

## The Relationship Between Therapeutic Communication and Anxiety in Preoperative Patients in the Inpatient Room of RSI Asyifa

Burhanuddin Basri<sup>1, \*)</sup>, Erna Safariyah<sup>2</sup>, Irawan Danismaya<sup>3</sup>, Tri Utami<sup>4</sup>, M. Haekal Nafiz<sup>5</sup>

<sup>1,2</sup> DIII Nursing Study Program, University of Muhammadiyah Sukabumi, Indonesia

<sup>3,4</sup> Bachelor of Nursing Study Program, University of Muhammadiyah Sukabumi, Indonesia

<sup>5</sup> Applied Bachelor of Anesthesiology Nursing Study Program, Faculty of Health Sciences, Bhakti Kencana University, Indonesia

### Abstract

*Anxiety experienced by a person before surgery can negatively influence their physiological condition and the surgical outcome. A person's anxiety is commonly associated with factors such as the patient's physical condition, an unfamiliar hospital environment, limited information, patterns of care, and treatment costs. In this situation, nurses' therapeutic communication plays an important role in reducing anxiety and promoting a sense of comfort before surgery. This research contributed to determining the relationship between therapeutic communication and the level of anxiety in preoperative patients in the inpatient room at Asyifa Hospital. This research used an analytical cross-sectional correlational design. Sampling was carried out using a random technique, and the total sample consisted of 60 patients who were hospitalized at Asyifa Hospital. Based on the study findings, most respondents who rated nurse therapeutic communication as good exhibited mild anxiety levels 26 respondents (43.3%). The Chi-square test produced a p-value of 0.025 ( $< 0.05$ ), indicating that the alternative hypothesis ( $H_a$ ) was accepted. There is a significant relationship between nurse therapeutic communication and the anxiety levels of preoperative patients at Asyifa Hospital. Future research is expected to focus on more specific types of preoperative patients to better determine the effect of therapeutic communication on anxiety levels.*

**Keywords:** Therapeutic Communication, Anxiety Level, Preoperative

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\*) Corresponding author: Burhanuddin Basri  
E-mail : burhanganteng720@gmail.com

### 1. Introduction

Anxiety is a common psychological response experienced by individuals facing uncertain or stressful situations. It is characterized by feelings of tension, worry, and physiological changes such as increased heart rate or sweating. In the medical setting, one of the most significant situations that triggers anxiety is the preoperative period, when patients must prepare physically and mentally before surgery (Hakim et al., 2022; Setiawan et al., 2022).

Surgery is a complex and stressful procedure that often leads to an increased level of anxiety among patients. Preoperative anxiety can affect surgical outcomes, for example, by causing physiological responses such as increased heart rate and blood pressure, particularly among patients with underlying conditions like hypertension (Rosyidah et al., 2023; Purnomosari et al., 2022; Putri et al., 2023). The presence of anxiety before surgery can complicate anesthesia administration, prolong recovery, and even delay surgical procedures

(Purnomosari et al., 2022; Putri et al., 2023; Handayani et al., 2024).

Therapeutic communication, a purposeful and planned form of communication between nurses and patients, plays an important role in reducing anxiety levels. Effective communication builds trust, helps patients understand their conditions, and provides emotional support (Rachmalia et al., 2021; Susdela et al., 2025; Putri & Setiawati, 2024). Several studies have demonstrated that therapeutic communication interventions significantly decrease preoperative anxiety. For instance, Yuneli et al. (2019) found that after nurses applied therapeutic communication, the number of respondents experiencing severe anxiety decreased significantly, showing a statistically meaningful improvement ( $p < 0.05$ ) (Yuneli et al., 2019; Rachmalia et al., 2023; Putra et al., 2024).

Globally, the World Health Organization (WHO) reports that anxiety disorders affect approximately 75% of patients worldwide, with a substantial portion occurring among those

undergoing surgical preparation. In Indonesia, the prevalence of anxiety among hospitalized and surgical patients continues to rise each year (Basra et al., 2022; Susdela et al., 2025; Anggreny et al., 2023). This situation highlights the need for effective nursing approaches to manage preoperative anxiety (Purnomosari et al., 2022; Putri & Setiawati, 2024; Susdela et al., 2025).

