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## Healing Words: Nurses' Therapeutic Communication in the Preparation Stage of Social Rehabilitation for Residents with Disabilities

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### ABSTRACT

This study aims to analyze the therapeutic communication of nurses during the preparation stage of social rehabilitation at the Budi Bhakti 2 Social Rehabilitation Center in Jakarta. Using a qualitative descriptive approach, data were collected through observations, interviews, and literature reviews. Findings indicate that the preparation stage is crucial in rehabilitation, involving room assessments, medical and family history reviews, and doctor consultations. This stage helps nurses develop effective care strategies for residents. The study concludes that both the preparation and working stages are essential for successful rehabilitation. Enhancing nurses' therapeutic communication skills is recommended to improve intensive and holistic care, particularly for residents requiring total support.

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## 1. INTRODUCTION

Communication is a process that involves behavior and allows individuals to relate to others and the world around them, and communication can be divided into three levels, namely, Intrapersonal, social, and interpersonal (Merta, 2019; Marfirah et al., 2025). A nurse can carry out therapeutic communication properly and correctly without offending others. Nurses can start by introducing themselves to the patient, starting a story, and seeing the problems the patient has, and then finding the best solution together. This is the key to therapeutic communication. Thus, it can run well and smoothly.

Therapeutic communication is verbal and paraverbal communication that takes place between the helper and the person being helped by producing psychological feelings (thinking), emotions (feelings), and/or physical (actions) (Okoro & Adigwe, 2018; Seebacher et al., 2024; Rusu & Chirita, 2017). Therapeutic communication is built based on meeting the needs or healing process of patients, and therapeutic communication is professional communication that leads to the goal of healing patients. Therapeutic communication is a way to build a relationship of mutual trust between patients and nurses by providing accurate information to social residents.

How to help social care residents in difficult times interacting a nurse must be able to realize the values, attitudes, and feelings of social care residents. Something that is felt and thought by the nurse about the individual and with whom he interacts needs to always be communicated, both verbally and nonverbally. Nurses must also be able to always carry out therapeutic communication with patients and must not reject any form of negative feelings held by social care residents, and a nurse must always be able to interact well with social care residents and this is what will later be able to express all feelings in the right way, not by blaming or punishing social care residents.

Nurses' therapeutic communication plays a crucial role in patient care, particularly in the context of social rehabilitation for individuals with disabilities. Several studies have explored the significance of therapeutic communication in nursing, laying the foundation for understanding its impact on patient recovery and well-being. Therapeutic communication focuses on human interaction in the healing process and health care. In this case, human communication is not only important as a tool for health workers to provide services to patients, but also as a way and regimen, and to build cooperation between health workers through communication. The practice or action of a nurse in the healing process of social care residents is done consciously, and its goals and activities are focused on the healing of social care residents. Therapeutic communication is the main medium for a nurse in the healing process, carried out to apply the nursing process in a social care environment. Therapeutic communication can be done verbally or nonverbally, and nursing skills are needed to balance the patient's condition.

In the book on basic communication for nurses, we know that therapeutic communication seeks to build a constructive relationship between nurses and patients that is concerned with nursing efforts and the healing of the disease. Therefore, nurses need to understand the following basic principles of therapeutic communication:

- (i) The relationship between nurses and patients is a mutually beneficial therapeutic relationship, based on the principle of the humanity of nurses and clients. This relationship is not just a relationship between a helper (nurse) and a socially isolated patient, but it is a relationship between dignified humans.
- (ii) Nurses must respect the uniqueness of patients, respect differences in character, and understand the feelings and behavior of patients.

- (iii) All communications carried out must be able to maintain the self-esteem of both the sender and recipient of the message; in this case, the nurse must be able to maintain her self-esteem and the patient's self-esteem.

