CORRELATION OF NURSE CLIENT RELATIONSHIP PHASE WITH THE LEVEL OF NEGATIVE SYMPTOMS OF SCHIZOPHRENIC PATIENTS

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I properly declare that on these research result with the title "Correlation of Nurse Client Relationship Phase With The Level of Negative Symptoms of Schizophrenic Patients" there are no creations that have ever been submitted for a bachelor's degree in a university and there are no creations and opinions from other people that have been written or publised, except on this publication mentioned in writing on citations and references. If proven that there is plagiarism on this research result, the writer is willing to take full responsibility.

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CORRELATION OF NURSE CLIENT RELATIONSHIP PHASE WITH THE LEVEL OF NEGATIVE SYMPTOMS OF SCHIZOPHRENIC PATIENTS

Abstrak

Skizofrenia adalah gangguan mental serius yang memengaruhi pikiran, perasaan, dan perilaku. Gejala khas skizofrenia adalah positif dan negatif, seperti mengalami halusinasi pendengaran dan delusi. Gejala negatif skizofrenia adalah kehilangan atau penurunan fungsi normal seperti anhedonia, avolition, asocialitas, apatis, alogia, dan gangguan dalam perhatian. Selain teknik perawatan medis, proses penyembuhan pasien skizofrenia harus didukung oleh teknik komunikasi yang efektif. Tujuan dari penelitian ini adalah untuk mengeksplorasi hubungan antara fase hubungan perawat klien dengan tingkat gejala negatif pasien skizofrenia. Penelitian ini menggunakan metode deskriptif statistik dengan pendekatan cross sectional. Dilakukan di ruang rawat inap RSJD Dr. Arif Zainudin Surakarta kepada 63 responden pasien. Instrumen penelitian dalam bentuk kuesioner yang disebut "Fase Hubungan Perawat - Pasien", berisi 23 item dan kuesioner "Brief Negative Symptoms Scale (BNSS)", berisi 13 item. Penelitian yang telah dilakukan menunjukkan bahwa ada hubungan antara Fase Hubungan Perawat Klien dengan Tingkat Gejala Negatif Pasien Skizofrenia dengan nilai $p < .05$. Perawat diharapkan untuk meningkatkan kemampuan dan layanan mereka, terutama dalam hal berkomunikasi dengan pasien.

Kata kunci: Skizofrenia, Komunikasi Terapeutik, Perawat, Pasien, Gejala Negatif.

CORRELATION OF NURSE CLIENT RELATIONSHIP PHASE WITH THE LEVEL OF NEGATIVE SYMPTOMS OF SCHIZOPHRENIC PATIENTS

Abstract

Schizophrenia is a serious mental disorder that affects thought, feels, and behavior. The hallmark symptoms of schizophrenia is positive and negative, such as experiencing auditory hallucinations and delusions. Negative symptoms of schizophrenia are loss or reduction in normal function such as anhedonia, avolition, asociality, apathy, alogia and attention disorder. In addition to medical treatment techniques, the schizophrenic patient's healing process must be supported by effective communication techniques. The purpose of this study was to explore the correlation of Nurse Client Relationship Phase with The Level of Negative Symptoms of Schizophrenic Patients. The study used descriptive statistics method with cross sectional approach. Conducted at the inpatient ward of the RSJD Dr. Arif Zainudin Surakarta with 63 patients respondents and 25 nurses respondents. Instrument research in the form of a questionnaire called "Nurse Client Relationship Phase", contains 23 items and a questionnaire "Brief Negative Symptoms Scale (BNSS)", contains 13 items. The research that has been carried out showed that there is a correlation of Nurse Client Relationship Phase with The Level of Negative Symptoms of Schizophrenic Patients with $p < .05$. Nurses are expected to improve their abilities and services, especially in terms of communicating with patients.

Keywords: Schizophrenia, Therapeutic Communication, Nurse, Patient, Negative Symptoms.

