



Nursing Interpersonal Communication Model for Schizophrenia Patients at Tampan Mental Hospital Pekanbaru

Novi Dini Restia¹, Lailanisa Fadlilani², Nurul Mustaqimhah³

¹Universitas Abdurrah, ²Politeknik Caltex Riau, ³Universitas Riau

e - mail : *¹Novi.dini.restia@univrab.ac.id, ²lailanisa@pcr.c.id, ³nurulmustaqimhah@lecturer.unri.ac.id

Abstract - Schizophrenia is a neurological disease and is a type of serious mental disorder. To be able to communicate with people with schizophrenia requires special techniques, it takes nurses who are proficient in nursing science and able to communicate well. This study aims to describe and analyse the interpersonal communication of nurses with schizophrenic patients at the Pekanbaru Mental Hospital. This research uses the case study method. The results of the study were interpersonal communication used by nurses with schizophrenia patients at the Handsome Mental Hospital Pekanbaru, namely in the form of empathy, attention, sincere acceptance, and the use of linguistic symbols shown in verbal and non-verbal forms. This can promote healing and foster a sense of trust and openness of patients to caregivers so that it can affect perceptions, ways of thinking, language, emotions and social behaviours in schizophrenia patients.

Key words - *Interpersonal communication, communication, schizophrenia, nurse*

I. PRELIMINARY

Mental disorders or also known as Mental Disorders are one of the four health problems in developed countries today, where other health problems include degeneration, accidents and cancer. Mental disorders do not cause death directly, but these disorders have an impact on sufferers because of individual and group incompetence and invalidity so that they are not efficient and productive [1].

Currently mental disorders are almost spread throughout the world. Based on data from the World Health Organization, in 2016 schizophrenia sufferers reached almost 21 million people. And if you look at data from the Ministry of Health in 2017, around 9.8 percent of the Indonesian population over the age of 15 experienced mental disorders and depression. 7 percent were schizophrenic and 84.9 percent of sufferers had been treated or taken medication. Riau Province itself is recorded as having 6.1 percent of schizophrenia patients [2].

Yoseph defines schizophrenia as a neurological disease that affects the patient's perception, language, emotions, social behaviour and way of thinking. If you look at the data reported by The American Association, it shows that there are 300 thousand schizophrenia patients in the United States who are in the acute episode phase every year. Schizophrenia patients have a death rate of eight times higher than the death rate in general and those who attempt suicide are 20-30 percent and 10 percent of them succeed [3].

The following is data on the number of schizophrenia patients at the Tampan Mental Hospital (RSJ). Each type of Paranoid schizophrenia and unspecified types of schizophrenia:

Table I

Table of data on the number of schizophrenia patients at the Tampan RSJ for 2017-2019

Year s	Schizophren ia Paranoid	Schizophren ia Unspecified	Total
2017	690	430	1120
2018	644	451	1095
2019	613	428	1041

Source: Tampan Mental Hospital Medical Records

Based on the data above, the number of Schizophrenia patients at RSJ Tampan is quite high because it has reached 1000. The condition of Schizophrenia patients has an impact on sufferers, including affecting the

patient's perception, way of thinking, language, emotions and social behaviour. To be able to communicate with schizophrenia patients requires a special technique because schizophrenia patients tend to experience self-concept, are absorbed in their own world and tend to be physically healthy but not mentally. Therefore, of course, primary health workers are needed, in this case nurses who are responsible for accompanying patients undergoing treatment.

Schizophrenia patients really need the attention of nurses because nurses will carry out monitoring and other care services as is the scientific function of nurses, namely as caregivers, decision makers, clinician, advocate, case manager, rehabilitator, comfort provider, communicator and educator for clients and families [4].

Continuous communication between nurses and schizophrenia patients will form a closeness called interpersonal communication. As according to Effendy (2002) that interpersonal communication is considered effective for activities to change attitudes, beliefs, opinions and communicant behaviours in this case between nurses and schizophrenia patients [5]. So, nurses are needed who not only have nursing competence but also nurses who have good communication skills. To be able to communicate well, there are communication models that nurses can learn and practice when interacting with schizophrenia patients. The communication model is interpreted as a relationship formed from several interrelated and complementary elements and aims to provide an overview of communication processes and methods.