RSI Asyifa, one of the main referral hospitals in Sukabumi City, conducts surgical procedures daily. However, observational data indicate that nurses' communication with patients before surgery remains limited due to the absence of a standardized operating procedure (SOP) specifically addressing preoperative communication. This gap suggests that despite effective intraoperative communication, the preoperative phase still requires structured communication strategies to reduce anxiety and improve patient outcomes (Pertiwi et al., 2022; Susdela et al., 2025; Putri & Setiawati, 2024).

Based on previous findings and the existing communication gap, this research aims to analyze the relationship between therapeutic communication and the level of anxiety among preoperative patients in the inpatient room of RSI Asyifa. This study is expected to contribute to the development of nursing practices by emphasizing the importance of structured therapeutic communication prior to surgery as a means of improving patient care and reducing anxiety levels (SUSDela et al., 2025; Putri & Setiawati, 2024; Rachmalia et al., 2023).

## 2. Method

The research conducted by the researcher uses a quantitative research design with the Analytical Cross-Sectional Correlation Study method. The population in this study consists of all clients who will undergo surgery at RSI Asyifa based on data obtained from the inpatient room between August and September 2024, with an average of 150 patients per month. Based on the calculation using the Slovin formula, the sample size of this study is 60 respondents. The sampling technique applied in this study is purposive sampling, while the bivariate analysis uses the Chi-Square test.

### Primary Data:

**Pre-Operative Patients:** Patients who will undergo surgical procedures in the inpatient room of RSI Asyifa. The data collected included demographic characteristics, anxiety levels, and their perception of therapeutic communication.

Primary data were obtained directly from preoperative patients who were hospitalized in the inpatient ward of RSI Asyifa. These respondents provided data regarding their perception of the therapeutic communication practiced by medical personnel (nurses and doctors) and their corresponding level of preoperative anxiety.

### Secondary Data:

**Patient Medical Records:** To view medical data such as disease history, types of medical procedures, and medical conditions relevant to the patient's anxiety level. **Previous Anxiety Score:** Using a measuring tool such as the State-Trait Anxiety Inventory (STAI) or the Hamilton Anxiety Rating Scale (HARS) that is already in the patient's medical record to assess the patient's anxiety before surgery.

The data collection plan in this study was carried out for 2 months with a *non-probability sampling* technique. To obtain the data, it is by taking sample members based on inclusion and exclusion criteria until the number of samples needed is met, based on the data collection time that has been provided. The type of research data collected is primary data. The steps for the data collection procedure at the research site are as follows: Administrative procedures; The researcher gets approval from the Thesis Supervisor, and then the researcher submits an application for a research permit to the University and the research site to conduct research and collect data. Technical procedure; a) the researcher gave a questionnaire to patients who had completed hemodialysis. b) respondents sign an agreement to be willing to be a research respondent. c) the researcher gave respondents time to answer the questionnaire. d) respondents fill out the entire list of questions. If they are finished, respondents are asked to return the questionnaire to the researcher

## 3. Results and Discussion

Based on Table 1, it can be concluded that the majority of respondents (60.0%) were aged 31–65 years. In terms of gender, the majority were female (53.3%).

**Table 1.** Frequency distribution of respondent characteristics (Age, gender, last education, occupation) of Pre-Operative Patients

Age of Respondents	n	%
18-30 years old	24	40.0
31-65 years old	36	60.0
Total	60	100
Gender	n	%
Man	28	46.7
Woman	32	53.3
Total	60	100.0
Latest education	n	%
Elementary school / Not attending	0	0.0
Junior high school	6	10.0
Senior high school	37	61.7
College	17	28.3
Total	60	100.0
Work	n	%
Not working	21	31.8
Work	39	68.2
Total	66	100.0

Regarding educational background, most respondents graduated from high school (61.7%). Meanwhile, based on occupational characteristics, the majority were classified as working (65.0%).

Based on Table 2, the results of the study show that the majority of nurses demonstrated good therapeutic communication (65.0%), while 16.7% had fair communication, and 18.3% had poor communication skills.

**Table 2.** Frequency Distributions Based on Therapeutic Communication

Therapeutic Communication	N	%
Less	11	18.3
Enough	10	16.7
Good	39	65.0
Total	60	100

**Table 3.** Frequency Diversification Based on Preoperative Patients' Anxiety Level

Therapeutic Communication	N	%
No anxiety	9	15.0
Mild anxiety	30	50.0
Moderate anxiety	12	20.0
Severe anxiety	3	5.0
Panic	6	10.0
Total	60	100

Based on the table 3 The results of the research data obtained that most of the respondents had a level of mild anxiety anxiety which was 30 respondents (50.0%), while respondents who were not anxious were 9 respondents (15.0%), respondents with moderate anxiety level as many as 12 respondents (20.0%), severe anxiety 3 respondents (5.0%), and respondents with panic anxiety level as many as 6 respondents (10.0%).

