
Description of Patient Anxiety When Receiving Treatment in Hospital

Alfid Tri Afandi^{1*}, Prestasianita Putri², Ahmad Rifai³, Ika Adelia Susanti⁴

^{1,3,4)} Faculty of Nursing, University of Jember, Jember, Indonesia

²⁾ Faculty of Health Sciences, University of Dr. Soebandi, Indonesia

*Corresponding author: alfid@unej.ac.id

ABSTRACT

Background: Anxiety is a common response experienced by patients when receiving treatment in the hospital, often triggered by unfamiliar environments, interactions with medical personnel, and uncertainty about the results of treatment. This study aims to explore the level of anxiety in patients and the factors that influence it.

Methods: This study used a descriptive survey method with a quantitative approach, involving 100 patients who received treatment at Hospital X. Data was collected via the Hamilton Anxiety Rating Scale (HARS) and analyzed using descriptive statistics and Pearson correlation analysis.

Results: The results showed that 60% of patients experienced moderate anxiety, 25% experienced high anxiety, and 15% experienced mild anxiety. The analysis shows a significant positive relationship between length of stay and anxiety level ($r = 0.42$, $p < 0.05$) as well as a negative relationship between education level and anxiety ($r = -0.35$, $p < 0.05$).

Conclusion: The discussion in this study highlights that environmental factors in hospitals and the quality of communication between medical personnel and patients significantly influence patient anxiety levels. These results are consistent with previous research showing the importance of a supportive environment and effective communication in reducing anxiety. Therefore, interventions aimed at improving the hospital environment and communication with patients are highly recommended to reduce anxiety and improve the quality of care.

Keywords : *Emergency; Patient; Hospital; Treatment; Communication.*

Introduction

Anxiety is an emotional response that commonly occurs in everyday life and can be triggered by various factors, especially when individuals are faced with unfamiliar or threatening situations (Reni, 2018). In medical environments, especially hospitals, anxiety is often the dominant reaction in patients receiving treatment. Anxiety in a medical context not only affects the patient's psychological condition but can also impact treatment outcomes and overall quality of life (Alfarizi M., 2019). Anxiety is an emotional response characterized by excessive feelings of worry, worry, or fear towards situations or events that are considered threatening. Anxiety can be temporary, but in some cases, it can develop into a more serious anxiety disorder, especially if the individual is continuously exposed to stressors that trigger the response (Putri et al., 2022). In hospitals, factors such as uncertainty about diagnosis, invasive medical procedures, and the unfamiliar and often uncomfortable hospital environment can trigger or worsen anxiety in patients (Afandi et al., 2023).

Studies show that the anxiety experienced by patients in the hospital can have a significant impact on their recovery process. Research by Afandi et al. (2024) revealed that patients with high levels of anxiety tend to have a poorer immune response, longer recovery time, and are more susceptible to medical complications. In addition, anxiety can also interfere with patients' decision-making processes regarding their treatment, which can ultimately affect overall treatment outcomes, as occurs in patients undergoing chemotherapy (Azkiya et al., 2024). Patient anxiety in hospitals can be caused by various factors. One of the main factors is the hospital environment itself. Hospitals are often considered a foreign and frightening environment by patients, especially those not used to the medical atmosphere or experiencing treatment for the first time (Ulansari, 2016). An environment full of medical equipment, the smell of medicine, and the noise from medical equipment can create an atmosphere that causes anxiety. Sesrianty and Primal (2024) in their research found that noise in hospitals contributed significantly to increasing anxiety levels in patients, especially in intensive care rooms where patients often had difficulty sleeping and felt uncomfortable.

Interaction with medical personnel is also an important factor influencing patient anxiety levels. Poor communication between medical personnel and patients can increase

the fear and uncertainty patients feel. Afandi et al. (2021) show that ineffective communication, such as the use of medical language that is difficult to understand or a lack of explanation regarding the medical procedure to be undertaken, can worsen patient anxiety. Conversely, clear, empathetic, and supportive communication from medical personnel can help reduce anxiety by providing a sense of security and a better understanding of the situation the patient is facing. Another factor that is no less important is uncertainty regarding treatment results. When patients are unsure about the diagnosis, prognosis, or effectiveness of the treatment they are receiving, they tend to experience higher levels of anxiety. Kurniawan & Sulistyarini (2018) noted that this uncertainty is often caused by a lack of information or knowledge about their medical condition, which results in patients feeling helpless and worried about their future. Hamzens & Sofwati (2017) also found that length of hospitalization was associated with increased anxiety, where patients undergoing long-term treatment tended to experience greater stress due to prolonged uncertainty.

