

**The Relation Between Nurse Therapeutic Communication and Self-Efficacy In Patient
With Chronic Obstructive Pulmonary Disease (COPD) at Lung Hospital
Dr. Ario Wirawan, Salatiga**

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Abstract

Chronic obstructive pulmonary disease (COPD) is a group of lung diseases characterized by the increase of airway resistance due to the narrowing of the airways. Self efficacy is required for patients with COPD to increase the independence of the patient in managing the disease. Based on this concept, patients with chronic diseases need information, knowledge and maintain their health status apujis optimally as possible. This study aims to determine The Relation between Nurse's Therapeutic Communication and Self-Efficacy in Patients with Chronic Obstructive Pulmonary Disease (COPD) at Lung Hospital Dr. Ario Wirawan, Salatiga. This type of research was descriptive correlation with *crossectional* approach. The population in this study were patients who underwent treatment at COPD at Lung Hospital Dr. Ario Wirawan, Salatiga, as many as 178 people. The sampling technique used *accidental sampling* with total samples of 64 people. Data collection used used instruments and data were analyzed by using chi square test. The results of the study, to most respondents state that nurse's communication therapeutic in good category as many as 43 respondents (67.2%) and most respondents with self-efficacy in both categories as many as 39 respondents (60.9%). The results of analysis by using *chi square test* show there is corelation between nurse's therapeutic communication with self-efficacy Obstrukti patients with Chronic Pulmonary Disease (COPD) in Lung Hospital Dr. Ario Wirawan Salatiga with p value of 0.0001. The results of this study are expected to be material input, reference and consideration for the nursing profession to improve the quality of service, improve the existing resources in order to support the management of patients with Chronic Obstructive Pulmonary Disease (COPD) when providing nursing care

Keywords: therapeutic communication, self-efficacy, COPD patients

Introduction

Chronic obstructive pulmonary disease (COPD) is a major health problem in the community. Which causes 26,000 death per year in the United Kingdom with a prevalence of around 600,000. This figure is higher in developed countries, urban areas, lower middle income groups and the elderly. The causes of obstructive pulmonary disease (COPD) include environmental factors, smoking and genetic factors, namely α deficiency, antitrypsin as a predisposition for early COPD development (Davey, 2006). The development of the economy and the automotive industry in Indonesia caused the number of motorized vehicles and cars to increase from year to year. The number of motorized vehicles and cars operating on the streets emits a large amount of exhaust gas. Exhaust gases from these vehicles cause 70-80% air pollution, resulting in air pollution. Air pollution due to industry reaches 20-30%. The increasing number of smokers and air pollution as risk factors for COPD disease, it is suspected that the number of sufferers of the disease will continue to increase (WHO, 2013).

WHO (2010) categorizes COPD into four major non-communicable diseases which have high mortality rates after cardiovascular disease, cancer and diabetes. Based on the Platino study of five countries in Latin America (Brazil, Mexico, Uruguay, Chile and Venezuela), the prevalence of COPD was 14.3%, with the ratio of males and females were 18.9% and 11.3%. Based on the 2013 Basic Health Research (Risesdas), the prevalence of COPD in Indonesia was 3.7%. The incidence of this disease increases with age and is higher in men at 4.2% compared to women at 3.3%. As COPD cases increase as a wide-ranging complication of respiratory illnesses, the impact on potential complications varies, depending on the underlying disorder. The onset and severity of COPD complications depend on pulmonary function, arterial blood gas values and the severity of other complications that require further treatment and management (Smeltzer & Bare, 2013).

Entering the era of globalization, many chronic diseases can cause the loss of individual confidence to recover. Individual confidence factor to recover will increase healing. Good

self-confidence will be able to increase the hidden potential to overcome the disease. (Iskandar, 2015). According to Rini research (2011), there is a relationship between self-efficacy and the quality of life of COPD patients in Hospital Dr Saiful Anwar Malang, East Java. Most of the respondents 60.7% had poor self-efficacy because many COPD patients had lost their sense of control over their illness and life. As a result of poor self-efficacy some patients choose to refrain from engaging in social activities even though they are physically able to do so. Poor self-efficacy can cause COPD patients to lose happiness and well-being, financial pressure, changing roles, disruptions in family life, changing their self-image and impaired self-esteem.

