



## Therapeutic Communication Regarding Patient Anxiety in Orthopedic Surgical Services: An Exploration Study

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### Abstract

This research investigates the impact of therapeutic communication, particularly the way nurses can help pre-major surgical patients in the ward feel less anxious by giving them pre-surgical information. It is hoped that this essay would have a major positive impact on patients, families, medical facilities, and educational institutions. Offering preoperative patients' therapeutic conversation is one way to lower their anxiety levels. This is predicated of nursing care, which emphasizes the patient, the nurse, and the interaction process that develops a relationship between the two. The goal of therapeutic communication is to support the client's healing process. It has been argued that therapeutic communication is a client-centered procedure that nurses use with a purposeful, intentionally designed approach. It is necessary for nurses to communicate with patients in a variety of scenarios. The research investigates first the conversations between nurses and clients on the objectives, outcomes, and procedures of surgery at one hospital in Jakarta. Second, anxiety: worry experienced by patients with femur fractures prior to significant surgery. This research uses secondary data analysis collected from various relevant research. This was the most common level of anxiety experienced by men. Male informants were more nervous than female informants. In addition, before and after receiving pre-surgical information, there was a difference in the degree of anxiety. There was a reduction in anxiety from a moderate level to a mild one.

### Keywords

therapeutic communication, patients anxiety, orthopedic surgical services

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## INTRODUCTION

In Indonesia, there are about 40 road accidents every day, resulting in about 30 fatalities. Indonesia's production has decreased since males in their productive years make up the majority of accident victims (Anonymous, 2005). When preparing for bone surgery, individuals with fractures frequently experience worry ranging from mild anxiety to severe anxiety, a condition that health professionals, especially in hospitals, frequently meet. Patients may be anxious for a number of reasons, such as fear of dying while under anesthesia, anxiety about approaching the operating room and its equipment, anxiety about their bodies and their faults, worry that the procedure will not go well, and worry about growing medical expenses.

Some patients who suffer from extreme anxiety are compelled to reschedule their surgery because they believe they are not mentally prepared for the procedure. Anxiety is frequently observed in patients undergoing femur surgery at a number of clinics and hospitals. There are degrees of anxiousness, from moderate to extreme. Anxiety levels can vary, and the best time to learn coping mechanisms is when one is in the moderate range.

Patient-specific constructive coping mechanisms. When using therapeutic communication nursing procedures, nurses must always keep in mind that each patient is an individual, complex human being impacted by biopsychosocial, spiritual, and other aspects. Patients preparing for femur surgery may have anxiety for a variety of reasons, such as dread of anesthesia, fear of dying during the procedure, concerns about their bodies and any flaws that could affect their ability to perform their role in society, and concerns about the cost of the necessary care.

It would be highly fascinating for researchers to investigate this issue. The management of femur fractures in Indonesian hospital wards prior to surgery has proven to be ineffective, with the majority of treatment focused on addressing the patient's physical symptoms. Patients with femur fractures may experience preoperative anxiety due to a lack of knowledge and explanations about surgical preparation, which may force some patients to postpone their scheduled surgery since they are not mentally prepared for the procedure.

Researchers should look into these phenomena to learn more about the impact of therapeutic communication, particularly the way nurses can help pre-major surgical patients in the ward feel less anxious by giving them pre-surgical information. It is hoped that authoring this essay would have a major positive impact on patients, families, medical facilities, and educational institutions. Benefits for patients and families: It is intended that the research's findings will help patients and families identify suitable self-coping techniques for managing anxiety prior to surgery.

Medical staff in hospitals, particularly nurses, can put the advantages for health service institutions to practical use by implementing the therapeutic communication nursing process,

which involves educating patients before major surgery by taking a holistic approach to the patient's care.

## LITERATURE REVIEW

According to Kaplan and Sadock (1997), anxiety is the body's reaction to an unknown, internal, ambiguous, or conflicting threat. Anxiety is a disorder marked by fearful feelings coupled with physical symptoms that depict feelings of uncertainty, powerlessness, tension, restlessness, and worry over an impending threat. The hyperactivity of the autonomous system is expressed by the notion of anxiety (Kusuma, 1997).

