

## Therapeutic Communication in Midwife Counseling in the Implementation of *Keluarga Berencana* (KB) Services at the Lingkar Timur Public Health Center Bengkulu City

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### ABSTRACT :

Therapeutic communication within *Keluarga Berencana* (KB) counseling sessions with midwives at Puskesmas presents a compelling area of study due to its prolonged duration compared to other medical interactions. This research aim to analyzed the communication process using therapeutic stages: pre-interaction, orientation, work, and termination, alongside Sandra Petronio's communication privacy management theory. Employing a qualitative method with a phenomenological approach, data collection involved interviews, observation, and documentation, utilizing purpose sampling. The informants in this study amounted to 4 midwives as the main informant and 3 patients as supporting informants. The results of this study show that in phase 1, the pre-interaction phase, the midwives are assigned to collect information from available data about the patient. In phase 2, the orientation phase, the midwives introduce themselves to build trust, divert the patient's thoughts, and formulate common goals. During phase 3, the work phase, the midwives are required to analyze the situation carefully, actively listen, stay focused, and summarize what the patient has communicated. Finally, in phase 4, the termination phase, the midwives conclude the session, reinforce what has been discussed, and ensure that communication with the patient is well-established for future interactions. This structured communication process highlights the importance of therapeutic techniques in midwife-patient interactions during KB counseling sessions.

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### INTRODUCTION

*Keluarga Berencana* (KB) is one of the most basic and primary preventive health services for women. With *Keluarga Berencana*, women have the opportunity to make wise decisions

regarding the number and spacing of their children, so that it can have a positive impact on both mother and child health (Putri Santy, 2022). One of the primary benefits of *Keluarga Berencana* is the ability for women to space their pregnancies appropriately. Spacing pregnancies allows mothers to recover fully from the physical demands of childbirth and breastfeeding, reducing the risk of maternal complications and promoting maternal health (Nurhilal et al, 2021).

Based on the 2020-2024 BKKBN strategic plan referring to Presidential Regulation Number 18 of 2020 concerning the National Medium Term Development Plan (RPJMN), BKKBN is given the mandate to contribute directly to 2 (two) of the 7 (seven) National Development/Priority (PN) agendas. in RPJMN IV 2020-2024, namely to "Increase Quality and Competitive Human Resources (HR)", as well as supporting "Mental Revolution and Cultural Development".

Problems in communication are considered to be of particular interest, both of doctors and researchers. Especially because in recent decades, patients have become increasingly informed about their conditions, and involved in the decision-making process. In a medical specialty where the "emotional dimension is omnipresent" and the likelihood of psychological distress and symptoms is often high, communication is critical throughout the care pathway (Dora, Ayuni, and Asmalinda 2019).

The concept of therapeutic communication refers to the process in which health professionals consciously influence clients of felt clients to gain better understanding through verbal or nonverbal communication (Khoir, Fauzi, and Holis, 2020). Therapeutic communication is communication carried out by health workers that is planned and focused on the patient's recovery. The therapeutic relationship between health workers and patients is communication carried out with the aim of improving the patient's emotions (Zarea et al, 2014).

Therapeutic communication is joint interaction between health workers and patients in communication that aims to solve problems faced by patients (Sinaulan 2016). By communicating therapeutically, midwives can reach a certain point of interpersonal connection with patients. So in health facilities and infrastructure, a competent midwife is needed to carry out her duties. One of them is implementing midwifery care and therapeutic communication well (Imanda. Amajida Pangesti 2021). The importance of communication in life makes it one of the keys to success in the health sector, namely in caring for, providing consultations, motivating, and providing information to patients in choosing contraceptives to be used at the Lingkar Timur Community Health Center, Bengkulu City.

The function of therapeutic communication is very important in establishing and maintaining strong collaborative relationships between health workers and their clients, especially in the context of the nurse-client relationship. (Ghiyasvandian et al, 2018). Health workers try to express feelings, identify and assess problems and evaluate actions taken in care (Siregar and Rahmadiyah, 2021). A good communication process can provide an understanding of client behavior and help clients overcome problems faced during the treatment stage. Meanwhile, at the preventive stage, its use is to prevent negative actions

against the client's self-defense (Dora et al. 2019) In practice, therapeutic communication involves the use of certain strategies aimed at encouraging patients to express their feelings and thoughts more openly, while also showing acceptance and respect for them (Tuju et al, 2019).