As according to Prof. Dr. Willy F. Maramis (2009) in Afnuhazi (2015) states that there are six models of therapeutic communication in mental nursing, namely (1) Psychoanalytical Model, (2) Interpersonal Model, (3) Social Model, (4) Existential Model, (5) Supportive Therapy Model, (6) Medical Model [6]. However, in this paper the author focuses on the nurse's interpersonal communication model.

So interpersonal communication which is included in the therapeutic communication model with the starting point of providing mutual understanding between the therapist and the patient can be applied by nurses. The benefits of interpersonal communication are to encourage and encourage cooperation between nurses and patients through the relationship between the two.

If you look at it from a communication science perspective, the relationship between nurses and patients is included in interpersonal communication, or from a health communication perspective, namely therapeutic communication. Communication between nurses and patients creates interpersonal interactions that use linguistic symbol systems, such as verbal and nonverbal systems. This system can be socialized directly (face to face) or through media (written, audio and visual). The nurse (communicator) carries out the stages of examination of schizophrenia patients (communicators) face to face (media). During the stages of the examination, messages are exchanged between the nurse and the patient, the nurse asks the patient questions related to the disease they are suffering from to help determine diagnosis and appropriate medical action (message). Then the patient answers the questions asked by the nurse (feedback). In the communication process between nurses and schizophrenia patients, there is an exchange of opinions, delivery of information and changes in attitudes and behavior. In the communication process itself, efforts are also made to ensure communication effectiveness.

Interpersonal communication between nurses and patients can increase the patient's self-confidence towards recovery, so it is hoped that the medical team can communicate conductively with patients to help patients reduce the burden of illness they feel.

II. RELATED RESEARCH

The author conducted this research based on several previous studies, including: The first research was written by Lika Maretha entitled *Interpersonal Communication of Nurses with Mentally Ill Patients at Ernaldi Bahar Hospital, South Sumatra Province, UIN Raden Fatah Palembang* in 2020. This research aims to determine interpersonal communication nurses with mentally ill patients. The research was conducted using qualitative methods with a phenomenological approach, namely by looking at phenomena that occur in the field. The results of the research show that nurses' interpersonal communication with mentally ill patients is openness, trust, empathy, support, facial expressions, eyes and intonation [7].

The second research was written by Desy Busainah and Lisa Adhirianti from Bengkulu University entitled *Therapeutic Communication in Schizophrenia Patients (Qualitative Descriptive Study of Millennial Female Patients in the Orchid Room at RSKJ Soeprapto Bengkulu)* in 2021. This research aims to determine the application of the basic principles of therapeutic communication carried out by RSKJ nurses for schizophrenia patients. The method used is descriptive qualitative. Based on the research conducted, it was found that nurses

have applied the basic principles of therapeutic communication, namely communication oriented towards the process of accelerating healing, communication is structured and planned, communication occurs in the context of topic; space and time, communication takes into account the framework of the patient's experience, communication requires maximum involvement from the patient and family, and main complaints as the first step in communication [8].

The third research was written by Anisa Nur'aini from IAIN Ponorogo entitled Interpersonal Communication in Efforts to Recover Students with Mental Disorders at the Condromowo 2 Islamic Boarding School, Ngawi Regency in 2023. The research used a qualitative descriptive method, and the samples were students with mental disorders. Based on the research results, it shows that the counselling given to students with mental disorders is carried out by providing solutions and suggestions for the problems experienced by the students after the counseling session. As for spiritual therapy, it uses several alternatives, namely reciting the Kitab Manaqib Fadlullah, bringing prayers and praying in congregation five times a day. The supporting factors in the interpersonal communication process are supporting factors from the communicator, communicant and message angles. And the obstacles during the recovery process are process, semantic and psychological [9].

Based on the three studies above, the research conducted by the author has differences with previous research, namely research location, research focus, research methods, subjects and objects and research results. The location of the research was at Tampan Mental Hospital, Pekanbaru, Riau province. The results of this research are that researchers see that there is an Interpersonal Communication model used by nurses in nursing care for schizophrenia patients at the Tampan RSJ.

