Nurses' Caring Behavior And Patients' Family Anxiety Levels In The Intensive Care Unit

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Info Artikel		Abstract
		The Intensive Care Unit (ICU) is a specialized area in hospitals where critically ill or injured patients receive specialized and intensive nursing care. In this setting, family members of patients often feel less involved in their care and are unable to accompany them in the ICU, leading to anxiety. This study aims to investigate the relationship between nurses' caring behavior and family anxiety in patients treated in the ICU of RSU PKU Muhammadiyah Banjarnegara. The population of this study consists of 83 people, with a sample size of 45 people. The sampling technique used is Purposive Sampling. This study uses an analytical correlational design with a cross-sectional approach. This study utilized the Caring Assessment Tools questionnaire and the Hamilton Anxiety Rating Scale (HARS) as research instruments. The results revealed a significant correlation between caring behaviors and family anxiety, with a p-value of 0.000. Based on these findings, it is recommended that nurses implement caring behaviors towards patient families to mitigate excessive anxiety related to the patient's condition

I. Introduction

Patients in the intensive care unit (ICU) require rapid medical attention, continuous observation, and coordination of the patient's organ systems by the intensive care team. This is done to prevent physiological deterioration, which requires regular monitoring and optimal titration of therapy (Titin, 2021). In this situation, families, as companions and close relatives of the patient, will experience anxiety, especially when the patient is in critical condition and requires treatment in the ICU (Pardede, 2022). In this situation, the patient's family will feel less connected to the patient and less involved in their care because they are less involved in caring for and accompanying the patient in the ICU, which can raise concerns (Proferawati, A., & Wati, 2019).

Data from an international study in Nigeria (Olabisi, 2020) indicates that 70% of 107 family members of patients treated in the intensive care unit experienced anxiety. Data from Indonesia shows that the anxiety level of families of patients treated in the ICU reached 66.67% (Putra, 2021). Based on research (Mariati, M., Hindriyastuti, S., & Winarsih, 2022), it was found that the level of anxiety of patient families in the ICU at Mardi Rahayu Kudus Hospital was as follows: Moderate anxiety was experienced by 12 respondents (27.3%), severe anxiety was experienced by 6 respondents (13.7%), and one respondent experienced more severe anxiety, namely panic (2.3%).

Based on a preliminary study conducted by researchers by collecting initial data from the medical records department at PKU Muhammadiyah Banjarnegara Hospital, the number of patients in the ICU in November 2024 who experienced anxiety was 39 patients. The impact of this family anxiety is the inability to make necessary decisions. This can cause obstacles in providing nursing care to patients treated in the ICU, and consequently can prolong the patient's stay in the ICU (Pardede, 2022). The attitude of

health workers in providing inadequate information is the biggest predictor of stress and anxiety in families when family members are treated in the intensive care unit of a hospital (Mariati, M., Hindriyastuti, S., & Winarsih, 2022).

The indifference of healthcare workers to family members can cause anxiety for patients' families. Anxiety is a natural part of life, but it can disrupt daily tasks if it persists, becomes unreasonable, and worsens. This is due to the strict restrictions in the ICU, which prevent families from waiting continuously. As a result, families of patients treated in the ICU experience anxiety and, in some cases, trauma (Nurhanif, N., & Purnawan, 2020).

This is a common reaction when a family member is hospitalized. One factor that helps reduce anxiety in families is empowerment or support through accurate information from specialist doctors regarding the patient's condition and nurses who care for and ensure the patient's safety. After the patient is admitted to the critical care unit, families tend to be less anxious thanks to the nurses' more sensitive involvement and attention to their needs (Nurhanif, N., & Purnawan, 2020). The novelty of this research is how nurses' cognitive, affective, and behavioral interactions prioritize patient safety, thereby minimizing anxiety experienced by families of patients being treated. One effort that can be made to reduce the level of anxiety in the patient's family is to demonstrate caring behavior. Nurses can provide services to patients and families that reflect caring behavior (Widyastuti, M., & Anggrera, 2019).