Puskesmas as health service providers are known for their complexity, both in terms of service, finance, performance and marketing. As a service provider, medical workers are required to provide services that can help the patient's recovery process by building a relationship of mutual trust through communication. Effective communication in healthcare settings such as Puskesmas involves more than just conveying information; it encompasses empathy, active listening, and clear articulation of medical advice and treatment plans. Medical workers must create a supportive and understanding environment where patients feel comfortable expressing their concerns and participating in their own healthcare decisions (Zarea et al, 2014). Most medical services are curative and target patients, while nursing services focus on both healthy and ill individuals, families, and the community.(Hidayatullah, 2020).

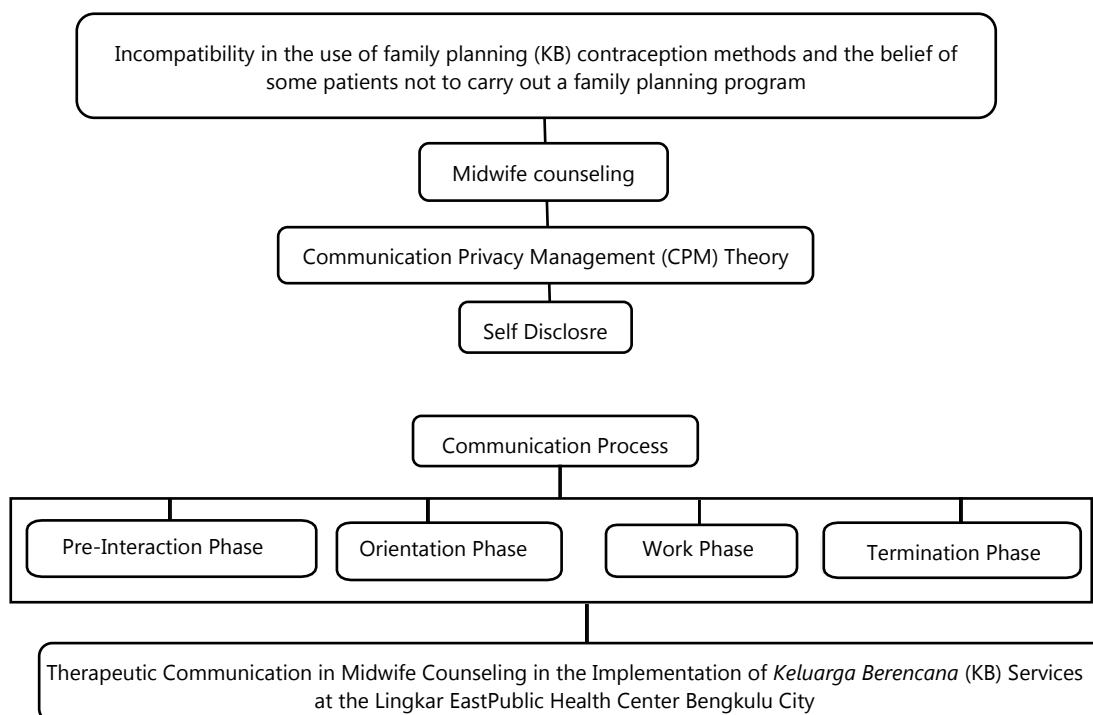
Initial observations and interviews at the Lingkar Timur Community Health Center revealed that several patients had doubts about the *Keluarga Berencana* program. Some patients reported experiencing menstrual cycle disruptions due to incompatibility with certain KB contraception methods (Syawalina, Santosa, and Sanusi 2020). This shows that although birth control is an effective option for managing pregnancy, each individual's body response to this method can vary (Nurhilal et al, 2021). Additionally, some patients expressed more confidence in using natural birth control methods, such as the calendar method and interrupted sex (Pre-research, 2023).

