The Effect of Therapeutic Communication on The Anxiety Level of Preoperative Patients at RSUD Jendral Ahmad Yani Metro City

Afrizal Al'Arif [1], Feri Agustriyani[1]
[1]Universitas Aisyah Pringsewu, Lampung, Indonesia

ABSTRACT

Background & Objective: The purpose of this study was to determine this study to analyze the application of therapeutic communication to the anxiety level of preoperative patients at RSUD Jendral Ahmad Yani Metro City. **Method:** The research method is obtained from the results of interviews with clients and observations of the client's condition during the assessment process and written in the form of notes then copied in the form of nursing care, an activity plan carried out for three days with the application of therapeutic communication in preoperative patients with anxiety level problems at Jendral Ahmad Yani Metro City Hospital. **Result:** The results of the evaluation of priority nursing diagnoses, namely anxiety related to situational crises, showed a decrease in anxiety levels and the patient looked calmer than before and after the application of therapeutic communication. **Conclusion:** Based on these results the author concluded that the problem of anxiety was resolved.

Introduction

Benign Prostate Hyperplasia (BPH) is a disease in which there is enlargement of the prostate gland due to benign hyperplasia of cells that commonly occurs in elderly men. (Aprina, Yowanda & Sunarsih, 2017). Benign prostatic hyperplasia (BPH) occurs in the prostate gland in the form of histological abnormalities referring to prostate cell proliferation. The proliferation results in cell accumulation and causes enlargement of the prostate volume. *Benign prostatic hyperplasia* (BPH) can grow larger with age and most often affects men in the old age group (Ramadhan et al., 2022).

Data from the World Health Organization (WHO) (2019) states that there are approximately 70 million degenerative cases, one of which is benign prostatic hyperplasia with an incidence of 5.35% in developing countries (Ginanjar et al., 2022).

In Indonesia alone, the prevalence of BPH in 2018 was 45% of patients aged over 50 years, while in 2019 it was 56% in men aged 56 years (Arsi et al., 2022). The results of a preliminary study conducted at Jendral Ahmad Yani Metro City Hospital obtained data from July to October there were 520 BPH patients who were hospitalized and had not fully recovered and were discharged, while 20 BPH patients died. The average patient who experiences BPH disease is 60 years old and above (Sa'adah, 2017).

The exact cause of BPH is not yet known, but age and hormonal factors are supporting factors for BPH. There are other factors that cause BPH, namely dihydrotestosterone (DHT), changes in the balance of esterogen and testosteon hormones, interactions between stroma and epithelium, decreased cell death, and stem cell theory (Purwanto, 2016). Clinical manifestations of benign prostatic hyperplasia (BPH) patients are urgency, nocturia, frequency, dysuria, difficulty emptying the bladder, difficulty starting micturition, and weak or intermittent flow during micturition (Lokeshwar et al., 2019). Nursing problems that can arise in BPH patients include anxiety, urine retention, impaired urinary elimination, acute pain, and knowledge deficits (Purwanto, 2016). In BPH patients, if not treated immediately, it can cause serious complications such as acute urine retention (AUR), recurrent urinary tract infections, bladder stones, and post-obstructive renal failure (Franco et al., 2023).

Medical management that can be done in patients with BPH is by performing minimally invasive surgery commonly called Transurethral Resection of the Prostate (TURP). TURP is a widely used technique for symptomatic improvement with a success rate of between 75% and 96% (Franco et al., 2023). The surgery aims to reduce pressure on the bladder by removing excess prostate tissue, and is the most effective surgical option because it relieves symptoms faster than using medication (Wulandari et al., 2022).

Some of the responses to surgery include panic, anxiety and fear, sleep disturbances or insomnia, cold sweat on the hands and feet, the patient cannot calm down, impaired concentration and memory, numbness or tingling in the hands and feet, faster heartbeat, increased blood pressure, increased breathing, dizziness, nausea and vomiting, or even indigestion. The signs and symptoms that appear above are a form of psychological response, namely anxiety. (Gomes et al., 2019)

Anxiety is a universal human experience, an unpleasant response, full of worry, an unexpressed and undirected fear because a source of threat or the thought of something to come is unclear and unidentified. It is a vigilance signal that alerts the individual to danger and enables the individual to act to deal with the threat. Preoperative actions cause patients to face various stressors that cause anxiety. (Mulyani, 2018).

