Participants expected a good manner of communication of nurses with the parents and patients. They felt that the nurses had behaved well and friendly toward the parents and pediatric patients; as shown in the following:

"They speak nicely enough" (P.5)
"Most of the nurse are nice, but some of them talk few words only" (P.1, P.2, P.3, P.4, P.5, dan P.6)
"Yes, they have to be friendly" (P.5)
"Have a good manner of communication" (P.3)

They expected that such a friendly manner could make the children willing to play if he was asked to. It is expressed in the following:
"If they are friendly the children want to play with them" (P.2)
"My child always sticks to her until now" (P.3)
"The children are taught coloring, drawing, cutting, while playing..." (P.3)

Responsive or quick response

During the treatment, the parents also often asked for the help of nurses to care for their patients. Based on the expressions of some participants, so far, the ward nurses were still slow in responding to their call for help. In addition, in terms of intervention, they were so slow and/or they did not come on time upon being asked for assistance. It is shown in the following expressions:

"If I asking for help, the nurse will say yes ma'am but it took so long maybe because she is busy" (P.2)
"there are many nurses, but they do not help each other. So, one administers the medicine alone... it takes time... the child is crying..., but others only watched." (P.6).

Some participants said that there were also some nurses who responded quickly upon

being asked to help by parents and patients, as shown below:

“Sometimes, some of them are fast, but some are slow” (P1, P2, and P.5)

All participants strongly expected if the nurses were responsive upon being asked to help by the parents or children; as shown in the following:

“They have to be quickly responsive” (P.3)

If being asked for assistance, some nurses were happy, but some of them were not; as shown in the following:

“If I ask for help to nurses, some of them seem happy; but some are not” (P.4)

Not annoying when the parents are asking for help

Participants were expecting that the nurses would not feel irritated when the parents asked for help, or if they often asked about the schedule of operation, the development of the child’s health, and the child’s illness. It is shown in the following expressions:

“... at least they are not look irritated for being asked by us” (P.3 and P.5)

Listening to the complaints of parents

Parents of the pediatric patients undergoing operation had anxiety. Sometimes it made them frequently asking the nurses about the schedule of operation or the condition and development of their patients. During this situation, they needed friends to share. Parents expected that nurses could listen to their lamentations so that parents could sense the nurses’ solidarity with their condition. It is shown in the following:

“We need to be listened by nurse and doctor” (P.3 dan P.4)

Speak with a decent intonation and not pointing fingers upon telling something to parents

Participants also expected that nurses would not bluff and point fingers if they wanted to

tell something to the patients or parents; rather it should be talked nicely in a decent intonation. It is shown in the following:

“One of the nurses said “Ma’am, don’t bring it, something like that is not good”, while pointing her finger to our stuff” (P.5)

“Ma’am, don’t put it on such a position” (P.3)

“Ma’am, it should not be put on top, in a nice tone as such” (P.5)

“The hands should not be like this.... (while demonstrating pointing with hands” (P.6)

DISCUSSION

On the age characteristics of respondents, it was found the majority of them were in the age range of 20-40 years. Such an age range is at the initial stages of development to adulthood ([Hurlock, 2001](#)). In addition, most respondents in this study were mothers of the children being treated. This background, most probably, gave greater psychological influence when their children were getting sick and being treated. This result also was similar to the result of the study of Osuoji, Coker, William, and Ajai, which stated that there is a significant level of distress being experienced by the mother of pediatric patients, whose son will undergo elective surgery ([Osuoji et al., 2012](#)). This is one the reasons why the majority of children treated were accompanied by their mothers. Moreover, it had become a cultural practice that a mother is responsible for taking care of her child.

Based on the educational attainment, the majority of respondents were junior high school graduates; it determined the characteristics of respondents selected for the qualitative study. Most of them were Muslims and from the Sundanese group. This was because the hospital as the locus of the study was located in West Java, where a majority of the population were Muslims and Sundanese.

More than half of the respondents perceived that the implementation of the therapeutic communication to the parents of the pediatric patients was poor. Lack of good therapeutic communication of health personnel was also expressed by Patak and Happ, their study

found that the health personnel tended to neglect the communication, which resulted in the problems of miscommunication or the interchange of information, whether to the patients or to the other health professionals (Patak et al., 2009). Other studies found that some of the reasons for the poor therapeutic communication of nurses are the lack of knowledge and experience, the amount of training followed and the level of education of nurses (Wilkinson, 1991). The complex process of interpersonal communication is influenced by many variables that affect how messages are sent and receive, such as environmental factors (e.g. climate and mood) and also intrapersonal factors such as differences in values. Note that every preceding factors has the potential to facilitate communication or to act as a barrier to effective communication, depending on the situation (Riley, 2015).

