

## Being survivors: therapeutic communication for people living with HIV/AIDS (plwha)

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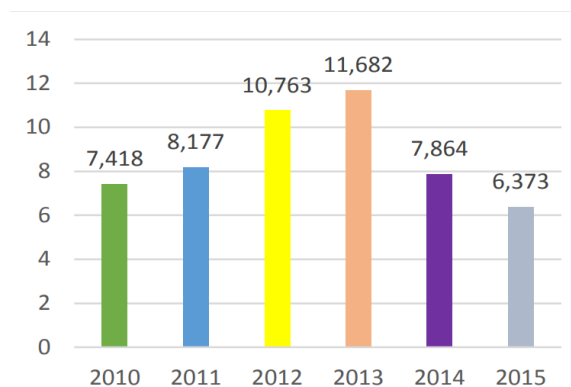
**Abstract** The number of People Living With HIV/AIDS (PLWHA) is steadily increasing. HIV/AIDS is caused by a virus that infects the body and weakens the immune system, making it difficult to fight germs, viruses, fungi, and other pathogens. HIV and AIDS are still considered taboo diseases that should not be openly discussed. People living with HIV/AIDS (PLWHA) are discouraged from seeking treatment due to stigma and discrimination. Eliminating stigma and discrimination against people living with HIV/AIDS will improve the process of preventing and overcoming HIV/AIDS cases. In addition, therapeutic communication also affects interpersonal relationships. This research aims to figure out how the therapeutic communication efforts of People living with HIV/AIDS (PLWHA) become survivors. The method used in this research is phenomenology, where the informants in this study are people with HIV/AIDS who live in Surabaya. This study concludes that therapeutic communication efforts to People living with HIV/AIDS (PLWHA) are by presenting volunteers who help people living with HIV/AIDS (PLWHA) based on the same fate as People living with HIV/AIDS (PLWHA). The presence of volunteers (PLWHA) assists and bridges the gap between patients and therapy, fostering a sense of comfort for PLWHA. They also make other patients feel more at ease while they are receiving treatment in the hospital.

**Keywords:** survivors; therapeutic communication; HIV/AIDS patient

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## INTRODUCTION

Every year, the number of Indonesians living with HIV/AIDS (PLWHA) continues to grow (Ardani & Handayani, 2017; Huda et al., 2019; Waluyo et al., 2021). Based on figure 1, in 2010, there were 21,591 HIV cases reported in Indonesia, and in 2015, there were 30,935 cases reported. In 2010, there were 7,418 AIDS patients in Indonesia, which climbed to 11,682 in 2013 and declined to 6,373 in 2015. DKI Jakarta, with 40,500 persons, has the most significant cumulative number of HIV cases in Indonesia from April 1987 to March 2016 (Kemenkes, 2016).



**Figure 1.** Number of people living with AIDS in Indonesia from 2010-2015  
Source: (Kemenkes, 2016)

HIV stands for Human Immunodeficiency Virus. This virus can cause AIDS. HIV will attack the immune system, which is the body's defence against various diseases. If a virus compromises a person's immune system, the condition is known as AIDS, or Acquired Immune Deficiency Syndrome. AIDS is an infection and disease caused by HIV. People who are infected with HIV are not required to use condoms. People with HIV do not always get AIDS if it is handled appropriately and adequately. People with AIDS, on the other hand, have HIV in their bodies. The virus that causes HIV AIDS enters the body and weakens the immune system, making it difficult to fight germs, viruses, fungi, and other pathogens (Liputan6, 2021). Before first time sex, heterosexual couples discussed HIV/AIDS and condom use verbally and nonverbally (Bowleg et al., 2010), and until now, no medicine can cure this disease—coupled with the information obtained by the community, that creates a negative stigma that often makes PLWHA withdraw from the community and do not take regular treatment. That, of course, makes the communication carried out by PLWHA cannot run smoothly, especially when taking treatment because of the community's views.

Strengths and structures have a significant impact on the lives of PLWHA, and they are still a big part of their stigma experience (and resistance) (Khan, 2020). When HIV enters the body, it destroys CD4 cells. CD4 cells are white blood cells that help the body fight infection. The lower the number of CD4 cells in the body, the weaker the immune system. HIV transmission occurs when an infected person's blood,

sperm, or vaginal fluids enter another person's body. It can happen in several ways (Alodokter, 2018), including 1) Sex, HIV infection can occur through sexual intercourse either in the vagina or rectum. Although very rare, HIV can also be transmitted through oral sex. Transmission through oral sex, in contrast, will only occur if the patient has open sores in his mouth, such as bleeding gums or canker sores. 2) Shared needles; one of the ways a person can catch HIV is by sharing needles and syringes. Sharing needles with HIV patients is one way a person contracts the virus. For example, when getting a tattoo or injecting drugs, do not share needles. 3) Blood transfusion, When a person receives blood donations from an HIV patient, he or she may be infected with the virus.