Caring behavior of nurses is an attitude of concern shown by nurses towards patients in providing nursing care by caring for patients with sincerity, compassion, sincerity, and providing support, both through communication and direct action (Kusnanto, 2019). Caring nurses are an ideal moral aspect in nursing practice that requires the development of knowledge, skills, empathy, expertise, communication, clinical competence, and interpersonal skills of nurses, as well as the responsibility of caring for patients (Jainurakhma, 2021). In its application to patients and patient families,

caring behavior includes several components, including compassion, communication, competence, comfort, self-confidence, commitment, and appearance (Munandar, 2022).

Based on a preliminary study conducted by researchers, which involved collecting initial data from the medical records department at PKU Muhammadiyah General Hospital, Banjarnegara, the number of patients in the ICU in November 2024 was 39. Through the HARS questionnaire and interviews with 10 patient families, data showed that 3 (30%) experienced mild anxiety, 5 (50%) experienced moderate anxiety, and 2 (20%) experienced severe anxiety.

The implications of this research for the development of nursing science and the profession, as well as the role of nurses, emerged during the study, namely that SBAR communication can improve nurses' attitudes and behaviors in enhancing patient safety. Based on the description above, the purpose of this study is to analyze the relationship between nurses' caring behavior and the anxiety levels of patient families in the ICU at PKU Muhammadiyah General Hospital, Banjarnegara.

II. METHOD

This research is quantitative. It uses a correlational analytical design because the researcher seeks to explore how caring behavior relates to the anxiety levels of families of patients treated in the ICU through a dynamic correlation analysis between the independent and dependent variables. The independent variable is caring behavior, and the dependent variable is family anxiety. The study location was the intensive care unit at PKU Muhammadiyah General Hospital, Banjarnegara, from December 2024 to January 2025.

The inclusion criteria were families of patients in the intensive care unit, with the exclusion criteria being those attending patients but not part of the patient's family. The instrument used was a questionnaire. For the caring variable, a standardized caring

assessment tool questionnaire was used, measured using a Likert scale containing 33 statements based on Watson's theory of caring, consisting of 10 carative factors about nurses' caring

behavior, with answer options: never, rarely, sometimes, often, and always (Amanah et al., 2021). The anxiety variable was assessed using the HARS (Hamilton Anxiety Rating Scale) questionnaire, which consists of 14 items with response options of no symptoms, one symptom, half the symptoms, more than half the symptoms, and all anxiety symptoms (Dwi Anitasari et al., 2021).

This study employed a cross-sectional approach, emphasizing the measurement or observation of independent and dependent variable data only once (Sugiyono, 2018).

The study population consisted of 83 individuals, with a sample size of 45. Data collection utilized primary data through questionnaire distribution. Purposive sampling was used. The researcher distributed questionnaires and explained how to complete them, accompanied by a researcher/research assistant. Respondents completed the questionnaires, which took approximately 20-30 minutes to complete, and were then collected immediately. Statistical tests used included frequency descriptions, central tendency tests, and the Spearman rank test. Has passed the ethical review of the Health Research Ethics Committee of Muhammadiyah Kudus University with KEPK, date and EC number, namely 265 /Z-7/ KEPK/ UMKU/ II/ 2025.

III. RESULTS AND DISCUSSION

The results of the study on the Relationship between Nurses' Caring Behavior and the Anxiety Level of Patient Families in the Intensive Care Unit (ICU) at PKU Muhammadiyah Banjarnegara Hospital in December 2024 – January 2025.

Table 1. Respondent characteristics (n=45)

characteristic	f	%	Mean	SD
Age			41.02	7.33
Sex				
Male	18	40.0		
Female	27	60.0		
Education				
Junior high school	17	37.8		
Senior high school	13	28.9		
Bachelor	15	33.3		
Work				
Housewife	14	31.1		
Employee	20	44.4		
Businessman	11	24.4		
Income				
< Minimum	20	44.4		
> Minimum	25	55.6		
(Minimum wage Banjarnegara Regency in 2024 Rp. 2.038.005)				
Total	45	100		

Based on the results of the research that has been conducted, data on the characteristics of the respondents were obtained, namely the average age of respondents was 41.02 years with a standard deviation of 7,338 years. This research is supported by (Astuti, 2023) that as many as 25% of respondents were in late adulthood. In line with research conducted by (Mariati, M., Hindriyastuti, S., & Winarsih, 2022), the results of the study found that respondents in late adulthood were 31.8%. Age is the period of time since a person's existence and can be measured using time units viewed from a chronological perspective, normal individuals can be seen as having the same degree of anatomical and physiological development. Late adulthood with an average age of 41 years is when humans have

accepted and shouldered heavier responsibilities, so they have good comprehension, but have experienced more stressors than young people (Putra, 2021).