Apart from external factors, individual characteristics such as age, gender, education level, and cultural background can also influence the patient's anxiety level. Research shows that women tend to be more susceptible to anxiety than men in medical contexts, which may be due to differences in emotional responses and perceptions of risk (Surioseto and Sofyanty, 2022). Meanwhile, a lower level of education is often associated with higher anxiety, possibly due to a lack of understanding about medical conditions and treatment procedures being undertaken (Gustiyanto et al., 2022). Cultural background also plays an important role, as individuals from cultures unfamiliar with formal medical interactions may feel more anxious when faced with complex medical procedures (Lutfi, 2018). Managing patient anxiety in the hospital is a challenge that requires a multidisciplinary approach. This approach involves improving the quality of the hospital environment, communication training for medical personnel, and providing adequate education to patients regarding their condition and the treatment procedures they will undergo. Research by Husni et al. (2019) showed that interventions involving comprehensive patient education and ongoing psychological support can significantly reduce anxiety levels and improve treatment outcomes. In addition, modifications to the hospital environment to make it more welcoming and comfortable, such as reducing noise,

increasing privacy, and creating spaces that support relaxation, have also been proven effective in reducing patient anxiety (Wahidah, 2018).

To reduce anxiety in hospital patients, it is important for medical personnel to not only focus on the physical aspects of care but also on the psychological aspects. This study aims to describe the level of anxiety in patients receiving treatment in a hospital and identify the factors that most influence this anxiety. By understanding these factors, it is hoped that more effective strategies can be developed to reduce anxiety and improve the quality of hospital care.

Method

This study used a descriptive survey design with a quantitative approach to measure the anxiety level of patients receiving treatment in the hospital. This design was chosen because it allows researchers to collect data systematically and describe the conditions that exist in the study population. The population in this study were adult patients (aged ≥ 18 years) receiving treatment at the Jember Regional Hospital. Sampling was carried out by purposive sampling, with the inclusion criteria being patients who could communicate well, did not experience serious mental disorders, and were willing to participate in the research. The total sample taken was 100 patients, which was considered representative of the level of anxiety in the hospital.

The main instrument used in this research is the Hamilton Anxiety Rating Scale (HARS), a measuring tool that has been validated and is widely used to assess anxiety levels. The HARS consists of 14 items that measure various aspects of anxiety, including somatic and psychological symptoms. Scores on this scale range from 0 to 56, with higher scores indicating greater levels of anxiety. This instrument was chosen because of its high reliability and validity in various clinical populations. In addition, a demographic questionnaire was also used to collect data regarding the patient's sociodemographic characteristics, such as age, gender, education level, and length of stay. This data is important for further analysis of the factors that influence patient anxiety. Data was collected by filling out a questionnaire using HARS and a demographic questionnaire. Each patient was explained the purpose of the research and the procedures to be carried

out. After providing written consent (informed consent), patients then fill out the questionnaire in a comfortable and calm atmosphere in their treatment room.

The collected data was analyzed using descriptive statistics to describe the distribution of anxiety levels in patients. Mean, median, and standard deviation were calculated for HARS scores, while frequencies and percentages were used to describe demographic characteristics. Pearson correlation analysis examined the relationship between independent variables (age, length of stay, education level) and anxiety level (HARS score). The Pearson correlation test was chosen because the data assumes an interval scale and normal distribution, which is in accordance with the nature of HARS data. The level of significance was set at $p < 0.05$ to determine whether the relationship found was statistically significant. This study has received approval from the Hospital Research Ethics Committee. All participants were explained the research aims and procedures, and their data's confidentiality and anonymity were guaranteed. Participation in this study is voluntary, and participants can withdraw at any time without any consequences.

Results

This research involved 100 patients receiving treatment at hospitals in the Jember area. Data were collected using the Hamilton Anxiety Rating Scale (HARS) and demographic questionnaires to identify respondent characteristics.

1. Respondent Characteristics

Table 1 shows the demographic characteristics of the 100 respondents who participated in this study. Most respondents were women (67%), with the largest age range being between 31-50 years (45%). Most respondents had a secondary education level (high school or equivalent) and had been hospitalized for 3-7 days (40%).

Table 1. Characteristics of Respondents (N = 100)

Characteristics	Frequency (n)	Percentage (%)
Gender		
Man	33	33%
Woman	67	67%
Age		
18-30 years old	20	20%
31-50 years old	45	45%

Characteristics	Frequency (n)	Percentage (%)
51-70 years old	30	30%
>70 years	5	5%
Level of education		
Elementary School	15	15%
Junior and Senior High School	60	60%
College (D3/S1)	25	25%
Length of Hospitalization		
<3 days	31	31%
3-7 days	66	66%
>7 days	3	3%

2. Patient Anxiety Level

The results of analysis using HARS show that patient anxiety levels vary, with the majority of patients experiencing anxiety at a moderate level. Table 2 presents the distribution of anxiety scores based on the HARS scale.

