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THE 4th INTERNATIONAL CONFERENCE ON HEALTH SCIENCE 2017

“The Optimalization of Adolescent Health in The Era of SDGs”

INNA GARUDA HOTEL YOGYAKARTA,
INDONESIA
November 5th, 2017



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THERAPEUTIC COMMUNICATIONS REDUCE THE PATIENT'S ANXIETY OF PRE OPERATION PATIENTS

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ABSTRACT

Operating or surgery act is a tense complex event, because beside having a physical disorder it will be able to generate psychological problems for the patients. Surgery can cause anxiety when it comes to dealing with it. Therapeutic communication actions involving patients can identify the problems. Interaction between the nurse and the therapeutic patient will produce information for the nurses about the condition of the patient and the nurse can provide information on how to solve the problem (preoperative anxiety) by helping the patient to clarify and reduce the burden of the mind and is expected to eliminate anxiety related to surgery act. To determine the effect of therapeutic communication on anxiety in preoperating patients. This study used experimental quasi. The design of the research is group pre test and post test with control. The technique of sampling uses consecutive sampling. The amount of sample of this research is 58 respondents. The data was collected using Independent T-Test. There was a difference anxiety before and after in the intervention group that was giving therapeutic communication through health education. The result of Independent T-Test was obtained p value = 0.000 (<0.05). There is a therapeutic communication reduce anxiety preoperative patient.

Keywords : *Therapeutic communication, preoperative and anxiety.*

INTRODUCTION

Surgery is a complex event that is stressful because in addition to experiencing physical impairment will be able to raise psychological problems for patients. Surgery can arouse anxiety when it comes to dealing with it, making it an uncomfortable feeling, anxiety or fear, fear of fear of physical change, and fear of failure in surgery.

Anxiety leads to unpleasant feelings generally cause physiological symptoms such as trembling, sweating, increased heartbeat and psychological symptoms such as panic, tension, shortness of breath, confusion, unable to concentrate, the emergence of panic, fear and anxiety at the same time or penance change. Physiological symptoms are caused by stimulation of the sympathetic and parasympathetic nerves, the endocrine system and the increase of the catecholamine hormone in response to stress resulting in unstable hypertensive and hemodynamic tachycard¹.

The most common response in preoperative patients is psychological response (anxiety), mentally the patient who will face surgery should be prepared because there is always anxiety and fear of injection, wound pain, anesthesia, there is even possibility of defect or dies².

Preoperative anxiety occurs in patients undergoing elective surgery and surgery. Preoperative anxiety is considered a normal response in most patients. The sources of preoperative anxiety include two things, namely anxiety to anesthesia and anxiety about surgical procedures³. An anesthetic nurse should be able to make an effort to reduce the anesthetic pre anxiety level. There are several ways that can be done to reduce anxiety is pharmacological and non-pharmacological (psychological) therapy. Pharmacological therapy

includes medications such as anti-anxiety medications that can help reduce anxiety but have dependence effects while non-pharmacological therapy such as psychotherapy, laughter therapy, cognitive therapy, deep breathing relaxation and one of therapeutic communication.

Therapeutic communication is a media for giving and receiving between nurses both verbally and nonverbally. Therapeutic communication actions involving patients can identify problems⁴. Therapeutic nurse and patient interactions will produce information for nurses about the state of the patient and the nurse can provide information on how to solve the problem (preoperative anxiety) by helping the patient to clarify and reduce the burden of the mind and is expected to eliminate anxiety related to the surgery⁵

Initial survey that the researchers did patient population who underwent did patient population who underwent surgery 139 pati, with general anesthesia action as much 87, and spinal anastesi 52 patient. Based on preliminary study 7 out of 10 patients who will undergo surgery on average still experience anxiety. Based on the interview with one nurse in Hospital to overcome the anxiety of the patient using pharmacology technique that is giving medicine. Based on the above data the authors are interested to conduct research with the title of Anxiety Patient Pregnancy Reduce after the Therapeutic Communication.

METHODS

This research is a research using quasi experimental design with control group study pre test and post test⁶.

