

The Effectiveness of Therapeutic Communication and Infusion Action Towards Anxiety Level Changes of Clients

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Abstract

Anxiety which is happening on the medical action can affect the health of the clients resulting in the long healing process of them. One procedures of medical action such as the installation of intervein fluid therapy can cause anxiety within the client because there is a threat towards body integrity, therapeutic communication gives understanding between the nurses-clients with the aim of helping the clients, clarifying and reducing the burden of mind and it is expected to eliminate the anxieties or worries caused by the act of nursing procedures. This study aims to figure out the relation between the effectiveness of therapeutic communication and infusion action towards the anxiety level of the clients in IGD (Emergency installation) room of RSUD Masohi. This research is a descriptive analytic study using cross sectional method. While the technique of sampling using accidental sampling with the sample of 30 respondents. The instrument of the research is questionnaires and the data are analyzed using chi-square. The results of this study obtained significant value of therapeutic communication ($p=0,002$), and the act of infusion ($p=0,000$), from these results it can be concluded that there is a relation between therapeutic communications with anxiety level of clients and also there is a relation between infusion actions with the level of anxiety.

Keywords: Therapeutic Communication, Infusion Action, Levels of Anxiety

I. INTRODUCTION

Anxiety becomes a major issue and needs to be overcome. More than 23 million people roughly one of four people in the United States experienced this disorder anxiety every year. Anxiety disorders (anxiety) in patients spent 46.6 billion US dollars in 1990 in direct and indirect costs. Almost one-third of total health care costs in the United States amounted to 148 billion dollars. Residents who experiences anxiety spend great cost to the health service. A survey found that a patient who suffered panic attacks make an average of seven medical visits in one year. less than 25% of the population who experience disorders often seek help, mainly because they do not realize that they experienced physical symptoms (Stuart 2006 in Yulinda, 2015). According to the World Health Organization (WHO, cited by John, 2012 in Suprpta 2015) about 10% of people in the Northern US, Western Europe, Australia and New Zealand experienced anxiety when performed nursing actions (infusion) compared with about 8% in the Middle East and 6% in Asia. Anxiety of patients which get nursing actions is estimated 20% of the world population who suffer from anxiety (Gail, 2010) and as much as 47.7% of adolescents often feel anxious (Haryadi, 2012). Anxiety that happen on the medical action can affect the health of the client and the family that resulted in the healing process to be blocked. One procedure of medical action such as intravenous fluid therapy installation can cause anxiety within client's body because there is a threat to body integrity. Therapeutic communication provide an understanding between the nurse and client with the goal of helping clients in clarifying and reducing the burden of mind and is expected to eliminate the anxiety of some fears caused by the actions or procedures of nursing, such as: the nurses do not always introduce themselves, the client is not notified or given the full information including function, purpose and objective of the treatment action or the procedure of nursing actions (Hermawan, 2010). Based on Basic Health Research (Riskesdas, 2013) the prevalence of Indonesian population experiencing emotional mental disorders nationally such as anxiety disorders when faced nursing actions amounted to 6%. Anxiety disorders in patients who get nursing actions in Indonesia, especially in Central Sulawesi, shows the higher prevalence than the general average. Anxiety disorder in patients who get nursing action revolves around 11.6%. In North Sulawesi, prevalence of anxiety patients is 5.9%. And the prevalence of anxiety patients in Jakarta (2.03%), while in Maluku province prevalence of anxiety in patients admitted to hospital and get nursing actions is the lowest one that is (0.09%) of general population. The high prevalence of anxiety disorder patients, the nurse should be able to evaluate the sources of anxiety in patients. The number of patients who receive intravenous therapy is estimated around 25 million per year in the UK and they have attached various forms of intervenous access during intervenous therapy maintenance is one of the most commonly technologies used in health care around the world more than 60% of patients admission to the hospital to get treatment through intervenous therapy. infusion based on the recommendation of *The infusion Nursing Standards Of Practice* can be retained for 72 hours after installation while from *The Center for Disease* (CDC), suggested that any infusion should be transferred every 72-96 hours (Alexander et al, 2010 in Nurjanah 2011), Maintaining an intervenous infusion that is being installed is a task that requires nursing knowledge and skills about the installation and infusion maintenance (Nurma Irawati, 2014). Research conducted by Jayanti (2009) that from 50 respondents who

got infusion action there were 21 respondents experiencing medium anxiety and 29 respondents experiencing severe anxiety. The anxiety arising out of an act of nursing is the body's response to the faced stressor. For instance on the action of infusion body, the body responds physically threatened which then lead to feelings of worry and fear. Based on the data records of clients visits in the emergency installation of local public hospital (RSUD) of Masohi Central Maluku regency in 2014, total client who entered in IGD room as many as 2,299 who got the infusion action were 85%, in 2015 the total patients who admitted were 2,573 and got nursing actions (infusion) were 90%, whereas in 2016 from January to April, total patients who admitted as many as 2,404 and got nursing actions (infusion) of 80%. From the above data it shows that the actions of infusion is one invasive procedure that was conduct frequently (1 Medical Record of RSUD Masohi 2016).