Therapeutic communication creates the growth of a relationship of mutual trust trust) must be achieved first before exploring problems and providing alternative solutions to problems. A relationship of mutual trust between nurses and patients is the key to therapeutic communication. It can be concluded that these principles are interrelated and can help build a relationship of mutual trust between nurses and patients. By applying the principles of therapeutic communication, nurses can ensure that their interactions with patients are constructive, respectful, and beneficial for the patient's health care. The purpose of therapeutic communication is to develop the personality of social care residents while in social care in a more positive, adaptive direction, and its growth includes: Helping social care residents to be able to clarify and reduce the burden of feelings and thoughts, and be able to take action (decisions). This also serves to reduce doubts and help social inmates manage their strengths adaptively. Furthermore, it helps social inmates to be able to adapt, as well as the ability to build interpersonal relationships that are not superficial and not dependent on others.

A study revealed that therapeutic communication employed by nurses has a direct impact on patient satisfaction with the healthcare services received. Conversely, the absence of therapeutic communication in nursing care often leads to increased patient dissatisfaction with the provided healthcare services (Nurwahyuni *et al.*, 2024). Study on communication in palliative care nursing, highlighting the impact of nurses' verbal and non-verbal interactions on patients' emotional well-being (Wittenberg *et al.*, 2018). While this research provides valuable insights into therapeutic communication, its focus is primarily on end-of-life care. The present study, however, applies similar principles of compassionate communication to a different context—social rehabilitation—where the goal is to empower individuals with disabilities rather than provide comfort in palliative settings. By shifting the focus from terminal care to rehabilitation, this study contributes a fresh perspective on the transformative power of communication in nursing (Wittenberg *et al.*, 2018).

Therapeutic communication of social inmates will learn to be honest, open, and accepting of who they are, and this can also improve the ability of social inmates to build relationships of mutual trust. Deep relationships are often used in the process of social interaction between nurses and social inmates to be able to express needs, solve problems, and improve coping skills. Not all social inmates can accept interactions from nurses, while social inmates who withdraw from interacting are characterized by flat affect, sad affect, not excited/lethargic, no eye contact with other individuals, and refusing to interact with others in the environment, withdrawing because they feel unsafe in public places and are preoccupied with their thoughts. Based on the description above, the researcher conducted a study on "Therapeutic Communication of Nurses in the Social Rehabilitation of Inmates at the Budi Bhakti 2 Jakarta Social Home for the Disabled".

This study builds on existing research by emphasizing the preparation stage of social rehabilitation, a critical yet underexplored phase in nursing care for individuals with disabilities. Unlike previous studies that focus on general nursing communication, end-of-life care, or mental health settings, this research highlights the unique challenges and strategies involved in supporting residents with disabilities through therapeutic communication. By integrating perspectives from disability studies and nursing communication, this study contributes to a more comprehensive understanding of how nurses facilitate social reintegration through effective communication strategies. Ultimately, this research aims to

bridge the gap between theoretical frameworks and practical applications, offering valuable insights for healthcare professionals working in rehabilitation settings.

## 2. LITERATURE REVIEW

Nurses' therapeutic communication is critical in patient care, especially in the context of social rehabilitation for people with impairments. Several studies have investigated the importance of therapeutic communication in nursing, establishing the groundwork for a better understanding of its impact on patient recovery and well-being.

### 2.1. Interpersonal Communication

Interpersonal communication is communication that occurs between individuals. Of course, communication that occurs between individuals is done to achieve a meaning (Fasya & Supratman, 2018). Interpersonal communication is also one of the foundations of quality patient care, especially for the valuable trio in health care- the doctor, the nursing staff, and the patient. Effective communication skills in a health care setting are a boon as they not only benefit the patient but also the health care provider, concerning job satisfaction and prevention of work stress, which affect health (Kaur, 2020). When engaging in interpersonal communication, patients/clients or nurses must think more broadly about communication, not just about what they want to say, but also about creating connections. Thus, the message conveyed is as successful as possible (Fasya & Supratman, 2018).