Tabel 1. Research of Desain

Subjek	Pre	Treatment	Post
Eksperimen	01	X	02
Kontrol	03	-	04

Research of Desain :

- 01 : Anxiety is measured before Therapeutic communication.
- 02 : Anxiety is measured after Therapeutic communication
- 03 : Anxiety pre test of control group, measured before pre anesthesia visit.
- 04 : Post-test group control anxiety, measured before patient was transferred to centre of surgical installation room.
- X : Providing therapeutic communication.

The study was carried out in the treatment room, in the pre-anxiety control group performed one day before surgery 10 minutes before the anesthesia visit, and post test was done in the care room before the patient was transferred to the operating room. In the pre-test intervention group performed one day before surgery 10 minutes before therapeutic communication, post test was done in the care room before the patient moved into the operating room.

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RESULT

Table 2. Frequency Distribution of Respondent Characteristics

Variable	Intervensi		Kontrol	
	f	%	f	%
Age				
a) 17-25 years	3	10,3	5	17,2
b) 26-35 years	8	27,6	6	20,7
c) 36-45 years	12	41,4	9	31,0
d) 46-55 years	4	13,8	5	17,2
e) 56-65 years	2	6,9	4	13,8
Sex				
a) Male	16	55,2	15	51,7
b) Female	13	44,8	14	48,3
Education				
a) Elementary School	5	17,2	6	20,7
b) Junior School	5	17,2	6	20,7
c) Senior School	16	55,2	13	44,8
d) University	3	10,3	4	13,8
Total	29	100	29	100

Based on the Table 2 shows that respondents in the intervention group aged 34-45 years 12 people (41.4%). Most of the men were 16 peoples (55.2%) and Women 13 peoples (44.8%). Based on the level of education most of the senior high school respondents are 16 peoples (55.2%). In the control group the average responder aged 36-45 years is 9 people (31.0%). Most of the male respondents were 15 people (51.7%) and 14 women (48.3%). Furthermore, based on the level of education most of the senior high school respondents are 13 people (44.8%).

Table 3. Test Result Normality Data Score Anxiety Pre Intervention

No	Group	P value
1	Intervention	0,055*
2	Control	0,078*

Based on the table 3. The result of normality test of data using shapiro-wilk showed significant value ($> 0,05$). Thus it can be concluded that the data are normally distributed in both groups, so the Paired t-test is used to determine the difference between anxiety before and after

1. Uji Paired t-test

Table 4. Scoremean of Anxiety on Intervention and Control Group

Group		Std.	Mean	P Value
Intervention	Before	2,307	20,66	0,000
	After	2,213	15,31	
Control	Before	2,979	20,41	0,003
	After	2,661	19,55	

Based on the table 4 shows the results of t-test statistical results obtained p-value results in the intervention group 0.000 (<0.05). And in the control group from the statistical test obtained the results of p-value value 0.003 so it can be concluded both in the intervention group and the control group are both reduced.

2. Differences Reduce Mean Scores Anxiety

Both the Intervention group and the control group were both experiencing reduced anxiety, to determine the effect of therapeutic communication on anxiety significantly by the previous investigator should know the difference in anxiety reduction before and after the therapeutic communication between the intervention group and the control group, to determine the difference reduce anxiety score between intervention group and control group hence researcher do normality data test first. Normality test using Shapiro-Wilk test.

The results of normality data test showed that for the pre and post anxiety score showed p value in intervention group 0,142 and in control group 0,099 significant value (> 0,05). It can be concluded that the data is normally distributed. Furthermore, because the data is normally distributed, then the data analysis using parametric test is using Independent t-test statistic test.

3. Uji Independent t-test

Table 5 Differences Test of Mean Impairment of Anxiety Score on Intervention and Control Group

Kelompok	Mean	Std. Deviation	P value
Intervensi	5,72	2,840	0,000
Kontrol	1,24	2,294	

Based on the Table 5 shows the result of statistical test of simple independent T-test obtained the result of p-value 0,000 in Independent T-Test (<0,05), it can be concluded that there is significant influence between therapeutic communication communication to preoperative patient anxiety.

