

The Relationship Between Intercultural Communication Apprehension and Therapeutic Communication of Nurses in Regional Public Hospital Ward

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ABSTRACT

Cultural differences can influence the communication process in the implementation of nursing care. Nurses must adapt to client cultural differences so that intercultural communication anxiety does not hinder effective therapeutic communication. This research was conducted to determine the relationship between intercultural communication apprehension and therapeutic communication in hospital ward nurses. A correlational quantitative research design with a cross-sectional survey comprising 98 nurse respondents was selected through the total sampling technique. Personal Report of Intercultural Communication Appreciation (PRICA) questionnaire and the therapeutic communication questionnaire showed that intercultural communication apprehension level among nurses was mainly at a moderate level with a total of 69 nurses (70.4%), while nurse therapeutic communication mainly was at good group with a total of 82 nurses (83.7%). The Kendall's Tau-B test showed no significant relationship with a p-value of 0.698. Therapeutic communication may be influenced by other factors such as age, gender, culture and language, education level and length of work described as the respondents' characteristics. Nurses must consider factors influencing therapeutic communication so that services can run well.

Keywords: *intercultural communication; therapeutic communication; nurse; hospital ward*

ABSTRAK

Perbedaan budaya dapat mempengaruhi proses komunikasi dalam pelaksanaan asuhan keperawatan. Perawat diharuskan dapat beradaptasi dengan perbedaan budaya klien sehingga

kecemasan komunikasi antarbudaya tidak menjadi hambatan dalam melakukan komunikasi terapeutik yang efektif. Penelitian ini dilakukan untuk mengetahui hubungan antara kecemasan komunikasi antarbudaya dan komunikasi terapeutik pada perawat di ruang rawat inap RSUD dr. Haryoto Lumajang. Lumajang merupakan daerah yang berada pada wilayah kawasan Pandhalungan. Budaya Pandhalungan merupakan sebuah budaya yang tercipta dari akulturasi budaya etnis dominan di wilayah Tapal Kuda meliputi kabupaten/kota Pasuruan, Probolinggo, Situbondo, Bondowoso, Jember, Banyuwangi, dan Lumajang. Kabupaten Lumajang dengan faktor geografisnya melahirkan budaya Pandhalungan yang berasal dari asimilasi budaya etnis Jawa, Madura, dan Tengger. Waktu penelitian dilakukan 29 November 2022 hingga 13 Desember 2022. Rancangan penelitian kuantitatif korelasional dengan pendekatan rancangan survey cross sectional yang digunakan terdiri dari 98 responden perawat yang ditentukan melalui teknik total sampling. *Personal Report of Intercultural Communication Appreciation* (PRICA) dan kuesioner komunikasi terapeutik menunjukkan bahwa tingkat kecemasan komunikasi antarbudaya di antara perawat sebagian besar berada pada tingkat sedang dengan jumlah 69 perawat (70,4%) sedangkan komunikasi terapeutik perawat sebagian besar berada pada tingkat yang baik dengan jumlah 82 perawat (83,7%). Uji Kendall's Tau-B menunjukkan tidak ada hubungan yang bermakna dengan p value 0,698. Komunikasi terapeutik bisa jadi dipengaruhi oleh faktor lain seperti usia, jenis kelamin, budaya dan bahasa, tingkat pendidikan serta lama bekerja perawat, yang dalam penelitian ini hanya digambarkan sebagai karakteristik responden. Perawat perlu memperhatikan faktor yang mempengaruhi komunikasi terapeutik sehingga pelayanan bisa berjalan dengan baik.

Keywords: komunikasi antarbudaya; komunikasi terapeutik; perawat; ruang rawat inap rumah sakit

INTRODUCTION

Nursing services are implemented holistically, which views the patient as an interrelated biological, psychological, sociocultural, and spiritual unit (Jasemi et al., 2017). Cultural differences between nurses and patients often influence the implementation of nursing care. Research by Fite et al. (2019) found that cultural differences in communication affect therapeutic communication between health workers and patients.

In practice, patients who face intercultural communication barriers with nurses from

different cultural backgrounds will need help to receive the information nurses convey in the treatment process (Abdullah et al., 2022). In the process of providing nursing care, some people find it very difficult to communicate with people from other cultures due to barriers in the form of intercultural communication anxiety. Hence, eliminating one of the communication barriers, such as Intercultural Communication Apprehension, can improve performance in a multicultural environment (Trisasanti et al., 2020).

