Implementing Peplau's Interpersonal Theory in Emergency Nursing: A Qualitative Action Research Study

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ABSTRACT

Nursing services in the Emergency Department (ED) require fast and accurate actions, demanding effective communication amid high work pressure. This study aimed to explore nurses' experiences, identify ideas, challenges, and suggestions in implementing a therapeutic communication model based on Hildegard E. Peplau's theory, and examine its impact on the quality of nursing services in the ED of RSUD dr. Loekmonohadi Kudus. This qualitative study employed an Action Research design and involved eight ED nurses selected through purposive sampling. Data were collected using a Focus Group Discussion (FGD) module and were analyzed through thematic analysis, following workshops and expert consultations. The results indicated that nurses maintained effective communication despite high mobility demands by strategically tailoring their approach to patient conditions, fostering trust, and integrating holistic nursing care principles. Communication effectiveness was further strengthened through soft skills training and leadership support. The study recommends ongoing training, the development of standardized communication modules, and systemic support to reinforce therapeutic communication practices. These findings contribute to advancing humanistic and patient-centered nursing practices in high-acuity emergency care settings.

*Pelayanan keperawatan di Instalasi Gawat Darurat (IGD) membutuhkan tindakan cepat dan akurat, yang menuntut komunikasi efektif di tengah tingginya tekanan kerja. Penelitian ini bertujuan untuk mengeksplorasi pengalaman perawat, mengidentifikasi ide, tantangan, dan saran dalam menerapkan model komunikasi terapeutik berbasis teori Hildegard E. Peplau, serta mengkaji dampaknya terhadap mutu pelayanan keperawatan di IGD RSUD dr. Loekmonohadi Kudus. Studi kualitatif ini menggunakan desain Penelitian Tindakan (*Action Research*) dan melibatkan delapan perawat IGD yang dipilih melalui* purposive sampling*. Pengumpulan data dilakukan menggunakan panduan* Focus Group Discussion *(FGD) dan dianalisis menggunakan analisis tematik, menyusul serangkaian lokakarya dan konsultasi pakar. Hasil penelitian menunjukkan bahwa perawat tetap mampu mempertahankan komunikasi yang efektif di tengah tuntutan mobilitas yang tinggi dengan menyesuaikan pendekatan mereka secara strategis terhadap kondisi pasien, membangun kepercayaan, dan mengintegrasikan prinsip-prinsip asuhan keperawatan holistik. Efektivitas komunikasi semakin menguat melalui pelatihan* soft skills *dan dukungan pimpinan. Penelitian ini merekomendasikan adanya pelatihan berkelanjutan, pengembangan modul komunikasi terstandar, dan dukungan sistemik untuk memperkuat praktik komunikasi terapeutik. Temuan ini berkontribusi dalam memajukan praktik keperawatan yang humanis dan berpusat pada pasien di lingkungan gawat darurat dengan tingkat kegawatan tinggi.*

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Introduction

Nursing services within the dynamic environment of the Emergency Department (ED) require a rapid and accurate response from healthcare professionals who operate under highly stressful and time-sensitive situations (Siswanto et al., 2022). Within this intense clinical setting, therapeutic communication serves as a key element

in ensuring the overall quality of nursing care, although its practical implementation is frequently hindered by patients' critical conditions and severe time constraints (Alsabri et al., 2022). Nevertheless, therapeutic communication remains an essential component of nursing practice, as it plays a crucial role in establishing a trusting and collaborative relationship between nurses and patients. To understand and improve these interactions, Hildegard E. Peplau's theory of therapeutic communication, which encompasses the distinct phases of orientation, identification, exploitation, and resolution, provides a foundational framework for developing effective interpersonal relationships between nurses and patients (Suraya et al., 2024). In the broader framework of nursing theory, Peplau emphasized that a strong interpersonal relationship between nurses and patients lies at the core of the healing process, with therapeutic communication serving as the primary bridge to establish and maintain such a relationship (Tuohy & Wallace, 2024). Consequently, ineffective communication in the ED can significantly decrease the quality of care, increase the risk of clinical errors, and negatively affect overall patient satisfaction. Conversely, empirical evidence demonstrates that effective therapeutic communication can proactively reduce patient anxiety, accelerate the clinical recovery process, and enhance service satisfaction (Gabay et al., 2022).