The role of midwives has a big contribution to the smoothness of therapeutic communication in counseling in efforts to improve the quality of *Keluarga Berencana* services in Bengkulu City. Understanding the concept and behavior of therapeutic communication in counseling carried out by midwives to clients is something that must be considered. Based on this, the researcher wants to know more about the therapeutic communication behavior in counseling midwives in the implementation of *Keluarga Berencana* services in Bengkulu City, especially in the Lingkar Timur Community Health Center, which is based on the level of knowledge of midwives about therapeutic communication in counseling, therapeutic communication skills in counseling and barriers. Therefore, based on the background of the problem above, the author is interested in carrying out research titled "Therapeutic Communication in Midwife Counseling in the Implementation of *Keluarga Berencana* (KB) Services at the Lingkar Timur Health Center, Bengkulu City".

This research aligns with Sandra Petronio's Communication Privacy Management (CPM) theory, which explains how individuals negotiate the disclosure and control of private information. This theory is rooted in assumptions about the basic characteristics that exist within each individual and how a person thinks and communicates. Communication Privacy Management (CPM) is designed to explain various everyday issues that are reflected in individuals' daily activities. The scope of this theory encompasses not only the individual but

also extends to groups and organizations. To achieve this goal, there are five basic assumptions of CPM theory (Purwanti, Wahyu Utami, and Latifah, 2022): (a) Privacy Information (Private Information), the first assumption in this theory is about ownership and control regarding personal information. That, many people believe that She have personal information and have the right to control that information. (b) Privacy Boundaries, this assumption defines that there is a line between an open (public) attitude and a private attitude towards information, or in other words the rules for disclosing or hiding. Everyone must have rules for managing their personal information. In general, there are two types of privacy boundaries: personal and collective. When someone chooses to keep their message or information, not share it with anyone, it will become personal property, the boundaries are called personal boundaries (Zahra, 2017). (c) Control and Ownership (Control and Ownership), In relation to control and ownership, this assumption means that the owner of the information has the control to place trust in anyone who can access the information. When individuals provide personal information to each other, She then become joint owners of that information. (d) Rule-Based Management System, when providing information to a wider range of parties, negotiation of mutually agreed privacy rules is required. This relates to privacy boundaries, as boundary ownership involves the rights and responsibilities of individuals who possess personal information in controlling its distribution.

This research analyzed the communication process using therapeutic stages: pre-interaction, orientation, work, and termination, alongside Sandra Petronio's communication privacy management theory. The research framework:



Picture 1. Research Framework

Therapeutic communication is professional communication that leads to the goal of healing the patient. Patient satisfaction arises when their needs, desires, and expectations are met. Satisfaction is a feeling of pleasure derived from comparing the enjoyment of activities and products with expectations. Satisfaction is a feeling of pleasure or disappointment that arises after comparing one's perceptions of a product's performance with expectations. (Siti, Zulpahiyana, and Indrayana 2016).

This research aims to find out the process and technicalities of therapeutic communication in midwife counseling in the implementation of *Keluarga Berencana* services at Lingkar Timur Community Health Center, Bengkulu City. This research utilizes the post-positivism or interpretive paradigm. According to Sarankantos (1995), the interpretive paradigm attempts to understand human behavior. This paradigm places emphasis on the role of language, interpretation, and understanding (Manzilati 2017).

This research bridges a notable gap in the existing literature by focusing specifically on the therapeutic communication practices of midwives within the context of KB counseling in Bengkulu City. While previous studies have explored therapeutic communication in healthcare settings, few have delved into the intricacies of midwife-led counseling sessions in the realm of family planning services, particularly in this geographic context. By honing in on this specific area, the study contributes to a deeper understanding of the role of midwives in facilitating effective communication and patient satisfaction within the KB service framework.

The investigation into cultural, social, and contextual influences on therapeutic communication adds a novel dimension to the research. Understanding how these factors shape communication dynamics can inform the development of culturally sensitive and contextually appropriate communication strategies, ultimately enhancing the effectiveness of KB counseling services. Thus, this study not only fills a gap in the literature but also offers practical implications for improving the quality of care and service delivery in family planning programs in Bengkulu City.

## RESEARCH METHOD

This research adopts the post-positivism or interpretive paradigm. The interpretive paradigm attempts to understand human behavior. This paradigm places emphasis on the role of language, interpretation, and understanding (Dewi, 2016). The type of research used is qualitative research with a phenomenological approach, which is research based on subjective experiences experienced by individuals. This research employs a qualitative method, focusing on gaining an in-depth understanding of the therapeutic communication between midwives and patients in *Keluarga Berencana* (KB) counseling services at the Lingkar Timur Community Health Center, Bengkulu City. (Manzilati, 2017).