Nurses in a multicultural environment must understand the similarities and differences of their own culture and the cultures of others involved in communication. Nurses must be sensitive to cultural differences and perspectives of people from other cultures and communicate effectively (Henderson et al., 2016). Therapeutic communication is based on how nurses consciously influence their clients and help them better understand themselves through verbal or non-verbal communication (Sherko et al., 2013). Therapeutic communication aims to develop a trusting relationship between nurse and patient to become the foundation to improve the quality of life, maintain health, or treat patient health problems (Zivanovic & Ciric, 2017).

Indonesia is a country with different cultures and languages. This diversity also affects health factors. Ethnic and cultural diversity in society is often encountered by nurses in healthcare settings, especially in hospitals. Long-term care services are also influenced by the ethnic and cultural

METHOD

This study used correlational quantitative research with a design approach *survey* done once. The number of samples in this study was 98 nurses, determined using a total sampling technique. The inclusion

diversity found in hospitals (Abdullah et al., 2022). This can be seen in nurses who have difficulty providing health services to patients with different cultural and ethnic backgrounds. Caring for patients and nurses with different cultural backgrounds takes more time to build patient-nurse relationships than the client's service time. Lumajang, with its geographical factors, produces a new culture, re Pandhalungan, which originates from the assimilation of Javanese, Madurese and Tengger (Abdullah et al., 2022). The inpatient nurse at RSUD, Dr. Haryoto, has a lower cultural competence than outpatient and emergency room nurses. Nurses with low levels of cultural competency need help communicating with patients. There is a relationship between cross-cultural nursing competency and nurse-therapeutic communication (Rindiantika, 2019).

Based on the explanation above, this study aimed to analyze the relationship between intercultural communication anxiety and therapeutic communication of nurses in regional public hospital wards.

criteria in this study were primary nurses or team leaders and implementing nurses or associate nurses who were willing to be respondents and work in RSUD Dr. Haryono Lumajang ward rooms class I, II and III. This study's exclusion criteria

were Nurses on leave from work, training and sick. The study was done in November until December 2022. The research was carried out offline by distributing questionnaires directly to nurses.

Data was obtained using a *Personal Report of Intercultural Communication Apprehension* (PRICA) and Therapeutic Communication questionnaires. The validity test of PRICA was carried out at the Faculty of Nursing, Jember University, with six validators using 4 Likert-scale points: 1 (not relevant), 2 (somewhat relevant), 3 (reasonably applicable), and 4 (very appropriate). The results of the Content Validity Index assessment calculations obtained 1 for each questionnaire item for implementing CVI

with six-panel validators. Univariate analysis of respondent's demographic categorical data is displayed in frequency distribution and percentage. In contrast, numerical data of respondents' demographics is shown in the form of mean and standard deviation as well as median and minimum-maximum data. Bivariate analysis to examine the relationship between the two variables was carried out using Kendall's tau-b non-parametric test. This research ethics has been tested by the KEPK team at the Nursing Faculty of the University of Jember. Certificate ethics number 164/UN25.1.14/KEPK/2022. This research's ethics includes respect for autonomy, confidentiality, justice, and beneficence.

RESULTS AND DISCUSSION

Table 1. Average of Numerical Data of Age and Length of Work of Nurses in Regional public hospital Ward

General Data	Mean (SD)	Median (min-max)
Age (Years)	32,82 (6,12)	30,50 (23-52)
Length of Work (Years)	7,81 (6,23)	6,50 (0,33-29)

The results showed that the respondents had an age range of 23-52 years, with an average age of 32.82. This aligns with research by Nantsupawat et al. (2016), which stated that research respondents had an average age of 33 years. Novietasari

(2018) also stated that the research respondents were 22-56 years old.

The length of time worked increases the more experience you gain. The more experienced a person has will affect their ability to communicate (Purwaniati et al.,

2020). Men tend to communicate less effectively verbally but are likelier to initiate communication and talk about problems directly. In contrast, women tend to share personal information, actively listen and help others express their

thoughts. Research by Handayani & Armina (2018) explains that gender can be a factor that influences therapeutic communication. Gender can influence how we think, act, and feel and a person's way of communicating.

