

Communication Styles for Enhancing Patient Motivation in Spinal Tuberculosis Care

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Abstract. This study examines the role of therapeutic communication styles in managing spinal tuberculosis (TB) care, emphasizing their impact on building trust, reducing anxiety, and motivating patient engagement. Employing a qualitative approach grounded in the post-positivist paradigm, the research was conducted at RS Premiere Bintaro with an orthopaedic surgeon and a purposive sample of spinal TB patients and their caregivers as participants. Data were collected through in-depth interviews and non-participatory observations, analyzed using a thematic framework. The findings reveal that communication styles such as Impression, Attentive, Open, and Friendly styles significantly enhance therapeutic relationships. The Impression Style fosters trust through positive first impressions, while the Attentive Style reinforces empathy and active listening, addressing psychological and emotional concerns. The Open Style empowers patients by providing transparent and comprehensive explanations, and the Friendly Style alleviates anxiety using humor and informal conversations. Additionally, involving caregivers using the Relinquishing Style underscores the importance of shared decision-making and collaborative care. This study highlights the necessity of adopting adaptable communication styles tailored to patient and caregiver needs in managing chronic conditions like spinal TB. It recommends integrating these styles into healthcare training programs, emphasizing the ethical use of humour and non-verbal communication to enhance patient comfort and adherence. Future research should explore diverse settings and larger sample sizes to validate these findings and extend their generalizability.

Keywords: caregiver involvement, communication styles, doctor-patient interaction, spinal tuberculosis, therapeutic communication

1 Introduction

Humans are inherently social beings who rely on communication as a fundamental aspect of their daily interactions. Communication not only serves to exchange information but also acts as a cornerstone in building relationships and fostering social cohesion. Effective communication supports individuals in their pursuit of happiness and meaningful relationships [1]. In specialized settings such as healthcare, communication takes on an even greater significance. The interaction between doctors and patients is a form of therapeutic communication, where trust and empathy are crucial components for achieving successful health outcomes.

Therapeutic communication, as defined by Silverman, Kurtz, and Draper [2], is a conscious and planned process aimed at addressing patients' unique needs. This approach is far from casual conversation; it is intentional and structured to reduce uncertainties, build emotional resilience, and establish trust between patients and healthcare providers. As Berry (cited in [3]) argues, these communication skills enable doctors to gather accurate information, build rapport, and support patients through their medical journey.

This is particularly critical in managing chronic conditions such as spinal tuberculosis (TB), a disease that not only threatens physical health but also places significant psychological and social burdens on patients. Psychological factors, including fear and anxiety about treatment or prognosis, heavily influence patient engagement and compliance. For example, patients who feel understood and supported are more likely to adhere to treatment plans and participate actively in their recovery. Doctors who demonstrate empathy, active listening, and clear communication styles significantly enhance patient satisfaction, trust, and adherence.

Thus, therapeutic communication extends beyond addressing immediate medical needs. It contributes to holistic patient well-being by facilitating effective decision-making and emotional support. This study emphasizes the role of therapeutic communication, particularly tailored approaches like Impression Style and Attentive Style, in achieving positive outcomes for spinal TB patients.

1.1 The Significance of Communication in Healthcare

The importance of communication in healthcare cannot be overstated. Effective communication between healthcare providers and patients forms the foundation for accurate diagnosis, efficient treatment, and enhanced patient satisfaction [4]. Healthcare settings often involve complex and emotionally charged interactions, where misunderstandings can lead to detrimental outcomes. Therefore, a doctor’s ability to communicate clearly and empathetically is essential in ensuring positive health outcomes.

Therapeutic communication involves more than the mere exchange of medical information; it is a dynamic process that fosters trust and collaboration. Patients often enter healthcare settings with anxiety, confusion, and fear, which can impede their ability to understand and comply with treatment plans. By establishing a strong interpersonal connection, doctors can alleviate these concerns and create an environment where patients feel comfortable sharing their symptoms and concerns openly.

The role of communication extends to addressing cultural, emotional, and psychological dimensions of patient care. For example, some patients may have cultural or personal beliefs that affect their perception of medical treatments. In such cases, doctors must employ culturally sensitive communication strategies to bridge the gap between medical recommendations and patient preferences. This not only ensures better compliance but also demonstrates respect for patients’ individual values.

Moreover, therapeutic communication has been shown to improve patient outcomes in chronic conditions, where long-term management requires sustained engagement and trust. For instance, patients managing diabetes, hypertension, or tuberculosis benefit significantly from regular and supportive communication with their healthcare providers. Such interactions help reinforce the importance of adherence to treatment plans and lifestyle modifications. As a result, the impact of communication in healthcare extends beyond immediate clinical outcomes, contributing to patients' overall quality of life and emotional well-being.

1.2 Communication Challenges in Spinal Tuberculosis Management

Spinal tuberculosis (TB), caused by *Mycobacterium tuberculosis*, presents unique challenges in its diagnosis and management. This condition, also known as Pott’s disease, affects the spine and can lead to severe complications such as persistent pain, spinal deformities, and even paralysis [5]. According to the World Health Organization, Indonesia is among the countries with the highest burden of tuberculosis globally, including cases of extrapulmonary tuberculosis like spinal TB [6], displayed in Figure 1. Managing spinal TB requires a multidisciplinary approach that addresses medical, psychological, and social aspects of care.

