The Effect of Nurse Therapeutic Communication on the Level of Anxiety of Patients' Families in the *Intensive Care Unit* (ICU) Room of the Hospital. Prof. Dr. H. Aloei Saboe

Fitria Kadir Thalib, Pipin Yunus, Rosmin Ilham
Nursing Study Program, Faculty of Health Sciences, Universitas Muhammadiyah Gorontalo

Abstract
The Intensive Care Unit (ICU) is a special treatment area in the hospital that is used to treat patients who require stricter observation and is equipped with special medical equipment to help with the treatment and recovery of patients. This study aims to determine the effect of nurses' therapeutic communication on the level of anxiety of patients' families in the ICU room of Prof. Dr. H. Aloei Saboe Hospital. This study is a quantitative approach research with a one group pre-post test design. This study showed that the patient's family anxiety before therapeutic communication in the ICU of Prof. Dr. H. Aloei Saboe Hospital, Gorontalo City, was obtained by the patient's family who had a very severe level of anxiety, namely 24 people (53.3%). And as many as 21 people (46.7%) had severe levels of anxiety. The patient's family's anxiety after therapeutic communication measures were carried out in the ICU of Prof. Dr. H. Aloei Saboe Hospital, Gorontalo City, was obtained by the families of patients who had a mild anxiety level, namely 31 people (68.9%). And as many as 14 people (31.1%) had moderate levels of anxiety. There was an effect of nurses' therapeutic communication on the patient's family anxiety level in the ICU of Prof. Dr. H. Aloei Saboe Hospital, Gorontalo City.There was a significant influence where using a paired t-test on the value $p = 0.000$. ($p<0.05$).
Keywords: Therapeutic communication, nurses, anxiety levels, patient families, in the intensive care unit (ICU) room

BACKGROUND

According to WHO, the prevalence of critical patients in the world has increased every year, namely 9.8%-24.6%. In Indonesia, the number of patients requiring ICU services in hospitals is 33,148 people, while the death rate of patients in intensive care units reaches 36.5% (Dhani 2023). In Gorontalo Province, there is data that shows that in 2024, as many as 6157 patients will experience critical conditions, with 446 of them being treated in the ICU room of Prof. Dr. H. Aloei Saboe Hospital Gorontalo City. These patients are individuals who suffer from serious illnesses and life-threatening injuries that require the treatment of trained health workers and equipped with special equipment. These critical conditions are often one of the causes of anxiety among the families of patients who are treated in the ICU room.

Families of patients whose family members are being treated in the ICU room often show an attitude that seems anxious, feelings of sadness and fear, considering that the ICU room is a place where patients are treated with a high level of dependence, critical patients who can be life-threatening. Patients like this are usually the most equipped with special and sophisticated medical equipment to help monitor and recover the patient's condition. Situations like this make families feel afraid and worried about the condition of family members who are being treated. In situations where the patient's condition is critical, therapeutic communication becomes very important. The needs that are often expected by the patient's family in the ICU include clear information, mental support, comfort, closeness to the patient, and adequate service assurance.

Based on an overview of interviews with 10 families of patients in the ICU Room, 5 of them found that making a decision to approve medical measures in a hurry made them afraid and worried about the unforeseen risks that could occur so that they needed time to consult first, some said that the absence of a clock tomorrow made them feel burdened because they did not see the patient's condition directly, as well as other rules that apply in the ICU room make the family feel difficult to fulfill, but for the recovery of family members, they must be ready and agree to be treated in the ICU room. This condition of the family who is more consultative can buy time for medical actions that must be taken immediately so that once the family agrees, the patient is already in a critical condition, and it will be difficult to get optimal results in treatment results. In this study, the application of therapeutic communication of nurses where by providing information clearly and simply, listening to family concerns and providing emotional support, is expected to help families in dealing with their anxiety so that quick and appropriate decision-making will no longer be delayed.

Based on the above background, this study aims to determine the effect of nurses' therapeutic communication on the level of anxiety of patients' families in the ICU room of Prof. Dr. H. Aloei Saboe Hospital.

