

## The Relationship of Nurse Therapeutic Communication with Anxiety Level in Preoperative Patients at Santa Elisabeth Hospital Medan

**Helinida Saragih <sup>1</sup>, Imelda Derang <sup>2</sup>, Friska Sembiring <sup>3</sup>, Resdiadur Bintang Sitohang <sup>4\*</sup>**

<sup>1-4</sup> Program Studi Keperawatan, Sekolah Tinggi Ilmu Kesehatan Santa Elisabeth Medan, Indonesia

Email : [sitohangresdiadurbintang@gmail.com](mailto:sitohangresdiadurbintang@gmail.com)

\*Correspondence Author: [sitohangresdiadurbintang@gmail.com](mailto:sitohangresdiadurbintang@gmail.com)

**Abstract.** Anxiety is an emotional response to uncertainty or threats that cause feelings of anxiety, worry, excessive tension, which are continuous and can interfere with the patient's process of action and healing, therefore it is necessary to have good and correct therapeutic communication, to build a relationship of mutual trust, empathy, support and help the patient in problem solving. This study aims to identify the Relationship between Nurse Therapeutic Communication and Anxiety Level in Preoperative Patients at Santa Elisabeth Hospital Medan in 2024. The research design uses correlational with a cross sectional approach, purposive sampling technique with a sample of 64 respondents. The instruments used were the nurse therapeutic communication questionnaire and the anxiety questionnaire. The results of the study showed that the majority of therapeutic communication among nurses in the inpatient room of Santa Elisabeth Hospital Medan was in the good category as many as 34 respondents (53.1%), and the level of anxiety of preoperative patients was majority in the medium category as many as 30 respondents (46.9%). The spearman rank statistical test on SPSS obtained a P-Value = 0.000 which means that there is a relationship between the therapeutic communication of nurses and the level of patient anxiety at Santa Elisabeth Hospital Medan. It is expected that the nurses in Pauline's room will further improve therapeutic communication to pre-operative patients.

**Keywords:** Anxiety, Nurse, Pre-Operative Patients, Santa Elisabeth Hospital Medan, Therapeutic Communication.

### 1. INTRODUCTION

Everyone can experience anxiety when faced with unexpected and new situations. When a patient is in the process of undergoing surgery. He often feels very anxious due to various factors such as the diagnosis of a condition that may be malignant, the anesthesia process, the experience of pain, changes in appearance, and physical limitations that may be experienced. In addition, there are also concerns about possible death, fear of the anesthesia process, fear of losing their job or working time, and the responsibility of providing support to the family. The feelings of fear that arise when a person undergoes surgery are often related to the fear of death and uncertainty about the ability to recover after surgery (Tania et al, 2022).

From the initial research conducted at Santa Elisabeth Hospital Medan using a questionnaire on 10 patients who were going to undergo surgery, it was found that 1 of them (10%) experienced moderate anxiety, 7 patients (70%) experienced severe anxiety, and 2 other patients (20%) experienced anxiety at the level of panic.

Levels of anxiety in patients before surgery vary, with some experiencing severe, moderate, mild to extreme levels of anxiety. If a patient experiences severe or even very severe anxiety before surgery, it is considered an abnormal response and can interfere with physiological functions, such as changes in vital signs, increased desire to urinate or diarrhea, headaches, and difficulty maintaining concentration. If the physiological disturbance in the patient increases, then surgical action can be postponed until the patient's vital signs reach a safe level to perform the surgical procedure (Sriyani et al., 2022).

Some of the things that affect the level of anxiety in patients before surgery involve internal factors such as previous experience history as well as individual problem management strategies, which can have an impact on anxiety levels. In addition, external elements including families must pay attention to individual needs and provide support, as well as feel the positive impact of the immediate environment. As a result of surgical procedures, clients often feel fear and anxiety, including fear of physical changes (disabilities), fear of the surgical process itself, fear of the risk of death due to anesthesia, and fear of failure of the surgical procedure (Tania et al, 2022).

One step in reducing anxiety in patients before surgery, One way that can be taken is to provide health education about surgical procedures to previous patients. This aims to reduce the patient's anxiety when undergoing the surgical procedure. In addition, one of the steps to reduce the level of anxiety in patients before surgery., the actions that can be taken are to provide steps to reduce the anxiety of patients before surgery is to provide therapeutic communication to them. Therapeutic communication is a form of communication relationship that is intended to influence the patient's attitude and actions.

In this process, communication is used to ensure a positive interpersonal relationship between the nurse and the client so that the treatment procedure can take place efficiently. The goal of therapeutic communication is to provide support to patients in coping with mental and emotional distress. This communication strategy also allows the patient to freely express his or her feelings and show that the nurse is receptive. The importance of therapeutic communication is to help patients cope with any feelings of anxiety, anxiety, dissatisfaction, fear, or anxiety they may have experienced prior to surgery. Anxiety needs to be addressed as it can result in changes or disruptions in bodily functions, which can ultimately affect the outcome of the surgical procedure.