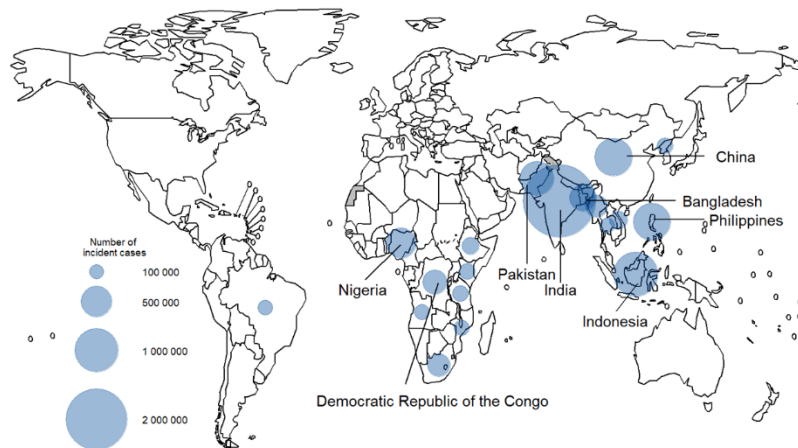


Figure 1. The countries with the highest burden of tuberculosis (WHO, 2022).

One of the primary challenges in spinal TB management is patient hesitancy. Many patients diagnosed with spinal TB experience fear and anxiety due to the potential severity of their condition [7]. These emotions often stem from misconceptions about the disease and its treatment. For instance, at RS Premiere Bintaro, an initial observation revealed that 90% of patients with temporary paralysis due to spinal TB expressed scepticism about undergoing surgery. This hesitation is frequently driven by fears of permanent disability and mistrust in surgical procedures.

Communication plays a critical role in overcoming these challenges. Doctors must address patients' fears and provide clear, accurate information about the disease, treatment options, and prognosis. This requires a combination of empathy, patience, and motivational communication techniques. For example, doctors can use storytelling or case examples to illustrate successful outcomes, thereby reducing patients' anxieties and building confidence in the proposed treatments.

In addition to patient hesitancy, family members' concerns further complicate the communication process. Families often serve as caregivers and decision-makers, making it essential for doctors to engage them in the treatment discussion. Addressing the needs and expectations of both patients and their families fosters a collaborative environment, which is crucial for achieving positive outcomes in spinal TB management.

1.3 The Role of Therapeutic Communication in Building Trust and Motivation

Therapeutic communication is pivotal in building trust and motivating patients to engage in their treatment journeys. This is especially true in cases of chronic conditions like spinal TB, where the psychological resilience of patients plays a significant role in recovery. The Calgary-Cambridge communication model offers a structured framework for doctors to guide their interactions with patients [2]. This model emphasizes the importance of building rapport, gathering information, and providing tailored explanations to meet patients' unique needs.

In the initial stages of consultation, building rapport is paramount. Patients who feel valued and understood are more likely to trust their healthcare providers and engage in open communication. This requires doctors to exhibit empathy, actively listen, and address patients' emotional concerns. For instance, a doctor might acknowledge a patient's fears about surgery while providing reassurance through evidence-based information. These initial interactions set the tone for a collaborative relationship that promotes trust and mutual understanding.

Motivational communication is another critical aspect of therapeutic communication. In the context of spinal TB, where patients often face the prospect of invasive procedures, doctors must use motivational techniques to inspire confidence and optimism. This involves providing clear explanations of treatment benefits, addressing potential risks honestly, and emphasizing the patient's role in the recovery process. By highlighting achievable goals and celebrating small milestones, doctors can foster a sense of agency and empowerment among patients.

In cases where family members are involved, doctors must extend their communication efforts to include these caregivers. Family members often play a key role in influencing patient decisions and providing emotional support. Engaging families in the communication process ensures that they are well-informed and aligned with the treatment plan, thereby creating a supportive environment for the patient.

Despite the well-documented importance of therapeutic communication in healthcare, its specific role in managing spinal TB remains underexplored. Against this backdrop, this research seeks to investigate the communication styles employed by an orthopedic spine surgeon at RS Premiere Bintaro. The study focuses on understanding how these communication approaches enhance patient motivation, address caregiver concerns, and foster trust in the treatment process. It also examines the role of family involvement in the communication process, which often serves as a crucial determinant in medical decision-making and emotional support for patients.

1.4 The Influence of Family Dynamics on Therapeutic Communication

Family dynamics significantly influence the effectiveness of therapeutic communication, particularly in cases where patients rely heavily on family support. In conditions such as spinal TB, where treatment may involve prolonged recovery and lifestyle adjustments, families often serve as caregivers, decision-makers, and emotional anchors for patients.

The involvement of family members introduces additional layers of complexity to the communication process. Doctors must navigate the expectations, concerns, and emotions of both patients and their families. This requires a holistic communication strategy that considers the diverse needs of all stakeholders. For instance, family members may have anxieties about treatment costs, side effects, or long-term outcomes, which need to be addressed alongside the patient's concerns.

Effective communication with families also involves clarifying their roles in the treatment process. Families often act as intermediaries between patients and medical staff, relaying information, providing updates, and ensuring adherence to treatment plans. By fostering open dialogue with families, doctors can ensure that they feel heard and valued as active participants in the patient's recovery journey.

Additionally, family dynamics can either support or hinder the patient's motivation and compliance with treatment. For example, a supportive family environment can boost a patient's morale, whereas conflict or misunderstandings within the family may exacerbate stress and anxiety. Recognizing these dynamics allows doctors to tailor their communication strategies accordingly, ensuring that the family's involvement contributes positively to the patient's health outcomes.

In summary, therapeutic communication is not limited to the doctor-patient relationship but extends to include family members as integral partners in the healthcare process. This holistic approach enhances trust, fosters collaboration, and ultimately leads to better treatment outcomes for patients with spinal TB.