1. INTRODUCTION

Schizophrenia is a serious mental disorder that affects thought, feels, and behavior. According to *Riset Kesehatan Dasar* / Center of Basic Health Research (*Riskesdas 2007*) the prevalence of schizophrenia in Indonesia was 0,46% or around 1,1 million people. The prevalence of schizophrenia in Central Java is 0,33% or around 107 thousand people (*Kemenkes RI, 2007*).

According to *Riset Kesehatan Dasar* / Center of Basic Health Research (*Riskesdas 2013*) the prevalence of schizophrenia in Indonesia was 0,17% or around 400 thousand people. The prevalence of schizophrenia in Central Java is greater than the national prevalence of Schizophrenia, which is 3,3% or around 122 thousand people. Based on these data it could be seen that the number of schizophrenia in Central Java in 2013 was greater than 2007. The rate of increased was 15 thousand people over a period of 6 years (*Kemenkes RI, 2013*).

According to medical records in Surakarta mental hospitals, the number of schizophrenic hospitalized patients over the past three years showed a fairly high number. In 2015 there were 2.136 patients, in 2016 there were 2.034 patients, and in 2017 there were 2.136 patients *(Rekam Medis RSJD Surakarta).*

Negative symptoms of schizophrenia are loss or reduction in normal function such as anhedonia (loss of interest in pleasant activities), avolition (loss of ability), asociality (loss of ability to interact socially), apathy (loss of feeling), alogia (poor speech output) and attention disorder (Straling et al, 2012).

In addition to medical treatment techniques, the patient's healing process must be supported by effective communication techniques. The purpose of therapeutic communication is to foster a trusting relationship, achieve personal goals that are reality and enhance interpersonal relationships. The advantages of therapeutic communication are to encourage and support cooperation between nurses and patients by identifying, expressing feelings, examining problems and evaluating actions taken by nurses to patients (Agustina, 2015).

Based on those problems above, and consider there is limited study about therapeutic relationship of schizophrenic patients in Indonesia, it is very important and necessary to conduct study about relationship between therapeutic communication of nursing with negative symptoms of schizophrenic patients.

2. METHODS

The study used descriptive statistics method with cross sectional approach. Conducted at the inpatient ward of the RSJD Dr. Arif Zainudin Surakarta with 63 patients respondents and 25 nurses respondents. Instrument research in the form of a questionnaire called "Nurse Client Relationship Phase", contains 23 items and a questionnaire "Brief Negative Symptoms Scale (BNSS)", contains 13 items. The result of Nurse Client Relationship Phase validation test is 0.69 while the result of reliability test is 0.79. The results of Brief Negative Symptoms Scale (BNSS) validation test is 0.89 while the result of reliability test is 0.97.

3. RESULTS AND DISCUSSION

3.1 Research Results

3.1.1 Univariate Analysis

Table 1: Frequency Distribution of Characteristics of Patient Respondents at The Inpatient Ward of RSJD Dr.Arif Zainudin Surakarta.

No	Characteristics	n (%)
1	**Gender**	
	Male	33 (52,4)
	Female	30 (47,6)
2	**Age**	
	18 – 30	21 (34,9)
	31 – 45	25 (39,7)
	46 – 60	17 (25,4)
3	**Education Level**	
	Elementary School	11 (17,5)
	Junior School	14 (22,2)
	High School	31 (49,2)
	University	7 (11,1)
4	**Employment**	
	Unemployement	24 (38,1)
	Buruh	15 (23,8)
	Swasta	20 (31,7)
	Goverment Staff	4 (6,3)

Source: Primary Data (2019)

Table 1 told that the majority of patients respondents gender were male amount 33 respondents (52.4%) and female amount 30 respondents (47.6%).

The mostly of patients respondents ages were 31-45 years old amount 25 respondents (39.7%), ages 18-30 years old amount 21 respondents (34.9%), and ages 46-60 years old amount 17 respondents (25,4%).

