

Conference Paper

The Relationship Between Therapeutic Communication and Level of Anxiety Among Hospitalized Preschool Children

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Abstract

Hospitalization is admission to hospital, either planned or due to unexpected health emergency. In Indonesia, the percentage of preschoolers being hospitalized in 2014 was 15.26%. Hospitalization causes anxiety reactions in children. Therapeutic communication is one solution that nurses can do to reduce anxiety and stress to hospitalized children. The therapeutic communication focused on healing patients, and it was a professional communication conducted by nurses. This research aims to determine the relationship between therapeutic communication and level of anxiety caused by hospitalization in children aged 3-6 years. Cross-sectional studies were applied to the 30 respondents obtained from quota sampling. The data was collected using questionnaires. The valid criteria results using Pearson product moment formula was defined if the value of r count ranged from 0.407-0.718, and the reliability test used Cronbach's alpha of value 0.927. The results showed that the therapeutic communication of nurses was fair (60%) and the category of patients' anxiety was severe (53.3%). Chi-square test was used at a significance level of 0.05. A p -value of 0.016 was obtained, indicating significant relationship between the therapeutic communication of nurses and the level of anxiety among hospitalized children. Conclusion: More therapeutic communication was needed, especially in communicating medical information before medical treatment. To improve therapeutic communication skills, nurses should be encouraged to participate in therapeutic communication training.

Keywords: anxiety level, hospitalization, therapeutic communication

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1. Introduction

Being sick and hospitalized are unpleasant experiences for children since they will face new situations and environments, also interact with strangers other than family (Nilam, 2014). Hospitalization for children can either be planned or due to an unexpected health emergency. The children are required to stay in hospital for therapy and treatment until they are allowed to go home [1].

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Based on the data from WHO (*World Health Organization*) in 2012, around 3-10% children were hospitalized in the United States, including toddler, preschool and school-age children, while in Germany, hospitalized children comprised of 3-7% toddlers and 5-10% preschoolers [2]. In Indonesia, the number of preschool-age children being hospitalized in 2014 was 15.26% [3]. Preschool and school-age children are prone to disease, so the population of children among hospitalized patients increase dramatically [4].

However, Utami [5] has reported many anxiety cases in children in Indonesia due to hospitalization, which consist of children experiencing mild anxiety (22.4%), moderate anxiety (37.9%), severe anxiety (13.8%) and very severe anxiety (3.5%). Many factors are involved, such as the hospital environment, separate from close people, lack of information, loss of freedom and independence, related experiences with health services, and behaviors or interactions with hospital staff.

To reduce anxiety and stress in children, as well as to improve their obedience, nurses can implement therapeutic communication. Therapeutic communication is a method to establish therapeutic relationship between nurses and patients. The advantages of therapeutic communication include reducing psychological problems of preschool children such as anxiety, fear, and behavioral change. Therapeutic communication can develop trust, affection and self-esteem in children. Therefore, during nursing care, nurses need to implement therapeutic communication to minimize anxiety and stress in children and to increase their compliance/cooperative behavior while being hospitalized [6]

Our preliminary study revealed the number of children hospitalized in The Air Force Hospital (RSAU) dr. M. Salamun Bandung from October to December 2018. In October, the number of hospitalized children was 114, among which 28 of them aged between 3-6 years. In the following month, 85 children were hospitalized, with the number of patients aged 3-6 years was 25 patients. In December, 35 patients aged 3-6 years out of 152 children were hospitalized. A total of 88 hospitalized children aged 3-6 years were treated by 17 nurses. During preliminary studies on 18 January 2019, there were 20 children being hospitalized, with eight of them were 3-6 years old. The study revealed that six out of eight children said that they were afraid when nurses or doctors made a visit to the room despite of being accompanied by their parents. Nurses and doctors were feared by children because they wore white colored clothes and carried medical devices such as syringes, thermometer and stethoscope. In addition, the parents said that the nurses did poor approach to their children especially before performing action

procedures. For example, nurses did not touch the child's shoulder to give a sense of calm. The nurses often did not make pre-contracts with the patient or his family. Also, nurses did not establish closeness in advance with the children hence they feared the nurses more and made them increasingly anxious.

Based on those conditions, the researchers were interested in conducting research on "the relationship between therapeutic communication and level of anxiety among hospitalized preschool children in air force hospital (RSAU) dr. M. Salamun, Bandung".

2. Methods

2.1. Design and sample

The cross-sectional study, was applied The population in this study comprised of parents of children aged 3-6 years. Their children were hospitalized in the RSAU dr. M. Salamun. A total of 30 respondents were selected from quota sampling conducted in March-May 2019.

