

Original Article

Correlation of Nurse Therapeutic Communication to Family Anxiety while Waiting for Child Patients in the Inpatient Room

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ABSTRACT

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Background: Anxiety is often found in families whose children are hospitalized and hospitalized. This is because they are unable to build support for clients and they often see families having difficulty working with nurses or health workers. The aim of the research was to examine the relationship between family anxiety and the therapeutic communication of nurses in the inpatient room of the Klampis Health Center, Bangkalan Regency, Madura, while the patients were pediatric patients.


Methods: Analytical correlational research design. Purposive sampling was used to select a large sample of 70 responders. Therapeutic communication is the independent variable, and anxiety is the dependent variable. Patients were given anxiety questionnaires and nurse therapy communication tools for data collection. Apply the Spearman Rank test to your analysis.

Results: The results of the study of 70 respondents, most of the respondents amounted to 46 (65.7%) respondents stated that the nurse's therapeutic communication was good and not anxious when waiting for pediatric patients in the Inpatient Room of the Klampis Health Center, Bangkalan Regency, Madura. after a spearman rank test with a significance value of 0.000 and a correlation coefficient of 1.000, which means that there is a perfect correlation between nurse therapeutic communication and family anxiety while waiting for pediatric patients in the Inpatient Room of the Klampis Health Center, Bangkalan Regency, Madura.


Conclusion: Nurses in the inpatient room who have good therapeutic communication can reduce the anxiety of the patient's family when their children are treated in the Inpatient Room of the Klampis Health Center, Bangkalan Regency, Madura. Her advice for nurses or health workers is expected to always provide good therapeutic communication in order to create a calm and comfortable atmosphere at the Public Health Center.

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
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Introduction

Anxiety is often found in patients and families of patients admitted to hospitalization. Anxiety in patients and families is often caused by fear of death,

unsuccessful medication, complications that occur, and cost problems. This feeling of anxiety is often clearly found in families whose children are admitted to undergo hospitalization. Families experience anxiety



and disorganization when family members enter the hospital, because they are unable to build support for clients and they often seem to have difficulty working with nurses. The occurrence of obstacles in communicating with clients, requires nurses to be in difficult conditions to focus nursing actions that are in accordance with the main complaints and complaints felt by clients. One of the obstacles in communicating is emotional feeling. High emotional feelings due to client or client family distrust cause clients or families to withdraw and do not want to have contact with nurses so that communication deadlocks can occur that can hinder the process of providing nursing care (Loihala et al., 2019).

WHO data in 2018, mortality rates related to various diseases. These ailments are complications of premature babies as many as 649,439 deaths, asphyxia and neonatal trauma as many as 533,250, and congenital birth defects as many as 501,764. In the United States, it is projected that more than 5 million children are hospitalized as a result of surgical operations and more than 50% of those children experience anxiety. It is predicted that more than 1.6 million children and children aged between 2-6 years undergo hospitalized due to injuries. The morbidity rate of children in Indonesia Riskesdas 2018, in urban areas according to the age group 0-4 years is 25.8%, ages 5-12 years are 14.91%, ages 13-15 years are roughly 9.1%, ages 16-21 years are 8.13%. The morbidity rate of children aged 0-21 years when derived from the entire population is 14.44%. Data from Riskesdas 2018, 2.8% of children seeking treatment in Indonesia received hospitalization, this number is higher than the national norm of 2.3%. In East Java Province, there are 7.6% of children who require inpatient treatment owing to diarrheal disorders who

experience hospitalization (Riskesdas, 2018)

Based on the results of patient family interviews conducted by researchers in February 2024 at the Klampis Health Center, Bangkalan Regency, Madura. Of the 10 families of patients, 6 people experienced severe anxiety, 1 moderate, 2 mild and 1 person did not experience anxiety as a result of the entry of their children to be treated at the Klampis Health Center, Bangkalan Regency, Madura. Which is characterized by excessive worry or fear, even panic, tension, feeling uncomfortable, feeling always in danger, anxiety, difficulty concentrating, and difficulty sleeping. This shows that there is still a low application of effective therapeutic communication by nurses so that the family will be worse in the situation they are experiencing and affects the application of good nursing care in particular and the quality of hospital services in general. Many factors cause anxiety or anxiety in patients and their families during the patient's stay in the hospital, one of which is the nurse's therapeutic communication factor. Families will experience anxiety and disorganization of feelings when a family member experiences illness that must be hospitalized and this will be more clearly found in the care unit. The occurrence of obstacles in communicating with clients, requires nurses to be in difficult conditions to focus nursing actions that are in accordance with the main complaints and complaints felt by clients. Inhibition of the process of providing nursing care can cause anxiety reactions because it is related to threats to health and well-being. Feelings of anxiety can be caused by fear, frustration, conflict or as a general response to pressure and ignorance (Mahyuvi et al., 2023).