Anxiety is characterized by feelings of powerlessness and uncertainty over an unidentified item. Anxiety problems are emotional reactions that often appear in pre-operative patients. Anxiety is considered a pre-operative patient's anticipatory response to an experience that is regarded as a threat to the role in the patient's life, body integrity, and life (Mahyuvu et al, 2023).

Anxiety is not the same as fear; fear is an intellectual evaluation of something that is harmful, whereas anxiety is an emotional reaction to that evaluation. Psychological effects of surgery are profound. An elevated level of anxiousness is one of them. Anxiety is a generalized, widespread concern associated with helplessness and emotions of uncertainty. Fear of not being accepted in a certain setting, painful separation or loss experiences, emotions of frustration from not achieving objectives, and dangers to one's integrity and self-concept can all contribute to anxiety (Warsini, Irwanti & Siswanto, 2013).

Offering preoperative patients therapeutic conversation is one way to lower their anxiety levels. This is predicated on Peplau's idea of nursing care, which emphasizes the patient, the nurse, and the interaction process that develops a relationship between the two. The goal of therapeutic communication is to support the client's healing process. This is why it is argued that therapeutic communication is a client-centered procedure that nurses use with a purposeful, intentionally designed approach (Rahman, 2014). It is necessary for nurses to communicate with patients in a variety of scenarios.

According to O'Reilly et al (2022), effective communication between the physician and the patient is crucial to quality healthcare. The orthopedic surgery clinic setting provides an environment for cultivating the physician-patient relationship, eliciting diagnostic data, and developing treatment strategies. However, little is known about the orthopedic surgeon perspective on communicating with patients.

This is because, given that everything they do piques their fear of what might happen next, especially surgery patients who already experience high levels of stress and anxiety, patients require the comfort and care of nurses. Patient concerns will not be resolved if nurses and

patients do not communicate effectively. As a result, effective communication between nurses and patients is just as important in nursing as technical expertise in assessing patients' stress and confidence levels, particularly those related to upcoming surgeries.

Swarup & O'Donnel (2016) said that patients should seek treatment for movement system disorders as soon as possible to prevent side effects from interfering with everyday activities. Generally speaking, therapy and medicine can be used in treatment. In the event that this course of treatment is unsuccessful, the physician might advise the patient to have orthopedic surgery.

According to the article "What is an orthopedic doctor?" (n.d), A medical treatment called orthopedic surgery is used to treat musculoskeletal disorders. The following surgical topics are covered: tendons, ligaments, joints, bones, and nerves. Expert orthopedic surgeons and traumatologists who are educated to diagnose and manage issues pertaining to the musculoskeletal system carry out the procedure. In addition to performing surgery, doctors also use this procedure to diagnose musculoskeletal disorders or injuries, treat patients with medication, recommend physical therapy or exercise to restore function to the affected area of the body.

While there are many varieties of orthopedic surgery, the following are the more often carried out operations: Arthroscopy is an invasive treatment that diagnoses and treats joint issues by using a camera and specialized equipment. Bone fusion is a "welding" technique in which internal components like metal rods or a bone transplant are used to fuse the bones together. Typically carried out on the back, Joint replacement: the process of replacing severely damaged or arthritic joints with prostheses, or artificial joints constructed of synthetic metal and plastic parts. can be swapped out whole or in part.

Orthopedic surgery for the reconstruction of the anterior cruciate ligament (ACL) is used to treat severe knee injuries. Internal fixation is the process of using metal plates, pins, or screws to hold fractured bone fragments in place while the bone heals. Osteotomy: the process of cutting and realigning the bone to rectify defects in its structure. Soft tissue repair is the process of mending injured tendons or ligaments.

Patients who have had a catastrophic injury, such as an ACL tear, may also need surgery. The doctor will perform a series of examinations in emergency situations, such as open fractures that call for emergent surgery, which will be promptly followed by the procedure. Meanwhile, the physician will place a casting and do examinations for several months in situations of congenital defects or aberrant limb development, such as club foot in infants. Depending on the patient's condition, the doctor may suggest surgery if there is no improvement.