2.2. Measurement.

Data was collected via questionnaires. This questionnaire was carried out by circulating a list of questions in the form of forms, submitted in writing to a subject to get responses, information, answers and measurements regarding the effect of nurses' therapeutic communication on the level of child anxiety due to hospitalization. The instrument contains questions about therapeutic communication and anxiety levels. Therapeutic communication includes the pre-orientation, orientation, work and termination phases. The level of anxiety includes feelings of anxiety, tension, fear, sleep disorders, disturbance of intelligence, depression, and somatic and physiological symptoms.

2.3. Data analysis

Therapeutic communication and anxiety level were analyzed using univariate analysis, while bivariate analysis was intended to find the relationship between therapeutic communication by nurses and the level of anxiety in hospitalized children. Chi-square test was used at a confidence level of 95% or significance level of 0.05

2.4. Data collection procedure

Before data collection begins, respondents are given an explanation of the research to be conducted and given the opportunity to ask questions and state their willingness to participate or not. Then the respondent fills the questionnaire and then returns it to the researcher.

3. Result

TABLE 1: Characteristics Respondents.

No	Classification	Amount	Percentage
1.	Age Classifications		
	3 year	12	40%
	4 year	9	30%
	5 year	6	20%
	6 year	3	10%
	Total	30	100%
2.	Sex Classifications		
	Female	19	63.3%
	Male	11	36.7%
	Total	30	100%
3.	Hospitalized Experiences		
	Ever hospitalized	9	30%
	Never hospitalized	21	70%
	Total	30	100%

TABLE 2: The frequency distribution of therapeutic communication in RSAU dr. M. Salamun Bandung.

No	Therapeutic communication	N	Percentage (%)
1	Fair	18	60%
2	Good	12	40%
	Total	30	100%

TABLE 3: The frequency distribution of anxiety level in RSAU dr. M. Salamun Bandung.

No	Anxiety levels	N	Percentage
1	Mild	13	43.3%
2	Moderate	16	53.3%
3	Severe	1	3.3%
	Amount	30	100%

TABLE 4: 4 Cross tabulation of anxiety level reviewed from therapeutic communication.

			Anxiety Level			Total	P-value	95%CI
			Mild	Moderate	Severe			
Therapeutic Communication	Fair	Count	4	13	1	18	0,016	0,05
		% within komter	22.2%	72.2%	5.6%	100%		
	Good	Count	9	3	0	12		
		% within komter	75%	25%	0%	100%		
Total		Count	13	16	1	30		
		Within komter	43.3%	53.3%	3.3%	100%		

4. Discussion

4.1. Therapeutic Communication

Therapeutic communications are consciously planned communications with objectives and activities focused on healing the patients [7]. Therapeutic communication is good when the nurse working together with the patient to discuss the problems. To achieve the objective of nursing care, nurses provide information about the nursing interventions and evaluate their outcomes to the patient [8].

Communication is never unidirectional. It is an interaction in which each sender becomes receiver and vice versa. The failure to recognize the two-way communication capability, quite often leads to negative conclusions and attitudes [9]. The problem most often conveyed by the patient’s family was the lack of nurse ability to approach the child prior to taking medical action, causing the children to be afraid of nurses when they entered the room. The lack of approach can lead to the children being traumatized by the presence of nurses because they perceive that the nurse actions will hurt them. This statement is in accordance with the theory that the phase of therapeutic communication consists of pre-interaction phase that include the orientation step such as greeting, introducing themselves, asking for news, and showing the attitude to help. The next step is working phase when nurses ask whether there is any complaint, listen and respond to the patient’s complaints, convey any messages that clearly and easily understood, and use gentle voice tones. In the termination phase, nurses give farewell greeting, make appointment time, and evaluate patient response [7]. Those things are rather neglected because their high workloads require nurses to work fast and thereby, pay less attention to the initial approach to the patient.

It is important that there is an agreement between verbal and nonverbal communication. Particularly under stressful conditions where it is difficult to see the changes in the non-verbal messages of the patients with whom we mostly communicate [10]

Based on the hospitalize experience, the number of respondents with children who had never been hospitalized in the RSAU dr. M. Salamun was the highest, at 21 respondents (70%). The children who experienced the first hospital treatment showed anxiety due to the unpleasant experience. Children who experienced anxiety were difficult to communicate with so that the therapeutic communication planned by nurses was difficult to be actualized.