Through a phenomenological approach it is possible to reveal therapeutic communication that occurs between midwives and patients in handling complaints. Phenomenology is also defined as a view of thinking that emphasizes the focus on human subjective experiences and stories and their interpretation or implementation in the world.

Primary data is collected through various techniques, including interviews, observations, and documentation. Interviews provide direct insights from four midwives and four patients regarding their experiences and perceptions of therapeutic communication. Observations enable the researchers to observe the interactions between midwives and patients during counseling sessions. Documentation, such as counseling records and training materials, supplements the understanding of the KB counseling process. Data analysis involves processing, presenting, and interpreting field data to provide meaningful insights and convey the research results to readers. (Sugiyono, 2018)

## RESULTS AND DISCUSSION

### Description of Lingkar Timur Public Health Center Bengkulu City

Lingkar Timur Public Health Center is a community health center located on Jalan Jeruk No.1, Singaran Pati District, Bengkulu City, a distance of 5 (five) minutes to the Puskesmas working area using motorcycle. Lingkar Timur Community Health Center consists of health service units that are integrated by carrying out service activities.

Lingkar Timur Community Health Center serves a population of 22,151 and 4707 families, spread across 3 (three) subdistricts, namely Lingkar Timur subdistrict, Padang Nangka subdistrict, Timur Indah subdistrict. Lingkar Timur Community Health Center has two sub-district health centers, namely the Timur Indah sub-health center and the Btn P and K sub-district health centers.

The Lingkar Timur Health Center covers 360 hectares (3.60 km<sup>2</sup>) and lies at an elevation of 0-16 meters above sea level. The area features flat, swampy topography and a typical temperature range of 25- 30°C. Lingkar Timur Public Health Center have vision and mission. Vision: To provide equitable, high-quality, and affordable public health services for all.

#### Mission

1. Maintain and improve health services that are fair, equitable, highquality, and affordable.
2. Encourage to increase the empowerment of communities, families and individuals to be healthy in a clean and healthy environment.
3. Drive development in sub-districts with a health perspective
4. Encourage families, communities and productive health providers in implementing public health care insurance (JPKM)

KB services are maternal and child health services including family planning services which include promotive, preventive, curative and rehabilitative services. MCH/KB services include pregnancy checks (ANC), postpartum care, treatment of infants and toddlers, immunizations, DDTK, adolescent reproductive health (including services for prospective brides), as well as birth control services such as pills, condoms, injections, IUDs, and implants. At Lingkar Timur Community Health Center, MCH/KB services aim to improve maternal and child health, reduce maternal, infant, and toddler mortality rates, and increase family planning acceptors.

## **Analysis of Therapeutic Communication Between Midwives and Patients in Midwife Counseling in the Implementation of *Keluarga Berencana* (KB) Program Services**

This research was conducted with four midwives as primary informants and three patients as supporting informants from the Lingkar Timur Community Health Center.

### **1. Description of the Principal Research Informant**

#### **a. Midwife Henely Nasution (43 years)**

Midwife Henely was the first main informant interviewed by the researcher. She is a midwife with 18 years of experience with the characteristics of having a slightly full body, white skin, and wearing glasses. During the interview process, Midwife Henely was a friendly person and very enthusiastic in answering every question asked by the researcher.

#### **b. Midwife Puspitarini (42 years)**

Midwife Puspitarini was the second main informant interviewed by the researcher. She is a midwife with 18 years of experience with the characteristics of having a slightly thin body, brown skin, and slanted eyes. During the interview process, the Puspitarini midwife was very enthusiastic about the topic of the interview conducted by the researcher so that she was also very enthusiastic in answering the questions asked by the researcher.

#### **c. Midwife Ermi Suryani (54 years old)**

Midwife Ermi Suryani was the third main informant interviewed by the researcher. She is a midwife with 25 years of service, with the characteristics of having a slightly full body, approximately 155 cm tall, brown skin, and wear glasses. During the interview process, midwife Ermi Suryani was very enthusiastic about the topic of the interview conducted by the researcher so she was also very enthusiastic in answering the questions asked by the researcher.