To put it simply, not every injury condition calls for surgery right away. The symptoms and the findings of diagnostic tests, such as an MRI, CT scan, and Sipeminnar-X scan, inform the doctor's decision. Therefore, before undergoing orthopedic surgery, make sure you undergo a

number of exams. Occasionally, surgery is also carried out as a diagnostic operation to identify the source of the patient's issue. If exams utilizing alternative procedures do not yield definitive results, surgery is conducted. Is there a chance that complications from orthopedic surgery will arise? Orthopedic surgery is not without danger, just like any medical procedure. There are always potential consequences. The following are some potential complications:

Anaesthetic (anesthesia) effects, this issue may arise if a patient is allergic to or sensitive to any of the anesthetic's ingredients. In general, local anesthesia has less risk than general anesthesia. The consequences can be minor, transient, or severe. Nausea, chills, trouble breathing, or decreased cognitive function are just a few of the impacts. Virus Infection one surgical consequence that frequently raises concerns is infection. Infections are typically easily treated. However, occasionally, patients need longer-term care and further surgical operations to manage infections.

Clots of blood Following orthopedic surgery, blood clots may form in blood arteries. The surgeon may use blood thinners, perform mobilization, or compression to avoid blood clots following surgery. Getting ready before having orthopedic surgery you might need to go through a battery of exams prior to surgery. The conditions, the surgical procedures that will be done, and the associated dangers will all be explained to you by the doctor.

Inform them of any further medical conditions you may have, any drug allergies you may have, and any other medications or supplements you may be taking. Your condition and the sort of operation you will have will determine the kind of anesthesia used and the duration of the procedure. After orthopedic surgery, how is the healing process? Your post-operative recovery is contingent upon the type of operation you have, in addition to age and following your physician's advice. Following orthopaedic surgery, rehabilitation is typically a lengthy process. Some individuals choose to merely receive therapy on a periodic basis in order to strengthen and restore joint mobility.

Following surgery, pain is usual. In order to combat this, the physician could provide medications that lessen discomfort. Be aware that certain medications or intravenous fluids may increase your frequency of urination. When you need to use the restroom, ask your family or a healthcare professional for assistance if you are still having trouble getting around. Moreover, you can feel weak after surgery. Incidents like stumbles and falls are more likely to happen during these times. To make getting assistance easier, make sure the individuals who are closest to you are always with you.

Recall that post-operative problems are a possibility. Recognize the warning symptoms, such as blood clots or infections. In the event that you have signs of uncommon complications, such as fever or bleeding, give your doctor a call. Within the medical community, orthopedic and traumatology professionals play a critical role in preserving the health of the musculoskeletal

system. In this piece, we will go into great detail about these specialists' responsibilities and roles, as well as the reasons that keeping healthy bones, muscles, joints, and other tissues is so crucial.

Specialists in orthopedics and traumatology play a crucial role in the diagnosis and treatment of musculoskeletal disorders. Specialists in orthopedics and traumatology are heroes to individuals in need.

Injuries brought on by physical exertion or sports. They are quite knowledgeable about treating wounds like shattered bones, ripped ligaments, and strained muscles. Ensuring the patient has the best possible recovery is their primary duty. Chronic Condition Management Orthopedic doctors help with chronic condition management in addition to acute injury treatment.

They provide long-term care for individuals with ailments including osteoporosis and arthritis, which must be managed to manage symptoms and stop the condition from getting worse. Prevention of Overuse Injuries. In addition to treating patients who are already wounded, orthopedic doctors offer guidance on avoiding overuse problems. They assist patients in preventing damage to their muscles or joints by offering advice on safe exercise methods and preventative measures. Nine orthopedic subspecialists with a specific area of expertise—orthopedic spines—practice in Indonesia. This subspecialist specializes in issues pertaining to the spine and its environs.

They are proficient in identifying and managing ailments affecting the spine, which may involve surgery if required. Knee and hip. Orthopedic specialists that specialize in hip and knee disorders diagnose and treat patients with these illnesses, including those who need joint replacements. Hand Microsurgery (Hand and Arm) and Upper Limb This subspecialist handles ailments and injuries affecting the hand region, encompassing the fingers and shoulders. Additionally, they are skilled in microsurgery, which is used to rebuild tiny damaged parts. Bone cancer in orthopedic oncology This expert physician focuses on the detection and management of benign and malignant bone cancers.