After identifying the implementation of therapeutic communication of nurses to the parents of pediatric patients in this study, then it conducted a focus group discussion to discover the parents' expectations on such communication. Some of their expectations were, first, the nurses should always introduce themselves before performing an intervention. The introduction step was considered as very important because it was an essential foundation for the therapeutic relation of nurse and client (Suryani, 2016). At this stage, parents also expected the nurse to greet and ask for information of parents and children who were being treated. The significance of self-introduction of nurses at this stage is to build a trusting relationship, which shows an acceptance and open communication, to formulate the contract with the client, to explore the thoughts and feelings, and to identify the client's problems and further formulate the purposes of interacting with them (Suryani, 2016).

Other things being identified from the discussion was the parents' expectations that the nurses should frequently communicate and provide information. Some of the needs of parents about their treated children are the

information on the development of their illness, the prognosis, honest answer about the patient's condition, and to know the equipment used for treatment (Aldridge, 2005). In relation to the behavior of nurses in implementing the therapeutic communication, some of the expectations of the parents were that the nurses should show nice and friendly attitude, instead of being irritated, bullying, or pointing fingers when telling something to them. The attitude of the person certainly is influenced by various factors; one of them is the culture. Cultural norms were also found to inhibit nurse-patient communication (Tay, Hegney, & Ang, 2011).

Other nurses' attitudes being expected were the quick response to the complaints of the parents or the patients, and when they asked for help. The slow response of the nurses being felt by the parents was most probably due to their full workload. During the time of the study or research, the ratio of nurses to patients was 1:8. It means, the nurses were demanded to prioritize the nursing care intervention to the patients that needed immediate services.

The parents also expected the nurses to have time to listen to their lamentations. Listening is one of the important techniques of therapeutic communication. Listening is an active process of receiving and learning the person's reaction to the received message (Stuart & Sundeen, 2007). When listening carefully, the parents would feel being accepted by the nurses, and then the nurses can explore deeper the emotions of parents, as well as identify their problems.

The results of this study on the implementation of therapeutic communication and the parents' expectations can become the representations for the nurses to develop more and implement better the therapeutic communication during the interaction with the pediatric patients or their parents. This is because the therapeutic communication is a central part of nursing practice to give an effective and quality care. As it is expressed by Younis, Mabrouk & Kamal study it was concluded that pediatric

nurses had significant improvement in their knowledge and skills regarding therapeutic communication with their hospitalized child patients after utilization of a planned therapeutic communication program (Younis, Mabrouk, & Kamal, 2015). Therefore, it is important for the nurses to develop and maintain a competent communication and interpersonal relation skills to facilitate therapeutic interaction, evaluate pediatric patients' needs, and implement the nursing interventions.

CONCLUSION

The implementation of therapeutic communication of nurse to the parents of pediatric children in pre-operative stage showed that more than half of the respondents (53.5%) stated that it was still poor. Parents expect comprehensive therapeutic communication from nurses, both in terms of language / speech or behavior in any delivery of information or actions to be performed. Some of the expectations of the parents for its implementation from the nurses were, first, the nurses should always introduce themselves before performing any intervention; second, they should greet and ask for the information about the condition of the parents or the patient being treated; third, they should regularly communicate and give information on the development of patients' treatment.

In relation to the nurses' attitudes in implementing the therapeutic communication, the study identified some expectations of the parents, including a nice and friendly behavior, not showing irritation, bullying, nor pointing fingers when telling something to the parents. In addition, they were also expected to be responsive to the complaints and lamentations of the parents or the patients. They also expected the nurses to allocate ample time to listen to their lamentations.

The result of this study is expected to be an input for the health care institutions, especially in identifying the matters related to the implementation of therapeutic communication.

In addition, the expectation of the parents obtained from the qualitative study can be the helpful information to evaluate and make the standard operating procedures in relation to the implementation of therapeutic communication to improve the nurses' quality of care to the patients. Further research can be conducted to study the implementation of therapeutic communication based on the perspectives of nurses. It also can study the different factors that influence the implementation of therapeutic communication.

Declaration of Conflicting Interest

None declared.

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Author Contribution

All authors contributed equally in this study.

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