From this context, the researcher is interested in conducting a study on the relationship between nurses' therapeutic communication and the level of anxiety in preoperative patients at Santa Elisabeth Hospital Medan in 2024.

## 2. LITERATURE REVIEWS

Based on a report by the Indonesian Ministry of Health in 2019, surgical procedures rank tenth out of fifty in Indonesia, the prevalence of the disease reached 12.8%. In the United States, as many as 35,539 patients before undergoing surgery experienced anxiety levels. In the operating room and intensive care room, there were 2,473 patients with anxiety conditions, reaching a percentage of 7% (Rahmayati et al., 2018). In the western region, the number of patients undergoing surgical procedures varies between 60% to 80%, while the range of anxiety levels experienced by patients while undergoing surgery is between 11% to 80% (Sriyani et al., 2022).

Percentage In Indonesia, the level of anxiety before surgery reaches 11.6% of the population aged 15 years and above. In North Sumatra, there were 42 patients who experienced anxiety before surgery. Of these, 12 people experienced severe anxiety (28.6%), 21 people experienced moderate anxiety (50.0%), and 9 people experienced mild anxiety (21.4%) (Rismawan, 2019). Medan Hajj Hospital, the level of anxiety in patients before surgery was divided into severe anxiety by 12.5%, moderate anxiety by 18.8%, and mild anxiety by 43.7% (Poli & Wetik, 2020).

## 3. METHODS

This research is included in the category of correlational research using the cross-sectional method. This cross-sectional approach was chosen to describe the relationship between phenomena at a certain point in time or at a certain time (Nursalam, 2020). The number of populations that the study focused on in the time range from 2023 to 2024 was 1,954 individuals, data obtained from the Medical Record. However, due to certain limitations in the study, the researchers decided to focus on a one-month population, which is 192 people, data obtained from the medical records of Santa Elisabeth Hospital Medan.

In the sampling process, the researcher applies the purposive sampling method, in which samples are selected deliberately or selectively deliberately from the population with the aim of reflecting previously known characteristics. The number of samples taken for this study was 64 participants. Due to limitations in the study, after the study was conducted, the number of respondents did not reach the desired target because some patients were unaware or unable to respond to questionnaires. The following are the general characteristics of the research subjects that are the inclusion criteria: People who have undergone surgery for the first time and Patients who voluntarily will.

The tool applied in this study was a therapeutic communication assessment questionnaire, which aims to assess nurses' therapeutic communication (Adi Suyitno, 2017). There are 15 statements in the questionnaire with three answer choices: the number 3 represents "often", the number 2 for "rarely", and the number 1 for "never". The results of the statement are grouped into three categories: good = 3, fairly good = 2, bad = 1. The highest and lowest values of the four indicators. then calculated. From there, scores were obtained for the good category = 35-45, good enough = 25-34, and bad = 15-24. The therapeutic communication questionnaire is divided into three stages: the interaction stage from numbers 1-5, the work stage from 6-10, and the termination stage from numbers 11-15. The measurement method applied to this variable is the ordinal scale.

The anxiety research questionnaire instrument that will be used in this study is the Zung anxiety questionnaire Self-Assessment Scale (Susanto et al., 2019). The questionnaire included 20 question items, each graded using a scale of 1-4, of which 1 represented "never," 2 for "sometimes," 3 for "always," and 4 for "often." Of the total questions, 15 led to increased anxiety and 5 led to decreased anxiety (Susanto et al., 2019). The anxiety level questionnaire has 20 statements the highest score reaches 80 and the lowest score is 20, the range of values is mild anxiety is 20-34, moderate anxiety is 35-49, severe anxiety is 50-64, and panic anxiety is 65-80.

The researcher did not carry out reliability and validity testing because it used a Nurse Therapeutic Communication questionnaire (Adi Suyitno, 2017) with a validity test value of 0.732 and a reliability test value of Cronbach Alpha results of 0.987, indicating that all statements were valid and reliable. because using a questionnaire, the researcher did not conduct a reliability and validity test because it used the Zung Anxiety Self-Assessment Scale questionnaire (Susanto et al., 2019) with a validity test value and a reliability test value of Cronbach Alpha results of 0.892 which stated that all statements were valid and can be used.

The univariate analysis in this study is the independent variable of therapeutic communication and the dependent variable of the level of anxiety. It was carried out on both variables that are estimated to have a relationship between nurses' therapeutic communication and the level of anxiety of preoperative patients at Santa Elisabeth Hospital Medan in 2024. In this study, a bivariate statistical method in the form of the Spearman rank test was used. This test is intended to assess the relationship between two variables that have an ordinal scale, or between one variable with an ordinal scale and the other with a nominal scale or ratio. The purpose of this test is to evaluate whether there is a correlation between the two variables, as well as how strong the relationship is, by looking at the significance value and

correlation coefficient (r). The correlation coefficient of Spearman rank can range from  $-1 < r > 1$ . This research has also been ethically feasible from the health research commission of STIKes Santa Elisabeth Medan with letter number No: 108/KEPK-SE/PE-DT/IV/2024.