Pediatric orthopedists treat issues with the joints, muscles, and bones in children of all ages, from newborns to teenagers. Foot and Ankle: Treating injuries to the foot and ankle and identifying the source of pain in these regions are the main goals of this subspecialty. Elbow and Shoulder, This subspecialty handles issues that arise in both the complex joints of the elbow and shoulder. Orthopedic trauma subspecialists in advanced orthopedic trauma (severe injuries) treat severe musculoskeletal injuries, which frequently arise from accidents or substantial trauma.

Orthopedic injuries sustained in sports these professionals specialize in treating injuries sustained during sporting activities and offer guidance on recuperation and injury prevention. Medical Conditions Handled Specialists in orthopedics and traumatology handle a wide range of

illnesses, such as: injuries brought on by mishaps, violence, or certain activities, joint conditions include tendinitis, bursitis, and joint pain, bone diseases such fractures, malignancies, and osteoporosis, Birth defects in the newborns' bones, such as club foot, spinal conditions including scoliosis, and discomfort in the ankles and heels, conditions affecting the hands and wrists, include ganglion cysts, carpal tunnel syndrome, and hand fractures.

Soft tissue cancers, muscular injuries, and compartment syndrome are examples of disorders affecting the muscles and soft tissues. Steps Undertaken Specialists in orthopedics and traumatology are skilled in a variety of medical operations, such as giving medication to address symptoms and expedite healing, together with recommendations for suitable exercise and physical therapy based on the patient's condition. surgical techniques such joint replacement, arthroscopy, and soft tissue repair surgery. restoration of ligaments, muscles, and bones.

Additional steps to prevent injuries, such as advice on modifying one's lifestyle and using the right workout methods. Orthopedic and traumatology specialists should be consulted for a number of symptoms, including the following: Physical injuries can hurt, make movement difficult, or feel heated to the touch. persistent discomfort in the bones, muscles, or joints, considerable rigidity in the bones, muscles, or joints, pain and warmth in the joints, muscles, or soft tissue, along with swelling sensation of tingling or numbness in specific affected bodily sections alterations in bone and joint structure that impact day-to-day activities.

Specialists in traumatology and orthopedics are crucial to preserving the musculoskeletal system's health. They are equipped with the know-how to identify, manage, and avoid a wide range of bone, muscle, and joint issues. If you have musculoskeletal complaints or issues, see an orthopedic physician for the best course of action and speedy recovery. Our knowledgeable staff is prepared to offer a precise diagnosis and suitable care for your musculoskeletal issues. Please get in touch with us to schedule an appointment.

## RESEARCH METHODS

The variables used in this study: first, pre-surgical information provision: this refers to conversations between nurses and clients on the objectives, outcomes, and procedures of surgery at one hospital in Jakarta. Second, anxiety: Worry experienced by patients with femur fractures prior to significant surgery. Researchers employed a to gauge the anxiety levels of patients survey to examine information comprising the Hamilton Rating Scale-A (HRS-A), a gauge for patients' anxiety prior to major surgery. This research uses secondary data analysis collected from various relevant research. The majority of people still believe that all surgeries are serious surgeries, despite the fact that surgery is a medical treatment that often causes anxiety. (Sjamsuhidayat and Wim, 2010).

## FINDING ANALYSIS AND DISCUSSION

Using information gathered from the World Health Organization (WHO) in 2017, there has been an increase in the number of individuals having surgery. Notably from one year to the next. Numerous causes exist for which surgery is performed, including diagnostic (biopsy, exploratory laparotomy), curative (removal of inflamed appendix, excision of tumor mass), reparative (repairing multiple wounds), reconstructive, and palliative. There are three stages to the surgical procedures that people will go through: the pre-, intra-, and post-operative phases (Smeltzer & Bare, 2002).

Individuals will feel anxious prior to surgery (Gezer and Arslan, 2019). When a patient is going to go under anesthesia and have surgery, preoperative anxiety is a common reaction (Bailey, 2010). Previous surgical experience, age, income, gender, pain management and post-operative discomfort, dread of anesthesia, surgical instruments, and dependence on death are all factors that may affect an individual's anxiety symptoms (Woldegerima et al., 2018). The most typical reaction inside the family Pre-operative patients include those with psychological responses such as anxiety.