RESEARCH METHODOLOGY

This study is a quantitative approach research with a one group pre-post test design. This design was chosen to determine the effect of therapeutic communication on the level of anxiety in the absence of a control group by comparing the results of the pre test and post test to analyze whether there were significant changes after the intervention. The independent variable in this study is therapeutic communication, and the dependent variable is patient exit anxiety. The following is a research design of one group pre-post test design. The research site will be conducted in the ICU room of Prof. dr. H. Aloei Saboe Hospital, Gorontalo City, and the research time is planned from March to April 2025.

Data Collection Techniques

In this study, the primary data in this study is data obtained from the families of patients who are treated in the ICU room. And the secondary data from this study is data obtained from reference books, research journals and statistical data from Prof. Dr. H Aloei Saboe hospital in Gorontalo City related to the number of patients either in the last 1 year or 1 month.

Data Analysis Techniques

Data analysis can aim to obtain an overview of the research results that have been formulated in the research objectives. The data analysis in this study consisted of univariate and bivariate analysis, and using parametric or nonparametric tests according to the data distribution.

Univariate Analysis

In this study, a univariate analysis was conducted to describe the characteristics of the respondents (age, gender, level of education, relationship with the patient) as well as the level of family anxiety of the patient before and after therapeutic communication. The data will be presented in the form of frequency distribution, percentage, average, standard deviation and median.

Bivariate Analysis

In this study, bivariate analysis was used to test the influence of therapeutic communication on the level of family anxiety of patients in the ICU room. The statistical test used depends on the results of the normality test, if the data is normally distributed, then the analysis is carried out using a paired t-test to see the difference in average scores before and after the therapeutic communication intervention, if the data is not normally distributed, then the Wilcoxon test is used to see the change in the median anxiety score. The results of the analysis will be determined based on the p-value with a = 0.05 where $p<0.05$ shows that therapeutic communication has a significant influence on the patient's family anxiety level.

RESULT

Respondent Characteristics

The respondents who participated in this study were one of the family members of each patient who was treated in the ICU Room of the hospital. Prof. Dr.H. Aloei Saboei. The calralistic respondents in the study consisted of age, gender, educator and relationship with patients. The distribution of the characteristics of the respondents was discussed by Dalri Talbel in this balwalh.

Table 1. Distribution of Respondent Characteristics in the Hospital ICU Room. Prof. Dr. H. Aloei Saboe

No.	Characteristics of Respondents (N=45)	Quantity (n)	Percentage (%)
	Age (Years)		
1.	19-40	21	46,7
2.	41-60	19	42,2
3.	>60	5	11,1
	Total	**45**	**100.0**
	Gender		
1.	Man	15	33,
2.	Woman	30	66,7
	Total	**45**	**100.0**

	Education		
1.	SD	3	6,7
2.	JUNIOR	8	17,8
3.	SMA	17	37,8
4.	S1	17	37,8
	Total	**45**	**100.0**
	Patient Relations		
1.	The Core Family	38	84,4
2.	Sibling	7	15,6
	Total	**45**	**100.0**

Source: Primary data 2025

Based on the respondent characteristics table, it shows that the age of the respondents is mostly between the ages of 19-40 years 21 respondents (46.7%), most of the gender is female, namely 30 respondents (66.7%), some high school and s1 education is 17 respondents each (37.8%) and the relationship with patients is mostly the nuclear family of 38 respondents (84.4%).

Univariate Analysis

Patient's Family Anxiety Level in the ICU Room Before Therapeutic Communication

Table 2. Distribution of Patient's Family Anxiety Level in the ICU Room of the Hospital. Prof. Dr. H. Aloei Saboe before Therapeutic Communication

No.	Anxiety Level	Quantity (n)	Percentage (%)
1.	None	0	0
2.	Light	0	0
3.	Keep	0	0
4.	Heavy	21	46,7
5.	Very Heavy	24	53,3
	Total	**45**	**100**

Source*:* Primary Data 2025

Based on the table above, it was found that the majority of patients' families had a very severe level of anxiety before therapeutic communication, namely 24 respondents (53.3%), and those who experienced severe anxiety as many as 21 respondents (46.7%). Meanwhile, there is not a single family of patients who do not experience anxiety, mild anxiety and moderate anxiety.

