

## THERAPEUTIC COMMUNICATION OF NURSES RELATED TO THE LEVEL OF FAMILY ANXIETY IN PATIENTS TREATED

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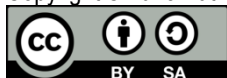
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### ABSTRACT

**Background:** Therapeutic communication plays an important role in reducing patient and family anxiety in the hospital. There are several communications that nurses or doctors must convey to the patient's family to reduce anxiety including clear medical information, action plans provided and making joint decisions regarding actions taken to the patient. **Objective:** to determine the relationship between therapeutic communication between nurses and the level of family anxiety in patients treated. **Method:** The study used observational analytic with a cross-sectional design. The study sample used a total sampling technique, namely 35 patient families in the ICU of Pelita Insani Hospital. The instruments in this study used the Patient Family Anxiety Questionnaire and Nurse Therapeutic Communication. The analysis used bivariate and univariate with the chi square test. **Results:** Nurse therapeutic communication with patient families in the ICU room was quite good with a percentage of 46%. The level of family anxiety in patients in the ICU room is moderate with a percentage of 43%. There is a relationship between therapeutic communication between nurses and the level of family anxiety in patients in the ICU room with value of 0.000 where a value of 0.000. **Conclusion:** That good therapeutic communication can significantly reduce the level of anxiety of the patient's family in the ICU, so it is necessary to improve the quality of nurse communication.

**Keywords:** anxiety level; family; nurse; therapeutic communication

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### INTRODUCTION

Care in the ICU is designed to provide the best care for critical patients, but in the ICU there is often a gap in communication between the medical team and the patient's family (Arumsari et al., 2017). Limited family access to the ICU, the complexity of medical information, and the uncertainty of the patient's prognosis can create significant communication barriers. As a result, families often experience intense anxiety, feelings of helplessness, and difficulty understanding the situation their loved one is facing (Anzani et al., 2020). For families of patients who are in critical condition (critical care patients) in reality have high emotional stress. Getting information about the patient's medical condition and the relationship with the service provider is the main priority that is expected and needed by the patient's family

(Amaliah & Richana, 2018). In nursing service practice, nurses need to maintain good cooperative relationships with families and patients. The role of communication is very much needed to create good relationships between nurses, families and patients (Costa & Fawzi, 2020). In nursing care standards, the communication referred to here is therapeutic communication, namely therapeutic communication (Wijayanti et al., 2022).

Therapeutic communication is communication that is consciously planned, aimed at and its activities are focused on the healing of the patient and the patient's family (Ananda & Irma, 2018). There are several communications that nurses or doctors must convey to the patient's family to reduce anxiety, including clear medical information, a plan of action provided and making joint decisions regarding the actions taken for the patient (Subijanto, 2016).

Based on this explanation, it is clear that therapeutic communication plays an important role in reducing patient and family anxiety in hospitals (Ginting et al., 2024). This is also in line with the research results from Muliani et al., (2020) which states that there is a significant influence between the provision of therapeutic communication and the level of anxiety of the families of patients treated in the Intensive Care Unit, where before it was given only 56% were mild, then after being given therapeutic communication it became 100% mild. These results prove that therapeutic communication can provide peace of mind for the patient's family and reduce anxiety in the patient's family.

Based on the results WHO, (2020) recorded at least 50 million people each year are treated in the ICU for trauma and infection. The Society of Critical Medicine (SCCM) explains that the average mortality ratio of patients registered in the adult ICU is 10-29%, depending on age and severity of the disease. In the United States, there are around 4 million ICU registrants each year with a mortality rate of 500 thousand each year. Every 100,000 ICU patients in Germany there are 24.6 ICU beds, in Canada there are 13.5 ICU beds, in the UK there are 3.5 ICU beds, in South Africa there are 8.9 ICU beds, in Sri Lanka there are 1.6 ICU beds, and in Uganda there are 0.1 ICU beds (Mariati et al., 2022).

Data in Indonesia recorded that as many as 3 million patients were treated in the ICU with a mortality rate of 5-10%. The criteria for patients who must be treated in the ICU are due to infectious and non-infectious diseases, where data in 2021 was more due to infections 4.9-11.5% (Nurhilmiah, 2024). Based on data from the South Kalimantan Provincial Health Service in 2019, it was stated that 24.8% of patients in the ICU died and 75.2% were discharged alive (BPS Kalsel, 2019). Meanwhile, data from the district Health Service. In Banjar, in 2020, the highest number of patients treated in the ICU, of the 82 patients at Ratu Zaleha Hospital, were men, 43 people (52.4%), the highest number of patients in the age group was >57-67 years, 36 people (43.9%) (Dinas Kesehatan Kabupaten Banjar., 2023).

