

The Influence of Therapeutic Communication to the Level of Patients' Anxiety in Rst Dr. Soedjono Magelang Icu

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ABSTRACT: The research entitled THE INFLUENCE OF THERAPEUTIC COMMUNICATION TO THE LEVEL OF PATIENTS' ANXIETY IN RST Dr. SOEDJONO MAGELANG ICU was conducted on May 1st, 2007 until June 30th, 2007. Anxiety is a feeling of worry that is expressed in order to face threat from outside whether they are real or unreal. A way to overcome the anxiety is giving the therapeutic communication. The research goal is to find out how the influence of therapeutic communication of client treated in ICU and to find out the illustration of anxiety level before and after treatment by therapeutic communication. This research is stake to be an experiment research, one group pre-test – post-test research. The subjects are 30 clients treated in ICU. The anxiety level is measured by the research instrument named Rating Scale for Anxiety (HRS-A). The statistical analysis test is carried out by using t-test in pre-test and post-test design. The result is $t=19,746 > t \text{ table} (d.f=29 \text{ t table}=2,045)$ and the level of significance is 1%. The conclusion of the research is therapeutic communication has an influence to reduce patients' anxiety level in ICU.

KEYWORDS: Communication, Therapeutic, Anxiety, Clients

BACKGROUNDS OF THE RESEARCH

Therapeutic communication is an inseparable part of the nursing process. Every step from the beginning to the assessment is meant to make the message of therapeutic communication more acceptable by the patients so the purpose of the communication can be reached effectively. Anxiety is something abstract and cannot be seen by our eye. Anxiety affects our daily behaviours in a way that it makes us difficult to concentrate, irritable, and anxious. Hemodynamic changes and unusual behaviours are clinical manifestation of anxiety (Marhiyanto, B. 1990).

Intensive Care Unit (ICU) is a type of multifunction service which cannot be separated from the hospital, thus the position and function of its service will determine the success and service quality level of the hospital. There are a few components that specifically belong to ICU, they are: the patients treated in ICU are in critical conditions, the design of the rooms are particular, the equipment are high-tech, the service is carried out by professional and trained staff who are able to operate the high-tech equipment. Nurses who are in charge in ICU are required to have better knowledge and skills than those who are in charge in other units at the hospital. Thus, the nurses in charge in ICU are required to develop their knowledge and skills through continuous education (in therapeutic communication), seminars, trainings, courses, and researches. It is necessary for the nurses to be always ready to face the challenge to develop their knowledge and skills particularly in health technology because they are expected to give the best service to the patients and their job is more complex than those in other units of the hospital (Hudak and Gallo, 1995).

