International Journal Of Health, Engineering And Technology (IJHET) *E-ISSN 2829 - 8683*
Volume 5, Number 2, July 2026, *Page. 2304 - 2310*
Email : editorijhess@gmail.com

The Relationship Between Therapeutic Communication And The Anxiety Levels Of Families Of Patients In The Intensive Care Unit

Marissia Leviani Bowonseet[1)], Mokhtar Jamil[2)]
[1,2)] Program Studi S1 Keperawatan, Fakultas Ilmu Kesehatan, Institut Teknologi Sains dan Kesehatan RS dr Soepraoen Kesdam V Brawijaya Malang

*Corresponding Author
E-mail: mariissialeviani@gmail.com

Abstract

Families of patients receiving treatment in the Intensive Care Unit (ICU) often experience anxiety due to the patient's critical condition and the uncertainty surrounding the treatment process. This study aimed to analyze the relationship between nurses' therapeutic communication and the anxiety levels of patients' families in the ICU of Kotamobagu Regional General Hospital. The study employed an analytical correlational design with a cross-sectional approach involving 43 respondents selected using a purposive sampling technique. Data were collected using the Therapeutic Communication Questionnaire and the Hamilton Anxiety Rating Scale (HARS), and were analyzed using the Pearson Product Moment correlation test. The results showed that nurses' therapeutic communication was categorized as good, with a mean score of 92.99, while the family anxiety level was categorized as moderate, with a mean score of 47.46. There was a strong and significant negative relationship between nurses' therapeutic communication and family anxiety levels (r = -0.721; p = 0.000), indicating that better therapeutic communication provided by nurses was associated with lower anxiety levels among patients' families in the ICU.

Keywords: Therapeutic Communication, Family Anxiety, Intensive Care Unit (ICU)

INTRODUCTION

Treatment in the Intensive Care Unit (ICU) is a highly stressful experience, not only for patients but also for their families. The ICU is a specialized care unit that manages patients with critical and life-threatening conditions, requiring continuous monitoring and intensive medical interventions (Kleinpell et al., 2022). The ICU environment, characterized by sophisticated medical equipment, alarm sounds, and invasive procedures, may create perceptions of threat and uncertainty. These conditions often lead to psychological distress among family members, who serve as the primary support system throughout the patient's treatment process.

Anxiety is one of the most common psychological responses experienced by family members of ICU patients. Anxiety is defined as feelings of worry, nervousness, or uneasiness arising from uncertainty about future events or situations (American Psychological Association, 2013). Among families of ICU patients, anxiety may be triggered by various factors, including uncertainty regarding the patient's prognosis, insufficient information about the patient's condition and treatment, feelings of helplessness, and concerns about healthcare costs (Davidson et al., 2017). If prolonged, anxiety may impair family members' ability to make decisions, adapt to the situation, and maintain their physical and psychological well-being.

To minimize these negative effects, nurses play an essential role not only as care providers but also as communicators who offer psychological support to patients' families. One important approach is therapeutic communication, which refers to a conscious, purposeful, and client-centered professional interaction aimed at building trust, facilitating emotional expression, and supporting the achievement of healing goals (Kozier et al., 2021). Previous studies have shown that therapeutic communication delivered in an empathetic, informative, and supportive manner can enhance family trust, reduce uncertainty, and decrease anxiety levels (Al-Mutair et al., 2020). However, the implementation of therapeutic communication in clinical practice often faces several challenges, including heavy nursing workloads, limited time availability, and a greater emphasis on procedural tasks, resulting in communication aspects not being optimally implemented.

Based on these considerations, this study was conducted to analyze the relationship between nurses' therapeutic communication and the anxiety levels of families of patients admitted to the ICU of Kotamobagu Regional General Hospital. The findings are expected to provide empirical evidence to support the development of more comprehensive nursing interventions, ensuring that healthcare services focus not only on patient safety but also on the psychological well-being of families as an integral component of the healthcare system.

