

Therapeutic Communication with Patient Anxiety Levels During Operation Preparation: A Cross-Sectional Study

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Abstract

Background: Good therapeutic communication, besides being able to create a therapeutic relationship between nurses and patients, can also have an impact on improving the patient's psychology, including eliminating anxiety. Objective: This study aimed to determine the relationship between therapeutic communication and the patient's stress level when preparing for surgery in the Inpatient Room of the Surabaya A. Yani Islamic Hospital. Methods: Analytical research design with a correlational analytic approach. The sample size is 64 respondents with a purposive sampling technique. The independent variable is therapeutic communication, and the dependent is anxiety. The data collected using questionnaires on nurses' therapeutic communication and patient anxiety was given directly to patients. Analysis using Chi-Square. Results: The study's results of 64 respondents were obtained; most (60.9%) stated that the nurse's therapeutic communication was good, and most (60.9%) indicated they did not experience anxiety when undergoing surgery. There is a relationship between therapeutic communication and the patient's stress level during surgery preparation at the Surabaya A.Yani Islamic Hospital. Conclusion: Nurses in the ward with good therapeutic communication will reduce patient anxiety during surgery preparation. Recommendation: Nurses are expected to consistently provide good therapeutic communication to create a calm and comfortable atmosphere for patients in the hospital. It is necessary to research further the factors that can influence therapeutic communication and aspects of patient anxiety.

Keywords: Therapeutic communication, nurses, anxiety

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INTRODUCTION

Anxiety is a problem that often occurs when preparing patients for surgery at the hospital. In some cases, surgery is delayed due to patient anxiety. The trigger factor for anxiety is the lack of information obtained by patients from nurses or health workers to cure the disease they suffer from. One of the treatment procedures that can cause high anxiety is surgery or surgery (1). Surgery or surgery is carried out to treat conditions that are difficult and impossible to cure only with simple drugs, so these actions must be carried out (2). During surgery, the client will experience various kinds of stressors. The patient's fear or anxiety in facing surgery includes fear of pain, fear of physical changes, being ugly or not functioning normally (body image), fear of surgical equipment and officers, fear of not being conscious again after being anesthetized, and fear of failed surgery (3).

The above needs serious attention from nurses because nurses are health workers who are closest and longest with patients. The effect of providing information about surgery preparation with a therapeutic communication approach on the patient's level of anxiety. Therapeutic communication skills in providing information must be used to deal with various reactions in these interactions. One of them is the ability to listen while interacting and engaging in conversation. The nurse's calm, caring, and understanding attitude can lead to trust on the part of the patient. Therapeutic communication occurs to help patients carried out by professional people using a personal approach based on feelings and emotions; in this therapeutic communication, there must be an element of trust between nurses and patients(4).

World Health Organization reported that for more than a century, surgical treatment has been an essential component of healthcare worldwide. It is estimated that every year 230 million surgeries are performed worldwide. Data from the Ministry of Health of the Republic of Indonesia in 2016 states that surgery ranks 11th out of 50 disease patterns in Indonesia with a percentage of 12.8%, and it is estimated that 32% of them are major surgery, and 25.1% have mental conditions and 7%

experience anxiety (5). The results of the study (6) of 103 pre-cataract surgery patients found that 36.9% (38 people) experienced mild anxiety, 16.5% (17 people) experienced moderate anxiety, and 2.9% (3 people) experienced severe stress.

problems are emotional Anxiety reactions that often appear in pre-operative patients. Anxiety is considered a pre-operative patient's anticipatory response to an experience that is regarded as a threat to the role in the patient's life, body integrity, and life. Factors triggering anxiety in addition to lack of knowledge. Patient anxiety can be caused by the nurse's lack of self-awareness, systematic training, conceptual interpersonal skills framework, and clarity of purpose. One way to overcome the fear of patients who will undergo surgery is by providing information through informed consent about preparatory actions and events that patients will experience during and after surgery. (Ramirez et al., 2017). The results of the study (8) said that there was an effect of therapeutic communication on decreasing the anxiety level of pre-operative patients. The data above found that before therapeutic communication was carried out, most of the respondents experienced severe anxiety 13 respondents (46.43%). After therapeutic communication, most experienced mild anxiety 14 respondents (50%). In providing exemplary service to patients, the Inpatient Room of the Islamic Hospital Surabaya A. Yani has a standard set of informed consent.