The large number of patient data treated in the ICU room of Ratu Zaleha Hospital also results in

high levels of anxiety among patient families when taking care of their members, because they are afraid that their family members will not be given good service because of the large number of patients being treated. As the results of research from Ariyani, (2018) explains that family anxiety when a family member is hospitalized is a common occurrence. Factors that influence this anxiety include the triage system used, therapeutic communication of nurses, and the knowledge and information possessed by the family.

Based on an initial survey conducted by researchers on 10 families of patients being treated in the ICU Room of Pelita Insani Hospital, it was found that 5 families experienced moderate anxiety, 2 families of patients experienced mild anxiety and 3 families of patients experienced severe anxiety, this was caused by many factors, one of which was lack of knowledge about the patient's condition and care while in the ICU, financial and fear of loss. This is in line with the researcher's experience for 1 year working in the Adult ICU, there were several families of patients experiencing anxiety, some even experiencing excessive fear to the point of panic. The atmosphere of the Adult ICU room with the sound of alarms from monitors and ventilators, the distance between other patients that is far and the family is not allowed to accompany can trigger anxiety. Based on these results, researchers are interested in conducting research that aims to analyze the Relationship between Nurses' Therapeutic Communication and the level of family anxiety in patients being treated in the ICU of Pelita Insan Hospital.

## METHOD

This quantitative research was conducted in the ICU Room of Pelita Insani Martapura Hospital for approximately three months from December 2024 - February 2025. The type of research in this study is observational analytic using a cross-sectional design. The population in the study were families of patients treated in the ICU Room of Pelita Insani Martapura Hospital as many as 35 people from the calculation of the last year, namely January - December 2024. Sampling in this study used a purposive sampling technique. In this study, the sample to be taken was 35 families of patients

treated in the ICU Room of Pelita Insani Martapura Hospital, namely in January - October 2024. The inclusion criteria were families of patients treated in the ICU, able to communicate, and willing to be research respondents. While the exclusion criteria were families of patients who were unable to communicate and were not willing to be respondents.

The instrument in the study used was a questionnaire on the level of family anxiety in patients treated in the ICU Room of Pelita Insani Martapura Hospital. Data processing for bivariate analysis was carried out using computerized assistance, where the statistical test in this study used the chi square test. This study has obtained ethical approval from the research ethics commission of the Research and Community Service Institute of Sari Mulia University, Banjarmasin with ethics number No.035/KEPK-UNISM/I/2025.

## RESULTS

**Table 1 Respondent Characteristics based on age, gender, education, occupation, obtaining information, information obtained from whom, and the relationship of the person in charge to the patient (n=35)**

Characteristics	Category	Frequency	Percentage (%)
Age	Teenagers (12 – 24 years)	5	14,29
	Adults (25 – 44 years)	18	51,43
	Middle Age (45-54 years)	12	34,28
	Seniors (55-90)	0	0
Gender	Female	17	48,57
	Male	18	51,43
Education	Elementary School	2	5,71
	Junior High School	5	14,29
	Senior High School	18	51,43
Occupation	Private	10	28,57
	Trader	8	22,86
	Farmer	2	5,71
	Housewife	8	22,86
	Laborer	2	5,71
	PNS	5	14,29
Ever Received	Yes	5	14,29

Information	No	30	85,71
Information Source	Health Workers	-	-
	Brothers	2	40
	Friends	3	60
	Print Media	-	-
	Radio	-	-
	Internet	-	-
Responsible Person Status	Children	17	48,57
	Wife	6	17,14
	Husband	7	20
	Parents	5	14,29

Based on table 1, it shows that of the 35 respondents, the majority are in the age group of 25-44 years as many as 18 respondents (51.43%), male gender as many as 18 people (51.43%). The majority of education is high school/equivalent as many as 18 people (51.43%). Based on the table, the majority work in the private sector as many as 10 people (28.57%), where the data shows that only 5 people have heard about information on nursing actions in the ICU Room of Pelita Insani Hospital and as many as 30 people have never heard of it. The data also states that only 3 people got information from friends and 2 people from relatives who had been to the ICU room of Pelita Insani Hospital. Of the 35 respondents, the most responsible for patients are children, as many as 17 (48.57%). The status of children as the person responsible for this patient has met the criteria as the person responsible for the patient, namely a minimum age of 20 years and in the research data the age of the child who is responsible for this patient is 20-40 years old.

