The Relationship Therapeutic Communication With Level Anxiety Of The Patient's Family In The Intensive Care Unit

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Article Info	Abstract
  Corresponding Author: Mara Imbang Satriawan Hasiolan **Affiliation** Borobudur University **Email:** maraimbangharahap@gmail.com	**Background**: The intensive care unit is a special room equipped with special medical equipment, and provided by the hospital to treat patients with conditions that require close supervision. Nurses' skills in communicating can help patients and their families communicate thoughts and feelings more effectively. **Purpose**: This study aims to explore the relationship between therapeutic communication and the anxiety level of families of patients treated in the Intensive Care Unit. **Methods**: This is quantitative research with a correlational design. The sampling used was purposive sampling, with inclusion and exclusion criteria totaling 71 people. The instrument used is a questionnaire. **Results**: The results showed that the majority of respondents were adults 83.1% (n=59), high school education 73.3% (n=52), and male 76.1% (n=54). Family experience of being treated in the ICU was never 98.5% (n=68). The therapeutic communication is good 73.2% (n=52), level of anxiety is moderate 69.0% (n=49). p-value $0.036 < (\alpha=0.05)$, there is a significant relationship between therapeutic communication and the patient's family's anxiety level in the intensive care unit. **Conclusion**: Implementing effective communication strategies can provide a better understanding of the patient's condition, and involve the family in the care process. Therefore, developing therapeutic communication skills among medical personnel should be a priority to improve the quality of care in the ICU.

Background

The Intensive Care Unit (ICU) is a critical care environment where patients are treated for medical conditions that require intensive monitoring and intervention. This situation not only affects the patient physically but also affects the psychological condition of the patient's family. The anxiety level of families of patients admitted to the ICU is often very high, triggered by uncertainty about the patient's prognosis, limited information, and the stressful and complex ICU environment (Goldstein, M., & Johnson, L. C. 2022). Families of patients treated in the Intensive Care Unit (ICU) often experience high levels of anxiety. This is caused by the uncertainty of the patient's condition, the ICU environment which is full of sophisticated medical equipment, and limited communication with medical personnel. Studies show that this

anxiety can affect the psychological well-being of the family, even worsening the patient's recovery process (Bartels et all, 2023).

According to Amanda (2024), the impact of anxiety on patient families that occurs in critical care units is that families have difficulty sleeping. The family was confused when they were informed of the total cost, the family was very surprised when a sudden sound was heard, they had no appetite because they thought about the condition of their family 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 this can change along with the patient's condition during treatment which has an impact on the family and the patient. Less than optimal use of therapeutic communication can make families increasingly anxious with limited information about patient care. Nurses sometimes only focus on the individual patient's condition when carrying out actions, thus ignoring the anxiety of the waiting family. In fact, good therapeutic communication between nurses and families can generate feelings of comfort, security and trust from families and nurses can provide quality nursing care to patients (Priyoto, 2017); (Wada et al., 2023).

Therapeutic communication is an important element in nursing practice, especially in the ICU. This communication involves verbal and non-verbal interactions aimed at reducing anxiety and increasing the family's understanding of the patient's condition and treatment. Through effective communication, medical personnel can provide emotional support, clear information, and build better relationships with patient families (Johnson, L. C., & Goldstein, M. 2022). Recent research shows that therapeutic communication carried out by nurses and doctors in the ICU has a positive impact on reducing the anxiety level of the patient's family. Communication strategies that include empathy, conveying accurate information, and family involvement in treatment decisions, have been shown to be effective in reducing anxiety levels. For example, a study in a hospital in Europe showed that therapeutic communication training for ICU staff was able to reduce patient family anxiety by up to 30% (Martínez, P., & García, R. 2022).

Although therapeutic communication has been proven to be beneficial, its implementation in the ICU often encounters obstacles. Factors such as high workload on medical personnel, time constraints, lack of specialized training in therapeutic communication, and the dynamic and stressful ICU environment can hinder effective interactions. Additionally, language and cultural differences can also be a significant barrier to conveying clear information and providing appropriate support (Moore, C., & Hernandez, P. 2023).

These findings highlight the importance of therapeutic communication in the context of patient care in the ICU. By paying attention to and improving the quality of communication between medical personnel and patient families, it is hoped that it can help reduce family anxiety levels and provide better support in dealing with stressful situations such as treatment in the ICU (Nelson, J. E., & Cox, C. E. 2023). By understanding the extent to which therapeutic communication can influence family anxiety levels, it is hoped that the results of this study can provide recommendations for improving communication practices in the ICU, which will ultimately improve the quality of care and welfare of the patient's family.

