



## IMPLEMENTATION OF ISLAMIC COMMUNICATION IN THERAPEUTIC COMMUNICATION IN MIDWIVES

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### ABSTRACT

This study aims to describe the Implementation of Islamic Communication in Therapeutic Communication to Midwives at Inche Abdoel Moeis Hospital Samarinda. This research is a qualitative descriptive study with a phenomenological approach. Observation, interviews, and documentation carried out data collection techniques. After obtaining the data, the researcher conducted interactive data analysis using data reduction, presentation, and verification. After that, the results of this study were tested for the validity of the data by triangulation, namely sources, techniques, and time. The results showed that there were six therapeutic communication techniques applied by midwives at Inche Abdoel Moeis Samarinda Hospital, namely (1) active and attentive listeners, (2) showing acceptance, (3) conveying the results of observations, (4) giving appreciation, (5) assertiveness, and (6) humor. Meanwhile, Islamic communication in therapeutic communication to midwives at RSUD Inche Abdoel Moeis Samarinda has yet to be formally applied but substantially has similarities in the principles of Islamic communication. This is manifested in the principles of (1) the principle of honesty, (2) the principle of positive speech, (3) the principle of the package (heart, verbal, and deed), (4) the principle of two ears and one mouth, (5) the principle of mutual influence, (6) the principle of privacy.

**Keywords:** Islamic Communication, Therapeutic Communication, Midwife.

### ABSTRAK

*Tujuan dari penelitian ini adalah mendeskripsikan Implementasi Komunikasi Islam dalam Komunikasi Terapeutik pada Bidan di RSUD Inche Abdoel Moeis Samarinda. Penelitian ini merupakan penelitian deskriptif kualitatif dengan pendekatan fenomenologi. Teknik pengumpulan data dilakukan dengan observasi, wawancara, dan dokumentasi. Setelah data didapatkan, peneliti melakukan analisis data interaktif dengan cara reduksi data, penyajian data, dan verifikasi. Setelah itu, hasil penelitian ini diuji keabsahan datanya dengan cara triangulasi, yaitu sumber, teknik, dan waktu. Hasil Penelitian diketahui bahwa terdapat enam teknik komunikasi terapeutik yang diterapkan bidan di RSUD Inche Abdoel Moeis Samarinda, yaitu (1) pendengar aktif dan penuh perhatian, (2) menunjukkan penerimaan, (3) menyampaikan hasil observasi, (4) memberikan penghargaan, (5) asertif, dan (6) humor. Sedangkan komunikasi Islam dalam komunikasi terapeutik pada bidan di RSUD Inche Abdoel Moeis Samarinda tidak secara formal diterapkan, melainkan secara substansi memiliki kesamaan dalam prinsip-prinsip komunikasi Islam. Hal tersebut diwujudkan dalam prinsip (1) prinsip kejujuran, (2) prinsip berkata positif, (3) prinsip paket (hati, lisan, dan perbuatan), (4) prinsip dua telinga satu mulut, (5) prinsip saling memengaruhi, (6) prinsip privacy.*

**Kata Kunci:** Komunikasi Islam, Komunikasi Terapeutik, Bidan.



## INTRODUCTION

For women, pregnancy and childbirth are natural things. Childbirth or delivery is an important thing in human life. As with marriage, this event carries many important meanings in her life. Not only a matter of nature, pregnancy and childbirth are some of the goals of human creation determined by Allah SWT.

Every woman certainly wants her labor process to run smoothly and normally. The normal delivery process is a gift from Allah SWT. for a girl. However, the delivery process does not always run smoothly. We often hear many statements when we know the word "labor." These statements cannot be separated from the words bleeding, sickness, and even death. Not even a few say that the birth process is a struggle for life and death.