The largely of the education level of the patients respondents were High School amount 31 respondents (49.2%), Junior School amount 14 respondents (22.2%), Elementary School amount 11 respondents (17.5%), and University amount 7 respondents (11.1%).

The mainly of the employments of the patients respondents were Unemployment amount 24 respondents (38.1%), Swasta amount 20 respondents (31.7%), Buruh amount 15 respondents (23.8%), and Goverment Staff amount 4 respondents (6.3%).

Table 2: Frequency Distribution of Characteristics of Nurses Respondents at The Inpatient Ward of RSJD Dr.Arif Zainudin Surakarta.

No	Characteristics	n (%)
1	**Gender**	
	Male	13 (52)
	Female	12 (48)
2	**Age**	
	18 – 30	12 (48)
	31 – 45	9 (36)
	46 – 60	4 (16)
3	**Education Level**	
	Diploma III	13 (52)
	Bachelor of Nursing	3 (12)
	Bachelor of Nursing + Ners	9 (36)
4	**Employment**	
	Goverment Staff	10 (40)
	Non Goverment Staff	15 (60)

Source: Primary Data (2019)

Table 2 illustrated that the majority of nurses respondents gender were male amount 13 respondents (52%) and female amount 12 respondents (48%).

The mostly of nurses respondents ages were 18-30 years old amount 12 respondents (48%), ages 31-45 years old amount 9 respondents (36%), and ages 46-60 years old amount 4 respondents (16%).

The largely of the education level of the nurses respondents were Diploma III amount 13 respondents (52%), Bachelor of nursing with the nursing profession amount 9 respondents (36%), and Bachelor of nursing amount 3 respondents (12%).

The mainly of the employments of the nurses respondents were Non Goverment Staff amount 15 respondents (60%) and the Goverment Staff amount 10 respondents (40%).

Table 3: Frequency Distribution of Therapeutic Communication Phases of Nurses at The Inpatient Ward of RSJD Dr.Arif Zainudin Surakarta.

No	Phases	n (%)	
		Good	Poor
1	Pre Interaction	56 (88,9)	7 (11,1)
2	Orientation	32 (50,8)	31 (49,2)
3	Working	63 (100)	0 (0)
4	Termination	35 (55,6)	28 (44,4)
5	Response	63 (0)	0 (0)

Source: Primary Data (2019)

Table 3 presented that the pre-interaction phase had a good quality amount 56 times (88,9%) and poor quality amount 7 times (11,1%). The orientation phase had a good quality amount 32 times (50,8%) and poor quality amount 31 times (49,2%). Working phase had a good quality amount 63 times (100%) and did not had poor quality. Termination phase had a good quality amount 35 times (55,6%) and poor quality amount 28 times (44,4%). While the response phase had a good quality amount 63 times (100%) and did not had poor quality.

Table 4: Frequency Distribution of Therapeutic Communication of Nurses at The Inpatient Ward of RSJD Dr.Arif Zainudin Surakarta.

Nurse Client Relationship Phase	n (%)	Mean	*SD*
Good	45 (71.4)		
Poor	18 (28,6)	1,29	0,46
Total	63 (100)		

Table 4 described that the majority of therapeutic communication carried out by nurses was good with a frequency of 45 times (71.4%) and poor with a frequency of 18 times (28.6%). While, the mean value of therapeutic communication variable is 1,29 and the standar deviation value of therapeutic communication is 0,46.

