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# Correlation Between Nurse Therapeutic Communication and Anxiety Levels of Patients' Families in the ICU of X Regional General Hospital, Sukabumi

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*Abstract*—**Intensive care unit is one of a unit care for patients with critical condition. This condition can cause patient's family feel anxious. Communication skill by nurse can help patients and their families to communicate their feelings more effectively. This research aims to reveal The Correlation of Nurses' Communication with Anxiety Levels of Patients' Families in the ICU. This research used a correlation study with cross sectional approach. The population amounted 34. Samples amounted to 34 respondents. The technique selection of respondents are using accidental sampling. The validity test of therapeutic communication of 15 statements 3 invalid items and the reliability value of 0.709. Bivariate analysis used Somers'D test. Research concluded that most of respondents had perception of nurses' therapeutic communication are adequate (50%) while some respondents experience mild anxiety (38,2%). The results of the Somers'D test revealed P-value = 0.027. Based on the research concluded that there is a relationship between Nurses' therapeutic communication with Anxiety Levels of Patients' Families in the ICU. It is recommended that ICU nurse to improve verbal and non-verbal communication skill.**

*Keywords—Therapeutic, Communication, ICU*

## I. INTRODUCTION

Intensive Care Unit (ICU) is a part of hospital service that specifically provides health care and treatment to patients suffering from acute illnesses, injuries or life-threatening complications or potentially life-threatening but considered to still have a life expectancy (Kemenkes RI, 2012).

Treatment in the ICU is identical to the equipment to support patients in critical conditions such as ventilators and defibrillators. The ICU treatment room is intended for patients with conditions that are quite severe and life-threatening so that this situation makes the patient's family anxious. During treatment, thoughts about spiritual distress, death, family dysfunction, sorrow, despair, helplessness, and many other emotional feelings can appear as part of the coping mechanism of individual patients, health team members, and their families or their closest people. (Morton, 2013).

Treatment in an Intensive room is usually equipped with equipment that can support the lives of patients with critical conditions such as ventilators, cardio monitors, and others. The patient's condition is attached to various life support devices sometimes making the patient's family anxious. Families whose members are being cared for especially in critical conditions will usually experience stress, grieve, despair, helpless and various emotions (Morton, 2013).

Accompanying or waiting for critical patients treated at the ICU is a traumatic experience for the family (Soderstorm, Saveman, Hagberg, & Benzein, 2009), This is because the families of patients treated in the ICU are required to be able to make the right decisions for the sake of survival or maintain the quality of life of patients (Pochard et al., 2005). So that the patient's family often experiences psychological problems, one of them is anxiety.

According to Morton (2013), "Severe illness will separate patients from their families". With the installation of invasive devices and breathing aids such as ventilators, critical patients are usually at risk of infection. So there is a limit on the number of family visits to the ICU. This causes the patient's family become anxious, family will feel that they lost their role to care the patient and cannot accompany the patient.

*Family-Centered Care* is an approach that can be done because in this approach there is a reciprocal relationship between treatment providers, patients, and families so that it will minimize conflicts that have arisen as a result of lack of information and communication. Family-Centered Care can be practiced in all stages of age and various backgrounds. (Kusumaningrum, 2017)

Separation of family members from patients can cause stress and anxiety for family members. Families must depend on and give trust to nurse for patient nursing treatment. If the patient's family already believes in the nurse, so that the patient's family will more easily open to the nurse. This will clarify the giving and receiving of information, as well as expanding the communicant to achieve the intent (Wulandari, 2009).

Based on the research results of Goveia et al. (2017) States that "there is correlation between nurses' therapeutic communication with the patients' family anxiety in critical care units" with p=0,001 ≤ 0,05. Nurses are recommended increasing knowledge to improve the

personal quality of nurses, by attending the therapeutic communication training.

Accurate and trusted information is very much-needed by the patients' family, because the patients who enter the Intensive care unit need immediate and appropriate action. And this has an impact on the patient's family if the nurse does not provide information first to the patient's family about handling to the patient, then the patient's family will no longer trust the nurse and this situation often becomes a conflict or problem between the patient's family and the nurse in the ICU.

According to Health Ministry Regulation No.660/Men-Kes/SK/IX/1987 completed with a circular letter from the Director-General of Medical Services No.105/Yan.med/RS.Umdik/Rw I/88 about the standard of health nursing practice in hospitals meeting the needs of patient communication is a standard of nursing intervention. One of the factors causing fear or anxiety in the family during the patient in the hospital one of them is the nurse's therapeutic communication. Families will experience anxiety and disorganization of feelings when family members experience an illness that must be treated in hospital and this will be more clearly found in the hospital's critical care unit.