1.5 Research Focus and Objectives

Given the complex interplay between communication, motivation, and health outcomes, this study seeks to explore the communication styles employed by doctors at RS Premiere Bintaro in the context of spinal TB treatment. Specifically, it aims to understand how doctors build initial rapport with patients and their families, convey information about the disease and its treatment, and motivate patients to engage actively in their recovery journey.

The study also examines the role of family members in the communication process, highlighting their influence on patient perceptions and decision-making. By analysing the dynamics of therapeutic communication in this setting, the research aims to identify best practices that can enhance doctor-patient interactions and improve treatment outcomes for spinal TB patients.

2 Literature Review

The significance of communication in healthcare has been extensively explored in previous studies, particularly concerning interpersonal communication styles and their impact on the doctor-patient relationship. This literature review synthesizes findings from ten international journal articles, focusing on key insights relevant to therapeutic communication and interpersonal interactions in medical contexts.

2.1 Interpersonal Communication and Patient Satisfaction

Interpersonal communication is a vital component of healthcare delivery, influencing both patient satisfaction and treatment outcomes. Studies have consistently shown that effective communication fosters trust, improves compliance, and enhances overall health outcomes. For instance, a study on physicians' communication styles in simulated consultations highlighted the importance of tailoring communication approaches to meet patients' specific needs. This study found that a patient-centered communication style is more effective for factual information dissemination, whereas addressing patients' emotional needs strengthens the relational aspect of the interaction [2]. Another study conducted at the National Heart Centre Malaysia revealed that barriers such as language differences, cultural misunderstandings, and ineffective non-verbal communication significantly hinder the quality of doctor-patient interactions[3].

Furthermore, verbal and non-verbal communication strategies play complementary roles in establishing effective interactions. Simple adjustments, such as maintaining eye contact, using positive facial expressions, and adopting an open body posture, can greatly enhance the perception of empathy and attentiveness. These findings underline the importance of training healthcare professionals in communication skills to address the diverse needs of patients effectively. Ultimately, interpersonal communication is not just a technical skill but an essential element of compassionate care that fosters trust and improves the patient experience.

2.2 The Role of Long-Term Relationships and Self-Disclosure

Long-term doctor-patient relationships are a cornerstone of effective healthcare delivery, particularly in chronic care settings. Patients who experience consistent interactions with their healthcare providers often report higher levels of trust, satisfaction, and adherence to treatment plans. A qualitative study analysing patient reviews on long-term care relationships emphasized that patients who maintained a year or more of regular contact with their doctors expressed deeper trust and a stronger sense of being understood [4]. This finding is closely linked to the theory of self-disclosure, which posits that sharing personal information and emotions fosters intimacy and trust in relationships.

Self-disclosure by doctors, when used appropriately, can create a sense of connection and reassurance for patients. For example, sharing relatable anecdotes or providing empathetic responses to patient concerns can make healthcare interactions more personal and less transactional. However, such disclosures must be carefully managed to maintain professional boundaries and ensure that the focus remains on the patient's needs.

The benefits of long-term relationships extend beyond trust and satisfaction to include improved health outcomes. Patients are more likely to adhere to treatment regimens, make informed decisions, and engage in preventive healthcare measures when they feel supported by a trusted healthcare provider. This highlights the dual

role of self-disclosure and relationship-building in enhancing both the emotional and informational aspects of healthcare delivery.

2.3 Communication Styles and Therapeutic Effectiveness

Effective communication styles are central to successful therapeutic interactions, influencing both psychological and physical health outcomes. A synthesis of qualitative studies proposed a framework that distinguishes between dynamic factors, such as empathy and active listening, and static characteristics, like professionalism and clarity, that shape the depth of doctor-patient relationships [2]. These factors collectively contribute to building trust and fostering patient engagement.

Motivational communication is a particularly impactful style in therapeutic contexts. For instance, healthcare providers who actively involve patients in decision-making processes often report higher levels of treatment adherence and satisfaction. Providing clear explanations, acknowledging patient concerns, and setting realistic expectations are key strategies in this approach. Moreover, motivational communication fosters a sense of agency and empowerment among patients, which is crucial for managing chronic conditions such as tuberculosis [8].

Additionally, therapeutic communication is not limited to verbal interactions; non-verbal cues play an equally significant role. A doctor's tone of voice, facial expressions, and body language can convey empathy and reassurance, reinforcing the verbal message. Effective communication styles thus serve as a bridge between medical expertise and patient-centred care, ensuring that patients feel understood, respected, and supported.

2.4 Challenges and Barriers in Doctor-Patient Communication

Despite its recognized importance, achieving effective doctor-patient communication remains challenging due to various barriers. A review of mindfulness and compassion-based strategies highlighted the impact of modern healthcare's technological focus, which often sidelines the personal aspects of care. This has led to increased complaints about communication gaps, as patients feel their emotional and psychological needs are overlooked [9].

One prominent barrier is the lack of training in communication skills among healthcare providers. For example, research evaluating medical interns revealed significant deficiencies in their ability to reflect on patients' emotions and clarify concerns, underscoring the need for targeted educational interventions [3]. Other challenges include cultural and linguistic differences, time constraints during consultations, and the high-stress nature of medical practice, which can hinder effective communication.

Addressing these barriers requires a multifaceted approach, including incorporating communication training into medical curricula, promoting cultural competence, and fostering a workplace culture that prioritizes empathy and patient-centred care. By overcoming these challenges, healthcare providers can create more meaningful interactions with patients, ultimately improving satisfaction and health outcomes.