**Table. 2 Therapeutic Communication of Nurses to Patient Families**

Therapeutic Communication	Frequency	Percentage (%)
Good	11	31
Good Enough	16	46
Not Good	8	23
Total	35	100

Based on table 2, it shows that out of 35 respondents who received good therapeutic communication, 11 people (31%), 16 people (46%)

received quite good communication and 8 people (23%) received less good communication.

**Table. 3 Family Anxiety Level in Patients**

Anxiety Level	Frequency	Percentage (%)
Light	11	31
Currently	15	43
Heavy	9	26
Total	35	100

Based on table 3, it shows that out of 35 respondents who had mild anxiety levels, 11 people (31%), moderate anxiety levels were 15 people (43%) and those who had severe anxiety levels were 9 people (26%).

**Table. 4 Relationship Between Nurses' Therapeutic Communication and Family Anxiety Levels in Patients in the ICU Room**

Therapeutic Communication	Anxiety Level						Total		Asymptotic (2-sided) p=0,000
	Light		Currently		Heavy				
	n	%	n	%	n	%	n	%	
Good	11	31	0	0	0	0	11	31	
Quite	0	0	15	43	1	3	16	46	
Good Not	0	0	0	0	8	23		23	
Good									
Total	11	31	15	43	9	26	35	100	

Based on table 4 shows that the results of the study conducted on 35 respondents, it was found that respondents who received good therapeutic communication were 11 people and all of them only experienced mild anxiety, while for respondents who received quite good therapeutic communication were 16 people with moderate anxiety as many as 8 people and severe as many as 1 person, then those who received less therapeutic communication were 8 people and all of them experienced severe anxiety as many as 8 people. From the results of the statistical test using the chi-square test between the nurse's therapeutic communication variable and the level of family anxiety in patients in the ICU room of Pelita Insani Hospital, the results of Asy.Sig (2-sided) were 0.000 where the value of  $0.000 < \alpha 0.05$ , which means that

there is a relationship between nurse therapeutic communication and the level of family anxiety in patients in the ICU room of Pelita Insani Hospital.

## DISCUSSION

### Therapeutic Communication of Nurses to Patient Families in the ICU Room

Based on the results of the study, it is known that out of 35 respondents, it turns out that they differ in getting therapeutic communication from nurses, some get good therapeutic communication as many as 11 people (31%), those who get quite good therapeutic communication are 16 people (46%) and those who get poor therapeutic communication are 8 people (23%). From all of these data, it turns out that the therapeutic communication provided by nurses to patient families affects the anxiety conditions experienced by patient families, some experience moderate anxiety, some are mild and even severe, because it is influenced by the provision of varied therapeutic communication, if the therapeutic communication provided by patients is all good, it may have an impact on the level of anxiety of the patient's family, who were initially very anxious but after receiving good therapeutic communication from nurses, their anxiety levels will be reduced.

Communication is very important in providing nursing care. Good communication will create trust so that a warmer and deeper relationship occurs. The warmth of a relationship will encourage the disclosure of the burden of feelings and thoughts felt during hospitalization which can be a bridge in reducing the level of anxiety that occurs (Paramitha et al., 2022). Good communication will create trust so that a warmer and deeper relationship occurs. The warmth of a relationship will encourage the disclosure of the burden of feelings and thoughts felt during hospitalization which can be a bridge in reducing the level of anxiety that occurs (Handrianto & Mawaddah, 2023).

Therapeutic communication is an interaction designed to help patients and their families cope with health problems. In the context of the ICU, where patients are often in critical condition, therapeutic communication becomes especially important (Winarti et al., 2024). Good communication can help relieve anxiety, while poor

communication can worsen the psychological condition of the family (Nafdianto & Armiyadi, 2016), (Syukur & Asnawati, 2021), (Kristiani & Dini, 2017).