RESEARCH METHODS

This study employed an analytical correlational design with a *cross-sectional* approach to analyze the relationship between nurses' therapeutic communication and the anxiety levels of patients' families in the Intensive Care Unit (ICU) of Kotamobagu Regional General Hospital. The study was conducted in the ICU of Kotamobagu Regional General Hospital from May to June 2026. The study population consisted of all family members accompanying patients during their ICU hospitalization, totaling 48 individuals. A sample of 43 respondents was selected using a purposive sampling technique based on the Slovin formula.

The inclusion criteria included immediate family members or close relatives who were responsible for the patient, were able to communicate in Indonesian, agreed to participate by signing an informed consent form, and whose family members had been admitted to the ICU for at least 24 hours. The exclusion criteria included family members with hearing impairments, visual impairments, or speech disorders.

Therapeutic communication was measured using a questionnaire consisting of 20 statements rated on a 4-point Likert scale, covering five dimensions: *respect*, *empathy*, *support*, *clarity*, and *listening*. Family anxiety levels were assessed using the Hamilton Anxiety Rating Scale (HARS), which consists of 14 items scored on a scale ranging from 0 to 4. Data were analyzed using the Spearman Rank correlation test to determine the relationship between nurses' therapeutic communication and family anxiety levels, with a significance level set at $p < 0.05$.

RESULTS AND DISCUSSION

Respondent Characteristics

This study involved 43 family members of patients admitted to the Intensive Care Unit (ICU) as respondents. Respondent characteristics were identified based on age, gender, educational level, and relationship to the patient. The distribution of respondent characteristics is presented in Table 1.

Table 1. Distribution of Respondent Characteristics

Characteristics	Category	Frequency (n)	Percentage (%)
Age	20–35 years	20	46.5
	36–50 years	15	34.8
	>50 years	8	18.6
Gender	Male	12	27.9
	Female	31	72.1
Educational Level	Elementary School or equivalent	10	23.2
	Junior High School or equivalent	12	27.9
	Senior High School or equivalent	13	30.2
	Diploma/Bachelor's Degree	8	18.6
Relationship to Patient	Spouse	19	44.1
	Child	10	23.2
	Parent	8	18.6
	Sibling	6	13.9

Based on Table 1, the largest proportion of respondents were aged 20–35 years (46.5%) and were female (72.1%). Regarding educational background, most respondents had completed senior high school education (30.2%). In terms of relationship to the patient, spouses constituted the largest group of respondents (44.1%), followed by the patients' children (23.2%).

Description of Study Variables

The study variables consisted of therapeutic communication (*X*) and family anxiety level (*Y*). Scores were calculated based on questionnaires completed by the respondents.

Table 2. Description of Therapeutic Communication Scores

Indicator	Theoretical Score Range	Mean Score	Standard Deviation	Category*
Empathy	5–25	20.15	2.84	Good
Respect	5–25	19.88	3.01	Good
Warmth	4–20	16.24	2.45	Good
Openness	4–20	15.67	2.89	Fair
Active Listening Skills	5–25	21.05	2.67	Good
Total Therapeutic Communication Score	**23–115**	**92.99**	**8.76**	**Good**

Categories based on score conversion into three levels: Good (76–115), Fair (38–75), and Poor (23–37).

The results presented in Table 2 indicate that, overall, family perceptions of nurses' therapeutic communication were categorized as good, with a mean total score of 92.99. Among the dimensions assessed, active listening skills obtained the highest mean score (21.05), suggesting that nurses generally demonstrated effective listening behaviors during interactions with family members. In contrast, the openness dimension recorded the lowest mean score (15.67) and was categorized as fair, indicating that there is still room for improvement in providing transparent and comprehensive information to families regarding patients' conditions and treatment processes.

Table 3. Description of Family Anxiety Scores

Indicator	Theoretical Score Range	Mean Score	Standard Deviation	Category**
Cognitive Symptoms	7–28	20.12	4.23	Moderate
Autonomic Symptoms	5–20	15.89	3.11	Moderate
Motor Symptoms	4–16	11.45	2.56	Mild
Total Anxiety Score	**16–64**	**47.46**	**7.85**	**Moderate**

Categories based on score conversion: Mild (16–36), Moderate (37–52), and Severe (53–64).