Despite its proven clinical benefits, communication barriers frequently occur in healthcare settings, particularly in high-pressure environments such as the Emergency Department. These pervasive barriers may include excessive workload, strict time constraints, the profound emotional distress of both patients and their families, and nurses' limited ability to apply the principles of effective therapeutic communication in real-time. Factors such as immense work pressure, environmental noise, and a systemic lack of specialized training further complicate its implementation (Mulfiyanti & Satriana, 2022). As a result, therapeutic communication barriers remain a persistent issue in emergency nursing services both globally and nationally, often resulting in suboptimal care delivery (Bahari et al., 2024). Similar systemic challenges are also starkly evident in local contexts, such as at RSUD dr. Loekmonohadi Kudus. Preliminary observations and interviews conducted with several nurses at this institution revealed ongoing difficulties in implementing effective communication, particularly when managing critical emergency patients or highly anxious family members. Patient complaints often directly relate to ineffective communication, citing issues such as the absence of a proper initial assessment, limited interpersonal interaction, and frequent misunderstandings between nurses and patients. Furthermore, the researcher, acting as a practicing nurse within the facility, also observed that many frontline nurses have not consistently applied the fundamental principles of therapeutic communication, such as introducing themselves or clearly explaining medical procedures to patients and their families prior to clinical intervention.

This concerning situation highlights a significant gap between the ideal theoretical principles of therapeutic communication and its actual daily practice in complex clinical settings. Through a rigorous qualitative approach, this study seeks to explore nurses' lived experiences in applying therapeutic communication in the Emergency Department to ultimately improve the quality of nursing care. This research is highly significant in addressing the current paucity of in-depth and contextual qualitative studies specifically focused within ED settings. By directly exploring nurses' lived experiences, the findings are expected to inform the development of targeted training programs and comprehensive communication policies that emphasize continuous quality improvement and champion a humanistic approach to emergency nursing care (Munira et al., 2023). The intentional implementation of Peplau's model may serve as a strategic approach to strengthen interpersonal relationships and enhance holistic, patient-centered care in the Emergency Department. To comprehensively address these objectives, this study integrates its core inquiries to investigate the experiences and challenges of ED nurses in implementing Peplau's model of therapeutic communication, examine how the application of this model influences the interpersonal relationship between nurses and patients, and identify what specific forms of institutional and practical support are needed to optimize this essential clinical practice.

Methods

This study employed a qualitative approach with an Action Research design, as it was considered appropriate for improving nursing practice through iterative cycles of reflection and action. This design encouraged collaboration between researchers and participants to identify problems, design solutions, and systematically

evaluate their impact within real-world contexts, such as nursing services in the Emergency Department (ED) (Bradbury, 2020; McNiff, 2021). The study involved eight ED nurses from RSUD dr. Loekmono Hadi Kudus, who were selected purposively based on criteria including work experience, willingness to participate, and understanding of therapeutic communication (Hennink & Kaiser, 2022; Damschroder et al., 2022).

Data were collected through Focus Group Discussions (FGDs) conducted in each phase of the Action Research cycle: diagnosis, planning, and evaluation. During the Action Research process, each cycle involved concrete actions aimed at enhancing the practice of therapeutic communication in the ED. In the first cycle, needs identification was carried out through FGDs to map communication barriers and prioritize areas for improvement. The second cycle involved an intervention consisting of therapeutic communication soft skills training based on Peplau's theory, emergency case simulations, and the development of a standardized communication module. The third cycle focused on implementing the agreed-upon communication module and techniques in clinical practice, followed by joint reflection sessions to evaluate effectiveness and formulate plans for continuous improvement.