II. METHOD

This research is an analytic descriptive study using cross sectional approach. It is conducted in Emergency Installation Room of RSUD Masohi on 16 July-10 August 2016. The population in this study were all patients who seek medication and those who got infusion in Emergency Installation Room of RSUD Masohi central Maluku regency, 2016. Sampling technique used in this research is accidental sampling (convenience sampling) that is the sampling procedures which choosing a sample of the person or the most easily unit found or accessed, or anyone who by chance met with the researcher can be used as a sample as long as they are suitable as a data source (Umar, 2010). And the samples were obtained for 30 samples with the following criteria:

- a. Inclusion criteria: 1) clients aged 15-54 years, 2) The client is in conscious condition, 3). The client gets infusion therapy, 4) The client does not have a loss hearing, 5) The client is willing to be the respondent.
- b. Exclusion criteria: 1) The client has a loss hearing, 2) The client does not want to be the respondent, 3). the client is unconscious.

After the data collection is done and obtained, then the researcher conduct the data processing that includes several parts: editing, coding, and tabulating. The next procedur is data analyzing by using Chi-Square test.

III. RESULTS

A. Therapeutic Communication

Table 1. Therapeutic Communication Assessment of Nurses in Emergency Installation Room

Therapeutic communication	Number	Percentage (%)
Less	9	30.0
Enough	16	53.3
Good	5	16.7
Number	30	100.0

The table shows that the implementation of therapeutic communication conducted by nurses in Emergency Installation Room of RSUD Masohi central Maluku regency, 2016 in implementing nursing actions such as infusion to the patient is assessed by the respondents in this case they are the patients. We can see in enough categories there are 16 respondents (53.3%), and the least is in good category numbered 5 respondents (16.7%).

B. Infusion Action

Table 2. Infusion action in Emergency Installation Room

-Infusion action	Number	Percentage (%)
No	3	10.0
Yes	27	90.0
Number	30	100.0

The table shows that the dominant number are 27 respondents (90%) who experiences anxiety during infusion action and the least numbered 3 respondents (10%) who do not experience anxiety when infusion action.

C. Level of Anxiety

Table 3. Anxiety level of respondents in Emergency Installation Room

Anxiety level	Number	Percentage (%)
No symptoms	3	10.0
Mild	7	23.3
Medium	16	53.3
Severe	4	13.3
Number	30	100.0

Based on table above, it can be seen that clients who got invasive nursing actions in particularly infusion in Emergency Installation Room of RSUD Masohi central Maluku regency, those who experienced medium anxiety level is 16 respondents (53.3%). 7 respondents (23.3%) have mild anxiety levels, 4 respondents (13.3%) experienced severe anxiety, and 3 respondents (10.0%) do not experience anxiety.

D. The relationship of therapeutic communication and clients anxiety level

Table 4. The relationships of therapeutic communication and clients anxiety level in Emergency Installation Room

Therapeutic communication	Anxiety level										P value
	No symptoms		Mild		Medium		Severe		total		
	N	%	n	%	N	%	n	%	N	%	
Less	0	0	2	6.7	4	13.3	3	10.0	9	30.0	0,002
Enough	0	0	4	13.3	11	36.7	1	3.3	16	53.3	
Good	3	10.0	1	3.3	1	3.3	0	0	5	16.7	
Total	3	10.0	7	23.3	16	53.3	4	13.3	30	100	

The table shows that 16 respondents assess therapeutic communication of nurse is sufficient, 11 respondents (36.7%) experienced medium anxiety, 4 respondents (13.3%) experienced mild anxiety and 1 respondent (3.3%) experienced severe anxiety. Respondents who assess that therapeutic communication of nurse is less numbered 9 respondents, 4 respondents (13.3%) experienced medium anxiety, 2 respondents (6.7%) experienced mild anxiety and 3 of respondents (10.0%) experienced severe anxiety. The respondents who assess communication therapeutic of nurse is good only 5 respondents, 3 respondents (10.0%) do not experience anxiety, 1 respondent (3.3%) experienced mild anxiety and 1 respondent (3.3%) experienced medium anxiety. Based on Chi-Square test where df: 1, the significance value of $\alpha = 0.05$. Obtained value of $p = 0.002$, which indicates $p < \alpha$ or $0.002 < 0.05$. From the analysis it shows that there is a significant relationship between therapeutic communication and anxiety levels.