#### 4. RESULT AND DISCUSSIONS

**Table 1.** Distribution of Respondent Frequency Based on Demographic Data Age, Gender, Education and Occupation and Number of Operations The relationship between nurse therapeutic communication and anxiety levels in preoperative patients at Santa Elisabeth Hospital Medan .

Characteristic	Frequency	Percentage(%)
<b>Age</b>		
18-33	26	40.6
34-49	18	28.1
50-65	18	28.1
66-79	2	3.1
<b>Total</b>	<b>64</b>	<b>100</b>
<b>Gender</b>		
Male	24	37.5
Female	40	62.5
<b>Total</b>	<b>64</b>	<b>100</b>
<b>Education</b>		
SD	1	1.6
SMP	4	6.3
SMA	36	56.3
D3	8	12.5
S1	12	18.8
Ners	1	1.6
<b>Total</b>	<b>64</b>	<b>100</b>
<b>Work</b>		
Teacher	3	4.7
IRT	9	14.1
Student	9	14.1
Pensiunan	1	1.6
Ners	1	1.6
PNS	1	1.6
Private Employed	26	40.6
Farmer	14	21.9
<b>Total</b>	<b>64</b>	<b>100</b>

**Table 2.** Distribution of Frequency and Percentage of Respondents Based on Nurses' Therapeutic Communication in Preoperative Patients at Santa Elisabeth Hospital Medan.

<b>Therapeutic Communication</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Good	34	53.1
Enough	23	35.9
Less	7	10.9
<b>Total</b>	<b>64</b>	<b>100</b>

**Table 3.** Distribution of Frequency and Percentage of Respondents Based on Anxiety Level in Preoperative Patients at Santa Elisabeth Hospital Medan .

<b>Anxiety levels</b>	<b>Frequency</b>	<b>Percentage(%)</b>
Light	23	35.9
Medium	30	46.9
Heav	8	12.5
Panic	3	4.7
<b>Total</b>	<b>64</b>	<b>100</b>

**Table 4** Relationship between Nurse Therapeutic Communication and Anxiety Level in Preoperative Patients at Santa Elisabeth Hospital Medan .

<b>Variable</b>	<b>N</b>	<b>r</b>	<b>Sig.</b>
Communication	64	-0.750	0.000
<u>Therapeutic s</u>			
<u>Anxiety levels</u>			

Table 4 shows the calculated r value of -0.750 and the significance value of 0.000 where  $p < 0.05$  of the r value so that  $H_a$  is accepted and  $H_0$  is rejected. This means that there is a significant relationship between nurses' therapeutic communication and anxiety levels in preoperative patients.

## DISCUSSIONS

### **Nurse therapeutic communication in pre-operative patients at Santa Elisabeth Hospital Medan**

The results of this study showed that respondents received good therapeutic communication, which amounted to 34 respondents (53.1%). The results show that the majority of therapeutic communication is good. This can be seen from the fifteen questions that have been answered by the respondents. This happens because of the nurse's awareness, care, attention, to the patient, and always carries out therapeutic communication when carrying out the nursing care process, when the nurse weighs in, the nurse greets the patient, greets and introduces himself, touches the patient, heals the complaints felt by the patient, pays attention to the patient's needs, and explains the doctor's instructions, the procedure of action to be carried out, the next treatment, and provide opportunities to discuss with patients and respect patients' opinions. The results of this study showed that the respondents received sufficient therapeutic communication, which amounted to 23 respondents (35.9%). The results show that the majority of therapeutic communication is sufficient, which can be seen from the fifteen questions that have been answered by the respondents.

From the results of the questionnaire, it can be said that therapeutic communication is sufficient because in the service nurses always smile when meeting with patients, introduce themselves when taking actions, so that trust is established between nurses and patients. In addition, nurses perform actions quickly and precisely. The results of this study showed that respondents received less therapeutic communication, which amounted to 7 respondents (10.9%).

From these results, it can be seen from the fifteen questions that have been answered by the respondents. This happens because there are nurses who lack a smile when entering the room, do not explain the purpose of the action taken, the nurse gives the patient the opportunity to discuss, the nurse does not pay attention to the patient's condition, the nurse does not conclude the results of the information that has been conveyed to the patient. An important factor in patient service is not only the accuracy of service, but also the ability to establish communicative relationships with patients in providing nursing care for the success and recovery of patients. It is important for nurses to use effective therapeutic communication in the implementation of nursing care to know what the patient feels and needs.