Patient's Family Anxiety Level in the ICU Room After Therapeutic Communication

Table 3. Family Anxiety Level of the patient in the ICU room of the hospital. Prof.Dr. H. Aloei Saboe after Providing Therapeutic Communication

No.	Anxiety Level	Quantity (n)	Percentage (%)
1.	None	0	0
2.	Light	31	68,9
3.	Keep	14	31,1
4.	Heavy	0	0
5.	Very Heavy	0	0
	Total	**45**	**100**

Source*:* Primary Data 2025

Based on the table above, it was found that the majority of patients' families had a mild level of anxiety after therapeutic communication, which was as many as 31 Respondents (68.9%). And 14 people (31.1%) experienced moderate anxiety. While there is not a single family of patients who do not experience anxiety, it is severe anxiety and very severe anxiety.

Bivariate Analysis
Data Normality Test

Table 4. Results of the Data Normality Test at the Pre and Post Therapeutic Communication Anxiety Level

Variable	Group	N	Sig
Anxiety	Before	45	.074
	After	45	.007

Primary data source 2025

The results of data analysis with *the Shapiro-Wilk test* on the frequency of anxiety before intervention were obtained with a value of p=0.74 (p<0.05) which means that the data is normally distributed, and the frequency of anxiety after the intervention is obtained a value of p=0.07, because one of the variables or data is normally distributed, the *paired t-test* will be used for this study.

The Effect of Providing Therapeutic Communication on the Level of Anxiety of Patients' Families in the ICU Room of the Hospital. Prof. Dr. H. Aloei Saboe

Table 5. The Effect of Providing Therapeutic Communication on the Level of Anxiety of Patients' Families in the ICU Room of the Hospital. Prof. Dr. H. Aloei Saboe

Variable	N	Mean	Difference/ Mean	SD	Min	Max	P *Value*
Anxiety before	45	40.67	20,89	4,6	32	49	,000
After-anxiety	45	19.78	20,89	2,6	16	26	

Primary data source 2025

The results of the table analysis can be concluded that the average frequency of anxiety before being given therapeutic communication is 40.67 with a mean difference of 20.89 with a deviation of 4.6 with a minimum value of 32 and a maximum of 49, while at the frequency of anxiety after being given therapeutic communication, an average value of 19.78 with a mean difference of 20.89 standard deviation is 2.6 with a minimum value of 16 and a maximum of 26. After being tested for significance using a paired t-test on anxiety before and after being given therapeutic communication, a significant change was found with a value of p=0.00 (p<0.05), it can be concluded that there is an effect of providing therapeutic communication on the reduction of the level of anxiety of the patient's family in the ICU room of the hospital. Prof. Dr. H. Aloei Saboe.

DISCUSSION

Univariate Analysis

Anxiety levels before therapeutic communication

The results showed that before the provision of therapeutic communication, the majority of patients' families had a very severe level of anxiety, namely 24 respondents (53.3%) and had a severe anxiety level of 21 respondents (46.7%). In this study, severe anxiety occurred because family members had to accept that there was a family member who suddenly fell ill and was treated in the ICU room, or a family member who was sick for a long time but became critical. In the wider community, hearing about ICU treatment makes them feel afraid and worried, their minds become disorganized, to the point of expecting bad things that they don't want to happen. In addition, this anxiety is also caused by the enactment of several rules in the ICU room where one

of them is that there are no hours tomorrow, this rule is difficult for the patient's family to accept, but on the other hand the family must agree and follow the rules for the recovery of sick family members.

The symptoms of anxiety experienced by the respondents in this study were a sense of loss of interest, reduced enjoyment of hobbies, feeling sad and feeling uncertain throughout the day. Respondents also felt physical somatic symptoms (muscles) such as muscle aches and pains, unstable voices, respondents also felt physical somatic (sensory) symptoms such as blurred vision, feeling weak, feeling in the stabbing, red or pale face.

This symptom is supported by Angela's (2020) theory which states that severe anxiety is characterized by somatic complaints, such as pain in the muscles and spine, ringing or palpitations, shortness of breath, in addition to that there are also symptoms of feeling tense, unsettled, restless and easily surprised, worried, and, afraid of their own thoughts. This is in line with research conducted by Fazra *et.all* (2024) which states that the families of patients in the ICU room who experience anxiety are caused by tense situations that are accompanied by fear, worry, and feelings of insecurity because they are anxious about family members who are being treated in the ICU room.

