

# Nurse Interaction With Clients In Communication Therapeutic (Study Analysis Of Symbolic Interactionism Hospital South Sulawesi)

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**ABSTRACT:** This study aimed to describe briefly on the application of social interaction which made nurses to clients while performing therapeutic communication at the Hospital of South Sulawesi with frame symbolic interactionism. Result achieved against the system carried nurse interaction with clients who patterned on therapeutic communication. At the stage of pre-interaction system is applied, such as; before the nurse interacts with the client well in advance to prepare the way of dressing, reception duties of nurse and studying the book status of each client. Introduction or orientation phase, nurses visit each client, and when the first met uttered a greeting before asking the client's condition, when the interaction takes place he uses verbal and non-verbal language, and attitude shown in full client hospitality and courtesy. Stage work, nurses do an evaluation or action on the client's condition in accordance with the termination task. Midwife stage, nurse re-evaluate the client and conclude the development of the client's condition and report a doctor who handles client. The fourth aspect of the application using the analysis of symbolic interactionism

**Keywords:** Interaction therapeutic nurse communication with clients

## INTRODUCTION

Nursing services system in Indonesia, on the action *cure* (cure) compared with *care* (care), in case the nurse should have empathy and care to clients in the fulfillment of services to clients, for the determination of the quality of care in hospitals based on *tangible* (physical evidence) *rehibility* (reliability of doctors and nurses), *responsiveness* (responsiveness and empathy to the client). The organization of health services at the hospital have problems complex. For improve health care of citizens of Indonesia, the government in this case the Ministry of Health has set a vision of Healthy Indonesia 2015. Untuk realize the vision, then one of the steps that can be taken is to maintain and improve service quality, equitable and affordable, whereby the quality of health care nurse who performed on the client always considered that in the run of task remains be professional and reliable. In line with the nurses in the nursing profession should be based on professional standards and code of professional conduct that has been established, and the increase of effective treatments and satisfy clients. One form of practice of the profession of nursing is to assist physicians in preparing the process of handling the client, where all forms of client care procedures should be appropriate standards of practice and code of professional conduct set out, so that the client does not agitated, worried and shocked by the actions of nursing. Nursing science knowledge and technology growing very rapidly, therefore health workers, especially nurses are required to develop themselves so as to provide quality services to clients. Nursing services as a form of professional services is an integral part that can not be separated from the overall health care effort. Client satisfaction which is the recipient of services in response to

customer interest level mismatch with the real performance can be perceived after the client receives the service. In this case, one of the factors that determine satisfaction is customer perception of service quality. Quality of service can be described through five aspects of quality components such as *responsiveness*, *reliability*, *assurance*, *empathy and tangible*. Social phenomena that occur in the Hospital, as a social fact is the lack of interaction of nurses with clients. Nurses have knowledge of treatment and type of therapy that will be used to clients, but on the other hand, the client can only feel the pain process, because the nurses always create therapeutic communication in the form of verbal and non-verbal to client services, because the therapeutic communication is key primary that will determine the success of nursing services on the client and the client's satisfaction. Interaction between the client and his family on the one hand and on the other nurses need to be maintained and developed. As a nurse must have a moral responsibility to respond fast, accurate and based on empathy for the client because the attitude leads to added value for the client satisfaction. In this case nursing services providing services to clients in accordance with professional beliefs and standards that have been set. This shows that the nursing care given is always a safe services and can meet the needs and expectations of clients. On the other hand the attitude that nurses with clients during a social interaction is very varied, for example a nurse when interacting with clients being maintaining eye contact, parallel, and natural but a social reality in the hospital there are nurses in serving clients do not do that the nurse when providing services to clients not position the eyes, folded hands when social communication. Problem often happens in several hospitals especially in South Sulawesi related to nursing services to clients is the gap between ideal nursing service quality with the actual nurse. This is due to the demands of clients, on the other hand lack the ability, knowledge and skills of nurses in serving clients. Clear and precise communication is important to provide effective nursing care, and these unique challenges in health nursing services. By her nurses are required to perform therapeutic communication while taking action to clients, nurses should introduce themselves, explain the action to be performed, making the contract time for the next nursing action. Social

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phenomenon that occurs between the nurse with the client using analysis of symbolic interactionism, because the symbolic interactionism approach emphasizes that everything is factual, all interactions between individuals with individuals involving an exchange of symbols. When we interact with others, is constantly searching for clues about the type of behavior is appropriate in that context and on how to interpret what is meant by others. Interactionism symbolic directed to the interaction between individuals, and is used to understand what others say and do to us as individuals. Based on the results of previous studies, such as Efendy (2011), said that the obstacles often encountered in the hospital is the lack of communication between service providers (nurses) and acceptance of services (client), this is due to differences in knowledge about the causes of disease and how to cure, Relations between service providers (nurses) with service recipients (clients) gave birth to a paternalistic relationship between the nurse with the Client. But on the other hand, reality shows attitude impressed professional nurses in performing their duties. A phenomenon that occurs in the course of nurses is influenced by two factors, namely the behavior and behavioral factors beyond. Behavioral factors are determined by three factors: factors predisposing, enabling, and reinforcing factors. Predisposing factors include the individual's knowledge, attitudes, beliefs, traditions, social norms, and other elements contained within the individual. While supporting factor is the availability of health-care facilities and services to achieve, while driving factor is the attitude and behavior of health workers, as well as effects on the clients themselves. While external factors family support clients who respect the acts of nurses. Based on interaction phenomena that do nurse with the client, while performing the task that is using therapeutic communication. In reality interaction of nurses to clients is always transformed to other nurses and provide less motivate the client in the hospital. Thus this study intends to reveal more depth to explain how the system of social interactions that do nurse with the client during a pre-interaction therapeutic aspects from communication, orientation or introduction, employment and termination at the Hospital of South Sulawesi. In the formulation of the problem that is described, then the purpose of the study to assess the social action undertaken nurses to clients while finding a theoretical model on the application of social interaction which made nurses to clients while performing therapeutic communication in hospitals in South Sulawesi.

## Theoretical Framework

### A. Nursing Theory

Nursing is an applied science that is constantly changing with the times. Thus the future is expected to be able to provide services to the public in a professional manner in accordance with the demands of society and technology are constantly evolving field of health. Nursing is a unique function of the nurse to help the sick or healthy clients in providing health services to improve the ability, strength, knowledge and independence rationally client, so the client can recover or die peacefully. or nursing as a profession that provides assistance to individuals and groups to achieve, maintain and sustain health status by observing, thinking, connect, determine and perform maintenance

