

## The Relationship of Nurse Therapeutic Communication with Anxiety among Rheumatoid Patients

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### ABSTRACT

**Objective:** This study uses a descriptive correlational quantitative method with a cross-sectional approach to determine whether there is a relationship between therapeutic communication and anxiety in rheumatic patients at the Jatinagara Health Center.

**Method:** This study uses a descriptive correlational quantitative method with a cross-sectional approach to determine whether there is a relationship between therapeutic communication and anxiety in rheumatic patients at the Jatinagara Health Center. The population in this study were rheumatism sufferers as many as 119 people in the Jatinagara Health Center area using accidental sampling technique with a sample of 31 people. This study uses primary data or data obtained directly from the object of research by distributing anxiety questionnaires, namely Hamilton Rating Scale For Anxiety (HARS) and therapeutic communication questionnaires which were analyzed using statistical analysis applications, namely SPSS for windows with Chi-Square test.

**Result:** The results of the study obtained respondents who obtained the following results from 31 respondents who received good therapeutic communication, namely 19 respondents (61.3%) and those who received poor communication were as many as 12 respondents (38.7%). Of the 19 respondents who received therapeutic communication (61.3%) of them there was no anxiety as many as 11 people (57.9%) and of the 12 respondents who received poor therapeutic communication, there were 3 respondents (25.0) who had severe anxiety. Based on table 2.4, the chi-square results show  $p\text{-value} = 0.081 > (0.05)$ .

**Conclusion:** based on research that has been done the results obtained show that the relationship between therapeutic communication and anxiety in rheumatic patients at the Jatinagara community health center is not correlate.

**Keywords:** anxiety, rheumatoid, therapeutic communication

## Introduction

Currently, rheumatism is a disease that is often experienced by patients aged 40 years and over. Rheumatism is a disease that attacks parts of the body that can move, which are connected to one another because of the presence of joints, so that pain can arise (Sanjaya et al., 2021). Rheumatism or arthritis or what can be called arthritis is a disease that can infect men and women of all ages, usually affecting bones, ligaments, tendons, skeletal muscles, and joints (Elda Janty, Ranimpi, & Pieter, 2020). Not only pain, the symptoms caused by rheumatism can also occur redness, swelling and can interfere with activities in daily life.

According to data from the World Health Organization (2014) there are 335 million people in the world who experience rheumatism. In 2009 referring to data from the West Sumatra Health Office, 48,219 patients with rheumatism were ranked 2nd in Indonesia. According to the Central Statistics Agency report in 2010, in Indonesia alone, 69.43 million people experienced rheumatism, with a presentation of 7.18% in the elderly. According to the Central Statistics Agency (BPS) in 2011 there were 69.65 million people with rheumatism with a presentation of 7.58% of the elderly (Afnuhazi, 2018)

One of the effects of rheumatic disease is anxiety (Firmansyah et al., 2021; Lismayanti, et al., 2021; Setiawan et al., 2021). Anxiety is a psychological problem that almost everyone has experienced. Anxiety is a feeling of restlessness, worry, dissatisfaction, or fear as a result of a real or perceived threat, the source of which is unknown or recognizable. Anxiety can arise because there are factors that influence them, including fear that arises due to an illness, starting from ignorance about the disease he is suffering from and changes in body functions. From the patient's fear of the disease, it takes longer in the healing process (Setiawan et al., 2017; 2021).

One of the efforts to reduce anxiety levels in rheumatic patients is therapeutic communication with nurses. Therapeutic communication is a skill that nurses must have to help clients adapt to stress, overcome psychological disorders and learn to relate to others (Kalidupa, 2021). Nurses with therapeutic communication skills will not only easily build trust with clients, therapeutic communication can prevent nurses from illegal problems, provide satisfaction as a nurse, also improve the image of the nursing profession and the image of the hospital in the eyes of clients (Nugroho & Aryati, 2009).

With communication and therapeutic relationships are expected to reduce the patient's level of anxiety, patients feel that their interaction with a nurse is an opportunity to share feelings, information and knowledge in order to achieve an optimal nursing goal, so that the recovery process will be faster. Therapeutic communication is an important component in the patient's healing process. According to Kalidupa (2021) almost all nurses when in the field never introduce themselves and nurses are less friendly in accepting patients at the central surgical installation. Patients stated that they could feel calmer and closer to nurses who used communication, both friendly as well as friendly.

## Objective

This study uses a descriptive correlational quantitative method with a cross sectional approach to determine whether there is a relationship between therapeutic communication and anxiety in rheumatic patients at the Jatinagara Health Center.

## Method

This type of research uses a descriptive correlational quantitative method with a cross sectional approach to determine whether there is a relationship between therapeutic communication and anxiety in rheumatic patients at the Jatinegara Health Center. In this study, the independent variable (free) is therapeutic communication, while the dependent variable (bound) is the level of anxiety. The population in this study were rheumatism sufferers as many as 119 people in the Jatinegara Health Center area using accidental sampling technique with a sample of 31 people. Inclusion criteria for this study were rheumatism sufferers from the age of 40 years and over, could write and read, and were willing to provide informed consent. While the exclusion criteria were patients who were taking psychotic drugs, were in the process of being hospitalized and had chronic diseases.