In this study, it was also found that there was severe anxiety in 21 respondents (46.7%). This is due to the fear of hasty decision-making, but on the other hand they must immediately give approval in order to speed up the medical measures that must be taken immediately. The critical condition of family members suddenly makes it difficult for them to think clearly, feeling afraid of making wrong decisions. In the results of this study, severe anxiety is characterized by lethargy, easy crying, fear of being left alone, difficulty starting sleep, waking up at night to make it difficult to concentrate and deteriorating memory.

This is supported by the theory according to tantona (2020) that severe anxiety is characterized by a person's narrowing perception, having more specific focused attention. The families of patients who experience severe anxiety are more focused on the condition of family members who are critically ill who need approval for medical measures, of course, considering all risks that can be life-threatening, so that this makes them not interested in thinking other things or doing other activities that are usually done on a daily basis.

This is also in line with research by Dhani Mulyono (2023) who stated that the anxiety experienced by the families of ICU patients comes from losing the ability to control, feeling lost in self-function, feeling disconnected from the environment and fear of death.

Anxiety Level after therapeutic communication

Based on the results of this study, it was obtained that the majority of patients' families had moderate anxiety levels after communication as many as 14 people (31.1%) and mild anxiety as many as 31 respondents (68.9%). For the current level of anxiety, this is caused by therapeutic communication, which is by explaining the ICU admission procedure, the reason for each point of the rule that applies in the ICU room, the purpose of ICU admission, as well as what equipment is installed and its function for the patient, so that when family members understand, feel safe, the approval to enter the ICU will be responded to quickly.

This is supported by the theory of Melinda (2022) which states that the purpose of therapeutic communication is to reduce doubt, help in making action decisions, and can affect the environment and can strengthen the interaction relationship between nurses and families.

This is in line with research conducted by Fazra *et.all* (2024) which states that nurse therapeutic communication aims to provide comfort, increase family trust and confidence in patient care.

As for mild anxiety, this occurs when the patient's family carries out therapeutic communication by providing some information that explains the improvement of the patient's condition, namely where the patient who was critical, has now gone through a critical period, with a note of things in the observation period where the condition is not good, and risks can occur. Family anxiety becomes light, this occurs when the patient is informed that he can move rooms and be treated in a regular treatment room, or medical equipment such as breathing apparatus is no longer attached to the patient, these things like this make the family more comfortable and can be more able to carry out activities as usual with a reduced burden of mind.

This is supported by the theory of Restu (2022) which states that therapeutic communication is important because it can be a good means of fostering between medical personnel and families, being able to see changes in patients which is the key to the success of health measures and as a benchmark for patient and family satisfaction. This is in line with research conducted by Fathiya et.all (2023) which states that the better the therapeutic communication provided by nurses, including providing clear information and an empathetic attitude, the lower the level of family anxiety.

Bivariate Analysis

After a significance test was carried out using *a paired t-test* on anxiety before and after therapeutic communication, a significant change was found where there was a mean value of 20.89, and the value obtained *by p-value* was 0.000 ($p<0.05$), it can be concluded that there is an effect of providing therapeutic communication on reducing the level of anxiety of the patient's family in the ICU room of the Gorontalo City Hospital. The characteristics of respondents who experienced Anxiety in this study were characteristics based on age, namely most of the ages who experienced Anxiety were 19-40 (46.7%). Anxiety occurs at this age because this age is a young adult, where each individual is in the developmental phase, namely in terms of marriage, career and building the future, so that when faced with conditions in the ICU room this individual is more anxious. This is supported by the theory of Setiawaty R (2021), which states that Anxiety Disorders can occur at all ages, but are more common at the age of 21–45 years.

In addition, there are characteristics of respondents based on gender, most of them are found in women, namely 30 respondents (66.7%), this is because women are thinkers, women are known for being sensitive and easily influenced by the environment and think a lot about things that have happened and things that could happen, critical conditions in the ICU make it difficult for women to think calmly, emotions are more unstable, so it will be difficult to think about the best step, for example, a mother, or a wife who is waiting for her child or her husband who is being treated in the ICU is the most difficult condition experienced by women.