### **Family Anxiety Level in Patients in the ICU Room**

Based on the results of the study, it is known that the level of family anxiety in patients in the ICU room of Pelita Insani Hospital also varies, some are mild, some are moderate and some are severe. Of the 35 respondents who are the responsibility of the patient, 11 people (31%) experienced mild anxiety, 15 people (43%) experienced moderate anxiety and 9 people (26%) experienced severe anxiety. The variation in the level of anxiety of respondents shows that the level of family anxiety is greatly influenced by the communication received from nurses. Families who receive clear information and emotional support tend to experience lower anxiety, and vice versa. The low level of information provided by nurses makes the patient's family feel increasingly anxious because there is no certainty obtained from the patient being treated.

As explained by Kamila et al., (2023) that the provision of information intended is additional information to clients in order to teach health or education about relevant aspects in order to cure clients. Clients and families must really get alternative solutions to their problems. The impact of anxiety on the patient's family that occurs in the intensive care unit is that the family has difficulty sleeping, is surprised when suddenly a sound is heard, and has no appetite because they think about the condition of their family who are being treated. More than two-thirds of families of patients in the ICU have symptoms of anxiety or depression in the first days of treatment and can change along with the patient's condition during treatment which has an impact on the family and also the patient (Harlina & Aiyub, 2018). Suboptimal use of therapeutic communication by nurses can make families increasingly anxious due to limited information regarding patient care. (Sitepu et al., 2024). Nurses sometimes only focus on the individual condition of the patient in taking action, thus ignoring the anxiety of the family waiting. In fact, with good therapeutic communication between nurses and families can arouse feelings of comfort,

security, and trust from the family and nurses can provide quality nursing care to patients (Priyoto, 2015).

From the research results, there are several solutions that researchers can provide, namely improving the quality of therapeutic communication provided by nurses to patient families, in addition to ensuring that patient families receive accurate and complete information about the patient's condition. Nurses can also provide emotional support to patient families to reduce anxiety. The level of anxiety of patient families in the ICU can be reduced by improving the quality of therapeutic communication, emotional support, and providing clear information. By implementing the above solutions, hospitals can create a more supportive environment for patient families, so that anxiety levels can be minimized and the quality of health services can be improved.

### **The Relationship Between Nurses' Therapeutic Communication and Family Anxiety Levels in Patients in the ICU Room**

Based on the results of the study, it is known that there is a relationship between therapeutic communication between nurses and the level of family anxiety in patients in the ICU room of Pelita Insani Hospital with the results of Asy.Sig (2-sided) 0.000. This study emphasizes the need for communication training for nurses to improve skills in interacting with patient families which can ultimately help reduce anxiety and improve the overall care experience. Equivalent to the results of research from Afandi et al., (2023) which states that there is a relationship between nurse communication and the level of anxiety of the family members waiting. Likewise the results of research from Ariyani, (2018) explains that family anxiety when family members are hospitalized is a common occurrence. Factors that influence this anxiety include the triage system used, the therapeutic communication of nurses, and the knowledge and information possessed by the family. Based on this explanation, it is clear that therapeutic communication plays an important role in reducing patient and family anxiety in the hospital. This is also in line with the results of research from Muliani et al., (2020) which states

that there is a significant influence between the provision of therapeutic communication and the level of anxiety of the families of patients treated in the Intensive Care Unit, where before it was given only 56% were classified as mild, then after being given therapeutic communication it became 100% mild.

These results prove that therapeutic communication can provide peace of mind for the patient's family and reduce anxiety in the patient's family. This means that the better the therapeutic communication provided by nurses, the lower the level of anxiety experienced by the patient's family. As the results of research from Sitepu et al., (2024) which explains that there is a relationship between therapeutic communication of ICU nurses and the level of family anxiety at Ananda Hospital Bekasi where the better the communication provided, the more it reduces the level of anxiety of the patient's family. Seeing the results of the study which show that good therapeutic communication can reduce the level of anxiety of the patient's family in the ICU. It is necessary to improve the quality of nurse communication to create a more supportive environment for the patient's family.

## CONCLUSION

There is a relationship between the therapeutic communication of nurses and the level of family anxiety in patients in the ICU room. That good therapeutic communication can significantly reduce the level of anxiety of the patient's family in the ICU, so it is necessary to improve the quality of nurse communication, provide better emotional support, and create a more supportive environment for the patient's family. This will not only reduce family anxiety but also increase their satisfaction with the health services provided.

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