The FGDs were guided by a semi-structured protocol based on Peplau's four phases of interpersonal relationships: orientation, identification, exploitation, and resolution (Tamufor, 2024). All discussions were recorded, transcribed verbatim, and analyzed using thematic analysis as described by Braun & Clarke (2019). To ensure validity, data triangulation was performed through field observations and researcher reflections. To strengthen the rigor of this Action Research, data triangulation was not only derived from Focus Group Discussions (FGDs) but also supported by direct field observations of nurse–patient interactions in the Emergency Department (ED). Observational findings revealed that nurses frequently engaged in brief, task-oriented communication during initial patient contact, particularly in high-acuity situations, where immediate clinical interventions were prioritized over comprehensive interpersonal engagement. In several observed instances, nurses-initiated care by directly assessing vital signs or performing procedures without formal self-introduction, yet still demonstrated elements of therapeutic communication through tone of voice, eye contact, and reassurance. Conversely, in less critical situations, some nurses were observed to incorporate brief introductions and explanations, which appeared to enhance patient cooperation and reduce anxiety. These observational insights complement the FGD findings by providing real-time evidence of how therapeutic communication is enacted in practice, thereby reinforcing the "action" component of the Action Research cycle. This triangulated approach enhances the credibility of the findings and illustrates the dynamic balance between efficiency and interpersonal care in emergency nursing settings.

The therapeutic communication model applied in this study was based on Hildegard E. Peplau's Interpersonal Relations Theory, which has been widely recognized as effective in fostering empathetic and collaborative relationships between nurses and patients, particularly in high-acuity emergency settings (Foronda et al., 2021). The research process was conducted over a period of three months through collaborative reflective cycles. The findings of this study are expected to strengthen theory-based therapeutic communication practices and improve the quality of nursing care in the Emergency Department (Creswell, 2021). The study adhered to ethical principles, including informed consent, confidentiality, and participants' right to withdraw (Polit & Beck, 2021). Ethical approval was obtained in the form of an Ethical Clearance Waiver from the Health Research Ethics Committee of RSUD dr. Loekmonohadi Kudus (No. 048/KEPK/XI/2024) and an Ethical Eligibility Certificate from the Ethics Commission of Universitas Karya Husada Semarang (No. 162/KEP/UNKAHA/SLE/XI/2024).

Results

Data collection in the Action Research cycle was conducted at RSUD dr. Loekmonohadi Kudus. The study, titled "Applying Peplau's Theory in High-Acuity Settings: A Qualitative Action Research Study of Nurses' Therapeutic Communication in the Emergency Department", used Focus Group Discussions (FGDs) as the primary data collection method. The FGDs were conducted with eight participants, all of whom were nurses working in the Emergency Department (ED). The findings obtained from the discussions were summarized and organized into several main themes as follows:

Table 1.
Characteristics of Participant.

Participant	Name	Gender	Age	Education	Years Working in ED
1	A	Female	46 Years	Ners	18 Years
2	B	Male	51 Years	Ners	19 Years
3	C	Male	39 Years	Ners	11 Years
4	D	Female	48 Years	Ners	16 Years
5	E	Male	36 Years	Ners	8 Years
6	F	Male	49 Years	Ners	17 Years
7	G	Male	41 Years	Ners	11 Years
8	H	Male	46 Years	Ners	11 Years

Theme 1: Nurses Preferred Brief Communication Due to High Mobility in ED Services

Participants described their experiences in delivering nursing care within the high-mobility environment of the Emergency Department. The high mobility of the ED environment led nurses to prefer brief and efficient communication. This theme emerged from the following sub-themes:

Sub-theme: Communicating Simply
Therapeutic communication in the Emergency Department tended to be brief and direct for several reasons. First, in emergency situations, time was critical, and concise communication enabled healthcare providers to deliver timely and appropriate care. Second, brief communication reduced the risk of misunderstanding, particularly in high-stress situations.

> *"But because they ask in Javanese, they are not used to speaking Indonesian. If they are Javanese, they usually just ask directly." (P1)*

> *"Excuse me, I am moving on triage 1, 2, or 3 to perform IV insertion, ECG, and urinary catheterization, or other nursing care procedures." (P2)*

> *"As for me, I usually keep it simple, just say directly: good morning, afternoon, or evening…" (P5)*

These statements indicated that participants emphasized a brief and direct communication style when delivering nursing care.

Sub-theme: Focus on Immediate Treatment, Often Omitting Self-Introduction
Emergency Department (ED) nurses sometimes forget to introduce themselves due to various factors, including high job pressure, the urgency of the situation, and heavy workloads. Nurses in the ED often deal with patients in critical conditions who require immediate and accurate interventions, which leads them to prioritize medical actions over self-introduction.