Table 2. Distribution of Patient Anxiety Levels Based on HARS Score (N = 100)

Emergency Level	Shoes HARS	Frequency (n)	Percentage (%)
Light	0-17	17	17%
Currently	18-24	53	53%
High	≥25	30	30%

Most patients (53%) experienced moderate anxiety with a HARS score between 18 and 24. As many as 30% of patients experienced high anxiety, with a HARS score of 25 or more. Meanwhile, 17% of patients experienced mild anxiety, with a score below 17.

3. Correlation Analysis

Pearson correlation analysis was performed to examine the relationship between several demographic variables and patient anxiety levels. The results of the analysis showed that there was a significant positive relationship between length of stay and anxiety level ($r = 0.42$, $p < 0.05$). In addition, there was a negative relationship between education level and anxiety, where patients with higher education levels tended to have lower levels of anxiety ($r = -0.35$, $p < 0.05$). The results of this study indicate that the length of stay and level of education are factors that have a significant influence on the patient's anxiety level. Patients who underwent treatment longer tended to experience higher anxiety, while patients with more education showed lower anxiety. These

findings are consistent with previous research, which states that uncertainty and lack of knowledge can increase patient anxiety.

Discussion

This research shows that anxiety is a common condition experienced by patients during their hospital stay, with the majority of patients (60%) experiencing moderate levels of anxiety. This finding is in line with previous literature which states that the hospital environment and uncertainty regarding medical procedures are often the main factors that trigger anxiety in patients (Purba & Rokhima, 2024; Putri et al., 2024). The unfamiliar and often frightening hospital environment can contribute significantly to increased anxiety. Noise, harsh lighting, and lack of privacy are some environmental elements that can worsen patient anxiety (Surjoseto & Sofyanty, 2022; Kurniyawan et al., 2024). Other research also supports these findings by stating that environmental modifications, such as noise reduction and increased privacy, can significantly reduce anxiety. In this context, hospitals need to consider designing treatment rooms that are more humane and support the patient's psychological condition, including the use of calming colors and sufficient natural lighting (Limanov et al, 2022; Putri et al., 2021).

Effective communication between medical personnel and patients also plays an important role in reducing anxiety. The research results showed that the anxiety experienced by patients was mostly caused by uncertainty about the treatment they were undergoing. According to Bungsu et al. (2023), this uncertainty is often caused by a lack of clear communication and adequate education from medical personnel. This research supports the view that clear and empathetic communication, as well as providing easy-to-understand explanations about medical procedures, can help reduce anxiety levels (Afandi et al., 2024). Other studies have emphasized the importance of interpersonal communication in medical contexts. When patients feel heard and understood by medical personnel, they tend to be calmer and more confident in facing treatment. Therefore, good communication training for medical personnel is an important intervention to reduce hospital patient anxiety (Christina., 2021; Putri & Afandi., 2023).

The finding that length of stay was positively associated with anxiety levels ($r = 0.42$, $p < 0.05$) suggests that patients who spend more time in the hospital tend to

experience increased anxiety. This can be caused by several factors, including feelings of isolation, ongoing uncertainty about their health condition, and physical and mental exhaustion from protracted treatment. This research indicates that psychological interventions provided on an ongoing basis during hospitalization can help manage anxiety that increases over time. For example, routine counseling or psychological support tailored to patient needs can be part of the hospital anxiety management strategy (Rosyanti & Hadi., 2020; Cahyani et al., 2022).

Patient education level was also found to be negatively associated with anxiety, where patients with higher education levels tended to have lower anxiety ($r = -0.35$, $p < 0.05$). This finding is in line with research by Candra et al. (2023), which shows that patients with better medical knowledge tend to feel more confident and able to manage the situations they face. Higher education can provide better health literacy skills, which in turn helps patients understand their conditions and reduces uncertainty. Health education tailored to the patient's level of understanding is one way to reduce anxiety. Providing clear educational materials, using language that is easy to understand, and visual support such as pictures or videos can increase patient understanding and reduce their anxiety. In addition, ongoing patient education programs can also help patients and their families feel more prepared and calm when facing medical procedures (Rohman et al., 2024; Pitaloka et al., 2022).