Table 5: Frequency Distribution of Sub Symptoms of Negative Symptoms of Schizophrenic Patients

No	Sub Symptoms	Mild (%)	Moderate (%)	Moderately Severe (%)	Severe (%)	Very Severe (%)
1	Anhedonia	19 (30,2)	13 (20,6)	17 (27)	9 (14,3)	5 (7,9)
2	Asociality	30 (47,6)	9 (14,3)	11 (17,4)	10 (15,9)	3 (4,8)
3	Avolition	29 (46)	8 (12,7)	12 (19)	10 (15,9)	4 (6,4)
4	Blunted Affect	34 (53,9)	8 (12,7)	10 (15,9)	9 (14,3)	2 (3,2)
5	Alogia	35 (55,6)	6 (9,5)	11 (17,4)	9 (14,3)	2 (3,2)

Source: Primary Data (2019)

Table 5 told that the quantity of Anhedonia with mild quality were 19 respondents (30,2%), Moderate quality were 13 respondents (20,6%), Moderately Severe were 17 respondents (27%), Severe quality were 9 respondents (14,3%), and Very Severe were 5 respondents (7,9%).

The total of Asociality with mild quality were 30 respondents (47,6%), Moderate quality were 9 respondents (14,3%), Moderately Severe were 11 respondents (17,4%), Severe quality were 10 respondents (15,9%), and Very Severe were 3 respondents (4,8%).

The number of Avolition with mild quality were 29 respondents (46%), Moderate quality were 8 respondents (12,7%), Moderately Severe were 12 respondents (19%), Severe quality were 10 respondents (15,9%), and Very Severe were 4 respondents (6,4%).

The amount of Blunted Affect with mild quality were 34 respondents (53,9%), Moderate quality were 8 respondents (12,7%), Moderately Severe were 10 respondents (15,9%), Severe quality were 9 respondents (14,3%), and Very Severe were 2 respondents (3,2%).

The count of Alogia with mild quality were 35 respondents (55,6%), Moderate quality were 6 respondents (9,5%), Moderately Severe were 11 respondents (17,4%), Severe quality were 9 respondents (14,3%), and Very Severe were 2 respondents (3,2%).

Table 6: Frequency Distribution of Negative Symptoms of Schizophrenic Patients at The Inpatient Ward of RSJD Dr.Arif Zainudin Surakarta.

Negative Symptoms of Schizophrenic Patients	n (%)	Mean	*SD*
Mild	21 (33,3)	2,48	1,35
Moderate	14 (22,2)		
Moderate – Severe	10 (15,9)		
Severe	13 (20,6)		
Very Severe	5 (8)		
Total	63 (100)		

Source: Primary Data (2019)

Table 6 reflected that the majority of negative symptoms of schizophrenic patients were Mild with amount 30 respondents (47.6%), Moderate amount 15 respondents (23.8%), Moderately Severe amount 11 respondents (17,5%), Severe amount 6 respondents (9,5%), and Very Severe amount 1 respondent (1,6%). While, the mean value of Negative Symptoms of Schizophrenic Patients is 2,48 and the standar deviation value of Negative Symptoms of Schizophrenic Patients variable is 1,354.

3.1.2 Bivariate Analysis

Table 7: The Results of Normality Test of Therapeutic Communication of Nurses and Negative Symptoms of Schizophrenic Patients.

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	n	*p*	Statistic	n	*p*
Therapeutic Communication	.45	63	.00	.57	63	.00
Negative Symptoms	.20	63	.00	.86	63	.00

Source: Primary Data (2019)

Table 7 illustrated that the Therapeutic Communication variable has a significance value of 0,000. Because the significance value is less than 0.05, therefore the Therapeutic Communication of nurses data was stated to be not normally distributed. While, the Negative Symptoms variable has a significance value of 0,000. Because the significance value is also less than 0.05, the Therapeutic Communication of Nurses data is stated not to be normally distributed.

Where these result mean that therapeutic communication of nurses data had a heterogeneous or diverse distribution because the data on these variable had a good and poor distribution. While the negative symptom schizophrenic patients data also

had a heterogeneous or diverse distribution because the data on these variable had distributions that are mild, moderate, moderately severe, severe, and very severe.