> *"Sometimes I greet the patient but do not introduce myself. I just directly ask their name and what their complaint is." (P3)*

> *"Let me check you first (vital signs and complaint). Please wait a moment, the doctor will come to examine you. Sorry, I also sometimes forget to introduce myself." (P4)*

The statement in the sub-theme above indicates that several Emergency Department (ED) nurses forgot to introduce themselves due to the high level of work pressure in the emergency care setting.

Theme 2: Nurses Applied Therapeutic Communication Adaptively in Emergency Nursing Services

Participants described the need to remain responsive and adaptive when communicating with patients in the ED. This theme consisted of the following sub-themes:

Sub-theme: Adapting Therapeutic Communication Based on Self-Perception and Gender
Therapeutic communication was adapted based on patient conditions, including psychological state, communication ability, and gender considerations.

"For psychiatric patients with communication disorders, keep the communication open so the patient feels confident to express their feelings without fear of being judged." (P1)

"In communication, it is important to make patients feel comfortable. Speak calmly, gently, and clearly, maintain eye contact, and, if appropriate, provide therapeutic touch (for the same gender)." (P4)

The statements in the sub-theme above indicate that in conducting therapeutic communication, nurses need to pay attention to several important factors, such as gender, body gestures, and the use of therapeutic touch with patients.

Sub-theme: The Importance of Support from All Aspects
Support in therapeutic communication encompasses various elements that help build an effective and trusting relationship between nurses and patients. These aspects include trust, respect, empathy, professional relationships, and empowerment. In addition, it is essential to consider elements such as honesty, providing clear and non-confusing health information, maintaining a positive attitude, and accepting patients as they are.

"Provide health education on what needs to be done for preventive and curative purposes. Give education about their condition, how to use medication, dietary or lifestyle habits, and monitoring of any emerging symptoms." (P2)

"Provide moral support, give advice appropriate to the illness, take the correct medication, and inform about foods and drinks that are allowed or prohibited." (P6)

The statements in the sub-theme above explain that support from various aspects is essential in therapeutic communication, as it enhances the effectiveness of the healing process and promotes patient well-being. Effective therapeutic communication, when supported by multiple factors, helps build mutual trust, reduce anxiety, and facilitate a better understanding between nurses and patients.

Theme 3: Effective Communication as the Heart of the Interpersonal Relationship Between Nurses and Patients
Participants expressed that effective communication in nursing care is the core of the interpersonal relationship between nurses and patients — between healthcare providers and those in need of care. When communication does not flow smoothly, it can create significant barriers in the delivery of nursing services. This theme consists of several sub-themes as follows:

Sub-theme: Appropriate Communication Can Calm Patients
Appropriate communication can greatly help soothe and calm patients. Effective communication- characterized by empathy, patience, and clarity of language-can reduce patient anxiety and fear, while also building trust between patients and healthcare providers. An example of a participant's statement is as follows:

"When I explained the patient's condition in language that was easy to understand, the family appeared calmer and less panicked than before." (P1)

"After I accompanied and provided support during the observation, the patient felt calmer and even expressed gratitude for feeling cared for." (P3)

"Good communication makes patients feel they are not alone; even patients with severe pain can feel calmer when we interact with full attention." (P7)

The statement in the sub-theme above indicates that the use of appropriate therapeutic communication techniques can provide a sense of calm and comfort to patients, which in turn helps them feel more relaxed and secure during the care process.

Sub-theme: Good Communication Builds Trust in Healthcare Services
Good communication indeed helps build trust in healthcare services. Effective and honest communication establishes a strong foundation for developing a positive relationship between healthcare providers and patients. An example of a participant's statement is as follows:

"The patient became more cooperative after I spoke to them with empathy; they were willing to open up and explain what they were feeling." (P2)

"I tried to establish good communication from the start, and the family became more trusting toward the medical team; they were less demanding or blaming." (P4)

"There was a patient who was initially anxious and refused treatment, but after speaking to them slowly and gently, they eventually agreed to be treated." (P5)

"The family felt satisfied after I provided regular updates on the patient's condition; they felt involved and appreciated." (P6)

These findings demonstrated that therapeutic communication played a crucial role in building trust and improving cooperation in clinical care.