One of the steps that nurses must take to reduce anxiety in preoperative patients is therapeutic communication. Therapeutic communication includes interpersonal communication, namely communication between people face to face which allows each participant to capture the reactions of others directly, both verbally and nonverbally (Mulyani, 2018).

With communication and therapeutic relationships, it is expected to reduce client anxiety because clients feel that their interactions with nurses are an opportunity to share knowledge, feelings and information in order to achieve optimal nursing goals, so that the healing process will be faster. Therapeutic communication includes interpersonal communication with the starting point of mutual understanding

between nurse-client with the aim of helping clients clarify and reduce the burden of thought and is expected to eliminate anxiety (Mulyani, 2018).

In line with research by Sartika (2013) entitled the effect of therapeutic communication on the level of anxiety in preoperative patients in the surgical treatment room of the Makassar City Hospital in 2013, it proves that there is an influence between therapeutic communication and anxiety in patients who will undergo surgery at the Makassar City Hospital in 2013 with a p value = 0.003 where these results are smaller than the level of significance determined, namely ($< \alpha = 0.05$).

Another study conducted by Arbani (2015) entitled the relationship of therapeutic communication to anxiety levels in preoperative patients at PKU Muhammadiyah Sukoharjo Hospital in 2015 proved that there was a relationship between therapeutic communication and anxiety in preoperative patients at PKU Muhammadiyah Sukoharjo Hospital in 2015 with a probability value of 0.009 smaller than the standard p value of 0.05.

Based on the results of a pre-survey conducted at Jendral Ahmad Yani Metro City Hospital, the results of interviews with 10 patients who will undergo BPH surgery, 6 patients experience moderate anxiety, 2 patients experience severe anxiety, 2 patients experience mild anxiety. After being studied, it turns out that one of the causes is the lack of maximum therapeutic communication by nurses to patients who will undergo surgery. This result is in accordance with the data from direct observation of 10 patients, 7 patients said the nurse was still not good at communicating (therapeutic communication) while 3 patients said the nurse was good at communicating.

From the results of the pre-survey conducted on preoperative patients at Jendral Ahmad Yani Metro City Hospital with anxiety problems, the authors are interested in describing nursing care for preoperative patients with the application of teraupetic communication at Jendral Ahmad Yani Metro City Hospital.

Objective

The purpose of this study was to determine this study to analyze the application of therapeutic communication to the anxiety level of preoperative patients at Jendral Ahmad Yani Metro City Hospital.

Method

Research methods obtained from the results of interviews with clients and observations of the client's condition during the assessment process and written in the form of notes then copied in the form of nursing care, activity plans carried out for three days with the application of therapeutic communication in preoperative patients with anxiety level problems at Jendral Ahmad Yani Metro City Hospital.

Results

Analysis of Assessment characteristics

From the results of the research conducted in this final scientific work, the results of the initial assessment were obtained in patient 1 on 08 November 2024 with the results, Mr. A was 60 years old with a medical diagnosis of *Benigna Prostatic Hyperplasia* with the main complaints of anxiety and worry. The results of the physical examination showed that the patient appeared to be in a weak condition, the patient grimaced with pain, an IV was attached to the right hand with 500 ml of RL fluid, the

results of the blood pressure examination were 130/90 mmHg, pulse 80x/m, temperature 36 degrees Celsius, breath 19x/m. The results of the physical examination showed pain felt by the patient in the lower abdomen, the patient said it was difficult to urinate and felt pain when going to urinate. From the results of ultrasound examination obtained prostate hypertropia.

In the initial assessment of patient 2 with the results of Mr. B aged 63 years with a medical diagnosis of Benigna Prostatic Hyperplasia with the main complaints of pain when urinating and anxiety. The results of the physical examination showed that the patient appeared to be in a weak condition, the patient grimaced with pain, an IV was attached to the right hand with 500 ml of RL fluid, the results of the blood pressure examination were 140/95 mmHg, pulse 78 x/m, temperature 36.2 degrees Celsius, breathing 20x/m. The results of the physical examination showed pain felt by the patient in the lower abdomen, the patient said it was difficult to urinate and felt pain when going to urinate. From the results of the ultrasound examination, prostate hypertropia was found.