Table 2. Average of Numerical Data of Age and Length of Work of Nurses in Regional public hospital Ward

General Data	Frequency (%)
Gender	
Male	11 (11,2%)
Female	87 (88,8%)
Total	98 (100%)
Culture	
Javanese	84 (85,7%)
Maduranese	10 (10,2%)
Others	4 (4,1%)
Total	98 (100%)
the language that the nurse used in talking to the patient	
Indonesia	61 (62,2%)
Java	8 (8,2%)
Others	29 (29,6%)
Total	98 (100%)
Education	
Nursing Diploma	60 (61,2%)
Nursing Bachelor	9 (9,1%)
Ners	29 (29,6%)
Total	98 (100%)

The results showed that most research respondents had Javanese cultural backgrounds, with 84 people or 85.7% of the total research respondents. In line with this research, Novietasari (2018) also mentioned in his research that the characteristics of nurses were dominated by nurses who came from the Javanese ethnic group, as much as 48.39%. The respondents of his research show

characteristics in which Javanese dominate their cultural or ethnic background, with 100 respondents (92.6%). Researchers assume that the chosen research location influences this study's dominant ethnicity or cultural background (Abdullah et al., 2022). The research was located in the Lumajang district, where geographical factors resulted in the Pandhalungan culture, which was formed from the

assimilation of Javanese, Maduranese and Tengger ethnic cultures (Savitri & Indrawati, 2018). In this case, the Javanese cultural background or tribe has more numbers than other cultures, namely Madura and Tengger.

Researchers assume that the cultural or ethnic background and the language used will influence the implementation of nursing service delivery. In their research, Crawford et al. (2017) explained that the implementation of communication to build therapeutic relationships is also influenced by social and cultural backgrounds. This is because the process of conversational

inference requires listening to speech, forming hypotheses about what is being done, relying on social background knowledge, perception of contextualized cues and expectations to evaluate what is meant and what attitude is conveyed that makes sense in terms of what we know from experience the past. Conversational inference is essential for communication but is also a significant source of miscommunication if one needs to have the appropriate social and cultural background knowledge to infer meaning from what is said. Education is carried out as an effort to change one's attitude and a learning process.

Table 3. Frequency distribution Of Intercultural Communication Apprehension in RSUD Haryoto Lumajang Ward

Variable	Frequency (%)
Intercultural Communication Apprehension	
High	1 (1%)
Moderate	69 (70,4%)
Low	28 (28,6%)
Total	98 (100%)

The questionnaire consists of 14 questions, measured using a 5-point Likert scale from 1 "strongly disagree" to 5 "strongly agree". The total score is from 14 to 70. Communication anxiety Low can be seen in scores below 32. Scores above 52 are indicated as high intercultural communication anxiety. Intercultural

communication anxiety is moderately viewed, at a score of 32 up to 52.

Intercultural communication apprehension is the fear or anxiety associated with direct or anticipated interactions with people from different cultures or ethnic groups. Researchers assume that this cultural assimilation can make nurses in Dr.

Haryoto Hospital's inpatient room, Lumajang, capable of dealing with intercultural communication anxiety because nurses have been exposed to the culture of Pandhalungan. Intercultural communication apprehension can affect stress, anxiety, and avoidance of interactions (Kim, 2017). This shows that the level of intercultural communication apprehension among nurses in the wardroom of the regional public hospital is moderate. Researchers argue that other factors affect a person's intercultural communication apprehension level.

The gender factor can be a factor that can affect a person's intercultural communication apprehension. Research data states that there is one respondent of the female gender who has a high level of intercultural communication apprehension. The average female respondent showed more communication apprehension than male respondents. Based on previous research, researchers assume that this condition can occur because, psychologically, men are more able to control their anxiety so that the anxiety level of intercultural communication can still be controlled (Reyhan, 2019).

Ethnocentrism is another factor that can affect the level of intercultural communication apprehension of

respondents. Ethnocentrism is the perspective of someone who sees their culture as superior to other cultures (Ridwan, 2016). Research by (Chhibber-Goel et al., 2018; Rahmani, 2017) explains that ethnocentrism positively relates to intercultural communication apprehension. The higher the ethnocentrism, the higher the apprehension level of intercultural communication. The research was located in the Lumajang district, where geographical factors resulted in the Pandhalungan culture, which was formed from the assimilation of Javanese, Maduranese and Tengger ethnic cultures (Savitri & Indarwati, 2018). Researchers assume that this cultural assimilation can make nurses in the Lumajang regional public hospital wardroom quite capable of dealing with intercultural communication anxiety because nurses have been exposed to Pandhalungan culture.