Theme 4: Nurses Implemented Patient Care Focused on Interpersonal Relationships

The implementation of nursing care focused on interpersonal relationships emphasized the importance of therapeutic interactions between nurses and patients to achieve optimal health outcomes. This approach involved not only performing technical procedures but also building meaningful, trusting, and supportive relationships. This theme consisted of the following sub-themes:

Sub-theme: Professional Attitude Fostered Trust in the Nursing Care Process
A professional attitude in nursing was essential for establishing patient trust. Professionalism, reflected in nurses' knowledge, attitudes, behaviors, and adherence to ethical standards, contributed to a positive patient experience and enhanced satisfaction with care.

"In my opinion, drawing it on paper helps because patients can see and better understand. Psychologically, the message becomes clearer when it is visualized rather than only explained verbally." (P1)

"Provide accurate and complete information about the patient's condition and the treatment being given." (P2)

"I usually use layman's terms and explain clearly, for example, about a procedure—what will happen if it is not performed and the possible effects." (P3)

These findings indicated that professionalism and clear communication played a critical role in strengthening interpersonal relationships and improving patient understanding.

Sub-theme: The Importance of Patient Involvement
Patient involvement in the delivery of nursing care is highly important, as it can improve service quality, treatment outcomes, and patient satisfaction. An example of a participant's statement is as follows:

"As role models and educators, explain in their language so that it is clear and the patient or family can make well-informed decisions." (P6)

"The main point in providing patient education is ensuring that the patient understands, so they can make decisions. If the patient does not yet understand what we have explained, we use visual aids to help them grasp the information." (P8)

Based on the participants' statements, it can be understood that actively involved patients are able to provide more accurate and detailed information about their condition, which helps nurses make more precise assessments and plan appropriate nursing interventions.

Theme 5: Nurses Provide Comprehensive and High-Quality Care for Patients

Providing comprehensive and high-quality patient care means delivering holistic healthcare services that encompass biological, psychological, social, and spiritual aspects, while focusing on the patient's needs, values, and preferences. High-quality care follows the latest evidence-based practices, prioritizes decisions aligned with patients' values, and ensures a positive care experience. This theme consists of several sub-themes as follows:

Sub-theme: Providing Emotional and Social Support in Nursing Care
Providing emotional and social support to patients is an essential component of comprehensive nursing care. Nurses play a key role in creating a safe and comfortable environment, engaging in active listening, and offering encouragement and validation of patients' feelings. An example of a participant's statement is as follows:

"For example, in patients with SVT who require defibrillation, patients and families may feel afraid. Our role is to explain the procedure in a way that is easy to understand." (P1)

"We listen carefully to the concerns of patients and families and provide interventions accordingly." (P2)

"Provide empathy and positive support so that patients feel comfortable expressing their concerns." (P3)
"While performing procedures such as IV insertion, I engage patients in conversation about their condition and medical history." (P4)

The statements expressed by the participants indicate that nurses possess a sense of responsibility and professional awareness in providing comprehensive and high-quality nursing care, with the primary goal of accelerating the patient's recovery process and improving their overall well-being.

Sub-theme: Fulfilling Patients' Basic Needs
Fulfilling patients' basic needs is a fundamental aspect of nursing care. This responsibility includes meeting physical needs (such as nutrition, hygiene, and comfort), psychological needs (emotional support and a sense of security), social needs (interaction and support from the surrounding environment), and spiritual needs (reinforcing personal values and beliefs). Nurses play an essential role in ensuring that all these basic needs are met through a holistic and patient-centered approach, enabling patients to feel fully cared for and facilitating an optimal recovery process. Below is an example of a participant's statement:

"First, make them feel comfortable by using simple and easy-to-understand language, and if necessary, use a touch so the patient feels relaxed when we perform procedures." (P5)

"Healthcare providers must ensure that clients coming to the healthcare service are in a safe and comfortable environment. Therefore, it is necessary to conduct anamnesis with open-ended questions about why the client has come here." (P7)

Based on the statements expressed by the participants, it can be understood that the primary focus of nursing care is the fulfillment of patients' basic needs. Meeting these basic needs is essential because it is directly related to the patient's survival and overall well-being, both physically and psychologically.

