



# INDONESIAN ACADEMIA HEALTH SCIENCES JOURNAL



## Nurse's Therapeutic Alliance, Relationship Building, and Therapeutic Communication Strategies for The Symptom Schizophrenia Population

Chlara Yunita Prabawati<sup>1\*</sup>, Mutia Ayu Pratiwi<sup>2</sup>

<sup>1</sup> School of Nursing, Universitas Muhammadiyah Surabaya, Indonesia

<sup>2</sup> School of Nursing, Universitas Muhammadiyah Surakarta, Indonesia

### Abstract

#### Corresponding Author

[ayatulloh.daviq.22@gmail.com](mailto:ayatulloh.daviq.22@gmail.com)

*A severe mental disorder affects thought, feelings, and behaviour defined as Schizophrenia. The involve primary symptoms of Schizophrenia, are experiencing hallucinations, delusion, anhedonia, avolition, asociality, apathy, alogia, and attention disorder. The practice of the registered nurse-patient relationship might be used to examine the level of symptoms of patients with Schizophrenia. The purpose of this study is to examine the relationship between the Nurse's Therapeutic Alliance, Relationship Building, and Therapeutic Communication with the symptoms of the patient with Schizophrenia. The design was a correlational study using a cross-sectional approach. This study was conducted at the inpatient department of a government mental hospital in Indonesia with participants sixty-three adult schizophrenic patients and twenty-five registered nurse nurses. The primary outcome measure used a questionnaire the Nurse - Client Relationship Phase (NCRP), Brief Psychiatric Rating Scale (BPRS) and the Brief Negative Symptoms Scale (BNSS). The result of this study shows that there is a significant positive correlation ( $p < .05$ ) between the registered nurse-patient relationship involving three sub-domains with the negative symptoms of schizophrenic patients; a significant positive correlation ( $p < .001$ ) was found between therapeutic communication strategies, relationship building with the negative symptom. However, a lower correlation was found between the registered nurse-patient relationship with the negative symptoms of schizophrenic patients. In addition, registered nurses are expected to improve their abilities and services, especially in terms of determining the strategy of communicating with patients.*

#### Keyword:

*Schizophrenia, Therapeutic Communication, Nurse, Schizophrenic's Symptoms*

## INTRODUCTION

Schizophrenia is a serious mental disorder that affects thoughts, feelings, and behaviour. 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 schizophrenias in Central Java in 2013 was greater than in 2007. The rate of increase was 15 thousand people over 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 the 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). Therapeutic among nurses are divided into three domains nurse's therapeutic alliance, relationship building, and therapeutic communication (Perry, 2018). This domain might affect the schizophrenic's symptoms since the nurse-client relationship is nurtured by

Indonesian Academia Health Sciences Journal patients during their care. The study by Cohen (2016;2019) showed that nurses' behaviour affects the client's condition including their prognosis of symptoms besides pharmacological considerations. In Indonesia considering there is a limited study on nurses' therapeutic alliance, relationship building, and therapeutic communication of nurses toward schizophrenic patients in Indonesia, it is very important and necessary to conduct a study about the relationship between therapeutic communication of nursing with negative symptoms of schizophrenic patients.

## METHODS

The study used a descriptive statistics method with cross 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; Brief Psychiatric Rating Scale (BPRS); Consisting of 18 items questions in one domain of psychotic signs and symptoms. The rater should enter a number ranging from 0 (not assessed) to 7 (extremely severe), the range score: 0 – 126 Moreover, the highest score means extremely severe of the symptom. The BPRS already available in the Indonesia version with a test-retest reliability was 0.82 and Cronbach's alpha of 0.81 in an early study with schizophrenia and a questionnaire "Brief Negative Symptoms Scale (BNSS)", contains 13 items. The result of the Nurse Client Relationship Phase validation test is 0.69 while the result of the reliability test is 0.79. The result of Brief Negative Symptoms Scale (BNSS) validation test is 0.89 while the result of the reliability test is 0.97.