Anxiety is an uncomfortable feeling of fear or anxiety and the source of the feeling can be known or not. Anxiety can also arise

in parents who have children who are hospitalized because parents will experience feelings of fear, guilt, sadness, and often even face conflict. Children are part of the parents' lives so that if there are experiences that interfere with the child's life, parents will feel stress or anxiety (Gunawan et al., 2022). Parents are also anxious about their child's development, treatment, regulations, and conditions in the hospital, as well as the cost of their child's care. The feelings of parents who experience anxiety result in parents not being able to take good care of their children will even cause children to become more anxious. Communication carried out with children, nurses will include the role of parents in helping the communication process with children so that true and accurate information is obtained. The disruption of nurses' cooperation with children and parents in the process of hospital care will be an obstacle to the healing process of child patients, an impact that arises due to anxiety in parents with children who are hospitalized. Nurses need to provide therapy to parents in order to minimize feelings of anxiety caused by hospitalization in children. Therapeutic communication techniques can be applied by nurses to pediatric patients and parents of children so that it is expected to reduce anxiety and accelerate healing in children (Smeltzer & Bare, 2019).

Furthermore, the application of therapeutic communication between nurses and patients will improve the standard of nursing care in hospitals and increase patient satisfaction with those

services. A strong nurse-patient relationship is necessary to help the patient choose good and adaptive coping choices for himself, so reducing anxiety in both the patient and family and boosting the patient's confidence while facing a nursing action. The purpose of this study was to analyze the correlation of nurses' therapeutic communication with family anxiety while waiting for pediatric patients in the Inpatient Room of the Klampis Health Center, Bangkalan Regency, Madura.

Methods

Quantitative research with a cross sectional approach. The Independent Variable is therapeutic communication and the dependent variable is anxiety (Zung Self-Rating Anxiety Scale). The sampling technique used in this research is purposive sampling. The number of respondents is 70 people. Respondent inclusion criteria: One of the patient's immediate family (Father, mother, siblings), The patient's nuclear family is at least 25-55 years old, The patient's nuclear family who is willing to be studied, The patient's nuclear family who does not have vision and hearing impairments, The patient's nuclear family who can communicate well. The research was conducted in the Inpatient Room of the Klampis Health Center, Bangkalan Regency, Madura. The study was conducted in January - February 2024. The statistical test of the research results used the Rank Spearman test.

Results

Table 1. Characteristics of respondents by gender, age, education and occupation

General Data	Frequency (f)	Percentage (%)
Gender		
Man	23	32,9
Woman	47	67,1
Total	70	100
Age		
18-40 Years	46	65,7
41-60 Years	24	34,3
Total	70	100
Education		
First Elementary School	16	22,9
First High School	15	21,4
Upper High School	37	52,9
College	2	2,9
Total	70	100
Occupation		
Not Working	11	15,7
Private Employees	15	21,4
Housewives	35	50,0
Army / Police	2	2,9
Civil State Officer	7	10,0
Total	70	100

Based on Table 1. Most of the respondents were female, namely 47 respondents (67.1%). Most respondents aged 18-40 years are 46 respondents (65.7%). Most respondents have a high school education of 37 respondents (52.9%). Half of the respondents, namely 35 respondents, were housewives (50.0%).

Table .2 Data on nurses' therapeutic communication to families

Nurse Therapeutic Communication	Frequency (f)	Percentage (%)
Less	6	8,6
Enough	18	25,7
Good	46	65,7
Total	70	100

Based on Table 2 shows that of the 70 respondents obtained, most of the respondents, namely 46 respondents (65.7%) stated that nurse therapeutic communication was good.

Table 3. Family anxiety data while waiting for Child patients

Anxiety	Frequency (f)	Percentage (%)
Heavy	1	1,4
Keep	8	11,4
Light	18	25,7
No Anxiety	43	61,4
Total	70	100



Based on Table 3. showed that of the 70 respondents obtained, most of the respondents, namely 43 respondents (61.4%) keluarga stated that they did not experience anxiety when waiting for pediatric patients in the Inpatient Room of the Klampis Health Center, Bangkalan Regency, Madura.