In China, a biomedical HIV preventive intervention is underutilised among gay, bisexual, and other males who have sex with men. To overcome hurdles to post-exposure prophylaxis awareness and uptake, clinical guidance on non-occupational post-exposure prophylaxis use and communication efforts targeting the social networks of homosexual, bisexual, and other males who have sex with men, are needed (Hou et al., 2020). When it comes to addressing HIV-related information with their children, HIV-positive parents encounter unique problems. Reframing HIV as a curable, chronic disease, keeping education in the dialogue, and integrating HIV-related subjects in more general conversations are beneficial strategies that parents have found (Edwards et al., 2014). In HIV/AIDS consultations for pregnant women at a small hospital in Malawi, the healthcare providers utilised three distinct discursive strategies: asking questions, referencing local knowledge and practices, and telling stories (Chimbwete-Phiri & Schnurr, 2020). Future interventions, however, will depend on public health goals such as patient portal access to STI PHRs and incentives to build patient portal platforms that support sexual and reproductive health among Black adolescents (Jackman et al., 2020). When physicians posed questions that were structured to elicit demotivational statements or represented motivational language, patients were more likely to voice motivational remarks (Carcone et al., 2020). The capacity of nurses and other healthcare workers to communicate effectively can have a significant impact on how stigma affects people living with HIV (Ferguson, 2020). Based on previous research related to HIV/AIDS, it discussed more the use of biomedical HIV prevention, discursive strategies for health care providers, efforts to support sexual and reproductive health among black adolescents, to the capacity of nurses and health workers to communicate effectively against the stigma that affects people—living with HIV. However, in this study, it is more from the side of PLWHA to become a survivor.

During a pandemic, a government's primary job is public health/risk communication. Risk communication strives to educate individuals about risk, improve their risk perceptions, and assist them in realising the benefits of following advice (Ventratkaraman & Manoharan, 2021). HIV

and AIDS are still considered taboo diseases that should not be discussed openly with parents, the community, or health care providers. It exposes People Living With HIV/AIDS (PLWHA) and their families to stigma and discrimination, which results in barriers to care and treatment (Ardani & Handayani, 2017). Because stigma against people living with HIV/AIDS is influenced by family attitudes and community perceptions of people living with HIV/AIDS, it is recommended that complete HIV/AIDS information be provided to families and communities to reduce or eliminate stigma (Shaluhayah et al., 2015). The importance of information and communication in the HIV/AIDS fight (Bekalu & Eggermont, 2013). HIV blogs are personal online diaries where people living with HIV share their inner thoughts and experiences with the world (Neubaum & Krämer, 2015). However, the public still does not widely understand that HIV is not spread through skin contact, such as shaking hands or hugging HIV patients. Transmission is also not possible through saliva unless the patient has mouth sores, bleeding gums, or open sores in the mouth.

If a person is diagnosed with HIV/AIDS, he will suffer physically and psychologically and socially. People Living With HIV/AIDS (PLWHA) will be perceived negatively, causing them to be shunned or ostracised by their peers and even their families. People living with HIV/AIDS often do not receive support from their environment or their families. As a result, the role of the People Living With HIV/AIDS (PLWHA) assistant is very strategic to improve the situation and condition of People Living With HIV/AIDS (PLWHA) (Latifah & Mulyana, 2017). In addition, barriers to controlling and treating HIV/AIDS are stigma and discrimination against People Living With HIV/AIDS (PLWHA). Due to stigma and discrimination, People Living With HIV/AIDS (PLWHA) are hesitant to seek treatment, and high-risk groups are hesitant to conduct early screening. Irrational fear of HIV transmission, as well as public perceptions that HIV-infected people misbehave, are the main reasons society stigmatises and discriminates against People Living With HIV/AIDS (PLWHA) (Simanjuntak et al., 2020). Most of the stigma experienced by People Living With HIV/AIDS (PLWHA) stems from their guilt about having HIV/AIDS, and they feel stigmatised and discriminated against as a result. Furthermore, they are concerned that others will judge them negatively if they disclose HIV/AIDS, as the disease's risk factors include sexual deviant behaviour and the abuse of narcotics and dangerous drugs or drugs. To whom people disclosed that they have HIV/AIDS (Lestari, 2016).

People living with HIV/AIDS (PLWHA) face various problems, including physical problems caused by illness and problems with psychosocial functioning such as stigma and discrimination due to their illness (Carsita et al., 2016; Dahlui et al., 2015). In general, People Living With HIV/AIDS (PLWHA) causes sufferers to feel like they are on the verge of death. When a person is diagnosed with HIV, their psychosocial characteristics typically change. Patients who have been

diagnosed with HIV will face physical, psychological, social, and spiritual difficulties. Stress, low self-esteem, and anxiety are some of the psychological issues that arise (Pardita & Sudibia, 2014). In addition, the stigma and discrimination of health workers against People Living With HIV/AIDS (PLWHA) are related to their level of knowledge about HIV/AIDS and their level of irrational fear of HIV transmission. The most important aspect of the National HIV/AIDS Movement is eliminating stigma and discrimination against people living with HIV/AIDS (GNHA). Eliminating stigma and discrimination will improve the preventive and curative process for HIV/AIDS cases (Sofia, 2018).