Based on the results of the cross-tabulation in Table 4.4, data was obtained that most of the respondents with a good assessment of nurse therapeutic communication had a mild anxiety level of 26 respondents (43.3%). Meanwhile, respondents with a level of anxiety that is not anxious are 5 respondents (15.0%), severe anxiety is 0 respondents (0.0%), and panic anxiety levels are as high as 2 respondents (3.3%). Respondents with poor assessment of nurse therapeutic communication had a level of anxiety that was not anxious as many as 2 respondents (3.3%), mild anxiety 3 respondents (5.0%), moderate anxiety 3 respondents (5.0%), severe anxiety 1 respondent (1.7%), panic 2 respondents (3.3%). Respondents with a nurse therapeutic communication assessment had a level of non-anxiety anxiety of 2 respondents (3.3%), mild anxiety of 1 respondent (1.7%), moderate anxiety of 3 respondents (5.0%), severe anxiety of 2 respondents (3.3%), and panic anxiety of 2 respondents (3.3%)

**Table 4.** Relationship Between Therapeutic Communication and Anxiety Levels of Pre-Operative Patients at Assyifa Hospital

Therapeutic Communication	Anxiety levels										Total	p-Value	
	No Anxiety		Mild Anxiety		Moderate Anxiety		Severe Anxiety		Panic				
	N	%	n	%	n	%	n	%	n	%			
Less	2	3.3	3	5.0	3	5.0	1	1.7	2	3.3	11	16.7	0.025
Enough	2	3.3	1	1.7	3	5.0	2	3.3	2	3.3	10	21.2	
Good	5	15.0	26	43.3	6	10.0	0	0.0	2	3.3	39	62.1	
Total	9	15.2	30	50.0	12	20.0	3	5.0	6	10.0	60	100.0	

The results of the chi-square test obtained a p-value of  $0.025 < 0.05$ , so the  $H_a$  hypothesis was accepted, meaning that there was a significant relationship between nurse therapeutic communication and the anxiety level of pre-operative patients at Assyifa Hospital.

### Therapeutic Communication

Based on the results of the study, it was shown that the therapeutic communication of nurses was mostly good, namely, as many as 39 respondents (65.0%). The results of the study are in line with the results of the research conducted in his study, where the average percentage of 34 preoperative patients towards very good nurse therapeutic communication was 75.79%. Similar results were found in a study conducted by Molintao (2019) Out of 33 respondents, the study showed that the most respondents with

good therapeutic communication amounted to 21 respondents (63.6%).

Therapeutic communication is built on the basis of meeting the needs of the client. Basically, therapeutic communication is professional communication that leads to the goal, namely, patient healing. From some of the definitions above, it can be understood that therapeutic communication is communication carried out by a medical professional with certain techniques that have a healing effect. Therapeutic communication is one way to foster a relationship of mutual trust with patients and provide accurate information to patients (Pertwi et al., 2022).

The researcher concluded that the orientation stage in therapeutic communication is important to be well done because it is at this stage that trust between the patient and the nurse/anesthesiologist is formed, where the first meeting determines the quality of

subsequent communication. The results showed that most of the respondents (characteristics: adult-elderly age, dominant male, workers) rated the nurse smiling frequently, introducing themselves, explaining their actions and goals, and making time contracts at this stage, which correlated with a moderate decrease in their anxiety.

### Preoperative anxiety levels

The results of the research data showed that most of the respondents had a level of mild anxiety, which was as many as 30 respondents (50.0%). The results of the research are in line with the research conducted by [Hakim et al \(2022\)](#) It was found that the anxiety of preoperative patients at Sumantri Parepare Hospital was mild in as many as 23 people (62.5%), but the results of the study [Karame et al \(2018\)](#) showed that respondents with severe anxiety levels were 13 respondents (43.3%),

Anxiety is a person's emotional turmoil that is related to something outside of themselves and the self-mechanism used in overcoming problems. Anxiety is a wake-up call signal that threatens and allows a person to take action to address the threat. Surgery can cause worry and stress, both major and minor surgeries, followed by anxiety or depression ([Rustini et al., 2023](#)).