Table 4. Cross-tabulation correlation of nurse therapeutic communication to family anxiety while waiting for pediatric patients

Nurse Therapeutic Communication	Anxiety								Sum	
	Heavy		Keep		Light		No Anxiety		f	%
	f	%	f	%	f	%	f	%		
Less	1	1,4	4	5,7	-	-	1	1,4	6	8,6
Enough	-	-	2	2,9	10	14,3	6	8,6	18	25,7
Good	-	-	2	2,9	8	11,4	36	51,4	46	65,7
Total	1	1,4	8	11,4	18	25,7	43	61,4	70	100

Table 4 shows that of the 70 respondents, most of the respondents totaling 46 (65.7%) respondents stated that the nurse's therapeutic communication was good and not anxious when waiting for pediatric patients in the Inpatient Room of the Klampis Health Center, Bangkalan Regency, Madura. After the Spearman Rank test was carried out with a significance value of 0.00 and a correlation coefficient of 1.000, which means that there is a perfect correlation between nurse therapeutic communication and family anxiety while waiting for pediatric patients in the Inpatient Room of the Klampis Health Center, Bangkalan Regency, Madura.

Discussion

Nurse therapeutic communication to family

Based on research findings from January–February 2024, conducted in the Inpatient Room of the Klampis Health Center, Bangkalan Regency, Madura, it was discovered that the majority of respondents (46 out of 70) thought that the therapeutic communication provided by nurses in the Children’s Inpatient Room of Mojowarno Christian Hospital was good. This is due to the fact that nurses in the Klampis Health Center's inpatient room in Bangkalan Regency, Madura, utilize language that patients can easily understand while speaking with the families of patients whose children are receiving treatment. For instance, nurses do not solely use medical terminology. This is consistent with the fundamental premise of therapeutic communication principles in nursing, which

states that nurses should be able to clearly convey their attitudes and sentiments so that clients can understand them. (Silalahi et al., 2021) .This is also in accordance with statements (Loriana & Hilda, 2018) about therapeutic communication techniques, including assertiveness, the ability to convince, express thoughts and confidence while respecting others, by speaking clearly, facing manipulation from other parties without hurting his heart.

Therapeutic communication provided by nurses can meet the needs of information about the development of the patient's disease, the cause or reason for a particular action performed on the patient, the actual condition of the patient's disease development, the patient's condition after the action, and information about regulations in the pediatric care room, mental support by the way the nurse gives advice so that the family can be calmer, a



sense of comfort in the way the nurse provides empathy To the patient's family, close to the patient by the way the nurse tells who is allowed for the family to wait for the patient, and the guarantee of service by the way the nurse conveys the hope of the patient's recovery, explaining that all actions carried out are aimed at the recovery of the patient (Rezki et al., 2017).

nurses who engage in therapeutic dialogue with those who fit the best categories. Observed and evaluated are three stages of therapeutic communication: orientation, work, and termination. Therapeutic communication is intentionally organized, with specific goals and activities centered on the client's healing as well as reducing the patient's family's concern. (Artini et al., 2017)

The nurse's therapeutic communication with the patient and family aims to accomplish the following: develop a clear sense of self-identity and a high sense of integrity towards oneself; increase the patient's independence through a process of self-realization; foster intimate, loving, and interdependent relationships between health workers, patients, and families; and improve the patient's well-being by improving function and ability to meet needs and achieve realistic personal goals.(Smeltzer & Bare, 2019).

The therapist must be aware of the patient's values, attitudes, and feelings, as well as the patient's situation. terapeutik (Sulastri et al., 2019). Therapists who are able to show sincerity have an awareness of the attitude possessed by the patient so that they are able to learn to communicate everything appropriately. Empathy (Emphaty) . Empathy of an individual's psychiatric processes dissolves in the feelings of others both joys and sorrows, as if feeling or experiencing what happens to the patient. Empathy is honest, sensitive, truthful and not artificial, based on what

others experience. Empathy tends to depend on the similarity of experiences experienced among the people involved in communication. Warmth. With warmth, the therapist will encourage and help the patient to express ideas, thoughts, and put them in the form of deeds without fear of being blamed or confronted. A warm and comfortable atmosphere without any threats, indicating a sense of acceptance from patients. So that the patient will express his feelings more deeply and widely. Therapeutic communication is said to be good when the nurse works together with the patient to discuss the problem at hand for the achievement of the goals of the nursing action, the nurse provides information with the nursing action to be carried out and evaluates the results of the nursing action on the patient (Basra et al., 2017).