III. RESEARCH METHODS

This research is qualitative research that uses a case study method approach. The study was conducted at the Handsome Mental Hospital, Pekanbaru, Riau. The subjects in this study were 5 (five) nurses, 1 (one) security guard and 2 (two) people with schizophrenia who had calmed down. The Author uses data collection techniques through observation, interview and documentation. Results from the author's interviews were collected and analysed to see the interpersonal communication used by RSJ Tampan nurses [10]

IV. RESULTS AND DISCUSSION

The According to the interpersonal model concept, a person's mental disorders can arise because of threats. This threat causes anxiety or anxiety. Anxiety arises and is experienced by a person due to conflict when dealing with other people (interpersonal). In this model, a person's feelings of fear are based on the fear of being rejected or not accepted by other people.

The therapy process according to this model is to build a sense of security in the patient, establish a relationship of mutual trust, and foster satisfaction in interacting with other people so that the patient feels valued and respected. Apart from that, nurses also explore the patient's development process, correct the patient's interpersonal experience, carrying out reductions, developing relationships of mutual trust with patients.

The role of the nurse in therapy is share anxieties (trying to share what the patient is feeling, what the patient may be worried about when interacting with other people), therapist use empathy and relationship (the nurse tries to be empathetic and feel what the patient is feeling). Nurses provide verbal responses that encourage the patient's sense of security in dealing with other people. The interpersonal model is used in the therapeutic communication process with the aim of building effective communication in schizophrenia patients.

The results of the research show that nurses at Tampan Mental Hospital do have credibility and good communication skills, this is proven by the background of nurses who have been working as nurses for a long time and have completed an educational program of approximately four years at the bachelor's level, and three years for D3 Nursing level. Nurses at Tampan Mental Hospital also have established knowledge about the patients they treat because at the beginning of each period of nursing care, patients will be recorded and analysed based on their history and background through information obtained from the family, community and the patient himself.

The characteristics of the interpersonal model used by nurses in the therapeutic communication process in nursing care for schizophrenia patients are as follows:

- 1) Nonverbal atmosphere

Patients feel comfortable and the communication climate created by nurses feels warm.

- 2) Nurses and patients are in proximity

The distance between nurses and patients is very close because this process is carried out face to face. And based on the results of the researchers' observations, when nurses interact with patients, the nurse and patient often hold hands with the nurse while telling stories, or sometimes the nurse sits on the patient's bed while rubbing the patient's feet or hands to persuade him to take medicine. This proves that nurses really pay attention to distance when interacting with patients to influence smooth communication.

3) There is feedback

Feedback can be spontaneously seen and observed in both positive and negative forms.

4) The form of message used by nurses to patients

The form of language used is in the form of clear and general messages, so that patients can understand the nurse's intentions easily and responsively.

5) Psychological presence

Nurses are present and accompany patients' daily lives not only as a job but also as a form of caring about the patient's condition so that the physical and psychological presence of the nurse can be felt by the patient.

The causes of schizophrenia are disorders of the brain system, hormones, psychological disorders such as a crisis of self-confidence, lack of support, depression or loneliness, and severe depression. With the process of interpersonal interaction, patients can feel recognized by the surrounding environment, their motivation will increase, and they will always feel accompanied by a nurse so that the patient's sense of loneliness will be increasingly eroded.

Several things that influence interpersonal relationships in this process are in the actions of patient nursing care at Tampan Mental Hospital, namely sincerity and sincerity, empathetic understanding, warmth and unconditional positive attention. Because schizophrenia patients experience mental and spiritual pain, with a well-established communication process interpersonally, the unconsciousness and enthusiasm for life in the patient's soul will revive due to support from the people around them and the environment, in this case of course the nurse who interacts with the patient.

The main instrument used by nurses in implementing therapeutic communication is the nurse herself, so intrapersonal awareness is very important. For this reason, self-analysis needs to be carried out as the first step in the therapeutic communication process. Self-analysis focuses on self-awareness, clarification of values, exploration of feelings, ability to be a model, calling (altruism), responsibility, and ethics.