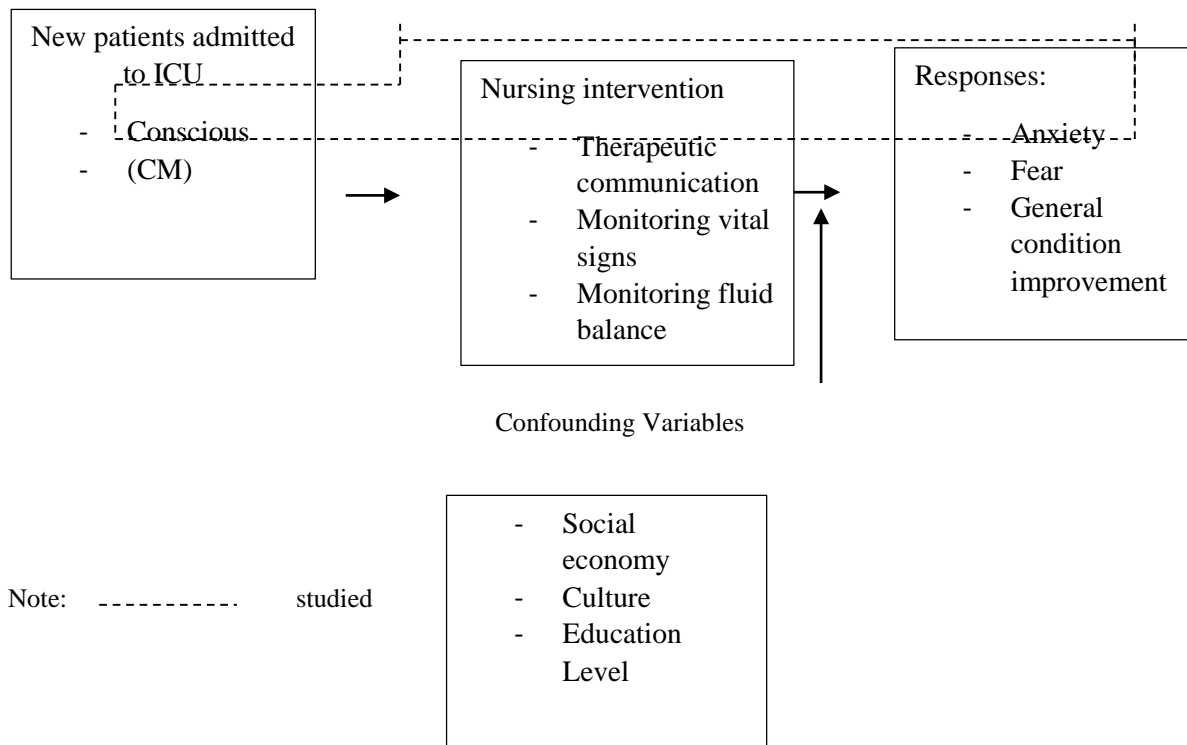
One of the ways to overcome anxiety is by conducting therapeutic communication. Therapeutic communication is an interpersonal communication which emphasizes in giving mutual understanding between the nurse and the patient in order to help the patient to achieve clarity and decrease their stress level due to the fact that they have to be treated intensively in ICU.

In average, there are 40 patients treated in RS Dr Soedjono ICU in a month (according to medical records in Dr Soedjono Hospital, 2006). Patients are generally conscious (compos mentis) and they also have anxiety. The related previous study which was done on the 1st of January 2007 to 31st of January 2007 in the same ICU showed that 50 patients were treated in the ICU and 34 patients were taken as samples. The research showed that 5 respondents (15,7%) had moderate anxiety, 13 respondents (38,2%) had severe anxiety, and 16 respondents (47,1%) had extreme anxiety or panic attacks (measured by HRS-A instrument). The causing factors were varied, such as the particular design of the room which was different from other treatment rooms, the presence of monitoring equipment which beeped and induced fears, the fact that the patients were not allowed to be accompanied by their family, the high treatment bills, and the death of nearby patients.

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Based on the researcher's observation during his duty in Dr Soedjono Hospital Magelang ICU, the treatment of the patients in ICU relied heavily on the use of medicines while other nursing intervention especially psychological therapies were not taken care of. Thus, the researcher was interested in finding out whether there are connections between therapeutic communication and patient's anxiety level in ICU.

RESEARCH CONCEPTS AND FRAMEWORKS



Note: ----- studied

RESEARCH METHODS

The research is experimental in nature, using cross sectional one group pre-test – post-test design.

The Design of the Research

Pre-test	Treatment	Post-test
01	X	02

The research was conducted in Dr Soedjono Hospital Magelang ICU with a direct observation by the researcher. The research was carried out from 1st of May 2007 to 30th of June 2007.

Population and Sample

Population refers to all variables related to the problem of the research (Nursalam, 2001). The population of this research is all patients treated in ICU between 1st of May to 30th of June 2007 with a total number of 56 respondents.

Sample is the part which is chosen with certain sampling method and represents the whole population (Nursalam, 2001). The researcher assigned 30 people as samples with inclusive and exclusive criteria. A total of 26 respondents were removed because they did not meet the criteria based on the purposive sampling method that was used. Purposive sampling method is a method to assign samples by choosing samples with inclusive criteria such as:

- 1) Patients treated in ICU in conscious condition (Compos Mentis)
- 2) Genders: male and female
- 3) Age: more than 13 years old
- 4) Had never been treated in ICU before
- 5) Patients with all kinds of medical diagnosis (all cases in conscious condition or able to conduct proper communication)

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The exclusive criteria are:

- 1) Patients refused to be assigned as sample
- 2) Patients were unconscious

Variables and Operational Definition

1. Variables Identification

Variables in this research are dependent and independent variables.