Therapeutic communication characterized by a warm, honest, and affectionate attitude can increase mutual trust. Nurses' effective communication skills are recognized as the cornerstone of high-quality nursing care when providing care to patients or disseminating

information to patients' families (Silalahi et al., 2021). Effective communication can occur through several phases, including the pre-interaction phase such as saying hello, introducing yourself, asking how you are doing, and showing an attitude of being ready to help. The work phase, in this phase the nurse asks the complaint, listens and responds to the patient's complaint, conveys the message clearly and easily understand, using a soft tone of voice, then the termination phase, in this phase the nurse ends the patient's response (Chabibi et al., 2021).

Nurses who have therapeutic communication skills will easily establish a relationship of trust with clients, prevent legal problems, provide professional satisfaction in nursing services and improve the image of the nursing profession (Husada et al., 2022). This is in line with the research of Erti, et al (2024) who said that the application of nurse therapeutic communication in the Melati Room of dr. Soebandi Jember Hospital was mostly in the good category of 57 people (81.4%). In the orientation phase, the results were obtained that 92.9% of nurses at the beginning of meeting patients always greeted and smiled at the patient. Greeting and smiling is the first step that shows warmth. However, in the orientation stage that is often forgotten is every time the patient meets, the nurse does not introduce himself and makes a contract for the time of carrying out the activity. The work stage becomes the second stage of the nurse's therapeutic communication.

In this study, the results were obtained that 84.3% of nurses often ask about patient complaints and have tried to overcome the anxiety experienced by patients. However, sometimes (38.6%) nurses have not given the opportunity to discuss the disease and the actions to be taken. Information about the disease suffered or the actions to be taken are very important to be discussed so that the patient understands the disease and can speed up healing. The termination stage becomes the final stage of the nurse's therapeutic communication. In this study, the results were obtained that 72.9% of nurses often gave advice to patients about the follow-up to be carried out on the patient's health. However, what is often forgotten is about the next time contract and offers the next topic of conversation (Ikhtiarini Dewi et al., 2024).

The researcher assumes that the application of nurse communication at Santa Elisabeth Hospital Medan is in the good category. The orientation phase with the highest score on question 1 was that the nurse always greeted and smiled at the patient as much (57.8%), the nurse always explained the action to be taken as much as (54.7%), and the nurse always introduced themselves when meeting as much (53.1%). From this statement based on the results of my observations, Nurses in service every day, always greet patients in a friendly

manner, introduce themselves and explain the activities to be carried out, this is what makes patients feel comfortable, cared for and supported in the treatment process such as surgery. The work phase with the highest score was always about the cause of anxiety about surgical procedures and anesthesia (62.5%), nurses were able to increase patient confidence (57.8%), and nurses always tried to overcome patient anxiety (57.8%).

At this stage the nurse focuses on digging up information in encouraging the client to express his feelings and thoughts. Nurses must also have sensitivity to changes in the patient's verbal and nonverbal responses. This is done so that the patient feels comfortable and calm so that it can reduce anxiety. The termination phase scored the highest on nurses being able to give advice as much as possible (65.6%), nurses were able to deduce information obtained from patients (62.5%), and nurses always asked patients how they felt after receiving information related to illness (65.6%), nurses were quick to respond to patient complaints and provide solutions such as anxiety and nurses always asked what patients felt.

### **Nurse anxiety level in pre-operative patients at Santa Elisabeth Hospital Medan**

The results of this study showed that the respondents experienced mild anxiety, which amounted to 23 respondents (35.9%). Based on the results of the questionnaire, it was found that patients did not feel shattered, did not faint, were more nervous, did not get angry easily or felt panicked. This happens because the patients before the surgery is carried out, the nurse has provided clear information about the actions taken and the patient has received information from social media about the surgery so that anxiety or worry does not exist. The results of this study showed that most of the respondents experienced moderate anxiety as many as 30 respondents (46.9%), namely sometimes feeling weak and easily tired, headaches, neck and pelvic pain, feeling nervous.

From the results of interviews obtained from patients, sometimes patients imagine negative things about the surgery performed on the patient, but sometimes the negative things disappear when the family gives support to the surgery performed. operation. Severe anxiety amounted to 8 respondents (12.5%), from the results of the questionnaire such as feeling uncalm, dizzy, and shortness of breath. This occurs due to concern about surgery because the surgery they underwent was a major surgery that took a long time in the panic room as many as 3 respondents (4.7%). The results of the questionnaire were obtained that they were easily angry, feeling panicked, afraid, and more nervous.

This happens because of negative thoughts such as feeling sick, afraid of losing consciousness, fear of death resulting in prolonged panic, therefore family support is also needed but this is not found because of family busyness. A person's anxiety response depends

on personal maturity, understanding in facing challenges, self-esteem, and coping mechanisms used as well as self-defense mechanisms used to overcome their anxiety, including by suppressing conflicts, impulses that cannot be accepted consciously, not wanting to think about things that are not pleasing to them. Everyone's level of anxiety is different even though the problems faced are the same (Artini et al., 2021).