#### **d. Midwife Silvia Reni (36 years old)**

Midwife Silvia Reni was the fourth main informant interviewed by the researcher. She is a midwife with 10 years of experience with the characteristics of having a slightly thin body, approximately 163 cm tall, olive skin, and slanted eyes. Midwife Silvia Reni is also a friendly and enthusiastic informant in answering questions asked by researchers.

### **2. Description of research supporting informants**

#### **a. Mrs. Ridut Lasnah (42 years)**

Mrs. Ridut Lasnah was the first supporting informant interviewed by researchers. She is a registration officer with 15 years of service with the characteristics of having a slightly plump body, white skin and narrow eyes. Mrs. Ridut is also a friendly and enthusiastic informant in answering questions asked by researchers.

#### **b. Mrs. Ade Irma (23 years)**

Mrs Ade Irma was the second supporting informant interviewed by the researcher. She is a family planning patient at Lingkar Timur Community Health Center in Bengkulu City with the characteristics of having a thin body, white skin and slanted eyes. Mrs. Ade Irma is also a friendly and enthusiastic informant in answering questions asked by researchers.

#### **c. Mrs. Wilna (29 years)**

Mrs. Wilna was the third supporting informant interviewed by the researcher. She is a family planning patient at the Lingkar Timur Health Center in Bengkulu City with the characteristics of having a slightly fuller body, olive skin, and slightly slanted eyes. She

is very friendly towards researchers and is happy to share his experiences and answer questions asked by researchers.

d. Mrs. Rita (36 years old)

Mrs. Rita was the fourth supporting informant interviewed by the researcher. She is a family planning patient at the Lingkar Timur Health Center in Bengkulu City with the characteristics of having a full body, brown skin, and slightly slanted eyes. Mrs. Rita is also a friendly and enthusiastic informant in answering questions asked by researchers.

Based on the research results, it can be analyzed that the therapeutic communication pattern that is formed between the midwife and the patient is due to the communication process that takes place between the midwife and the patient. The communication process is always carried out by midwives because it is necessary for the *Keluarga Berencana* program service process. The data indicate that midwives at the Lingkar Timur Community Health Center utilize a circular communication pattern in handling patient complaints (Damaiyanti 2016). Based on the results of research with informants, it was obtained that:

### 1. Pre-Interaction Phase Analysis

Therapeutic communication is included in interpersonal communication with the starting point of sharing knowledge and interpretation between the midwife and the patient. The basic and core issue of this communication is the mutual need between the midwife and the patient, so it is categorized into interpersonal communication between the midwife and the patient, the midwife helping, and the patient. receive encouragement (Fitriarti 2017).

The first step in the pre-interaction phase begins at the registration section. Initially, the information counter officer directs the patient to take a number, provides a queue number, and then invites the patient to sit and wait for their turn. At the registration counter, the staff calls the patient based on their queue number and greets them following the 3S principle (Smile, Greet, and Salute). The staff then asks about the patient's intentions or needs and inquires if the patient has previously visited the Lingkar Timur Community Health Center to determine whether She are a returning or new patient. Then the registration officer takes the patient's identity folder to the *Keluarga Berencana* counseling room.

At this stage, two important factors need to be considered and prepared, namely factors within the midwife or registration officer themselves, such as communication skills, empathy, and knowledge of the registration process, as well as factors related to the patient, such as emotional conditions, specific needs , and the level of understanding of the process that will be followed. By paying attention to these two factors, the pre-interaction process can be carried out effectively and ensure the creation of a good relationship between staff and patients (Purwanti, Wahyu Utami, and Latifah, 2022).

Based on observations, the pre-interaction phase at the Lingkar Timur Community Health Center has been conducted effectively. Patients feel welcomed, and their complaints are addressed honestly, which fosters a positive interaction.

The pre-interaction phase in therapeutic communication shows that openness in communication between midwives and patients makes midwives have open feelings and thoughts in serving various kinds of patient complaints so that openness as the first step in



therapeutic communication between midwives brings a harmonious relationship with patients at the Lingkar Timur Community Health Center.

