



THERAPEUTIC COMMUNICATION AND 'KNOW, CHECK, ASK' EFFECTS ON FAMILY ANXIETY

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Research Report

ABSTRACT

Introduction: Emergency treatment often causes anxiety and fear for patients and their families. One way to reduce anxiety is through therapeutic communication. In commemoration of World Patient Safety Day (WPSD) on September 17, 2022, WHO and the Ministry of Health announced slogans about before providing and receiving drugs namely Know (understand drugs and their side effects), Check (check according to the 5 correct drugs), and Ask (ask for information that is not understood). The purpose of this research is to determine therapeutic communication and 'Know, Check, Ask' effects on family anxiety before drug administration on the anxiety level of the patient's family in the emergency room of PKU Muhammadiyah Sukoharjo Hospital. **Methods:** The type of research was quantitative with a descriptive Correlative design and a cross-sectional approach. The sampling used the Quota Sampling technique based on Yount's formula (1999) 5% of the population with 57 sample respondents. The research was conducted in June 2023. **Results:** The Spearman Rank test analysis obtained a p -value = 0.000 ($\alpha = 0.05$), meaning that there is therapeutic communication and 'Know, Check, Ask' before administering medication to the anxiety level of the patient's family in the IGD room of PKU Muhammadiyah Sukoharjo Hospital. **Conclusions:** Therapeutic communication 'Know, Check, Ask' effects on family anxiety for drug administration should be maintained properly because it is related to the anxiety level of the patient's family.

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INTRODUCTION

Emergency services are medical actions that must be carried out as soon as possible to save lives and prevent disability in patients with emergency conditions (Ministry of Health, 2018). Emergency Management can cause fear and anxiety experienced by patients and their families. Anxiety is an emotional experience and bodily response that arises when a person is under pressure or an event that threatens life (Novita et al., 2020). More than 200 million people (3.6% of the total population worldwide) suffer from anxiety (Novita et al., 2020). The annual prevalence of generalized anxiety disorder is estimated at 3–8%. According to 2018 Basic Health Research data, the prevalence of emotional disorders, which include depression and anxiety disorders. In Indonesia, it is 9.8%, and in Central Java, it is recorded at 7.71%. The prevalence of anxiety disorders in Sukoharjo is 8.30%.

Anxiety can be overcome, one of which is with therapeutic communication (Muliani et al., 2020). Therapeutic communication is a process of verbal and nonverbal communication carried out by nurses to consciously influence or assist clients in increasing a better understanding. Nurses can help overcome the anxiety of the patient by providing information regarding the patient's condition and treatment plan (Humala Guntur Tamba & Perangin-angin, 2022). Communication of drug administration risks is important to ensure safe drug use (Panickar et al., 2022). This is necessary to prevent medication errors, which occur most frequently in the stages of writing prescriptions and administering drugs to patients (Deviana et al., 2020). Temporary medication errors with the highest frequency, namely in elderly care units, intensive care rooms, surgical care, and emergency medicine (Ministry of Health, 2022).

WHO and the Ministry of Health urge health workers and the public to cultivate the slogan Know, Check, and Ask before giving and receiving drugs in Warning World Patient Safety Day 2022. As for "Know" understands the medicine and its side effects. "Check" means whether the drug administration is in accordance with the five drug rights, namely correct patient identity, correct drug name, correct method of administration, correct dosage, and correct time of administration. Whereas "Ask", health workers ask patients to ensure the patient's understanding of the explanation for drug administration and Patients can ask about the details of the treatment received (Ministry of Health, 2022). The impact that can occur if poor therapeutic communication in administering medication is that it can cause misunderstandings between nurses and patients and the patient's family. Nurses must be able to use language that is easy to understand, where explaining communication actions is answering the questions "who conveyed, what was conveyed, through what channel, to whom, and what was the impact" (Sari & Seminar, 2020).

The results of a preliminary study that was conducted on February 6, 2023, in the emergency room of PKU Muhammadiyah Sukoharjo Hospital, using the observation method carried out by researchers and nurses when carrying out drug administration actions, it was found that 2 out of 5 nurses only explained the purpose of the action and did not explain the drug being given. Meanwhile, in the results of interviews with 5 families of patients treated in the emergency room, 4 out of 5 of the patient's families said They felt calmer, safer, and less anxious after the nurse gave medicine to the patient. However, one of the patient's Relatives said they still felt scared, anxious, and anxious, even though the patient had been given medication. The purpose of this research is to determine therapeutic communication and 'Know, Check, Ask' effects on family anxiety.