Method

This research uses a quantitative design with a cross-sectional approach. This design was chosen to evaluate the relationship between therapeutic communication and the level of anxiety of families of patients admitted to the ICU at a certain point in time. The population in this study were families of patients who were being treated in the ICU at RSUD Kota Bekasi during the research period.

This research uses a total sampling method. The number of samples used in this research was 71 people. with the inclusion criteria being that the patient's family is willing to participate, has the ability to read and write. Exclusion criteria is family of patients who have mental disorders or are unable to communicate in the language used in the study.

Data was collected using two main instruments. First instrument is HARS (Hamilton Anxiety Rating Scale), using a Likert scale, consists of 14 questions. The validity test has been carried out by previous researchers, namely (Rizka, 2014), with a product moment correlation value of 0.93 (Fiaka, 2015). Second, therapeutic communication instrument, consists of 10 questions with indicators for the orientation phase, work phase and termination. This questionnaire was taken from research (Nafdianto, 2016) using the Guttman scale with the answer options "Yes" and "No". Validity tests have been carried out on 10 respondents with the results of the calculated r value > r table and Cronbach's Alpha reliability of 0.632.

This research has obtained ethical approval from the research ethics committee at KEPK Bani Saleh. Researchers worked with ICU nurses to identify families of patients who met the inclusion criteria. After obtaining approval, participants will be asked to fill out informed consent. Then the questionnaire was distributed to the families of patients who were willing to participate. The researcher explained the research objectives and provided guidance on filling out the questionnaire. Data analysis used univariate analysis and bivariate analysis with the chi square test

Results

Univariate Analysis
Age.

Table 1. Frequency Distribution Based on Age Characteristics of Respondents

Age	Frequency (N)	Percentage (%)
Adult	59	83,1
Elderly	12	16,9
Teenager	0	0
Total	71	100 %

Based on the table, it is known that the age of the respondents was 59 adults (83.1%) and 12 elderly people (16.9%).

Gender.

Table 2. Frequency Distribution Based on Gender Characteristics of Respondents

Gender	Frequency (N)	Percentage (%)
Female	54	76,1
Male	17	23,9

Total	71	100 %

Based on the table, it is known that the gender of 54 male respondents (76.1%) and 17 female respondents (23.9%).

Education.

Table 3. Frequency Distribution Based on the Educational Characteristics of Respondents

Education	Frequency (N)	Percentage (%)
High School	52	73,3
University	14	19,7
Junior High School	5	7,0
Total	71	100 %

Based on the table, it is known that 52 respondents had a high school education (73.3%), 14 people had a university education (19.7%) and 5 people had a junior high school education (7.0%).

Experience of being treated.

Table 4. Frequency Distribution Based on Characteristics of Treatment Experience.

Experience of being treated	Frequency (N)	Percentage (%)
Never	68	95,8
Ever	3	4,2
Total	71	100 %

Based on the table, it can be seen that the experiences of families who had never been treated in the ICU were 68 people (95.8%) and who had been treated in the ICU were 3 people (4.2%).

Therapeutic Communication

Table 5. Frequency Distribution Based on Therapeutic Communications

Therapeutic Communication	Frequency (N)	Percentage (%)
Good	52	73,2
Poor	19	26,8
Total	71	100 %

Based on the table, it is known that the therapeutic communication carried out by nurses with families was in the good category 52 people (73.2%) and 19 people (26.8%) as poor.

Level of Anxiety

Table 6. Frequency Distribution Based on Level of Anxiety.

Level of Anxiety	Frequency (N)	Percentage (%)
Moderate	49	69
Heavy	22	31
Mild	0	0
Total	71	100 %

Based on the table above, it is known that the level of anxiety of families treated in the ICU room who experienced moderate anxiety was 49 people (69%) and those who experienced heavy anxiety were 22 people (31%).

Bivariate Analysis

Table 7. Relationship between therapeutic communication and level of anxiety.

Therapeutic Communication	Level of Anxiety				Total		α	P
	Moderate		Heavy					
	N	%	N	%	N	%		
Good	40	76,9	12	23,1	52	100		
Poor	9	47,4	10	52,6	19	100	0,05	0,036
Total	49	69,0	22	31,0	71	100		

Based on table 7, there are 40 (76,9%) respondents that received good therapeutic communication from nurses and were at a moderate level of anxiety. And there were 10 (52,6%) respondents who received poor therapeutic communication from nurses and were at a severe level of anxiety. Based on the chi square statistical test with a significance level of 95%, the p-value was $0.036 < (α=0.05)$, it was concluded that there was a significant relationship between therapeutic communication and the anxiety level of the patient's family in the ICU.