actions that individuals or groups behave in accordance with the conditions of nursing. Care to help the client to place *primary, secondary and tertiary*. Prevention methods to prevent stress caused by environmental factors and improve client's defense system. Nursing theory basically consists of four concepts that influence and determine the quality of nursing practice, namely the concept of human, nursing, health-illness concept and the concept of the environment. Although all four concepts used in each nursing theory, but the understanding and relationship between these different concepts advance of the theory that one with another theory. As for developing a sustainable health service quality then there are four principles of quality assurance is concerned, namely; fulfilling the needs and expectations of individuals, follow standard processes and systems of health care, using the data as the process of providing health services, and encourage the development of a solid *team work* to overcome any obstacles and constraints that arise in the process of continuous quality development (Muninjaya A.Gde, 2002 : 20). While the steps taken in the quality of other services namely preparation; understand the duties and functions and examines the mechanisms or the employment relationship, and the implementation of the form; meet targets in order of priority and the schedule that has been prepared, carry out managerial and technical approaches based approach persuasive. (Bustami, 2002: 11). Assessment of Behavior (*Behavior Assessment*) is a guide for nurses to know the response in humans as an adaptive system. Specific data collected by nurses through a process of observation, examination and interview skills. Factors affecting adaptive responses which include; genetic, sex, stage of development, drugs, alcohol, smoking, self-concept, role function, dependency, social interaction, coping mechanisms and life style, stress fisik and emotion, culture, physical environment "(Martinez in Nursalam 2003 : 44). Assessment of behavior, nurses analyze the data that appears in the behavior patterns of patients (four models of behavioral response) to identify in effective response or adaptive response that needs to be supported by nurses to maintained. When ineffective behavior or adaptive behavior which requires the support of nurses, nurses make assessments of internal and external stimuli that may affect the assessment phase behavior. In nurses collect data on stimulus focal, contextual and residual owned by the client. The process of clarifying the cause of the problem and identify contextual factors (factors precipitation) and residual (predisposition factors) that are closely related to the cause. There are three methods of formulating nursing diagnoses; *The first method* uses a typology of diagnoses related to four (4) ways of adjustment (adaptation). Application of this method is that by identifying the behavior of four models of adaptation, behavioral adaptation conclude be found in the adaptation response. The response is used as a nursing problem statement, second metode make nursing diagnoses based on the observation of the response in one way adjustment with regard stimulus very influential. This method is to assess how the response behavior of one way of adjustment, respons such behavior is expressed as a problem statement. While the cause is the result of an assessment of the stimulus. Stimulus problem such us dictated as a cause of chest pain caused by lack of oxygen supply to the

heart muscle. *The third* method of collection of responses from one or more ways (*Adaptive mode*) areas associated with some of the same stimulus, such as a client complaining of chest pain is very active (sport), while the client is a gymnastics athlete, as the gymnast is unable to do gymnastics, this situation is concluded diagnosis appropriate nursing role is a failure associated with physical limitations, the client is unable to work perform role. Roy adaptation model describes the theory of nursing as a discipline and practice. Nursing "observing, classifying and linking" process that positively affect the health status of nursing practice as a discipline of knowledge in the scientific approach to providing services to people. More specifically defines nursing as the science and practice of adaptation for the purpose of influencing the increase in health status. Nursing improve the adaptability of individuals and groups in situations related to health nursing. Adaptation models describe more specifically the development of nursing science and nursing practice is based on the science of nursing. In the model of nursing consists of nursing objectives and nursing activities. (Nursalam, 2003: 52) Johnson DE (1978:32) believes that nursing care is done to help individuals facilitate behavior effectively and efficiently to prevent disease. Human is being intact and consists of two systems, namely systems biology and behavior of society is certain. Environment including external systems someone. Someone affect the behavior is healthy if it is able to respond adaptive physical, mental, emotional and social against internal and external environment in the hope of maintaining health. Nursing care is done to help balance the individual, especially coping or problem-solving way done when he was sick. According to Johnson (1978: 24) there are four objectives nursing care to individuals, namely that his conduct in accordance with the demands and expectations of society, able to adapt to changes in body function, beneficial to himself and others or productive and able to tackle other health problems. According to Dorothea E. Orem (1978: 56) that nursing care is done in the belief that everyone has the ability to care for themselves so as to help people make ends meet, maintain health and well-being. There are three principles in nursing care themselves or independent. *First*, self-care is holistic undertaken include the need for oxygen, water food, elimination, activity and rest, to prevent trauma and other necessities of life. *Secondly*, self-care that must be done in accordance with the growth and development man. *Third*, self-care because of health problems or illnesses for prevention and improvement of health. Nurse needed when somebody needs nursing care due to an inability to care for oneself. According to him, the work area nurse is to foster and maintain a therapeutic relationship between the nurse and the client determine when someone needs help, help, pay attention to the client's response gives immediate relief to individuals and families as well as in collaboration with other health professionals. Nursing care independently conducted with respect to the level of dependence or the client's needs and abilities. Basically convinced that all human beings have *self care* needs and they have the right to obtain it needs itself, unless incapable. Nursing care is done in the belief that each person learn the ability to care for themselves so as to help people make ends meet, maintain health and well-being, a theory known as the theory of *self-care* (self-care). Nursing care is certainly a

complex process with using systematic approach to working with families and individuals as members of the family. (Sri Setyowati, 2008: 77). According to George Herbert Mead (1995: 162) defines the discipline of nursing process as total interaction (*totally interactive*) done step by step, what happened between nurses and clients in certain relationships, client behavior, reaction of nurses to the behavior and the actions to be taken, identify the needs of the client to help him as well as to perform an act that is proper, (5). The progress of improvement. Improved means to grow more, clients are becoming more useful and productive. What is the main concepts, including the concept of process discipline of nursing (*nursing process discipline*) which is also known as the disciplinary process or the nursing process. Discipline nurse nursing process include communication to clients that are immediate, identifying client problems submitted to the nurse, ask for validation or repair. (Tomey, 2006: 434). Nursing actions there are two kinds of automatic actions that are immediate and planned. Both actions they be directed towards nursing prevention immediate problem and threatens the lives of clients and less attention to the actions that are promotive or preventive actual act of preventive such as prevention of repeated attacks and avoid the risk factors is important for clients who suffer from heart disease. Meanwhile, According to Henderson, nurse-client relationship is divided into three levels, ranging from highly dependent relationship until very independent relationship that the nurse as a substitute (*substitute*) for the client, the nurse as a helper (*helper*) for clients, nurses as partners (*partner*) for the patient. Jean Watson (1999), to understand the concept of nursing is known for the theory of human knowledge and human caring. Understand that humans have four branches interrelated human needs including biophysical basic needs (the need for life) which covers the needs of food and fluids, needs elimination and ventilation requirements, psikofisikal requirements (functional requirements) that covers the needs of activity and rest, sexual needs, need psychosocial (the need for integration) which include the need for achievement, organizational needs, and the needs of intra and interpersonal (the need for development), namely actualization needs diri. Watson stressed that nurses as *care giver* also need to understand its presence in the moment awareness and caring for the client, more Further from both sides nurse or treated can be influenced by the care and the actions that they perform, thus will become part of his own life experience. *Caring* can be a transpersonal *occation* whenever possible the spirit of both (nurses and client) then their chance allowing openness and ability to evolve. (Hidayat, 2006; 116-117). Lawrence Green tried to analyze the human behavior of the level of health. The health of a person or community is affected by two main factors, namely behavioral factors (*behavior causes*) and factors outside the behavioral (*non-behavior causes*). Furthermore, the behavior itself is determined or formed from three factors: the model  $B = f(PF, EF, RF)$  ( $B$ : Behavior,  $PF$ : Factors predisposing,  $EF$ : Enabling Factors,  $RF$ : Reinforcing Factors,  $F$ : Function). Speaking of knowledge, user knowledge in using the railway crossing railway crossing was good and secure its absolute owned remember the dangers that could posed, to the railway crossing users need to know the dangers that can occur when crossing the railway. knowledge may arise as a result

