

The Relationship between Midwifery Therapeutic Communication and the Level of Maternal Anxiety at the Babelan 1 Health Center, Babelan District, Bekasi Regency, West Java Province

Fitria

Midwifery Study Program, STIKes Abdi Nusantara, Bekasi, Indonesia

Corresponding author: amaliamerla316@gmail.com

ABSTRACT

Midwives who listen empathetically and provide clear and accurate explanations about the birth process, the actions to be taken, and provide the necessary emotional support, can help reduce the anxiety level of mothers in labor. Therefore, it is important for midwives to build a therapeutic communication relationship with birthing mothers to reduce the level of anxiety they feel. To determine the relationship between midwives' therapeutic communication and the level of anxiety of women giving birth at the Babelan 1 Community Health Center, Babelan District, Bekasi Regency, West Java Province, 202. The sample size in this study used a total of 30 pregnant women based on secondary data from the KIA poly room at Babelan 1 Community Health Center which was taken using total sampling. The sampling technique is non-probability sampling with a purposive method. The data used is primary data obtained from observations. The analytical method used is the normality test and the difference test (t test), namely the paired sample t test. There is a relationship between midwife's therapeutic communication and the level of anxiety of women giving birth at Babelan 1 Health Center, Babelan District, Bekasi Regency, West Java Province in 2024 with P-value < 0.005. It is hoped that midwives can apply therapeutic communication to reduce anxiety levels during the birthing process.

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INTRODUCTION

Every maternity mother has a different level of anxiety, and the level of anxiety is highly dependent on the perception of the maternity mother towards her pregnancy. Anxiety describes worry, restlessness, and restlessness that can be accompanied by physical symptoms (Yusnita (2018).

Anxiety is part of an individual's subjective emotional response, which is influenced by factors operating at the subconscious level. Pregnant women's perceptions of their pregnancies, such as concerns about their own or their baby's health, anxiety about the delivery process, or uncertainty about the role of a mother, can affect the level of anxiety felt (Nolina (2021)).

In addition, other factors such as past experiences, social support, environmental conditions, and information received can also contribute to anxiety levels in pregnant women. For example, if a pregnant woman has had a previous negative experience in pregnancy or childbirth, her anxiety levels may be higher (Fransisca & Year Dr Omega, 2023).

Therapeutic communication in obstetric practice plays a very important role in providing obstetric care that focuses on patient healing. Therapeutic communication is a form of communication that is consciously planned and the goal is focused on the satisfaction and comfort of the patient. (Rismala, H. J. (2021).

In the context of obstetrics, therapeutic communication involves a relationship between midwife and patient that is based on understanding, empathy, and respect. Midwives are not only required to have the necessary technical knowledge and skills in providing midwifery care, but must also be able to form a mutually supportive relationship with patients (Siska Fera, (2019).

Therapeutic communication in obstetrics also involves aspects of affection and attention. An effective midwife must be able to listen attentively, understand the patient's needs and concerns, and provide the necessary emotional support (Atmarina Yuliani, et al, 2021)

In the labor process, effective therapeutic communication plays an important role in providing comfort and support to the mother during childbirth. However, weaknesses in communication can be a problem for health workers and patients, resulting in discomfort and dissatisfaction in midwifery services (Yuneli, E., et al, 2019).

The impact of this communication weakness can be felt by patients, who may feel dissatisfied with the services provided. Patients may feel frustrated, angry, or not listened to by healthcare professionals. Lack of understanding and misunderstanding can disrupt the relationship of mutual trust between patients and health workers, as well as affect the right decision-making in childbirth care (Adi Mamahit, et al., 2019).

It is important for healthcare professionals to address these communication problems by improving their therapeutic communication skills. This includes active listening, empathy, and understanding of patient needs. Healthcare workers also need to develop awareness of different cultures, languages, and patient backgrounds, as well as adopt culturally sensitive approaches. (Angin Perang, et al, 2023).

In the context of childbirth, effective therapeutic communication between healthcare workers and patients is essential to create a positive and fulfilling delivery experience. By improving communication skills and understanding the messages conveyed by patients, health workers can provide better services and reduce the discomfort felt by patients so that it can reduce discomfort during the delivery process, namely anxiety in facing the delivery process (Rismala, H. J. (2021).