Discrimination has the potential to disrupt People Living With HIV/AIDS (PLWHA's) lives by causing physical, psychological, and social stress, as well as depression. Discrimination against People Living With HIV/AIDS (PLWHA) is well-known as one of the most fundamental human rights violations, including the right to live freely, privacy, and the right to health and education services. Discrimination occurs in the workplace, as evidenced by the termination of PLWHA's employment by company owners. It prompted UNAIDS (United Nations Program on HIV AND AIDS) to take immediate action by empowering People Living With HIV/AIDS (PLWHA) through a pilot project aimed at increasing access to entrepreneurship and training to help People Living With HIV/AIDS (PLWHA) build businesses for themselves. Namely by training People Living With HIV/AIDS (PLWHA), providing counselling, and assisting People Living With HIV/AIDS (PLWHA) in starting a business. When People Living With HIV/AIDS (PLWHA) encounters discrimination in the workplace, they must advocate for themselves (Komisi-Penanggulangan-AIDS, 2011).

In addition, therapeutic communication also affects interpersonal relationships to build patient satisfaction (Minanton & Dewi, 2019). Therapeutic communication is an interpersonal relationship between nurse and client in which nurse and client gain shared learning experiences to enhance the client's emotional experience (Stuart, 1991). Nurses can communicate with patients, their families, and other health care professionals in various scenarios and scenarios. Nurses and patients must communicate in this scenario because the communication process provides nurses with important information about the patient's state and allows nurses to give nursing care based on the information gained.

Nurses who specialise in therapeutic communication have a link to patient anxiety. Patients' preoperative concerns regarding their surgical treatment could be reduced with the support of therapeutic communication relationship nurses (Pratiwi et al., 2021). Nurses could communicate with the elderly using the neurolinguistic programming method, which induces changes in the old's thoughts and behaviour, leading to a healthier lifestyle. As a result, nurses can utilise the NLP approach to communicate with and influence elderly patients by considering its four primary pillars: outcome, rapport, sensory acuity,

and adaptability (Rustan & Hasriani, 2020). Therapeutic communication is a planned communication carried out by nurses and other health workers to heal the patient. Communication to enhance the patient's emotions is at the core of the therapeutic relationship between nurse and patient. Therapeutic communication is a collaborative interaction between nurse and patient that aims to solve problems faced by patients. A therapeutic relationship is a cooperative relationship that fosters a therapeutic relationship by exchanging behaviours, feelings, thoughts, and experiences.

The healthcare team can provide comprehensive monitoring of the patient's adherence, treatment response, adverse effects, patient satisfaction through therapeutic communication, and detection of treatment barriers. The biopsychosocial model of treatment serves as a roadmap for addressing patients, and therapeutic communication strategies work well in identifying biopsychosocial contributions to the patient's health and sickness (Borrell-Carrió et al., 2004). Interprofessional techniques to monitor and identify these health and sickness components can also be valuable for approaching patient care. The interdisciplinary monitoring of the patient's emotional states can also be beneficial. Monitoring these emotional states can aid in the early detection of a patient's reaction to therapy or provider. As a result, one practitioner can act as a liaison between these possible care disruptions, addressing them early and directly with the patient while also alerting other team members to assist patients in resolving these concerns. Fostering therapeutic dialogue among interdisciplinary teams can help patients have a better experience and achieve better health care outcomes (Sharma & Gupta, 2021).

Therapeutic communication indicators that can support nursing services (Supriyanto & Ernawaty, 2010), among others first, Attending skills, Communication skills with patients who are fully present (physically and psychologically) when engaged in therapeutic communication. US nurses are described in five communication styles (SOLER), namely a) Squarely / face to face is the attitude of being ready to serve patients, b) Open posture is an open attitude; do not fold your legs/arms, hands on your hips when communicating, c) Lean means bending towards the patient, indicating a desire to speak or listen to the patient, d) Eye contact, maintaining eye contact while communicating, shows appreciation and desire to communicate with patients, e) Relaxed means the nurse maintains a balance of tension to relax while responding to and acting on the patient.

Second, Respect. Respect is defined as an attitude and respectful behaviour, namely a caring attitude shown by always paying attention to patient complaints to accelerate patient recovery and serve patients unconditionally (Stuart & Laraia, 2005). Respect is acknowledging, appreciating, and accepting what it is, open to accepting opinions and views without judging or criticising, open to communicating and providing psychological security. Giving honest and heartfelt

appreciation is one of the core elements of good communication. Appreciation is a requirement that must be met. Giving sincere gratitude is a managerial approach that can generate passion and encourage others to do their best work.

Third, Empathy. Described as the nurse's attitude and behaviour to listen, understand, and pay attention to patients. The nurse cannot understand the client's feelings without displaying an excessive emotional response when seeing the patient in his problems (Stuart & Laraia, 2005). The nurse's emotion of "understanding" and "acceptance" of the feelings of serving the client, as well as the ability to recognise the patient's "personal world," is referred to as empathy. Empathy is a sincere, sensitive, and illogical feeling based on how other people feel. When it comes to communication, empathy tends to go hand in hand with experience. Empathy can be shown in various ways, including being aware of what the patient is doing at the time. Nurses who sympathise with others are trustworthy.