### 2.2. Therapeutic Communication

Therapeutic communication (TC) is not a new word. The phrases 'therapeutic' and 'communication' are commonly used in nursing literature nowadays. Most of the literature refers to TC as a strategy to improve the therapeutic relationship within the nurse–patient relationship, specifically applied in psychotherapy, ignoring application within general nursing where it may benefit more patients. This is the gap that this research sought to fill (Xue & Heffernan, 2021).

Therapeutic communication is a communication that pays close attention to language skills, because its nature is intended to provide therapy to patients/clients or interlocutors. Therapeutic communication itself is part of interpersonal communication in the world of health, especially in the field of nursing, which requires a sense of trust, supportiveness, and open-mindedness from each party. Therapeutic communication is communication carried out by nurses, consciously planned with the aim and activities focusing on healing the client. Therefore, in conveying therapeutic communication messages, caution is needed, because it touches a person's psychology, and one must understand the condition of the interlocutor or someone who wants to be given therapy (client/patient).

In conducting therapeutic communication, one must pay attention to the techniques in its delivery. Thus, it can be well received by the client, and the client understands. Some therapeutic communication techniques include: listening attentively, showing acceptance, asking related questions, stating observation results, offering information, giving appreciation, offering oneself, allowing the client to start a conversation, allowing the client to describe their perceptions, reflection, and humor. A nurse must have therapeutic communication skills. With these skills, a nurse will easily build trust with clients or patients, which ultimately achieves nursing goals. Thus, patients easily understand and follow the therapy process, ultimately providing healing to the client or patient themselves (Fasya & Supratman, 2018).

### 3. METHODS

This study employs a qualitative descriptive approach to analyze the therapeutic communication of nurses during the preparation stage of social rehabilitation at the Social Rehabilitation Center in Jakarta. The qualitative descriptive method is appropriate for this research because it allows for an in-depth understanding of the communication strategies used by nurses, as well as the contextual factors influencing these interactions. Qualitative descriptive method, the data collected is not in the form of numbers but in the form of data. The data comes from the researcher's data, such as interview transcripts, documentation, field notes, and other documents. Qualitative research means the process of exploring and understanding the meaning of individual and group behavior, describing social problems or humanitarian problems. "The research process includes creating research questions and procedures that are still temporary, collecting data in participant settings, analyzing data inductively, building partial data into a theory, and then providing interpretations of the meaning of data. The final activity is to make a report in a flexible structure."

This Descriptive Qualitative Method requires researchers to go directly to the field and act as observers or observers of their research. This method also refers to observation and a natural atmosphere. The data that has been obtained will be explained using sentences that describe the results of the research obtained.

Qualitative data tends to be open without predetermined responses. Research Informants In this study, researchers need informants to support the research process and collect the data that researchers need. Research informants are defined as information about the problem being studied and can act as sources during the research process. The selection of informants who become research respondents functions to collect as much information as possible that can be useful for research analysis materials and the concept of proportion as research findings. In qualitative findings, samples that are often used in research that assumes statistics and mechanistic approaches are no longer valid. Because, in qualitative research, the term sample is replaced by the term informant. Key Informants Informants are sources who are related to the researcher's problems and can convey information according to the situation and conditions of the research background (**Table 1**). In this study, researchers used purposive sampling techniques. In qualitative research, the techniques that are more often used are purposive sampling and snowball sampling. Purposive sampling is a technique for taking samples of data sources with certain considerations, for example, certain people are considered to know the most about what we expect. Thus, the researcher determined that the key informants in this study were obtained by conducting pre-interview activities and observations or observations made on informants.

**Table 1.** Key Informants.

Name	Role
IG	Nurse at Budi Bhakti Social Home for the Physically Disabled
RZ	Nurse at Budi Bhakti Social Home for the Physically Disabled

Data collection techniques are an important stage in conducting research. A study must be supported by data that is used as a reference for analysis. Research data must be adjusted to the approach and methods used. This study uses a qualitative descriptive method. Thus, the data collected must be data that supports the research approach itself. Data collection techniques used: Literature study, interviews, observation, and documentation.