The statement described was supported by a previous community service conducted by Dyah Atmarina Y, et al (2021) explaining that midwife's therapeutic communication had an effect on the level of satisfaction of maternity mothers in APN services at the Kraton Hospital, Pekalongan Regency, where most respondents said that the midwife's therapeutic communication was good and very satisfied with APN's services.

Based on the results of the previous community service, the community service wants to conduct a study by continuing the previous community service who assessed that the relationship given therapeutic communication can reduce anxiety in pregnant women who have problems in their pregnancy. Therefore, the title of the community service is "The Relationship between Therapeutic Communication of Midwives and the Level of Maternal Anxiety at the Babelan 1 Health Center, Babelan District, Bekasi Regency, West Java Province in 2024".

METHOD

This study was conducted to determine the relationship between therapeutic communication of midwives and the level of anxiety of mothers in childbirth at the health center. This community service was conducted at the Babelan 1 Health Center, Babelan District, Bekasi Regency, West Java Province from April to June 2024. The independent variable in this study is therapeutic communication and the dependent variable is the level of maternal anxiety. The sample size in this study uses *a total of 30* pregnant women based on secondary data from the KIA poly room at the Babelan 1 Health Center which is taken in *total sampling*. The sampling technique is *non-probability sampling* with *the purposive* method. The data used is primary data obtained from observation results. The analysis method used is a normality test and a differential test (t-test), namely a paired sample t-test, if it does not meet the normality test, the Wilcoxon test is carried out. The following are the stages of implementing community service at Babelan 1 Community Health Center, Babelan District, Bekasi Regency, West Java Province:

1. Preparation Stage

Preparations will be carried out starting in April 2024 consisting of:

- Starting from a location survey by visiting the location and partners who will be targeted in the work area of Babelan 1 Community Health Center.
- The licensing process begins with a permission letter from the university addressed to the relevant institution or organization where services are provided to implement the program. The university also asked for help in obtaining data on the community who will take part in this socialization and training program.
- Preparation of officers, namely the division of duties and responsibilities of lecturers and students involved in this service.
- Preparation of materials and media for community service activities, one of which is an information brochure containing communication about midwifery therapy and maternal anxiety levels in the pregnancy phase.
- Preparation of evaluation tools in the form of attendance lists, questionnaires and writing tools used to collect data for further analysis.

2. Implementation of Activities

This activity will be carried out from April to June 2024. The activities that will be carried out are as follows:

- Data collection on pregnant women who come to the Babelan 1 Community Health Center while asking the questions listed in the questionnaire.
- Then pregnant women were given a brochure containing information about containing communication about midwifery therapy and maternal anxiety levels in the pregnancy phase.
- Next, the officer on duty provided education to the pregnant mother and ended with a question and answer session and also gave memento gifts.

RESULTS AND DISCUSSION

Univariate Analysis

TABLE 1. Average Score of Maternal Anxiety Level Before Being Given Therapeutic Communication at Babelan 1 Health Center, Babelan District, Bekasi Regency, West Java Province in 2024

Maternal Anxiety Score	N	Mean	Standard deviation	Min	Max
Before Midwifery Therapeutic Communication	30	55,90	5,996	43	63
After Midwifery Therapeutic Communication		45,20	4,612	35	55

Based on table 5.1 above, it can be seen that the anxiety level score through the Hamilton Anxiety Rating Scale (HARS) questionnaire is obtained an anxiety score of 55.90, and a standard deviation of 5.996 with a minimum score assessment of 43 (mild anxiety level) and a maximum of 63 (moderate anxiety level), after the provision of therapeutic communication is carried out, an anxiety score of 45.20 is obtained, and a standard deviation of 4.612 with a minimum score assessment of 35 (not anxious) and maximum 55 (mild anxiety level).

TABLE 2. Difference in Average Score of Maternal Anxiety Level Before Being Given Therapeutic Communication at Babelan 1 Health Center, Babelan District, Bekasi Regency, West Java Province in 2024

Maternal Anxiety Score	N	Mean	Difference
Before	30	55,90	10,7
After		45,20	

Based on table 5.2 above, it can be seen that the assessment of anxiety level scores before and after therapeutic communication was carried out obtained a score difference of 10.7 more than the previous score.