The fourth one is Responding ability. The attitude and behaviour of nurses to serve as quickly as possible when needed are called responsiveness. Closeness is a sensitive feeling that is concerned about the patient's problems. Cultural context and background, type of relationship, gender, age, and expectations all played a role in one's reaction to this behaviour. The nurse actively listens to the patient and answers with an attitude of acceptance and openness to encourage the patient to share personal information.

The Fifth is satisfaction at work. It is defined as the extent to which a person enjoys his job, views it as complex and multidimensional, and reacts to certain aspects of the job (Taunton et al., 2004). A nurse's job satisfaction measurement scale known as the Index of Work Satisfaction (IWS) was identified and developed, later adapted by The American Nurses Association (ANA). It becomes The National Database of Nurses Quality Indicators-Adapted Index of Work Satisfaction (NDNQI-AIWS), with seven components (Taunton et al., 2004), including assignments, formal-informal professional interactions between the nurse, and the patient (salary).

Residents view face-to-face communication as the most effective, while the radio is the most popular medium for spreading anti-HIV/AIDS messages. On the other hand, interpersonal communication is thought to be crucial in preventing the transmission of HIV/AIDS (Ogunsola, 2020). Health literacy is a strategy for correcting misinformation and immunising people against health-related misinformation, focusing on ignorant yet vocal health communicators (Krishna & Thompson, 2021). In order to effectively treat HIV patients, it is critical to establish and sustain a therapeutic relationship between patients and health care providers (Croston & Gibson, 2020). Based on the background that has been previously described, the problem formulation in this study is how the therapeutic communication efforts of People Living With HIV/AIDS (PLWHA) in becoming survivors. This effort is carried out to discover how

the negative stigma circulating in the community can be overcome by PLWHA as a survivor to live like humans in general.

## METHODOLOGY

This research uses a qualitative approach. The main focus of qualitative research describes the belief that some individual or group has emerged from social or human problems (Creswell & Poth, 2017). At the same time, the research method used in this research is phenomenology.

Phenomenology is the study of consciousness from a person's fundamental point of view or subjective or phenomenological experience. Phenomenology has a long history in social research, extending across disciplines such as psychology, sociology, and social work. Phenomenology is a school of thought that emphasises the importance of focusing on world interpretation. In this case, phenomenologists want to know how the world looks to others. Phenomenology investigates the experience of consciousness in relation to issues such as how the distinction between subject and object arises and how things in the world are classified. Phenomenologists also believe that consciousness is formed by something other than chance (Husserl, 2014).

Informants are people who work in the research environment. The intended audience is people who are accustomed to providing information about research situations and conditions. The use of informants in research allows the collection of large amounts of information in a relatively short time (Suwandi, 2008). The informants in this study were 3 People Living With HIV/AIDS (PLWHA) (see table 1) who live in Surabaya. Because the total number of PLWHA in East Java is 50,556 people and the number of HIV in East Java is number 1 in Indonesia, and the number of people living with AIDS is in position two nationally (Hasanah, 2020).

**Table 1.** Informant background

Informant	Age	Gender	Occupation	Status
1	30	M	Labor	Single
2	25	F	Private Employees	Single
3	28	M	Entrepreneur	Single

Source: (Researcher Processed Data, 2021)

The interactive model analysis is used in the analysis technique of this research. In this model analysis, the three components of the analysis are data reduction, data presentation, and retrieval or verification, and activities are carried out interactively with active data processing as a continuous, repetitive, and continuous process forming a cycle (Miles & Huberman, 1994). Due to the large amount of data collected in the field, it is necessary to record it carefully and in detail. As previously stated, the more time researchers spend in the field, the



more data they collect, complex by complex. Consequently, it is crucial to analyse data quickly through data reduction. Summarising, selecting main points, focusing on what is essential, looking for themes and patterns, and removing unnecessary are all necessary steps in data reduction. As a result, the reduced data will provide a clear picture and make it easier for researchers to collect additional data and search for it if needed.

The data is then displayed after being reduced. Data presentation refers to organising data, particularly connecting one data set to another to capture all analysed data in one unit. The author presents data in the form of snippets of interview results and several written sources after selecting relevant data and eliminating data that is not in accordance with this research. The author combines the reduced data with the author's narrative to make it easier to understand and stay within the scope of the research. After presenting the data used in connection with the author's narrative, the analysis is carried out using relevant theories.

Researchers use the inductive principle by observing patterns and trends in existing data from data displays. Sometimes stories are made from scratch; however, the final cause cannot be precisely formulated after the researcher has thoroughly analysed all available data.

## **RESULTS AND DISCUSSION**

This study analysed the therapeutic communication efforts of People Living With HIV/AIDS (PLWHA) in becoming survivors treated at the same hospital. According to informants in this study, People Living With HIV/AIDS (PLWHA) living in Surabaya gave their opinion that:

First informant:

*"according to my experience, during my treatment at the hospital, the health workers there were already there according to their respective places. Starting from the registration section to waiting for the doctor's queue, it is in accordance with their respective duties. However, sometimes some officers are not very friendly in serving me or maybe some other patients. Most of the officers were aged, whether it was his character or the officer's unfavourable mood at that time. However, for me as a patient, such treatment or service makes me feel a little sick too. Sometimes there is a desire to move to another hospital to get better treatment. But I thought back, and maybe the treatment does not happen again."*  
(Personal Interview, 10-05-2021).