Theme 6: Nurses Maximize the Application of Comprehensive Therapeutic Communication in Nursing Care

Supporting comprehensive therapeutic communication involves multiple aspects, including communication skills, understanding the patient's condition, and a supportive environment. Effective therapeutic communication requires nurses to demonstrate the right attitude, apply appropriate communication techniques, and recognize factors that may influence the communication process.

Sub-theme: The Importance of Soft Skill Training on Therapeutic Communication
Soft skill training in therapeutic communication is highly crucial, as effective communication serves as the foundation for building strong and trusting relationships, particularly within the context of healthcare services. Such training enhances nurses' ability to listen empathetically, respond appropriately, and communicate clearly, ensuring that patients feel understood, respected, and supported throughout their care. Below is an example of a participant's statement:

> *"In my opinion, therapeutic communication training based on nursing theories such as Peplau should be conducted regularly so that nurses can become more skilled in building relationships with patients." (P1)*

> *"Hospital management can help by providing training in active and empathetic listening skills, as these are very important for building trust." (P7)*

Based on the statements expressed by the participants, it can be understood that therapeutic communication training is essential for healthcare providers.

Sub-theme: The Provision of Guidelines, SOPs, and Modules in Implementing Therapeutic Communication
The provision of guidelines, Standard Operating Procedures (SOPs), and modules in the implementation of therapeutic communication offers several key benefits. These include enhancing the effectiveness of communication, ensuring consistency in service delivery, facilitating learning and training processes, and improving patient satisfaction. Having structured references also helps nurses maintain professionalism and adhere to ethical standards when interacting with patients. Below is an example of a participant's statement:

> *"I think there should be dedicated time for educating the patient's family so they feel attended to and can cooperate better." (P3)*

> *"The ED is often busy, so it would be best to create a standardized communication flow that is concise yet still humanistic, allowing nurses to convey information effectively." (P2)*

> *"I suggest having a special communication module for emergency situations so that nurses know how to communicate under pressure without neglecting the patient's psychological aspects." (P6)*

Based on the statements expressed by the participants, it can be concluded that the provision of communication flow guidelines and the development of modules based on standard operating procedures (SOPs) can greatly assist nurses in applying and implementing therapeutic communication effectively and optimally.

Sub-theme: The Importance of Support from Leaders and Colleagues
Support from leaders and colleagues plays a crucial role in delivering nursing care, as it helps improve the quality of services, job satisfaction, and nurses' overall well-being. Such support fosters a positive work environment, encourages team collaboration, and helps reduce stress that may affect nurses' performance in providing therapeutic communication and holistic care. Below is an example of a participant's statement:

"There needs to be supervision from the head nurse to assess and provide feedback on how nurses communicate with patients." (P5)

"It would be very beneficial to have a sharing forum among ED nurses to exchange successful communication experiences as well as challenges faced." (P8)

Based on the statements expressed by the participants, support from leaders and colleagues is essential in the implementation of nursing care. Such support helps nurses provide quality services, overcome challenges, and maintain their emotional and professional well-being.

Discussion

The findings of this study reveal a complex dynamic in the application of therapeutic communication within the high-mobility and time-pressured environment of the Emergency Department (ED). Driven by the urgency of critical situations, nurses often preferred brief and direct communication, frequently resulting in the omission of introductory statements. Notably, participants admitted to bypassing self-introductions to focus on rapid patient management. This clinical reality reflects a critical absence of the orientation phase in Peplau's Interpersonal Relations Theory, which emphasizes the necessity of establishing an initial therapeutic relationship through introduction, trust-building, and role clarification (Birnbaum, 2021; Peplau, 2024; Forchuk, 2024). Viewed through DeVito's Interpersonal Communication Theory, skipping this opening stage can significantly reduce the quality of interpersonal relationships formed between nurses and patients (DeVito, 2021; Tappen, 2022). Furthermore, from a humanistic perspective, Carl Rogers highlights that communication limited to task-oriented exchanges tends to overlook essential empathy and unconditional positive regard (Birnbaum, 2021). To address this gap without compromising clinical efficiency, the implementation of a standardized communication module is proposed as a practical strategy. By emphasizing time-efficient scripts, such as a 5-to-10-second rapid self-introduction coupled with a clear explanation of ongoing procedures, nurses can maintain the core elements of the orientation phase. As supported by Ghosh et al. (2021), Alabdullah et al. (2024), Shin & Yoo (2023), and Johari et al. (2024), integrating structured yet flexible communication modules is crucial, as rushed interactions can diminish patients' sense of safety, trust, and the ethical quality of care delivery.