Self-awareness is one of the prerequisites before nurses carry out therapeutic communication with patients. To increase self-awareness, nurses need to answer the question, "Who am I?". Nurses must be able to assess their feelings, reactions and behaviour personally and as a service provider. Self-awareness will enable nurses to accept patient differences and uniqueness. Nurses' self-awareness and development needs to be increased so that they can use themselves therapeutically more effectively. A nurse's lack of self-awareness can have a negative impact on her relationship with the patient.

The values held by a person will influence him when interacting and carrying out nursing care for patients. The perspective of the family and patient may be different from the perspective of a doctor or nurse regarding the cause of the disease. This happens because of differences in beliefs and values about health. For example, a doctor or nurse assumes that a patient's mental disorders are caused by Neurobiological factors and Psychosocial Stress, whereas the family or patient assumes that the cause is witchcraft or punishment from the past. When caring for patients, nurses do not need to argue with patients about differences of opinion but must respect the opinions of patients and families while trying to explain slowly.

For example, when communicating, theoretically looking the patient in the eye is important to show that the nurse is physically present. However, if the patient is older than the nurse and looking an older person in the eye is considered impolite, the nurse should respect the patient by not continuously looking at the person they are talking to during the interaction.

And nurses should not be influenced by stereotypes of patients with certain cultural backgrounds. For example, the stereotype is that Sundanese and Solo people are gentle and not straightforward, or that Batak people are outspoken, because not all Sundanese and Batak people have these characteristics. By being aware of the patient's value system, such as his or her cultural, family and religious values, the nurse will be ready to identify situations that conflict with his or her value system.

Feeling exploration is examining or exploring feelings that arise before and after interacting with other people. Nurses need to be open and aware of their feelings and control their feelings to use themselves therapeutically. If the nurse is open about her feelings, she gets two important pieces of information, namely

how she responds to the patient and how she appears to the patient. How the nurse feels about the interaction process influences her response and performance, which in turn will influence the patient's feelings.

If a nurse feels anxious when interacting, this anxiety will appear in their facial expressions and behaviour. The nurse's anxiety will make the patient feel uncomfortable. With "transferred feelings", the patient also becomes anxious, and this will affect the overall interaction.

Nurses as providers of nursing care are expected to be able to be models for patients in living their lives, because nurses are the people who are closest and have been with patients the longest. When communicating with patients, nurses must be able to keep smiling even though they are experiencing problems. According to the author's experience, this is quite difficult to do, because with conflict dominating, a person becomes unable to act naturally or as he is. A nurse who has personal problems, such as disturbed interpersonal relationships, whether within the family, colleagues or other people, will affect their relationship with patients. In a state of feeling uncertain, anxious, or having problems, it will be difficult for nurses to communicate therapeutically, because the instrument used to communicate with patients is themselves.

Nurses who can be models (role models) are nurses who can fulfil and satisfy their personal lives, and are not dominated by conflict, distress or improvement. A nurse who in everyday life is always anxious, full of conflict, and unable to adapt to the environment cannot be a model and will not be able to change the patient's behaviour for the better. A nurse must have the spirit of wanting to help other people to improve their health and welfare. An effective nurse is interested in caring lovingly on a human basis.

Based on research results, in helping patients, nurses really help sincerely and without any strings attached. For the Nurses at Tampan Mental Hospital, the profession as nurses that they carry out to treat Schizophrenia patients is a gift from Allah SWT, they are the chosen people entrusted with the trust of Allah SWT. The sincerity of nurses will be used as a field of reward for them in the afterlife, because mental patients are not ordinary people, they are candidates for heaven. Nurses sacrifice time, energy and family to provide the best for schizophrenic patients with all the consequences in their duties.

Nurses must be responsible for the actions they take. Likewise, in communicating, nurses must be responsible for their behaviour and be able to overcome all their weaknesses. Nurses can show a sense of responsibility in communicating by apologizing to patients if they offend the patient's feelings. To overcome weaknesses, nurses can carry out self-analysis before interacting with patients. In interacting with patients, nurses must uphold the nursing code of ethics and ethics that are justified in a therapeutic relationship. Ethically, for example, a male nurse is not permitted to hold a patient's fingers or hug a patient's shoulders without therapeutic purposes.