Patients need to mentally prepare for surgery because anxiety and fear of needles, wound pain, anesthesia, and even the potential for disability or death are common. According to the belief that surgery poses a risk to a person's and their family's integrity, either real or hypothetical, can cause anxiety when faced with, hence psychological preparation is necessary before surgery. Because there is extreme stress and dread, the patient becomes scared and makes poor decisions (Handayani, 2018).

A therapeutic communication approach is one thing that nurses may do to help families feel more at ease and confident while they accompany the operation procedure. In human relations, communication is a very unique and significant process. Through behavior, communication enables people to relate to one another and their environment. In order to hopefully avoid experiencing severe anxiety, nurses should have professional communication skills, strive to cure the patient, soothe the family, and educate the patient (Afandi et al, 2021).

In order to be more successful in meeting nursing care objectives and giving their clients professional pleasure, nurses with therapeutic communication skills will find it easier to build trustworthy connections with patients and families (Damiyanti, 2008). As a result, studies on the connection between therapeutic communication and family anxiety in hospitalized preoperative patients are being conducted. According to Hidayatullah's (2018) research, 48.3% of young adults are at risk of having moderate to severe anxiety.

According to Kurniasanti's 2020 research, teens and young adults (17–25 years old) who have been placed under quarantine report mild anxiety. While anxiety disorders can strike anyone at any age, they are more common in women and adults. Ages 21 to 45 are when anxiety

is most common. Duffy & Feist (2014) found that a person's psychological maturity rises with age. The more developed a person's psychology is, the more adept they will be in handling anxiety. The respondents' age distribution reveals that the bulk of respondents—young adults, middle-aged adults, and seniors—have reached adulthood. When an individual ages, they will encounter issues with their physical and mental well-being (Kaplan & Saddock, 1997).

The assertion made by Oxyandi et al. (2018) that younger people are more anxious than older ones lends credence to this. The readiness of a person for surgery is significantly influenced by their age in pre-operative patients; the younger a person is, the less prepared they are for surgery. Early anxiety is brought on by immaturity in decision-making and thought processes. Making has not yet taken place. An individual will exhibit progressively greater psychological maturity as they age. Learning in daily life will help someone become more analytical and capable of problem-solving.

According to Vellyana's 2017 study, 46.8% of participants were patients' waiting relatives. At the hospital was a graduate of high school. Every individual has a different definition of education. In general, education can help alter one's mind, behavior, and decision-making processes. Having a good education will help one recognize stressors both inside and outside of oneself. Education level also affects a person's perception and comprehension of stimuli (Kaplan & Saddock, 1997). An individual's mentality and stress management are influenced by their level of schooling.

The greater A person's level of anxiety decreases with education. Education has the power to alter decision-making processes and behavior as well. Education will instill a more aware mindset that helps people recognize the stresses that affect their ability to make decisions. This study differs from that conducted by Annisa (2014), who discovered that most of the people caring for the patients were housewives or did not have jobs. Income and work are tightly correlated, and surgical patients typically have high treatment expenditures.

Recuperation from surgery also takes a considerable amount of time for surgical patients. Individuals and families with stable employment will be more equipped to handle hospital financial matters. With the assistance of private workers who must possess government insurance, which will somewhat lessen the cost of funding. His family member is having surgery, which causes anxiety. Some people believe that surgery is a risky medical treatment. Thus, it affects both mental and physical health, specifically anxiety. The family deals with significant anxiety as a result of their early age and ongoing uncertain circumstances.

Feelings and mental processes. To ease the patient's family's fear, you must exude confidence. In order to assist clients declutter, lessen the weight of their thoughts, and eventually get rid of worry, therapeutic conversation is required. It is essential for nurses to possess therapeutic communication skills, which include using words, gestures, and facial expressions to

help patients feel at ease and heal. A mother's psychological fortitude and drive to take on any dangers can both be strengthened through effective therapeutic communication (Kasana, 2014).

Lakkea S et al. (2018) provided an explanation of the research's goal, which was to ascertain the additional benefit of therapist communication during physiotherapy treatment on the patient's degree of physical activity, based on ten research papers. Both verbal and nonverbal communication are components of therapeutic communication skills. Open-ended and closed-ended questions, non-medical conversation, jokes, bodily alignment with the client, smiling, and facial expressions are examples of communication skills.