The above is supported by research (Sutrisno & Suroso, 2020) whose results of nurse therapeutic communication show that most respondents stated nurse therapeutic communication in the very good category with a percentage of 51.1%, both with a percentage of 36.7% and enough with a percentage of 12.2%. This shows that the therapeutic communication carried out by nurses is very good. Communication is very important, especially communication between nurses and clients where in this communication nurses can find several solutions to problems that are being experienced by clients. Based on the results of research conducted by researchers show that nurses say hello and smile when meeting patients, and convey messages clearly and easily understood, even at the time of termination the nurse says goodbye. This statement is in accordance with the theory that states that the stages of therapeutic communication based on the preinteraction phase include the nurse orientation stage to say hello,

introduce themselves, ask for news, show an attitude of being ready to help. The nurse's work stage asks complaints, listens and responds to patient complaints, conveys messages clearly and easily understood, using a soft voice. The termination stage of the nurse says goodbye, makes a time contract, and evaluates the patient's response (Sutrisno & Suroso, 2020); (Kristyaningsih, 2021).

Based on research, it has been found that effective communication between nurses and patients can greatly improve patient comfort. When patients feel safe enough to express their concerns, it becomes much easier for nurses to provide the care they need. On the flip side, when nurses fail to establish rapport with their patients, it can make them feel uneasy about receiving nursing care. This, in turn, can make them unable to express any problems they may be experiencing, which can lead to their dissatisfaction with the service they received and a decline in their overall mental and physical health. anticipate in order to induce worry in the patient.

Family anxiety while waiting for a Child patient

Based on the results of research conducted in the Inpatient Room of the Klampis Health Center, Bangkalan Regency, Madura in January-February 2024, almost all respondents were obtained, namely from 70 respondents, most of the respondents were 43 respondents (61.4%) of the village stated that they did not experience anxiety when waiting for child patients in the Inpatient Room of the Klampis Health Center, Bangkalan Regency, Madura. Most of the respondents were female, namely 47 respondents (67.1%). The incidence of anxiety in women is higher than men, it is said that women have a tendency to experience anxiety compared to men. This is due to hormonal differences and different

psychosocial stressors between women and men. (Sulastri et al., 2019)

Most respondents aged 18-40 years, namely 46 respondents (65.7%). In productive age, a person tends to experience anxiety. Someone who has a younger age turns out to be more prone to anxiety disorders than someone older, but there are also those who think otherwise. Age cannot be used as a guideline to measure a person's maturity level in thinking and behaving. Sometimes someone is a teenager but his way of thinking is mature, and there is also someone who has reached adulthood but his way of thinking is still childish. This can be influenced by the environment and one's life experiences. In the experience of the researchers, respondents of productive age experienced anxiety influenced by fear of the future, and thought it would be a burden on the family.(Giarto, 2018)

Most respondents have a high school education of 37 respondents (52.9%). A low level of education in a person will cause the person to experience anxiety more easily than those who have higher education status. In the phenomenon encountered by the researchers, respondents with secondary education partially experienced anxiety caused by minimal knowledge of surgical information so that respondents thought excessively about the procedures they would face(Pratiwi et al., 2021)

In Amar's research in Giarto, 2018, stated that 76.9% of working patients experienced anxiety. This is influenced by the type of work and health insurance is required as a general preparation. Financial preparation is highly dependent on the patient's ability and the policy of the hospital where the patient will undergo the surgical process. Some types of surgery require very expensive costs, such as hospitalization due to certain diseases. This is because the long treatment process

requires additional tools, or because the time needed is longer so that it affects the cost of treatment used. Researchers say it is important that before treatment is carried out for their children, families should have received explanations and information related to financial problems, ranging from treatment costs to the use of additional tools. This is necessary so that after treatment and treatment there will be no complaints or family dissatisfaction (Adistie et al., 2018).

Most of the respondents, namely 43 respondents (61.4%) keluarga stated that they did not experience anxiety when waiting for child patients in the Inpatient Room of the Klampis Health Center, Bangkalan Regency, Madura. However, a small percentage of respondents (1.4%) still experience very severe anxiety. This is in accordance with factors that affect anxiety, one of which is communication. According to research that states after (Arifah & Trise, 2012) the implementation of therapeutic communication, patients have a mild anxiety level of 82.2%, moderate anxiety levels of 4.4%, and those who become less anxious by 13.3%. It was also supported by research (Novita et al., 2020) that stated the level of anxiety after being given therapeutic communication was not anxious as many as 127 people (74.3%), and at least the level of severe anxiety as many as 2 people (1.2%).