The response dimensions and action dimensions in implementing interpersonal communication in therapy. The response dimension consists of sincere, appreciative, empathetic and concrete responses from nurses. In a therapeutic relationship, nurses must respond to patients sincerely, not pretend, and express true feelings spontaneously. Apart from that, nurses must also respect patients by accepting patients as they are.

The nurse's attitude should not be judgmental, critical, ridiculing, or insulting. Respect can be communicated through sitting with a crying patient, apologizing for things the patient doesn't like, and accepting the patient's request not to ask about certain experiences. Nurses must be able to be empathetic to be able to build and maintain a therapeutic relationship. Nurses should avoid sympathy. Why should nurses act in empathy, not sympathy? Because when nurses act sympathetically, their emotions are involved in responding to patients so that nurses are unable to assess patient problems objectively.

Based on the results of interviews in this research, when a patient expresses his hatred for someone while being angry, nurses who act sympathetically will be provoked by their emotions and may become hateful. However, nurses who are empathetic will not be provoked by their emotions but will remain calm while listening to all their patients' expressions. There are four characteristics of nurses who can be empathetic, namely the ability to see problems from the patient's perspective, not being judgmental, blaming or insulting, the ability to understand other people's feelings, and the ability to communicate their concern for the patient's problems. Divide empathy into two types, namely basic empathy which is a natural response from someone to understand other people. And trained empathy is the ability to empathize that is obtained after going through training to help other people.

The action dimension consists of confrontation, freshness, openness, "emotional catharsis", and role playing. Confrontation is an expression of the nurse's feelings about patient behaviour that is considered inappropriate. Confrontation, namely the discrepancy between the patient's self-concept and the patient's ideal standards, the discrepancy between the patient's verbal expressions and behaviours, and the discrepancy between the patient's experience and the nurse's experience. Immediacy focuses on the nurse-patient interaction and relationship in

the moment. For example, when a patient expresses feelings of anger because of his illness, the nurse needs to immediately explore the cause of the patient's anger at that time, not what the patient previously thought about the illness he was suffering from.

Openness is important in building a relationship of mutual trust. In openness, the nurse provides information about herself, her feelings, attitudes and values. Nurses can also open about experiences that are useful for patient therapy. However, nurses need to be careful in opening. The nurse must consider, "Will the openness increase the patient's openness?", "Will it increase the patient's ability to learn from other people's experiences?", and "Is the time, right?". Emotional catharsis. This action occurs if the patient is asked to talk about something that really bothers him.

The nurse must be able to assess the patient's readiness to discuss the problem. If the patient has difficulty expressing feelings, the nurse can help by expressing his feelings if he is in the patient's position. If the patient realizes that he is expressing his feelings in an accepted and safe atmosphere, the patient will be able to expand his awareness and accept himself. By understanding the therapeutic communication process and having various communication skills, nurses are expected to be able to use themselves completely (verbally and non-verbally) in providing a therapeutic effect on schizophrenia patients. The following is the use of verbal and nonverbal communication in the interpersonal model:

a. Verbal communication

In services and nursing care actions in hospitals, verbal communication is very much used in providing services. Verbal communication is often also used to convey hidden meanings and test someone's interest. The advantage of face-to-face verbal communication is that it allows everyone to respond directly.

a) Ask

Asking is a technique that can encourage patients to express their feelings and thoughts. The following techniques are often used at the orientation stage. Facilitative questions are asked if when asking questions, the nurse is sensitive to the patient's thoughts and feelings, because the question is related to the problem the patient is facing. On the other hand, non-facilitative questions are questions that are ineffective, because the questions given do not focus on the problem or discussion, the questions are threatening, and appear to lack understanding towards the patient.

In asking questions, nurses must be able to encourage patients to express their feelings and complaints and be sensitive to the patient's responses, both verbal and nonverbal. Open questions are used when the nurse needs a lot of answers from the patient. Open questions allow nurses to obtain more and in-depth information or responses about patient behaviours, this is done by using question words that require long answers. With open questions, the nurse will encourage the patient to express himself. Open questions can begin with the words "What" and "How" while closed questions are used when the nurse requires a short answer.