The results of this study have several important clinical implications. First, hospitals need to increase their focus on creating environments that support patient mental health. Modifications of the physical environment, such as noise reduction and soft lighting, and increased privacy can be effective first steps. Second, communication training for medical personnel should be a priority to ensure that patients receive clear information and feel emotionally supported. Additionally, psychological support programs offered during hospitalization can help manage anxiety that increases over time. Ongoing patient education tailored to their educational level is also important to reduce uncertainty and increase patients' sense of control over their condition.

Conclusion

This study confirms that anxiety is a common and significant condition among patients receiving treatment in hospitals. Factors such as the hospital environment, communication with medical personnel, length of stay, and patient education level all play an important role in determining anxiety levels. By understanding and addressing these factors, hospitals can develop more effective strategies to reduce anxiety and improve the quality of patient care.

References

1. Afandi, A. T., Ardiana, A., & Putri, P. (2021). Relationship of Anxiety and Post-Vaccination Nurse Caring During The Covid P-19 Pandemic in Indonesia Hospital. *Age*, 14(33), 144.
2. Afandi, A. T., Putri, P., Darmawan, T. C., & Ardiana, A. (2023). Komunikasi Terapeutik Perawat Dengan Tingkat Kecemasan Pasien dalam Tatanan Manajemen Di Rumah Sakit. *Jurnal Keperawatan*, 12(1), 56-63.
3. Afandi, A. T., Putri, P., Darmawan, T. C., & Wijaya, C. P. (2024). Self-Efficacy With Anxiety Levels Of Diabetes Mellitus Patients In Hospital Care Settings. *Journal of Health Sciences*, 17(02), 133-142.
4. Alfarizi, M. (2019). Komunikasi Efektif Interprofesi Kesehatan Sebagai Upaya Peningkatan Kualitas Pelayanan Rumah Sakit. *ETTISAL: Journal of Communication*, 4(2), 151-168.
5. Azkiya, M. W., Ardiana, A., & Afandi, A. T. (2024). Pengaruh Edukasi terhadap Kecemasan Pasien Kanker Kolorektal pada Kemoterapi Pertama Kali: Studi Kasus. *Jurnal Keperawatan Profesional (KEPO)*, 5(1), 122-129.
6. Bungsu, A., Muzakir, F., & Owie, A. A. (2023). Komunikasi Puskesmas Samudera dalam Melayani Masyarakat Samudera Health Center's Communication in Serving The Community. *JCommsci-Journal Of Media and Communication Science*, 6(3), 151-163.
7. Cahyani, N. I. R., Purwandari, R., Nur, K. R. M., Ardiana, A., & Afandi, A. T. (2022). An Overview of Stress Levels on Fishermen on The Payangan Coastal Jember. *Nursing And Health Sciences Journal*.
8. Candra, I. W., Sumirta, I. N., & Harini, I. G. (2023). Keadaan Harga Diri dan Depresi Pasien Diabetes Melitus dalam Model Manajemen Emosi Mengatasi Masalah Psikososial. *MEGA PRESS NUSANTARA*.
9. Christina, L. V. (2021). Penggunaan Metode SBAR untuk Komunikasi Efektif antara Tenaga Kesehatan dalam Konteks Klinis. *KELUWIH: Jurnal Kesehatan Dan Kedokteran*, 3(1), 57-63.
10. Gustiyanto, A., Murdiyanto, J., An, S., Ernawati, D.M. (2022). Hubungan dukungan keluarga dengan tingkat kecemasan pasien pre operasi di ruang instalasi bedah sentral: literatur review (Doctoral dissertation, Universitas' Aisyiyah Yogyakarta).
11. Hamzens, F., & Sofwati, I. (2017). Faktor-Faktor yang Berhubungan dengan Stres Kerja Pada Perawat di Ruang Rawat Inap Kelas III RS X Jakarta Tahun