Based on the normality test above, these can be concluded that the prerequisite test was not fulfilled, therefore the researcher would moved to the nonparametric statistic test used Spearman's rank correlation test.

Table 8: Correlation of Therapeutic Communication of Nurses with Negative Symptoms of Schizophrenic Patients at The Inpatient Ward of RSJD Dr.Arif Zainudin Surakarta.

		Negative Symptoms of Schizophrenia
Therapeutic Communication of Nurses	r	.33
	p	< .05
	n	63

Source: Primary Data (2019)

Table 8 showed that the significance value (p) of 0.03 or smaller than 0.05. Thus, these can be interpreted there is a significant relationship between independent variable (therapeutic communication of nurses) and dependent variable (negative symptoms of schizophrenic patients). While, the number of coefficients correlation (r) is 0.33. This means that the level of strength of the relationship between therapeutic communication of nurses and negative symptoms of schizophrenic patients is 0.33 or sufficient correlation with the positive direction of correlation.

3.2 Discussion

3.2.1 Patients Demographic Characteristics

Based on the research that has been done the result showed that the majority of patients gender is male. In accordance with the theory of Sher (2015) stated that men tend to show a high risk of developing schizophrenia because men tend to have higher stress hormone production. Likewise with the study by Alavi (2014) who said that most schizophrenia was experienced by men with a proportion of 72% where men had a 2.37 times greater risk of experiencing schizophrenia.

The mainly of patients age is 31 to 45 years old. These was supported by previous research conducted by Sulistyowati (2016) who said that adults (26-45 years) had more schizophrenia. Adult age is more susceptible to schizophrenia

because these was influenced by several factors including, the demands of high work and high economic needs.

The mostly of patients education level is high school. These was consistent with research conducted by Hart (2015) which stated that the level of education affected the symptoms of schizophrenia. These was because patients with low levels of education lack of knowledge and ability in stress management.

The largely of patients vocation is unemployment. These was in line with the theory revealed by Goodman (2015) that people who have not an employment experienced a greater schizophrenia, because there were triggered by various external factors such as high economic needs without income, social and family factors such as pressure from communities around the residence and pressure from the family to immediately earn income. Research conducted by Andina (2013) found that unemployment 30% more at risk of experiencing mental disorders compared to people who had jobs.

3.2.2 Nurses Demographic Characteristics

Based on the research that has been done the result showed that the majority of nurses gender is male. The number of male nurses is more than female nurses because the number of male patients is more than the number of female patients. These was in accordance with the theory expressed by Connor (2016) that the normal ratio between mental nurses and mental patients is 1: 5. Becausemen patients with mental disorder have more energy than female patients. Therefore, to hold or control the violent or aggressive behavior in male patients, a larger number of male nurses are needed.

The mainly of nurses age is 18 to 30 years old. These was supported by previous research conducted by Cheung (2017) who said that young nurses with productive age have more active and dexterity in doing work compared to old nurses who are non-productive. Most non-productive nurses do work that is lighter and does not spend as much energy as documentation.

The mostly of nurses education level is Diploma III. These was consistent with research conducted by Andina (2013) which stated that the level of nurse education affects their duties and authority. Nurses with a Diploma III level of education are called vocational nurses who have the duty and authority to practice with certain limits under the supervision of a professional nurse. Therefore, on this

study therapeutic communication is mostly done by vocational nurses under the supervision of professional nurses in each inpatient room.

The largely of nurses employment is Non Goverment Staff. These was in line with research conducted by Cheung (2017) that one of the main factors of the large number of Non Goverment Staff of nurses is the competition for the tests to be goverment staff was very strict, because there are a large number of nurses while the number passed to became goverment staff was only a small number. Besides that, the selection period was quite long, which is once a year even more.

3.2.3 Therapeutic Communication of Nurses

Based on the research that has been done the result showed that the majority of Pre Interaction, Orientation, Working, Termination, and Response phases of therapeutic communication carried out by nurses at RSJD Dr.Arif Zainudin Surakarta was good.