E. The Relationship of Infusion Action and Clients Anxiety Level

Table 9. The relationship of infusion action and clients anxiety level in Emergency Installation Room

Infusion action	Anxiety level										P value
	No symptoms		Mild		Medium		Severe		total		
	N	%	n	%	n	%	n	%	n	%	
No	3	10.0	0	0	0	0	0	0	3	10.0	0.00
Yes	0	0	7	23,3	16	53.3	4	13.3	27	90.0	
Total	3	10.0	7	23,3	16	53,3	4	13,3	30	100	

The table shows that from 27 respondents who experienced anxiety level when infusion, there are 16 respondents (53.3%) have medium levels of anxiety when infusion, 7 respondents (23.3%) experienced mild anxiety level and 4 respondents (13.3%) experienced severe anxiety. The clients who do not feel anxiety when infusion are 3 respondents (10.0%).

Based on Chi-Square test where df: 1, the significance value of $\alpha = 0.05$. it is obtained the value of $p = 0.000$, which indicates $p < \alpha$ or $0.000 < 0.05$. From the analysis, it shows that there is a significant relationship between the actions of infusion and anxiety levels.

IV. DISCUSSION

A. Therapeutic Communications

Therapeutic communication is conscious communication, purposeful, and its activity is in focus for the healing of the patients (Nurjannah 2005 in Yuk Bariroh 2012). Effective therapeutic communication raises psychological support, the patient obtain understanding and enough information thus it can reduce anxiety. Therapeutic communication is interpersonal communication provides mutual understanding between nurses and patients. According to Achiryani (1998, in Mundakir 2006 "Yuk Bariroh 2014") the nurses who have communication skills therapeutically can make a good relationship of trust with the patient, preventing problems and reduce patient anxiety. Based on the data analysis of the application of nurse therapeutic communication, it shows that as many as 16 respondents state that therapeutic communication is in enough category, 9 respondents express that therapeutic communication is in less category and 5 respondents express that therapeutic communication is in good category. Based on the observation, it shows that there is on duty nurse who mostly quite apply therapeutic communication, yet there are some things that are lacking such as pre-interaction (planning time contract with the client), the orientation phase (the nurses introducing themselves, asking the favorite nick name of the clients, explaining required time) working and termination phase. In the implementation the nurses have not done yet when interacting with patients in conducting nursing action of invasive infusion.

B. Infusion Action

Infusion is an action performed on patients requiring fluid intake or medications, directly into vein, in the amount and certainly time by using an infusion set (Potter, 2013). Infusion is an invasive procedure which is an act that often done in a hospital. Based on data analysis of infusion actions it shows that 27 respondents state they feel anxious when infusion process and 3 respondents state that they do not feel anxious. The anxiety of some fears caused by the actions or procedures of nursing, such as: the nurses do not always introduce themselves, the client is not notified or given the full information including function, purpose and objective of the treatment action or the procedure of nursing actions (Hermawan, 2010). Based on the observation of researcher, most nurses currently do not use the infusion Tourniquet when doing infusion. It is also consistent with the results of research conducted by Nurma Irawati (2014) who mentioned that 4 nurses of her respondents do not follow the stages of SOP such as 5 cm tourniquet mounting or varnished when infusion.

C. Level of Anxiety

Based on data analysis on the level of anxiety, it shows that as many as 16 respondents (53.3%) experienced medium levels of anxiety and 7 respondents (23.3%) experienced mild anxiety level. According to Stuart & Sundeen (1998, In Pamungkas 2011 "Yuk Bariroh 2012) some of the factors affecting the level of anxiety are factor of age, level of education, knowledge sticks and sex.