MATERIALS AND METHODS

This type of research is quantitative research non-experimental with this research design collaborative descriptive, and approach cross-sectional. This research received ethical approval from Kusuma Husada University with number 1300/UKH.L.02/EC/V/2023 which is valid for the period May 31, 2023, to May 31, 2024. The independent variable in this research is therapeutic communication by applying the slogan know, check, and ask before administering medication. Meanwhile, the dependent variable in this research is the anxiety level of the patient's family. The inclusion criteria were the families of

patients treated at the PKU Muhammadiyah Sukoharjo emergency room who were at least 18 years old and were willing to be respondents in the research. The population in this study was calculated based on the average number of patients per month, namely 1,133 patients, then the sample determination was based on the sampling percentage table proposed by Yount (1999) which is included in the population category of 1,001–5,000 so that the sample size taken was 5% of the population, namely $1133 \times 5\%$ so that 56.65 respondents were obtained. or rounded up to 57 respondents.

The instrument used to measure family anxiety levels was the Zung Self-Rating Anxiety Scale (ZSAS) questionnaire modified by Heryana in Muliani (2020) with validity test results. The Cronbach's alpha value is 0.85 and the total reliability coefficient is 0.79 with answer choices 1 (never) 2 (sometimes) 3 (often) 4 (always) and indicators of mild anxiety (total score 20-44), anxiety moderate (total score 45-59) severe anxiety (total score 60-74) and panic (75-80). Apart from that, a therapeutic communication questionnaire was also used before administering medication with the slogan know, check, and ask which has been tested as valid at Nirmala Suri Sukoharjo Hospital with a Cronbach's alpha result of 0.836. Reliability value >0.6 with answer choices Yes (1) and No (0) with indicators of poor ($<45\%$ correct answers), sufficient (45-74%), and good ($>75\%$). This research was conducted in June 2023 in the emergency room of PKU Muhammadiyah Sukoharjo Hospital.

RESULTS

Table 1. Frequency distribution of patient families based on gender, age, education, and family relationship with patients in the emergency room of PKU Muhammadiyah Sukoharjo Hospital in June 2023 (n=57).

| Characteristics of Respondents | Total (n) | Presentation (%) |
|--------------------------------|-----------|------------------|
| Gender | | |
| Man | 26 | 45,6% |
| Women | 31 | 54,4% |
| Total | 57 | 100% |
| Age (Years) | | |
| 18-25 | 8 | 14% |
| 26-35 | 16 | 28,1% |
| 36-45 | 17 | 29,8% |
| 46-55 | 9 | 15,8% |
| >55 | 7 | 12,3% |
| Total | 57 | 100% |
| Education | | |
| Elementary School | 3 | 5,3% |
| Junior High School | 14 | 24,6% |
| Senior High School | 20 | 35,1% |
| Diploma 3 | 6 | 10,5% |

| | | |
|----------------------------|----|-------|
| Bachelor | 14 | 24,6% |
| Total | 57 | 100% |
| Family Relationship | | |
| Husband/Wife | 11 | 19,3% |
| Child | 17 | 29,8% |
| Parent | 13 | 22,8% |
| Siblings | 16 | 28,1% |
| Total | 57 | 100% |

Based on Table 1. it can be seen that the most gender is female as many as 31 respondents (54.4%). The most age range was 36-45 years with 17 respondents (29.8%) and 26-35 years with 16 respondents (28.1%). Meanwhile, the education of the majority was high school with 20 respondents (35.1%) and the least education was elementary with 3 respondents (5.3%). Then for family relationships, the most were children of patients with a total of 17 people (29.8%) and the least were relatives of 6 respondents (28.1%).

Table 2. Therapeutic Communication by Applying Slogans Know, Check, and Ask Before Administering Medication in the Emergency Room of PKU Muhammadiyah Sukoharjo Hospital (n=57).

| Therapeutic Communication | Total (n) | Presentation (%) |
|---------------------------|-----------|------------------|
| Enough | 9 | 15,8% |
| Good | 48 | 84,2% |
| Not Enough | 0 | 0% |
| Total | 57 | 100% |

Based on Table 2. It is known that the nurse's therapeutic communication is by applying slogans Know, Check, and Ask before giving the drug, the majority were good, 48 respondents (84.2%), while 9 respondents (15.8%) obtained therapeutic communication data in the sufficient category. Based on Table 3 the results of the frequency distribution above, it is found that most of the respondents have a good level of disaster preparedness, namely 196 respondents (58.5%), while respondents who have a poor level of disaster preparedness are 139 respondents (41.5%).