2.5 Implications for Family Involvement

While most studies focus on doctor-patient interactions, the role of family members in healthcare communication is increasingly recognized as a critical factor. Families often serve as intermediaries, relaying information between patients and medical staff and providing emotional support. However, engaging families in the communication process introduces additional complexities, as doctors must address the concerns and expectations of both patients and their families.

Studies on family involvement suggest that effective communication with family members can enhance patient motivation and adherence to treatment plans. For instance, involving families in discussions about treatment goals and strategies helps create a supportive environment that fosters trust and collaboration [10]. However, few studies have comprehensively explored how doctors navigate these dynamics, particularly in chronic illnesses such as spinal tuberculosis.

The current research aims to fill this gap by examining the impact of communication styles on both patients and their families. By identifying best practices for engaging families, this study seeks to improve the overall effectiveness of therapeutic communication in complex medical scenarios. The inclusion of family members as active participants in the healthcare process represents a holistic approach to patient care, addressing not only medical needs but also emotional and psychological well-being.

2.6 Theoretical Framework on Therapeutic Communication

Therapeutic communication serves as the foundation of interactive relationships between healthcare providers and patients. It involves the exchange of information at two levels: verbal and non-verbal. Verbal

communication encompasses the construction of messages through words and sentences, while non-verbal communication includes gestures, facial expressions, eye contact, and tone of voice [11]. Effective therapeutic communication is integral to improving patient involvement in care, increasing satisfaction with healthcare services, and fostering adherence to treatment regimens [12], [13].

The primary goals of therapeutic communication include enhancing patients' self-awareness, fostering personal growth, and improving interpersonal relationships. Therapists and healthcare providers play a critical role in achieving these goals by demonstrating empathy, self-awareness, and altruism. The use of therapeutic communication enables patients to better understand their conditions, identify challenges, and develop realistic personal goals for recovery [14].

2.7 Communication Styles in Doctor-Patient Interactions

Communication style refers to the behaviour and approach used by an individual to convey messages and achieve feedback during interpersonal exchanges. According to Norton [15], communication styles can be categorized into ten types, including dominant, contentious, precise, impression leaving, dramatic, animated, open, attentive, friendly, and relaxed styles. Each style represents a unique approach to engaging with patients, allowing healthcare providers to adapt their communication to suit different scenarios and patient needs.

In healthcare settings, effective communication styles are context-dependent and influenced by factors such as the emotional state of the patient and the complexity of the medical condition. For instance, an attentive style that emphasizes empathy and active listening may be more appropriate when discussing sensitive diagnoses, whereas a precise style is crucial for conveying complex medical information accurately [16].

Expanding on these categorizations, Stewart L. Tubbs and Sylvia Moss introduced six additional communication styles: the controlling, the equalitarian, the structuring, the dynamic, the relinquishing, and the withdrawal [17].

These styles, along with Norton's categorizations, offer a comprehensive framework for understanding how communication behaviour impacts doctor-patient interactions. For instance, a controlling style may be useful in emergency scenarios where decisive action is required, while the equalitarian style may enhance collaboration in long-term care settings.

2.8 The Role of Therapeutic Communication in Patient Motivation

Motivation plays a pivotal role in determining patient engagement and adherence to treatment plans. Therapeutic communication fosters motivation by building trust, encouraging open dialogue, and empowering patients to take an active role in their care. The visible warmth and professionalism of healthcare providers—through behaviours such as smiling, maintaining eye contact, and adopting a patient-centred demeanour—can significantly impact a patient's psychological resilience [18].

Furthermore, therapeutic communication enhances patients' ability to accept their conditions, form meaningful interpersonal relationships, and set realistic personal goals. By fostering a supportive and understanding environment, healthcare providers can help patients develop the confidence needed to overcome emotional and psychological barriers to recovery [19].

2.9 Conceptual Framework

This study examines the relationship between therapeutic communication styles and their impact on spinal tuberculosis (TB) patients and their families at RS Premiere Bintaro. The framework is grounded in Norton's communication style theory [15], which identifies ten distinct styles of communication. These styles are analysed in the context of doctor-patient interactions, focusing on how orthopaedic surgeons utilize them to build rapport, convey information, and motivate patients.

The framework integrates therapeutic communication principles to understand how specific styles influence patient perceptions, adherence to treatment, and recovery outcomes. By incorporating family members into the analysis, the study also explores the broader social dynamics that contribute to the effectiveness of therapeutic communication in healthcare.

3 Methodology

3.1 Research Design and Paradigm

This study employs a qualitative research design grounded in the post-positivist paradigm. According to Philippa Ryan, post-positivism addresses the limitations of positivist approaches by acknowledging that reality exists objectively but is not fully perceivable due to human subjectivity [20]. The research adopts a critical realism ontology, emphasizing the role of contextual and subjective experiences while maintaining an objective analysis of communication patterns.

To enhance the reliability and validity of findings, the study utilizes triangulation by combining multiple methods (in-depth interviews and observation), diverse data sources (patients, caregivers, and a surgeon), and theoretical frameworks (therapeutic communication and Norton’s communicator style theory). This approach enables a comprehensive exploration of the dynamics in doctor-patient and doctor-caregiver communication. The study was conducted over a three-month period between January and August 2020.

3.2 Research Setting and Participants

The study was conducted at RS Premiere Bintaro, a leading healthcare facility in Indonesia known for its expertise in orthopaedic care. The participants were selected purposively to capture diverse perspectives on communication styles in spinal tuberculosis (TB) care. The key participants include an orthopaedic surgeon specializing in spine surgery (key informant) and a purposive sample of patients diagnosed with spinal tuberculosis (TB) and their family members (supporting informants). The key informant, Dr. HM, is an experienced orthopaedic surgeon specializing in spine surgery and empathetic communication skills.