Second informant:

*"For me personally, the service is pretty good. However, for communication, sometimes it does not last long. Even if we talk, usually when we ask for a stamp for a prescription. The same doctor is the same. Usually, we are called according to our queue number to ask for our respective prescriptions for drugs. Maybe because of*

*the long queues that finally made our communication as patients with doctors not much happening. Sometimes they are asked about the patient's complaints, and sometimes they are only given a prescription without any questions or answers. If I look at it, it looks like the new doctors in the poly seem to be in a hurry to serve us. I finally felt that they were afraid to linger with us. Sometimes it comes to my mind that doctors are still afraid when dealing with us? But I personally try to think about it positively maybe it is because of the many patients and the doctor's-tired condition."* (Personal Interview, 10-05-2021).

Third informant:

*"Usually, those who often interact with us (patients) at the hospital are the volunteers who are there. So, I think the presence of volunteers there really helps health workers. The number of patients who come every day sometimes overwhelms the health workers. So that the volunteers are here to help us to be treated more quickly, especially for new patients who do not know the process while in the polyclinic."* (Personal Interview, 10-05-2021).

### **Therapeutic communication practice**

The skills of the presence of health workers in therapeutic communication with People Living With HIV/AIDS (PLWHA) in Dr Soetomo Hospital Surabaya as the biggest hospital in Surabaya with complete supporting facilities such as registration at the counter, while waiting in line have been running as it should be. Health workers have carried out their duties per their respective responsibilities, although several things still need to be considered.

First informant:

*"Sometimes, there are some officers who are less friendly in serving me or maybe some other patients. Most of the officers are quite old; is that the character? Or was the officer's bad mood at that time? That is what we do not know."* (Personal Interview, 10-05- 2021).

Second informant:

*"However, for communication, when we ask for a stamp for a recipe, for example, sometimes they ask in a rather curt tone."* (Personal Interview, 10-05- 2021).

Third informant:

*"A large number of patients usually makes the services of the health workers less than optimal, eventually often annoying themselves."* (Personal Interview, 10-05- 2021).

The first is respect which is defined as a respectful attitude and behaviour. The caring attitude shown should always pay attention to the

complaints felt by patients to accelerate the recovery of People Living With HIV/AIDS (PLWHA). However, in practice, PLWHA still receives less comfortable treatment. It is not an entirely unpleasant treatment, but more on the comfort of People Living With HIV/AIDS (PLWHA) in treatment. Sometimes health workers still serve patients without generalisation with patients in general who visit the hospital. People Living With HIV/AIDS (PLWHA) sometimes feel uncomfortable when going to the hospital if they are still seen as patients who have had a lot of bad behaviour in the past. This makes People Living With HIV/AIDS (PLWHA) uncomfortable when receiving treatment.

Regarding empathy, People Living With HIV/AIDS (PLWHA) considered that in addition to health workers in the hospital, the volunteers at the hospital were beneficial for People Living With HIV/AIDS (PLWHA) during treatment. The volunteer is also a PLWHA who is in the hospital every day to help other patients. The role of volunteers is significant for People Living With HIV/AIDS (PLWHA) because People Living With HIV/AIDS (PLWHA) feels that the volunteers are always there to give their time even though they are not asked by People Living With HIV/AIDS (PLWHA), especially for new patients. The presence of volunteers is a sedative for People Living With HIV/AIDS (PLWHA) when being treated at the hospital when People Living With HIV/AIDS (PLWHA) needs quick information while health workers cannot provide information quickly.

In connection with the attitudes and behaviour of nurses in providing fast service when needed, the role of volunteers, in this case, has also helped many health workers in the hospital so that when People Living With HIV/AIDS (PLWHA) needs fast service, the volunteers can bridge the needs expected by PLWHA to staff health. The volunteers' closeness with People Living With HIV/AIDS (PLWHA) was based on a mutual understanding of the conditions between PLHIV in the hospital.

Regarding the satisfaction in enjoying their work, the volunteers are happy to help patients who seek treatment. It was done based on the same fate as People Living With HIV/AIDS (PLWHA). The volunteers position themselves as People Living With HIV/AIDS (PLWHA)—feeling what other patients feel like him.

### **Patients, health workers, and volunteers in therapeutic communication**

Therapeutic communication in an effort to become a survivor of a PLWHA is vital in improving the quality of life of PLWHA. This communication is not only established between fellow PLWHA but also with health workers and volunteers.