of fear that something might happen. (Notoatmodjo, 1990: 67). There is a widespread belief that a person's behavior as the skill, speed, dexterity, strength and coordination of an individual decreases with age (So far it has many models developed to examine what are the factors that play a role in the behavior of someone of the many models, Green, Andersen, using the same basic model that is the component of *predisposing*, *enabling*, and components *reinforcing* components (components need Andersen model). As this model is also called the determinant model of the life cycle (*life cycle models determinants or behavioral model*). Further obtained from diagnosis of behavior (behavioral diagnosis) conducted by Green health problems caused by behavioral factors and non-behavioral factors, which turned out after the diagnosis approach towards education earlier behavioral factors, as well as research done continuously (*cumulative research on health behavior*) behavior The identification of health is influenced by three factors, namely *predisposing* factors, *enabling* factors, and *reinforcing* factors. Until now Green framework known as the three factors above. Robbins, 1996: 55). In addition, the availability of facilities, attitudes, and behaviors of health workers on health will also support and strengthen the formation of behavior. *The first reason*, as the "outcome" is the behavior of someone who is measured by a qualified or good behavior. Green explained in a model that as the outcome is expected that specific behaviors are influenced by factors *predisposing*, *enabling* and *reinforcing*. *The second reason*, empirically using Green models in safety work has been done by other researchers, *the third reason*, this model is able to identify the factors that influence the behavior of safety(safety Behaviours). The fourth reason, the results of this study can be followed up immediately, because of the specific variables that will be in the intervention can be identified clearly and precisely, among other variables the user's knowledge crossings on railway crossings User Safety. *The fifth reason*, it turns out this model is operational in field in the sense that can be applied to diverse populations (students, patients, housewives, consumers, labor, and pregnant women), and very systematic in terms of planning, implementation, and evaluation (of the studies that have been done before). *The sixth reason*, the orientation of the model is focused on the resulting impact on behavior, so it can easily be identified variables what should be on interventions to change the behavior. Theories nursing applied the literature review to analyze the interaction patterns of nurses will be undertaken on the client is associated with the application of therapeutic communication on the stroke client, in addition to other health theory as a supporter. (Notoatmodjo; 2007: 44).

### 1. Nurses in Therapeutic Communication attitude.

According to ( Egan in Kozier ; 2004 : 80 ), have described five specific ways to show the physical presence when carrying out therapeutic communication, which he defined as the attitude of the presence or the presence of others or when browsing with others. Here are the actions or attitudes that do when showing the physical presence ; a) Faced with the speaker , with this position nurses expressed readiness "I am ready for you". b) Open body posture; legs and arms open (not crossed). Open posture shows that nurses are willing to support the creation of

communication. , C). Bent / body position toward / closer to the opponent talk. Case shows that nurses preparing to respond in communication (speaking-hearing) , D) Maintain eye contact, parallel, and natural. With eye position parallel to the nurses showed willingness to maintain communication , E). Be calm / rilex. Will more noticeable when not in a hurry while talking and using motion / natural body language. In addition to these things therapeutic attitude can also be identified through non verbal. Said behavior, there are five categories of non-verbal communication, namely: a). Vocal cues, the cue paralingustik including all non-verbal speech quality eg sound pressure, sound quality, laughter, rhythm and speed of speech, b). Cue action, that all body movements, including facial expressions and gestures, c). Cue object, ie an object used intentionally or unintentionally by a person such as clothing and other personal items, d). Space gives a signal about the closeness of the relationship between two people. It is based on social norms and culture held, e). Touch, which physically between two people and is a non-verbal communication is the most personal. A person's response to these actions greatly influenced by the structure and cultural background, the type of relationship, gender, age and expectations. Stuart and Sundeen (1998 : 35 ). Friendly nurse in providing nursing services will always be polite in all circumstances and conditions. This will have a positive impact on the healing process of the client because the client will feel comfortable in receiving the service. Nurse friendly attitude will make the client feel familiar and close interpersonal relationships with nurses so that clients will be free to express complaints. Nurses are calm and patient in serving clients will provide comfort to clients who are treated. This comfortable feeling will help clients to obtain psychological recovery because the client will feel safe when served nurse calm and patience. ( Oskouie and Nikraves , 2004 : 53 ) states that a good nurse is a nurse who is quiet, patient and familiar with the client and family, as well as focused to meet the needs of clients. Nurses who are sensitive will soon know the client's needs even if the client has not expressed. Nurses, in any condition, ready to serve the needs of clients, without being asked though, so make the client feel comfortable. Caring also has the meaning that nurses in each intervention to the client will always motivate clients to achieve a cure ( Marriner and Torneydalam Nurachmah, 2001 : 44 ). Clients who are motivated to be interested in maintaining or improving health conditions by providing good cooperation in nursing actions that it receives, so that clients will be submissive and obedient to the action and the treatment he underwent (Potter and Perry, 2005). Statement This theory shows how important the support of motivation given nurse.

2. Nurses relationship with Clients (Helping Relationship)  
According to Roger in Stuart GW (1998 : 65 ), there are some characteristics of a helper (nurse) who can facilitate the growth of the therapeutic relationship, namely:

- a. Honesty. Honesty is very important, because without honesty impossible to built up a relationship of trust. Someone will put a sense of trust in the other person who is open and has a response that is not made-up, otherwise he would be cautious on the speaker that is

too smooth so often hide the actual content of his heart with words or dishonest attitude

- b. Not confusing and quite expressive.
- c. Be positive. To achieve the warmth and sincerity in the therapeutic relationship does not require a strong closeness or a certain bond between the nurse and the client but the creation of an atmosphere which can make the clients feel safe and accepted in expressing feelings and thoughts (Burnard and Morrison in Syriac, 2005 : 65 ).
- d. Empathy is not sympathy. Empathy is indispensable in nursing care, because with this attitude of nurses will be able to feel and think about issues such clients are feeling and thinking clients ,
- e. Being able to see the problem from the perspective of the client, in providing nursing care, nurses must be oriented to the client , by Karen nurses should be able to see the problems being faced by the client from the client's perspective. To be able to do this nurse must understand and have the ability to listen actively and attentively.
- f. Receiving what their clients. A helper who effectively have the ability to accept what their clients. If someone feels accepted, he will feel safe in a relationship , Values are believed or applied by nurses against him can not be applied to the client, if this is the case then the nurse did not show a client what their acceptance.
- g. Sensitive to the feelings of the client. A nurse must be able to recognize the feelings of the client to be able to create a good therapeutic relationships and effective with clients. (Grace, in Syriac, 2005).

## B. Therapeutic Communication Theory

### 1. Therapeutic Communication

Therapeutic communication is communication that encourages the healing process client or process used by nurses wearing consciously planned approach, aims and activities centered on the client. (MOH, 1997: 55). Communication Therapeutic including interpersonal communication with each other provide a starting point understanding between nurse with fundamental client. Problem of this communication is the mutual need between the nurse and the client, so it can be categorized into personal communication between the nurse and the client, the nurse helps and clients receive assistance. (Mukhrimah Darmayanti, 2010: 28) .Nurses who have the skills to communicate therapeutic not only be easy to establish a relationship of trust with clients, prevent legal problems, provide professional satisfaction in nursing services and improve the image of the profession of nursing and hospital image but the most important has been their knowledge to fellow human beings. (End of Yani, 2010).

### 2. Therapeutic Communication Functions

Communication functions and teaches therapeutic encourage cooperation between the nurse and the nurse and the client through the client relationship. Nurses tried to uncover feelings, identify and assess the problem and evaluate actions taken in care, (good communication process can provide an understanding of the behavior of the client and assist the client in order to address the problems faced at this stage of treatment. While the

usefulness of preventive step is to prevent any action which negatively affect the client's self-defense. The nurse who therapeutic means to interact with clients, such interaction facilitates the healing process. While the therapeutic relationship means a relationship of interaction that have healing properties, and different social relationships. *Therapeutic intimacy* is a relationship of mutual help (*helping relationship*) among nurses-clients. This relationship is built for the benefit of clients, while social relationships are designed to meet the needs of both parties, (Smith, 2001: 87).

### 3. Stages of Therapeutic Communication

Stages of therapeutic communication is a cycle or steps that must be done in a therapeutic treatment. Therapeutic communication is not the same as social communication. Social communication does not have specific goals and implementation of this communication happens just like that, there was the following phases:

#### a. Pre phase interaction

Pre-interaction phase is the period of preparation prior to connect and communicate with clients. In this stage the nurse explore feelings and consider themselves by identifying their advantages and disadvantages. At this stage, the nurses also seek information about the client as opposed speech. After this is done the nurse to design a strategy for the first meeting with a client. This stage is carried out by nurses with the aim of reducing anxiety or anxiety that may be perceived by the nurse before making therapeutic communication with client. Anxiety experienced person can greatly affect the interaction with others ( Ellis, Gates and Kenworthy, 2000).