Feeling contractions is a sign that labor is approaching. Even the delivery process can cause anxiety and stress, so pregnant women must be prepared to ensure the delivery process goes smoothly. The World Health Organization (WHO) reports that childbirth anxiety is one of the most common emotional problems pregnant women face, which has serious psychological consequences. Anxiety is a vague worry that evokes helplessness (Hidayat, 2013).

Excessive anxiety causes psychological changes in pregnant women. Therefore, providing physical, emotional, and psychological support during labor can help the delivery process and provide a sense of satisfaction to the mother while undergoing a normal delivery process. All parties involved must be able to encourage pregnant women and keep everything running well and smoothly.

The importance of communication in the delivery process will affect the psychology of pregnant women. One of the terms of communication in the medical world is therapeutic communication. Therapeutic communication occurs when someone is sick and then meets and interacts with medical personnel. All medical personnel interacting with patients must have good therapeutic communication skills. It aims to provide professional satisfaction in services, establish a relationship of trust with patients, and improve the image of the medical profession (Ditha Prasanti, 2016).

Therapeutic communication is conceptually a part of the study of interpersonal communication. The therapeutic communication concept was developed to eliminate the possibility of conflicting meanings between medical personnel and patients. Therapeutic communication carried out by health workers focuses on healing and minimizing patient anxiety—the relationship between health workers and patients that is therapeutic and aims to improve the patient's emotions. In addition, therapeutic communication is an interaction in this communication aimed at solving problems faced by patients (Sinaulan, 2016).

Midwives are the choice of pregnant women to check their wombs. Not only helping the delivery process, midwives must also be able to change the patient's perspective. For example, they motivate and convince pregnant women that the delivery process will run smoothly. The motivation is given so that pregnant women continue to struggle and maintain their pregnancy until the baby is born. Of course, providing motivation is balanced with a good relationship between the midwife and the patient. (Herawati 2019)

The most important purpose of communication is to convey or express a message. The purpose of Islamic communication is to transform bad behavior from an individual (communicant) to good behavior through Islamic teachings. At this point, there is a difference with general communication, which understands communication as conveying a message. Whether it is good or not does matter. Even if it is always subject to the wishes of the communicator, whether negative or positive values become unimportant. (Kriyantono 2019)

Therapeutic is something that is directed to the process of facilitating the healing and recovery of patients. Therapeutic communication is one form of communication that is carried out in a planned manner to help the patient's healing process. When Islamic communication is connected with therapeutic communication, it will have value and advantages. These advantages are values that are the source of communication patterns and models. Islamic communication not only pays attention to the content of the message but also sees the values held as principles in the communication process. Of course, this principle adheres to the Qur'an and Hadith.

Therapeutic communication carried out by midwives must be equipped with qualified Islamic spirituality. In *Tafsir Fath al-Qadir*, Al-Syaukani defines *al-bayan* as the ability to communicate. To find out how people should communicate correctly (qaulan sadidan), we must trace the keywords (key concepts) used by the Qur'an for communication. As for the principles in Islamic communication, namely 1) the principle of honesty; 2) the principle of saying positively; 3) package principles (heart, verbal, deed); 4) the principle of two ears, one

mouth; 5) the principle of mutual influence; 6) the principle of privacy. If these principles are applied, the purpose of communication can be achieved so that communication in Islam can be good. (Muslimah 2016)

Therapeutic communication will work well when a midwife understands health from an Islamic perspective. So that midwives are aware of responses, patient goals, and two-way interactions to achieve relationship goals and know what actions to take. Before communicating, midwives must carry out self-analysis, including self-awareness, value categorization, emotional investigation, and accountability.

Previous studies have found that some midwives do not explore their patients' emotions and fears. Thus, midwives are less sensitive to their patients' verbal and non-verbal reactions. For example, if a patient cries or frowns in pain when the midwife acts, the midwife must communicate reassuringly with the patient. Ideally, the midwife-patient relationship builds trust and allows for good cooperation.

