

Original Research

Relationship between Nurses' Therapeutic Communication to Patient Family Anxiety in Emergency Conditions



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Article Info	Abstract
Article history: Received: 19 September 2023 Accepted: 25 April 2024	<i>Introduction:</i> One of the nursing actions to overcome anxiety problems is to carry out therapeutic communication. With the existence of therapeutic communication, nurses can help clients and families understand better through verbal and non-verbal communication. However, there is often a gap between good communication theory and communication practice, leading to gaps in the field. The study wanted to determine the relationship between the nurse's therapeutic communication and the anxiety level of the patient's family experiencing emergency conditions. <i>Methods:</i> This study employed a cross-sectional and descriptive correlational research design with a sample size of 50 respondents using purposive sampling. <i>Results:</i> The results showed a relationship between nurses' therapeutic communication and the anxiety level of patients' families experiencing emergency conditions, with a p-value of 0.003. This study indicated that most of the nurses' therapeutic communication was good (96%), and the patient's family anxiety level was mild (88%). <i>Conclusion:</i> Good therapeutic communication by nurses can reduce family anxiety.
Keywords: emergency department, family anxiety, therapeutic communication	

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INTRODUCTION

Emergencies are unpredictable and can occur anywhere and anytime. Disease, traffic accidents, or natural disasters can cause trouble. A crisis is a condition that can threaten life, and an emergency is a condition where immediate action is needed to deal with the threat to the patient's life. Troubles must get immediate help, such as first aid, to further help in the hospital [1].

Emergencies occur yearly, affecting around 270 million people and causing more than 130,000 deaths per year [2]. Meanwhile, in Japan, based on observation data, there are about 2.6 million cases annually in Osaka [2]. Based on observations made by the Quality Watch Research Program in the UK, 41 million emergency cases occurred from 2010 to 2013 [3]. The application of therapeutic communication is essential for health services. The application can be applied directly to patients and their families, which can increase visitor comfort. Meanwhile, Indonesia's national emergency case incidence rate has not been fully summarized. This is because it is difficult to collect data due to the vast area of Indonesia and the number of health centers spread across various regions.

Emergencies can cause psychological problems, one of which is anxiety. Anxiety is one of the responses often experienced by the patient's family when facing emergency problems because individuals will use more emotional energy than they realize when facing emergency problems. Research shows that family anxiety will increase when an emergency occurs, especially in the

emergency room [4]. This state has no specific object but is experienced subjectively and communicated interpersonally [5]. Psychological changes such as anxiety are usually expressed through attitudes and feelings of worry, restlessness, dissatisfaction, or fear and threat [1].

The impact of anxiety is divided into two, namely, the physical and implications for psychosocial functioning [5]. Physical effects include loss of appetite, weight loss, digestive complications, particularly dysphagia, flatulence, constipation, abdominal distress, physical fatigue, discomfort, and dyspnea [4]. Impact on psychosocial functioning includes sadness, worry, feelings of worthlessness, low self-esteem, loss of interest or pleasure, irritability, hopelessness, self-blame, inattention, and inability to make decisions. The patient's family becomes visibly confused and lacks concentration, so determining a decision becomes ambiguous, resulting in delaying an action [6].

One of the nursing actions that can be taken to overcome the problem of anxiety experienced by the patient's family is to carry out therapeutic communication. Therapeutic communication uses specific strategies to encourage clients to express feelings and ideas. According to Murwani (2012), therapeutic communication by nurses is expected to reduce the anxiety of the patient's family because the family feels that their interaction with the nurse is an opportunity to share knowledge, feelings, and information to overcome fear [1]. The gap between theoretical communication and the practice of therapeutic communication in the field often confuses and even causes anxiety in patients

or families [1]. Therefore, **the study wanted** to determine the relationship between the nurse's therapeutic communication and the anxiety level of the patient's family experiencing emergency conditions.

METHODS

The research design used in this study was cross-sectional with a correlational descriptive research design. This research was conducted in the PICU room and pediatric room of Dr. Kariadi Hospital Semarang, and the research time was May 3-19, 2023.

The sample in this study amounted to 50 respondents of family patients using a purposive sampling technique. The Inclusion criteria for respondents in this study are families who have experience waiting for patients when experiencing emergency conditions, families of patients who accompany patients during the nursing care process and can communicate well, and families of patients aged 18-65 years.