Research by Trisasanti et al. (2020) explains that research participants with an apprehension level of intercultural communication affect their experience of interacting with different cultures. Participants with low levels of intercultural communication apprehension tend to feel excited curious, and have a good outlook when interacting with people with different cultural backgrounds. On the other hand, participants with high levels of

intercultural communication anxiety tend to have negative feelings about the situation, such as fear, anxiety, and low self-confidence.

Based on these results, it can be concluded that the description of intercultural communication apprehension of nurses in the regional public hospital ward room is

moderate. The researchers argue that this can be influenced by several factors, namely gender and ethnocentrism, which are influenced by the research location. The research was conducted in the Pandhalungan cultural area, which allowed for cultural assimilation to occur, and the characteristics of the respondents were primarily women.

Table 4. Frequency Distribution of Therapeutic Communication in RSUD Haryoto Lumajang

Variable	Frequency (%)
Therapeutic Communication	
Good	82 (83,7%)
Enough	15 (15,3%)
Poor	1 (1%)
Total	98 (100%)

The questionnaire comprises 18 statements with 4 Likert scales: Good: 76-100%; Enough: 56-75 %; Poor < 55%. The indicators in the therapeutic communication questionnaire are the Orientation Phase, the Working Phase and the Termination Phase, based on Peplau's nurse-patient interaction theory. From these data, it can be concluded that the implementation of therapeutic communication based on Peplau's therapeutic communication phase is mainly in the excellent category. Researchers argue that several factors in the study influence the implementation of therapeutic communication.

In terms of age, Kristyaningsih (2021) research explains that age can affect a person in therapeutic communication because this is related to the ability to control emotions. Therapeutic communication will increase as a person ages. This is because age affects a person's ability to control emotions. The older a person is the ability to control emotions increases. However, when viewed in terms of a person's potential to want to communicate, young people have more significant potential than old age because of the creativity and innovative thinking of someone at a young age, so communication skills are shown to be

better. As for the higher a person's age, it can be analogised to the longer he works. The longer the time worked, the more experience one gets. The more one's experience, the more one's ability to communicate will also be affected (Purwaniati et al., 2020). However, this contradicts the results of Riyadi & Yuniarti's (2016) research, which explained that their research did not show a significant relationship between the length of work and the application of nurse communication.

The gender factor also influences the implementation of nurse-therapeutic communication. Based on the research data, it was found that there was one male respondent who was considered to have insufficient therapeutic communication. At the same time, no female respondents had insufficient therapeutic communication. Researchers argue this can happen because men tend to communicate less verbally but are more likely to initiate communication and talk about problems directly. In contrast, women tend to share personal information, actively listen and help others express their thoughts. This is in line with the research by (Handayani & Armina, 2018), which explains that gender can influence therapeutic communication. Gender can affect how one thinks, acts, feels, and communicates.

Cultural and language factors can be obstacles that can affect therapeutic communication. Dada differences in language, culture, and religion or beliefs can directly affect patient communication (Alshammari et al., 2019). Besides that, cultural differences are the key barriers to effective therapeutic communication (Amoah et al., 2019). These language differences can affect communication. The researcher believes that implementing good therapeutic communication in the wardroom of the regional public hospital cannot be separated from the respondents' cultural background and language skills (Arumsari et al., 2016). This can be seen from the background of the respondents, who are mostly Javanese and Maduranese, with the majority of the cultural background of the Lumajang people. The same thing also happened to the use of language used by respondents while interacting with clients. Apart from using Indonesian as the national language, some respondents also use other languages, especially Javanese and Maduranese. Problems can occur when nurses face clients with limited Indonesian language skills, and this can also be exacerbated if the language used between the client and the nurse is different, for example, the client uses Maduranese while the nurse can use Javanese but not Maduranese.

Research by Salam (2014) explained that there is a relationship between the education level of nurses and the application of therapeutic communication with a significant level of relationship. Researchers argue that the level of education will affect the knowledge and way of thinking of nurses, which affects nurses' communication skills. This was also conveyed by Kristyaningsih et al. (2018) that the education level of nurses affects the level of knowledge of nurses. Good nurse knowledge will improve nurse communication skills.