First informant:

*"I personally think that such communication can happen between us, especially patients and health workers. Because every treatment*

*we receive will affect our psychological condition in doing treatment at the hospital." (Personal Interview, 10-05- 2021).*

Second informant:

*"I think this is a risk that I have to feel when going to the hospital, but sometimes I feel uncomfortable, but fortunately there are PLWHA friends who volunteer, so I feel calmer in treatment." (Personal Interview, 10-05- 2021).*

Third informant:

*"Sometimes when I want to ask about complaints or other information, volunteers help me to ask doctors or health workers, so that is very helpful." (Personal Interview, 10-05- 2021).*

Therapeutic communication should be built in treating people living with HIV in the hospital with health workers so that the quality of life for People Living With HIV/AIDS (PLWHA) can still be achieved. Health workers must be genuinely professional in carrying out their responsibilities and put aside all personal problems and must be able to distinguish between private and public domains.

The presence of People Living With HIV/AIDS (PLWHA) volunteers in helping and bridging patients to carry out treatment becomes a sense of comfort that is felt by People Living With HIV/AIDS (PLWHA). The volunteers dominated by People Living With HIV/AIDS (PLWHA) also made other patients feel more comfortable when treating the hospital. So that the presence of volunteers at this hospital also supports the therapeutic communication between People Living With HIV/AIDS (PLWHA) and health workers.

### **The role of Volunteers in hospital for PLWHA**

The presence of volunteers, in addition to them helping patients, is also to carry out monthly treatment because the volunteers are also PLWHA who are in the hospital every day to help other patients if needed.

First informant:

*"When I cannot ask the doctor any longer because there are still many patients waiting, I usually take the time to ask a volunteer who might have a little understanding of what I should do when experiencing a condition." (Personal Interview, 10-05- 2021).*

Second informant:

*"Usually, when I cannot come to take medicine at the hospital because of an urgent condition, volunteers usually help anyone who needs help to get medicine." (Personal Interview, 10-05- 2021).*

Third informant:

*"It is constructive to have volunteers here (hospitals) because the information we want to get some of the information we can ask them (volunteers), so that is very helpful."* (Personal Interview, 10-05- 2021).

It is reviewed from research conducted by Ferguson (2020), which shows that the capacity of nurses and health workers in building effective communication has a significant impact on the formation of stigma against people living with HIV. This study found that the presence of volunteers in hospitals is seen as having a good role, especially for patients. Supported by the conditions of fellow PLWHA who have the same problem makes the role of volunteers meaningful. Moreover, because volunteers are in the hospital almost every day, whenever another patient needs help or information can make it easier for the patient and put the patient at ease. Communication between PLWHA as a patient and PLWHA as a patient and a volunteer in becoming a survivor becomes a form of therapeutic communication for PLWHA in living their lives to continue undergoing treatment therapy to survive. Through this communication, PLWHA strengthens each other to keep the spirit and strengthen each other, so that communication is built between patients and nurses and health workers, and volunteers have an impact in minimising negative stigma in society against PLWHA.

In a study conducted by Carcone et al. (2020), patients were more likely to ask motivational questions if doctors asked structured questions to patients. While in this study, through an approach by volunteers, the patients expressed more questions and statements related to how they felt. The attending skill that emerges in therapeutic communication is communication between patients and takes place by maintaining eye contact when communication takes place. Concerning respect, both patients and volunteers participate in mutual respect when both parties have an opinion. In addition, empathy from volunteers and nurses and health workers is always raised because volunteers who are also PLWHA make volunteers feel what patients feel, even though nurses and health workers do not feel it directly. The ability of nurses and health workers to respond to every complaint felt by the patient is also heard and possible so that the treatment undertaken by the patient can run optimally. So that with this attitude, it can achieve the goal of its primary task for a nurse and health worker who provides care to PLWHA patients through therapeutic communication.

Because therapeutic communication is also called interpersonal communication, which is carried out consciously to improve health, its actions focus on patient rehabilitation. Furthermore, communication is carried out directly so that volunteers know the situation and responses of other PLWHA. It is how patients feel when they find out about the assistance provided by volunteers who are also members of PLWHA. It is hoped that communication between PLWHA patients and PLWHA

volunteers who are also PLWHA can be mutually beneficial and reduce the patient's disease burden. The patient's illness affects his body and his soul or mind, causing emotional disturbances such as irritability or despair with his illness. As a result, he overcame grief, anxiety, and worry, and his illness was declared incurable. The value of interpersonal relationships that PLWHA volunteers give to other PLWHA volunteers comes into play.

## CONCLUSION

Based on the data analysis that has been done, the conclusion related to the therapeutic communication efforts of People Living With HIV/AIDS (PLWHA) in becoming a survivor is that therapeutic communication efforts to People Living With HIV/AIDS (PLWHA) are by presenting volunteers who help People Living With HIV/AIDS (PLWHA). The volunteer is also a PLWHA who is in the hospital every day to help other patients and present by conducting therapeutic communication with People Living With HIV/AIDS (PLWHA) patients through the empathy needed by People Living With HIV/AIDS (PLWHA) patients during treatment. The sense of fate and suffering experienced by fellow PLWHA becomes an encouragement for them. The volunteers also support the performance of health workers by bridging the needs of People Living With HIV/AIDS (PLWHA) during treatment by dominantly providing empathy to patients based on a sense of co-existence as People Living With HIV/AIDS (PLWHA).