Assertive communication in professional nursing practice is very influential or helps patients and their families in the healing process or fulfill their basic needs and provides a feeling of calm without anxiety during a hospitalization. (Rahayu, 2016).

The ICU room at Regional General Hospital X has 14 nurses, which their task divided into 3 shifts, and it consist of nurses for each shift. During these 3 months, the total of ICU patient are 124, There are 26 pastients inDecember 2017, 41 patients in January 2018, and 35 patients in February 2018 (Buku Kunjungan ICU, 2018). Another factor that cause the family's patients anxiety in ICU is the total of patient mortality in ICU is quite high as 103 patients.

The preliminary study was conducted by interviewing 5 respondents with the results of the interview in the ICU, the following results were obtained: 3 families of patients stated moderate anxiety such as anxious, fear, nervous, irritability, fatigue, a good deal of urination, cold sweating, insomnia and 2 families of patients stated normal anxiety such as a good deal of urination and cold sweat. Based on the results of interviews about therapeutic communication obtained data 3 families of patients said

that communication between the nurse and the patients' families was lacking. 2 patients' families said nurses were good enough in communication with families about the patient's condition.

Communication is a very special and meaningful process in human relations. In the nursing profession, communication becomes more meaningful because it is the main method of implementing the nursing process. Factors' causing fear or anxiety in the patient and his family during the patient in the hospital, one of them is the therapeutic communication factor of the nurse. Families will experience anxiety and disorganization of feelings when family members experience pain that must be treated in hospital.

Based on this background, the researcher will identify "The Correlation of Nurse's Therapeutic Communication with Anxiety Level of Patients' Family In Critical Care Unit of Regional General Hospital X".

## II.    METHODS

The methods of this study is a correlational study, with a cross sectional approach. The aim of this research is to identify "The Correlation of Nurse's Therapeutic Communication with Anxiety Level of Patient's Family in Critical Care Unit Room of X Regional General Hospital".

Population in this study was all patients' families of ICU at Regional General Hospital X of Sukabumi 205 people with an average of 6 months per month. The sample of this research was 34 respondents, use an accidental sampling technique.

The independent variable in this study is nurse therapeutic communication. The independent variable in this study is the level of patient's family anxiety in the ICU.

The validity tests used by Pearson product-moment. The validity test results of the nurse communication instrument from 15 statements of 3 items were invalid. The reliability tests used by Cronchbach Alpha and categorized into Guilford's Empirical Rule. Obtained a reliability test value of 0.709.

Univariate analysis for therapeutic communication used percentages, while the measurement of anxiety levels used the Zung Self Rating Anxiety Scale. Bivariate analysis used the Somers'D test.

## III.    RESULTS

TABLE 1. FREQUENCY DISTRIBUTION OF RESPONDENT CHARACTERISTICS (N=30)

| Respondent Characteristics | F | % |
|---|---|---|
| Age | | |
| − 18-30 | 8 | 23.53 |
| − 31-40 | 15 | 44.12 |
| − 41-50 | 5 | 14.7 |
| − > 50 | 6 | 17.65 |
| Gender | | |
| − Male | 18 | 52.9 |
| − Female | 16 | 47.1 |
| Number of Hospitalization Days | | |
| − > 3 Days | 9 | 26,5 |

| | | |
|---|---|---|
| − 3 Days | 25 | 73,5 |
| **Sources of Information on Patient Conditions** | | |
| - Doctor | 15 | 44,9 |
| - Nurse | 19 | 55,1 |
| **Relation with Patients** | | |
| - Child | 18 | 52.9 |
| - Wife | 9 | 26.5 |
| - Siblings | 2 | 5,9 |
| - Husband | 5 | 14,7 |

In Table 1 it is found that all respondents included in the middle-aged adult category were 44.12% having the gender of most male as much as 52.9%. The patient waited for 3 days as much as 73.5%. Information about the patients' condition mostly from Nurses 55.1%. 52,9 % Family relations with patients are children.

