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Nurses' therapeutic communication and its correlation with family anxiety in the intensive care unit setting

Tutik Dwi Winarti[1*]
Regista Trigantara[2]
Diana Noor Fatmawati[2]

[1] Department of High Care Unit dr. Saiful Anwar Hospital, Malang City, Indonesia
[2] STIKES Maharani Malang, Indonesia

***Correspondence**:
Tutik Dwi Winarti, Department of High Care Unit (HCU) dr. Saiful Anwar Hospital, Malang City, Indonesia, Postal Code 65111, Phone 0341-362101, Fax 0341-369384
Email : toetik.dwi@gmail.com

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ABSTRACT

Background: Patients admitted to the Intensive Care Unit (ICU) are often in critical, life-threatening conditions, which are typically sudden and unplanned. This situation can lead to significant anxiety among their family members. Therapeutic communication is one strategy used by nurses to help reduce the anxiety levels of patients' families.
Objective: This study aimed to examine the relationship between nurses' therapeutic communication skills and the anxiety levels of patients' family members in the ICU.
Methods: A cross-sectional study was conducted using purposive sampling to select 80 participants. Data were collected using the Hamilton Anxiety Rating Scale (HARS) and a therapeutic communication questionnaire. Descriptive analysis was performed, and the Spearman Rho test was used to assess correlations, with a significance level set at $\alpha = 0.05$.
Results: The findings showed that 58 respondents (72.5%) perceived nurses' therapeutic communication as being in the "good" category, while 52 respondents (65.0%) experienced mild levels of anxiety. Statistical analysis revealed a significant relationship between therapeutic communication and the anxiety levels of patients' family members, with a p-value of 0.001 ($p < 0.05$) and a correlation coefficient of $r = -0.351$.
Conclusion: The results indicate that better therapeutic communication by nurses is associated with lower anxiety levels among family members of ICU patients. Therefore, it is recommended that nurses enhance their therapeutic communication techniques to help reduce family members' anxiety during ICU patient care.

Keywords: therapeutic communication; anxiety; intensive care unit

INTRODUCTION

Hospitals play a strategic role in enhancing the quality of health services provided to the community. As institutions offering comprehensive care—including inpatient, outpatient, and emergency services—hospitals are essential in meeting the diverse health needs of individuals. The implementation of hospital services is intended to ensure better access to healthcare, while also promoting safety and protection for

Nursing and Healthcare Practices

- *Continuous training and refresher courses on therapeutic communication should be implemented to equip nurses with the skills needed to effectively engage with patients' families, reduce anxiety, and build trust—especially in high-stress settings like the ICU.*
- *Nurses should be encouraged to integrate family-centered communication strategies as a routine part of care. Clear, empathetic, and timely communication helps alleviate the emotional burden experienced by families and improves their involvement in patient care.*
- *Effective therapeutic communication should be recognized not only as a care technique but also as a psychological intervention. By reducing family anxiety, it indirectly supports the patient's recovery and contributes to overall healthcare quality.*

patients, communities, healthcare workers, and the environment (Triwibowo, 2022). One of the most critical hospital units is the Intensive Care Unit (ICU), a specialized department equipped with advanced technology and trained staff to care for patients facing life-threatening conditions due to organ dysfunction or failure (Wulan & Rohmah, 2019). The ICU provides constant monitoring and immediate interventions, requiring close coordination among healthcare providers (Permenkes, 2019), with nurses playing a key role in delivering these services.

Admission to the ICU is often sudden and unplanned, creating significant emotional stress for family members. These individuals are frequently exposed to various psychological stressors and may experience anxiety, depression, or post-traumatic stress disorder—conditions that can last for weeks or even months after the ICU experience (Sugimin & Arum Pratiwi, 2017). Family involvement is crucial in supporting patient recovery, particularly in providing moral and emotional support (Parnawi, 2021). However, when families are overwhelmed by anxiety and emotional distress, their ability to offer support is significantly reduced, which can negatively affect the patient's healing process. One key factor influencing family well-being during this period is the effectiveness of communication between nurses and the patient's family.