In the results of the age assessment in patient 1, namely 60 years old and in pasin 2, namely 63 years old, both have the same age which is above 60 years old. According to World Health Organization (WHO) data, around 50% of men over the age of 50 experience prostate problems related to BPH (Benigna Prostatic Hyperplasia). When the prostate gland is enlarged, the urinary tract can be compressed and the bladder thickened. Thus, the process of urine output is disrupted. The speed and direction of enlargement in every man who experiences Benigna Prostatic Hyperplasia is not the same and can cause complaints of pain in the sufferer. (WHO, 2017)

Age is an early trigger for BPH, increasing age causes a decrease in testosterone hormone production, resulting in an increase (SHBG) and reduced production of 5a-reduced steroids in the reproductive organs, SHBG is a glycoprotein that binds to androgens and ectrogen. At an increasing age there is an imbalance in testoterone and esterogen levels, where testoterone levels decrease while esterogen levels remain relatively constant. Esterogen can prolong the life of prostate cells. Esterogen stimulates androgen hormones which have the role of inhibiting cell death. The imbalance of cell growth with cell death causes an increase in prostate mass called Benign Prostate Hyperplasia.

Symptoms that commonly occur in BPH patients are lower urinary tract symptoms (LUTS): hesitancy, intermittency, weak jet, double micturition, dripping at the end of micturition, increased micturition frequency, nocturia, difficult to hold micturition, incontinence, pain (Bruno, 2019).

Based on the manifestations in the literature review, such as age and symptoms that arise incontinence and pain are manifestations that are also found in patients. As well as the emergence of fear and anxiety because of the disease and the actions that will be taken next experienced by the patient, this shows that the data found by the author that the patient's current condition and data from theory do not occur gaps where the causes, signs and symptoms theoretically also occur in patients.

Nursing problem analysis based on (SDKI)

From the results of the analysis of the signs and symptoms that appear based on the assessment in patient 1 and patient 2, it is known that anxiety, anxiety and worry, difficulty urinating and pain felt by patients with a medical diagnosis of BPH arise due to the condition of the patient's situation who will face the next action procedure,

namely preoperative, from the signs of these symptoms, nursing diagnoses or nursing problems are anxiety related to situational crisis, acute pain associated with physiological injuring agents and impaired urine elimination associated with blockage of the prostate. From the nursing diagnoses that arise, it is determined that the priority nursing diagnoses experienced by patient 1 and patient 2 are anxiety related to situational crisis.

Based on theory, nursing diagnoses are clinical assessments of experiences or responses to health problems, health risks or life processes in individuals, families, or communities. In accordance with the Indonesian Nursing Diagnosis Standards for patients with BPH, the diagnoses that arise include anxiety b.d situational crisis, knowledge deficit b.d lack of exposure to information, impaired urine elimination b.d decreased urinary capacity, acute pain b.d physiological injuring agents. (PPNI, 2017)

Based on the description above, the authors assume that the nursing diagnoses or priority nursing problems set according to the signs and symptoms in patient 1 and patient 2, namely the nursing problem of anxiety related to situational crisis, are in accordance with the theory, namely the Indonesian Nursing Diagnosis Standards.

Analysis of nursing interventions based on (SIKI)

Based on the results of the analysis of nursing diagnoses that appeared in patient 1 and patient 2, namely anxiety associated with situational crisis, acute pain associated with physiological injuring agents and impaired urine elimination associated with blockage of the prostate, the intervention to be given to the patient is the application of teraupetic communication.

This is in line with the Indonesian Nursing Intervention Standards (SIKI), in nursing diagnoses of anxiety related to situational crises, the nursing interventions provided include identifying when the level of anxiety changes, identifying the ability to make decisions, monitoring signs of anxiety, creating a teraupetic atmosphere to foster trust, accompanying patients to reduce anxiety, understanding situations that make anxiety, listening attentively, using a calm approach and convincing motivation to identify situations that trigger anxiety.

In nursing diagnoses of acute pain associated with physiological injuring agents, nursing interventions to be provided include identification of location, characteristics, duration, frequency, quality and intensity of pain, identification of pain scales, identification of non-verbal pain responses, identification of factors that aggravate and alleviate pain, monitor success, provide non-pharmacological techniques, control the environment that aggravates pain, educate about pain relief strategies and non-pharmacological techniques to reduce pain. In the diagnosis of impaired urine elimination associated with blockage of the prostate, nursing interventions that will be given include identifying signs and symptoms of urinary retention or incontinence, identifying factors that cause urinary retention, monitoring urine elimination, recording micturition time, limiting fluid intake and educating signs of urinary tract infection and measuring fluid intake and urine output. (PPNI, 2017)

In line with research conducted by Eli Mantika, et al in 2023, with the title "Relationship between Nurse Therapeutic Communication and Anxiety Levels of Preoperative Patients at Dharmais Cancer Hospital". In this study, it was stated that the application of therapeutic communication interventions given to preoperative patients had a major influence in handling the level of anxiety experienced, based on the calculation of the Slovin formula, a sample size of 105 respondents was obtained.