The application of good therapeutic communication by nurses is caused by this research conducted in a special hospital with type A under the Central Java provincial government. Hospital with type A is hospital which prioritize services quality and become the highest referral mental hospital in province level. Therefore, in this mental hospital nurses have a role as the spearhead of health services to patients. Thus, nurses are required to have the ability to conduct therapeutic communication to provide effective nursing care to patients.

Therapeutic communication is an act of delivering messages verbally or non verbally between nurses and patients when carrying out nursing care in an effort to cure the patients (Guedes de Pinho, 2017). Goals of therapeutic communication include establishing rapport, actively listening, gaining the client's perspective, exploring the client's thoughts, and guiding the client in problem solving (Videbeck, 2011)

The most dominant factor influenced the good and poor quality of the therapeutic communication of nurses at RSJD Dr.Arif Zainudin Surakarta is the motivation of nurses work, meaning that good work motivation will enable nurses to be better at carrying out therapeutic communication to patients. Another influented factor is the support of peers, meaning that the good support by peers will enable nurses to be better in implemented therapeutic communication to patients (Handayani, 2017). This is similar to previous research conducted by Fitria (2017)

that therapeutic communication of nurses to patients is influenced by nurses work motivation factors and support from peers.

3.2.4 Negative Symptoms of Schizophrenic Patients

Based on the research that has been done the result showed that the majority of anhedonia, asociality, avolition, blunted affect, and alogia from sub symptoms of negative symptoms of schizophrenic patients were mild. The negative symptoms of schizophrenia in the mild category is the category which the fifth symptoms shown by the patients has a low intensity.

Symptoms of anhedonia is lost or reduced interest, motivation, and pleasure in a person when doing activities. In this study the results of anhedonia symptoms were obtained in the mild category. This is related to a study conducted by Webster (2012) who found that anhedonia symptoms in schizophrenic patients with maintenance conditions had a mild severity. Because in this condition the patients were able to adapt to the symptoms experienced. Such as the patients were able to identify their favorite activities from various activities by the rehabilitation program (Evans, 2012). The symptoms of asociality is the lack of motivation to engage in social interaction.

The symptoms of avolition is a decrease in motivation for starting and doing independent activities. In this study the results of asociality and avolition symptoms were obtained in the mild category. This is similar to research conducted by Webster (2012) who found that symptoms of asociality and avolition in schizophrenic patients with maintenance conditions had a mild severity. In this condition, patients were motivated by nurses to do social interactions and to perform activities that empower the patients by implemented therapeutic communication structured and routinely. Therefore, the patients are slowly willing to interact with nurses and other patients and are willing to doing activities such as working, cleaning the room, worshiping, etc.

Blunted affect is the low response to stimuli in any form, therefore the response of the expression that appears is very lacking. In this study the symptoms of blunted affect was mild. This is supported by research conducted by Cohen (2012) who said that blunted affect in schizophrenic patients has a mild severity. Because patients have been given psychosocial therapy such as therapeutic communication, cognitive behavioral therapy, and social skills training. Therefore, patients were able

to respond the stimuli with appropriate expressions such as smile when feel happy and cry when feel sad.

Symptoms of alogia is loss or reduced interest in speaking. In this study the symptoms of alogia in the mild category. These was in line with research conducted by Cohen (2012) who told that the symptoms of alogia in schizophrenic patients had a mild severity. Because the patients have been given psychosocial therapy at the mental hospital routinely every day by nurses, therefore the patients could increase the frequency of speech gradually.

These results were obtained because the implementation of nurse therapeutic communication on the negative symptoms of schizophrenic patients delivered in the maintenance ward of RSJD Dr.Arif Zainudin Surakarta. Therefore, the results of mild category of negative symptoms are obtained more than the negative symptoms of the severe category. Nevertheless, in the maintenance ward there are some patients who have severe negative symptoms. These was found in patients who have just been moved from the acute ward, therefore the patient still has the remaining residual acute symptoms which are classified as severe.