There needs to be more studies on Islamic communication in therapeutic communication, especially field studies at the Samarinda City Hospital agency. Therefore, researchers are interested in conducting research at Inche Abdoel Moeis Hospital, Samarinda City, by observing and describing the implementation of Islamic communication in midwife therapeutic communication. The title of this research is "Implementation of Islamic Communication in Therapeutic Communication of Midwives at Inche Abdoel Moeis Hospital, Samarinda City."

## RESEARCH METHODS

This research uses a descriptive qualitative research method. Qualitative

research emphasizes meaning and understanding from within (verstehen) reasoning, the definition of a particular situation, and researching more things related to everyday life. Qualitative research is more concerned with the process than the final result. Therefore, the sequence of activities can vary depending on the conditions and the number of symptoms found (Mohammad Mulyadi, 2011).

This study obtained data from various sources, namely observation, interviews, and documentation. The researcher also uses non-participant observation; that is, the observer is not involved in the activities being carried out by the observer. Observations of non-participant researchers were carried out at the Inche Abdoel Moeis Hospital, Samarinda City, by observing hospital conditions, activities, interactions between midwives and patients, obstacles in the interaction process, and services provided by hospitals in Samarinda City in providing services during the delivery process (Anggito, 2018)

While in the interview process, researchers conducted interviews related to the problems studied with midwives and patients (pregnant women) at Inche Abdoel Moeis Hospital, Samarinda City. The research documentation study collected several files from the Inche Abdoel Moeis Hospital, Samarinda City, regarding the organizational structure, activity documentation, patient handover form, action approval form, patient safety checklist form, operation report, anesthesia report, post-sedation monitoring form, request letter for hospitalization, patient care plans, general consent forms, education forms, patient development records, photos of activities and other data.

This research is qualitatively conducted and uses the interactive analysis technique

proposed by Miles and Huberman. Data analysis of this interactive model has three components, namely (1) data reduction, (2) data presentation, and (3) conclusion drawing/verification. In this analysis model, data analysis begins when the data collection process occurs in the field, and data analysis is carried out in cycles. Data analysis begins with the data collection, carried out continuously until the researcher can conclude.

## RESULTS AND DISCUSSION

Samarinda City is the Capital of East Kalimantan Province. Samarinda City has experienced developments in urban activities and functions. It has even become a center of economic growth as well as a center of activity for the eastern region of Kalimantan Island. The city of Samarinda consists of two areas: the city area and the other side. The area of Samarinda City is 718.00 Km<sup>2</sup> based on Government Regulation No. 21 of 1987 concerning the Determination of Municipal Boundaries for the Level II Region of Samarinda. Astronomically, Samarinda City is located between 0°21'81"-1°09'16" South Latitude and 116°15'16"-117°24'16" East Longitude and is traversed by the equator or the equator, which lies on the latitude 00. (BPS Kota Samarinda)

Based on data from the East Kalimantan Provincial Government's official website, which uploaded information regarding hospitals in Samarinda City. It is known that there are ten hospitals in Samarinda City, namely 1) RS. Special Surgery & Maternity Samarinda Siaga, 2) Hospital. Bakti Nugraha, 3) TNI Kasdim Hospital, 4) RSUD. I. A. Moeis, 5) A. Wahab Syajranie Hospital, 6) Atma Husada Mahakam (Psychiatric) Hospital, 7) Islamic Hospital, 8) Aisyiah Hospital, 9) H. Darjad Hospital, and 10) Dirgahayu Hospital. Based on these data,

researchers conducted research at Inche Abdoel Moeis Hospital.