Therapeutic communication by nurses plays a central role in addressing the emotional needs of the patient's family. Ineffective communication—often due to a focus solely on the patient's clinical condition—can leave families feeling neglected, anxious, and uncertain. In contrast, effective therapeutic communication, characterized by empathy, active listening, and clear information sharing, can foster trust, comfort, and reassurance among family members (Heriani & Gandi, 2022). While hospitals may have standard operating procedures (SOPs) for informing families about the patient's condition, the practical impact of therapeutic communication on reducing anxiety remains insufficiently understood.

Nurses play a central role in both patient care and family support, especially in high-intensity settings like the ICU. As the healthcare providers who spend the most time at the bedside, nurses act as caregivers, advocates, and communicators. Through therapeutic communication—characterized by empathy, active listening, and clear information delivery—nurses can address the emotional needs of the patient's family, build trust, and provide reassurance. Effective communication helps reduce uncertainty, alleviates anxiety, and fosters cooperation between healthcare teams and families. In contrast, a lack of communication can leave families feeling isolated and distressed. While hospitals may have standard operating procedures (SOPs) for delivering information, the quality and consistency of nurse-family communication are critical and often vary in practice. Therefore, this study was conducted to examine the relationship between nurses' therapeutic communication and the anxiety levels of patients' family members in the Intensive Care Unit.

METHODS

Design

This study employed a quantitative research design using a cross-sectional approach, which involves collecting data at a single point

in time to examine the relationship between variables—in this case, nurses' therapeutic communication and the anxiety levels of patients' family members. This design is appropriate for identifying associations and patterns within a population without manipulating variables, providing a snapshot of existing conditions as they naturally occur.

Sample and Setting

In this study, the population consisted of family members of patients who were receiving treatment in the ICU. A purposive sampling technique was employed to select participants based on specific inclusion criteria relevant to the research objectives. This non-probability sampling method was chosen to ensure that the selected participants had direct experience with the ICU environment and were capable of providing relevant information regarding their levels of anxiety and their perceptions of nurses' therapeutic communication. A total of 80 family members were included in the sample, representing individuals who met the eligibility criteria and consented to participate in the study.

Instruments

The independent variable in this study was nurses' therapeutic communication, while the dependent variable was the anxiety level of the patients' family members. Nurses' therapeutic communication refers to the interpersonal communication strategies used by nurses to support, inform, and provide emotional comfort to patients' families. This variable was measured using a structured questionnaire designed to assess the effectiveness and frequency of therapeutic communication behaviors as perceived by the family members.

The anxiety level of the patients' families was assessed using the Hamilton Anxiety Rating Scale (HARS), a widely recognized and validated instrument used to evaluate the severity of anxiety symptoms. The HARS consists of 14 items, each representing a symptom of anxiety (such as tension, fear, insomnia, somatic complaints, and cardiovascular symptoms), which are rated on a scale from 0 (not present) to 4 (very severe). The total score ranges from 0 to 56. Interpretation of the HARS scores is as follows: a score of 0–17 indicates mild anxiety, 18–24 indicates moderate anxiety, and 25–30 or higher indicates severe anxiety. This scale allowed for a standardized assessment of anxiety levels, enabling researchers to determine the correlation between therapeutic communication and family anxiety in the ICU setting.

Data Collection

Respondents who met the predetermined inclusion and exclusion criteria were selected by the researchers to ensure that participants were appropriate for addressing the study objectives. The inclusion criteria focused on family members who were directly involved in accompanying or supporting ICU patients and were capable of providing informed consent and reliable responses. Exclusion criteria were applied to eliminate individuals who might not be able to participate fully due to cognitive, emotional, or situational limitations. The data collection process was conducted directly by the researchers without the assistance of enumerators. This approach ensured consistency in the administration of research instruments and allowed the researchers to maintain control over the quality and accuracy of the data. By engaging directly with participants, the researchers were also able to clarify any ambiguities in the questionnaires and ensure that responses were well understood, which contributed to the reliability of the collected data.