The questionnaires used were a demographic data questionnaire, a therapeutic communication questionnaire, and a STAI (State-Trait Anxiety Inventory) questionnaire. The STAI questionnaire has two parts: State Anxiety and Trait Anxiety [7]. State Anxiety consists of 20 questions that indicate how a person feels "right now," and Trait Anxiety contains 20 questions that indicate how a person feels "usually or generally." The anxiety levels on this questionnaire are mild anxiety, moderate anxiety, and severe anxiety. The data obtained from the summation of the scores of the results of filling out the questionnaire for the anxiety scale, put into the division of

categories, namely if the number of scores 20-39 is mild anxiety if the number of scores 40-59 is moderate anxiety if the number of scores 60-90 is severe anxiety. Furthermore, the data was tabulated, and then the percentage was calculated using frequency distribution percentage analysis. The State-Trait Anxiety Inventory (STAI) was not subjected to a validity test again because it uses a standardized instrument that has standardized instrument that has been tested for validity with a value of 0.88.

The statistical analyses used in this study were descriptive analysis and Spearman Rank correlation. Descriptive analysis was used to identify the respondent characteristics. Spearman Rank correlation aimed to measure the relationship between two variables in the study. In this context, Spearman Rank correlation was used to analyze the relationship between the variables observed in the research and measure the extent to which the relationship is solid and significant. The significance level in this study was 0.05.

This study was carried out after obtaining ethical approval from the Institutional Review Board of Dr. Kariadi Hospital Semarang, with the reference number 1421/EC/KEPK-RSDK/2023. The participants were provided with information regarding the trial, which included an explanation of the potential risks and benefits. Surveys were handed out after participants finished signing the informed consent document. During the data collection procedure, respondents were provided with the option to decline or retract their participation.

RESULTS

Based on Table 1, the research results showed that most of the respondents aged 36-45 years were in late adulthood, as many as 19 respondents (38%), and only 4% were aged 55-6. According to Harlina and Aiyub (2018) [8], old age has more psychological and physiological responses to anxiety arising from stressors and threats to biological integrity and self-concept [8]. This research is supported by Zuinoviana et al. (2022) [9], who show that family respondents waiting in the hospitalization room are more dominated by the late adult category (36-45 years) [9].

The research results showed that most respondents were female, namely 32 respondents (64%). Women are more numerous because they have a motherly, thorough, caring, and gentle nature, so it is more comfortable when a woman waits on a patient. Most respondents worked as others, as many as 22 respondents (44%). Most respondents are women who do not work or become homemakers, so they have free time

to wait and accompany patients in the hospital.

Most of the respondents' last education was high school, with 20 respondents (40%). Most respondents had good nurse therapeutic contact with 48 respondents (96%), and the fewest respondents with therapeutic touch carried out by nurses were quite good, with a frequency of 2 respondents (4%). Providing adequate therapeutic communication will reduce the patient's anxiety level. The data on family anxiety levels was mostly mild, with 44 respondents (88%), and minor, severe anxiety, with a frequency of 2 respondents (4%).

Spearman correlation statistical test results obtained a value of 0.003 ($r = -0.414$). This shows a relationship between the nurse's therapeutic communication and the anxiety level of families who experience emergency conditions. The results of this study indicate that most of the nurses' therapeutic communication was good (96%), and the patient's family anxiety level was mild (88%).

Table 1

Frequency Distribution of Respondents (n=50)

Variable	Frequency (f)	Percentage (%)
Age		
18 - 25	5	10
26 - 35	18	36
36 - 45	19	38
46 - 55	6	12
56 - 65	2	4
Gender		
Male	18	36
Female	32	64
Work		
Labor	5	10
Civil servant	1	2
Private	12	24
Self-employed	10	20
Farming	0	0
Others	22	44
Education		
Elementary	6	12
Junior high school	14	28
Senior high school	20	40
Higher education	10	20
Therapeutic Communication		
Good	48	96
Fair	2	4
Poor	0	0
Anxiety Level		
Mild anxiety	44	88
Moderate anxiety	4	8
Severe anxiety	2	4

DISCUSSION

Age is related to experience and views on things; the older a person gets, the more mature the thought process and action in dealing with something [10]. This follows which states that maturity in thinking individuals of mature age are more likely to use suitable coping mechanisms than the age group of children [11].

This study is in line with research conducted by Akbar that the majority of patient families are female, namely 63%; this is because the majority of respondents are biological mothers of patients who wait and accompany patients in undergoing the intensive care process in the PICU room [12].

This research supports that more female respondents experienced anxiety. They stated that anxiety often experienced by

Women due to incompetence is more active and explorative [12]. In contrast, men are more relaxed than women when dealing with specific situations. Women are considered more sensitive and use their feelings, while men are deemed to be mentally strong in dealing with dangerous responses [12].