TABEL 2. FREQUENCY DISTRIBUTION BASED ON NURSE COMMUNICATION

| No | Therapeutic communication | Frequency | |
|---|---|---|---|
| | | Total | % |
| 1 | Good communication | 13 | 38.2 |
| 2 | Adequate communication | 17 | 50.0 |
| 3 | Lack communication | 4 | 11.8 |
| | Total | 34 | 100 |

Table 2. showed that the majority of patients' family perceptions in ICU room of Regional General Hospital X of Sukabumi regarding nurse therapeutic communication is adequate, as many as 17 respondents (50%) and a small percentage of patients' family perceptions in ICU room assume nurses' therapeutic communication is less as much 4 people (11.8%).

TABEL 3. FREQUENCY DISTRIBUTION BASED ON ANXIETY LEVEL

| No | Anxiety Level | Frequency | |
|---|---|---|---|
| | | Total | % |
| 1 | No Anxiety | 12 | 35.3 |
| 2 | Mild Anxiety | 13 | 38.2 |
| 3 | Moderate Anxiety | 9 | 26.5 |
| | Total | 34 | 100 |

Table 3. showed that the majority of patients' families experienced mild anxiety as many as 13 respondents (38.2%) and a small portion of the family of ICU patients of Regional General Hospital X experienced moderate anxiety, namely as many as 9 people (26.5%).

TABEL 4. FREQUENCY DISTRIBUTION OF CROSS TABULATION NURSE THERAPEUTIC COMMUNICATION BASED ON ANXIETY LEVEL

| Therapeutic Communication | Kecemasan | | | | | | Total | % |
|---|---|---|---|---|---|---|---|---|
| | Mild | % | Moderate | % | No Anxiety | % | | |
| Good | 3 | 23.1 | 2 | 15.4 | 8 | 61.5 | 13 | 100 |
| Adequate | 9 | 52.9 | 5 | 29.4 | 3 | 17.6 | 17 | 100 |
| Lack | 1 | 25.0 | 2 | 50.0 | 1 | 25.0 | 4 | 100 |
| | 13 | 38.2 | 9 | 26.5 | 12 | 35.3 | 34 | 100 |

Table 4. showed that most (17 out of 34 respondents) the patient's family perception about nurse communication that is adequate communication quite likely to experience mild anxiety as many as 9 people (52.9%)

lacking communication experiencing moderate anxiety levels of 2 people (50.0%). While the rest ((13 out of 34 respondents) the patient's family perception about nurse communication that is good communication tends not to experience anxiety as many as 8 people (64.3%).

and a small portion (4 of 34 respondents) the patient's family perception about nurse communication that is

TABEL 5 . RELATIONSHIP OF NURSE THERAPEUTIC COMMUNICATION WITH ANXIETY LEVELS

| Independent variable | Non-dependent variable | P-Value |
|---|---|---|
| Nurse therapeutic communication | The level of anxiety of the patient's family in the ICU | 0.027 |

Table 5. showed the Somers'D Statistics test results obtained P-value = 0.027 means P-value <0.05. This value means that there is a correlation between nurses' therapeutic communication and the level of anxiety of patients' families in the ICU X Regional General Hospital, Sukabumi Regency.

## IV. DISCUSSION

Family perceptions about nurses' therapeutic communication, most of which assess nurses as having enough/adequate communication, can be caused due to the source of information about patients obtained by the family mostly comes from nurses. The Table 1 shows that 55,9 % patients' families in ICU have information about patients condition from nurses.

This is also supported by Priyoto's theory (2015) therapeutic communication is a communication made by a nurse with a patient or a nurse with a patient's family based on a relationship of trust in which there is a healing art of communication. In communicating between nurses and patients' families, nurses must build a sense of comfort, security, and trust in the family.

Assertive communication in professional nursing practice is very influential or helps patients and their families in the healing process or in fulfilling their basic needs and provides a feeling of calm without anxiety during a hospitalization. (Rahayu, 2016).

According to the analysis of the researcher, the patient's family in ICU Sekarwangi Regional General Hospital, Sukabumi Regency, most of whom had the perception of nurses' therapeutic communication was sufficient/adequate based on field observations because nurses had made appropriate therapeutic communication to the patient's family.

One of them is like a nurse who interacts with the patient's family, because the information which were given by the nurses are easily to understand. The anxiety of the patient's families treated in the ICU was mostly mild anxiety and a small proportion experienced moderate anxiety. Mild anxiety can be caused by tensions in daily life that cause a person to be alert and increase the area of perception (Chotimah, et al.). Bolosi (2018) in his study stated that patients' family anxiety usually fluctuated and continues to develop, and this is caused by the severity of the patient's condition. Another factor that caused patient family anxiety in the ICU is family relationships with patients. This is supported by Table 1 which showed that most patients in the ICU Sekarwangi Regional General Hospital Sukabumi Regency who are experiencing anxiety have close family relationships and are members of the nuclear family with patients, like being the child, siblings, wife or husband. Day, et al (2013) in his study showed that the families of patients in the ICU room tended to experience sleep disorders and mild anxiety.