One of the nurse's roles is to educate. Through good therapeutic communication, apart from creating a therapeutic relationship between nurses and patients, it can also impact the psychological improvement of patients, including relieving anxiety. (3). Nurses or the health team uses informed consent to provide detailed information and explanations related to various actions patients will take during treatment (9).

Pre-operative anxiety is an anticipatory response to an experience that threatens its role in life, body integrity, and life itself. During surgery, various bad possibilities can occur that will endanger the patient. So do not be surprised if patients often show a somewhat

exaggerated attitude with the anxiety they experience (3).

Anxiety can be a heavy burden that causes the individual's life to always be under the shadow of prolonged anxiety and perceives anxiety as a mental tension accompanied by bodily disturbances that cause anxiety related to physiological and psychological stress. The effect of anxiety on pre-operative patients impacts the course of surgery (10). Therapeutic nurse-patient communication will positively impact the quality of nursing services in hospitals and will lead to patient satisfaction with the nursing services provided. In order to increase the patient's confidence in facing an operation, a nurse-patient relationship needs to be built so that the patient can choose positive or adaptive coping alternatives for himself and minimize pre-operative anxiety. From the thoughts and phenomena above, the authors are interested in researching the relationship nurse-patient therapeutic between communication and patient anxiety levels during preparation for surgery.

OBJECTIVE

This study aimed to find out the relationship between therapeutic communication and the patient's level of anxiety when preparing for surgery in the Inpatient Room of the Surabaya A.Yani Islamic Hospital.

METHODS

Design

Quantitative research with a crosssectional. The sampling technique used in this research is purposive sampling.

Sample, sample size, & sampling technique

The sample size of Respondents was 64 people. The sampling technique used purposive sampling. The inclusion criteria in this study were complemental awareness or good awareness, patients during treatment preparation for surgery, able to read and write, ages 17-55 years: exclusion criteria, namely patients with an excellent unconscious condition. The research was conducted at Surabaya A. Yani Islamic Hospital.

Data collection process

The study was conducted in May-June 2022. Data Collection Procedures Researchers discussed selecting patients according to inclusion criteria with room nurses. After that, the researcher met the patient and family to introduce themselves and explain procedure benefits the study. and of Furthermore, the patient explained technique of filling the out questionnaire, which consisted of general data, therapeutic communication, and questionnaires. Completing the questionnaire takes 10-15 minutes. Before conducting the research, the protocol was declared ethically feasible with the number 008.1/007/IV/EC/KEP/LCBL/2022.

Instrument for data collection

The instrument used in this study was a questionnaire about patient anxiety related to therapeutic communication in the Inpatient Room of Surabaya A. Yani Islamic Hospital. Instruments to measure the application of restorative communication nurses; using a questionnaire therapeutic about communication with the value reliability validity test Cronbach's Alpha .710. Meanwhile, to measure the patient's anxiety level, the Zung Self-Rating Anxiety Scale (SAS/SRAS) questionnaire with test values validity reliability Cronbach's Alpha .918.

Statistically Analysis

The statistical test of the research results with the Spearman Rank Test. The reason is that calculating the Spearman rank correlation test is easier to do than other types of tests and in accordance with the criteria of this study. The strength of the correlation also determines the significance of the relationship between the two variables in this test. The association is significant when the sig (2-tailed) value is less than 0.05 or 0.01.

RESULTS

The research results obtained by the researchers are as follows:

Table 1. Frequency distribution by age, sex, education, and occupation of respondents

Data Characteristics	Frequen	Percenta		
	cy (N)	ge (%)		
Gender				
Male	23	35.9		
Female	41	64.1		
Total	64	100		
Early				
Adults (18-40 years)	42	65.6		
		Middle		
Adults (41-60 years)	20	31.3		
		Older		
Adults (>60 years)	2	3.1		
Total	64	100		
Education				
Elementary	17	26.6		
Middle	30	46.9		
Universities	17	26.6		
Total	64	100		
Employment				
Not working	10	15.6		
Working	54	84.4		
Total	64	100		

Based on Table 1. the age of most respondents (65.6%) were early adults (between 18-40 years). Most of the respondents (64.1%) are female. Almost half of the respondent's education level (46.9%) is Intermediate. Nearly all respondents (88.4%) are actively working.