Based on Table 4.1, respondents aged 45-54 years are 10 respondents (33.3%) where this includes medium adult age which according to Horn (1980, in Santawi 2010) at that age individuals experiences decreasing ability to think and physical abilities such as susceptible to the disease, as well as the psychological conditions relatively becomes more sensitive, in the sense of irritability, depressed of the stress and depression. Mature individuals often experience anxiety in response to physiological and psychosocial changes that occur in middle adulthood. Individuals who experience depression in middle age usually experience anxiety with medium or severe intensity, and experiencing physical complaints (potter and perry, 2009)

The education level of respondents is various from elementary to university where the most respondents is in the level of secondary school namely 11 respondents (36.7%). Low education is considered that they will more become stress and anxious. It is proved in this study that the respondents were educated as elementary and junior high schools have a lot of anxieties. The level of education of a person or individual will affect the ability to think. The higher education that someone have the easier and the more rational thinking they get. She/ he will also capture new information including outlining the new issue (Stuart & Sunnden, 2010).

Based on that data on the frequency of age, sex, and education level can influence anxiety. It is proved on the study conducted by Sherly Ika Purnama Sari (2011) entitled "Description of Anxiety Level before EKG First Installation on Cardiac Patients in terms of Sex Factor, Age, and The Latest Education in Cardiac Poly RSI Jemursari Surabaya ". Her research showed that the majority of 35 respondents (57.12%) had medium anxiety, respondents who had a medium level of anxiety were the majority of women (64 , 71%) , and the majority also were in age 45-59 years old / middle age, (72.22%) and most respondents only had secondary education (52.94%).

In terms of job, the most respondents are farmers (50.0%) where they all do not have health insurance. According to Ramaiah (2003) patients who were hospitalized experienced anxiety was also because the cost of medication.

Respondents have varying levels of anxiety in facing nursing invasive actions, such as there are respondents who express no anxiety of the actions (10%), medium anxiety (53.3%) mild anxiety (23.3%), and severe anxiety (13.3%). It can be concluded that the patient experience anxiety. The anxiety is a worry or deep fear and ongoing (Hawari, 2011) it describes the feeling, the emotional condition of a person when facing a reality or events in life. This anxiety may arise or happen to everyone.

Based on the data analysis on the level of anxiety, it shows that as many as 16 respondents (53.3%) have medium anxiety level, 7 respondents (23.3%) have mild anxiety.

From the observation of the researcher, 30 respondents 53.3% had moderate anxiety level with signs and symptoms that often appear on the respondents such as an increasing of heart rhythm, dry mouth, trembling body, no eye contact, looked crumpling hands, often changing sleeping positions, nausea - vomiting, and talkative.

These results indicate that respondents who have mild anxiety are higher when compared with respondents who have medium anxiety, and there are some respondents who do not experience anxiety. Signs that often appear on the respondents such as often wake up at night, increased pulse rate, trembling, fearful of infusion actions or equipment.

This is because the anxious response depends on one's personal maturity, an understanding in facing the challenge, self-esteem, and coping mechanisms used (Stuart 2012) and also a self-defense mechanism which is used to treat anxiety.

These results are consistent with research conducted by Hendri (2009) with a sample of 38 respondents, showed that most respondents had medium levels of anxiety (44.7%) mild anxiety (28.9%) and severe anxiety (26.3%). Signs and symptoms that often appear on the respondents, are the increasing of heart rhythm, dry mouth, trembling body.

F. Relationships of Therapeutic Communication and Level of Anxiety

The results of this study show 16 respondents assess therapeutic communication of nurse is enough, there are 11 respondents (36.7%) experience medium anxiety, 4 respondents (13.3%) experience mild anxiety, and 1 (3.3%) experience severe anxiety. Respondents who assess therapeutic communication of nurse is less only 9 respondents, 4 respondents (13.3%) have medium anxiety, 2 respondents (6.7%) experience mild anxiety and 3 respondents (10.0%) experience severe anxiety. Respondents who assess communication therapeutic of nurse is good only 5 respondents, 3 respondents (10.0%) do not experience anxiety, 1 respondent (3.3%) experience mild anxiety and 1 respondent (3.3%) experience medium anxiety.

The statistic test results shows that the p value = $0.002 > 0.05$, this means that there is a significant relationship between therapeutic communication and clients anxiety level in facing nursing invasive actions in IGD room of RSUD Masohi. This also means that the better communication of nurse is, the lower the anxiety level of the client will. By doing a good therapeutic communication techniques thus it can reduce client anxiety and help the client feel that their interaction with nurses is an opportunity to share feelings and information in order to achieve optimal nursing.

According to the assumptions of researcher, the patients who will get infusion experiencing anxiety, whether mild, medium or severe, the role of nurses is very important in this condition that is to provide effective therapeutic communication by considering attitudes, principles and good techniques of therapeutic communication and consider the level of patient stress in facing of infusion actions where the communication gives understanding between nurses and clients with the goal of helping clients to clarify and reduce the burden of mind and is expected to relieve anxiety, the nurse as an important component in the nursing process and the people closest to the client should be able to communicate therapeutically, by words, deeds, or expression that facilitate the healing of client.