#### b. Introduction or orientation stage

Orientation or introductory phase is a phase that is conducted nurses at the first meeting or contact with introductions client. Stage of executed each time meeting with clients is done. The goal in this stage is to validate the accuracy of the data and plans that have been made in accordance with the state of current clients, as well as evaluate the results of actions that have then. Aims this stage is to validate the accuracy of data and plans that have been made with the state of current clients, as well as evaluating the results of past actions. Christina, 2003: 55). Strategies to do a nurse in this stage is: (1). Fostering mutual trust by showing acceptance and open communication with not burden themselves with the attitude to the rejection at the beginning of the meeting. mutual trust is the key to the success of the therapeutic relationship Without mutual trust will likely not happen openness between the two sides. Coachee relationship is not static, it can change depending on the circumstances, therefore, to maintain or build a trusting relationship nurse must be open, honest, sincere, accept what their clients, keeping promises, and respect for the client. (2). Formulating the contract (time, meeting place, and topic) together with the client and explain or clarify the contracts that have been agreed. Nurses may ask the family about the topic that may be interesting to formulate a contract on a client contract is very important to ensure the continuity of interaction. In addition, to avoid overly high expectations of the client to the nurse because nurses because the client considers as

god helper versatile and all-round knowing. Nurse need to emphasize that the nurse only helped, while the strength and the desire for change is in the client's own self (3). Exploration thoughts, feelings and actions as well as identify problems clients are generally carried out by using techniques of communication open question. When silent or turned away, the nurse could ask if pain and what makes feel uncomfortable. ( Rahmat in Suryani 2005: 77). Duties of health workers at the introductory stage is to build a trusting relationship with the show open and modify the communication environment conducive to sensitive client response and show acceptance, as well as help the client express feelings and thoughts Health workers were supposedly able to create an atmosphere not too formal so that the atmosphere is not impressed tense and not be interrogated. A conducive environment to help clients be able to think clearly and to express grievances suffered openly, complete systematic, and objective. ( Nasir, 2009: 63).

### c) Work Phase

At this phase of work nurses need to increase interaction and develop functional factors of therapeutic communication is done. Increase social interaction by increasing acceptance of each other to overcome anxiety, or by using therapeutic communication techniques as a way of solving and in developing a cooperative relationship. Develop or improve the functional factors of therapeutic communication with the continued assessment and evaluation of existing problems, improve client communications and client reduce reliance on nurses, and maintain the agreed objectives and take action based on the existing problems. In the working phase, duty nursing; (1) explore related stressor; (2) increase the appreciation of client development and use constructive coping mechanisms; and (3) discuss and overcome resistant behavior. This work phase is the core stage of the overall process of therapeutic communication..

### d) Termination Phase

Termination is the end of the meeting nurses and client. Stage termination divided into two, namely the termination of temporary and final termination. While the termination is the end of each meeting of the nurse and the client, after this is done the nurse and the client still will meet again at different times in accordance with the contract agreed time together. While the final termination performed by a nurse after completing the whole process of nursing. Termination is the end of the meeting the nurse with the client. This stage is divided into two, namely the termination of temporary and interim final termination Termination is the end of each of the findings of the nurse-client, after the temporary termination, the nurse will be reunited with his client at a specified time. Making a contract for the next meeting. The contract made important that there is agreement between the nurse and the client to the next meeting. Contracts are made including the place, time, and purpose of the interaction. ( Christina, 2003: 90) Brammer and McDonald (1996: 77) states that the requesting client to conclude what has been discussed is something that is very useful at this stage, (b). Perform subjective evaluation by asking the client's feelings after interacting with nurses. Nurses can directly ask the feeling in each end of the

meeting with him, (c) agree on the follow-up of the interactions that have been carried out. Follow-up agreed upon should be relevant to the interaction of newly made or the interaction will do next.

### C. Social Interaction Theory

Social interaction is an individual relationship with each other where one individual can affect the others. Groups: a series of individuals who have equations and adjacent to each other and are involved in a common task, so that group members are interdependent in order to achieve objectives defined Interactions can group together as an individual relationship with the group or otherwise that may affect each other in achieving common goals in the group. In interacting necessary adjustment of individual interacting, the adjustment can be done in two ways: turn yourself in accordance with the state of the environment or passive (*auto plastic*) and change the environment in accordance with the state of being or active (*aloplastis*). Social interaction is social relations concerning the relationship between the individual, the individual with the group, and group by group. Without the social interaction then there would be no life together. Social interaction is a relationship between one individual with another individual, one individual can affect another individual or otherwise. So, there is a reciprocal relationship of mutual behind. Relationship can be between individuals, groups of individuals or groups with the group. (Sarwono, 1991: 211). Other social context refers to the attribution of the causes of an event or result in individual perceptions and that becomes the center of attention or emphasis on how people give an explanation because the incidence and implications of explanation focuses on how people can get answers to your questions. Attribution model of motivation has several components, the most important is the relationship between attribution, feelings, and behavior, relationship psychology is the result of attribution or cognition. Feeling not specify cognition, for example, initially people feel grateful to obtain positive results and then decide that success thanks to the help of others. The relationship between the trust, the affective and behavioral reactions, causes of success and failure as perceived cause of hope for the action to come and cause certain emotions. Following action is influenced both by feelings of individuals and the expected results of the action happens.

### D. Symbolic interactionism theory

Mead identifies four basic stages that are interconnected in the act, namely: (1) the stage of impulse, namely actions involving sensory response quickly or directly '. Examples *impulses*, is hunger and thirst. Human response to the stimulus of hunger does not like animals, because humans still involves the response of the thoughts and feelings; (2) the stage of perception, where the actors look for and act upon stimulation associated with the *impulse* , in the case of hunger is a variety of ways to achieve a feeling of satisfaction. People have the ability to feel or receive stimulus through hearing, smelling, tasting, seeing, feeling. Individuals not only responds to external stimulation quickly (direct or automatic) but the individual to think, vote, look at past experience, and selecting existing stimulus to look for the best and (3) the stage of implementation, namely the stage take any action deemed satisfactory or better and

save her life forward. According to Mead, humans are the creators, actors, implementing and steering themselves in action or interaction, 4). Humans do something action is based on its meaning, while the origin of the emergence of social interaction. So, looking at the meaning of symbolic interaction is social or modified product of social interaction. Human beings are participating in social interaction with itself, by making its own indications, and responses to a number of indications during the process of interaction ( Soeprapto, R., 2002: 93).

## METHODS

Types and research approaches using this type of research is the study description. A qualitative approach. Source approach this data, captured from primary sources and sources of primary secondary data. Source is a source of key data used to encompass a variety of data and information related to the research focus studied. The number of informants in this study were 14 which consisted of 7 nurses and 7 clients' more focused this study, the researchers conducted a secondary data source strategic. While step is supporting data required to complete the primary data collected. Description namely Focus pattern interactions that occur between nurses and clients have a variety of activities, namely pre interactions do. introduction nurse or social facts orientation. Patterns of work done by social fact that nurses perform actions on the client, .And termination by taking action and evaluation activities client. Instrument in This study is the researchers themselves ( Moleong, Lexy J, 2005: 123). Analysis of the meaning of field data collected with similar specs like; Similar facts were grouped in order to facilitate the researchers to examine the deeper patterns of interaction of nurses with clients. The next step of data analysis models such as Miles and Huberman, namely: data reduction (*data reduction*); Presentation of data (*data display*); Withdrawal conclusion.

