



Therapeutic Communication with Patients In The Emergency Room Hospital

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ABSTRACT

Emergency care causes patients fear and anxiety in the face of treatment, so it requires the nurse's therapeutic communication to manage anxiety. This study aims to determine the effectiveness of therapeutic communication in emergency patients who experience anxiety. The research design uses a pre-experimental research design with a one-group pre-test post-test design approach, and a total of 32 respondents with a simple random sampling technique. The results showed that all respondents experienced a decrease in anxiety after therapeutic communication. Therapeutic communication techniques often used are listening, giving open-ended questions, repeating, indicating acceptance, and providing information. Therapeutic communication with patients experiencing emergency conditions is necessary to provide the support patients need. Nurses should understand therapeutic communication techniques according to the patient's condition can improve the achievement of nursing care goals and increase the satisfaction of professional nursing services

Keywords: Communication, therapeutic, anxiety, emergency, nurse

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1. INTRODUCTION

Regulation of the Minister of Health of the Republic of Indonesia Number 47 of 2018 concerning emergency services states that emergency installations (IGD) are emergency services in hospitals that act as the main gateway for the entry of patients with medical conditions that threaten life and disability by involving various multidisciplinary (Menteri Kesehatan

Republik Indonesia, 2018). The emergency room functions to provide emergency care and treatment for initial treatment until the patient's condition is considered stable. After the patient's condition in the emergency room is stable enough, the patient can be discharged, undergo outpatient treatment, or be transferred to the inpatient room for further treatment.

Emergency management in the emergency room often causes fear and anxiety for the patient and the patient's family. Patients who enter the emergency room experience anxiety ranging from mild to severe, and most experience severe anxiety when receiving treatment (Amiman et al., 2019). Based on the results of the study by Sudarta et al. (2021), the entire family of patients waiting for patients in the emergency room experiences anxiety with most having moderate levels of anxiety.

Anxiety is an emotional state and experience that is subjective to individuals in situations that are unclear and specific to the threat of danger, and are often accompanied by symptoms or physical reactions due to increased autonomous activity. This happens because of several conditions such as progressive chronic diseases, acute diseases, hospitalization, surgical plans, and disease diagnosis conditions that are not yet clear (PPNI, 2016). Patients and families who come to the emergency room experience several conditions that are not yet clear due to the disease or condition experienced by the patient, so signs and symptoms of anxiety appear.

Anxiety is one of the mental health problems that must be recognized and treated. Basic Health Research in 2018

(Kemenkes RI, 2019) shows that the prevalence of psychosocial problems or emotional mental disorders in Indonesia is highest at the age of over 15 years (9.8%), 6.8% of which is in the province of East Java. The results of the study of Mawaddah, et al. (2020), show that mental health problems ranging from mild to severe can occur if anxiety problems are not treated seriously. Therefore, attention and treatment are needed for the anxiety problems of patients and their families.

Based on data on the number of patients in the emergency room of Lavalette Hospital Malang, there were 2909 patients in the last three months. The large number of patients who come to Lavalette Malang Hospital through the emergency room requires good communication between nurses and patients to the maximum to reduce anxiety levels (Medical Record of Lavalette Malang Hospital, 2021). One of the methods to reduce the level of anxiety is with therapeutic communication.

Services in the emergency room have a vital role because it is the main gateway for patient entry, so it is required to further improve the quality of service to patients, especially communication skills in providing services and service information. Based on international accreditation standards for hospitals (Joint Commission

International, 2017), there are six patient safety standards. The effective use of communication is one of the indicators of the goal of patient safety internationally in hospitals. Communication is an important factor used to establish the therapeutic relationship between officers and patients, especially nurses who are the primary and most staff in the emergency room within 24 hours. Therefore, in every nursing care delivery, nurses should always use a therapeutic communication approach to improve the quality of service and patient safety in the hospital. Based on this, it is necessary to know how effective therapeutic communication is towards the anxiety of emergency room patients at Lavalette Hospital Malang.

2. METHODS

This study used a pre-experimental research design with a one-group pre-test post-test design approach. The study was conducted at the Emergency room of Lavalette Hospital Malang City in 2022. The population in this study was all patients who came to the emergency room who met the patient sample criteria which included: patients in a state of full consciousness (*composmentis*), not people with mental disorders, triage categories 2 and 3, and experienced anxiety with the HARS instrument. The sampling technique

uses a simple random sampling technique. The total research sample was 32 respondents. This research has undergone a health research ethics feasibility test procedure at the STIKES Majapahit Mojokerto Health Research Ethics Commission institution with ethics approval number 026 / KEPK-SM / 2022. It has obtained permission from the Director of Lavalette Hospital Malang City.

