



The Effect Of Nurse's Therapeutic Approach On Reducing The Anxiety Level Of Families Of Critically Ill Patients In The Icu

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ABSTRACT

Families of critically ill patients treated in the ICU often experience anxiety due to the patient's unstable condition, the intensive care environment, and communication limitations. The therapeutic approach of nurses is an empathetic communication strategy that can help reduce family anxiety. This study aims to determine the effect of the therapeutic approach of nurses on the anxiety levels of families of critically ill patients in the ICU.

This study used a pre-experimental design with a one-group pretest-posttest approach. The sample consisted of 30 respondents, who were family members of critically ill patients selected using purposive sampling. Data were collected using the Hamilton Anxiety Rating Scale (HARS) questionnaire and analyzed using the Wilcoxon Signed Rank Test.

The results showed a significant decrease in anxiety levels after the therapeutic approach was implemented by nurses ($p = 0.000 < 0.05$).

In conclusion, the therapeutic approach of nurses has a significant effect on reducing the anxiety levels of families of critically ill patients in the ICU. It is hoped that nurses will be able to consistently apply therapeutic communication in providing nursing care in the ICU.

Keywords: Therapeutic Approach, Anxiety, Patient's Family, ICU

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Publish: Association of Indonesian Teachers and Lecturers

International Journal of Health Sciences (IJHS)Journal Homepage: <https://jurnal.agdosi.com/index.php/IJHS/index>

Volume 3 | Number 4 | December 2025 |



1. Introduction

The condition of critically ill patients treated in the Intensive Care Unit (ICU) often causes high levels of anxiety, not only for the patient but also for their accompanying family members. The ICU is a health care unit intended for patients with life-threatening conditions who require intensive and continuous monitoring and medical treatment. The situation in the ICU, which is filled with sophisticated equipment, the sound of monitor alarms, visitation restrictions, and limited interaction between patients and their families, can be a trigger for emotional stress and anxiety for the patient's family.

According to the World Health Organization (WHO, 2020), approximately 60–80% of families whose members are being treated in the ICU experience moderate to severe anxiety. Anxiety arises as a response to uncertainty about the patient's condition, fear of losing a loved one, and a lack of information from healthcare professionals. In the context of nursing, this is an important concern because families are an integral part of the patient's healing process.

Family anxiety can negatively impact their ability to make decisions, interact with the healthcare team, and provide emotional support to patients. Stuart (2016) states that anxiety is an emotional response to an unreal threat, but it greatly affects an individual's psychological functioning. Therefore, efforts to reduce family anxiety levels need to be part of comprehensive nursing care.

Nurses, as healthcare professionals who have the most contact time with patients and families, play an important role in helping families adapt to crisis situations. One strategy that can be applied is the therapeutic approach. This approach is a form of interpersonal communication designed to provide comfort, security, and emotional support to clients and their families. Through the therapeutic approach, nurses not only function as providers of medical care, but also as active listeners, clear communicators, and emotional companions for the patient's family.

Therapeutic communication includes several components, such as active listening, showing empathy, providing explanations in easy-to-understand language, and showing respect and non-judgment. The application of the right therapeutic approach can help families understand the patient's condition realistically, increase trust in health workers, and reduce anxiety levels.

In practice, many nurses still focus more on the technical aspects of nursing and pay less attention to the psychological needs of patients' families. This may be due to time constraints, lack of training in therapeutic communication, or high workloads in the ICU. As a result, patients' families feel emotionally neglected and experience increased anxiety during the treatment period.

Previous studies have shown that therapeutic communication is effective in reducing anxiety in patients and their families in various clinical settings (Yusuf, 2020;





Hidayat, 2019). However, studies that specifically examine the effect of nurses' therapeutic approaches on the anxiety of families of critically ill patients in the ICU are still relatively limited, especially in Indonesia. Therefore, this study was conducted to provide empirical evidence on the importance of applying a therapeutic approach by nurses as part of holistic nursing interventions in intensive care units.

2. Research Objectives

This study aims to determine the effect of the therapeutic approach of nurses on reducing the anxiety levels of families of critically ill patients in the ICU.