## C. RESULTS AND DISCUSSION

Based on the observations of researchers that the nurse on duty at the Hospital in South Sulawesi always take action and persuasive approach to clients who experience a stroke so that clients feel unnoticed. Nurses showed that in the performance of duties and responsibilities as servants of the state to run its activities.

### 1. Social interaction patterns Nurse with clients from the aspect of interaction Pre Hospital in South Sulawesi.

Pre interaction of nurses before taking action on the client is performed every nurse on the client, so that when they actually carry out tasks according to predefined rules Hospital in South Sulawesi. Nurses perform actions on the client based on the book status of each client. According to Purwanto (1994: 25) that at this stage should therapeutic communication, continued assessment and evaluation of existing problems, improve communication therapeutic, maintaining the agreed objectives and take action based on the existing problems. Thus the actions performed on the client's nurse is a form materialization against professional service when officers before performing an act on the client.

### 2. Social interaction patterns Nurse with clients from the aspect of introduction or orientation in Sulawesi Hospital South.

3. There are some things that do nurses when performing interactions using the client therapeutic communication Hospital in South Sulawesi. According to researchers observed that interaction patterns are applied nurses on the client introduction or orientation phase, the nurse when meeting with clients whose first word is spoken greetings to clients, in addition to the nurse sitting or standing near the client, then the nurse introduced herself to the clients, asking about his condition as overnight even the questions related to the development of the disease suffered by the client, even talk about things related to the healing process of the client. Based on the observation that the question sometimes spoken nurse at the time the client is interacting; "The one who carries the mother or father here, and what is the reason n yes, while in hospital activities what mother or father did, whether the mother or father had many friends, can whether the mother or the father mentioned the names of his friends, whom a friend mother or father who never came mother or father visited him, if there is what is under his mother or father visited him. Of questions and answers when the nurse interacting with clients introductory stage or orientation based observations of researchers clients feel calm and feel unnoticed what the nurses. According Berlo 's (1990: 70) that therapeutic communication is the process of sending information to one or more people. the purpose of developing a therapeutic relationship that increase self-awareness, increase self-identity and integrity, improve sex and interdependent, increasing the functionality and ability to meet the needs of self. ( Berlo 's in varcarolis; 1990).

a. Honest attitude when communicating with clients. Honesty (*trustworthy*) is the main capital in order to perform a valuable therapeutic communication, without honesty impossible can build a trusting relationship. Clients will only be open and honest as well in providing the correct information when convinced that the nurses can be trusted. Should communicate to him the nurse use words that are easy to understand and correctly by the client, non-verbal communication to support verbal communication delivered because mismatches said the nurse delivered on the client can cause the client to be confused According to Roger (2000) that the core of the therapeutic relationship is warmth, sincerity, understanding empathy and a positive attitude. Empathy is indispensable in nursing care because with this attitude of nurses will be able to feel and think about the problems of clients.

b. Clients receive the Good. Based on the observations of researchers that nurses continue to provide an assessment of what the client when there are actions that cause slow healing or damaging the values that have been embedded in the Hospital of South Sulawesi, it indicates that nurses do not receive what their clients but still doing surveillance. Reception actions committed by the officers, especially the nurses to clients who had just arrived at the hospital in South Sulawesi full of hospitality, it is done as form introduction will be done on the client nurses during

nursing. According to Egan (1975) that there are five identified attitude or way of presenting themselves physically to deal with a client who is a symbol of the behavior of the nurses performed on the client. (Kozier, 1995; 372)

- c. Provide the Client Award. Based on the observations of researchers that when meeting with clients nurse salute by example *"mother good morning / or pack"* or *"Assalmualikum Warahmatullahi Wabarakatu"*. The language has always delivered the nurse when meeting with clients. Islam teaches that the teachings of greeting and appreciation describe character commendable, because the nurse greeting spoken to the client is an application invocation, therefore, pray for others would obtain the grace of Allah SWT. Greeting, be friendly and familiar show care nurses on the client. Clients feel valued when the nurse greetings when meeting in his room even if the client does not answer the nurse who delivered because the client might not be ready to communicate verbally with nurses, are not able to make himself understood, even the nurses often only offer presence, a sense of interest. On the other hand allow the client to take the initiative in choosing a topic of conversation, *"let clients who feel hesitant and uncertain about its role"*. Infrontasi expression of nurses to the differences in the behavior of the clients that are beneficial to expand the client's self awareness, identify three categories, namely confrontation; discrepancy between self-concept client (client expression on her) and ideal self (ideals or wishes of the client), discrepancy between the non-verbal expression and behavior of the client, a discrepancy between the client and the nurse's experience of confrontation should be done assertive not aggressive or angry, (Stuart and Sundeen, 1998; 41)
- d. Giving Responses to Client Needs. Interaction of nurses with clients when responding to needs in want, based on observations of researchers that the action taken so that clients feel good nurse that brought water type a client requests it, always showing a smile or a touch that shows attention to the needs of the client, when the client provides information on physical condition nurses listen carefully and act quickly to such information, if the client says in pain as a nurse to act quickly even when subjected to physical developments to improve the nurse responded quickly.

### 3. Social interaction patterns Nurse with clients from the Work aspect In Hospital South Sulawesi

- a. Saving Client Confidentiality words. Based on the observations of researchers that nurses continue to maintain the confidentiality of client about condition of the illness as the embodiment to keep the profession by not gossiping about the state of the client to someone else, but try to understand what the client feels. The most important thing in communication with the client is to imagine themselves in the position of the client, and then understand his feelings and emotionally respond to the needs. Therefore, the nurse continues to maintain client confidentiality if it is thought to help the healing process. According to Peter blue that

nurses therapeutic relationship with the client is a shared learning experience and experience to improve the client's emotions. Their ability to develop intimate interdependent relationships, personal skills to receive and give love. Improve functionality and ability to meet the needs and achieve personal goals are realistic. To achieve the objectives, the various aspects of the client's life will be expressed for dealing with the nurse. (Stuart and Sundeen, 1987; 96).

- b. Giving Information to Clients. Based on the observations of researchers that when nurses provide information to clients is done with a simple and clear, always sincere and honest does not pretend to know something on it is not true, do not lie to the client because what if it is done by a nurse, it can affect others as clients no longer believed in the nurses even lost confidence in nurses. Therefore, the nurse when performing interactions he delivered information on clients with caution. According potter and perry (1993: 22) that one of the communication occurs is focused on therapeutic interpersonal communication in this case the interaction that occurs between at least two people, especially in nursing because of healthy interpersonal communications allows solving a problem, a variety of ideas, decision-making and personal growth manifested as therapeutic.
- c. Delaying Notifies Clients bad news. According to researchers observed that one of the heavy-duty nurse is telling bad news on the client, because important for nurses to talk and agree on how and when to tell the client, sometimes the real truth is always difficult for the client, sometimes maybe more better to tell a little information about what happens in the future, it is important to know how clients understand and how much he wants to understand, most excellent approach is to tell as much as they want to know, and then try to help them deal with their feelings when informed of bad news, At first they often do not want to believe it. Disclaimers useful as a first response to help clients cope with the problem, but the nurse needs to help clients move from denial to gently informed of what is happening. According to Taylor (1997) that in order to help solve the problem of client nurses have to look at these issues from the perspective of the client to the nurse must use technical *active listening* and patience in listening to the expression of the client, if the nurse concluded in haste by not listening to the overall expression of the client as a result can be fatal, as it can be formulated nursing diagnoses that are not in accordance with the client's problem and the consequent actions given help even damage the client.
- d. **Communicating with Difficult Clients nurse.** At the stage when working in therapeutic communication nurse running duties often get clients in anger, and the nurse asked her family what caused upset after finding the answer, Based on the observations of nurses approaching clients researchers then asked the cause that he was angry even difficult to communicate with the client, the steps taken by her nurse that listening to what clients and responds to understand what happened with difficulty and if the client is constantly complaining the therapeutic communication is done is soothing soft voice, smile and humor so that clients feel

unnoticed, nurses are understated smile can help to embed clients of the physical condition experienced.