Anxiety is an unpleasant emotion, characterized by worry, a fear that everyone feels to different degrees. Anxiety is strongly associated with feeling bad, worried, anxious, restless and accompanied by more than one symptom. As per the results obtained by interviewing respondents that feeling anxious (Nasution, 2020). The treatment action that will be carried out is a planned treatment and treatment action so that the patient's family has received an informed consent

explanation about the treatment actions carried out to his child, this makes the patient's family feel more prepared and try to suppress concerns based on the information obtained. This is supported by those who state that good explanation and communication can reduce family anxiety (Muliani et al., 2020).

One of the roles of nurses is educators where through good therapeutic communication, in addition to being able to cause a therapeutic relationship between nurses and patients' families, it can also have an impact on psychological improvement of the patient's family, including in relieving anxiety (Lee et al., 2022). Informed consent is used by nurses or health teams to provide detailed information and explanations related to various actions that will be taken to the patient's family during the child's treatment (Guritnawati et al., 2021). After the patient's family gets complete information and explanation, it is hoped that the patient's family can make the right decision for the recovery process of his child. According to researchers, the anxiety of families of patients whose children undergo treatment is caused by ignorance or lack of information obtained by patients related to nursing procedures that will be undertaken. Therefore, apart from being a medium for providing information to the patient's family regarding all actions that will be given during treatment, in the Inpatient Room of the Klampis Health Center, Bangkalan Regency, Madura needs informed consent.

In addition, according to researchers, anxiety experienced by the patient's family whose child will be hospitalized can occur because the patient's family has never been hospitalized at the Public Health Center, because this is the first experience of his child being hospitalized, worry and fear for life safety are the cause of anxiety for the

patient's family so that therapeutic communication is needed so that the patient's family does not experience anxiety.

Correlation of nurse therapy to family anxiety while waiting for pediatric patients

Based on the results of research from 70 respondents, most of the respondents totaling 46 (65.7%) respondents stated that nurses' therapeutic communication was good and not anxious when waiting for pediatric patients in the Inpatient Room of the Klampis Health Center, Bangkalan Regency, Madura. After the Spearman Rank test was carried out with a significance value of 0.00 and a correlation coefficient of 1.000, which means that there is a perfect correlation between nurse therapeutic communication and family anxiety while waiting for pediatric patients in the Inpatient Room of the Klampis Health Center, Bangkalan Regency, Madura. Therefore, the level of anxiety of the patient's family depends largely on the nurse's therapeutic communication depending on how the nurse provides understanding to the family regarding the action to be given to the patient. This study is in line with the research (Muliani et al., 2020) found that there is a significant influence between the provision of therapeutic communication and the level of anxiety of the patient's family. Therapeutic communication can reduce the anxiety of the patient's family, because the patient's family feels that their interaction with the nurse is an opportunity to share knowledge, feelings and information in order to achieve their child's nursing goals optimally, so that the process of implementing care can run smoothly without any obstacles (Bal, 2020)

Through communication and therapeutic relationships, nurses with clients' families usually understand and

accept their conditions so that the anxiety of the patient's family decreases and is able to make the patient's family accept the pain experienced by their children. Families of patients given therapeutic communication interventions before and after there were differences. The average patient's family anxiety and depression levels decreased after therapeutic communication intervention. Results show a positive role of therapeutic communication in reducing anxiety and depression in patients' families. Therefore, therapeutic communication is recommended as a simple, efficient and effective method of lowering the anxiety level of the families of patients whose children undergo hospitalization at the Public Health Center (Mahyuvi et al., 2023)

In the opinion of researchers, therapeutic communication in nurse care to the patient's family is related to the anxiety of the patient's family. This is because therapeutic communication in service is very good. Nurses who are skilled, reliable and professional in carrying out actions, often pay attention to the family and patients, and also provide information about the actions to be carried out in language that is easy to treima and understand will make the patient's family feel comfortable and trust the nurse so that it will reduce family anxiety when the child is treated at the Public Health Center.

Conclusion

Nurses in the inpatient room who have good therapeutic communication will reduce the anxiety of the patient's family when waiting for child patients in the Inpatient Room of the Klampis Health Center, Bangkalan Regency, Madura.

Authors Contributions

Throughout the research process, the authors worked together harmoniously, with one member leading study design and

implementation, another member conducting data analysis and interpretation, and a third member assisting with literature review and manuscript writing. All authors have given final approval of the manuscript.

Conflicts of Interest

In this research from beginning to end there was no conflict of interest.

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