Despite these structural time constraints, the study highlights that nurses successfully implement optimal therapeutic communication by remaining highly adaptive once initial contact is established. Participants demonstrated a nuanced understanding of patient self-perception, gender differences, body gestures, and the appropriate use of therapeutic touch to create psychologically safe spaces, particularly for psychiatric patients. This adaptive approach aligns closely with the identification and exploitation phases of Peplau's theory, wherein nurses assist patients in recognizing and addressing their problems (Peplau, 2024). Reinforced by Self-Perception Theory and Jean Watson's Caring Theory (Watson, 2021), this empathetic and dignified interaction is essential for holistic healing, a premise further supported by Tran et al. (2021), Alhussin et al. (2024), Alharbi et al. (2023), and Takashima et al. (2022). Furthermore, communication proved to be a vital tool for building interpersonal trust and fostering calmness during emergencies. By employing simple language and attentive listening, nurses effectively reduced patient anxiety and encouraged openness. These practices resonate with Peplau's and Stuart's theories of empathy and clarity, as well as Bowlby's Attachment Theory (Bowlby, 2018), which posits that consistent communication fosters a fundamental sense of security. Empirical evidence by Babaii et al. (2021), Oliveira (2024), and Tuohy & Wallace (2024) corroborates that such empathetic engagement is pivotal in strengthening the therapeutic alliance between patients, families, and the medical team.

Beyond the immediate psychological needs addressed through empathetic engagement, the findings also illuminate the significant impact of the ED's physical and sociocultural environment on therapeutic interactions. The chaotic nature of the emergency setting, frequently characterized by high noise levels, constant interruptions, and limited physical privacy, poses a persistent threat to the establishment of a conducive therapeutic milieu. Concurrently, nurses frequently encounter sociocultural barriers, such as linguistic differences and varying levels of health literacy among diverse patient populations and their anxious families. To maintain the integrity of Peplau's interpersonal framework under these challenging conditions, nurses must

demonstrate profound situational and cultural sensitivity. By adapting their communication styles to bridge linguistic gaps and utilizing non-verbal cues to mitigate environmental distractions, nurses ensure that the core message of care is accurately received. This intentional modification prevents critical misunderstandings that could otherwise exacerbate patient distress or lead to clinical errors. Such dynamic adaptation further operationalizes the identification phase of Peplau's theory, ensuring that communication remains fundamentally patient-centered despite external chaos. This aligns with the broader consensus in nursing literature (Foronda et al., 2021; Tuohy & Wallace, 2024) that overcoming environmental and linguistic barriers is critical for maximizing mutual understanding and safeguarding care quality.

Building upon this culturally and environmentally adapted foundation of trust, the findings also illustrate how ED nurses operationalize nursing care focused heavily on interpersonal relationships and comprehensive support. Professionalism was demonstrated through active patient involvement in the decision-making process, utilizing lay language and visual aids to ensure complete understanding. This practice embodies the exploitation phase of Peplau's theory, transforming patients into active participants in their care trajectory. It also operationalizes Orem's Self-Care Theory (Orem, 2021) and the unconditional acceptance championed by Carl Rogers' Humanistic Principles. As noted by Bahari et al. (2024), Kim et al. (2023), and Milton et al. (2023), active engagement and clear communication significantly enhance patient autonomy and fortify trust in nursing services. Beyond immediate medical interventions, nurses in this study prioritized holistic care that addressed emotional and social needs, acting as active listeners, educators, and emotional supporters. By applying calming language and therapeutic touch to create a sense of safety, nurses effectively facilitated the psychological expression required in Peplau's exploitation phase. This comprehensive approach is theoretically anchored in Roy's Adaptation Model (Roy, 2021), highlighting how emotional support aids stress adaptation, and Watson's Caring Theory, emphasizing compassion in meaningful care. Correspondingly, Bhattad & Pacifico (2022) and Tam et al. (2020) affirm that such multifaceted empathetic communication profoundly reduces anxiety while elevating patient comfort and satisfaction in high-stress environments.