Collecting pre-test and post-test anxiety data using the HARS (Hamilton Anxiety Rating Scale) questionnaire. The HARS questionnaire had 14 items with an anxiety score range of 0-56. Indicators of the HARS questionnaire include feelings of anxiety, tension, fear, sleep disturbances, anxiety disorders, feelings of depression, somatic symptoms, sensory symptoms, cardiovascular symptoms, respiratory symptoms, gastrointestinal symptoms, urogenital symptoms, vegetative symptoms and intermittent symptoms (Chrisnawati & Aldino, 2019). The data from the study were analyzed univariately presented using categorical and numerical data scales, and analyzed bivariate with the Wilcoxon Statistical Test because one of the variables had an abnormal data distribution, with the value of Shapiro-Wilk test meaningfulness being $p > 0.05$.

3. RESULTS

The results of this study are displayed in the form of univariate analysis which is used to analyze variables with categorical data groups and numerical data descriptively. Univariate analysis of categorical data groups includes age,

gender, education level of anxiety, and frequently used therapeutic communication techniques. Meanwhile, univariate analysis of numerical data groups includes anxiety scores before and after therapeutic communication interventions.

Table 1. Characteristics of Respondents who experience anxiety in the Emergency room of Lavalette Hospital Malang, 2022

	Characteristic	Frequency	Percent (%)
Age	adolescence	5	15.6
	adult	16	50.0
	elderly	11	34.4
Gender	Men	14	43.8
	Women	18	56.2
Education Level	Elementary school	2	6.2
	Moderate school	4	12.5
	High school	12	37.5
	Graduate school	14	43.8
Anxiety levels	Mild anxiety	13	40.6
	Moderate anxiety	17	53.1
	Severe anxiety	2	6.3
Therapeutic communication techniques often used in patients with anxiety	Listening	19	59.4
	Open questions	11	34.4
	Restating	11	34.4
	Indicates acceptance	11	34.4
	Clarification	9	28.1
	Reflection	5	15.6
	Focusing	7	21.9
	Sharing perceptions	8	25.0
	Theme identification	4	12.5
	silent	5	15.6
	informing	21	65.6
	Humor	9	28.1
	Making Suggestions	6	18.8

The respondents' characteristic data in Table 1, shows that most respondents are aged 26-45 years (adult

stage), most are female respondents, the respondents' education level is primarily high school, and more respondents

experience mild to severe anxiety. This study also showed that emergency room nurses could use 13 types of therapeutic communication techniques to overcome the anxiety of patients who come to the emergency room. An effective and frequently used therapeutic communication technique is listening and informing. In addition, the technique of giving open questions, restating, and

indicating acceptance is also an effective therapeutic communication technique that can help reduce respondents' anxiety.

Meanwhile, the results of the Wilcoxon test analysis to determine the effectiveness of effective therapeutic communication against patient anxiety in the emergency room of Lavalette Hospital, Malang City are presented in Table 2.

Table 2. Wilcoxon Test Analysis

	n	Median (min-max)	P
Anxiety before therapeutic communication	32	22 (15-28)	0.000
Anxiety after therapeutic communication	32	12 (3-22)	

Table 2 presents the results of the Wilcoxon test analysis, which obtained a significance value of 0.000 ($p < 0.05$), so it is concluded that there is a meaningful difference between anxiety before and after therapeutic communication interventions. Wilcoxon's test results showed that all respondents experienced a decrease in anxiety scores (100%), with anxiety levels ranging from no anxiety to mild anxiety.

4. DISCUSSION

This study examined the effectiveness of therapeutic communication performed by nurses with patients who experienced anxiety when they came to the emergency room. The

results of this study showed that before therapeutic communication interventions, respondents had varying levels of anxiety ranging from mild anxiety (40.6%), moderate anxiety (53.1%), and severe anxiety (6.3%), while the average respondents' anxiety score was 22 points, or in the category of moderate anxiety. This shows that patients who come to the emergency room can experience anxiety caused by the condition experienced or the uncertainty of the diagnosis of the disease. Based on the Indonesian Nursing Diagnosis Standard (PPNI, 2016), clinical conditions of nursing problems or anxiety include progressive chronic diseases, acute diseases, hospitalization, surgical plans,

unclear disease diagnosis conditions, neurological diseases, and growth and development stages.