According to Bandura (1977) self-efficacy is a cognitive process in the form of decisions, beliefs or rewards about individual perceptions to estimate the ability of self in carrying out certain tasks or actions needed to achieve the desired outcome. Self-efficacy is not related to the skills they have, but is related to an individual's perception of something that can be done. Self-efficacy emphasizes the components of individual beliefs and perceptions in facing future situations that contain uncertainty, unpredictability and stressful. Self-efficacy will affect several aspects of one's cognition and behavior. Someone with good self-efficacy, has the confidence to do something to change the events around him, while someone who has poor efficacy considers himself unable to do everything around him (Ghufron & Rini, 2014)

According to Potter & Perry (2005) the goal of therapeutic communication is to establish the therapeutic relationship of nurses and patients, identify important patient needs and assess patient perceptions of the problem. The basic components of therapeutic communication are confidentiality, self-disclosure, privacy, touch, active listening and observation. The therapeutic communication process often includes the ability and sincere commitment to help patients achieve mutual success. According to Hardhiyani (2013), that there is a relationship between nurses' therapeutic communication and motivation to recover from inpatients in the Melati Ward of Kalisari Batang Regional Hospital, obtained complaints of 6 patients feeling motivated and 4 patients said they were less motivated due to nurses who lack smile, speak less politely, communication limited, nurses only give. There is no conversation or reinforcement from nurses

to motivate patients to increase their confidence in treatment, and vice versa, patients seem passive to ask nurses. There are also patients who assume that because they use health insurance, the treatment of nurses is not total in providing care.

Based on preliminary studies at Lung Hospital Dr. Ario Wirawan found that the prevalence of COPD in 2012 ranks 1 in the top 10 at patient visits. In 2013 it was ranked 2 of the top 10 visits based on disease diagnosis. The number of inpatient visits for COPD cases in 2012 was 815 patients consisting of 604 men and 211 women. In 2013 there were 791 COPD patient visits consisting of 593 male and 198 female. Whereas in 2014 patients treated for COPD were 772 patients with 607 men and 165. The results of interviews with four COPD patients who were undergoing treatment at Lung Hospital Dr. Ario Wirawan Salatiga found that the impact of COPD suffered affected many aspects. One patient said he stopped working because of a cough that did not heal immediately, two people said the shortness he suffered greatly disrupted daily activities such as working to meet the needs in the family. Another patient said excessive phlegm production made him reluctant to leave the house. Patients convey that the conditions experienced now affect their belief in self-care. Patients conveyed that nurses who came in the room simply gave medicine to patients, the lack of intensity of communication between nurses and patients. Based on this phenomenon, a study with the title, "The Relationship between Nurse Therapeutic Communication and the Self-Efficacy of Patients with Chronic Obstructive Pulmonary Disease (COPD) at Lung Hospital Dr. Ario Wirawan Salatiga".

Methods

This research was a quantitative study with a crosssectional approach, the research design used descriptive correlational method. This research was conducted at Lung Hospital Dr. Ario Wirawan Salatiga, in January 2017. The population in this study were patients with chronic obstructive pulmonary disease (COPD) who underwent treatment at Lung Hospital Dr. Ario Wirawan Salatiga. Respondents will be sampled if they meet the criteria set by the researcher. Sampling in this study used an accidental sampling technique, with total sample of 64 respondents. The analytical method used in this study was using the chi square test to

determine the relationship between nurses' therapeutic communication with the self-efficacy of patients with chronic obstructive pulmonary disease (COPD).

Results

Univariate Analysis

1. Nurse Therapeutic Communication in Providing Patient Care for Chronic Obstructive Pulmonary Disease (COPD)

Table 1.1 Frequency Distribution of Nurse Therapeutic Communication in Providing Patient Care for Chronic Obstructive Pulmonary Disease (COPD) at Lung Hospital Dr. Ario Wirawan Salatiga

Therapeutic Communication	Frequency	Percentage (%)
Good	43	67,2
Not Good	21	32,8
Total	64	100,0

From table 1.1 Frequency distribution of therapeutic communication shows that the majority of respondents stated that nurses' therapeutic communication was in the good category as many as 43 respondents (67.2 %) while in the lacking category were 21 respondents (32.8 %)

2. Self-Efficacy of Patients with Chronic Obstructive Pulmonary Disease (COPD)
- Table 1.2 Frequency Distribution of Patients with Chronic Obstructive Pulmonary Disease at Lung Hospital Dr. Ario Wirawan Salatiga