## HASIL

### Univariate Analysis

Table 1: Frequency Distribution of Characteristics of Patient Respondents

No	Characteristics	n (%)
<b>1</b>	<b>Gender</b>	
	Male	33 (52,4)
	Female	30 (47,6)
<b>2</b>	<b>Age</b>	
	18 – 30	21 (34,9)
	31 – 45	25 (39,7)
	46 – 60	17 (25,4)
<b>3</b>	<b>Education Level</b>	
	Elementary School	11 (17,5)

Junior School	14 (22,2)
High School	31 (49,2)
University	7 (11,1)
<b>4 Employment</b>	
Unemployment	24 (38,1)
Labourer	15 (23,8)
Private Staff	20 (31,7)
Government Staff	4 (6,3)

Source: Primary Data

Table 1 shows that the majority of patient respondents' gender were male amount 33 respondents (52.4%) and female amount 30 respondents (47.6%). The mostly of patient's 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 largest education levels 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 main of the employment of the patients' respondents was Unemployment amounting to 24 respondents (38.1%), labour amount 20 respondents (31.7%), private staff amount 15 respondents (23.8%), and Government Staff amount 4 respondents (6.3%).

Table 2: Frequency Distribution of Characteristics of Nurses Respondents

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

Source: Primary Data

Table 2 illustrated that most of the nurses respondents' gender was male amount 13 respondents (52%) and female amount 12 respondents (48%). The

most of the nurse's 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 largest of education levels 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 main of the employments of the nurses respondents were Non Government Staff amounting to 15 respondents (60%) and the Government Staff amount 10 respondents (40%).

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

therapeutic alliance			
No		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)
relationship building,			
		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)
therapeutic communication			
1	Pre-Interaction	57 (90,9)	8 (10,1)
2	Orientation	30 (48,2)	33 (52,8)
3	Working	63 (100)	0 (0)
4	Termination	35 (55,6)	28 (44,4)
5	Response	63 (0)	0 (0)

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

Table 4: Frequency Distribution of Therapeutic Communication of Nurses at The Inpatient Ward

Nurse Client Relationship	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%). The mean value of the therapeutic communication variable is 1,29 and the standard deviation value of therapeutic communication is 0,46.

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

Sub Symptoms	Mild (%)	Moderate (%)	Moderately Severe (%)	Severe (%)	Very Severe (%)
Anhedonia	19 (30,2)	13 (20,6)	17 (27)	9 (14,3)	5 (7,9)
Asociality	30 (47,6)	9 (14,3)	11 (17,4)	10 (15,9)	3 (4,8)
Avolition	29 (46)	8 (12,7)	12 (19)	10 (15,9)	4 (6,4)
Blunted Affect	34 (53,9)	8 (12,7)	10 (15,9)	9 (14,3)	2 (3,2)
Alogia	35 (55,6)	6 (9,5)	11 (17,4)	9 (14,3)	2 (3,2)

Table 5 shows that the quantity of Anhedonia with mild quality was 19 respondents (30,2%), Moderate quality was 13 respondents (20,6%), Moderately

Severe was 17 respondents (27%), Severe quality was 9 respondents (14,3%), and Very Severe was 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 was 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 was 4 respondents (6,4%).

The amount of Blunted effect with mild quality was 34 respondents (53,9%), Moderate quality was 8 respondents (12,7%), Moderately Severe were 10 respondents (15,9%), Severe quality was 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 was 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

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

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

### Bivariate Analysis

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

	Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk		
	Statistic	n	p	Statistic	n	p
Nurse Therapeutic Alliance Relationship	45	63	.001	.58	63	.001
	45	63	.001	.58	63	.001

Building						
Therapeutic	.45	63	.00	.57	63	.00
Communication						
on Negative	.20	63	.00	.86	63	.00
Symptoms						

relationship between the therapeutic communication of nurses and negative symptoms of schizophrenic patients is 0.33 or 0.34 sufficient to correlate with the positive direction of correlation.

Table 7 illustrates that the Therapeutic Communication, nurse therapeutic alliance and relationship-building variable has a significance value of 0,00. 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 results mean that therapeutic communication of nurses' data had a heterogeneous or diverse distribution because the data on these variables had good and poor distribution. The negative symptom schizophrenic patient's data also had a heterogeneous or diverse distribution because the data on these variables had distributions that were mild, moderate, moderately severe, severe, and very severe. Based on the normality test above, it can be concluded that the prerequisite test was not fulfilled, therefore the researcher would move to the nonparametric statistic test using Spearman's rank correlation test.