Results: The results of univariate analysis showed that preoperative patients at Dharmais Cancer Hospital almost mostly considered the nurse's therapeutic communication to be good (53.3%), and almost most felt moderate anxiety (48.6%) and severe anxiety (40%). The results of bivariate analysis show that there is a relationship between nurse therapeutic communication and the anxiety level of preoperative patients. (p value: 0.000).

Based on the description of the analysis of nursing interventions above, the authors assume that the nursing interventions given to patient 1 and patient 2 have been adjusted to the Indonesian Nursing Intervention Standards (SIKI) and by providing innovative interventions, namely teraupetic communication by providing deep breath relaxation education.

Nursing Implementation Analysis based on (SLKI)

Nursing implementation is an action to obtain the set goals. Implementation includes prolonged data collection, monitoring client responses during and after action, and evaluating new data (Hadinata, Dian & Abdillah, 2022).

Implementation in this study has been carried out in accordance with the interventions that have been made and adapted to the conditions, situation and environment of the patient. Implementation or implementation of planned nursing actions is carried out both by nurses independently and in collaboration with room nurses. The implementation of nursing actions on nursing diagnoses that arise has also been adjusted to the Indonesian Nursing Outcome Standards (SLKI), namely on nursing diagnoses of anxiety related to situational crises, the nursing interventions provided include identifying when the level of anxiety changes, identifying the ability to make decisions, monitoring signs of anxiety, creating a teraupetic atmosphere to foster trust, accompanying patients to reduce anxiety, understanding situations that make anxiety, listening attentively, using a calm approach and convincing motivation to identify situations that trigger anxiety.

In nursing diagnoses of acute pain associated with physiological injuring agents, nursing interventions to be provided include identification of location, characteristics, duration, frequency, quality and intensity of pain, identification of pain scales, identification of non-verbal pain responses, identification of factors that aggravate and alleviate pain, monitor success, provide non-pharmacological techniques, control the environment that aggravates pain, educate about pain relief strategies and non-pharmacological techniques to reduce pain. In the diagnosis of impaired urine elimination associated with blockage of the prostate, nursing interventions that will be given include identifying signs and symptoms of urinary retention or incontinence, identifying factors that cause urinary retention, monitoring urine elimination, recording micturition time, limiting fluid intake and educating signs and symptoms of urinary tract infection and measuring fluid intake and urine output.

In this study the authors carried out the implementation of innovations in the priority diagnosis of anxiety related to situational crisis by implementing therapeutic communication by providing deep breath relaxation education, the implementation was given for 3 meetings in 3 days, namely November 08, 2024 to November 10, 2024. As a consideration for evaluating the results of the implementation of the implementation, the researcher first measured the anxiety level of the patient on day 1. Measurement of anxiety levels was carried out using the HRS-A scale (Hamilton Rating Scale for Anxiety). From the measurement of anxiety levels, the results

obtained are that in patient 1 the anxiety level obtained a score of 17, which is in the moderate anxiety category and in patient 2 a score of 19 is obtained, which is in the moderate anxiety category.

From the results of measuring the anxiety level, the researcher implements innovation in accordance with the predetermined intervention, namely the application of teraupetic communication by providing breath relaxation education in the implementation of the implementation of priority nursing diagnoses, the researcher performs for 15 minutes this is done as an effort to reduce anxiety levels.

In line with research conducted by Sartika (2013) entitled the effect of therapeutic communication on the level of anxiety in preoperative patients in the surgical treatment room of the Makassar City Hospital in 2013, it proves that there is an influence between therapeutic communication and anxiety in patients who will undergo surgery at the Makassar City Hospital in 2013 where the response dimension level obtained a value (p = 0.003) and the value of the action dimension level is (p = 0.023), where these results are smaller than the level of significance determined, namely (< α = 0.05).