Testing the validity of data in qualitative research includes several tests. In testing the validity of the data, researchers use data credibility tests or confidence tests on the results of the study. The data validity test aims to determine whether or not the findings or data reported by researchers are valid with what happens in the field. The method of testing data credibility or confidence in research results is carried out by extending observations, increasing perseverance in research, triangulation, peer discussions, case analysis, and member checks.

Researchers use Technical Triangulation, which is done by checking data that has been obtained through several sources. Technical triangulation is done by checking the same source with different techniques. For example, data is obtained through interviews, then checked with observation, documentation. Triangulation is a data collection technique that combines various data collection techniques and existing data sources.

Discussions with colleagues are carried out by researchers by exchanging ideas either directly or by using online communication media such as WhatsApp, Zoom meetings, and audio or video calls. Member check is to ensure that the data obtained is by the data that will be provided by the informant. Further discussion is needed if there is a mismatch between the data obtained by the researcher and the direct explanation from the informants. If the data provider agrees with the data provided, it means that the data is valid. However, if the data becomes invalid and not credible. Thus, it makes the researcher doubtful. Further discussion is needed. Thus, the data becomes valid. The data analysis technique in the book *Qualitative Research Methods in Language Education*. This interactive model data analysis has three components, namely: (i) data reduction; (ii) data presentation; (iii) concluding/verification. In this study, in addition to the interview process, analysis was also carried out during the data collection process. This was done by researchers to be able to obtain credible results.

#### 4. RESULTS AND DISCUSSION

The first focus of the micro problem formulation in viewing the Nurses' Therapeutic Communication Process in Healing Social Assistance Residents at the Budi Bhakti 2 Jakarta Social Assistance Home is to see the Preparation Stage (Pre-Interaction) of nurses towards social assistance residents. This stage is the initial stage for nurses before interacting with social assistance residents, and at this stage before taking action against social assistance residents, the nursing team must first see the available space at the Budi Bhakti 2 Jakarta Social Assistance Home. Before accepting new social assistance residents into the home, they must re-check whether there is a suitable and adequate room. As explained by the first informant, for the initial preparation stage in handling social assistance residents, by looking at the availability of a suitable room. The Budi Bhakti 2 Jakarta Social Assistance Home will not accept new social assistance residents from outside if there is no suitable room for them social assistance residents. "In the initial preparation stage for nurses in handling WBS, the nursing team previously prepared the room first, checking for adequate rooms in this home. Is there any vacancy or suitable room for a new WBS to occupy? If there is a suitable room, then we, the social institution, will accept the patient to enter and be treated in this social institution. If there is a new patient who wants to enter but there is no room, we still will not accept the patient to enter as a social inmate here". (Interview with Indah, July 24, 2024).

At this stage, the Budi Bhakti 2 Jakarta Social Institution for the Physically Disabled does not accept social inmates carelessly, because the suitability of the place and room available in this Social Institution will affect the comfort of the new social inmates. All social inmates who are in and are treated specifically at the Budi Bhakti 2 Jakarta Social Institution for the