Data Analysis

The statistical test used in this research was the Spearman's rho correlation test, which is appropriate for analyzing the relationship between two ordinal or non-normally distributed continuous variables. A significance level (α) of 0.05 was applied, meaning that results were considered statistically significant if the p-value was less than 0.05. In addition to assessing statistical significance, the strength or closeness of the relationship between the variables was determined by examining the correlation coefficient (r value). The r value in Spearman's rho ranges from -1 to +1, where values closer to +1 indicate a strong positive correlation, values closer to -1 indicate a strong negative correlation, and values near 0 suggest little to no correlation. This statistical approach allowed the researchers to not only determine whether a relationship existed between nurses' therapeutic communication and family anxiety but also to evaluate the direction and strength of that relationship.

Table 1. Overview of respondents demographic characteristics

Variable	Frequency	%
Age		
Late Teenagers	7	8.7
Early Adulthood	22	27.5
Late Adulthood	27	33.8
Early Elderly	22	27.5
Late Elderly	2	2.5
Gender		
Male	43	53.8
Female	37	46.2
Education		
Elementary School	2	2.5
Junior High School	7	8.8
Senior High School	56	70.0
Diploma III	9	11.2
Bachelor's degree	6	7.5
Family relationship		
Siblings	25	31.2
Biological Father	12	15.0
Birth Mother	9	11.3
Biological children	15	18.7
Husband	10	12.5
Wife	9	11.3

Ethical Consideration

This study was reviewed and approved by the Health Research Ethics Committee of the Regional General Hospital, Dr. Saiful Anwar Malang, under ethical approval number: 400/142/K.3/102.7/2023. All participants were provided with clear information regarding the purpose and procedures of the study and were asked to give written informed consent prior to participation. Participation in this research was entirely voluntary, with no coercion involved, and participants had the right to withdraw from the study at any time without any consequences.

RESULTS

Based on Table 4, out of 80 respondents, 39 respondents (48.75%) who rated therapeutic communication in the good category experienced mild anxiety. In contrast, only 4 respondents (5.0%) who reported therapeutic communication in the poor category experienced severe anxiety. The results of the Spearman's Rho correlation test showed a p-value of 0.001 ($p < 0.05$), indicating a statistically significant relationship between nurses' therapeutic communication and the anxiety levels of patients' family members. This result supports the acceptance of the alternative hypothesis (H1) and the rejection of the null hypothesis (H0). Furthermore, the correlation coefficient (r) was -0.351, suggesting a negative and moderate correlation. This implies that as the quality of therapeutic communication improves, the anxiety levels of family members tend to decrease. Therefore, it can be concluded that there is a significant relationship between nurses' therapeutic communication and the anxiety of patients' families in the intensive care unit.

DISCUSSION

According to the findings of this study, out of 80 respondents, 58 (72.5%) assessed nurses' therapeutic communication as being in the good category, while only five respondents (6.2%) rated it as poor. These results align with the

Table 2. Respondents' level of implementation of therapeutic communication

Implementation therapeutic communication	Frequency	%
Less	5	6.2
Moderate	17	21.2
Good	58	72.5
Total	**80**	**100**

Table 3. Respondents' anxiety level

Anxiety	Frequency	%
None	15	20.0
Mild	52	65.0
Moderate	8	10.0
Heavy	4	5.0
Total	**80**	**100**