Bivariate Analysis

TABLE 3. The Relationship between Therapeutic Communication of Midwives and the Level of Anxiety of Maternity Mothers at the Babelan 1 Health Center, Babelan District, Bekasi Regency, West Java Province in 2024

Effleurage massage	N	Mean Rank	Sum Of Rank	Sig. (2-tailed)
After Negative Ranks	30	15,50	465,00	0,000
Before Positive Ranks	0	0,0	0,0	
Ties	0			
Total	30			

Based on the Wilcoxon Test, the majority of the average scores from 30 respondents were obtained, namely negative rank, namely a decrease in anxiety levels before and after therapeutic communication, a mean rank of 15.50 and a sum of rank of 465.00.

The results of the study are known to Asymp. Sig (2 – Tailed) is worth 0.000 because $0.000 < 0.05$ then it can be concluded that the hypothesis is accepted. This means that there is a relationship between therapeutic communication between midwives and the level of anxiety of maternity mothers at the Babelan 1 Health Center, Babelan District, Bekasi Regency, West Java Province in 2024.

RESULTS AND DISCUSSION

Overview of Therapeutic Communication Against Maternal Anxiety

Therapeutic communication is a client-centered process of interaction designed to help them achieve their therapeutic goals. In it, nurses build relationships of mutual trust and mutual respect with clients, listen attentively, show empathy and understanding, and communicate verbally and nonverbally clearly and congruently (Fransisca & Year of Dr Omega(2023).

The goal of therapeutic communication can also help nurses recognize and meet the physical, emotional, and psychological needs of patients, thereby improving patient comfort and well-being during treatment. Therapeutic communication also encourages patients to be actively involved in the treatment process, so that clients can convey patient complaints, concerns, and expectations, and nurses can provide appropriate care (Fransisca & Year Dr Omega(2023).

Therapeutic communication is like a bridge that connects healthcare workers and clients in the healing process. The benefits are not only felt by clients, but also nurses. For clients, therapeutic communication builds trust and a sense of comfort, paving the way for understanding and adherence to medication (Yusnita (2018)).

According to Diana Astuti, L., Rahmawati, E., (2022). stated that for healthcare workers therapeutic communication strengthens relationships with clients, increases the effectiveness of interventions, prevents misunderstandings and conflicts, and ultimately increases patient satisfaction. Overall, therapeutic communication, with its extensive benefits, is key in building a mutually beneficial relationship between nurses and clients, leading them towards a more optimal recovery process.

Menuurt Murdayah, Lilis, D. N., & Lovita, E. (2021) Anxiety during childbirth is a feeling of anxiety, worry or fear experienced by mothers during the delivery process. Labor is associated with intense pain and fear of pain that causes anxiety. Or there are those who feel afraid in dealing with pain during the delivery process.

In review, Irawati's theory (2021) explains that therapeutic communication is an important and useful tool for nurses to help mothers overcome anxiety and undergo the delivery process better. By implementing therapeutic communication effectively, nurses can provide optimal support for the mother in labor and contribute to a safe, comfortable, and happy delivery.

Based on the theory that therapeutic communication has many benefits for patients, especially in reducing anxiety. This is in accordance with the results of the current study where the assessment of anxiety level scores before and after therapeutic communication was carried out obtained a score difference of 10.7 more than the previous score.

The community service assumption with a decrease in anxiety is due to one of the efforts of midwives in conducting therapeutic communication, namely that midwives can provide the attention and emotional support needed by patients. When patients feel heard, understood, and supported by midwives, the anxiety that may arise due to their health condition or medical procedures that must be undergone can be reduced.

In addition, midwives can also reduce patients' anxiety by providing clear and realistic information regarding health conditions, treatment plans, and prognosis. By understanding the situation comprehensively, patients will feel calmer and able to face the challenges that exist. Good therapeutic communication also allows midwives to involve patients in care-related decision-making.

This involvement can increase a patient's sense of control and empowerment, thereby lowering any anxiety that may arise. Overall, midwives' efforts in establishing effective therapeutic communication can help reduce anxiety in patients

The Relationship Between Midwifery Therapeutic Communication and Maternal Anxiety Levels

There is a relationship between therapeutic communication among midwives and the level of maternal anxiety at the Babelan 1 Health Center, Babelan District, Bekasi Regency, West Java Province in 2024.