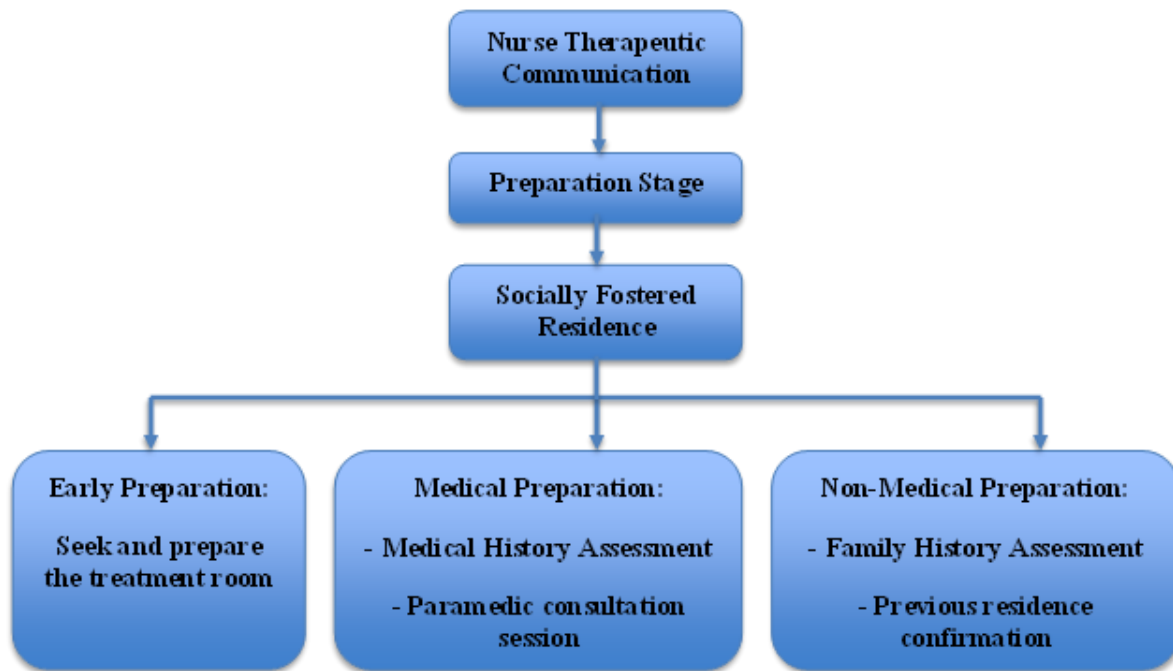


Physically Disabled must receive good facilities, means, and infrastructure for the survival of social inmates in the future in the social rehabilitation stage. "If the place is suitable, clean, and adequate, it also affects the comfort and adaptation process of social inmates in the institution" (Interview with Raisya on 24 July 2024).

In addition to a proper place prepared for social residents at the Budi Bhakti 2 Jakarta Social Home for the Physically Disabled, the home also pays attention to the medical and non-medical preparation stages for social residents, because in this social home, on average, they also have a history of illness such as (stroke, diabetes, hypertension). And this is a special concern for nurses here, also in 65 conducting medical preparations. Thus, later they can be consulted with the doctors at home to be able to get further treatment. For medical preparation, nurses focus more on social residents who do have a history of illness. Thus, they can be given in-depth care. The medical preparation is first for the WBS, then we carry out an assessment by looking at the patient's data and history, such as a history of illness like that, and if in the assessment there is a history of illness, then we, the nurses, consult first with the doctor here because there is a doctor here too, and if the doctor says it is required to continue to be consulted to the hospital, then we, the nurses, consult to the hospital. " (Interview with Indah, July 24, 2024).

Social care residents at the Budi Bhakti 2 Social Welfare Home, on average, need and require special care, especially for social care residents who have a history of serious illnesses are scheduled to continue to be consulted medically with doctors or hospitals that collaborate with the Budi Bhakti 2 Jakarta Social Welfare Home. "In the morning, the nurses like to greet and ask whether the condition today is better or not, then if, for example, there are complaints of pain, they like to ask more about the illness to ask the doctor again. Thus, later they can be given medicine." (Interview with Julianto, July 24, 2024). In addition to medical preparation, nurses at the Budi Bhakti 2 Jakarta Social Welfare Home also have non-medical preparations to be given to social care residents. In addition to checking medical health, nurses at the social home also ask about family history to be able to better understand the background of the social care residents. In this non-medical preparation, it is a way for nurses to be able to get to know and understand more about the background and family history of the social inmates before finally becoming social inmates at the Budi Bhakti 2 Jakarta Social Welfare Home. "For non-medical preparation, we nurses conduct data assessments such as asking about family background and who knows if he still remembers, we ask where he lives and his family background, if, for example, there is no response from the WBS, our nursing team will not continue the interaction with the WBS". (Interview with Indah, July 2024) (see **Figure 1**).