This study uses primary data or data obtained directly from the object of research by distributing an anxiety questionnaire, namely the Hamilton Rating Scale For Anxiety (HARS) using standardized questionnaire research, each question is given a score of 0-4 totaling 14 with a total score of <14 = no anxiety, 14-20 mild anxiety, 21-27 = moderate anxiety, 28-41 = severe anxiety, 42-56 = very severe anxiety. In this study, the researcher did not test the validity and reliability of the researcher using a standardized questionnaire that had been tested for validity and reliability taken from the research of Khairul (2017).

A valid questionnaire sheet was given to the respondent. The nurse's therapeutic communication instrument has 19 statements with a Likert scale of choice, there are three answers, namely always = 3, rarely = 2, and never = 1. Where the results of the statements are divided into 3 classes, namely: good = 3, quite good = 2, not good = 1, where the highest score of the four indicators is 57 and the lowest is 19. So that the score is good = 45-57, quite good = 32-44, and not good = 19-31. Research instruments in the form of a questionnaire that can be used as a measure of nurse therapeutic communication and anxiety levels in patients. The data obtained will be analyzed using statistical analysis applications, namely SPSS for windows with Chi Square test.

## Results

Table 1 indicate that most of the respondents are in the Jatinegara Health Center 40-56 years old as many as 20 respondents (64.5%), women (71.0%), elementary school education (51.6%), and housewife (41.9%). Whereas Based on Table 2, from 31 respondents obtained, respondents who obtained the following results from 31 respondents who received good communication were 19 respondents (61.3%) and who received poor communication were as many as 12 respondents (38.7%).

Table 1. Characteristics of Respondents

Variables	n	%
<b>Age</b>		
≤ Mean	20	64.5
> Mean	11	35.5
<b>Sex</b>		
Female	22	71.0
Male	9	29.0
<b>Background of Education</b>		
Elementary School	16	51.6
Junior High School	11	35.5
Senior High School	4	12.9
<b>Job</b>		
Farmer	10	32.3
Housewife	13	41.9
Labour	3	9.7
Entrepreneur	5	16.1
<b>Therapeutic communication</b>		
Good	19	61.3
Bad	12	38.7
<b>Anxiety</b>		
No Anxiety	17	54.8
Light	8	25.8
Moderate	3	9.7
Heavy	3	9.7

Table 2. Cross-tabulation of Therapeutic Communication of Nurses with Anxiety Levels

Variables	Anxiety Level								Total		Chi square
	No Anxiety		Light		Moderate		Heavy		n	%	
Therapeutic Communication	n	%	n	%	n	%	n	%	n	%	
Good	11	57.9	5	26.3	3	15.8	0	0.0	19	61.3	0.081
Bad	6	50.0	3	25.0	0	0.0	3	25.0	12	38.7	
<b>Total</b>	17	54.8	8	25.8	3	9.7	3	9.7	31	100.0	

## Discussion

One of the effects of decreasing health on psychology for rheumatic sufferers is anxiety which is initially caused by pain, so sufferers feel afraid because it will hinder or be difficult to carry out activities and it is undeniable that the level of anxiety experienced by each patient is different because it is influenced by several other factors including age, gender, occupation, income, and education (Widianti et al., 2021; Yuda et al., 2021). According to the results of research, therapeutic communication is a communication that is planned and aims to assist in the recovery or healing process of the patient. Nurses must have professional communication skills and aim to heal patients by providing information, listening, asking, repeating, concluding, reflection, clarification, silence, focus, exploration, sharing perceptions, changing perspectives, identification, humor and themes (Ahmad, 2022; Setiawan et al., 2020).

According to the results of the research, respondents with rheumatism in the working area of the Jatinagara Health Center had carried out therapeutic communication in accordance with the established method, although these methods were not fully implemented, but overall therapeutic communication that had been carried out by nurses was good according to respondents with rheumatism (Hidayat et al., 2022). In this research, it was found that there was no relationship between nurse's therapeutic communication with anxiety in rheumatic patients at Jatinagara Health Center because there were still rheumatic patients who experienced severe anxiety levels even though nurses had carried out therapeutic communication (Setiawan et al., 2021). The researcher argues that one of the obstacles in conducting therapeutic communication is the absence of an initial agreement with the nurse and patient so that the patient is not ready and becomes tense. Another obstacle is how the intensity of communication is carried out.

In this study, researchers distributed questionnaires to find out whether rheumatic patients received therapeutic communication or not without knowing who was doing the therapeutic communication, how persistent they were and how the rheumatic patient's response was helped or not. The results of the study obtained respondents who obtained the following results from 31 respondents who received good therapeutic communication, namely 19 respondents (61.3%) and those who received poor communication were as many as 12 respondents (38.7%). Of the 19 respondents who received therapeutic communication (61.3%) of them there was no anxiety as many as 11 people (57.9%) and of the 12 respondents who received poor therapeutic communication, there were 3 respondents (25.0) who had severe anxiety. Based on table 2.4, the chi-square results show  $p$  value = 0.081 > (0.05) which means that therapeutic communication with anxiety in rheumatism has no correlation.

## Conclusion

Obtained from the results of the study, there was no relationship between therapeutic communication and the level of anxiety in rheumatic patients in the working area of the Jatinagara Health Center. Therapeutic communication skills are not abilities that we are born with and also do not appear suddenly when we need them, but communication skills take time to learn continuously through the ability to learn independently, especially in relation to efforts to reduce anxiety levels towards clients. Therapeutic communication skills require proper implementation according to the client's situation and conditions. For further researchers, researchers can reveal how many nurses or who have provided therapeutic communication, because this study has not described nurses who have carried out therapeutic communication.

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