Effective communication should be simple, short, and direct. The fewer words used, the less likely there is to be confusion. Clarity can be achieved by speaking slowly and enunciating words clearly. Using examples can make explanations easier to understand, as well as repeating important parts of the message conveyed.

Repeating means repeating the main thoughts that have been expressed by the patient. This shows that the nurse listens, validates, strengthens, and returns the patient's attention to something the patient has said. Repetition is a strategy that supports listening. For example, when a patient says, "I have a headache, I have a lot of problems to solve".

The nurse can use the repetition technique by saying, "Do you have many problems?" This question is given to show the patient that the nurse is listening and is interested in what the patient is saying. This method is classified as therapeutic, so the patient feels that he is important to the nurse and will increase the patient's trust in the nurse.

Clarification is also part of the clarity of the message conveyed. Clarification can be done by asking the patient to repeat what he said by saying, "Sorry, could you repeat that again?" This technique is most often used at the work stage. At the work stage, nurses need to clarify the patient's expressions, because without clarification, the nurse will not get a clear picture of the patient's problem.

b) Speed of speaking

The correct speed and tempo of speaking also determines the success of verbal communication. Long pauses and changing the subject will give the impression that the nurse is hiding something from the patient. Nurses should not speak so quickly that words are unclear. Interruptions need to be used to emphasize certain things, as well as to give the listener time to hear and understand the meaning of the words. The right interlude can be done by thinking about what to say before saying it. Nurses must also pay attention to nonverbal cues from

patients that indicate lack of understanding. When the nurse is unsure whether he is speaking too slowly or too fast, the nurse can ask the patient whether he is speaking too slowly? Or is it too fast? And does it need to be repeated?

c) Provide information

Providing information is an act of health education to patients. This technique is very helpful in teaching patients about health, aspects relevant to the treatment they are undergoing, as well as the patient's healing process. The information conveyed must be able to provide insight and insight into the problems faced by patients, as well as assist in solving patient problems. For example, in a room treating schizophrenia patients, the three patients in the room certainly do not need the same information. The first patient may need information about whether his family is visiting, the second patient may need information about when he can be free.

b. Nonverbal Communication

Nonverbal communication has a greater impact than verbal communication. According to Frisch and Frisch, more than 50% of communication that occurs comes from nonverbal sources. Stuart and Laraia say that around 70% of understanding can be achieved due to words, around 30% due to paralinguistic language, and 55% due to body language. The nonverbal communication used by nurses in providing nursing care to schizophrenic patients at the Tampan Mental Hospital, Riau Province can be observed through:

a) Personal appearance

A person's appearance is important and is one of the first things to pay attention to in building interpersonal relationships. Physical form and the way one dress and decorates shows a person's personality, social status, occupation, religion, culture and self-concept. Nurses who pay attention to their appearance can create a positive self-image and professional attitude. The physical appearance of the nurse influences the patient's perception of the nursing services/care received, because each patient has a view or image of how a nurse should look. Even though appearance does not fully reflect ability, appearance can influence nurses in building a therapeutic relationship of mutual trust with patients, therefore nurses need to pay attention to their appearance.

Based on the results of research and the author's observations, nurses at Tampan Mental Hospital pay great attention to appearance in providing nursing care to schizophrenia patients by dressing cleanly, neatly and politely, not wearing clothes that are too tight or with low collars, wearing skin-coloured socks or stockings and fun shoes for female nurses and loafers for male nurses are black. Not only pay attention to clothing, but also pay attention to other physical appearances such as hair that is combed and tied neatly in a bun, not wearing too flashy decorations, not wearing excessive perfume, and not wearing excessive jewellery.

Apart from the appearance of nurses, the appearance of schizophrenia patients is also a measure and assessment of nurses in nursing care actions carried out at the Tampan Mental Hospital, Riau Province. Schizophrenia patients' appearance is differentiated not only based on physical characteristics, but also the clothes they wear. Patient clothing is not only differentiated based on the inpatient room at the Tampan Mental Hospital, but also based on the type of schizophrenia the patient suffers from.