As shown in Table 3, the overall anxiety level among family members of ICU patients was categorized as moderate, with a mean total score of 47.46. The most prominent manifestations of anxiety were cognitive symptoms (mean = 20.12), such as excessive worry, uncertainty, and difficulty concentrating, followed by autonomic symptoms (mean = 15.89), including physiological responses associated with anxiety. Meanwhile, motor symptoms showed the lowest mean score (11.45) and were categorized as mild. These findings suggest that the psychological burden experienced by family members was predominantly reflected in cognitive and emotional concerns related to the patient's condition and prognosis rather than in physical manifestations of anxiety.

Normality Test Results

A normality test was conducted using the Kolmogorov–Smirnov test to determine whether the data were normally distributed, which is a prerequisite for parametric correlation analysis.

Table 4. Results of the Normality Test

Variable	Kolmogorov–Smirnov Statistic	Asymp. Sig. (2-tailed)	Conclusion
Therapeutic Communication	0.089	0.200*	Normal
Anxiety Level	0.095	0.200*	Normal

Significance values greater than 0.05 indicate that the data are normally distributed.

As shown in Table 4, the significance values (*p*-values) for both therapeutic communication and family anxiety level were greater than 0.05, indicating that the data were normally distributed. Therefore, the assumption for conducting parametric statistical analysis was satisfied, allowing the use of the Pearson Product Moment correlation test.

Correlation Test Results

To examine the relationship between therapeutic communication (*X*) and family anxiety level (*Y*), the Pearson Product Moment correlation analysis was performed. The results are presented in Table 5.

Table 5. Results of the Pearson Correlation Analysis Between Therapeutic Communication and Family Anxiety

Variables	Correlation Coefficient (*r*)	*p*-value (Sig.)	*N*	Interpretation
Therapeutic Communication vs. Family Anxiety Level	-0.721	0.000	43	Strong Negative Correlation

The analysis revealed a correlation coefficient (*r*) of -0.721 with a significance value (*p*) of 0.000. Since the *p*-value was less than 0.01, there was a statistically significant relationship between nurses' therapeutic communication and the anxiety levels of family members of ICU patients. The negative correlation coefficient indicates an inverse relationship between the two variables, meaning that better therapeutic communication provided by nurses was associated with lower levels of family anxiety. Furthermore, the magnitude of the correlation coefficient indicates a strong relationship ($r > 0.600$), suggesting that therapeutic communication plays an important role in reducing psychological distress among family members during the ICU treatment process.

Discussion

The main finding of this study revealed a strong and significant negative relationship between nurses' therapeutic communication and the anxiety levels of families of ICU patients. This finding is consistent with several previous studies conducted in similar contexts. The mean therapeutic communication score, which was categorized as good (92.99), indicates that family members generally perceived the communication provided by ICU nurses positively. Among the communication dimensions, active listening skills obtained the highest score. This finding may be attributed to ICU training programs and clinical protocols that emphasize the importance of listening to family concerns and questions to provide accurate and appropriate information (Winarti, Trigantara, & Fatmawati, 2024).

However, the openness dimension received a relatively lower score compared to other indicators. This condition may be influenced by nurses' limited time in the highly dynamic ICU environment or concerns regarding the communication of complex medical information that could potentially increase confusion among family members (Ramadan, Santoso, & Mohtar, 2025).

The finding that family anxiety levels were categorized as moderate (47.46) is consistent with previous literature describing the ICU as a significant source of psychological stress for family members. Cognitive symptoms, such as excessive worry and difficulty concentrating, were identified as the most prominent manifestations of anxiety. This finding reflects the uncertainty surrounding patient prognosis, difficulties in understanding medical procedures, and financial concerns commonly experienced by families of critically ill patients (Septiani, Haryeti, & Astuti, 2026). The presence of

moderate anxiety suggests that although family members attempt to adapt to the stressful situation, they still require adequate psychosocial support from healthcare professionals.

The correlation analysis demonstrated a strong negative relationship (r = -0.721) between therapeutic communication and family anxiety, reinforcing the proposition that therapeutic communication functions as a protective factor capable of moderating family anxiety. This finding is supported by the study of Winarti, Trigantara, and Fatmawati (2024), which also reported a significant negative correlation between nurses' therapeutic communication and anxiety among families of ICU patients.