Table 3. Anxiety Level of Patient's Families in the Emergency Room of PKU Muhammadiyah Sukoharjo Hospital in June 2023 (n=57)

| Anxiety Levels | Total (n) | Presentation (%) |
|------------------|-----------|------------------|
| Worried Light | 49 | 86% |
| Moderate Anxiety | 8 | 14% |
| Severe Anxiety | 0 | 0% |
| Panic | 0 | 0% |
| Total | 57 | 100% |

Based on Table 3. It is known that the family anxiety level of the majority of patients with mild anxiety is 49 people (86%) and the remaining 8 respondents (14%) experience moderate anxiety. Respondents who experienced severe anxiety and panic were not found (0%) in this study.

Table 4. Therapeutic Communication Relations by Implementing Slogans Know, Check, and Ask Before Administering Medication on the Anxiety Level of the Patient's Family in the Emergency Room of PKU Muhammadiyah Sukoharjo Hospital (n=57)

| | Correlation Coefficient | p-value |
|---------------------------|-------------------------|---------|
| Therapeutic Communication | -0,656 | 0,000 |
| Anxiety Levels | | |

Based on Table 4. therapeutic communication by applying slogans Know, Check, and Ask before drug administration, namely the majority of both patients and their families experienced mild anxiety, several 46 respondents (80.7%). Results of bivariate analysis with the test Spearman Rank shows p-value = 0.000 ($\alpha=0.05$) then H_0 is rejected and H_a is accepted, which means that there is a relationship between therapeutic communication and applying the slogan Know, Check, and Ask before administering medication to the anxiety level of the patient's family in the emergency room of PKU Muhammadiyah Sukoharjo Hospital. The correlation coefficient value was -0.656, meaning that there is a strong relationship and a negative value (-) indicates a correlation in the opposite direction, meaning that the better the application of therapeutic communication with the slogans Know, Check, and Ask before drug administration, the anxiety level of the patient's family decreases.

DISCUSSION

1. Characteristics of Respondents Based on Gender

Based on the results of the study, it was found that there were more female respondents, namely 31 respondents (54.4%), while male respondents amounted to 26 respondents (45.6%). This is in line with research conducted by (Amiman et al., 2019) where the majority of respondents were female, namely 37 respondents (53.6%), while 32 respondents (46.4%) were male. According to research by Triwijayanti & Rahmania, (2023), there are more female respondents due to the nature of women, who are generally caring and gentle, so they will

always be there to accompany when a family member is sick. Gender is a trait and all behavior that describes the characteristics of an individual that is obtained from birth (Agustin et al., 2020). Gender can affect a person's anxiety because men generally have stronger thoughts or mentality toward something that is considered threatening to them compared to women (Amiman et al., 2019). Based on to tends to be easier to express their feelings than men. During data collection, female respondents looked more anxious than male respondents by showing some symptoms of anxiety, such as being unable to sit still, having difficulty concentrating, and actively asking nurses about the patient's condition.

Based on Age

From the results of the study, it was known that the characteristics of respondents based on age were dominated by the age range of 36-45 years with 17 respondents (29.8%) and those aged 26-35 years with 16 respondents (28.1%). In contrast to the results of the research by Humala Guntur Tamba & Perangin-Engin, (2022) it is known that the age of most respondents is in the age range of 26-35 years as many as 12 respondents (52.2%), and the lowest is the age range 36-45 years as many as 2 respondents (8.7%). Anxiety disorders can occur in all age groups and are more common in adults, who are mostly in the age range of 21-45 years (Putri et al., 2022). Age can affect the level of anxiety, due to differences in experience and ability or how to interact with the surrounding environment so it can affect the way a person deals with a problem (Amiman et al., 2019). In line with Istiyah & Fuadi, (2019) age maturity is expected to be able to help a person accept a certain situation or situation both for himself and for others, so that he can make the right decisions and actions. According to researchers, being in an emergency can result in deviant coping mechanisms, resulting in anxiety disorders. Therefore, it is expected that the more mature, the more able to cope well with stressors based on coping mechanisms and experience.