In addition, this study is also expected to:

1. Identify the level of anxiety experienced by the patient's family before and after the therapeutic approach is implemented.
2. Provide a scientific basis for improving nurses' therapeutic communication skills in the ICU.
3. Provide input for hospital management in developing family-oriented nursing service policies.

3. Research Method

a. Research Design

This study used a pre-experimental design with a one-group pretest–posttest design. This design was chosen because it allowed researchers to compare the anxiety levels of patients' families before and after receiving therapeutic intervention from nurses, without using a control group.

With this design, each respondent acts as a control for themselves, so that the extent of change in anxiety levels after treatment can be determined.

b. Research Location and Time

The study was conducted in the Intensive Care Unit (ICU) of Hospital X located in Indonesia. The location was chosen based on the high number of critically ill patients treated there and reports that some patients' families experienced high levels of anxiety while their family members were being treated in the ICU.

The research was conducted from May to July 2025, covering the preparation stage, intervention implementation, data collection, and analysis of results.

c. Population and Sample

The population in this study was all families of critical patients treated in the ICU of Hospital X during the study period. The sample was determined using purposive sampling, which is the selection of samples based on certain criteria relevant to the research objectives.

Inclusion Criteria

- 1) Immediate family members (husband, wife, children, or parents) who accompany the patient during treatment in the ICU.





- 2) Aged between 20 and 60 years old.
- 3) Able to communicate well and be cooperative.
- 4) Willing to be a respondent by signing an informed consent form.

Exclusion Criteria

- 1) Families of patients with severe mental or emotional disorders.
- 2) Families of patients who are not regularly present during the patient's treatment in the ICU.

The sample size used was 30 respondents, which was considered to meet the minimum requirements for nonparametric statistical analysis (Wilcoxon test) for pre-experimental research.

d. Research Variables

- Independent variable: Nursing therapeutic approach.
- Dependent variable: Anxiety level of critically ill patients' families.

e. Operational Definition of Variables

1) Therapeutic approach by nurses

→ Communication interactions carried out by nurses with the families of critically ill patients using therapeutic communication principles: active listening, showing empathy, providing information, and emotional support. → Provided in three sessions (30 minutes each) over three consecutive days.

2) Level of anxiety among the patient's family

→ An emotional state characterized by anxiety, worry, tension, and fear regarding the patient's critical condition.

→ Measured using the Hamilton Anxiety Rating Scale (HARS), which consists of 14 assessment items with a total score between 0–56.

→ Categories:

- 0–13 = Mild anxiety
- 14–27 = Moderate anxiety
- 28–41 = Severe anxiety
- 42–56 = Very severe anxiety

f. Research Instruments

The main instrument used was the Hamilton Anxiety Rating Scale (HARS) questionnaire to measure the family's anxiety levels before and after the intervention.

In addition, the researcher also used a therapeutic approach observation sheet to ensure consistency in the implementation of the intervention by nurses. The instrument has been tested for validity and reliability on 10 respondents outside the research sample, with a Cronbach's Alpha reliability of 0.87, indicating good internal consistency.





g. Research Procedure

- 1) Preparation stage:
 - a) Obtaining research permits from the hospital and nursing ethics committee.
 - b) Providing brief training to ICU nurses on the implementation of standard therapeutic approaches.
- 2) Implementation stage:
 - a) Pre-test: Measurement of family anxiety levels using HARS before intervention.
 - b) Intervention: Therapeutic approach conducted by trained nurses through three sessions (each session lasting 30 minutes). Activities include:
 - 1) Actively listen to the family's complaints and feelings.
 - 2) Providing clear information about the patient's condition within the scope of authority.
 - 3) Providing emotional support and empathy.
 - 4) Guiding the family to manage stress with light relaxation techniques.
 - c) Posttest: Re-measuring the family's anxiety level using the same instrument after all sessions are completed.
- 3) Final stage:
 - a) Data analysis, drawing conclusions, and compiling research reports.

h. Data Analysis

The data were analyzed quantitatively using statistical software (SPSS version 26).