## REFERENCES

- Alodokter. (2018). *Penyebab HIV dan AIDS*. <https://www.alodokter.com/hiv-aids/penyebab>
- Ardani, I., & Handayani, S. (2017). Stigma terhadap Orang dengan HIV/AIDS (ODHA) sebagai Hambatan Pencarian Pengobatan: Studi Kasus pada Pecandu Narkoba Suntik di Jakarta. *Buletin Penelitian Kesehatan*, 45(2), 81-88. <https://doi.org/10.22435/bpk.v45i2.6042.81-88>
- Bekalu, M., & Eggermont, S. (2013). Determinants of HIV/AIDS-Related Information Needs and Media Use: Beyond Individual-Level Factors. *Health Communication*, 28(6), 624-636. <https://doi.org/10.1080/10410236.2012.717050>
- Borrell-Carrió, F., Suchman, A., & Epstein, R. (2004). The biopsychosocial model 25 years later: principles, practice, and scientific inquiry. *The Annals of Family Medicine*, 2(6), 576-582.
- Bowleg, L., Valera, P., Teti, M., & Tschann, J. (2010). Silences, Gestures, and Words: Nonverbal and Verbal Communication About HIV/AIDS and Condom Use in Black Heterosexual Relationships. *Health Communication*, 25(1), 80-90. <https://doi.org/10.1080/10410230903474019>
- Carcone, A., Naar, S., Clark, J., MacDonell, K., & Zhang, L. (2020). Provider behaviors that predict motivational statements in adolescents and young adults with HIV: a study of clinical communication using the Motivational Interviewing framework. *AIDS Care*, 32(9), 1069-1077.
- Carsita, W., Winarni, I., & Lestari, R. (2016). Studi Fenomenologi: Orang Dengan Hiv Aids (Odha) Dalam Menjalani Self-Disclosure Di Wilayah Kerja Puskesmas Bongas. *Jurnal Ilmu Keperawatan: Journal of Nursing Science*, 4(2), 205-224.
- Chimbwete-Phiri, R., & Schnurr, S. (2020). Improving HIV/AIDS consultations in Malawi: How interactional sociolinguistics can contribute. *Applying Linguistics in Illness and Healthcare Contexts*.

- Creswell, J., & Poth, C. (2017). *Qualitative inquiry and research design: Choosing among five approaches*. California: Sage publications.
- Croston, M., & Gibson, S. (2020). Navigating stormy waters: Difficult conversations in HIV care. In *Psychological Perspectives in HIV Care* (pp. 80–94). Routledge.
- Dahlui, M., Azahar, N., Bulgiba, A., Zaki, R., Oche, O., Adekunjo, F., & Chinna, K. (2015). HIV/AIDS related stigma and discrimination against PLWHA in Nigerian population. *PloS One*, *10*(12), e0143749.
- Edwards, L., Donovan-Kicken, E., & Reis, J. (2014). Communicating in complex situations: A normative approach to HIV-related talk among parents who are HIV+. *Health Communication*, *29*(4), 364–374.
- Ferguson, C. (2020). *Therapeutic Communication Skills for Nurses Working with People Living with HIV*. Walden University.
- Hasanah, A. (2020). *Sebanyak 7.105 ODHA Baru di Jatim, Surabaya Terbanyak*. <https://rri.co.id/daerah/770437/sebanyak-7-105-odha-baru-di-jatim-surabaya-terbanyak>
- Hou, J., Wu, Y., Xie, L., Meng, S., Fu, R., Zheng, H., He, N., Huang, X., Xu, J., & Meyers, K. (2020). Post-exposure prophylaxis: an underutilised biomedical HIV prevention method among gay, bisexual and other men who have sex with men in China. *AIDS Care*, *32*(12), 1573–1580.
- Huda, J. M., Prasetyo, I. J., & Fitriyah, I. (2019). Komunikasi Interpersonal Antar ODHA untuk Menumbuhkan Motivasi Kembali Hidup Normal di Yayasan Mahameru Surabaya. *Jurnal Komunikasi Profesional*. <https://doi.org/10.25139/jkp.v3i1.1700>
- Husserl, E. (2014). *Ideas: General introduction to pure phenomenology*. Routledge. <https://doi.org/10.4324/9781315823577>
- Jackman, K., Murray, S., Hightow-Weidman, L., Trent, M., Wirtz, A., Baral, S., & Jennings, J. (2020). Digital technology to address HIV and other sexually transmitted infection disparities: Intentions to disclose online personal health records to sex partners among students at a historically Black college. *PloS one*, *15*(8), e0237648. *PloS One*, *15*(8).
- Kemenkes. (2016). *Laporan Situasi Perkembangan HIV & AIDS di Indonesia Tahun 2015*.
- Khan, S. (2020). Examining HIV/AIDS-Related Stigma at Play: Power, Structure, and Implications for HIV Interventions. *Health Communication*, *35*(12), 1509–1519. <https://doi.org/10.1080/10410236.2019.1652386>
- Komisi-Penanggulangan-AIDS. (2011). *Strategi penanggulangan HIV/AIDS*. <http://www.aidsindonesia.or.id/dasar-hiv-aids>
- Krishna, A., & Thompson, T. (2021). Misinformation about health: a review of health communication and misinformation scholarship. *American Behavioral Scientist*, *65*(2), 316–332.
- Latifah, D., & Mulyana, N. (2017). Peran pendamping bagi orang dengan HIV/AIDS (ODHA). *Prosiding Penelitian Dan Pengabdian Kepada Masyarakat*, *2*(3).
- Lestari, H. (2016). Stigma dan Diskriminasi ODHA di Kabupaten Madiun. *Tunas-Tunas Riset Kesehatan*, *6*(3).
- Liputan6. (2021). *Penyebab HIV AIDS, Gejala, Pengobatan dan Cara Mencegahnya yang Perlu Diketahui*. <https://id.berita.yahoo.com/penyebab-hiv-aids-gejala-pengobatan-040016423.html>
- Miles, M., & Huberman, A. (1994). An expanded sourcebook: Qualitative data analysis (2nd Edition). In *Sage Publications*. [https://doi.org/10.1016/0149-7189\(96\)88232-2](https://doi.org/10.1016/0149-7189(96)88232-2)
- Minanton, & Dewi, A. (2019). Komunikasi Terapeutik Dalam Pelayanan Kanker Dan Paliatif. *Citra Delima : Jurnal Ilmiah STIKES Citra Delima Bangka Belitung*, *3*(1). <https://doi.org/10.33862/citradelima.v3i2.47>
- Neubaum, G., & Krämer, N. (2015). Let's Blog About Health! Exploring the Persuasiveness of a Personal HIV Blog Compared to an Institutional HIV Website. *Health Communication*, *30*(9), 872–883. <https://doi.org/10.1080/10410236.2013.856742>