Table 2. Frequency Distribution based on Nurse Therapeutic

Communication	Frequency (N)	Percentage (%)		
Less	5	7.8		
Enough	30	31.3		
Good	39	60.9		
Total	64	100		

Table 2. shows that of 64 respondents, it was found that most (60.9%) stated that the nurse's therapeutic communication was good.

Table 3. Frequency distribution based on patient anxiety

Anxiety	Frequency (N)	Percentage (%)		
Severe	1	1.6		
Moderate	7	10.9		
Mild	17	26.6		

Normal /	39	60.9
No		
Anxiety		
Total	64	100

Based on Table 3. shows that out of 64 respondents, most (60.9%) stated that they did not experience anxiety when they were about to undergo surgery.

Table 4. Cross-tabulation of the relationship between therapeutic communication and the patient's level of anxiety during surgery preparation

	Anxiety									
Communi cation		eig ht	Moder ate		Mild		Norma 1/ Not Anxiet y		Total	
	f	%	f	%	f	%	f	0/0	f	%
Less	1	1, 6	4	5,3	0	-	0	-	5	7, 8
Fair	0	-	1	1.6	1	15	9	14	2	31
Good	0	-	2	3.1	0 7	.6 10	3	.1 46	0	.2
						.9	0	.9	39	60.9
Total	1	1.	7	9.9	1	26	3	61	6	10
		6			7	, 5	9		4	0

The statistical test results with Spearman Rank Test obtained ρ = 0.000

Table 4. shows that of the 64 respondents, most of the 39 (60.9%) respondents stated that the nurse's therapeutic communication was good and not anxious during surgery preparation. After the Spearman Rank Test with a significance level of = 0.05 by using the SPSS application, it was found that = 0.000 < = 0.05, which indicates that H0 is rejected if <, which means that there is a relationship between therapeutic communication and the patient's level of anxiety when preparing for surgery at the Surabaya A. Yani Islamic Hospital.

DISCUSSION

Therapeutic communication of nurses to patients during surgery preparation

The study's results obtained that therapeutic communication was carried out by Inpatient Room nurses at the Surabaya A.Yani Islamic Hospital. This is because nurses in the Inpatient Room of the Surabaya Islamic Hospital use language that patients easily understand when communicating with patients

who will undergo surgery; for example, nurses do not only use medical terminology. This follows the theory of principles of therapeutic communication in nursing; namely, nurses can express feelings and express clear attitudes so that they are (11)regarding therapeutic communication techniques, including assertiveness is the ability to convince, communicate thoughts and self-confidence while respecting others, by speaking clearly, dealing with manipulation from other parties without hurting them.

Therapeutic communication is one of the pre-operative preparations that aims to reduce the patient's anxiety level and is carried out 30 minutes to 1 hour before the patient is taken to the operating room. Nurses who carry out therapeutic communication to respondents with the best categories. The stages of therapeutic communication that were observed and assessed were the orientation stage, work termination. Therapeutic stage, and planned communication is consciously communication; clear goals and activities are focused on healing the client (12)

The purpose of nurse-patient therapeutic communication has goals (13), including increasing independence from patients through the process of self-realization, self-acceptance and respect for oneself, clear self-identity, and a high sense of integrity towards oneself, the ability to build relationships, interpersonal intimacy and interdependence and love between health workers and patients, improve patient well-being by improving function and ability to meet needs and achieve realistic personal goals.

There are three basic characteristics in therapeutic communication (14), including Geniuses. The therapist must be aware of the patient's values, attitudes, feelings, and situation. The therapist who can show his sincerity has an awareness of the attitude possessed by the patient so that he can learn to communicate everything correctly. Empathy is the psychological process of an individual dissolved in the feelings of others, both joy and sorrow, as if feeling or experiencing what is happening to the patient's personality. Empathy is honest and sensitive, what is and is not made up (objective) based on what other

people experience. Empathy tends to depend on the similarity of experiences experienced in communication. Warmth. With warmth, the therapist will encourage and help patients to express ideas and thoughts and put them into action without fear of being blamed or confronted. The atmosphere is warm and comfortable without any threat, indicating a sense of acceptance from the patient. Therefore, the patient will express his feelings more deeply Therapeutic and widely. communication is said to be good if the nurse works with the patient to discuss the problem at hand to achieve the goals of the nursing action; the nurse provides information about the nursing action to be carried out and evaluates the results of the nursing action against the patient (15).