This is in line with the theory of Setiowati R (2021) which states that women are more affected by environmental pressures than men, so that women are more easily anxious than men, this is in line with the research of Fazra., et all, (2024)

In addition to several factors above, education level is also one of the factors that cause anxiety. In this study, the characteristics of respondents based on education level were mostly high school and S1 levels, with 17 respondents (37.8%) each. This is because highly educated people can more easily access information, for example through the internet. This information obtained is not necessarily true and can only lead individual thoughts to negative things. In addition, these highly educated individuals, especially medical personnel, will usually experience heavier anxiety, because with the knowledge they have, the medical knowledge they have, of course, knows more about the critical conditions that occur in the ICU and the worst risks have been thought of beforehand, some even go so far as to deny to accept the actual condition. This kind of thing can make Anxiety increase.

This is in line with the theory of Setowati R (2021) which states that higher levels of education have better cognitive abilities in assessing situations. A person who is highly educated will conduct more complex and in-depth assessments, so that it can trigger distress. This is in line with research by Rifani, et., all (2024) which states that respondents with higher education are more anxious because they have a better understanding of the medical conditions that must be involved in decision-making

In addition to some of the things above, there are also family relationship factors, where most of those who experience anxiety in the nuclear family, namely as many as 38 respondents 84.4%. As is well known, the nuclear family is the mother in one family. Of course, when there is a family member who is sick and has to be treated in the hospital, especially the ICU room, this will be a high anxiety for the individual. Critical conditions and the installation of medical aids in the ICU in the eyes of the community is already a coma condition, and when this condition is explained to the family, the family feels anxious, panicked and afraid of risks that can have an impact on loss, so this is what causes many nuclear families to experience anxiety. This is in line with Setowaty R's (2021) theory that the family is the main unit of coping. When coping is limited or ineffective it can increase anxiety.

In this study, it was found that there were respondents who experienced very severe and severe anxiety. Respondents who experience severe anxiety are caused by the patient's family who has not been able to accept the condition of the patient who is sick to critical, especially if they have to be admitted to the ICU and follow the applicable rules, where there is no tomorrow hour, cannot make video calls, cannot take pictures through photos or videos. This rule is enforced in order to ensure a smooth process during treatment in the ICU. The severe anxiety experienced by the patient's family in the ICU occurs when the family has been explained about the conditions in the ICU but has to face the choice of whether or not the family agrees or not to the installation of medical equipment that can be life-threatening. When conditions like this, the family feels confused because when they agree the worst risk can occur, but on the other hand it is the most important thing for the patient when treated in the ICU room. And this is when the family prefers to consult until the medical procedure process is delayed, while the patient is already in critical condition. This is supported by the theory of Setiawati R (2021)

which states that health facilities, namely advanced tools, will affect anxiety, because it is a foreign thing for families so they assume that the family is seriously sick and even dying.

After therapeutic communication is carried out where by making introductions first in order to foster a relationship of mutual trust, then validating the patient's family feelings, what is being thought and providing the opportunity to ask questions or tell stories first, then answer by explaining what the question is, the level of anxiety which was very heavy and heavy becomes moderate and mild anxiety. Therapeutic communication is provided after the family expresses what they feel, especially providing information about the patient, and providing an opportunity for the family to meet the doctor in charge if they want to ask about the medical diagnosis. In addition, therapeutic communication is also carried out by providing social and spiritual support, which is by directing to be more patient, and praying a lot to Allah SWT, doing a lot of dhikr so that you can get calm and the level of anxiety decreases. This is in line with Melinda's (2022) theory which states that one of the goals of therapeutic communication is to reduce doubt, help in taking effective nursing measures.

After being analyzed in this study, it was found that there was an effect of therapeutic communication on the level of family anxiety in the ICU room of the hospital. Prof. Dr. H. Aloei Saboe. This means that the existence of therapeutic communication by the nurse can help reduce the patient's family anxiety level so that the family's thinking about the ICU can change, and the family can think better, gain peace of mind so that *emergency* decisions for the implementation of care in the ICU room can run smoothly. This therapeutic communication has been carried out in a trusting relationship before it is carried out, so that the family can be more free to tell about the patient's history of condition. This greatly affects the process of action that will be carried out on the patient. And after the family tells stories, and shares all their hearts, the family feels calmer and more comfortable so that they can go through the daily process as usual.