The experience of pain surgery is different for everyone, so the fear or fear of the effects they are facing is also different, such as threats, disabilities, or even death. The most anxiety is felt by young adult patients compared to older adults. (Husada et al., 2022). This study is in line with the research of Rahma and Conny, (2024) with the results of this study finding that of the 36 respondents, the level of patient anxiety was in the low category, 16 respondents (44.40%) and medium 20 respondents (55.60%). Based on the results of the research that has been carried out, it can be concluded that anxiety before surgery is something that must appear in patients. One of the triggers for anxiety is worry, fear, tension, and restlessness. This often triggers emotional, cognitive, and physiological responses. Anxiety in preoperative patients is often accompanied by restlessness, fatigue, concentration problems, and muscle tension. Anxiety before surgery is also described as something vague and a feeling of discomfort whose source is often not specific to the individual (Sarita & Okti Zulvia, 2024).

The researcher assumes from the results obtained that 3 respondents (4.7%) panic. From the data received by the respondents, it was said that the nurse had communicated well, but after the nurse had finished giving an explanation of the action taken, the patient's anxiety reappeared, therefore there was a need for a family role. The level of anxiety of patients undergoing surgery at Santa Elisabeth Hospital Medan was obtained as moderate level of anxiety as many as 30 respondents (46.9%) and panic level anxiety as many as 3 respondents (4.7%). This condition is caused by frequent trembling of arms and legs (43.8%), hot and reddish facial expressions (46.9%), sometimes patients also experience easy falls asleep and can get a good night's rest (50.0%) and wet and cold hands (45.3%).

The anxiety experienced by pre-operative patients is caused by concerns about postoperative conditions such as reflexes in the rehabilitation period to return to their normal activities. Individuals who face a problem will experience anxiety according to the severity of the problem and depend on the coping mechanism used to overcome anxiety problems, including by suppressing conflicts, which cannot be accepted consciously and do not want to think about pleasant things.

## **The relationship between nurses' therapeutic communication and anxiety levels in preoperative patients at Santa Elisabeth Hospital Medan**

Based on the results of the study to 64 respondents on the relationship between therapeutic communication and the level of anxiety in pre-operative patients at Santa Elisabeth Hospital Medan in 2024 in the results of the spearman rank test conducted by the researcher on 64 respondents, an  $r$  value was obtained with a significance value of 0.000 where the value ( $p<0.05$ ) which means that  $H_a$  is accepted where there is a relationship between the nurse's therapeutic communication and the level of anxiety in *pre-operative patients*. Surgery at Santa Elisabeth Hospital Medan in 2024. The results of *the spearman rank test* showed that the correlation cophysiology of -0.750 with a moderate negative direction which means that the better the therapeutic communication of the nurse given, the lower the patient's level of anxiety.

Based on the results of the study with a total of 64 respondents at Santa Elisabeth Hospital Medan, it showed that the implementation of nurse therapeutic communication was good as many as 34 respondents (53.1%), the implementation of nurse therapeutic communication was enough for 23 respondents (35.9%), the implementation of nurse therapeutic communication and less than 7 respondents (10.9%). Patients with mild anxiety were 23 respondents (35.9%), patients with moderate anxiety were 30 people (46.9%), patients with severe anxiety were 8 respondents (12.5%) and patients who experienced panic anxiety were 3 respondents (4.7%).

The authors assume that this study has a relationship between nurse therapeutic communication and anxiety levels in preoperative patients. Terapeutic communication carried out by the room nurse has been done well where the nurse can always be present with the patient, by giving smiles, greetings, touches, attention, assessing the patient's condition, listening to the patient's complaints, explaining the procedure of action to be carried out, encouraging the patient and respecting the patient's decision so that the anxiety experienced by the patient decreases due to the clear information received by the patient nurses for the surgery to be carried out and are also supported by the support of the family who accompanies the patient during *pre-surgery*. However, there are still patients who experience anxiety and panic levels because they always imagine negative actions that will be taken in the operating room such as the pain experienced and fear of death. The patient also lacks support from the family which results in anxiety not decreasing.

Researchers assume that in this study, a person's anxiety can occur in the patient. The patient faces this anxiety problem differently depending on the patient's coping in overcoming the patient's anxiety. Basically, anxiety will increase if there is no support from nurses, one of which is telepathic communication. By smiling, reprimanding the patient, and providing information about the actions to be taken will be able to alleviate the worry experienced by the patient.