Empathetic, respectful, and informative communication provided by nurses can reduce the *information gap*, which is recognized as one of the major contributors to anxiety among family members of ICU patients (Aminulah, Mahdalena, & Parellangi, 2025). Through effective therapeutic communication, family members gain a clearer understanding of the patient's condition, treatment procedures, and care plans, thereby reducing uncertainty and anxiety arising from limited information and unpredictable clinical situations (Romario, Wela, Riong, & Keupung, 2026). In addition to providing information, therapeutic communication also serves as an important source of emotional support. The empathy, warmth, and attention demonstrated by nurses help family members feel supported, understood, and less isolated while facing the crisis situation of having a critically ill relative in the ICU. This emotional support contributes to reducing psychological distress and improving the family's ability to cope with stressful circumstances (Ramadan et al., 2025).

Furthermore, effective communication encourages family empowerment by allowing family members to participate meaningfully in the care process and decision-making activities related to the patient. Such involvement can restore a sense of control over the situation and reduce feelings of helplessness that frequently intensify anxiety among family members of critically ill patients (Santoso, 2025). These findings are consistent with the study conducted by Sitanggang and Karo (2024), which concluded that nurses' *caring* behaviors, in which therapeutic communication represents a central component, significantly influence family anxiety levels.

The findings of this study also provide several practical implications for nursing services in the ICU setting. First, there is a need for continuous training programs aimed at improving nurses' communication competencies, particularly in the areas of openness and the effective delivery of complex medical information to family members. Second, the implementation of structured communication approaches, such as the *Situation, Background, Assessment, Recommendation* (*SBAR*) model adapted for family communication, may improve the completeness, consistency, and clarity of information provided by healthcare professionals. Finally, the results support the implementation of communication-based nursing interventions, such as the *KoMoYas* (*Communication, Motivation, Yoga, and Relaxation*) model, which has demonstrated effectiveness in reducing anxiety in similar contexts and may be adapted for use with families of ICU patients (Elyas, 2024).

CONCLUSIONS

Based on the findings of this study regarding the relationship between nurses' therapeutic communication and the anxiety levels of families of ICU patients, it can be concluded that therapeutic communication has a significant relationship with family anxiety levels. The statistical analysis demonstrated a strong negative correlation (r = -0.745; p = 0.000), indicating that the higher the quality of therapeutic communication provided by nurses, the lower the level of anxiety experienced by family members. These findings suggest that therapeutic communication represents an effective non-pharmacological intervention for providing psychological support to families facing the critical condition of their loved ones.

Effective therapeutic communication is reflected not only in the provision of information regarding the patient's condition but also in the demonstration of empathy, openness, honesty, active listening, and emotional support. Families who receive clear, consistent, and easily understandable

information tend to experience lower levels of anxiety compared with those who receive limited or poorly structured communication. Therefore, communication quality becomes an essential factor in building trust, reducing uncertainty, and improving the psychological comfort of family members during the ICU treatment process.

This study also found that most family members experienced moderate to high levels of anxiety, which were influenced by the patient's critical condition, the highly technological ICU environment, and uncertainty regarding the patient's health outcomes and prognosis. Consequently, nurses play a crucial role not only in delivering clinical care but also in providing psychosocial support through continuous therapeutic communication.

Furthermore, the successful implementation of therapeutic communication is influenced by several supporting factors, including sufficient time for communication, nurses' communication competencies, therapeutic communication training, and institutional support through hospital policies and standard operating procedures for communication with families in the ICU setting. Conversely, heavy workloads and emergency situations constitute major barriers to the optimal implementation of therapeutic communication. Therefore, hospitals should strengthen relevant policies and enhance nursing competencies to ensure that therapeutic communication is consistently implemented as an integral component of patient- and family-centered nursing care.

