

The Application of Therapeutic Communication to Family Anxiety in Patients in the Intensive Care Unit

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ABSTRACT

Care in the Intensive Care Unit (ICU) involves complex clinical situations that place patients in critical conditions and simultaneously expose their families to significant psychological stress. Uncertainty regarding prognosis, limited visiting hours, and unfamiliar medical equipment often trigger anxiety among patients' families, which can affect decision-making, coping ability, and trust in healthcare providers. Nurses play a pivotal role in addressing this anxiety through therapeutic communication, a non-pharmacological intervention that emphasizes empathy, clarity, honesty, and supportive relationships. This study aimed to explore the implementation of nurse therapeutic communication and its meaning in reducing anxiety among families of ICU patients using a descriptive qualitative approach. The study employed a case study design involving purposively selected family members of patients treated in the ICU of Dr. T.C. Hillers Maumere Regional General Hospital. Data were collected through in-depth semi-structured interviews, direct observation of nurse-family interactions, and supporting documentation, including anxiety assessments using the Hamilton Anxiety Rating Scale (HARS). Data were analyzed thematically through data reduction, presentation, and conclusion drawing, with validity ensured through source and method triangulation. The findings revealed that families initially experienced moderate levels of anxiety characterized by fear, confusion, and emotional distress. Following consistent therapeutic communication by nurses, families reported feeling calmer, more informed, and emotionally supported, which was reflected in decreased anxiety levels from moderate to mild. Therapeutic communication was perceived not only as information delivery but also as a form of emotional reassurance and caring presence. In conclusion, therapeutic communication is a crucial component of holistic ICU nursing care that significantly contributes to reducing family anxiety and strengthening nurse family relationships.

Keywords: therapeutic communication, family anxiety, intensive care unit, critical care nursing, qualitative study.

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INTRODUCTION

Care in the Intensive Care Unit (ICU) is a highly complex healthcare service for patients with critical and life-threatening conditions (Urden et al., 2020; Marshall et al., 2017). This situation not only impacts the patient but also causes significant psychological stress for the family. Families are often faced with uncertain prognosis, limited visiting hours, the use of high-tech medical equipment, and sudden role changes. These conditions make families vulnerable to anxiety, stress, and other emotional disturbances (Davidson et al., 2017; Alfheim et al., 2019). Anxiety in families of ICU patients arises in response to the threat of loss, lack of control over the situation, and limited information regarding the patient's condition and treatment. Research shows that family anxiety can impact decision-making ability, participation in care, and the quality of support provided to patients (Pardede et al., 2020; Mariati et al., 2022). If anxiety is not managed effectively, it has the potential to lead to conflict, dissatisfaction with care, and decreased family trust in healthcare professionals. In the context of critical care nursing, nurses play a strategic role as healthcare professionals who interact most frequently with patients and families. One non-pharmacological intervention that can help families manage anxiety is therapeutic communication. Therapeutic communication is a

planned, purposeful, and client-focused communication process, emphasizing empathy, honesty, and mutual trust (Stuart, 2016; Potter et al., 2021; Sheldon & Hilaire, 2015).

Various studies have shown that therapeutic communication contributes to reduced anxiety, increased family satisfaction, and strengthened nurse-family relationships in ICU patients (Agustin et al., 2019; Azzahra et al., 2024). However, most studies still use a quantitative approach, necessitating a qualitative study to explore families' subjective experiences related to therapeutic communication in depth. Therefore, this study aims to describe the implementation of nurse therapeutic communication and its significance on the anxiety of ICU patients' families through a descriptive qualitative approach.

METHOD

This study employed a descriptive qualitative research design with a case study approach. This approach was chosen to gain an in-depth understanding of the subjective experiences of patients' families regarding therapeutic communication provided by nurses. The study participants were families of patients treated in the ICU of Dr. TC Hillers Maumere Regional General Hospital. Participants were selected purposively, with the following criteria: immediate family members, adults, and willingness to participate in the study. Data were collected through in-depth semi-structured interviews with patients' families, observations of communication interactions between nurses and families, and documentation studies, including anxiety assessment results using the Hamilton Anxiety Rating Scale (HARS) as descriptive supporting data. Data analysis was conducted thematically through the stages of data reduction, data presentation, and conclusion drawing. Data validity was maintained through triangulation of sources and methods. This study obtained permission from the relevant institutions. All participants were given an explanation and signed informed consent prior to data collection.

FINDING AND DISCUSSION

The research results are presented based on field findings obtained through in-depth interviews, observations, and supporting data from anxiety measurements using the Hamilton Anxiety Rating Scale (HARS). The presentation of the results focuses on the subjective experiences of patients' families regarding anxiety and the application of therapeutic communication by nurses in the ICU.