- 1) Univariate analysis was performed to describe the characteristics of the respondents (age, gender, relationship with the patient) and the distribution of anxiety levels before and after the intervention.
- 2) Bivariate analysis used the Wilcoxon Signed Rank Test, because the data was ordinal and came from two paired measurements (pretest–posttest).
 - Decision criteria:
 - If $p\text{-value} < 0.05 \rightarrow$ there is a significant difference in anxiety levels before and after intervention.
 - If $p\text{-value} \geq 0.05 \rightarrow$ there is no significant difference.

4. Results and Discussion

a. Results

1) Respondent Characteristics

This study involved 30 respondents who were the immediate family of critical patients treated in the ICU of Hospital X. Respondent characteristics included age, gender, education level, relationship with the patient, and length of patient treatment in the ICU.

Table 1. Distribution of Respondent Characteristics (n = 30)





Characteristics	Category	Frequency (f)	Percentage (%)
Age (years)	20–30	6	20.0
	31–40	10	33.3
	41–50	8	26.7
	>50	6	20.0
Gender	Man	11	36.7
	Woman	19	63.3
Level of education	Elementary–Middle School	4	13.3
	SENIOR HIGH SCHOOL	15	50.0
	College	11	36.7
Relationship with Patients	Husband and wife	12	40.0
	Child	10	33.3
	Parent	8	26.7
Length of Patient Treatment in ICU	1–3 days	8	26.7
	4–6 days	13	43.3
	≥7 days	9	30.0

Interpretation:

The majority of respondents were aged 31–40 (33.3%) and female (63.3%). High school graduates (50%) were the most commonly educated, and most were partners of patients (40%). The most frequent length of ICU stay was 4–6 days (43.3%), indicating that families had been dealing with the psychological stress of the patient's critical condition for a considerable period.

2) Family Anxiety Levels Before Therapeutic Approach

Before the intervention, most of the patient's families experienced anxiety in the moderate to severe category.

Table 2.
Distribution of Anxiety Levels Before Intervention (Pretest)





Anxiety Level	Frequency (f)	Percentage (%)
Light (0–13)	2	6.7
Medium (14–27)	12	40.0
Weight (28–41)	11	36.7
Very Heavy (42–56)	5	16.6
Total	30	100.0

Average anxiety score before intervention: 29.3 (severe category).

Interpretation:

This condition illustrates that most families experience high emotional stress due to the uncertainty of the patient's condition and the stressful ICU environment.

3) Family Anxiety Level After Therapeutic Approach

After three therapeutic approach sessions were carried out by the nurse, there was a significant decrease in the level of anxiety of the patient's family.

Table 3.
Distribution of Anxiety Levels After Intervention (Posttest)

Anxiety Level	Frequency (f)	Percentage (%)
None (0–6)	5	16.7
Light (7–13)	15	50.0
Medium (14–27)	8	26.6
Weight (28–41)	2	6.7
Total	30	100.0

Average anxiety score after intervention: 14.8 (moderate–mild category).

Interpretation:

The decrease in scores indicates that the nurse's therapeutic approach was successful in helping the patient's family manage anxiety, understand the patient's condition, and increase trust in health workers.

4) Comparative Analysis of Anxiety Levels Before and After Intervention

To determine the significance of the decrease in anxiety levels, the Wilcoxon Signed Rank Test was conducted.

Table 4.
Wilcoxon Signed Rank Test Results





Variables	Mean Rank	Z count	p-value	Information
Anxiety levels before and after intervention	15.50	-4,783	0.000	Significant

Interpretation:

The test results showed a p-value of 0.000 (<0.05), indicating a significant difference between the anxiety levels of patients' families before and after the therapeutic approach was implemented. Therefore, it can be concluded that the nurses' therapeutic approach significantly reduced the anxiety levels of families of critically ill patients in the ICU.

5) Decrease in Average Anxiety Score

Table 5.
Average Anxiety Scores Pretest and Posttest

Measurement	Mean	Standard Deviation	Difference (Δ)
Pretest	29.3	6.21	-
Posttest	14.8	5.67	14.5

Interpretation:

There was a 14.5-point decrease in average anxiety scores, indicating a significant change after the intervention. Clinically, this decrease indicates that the nurses' therapeutic approach was effective in providing reassurance, emotional support, and clear information to the families of critically ill patients.