Another study also conducted by Arbani (2015) entitled the relationship of therapeutic communication to the level of anxiety in preoperative patients at PKU Muhammadiyah Sukoharjo Hospital in 2015 proved that there was a relationship between therapeutic communication and anxiety in preoperative patients at PKU Muhammadiyah Sukoharjo Hospital in 2015 with a probability value of 0.009 smaller than the standard p value of 0.05.

Research by Saila Witri Dian Ningrum, et al (2021) with the title Application of Deep Breath Relaxation Techniques to Preoperative Patient Anxiety in the Surgical Room of the General Ahmad Yani Hospital, Metro City in 2021 which states that the results of the application show that after the application of deep breath relaxation, the level of respondent anxiety has decreased both at 4 hours before entering the operating room and 1 hour before entering the operating room. Conclusion deep breath relaxation can reduce anxiety levels in preoperative patients.

Based on theory, according to Manurung (2013) there is no time limit in therapeutic communication, nurses are said to be good at therapeutic communication if it is in accordance with the SOP and in the process involves efforts to foster a therapeutic relationship between nurses-clients and share thoughts, feelings, and behaviors to form therapeutic intimacy and oriented to the present, namely the patient's recovery.

Therapeutic communication includes interpersonal communication, which is communication between people face-to-face that allows each participant to capture other people's reactions directly, both verbally and nonverbally (Muslihah and Fatimah, 2010). With communication and therapeutic relationships can reduce client anxiety because clients feel that their interactions with nurses are an opportunity to share knowledge, feelings and information in order to achieve optimal nursing goals, so that the healing process will be faster. The better the therapeutic communication given to the patient will reduce one's anxiety in this case the patient who will undergo BPH surgery, and vice versa, the worse the therapeutic communication given by the nurse to the patient will have an impact on increasing the patient's anxiety (Mulyani, 2018).

In addition to providing therapeutic communication, researchers also provide deep breath relaxation techniques as an additional effort in handling anxiety. This is

in accordance with the theory that according to The American Institute of Stress (AIS) taking deep breaths for 15-20 minutes every day can reduce anxiety. Deep breath relaxation technique is a nursing action by exhaling slowly, besides being able to reduce pain intensity, deep breath relaxation techniques can also increase pulmonary venlitation and improve blood oxygenation, so that it can also reduce anxiety levels. (Hardiyati, 2020).

Deep breath relaxation is beneficial for improving alveoli ventilation, maintaining gas exchange, regulating breath frequency and pattern, improving diaphragm function, preventing atelectasis, reducing anxiety. Performing deep breath relaxation techniques regularly can increase and improve oxygen delivery to all organs of the body and deep breath relaxation also involves decreased stimulation. The process of relaxation lengthens muscle fibers, reduces the delivery of neural impulses to the brain, and further reduces brain activity as well as other body systems. Decreases in heart rate and respiratory frequency, blood pressure, and oxygen consumption as well as increases in alpha brain activity and peripheral skin temperature are characteristic of the relaxation response thus relaxing the body.(Hardiyati,2020)

Regular deep breathing can increase and improve oxygen delivery to all organs of the body. Deep breathing is an attempt to inspire and expire so that it affects cardiopulmonary stretching. The stretch will trigger an increase in baroreceptor reflexes that can stimulate parasympathetic nerves and inhibit sympathetic centers. Parasympathetic nerves function to control heart rate function so that the body relaxes. (Hardiyati, 2020)

After being given the implementation of innovation in the application of teraupetic communication by providing deep breath relaxation education for three days, the results of measuring anxiety levels on day 3, namely the anxiety level score in patient 1 decreased, namely 7 or in the category of no anxiety and in patient 2, namely a score of 10 or in the mild anxiety category. From the results of measuring anxiety levels after being given the implementation of these innovations, it can be seen that teraupetic communication with deep breath relaxation education has an influence on the anxiety levels of preoperative patients.

Based on the description above, it shows that the implementation carried out by researchers for 3 meetings, namely November 08 to November 10, 2024, has been carried out in accordance with the established interventions and has been adjusted to the Indonesian Nursing Outcome Standards. From this description, it explains that there is a match between theory and the application of teraupetic communication by providing effective deep breath relaxation education used as an effort to reduce anxiety levels in preoperative patients.

Evaluation Analysis

The nursing evaluation obtained in nursing care for patient 1, Mr. A, aged 60 years and patient 2, Mr. Ab, aged 63 years, which was carried out for 3 meetings on November 08 to November 10, 2024, showed some similarities from the results of the assessment, one of which was both with the medical diagnosis of Benigna Prostatic Hyperplasia.