Emotional Condition of the Family Before Implementing Therapeutic Communication

Before structured therapeutic communication was initiated, the patient's family expressed feelings of anxiety, fear, and unease. This anxiety was primarily driven by the patient's critical condition, limited visiting time, and a lack of understanding of the medical equipment used. One participant stated:

"I was very scared because I didn't understand the patient's condition and the equipment being used. I felt confused and could only think of the worst." (P1)

Another participant revealed that anxiety also impacted physical conditions, such as difficulty sleeping and loss of appetite:

"While my family was in the ICU, I could barely sleep. My thoughts kept focusing on the worst-case scenario." (P2) Supporting data from the HARS assessment results indicated that the family's anxiety level was in the moderate anxiety category.

The Process of Implementing Therapeutic Communication by Nurses

Therapeutic communication is implemented through several forms of interaction, including providing routine information regarding the patient's condition, explaining treatment procedures, and providing opportunities for the family to ask questions and express their feelings. Nurses also demonstrate empathy through eye contact, a calm tone of voice, and a willingness to listen to the family's concerns.

Families report that the nurses' explanations help them understand the patient's condition more realistically:

"After the nurse explained slowly and clearly, I began to understand the patient's condition and felt calmer." (P3)

Changes in Family Anxiety Experiences After Therapeutic Communication

After consistently implementing therapeutic communication, families reported a decrease in anxiety. They felt more confident, calm, and able to accept the situation they were facing. One participant stated:

"Now I'm less panicked. If there's something I don't understand, I can just ask the nurse." (P1)

This change was also reflected in the HARS results, which showed a decrease in anxiety scores from moderate to mild.

The Meaning of Therapeutic Communication for Patient Families

For families, therapeutic communication is not only about conveying information, but also about caring and emotional support. The presence of a communicative nurse makes families feel less alone in facing critical situations.

"Nurses not only care for patients, but also reassure us as a family. That means a lot." (P2)

These findings indicate that therapeutic communication plays a significant role in helping families manage anxiety while their family member is in the ICU.

Discussion

1. Patient Family Anxiety in the Context of ICU Care

Research results indicate that families of ICU patients experience significant anxiety in the early stages of care. The closed ICU environment, the use of invasive medical equipment, and the uncertainty of the patient's condition are major sources of stress for families (Mitchell et al., 2016). This finding is consistent with Davidson et al. (2017) and Urden et al. (2020), who stated that the ICU is a highly stressful environment for patient families.

The anxiety experienced by families not only impacts psychologically but also affects physical conditions, such as sleep disturbances and emotional exhaustion. This is in line with Mariati et al. (2022) and Pardede et al. (2020), who emphasized that anxiety among families of critically ill patients is multidimensional and requires comprehensive nursing interventions.

2. The Role of Therapeutic Communication in Reducing Family Anxiety

Research findings indicate that consistent therapeutic communication by nurses helps families understand the patient's condition more realistically and reduces uncertainty. Providing clear information, nurses' openness, and the use of easy-to-understand language are important

factors in reducing family anxiety. These findings support Stuart's (2016) theory, which states that therapeutic communication aims to help clients and families manage anxiety through a trusting relationship. Research by Azzahra et al. (2024) and Agustin et al. (2019) also reported that nurses' therapeutic communication is associated with reduced anxiety and increased family satisfaction in ICU patients.

3. Therapeutic Communication as Emotional Support for Families

In this study, therapeutic communication is interpreted by families not only as conveying information but also as a form of emotional support. Nurses' empathetic attitudes, willingness to listen, and family involvement in the care process reflect the application of family-centered care principles.

This approach aligns with Potter et al. (2021), Davidson et al. (2017), and Davidson et al. (2021), which emphasize the importance of family involvement in critically ill patient care to improve coping mechanisms, satisfaction, and trust in healthcare services.

4. Implications of Findings for Nursing Practice

The results of this study confirm that therapeutic communication needs to be systematically integrated into nursing practice in the ICU. Nurses are expected to possess strong communication competencies as part of holistic nursing care. Therefore, therapeutic communication can be an effective intervention to support the psychological well-being of ICU patients' families.

CONCLUSIONS

This study concluded that consistent application of therapeutic communication by nurses can help reduce anxiety among families of patients in the ICU. Through empathetic, informative, and structured communication, families feel more understood, calm, and able to accept the patient's condition. Therapeutic communication should be viewed as an essential part of critical care for patients.

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