The supporting informants consist of patients diagnosed with spinal TB and their family members who served as caregivers. Patient participants were selected based on varying stages of treatment (e.g., pre-surgery, post-surgery, physiotherapy), and caregivers were included to explore their roles in facilitating communication and decision-making.

To ensure inclusivity, the study incorporated participants from different age groups and backgrounds. Participant details are summarized in Table 1.

Table 1. Informants' Data

| Category | Name/Role | Age | Place of Birth | Details |
|-------------------|------------------------------------|-----|----------------|---|
| Primary Informant | Orthopedic Specialist (Dr. HM) | N/A | N/A | Provides insights into communication styles and strategies used during consultations. |
| Patients | Spinal TB Patient 1 (IW) | 45 | N/A | Had to undergo spinal surgery and was initially quite withdrawn and easily worried. |
| | Spinal TB Patient 2 (RK) | 47 | Jakarta | Has experienced rapid progress in healing after orthopaedic surgery. |
| | Spinal TB Patient 3 (TH) | 42 | Jogjakarta | Is very enthusiastic about getting better and a very open person. |
| | Spinal TB Patient 4 (AS) | 56 | Surabaya | Is successfully underwent orthopaedic surgery and currently undergoing physiotherapy for recovery. |
| Caregivers | Caregiver of Patient 1 (HB-Spouse) | 45 | N/A | Motivating his wife to undergo orthopaedic surgery. |
| | Caregiver of Patient 2 (YL-Spouse) | 41 | Jakarta | Motivating her husband to undergo orthopaedic surgery. |
| | Caregiver of Patient 3 (GY-Spouse) | 34 | N/A | Was more worried about her husband's condition and the treatment process that would be carried out. |
| | Caregiver of Patient 4 (KD-Spouse) | 50 | N/A | Always accompanies her husband during the treatment process. |

This diversity in participant selection ensured a rich understanding of the interpersonal and systemic factors affecting communication in spinal TB care.

3.3 Data Collection Methods

Data were collected through two primary methods: in-depth interviews and observation, allowing for a holistic understanding of communication dynamics.

In-Depth Interviews:

Participants: Conducted with the key informant (orthopaedic surgeon) and supporting informants (patients and caregivers).

Format: Semi-structured with open-ended questions, focusing on key themes such as trust-building, communication effectiveness, and motivational strategies.

Procedure: Each interview lasted approximately 60–90 minutes, recorded with participant consent. Question details are summarized in Table 2.

Table 2. Questions Asked During Interviews with Respondents

| Respondent | Question |
|---------------------|--|
| Orthopaedic Surgeon | What do you understand about therapeutic communication, and how important is it in the therapy process? |
| | What are the benefits and goals of therapeutic communication according to you? |
| | When does communication between the doctor and the patient/caregiver occur, and what are its stages? |
| | How do you handle psychological barriers faced by patients or caregivers during the initial meeting? |
| | What types of communication do you use when interacting with patients and caregivers? Do you use both verbal and non-verbal communication? |
| | How do you measure the success of communication with patients and caregivers during the initial meeting? |
| | How do you communicate the risks of medical procedures to patients and their families? |
| Patients | How do you help reduce patients' anxiety regarding their diagnosis? |
| | What did the doctor do during your first meeting with them? |
| | How would you describe the doctor's appearance? |
| | How did the doctor address your concerns and symptoms? |
| | How did the doctor's body language and posture appear while providing information to you? |
| | Was the information about your condition communicated clearly by the doctor? |
| | Did the doctor ever use humour during communication with you?" |
| Caregivers | What do you think about the treatments provided by the doctor during your care? |
| | Did the doctor communicate with your family members accompanying you during your hospital stay? |
| | What did the doctor do during your first meeting with them? |
| | How would you describe the doctor's facial expressions while delivering medical care? |
| | Did the doctor use any physical gestures during medical interactions? |
| | How did you feel upon learning your family member's diagnosis, and how did the doctor help ease your anxiety? |

Observation:

Context: Conducted during doctor-patient consultations and family discussions.

Documentation: Non-participatory observations were recorded using field notes, guided by Guba and Lincoln's criteria for qualitative observation [21]. The focus was on verbal and non-verbal communication styles, patient responses, and family interactions.

These complementary methods provided a comprehensive understanding of the interplay between communication styles, emotional factors, and decision-making processes.

3.4 Data Analysis

Data analysis involved three iterative steps: data reduction, data presentation, and conclusion drawing. During the reduction phase, data from interviews and observations were transcribed and coded thematically to highlight recurring patterns, such as the impact of Impression Style and Attentive Style. Redundant data were systematically excluded. In the data presentation, key themes were visualized through narrative summaries, flowcharts, and tables, ensuring clarity in interpreting the findings. At the conclusion drawing, insights were synthesized inductively, moving from specific participant experiences to broader theoretical implications. Verification of findings was conducted through iterative reviews and triangulation with existing literature.

This process balanced detailed participant narratives with overarching interpretations, ensuring validity and reliability [22].

3.5 Data Validation

To ensure the credibility and reliability of the findings, rigorous validation techniques were applied, including credibility, transferability, dependability, and confirmability (Sugiyono, 2007).

Credibility was achieved through triangulation of data sources, methods, and theories, while transferability was ensured by providing rich descriptions of the research context. Transferability was supported by rich descriptions of the research context and participant experiences. Dependability was maintained through an audit trail of the research process, and confirmability was strengthened by minimizing researcher bias through reflective practices and peer debriefing. Confirmability was enhanced by peer debriefing and reflective practices to minimize researcher bias.