Discussion

Based on the results of research conducted by researchers in the intensive care unit of the RSUD Kota Bekasi with 71 respondents, it is known that there is a relationship between therapeutic communication and the level of anxiety of the families of patients undergoing treatment in the hospital's intensive care unit.

Age.

Table 1 shows that 59 respondents (83,1%) were adults. This is in accordance with the literature review, that adulthood is considered an active age and is still physically strong to accompany the patient being treated. Has not experienced a decline or setback in various aspects of life, both physically (Heriani & Maharani Gandi, 2023) ; (Wada et al., 2020).

Gender.

Gender influences anxiety levels, in this study the majority were female 54 76,1% and male 17 (23,9%). According to (Wada et al., 2023), it is stated that women experience disorders more often than men. Because women are more sensitive to their emotions, which can ultimately also be sensitive to their feelings of anxiety.

Education.

Regarding the characteristics of the educational level of respondents, the largest number were high school graduates, 52 respondents (73.3%). The large number of respondents who have a high school education is based on the level of ability of the respondent's parents in sending the respondent to school. Therefore, the level of high school education in the respondent's family is considered to be high.

Experience of being treated.

Based on treatment experience, it shows that the majority of 68 (95.8%) respondents have never had experience related to treatment in the ICU. Lack of experience and knowledge will cause anxiety for families. At least if the family has been treated in the ICU, they will be calmer because they understand the patient care procedures. With this, families can reduce the feeling of anxiety they experience in perceiving everything.

Therapeutic communication of nurse.

Therapeutic communication of nurses in the intensive care unit, it was found that 52 respondents (73.2%) perceived nurses' therapeutic communication well. The respondent stated that the ICU nurses at RSUD Kota Bekasi in their therapeutic communication were categorized as good. This means that the ICU nurse is able to discuss with the family about the problems faced by the patient to achieve the goals of nursing action.

Level of anxiety.

The level of anxiety in this study showed that some of the patient's families experienced anxiety in the moderate category, 49 respondents (69%). This is in accordance with the literature review, which states that the anxiety experienced by the patient's family only experienced a moderate level of anxiety. This is because most of the patient's families have good coping skills which enable the patient's family in the ICU to solve problems (Hamid, 2021); (Laelasari et al., 2023).

The relationship between therapeutic communication and the anxiety level of families of patients treated in the intensive care unit.

The results of data analysis show that there is a significant relationship between the level of therapeutic communication received by the patient's family in the ICU and the level of anxiety they experience. The positive correlation between good quality therapeutic communication and a decrease in the patient's family's anxiety level supports the research hypothesis that effective communication can reduce the psychological burden experienced by families in this critical situation. There is a relationship between nurses' therapeutic communication and the level of family anxiety in patients treated in the intensive care unit. This is caused by the implementation of therapeutic communication by nurses which cannot be separated from the operational standards determined by the hospital. Good communication will create trust resulting in a warmer and deeper relationship (Goldstein, M., & Johnson, L. C. 2022);(Imbang et al., 2022); (Wada et al., 2024)

Researchers are of the opinion that the majority of respondents who received good therapeutic communication had an impact on anxiety levels. There are still respondents' assessments of nurses with poor communication, indicating that the communication provided by nurses has not been implemented well, meaning that the communication provided by nurses is still not well understood by families, where families have different assessments of the communication provided by nurses.

These results are consistent with previous research which shows that empathetic and informative interactions between medical personnel and patient families can help reduce emotional tension and increase positive perceptions of the care process. In this context, it is important to identify barriers that may hinder the implementation of effective therapeutic communication in the ICU environment and develop strategies to overcome these barriers. For example, research by Wright & Young (2023) suggests the need for increased training for medical personnel in therapeutic communication skills as a key step to increase meaningful interactions with families of ICU patients.

The results of this study have significant practical implications in the context of critical care. Improving therapeutic communication can not only reduce the patient's family's anxiety, but can also increase their satisfaction with the care their patient receives. Thus, healthcare providers in the ICU need to be provided adequate training in therapeutic communication to improve the quality of interactions and overall patient outcomes.

Conclusion

In the context of critical care in the ICU, effective therapeutic communication has a crucial role in reducing the anxiety level of the patient's family. The results of this study support the importance of improving therapeutic communication skills in daily clinical practice to provide better support for patient families who are facing these difficult times. Thus, efforts to improve therapeutic communication in the ICU can yield significant benefits both for the patient's family and for the care process as a whole.

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