Schizophrenia patients in the Intermediate room wear clothes of different colours and on their backs, there is writing for the respective Intermediate room. For the Indragiri Intermediate room, patients wear dark-coloured clothes. Schizophrenia patients in the Siak Intermediate room wear pink clothes. Schizophrenia patients in the Kuantan Intermediate room wear dark green clothes. Schizophrenia patients in the Sebayar room wear bright blue clothes. Schizophrenia patients in the Kampar room wear bright green clothes. Schizophrenia patients in Rokan's room wear dark blue clothes. Schizophrenia patients in the UPIP room wear orange clothes. And for Schizophrenia patients in the UPIP room, they are differentiated based on the type of Schizophrenia suffered by the patient, namely the unspecified and paranoid types. Patients with the paranoid type of wear clothing with the RISK mark on the top right, meaning that the patient could be a danger to those around them, whereas patients with the unspecified schizophrenia type do not have any markings on the clothing. This difference makes it easier for nurses and other medical teams to provide nursing care to schizophrenia patients.

The following is a picture of the clothes of Schizophrenia patients in the UPIP Room at the Tampan Mental Hospital, Riau Province, based on type, namely:



Image 1. Schizophrenia patient's clothing unspecified



Image 2. Schizophrenia paranoid patient clothing

b) Intonation

The intonation (tone of voice) used by nurses has a big impact on the meaning of messages sent to schizophrenic patients, because the emotions being experienced by nurses can directly influence the tone of their voice. For this reason, nurses must be aware of and control their emotions when interacting with patients, because the intention of conveying genuine interest in the patient can be hindered by the nurse's tone of voice.

c) Facial expressions

The research results show that there are six main emotional states that can be seen through facial expressions, namely surprise, fear, anger, disgust, happy, and sad. Facial expressions are often used as an important basis in determining the communicant's response. People who don't believe or lie will show in their facial expressions. Facial expressions can include the position of the mouth, eyebrows, face and eye gaze. People who maintain eye contact during a conversation are perceived as trustworthy and are likely to be good listeners. Nurses should not look down when talking to patients, the conversation should be done in a sitting position so that the nurse does not appear dominant.

c) Body posture and steps

Body posture and steps describe attitudes, emotions, self-concept and physical condition. Nurses can gather useful information by observing their patients' body posture and gait, because gait can be influenced by physical factors such as pain, medications, and fractures.

d) Distance

Distance in communication is very important for nurses to pay attention to for smooth communication. Distances that are too far make it difficult for nurses to respond appropriately, because nurses cannot do active listening. The distance for therapeutic intimate relations is 0-45 cm, while the personal distance is 45-120 cm. Based on research results, the most comfortable distance for nurses and patients when interacting is 30-40 cm, however for patients with violent behavior or paranoid types, the distance usually used is between 100-120 cm.

e) Touch

Touch is a very powerful communication tool. Touch can bring messages of warmth, appreciation, support and empowerment to the patient being treated. Touch can cause a positive or negative reaction from the patient, depending on the person involved in the interaction. Touching is important when the patient feels sad, touch has the meaning of empathy for the nurse, and is interpreted as attention by the patient. The touch made by the nurse on the patient can also show the meaning of "I care". However, in implementing nursing care actions, it is very necessary to understand who, when and why the touch is carried out, because non-verbal communication like this has a different effect on each individual patient.

The results of the study showed that for Muslim patients, nurses were prohibited from having contact with members of the opposite sex who were not their mahram. So, male nurses are not permitted to touch female patients excessively, and vice versa, except in emergency situations.

f) Active Listening

Active listening requires energy, concentration, and specific skills that require practice. During active listening, the nurse follows what the patient is saying and pays attention.

Active listening is the basis of the therapeutic relationship between nurses and schizophrenic patients at the Tampam Mental Hospital, Riau Province. Nurses receive messages from patients by responding appropriately, with the aim of facilitating patients in solving their problems. Listening is an active and dynamic process, because nurses use all their attention and thoughts in listening to and observing the patient's verbal and nonverbal expressions.

The therapeutic value of listening is that it communicates to the patient the nurse's interest and acceptance nonverbally. While listening, the nurse must follow the steps.

discussed with the patient attentively. Nurses are required to provide responses at the right time so as not to interrupt the patient's conversation. Responses that can be given to show that the nurse hears the patient, for example, "m.m.mm", "o... yes", "continue...", or "then..."