- e. Nurses difficulty Communicate with clients.** Some nurses are unable to communicate clearly to the client, because the client responds with a regional language words nurse client, a nurse by her actions performed based on the observations of researchers that meet the client's family members for help or other staff members who can speak the language the origin of the client area to translate questions and answers nurse and the client. Even observations researchers sometimes clients deaf, blind, or poor eyesight. if the client can not hear well, the nurse noticed a client's lips when talking or trying to communicate with sign language that nurses use the hand to touch the body towards the clients that are considered organ nurse who strake, but if the clients do not understand sign language nurse then further action the nurse asked for help on the other nurses to communicate on the client or the client's family as a nurse asked mediating communication between nurses and clients, if the nurse did not understand what the client so he asked for the help of family members. Sometimes clients are confused or can not form words, or find the right words, he can not talk at all. Actions taken he tried to communicate without using words and ask the client to signal "yes or no" to the question. Symbol or gesture that nurses used when communicating with clients that are difficult to talk to the hand grip, head movements, eye blink, giving the client a paper or board to write. Even nurses provide impetus and continue the conversation on the client. When a client can not communicate through words specifically, the nurse showed concern, warmth, and respect through touch and smile. According to Mead (1995: 34) that in order to understand the 'individual' then there are a few things to note are; that individuals responded to a "symbolic situation." Individuals respond to the environment, including physical objects (objects) and socio-cultural objects (social action in the community) based on the meaning contained in the object, and when individuals deal with the situation, the response was not mechanical, not also determined by the object (such as an external structural functional view), but is determined by the 'self, soul, mind' individual in defining, interpreting or interpret the situation in accordance with the depth of meaning contained in that situation. Thus, the individual is active not passive. (Ritzer, 2001: 36).
- f. Clients Family Nurse with attitude.** The social phenomenon that is often experienced nurses currently working with clients in the phase lead to a more professional nurses and aggressively pursuing an action to the client and so are the clients who have not been able unpaid medical expenses on medical treatment. The existence of a sick person in need of health care sustainable and able to meet the needs of the recipient of the service holistically. Especially nursing care givers should be able to realize the nursing care as a service to maintain the quality of the lives of others that are interconnected including death and life extension (Watson in Tomey; 2006: 34).
- g. Building Relationships Between Nurse with Family Clients.** Based on the observations of researchers that the client was taken to hospital due to a family is no longer possible to provide the necessary care clients in private homes, nursing a burden on the family because there are no technical aids are indispensable. On the other hand the clients sometimes feel disappointed at his family as often listen to the word "*already saturated or feel helpless*", in addition they can not provide the care needed. Nevertheless as a nurse should really think that there might be able to take over the position of his family in the care of a client if it does not have the capacity to care for the client, by her familiarity with the client's family maintained properly. To maintain the health of the family, the parents modify the family environment to ensure the health of the family, take advantage of health care facilities in the vicinity. Health services can not be separated from the health care system organized, so strongly associated with the development and protection of the health of the family. (Sulastomo 2007: 15).
- 4. Social interaction patterns Nurse with Clients of Job Termination aspect Hospital in South Sulawesi**
- a. Family involvement in Client Care.** Based on the observations of researchers that family involvement can accompany clients reduced workload of nurses, but if they are not given the opportunity to assist the client or the client's point about conditions. By utilizing the companion client's family presence and listen to the information submitted, the client's family healing process can be much faster. Nurses principle that the client's family is part of a family that always gave respect and try to do the best action on the client. In the treatment, the client is generally no ability to express feelings and desires, by him to include the family in thinking and talking about ways of handling client. According to Budi Anna Keliat (2001) that social relations client never follow the activities in the home environment because clients feel embarrassed by the situation, as long as at home do not want to get along with others and prefer solitude. Termination phase is the end of the meeting of nurses with clients, termination stage is divided into two, namely the termination of interim and final termination. While the termination is the end of each meeting of the nurse and the client, after this is done the nurse and the client still will meet again at different times in accordance with the contract agreed time together. while the final termination performed by a nurse after completing the whole process of nursing. T duties as a nurse in the termination stage, there are some things that do nurses based on observations of researchers is constantly evaluating the achievement of the objectives of the interactions that have been implemented, that asks the client to conclude what has been discussed is something that is very useful, on the other hand perform subjective evaluation by means asks the client's feelings after interacting with nurses each end of the meeting with him.

- b. Open body posture (legs and open arms are not crossed) on the client. The attitude of nurses towards a client demands and responsibilities that must be developed so that the healing process client implementation can be done, do not fold your hands and feet when communicating with clients showing non-verbal symbols, in addition to the attitude *sipakalebbi*, *sipakainge* and *sipakatau* to any human being even though it's status as a client stroke. According to Stuart and Sundeen (1998; 71) that there are five categories of non-verbal communication, namely; 1). Cue Vocals; The linguistic cues including all non-verbal speech quality eg sound pressure, sound quality, laughter, rhythm and speed of speech. 2). Action cues; All body movements, including facial expressions and gestures. 3). Cue object, ie an object used intentionally or unintentionally by a person such as clothing and other personal items. 4). Cues about the closeness of the relationship between two people. it is based on social and cultural norms that dimiliki. 5). And touch, ie physical between two people and is a non-verbal communication is the most personal response to the actions of a person is strongly influenced by the structure and cultural background, the type of relationship, gender, age and expectations. With such an open attitude made between nurses and clients showed nurses in performing their duties remain guided by *local genius* or *local wisdom* and an attitude that is always done on the client as a form of performing the task well as civil servants, and in reality the attitude that gets rave reviews with both the client and the client's family because they feel valued and appreciated by the nurses.
- c. Subjecting the body towards the closer to the client. Maintain eye contact at the client when communicating with a therapeutic eye position parallel between the nurse with the client, it means that the eye contact on the same level means valuing the client. Based on the observations of researchers that attitude happened to the nurse with the client aims to make it easy having good communication with clients in addition to understanding the client's needs are manifested in the fulfillment of the client's attention, serve with full hospitality and interesting, to understand the aspirations of the client, as well as communicate properly and behave sympathetically. Nurses when making eye contact with the client is always focused topics discussed while form clients speak on topics that have been, while the therapeutic value is a conversation that is not out of the topic chosen, so that the client does not have difficulty in giving a conclusion. According Authier (1986) eye contact and listen to convey fully what clients are characteristic of clients who come to ask for help. It is the nurse realized that how to understand the client's feelings, accept their rights and make decisions to develop strategies for positive change healing client. (Roger B. Ellis, 2000; 143). As such dimensions that action performed on the client nurse is a positive form.
- d. **Be Quiet or Relax On Client** . Nurses who carry out tasks often be relaxed on the client in the sense not to rush when communicating with clients while using body movements or natural language. Based on the

observations of researchers that attitude often displayed nurses on the client that is always calm in the act, dressed and harmony, responsibility, cooperation, caring and good communication on the client. On the other hand attitudes carried out before taking action on the client, pay attention to the clients in a holistic and relax to determine the extent of developments stroke suffered by the client, what effect the action taken nurse or an increase in stroke experienced by clients. if there is an increase in the nurse doing the process of formulating the strategy needed to prevent, reduce, maintain, or troubleshoot the client's health which have been identified and validated during the formulation phase of diagnosis. In conducting the nursing actions, nurses collaborate with clients, families, in this case of course refers to the *Standard Operating Procedure* (SOP) applicable in Stroke Center Special Hospital South Sulawesi Province. Thus the relaxed attitude of the nurses performed when communicating with clients is one of compliance and nursing functions in the line of duty against handling clients, and really executed according to expectations of family or clients, which eventually raised a family assessment clients and clients in the line of duty as nurse received a positive response. On the other hand service attitude applied to the client's nurse at the Hospital in South Sulawesi, is a form materialization of the duties and functions as a servant of nursing. Providing superfine services with attitude in no hurry to talk to the client as a form of reality of *local knowledge* to the client, because of the implications and induction values of local wisdom or *spirit of local genius* that is *sipakatau*, *sipakalebbi* and *sipakainge* is a symbol that has been embedded in health workers in the line of duty as steward of medical personnel in the area of Bugis Makassar. Value *sipakatau*, *sipakalebbi* and *sipakainge* always engraved in the soul while working. The attitude is the application of a *local genius* in the application when performing his duties as a medic.