Community service in line with Norlina, S (2021) explained that there is a relationship between therapeutic communication carried out by midwives and maternal anxiety which is inversely proportional, where the better the therapeutic communication carried out by midwives, the less anxiety felt by maternity mothers.

The same community service by Yusnita R (2018) From the results of the study, it was concluded that therapeutic communication carried out by midwives can reduce maternal anxiety in childbirth. There needs to be an improvement in the quality of services in hospitals as well as an increase in the ability of midwives to conduct more optimal communication and counseling, increase childbirth companions and equip facilities that can cause positive psychological effects, so that it can provide enthusiasm and a sense of calm for maternity mothers.

The same community service Muharomah, E., & Wintarsih, W (2024) the quality of therapeutic communication relationships in health services provided to clients is greatly influenced by the quality of the relationship between health workers and clients. Therefore, health workers, especially midwives, need to improve midwifery care by implementing therapeutic communication that can have an impact on accelerating the process of client adaptation to the anxiety experienced.

In the opinion of Rismala, H. J. (2021). stated that midwifery therapeutic communication can play an important role in reducing maternal anxiety which midwife's therapeutic communication has a positive influence in reducing maternal anxiety. The midwife's therapeutic communication explains the labor process in detail including its stages, changes that occur in the body and signs that need to be considered. By understanding what is happening in her body and what can be expected during childbirth, the mother feels more prepared and confident to face the process. The information provided also includes pain management, breathing techniques and comfortable positions for childbirth. A good understanding of the care and actions that the birth mother will take can reduce worries and feel better prepared for childbirth.

The opinion of Adi Mamahit, et al (2019) which states that midwife's therapeutic communication has a positive influence in reducing anxiety in maternity mothers by listening, providing accurate information, building emotional relationships and providing emotional and physical support and midwives creating a safe environment and supporting maternity mothers, therefore, therapeutic communication can help maternity mothers feel more prepared and confident in facing childbirth, reduce anxiety that will occur during the delivery process.

Based on the theory and opinions of previous community service, it can be concluded that the relationship between midwife's therapeutic communication and the level of maternal anxiety is very important. Therapeutic communication is an interaction between midwives and delivery mothers that aims to help mothers cope with their problems or anxieties. Through therapeutic communication, midwives can build trusting relationships, provide information, and provide emotional support to the delivery mother.

The process of childbirth often causes anxiety in mothers, both due to physical and psychological factors. Unresolved anxiety can have a negative impact on the condition of the mother and fetus, such as slowing down the delivery process, increasing the risk of complications, and disrupting the bonding between mother and baby. Effective therapeutic communication can help the mother manage her anxiety well. Through therapeutic communication, midwives can identify the source of anxiety, provide accurate information, and help the delivery mother develop effective coping strategies. Thus, good therapeutic

communication between midwives and maternity mothers can reduce the level of maternal anxiety, thereby having a positive impact on labor outcomes and maternal and infant welfare.

CONCLUSION

Based on the results and discussion of the community service results, it can be concluded that:

- Of the 30 maternity mothers who responded to this study, an anxiety score was obtained through the Hamilton Anxiety Rating Scale (HARS) questionnaire, an anxiety score of 55.90, and a standard deviation of 5.996 with a minimum score of 43 (mild anxiety level) and a maximum of 63 (moderate anxiety level), after the provision of therapeutic communication was carried out, an anxiety score of 45.20 was obtained, and a standard deviation of 4.612 with a minimum score of 35 (not anxious) and a maximum of 55 (mild anxiety level),
- Of the 30 maternity mothers who responded to the assessment of anxiety level scores before and after therapeutic communication, a difference of 10.7 points decreased from the previous score
- The Wilcoxon test obtained the majority of the average scores from 30 respondents, namely negative rank, namely a decrease in anxiety levels before and after therapeutic communication, a mean rank of 15.50 and a sum of rank of 465.00.

The results of the study are known to Asymp. Sig (2 – Tailed) is worth 0.000 because $0.000 < 0.05$ then it can be concluded that the hypothesis is accepted. This means that there is a relationship between therapeutic communication between midwives and the level of anxiety of maternity mothers at the Babelan 1 Health Center, Babelan District, Bekasi Regency, West Java Province in 2024.

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