The above is supported by research (16) therapeutic results in nurse which communication in the inpatient room showing that most of the respondents stated that nurse therapeutic communication was outstanding category with a percentage of 51.1%, both with a percentage of 36.7% and sufficient with a rate 12.2%. This shows that the therapeutic communication carried out by nurses is very good. Communication is essential, especially between nurse-client, where in this communication, the nurse can find several solutions to the problems that the client is experiencing. The research results show that nurses greet and smile when meeting patients and convey messages clearly and easily to understand; at the time of termination, the nurses say goodbye. This statement follows the theory that the stages of therapeutic communication based on the pre-interaction phase include the orientation stage of the nurse greeting, introducing herself, asking for news, and showing an attitude of being ready to help. The work stage of nurses asking for complaints, listening and responding to patient complaints, conveying messages clearly and quickly understood, and using a soft voice. The termination stage of the nurse saying goodbye, making a time contract, and evaluating the patient's response (17).

According to researchers, good communication will affect patients' comfort with a trusting relationship between nurses and

patients. This can make it easier to provide nursing because, with good communication, patients will find it easier to convey their complaints so that patients will not feel anxious. On the other hand, poor communication will affect the patient's psychology which can worsen the patient's health both psychologically and physically because poor communication can cause discomfort to the recipient of nursing care because of the loss of a trusting relationship between nurses and patients so that patients will find it challenging to convey the complaints they receive. Feel that causes dissatisfaction in the patient because it is not by the expected goals, so that the patient will experience anxiety.

Patient anxiety when preparing for surgery.

The results showed that therapeutic communication carried out by the Inpatient Room nurse at the Surabaya A.Yani Islamic Hospital was stated by respondents based on an anxiety questionnaire from 64 respondents; most of them (64.1%) were female. The incidence of anxiety in women is higher than in men; it is stated that women tend to experience anxiety compared to men. This is due to hormonal differences and different psychosocial stressors between women and men (8).

The age of most respondents (65.6%) are early adults (between 18-40 years). productive age, a person tends to experience anxiety. Someone younger is easier to experience anxiety disorders than someone older, but some think otherwise (Stuart, 2014). Age cannot be used as a guide to measuring a person's level of maturity in thinking and behaving. Sometimes a person is a teenager, but his way of thinking is mature, and there is also someone who has reached adulthood, but his way of thinking is still childish. One's environment and life experiences can influence this. In the researcher's experience, respondents productive age experience anxiety influenced by fear of the future and think they will become a burden on the family (10)

Almost half of the respondent's education level (46.9%) is Intermediate. A person's low level of education will cause that person to

experience anxiety more quickly than those with higher educational status. In the phenomenon encountered by researchers, respondents with secondary education partially experience anxiety due to minimal knowledge of surgical information, so respondents overthink about the procedures they will face (10)

In Amar's research in Giarto, 2018, it was stated that 76.9% of working patients experienced anxiety. This is influenced by the type of work, and health insurance is required as a general preparation. Financial preparation is very dependent on the patient's ability and the hospital's policy where the patient will undergo the surgery process. Some types of surgery are costly, such as orthopedic surgery. This is because the surgical procedure requires additional equipment or because the time it takes is longer, so it affects the cost of the anesthetic used. The researcher stated that patients and families should have received explanations and information about financial problems, ranging from operating expenses to using additional tools before surgery. This is necessary so that there will be no complaints or dissatisfaction from the patient and family after the operation.

Anxiety is an unpleasant emotion characterized by worry, a fear that everyone feels to a different degree. Anxiety is closely related to feeling uncomfortable, worried, anxious, and restless and is accompanied by multiple symptoms. According to the results of interviewing respondents about their anxiety (18). The surgery to be carried out is a planned operation, so the patient has obtained informed consent and an explanation of the surgery to be carried out; this makes the patient feel more prepared and tries to suppress worries based on the information obtained. This is supported by (19), who states that the lack of anxiety factors experienced by respondents makes respondents look relaxed and follow the surgical action plan.