Self-efficacy	Frequency	Percentage (%)
Good	39	60,9
Not Good	25	39,1
Total	64	100,0

From table 1.2 Frequency distribution of self-efficacy shows that most respondents have good self-efficacy with the number of 39 respondents (60.9 %), and the rest have poor self-efficacy with the number of 25 respondents (39.1 %)

Bivariate Analysis

The Relation between Nurse Therapeutic Communication and the Self-Efficacy of

Patients with Chronic Obstructive Pulmonary Disease (COPD) at Lung Hospital Dr. Ario Wirawan Salatiga

Table 1.3 Crosstab the Relation between Nurse Therapeutic Communication and Patient Self-Efficacy in Chronic Obstructive Pulmonary Disease (COPD) at Lung Hospital Dr. Ario Wirawan Salatiga

Therapeutic Communication	Self-Efficacy					
	Good		Not Good			Total
	N	%	n	%	n	%
Good	8	18,6	35	81,4	43	100,0
Not Good	17	81,0	4	19,0	21	100,0
Total	25	39,1	39	60,9	64	100,0
						p value=0,0001

Based on table 1.3 shows that respondents who stated nurse therapeutic communication in good category as many as 35 respondents (81.4 %) had self-efficacy in the good category while respondents who said nurses' therapeutic communication were mostly lacking in self-efficacy as many as 17 respondents (81.0 %). From the results of statistical tests using the chi square test with a significance level of 5 % (0.05) p value = 0.0001 was obtained. The p-value indicates that there is a significant relationship between nurses' therapeutic communication with the self-efficacy of patients with chronic lung disease (COPD) at Lung Hospital Dr. Ario Wirawan Salatiga.

Discussion

Univariate Analysis

1. Description of Nurse Therapeutic Communication in Caring for Chronic Obstructive Pulmonary Disease Patients (COPD) at Lung Hospital Dr. Ario Wirawan Salatiga

Based on the results of the study note that the majority of respondents stated that therapeutic communication in good category as many as 43 respondents (67.2 %) and less, namely 21 respondents (32.8 %). Therapeutic communication in the majority of respondents in treating COPD patients can be influenced by several factors such as a person's personal perception or view of an event that can be formed from an expectation or developmental

experience. Experiences that can influence the form of communication ability to use certain communication techniques in message perception. Nurses' style and communication according to their role in dealing with patients. The environment can affect the effectiveness of communication so as to create interaction, comfort and the absence of a sense of discomfort.

Good nurse therapeutic communication is due to the increased awareness of nurses about the importance of fostering effective and open communication in achieving a trusting relationship so that they can understand the problems faced by patients. Nurses as the frontline in health care for patients, feel the need to apply effective therapeutic communication skills. Ineffective communication will cause misperceptions and interfere with harmonious relationships between individuals. However, if communication is carried out effectively, politely, gentle intonation, relaxed facial expressions will increase trust between individuals in fostering relationships of mutual trust and mutual need.

The nurse and patient relationship as a helper in intervening in the patient's life and helping patients to improve the quality of life. Establishing a good relationship between nurses and patients is absolutely necessary in an effort to expedite the task of nurses in providing health services (Indrawati, 2006). This is consistent with the opinion of Videbeck (2010), that therapeutic communication is an interpersonal interaction between nurses and patients, which focuses on the special needs of patients to increase effective information exchange between nurses and patients. Skills in using therapeutic communication techniques help nurses understand and empathize with the patient's experience. According to Indrawati (2006) nurses have the obligation to help patients prepare physically and mentally in the face of their illnesses, including in health education, good communication skills are needed. The attitude and behavior of the nurse helps to develop the patient's confidence.

In addition, there are still patient statements about the patient's impatience in hearing patient complaints and the nurse's delay in providing assistance when needed by the patient. This is not solely due to the inability of nurses in responding to patient needs, but due to the high workload of nurses and the lack of ratio of the number of nurses on duty and the number of patients treated and less strategic care. The

location of a separate treatment room and the absence of communication tools such as the call button, causing nurses to delay in responding or providing assistance when needed by patients. Therapeutic communication is expected to improve nursing services at the hospital.