4.2. Anxiety

Anxiety is a natural feeling disorder characterized by fear or deep and ongoing concern [11]. It can be triggered by the environment, such as the various sound of equipment, and the condition of patient who is left alone without the accompanying family. The symptoms that often arise in anxiety response are the emergence of anxious feelings accompanied by sleep disorders [12].

In addition, 12 respondents (40%) were children aged 3 years old. According to Wong (2009), one of the factors affecting the anxiety reaction is the age of development of the child. Around this age, the effective coping mechanism to overcome the anxiety has not been fully developed. In addition, they have not yet been able to adjust well to the environment in the hospital. A lot of new things experienced by children require them to adapt, such as meeting strangers, living and sleeping in a new place, and no freedom to play. Children at the preschool age who experience this find it difficult to reveal their anxiety to the family so that a fairly high level of anxiety is still shown.

This research was in line with research conducted by Arifin (2015) that most of the respondents (18 people or 60%) experienced severe anxiety. Among them, 67% of respondents were women. Women will experience higher anxiety than men because women tend to use hearts and feelings when they face a problem. In addition, anxiety can also be influenced by the hospitalization experience. The result showed that 53% of respondents had never been hospitalized so that they experienced severe anxiety. For people who rarely encountered problem, their coping mechanism will decrease and the level of anxiety they experience will increase. It is in accordance with Selvia [13] that the success of self-mechanism will reduce anxiety and provide a sense of security.

4.3. Therapeutic communication relationship with the child's anxiety level.

The results of this study indicated the significant relation between therapeutic communication of nurses with the anxiety level of preschool-age children in RSAU dr. M. Salamun Bandung. It could be seen that fair therapeutic communication resulted in 4 respondents (22.2%) suffered mild anxiety, 13 respondents (72.2%) had moderate anxiety and only 1 respondent (5.6%) showed severe anxiety. On the other hand, good therapeutic communication resulted in 9 respondents (75%) experienced mild anxiety and 3 respondents (25%) with moderate anxiety.

Therefore, the test demonstrated that the better the therapeutic communication, the lower the anxiety level experienced by children hospitalized in RSAU dr. M. Salamun Bandung. Moreover, those results were supported by chi-square analysis. A p-value of 0.016 (< 0.05) was obtained, indicating significant relationship between therapeutic communication provided by nurses and the level of anxiety of hospitalized children.

Communication and therapeutic relationships that are built between nurses and clients can help lower client's anxiety as clients can explore their feelings, tell their fears, confront their worries and obtain needed solutions and knowledge. The therapeutic communication obtained in this study was categorized as fair due to the lack of attention provided by nurses to the patients. Poor therapeutic communication can increase anxiety in children because they will feel threatened and depressed while being hospitalized.

According to Mundakir [14], therapeutic communication not only aimed to provide therapy for treatment and give information, but also to help patients and families to clarify things, ease the burden of feelings and thoughts, reduce the patients' anxiety, as well as allowing the family to act properly to change existing situations. In addition, the therapeutic communication of nurses can strengthen the relationship or interaction between patient and family with hospital staff (nurses).

Another supporting result is reported by Arifah & Nuriala [15] with 40 respondents. They demonstrate that providing information on the preparation of operation through therapeutic communication significantly influence the level of anxiety of pre-operative patients in the Bougenville room of RSUD Sleman. Therapeutic communication can reduce patient's anxiety since they consider it as an opportunity to share knowledge, feelings and information with the nurses in order to achieve optimal nursing care, so that the operation process can run smoothly without any constraints [16]. Through

communication and therapeutic relationship, the clients can understand and accept their condition and subsequently decreases the anxiety, thus allowing the clients to accept their illness [17].

In providing nursing care, nurses must be client-oriented hence they should be able to see the problems faced by the client from the client's point of view. To be able to do this, nurses must understand and able to listen actively and attentively. Listening attentively means to absorb the content of communication (words and feelings) without being selective. The listener (nurse) does not merely listen to and convey suitable responses, but also focuses on the client's needs. Listening attentively shows caring attitude to motivate clients to speak or convey their feelings freely.

5. Conclusion

The conclusions in this study were:

1. The therapeutic communication of nurses to preschool patients in RSAU dr. M. Salamun was categorized as fair by 18 respondents (60%)
2. The anxiety levels of preschool age patients in RSAU dr. M. Salamun were mostly moderate, as identified in 16 respondents (53.3%)
3. There was a significant relation between the therapeutic communication of nurses with the anxiety level of preschool age children hospitalized with p value of 0.016.

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