Inche Abdoel Moeis Hospital was inaugurated on January 24, 2007, based on Samarinda City Regional Regulation 8 of 2007. 2008 Inche Abdoel Moeis Hospital was fully operational according to the Decree of the Minister of Health number 1216/MENKES/SK/XI/2007 regarding the designation of a class C hospital. Then, on August 1, 2012, it was designated as a Regional Public Service Agency based on the Samarinda Mayor's Decree Number 841.1/500/HK-KS/VII/2012. However, it was fully stipulated as a Regional Public Service Agency in 2017. In 2021, a new SOTK was established based on Perwali Kota Samarinda No.43 regarding the formation of the position of the organizational structure of the tasks, functions, and work procedures of the Inche Abdoel Moeis Hospital Samarinda. (Moeis 2022)

Inche Abdoel Moeis Regional General Hospital is one of the regional hospitals in Samarinda City. RSUD Inche Abdoel Moeis Samarinda is located on HAM. Rifaddin Road, Harapan Baru Village, Loa Janan Ilir District, Samarinda City. Its vision is to "become the community's preferred hospital." Meanwhile, the missions of RSUD Inche Abdoel Moeis Samarinda are: (1) to improve the quality and quantity of hospital human resources; (2) to improve hospital facilities and infrastructure; (3) to improve the hospital management system; (4) to upgrade the hospital status to class B education and referral for East Kalimantan province. Not only that, "We care about your health" is the motto of this hospital. (Moeis 2022)

Therapeutic communication at the Inche Abdoel Moeis Hospital can be seen through

interviews conducted with several midwives and patients at the study site. In addition, researchers have also made direct observations by coming and being involved and seeing firsthand the communication process that is established. The data that researchers get through these methods will describe the state of therapeutic communication between midwives and patients in this hospital during labor. Based on the results of this study, it can be seen how the implementation of Islamic communication in the therapeutic communication of midwives at the Inche Abdoel Moeis Hospital, Samarinda City.

Researchers use therapeutic communication techniques with midwives, according to Stuart and Sunden, in analyzing the implementation of midwife therapeutic communication. In this technique, six variables will determine the success or failure of implementing a therapeutic communication, namely, (1) Listeners are active and attentive; (2) Indicates acceptance; (3) Delivering the results of observations; (4) Giving awards; (5) Assertive; (6) Humor (Handajani, 2016)

In the following, the researcher will describe the six variables in the implementation of midwife therapeutic communication at the Inche Abdoel Moeis Hospital Samarinda: *First*, Active and attentive listener. Based on the results of the researchers' observations, it was known that during the process of assistance and delivery at Inche Abdoel Moeis Hospital Samarinda, all midwives had become active listeners. The midwife listens to all the complaints and complaints felt by the patient. Not a few patients dominate the conversation more. Likewise, during patient counseling, midwives appreciate every patient discussion.

This can be seen from the physical contact and response of the midwife's body.

There are two listening techniques, namely passive listening and active listening. When being a passive listener, the midwife always makes eye contact or nods her head to the patients. At the same time, active listening is listening attentively to discover the patient's feelings. Several things were done by the midwife at RSUD Inche Abdoel Moeis Samarinda as listeners, namely: a) always looking at the patient and the patient's family when interacting; b) always maintaining eye contact, which means that the midwife is listening seriously, c) in the ongoing interaction, the midwife's posture shows a concern; d) the midwife remains in a position that does not make the patient uncomfortable, such as crossing her legs and arms; e) midwives always avoid unnecessary movements, such as playing with a pen, writing that is not important, or other movements that will make the patient shift his focus.

*Second, Show acceptance.* Midwives at RSUD Inche Abdoel Moeis Samarinda always avoid facial expressions that show disapproval, such as shaking their heads or frowning/face. The midwife's attitude in expressing her acceptance when interacting is as follows: a) Listening to the patient with focus without breaking the conversation; b) Providing feedback to patients; c) Avoid arguing when there is a disagreement with the patient.

*Third, Delivering the results of observations.* Simply put, when delivering the results of these observations, the midwife at RSUD, Inche Abdoel Moeis Samarinda, conveyed them clearly and concisely. This is seen when the midwife re-explains the results of her consultation with the patient. At that time, it could be seen from the patient's face,

who focused on paying attention to the midwife while explaining. Also, the midwife's intonation and speaking speed adjust to the interlocutor. That is, when the midwife is dealing with a patient who is quite old and feels that her hearing is unclear, she conveys it slowly and adjusts her language.