DISCUSSION

1. Characteristics of Respondents

The results of the data analysis show that the most frequent intervention and age control groups are 36-45 years of age. Anxiety is a feeling of discomfort or a vague worry accompanied by an autonomous response (the source is often non-specific or unknown to the individual), the fear surgical / surgical procedure) caused by anticipation of hazards⁸. Age 36-45 years including middle adulthood, the period is a determination in the achievement of socio-economic stability and obtain a better life, so it requires a more optimal energy that often cause stress.

Characteristics of each person is different so the understanding of each individual is different. To be able to solve the problem also everyone has their way each. Education is generally useful in changing the mindset, behavior patterns and decision-making patterns. It is in accordance with the characteristics of respondents that at age, gender, and education showed an almost the same anxiety response. The stimulation of the sympathetic and parasympathetic nerves, the endocrine system and the increase of the catecholamine hormone in response to stress resulting in unstable hypertensive and hemodynamic tachycardia are caused by anxiety can occur in all humans under any circumstances⁵.

2. Anxiety scores of intervention groups and control groups.

Based on the table 4 shows the results of t-test statistics obtained the results of p-value 0.000 in the intervention group, in the control group p-value value of 0.003 so that there is a significant influence between the intervention group and the control group. This is because both groups were done during the pre-anesthesia visit. Pre-anesthetic visits include providing informed consent.

Both the intervention group and the control group performed during anesthesia pre anesthesia visit were both decreased. Patients do not experience a decrease in anxiety, if they do not get intervention about the disease and the procedure of action to be performed and the preoperative patient's anxiety will decrease after given adequate information and explanation by health personnel

Excessive anxiety will cause the patient to be uneasy in the face of action, so as to increase the dosage of some types of anesthetic drugs used, this will lead to an increase in patient costs, as for some factors that affect anxiety levels of patients to be performed surgery and anesthesia: genetic, demographic, psychological, trigger, perentan, and symptom-forming factors⁷. Mental preparation is not less important in the process of preparation of surgery because the mental patients are not ready to affect his physical condition. The usual mental problem in preoperative patients is anxiety. Then a good pre-anesthetic step is needed to reduce anxiety.

3. Defferencesof the meanreduce in anxiety scores

The result of p value 0.000. The p-value (<0.05). It can be concluded that there is a significant reduce in anxiety in preoperative patients after therapeutic communication through health education by using a flipchart on preoperative patient anxiety.

One of the factors that can reduce patient's anxiety level is by giving therapeutic communication to patient pre-operation. Therapeutic communication has a purpose in fostering effective and interdependent interpersonal relationships with others and self-reliant. Help take effective action to change the situation. Through therapeutic communication, clients learn how to accept and receive others. With open, honest, and accepting clients as they are, nurses will be able to improve the client's ability to build trusting relationships. Techniques used in therapeutic communication are able to explore the feelings of patients and can assist clients in solving problems and able to change the way the view of the client so that clients do not see something or problems from the negative aspect alone⁸.

Therapeutic communication is a medium for giving and receiving between nurses both verbally and nonverbally. Therapeutic communication actions involving patients can identify problems³. Therapeutic nurse and patient interactions will produce information for nurses about the state of the patient and the nurse can provide information on how to solve the problem (preoperative anxiety) by helping the patient to clarify and reduce the burden of the mind and is expected to eliminate anxiety related to the surgery⁵.

The use of Therapeutic Communication in education is very influential to reduce anxiety. The use of media in education is very influential in accordance with the theory Factors that affect anxiety is the experience and information. The patient's initial experience in medicine is a great experience valuable that happens to the individual especially for the foreseeable future. This initial experience as part of an important and even crucial for the mental state of the individual in the future. Information for each person has their own meaning. The lack of information makes the respondent feel anxious about what will happen to him. Information is generally useful in changing mindsets and behavior patterns⁵.

CONCLUSIONS

1. Respondents in the intervention group and dominant control at age 34-45. Most respondents in both the intervention group and the control group were male. Furthermore, based on the level of education most of the respondents have high school education.
2. There is an anxiety reduction in both the intervention group and the control group.
3. There was a difference in anxiety reduction in the intervention and control groups.

SUGGESTION

Based on the results of research and discussion then the researcher gives advice, as input material for ward nurses and nurse anesthetists as standard operating procedure (SOP) for nursing independent nursing intervention with therapeutic communication reduce anxiety in patient pre operation.

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