2. Deskripsi of Self-Efficacy of Patients with Chronic Obstructive Pulmonary Disease at Lung Hospital Dr. Ario Wirawan Salatiga

Based on the results of the study showed that the most respondents with self-efficacy in both categories as many as 39 respondents (60.9 %) and 25 respondents (39.1 %). Based on a questionnaire about several situations that can affect the efficacy of COPD patients such as the ability to overcome difficulty breathing when in a tired situation, the ability to overcome breathing difficulties when under pressure or sadness, the ability to overcome breathing difficulties when walking up stairs, the ability to overcome difficulties breathe when breathing occurs. Besides the ability to overcome breathing difficulties when respondents feel worried or anxious, most have the ability to overcome breathing difficulties when dealing with other people. This is a psychological factor in the form of individual understanding that can affect the perception of the disease. COPD is a classic example of a disease that not only has an impact on physical, but also mental and social change. For sufferers of COPD in general terms, cough dyspnea, chest pain, decreased appetite. Not a few patients who when diagnosed with COPD arise fear in themselves, fear that can be in the form of fear of treatment, death, loss of job, rejected and discriminated (Gosellink, 2003).

According to Garrod, Johanna & Fiona (2008) self-efficacy is proven to influence an individual's decision to take self-care measures. Self-efficacy acts as a mediator between changes in quality of life, symptoms and physiological functions for lung rehabilitation. Self-efficacy can provide predictions of one's compliance with self-care. Self-efficacy is the result of cognitive processes in the form of decisions, beliefs or rewards about the extent to which individuals estimate their ability to carry out certain tasks or actions needed to achieve the desired results. Self-efficacy in being assessed and measured using the COPD Self Efficacy scale (CSES). COPD Self Efficacy scale (CSES) is used to assess the level of confidence about COPD patients' ability to obtain and avoid breathing difficulties when participating in certain

activities. CSES provides items with sufficient complexity in relation to the specific situation of COPD management. The ability of a person to perceive his abilities will bring confidence or stability, so that they can be used as a basis for individuals to try to do things optimally and achieve the targets set.

Strong self-efficacy develops through a series of successes, the negative impact of failures that will generally be reduced. Observation of the success of others with comparable abilities in doing a task will increase the individual's self-efficacy in improving the same task. Vice versa, observation of the failure of others will reduce an individual's assessment of his abilities and individuals will reduce the effort done.

Bivariate Analysis

The Relationship between Nurse Therapeutic Communication and the Self-Efficacy of Patients with Chronic Obstructive Pulmonary Disease (COPD) at Lung Hospital Dr. Ario Wirawan Salatiga

Based on the results of the study show that respondents with most therapeutic communication in the good category are 35 respondents (81.4%) have self-efficacy in the good category and respondents with poor therapeutic communication mostly have self-efficacy in the unfavorable category of 17 respondents (81.0 %). From the statistical test results obtained p value = 0.0001 which means there is a significant relationship between nurses' therapeutic communication with the self-efficacy of patients with Chronic Obstructive Pulmonary Disease (COPD) at Lung Hospital Dr. Ario Wirawan Salatiga.

The results of therapeutic communication research in the good category mostly have self-efficacy in the good category. Nurses in conducting therapeutic communication must have the ability and skills in communication, so that what is conveyed to patients can be understood properly as well. Therapeutic communication conducted by nurses can provide information or explanations to patients, increase motivation and entertain patients to have confidence in their ability to perform self-care. In the therapeutic communication process nurses are expected to motivate patients in the healing process in patients undergoing treatment in the hospital. Therapeutic communication in nursing is not just ordinary communication, this communication is done by nurses to help/support the patient's healing process.

Communication is the main method in implementing the nursing process. In this case, nurses are required to have therapeutic communication skills. Communication established by the nurse with her patient in the nursing process is called therapeutic communication.

Therapeutic communication can help patients and clarify and reduce the burden of feelings and thoughts, help take effective action for patients to help influence others, the physical environment and yourself. Therapeutic communication can increase a patient's self-confidence to overcome the problems they face. Nurses can provide information, explanations and motivations of patients, nurses are expected to be able to influence patient confidence (Asmadi, 2008).

Conclusion

1. Most respondents stated that nurses' therapeutic communication in the good category as many as 43 respondents (67.2 %)
2. Most respondents with self-efficacy in the good category as many as 39 respondents (60.9 %).
3. There is a significant relationship between nurses' therapeutic communication with the self-efficacy of patients with chronic obstructive pulmonary disease (COPD) at Lung Hospital Dr. Ario Wirawan Salatiga.

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