#### 5. **Social Interaction Analysis D Nurse With Clients natural approach Symbolic interactionism theory.**

The theory of symbolic interactionist including social definition paradigm theory and based on the philosophies of *pragmatism* . There are several points of view symbolic interactionist theory version of George Herbert Mead who made the researchers to analyze the social interactions of nurses with clients in therapeutic communication Hospital in South Sulawesi as follows: a). On measures to analyze the actions, behavior and approach focuses on the stimulus and response. stimulus as an opportunity to act. There are four basic stages that are interconnected in that stage acting impulses, actions involving sensory response quickly or directly. Stage of work in therapeutic communication, nurses seek and act upon stimulation associated with the *impulse* , to achieve a sense of satisfaction, of course, nurses have the ability to feel or receive stimulus through hearing, smelling, tasting, seeing, feeling. Clients not only responds to external stimulation with direct or automatic but would take time grasp the stimulus. While in the termination stage is a stage of subjective evaluation means asking the client about the client's feelings after meeting and talking

with the nurse. Thus the client involves the thoughts and feelings of the nurse's actions. Nurses perform permanent communication using therapeutic communication such as nurses being bent or body position towards the clients interact is a symbol of hospitality shown by the nurse on the client, attitudes shown on the client nurses showed that nurses are ready to respond to what was said client, communicating concentration, improve current views dealing, repairing facial expressions, tone of voice, giving clients the opportunity to say what he needed to say, ask questions, hear what is said, the conversation using open-ended questions. According to Stuart and Sundeen, (1987: 126) that measures the dimensions of the confrontation, in which case the nurse would raise awareness of client suitability feelings, attitudes, beliefs, behaviors and take action to open up about the experience of the client experience. According to Mead that the 'function' of cues to make adjustments to the individual will be manifested in certain actions in accordance with the object cues in interactions. According to Turner, J. (1982: 77). symbol will significantly work or function better in social activities of individuals than non-significant cues. Thus greeting is a symbol that nurses will begin his duties on the client.

- a. About mind. A smile or a touch of the nurse who performed on the client is a symbol of attention and affection to the needs of the client, when the client provides information about the physical condition of nurses listen carefully and act quickly to such information, as the client is experiencing pain nurse to act quickly even when subjected developments improved physical then the nurse has important information and respond quickly. (B) To train several alternative ways of addressing objects. (C) Blocking the road is not appropriate, which may adversely impact the individual. In this case the client tells the nurse to delay the bad news about the conditions experienced if it is a negative impact, sometimes the real truth is always hard for nurses, sometimes it may be better to tell a little information about what happened to the original client had a positive effect. (D) The mind is more of a "process" of the structure. nurses provide information to clients is done with a simple and clear, always sincere and honest do not pretend to know something about it was not right, do not lie to the client because what if it is done by a nurse, it can affect others as clients no longer believed in the nurses even loss of trust in nurses. Honesty. very important, because without honesty impossible to built up a relationship of trust. Someone will put a sense of trust in the other person who is open and has a response that is not made-up, otherwise he would be cautious on the speaker that is too smooth so often hide the actual content of his heart with words or dishonest attitude (Grace in Suryani; 2005: 102 ). Therefore mind the nurse when performing interactions when presenting information on the client caution and remain on the structure of the rules that apply Hospital in South Sulawesi.
- b. About Self. The concept of 'self' a process that comes from individual social interactions with others, human behavior is not determination (depressed or determined implicitly) by the environment. In this case nurses receive clients with sincerely, the nurse continues to provide client assessment of what if any actions that lead to slow healing or damaging the values that have been embedded, it is a form of manifestation "d envy" (*self*) on nurses , on the other hand nurses do not receive what their clients but still doing surveillance. The attitude of nurses seem to be able to interpret the perspective of the community as a whole, to interpret the values and norms in various kinds of interactions in environment or the public, (Turner, J. 1982; 83).
- c. About community. According to Mead, the public shows the process organized and patterned interactions among individuals and among diverse groups. Society depends on *the capacity* of the individual, especially the self-evaluation process in leveling with each other. In this case one of the attitude of the nurse with the client's family in addressing the problems that arise, be professional in taking an action such as family clients who experience stroke are not able to pay, when it is explained to the families complain that their clients are not strong finance the treatment, so comes the dilemma between doctors, nurses and other health workers on the family's inability to finance the treatment, Hospital in South Sulawesi. Thus the actions of nurses to the problems facing the client's family is a form of life group (community) and human behavior which must be constantly changing in line with changes taking place in the world of their object ( Soeprapto, R., 2002: 51). Build a relationship between nurses and the client's family , because the family is the only party in charge of everything related to the client's problem, the nurse always act wisely existence because the client was taken to the hospital due to a family is no longer possible to provide the necessary care clients in private homes, nursing a burden against the family because there are no technical aids are indispensable.
- d. About methodology. Social interactions between nurses and clients while performing therapeutic communication Hospital in South Sulawesi, the reality shows that the application of therapeutic communication nurse to clients who do not apart influence the strength *Sipakatau*, *Sipakalebbi*, *Sipakainge* which is the local knowledge to implement it into a tangible reality or fact, as a the enforceability of Bugis Makassar culture, and a tradition as social institutions that create propriety and compliance every nurse in the execution of their duties, because the enforceability of local knowledge will translate into a fundamental, and in case of violation against social implications for the offense, so that sanctions against him are social sanctions tangible social isolation. *Sipakatau* is a form of social interaction between nurses and clients while performing therapeutic communication that is interdependence, communication between the inner space nurse, the client and the client's family to describe gentlemen attitude, sincerity, sincerity, and sacrifice to create the mutual lawyer "I "-an, not with the body but with inter conscience, not outwardly but inwardly, rather than realist but idealistic, and not partial but substantive. *Sipakatau* mutual her "people" give lawyers "me" -an for others, it will not their human intangible *sipakatau* , if not with sincerity and sincerity that made the nurse on the client, but "servitude". Indeed *sipakatau* is "mutual

giving", did not "mutual hope" that would tarnish his true vulnerable *sipakatau*, as already stipulated in their human Similarly reciprocal value therein, as a logical consequence. *Sipakatau* mutually clicking "-the" -kan does require local wisdom in performing their duties at the Hospital of South Sulawesi and wisdom is not something created, but because it is processed. Why is not easy to implement true *sipakatau*, because tripping the boundary willingness to give lawyers "me" -an on others. The rest, may be unwilling to do so, for fear of wasting to- "I" -an on others. The distance is very thin, because that was given to someone else is a lawyer "I" -an, did not to- "I" -an. *Sipakatau* mutually clicking "-the" -kan require sacrifice without giving up nurses endure clients stroke. Who is always her "I" -kan to- "I" -annya, apply *sipakatau* tripped purity sincerity, sincerity, and attitudes gentlemen. If so, of course, not their human *sipakatau* but servitude, or *sipakatau-tau*

## CONCLUSION

Social interaction of nurses with clients patterned on therapeutic communication, at the pre interactions before nurses interact with clients to prepare well in advance the way they dress, reception duties of nurse and study the status of each client's books. At this stage of introduction or orientation nurse visit each client, and when the meeting is the first spoken greeting before asking the condition of the client, while the interaction takes place he uses verbal and non-verbal language, and attitude shown in client full of hospitality and courtesy, Next phase of work, nurses do an evaluation or action on the client's condition in accordance with the midwife duties, and the last stage of termination, the nurse re-evaluate the client and conclude the development of the client's condition and report a doctor who handles client.