*Fourth, Give Award.* Midwives at RSUD Inche Abdoel Moeis have shown an attitude of giving encouragement, support, and appreciation to patients to increase patient enthusiasm. Midwives sometimes greet their patients with the phrase, "Good morning, mother, the sun is as bright as your smile today." Sentences like that certainly make patients' psychological health more stable. Especially when the patient is in a postpartum condition, of course, the presence of a midwife is very important to the patient. The midwife is also a woman who has even become a mother before her patients. Of course, the midwife has experienced the ups and downs of the delivery room. Therefore, midwives always provide encouragement, support, and encouragement to go through the process.

*Fifth, Asertif.* Assertiveness is the ability to be reassuring and comfortable to express thoughts and feelings while respecting others. This means the RSUD midwife, Inche Abdoel Moeis Samarinda, must understand herself first. This helps the midwife to recognize and position herself professionally. Based on the observations and interviews, it can be analyzed that midwives always behave professionally when meeting their patients. Midwives remain confident with the actions that will be taken in dealing with the patient's problems. The midwife's communication posture shows an assertive attitude by maintaining an upright posture, making eye contact with the patient, maintaining a

positive facial expression, and not crossing her arms or legs while communicating.

*Sixth*, Humor. Humor is important in therapeutic communication because laughter can reduce tension and stress during labor. In addition, humor will stimulate the production of catecholamines so that a person can feel healthy, and this will increase pain tolerance, reduce anxiety, facilitate relaxation, and increase metabolism in maternity patients. Even based on the results of interviews, patients at RSUD Inche Abdoel Moeis Samarinda felt that sometimes the midwife made jokes when interacting with her. This is to make the patient feel comfortable with the midwife's presence (Siregar, 2021)

### Analysis

Therapeutic communication in the medical world is closely related to the concept of communication in Islam. As explained in the previous section, therapeutic communication aims to heal patients through the media of treatment with applicable procedures. Islamic communication aims to establish communication relationships based on the Qur'an, Sunnah, and scholars' books. The close relationship between therapeutic communication and Islamic communication can also be seen from the etiquette that must be met in carrying out both communications. Rules and etiquette must be followed in carrying out therapeutic communication with patients. This etiquette certainly aims to create a harmonious communication atmosphere between the midwife and the patient during the delivery process (Nazarullah, 2018)

After observing, knowing, and analyzing the implementation of the midwife's therapeutic communication, the researcher also analyzed the Islamic communication contained in the midwife's therapeutic

communication at the Inche Abdoel Moeis Hospital. In the principles of Islamic communication twelve basic principles are inherent in the science of Islamic communication. The twelve principles are the principle of honesty, the principle of positive speech, the principle of the package, the principle of two ears and one mouth, the principle of mutual influence, and the principle of privacy (Hefni, 2014).

The following are the results of the researcher's analysis: *First*, The Principle of Honesty. Based on the results of the study, when explaining the patient's condition, the midwife also explained it in detail clearly and patiently. The midwife will explain the patient's condition in great detail and always carefully listen to the patient's complaints. In addition, at the end of the conversation, the midwife did not forget to provide motivation and prayer for her patient's recovery. When delivering bad news, the midwife should choose a location that is as comfortable as possible, with a chair to sit on and large enough to include family and friends if possible. Initially, there may be expressions of disbelief, anger, guilt, tears, or complete silence. There are no firm rules about how people will react to emotionally difficult news. The midwife must remain calm, reassuring, and ready to answer questions when the patient is ready.

*Second*, Say Positive. Positive messages are very influential for the happiness of patients in any condition. A midwife who often sends positive messages to patients will save many things to do positively. How to communicate a positive attitude in therapeutic communication in two ways: First, express a positive attitude, and second, positively encourage patients to be friends when interacting.

