

The Relationship Between Nurses' Therapeutic Communication and Patient Anxiety Levels in the Emergency Unit: A Cross-Sectional Study

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Abstract

Background: The Emergency Unit is the starting point for emergency patients who need first aid. Entering the emergency room can cause anxiety in patients. The anxiety felt by patients can worsen the patient's condition while the patient is receiving treatment. **Aims:** To identify the relationship between nurses' therapeutic communication and patient anxiety levels in the emergency room. **Method:** Quantitative research design with a cross-sectional approach, as many as 40 respondents through purposive sampling, anxiety level questionnaire using the Depression, Anxiety and Stress Scale - 21 (DASS-21). Data analysis using Spearman Rank correlation. **Result:** The majority of respondents had mild anxiety as many as 13 people (32.5%). There is a significant relationship between nurses' therapeutic communication and patient anxiety levels (p value <0.005), with a correlation coefficient of -0.975 . This value shows a very strong and negative relationship between therapeutic communication and anxiety levels. the better the therapeutic communication provided by nurses, the lower the patient's anxiety level tends to be. **Discussion:** Therapeutic communication by nurses plays an important role in reducing patient anxiety. Empathetic, clear, and supportive communication can help patients feel calmer and safer in emergency situations. Therapeutic communication training for nurses in the ER needs to be improved as part of efforts to improve the quality of care and patient comfort.

Keywords: Emergency, Therapeutic Communication, Anxiety Level



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Introduction

Patients presenting to the Emergency Room (ER) frequently experience anxiety, stemming from various factors such as fear of a life-threatening illness or distress due to perceived delays in treatment from healthcare professionals (Daud et al., 2023). This anxiety causes individuals to feel discomfort and fear regarding their surroundings. In some instances, anxiety can serve as a signal, helping individuals prepare to take action when faced with perceived threats (Novita et al., 2020). Common forms of anxiety observed in ER patients include pre-procedural anxiety, fear of traumatic events, or distress during examinations or medical procedures like triage or intravenous therapy (Juniyarti & Huzaifah, 2023).

The prevalence of anxiety disorders among patients admitted to the ER ranges from 6% to 7%, according to Stuart (Aklima et al., 2021). A study by Afandi et al. (2023) revealed that the majority of ER patients (56.8%) experienced mild anxiety. Nurdin et al. (2024) reported that among 87 ER patients, 21% experienced severe anxiety and 24.1% were in a state of panic. Furthermore, Rosely (2025) found that 74.7% of 83 ER patients experienced some form of anxiety.

Anxiety can negatively impact both the physical and psychological conditions of patients. It may lead to an increased heart rate, elevated blood pressure, and shortness of breath, making it difficult for patients to perform basic activities (Aklima et al., 2021). Moreover, prolonged anxiety can result in physical tension, autonomic hyperactivity, disruption of daily functioning,

and interference with family, social, academic, or occupational roles (WHO, 2023).

One of the key nursing interventions to reduce patient anxiety is the use of therapeutic communication. However, research by Rizki et al. (2021) identified deficiencies in its application: during the orientation phase, 15.4% of nurses failed to explain the purpose of procedures; in the interaction phase, 59.6% did not engage in two-way communication; and in the termination phase, 40.4% of nurses reported not providing a follow-up plan. Similarly, a study by Rezkiki (2023) found that 43.2% of 241 respondents rated nurses' therapeutic communication as poor.

Although several previous studies have addressed similar themes, most were conducted in ER triage areas or with preoperative patients. Few studies have specifically focused on the ER treatment setting. Additionally, prior research has yielded inconsistent findings—some studies (e.g., Juniyarti & Huzaifah, 2023) found a significant relationship between therapeutic communication and patient anxiety levels, while others (e.g., Berna et al., 2023; Kim et al., 2023) found no significant association. Therefore, further investigation into this topic remains relevant and necessary.

Based on the description, the formulation of the problem in this study is: "Is there a relationship between therapeutic communication and the level of patient anxiety in the Emergency Installation?" The purpose of this study was to determine the relationship between therapeutic communication and the level of patient anxiety in the Emergency Installation.

Methods

This study employed a quantitative observational analytical research method with a cross-sectional design. The research was conducted at a private hospital in West Jakarta, Indonesia, from June to July 2024. Based on Gay et al.'s (2011) recommendation for a minimum sample size of 30 to 50 respondents for correlational research, this study included 40 respondents. Participants were selected using a purposive sampling technique according to inclusion criteria: patients undergoing treatment in the emergency room, patients with *compos mentis* consciousness. Exclusion criteria: patients experiencing hemodynamic instability, patients who were unconscious, patients presenting with severe pain (pain scale: ≥ 7).