## BIBLIOGRAPHY

- [1] Bustami, 2002, Penyaminan quality health services and Akseptabilitasnya, Jakarta, Publisher Airlangga
- [2] Brammer, JF 1996. History and Systems of Psychology. New Jersey: Prentice Hall Inc.
- [3] Christina, et al., 2003. Communications Midwifery. Jakarta, Medical Books.
- [4] Darmayanti Mukhrifah 2010, Therapeutic Communication In Nursing Practice, Jakarta PT. Rafika Aditaman
- [5] MOH RI.1997. Working Guidelines PHC Volume IV, Jakarta, the Ministry of Health of the Republic of Indonesia.
- [6] Roger B. Ellis, Robert J. Gates, 2000, Interpersonal Communication in Nursing; Theory and Practice, Jakarta; PT Medicine
- [7] George Ritzer, Douglas J. Goodman. 2008. Theory of Modern Sociology; Sixth Edition, Translated by Alimandan. \_\_\_\_\_, 2004. Sociological Theory. Bantul: KreasiWacana
- [8] \_\_\_\_\_, 1979, Sociology; Experiencing a Changing Society, Boston, Allen and Bacon. Inc
- [9] \_\_\_\_\_, 1988, Contemporary Sociological Theory, New York, Alfred A. Knoff, Inc.
- [10] \_\_\_\_\_, 1995, Sociology of Science paradigm Ganda, translation Alimandan, Jakarta: Eagles perss
- [11] \_\_\_\_\_, 2001, Modern Sociological Theory, Jakarta: Kencana Pranada Media
- [12] Hidayat. A. 2006. Introduction to the basic concepts of nursing. Jakarta: Salemba Medika
- [13] Keliat, BA 2001. Mental Problems set Nursing Process. Jakarta: University of Indonesia.
- [14] \_\_\_\_\_, 2002. Therapeutic Nurse-Client Relationship, Jakarta: EGC.
- [15] Koziar, et.al, 1995. Fundamentals of nursing; concepts, process and practice of Seventh edition. United States: Pearson Prentice Hall
- [16] Koziar.B, Erb.G, Blais.K. 1995. Fundamentals of nursing, concepts, process and practice. California: Addison Wesley Publishing, Inc.
- [17] Lexy J Moleong 2005, Qualitative Research Methodology, Bandung: Teen Rosdakarya
- [18] Lilian Taylor and LeMone. 1997, Fundamentals of Nursing; the art and science of nursing care. Third edition. Philadelphia: Lippincot-Raven Publication
- [19] Muninjaya A Gde 2012, Quality Management Health Services, Jakarta, Medical Books
- [20] \_\_\_\_\_, 2002, Quality Management Health Services, Jakarta: EGC
- [21] Abdul Nasir, 2009, Communication in Nursing; Theory and Applications, Jakarta; Salemba Medika
- [22] \_\_\_\_\_, A.2007. Riset Nursing Scientific and Technical Writing, Jakarta: Salemba Medika.
- [23] Noeng Muhajir, 1991. Qualitative Research Methodology, Yogyakarta: Rake Sarasin
- [24] Nursalam. 2003 Nursing Process and Documentation; Concepts and Practice. Jakarta: Salemba
- [25] Nurachmah, E, 2001 How Reviews their express nurses caring behavior to clients with special needs. <http://www.pdpersi.co.id/pdpersi/news> obtained July 24, 2013.

- [26] Paul Doyle Johnson, 1988, Theory of Classical and Modern Ssosiologi , Jakarta: Gramedia.
- [27] Potter and Perry. 2005 " Fundamentals of Nursing volume ", Jakarta Book Kedokteran.EGC.
- [28] \_\_\_\_\_, 1993. Fundamentals of nursing concepts, process and practice.Third edition . St. Louis: Mosby Year Book.
- [29] \_\_\_\_\_, 1989. Fundamentals of Nursing Concepts, Process and Practice . St. Louis: The Mosby Company.
- [30] Purwanto, H. 1994. Communication for Nurses . Jakarta PT. EGC
- [31] Philips, CE 1996. Family Centered Maternity And Newborn Care . Philadelphia: Mosby.
- [32] Robert Pringle, Jones, 2011, ClairePenerbit: Central Banking
- [33] Robbins, SP 1996. The behavior; Concepts, Controversies, Applications , Interpreting Pujaatmaka and Bunyamin, M. Prehallindo, Jakarta.
- [34] Sarwono Sarlito, 2091. Theories of Social Psychology .Jakarta; Perss eagle.
- [35] Soeprapto Riyadi, 2002 Symbolic interactionism, Sociology Modern Perspective , Jakarta, Verroes Press
- [36] Sulastomo. 2007. Management of Health, Jakarta: Gramedia Pustaka Utama
- [37] Sundeen Sandra, Gail Wiscarz, 1998 . Pocket Guide to Psychiatric Nursing . Jakarta edition, EGC
- [38] Supartini Yupi, 2004, Child Nursing Concepts, Jakarta: Book of Medicine
- [39] Suryani.2005. Therapeutic Communication; Theory And Practice . Jakarta: EGC
- [40] Susan.KL Leddy.1998 Conceptual bases of professional nursing .Philadelphia: Lippincot
- [41] Lisa Sheldon Kennedy, 2010, Communications for Nursing , Jakarta, PT Stadium Literacy Primary,
- [42] \_\_\_\_\_, 2004, Communications for Nursing; Talking with Patients, Jakarta; PT Erland
- [43] Stephen King and Stivers. 1998 . Public Administration In An Anti-Government Era. Thousand Oaks, California: Sage Publications
- [44] \_\_\_\_\_, 1971. Danse Macabre .Macdonald.p. 117 ISBN 0-354-04647-0 . "My first experience of real horror Came at the hands of Ray Bradbury."
- [45] Stuart, GW and Sundeen SJ, 1995, Pocket Gide to Psychiatric Nursing. Third edition.St.Louis: Mosby Year Book
- [46] \_\_\_\_\_, 1987. Handbook of Nursing Jiwa.Alih Language : End of Yani S. Hamid. Jakarta, EGC.
- [47] \_\_\_\_\_, 1998. Principles and Practice of Psychiatric Nursing. St. Louis: Mosby Year Book
- [48] \_\_\_\_\_, 1998. Handbook Keperawatan Jiwa . Jakarta: EGC Medicine
- [49] \_\_\_\_\_, 2001. Principle and Practice of Nursing Psyciatric. St. Luis MosbyYear Book
- [50] Talcott Parsons, 1985. E sei- Essay Sociology (translation of the Essay Sociology by Talcott P arsons). Jakarta: Script Persada perss.
- [51] Tappen, RM, Sally, AW, Diana, KW 2004 Essentials of nursing leadership and management. 3th ed. Philadelphia: FA Davis
- [52] Tomey and Alligood. 2006. Nursing theoriest, utilization and application . Mosby: Elsevier.
- [53] Weber, Max. 1957. The Theory Of Social And Economic Organisationsation , Translated by. AM
- [54] Watson, J. 2099. Original center for human caring. <http://www2.uchsc.edu> obtained July 17, 2013.
- [55] Yani SH Achir, 1910. Nursing care Mental Health in Children and Adolescents, Jakarta: Midya Media.