*Third*, Package Principle (Heart, Oral, and Deed). Midwives at the Inche Abdoel Moeis Hospital provide role models or examples in their scope of work and patients. Believe it in your heart, then say it verbally, and practice it in your daily life. Of course, the communication between the midwife and the patient is an interpersonal communication that builds closeness. Midwives want to give the best for their patients, even though it may be in a firm way, but it is all for the patient is good. Even though they are said to be firm or unfriendly, patients at the Inche Abdoel Moeis Hospital feel that what the midwife does is correct in providing services.

*Fourth*, The Principle of Two Ears, One Mouth. Midwives at RSUD Inche Abdoel Moeis Samarinda interact with patients verbally and non-verbally. At the time of verbal communication, the midwife listened more to the complaints submitted by the patient. After the patient explains his condition, the midwife will conclude and confirm the results of his observations. Meanwhile, non-verbal communication carried out by midwives at the Inche Abdoel Moeis Samarinda Hospital uses body language, such as facial expressions and hand movements, as a positive response, even the intonation of voice and speed of speech that is adjusted to the patient.

*Fifth*, The Principle of Mutual Influence. Factors that influence the therapeutic communication style at RSUD Inche Abdoel Moeis Samarinda because the hospital wants to create good quality based on Standard Operating Procedures (SOPs) and create a more intimate atmosphere between midwives and patients, build patient psychology towards a better direction and build good relationships. between the midwife and the patient. The patient's feedback on the

therapeutic communication style at the Inche Abdoel Moeis Samarinda Hospital illustrates that every midwife in the hospital uses the concept of a therapeutic communication style where the message the midwife conveys to the patient contains motivation and provides good knowledge to the patient about their health condition.

*Sixth*, Privacy Principle. We already know midwives have a code of ethics and standards in midwifery care services. RSUD Inche Abdoel Moeis Samarinda midwives carry out comprehensive midwifery care for patients. In the standard of care, midwives must maintain the privacy or confidentiality of patient data. This is regulated in the criminal law provisions concerning the obligation to keep secrets in Article 322 of the Criminal Code and Article 4 of Government Regulation Number 10 of 1966 concerning the Obligation to Keep Medical Secrets. The midwife must convince the patient that all the information she conveys is confidential so that the patient will feel more comfortable conveying the condition he is experiencing.

## CONCLUSION

Based on the research results, it is known that in the implementation of midwives' therapeutic communication, there are six variables in therapeutic communication techniques, namely, (1) Active and attentive listeners; (2) Show acceptance; (3) Presenting the results of observations; (4) Give awards; (5) Assertive; (6) Humor. Midwives at Inche Abdoel Moeis Hospital have applied these six techniques in providing services to patients.

In the implementation of Islamic communication in the therapeutic communication of midwives at Inche Abdoel Moeis Hospital Samarinda by using the six principles of Islamic communication, the researchers conclude that Islamic



communication in therapeutic communication for midwives at Inche Abdoel Moeis Hospital Samarinda is not formally implemented, but substantially has similarities with Islamic communication values. This is manifested in the results of the researcher's analysis using the principles of Islamic communication, namely (1) the principle of honesty; (2) the principle of saying positively; (3) package principles (heart, verbal, deed); (4) the principle of two ears one mouth; (5) the principle of mutual influence; (6) the principle of privacy.

There are several obstacles in delivering Islamic communication, namely the interaction between midwives and patients, culture still believed by patients, experience, and psychology. The supporting factors for the delivery of Islamic communication are the ability of midwives, the attitude of midwives in providing services, the appearance of midwives, and the attention given to patients. In addition, midwives at Inche Abdoel Moeis Samarinda Hospital teach pregnant women relaxation and breathing techniques, provide emotional support so that mothers remain enthusiastic in the delivery process, and provide services.

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