The cause of respondents experiencing mild to severe anxiety can be due to gender, most of the respondents with this level of anxiety are women. Female patients with physical illnesses experience more anxiety than men, because women are more sensitive and find it easier to express feelings (Mawaddah et al., 2020). Men generally have a broader mindset toward something considered more threatening to themselves than women (Amiman et al., 2019).

The condition experienced by the patient can also cause the causes of respondents' varied anxiety. The results of this study also show that the type of disease or condition suffered by respondents that causes them to come to the emergency room is a precipitating factor for anxiety. This study showed that patients who entered the emergency room with emergency triage experienced more severe anxiety than non-emergency triage. The condition of the emergency patient can be a stressor for the patient, as it is related to fear of disability or loss of life. Another factor is the experience of suffering from previous pain, treatment, and the response to the medical action received, which can also be a factor in anxiety. The study by

Hayaturrahmi & Halimuddin (2018) showed that the experience of individuals coming or entering the emergency room causes more severe anxiety caused by the experience of knowing the actions or services obtained. Experience will form a coping in the individual (Hayaturrahmi & Halimuddin, 2018).

This study showed that all respondents experienced a decrease in anxiety scores with an average score of 12 points after nurse therapeutic communication, which meant a decrease in the average score by 10 points. Therapeutic communication is interpersonal communication between nurses and patients that is carried out consciously and aims to overcome patient problems and improve the patient's emotional experience to achieve patient recovery (Anjaswarni, 2016). Nurses must carry out therapeutic communication in nursing actions so that patients and families know the condition experienced by the patient and the actions taken by the patient, to help reduce the anxiety experienced by patients or families who come to the emergency room.

The therapeutic communication intervention carried out by the researcher is to provide comprehensive nursing care from the assessment to the nursing evaluation stage, which is carried out with a therapeutic communication approach.

The aspects of therapeutic communication carried out by the nurse are applying phases or stages in therapeutic communication (orientation phase, work phase, and termination phase), maintaining a therapeutic attitude (confronting, maintaining eye contact, bending towards the patient, maintaining an open and relaxed attitude), as well as applying various existing therapeutic communication techniques to be able to collect patient data and provide nursing interventions to patients who experience anxiety due to the condition experienced or when they come to the emergency room.

Respondents to this study consisted of the age group of adolescents, adults, and the elderly. Each age group requires a different therapeutic approach to communication, because it must be adjusted to the age level of the individual. In this study, researchers more often used therapeutic communication with listening techniques, open questions, restating, showing acceptance, clarification, and informing respondents in the adolescent age group. In communicating with adolescents, nurses must be able to behave as companions by not belittling or treating adolescents as young children and preventing adolescents from acting like adults, because adolescence is a period of transition from childhood to adulthood.

The therapeutic attitude of communicating with adolescents can be demonstrated by being a good listener, and inviting adolescents to discuss (Anjaswarni, 2016).

A therapeutic communication technique used by researchers in this age group of adolescents is to be a good listener. This is shown by not interrupting the conversation, not commenting, or over-responding when the teenager shows an emotional attitude. Researchers also used techniques to demonstrate acceptance that nurses are listening by holding their heads, looking at teenagers while speaking, and giving word responses. In addition, inviting youth discussions can be done by starting open-ended questions so that the youth can express their feelings and clarify, restate and provide the information the child needs to overcome their problems.

Different from the adolescent group respondents, adult group respondents are individuals who have been able to determine attitudes and decisions about the health problems they are experiencing. For communication with adult respondents to be effective, a therapeutic attitude that respects, trusts each other, and is open to each other. The nurse must be able to appreciate the personal opinion of the patient (Anjaswarni, 2016). Respondents of the adult age group showed expressions of pleasure and were

more comfortable conveying their thoughts or opinions about the medical conditions and decisions given to them. Open explanations and an atmosphere of mutual respect, make it easier for today's respondents to explain and cooperate with medical actions carried out by researchers (nurses). Therefore, researchers often perform therapeutic communication techniques in interacting with respondents in the adult age group: listening, informing, and humor. Therapeutic communication techniques of open questions, restating, clarification, sharing perception and showing acceptance are also used so that respondents or patients can express the condition experienced more clearly, the use of this technique is carried out on a small percentage of respondents.