- Ogunsola, S. (2020). *Pattern of HIV/AIDS Message Communication Between Health Workers and Residents of Oke-Ogun Area of Oyo State, Nigeria*. Kwara State University (Nigeria).
- Pardita, D., & Sudibia, I. (2014). Analisis dampak sosial, ekonomi, dan psikologis penderita hiv aids di Kota Denpasar. *Buletin Studi Ekonomi*, 19(2), 193–199.
- Pratiwi, A., Wahyuningsih, T., & Safitri, S. (2021). The effect of communication between therapeutic nurses and patients on pre-surgical anxiety levels. *Enfermería Clínica*, 31, S439–S442.
- Rustan, E., & Hasriani. (2020). Communication pattern between nurses and elderly patients through a neuro-linguistic programming approach. *Jurnal Studi Komunikasi (Indonesian Journal of Communications Studies)*, 4(1). <https://doi.org/10.25139/jsk.v4i1.2180>
- Shaluhayah, Z., Musthofa, S., & Widjanarko, B. (2015). Stigma Masyarakat terhadap Orang dengan HIV/AIDS. *Kesmas: National Public Health Journal*, 9(4). <https://doi.org/10.21109/kesmas.v9i4.740>
- Sharma, N., & Gupta, V. (2021). Therapeutic Communication. *StatPearls [Internet]*.
- Simanjuntak, G., Saragih, M., Hasibuan, E., & Pardede, J. (2020). Stop Stigma Dan Diskriminasi ODHA di Kota Medan. *Jurnal Abdimas Mutiara*, 1(1), 24–29.
- Sofia, R. (2018). Stigma Dan Diskriminasi Terhadap ODHA (Studi Pada Tenaga Kesehatan Di Puskesmas Tanah Pasir Aceh Utara). *AVERROUS: Jurnal Kedokteran Dan Kesehatan Malikussaleh*, 2(1), 79–89.
- Stuart, G. (1991). *Pocket guide to psychiatric nursing*. Mosby.
- Stuart, G., & Laraia, M. (2005). *Principles and Practice Psychiatric Nursing ed.8*. London: Elsevier Mosby.
- Supriyanto, S., & Ernawaty. (2010). *Pemasaran Industri Jasa Kesehatan*. Yogyakarta: CV. Andi Offset.
- Suwandi, B. (2008). *Memahami Penelitian Kualitatif*. Jakarta: PT Reneka Cipta.
- Taunton, R., Bott, M., Koehn, M., Miller, P., Rindner, E., Pace, K., Elliott, C., Bradley, K., Boyle, D., & Dunton, N. (2004). The NDNQI-Adapted Index of Work Satisfaction. *Journal of Nursing Measurement*, 12(2). <https://doi.org/10.1891/106137404780954678>
- Ventraktraman, K., & Manoharan, A. (2021). Public Engagement as the Fifth Dimension of Outbreak Communication: Public's Perceptions of Public Health Communication during COVID-19 in India. *Health Communication*, 1–13. <https://doi.org/10.1080/10410236.2021.1950294>
- Waluyo, A., Mansyur, M., Earnshaw, V., Steffen, A., Herawati, T., Maria, R., & Culbert, G. (2021). Exploring HIV stigma among future healthcare providers in Indonesia. *AIDS Care*, 1–10.