This condition supported by a study conducted by Rifqi (2015) which states that not all mental patients treated in maintenance wards have mild symptoms, some patients still have acute symptomatic remains, especially patients newly transferred from the acute ward.

3.2.5 Correlation of Therapeutic Communication of Nurses with Negative Symptoms of Schizophrenic Patients

In this study it was found that there was a relationship between therapeutic communication of nurses with negative symptoms of schizophrenic patients. this is a new finding related to the previous absence literature.

Nevertheles, this result related to the literature from Fasya (2018) who said that an effective therapeutic relationship between nurses and schizophrenic patients played an important role in the recovery process of schizophrenia. Therapeutic relationships could create a sense of trust, security and respect of patients towards nurses. Therefore, the success of the therapeutic relationship delivered by nurses determined the decreasing level symptoms of schizophrenic patients.

The relationship between therapeutic communication of nurses with negative symptoms of schizophrenic patients in this study is significant, which means that

therapeutic communication is an important intervention that must be done on schizophrenic patients. Because the therapeutic communication can influence the symptoms of schizophrenia especially symptoms about asocial, alogia, and blunted affect (Kim, 2016).

This result is supported by a previous study conducted by Putri (2018) on the effect of therapeutic communication on the violent behavior of schizophrenic patients. In the study stated that there is a significant effect of therapeutic communication therapy in overcoming violent behavior in schizophrenic patients as indicated by the change in behavior of respondents from maladaptive to adaptive coping mechanism. The relationship between therapeutic communication of nurses with negative symptoms of schizophrenic patients in this study has a moderate level of relationship, which means that the severity level of negative symptoms of schizophrenia were not fully influenced by therapeutic communication therapy (Sedgwick, 2014). Based on the observational condition conducted by researcher these was influenced by several factors including, psychopharmaceutical therapy, cognitive behavioral therapy, and social skills training.

Giving psychopharmaceutical medication to schizophrenic patients has the effect of patients became calm and reduced the frequency of delusions and hallucinations. Giving cognitive behavioral therapy could change the mind of patients who initially have more negative prejudices are changed to have positive prejudices. Providing social skills training to schizophrenic patients could create self-confidence and respect for patients. This therapy teach patients to communicate with others, cooperate with others, help others, etc. Where these therapies all have the same goal, that was to care and cure schizophrenic patients.

These was supported by the theory of Ayano (2016) which explained that management in schizophrenic patients was not enough with only one particular therapy. However, should be accompanied by other therapies that are mutually supportive. There is medical therapy which includes psychopharmaceutical, electroconvulsive therapy, and blood tests. Besides that, these was supported by psychosocial therapy which includes therapeutic communication, cognitive behavioral therapy, and social skills training. Therefore, with the existence of other therapies the therapeutic communication therapy for negative symptoms of schizophrenic patients has a moderate level of relationship.

4. CLOSING

4.1 Conclusions

The majority of therapeutic communication carried out by nurses at RSJD Dr.Arif Zainudin Surakarta have a good quality. While the majority of the level of negative symptoms of schizophrenic patients was mild. Beside that, on this study found that there was a relationship between nurse client relationship phase with the level of negative symptoms of schizophrenic patients.

4.2 Recommendations

For the clinical expected to maintain the quality of human resources in the field of nursing as a provider of nursing care, especially attitudes and skills in communication. Bisede that, expected to conduct therapeutic communication training as an effort in maintaining or improving the quality of services to patients.

For the nurses expected to increase knowledge to improve individual quality. Need to always be aware that therapeutic communication is very necessary in improving the quality of nursing services. The nurses should communicate with patients while upholding ethics and always being polite and grettings before and after communicating.