The application of therapeutic communication techniques to respondents in the elderly group also requires a different approach from adult group respondents. Changes strongly influence communication at age in the physical aspects of the elderly such as neurological, sensory, visual, and auditory changes, as well as the elderly's ability to communicate. Changes in this physical aspect can influence the process of receiving messages and interpreting communication objectives (Anjaswarni, 2016).

This study found that in communicating with respondents in the elderly age group, there were many obstacles, including the emotional reactions of the elderly who were unstable. Elderly respondents often showed a rejection reaction to the assessment or questions and actions taken by the nurse (researcher). This can be due to a decrease in sensory and also anxiety experienced. The results showed that all elderly respondents (11 elderly), experienced anxiety from mild to moderate levels, and after this therapeutic communication intervention some elderly still had mild levels of anxiety. In this study, researchers often use therapeutic communication techniques listening and informing, especially involving the patient's family. Cultural background approach of elderly respondents such as using smooth Javanese or Javanese chromo because all elderly respondents are from Java, and the use of non-verbal communication such as touch, hand gestures, facial expressions, and increasing voice volume can also be used to be more cooperative and create effective communication, in addition to maintaining a therapeutic attitude.

This study also showed a difference in patients' anxiety levels after intervention with therapeutic communication, namely moderate anxiety levels, and mild to no

longer experiencing anxiety. Several factors, including age, caused respondents' anxiety problems after this intervention. Most respondents who still experience mild to moderate anxiety are from the adult age group. The results of this study do not correspond to most theories that say that the more mature a person is, the better the mechanism of adaptation to anxiety. The results of the study by Rahayu & Wiryosutomo (2021), that in adulthood anxiety occurs because adulthood faces a career, workload and perfect life (Rahayu & Wiryosutomo, 2021). So suffering from pain that requires being taken to the emergency room and stopping work temporarily causes panic and anxiety in adulthood because they have to focus on restoring health.

Effective therapeutic communication is essential to patients. When the nurse performs therapeutic communication, the nurse can perform or communicate words, deeds, or expressions that facilitate the healing process. Therapeutic communication is a nurse's tool to influence client behavior and to gain success in nursing interventions. With communication, the nurse and client will have a therapeutic relationship.

This study obtained an abnormal data distribution, with the Kolmogorov-Smirnov normality test. Based on the

results of data analysis with the Wilcoxon test, the asymp value of Sig. (2-tailed) was obtained, which was 0.000. This suggests that a p-value < 0.05 means that H₀ is rejected and H₁ is accepted, i.e. there is an influence of effective therapeutic communication with the patient's anxiety level. Effective therapeutic communication can lower the patient's entire anxiety score, and at most from mild anxiety to no anxiety. The findings of this study support several previous research findings. For example, a study conducted by (Kasana et al., 2014) found a relationship between therapeutic communication and patient anxiety levels. This is because, with therapeutic communication nurses can grow patient motivation so that they can face the risks that may occur, and that way it can reduce patient anxiety. And this research is in line with Tamsuri's theory (2016) which states that communication is essential in providing nursing care. Effective therapeutic communication will reduce respondents' anxiety levels if given before the officer takes action. Good communication will generate trust and a warmer and deeper relationship. The warmth of a relationship will encourage the disclosure of the burden of feelings and thoughts the client feels, which can be a bridge in lowering the level of anxiety that occurs.

5. CONCLUSIONS

The results of this study show that therapeutic communication can reduce the anxiety of all respondents who are experiencing emergencies, both emergency and non-emergency triage. This study's results also offer various therapeutic communication techniques that nurses can use in interacting with patients in an emergency. The use of communication techniques is carried out according to categories, in this study it is applied to the age group of adolescents, adults and the elderly. The therapeutic communication techniques most often used by nurses across these respondents' age groups are listening, giving open-ended questions, repeating, indicating acceptance, and providing information. In addition, it can also be accompanied by the use of other therapeutic communication techniques, non-verbal communication approaches, and cultural backgrounds can also help overcome the anxiety of patients experiencing emergency conditions. All emergency room staff, especially nurses, must use various effective therapeutic communication techniques with patients to provide comprehensive nursing care. These results can be a recommendation for further research to identify the use of therapeutic communication techniques in various patient conditions both inpatient

and outpatient, as well as various disease conditions experienced by patients.

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