Therapeutic communication applied by nurses to patients is an important aspect

that becomes the foundation of nurses in carrying out nursing care to clients. Therapeutic communication directly implements communication planning, goals, and activities centred on patient recovery. This application makes the patient feel appreciated, accepted, and directed by the nurse so that the patient will voluntarily convey his feelings and thoughts and make the emotional burden and tension disappear. Therefore, assisting patients to explain feelings and thoughts, providing practical action assistance to patients, and providing assistance in adjusting the surrounding environment to improve recovery is the goal of implementing therapeutic communication.

Table 5. Correlational Analysis of Intercultural Communication Apprehension and Therapeutic Communication of RSUD Haryoto

Variable		Therapeutic Communication			Total	p-value (r)
		Good	Enough	Poor		
Intercultural Communication Apprehension	High	1 (1%)	0 (0%)	0 (0%)	1 (1%)	0,698 (0,039)
	Moderate	58 (59,2%)	11 (11,2%)	0 (0%)	69 (70,4%)	
	Low	23 (23,5%)	4 (4,1%)	1 (1%)	28 (28,6%)	
Total		82 (83,7%)	15 (15,3%)	1 (1%)	98 (100%)	

The Kendall's tau b test found that both variables got a significance value of 0.698 with a correlation coefficient 0.039. The significance value obtained is more significant than 0.05, so it can be concluded that there is no significant relationship between the variables of intercultural communication anxiety and

therapeutic communication of nurses in the wardroom of the regional public hospital. Rindiantika (2019) research (2019) results found that therapeutic communication is related to cross-cultural nursing competence. Cultural competence influences therapeutic communication because knowledge is one of the factors of

therapeutic communication. Good nurse knowledge will improve nurse communication skills. Cultural competency in the wardroom at RSUD Dr. Haryoto Lumajang showed a mode value of 86 out of a minimum score of 77 and a maximum score of 119. This value was close to the minimum and showed that the cultural competence of ward nurses at the Regional public hospital of the research was low. Based on the results of this study, the low cultural competence of nurses can be a factor affecting the anxiety level of intercultural communication of nurses (Abdullah et al., 2022).

In addition, Lumajang Regency, where the research was done, with its geographical factors, gave birth to the Pandhalungan culture, which comes from the assimilation of Javanese, Maduranese and Tengger ethnic cultures. Inter-ethnic interactions lead to the emergence of cultural assimilation in the form of languages and dialects, namely the transition areas of the East Madura dialect with the West Madura dialect, the transition areas of the Maduranese to Javanese languages, the contact areas between the Javanese and the Maduranese languages, the Maduranese language outliers and the Tengger dialect outliers, and areas using the East Javanese dialect (Savitri & Indrawati, 2018). This shows that there is a possibility that the

condition of intercultural communication anxiety levels of nurses in regional public hospital ward rooms in Lumajang is caused by the low ethnocentrism in Lumajang district due to cultural acculturation that occurred in Lumajang district.

The language used when carrying out nursing care can also influence the implementation of communication. Alshammari et al. (2019) research explained that differences in language, culture, and religion or beliefs can directly affect patient communication. The language factor was also identified as a barrier to effective therapeutic communication. Language differences can be found in every country and even every region within one country. These language differences can affect communication (Arumsari et al., 2016). The existence of Indonesian as the national language can facilitate communication. Even though a small number of people cannot speak Indonesian and can only use regional languages, this can be overcome with the help of nurses or other family members who can use Indonesian and the regional languages used by patients. However, it cannot be denied that the existence of Indonesian as the national or unifying language can affect communication effectiveness. This can be a factor that

causes the implementation of nurse communication at a reasonable level even though the level of communication anxiety is at a moderate level, affecting the relationship between the two variables.

CONCLUSION

The results showed no relationship between intercultural communication apprehension and therapeutic communication among nurses in hospital ward rooms. The results of intercultural communication apprehension levels, primarily at moderate levels, can occur due to factors such as gender and the geographical conditions of the research location that influence ethnocentrism, which can affect the level of intercultural anxiety. At the same time, the value of therapeutic communication, which is mainly at a reasonable level, can occur due to factors such as age, gender, culture and language, as well as the level of education, which can influence the implementation of therapeutic communication. The results related to the relationship between the two variables can occur due to knowledge factors and research locations that affect ethnocentrism and the language used, which can affect the relationship between the two variables. From this research, it is hoped that it can be used as knowledge for nurses to maintain and improve the

implementation of nurse therapeutic communication, improving the quality of health services to clients.

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