Two instruments were utilized for data collection. Anxiety Levels: measured using the Depression, Anxiety and Stress Scale 21 (DASS-21) questionnaire. This instrument demonstrated good reliability with a Cronbach's Alpha value of 0.86 (Hakim & Aristawati, 2023). Nurse Therapeutic Communication: Assessed using a questionnaire adopted from Syarif's 2023 study.

This instrument exhibited strong psychometric properties, with a validity value of 0.882 and a Cronbach's Alpha reliability of 0.897.

Data collection was carried out through a single point observation for each respondent. Participants completed the questionnaires after therapeutic communication had been performed by the nurses but before the patient was discharged from the ER. This occurred approximately 30 to 60 minutes after the primary nursing intervention was completed and the patient's condition was stable. Spearman's Rank correlation was employed for data analysis. Data processing was conducted using IBM SPSS Statistics version 25. Ethical approval for the study was obtained from the FIKes Research Ethics Commission, Universitas Muhammadiyah Tangerang, under ethical approval number: No: 105 / KEP / III.3.AU / F / FIKes / 2024.

Results

Table 1 Frequency Distribution of Respondent Characteristics (n=40)

Variable	f	%
Age		
< 20 years old	1	2,5
21-30 years old	14	35,5
31-40 years old	14	35,5
>41 years old	11	27,5
Gender		
Male	19	47,5
Female	21	52,5
Education Level		
Elementary School	2	5
Junior High School	5	12,5
Senior High School	22	55
Higher Education	11	27,5
Occupation		
Unemployed	4	10
Housewife	7	17,5
Trader	5	12,5
Self-Employed	7	17,5
Private Sector Employee	12	30
Others	5	12,5

Based on table 1 The majority of respondents (14 people, 35.5%) were aged between 21-30 years and 31-40 years. Slightly more than half of the respondents, 21 people (52.5%), were female. The predominant educational background among respondents was high school, accounting for 22 people (55%). Regarding occupation, the majority of respondents (12 people, 30%) were private employees.

Table 2 Frequency Distribution of Nurses' Therapeutic Communication Implementation (n=40)

Therapeutic Communication	f	%
Never	8	20
Sometimes	9	22,5
Always	23	57,5

Based on Table 2, the majority of nurses always carry out therapeutic communication when interacting with respondents, as many as 23 (57.5%).

Table 3 Frequency Distribution of Respondents' Anxiety Levels (n=40)

Anxiety Levels	f	%
Normal	4	10
Mild	13	32,5
Moderate	9	22,5
Severe	8	20
Panic	6	15

Based on Table 3, the majority of respondents had mild anxiety, as many as 13 people (32.5%).

Table 4 Relationship between Therapeutic Communication and Anxiety Levels (n = 40)

Anxiety Level	Therapeutic Communication			
	N	P-Value	rs	95% CI
	40	0.000	-0.975	-0,987 - -0,953

Based on Table 4, there is a significant relationship between therapeutic communication and the level of anxiety (p -value < 0.05). The correlation coefficient was found to be -0.975, indicating a very strong negative correlation between therapeutic communication and anxiety levels. The 95% confidence interval for the correlation coefficient ranges from -0.953 to -0.987, suggesting that the result is both precise and reliable, as the entire interval falls within the range of a very strong correlation.

Discussion

Anxiety Levels in Emergency Room Patients

This study indicates that most respondents experience mild anxiety. These findings align with research by Afandi et al. (2023), which reported that the majority of emergency room (ER) respondents (67 out of 118, or 56.8%) experienced mild anxiety. Similarly, Iklima et al. (2021) found that most respondents (78.9%) had mild anxiety. However, these results differ from studies by Isnaeni and Suara (2020), where the majority of treated respondents (23 out of 42, or 54.8%) experienced moderate anxiety. Nurdin et al. (2024) also reported different findings, with 19 out of 87 ER patients (21%) experiencing severe anxiety and 21 respondents (24.1%) experiencing panic.

Patients in the ER generally exhibit higher anxiety levels compared to the general population, with anxiety and acute stress being significant concerns in this setting (Kim et al., 2023). Anxiety is the pathological equivalent

of normal fear, manifesting as mood disorders, as well as disturbances in thoughts, behaviors, and physiological activities (Almokhtar et al., 2019). Anxiety disorders arise from complex interactions among social, psychological, and biological factors (WHO, 2023). If patient anxiety is not properly managed, it can disrupt pain management and overall health status. This can negatively impact quality of life and further burden the healthcare system (Kim et al., 2023).