For the further researchers expected to continue this research by looking at the other schizophenic symptoms that is positive symptoms of schizophrenia. Beside that by looking at the other installation at the mental hospital such as at the outpatient installation and by looking at the other therapies such as pharmacological, electroconvulsive, social skill training, and cognitive behavioral therapy.

REFERENCES

Agustina, K. (2016). *Gambaran pelaksanaan komunikasi terapeutik perawat pada klien halusinasi*, 1–10.

Alavi, N. M. (2014). *Men in Nursing*, (December). https://doi.org/10.17795/nmsjournal17987.

Andina, E. (2013). *Protection of Mental Disorders Risk Group*, 143–154.

Ayano, G. (2016). *Schizophrenia : A Concise Overview of Etiology , Epidemiology Diagnosis and Management : Review of literatures*, 3(2).

Cheung, R. B., & Silber, J. H. (2017). *Education Levels of Hospital Nurses and Patient Mortality*, (October). https://doi.org/10.1001/jama.290.12.1617.

Cohen, A. S., Najolia, G. M., Kim, Y., & Dinzeo, T. J. (2012). *On the boundaries of blunt affect / alogia across severe mental illness : Implications for Research Domain Criteria. Schizophrenia Research*, 140(1–3), 41–45. https://doi.org/10.1016/j.schres.2012.07.001.

Connor, T. O. (2016). *Men Choosing Nursing*, (June 2015). https://doi.org/10.1177/1060826515582519.

Fasya, H., & Supratman, L. P. (2018). *Komunikasi Terapeutik Perawat Pada Pasien Gangguan Jiwa* 21(1), 15–28. https://doi.org/10.20422/jpk.v21i1.491.

Fitria, Nova. (2017). *Perbedaan Komunikasi Terapeutik Perawat Di Ruang Rawat Inap RS Pemerintah Dan RS Swasta*. Jurnal Promosi Kesehatan Indonesia Vol. 12 / No. 1 / Januari 2017.

Goodman, N. (2015). *The Impact of Employment on the Health Status and Health Care Costs of Working-age People with Disabilities*.

Guedes de Pinho, L. M. (2017). *Nursing Interventions in Schizophrenia: The Importance of Therapeutic Relationship*. Nursing & Care Open Access Journal, 3(6), 331–333. https://doi.org/10.15406/ncoaj.2017.03.00090.

Handayani, P. (2017). *Faktor-Faktor yang Berhubungan dengan Penerapan Komunikasi Terapeutik*, *6*(2), 1–11.

Hart, S. (2015). *Patient education accessibility*, *24*(4).

Kemenkes RI. (2007). *Riset Kesehatan Dasar*. Badan Penelitian Dan Pengembangan Kemenkes RI. Jakarta.

Kemenkes RI. (2013). *Riset Kesehatan Dasar*. Badan Penelitian Dan Pengembangan Kemenkes RI. Jakarta.

Kim, J. (2016). *How to Choose the Level of Significance*.

Putri, Vevi Suryenti. (2018). *Pengaruh strategi pelaksanaan komunikasi terapeutik terhadap resiko perilaku kekerasan pada pasien gangguan jiwa di rumah sakit jiwa provinsi jambi*, 7(2), 138–147.

Rifqi, A. A., Handajani, R. P., & As, N. S. (2013). *Elemen Ruang Dalam pada Fasilitas Rawat Inap Pasien Gangguan Jiwa*.

Starling, J., Feijo, I., & Franzcp, J. S. (2012). *Chapter Psychotic Disorders of Early Onset*, 1–22.

Sulistyowati. (2016). *The role of registered nurses in residential aged care facilities*, (July), 3–5.

Webster, S., Gallagher, S., Brown, P., Evans, J., Flynn, M., & Lopez, V. (2012). *The perceptions of nurses in their management of patients experiencing anxiety*, 2(3), 38–45. https://doi.org/10.5430/jnep.v2n3p38.