Nurse therapeutic communication is expected to reduce client anxiety. Patients feel that their interaction with the nurse is an opportunity to share knowledge, feelings and information in order to achieve optimal nursing goals, so that the healing process will be faster. With good therapeutic communication, it will make the patient feel calm, and the nurse performs her role as an educator with good delivery. This means that with good therapeutic communication, the patient's anxiety is reduced.

Nursing services maintain the therapeutic communication of nurses to patients to create a personal attitude and relationship with the patient, have a responsive nature to the patient's needs, provide nurturing and always be with the patient, show care, compassion and empathy for the patient. Nursing actions accompanied by therapeutic communication will increase the patient's recovery, because the patient feels fulfilled physical, emotional and spiritual needs, so that the patient feels comfortable with the nursing services provided.

## 5. CONCLUSION AND SUGGESTION

Based on the results of a study with a total of 64 respondents regarding the therapeutic communication of nurses with the level of anxiety in pre-operative patients at Santa Elisabeth Hospital Medan, it can be concluded: Therapeutic Communication in nurses in the Inpatient Room of Santa Elisabeth Hospital Medan is in the good category of 34 respondents (53.1%). The level of anxiety in preoperative patients at Santa Elisabeth Hospital Medan was in the medium category of 30 respondents (46.9%). The relationship between nurses' therapeutic communication and the level of patient anxiety at Santa Elisabeth Hospital Medan obtained a P-Value = 0.000. This shows that there is a relationship between nurses' therapeutic communication and the level of patient anxiety at Santa Elisabeth Hospital Medan.

For subsequent research related to anxiety in preoperative patients, it is recommended to identify the level of *anxiety* of preoperative patients and the relationship of family support with the *level of anxiety* of preoperative patients

## DAFTAR REFERENSI

- Adi Suyitno. (2017). *Untuk Memenuhi Persyaratan Memperoleh Gelar Magister S2 Keperawatan Universitas Brawijaya Oleh Adi Suyitno Program Studi Magisterkeperawatan.* <http://repository.ub.ac.id/id/eprint/9402/3/Tesis> Full Text-Adi.Pdf
- Adjunct, & Marniati. (2022). *Komunikasi Kesehatan Berbasis Terapeutik* (R. P. R.Pers(ed.)). [https://www.google.co.id/books/edition/Komunikasi\\_Kesehatan\\_Berbasis\\_Terapeutik/07KAEAAAQBAJ?hl=id&gbpv=0](https://www.google.co.id/books/edition/Komunikasi_Kesehatan_Berbasis_Terapeutik/07KAEAAAQBAJ?hl=id&gbpv=0)
- Agatha, S., & Siregar, T. (2023). *Atasi Kecemasan Perawat dengan Terapi Self Healing: Mindfulness Therapy Meditation* (pardina pustaka (ed.)). [https://www.google.co.id/books/edition/Atasi\\_Kecemasan\\_Perawat\\_dengan\\_Terapi\\_Se/Mq-EAAAQBAJ?hl=id&gbpv=0](https://www.google.co.id/books/edition/Atasi_Kecemasan_Perawat_dengan_Terapi_Se/Mq-EAAAQBAJ?hl=id&gbpv=0)
- Ahmad Zainal abidin. (2019). *Konsep & Praktik Komunikasi Terapeutik pada KeluargaBinaan* (Geupedia(ed.)). [https://www.google.co.id/books/edition/Konsep\\_Praktik\\_Komunikasi\\_Terapeutik\\_pad/yipKEAAAQBAJ?hl=id&gbpv=0](https://www.google.co.id/books/edition/Konsep_Praktik_Komunikasi_Terapeutik_pad/yipKEAAAQBAJ?hl=id&gbpv=0)
- Cahyono, S. W. T. (2023). *Hubungan Komunikasi Terapeutik Perawat Dengan Kecemasan Pasien Pre Operasi.* *Professional Health Journal*, 4(2), 422-428. <https://doi.org/10.54832/phj.v4i2.496> <https://doi.org/10.54832/phj.v4i2.496>
- Deniati, K., Simamora, R. S., Nur, D., Pelawi, A. P., Meliyana, E., Gea, N., Agustina, L., Dedu, B. S. S., & Indrawati, L. (2022). *Komunikasi Terapeutik dalamLayananKeperawatan.* [https://www.google.co.id/books/edition/Komunikasi\\_Terapeutik\\_dalam\\_Layanan\\_Kep/eUbuZEAAAQBAJ?hl=id&gbpv=0](https://www.google.co.id/books/edition/Komunikasi_Terapeutik_dalam_Layanan_Kep/eUbuZEAAAQBAJ?hl=id&gbpv=0)
- Hawari, D. (2013). *Manajemen stres, cemas dan depresi* (B. P. FKUI (ed.); 2nd ed.). <https://lontar.ui.ac.id/detail?id=20417348>
- Husada, I. F. F., Andoko, A., & Elliya, R. (2022). *Hubungan komunikasi terapeutik dengan tingkat kecemasan pasien.* *Journal OF Mental Health Concerns*, 1(1), 9-17. <https://doi.org/10.56922/mhc.v1i1.119> <https://doi.org/10.56922/mhc.v1i1.119>
- Imelisa, R., Roswendi, A. S., Wisnusakti, K., & Ayu, I. R. (2021). *Keperawatan KesehatanJiwaPsikososial*(E.Publisher(ed.)). [https://www.google.co.id/books/edition/Keperawatan\\_Kesehatan\\_Jiwa\\_Psikososial/kMtMEAAAQBAJ?hl=id&gbpv=0](https://www.google.co.id/books/edition/Keperawatan_Kesehatan_Jiwa_Psikososial/kMtMEAAAQBAJ?hl=id&gbpv=0)
- Lalla, N. S. N., Susanto, W. H. A., Yunike, Kusumawaty, I., Alifiani, H., Agustini, M., Megasari, A. L., Suriyani, & Ardianto. (2022). *Keperawatan Jiwa* (N. Sulung & R.M. Sahara (eds.)). [https://www.google.co.id/books/edition/Keperawatan\\_Jiwa/OJGhEAAAQBAJ?hl=id&gbpv=0](https://www.google.co.id/books/edition/Keperawatan_Jiwa/OJGhEAAAQBAJ?hl=id&gbpv=0)
- Nofiandasari, D., & Lumadi, S. A. (2022). *Kesehatan*. 11(November), 146-154.