Listening skills are very important in therapeutic communication, especially in the work phase. Without good listening, nurses will not be able to explore and solve patient problems, because there are also obstacles that interfere with the listening process. These obstacles include interrupting, completing patient sentences, conveying irrelevant information, and asking questions why.

The research results prove that the nurses at Tampan Mental Hospital have high credibility. Not only are they ethical and responsible, the nurses at Tampan Mental Hospital also have a high sense of empathy, thereby providing patients with comfort and trust in their nurses. The communication used by nurses with schizophrenia patients at Tampan Mental Hospital greatly influences their recovery. Errors in conveying information can hinder the patient's healing process, and can even worsen the condition of the disease. Apart from that, the intensity of communication between nurses and patients can also influence recovery.

A professional nurse is required to display good communication skills with patients. Standard questions like, "How are you feeling today?" or "How did you sleep last night sir?" with a friendly attitude and no small talk can help patients in the healing process, as well as improve the results of nursing care actions.

The therapeutic relationship between nurses and patients is a mutually beneficial interpersonal relationship so that nurses and patients gain joint learning experiences and improve the patient's emotional experience. Therapeutic communication can occur when nurses are able to show empathy, communicate effectively, and are able to respond to the patient's thoughts, needs and concerns.

The quality of the nurse's relationship with the patient is determined by how the nurse defines herself as a human being. The relationship between a nurse and a patient is not just the relationship between a helper and his patient, therapy is a dignified human relationship.

Based on the explanation of the results of the study above, it can be concluded that interpersonal communication and symbolic interaction occur in the communication process between nurses and schizophrenia patients during nursing care actions. Nurses and patients use interpersonal communication and symbolic interaction to interpret each other's symbols. As for other components such as openness between nurses and patients, empathy possessed by nurses and supportive attitudes from nurses build patient trust in nurses. This can be seen from the verbal and nonverbal language used by nurses in patients. Verbal and nonverbal language used by nurses is interpreted as communication symbols by schizophrenia patients during the communication process.

Verbal language carried out by nurses to patients such as oral language in the form of questions or statements expressed directly can be interpreted as praise and messages or information spoken directly can also be received by patients and nurses. While nonverbal language carried out by nurses is in the form of body language. Body language here is shown through facial expressions (angry, sad, happy and others) movements of the hands, feet, head, intonation or tone of voice, as well as touch and distance of speech.

The first impression given by the nurse to the patient certainly determines the process of the stages of patient interaction and recovery. If the nurse gives the appearance of a smile, when the first time greeting the patient, it is interpreted as friendliness. As based on one of the author's observations that nurses who show the first greeting using a happy facial mimic are interpreted by patients that nurses are happy to meet patients. Likewise, the expression of a cynical face that is first seen by the patient to the nurse is interpreted by the patient that it is an expression of unfriendliness, and vice versa.

So doing good communication with schizophrenia patients is certainly needed by nurses because it will have a big impact on the communication process and recovery of schizophrenia patients. And not only that, this also helps nurses in the process of choosing a recovery method to be carried out. Interpersonal communication here fully functions as a process of patient recovery but assists nurses in carrying out duties to assist patient recovery. While for patients this communication serves to increase their self-confidence because they gain trust and comfort to communicate with others.

V. CONCLUSION

The Based on the discussion above, the author writes several conclusions, namely. The communication model used by Tampan Mental Hospital nurses in interacting with patients is interpersonal communication, both verbal and nonverbal. Interpersonal communication used by nurses with schizophrenia patients at the Tampan

Mental Hospital, Riau Province, is in the form of empathy, positive attention and sincere acceptance. Nurses are not only present and interact physically with patients but are also present psychologically with the aim of helping patients recover by providing a sense of comfort and trust. So that patients can be open about their problems, and this has a positive impact on the progress of the patient's recovery.

THANK-YOU NOTE

The hospital provides communication and self-mastery training so that nurses are ready to assist the recovery of schizophrenia patients. Future research could examine nurses' more specific interpersonal communication.

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