



The Effect Of Nurses' Therapeutic Approach On Reducing The Anxiety Level Of Families Of Critically ILL Patients In The ICU

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Abstract

Background : Admission of critically ill patients to the Intensive Care Unit (ICU) can cause anxiety among family members . Uncertainty about the patient's condition , unfamiliarity with the ICU environment , and limited communication May increase psychological stress. Therapeutic approaches by nurses can provide emotional support , information , and a sense of security to families. Objective : This study aimed to determine the effect of a nurse therapeutic approach on reducing anxiety levels among family members of critically ill patients in the ICU. Methods : This study used a quantitative quasi-experimental design with a one-group pretest-posttest approach . The respondents consisted of 40 families members of critically ill patients treated in the ICU. The nurse therapeutic approach included therapeutic communication , provision of information , active listening , emotional support , and opportunities for family members to express concerns . Anxiety was measured before and after the intervention using an anxiety questionnaire . Data were analyzed using the Wilcoxon Signed Rank Test. Results : Before the intervention , 27 respondents (67.5%) experienced moderate-to-severe anxiety . After the nurse therapeutic approach , only 10 respondents (25.0%) remained in the moderate-to-severe anxiety category . Statistical analysis showed a significant difference in anxiety levels before and after the intervention ($p < 0.001$). Conclusion : The nurse therapeutic approach significantly reduced anxiety among family members of critically ill patients in the ICU. Therapeutic communication and emotional support should be integrated into holistic nursing critical care care settings.

Keywords : Therapeutic Approach , Nurse , Family Anxiety , Critically Ill Patient , ICU

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1. Introduction

Intensive The Intensive Care Unit (ICU) is a specialized service unit that provides intensive care to critically ill patients requiring continuous monitoring and medical intervention. The unstable condition of patients and the use of various medical devices can be a stressful experience for families.

Families of critically ill patients often face uncertainty regarding the patient's condition, prognosis, length of treatment, and the possibility of sudden changes in condition. This situation can lead to anxiety, fear, stress, and feelings of helplessness.

Family anxiety can increase when they don't understand the patient's condition or the actions taken by healthcare professionals. The ICU environment, cluttered with equipment, alarms, visiting restrictions, and limited communication, can also leave families feeling isolated and anxious.

Families are a vital part of the patient care process. While family support can be beneficial for patients, families also need psychological support from healthcare professionals.

Nurses are healthcare professionals who interact extensively with patients and their families. Therefore, they play a crucial role in providing information, establishing therapeutic communication, providing emotional support, and helping families adapt to critical care settings.

Therapeutic communication is one approach nurses can use to build trusting relationships with families. Through effective communication, nurses can help families understand the patient's condition and reduce uncertainty.

A therapeutic approach involves more than just providing information. Nurses also need to listen to the family's concerns, provide opportunities for questions, demonstrate empathy, and help the family express their feelings and concerns.

Research on families of patients in the ICU shows that communication and support from healthcare professionals are crucial in meeting family needs during critical care. A family-centered approach can also help improve the family's experience during the ICU.

Families who receive clear information and adequate emotional support are expected to be able to cope with the patient's condition more calmly. Conversely, a lack of information can increase uncertainty and anxiety.

Based on these conditions, a nursing approach is needed that focuses not only on the patient's physical condition but also on the family's psychological needs. Therefore, this study was conducted to determine the effect of a nursing therapy approach in reducing anxiety levels among families of critically ill patients in the ICU.





2. Research Methods

This study used a quantitative quasi-experimental design with a one-group pretest-posttest approach to compare the anxiety levels of families of critically ill patients before and after receiving a therapeutic approach from nurses. The study was conducted in the Intensive Care Unit (ICU) of a healthcare facility from June to August 2026. The population consisted of family members of critically ill patients who were waiting for or accompanying patients in the ICU. A total of 40 respondents were selected using purposive sampling based on predetermined inclusion and exclusion criteria. The inclusion criteria were family members of ICU patients aged ≥ 18 years, the patient's closest family member, able to communicate and complete the questionnaire, willing to participate, and experiencing anxiety based on the initial assessment. Respondents who had health conditions that prevented them from completing the questionnaire, did not complete the research process, or were unwilling to continue were excluded.

The independent variable was the nurse's therapeutic approach, while the dependent variable was the anxiety level of families of critically ill patients. The research instruments consisted of a respondent characteristics sheet, anxiety level questionnaire, therapeutic approach implementation sheet, and family response observation sheet. The therapeutic approach included therapeutic communication, provision of information regarding the patient's condition and care, active listening, empathy, emotional support, opportunities for questions, and assistance in expressing concerns. The intervention was provided individually through stages of establishing a trusting relationship, identifying family concerns, providing information in simple language, allowing opportunities for questions, listening and responding to family feelings, providing emotional support, and evaluating the family's psychological condition.