Meanwhile, men usually work, so they can rarely attend or stay for patients in the hospital [13]. Socioeconomic status is associated with patterns of psychiatric disorders. It is known that low socioeconomic class people have a higher prevalence of psychiatric disorders [14]. Insufficient or inadequate economic conditions can increase anxiety in the patient's family. This is also in line with research conducted by Vellyana in 2017 that which states that income used to indicate economic status influences anxiety levels [6]. The results showed that the prevalence rate of pay below the minimum wage experienced more anxiety than respondents with income above the minimum wage [6].

Therapeutic communication carried out by nurses must be systematic, and the stages of therapeutic touch must include pre-interaction, introduction, orientation, work, and termination steps [15]. Therapeutic communication is professionally designed and conducted for medicinal purposes. A nurse can help the patient's family and the patient overcome their problems through communication [14].

In carrying out his duties, communication in the nursing field is the basis and key for a nurse. Communication creates a relationship between nurses, clients, and other health workers [16]. Still,

communication is necessary for someone to feel strange. The need for nurses to foster a relationship of trust with clients through therapeutic communication is helpful as a support in the implementation of nursing care and to know what is being felt and needed by clients.

A nurse must possess communication skills because communication is a process used to collect assessment data, provide education or health information, influence patients to apply it in life, show concern, provide comfort, foster confidence, and respect the patient's values. After all, effective communication is essential in creating relationships between nurses and patients and patients' families [14], [15].

The high school level of education is included in the secondary education level, which is considered sufficient to understand and respond to a problem. The easier it is to learn new things, the more educated a person is, the more knowledge he has [17].

Education is critical in influencing a person's mind. When encountering a problem, an educated person will try to think as well as possible in solving the problem [18]. Respondents' expertise in communicating with nurses can also be based on their level of education.

Education affects the learning process; the higher a person's education, the easier it is to receive information. Compared to people with a college education, the level of high school education is undoubtedly lower regarding knowledge insight; therefore, respondents with a high school education still need to be more optimal in communicating with nurses. The results of this study align

with other theories, which state that the higher a person's education, the more they can reason and hold their emotions well to reduce their anxiety [18].

A person's anxious response depends on personal maturity, understanding in the face of self-esteem challenges and coping mechanisms, and self-defense mechanisms used to overcome their anxiety, including suppressing conflicts, impulses that cannot be accepted consciously, and not wanting to think about things that are less pleasant to themselves [18].

Anxiety occurs because anxiety is used as a stressor, which is a person's feeling of fear of an unpleasant situation that is subjectively experienced and communicated interpersonally [10]. Manifestations of anxiety that can appear include difficulty sleeping, chest palpitations, sweating even though it is not the hot, hot, or cold body, headache, tense or stiff muscles, stomach pain, panting, or shortness of breath [10].

This study aligns with WHO's (2023) Communication During Patient handover research [19]. The results of this study state that effective and efficient communication is needed not only communication between health workers in providing nursing care but also an excellent ability to communicate with patients, as well as patients' families, so that both patients and patient's families are well informed, and ultimately can accelerate the patient's recovery time [20].

Therapeutic communication includes interpersonal communication. The basis of this communication is the mutual need between nurses and clients, which can be categorized as a personal communication

between nurses and clients: nurses help, and clients receive help. Nurses use therapeutic communication using a consciously planned, purposeful, and client-centered approach [20].

The decrease in anxiety from the pretest to posttest in the treatment group proves that communication and therapeutic relationships between nurses and clients can reduce client anxiety. Communication and therapeutic relationships fostered between nurses and clients can help reduce client anxiety [10]. Clients can explore their feelings, share their fears and worries about facing the situation, and get the necessary solutions and knowledge. Therapeutic communication is a primary modality of the central intervention consisting of verbal and non-verbal techniques to improve patient welfare [20].

LIMITATIONS

This study had limitations because it was conducted in the pediatric emergency room, including the PICU and pediatric room. The number of respondents was less than 100. If researchers want to add spaces such as the emergency room or ICU or add hospitals, it will conflict with the purpose of the study.

IMPLICATIONS FOR NURSES

Therapeutic communication is one instrument for helping patients or families through critical times and providing peace for visitors. Health services must apply therapeutic communication to all patient families and patients receiving nursing care to increase the comfort of patients and patient families. The practical application of

therapeutic communication in the ICU, HCU, and Emergency unit can effectively reduce patient and family anxiety.

CONCLUSION

Well-conducted nurse-therapeutic communication significantly related to the anxiety level of families of patients experiencing emergency conditions. Therapeutic communication will increase understanding and foster constructive relationships between nurses and patient families. Therapeutic communication by nurses who aim to approach, provide complete information, and focus on the patient's recovery can reduce anxiety in the patient's family. So, better therapeutic communication by nurses can reduce anxiety in the patient's family.

CONFLICT OF INTEREST

In this study, the researcher has no conflict of interest in preparing proposals, collecting data, processing data, or publishing research results.

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