This is in line with the research conducted by Christianawati (2007) that the therapeutic communication greatly affects the patient's level of anxiety in facing nursing actions. Lack of therapeutic communication during nursing action is one of the causes of the patient's anxiety because basically one of the goals of therapeutic communication is to help patients to clarify, reduce the burden of feelings and thoughts and can take action on the situation when the patient believes in things that are required, then to reduce anxiety needs communication.

The results of this study is also supported by research conducted by Setiawan and Tanjung (2005) showed that the therapeutic communication had a significant relationship in decreasing client anxiety ($p = 0.002$; $\alpha = 0.05$).

It is also consistent with the results of the study of (Yuk Bariroh 2012) that the assessment of therapeutic communication of Cempaka nurse is mostly in enough category (48.6%) the level of patients anxiety in facing of nursing actions of infusion invasive or catheter in Cempaka room most are medium anxiety (68, 6%).

Based on the research results of Arafiah (2012) it showed that mild anxiety as many as 21 people (46.7%) before the provision of information about the preparation of the operation.

Anxiety occurs because it served as a stressor which is a fear of a person toward an unpleasant circumstance that is subjectively experienced and communicated interpersonally (Agustin, 2009). Manifestations of anxiety that may arise such as sleeplessness, chest palpitations, sweating though the body is not hot, the body is heat or cold, headaches, muscle tension or stiffness, stomachache, gasping or shortness of breath/ asphyxia (Smeltzer & Bare 2012).

G. Relationships of Infusion Actions and Level of Anxiety

The results shows that 27 respondents experience anxiety level when infusion. There are 16 respondents (53.3%) who have medium anxiety when infusion, there are 7 respondents (23.3%) who have mild anxiety level, and 4 respondents (13.3%) who have severe anxiety level when infusion. The clients who do not feel inxiety when getting infusion numbered 3 respondents (10.0%).

Based on Chi-Square test where df: 1, the significance value of $\alpha = 0.05$. Obtained value of $p = 0.000$, which indicates $p < \alpha$ or $0.000 < 0.05$. From this analysis it shows that there is a significant relationship between the actions of infusion and anxiety levels.

Anxiety that arise from a course of action is the body's response to stressor, as an example on the infusion action, the body responds to their physical threats which then lead to feelings of worry and fear. It is in accordance with the results of research conducted by Jayanti (2009) stated that from 50 respondents who get infusion action, there were 21 respondents experiencing medium anxiety and 29 respondents experienced severe anxiety.

In addition to the actions of infusion, another invasive nursing action that can cause anxiety is catheter infusion. Results of research of Rizwijaya (2008) stated that from 45 respondents who got catheter there are 37 respondents (83%) experienced anxiety at various levels from mild, medium to severe anxiety. After getting therapeutic communication treatment at the time of catheter installation then the respondents experienced significant decreasing anxiety levels. 90% of respondents did not experience anxiety.

Results of research conducted by Setiawan & Tanjung (2003) explained that 84.6% of respondents experiencing mild anxiety and 15.4% had medium anxiety after invasive installation action.

Karif (2006) explained that any medical treatment which is given mainly to patients without experience, thus the patients will experience a level of anxiety.

From the result of the research, the researcher assumes that from some of the questions can be concluded that patients who will get infusion or catheter installation experience anxiety, whether mild, medium or severe anxiety, the nurse's role is very important in these conditions to provide effective therapeutic communication by considering attitudes, principles and good therapeutic communication techniques and also considering the level of stress in facing the infusion action.

V. CONCLUSION AND SUGGESTION.

A. Conclusion

Based on the results that have been obtained, it can be concluded that therapeutic communication related to the anxiety level of the clients in Emergency Installation room of RSUD Masohi Central Maluku Regency, where the results of the statistical test obtained value ($p = 0.002$). Whereas infusion action related to the anxiety level of the clients in Emergency Installation room of RSUD Masohi Central Maluku Regency, where the statistical test result obtained value ($p = 0.000$)

B. Suggestion

This study is expected to be useful in the field of health, especially in therapeutic communication and infusion action to the change of anxiety level. For further researcher it is expected to examine or develop this research using better methods of therapeutic communication and using more complete techniques of data collection.

For STIKes (Colleges of Health Science) Maluku Husada in order to give a particular provision of therapeutic communication so the students are able to apply it in the workplace or in the field practice.

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