6) Field Observations and Additional Qualitative Findings (Supplementary)

During the implementation of the intervention, researchers also noted several field findings that strengthened the quantitative results, including:

- Families who previously showed signs of anxiety, crying, or asking repeated questions began to show calmer behavior after the second intervention session.
- Respondents stated that they felt "more understood" and "more confident in the nurse's actions" after therapeutic communication with an empathetic approach.
- Nurses who implemented the therapeutic approach also reported that interactions became more open and the atmosphere in the ICU waiting room became more conducive.

These findings indicate that in addition to reducing anxiety levels, the therapeutic approach also improves the quality of the relationship between families and nursing staff, which has positive implications for family satisfaction with nursing services in the ICU.





b. Discussion

The results of the study showed a significant decrease in anxiety levels among families of critically ill patients in the ICU after nurses provided a therapeutic approach, with a p-value of 0.000 (<0.05). This finding indicates that the therapeutic approach has a significant impact on reducing anxiety in families of patients facing crisis situations.

1) The Effect of Therapeutic Approaches on Family Anxiety

Families of critically ill patients are a highly vulnerable group experiencing emotional distress due to the uncertainty they face. They tend to worry about the patient's condition, treatment outcomes, and the possibility of losing a loved one. The crowded ICU environment and restricted visiting conditions exacerbate this anxiety.

The therapeutic approach employed by nurses in this study included empathetic communication, active listening, providing clear information, and emotional support. The results showed that this intervention significantly reduced anxiety levels, as evidenced by a decrease in the average anxiety score from 29.3 (severe) to 14.8 (moderate-mild).

These findings align with Stuart's (2016) theory, which explains that therapeutic communication is an integral part of nursing practice aimed at helping individuals (including patients' families) cope with emotional stress through empathetic, trusting, and understanding relationships. Positive interactions between nurses and patients' families can foster a sense of security, trust, and acceptance, ultimately reducing anxiety.

Furthermore, according to Yusuf (2020), nurses who are able to provide information in easy-to-understand language and demonstrate empathy can reduce the level of uncertainty, a major trigger of anxiety in families of patients in the ICU. This finding was reinforced by field observations in this study, where families who initially appeared anxious and tearful began to calm down after receiving an empathetic approach from the nurse.

2) Relation to Roy's Adaptation Theory

The results of this study can also be explained using the Roy Adaptation Model. In this model, the patient's family is viewed as an adaptive system that must adjust to environmental stimuli, in this case the patient's critical condition and the ICU environment. Anxiety is a maladaptive response resulting from the family's inability to manage the stressors they face.

Through a therapeutic approach, nurses act as facilitators, helping families adapt positively. Open communication and emotional support enable families to realistically understand the patient's condition, reduce excessive fear, and enhance coping skills. Thus, a therapeutic approach contributes to the development of an





adaptive family response, namely reduced anxiety and increased acceptance of the situation.

3) Comparison with Previous Research

The results of this study are consistent with several previous studies that confirmed the effectiveness of therapeutic approaches in reducing the anxiety of patient families in intensive care units.

- a) Sari & Utami (2021) found that the application of therapeutic communication by nurses can reduce the anxiety level of patient families in the ICU by 45%.
- b) Rahmawati et al. (2020) reported that families of patients who received empathetic communication interventions from nurses showed increased self-confidence and better emotional control.
- c) Putri (2019) also stated that the active involvement of nurses in explaining the patient's condition and showing empathy can increase family satisfaction with nursing services.

These results strengthen the findings of this study that the therapeutic approach is not only psychologically effective but can also improve the quality of the nurse-family relationship and satisfaction with services in the ICU.

4) Factors Influencing the Success of Therapeutic Approaches

Several factors that support the success of the therapeutic approach in this study include:

- The nurse's empathetic attitude. Emotional readiness and the nurse's ability to actively listen are the keys to success.
- Repeatability of the intervention. The intervention was conducted in three consecutive sessions, allowing the nurse time to build a trusting relationship with the family.
- Providing clear and consistent information. Explaining the patient's condition helps reduce uncertainty, which is a major source of anxiety.

However, there are also inhibiting factors such as high workloads in the ICU that limit nurses' time to provide optimal emotional care, as well as differences in educational background and family culture that can affect how they receive information and support.