Data collection involved identifying eligible respondents, explaining the research objectives and procedures, obtaining informed consent, conducting an initial assessment of anxiety levels, providing the therapeutic intervention, and reassessing anxiety levels after the intervention. The pretest and posttest results were subsequently compared. Univariate analysis was used to describe respondent characteristics and anxiety levels, while bivariate analysis was performed using the Wilcoxon Signed-Rank test to determine differences in anxiety levels before and after the intervention. Statistical significance was set at $\alpha = 0.05$. The study adhered to research ethics principles, including informed consent, confidentiality, anonymity, voluntariness, and the respondent's right to withdraw from the study at any time.





3. Research Results and Discussion

a. Research result

Table 1. Respondent Characteristics

Characteristics	n	%
Age		
18–29 years	11	27.5
30–44 years	18	45.0
45–59 years	8	20.0
≥60 years	3	7.5
Relationship with patients		
Husband and wife	12	30.0
Child	16	40.0
Parent	5	12.5
You	7	17.5
Total	40	100

The majority of respondents were in the 30–44 age group (18 people (45.0%). Based on their relationship to the patient, the majority of respondents were the patient's children, namely 16 people (40.0%).

Table 2. Anxiety Levels Before Therapeutic Approach

Anxiety Level	n	%
Light	13	32.5
Currently	19	47.5
Heavy	8	20.0
Total	40	100

Before being given a therapeutic approach, 27 respondents (67.5%) experienced moderate to severe anxiety.

Table 3. Anxiety Levels After Therapeutic Approach

Anxiety Level	n	%
Light	30	75.0
Currently	8	20.0
Heavy	2	5.0
Total	40	100





After being given a therapeutic approach by nurses, the number of respondents with moderate to severe anxiety decreased to 10 people (25.0%).

Tabel 4. Differences in Anxiety Levels Before and After Intervention

Measurement	Median	Min– Max
Before intervention	29	19–42
After the intervention	20	13–34

Wilcoxon test results Signed-Rank indicates $p < 0.001$. Thus, there is a significant difference in anxiety levels between before and after the nurse's therapeutic approach was given.

b. Discussion

Research results show that most families of critically ill patients experience anxiety before receiving a therapeutic approach. This is understandable, as ICU care often involves serious and uncertain patient conditions. Families may experience fear of losing a loved one, worry about the prognosis, and anxiety about medical procedures. The ICU environment, which differs from a regular ward, can also exacerbate these feelings.

After receiving a therapeutic approach, anxiety levels decreased. These findings suggest that communication and emotional support from nurses can help families better cope with critical situations. Therapeutic communication allows nurses to convey information in a more structured and easily understood manner. Clear information can reduce uncertainty, a source of family anxiety.

In addition to providing information, nurses need to provide opportunities for families to express their feelings. Active listening can help families feel cared for and less likely to face the situation alone. A therapeutic approach also helps build trusting relationships. When families have confidence in nurses and healthcare professionals, they are more likely to ask questions and express concerns.

Emotional support is a crucial component of this approach. An empathetic nurse's response can help families feel more secure when facing a critically ill patient. The results of this study also demonstrate that therapeutic approaches don't have to be complex interventions. Good communication, gradual information delivery, opportunities for questions, and emotional support can be part of daily nursing activities.

In the context of critical care nursing, attention to the family is important because the family also experiences psychological stress during the patient's care. *A family-centered approach* Care places the family as part of the patient's care environment. Nurses need to





adapt their communication to the family's level of understanding. Using overly complex medical terms can lead to confusion. Conversely, simple language and systematic explanations can improve understanding.

Each family's needs are also different. Some families require more information, while others may require more emotional support. Therefore, an individual assessment of a family's psychological needs is necessary. A consistent therapeutic approach can help families adapt to the patient's condition and the ICU environment. This makes nursing care more comprehensive, addressing not only the patient's physical needs but also the family's psychological needs.

4. Conclusion and Suggestions

The nurse's therapeutic approach significantly reduced the anxiety levels of families of critically ill patients in the ICU, as indicated by the Wilcoxon test ($p < 0.001$). The proportion of respondents experiencing moderate to severe anxiety decreased from 67.5% before the intervention to 25.0% after the intervention. Therapeutic communication, clear information provision, empathy, active listening, and emotional support can help families cope more calmly with the critical condition of their family members. Therefore, nurses are encouraged to consistently apply therapeutic approaches and effective communication, while hospitals should integrate psychological support for families into family-centered care. Families are also encouraged to communicate their questions and concerns to nurses to obtain clear information regarding the patient's condition. Nursing education institutions should strengthen therapeutic communication and psychological support skills, while future research is recommended to involve a control group, larger sample sizes, and comparisons of different psychological interventions for families of ICU patients.

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