- a. Dependent Variable: anxiety level
- b. Independent Variable: therapeutic communication

2. Operational Definition

a. Therapeutic communication is a type of communication used by the researcher to verbally communicate with patients with common phrases that are easily understood by the patients. It is done when patients first admitted to the ICU after conducting the pre-test. The therapeutic communication was carried out during working hours, from 07.00 WIB (Western Indonesia Time) to 14.00. Therapeutic communication conducted with the patients were in the form of explanation on their diseases healing journey, their nursing treatments, the ICU related information such as equipment designs, treatment costs, people in charge, and spiritual guidance as well as other things that the patients might want to know. The therapeutic communication was done using operational steps check list where 0 = not done and 1 = done.

b. Anxiety level is a psychological condition which can be measured with HRS-A which consists of 14 symptom groups that are individually identified by more specific symptoms (Hawari D, 2001). Each group of symptoms is measured using ordinal scale between 0-4, which means:

- 0 = No Symptoms
- 1 = Mild Symptoms
- 2 = Moderate Symptoms
- 3 = Severe Symptoms
- 4 = Very Severe Symptoms

Each score from 14 symptom groups is then summed up and the result showed the anxiety levels of the patients:

- 1) Score 14 = No anxiety
- 2) Score 14 – 21 = Mild anxiety
- 3) Score 21 – 27 = Moderate anxiety
- 4) Score 28 – 41 = Severe anxiety
- 5) Score 42 – 56 = Very severe anxiety

Research Instruments

The research used Hamilton Rating Scale for Anxiety (HRS-A) as the instrument to measure patients' anxiety levels. This instrument consists of 14 symptom groups, with each group is broken down into more specific symptoms. Each symptom group is given a score between 0 – 4 which means:

- 0 = No Symptoms
- 1 = Mild Symptoms
- 2 = Moderate Symptoms
- 3 = Severe Symptoms
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- 1) Score 14 = No anxiety
- 2) Score 14 – 21 = Mild anxiety
- 3) Score 21 – 27 = Moderate anxiety
- 4) Score 28 – 41 = Severe anxiety
- 5) Score 42 – 56 = Very severe anxiety / panic attack

Data Analysis Method

The steps taken in processing and analysing the data in this research are:

1. Concluding the observation results
2. Assigning numbers on the observation results for each respondent

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3. Giving codes to all observation results of the therapeutic communication and description of the patients' anxiety levels, where code 0 means not done and 1 means done, and doing anxiety level check list where 0 means no anxiety, 1 = mild anxiety, 2 = moderate anxiety, 3 = severe anxiety, and 4 = very severe anxiety.
4. Doing the observation result data tabulation which are coded using computational help.
5. Carrying out the data analysis technique using t-test.

The formula for t-test is:

$$T = \frac{Mx-My}{SDbm}$$

Note:

t = Value of t

Mx = Mean of sample X

My = Mean of sample Y

SDbm = Standardized deviation of mean (Sutrisno Hadi, 1994.)

T-test is used to find out the mean difference of two samples that are being investigated. It is meant to find out whether those two samples are significantly different or whether value of t is controlled by probability, then they are compared by 5% of value (Sutrisno Hadi, 1994).

The research was conducted in Dr Soedjono Magelang Hospital ICU, which is a hospital that belongs to Indonesian Army and located in Urip Sumoharjo Street number 48 Magelang. The ICU itself consists of 1 permanent building located just behind the ER, beside HD room and surgery rooms. The capacity of the ICU is 6 TT for isolation which accommodate patients with all cases at the moment. The total number of the patients treated in ICU from 11th of May 2007 to 30th of June 2007 is 56 people. From that number, the researcher assigned 30 respondents that met the criteria, while the rest 26 people were excluded because they didn't meet the criteria of the sampling method. The results can be seen in the tables below.