By integrating these techniques, the study ensured that the findings accurately reflected the complexities of therapeutic communication in spinal TB care.

4 Results and Discussions

4.1 Results Overview

This study explored the communication styles of an orthopaedic spine surgeon (Dr. HM) during interactions with patients diagnosed with spinal TB and their family members at RS Premiere Bintaro. The findings were derived from qualitative data collected through interviews and observations, highlighting how different communication approaches influenced patient and caregiver perceptions, motivations, and trust in medical decisions.

4.2. Doctor-Patient Communication in Initial Meetings

The initial meeting between the doctor and patient is crucial in establishing a therapeutic relationship. During this stage, communication must effectively convey trust and empathy. The study found that Dr. HM employed an Impression Style, characterized by delivering messages that leave a memorable and positive impact. This approach aligns with Norton's theory [15], which emphasizes creating strong initial impressions to foster confidence and cooperation from patients.

For instance, Informant TH described their experience during the first consultation:

"When I entered the examination room, I felt tense. However, Dr. HM greeted me warmly and engaged me in conversation that immediately made me feel more at ease. His calm demeanour and clear explanations reduced my anxiety."

Dr. HM confirmed his deliberate efforts to establish rapport during the initial meeting:

"When patients come to me, some are unable to walk, and others are still mobile. In every initial consultation, I adapt my communication to their condition and create a comfortable environment for discussion. Building trust is key to successful treatment."

The importance of creating a welcoming and relaxed atmosphere is further supported by Informant IW's observation:

"I was diagnosed with spinal TB and advised to undergo spinal surgery. During our first meeting, Dr. HM asked about my condition and current complaints. My first impression was that he was sociable and approachable."

Informant RK highlighted the clarity of Dr. HM's explanations during the initial encounter:

"In the first meeting with Dr. HM, I appreciated his straightforward and clear explanations."

These testimonials echo Kurtz's emphasis on active listening and empathetic communication to alleviate patient stress and promote effective information exchange [23].

Dr. HM's non-verbal communication also played a pivotal role. Informant HS noted:

"From the beginning, I felt comfortable with Dr. HM's communication style, which was respectful and soothing."

Additionally, the use of humour and light conversation further enhanced the therapeutic relationship. Informant TH remarked:

"Yes, Dr. HM sometimes made jokes to lighten the mood."

Informant RK corroborated this:

"When I was initially told I needed surgery, Dr. HM could sense my anxiety and eased the tension with light humour during our conversation."

Dr. HM's verbal communication was complemented by his thoughtful non-verbal cues. For example, Informant IW shared:

"During our discussions, Dr. HM maintained eye contact and often showed seriousness and attentiveness when delivering crucial information."

These intentional gestures helped build trust and alleviate patient anxiety, as summarized by Informant KD:

"From our first meeting, I felt confident in Dr. HM's care. He communicated clearly and exuded professionalism."

The combination of verbal clarity, empathy, humour, and non-verbal reassurance underscores the effectiveness of Dr. HM's Impression Style in creating a strong therapeutic relationship during the initial meeting.

4.3 Communication with Caregivers During Initial Consultations

Caregivers often play a vital role in treatment decisions, particularly in chronic conditions such as spinal TB. The findings revealed that Dr. HM's communication style effectively addressed caregivers' concerns, building their confidence in his expertise.

Informant YL, the wife of a patient, shared:

"During our first consultation, Dr. HM was very approachable and supportive. He clearly explained the treatment options for my husband, and his confidence made me feel reassured about the surgery."

Another caregiver, Informant GY, described their initial meeting with Dr. HM:

"Dr. HM greeted us warmly and created a relaxed atmosphere, which helped ease the tension we felt at the start. He patiently listened to our concerns and provided clear, concise explanations about the medical procedures."

Informant KD emphasized the importance of Dr. HM's attentive and empathetic approach:

"From the first meeting, I had a good feeling that Dr. HM was easy to communicate with. He was patient and understanding, which was important because my husband tends to feel anxious."

Dr. HM confirmed his emphasis on engaging caregivers in the consultation process:

"In the initial meeting, I introduce myself to both the patient and their caregiver. I ask the caregiver about their relationship with the patient and their observations of the patient's condition. Building this rapport ensures that caregivers feel involved and confident in the treatment process."

This strategy is reflected in Informant HB's experience:

"Dr. HM not only communicated effectively with my wife, who was the patient, but he also made sure to keep me informed. He took the time to explain the risks and benefits of the surgery, which helped us feel confident about the decisions we had to make."

Informant RK corroborated the value of involving caregivers:

"Dr. HM communicated more frequently with my family members, especially when discussing follow-up treatments and gaining their consent for surgery. This involvement helped reduce our worries and strengthened our trust in him."

The importance of non-verbal communication was also noted. Informant KD shared:

"When my husband was visibly anxious about the diagnosis, Dr. HM walked over and gently patted his shoulder. This small gesture reassured us and made the conversation feel more personal."

These interactions illustrate Dr. HM's ability to blend Impression Style with Attentive Style, characterized by empathy, detailed explanations, and active listening. Informant YL observed:

"Dr. HM's calm demeanour and the way he maintained eye contact while explaining the diagnosis and treatment options made us feel that he truly cared about our well-being."

This aligns with Guba and Lincoln's framework on the importance of credibility and rapport in reducing uncertainties and fostering trust [21]. By addressing caregivers' concerns and creating a supportive environment, Dr. HM not only facilitated informed decision-making but also established a strong foundation for collaboration in the treatment journey.