In the practice of therapeutic communication, in this case, the researcher asked one of the midwives at the Lingkar Timur Community Health Center about what kind of communication should be considered when dealing with patients.

In the practice of therapeutic communication, in this case, the researcher asked one of the midwives at Lingkar Timur Community Health Center about what kind of communication should be considered when dealing with patients. According to midwife Silvia, what really needs to be paid attention to is adapting to the patient in terms of the language used by each patient to add to the impression of familiarity in establishing communication because all the patients who come do not always speak Indonesian, sometimes She use regional languages. The following is what midwife Silvia said:

*"When communicating with patients, you must adapt to the patient's character. For example, if the patient uses Bengkulu language, we use Bengkulu language. If the patient speaks Indonesian, we use Indonesian, depending on the patient. The intonation of the voice used must also be clear and easy for the patient to understand." (Midwife Silvia, Interview 2023)*

According to midwife Silvia, what needs to be paid attention to is adapting to the patient in terms of the language and intonation used to add to the impression of intimacy in establishing communication.

## 2. Onboarding Phase Analysis

Based on the author's observations, a patient explained that the midwives at Lingkar Timur Community Health Center had clearly directed and informed her about the use of *Keluarga Berencana*, including its benefits and side effects. Additionally, their friendly attitude made it easier for patients to open up during *Keluarga Berencana* counseling..

A midwife must of course direct and explain to patients about the use of birth control including the side effects of each birth control method. When providing counseling to patients, midwives should also create a comfortable atmosphere when interacting with patients so as to encourage patients to open up and explain what She are feeling. The following is what midwife Puspitarini said:

*"To encourage patients to open up and explain what She are feeling, of course we don't look scary, keep smiling, we invite jokes. If She brings a small child, we can interact with him. Usually it encourages the patient to open up. "Then the atmosphere in the room should not be too long, we can close the door to increase privacy for the patient, as is the case with the IUD family planning installation, something like that, more or less." (Midwife Puspitarini, Interview 2023)*

The same thing was said by patients who had family planning at Lingkar Timur Community Health Center, that:

*"The midwife at Lingkar Timur Community Health Center has directed and explained to me about the use of family planning, both its uses and benefits and the effects it causes. "Apart from that, the midwives here are always friendly and smile at me, so I am more*

*open to counseling on the family planning program at Lingkar Timur community health center." (Mrs. Wilna, Interview 2023)*

Quality midwifery care positively influences patients. The comfort She experience fosters enthusiasm and motivation to follow the family planning program regularly.

The conclusion drawn emphasizes the significance of self-introduction by midwives as a pivotal step in creating an environment of comfort, security, and calmness during examinations (Purwanti et al, 2022). By introducing themselves to patients, midwives initiate a fundamental aspect of effective communication that lays the groundwork for a positive interaction.

### 3. Work Phase Analysis

The work phase is the core of the midwife-patient relationship which is closely related to the implementation of the midwifery action plan which will be implemented in accordance with the goals achieved. In this work phase, midwives need to increase interaction and develop functional factors of the therapeutic communication carried out (Nursanti et al. 2023). By fostering acceptance and using therapeutic communication techniques, midwives can help patients overcome anxiety and build cooperative relationships. In the counseling process, some patients certainly have fears and doubts about using family planning, therefore the midwife must provide an explanation that convinces the patient to overcome this. Midwife Ermi explained:

*"The way for midwives to convince patients to overcome their anxiety is to explain what the benefits are, the advantages what are the side effects? "So if the patient already knows what the benefits are, of course the patient will be enthusiastic about carrying out the family planning program." (Midwife Ermi, Interview 2023)*

Researchers also conducted interviews about the provisions for using family planning at Lingkar Timur Community Health Center, which further supports the smooth execution of therapeutic communication during counseling. Based on the results of observations made by the author, the requirements for using the family planning program at Lingkar Timur health center are that every patient who wants to do the family planning program must have information about concerns and approval for the medical treatment and there must be K4 (at least 4 contacts during pregnancy) which has been filled in. As stated by midwife Henely when interviewed:

*"The provisions for family planning patients are that She must have information regarding concerns and approval for medical procedures and must have K4 (at least 4 contacts during pregnancy) that have been filled in. Then She has to bring a photocopy of his Family Card and KTP after that we have to give him the indications. For example, for injectable contraceptives, those who can use injectable contraceptives cannot have high blood pressure, their body cannot be above 80 kg, their menstruation must be regular, we must know when the last menstruation was. We have to let you know about the indications." (Midwife Henely, Interview 2023)*

The obstacle in providing family planning counseling to East Lingkar Community Health Center patients is that there are still many patients who arrive late and are not on time to carry out the family planning program according to their schedule. There are still many patients who

lack discipline regarding the birth control schedule. Another inhibiting factor in the counseling process is the limited time available for patient visits. This is especially challenging for first-time family planning patients, as the high volume of visitors makes it difficult for midwives to thoroughly explain the program. To provide an explanation regarding the family planning program. This was explained by Mrs. Ade Irma, as a family planning patient at Lingkar Timur Community Health Center and supporting informants, namely:

*"It's true that schedules are sometimes not on time, because She tend to forget, not to mention if the injection time coincides with other agendas, She will definitely be late. But now I often set reminders on my cellphone calendar so I have a fairly regular schedule for birth control injections." (Mrs Ade Irma, Interview 2023)*

This opinion was also added by one of the patients, Mrs. Rita, who is a supporting informant, namely:

*"The obstacles that I experienced while being a patient at the Lingkar Timur Community Health Center were limited time to visit and because I myself come from the Javanese tribe, so in conveying the information I was a little shy and not too open, because I was not used to it, sis. Apart from that, the problem is time and lots of visitors, so my time to ask the midwife here is limited. Because She doesn't feel good with other patients. Not to mention, if the time is close, rest time will be very limited." (Mrs. Rita, Interview 2023)*

In addition to limited visit times, misunderstanding, and low understanding, researchers' observations show that cultural factors also hinder effective therapeutic communication.

Based on the description above, it can be understood that therapeutic communication barriers occur not only because patients do not understand the language used by midwives, but communication barriers arise due to the tone of speech caused by their respective cultural backgrounds.

With several obstacles that have been expressed by midwives at Lingkar Timur Community Health Center, a way is needed to overcome these obstacles based on the results of researchers' observations, so two-way communication is needed between midwives and patients by sharing stories and experiences, to overcome the obstacles of patients' lack of discipline regarding schedules (Golshahi et al, 2022).

#### **4. Termination Phase Analysis**

After all phases of therapeutic communication have been carried out, in the final stage, namely the termination phase, the midwife will re-evaluate the patient during the *Keluarga Berencana* program process and if this has been done, the goal of this *Keluarga Berencana* counseling program will be achieved. In this study, a temporary termination phase was used, after which the midwife re-evaluates the patient and if this has been done, this is to prove that the communication between the midwife and the patient is good enough so that a patient still remembers the aim of the family planning counseling program which will be achieved, proven by continuity. the patient repeats the family planning program according to the specified schedule. This is explained through the narrative of midwife Ermi namely:

*"As a midwife, I know that the communication that exists between the midwife and the patient is quite good. Judging from the patient's feedback, seeing the mother smoothly*

*and on time in carrying out family planning means that the mother has understood the explanation from us as counselors in carrying out family planning." (Midwife Ermi,, Interview 2023)*

Based on the description above, there is good communication between the midwife and the patient, which can be seen by agreeing on the follow-up to the interactions that have been carried out between the midwife and the patient. The agreed follow-up should be relevant to the current interaction or future appointments. The follow-up is re-evaluated during the orientation stage of the next meeting. This was further explained by Mrs. Ridur, a family planning patient at Lingkar Timur Community Health Center:

*"In my opinion, as a patient who regularly uses family planning at Lingkar Timur Community Health Center, communication between me and the midwife here has been quite good. I even have the freedom to do counseling, the midwives here are also nice and friendly. So sometimes counseling here is no longer like being with a midwife but with friends because the atmosphere is comfortable and not stiff. Also, every time I go to counseling when I want to use birth control, I am always reminded about the next injection and really warned so that I don't forget and be late with the midwife here." (Mrs. Radut, Interview 2023)*

The results of this study show that the effectiveness of therapeutic communication between the midwife and the patient can be observed through the patient's routine behavior and feedback.