Table 4. Cross tabulation of therapeutic communication variables with anxiety

Variable		Therapeutic communication			Total
		Less	Moderate	Good	
Anxiety	None	0 (0.0%)	2 (2.5%)	14 (17.5%)	16 (20.0%)
	Mild	0 (0.0%)	13 (16.3%)	39 (48.8%)	52 (65.0%)
	Moderate	1 (1.3%)	2 (2.5%)	5 (6.3%)	8 (10.0%)
	Heavy	4 (5.0%)	0 (0.0%)	0 (0.0%)	4 (5.0%)
Total		5 (2.4%)	17 (48.8%)	58 (48.8%)	80 (100%)
Spearman rho statistical test		p = 0.001 r = - 0.351			

study by Haryati et al. (2021), which reported that 88% of nurses practiced therapeutic communication well, with the remaining 12% in the moderate category and none in the poor category. This is supported by Rezki et al. (2016), who explained that therapeutic communication is considered effective when nurses discuss patients' problems, provide clear information about procedures, and evaluate actions to meet expected goals. Similarly, Loriana (2018) stated that providing clear information helps reduce anxiety and builds trust with patients and their families.

The researchers believe the high number of respondents perceiving nurses' communication as good is related to the nurses' competence in applying effective communication techniques. ICU nurses are generally trained to deliver information clearly and compassionately, using language that family members can easily understand. They often take additional steps, such as introducing themselves and referring to family members by name, which helps build a stronger, more personal connection. These behaviors likely contribute to positive perceptions of nurse-family communication in high-stress environments like the ICU.

In terms of anxiety levels, the study found that 52 respondents (65.0%) experienced mild anxiety, while only four (5.0%) experienced severe anxiety. These findings are consistent with Sitohang (2018), who reported that most families waiting in the ICU experienced mild anxiety (77%). Susilowati (2018) also found a majority in the moderate category (40%) and 20% with severe anxiety. Educational background and socio-economic factors may contribute to these findings. Most participants in this study had a high school education, which may influence their ability to understand information and cope with stress. Handi (2021) emphasized that individuals with higher education and socio-economic status are generally better at problem-solving and less prone to anxiety.

Various factors may influence the anxiety

experienced by family members in the ICU, including emotional exhaustion, fear, uncertainty about the patient's prognosis, and the restricted ICU environment. Pardede et al. (2020) emphasized the importance of communication and emotional support in reducing family anxiety and promoting their involvement in care. The researchers believe that gender may have played a role in this study's results, as most participants were male (53.8%). Previous research by Shetty et al. (2024) found that women tend to experience higher anxiety levels than men due to their greater emotional sensitivity.

Statistical analysis using the Spearman Rho test showed a significant relationship between nurses' therapeutic communication and family anxiety, with a p-value of 0.001 ($p < 0.05$) and a correlation coefficient (r) of -0.351. This indicates a moderate negative correlation, meaning that better therapeutic communication is associated with lower levels of family anxiety. However, it is important to note that some participants who received good therapeutic communication still reported moderate anxiety, highlighting that anxiety is a complex response influenced by individual characteristics, such as age and emotional maturity (Leite et al., 2017). The researchers recommend that nurses further enhance their communication strategies by adapting them to individual family needs, systematically applying therapeutic communication stages, and prioritizing family education and emotional support to reduce anxiety in ICU settings.

CONCLUSION

This study concludes that there is a significant correlation between nurses' therapeutic communication and the anxiety levels of patients' family members in the ICU, as supported by the results of statistical analysis. The findings emphasize the essential role of nurses in providing therapeutic communication, which can help reduce the emotional burden experienced by families during a patient's ICU stay. Therefore, it is important for nurses to continuously improve their communication and educational approaches when interacting with patient families. Hospitals are encouraged to facilitate regular training or refresher programs on therapeutic communication to ensure it is consistently practiced as part of standard care. Providing complete and clear information to families not only helps lower anxiety levels but also enhances the overall quality of patient care. Additionally, this study recommends further research using experimental designs to explore and evaluate specific interventions that can strengthen nurses' therapeutic communication with patients and their families.

Declaration of Interest

None

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Data Availability

Authors can be contacted to access datasets created for and/or used in this study.

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