Therapeutic Communication by Nurses

The results of this study show that the majority of nurses consistently utilize therapeutic communication with patients in the ER. This aligns with Kim et al.'s (2023) research, which found satisfactory therapeutic communication by nurses in 71.4% of the isolation group and 66.7% of the control group. Novita et al. (2020) also reported good therapeutic communication by nurses in 128 out of 171 cases (74.9%). Conversely, this study's findings differ from Afandi et al. (2023), who found that nurses' implementation of therapeutic communication was only "sufficient" (55.9%). Juniarty and Huzaifah (2023) similarly reported poor therapeutic communication by nurses in 64 out of 70 cases (91.4%).

Effective therapeutic communication is crucial for patients. When nurses engage in therapeutic communication, they use words, actions, and expressions that facilitate the healing process. It serves as a vital tool for nurses to influence client behavior and achieve successful nursing interventions (Mawaddah & Handrianto, 2023). However, therapeutic communication in the ER is often not consistently

optimized because nurses tend to prioritize life-saving interventions, sometimes at the expense of communication with patients (Afiani & Qodir, 2020). Poor communication can significantly impact patient health and well-being, leading to negative experiences, an increased risk of re-hospitalization, and heightened patient anxiety (Kim et al., 2023).

Therapeutic communication with anxious ER patients should be adjusted based on their age. For adolescents, techniques such as listening, asking open questions, restating, showing acceptance, clarifying, and informing can be used. For adults, effective communication techniques include listening, providing information, and using humor. Additionally, asking open questions, repeating, clarifying, sharing perceptions, and showing acceptance can be beneficial for some adult individuals. For the elderly, therapeutic communication techniques primarily involve listening and providing information, often by involving the patient's family. Approaches considering the elderly patient's cultural background and the use of nonverbal communication (e.g., touch, hand gestures, facial expressions) are also important (Mawaddah & Handrianto, 2023).

Relationship Between Anxiety Level and Therapeutic Communication

This study found a significant relationship between nurses' therapeutic communication and patient anxiety levels. These findings are consistent with research by Huda et al. (2022) and Novita et al. (2020), both of which also identified a significant relationship between these two variables. However, these results diverge from studies by Berna et al. (2023) and Prawesty et al. (2022), which concluded that there was no significant relationship between positive or therapeutic communication and patient anxiety levels.

This study's correlation coefficient indicates a very strong and negative relationship. This implies that the better the quality of nurses' therapeutic communication, the more a patient's anxiety level will decrease. This highlights the importance of training to enhance nurses' abilities in providing nursing care through therapeutic communication, especially for patients experiencing anxiety in the emergency room (ER).

Effective communication, particularly when initiated before performing procedures on a patient, can foster patient motivation, enabling them to confront potential risks. Good communication builds trust and cultivates a warmer, deeper relationship. The warmth of such a relationship encourages clients to express their burdens, thoughts, and feelings, which can significantly contribute to reducing their anxiety (Mawaddah & Handrianto, 2023).

This study has several limitations that should be considered: the research design is cross-sectional, which limits the ability to definitively conclude a causal relationship between therapeutic communication and a decrease in patient anxiety levels; data was collected at only one point in time and in a single hospital. Therefore, the results may not be generalizable to a broader population or other healthcare contexts; the study could not control for external factors such as the patient's specific medical condition, waiting times in the ER, or prior healthcare experiences. These factors could independently influence anxiety levels, regardless of therapeutic communication. Future research could explore these factors to provide a more comprehensive understanding.

Conclusion

This study successfully demonstrated a very strong and significant relationship between nurses' therapeutic communication and patient anxiety levels in the emergency room. This finding underscores the critical importance of communication competence for healthcare professionals, particularly nurses, in fostering an emotionally supportive environment for patients in critical conditions.

Declaration of Conflicting Interest

No conflict of interest to declare.

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Author's Contribution

Author 1 (First Author): leading the manuscript's initial drafting and revision. Author 2; data collection or analysis, and provides critical input on the manuscript. Author 3: resource provision, developing tools, performing specific analyses, or reviewing drafts. Author 4: resource provision, developing tools, performing specific analyses, or reviewing drafts.

Data Availability Statement

The dataset generated during and analyzed during this study is available from the corresponding author upon reasonable request.

Declaration of Use of AI in Academic Writing

The author used ChatGPT/Gemini in the writing process to improve readability and remove grammatical errors. However, author took full responsibility for the content.

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