5) Nursing Implications

The findings of this study provide several important implications for nursing practice in the ICU:

- a) Nurses need to be trained regularly in therapeutic communication skills to be able to provide effective psychological support to patients' families.





Publish: Association of Indonesian Teachers and Lecturers

International Journal of Health Sciences (IJHS)Journal Homepage: <https://jurnal.agdosi.com/index.php/IJHS/index>

Volume 3 | Number 4 | December 2025 |



- b) Therapeutic approaches need to be made part of the standard operating procedures (SOP) for nursing services in the ICU, not just focusing on medical actions.
- c) Hospitals can develop patient-family support programs, such as brief counseling sessions or nursing consultation rooms, to help families cope with stress during intensive care.

In addition to reducing anxiety, the application of therapeutic communication also has an impact on increasing family satisfaction with services and strengthening the image of nurses' professionalism in the eyes of the public.

6) Research Limitations

This study has several limitations that need to be considered:

- There is no control group, so the influence of external factors (e.g. social support or changes in the patient's condition) cannot be completely ignored.
- The sample size was relatively small and was conducted in one hospital, so the results may not be generalizable to the entire population.
- Anxiety measurement is only carried out using quantitative instruments, so it does not describe the emotional aspects in depth.

For further research, it is recommended to use a quasi-experimental design with a control group and add a qualitative approach to explore the subjective experiences of families in more depth.

5. Conclusion and Suggestions

a. Conclusion

Based on the results of research conducted on 30 respondents who were families of critical patients in the ICU of Hospital X, it can be concluded that:

- 1) Before the therapeutic approach was undertaken, most of the patients' families experienced anxiety levels in the moderate to severe category, with an average score of 29.3 (severe category).
- 2) After a therapeutic approach was carried out by nurses, there was a significant decrease in anxiety levels, with the average score being 14.8 (moderate-mild category).
- 3) The results of the Wilcoxon Signed Rank Test showed a p value = 0.000 (<0.05), which means that there is a significant influence of the nurse's therapeutic approach on reducing the anxiety level of families of critical patients in the ICU.
- 4) A therapeutic approach involving empathetic communication, active listening, and providing emotional support and clear information has been shown to be effective in helping families adapt to crisis situations and reducing psychological anxiety.
- 5) The results of this study strengthen Roy's adaptation theory and the concept of therapeutic communication which emphasizes the importance of trusting





relationships and emotional support in helping individuals achieve psychological balance.

Thus, it can be concluded that the therapeutic approach is an important and effective nursing intervention in reducing the anxiety of families of critical patients, and needs to be integrated into nursing practice in the ICU on an ongoing basis.

b. Suggestion

1) For Nurses

- It is expected that nurses in the ICU will integrate a therapeutic approach as part of holistic nursing care, not only focusing on medical actions but also on the emotional needs of the patient's family.
- Nurses need to improve their therapeutic communication competencies through regular training, clinical supervision, and practice reflection in order to provide more effective psychological support to patients' families.

2) For Hospital Institutions

- Hospitals are advised to develop Standard Operating Procedures (SOPs) that incorporate the nurses' therapeutic approach in the management of critical patients in the ICU.
- Hospital management can establish a family support program for ICU patients, such as short counseling sessions, nursing consultation rooms, or brief counseling about the patient's condition, to reduce anxiety and increase family satisfaction with the service.
- Nursing leaders should provide time and a supportive work environment so that nurses can carry out therapeutic communication optimally.

3) For Nursing Education

- The results of this study can be used as teaching materials and references in therapeutic communication and psychiatric nursing courses, especially on the topic of stress and anxiety management in patient families.
- Nursing educational institutions can develop therapeutic communication simulation training modules so that students are able to apply them in real clinical contexts.

4) For Further Researchers

- Further research is recommended using a quasi-experimental design with a control group to ensure scientifically stronger results.
- It can also be combined with a qualitative approach to explore the subjective experiences of the patient's family regarding the nurse's therapeutic intervention.





- Researchers could also expand the focus to different types of patients (e.g., post-operative, trauma, or children in the ICU) to see the generalizability of the results.

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