The therapist-patient relationship is one of the components of physical therapy intervention that is linked to the communication and a bond formed between them that may help to boost the impact of exercise on the patient's degree of physical activity. Communication skills are used in physical therapy practice with the goal of helping patients improve their behavior. Compared to other medical professions, physical therapists typically see patients more frequently and for longer periods of time. Six of the ten papers provide some clarification on the significance of therapeutic communication.

Based on research findings' Wardhani et al (2017), The effectiveness of the service and patient satisfaction in one of Surakarta's Hospital will be determined by well-established, communicative communication that attempts to heal or at least provide relief and make the patient feel comfortable. Information shows that all respondents most had a moderate degree of anxiety (less than 50%), with the lowest percentage at the extremely severe level of anxiety. Respondents did not feel anxiety to the same extent as mild anxiety (22.4%), severe anxiety (13.8%), or excessive anxiety (22.4%). According to post-test statistics, the majority of respondents (39.7%) reported low levels of anxiety, moderately worried respondents (25.8%), and respondents who did not experience anxiety at all reported very little.

The following conclusions can be drawn from the research conducted in orthopedic ward: 1. Preoperative education and anxiety reduction are significantly correlated with each other prior to major surgery. 2. When it came to having femur fracture surgery, male respondents were more nervous than female respondents. 3. Before and after receiving pre-surgical information, there was a difference in the degree of anxiety, namely there was a reduction in anxiety from a moderate level to a mild one.

## **CONCLUSION**

Since the research's findings are still not ideal, the author makes the following recommendations: Therapeutic communication needs to be enhanced for medical staff, particularly doctors and nurses working in the Orthopedic ward. This is especially important when it comes to educating patients undergoing surgery about pre-surgery through seminars and

special training. Additional investigation is required on a more comprehensive topic concerning therapeutic communication factors that affect anxiety levels with the use of more thorough and sensitive instruments.

Hospitals are often associated with frightening environments. Perceptions are shaped by elements that are frequently disregarded in hospital design, such as the psychological aspects of patients. Consequently, a patient's ability to heal is greatly influenced by their surroundings. A poor atmosphere may also contribute to the patient's health deteriorating. It is anticipated that those who comprehend the environmental principles that are central to the Healing Environment would be able to implement a balance in patient psychology-related architecture design.

In particular, the rehabilitation area necessitates a healing atmosphere, thus orthopedic institutions must pay close attention to creating lengthy period of time during which patients recover. The issue at hand is that there is currently no precise scientific method for determining a patient's level of stress from a psychological standpoint. As a result, buildings with natural, sensory, and psychological elements that are connected to other relevant ideas are designed using the Healing Environment concept.

The initiatives used in the inpatient Healing Environment concept buildings use natural components to create their structure. The use of visual components in hospital lighting and the impact of the building's design on patients' psychological well-being. In an attempt to improve this work, a number of earlier studies were examined, including Baihastuti (2017), who established a Healing Environment that can produce a secure and cozy setting that lowers the degree of stress management at SLB, Moreover, Putri (2013) found that natural lighting and other features of the healing environment can help patients feel less stressed.

According to Coburn (2017), these elements are present in the healing environment. As per the American Hospital Association (1978) and Aditama (2002), a hospital is a facility or organization that primarily offers healthcare services to the population for a range of illnesses and health issues. Conversely, as per (UU No. 44, 2009), concerning hospitals, inpatient care is defined as a service given to patients from hospitals who would undergo observation, medical rehabilitation, diagnosis, and treatment.

Meanwhile, Robert Ulrich's research at Texas A&M University's Center for Health Systems & Design, in the United States, produced the concept that will be used: the Healing Environment (Ulrich, R. S., 1992). This study highlights a design theme known as "user-centered design," in which the patient or user is given priority above other considerations. It is evident from this research that patients receiving healthcare services can have their recovery process impacted by environmental influences.