The following is data on active *Keluarga Berencana* patients at the Lingkar Timur Community Health Center for the period up to July 2023:

**Table 1 Mapping Type of KB**

No	KB type	Total
1.	Condoms	258
2.	Pill	738
3.	Inject	744
4.	IUD	361
5.	Implant	365
6.	MOW	19
7.	MOP	84

Source: (Pre-Research, 2023)

The table indicates that the goal of the midwife's therapeutic communication has been reached, as demonstrated by data on patients who consistently use active *Keluarga Berencana* contraceptive methods (Febriati, Zakiyah, and Astuti, 2023).

The quality of therapeutic communication between midwives and patients is evident through patient feedback and re-evaluation. This indicates that the goal of therapeutic communication during midwife counseling for *Keluarga Berencana* (KB) services at the Lingkar Timur Community Health Center has been successfully met.

The analysis of therapeutic communication between midwives and patients in the implementation of the *Keluarga Berencana* (KB) program services at the Lingkar Timur Community Health Center sheds light on the intricate dynamics involved in establishing effective communication within healthcare settings. Through a comprehensive examination of various phases of interaction, including pre-interaction, onboarding, work, and termination phases, researchers have provided valuable insights into the patterns and challenges inherent in this communication process.

The study highlights the significance of the pre-interaction phase, where the groundwork for rapport and trust between midwives and patients is laid. Midwives' efforts to welcome patients warmly and address their needs with openness contribute significantly to establishing a positive atmosphere conducive to effective communication. Moreover, the emphasis on adapting communication strategies to meet individual patient preferences, as mentioned by midwife Silvia, underscores the importance of personalized care in fostering patient engagement.

During the onboarding phase, self-introduction by midwives emerges as a crucial step in creating a sense of comfort and security for patients. By providing clear explanations about the KB program and demonstrating a friendly attitude, midwives facilitate an environment where patients feel more inclined to openly discuss their concerns and participate in counseling sessions. In the work phase, midwives' efforts to address patients' anxieties by explaining the benefits and side effects of KB reflect their commitment to patient education and empowerment. However, challenges such as language barriers and cultural differences pose obstacles to effective communication. The study underscores the need for midwives to employ strategies such as utilizing interpreters and adjusting communication styles to accommodate diverse patient backgrounds.

The termination phase highlights the importance of continuous evaluation and feedback to gauge the effectiveness of therapeutic communication. By monitoring patients' adherence to KB methods, midwives can assess the success of their communication efforts and identify areas for improvement.

The findings of this study underscore the complex interplay between communication processes, patient perceptions, and cultural nuances in the context of midwife-patient interactions. By recognizing and addressing these challenges, healthcare providers can enhance the quality of therapeutic communication and ultimately improve patient outcomes in KB program services.

## CONCLUSION

Based on the research and analysis, researchers can draw conclusions at the Lingkar Timur Community Health Center show that therapeutic communication between midwives and patients occurs in several stages as follows: Pre-Interaction Phase : The pre-interaction phase at the Lingkar Timur Community Health Center has been handled well by the midwives during service and registration. Patients feel welcomed and appreciated. Additionally, their

complaints are addressed honestly, providing the information they seek. This approach helps establish positive interactions with the patients.

**Orientation Phase:** Based on the author's observations at the Lingkar Timur Community Health Center, a patient shared her experience with the midwives. She confirmed that they had provided clear guidance on the use of *Keluarga Berencana*, explaining both its benefits and side effects. The midwives' friendly attitude also made it easier for patients to feel comfortable and open during the counseling sessions.

**Work Phase:** Midwives at the Lingkar Timur Health Center face several challenges in therapeutic communication. Patients often come with misinformation, and those with lower educational backgrounds struggle to fully understand the counseling. Additionally, many patients are undisciplined or miss their scheduled KB appointments. Time constraints, especially when there is a high patient load, also hinder effective counseling. To overcome these challenges, midwives emphasize the need for two-way communication, where they can share stories and experiences with patients. **Termination Phase:** Observations indicate that the termination phase has been successfully completed, as shown by the data of patients who continue using active *Keluarga Berencana* contraceptive methods. This suggests effective communication between midwives and patients, proving that patients understand the information provided during the KB counseling process at the Lingkar Timur Community Health Center.

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