Based on the results of nursing care carried out in patient 1 and patient 2, the results in patient 1 day 1 assessment showed the results of the patient's examination looked restless, blood pressure 130/90 mmhg, temperature 36 degrees cecius, breath

19x m, anxiety level score 17, the results of the analysis of the problem of anxiety have not been resolved, on day 2 the results obtained the patient looked calmer, blood pressure 140/90 mmhg, pulse 80x/m, breath 20x/m, anxiety level score 7, the results of the problem analysis showed that the anxiety was resolved and on day 3 showed the results of the patient looking calm, blood pressure 140/90 mmhg, pulse 80x/m, temperature 36 degrees Celsius, breath 19 x/m, anxiety level score 7, the results of the analysis showed that the anxiety was resolved and the intervention was stopped.

In patient 2, the results of the examination showed that on day 1 the patient said he was restless and anxious, the patient looked restless and weak, blood pressure 140/95 mmHg, pulse 78x/m, temperature 36.2 degrees Celsius, breathing 20x/m, anxiety level score 19, with analysis of the problem of anxiety has not been resolved. On day 2, the results of the examination showed that the patient said that anxiety and worry arose and disappeared, the patient could communicate well, blood pressure 140/80 mmHg, pulse 80x/m, temperature 36.3 degrees Celsius, breathing 21x/m, anxiety level score 17, the results of the analysis of the problem of anxiety were partially resolved and on day 3 the results of the examination of the patient felt calm and ready for the next action, the patient looked calm, blood pressure 130/90 mhg, pulse 80x/m, temperature 36 degrees Celsius, breathing 19x/m, anxiety level score 10 with the results of the analysis of anxiety resolved and the intervention management was stopped.

From the signs and symptoms that appear, the main complaints and supported by the results of the physical examination in patient 1 and patient 2 show a change in the anxiety level score experienced before and after the application of teaupetic communication. Namely in patient 1 the results of measuring anxiety levels on day 1 showed a score of 17 or in the category of moderate anxiety level and after the innovation of applying teraupetic communication on day 3 showed a score of 7 or in the category of no anxiety. And in patient 2 the results of measuring anxiety levels on day 1 showed a score of 19 or in the category of moderate anxiety level and after the innovation of applying teraupetic communication on day 3 showed a score of 10 or in the category of mild anxiety level. Based on the results of subjective data assessment, patient 1 and patient 2 also said they felt calmer and ready for the next action process and objective data showed patient 1 and patient 2 looked calmer.

Based on research conducted previously by Irwan (2015), it shows that therapeutic communication affects the anxiety level of preoperative patients by showing the results that therapeutic communication effectively reduces anxiety levels. In addition, based on the results of research conducted by Fitria et al (2016), it is said that there is a trend where if the better the nurse's therapeutic communication, the lower the patient's anxiety level or vice versa if the less therapeutic communication carried out by the nurse will increase anxiety in patients. This shows that there is a significant relationship between therapeutic communication and anxiety levels.

Based on theory, in nursing practice, communication is an important tool for fostering therapeutic relationships and can affect the quality of nursing services. Therapeutic communication is very important because it can affect the level of patient satisfaction and reduce the patient's anxiety level towards the nursing services provided (Kasana, 2014).

The success of the therapeutic professional relationship between health workers and patients greatly determines the expected outcome of the action. Good therapeutic communication is nursing service as a friendly service, responsive to patient needs,

fast and precise and based on knowledge and skills will cause a happy and calm response (Nirmala & Prabowo, 2016).

Discussion
From the results of the description above, it shows that the results of the analysis are in line with the theory put forward. So the researcher concludes that the nursing diagnosis or priority nursing problem, namely anxiety, has been resolved and the researcher assumes that the application of teraupetic communication by providing deep breath relaxation education has good effectiveness to reduce the level of anxiety experienced by preoperative patients.