Age-based Data Distribution

No	Description	Frequency	%
1	13–30 y/o	4	13,3
2	31–45 y/o	5	16,7
3	> 45 y/o	21	70,0
	Total	30	100

Source: ICU Medical Records May–June 2007

Gender-based Data Distribution

No	Description	Frequency	%
1	Male	17	56,7
2	Female	13	43,3
	Total	30	100

Source: ICU Medical Records May–June 2007

Occupation-based Data Distribution

No	Description	Frequency	%
1	Private sector	13	43,3
2	Civil servant/ Army	4	13
3	Veteran	10	33,3
4	Farmer	3	10,0
	Total	30	100

Source: ICU Medical Records May–June 2007

Education Level-based Data Distribution

No	Description	Frequency	%
1	Elementary	2	6,7
2	Secondary	7	23,3
3	High School	21	70,0
	Total	30	100

Source: ICU Medical Records May–June 2007

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Anxiety level-based Data Distribution Before and After Treatment

No	Description	Before Treatment		After Treatment	
		F	%	F	%
1	No anxiety	-	-	11	36,7
2	Mild	2	6,7	15	50,0
3	Moderate	6	20,0	4	13,3
4	Severe	13	43,3	-	-
5	Very severe / panic attack	9	30,0	-	-
	Total	30	100	100	100

Source: ICU Medical Records May–June 2007

In statistic test that was carried out using t-test formula with pre-test – post-test design, it is obtained that $t = 19,746$, for $d.f = 29$ while t table = 2,045 and significance level 1%. It shows that there is a significant difference in patients' anxiety level before and after given therapeutic communication treatment in ICU.

DISCUSSION

The patients in ICU are prone to anxiety, whether it is in mild, moderate, severe or very severe level. The role of the nurses is essential in this kind of situation. They are expected to give therapeutic communication by paying attention to the patients' stress level, patients' interests as well as their backgrounds. There are many factors causing anxiety in ICU patients, such as particularly designed room which is different from other treatment rooms, the existence of monitoring devices which emit sounds that might trigger fears, the fact that they are not allowed to be accompanied by their family, and the deaths of nearby patients.

In this research, there were 43,3% of subjects found with severe anxiety. Severe anxiety is a serious problem that needs to be addressed. Patients with severe anxiety needs to undergo therapies because severe anxiety might worsen their physical health and delaying the curative process of the patients. There were 20,0% of subjects found with moderate anxiety which portrays the general condition of the patients in ICU. Thus, it is necessary that the professionals working in ICU give special attentions and appropriate treatments for the patients. Therapeutic communications will encourage patients-nurses bond, which will make it easier for the nurses and patients to express themselves, and ensure the correct identification and study of the problems in order to evaluate and determine the right treatments (Varcholis, 1990).

After therapeutic communication was conducted, patients' anxiety level was decreased from panic, severe, and moderate to moderate and mild. Based on the correlation result (attached) it is known that there is a decrease in anxiety level score after therapeutic communication was conducted by the nurses. The score's mean decreases from 2,9667 before therapeutic communication to 0,7667 after therapeutic communication with Pearson correlation 0,729 higher than 0,5.

With the calculation of t-test it is found that there is a significant influence of therapeutic communication to the anxiety levels of the patients in ICU ($t = 19,746$ higher than t table dan significance level = 1%). From the result, it is known that therapeutic communication has significant effects in giving positive result in terms of decreasing anxiety levels in patients treated in Dr Soedjono Magelang Hospital ICU.

CONCLUSION

Before the intervention was done (therapeutic communication) it was found that 30,0% of the patients had very severe anxiety, 43,3% had severe anxiety, 20,0% had moderate anxiety, and 6,7% had mild anxiety. After the intervention was done, 13,3% of the patients had moderate anxiety, 50,0% had mild anxiety and 36,7% had no anxiety at all. From this data, it is known that the result of product moment correlation (attached) is the decrease of anxiety level score after therapeutic communication was conducted to 0,7667 and the correlation is 0,729 higher than 0,5.

In statistic test using t-test formula with pre-test and post-test design it is obtained $t = 19,746$, t table ($d.f = 29$ t table = 2,045) and significance level 1 %. It shows that there is a significant difference in the patients' anxiety level before and after therapeutic communication was conducted in Dr Soedjono Magelang Hospital ICU.

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APPENDIX