Table 8: Correlation of Therapeutic Communication of Nurses with Negative Symptoms of Schizophrenic Patients

Negative Symptoms of Schizophrenia		
Nurse Therapeutic Alliance	r	.34
	p	< .001
	n	63
Relationship Building	r	.34
	p	< .001
	n	63
Therapeutic Communication of Nurses	R	.33
	p	< .05
	n	63

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

**PEMBAHASAN**

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. Following 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, the study by Alavi (2014) said that most schizophrenia was experienced by men with a proportion of 72% whereas men had a 2.37 times greater risk of experiencing schizophrenia. The mainly of patients are 31 to 45 years old. This 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 were influenced by several factors including, the demands of high work and high economic needs. The most of patient's education level is high school. These were consistent with research conducted by Hart (2015) which stated that the level of education affected the symptoms of schizophrenia. This was because patients with low levels of education lack knowledge and ability in stress management. The large of a patient's vocation is unemployment.

This was in line with the theory revealed by Goodman (2015) that people who do have not employment experienced greater schizophrenia because they 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 was 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. This was following the theory expressed by Connor (2016) that the normal ratio between mental nurses and mental patients is 1: 5.

Because many patients with mental disorders have more energy than female patients. Therefore, to hold or control the violent or aggressive behaviour in male patients, a larger number of male nurses are needed. The mainly of nurses are 18 to 30 years old. This 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 use as much energy as documentation. The most of nurse's education level is Diploma III.

This 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-Government Staff. This was in line with research conducted by Cheung (2017) that one of the main factors of the large number of Non-government Staff nurses is the competition for the tests to be government staff was very strict because there are many nurses while the number passed to became government 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 the Pre-Interaction, Orientation, Working, Termination, and Response phases of therapeutic communication carried out by nurses were well linked with their building relationship, nurse-client relationship and alliance. 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 of Indonesia. A hospital with type A is a hospital which prioritizes service quality and becomes the highest referral mental hospital at the 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 to cure patients (Cohen, 2012; Guedes de Pinho, 2017).

The 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 that influences the good and poor quality of the therapeutic communication of nurses is the motivation of nurse work, meaning that good work motivation will enable nurses to be better at carrying out therapeutic communication with patients. Another influencing factor is the support of peers, meaning that good support by peers will enable nurses to be better at implementing therapeutic communication with patients (Handayani, 2017). This is like 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 in which the fifth symptom shown by the patients has a low intensity. Symptoms of anhedonia are loss 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. The patients were able to identify their favourite activities from various activities in the rehabilitation program (Evans, 2012). The symptom of asociality is the lack of motivation to engage in social interaction. The symptoms of avolition are 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 implementing therapeutic communication structured and routinely. Therefore, the patients are slowly willing to interact with nurses and other patients and are willing to do activities such as working, cleaning the room, worshipping, 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 were mild.

This is supported by research conducted by Cohen (2012) and Spaniel (2015) who said that blunted affect in schizophrenic patients has a mild severity. Because patients have been given psychosocial therapy such as therapeutic communication, cognitive behavioural therapy, and social skills training. Therefore, patients were able to respond to the stimuli with appropriate expressions such as smiling when feeling happy and crying when feeling sad. Symptoms of alogia are loss or reduced interest in speaking. In this study the symptoms of alogia are in the mild category. This was in line with research conducted by Cohen (2012) who said 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 of the implementation of nurse therapeutic communication on the negative symptoms of schizophrenic patients delivered in the maintenance ward. Therefore, the results of a mild category of negative symptoms are obtained more than the negative symptoms of the severe category. Nevertheless, in the maintenance ward, some patients have severe negative symptoms. These were 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 is 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, alliance and building relationship of Nurses with Negative Symptoms of Schizophrenic Patients In this study, it was found that there was a relationship

between therapeutic communication, alliance and building relationship of nurses with negative symptoms of schizophrenic patients. This is a new finding related to the previous absence literature. Nevertheless, 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 in patients towards nurses.