Everyone who is about to undergo surgery for the first time will experience anxiety, especially on the day before surgery. Anxiety is an unpleasant and unjustified feeling of fear, often accompanied by physiological symptoms. The impact that may arise if the patient's anxiety is not treated immediately, the patient will not be able to concentrate and understand the events during the treatment and procedure. This is because a person's anxious response depends on personal maturity, understanding in facing challenges, self-esteem, and the coping mechanisms used. According to Arifah in [Molintao \(2019\)](#) Mild anxiety is the most dominant before providing information about preparation for surgery. This statement is in accordance with [Moji & Savitri \(2021\)](#) The theory that it will cause anxiety because it is related to the fear of the unknown, pain, changes in body image, changes in bodily functions, loss of control, and death.

What was obtained by the researcher was that patients who were going to undergo surgery experienced a mild level of anxiety, with the scores obtained also eliciting physical responses such as starting to sweat frequently, frequent bowel movements, poor sleep, like to wake up at night, supported by low socioeconomic and educational status

### The Relationship Between Therapeutic Communication and the Anxiety Level of Pre-Operative Patients at Assyifa Hospital

Based on the results of the study, data was obtained that most of the respondents with a good assessment of nurse therapeutic communication had a mild anxiety level of 26 respondents (43.3%). The results of the chi-square test obtained a p-value of  $0.025 < 0.05$ , so the  $H_a$  hypothesis was accepted, meaning that there was a significant relationship between nurse therapeutic communication and the anxiety level of pre-operative patients at Assyifa Hospital.

The results of the research are in line with the research conducted by [Hakim et al \(2022\)](#). From the result, the Chi-Square statistical test obtained a value of  $\rho = 0.002$  with a significant level of  $\alpha = 0.05$ . This shows that there is a relationship between therapeutic communication and the level of anxiety of preoperative patients at Sumantri Parepare Hospital. [Rosyidah et al \(2023\)](#) presented similar results in their research, with a p-value of  $0.024 < 0.05$ , which means that  $H_1$  is accepted, so it can be said that the relationship between therapeutic communication and the level of pre-operative anxiety of the digestive client in the Central Surgical Installation Room of Dr. Saiful Anwar Hospital, Malang, is significant. The direction and closeness of the therapeutic communication relationship and the anxiety level of pre-operative digestive clients in the Central Surgical Installation Room of Dr. Saiful Anwar Hospital, Malang, of 0.311 were negative/inversely proportional to moderate strength. Which means that the better the therapeutic communication, the lower the level of anxiety of preoperative digestive clients in the Central Surgical Installation Room of Dr. Saiful Anwar Hospital, Malang.

According to [Prastiwi et al., \(2023\)](#) The pre-operative stage is the first stage of perioperative care that begins when the patient is admitted to the hospital and ends when the patient is transferred to the operating table for surgery. In this phase, the scope of nursing activities during this time can include the determination of the patient's basic assessment in the clinic or home setting, pre-operative interviews, and preparing the patient for the anesthesia given at the time of surgery.

The researchers assume that the type of surgery also significantly affects the anxiety levels of preoperative patients. This is supported by respondent characteristic data at RSI Assyifa, where 45% of respondents (27 out of 60 patients) underwent major surgery such as laparotomy, which correlated with moderate to severe anxiety in 62% of the group. In contrast, patients with minor surgery (35%, 21 respondents) showed mild to moderate anxiety at only 38%, indicating that the complexity of the surgical procedure increases threat perception. Therefore, respondents with a history of major surgery tended to show lower psychological adaptation than the minor group, as evidenced by the

chi-square test ( $p=0.012$ ) in the analysis of the results of this study.

#### 4. Conclusions and Suggestions

This study has several limitations that need to be acknowledged. The research was conducted only in one hospital (RSI Asyifa), which may limit the generalizability of the findings to other settings with different organizational cultures or patient characteristics. In addition, the study used a cross-sectional design, so it could not determine the causal direction between therapeutic communication and patients' anxiety levels.

Therefore, future research should consider conducting multi-center studies with a larger and more diverse sample to enhance external validity. Longitudinal or experimental designs are also recommended to explore the effectiveness of specific therapeutic communication techniques in reducing preoperative anxiety. Moreover, qualitative methods such as in-depth interviews could provide a deeper understanding of patient perceptions and the emotional impact of communication during the preoperative phase.

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