One of the nurse's roles is to educate. Good therapeutic communication, apart from creating a therapeutic relationship between nurses and patients, can also impact the psychological improvement of patients, including relieving anxiety (3). Nurses or the

health team use informed consent to provide detailed information and explanations related to various actions patients will take during treatment (9). After the patient has received complete information and explanation, it is hoped that the patient can make the right decision for the healing process. The nurse assumes that the anxiety of patients who will undergo surgery is due to ignorance or lack of information obtained by patients regarding the surgical procedure to be carried out. Therefore, apart from being a medium for providing information to patients regarding all actions that will be given during treatment in the Inpatient Room of the Surabaya Islamic Hospital A.Yani informed consent.

In addition, according to researchers, the anxiety experienced by patients who will undergo surgery can occur because the patient has never undergone surgery at all; because this is the first experience of undergoing surgery, the worry and fear for the safety of life are the causes of pre-operative patient anxiety so communication is needed. Therapeutic so that the patient does not experience stress.

The relationship between therapeutic communication and the patient's level of anxiety when preparing for surgery.

Based on the results of the study. After analyzing using the Chi-Square with a significance level of = 0.05 using the SPSS application, it was found that = 0.000 < = 0.05, which indicates that H0 is rejected if < which means that there is a relationship between therapeutic communication and the patient's level of anxiety when preparing for surgery at the Surabaya Islamic Hospital A. Yani. Therefore, the patient's anxiety level depends on the nurse's therapeutic communication and how the nurse understands the actions to be given to the patient. This study is in line with research (16). There is a relationship between therapeutic communication and the quality of nurse services with pre-operative patient anxiety, with a p-value of 0.000 (<0.05). Therapeutic communication can reduce patient anxiety because patients feel that their interaction with nurses is an opportunity to share knowledge, feelings, and information to achieve optimal nursing goals so that the operation process can run smoothly without any obstacles (4)

Through communication and therapeutic relationships, the client usually understands and accepts his condition so that his anxiety decreases and can make the client accept the pain. There were differences for patients who therapeutic communication given intervention before and after. The average patient's level of anxiety and depression decreased after being given a therapeutic communication intervention. The results show a positive role of therapeutic communication in reducing patient anxiety and depression. therapeutic communication is Therefore, recommended as a simple, efficient, and effective method of reducing the anxiety level of patients who will undergo surgery (20).

In the opinion of researchers, therapeutic communication in nurse services to patients is related to patient anxiety. This is because therapeutic communication in the service has been excellent. Nurses who are skilled, reliable, and professional in performing actions pay attention to patients and provide information about the actions to be taken in language that is easy to accept and understand will make patients feel comfortable and trust nurses. It will reduce anxiety before surgery.

CONCLUSION

Based on the results of the research and discussion that has been described, the following conclusions can be drawn: Most nurses communicate well therapeutically. Patients stated that most did not experience anxiety when they were about to undergo surgery. Nurses in the ward who have good therapeutic communication will reduce patient anxiety when preparing for surgery.

RECOMMENDATION

The hospital needs to improve the quality of service, including increasing its human resources, especially in terms of communication with customers, by providing training or refreshments about communication, especially body language in communication, for example, the language of smiling eyes and the body is leaning towards the patient, so that even though nurses wear personal protective

equipment, the nurse must optimize the ability and willingness from within on how to communicate well therapeutically, by increasing the habit of introducing oneself, explaining the purpose and procedure of action, before taking care of the patient, so that the patient can still assess the friendliness of the nurse, which ultimately communicates nurses can do optimally to reduce patient anxiety. It is necessary to further research the factors that can influence therapeutic communication and aspects of patient anxiety.

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CONFLICTS OF INTEREST

All research teams agree with the final results of this study, and there is no conflict of interest in this study.

REFERENCES

- (1). Bal AMM. The Effect of Nurses' Therapeutic Communication through Video On Anxiety in the Families of Stroke Patients treated at the ICU of Madiun Hospital [Thesis]. [Madiun]: Stikes Bhakti Husada Mulia Madiun; 2020
- (2). Potter PA, Perry AG, Stockert P, Hall A. Fundamentals of Nursing Edition 7 [Internet]. Jakarta; 2014. Available from: Salemba Medika
- (3). Silalahi H, Sri I, Wulandari M. The relationship between communication therapeutic nurses and anxiety in patients pre-operative. Nutrix Journal. 2021;1–11.
- (4). Adistie F, Mediani S, Nurhidayah I, Hendrawati S. The Implementation of Therapeutic Communication of Nurses to the Parents of Pediatric Patients in the Pre-Operative Stage. Belitung Nurs J [Internet]. 2018;4(4). Available from: http://belitungraya.org/BRP/index.php/bnj/