Therefore, the success of the therapeutic relationship delivered by nurses determined the decreasing level of symptoms of schizophrenic patients. The relationship between the 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 therapeutic communication can influence the symptoms of schizophrenia, especially symptoms of asocial, alogia, and blunted affect (Jhon et al; 2014; Kim, 2016; Pratiwi & Prabawati; 2019). This result is supported by a previous study conducted by Putri (2018) on the effect of therapeutic communication on the violent behaviour of schizophrenic patients. The study stated that there is a significant effect of therapeutic communication therapy in overcoming violent behaviour in schizophrenic patients as indicated by the change in behaviour of respondents from maladaptive to adaptive coping mechanisms. 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 was not fully influenced by therapeutic communication therapy (Sedgwick, 2014).

Based on the observational condition conducted by the researcher these were influenced by several factors including, psychopharmaceutical therapy, cognitive behavioural therapy, and social skills training. Giving psychopharmaceutical medication to schizophrenic patients has the effect of patients becoming calm and reducing the frequency of delusions and hallucinations. Giving cognitive behavioural therapy could change the minds of patients who initially have more negative prejudices to have positive prejudices. Providing social skills training to schizophrenic patients could create self-confidence and

respect for patients. This therapy teaches patients to communicate with others, cooperate with others, help others, etc. Where these therapies all have the same goal, which was to care for and cure schizophrenic patients. This was supported by the theory of Ayano (2016) which explained that management in schizophrenic patients was not enough with only one particular therapy (Haris and Pannozo, 2019). 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 were 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.

## CONCLUSION

The majority of therapeutic communication carried out by nurses has a good quality. While the majority of the level of negative symptoms of schizophrenic patients was mild. Besides that, this study found that there was a relationship between the nurse-client relationship phase, alliance and building relationship with the level of negative symptoms of schizophrenic patients.

## DAFTAR PUSTAKA

- Harris, B. A., & Pannozo, G. (2019). Therapeutic alliance, relationship building, and communication strategies for the schizophrenia population: An integrative review. *Archives of psychiatric nursing*, 33(1), 104–111. <https://doi.org/10.1016/j.apnu.2018.08.003>
- 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>.
- Díaz-Fernández S. (2022). The mental health nurse as case manager of a patient with severe schizophrenia. *Enfermería clinica (English Edition)*, 32(1), 60–64. <https://doi.org/10.1016/j.enfcle.2021.05.003>
- Gage, H., Family, H., Murphy, F., Williams, P., Sutton, J., & Taylor, D. (2015). Comparison of sole nurse and team-delivered community clozapine services for people with treatment-resistant schizophrenia. *Journal of advanced nursing*, 71(3),

- Lenardon, A., Ahmed, M., Harfield, K. L., & Das, M. (2017). The successful concurrent use of two long-acting depot antipsychotics in a patient with treatment-resistant schizophrenia and history of serious violence: a case report. *Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists*, 25(2), 181–184. <https://doi.org/10.1177/1039856216679547>
- John, A. P., Gee, T., Alexander, S., Ramankutty, P., & Dragovic, M. (2014). Prevalence and nature of antipsychotic polypharmacy among inpatients with schizophrenia spectrum disorders at an Australian mental health service. *Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists*, 22(6), 546–550. <https://doi.org/10.1177/1039856214546672>
- Pratiwi, M. A., & Prabawati, C. Y. (2019). *Correlation of Nurse Client Relationship Phase with The Level of Negative Symptoms of Schizophrenic Patients* (Doctoral dissertation, Universitas Muhammadiyah Surakarta).
- Spaniel, F., Novak, T., Bankovska Motlova, L., Capkova, J., Slovakova, A., Trancik, P., Matejka, M., & Höschl, C. (2015). Psychiatrist's adherence: a new factor in relapse prevention of schizophrenia. A randomized controlled study on relapse control through telemedicine system. *Journal of psychiatric and mental health nursing*, 22(10), 811–820. <https://doi.org/10.1111/jpm.12251>