- Nurhayati, C., Martyastuti, N. E., Suryani, L., Agustiningsih, Ifadah, E., Makmuriana, L., Rahayuningsih, S. I., Rasmita, D., & Hatala, T. N. S. U. (2023). *Buku Ajar Komunikasi Terapeutik Keperawatan* (P. S. P. Indonesia(ed.)). [https://google.co.id/books/edition/Buku\\_Ajar\\_Komunikasi\\_Terapeutik\\_Keperawatan/MI3lEAAAQBAJ?hl=id&gbpv=0](https://google.co.id/books/edition/Buku_Ajar_Komunikasi_Terapeutik_Keperawatan/MI3lEAAAQBAJ?hl=id&gbpv=0)
- Nursalam. (2020). *Metodologi Penelitian Ilmu Keperawatan* (Peni Puji Letari (ed.); 5th ed.).
- Palla, A., & Sukri, M. (2018). *Faktor-Faktor Yang Berhubungan Dengan*. 7, 45-53.
- Poli, G. B., & Wetik, S. V. (2020). *Pengaruh Guided Imagery Terhadap Tingkat Kecemasan Pasien Pre-Operasi*. *Jurnal Kesehatan*, 9(2), 130-136. <http://jurnal.lib.akperngestiwaluyo.ac.id/ojs/index.php/jkanwvol82019/article/view/106/109> <https://doi.org/10.46815/jkanwvol8.v9i2.106>
- Polit & Beck. (2012). *Nursing Research Principles and Methods*. Polit, D. F., & Beck, C. T. (2012). *Nursing Research Principles And Methods* (Sevent Edi). Lippincott Williams & Wilkins.
- Prabandaru, R., & Widodo. (2022). *Hubungan kompetensi dengan Kinerja Pamong Belajar Pada Program Pendidikan Kesetaraan Paket B di SKB Gresik*. *J+PLUS: Jurnal Mahasiswa Pendidikan Luar Sekolah*, 11(2), 105.
- Puji, astuti anastasi novita dewi. (2022). *Faktor - Faktor Yang Mempengaruhi Tingkat Kecemasan Kemoterapi Rumah Sakit Swasta Yogyakarta*. 15(September), 53-59.
- Putri, D. A. H., & Suwadnyana, W. (2020). *Komunikasi Terapeutik* (Nilacakra (ed.)). [https://www.google.co.id/books/edition/Komunikasi\\_Terapeutik/aiX\\_DwAAQBAJ?hl=id&gbpv=0](https://www.google.co.id/books/edition/Komunikasi_Terapeutik/aiX_DwAAQBAJ?hl=id&gbpv=0)
- Rachmalia, Mayasari, P., Mariana, I., & Fithria. (2021). *Komunikasi Terapeutik Keperawatan* (F.H.Irawani(ed.)). [https://www.google.co.id/books/edition/Komunikasi\\_Terapeutik\\_Keperawatan/LPugEAAAQBAJ?hl=id&gbpv=0](https://www.google.co.id/books/edition/Komunikasi_Terapeutik_Keperawatan/LPugEAAAQBAJ?hl=id&gbpv=0)
- Rahmayati, E., Silaban, R. N., & Fatonah, S. (2018). *Pengaruh Dukungan Spiritual terhadap Tingkat Kecemasan pada Pasien Pre-Operasi*. 7751(April), 138-142. <https://doi.org/10.26630/jk.v9i1.778>
- Rismawan, W. (2019). *Tingkat Kecemasan Pasien Pre-Operasi Di Rsud Dr. Soekardjo Kota Tasikmalaya*. *Jurnal Kesehatan Bakti Tunas Husada: Jurnal Ilmu-Ilmu Keperawatan, Analisis Kesehatan Dan Farmasi*, 19(1), 65-70. <https://doi.org/10.36465/jkbth.v19i1.451> <https://doi.org/10.36465/jkbth.v19i1.451>
- Rizal, S., Kamil, H., & Hadi, M. (2022). *Proses Keperawatan dan Soal Uji Kompetensi Ners Indonesia: Lengkap dengan Sembilan Bagian Keilmuan Keperawatan* (H.Kamil(ed.)). [https://www.google.co.id/books/edition/Proses\\_Keperawatan\\_dan\\_Soal\\_Uji\\_Kompeten/C\\_dxEAAAQBAJ?hl=id&gbpv=1](https://www.google.co.id/books/edition/Proses_Keperawatan_dan_Soal_Uji_Kompeten/C_dxEAAAQBAJ?hl=id&gbpv=1)
- Safirwansyah, A. (2020). *Hubungan Komunikasi Terapeutik Dengan Tingkat Kecemasan Pada Pasien Pre Operasi BPH Di Rumah Sakit Mitra Husada Pringsewu Lampung*