Preparation Stage (Pre-Interaction) in the Healing of Social Assistance Residents for the Physically Disabled. From the results of interviews conducted by researchers, at the preparation stage, nurses carry out this initial preparation by looking for a room or the availability of a room in the institution for new social assistance residents. At this preparation stage, as explained by the informant, the social assistance institution only accepts new social assistance residents if there is a suitable and adequate room for them social assistance residents. Because the suitability of the room is very much considered by the social assistance institution to provide facilities and comfort for social assistance residents when they are there. Seeing this incident, comfort is very important for social assistance residents because several social assistance residents need total care, and that greatly affects the healing process. In addition to paying attention to the room, at this preparation stage, nurses also make two preparations before starting interactions with social assistance residents, namely medical preparation and non-medical preparation.



**Figure 1.** Nurse preparation stage communication model.

In the medical preparation explained by the informant as a nurse conducting medical preparation for social inmates with a medical history assessment and if the medical history assessment has been carried out by the nurse to the social inmates, and if the social inmates have a medical history then the next step as explained by the informant is to consult with the doctor at the Budi Bhakti 2 Jakarta Social Home for the Physically Disabled. Because in this social home, 85% of them are in non-potential conditions (total care). Thus, they need further care such as regular medication or referrals to hospitals that collaborate for the Physically Disabled. In addition to medical preparation, there are also non-medical preparations carried out by nurses to social inmates, namely by conducting a family history assessment by asking about the family history background of the social inmates before being fostered to become social inmates for the Physically Disabled. In this medical preparation, nurses also begin to pay special attention to social cues to provide a sense of comfort when interacting. At this stage, it is the nurse's job to be able to collect data on the history of social inmates and also to explore the feelings, hopes, fantasies, or strengths of social inmates, as well as analyze the professional strengths of nurses. At this stage, nurses must also be able to start interacting well with social inmates and build mutual trust to continue the next stage of the healing process for social inmates. These medical and non-medical preparations are very important for nurses in handling social inmates

## 5. CONCLUSION

The preparation stage of nurses in the social rehabilitation process involves multiple phases, as described by key informants. This stage includes both medical and non-medical preparations, ensuring that nurses are adequately equipped to engage effectively with residents. Medical preparation involves reviewing residents' medical histories, conducting initial health assessments, and consulting with doctors to determine appropriate care strategies. Non-medical preparation includes familiarizing nurses with residents' backgrounds, social conditions, and psychological needs to establish a foundation for effective therapeutic communication. This preparation stage serves as a crucial foundation



before nurses proceed with further interactions and interventions. By systematically preparing for both medical and non-medical aspects, nurses can enhance their ability to provide comprehensive, person-centered care. Strengthening this stage can improve communication effectiveness, ultimately supporting the rehabilitation process and ensuring better outcomes for residents requiring intensive social and medical care. To enhance therapeutic communication in social rehabilitation, several improvements are recommended. First, nurses should receive continuous training in therapeutic communication, particularly for residents requiring intensive care. Workshops on active listening, empathy, and psychological support can improve their effectiveness. Second, establishing standardized guidelines for the preparation stage, including structured assessments of medical history, psychological conditions, and family backgrounds, can ensure consistency in care. Third, interdisciplinary collaboration should be strengthened by fostering coordination between nurses, doctors, psychologists, and social workers to develop holistic rehabilitation plans. Additionally, providing emotional and psychological support for nurses through peer discussions or counseling can help them manage work-related challenges. Finally, regular evaluation of nurses' communication effectiveness through feedback from residents and multidisciplinary teams is essential for continuous improvement. These measures will enhance therapeutic communication, ensuring better rehabilitation outcomes for residents requiring specialized care.

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## 7. AUTHORS' NOTE

The authors declare that there is no conflict of interest regarding the publication of this article. The authors confirmed that the paper was free of plagiarism.

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