Conclusion
1. Based on the assessment conducted by the author, it is known that the patient's main complaints are anxiety, anxiety and inability to urinate and feel pain and pain in the lower abdomen, with a pain scale of 5, the pain felt is pulsating, and the pain felt by the patient is lost and arises, by displaying facial expressions grimacing, anxiety and the patient's general condition is weak. The patient said he felt worried about his current condition and the patient showed a state of anxiety, and anxiety. Patient 1 and patient 2 have in common that they are over 60 years old which is in line with the theory that age is one of the factors for BPH.
2. Nursing diagnoses or nursing problems that arise in patient 1 and patient 2 with BPH medical diagnoses, namely anxiety associated with situational crisis, acute pain associated with physiological injuring agents and impaired urine elimination associated with blockage of the prostate. With priority nursing diagnoses, namely anxiety related to situational crisis.
3. The interventions given to the priority nursing problems experienced by patient 1 and patient 2 are the application of teraupetic communication which is given in accordance with the SOP and refers to the Indonesian nursing intervention standards (SIKI) by providing deep breath relaxation education and all interventions have been implemented.
4. Implementation was carried out for 3 meetings in 3 days from November 08, 2024 to November 10, 2024. Implementation is carried out in accordance with the interventions that have been made and in accordance with the Indonesian nursing outcome standards (SLKI) with the implementation of nursing care for 15 minutes, which includes the application of therapeutic communication and then providing education on deep breath relaxation techniques.
5. The final evaluation in patient 1 Mr.A and patient 2 Mr.Ab found that the nursing care provided with the priority nursing diagnoses that had been established, namely anxiety related to situational crisis, had been resolved. This is indicated by a decrease in the score of anxiety level measurements before and after being given the innovation of applying teraupetic communication by providing deep breath relaxation education.

References

1. Andi E P,dkk (2014)."*Asuhan Keperawatan. Sistem Perkemihan* Edisi 1 Buku Ajar", Nuha Medika : Yogyakarta.
2. *Andra, S. W., & Yessie*, M. P. (2013). "*KMB 1 Keperawatan Medikal Bedah. Keperawatan Dewasa Teori dan Contoh Askep*". Yogyakarta: Nuha Medika.
3. Aprina, Yowanda, N. I., & Sunarsih. (2017). "*Relaksasi Progresif terhadap Benign Prostate Hyperplasia (Bph) Di Rumah Sakit Haji Medan*". NASPA. Journal Kesehatan
4. Arsi, R., Afdhal, F., & Fatrida, D. (2022). "*Faktor-Faktor Yang Berhubungan Dengan Kejadian Benigna Prostat Hiperplasia Di Poli Klinik Rsud Bayung Lencir Tahun 2021*". Indonesian Journal of Helath and Medical
5. Arwani. (2018). "*Komunikasi dalam Keperawatan*". Jakarta: EGC.
6. Astutik, A, (2018). "*Komunikasi Terapeutik dengan Kepuasan Pasien (Studi di Ruang Melati RSDU Bangil). Program Studi S-1 Ilmu Keperawatan Sekolah Tinggi Ilmu Kesehatan* " Insan Cendikia Medika" Jombang.
7. Bruno, L.(2019).''*karakteristik lansia yang mengalami inkontinensia urin*". Journal of Chemical Information and Modeling,
8. Franco, J. V. A., Tesolin, P., & Jung, J. H. (2023)."*Update on the management of benign prostatic hyperplasia and the role of minimally invasive procedures Prostate International*". Journal Kesehatan
9. Gomes, et.al. (2019). "*Risk Factors for anxiety and depression in the preoperative period of cardiac surgery*". Enfermeria Global. Journal Kesehatan
10. *Hadinata, D. & Abdillah, A. J. 2022. "Metodelogi Keperawatan. Bandung*" : Widina. Bhakti Persada Bandung.
11. Hastuti, D. (2015). "*Hubungan Pengetahuan tentang Sectio Caesarea dengan Kecemasan Ibu Pre Operasi di Ruang Catleya Rumah Sakit Panti Waluyo Surakarta*".(Skripsi). Surakarta: Universitas Muhammadiyah Surakarta.
12. Hawari, D. (2018)." *Stres, Cemas dan Depresi*". Jakarta: EGC.
13. *joyce. M & Jane* Hokanse Hawks, (2014). "*Medical Surgical Nursing vol 2*". Jakarta: Salemba Medika.
14. Kasana, N. (2017). "*Hubungan antara komunikasi terapeutik dengan tingkat kecemasan pada pasien pre operasi sectio caesarea di ruang ponek rsud karanganyar*". Jurnal Kesehatan.
15. Lokeshwar, S. D., Harper, B. T., Webb, E., Jordan, A., Dykes, T. A., Neal, D. E., Terris, M. K., & Klaassen, Z. (2019). "*Epidemiology and treatment modalities for the management of benign prostatic hyperplasia.*" Translational Andrology and Urology
16. Mulyani, S., Paramastri, I., & Priyanto, M. A. (2018). "*Komunikasi dan Hubungan Terapeutik Perawat – Klien terhadap Kecemasan Pra Bedah Mayor*". Kedokteran Masyarakat,
17. Nasir, A., Muhith, A., Sajidin, M., & Mubarak, W. I. (2019)."*Komunikasi Dalam Keperawatan Teori Dan Aplikasi*". Jakarta: Salemba Medika.
18. Nursalam. (2015). "*Manajemen keperawatan aplikasi dalam praktik keperawatan profesional edisi 4*". Jakarta : Salemba Medika.
19. Nursalam. (2016). "*Manajemen Keperawatan Aplikasi Dalam Praktik Keperawatan*". Jakarta: Salemba Medika.
20. Nursalam. (2016). "*Metodologi Penelitian Ilmu Keperawatan: Pendekatan Praktis*". Jakarta: Salemba Medika.
21. PPNI (2017)."*Standar Diagnosis Keperawatan Indonesia*".
22. PPNI (2018)."*Standar intervensi Keperawatan Indonesia* ".