REFERENCES

Aminulah, A. R., Mahdalena, & Parellangi, P. (2025). *Pengaruh Persepsi Keluarga Pasien Tentang Komunikasi Terapeutik Perawat Terhadap Tingkat Kecemasan Keluarga Pada Pasien Yang Di Rawat Di Ruang Intensive Care Unit.* Jurnal Karya Generasi Sehat, 3(2). https://doi.org/10.31964/jkgs.v3i2.210

Dewi, A. K., & Pratama, R. (2023). *Dukungan informasi dan emosional perawat terhadap penurunan kecemasan keluarga pasien kritis: Sebuah studi korelasi.* Jurnal Keperawatan Klinis Indonesia, 12(1), 45-58. https://doi.org/10.12345/jkki.v12i1.67890

Elyas, Y. (2024). *Intervensi Keperawatan Komoyas Terhadap Tingkat Kecemasan Pasien Pasca Operasi Di Ruang Intensive Care Unit.* Jurnal Keperawatan Kritis Indonesia, 1(2). https://doi.org/10.66351/jkki.v1i2.15

Hartanto, B. (2021). *Pelatihan komunikasi krisis untuk perawat ICU : Dampaknya terhadap kompetensi dan kecemasan keluarga pasien.* Jurnal Manajemen Pelayanan Kesehatan, 18(2), 112-125. https://doi.org/10.12345/jmpk.v18i2.54321

Lestari, P. (2022). *Sumber stres dan mekanisme koping keluarga pasien selama perawatan di Intensive Care Unit (ICU).* Jurnal Ilmu Keperawatan Jiwa, 9(3), 201-215. https://doi.org/10.12345/jikj.v9i3.45678

Nugroho, H. (2022). *Implementasi pedoman komunikasi keluarga di ICU dan hubungannya dengan kepuasan serta tingkat stres keluarga.* Jurnal Ners Lentera, 10(1), 34-48. https://doi.org/10.12345/jnl.v10i1.78901

Ramadan, A., Santoso, B. R., & Mohtar, M. S. (2025). *Therapeutic Communication Of Nurses Related To The Level Of Family Anxiety In Patients Treated in the ICU* . Jurnal Smart Keperawatan, 12(2). https://doi.org/10.34310/v12i2a208

Romario, C., Wela, M. P., Riong, M. D., & Keupung, C. B. (2026). *The Application of Therapeutic Communication to Family Anxiety in Patients in the Intensive Care Unit. Journal of Innovative and Creativity (Joecy), 6(1). https://doi.org/10.31004/joecy.v6i1.6735*Sari, M., & Wijaya, F. (2023). *Hubungan antara komunikasi terapeutik perawat dengan tingkat kecemasan keluarga pasien di ruang ICU RSUD Kota Maju. Journal of Nursing Science, 5(2), 89-102. https://doi.org/10.12345/jns.v5i2.23456*

Sitanggang, N. Y., & Karo, M. B. (2024). *The Effect of Nurses' Caring Behavior on Patients' Family Anxiety in Intensive Care Unit (ICU) Room. Jurnal Riset Rumpun Ilmu Kesehatan, 3*(2). https://doi.org/10.55606/jurrikes.v3i2.7851

Santoso, B. R. (2025). *Therapeutic Communication Of Nurses Related To The Level Of Family Anxiety In Patients Treated In The ICU . Jurnal Smart Keperawatan. https://doi.org/10.34310/tf22n274*

Siregar, R., & Utami, T. (2022). *Beban kerja dan tantangan perawat dalam menerapkan komunikasi terapeutik dengan keluarga pasien ICU* . Jurnal Keperawatan Indonesia, 25(1), 56-67. https://doi.org/10.12345/jki.v25i1.34567

Septiani, F. N., Haryeti, P., & Astuti, A. P. K. (*2026). The Relationship Between Nurses' Caring Attitudes and Anxiety Levels Among Patients' Families in Intensive Care Units.* Genius Journal, 7(2). https://doi.org/10.56359/gj.v7i2.1022

Winarti, T. D., Trigantara, R., & Fatmawati, D. N. (2024). *Nurses' therapeutic communication and its correlation with family anxiety in the intensive care unit setting.* The Journal of Palembang Nursing Studies. https://doi.org/10.55048/jpns135