This is supported by Melinda's theory (2022) which states that therapeutic communication is carried out in the nursing process with the aim of helping patients to clarify the information obtained and reduce the burden of feelings and thoughts so that they are able to take action when there is a change in the situation in necessary matters. This is in line with research conducted by Fazra et.all, (2024) which states that nurse therapeutic communication aims to provide comfort, increase family trust and confidence in patient care.

This decrease in anxiety levels can also occur because the family feels more comfortable, calmer because they have received some information, including about the patient's development, information about what actions have been given and what actions will be taken next, what supporting examinations have been carried out and the results, and who is the doctor who is responsible for patient care. In addition, the family is also given the opportunity to meet the doctor in charge to get a medical explanation about the disease process and the results of supporting interpretation, as well as what risks can occur. With these clarities, families can think clearly and calmly. This is supported by the theory by *Marpaung et.all* (2024) which states that an improvement in the quality of care will occur with a better understanding of the patient's condition, so that health care providers can design better treatments according to the needs of patients and families can follow what is recommended.

In addition, in providing therapeutic communication, the family is also given support where by strengthening the family to be more patient in accepting all these conditions, convincing the family that everything will definitely be resolved and always praying that the best will be given by ALLAH SWT. This is in line with the research of Ismi *et.all* (2024) stating that by carrying out therapeutic communication by nurses, the family feels calmer and more confident about the actions that will be taken to family members during treatment in the ICU Room, and every time before carrying out therapeutic communication, the nurse must first foster a relationship of mutual trust, so that the family can provide information honestly in order for the next intervention that will be carried out. Done. This is supported by the theory of Wahidin *et.all* (2023) which states that communication that creates a relationship of mutual trust can be achieved by first exploring problems and providing alternative problem-solving.

CONCLUSION

The patient's family anxiety before therapeutic communication was carried out in the ICU of Prof. Dr. H. Aloei Saboe Hospital, Gorontalo City, was obtained by the patient's family who had a very severe level of anxiety, namely 24 people (53.3%). And as many as 21 people (46.7%) had severe levels of anxiety.

The patient's family's anxiety after therapeutic communication measures were carried out in the ICU of Prof. Dr. H. Aloei Saboe Hospital, Gorontalo City, was obtained by the families of patients who had a mild anxiety level, namely 31 people (68.9%). And as many as 14 people (31.1%) had moderate levels of anxiety.

There was an effect of nurses' therapeutic communication on the patient's family anxiety level in the ICU of Prof. Dr. H. Aloei Saboe Hospital, Gorontalo City.There was a significant influence where using *a paired t-test* on the value p = 0.000. (p<0.05).

SUGGESTION

The results of this study are expected to make a meaningful contribution and useful evaluation for hospitals, especially in providing information in the form of therapeutic communication to overcome the level of anxiety of patients' families in the hospital's ICU room. Prof. Dr. H. Aloei Saboe

It is hoped that the results of this study will be a source of input that the material on anxiety and therapeutic communication is an important lesson for students to understand, so that when carrying out treatment, it can include therapeutic communication to foster a relationship of mutual trust between students and patients and families when carrying out studies at the hospital later.

It is hoped that the results of this study can help families manage anxiety so that they can better understand the information provided, and can stabilize emotions, so that treatment will run smoothly and continue when there is a sudden decision-making.

It is hoped that it can be used as a foundation or reference for future research to design or test new interventions in managing the anxiety of patients' families in the ICU room. In this study, in therapeutic communication, in addition to providing education and information to families, families are also provided with social and spiritual support, so it is hoped that future researchers can conduct research on the influence of social and spiritual support on the level of family anxiety of patients in the ICU room.

BIBLIOGRAPHY

Azzahra, F. L., Pelawi, A. M. P., & Indrawati, L. (2024). The Relationship of Therapeutic Communication of Nurses with the Level of Anxiety of Family Members Treated in the ICU Room. *Journal of Professional Nursing Research*, *6*(4), 1639–1646.