Based on Education

The results of the study showed that the most education data was from high school with 20 respondents (35.1%) and the least was from elementary school with 3 respondents (5.3%). This is in line with the results of

research conducted by (Humala Guntur Tamba & Perangin-angin, 2022), namely that the education level of the respondents is generally high school, as much as 47.8%. This is the same as (Afiani, N., & Qodir, 2020) which shows that the majority of respondents graduated from high school (SMA) or the equivalent, nearly 44 respondents. education results he did research, observation study, woman (53.0%). relate Level tightly with the level of knowledge, that it can help direct someone in behaving. The results of (Silvitasari & Wahyuni's research, 2019) stated that the lower a person's education level, the higher the level of anxiety. Low education will make it difficult for someone to understand information clearly, but with a high level of education, respondents can understand information easily and find out about the illnesses that their family members suffer so that it becomes a separate stressor in caring for family members (Muliani et al., 2020). According to researchers, anxiety can be experienced by the patient's family regardless of the patient's education. Low education can make it difficult for someone to understand information related to the patient's condition, while a higher education level can easily understand and find out about the patient's condition. Thus, the level of anxiety can increase due to the understanding of the patient's family regarding the emergency or the severity of the patient's condition, so it does not depend on the characteristics of the level of education.

Based on the family relationship with the patient

The results showed that most family relationships were as children of patients with a number of 17 respondents (29.8%) and the least were relatives with 16 respondents (28.1%). This is in line with research conducted by (Agustin et al., 2020), most of the family relations are children of patients because children have strong emotional ties and have an obligation to serve and be responsible for caring for their parents. Safariyah et al., (2020) research results, show data that anxiety is experienced more by families who are close and the nuclear family with patients, such as children, siblings, wives, or husbands. This is in line with the research by Purwacaraka et al., (2022) that the closer the family relationship, the more anxious the patient is. According to researchers, the closer the family relationship can lead to anxiety increases. This is supported by research results, respondents

who experience anxiety are dominated by the nuclear family, namely as children, parents, and husbands and wives. However, it is possible that you can also feel anxiety like a nuclear family. The fear of losing is the main factor that causes the family to experience anxiety.

2. Nurse Therapeutic Communication By Applying Slogans Know, Check, and Ask Before Administering Medication

The results of the study it is known that the nurse's therapeutic communication is by applying slogans Know, Check, and Ask before giving the drug, the majority were good, 48 respondents (84.2%), while 9 respondents (15.8%) obtained therapeutic communication data in the sufficient category. In line with the research of Fatikhah et al., (2022), the majority of respondents received nurse therapeutic communication in a good category, namely 79 respondents (59.8%). The nurse's therapeutic communication in the good category illustrates that the nurse has maximized her service wholeheartedly. The results of research conducted by Sari & Suminar, (2020) found that the majority of therapeutic communication before drug administration was lacking, namely 34 respondents (63%). Lack of therapeutic communication can be caused by several factors such as Nurses being reluctant to explain the entire treatment process and patients and families are also not active in asking questions about the purpose of treatment even though they have been given the opportunity to ask questions. While the results of the study by Rendy et al., (2018) most of the Therapeutic communication was sufficient, as many as 27 respondents (59%) showed that there was a relationship between therapeutic communication and the accuracy of drug administration in inpatient patients at Panti Waluyo Hospital.

Based on the results of observations made during the study, almost all nurses in the emergency room had good therapeutic communication. From the research results, is known Nurse therapy in the emergency room is categorized as good because nurses carry out drug administration procedures starting from greetings and explaining the purpose and procedure of action in language that is easily understood by patients and families. Most of the nurses also apply the slogans Know, Check, and Ask before administering the drug, namely starting with explaining the name of the drug, the benefits of the drug,

how to administer the drug, checking the label with the patient's identity and explaining the follow-up plan after drug administration.

3. Patient's Family Anxiety Level

Based on Table 3. It is known that the family anxiety level of the majority of patients with mild anxiety is 49 people (86%) and the remaining 8 respondents (14%) experience moderate anxiety. Respondents who experienced severe anxiety and panic were not found (0%) in this study. This is in line with Muliani et al., (2020) obtained data on the level of mild anxiety for as many as 17 respondents (56.7%) and moderate anxiety (43.3%), while there were no severe anxiety and panic (0%). Different results were shown by Fatikhah et al., (2022) with most levels of family anxiety high patients, namely a number of 64 respondents (48.5%). The patient's first experience in the emergency room is one of the factors that can affect the level of anxiety and determine the mental condition of the patient and family for further treatment (Silvitasari & Wahyuni, 2019). Anxiety can be experienced by the patient's family due to ignorance about the activities in the hospital, so they need further information (Novita et al., 2020). According to researchers, family anxiety is a natural emotional response when a family member experiences a life-threatening condition. Anxiety can occur in the emergency room due to fear of losing or feeling foreign and uncomfortable with the hospital environment. Anxiety must be overcome so that it does not escalate because it is feared that it can cause shock and unwanted events.