4.4 Motivational Communication and Empathy

Motivational communication plays a critical role in overcoming patient fears and enhancing engagement. Dr. HM utilized an Open Style to provide transparent information about diagnoses and treatments while incorporating Attentive Style to address emotional and psychological concerns.

Informant RK initially expressed apprehension about undergoing surgery due to fears of permanent paralysis:

"I was terrified of the surgery because I thought it might leave me paralyzed permanently. However, Dr. HM's detailed explanation about the procedure and its benefits reassured me and gave me the confidence to proceed."

Dr. HM confirmed his emphasis on providing clarity and emotional support:

"Patients with spinal TB often face overwhelming fears about their condition and treatment options. During consultations, I focus on giving them detailed information while addressing their emotional concerns to ensure they feel supported."

Informant TH shared a similar experience, emphasizing the impact of clear and empathetic communication:

"Initially, I was reluctant to undergo spinal surgery because of the perceived risks. But Dr. HM explained everything so clearly and transparently. He didn't hide any potential risks, but his confidence in the procedure made me feel secure."

Dr. HM's non-verbal communication further strengthened his connection with patients. He explained:

"Many patients with spinal TB are initially anxious about their condition. I often use non-verbal cues, such as a reassuring pat on the shoulder or a warm smile, to calm their nerves. These small gestures go a long way in building trust."

Patients also noted these non-verbal cues. Informant IW described:

"When I expressed my anxiety about the treatment, Dr. HM reached out and lightly touched my hand while assuring me that everything would be fine. It was a small gesture, but it made me feel less alone in my struggle."

Informant HS emphasized the impact of these gestures:

"When I was visibly worried after hearing the diagnosis, Dr. HM stood up, came closer, and patted my shoulder gently. It was a simple act, but it gave me strength and a sense of comfort."

Dr. HM's approach aligns with Gazda et al.'s categorization of non-verbal communication behaviors, which emphasize the importance of gestures, tone, and posture in reinforcing verbal messages [24].

Informant RK observed:

"During our conversations, Dr. HM's posture was always attentive. He leaned slightly forward and maintained eye contact, which made me feel that he was genuinely listening to my concerns."

Additionally, humour was used as part of his empathetic communication. Informant RK noted:

"When I expressed doubts about surgery, Dr. HM lightened the mood with a small joke. It made the atmosphere less tense and helped me feel more at ease."

These combined verbal and non-verbal strategies demonstrate Dr. HM's holistic approach to motivational communication. By addressing fears transparently and providing empathetic support, he not only builds trust but also encourages active participation in the treatment process.

4.5 Discussion

The study highlighted the significant role of communication styles employed by Dr. HM during consultations with patients suffering from spinal TB and their caregivers. The findings revealed that effective communication is not merely about information exchange but also involves building trust, alleviating fears, and fostering collaboration. This discussion analyses these findings using theoretical frameworks from Norton's communication styles and principles of therapeutic communication.

The findings indicate that Dr. HM's use of the Impression Style during initial consultations was instrumental in creating a memorable and positive first interaction. According to Norton, the Impression Style stimulates the audience and ensures the communicator leaves a lasting impact [15]. Informants repeatedly noted Dr. HM's warm demeanour, clear explanations, and use of humour, all of which align with this style. For instance, Informant RK mentioned, "His straightforward and clear explanations immediately reassured me," reflecting the efficacy of this approach. This aligns with the literature that suggests first impressions are critical in building trust and motivating patients [11].

Simultaneously, the Attentive Style, characterized by empathy and active listening, played a crucial role in fostering a therapeutic relationship. Dr. HM's focus on non-verbal cues, such as maintaining eye contact and providing reassuring gestures, supported the emotional needs of patients and caregivers. This corroborates Gazda et al.'s emphasis on the role of non-verbal communication in reinforcing trust and empathy [24].

One of the significant findings was Dr. HM's ability to address patient fears about surgery and treatment outcomes using an Open Style. By transparently discussing risks and benefits, he empowered patients to make informed decisions. For instance, Informant TH highlighted how clarity and honesty helped overcome initial reluctance. Norton's theory of Open Style communication underlines the importance of transparency in creating a two-way trust-based dialogue.

The Friendly Style also emerged as a key factor in reducing anxiety and promoting a positive atmosphere during consultations. Humour and informal conversations were used strategically, as noted by Informant TH: "His jokes lightened the mood and eased my tension." Such practices resonate with the idea that friendly interactions foster a sense of comfort and approachability, which is critical in therapeutic settings [12], [13].

Engaging caregivers was another cornerstone of Dr. HM's approach. His method of including caregivers in consultations reflects the principles of Relinquishing Style, where the communicator values and integrates the input of others [17]. Caregivers such as Informant YL emphasized the importance of being informed and involved in treatment decisions, which helped reduce uncertainty and build trust. This aligns with Guba and Lincoln's framework on credibility and rapport as foundational to collaborative healthcare.

The theoretical review underscores the role of therapeutic communication in fostering patient growth, including self-acceptance, improved interpersonal relationships, and psychological resilience. The findings demonstrate that Dr. HM's multi-faceted communication strategies directly contributed to these goals. For example, Informant KD's testimony about feeling reassured through empathetic gestures reflects how therapeutic communication addresses emotional and psychological barriers, thereby enhancing recovery. Suryani noted that effective therapeutic communication helps patients accept their condition and build interpersonal trust, which was evident in this study [19].

The synthesis of findings and theory emphasizes the need for healthcare professionals to adopt adaptable communication styles tailored to patient and caregiver needs. The integration of Impression, Attentive, Open, and Friendly styles highlights the potential for enhancing therapeutic outcomes by addressing both informational and emotional aspects of patient care. Furthermore, involving caregivers as active participants in the treatment process strengthens the overall support system, contributing to better adherence and satisfaction. All the findings are summarized in Table 3.