Amalia, E., Handayani, R., Stikes, Y. A., & Padang, P. (2019). Therapeutic communication affects the satisfaction of patients' families at Dr. Adnaan WD Payakumbuh Hospital. *Proceedings of the Pioneer Health Seminar*, *2*(1), 60–60. https://jurnal.upertis.ac.id/index.php/PSKP/article/view/375

Haryati, C., D., Rohana, N., Winarti, R. (2021). The relationship between nurses' therapeutic communication and family anxiety levels in the intensive care unit of dr. Ario Wirawan Salatiga's pulmonary unit. *Journal of Nurses Widya Husada*, *8*(1), 6. https://doi.org/10.33666/jnwh.v8i1.465

Mulyono, D. (2024). The relationship between nurses' therapeutic communication and the level of anxiety of patients treated in the intensive care unit (ICU) room of UOBK Jampangkulon Hospital, West Java Province. *Lantera: Scientific Journal of Health and Nursing*, *7*(1), 33-39.

Muliani, et al. (2020). *HIJP : Health Information Research Journal The Effect of Nurses' Therapeutic Communication on the Patient's Family Anxiety Level in the Intensive Care Room*. *Consider using the Gospel of Jesus Christ of Latter-day Saints, 12*, 63–75.

Mutiah, F. A., Kustriyani, M., & Aini, D. N. (2021). The relationship between family support and the anxiety level of preoperative kidney stone patients. Permas Scientific Journal: STIKES Kendal Scientific Journal, 11(3), 1526.

This is Kadek Angreni. (2023). *The relationship between therapeutic communication between nurses and the level of anxiety of patients treated in the ICU and ICVCU rooms of Undata Hospital, Central Sulawesi Province*. *That is why we need to be vigilant, and we need to be vigilant.*

Nursalam. (2020). *Nursing Science Research Methodology: A Practical Approach* (5th Edition). Jakarta: Salemba Medika.

Novita, Rini. "The relationship between therapeutic communication and the level of anxiety of new patients in the ER room of the Tamanan Bondowoso Health Center." *Journal of Professional Nursing* 8.2 (2020): 35-52.

Nursalam. (2015). Nursing research methodology: A practical approach (4th edition). Jakarta: Salemba Medika.

Nugraha, A. D. (2020). Understanding Anxiety: An Islamic Psychological Perspective. *IJIP : Indonesian Journal of Islamic Psychology*, *2*(1), 1–22. https://doi.org/10.18326/ijip.v2i1.1-22

Ovan., Saputra, A. (2020). CAMI : Application of Validity and Reliability Test Web-based research instruments. South Sulawesi: Ahmar Cendekia Indonesia Foundation.

Rizky Wahyuny, I., Rahmawati, I., & Nur Soemah, E. (2023). *The relationship between nurses' therapeutic communication and the level of anxiety of patients who are treated in the ICU room of Kartini Hospital* (Doctoral dissertation, Bina Sehat University Library PPNI).

Rifani, A., Sari, D. P., & Lestari, M. (2024). The relationship between nurses' therapeutic communication and the level of anxiety of patients' families in the Intensive Care Unit (ICU) room of Bekasi Regency Hospital. Nursing Genius Journal, 5(1), 45–52.

Sulistyo, A., Ristanti, R., Suharyono, E., Djamil, F. D., & Sudanang, E. A. (2023). Adolescent perception of anxiety disorders in the late adolescence to early adulthood phase. *Nusa Bangsa Harmony Journal*. https://ejournal.stipram.ac.id/index.php/JHNB/article/view/276

Setyawati, R. (2021). The *relationship between nurses' therapeutic communication and the level of family anxiety of patients who are fitted with mechanical ventilators in patients with respiratory failure in the intensive care unit (ICU) room of Anwar Medika Hospital* (Doctoral Dissertation, Stikes Bina Sehat PPNI).

Saragih, D., & Suparmi, Y. (2017). Factors that affect the anxiety level of patients treated in the ICU/ICCU room of Husada Hospital Jakarta. *KOSALA: Journal of Health Sciences*, *5*(1), 61–69.