Taahun 2020. <https://ejournal.pancabhakti.ac.id/index.php/jkpbl/article/view/90>  
Skripsi, 3, 93-100.

Siahaan, S. (2020). *Komunikasi Terapeutik Perspektif Hadis: Pelayanan Medis Berdasarkan Hadis-Hadis Sahih al-Bukharī dan Sahih Muslim*. [https://www.google.co.id/books/edition/Komunikasi\\_Terapeutik\\_Perspektif\\_Hadis\\_P/hTfTEAAAQBAJ?hl=id&gbpv=0](https://www.google.co.id/books/edition/Komunikasi_Terapeutik_Perspektif_Hadis_P/hTfTEAAAQBAJ?hl=id&gbpv=0)

Silalahi, H., Sri, I., & Wulandari, M. (2021). *Hubungan Komunikasi Terapeutik Perawat Dengan Kecemasan Pasien Pre Operasi Di Rumah Sakit Advent Medan*. *Nutrix Journal*, 5, No.1, 1-11. Sriyani, Y., Rahmaniati, W., Keperawatan, P., & Kencana, U. B. (2022). *Pengaruh Expressive Writing Therapy Terhadap*. 22(September 2021). <https://doi.org/10.37771/nj.Vol5.Iss1.523>

Susanto, T. D., Sutrisna, B., Adisasmita, A. C., Vinsensa, A., & Mega Tri Anggraini, S. N. (2019). *Validity and reliability of indonesian languages version of zung self-rating depression scale questionnaire for pulmonary tuberculosis patients*. *Indian Journal of Public Health Research and Development*, 10(12), 2023-2027. <https://doi.org/10.37506/v10/i12/2019/ijphrd/192171>  
<https://doi.org/10.37506/v10/i12/2019/ijphrd/192171>

Tania, M., Ching, G., & Annisa, R. (n.d.). *Dukungan Keluarga Terhadap Tingkat Kecemasan Pasien Pre Operasi Family Support On The Pre Operation Patient 's Anxiety Level*. 2022, 6(2), 403-408. <https://doi.org/10.33757/jik.v6i2.574>

Wahyudi, H., Setiawan, C. T., Bajak, C. M. A., Kusuma, M. D. S., Jaftoran, E. A. Anies, N. F., Yudhawati, N. L. P. S., Kardiatun, T., Qarimah, S. N., Sulaihah, S., & Syah, A. Y. (2023). *Buku Ajar Keperawatan Jiwa* (S. P. Indonesia(ed.)). [https://www.google.co.id/books/edition/Buku\\_Ajar\\_Keperawatan\\_Jiwa/XHfXEAAAQBAJ?hl=id&gbpv=0](https://www.google.co.id/books/edition/Buku_Ajar_Keperawatan_Jiwa/XHfXEAAAQBAJ?hl=id&gbpv=0)

Wuryaningsih, E. W., Windarwati, H. D., Dewi, E. I., Deviantony, F., & Enggal hadi. (2020). *Buku Ajar Keperawatan Kesehatan Jiwa I* (U. Jember (ed.)). [https://www.google.co.id/books/edition/Buku\\_Ajar\\_Keperawatan\\_Kesehatan\\_Jiwa\\_1/PFnYDwAAQBAJ?hl=id&gbpv=0](https://www.google.co.id/books/edition/Buku_Ajar_Keperawatan_Kesehatan_Jiwa_1/PFnYDwAAQBAJ?hl=id&gbpv=0)