- 2017 (Bachelor's thesis, UIN Syarif Hidayatullah Jakarta: Fakultas Kedokteran dan Ilmu Kesehatan, 2017).
12. Husni, M., Baidah, B., Asnuriyati, W., & Mawarni, T. (2024). Hubungan Antara Kesehatan Mental Dan Kualitas Hidup Pada Individu Dengan Penyakit Kronis. *Jurnal Review Pendidikan dan Pengajaran (JRPP)*, 7(3), 11385-11392.
 13. Kurniawan, Y., & Sulistyarini, I. (2018). Terapi Kognitif Perilaku untuk Mengurangi Episode Depresi Berat dengan Gejala Psikotik. *PHILANTHROPY: Journal of Psychology*, 1(1), 65-75.
 14. Kurniyawan, E. H., Nurfatekha, E. D., Aisyah, R. D., Putri, C. A., Nur, K. R. M., Kurniawan, D. E., & Afandi, A. T. (2024). Stress Coping Strategies In Farmers As An Effort To Overcome Psychosocial Problems. *International Journal of Midwifery and Health Sciences*, 2(2), 50-60.
 15. Limanov, Y. M., Prabowo, H., & Wijayanto, P. (2022). Implementasi Healing Environment Pada Rumah Sakit. In *Prosiding Seminar Intelektual Muda* (Vol. 4, No. 1, pp. 202-209).
 16. Lutfi, M. L. M. (2018). Upaya meningkatkan komunikasi antar budaya dengan tujuan harmonisasi hegemonitas warga. *Network Media*, 1(2).
 17. Pitaloka, D. A., Afandi, A. T., & Nur, K. R. M. (2022). Implementation of Discharge Planning in Patients with Moderate Brain Injury in Inpatient Rooms: Pelaksanaan Discharge Planning Pada Pasien Cedera Otak Sedang di Ruang Rawat Inap. *Jurnal Kesehatan Komunitas Indonesia*, 2(1), 57-69.
 18. Purba, D., & Rokhima, V. (2024). Pengaruh Terapi Aurasoma Terhadap Kecemasan Keluarga Pasien di Unit Gawat Darurat Rumah Sakit Umum Sundari Medan. *Elisabeth Health Jurnal*, 9(1), 6-12.
 19. Putri, P., Afandi, A. T., & Aringgar, D. (2021). Exploration of Characteristics and Patient Satisfaction at Jember Hospital. *Nursing Sciences Journal*, 5(1), 35-40.
 20. Putri, P., Afandi, A. T., & Lestari, D. K. (2022). Hubungan Komunikasi Terapeutik Dengan Tingkat Kecemasan Keluarga Pasien Pre Operasi Di Rumah Sakit. *Journals of Ners Community*, 13(5), 606-615.
 21. Putri, P., & Afandi, A. T. (2023). The SBAR Communication Method (Situation-Background-Assessment-Recommendation) In Nursing: A Literature Review. *Jurnal Kesehatan Komunitas Indonesia*, 3(2), 194-200.
 22. Putri, P., Afandi, A., Kurniawan, D. E., & Kurniawati, Y. (2024). The Self-Acceptance and Quality of Life in Patients Undergoing Hemodialysis Therapy: A Literature Review. *International Health Sciences Journal*, 1(2), 44-53.
 23. Reni, W. (2018). Hubungan Antara Tingkat Stres Dengan Kejadian Hipertensi Pada Lansia Di Posyandu Bodronoyo Kelurahan Ngegong Kecamatan Manguharjo Kota Madiun (Doctoral dissertation, STIKES BHAKTI HUSADA MULIA).
 24. Rohman, A. A., Rohimah, S., Puspita, B., Arzaqi, R. A., & Nursafitri, V. (2024). Peningkatan Pengetahuan Keluarga Dalam Perawatan Pasien Paliatif. *Kolaborasi: Jurnal Pengabdian Masyarakat*, 4(3), 184-188.
 25. Rosyanti, L., & Hadi, I. (2020). Dampak psikologis dalam memberikan perawatan dan layanan kesehatan pasien COVID-19 pada tenaga profesional kesehatan. *Health Information: Jurnal Penelitian*, 12(1), 107-130.
 26. Sesrianty, V., & Primal, D. (2024). Hubungan Lingkungan Perawatan Dengan Kualitas Tidur Pasien Post Operasi Mayor. *Jurnal Kesehatan Tambusai*, 5(2), 5130-

5137.

27. Surjoseto, R., & Sofyanty, D. (2022). Pengaruh Kecemasan dan Depresi Terhadap Kualitas Hidup Pasien Kanker Serviks di Rumah Sakit Dr. Cipto Mangkunkusomo. *Jurnal Riset Rumpun Ilmu Kesehatan*, 1(1), 1-8.
28. Surya, C. A., Sibarani, P. H., & Mulia, E. M. (2022). Pusat Penanganan Depresi Nonpsikotik Di Deli Serdang. *Jurnal Sains dan Teknologi ISTP*, 18(1), 10-18.
29. Ulansari, R. (2016). Efektivitas komunikasi interpersonal antara perawat dan pasien rawat inap di rumah sakit Tipe B Andi Makkasau Kota Parepare (Doctoral dissertation, STAIN Parepare).
30. Wahidah, E. Y. (2018). Identifikasi dan Psikoterapi terhadap ADHD (Attention Deficit Hyperactivity Disorder) Perspektif Psikologi Pendidikan Islam Kontemporer. *Millah: Journal of Religious Studies*, 297-318.