## REFERENCES

- Anonymous, (2005). Increasing number of traffic accidents in the world, [www.wahanaarta.com](http://www.wahanaarta.com).
- Anonymous, (2005). Traffic Accident Figures In Indonesia, [www.depkes.go.id](http://www.depkes.go.id)
- Afandi, A. (2021). Mentoring Program: Empowerment and Human Resources Development. *Akademik: Jurnal Mahasiswa Humanis*, 1(3), 87-94.
- Bailey, T., Jeong, D. W., & Cho, S. W. (2010). Referral, enrollment, and completion in developmental education sequences in community colleges. *Economics of Education Review*, 29(2), 255-270.
- Damayanti, T. A., Susilo, D., Nurlaelah, S., Sartiami, D., Okuno, T., & Mise, K. (2008). First report of Bean common mosaic virus in yam bean [*Pachyrhizus erosus* (L.) Urban] in Indonesia. *Journal of General Plant Pathology*, 74, 438-442.
- Duffy, S. E., Feist, M. I., & McCarthy, S. (2014). Moving through time: The role of personality in three real-life contexts. *Cognitive science*, 38(8), 1662-1674.
- Gezer, D., & Arslan, S. (2019). The effect of education on the anxiety level of patients before thyroidectomy. *Journal of PeriAnesthesia Nursing*, 34(2), 265-271.
- Handayani, S. (2018). Perancangan sistem informasi penjualan berbasis e-commerce studi kasus toko kun jakarta. *ILKOM Jurnal Ilmiah*, 10(2), 182-189.
- Kaplan and Saddock, (1997). *Modern Synopsis of Comprehensive Text Book of Psychiatry*, 4 ed . Wiliams and Wilkins Comp. Baltimore. USA.
- Kasana, M. (2014). Feminisms and the social media sphere. *Women's Studies Quarterly*, 42(3/4), 236-249.
- Kusuma, W , (1997). *Kedaruratan Psikiatri dalam Praktek*. Jakarta : Profesional Book. Long C,B , 1996. *Medical and Surgical Nursing, Cruitical Thingking In Client Care*. California : Addison Wesley Nursing.
- Mahyuvi, T.(2023). Therapeutic Communication with Patient Anxiety Levels During Operation Preparation: A Cross-Sectional Study. *International Journal of Nursing and Health Services (IJNHS)*, 6(4), 257-265.
- O'Reilly, O. C., Shamrock, A. G., Rosenbaum, M., Clark, C. R., & Patterson, B. M. (2022). Physician-patient communication in the orthopedic clinic: surgeon-identified challenges. *The Iowa orthopaedic journal*, 42(1), 275.
- Rahman, F., Kwan, G. F., & Benjamin, E. J. (2014). Global epidemiology of atrial fibrillation. *Nature Reviews Cardiology*, 11(11), 639-654.
- Sjamsuhidajat, R., & Wim, D. J. (2010). *Textbook of surgery*. Jakarta: EGC.
- Smeltzer, S. C., Bare, B. G., Hinkle, J. L., & Cheever, K. H. (2002). Brunner & Suddarth. *Tratado de enfermagem médico-cirúrgica*, 10, 1732-2419.
- Swarup, I., & O'Donnell, J. F. (2016). An overview of the history of orthopedic surgery. *Am J Orthop (Belle Mead NJ)*, 45(7), E434-8.

Ulrich, R. S. (1992, September). How design impacts wellness. In *The Healthcare Forum Journal* (Vol. 35, No. 5, pp. 20-25).

Wardhani, A. I., Soedarsono, D. K., & Esfandari, D. A. (2017). Efektivitas Komunikasi Antarpribadi Pada Kegiatan Komunikasi Dokter-Pasien Di Konsultasi Gratis RS Ortopedi Prof. Dr. R. Soeharso Surakarta. *Biomedika*, 8(2).

Warsini, I., & Siswanto, R. A. (2013). Komunikasi Teraupetik Perawat Berhubungan Dengan Tingkat Kecemasan Pada Pasien Pre Operasi. *Jakarta: ECG Lampiran*, 1.

What Is an Orthopedic Doctor?. (n.d.) , from: <https://healthcare.utah.edu/orthopaedics/specialties/what-is-orthopedic-doctor.php>, Viewed 31<sup>st</sup> March 2024

Woldegerima, Y. B., Fitwi, G. L., Yimer, H. T., & Hailekiros, A. G. (2018). Prevalence and factors associated with preoperative anxiety among elective surgical patients at University of Gondar Hospital. Gondar, Northwest Ethiopia, 2017. A cross-sectional study. *International Journal of Surgery Open*, 10, 21-29.