4. Therapeutic Communication Relations By Implementing Slogans Know, Check, and Ask Before Administration of Drugs on the Anxiety Level of the Patient's Family

From the results of the study, there is a relationship between therapeutic communication and applying the slogan Know, Check, and Ask before administering medication to the anxiety level of the patient's family in the emergency room of PKU Muhammadiyah Sukoharjo Hospital. The results of the study are in line with the research of Fatikhah et al., (2022) showing that there is a relationship between nurse therapeutic communication and the anxiety level of the patient's family in the PKU Muhammadiyah Gombong Emergency Room.

However, in contrast to the results of the research by Humala Guntur Tamba & Perangin-Engin, (2022) showed that there was no significant relationship between nurse communication and the anxiety level of the patient's family. The results of research conducted in Iran by Seyedoshohadaee et al., (2019) found that there was a significant relationship between the anxiety of family members in the emergency room and their views on nurses' communication skills. The way nurses interact with patients and families can play an important role in controlling and managing their anxiety. In line with the research by (Dawood et al., 2018) which was conducted in Riyadh, Saudi Arabia, it was also found that there was a relationship between nurse communication and the anxiety and depression levels of the patient's family in the Emergency Room. Nurses must have communication skills especially to handle situations with family members. This is because the family can provide complete information about the patient and is responsible for making decisions regarding nursing care.

The communication ability of nurses in the emergency department is the main factor that most influences the level of anxiety. Nurses who can carry out their roles well will provide comfort for patients and their families, so they can reduce anxiety levels (Tridiyawati et al., 2020). Nurse communication in informing service procedures while in the emergency room such as medicines, and types of actions can reduce anxiety levels (Novita et al., 2020). The research results of (Fatikhah et al., 2022) show that therapeutic communication can provide satisfaction in nursing services and improve the image of the nursing profession and the image of the hospital. This is in line with (Sari & Suminar, 2020) that there is a relationship between therapeutic communication in administering drugs to patient family satisfaction. The lack of nurse commitment when carrying out drug administration procedures causes a lack of information that is intertwined, so sanctions are imposed if not Carrying out procedures according to SOP needs to be done to help improve service quality and prevent errors in drug administration. This is in accordance with the research of (Rendy et al., 2018) that there is a relationship between therapeutic communication and the accuracy of drug administration. Nurse communication must really be applied because the correct way of

administering drugs will have an effective impact on the healing process of disease.

Poor nurse communication skills when taking action can be a stressor that can cause anxiety for patients and families (Afiani, N., & Qodir, 2020). This is also supported by the research results of (Tridiyawati et al., 2020) which show a relationship between therapeutic communication and family anxiety. Communication that is not implemented properly will disrupt the therapeutic relationship which has an impact on the anxiety of the patient's family. Therapeutic communication before drug administration if not done properly can also result in errors in drug administration (Rendy et al., 2018) Nurses can apply therapeutic communication as an independent intervention to reduce the anxiety level of patients and families (Novita et al., 2020).

According to the researchers, the better the therapeutic communication by applying slogans Know, Check, and Ask before drug administration, the lower the anxiety level of the patient's family. The application of therapeutic communication can create a therapeutic relationship between nurses and patients' families so as to increase trust and generate mutual respect. Meanwhile, slogans Know, Check, and Ask need to be applied to prevent errors in treatment and increase satisfaction with nursing services. The patient's family is allowed to ask about the details of the patient's treatment and can express what they feel, it is hoped that their anxiety level can decrease and they can work well together to help the patient recover.

CONCLUSIONS

Most of the emergency room nurses at PKU Muhammadiyah Sukoharjo Hospital have implemented the communication slogan of knowing, checking, and asking before giving medicine properly. There is a therapeutic communication and 'Know, Check, Ask' slogan before administering medication to the anxiety level of the patient's family in the emergency room at PKU Muhammadiyah Sukoharjo Hospital. Hospitals should be more active in providing education regarding the application of the Know, Check, and Ask slogan through stickers, banners, or brochures so that patients and families can also apply the slogan before receiving treatment as recommended by WHO and the Indonesian Ministry of Health.

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