Table 3. Analysis of Communication Styles in Therapeutic Interactions

| Communication Style | Key Characteristics | Findings from the Study | Supporting Theoretical Insights |
|---------------------|--|--|---|
| Impression Style | Creates a memorable and positive impact; focuses on warmth, clarity, and engaging delivery. | Informants emphasized Dr. HM's warm demeanor, clear explanations, and use of humor. Example: Informant RK stated, "His straightforward and clear explanations immediately reassured me." | Norton highlights the importance of first impressions in building trust and motivating patients [15]. |
| Attentive Style | Demonstrates empathy and active listening; emphasizes non-verbal cues such as eye contact and reassuring gestures. | Dr. HM's attentiveness addressed emotional needs effectively. Example: Maintaining eye contact and providing reassuring gestures supported patient confidence and caregiver trust. | Gazda et al. emphasize the role of non-verbal communication in reinforcing trust and empathy [24]. |
| Open Style | Transparent communication about risks and benefits; promotes informed decision-making through a two-way dialogue. | Dr. HM addressed patient fears by openly discussing treatment risks and benefits. Example: Informant TH noted that clarity and honesty overcame their initial reluctance. | Transparency is key to building trust and encouraging collaboration in therapeutic communication [11]. |
| Friendly Style | Fosters a positive atmosphere using humor and informal conversation; reduces anxiety and promotes comfort. | Humour lightened the mood and eased patient tension. Example: Informant TH said, "His jokes lightened the mood and eased my tension." | Friendly interactions are critical in reducing anxiety and fostering a sense of approachability [12], [13]. |

| | | | |
|---------------------------|--|--|--|
| Relinquishing Style | Values and integrates input from caregivers; promotes shared decision-making and rapport building. | Caregivers reported feeling informed and involved in decisions. Example: Informant YL highlighted how this approach reduced uncertainty and built trust. | Guba and Lincoln's framework on credibility and rapport supports caregiver involvement as foundational to collaborative care [17]. |
| Therapeutic Communication | Enhances self-acceptance, interpersonal trust, and psychological resilience in patients. | Multi-faceted strategies, such as empathetic gestures, addressed emotional and psychological barriers. Example: Informant KD described feeling reassured through empathetic communication. | Suryani emphasizes that therapeutic communication fosters patient growth, acceptance, and resilience [19]. |

The study acknowledges its limitations, including the scope confined to a single orthopaedic surgeon at RS Premiere Bintaro and the relatively small sample size. Additionally, biases might have arisen due to the researcher's direct involvement and reliance on participant self-reported data. For instance, the positive perceptions of Dr. HM may not represent other healthcare contexts. Future studies should aim for larger, more diverse samples to enhance generalizability.

5 Conclusions

This study underscores the pivotal role of communication styles in enhancing the therapeutic relationship between healthcare professionals, patients, and caregivers, particularly in the context of spinal TB management. The findings reveal that effective communication transcends mere information exchange, emphasizing trust-building, alleviation of fears, and the fostering of collaboration. By integrating various communication styles as theorized by Norton—such as Impression, Attentive, Open, and Friendly styles—Dr. HM successfully demonstrated a holistic approach to patient and caregiver engagement.

The results highlight the efficacy of the Impression Style in creating memorable first impressions, thereby laying the groundwork for trust and confidence. Simultaneously, the Attentive Style, characterized by empathy and active listening, strengthened therapeutic relationships through the use of thoughtful non-verbal communication. The Open Style empowered patients to make informed decisions, while the Friendly Style reduced anxiety and fostered a comfortable consultation atmosphere. Additionally, Dr. HM's inclusion of caregivers through the Relinquishing Style demonstrated the importance of shared decision-making in promoting collaborative healthcare.

The study also identified the potential of incorporating humour and a more relaxed communication style to further enhance patient comfort and alleviate consultation-related anxiety. Observational data and participant testimonies support the ethical and thoughtful use of humor as an effective tool, provided it is contextually appropriate and aligned with the patient's psychological state. Future training programs should incorporate examples of best practices in using humour, emphasizing timing and sensitivity, to ensure its application is both effective and respectful.

These findings align with theoretical perspectives on therapeutic communication, which emphasize its role in fostering self-acceptance, enhancing interpersonal trust, and addressing psychological barriers to recovery. The study affirms that communication styles are not only integral to patient satisfaction and adherence but also to the broader goal of holistic healing.

To address these findings, healthcare professionals are encouraged to adopt adaptable communication styles tailored to the unique needs of patients and caregivers, prioritizing approaches such as Impression, Attentive, Open, and Friendly styles to foster trust, alleviate anxiety, and encourage collaboration. Training programs should emphasize both verbal and non-verbal communication techniques, incorporating specific modules on: ethical and effective use of humour to enhance patient comfort, active listening practices to strengthen therapeutic relationships, and strategies for caregiver inclusion to support shared decision-making frameworks.

Healthcare institutions should also prioritize caregiver engagement as part of their communication protocols, offering frameworks that formalize caregiver involvement while ensuring patient-centred approaches remain intact.

The study's scope was limited to a single orthopaedic surgeon at RS Premiere Bintaro, with a relatively small sample size, potentially affecting the generalizability of the results. Furthermore, reliance on self-reported data

introduces the possibility of bias. Future research should expand the participant base to include multiple healthcare providers and settings, employing mixed-methods approaches to triangulate findings and generate richer insights. Feedback mechanisms directly involving patients and caregivers should also be integrated into future studies to continuously refine and validate communication strategies.

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