The length of stay and the length of time a family member waits for patients treated in the ICU will cause anxiety. Critical patients who are treated in the ICU Room for a sufficient period of time can be stressors for the patient or family, so that it can cause anxiety (Turiman, 2009). The longer the patient is treated, the higher the anxiety level of the patient's family. Rosidawati and Hodijah (2019) in their study stated that patients with long length of stay, their families experienced 100% anxiety. In this study shows the length of stay of patients is one to 3 days, so in this case the level of family anxiety is still in the mild category.

Other factors that affect anxiety levels are age and gender. According to Kaplan and Sadock (1997) anxiety disorders can occur at any age, more often in adulthood and women. Research by Lutfa and Maliya (2007) shows that the correlation between age and anxiety is obtained $R2 = 0.35$, meaning that the patient's age variable 'gives an effect of 35%' to the tendency of decreasing patient anxiety. In this study the majority of patients' families were in the age range of 31 to 40 years, and most respondents were male.

Somers'D statistical test results obtained P-value = 0.027 means P-value <0.05 then H1 is accepted, this shows that there is a relationship between nurses 'therapeutic communication with the level of anxiety of patients' families in the ICU Sekarwangi Regional General Hospital Sukabumi Regency. This is supported by the results of research conducted by Loihala (2015) there is a relationship between nurse therapeutic communications with the level of family anxiety treated

in the HCU room at Sele Be Solu Hospital in Sorong City with a P-value of 0.001.

Table 5 showed that the most of patients' family perceptions about nurse communication that is adequate communication quite likely to experience mild anxiety, and a small portion of patients' family perceptions about nurse communication that is communication experience less moderate anxiety levels. While the rest of the family's perception of nurse communication is good communication tends not to experience anxiety. The better the nurse's communication then the patient's family does not experience anxiety.

For patients' families who have good communication perceptions of nurses but are still experiencing anxiety, the researcher argues that it is caused by severe illness experienced by patients. In a simple interview conducted by the researcher that according to the family, the patient's illness that often recurred and the patient was often treated for their illness caused the family to worry, especially if the patients treated in the ICU. Because of the ICU is a critical patient care room that is life-threatening or potentially life-threatening. Another factor that causes the patient's family to still have anxiety even though the nurse's communication is good is because the separation of the family from the patient and family cannot visit the patient every time. The location of ICU patient care at Sekarwangi Regional General Hospital, Sukabumi Regency is closed and is separated from the patient's family waiting room. According to Morton (2013), severe illness will separate patients from their families. In this condition, the role of the family to the patient is reduced because there is not much involvement in patient care and cannot accompany the patient in the ICU every day, so the family will experience anxiety.

The communication aspect of nurses in the ICU room is very important, given that the ICU room is a room for treating patients in critical conditions that require immediate and ongoing attention. Dewi (2014) stated that nurses played an important role in providing care to critical patients or family as a whole both biological, psychological, social and spiritual. Quality family communication is the core of the art and science of nursing. Good communication has a significant impact on patient welfare as well as the quality and outcome of nursing care because good communication will affect the patient's family satisfaction with nursing treatments (Loghmani, et. Al, 2014)

## V. CONCLUSIONS AND SUGGESTIONS

The results showed that most of the patients' family perceptions regarding the therapeutic communication of nurses in ICU X Regional General Hospital, Sukabumi Regency were sufficient and most of the patient families in the ICU room experienced mild anxiety. So it can be concluded that there is a relationship between Nurse's therapeutic communications with the level of anxiety of the patient's family in the ICU of X Regional General Hospital, Sukabumi Regency.

It is expected that ICU nurses of X Regional General Hospital, Sukabumi Regency can provide better therapeutic communication to patients' families, to reduce the level of patient's anxiety. It is also expected that nurses will be able to provide further information to the patient's family about the patient's condition.

Suggestions for future researchers are to be able to continue the research in the same or different places but by looking for other anxiety factors and combining the ZungSelf Rating Anxiety Scale questionnaire by taking more population.

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