To maximize and sustain these comprehensive therapeutic communication practices, the integration of targeted soft-skills training and robust organizational support emerges as an imperative requirement. The recognition by participants of the need for training in active listening, coupled with standardized communication guidelines and leadership supervision, reflects Peplau's advocacy for the consistent, deliberate development of therapeutic relationships. Moreover, while Carl Rogers underscores the individual necessity of empathy and authenticity, Parsons' Social Systems Theory highlights that such quality interactions can only be sustained through structural, organizational backing. Consistent with research by Iraizoz et al. (2023), Marshall & Hurtig (2020), and Murphy et al. (2022), continuous managerial support, discussion forums, and an organizational culture promoting reflective practice are indispensable for improving communication effectiveness and patient satisfaction. Ultimately, the synthesis of these findings indicates that implementing Peplau's theory-based model in the ED is a multidimensional endeavor influenced by individual nursing skills, the dynamic clinical environment, patient characteristics, and systemic institutional frameworks. Concise yet targeted interactions, adaptability to patient self-perception, inclusive decision-making, consistent emotional support, and continuous capacity-building are inextricably linked components of a successful therapeutic relationship. By demonstrating how the theories of Peplau, Watson, Rogers, and Roy can be operationalized through structured and empathetic strategies, this study underscores the necessity of establishing therapeutic communication as a core competency for emergency nurses. In doing so, it enriches the theoretical understanding of how interpersonal relationships can be effectively established and sustained under high-pressure conditions without compromising humanistic values and patient safety.

Study Limitations

The researcher acknowledges the dual role undertaken in this study as both a direct practitioner and a researcher. This dual position offered the advantage of an in-depth understanding of the field context (an insider perspective), yet it also carried the potential risk of bias in data collection and interpretation. To minimize such risks, the researcher implemented source and method triangulation and maintained consistent reflexive journaling, as described in the methodology section.

This study also presents several limitations that should be considered when interpreting the findings. First, the study involved only eight Emergency Department nurses as participants. Although they were purposively selected based on specific inclusion criteria, this limited number may restrict the diversity of perspectives regarding the application of therapeutic communication in broader emergency settings. Second, the research was conducted in a single institution, RSUD dr. Loekmonohadi Kudus, which may limit the generalizability of the findings to other hospitals with different organizational characteristics, workplace cultures, or service systems. Lastly, the high workload in the ED may have influenced the quality of reflection and active participation among nurses during focus group discussions, potentially affecting both the depth of data obtained and the implementation of the designed change actions.

Conclusion

This study concludes that the implementation of therapeutic communication by nurses in the Emergency Department (ED) of RSUD dr. Loekmonohadi Kudus continues to face several challenges, including limited time, high workload, and unstable patient conditions. These factors often lead to the neglect of the orientation phase as described in Peplau's Interpersonal Relations Theory. The application of Hildegard E. Peplau's theory has proven to be relevant in strengthening nurse–patient relationships, reducing anxiety, and improving the overall quality of care in the ED.

To enhance these outcomes, it is essential to strengthen nurses' competencies through ongoing therapeutic communication training, the development of standardized communication guidelines grounded in Peplau's theory, and the provision of optimal organizational support to ensure consistent and effective practice.

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Ali Muhlasin: Conceptualization, Investigation, Writing - original draft. **Gunawan**: Conceptualization, Methodology, Investigation, Data curation, Formal analysis, Writing - original draft, Project administration. **Blacius Dedi**: Conceptualization, Methodology, Validation, Supervision, Writing - review & editing. **Tri Ismu Pujianto**: Validation, Formal analysis, Supervision, Writing - review & editing.

Declaration of Generative AI and AI-assisted technologies in the writing process

During the preparation of this work, the author(s) used ChatGPT for the purposes of language translation, proofreading (to improve readability and grammar), and ideation support during the drafting process. After using this tool/service, the author(s) thoroughly reviewed, edited, and validated the content as needed. The author(s) take(s) full responsibility for the final content of the publication and confirm that the AI tool was not used for data generation, analysis, or drawing clinical conclusions.

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