- (5). Riskesdas. Riset kesehatan dasar. Badan penelitian dan pengembangan kesehatan. Kementrian kesehatan RI. 2018.
- (6). Anggreny LO, Lestari DR, Agustina R. Hubungan Sumber Akses Informasi Terhadap Tingkat Kecemasan Pada Klien Pre Operasi Katarak Di Rumah Sakit Mata Smec Balikpapan. Nerspedia. 2019;2(April):95–104.
- (7). Ramirez DA, Brodie FL, Rose-Nussbaumer J, Ramanathan S. Anxiety in patients undergoing cataract surgery: A pre-and postoperative comparison. Clinical Ophthalmology. 2017 Nov 10;11:1979–86.
- (8). Sulastri, Trilianto AE, Ermaneti Y. Pengaruh Komunikasi Terapeutik Perawat terhadap Tingkat Kecemasan pada Pasien Pre Operasi. Jurnal Keperawatan Profesional (JKP) Volume. 2019;7.
- (9). Guritnawati IPD, Sutresna IN, Darmawan AAKN. The effect of preoperating teaching (informed consent) on decreasing levels of pre-operative section cesarean patients at X Hospital Denpasar. Journal of Advanced Nursing and Health Sciences. 2021;2(2):42–50.
- (10). Giarto YB. Impact of Therapeutic Communication Against the Anxiety Rates of Fracture Pre-Surgery Patients' In Hospital Tk II Dr. Soepraoen Malang [Tesis]. Univeristas Brawijaya; 2018.
- (11). Derivanti A des, Wulandari P. Study of the Effect of Family Communication and Therapeutic Communication on Anxiety ODHA. Wacana. 2017;20(2).
- (12). Basra, Muhammad M, Muslimin Y. Hubungan komunikasi terapeutik perawat dengan tingkat kecemasan pasien pre operasi. Jurnal Ilmiah Kesehatan Pencerah. 2017;6:98–102.
- (13). Stuart GW. Principles and Practice of Psychiatric Nursing (Principles and Practice of Psychiatric Nursing (Stuart)). Mosby, Inc, an Affiliate of Elseiver, Inc; 2014.
- (14). Dias P, Clerc D, Rodrigues MG da R, Demartines N, Grass F, Hübner M. Impact of an Operating Room Nurse Pre-

- operative Dialogue on Anxiety, Satisfaction and Early Postoperative Outcomes in Patients Undergoing Major Visceral Surgery—A Single Center, Open-Label, Randomized Controlled Trial. J Clin Med. 2022 Apr 1;11(7).
- (15). Setyowati T, Wahyudi T, Sutarmi. Therapeutic Communication In Reducing The Levels Of Family's Anxiety Whose Child Were Hospitalization. Jurnal Riset Kesehatan. 2014;
- (16). Sutrisno TA, Suroso J. Hubungan Komunikasi Terapeutik Dan Kualitas Pelayanan Perawat Dengan Kecemasan Pasien Pre Operasi Di RSUD Dr. R. Goeteng Taroenadibrata Purbalingga. Jurnal Keperawatan Muhammadiyah. 2020;(September).
- (17). Kristyaningsih P. Implementation of Nursing Therapeutic Communication At Inpatient Department. Jurnal Ilmu Kesehatan. 2021;10(1):57–64.
- (18). Nasution NA. Literature Review Tingkat Kecemasan Pre Operatif Pada Pasien-Pasien Yang Diajarkan Doa Sebelum Dan Sesudah Menjalani Tindakan Anastesi Dan Operasi Elektif. Universitas Muhammadiyah Sumatera Utara; 2020.
- (19). Pratiwi A, Wahyuningsih T, Safitri S. The effect of communication between therapeutic nurses and patients on presurgical anxiety levels. Enferm Clin. 2021 Apr 1;31:S439–42.
- (20). Zarea K, Maghsoudi S, Dashtebozorgi B, Hghighizadeh MH. The Impact of Peplau 's Therapeutic Communication Model on Anxiety and Depression in Patients Candidate for Coronary Artery Bypass. Clinical Practice & Epidemiology in Mental Health. 2014;159-65.