23. PPNI (2019)."*Standar Luaran Keperawatan Indonesia*".

24. Pringgayuda, dkk. (2020). "*Hubungan Komunikasi Terapeutik Dengan Tingkat Kecemasan Pada Pasien Pre Operasi Benigna Prostate Hyperplasia*". Jurnal Kesehatan Panca Bhakt Lampung. Universitas Muhammadiyah Pringsewu, Lampung, Indonesia.

25. Purwanto, H. (2016). "*Keperawatan Medikal Bedah II (cetakan 1)*". Kementrian Kesehatan Republik Indonesia.

26. *Purwoastuti*, E., & *Walyani*, E. S. (*2015*)."*Komunikasi* & Konseling Kebidanan". Yogyakarta: PT. Pustaka Baru

27. Ramadhan, M. A., Sutapa, H., Oktaviyanti, I. K., Rahman, E. Y., & Yuliana, I. (2022). "*Hubungan Infiltrasi Limfosit Pada Prostat Dengan Retensi Urine Pada Benign Prostatic Hyperplasia*". Journal Kesehatan

28. Sa'adah, N. u. .(2017)."*Asuhan Keperawatan Pada Tn. S Dengan Benigna Prostatic Hyperplasia (Bph) Post Prostatectomy Di Ruang Baitussalam 1 Rumah Sakit Islam Sultan Agung Semarang*". Journal Kesehatan

29. Smeltzer dan Bare,(2017)."*Identifikasi Tingkat Kecemasan Pre Operasi Pasien Fraktur*". Jurnal Ilmu Kesehatan.

30. Smeltzer, S. C., & Bare, B. G. (2013). "*Buku Ajar Keperawatan Medikal Bedah Brunner & Suddarth*" Jakarta: EGC.

31. Stuart, G. W. & Sundeen, S. J. (2016). "*Buku Saku Kepelayan Kesehatanan Jiwa*". Alih Bahasa, Achrir. Y. S. Jakarta : EGC.

32. suryani. (2015). "*Komunikasi terapeutik : teori dan praktik*". buku kedokteran. Jakarta: EGC.

33. WHO. (2017). "*Global LUTS Report 2017*". Link:https://www.researchgate.net/publication/ 320934766 _Global_Energy_Syste_based_on_100_Renewable_Energy_Power_Sector.

34. *Wijaya, S.A & Putri, M.Y.(2013)."Keperawatan Medikal Bedah: Keperawatan*". Dewasa, Teori, Contoh Askep.Yogyakarta: Nuha Medika.

35. Wijayanti, K., Astuti, V. A., & Fatmayanti, A. (2016). "*Komunikasi dalam Praktik Kebidanan*". Jakarta: CV. Trans Info Media.

36. Wulandari, D. K., Hj. Ruslinawati, & Elsiyana. (2022). "*Efektifitas Terapi Relaksasi Slow Deep Breathing Dan Relaksasi Benson Terhadap Skala Nyeri Pada Pasien Post Operasi Benign Prostatic Hyperplasia Di Rs Bhayangkara Banjarmasin*". Jurnal Keperawatan Sriwijaya,

37. Yulifah, R., & Yuswanto, T. J. A. (2015). "*Komunikasi dalam Praktik Kebidanan*". Jakarta: Salemba Medika.