The results also showed that the majority of respondents were female (60.0%). Regarding anxiety based on gender, it is theoretically believed that women are more susceptible to anxiety because men are more exploratory than women, while women are more sensitive (Riyanto, 2022). This is supported by research (Titin, 2021). In the intensive care unit (ICU) of Sultan Imanuddin General Hospital in Pangkalan Bun, Central Kalimantan, the majority of respondents were female, at 65.1%. This is further supported by research conducted by (Mariati, 2022), which showed that 54 (65.1%) of the respondents were female and 29 (34.9%) of the respondents were male.

The study found that 17 respondents (37.8%) were predominantly junior high school graduates. This finding aligns with research conducted by Mariati (2022), which found that the majority of respondents had a junior high school or junior high school education (47.7%). Junior high school graduates are considered secondary education, which is considered insufficient for understanding and responding to problems. Theoretically, education level is one factor contributing to family members' concerns when anticipating a patient in the ICU. Schooling impacts a person's thinking capacity. People are better at rational thinking and acquiring new knowledge with greater education. The easier it is to learn new things, the more educated a person is, and the more knowledgeable they are (Titin, 2021).

Most respondents worked as private sector employees, with incomes exceeding the minimum wage (UMR). Private sector employees with salaries above the minimum wage (UMR) can impact anxiety levels because the patient's family has other activities to attend to, which can serve as a distraction. Work demands can distract the family from the anxiety of patients in the ICU. These results are supported by research conducted by stating that the majority of

respondents worked as self-employed, amounting to 15 respondents (34.1%). Furthermore, research conducted by (Astuti, 2023) found that 45.7% of respondents earned the minimum wage (UMR). One source of coping, namely economic assets, can help improve an individual's coping when facing a problem.

This is one source of coping from material assets that helps coping because it can overcome stressors in terms of costs. According to (Astuti, 2023), the effects of anxiety will affect a person's quality of life, one of which is work. Families depend on economic problems, if the economy or work is lacking, it will have an impact on increasing anxiety, because the better the family's economy, the better a person will be able to deal with their problems.

Table 2 Family anxiety and caring behavior (n=45)

Variable	f	%
Family anxiety		
Low	26	57.8
Medium	5	11.1
High	14	31.1
	f	**%**
Caring behavior		
Less	19	42.2
Enough	5	11.1
Good	21	46.7

Based on the research, data obtained that in the caring behavior variable, the majority of respondents found good caring behavior as many as 20 respondents (44.4%). This result is supported by research conducted by (Astuti, 2023) showing that caring nurses in the ICU room of Pandan Arang Hospital, Boyolali, out of 35 respondents, as many as 27 respondents (77.1%) stated that the nurses' caring was good. Strengthened by research conducted by Puspita (2019) stating that in the ICU room, out of 14 respondents, the majority had good caring behavior towards the patient's family, namely as many as 8 respondents (57.1%). The nurse's attitude which includes smiling and eye contact with the family shows caring behavior. By monitoring IV fluids, monitoring medications, providing blankets

and cleaning them, and being friendly to the family, nurses show their concern for their patients. The family is made comfortable with this caring behavior.

Caring is a caring attitude that makes it easier for patients or clients to achieve improved health and recovery. Caring is a form of giving attention to others, centered on the person, respecting dignity and humanity, a commitment to preventing deteriorating health status, and providing attention and respect for others (Astuti, 2023). Field findings revealed a very low level of caring behavior, specifically in question number 2, which stated, "Nurses strengthen me in dealing with my condition," with 0% responding always.

Previous research by Puspita, S., & Hidayah, 2019 found that nurses exhibited a low level of caring behavior because they felt they did not need to act in a caring manner to address the patient's family's concerns. They focused on the patient's daily development during treatment, neglecting the psychological well-being of the patient's family, as addressing their anxiety was considered unrelated to their responsibilities.

Based on the research, data showed that the average family anxiety score based on the HARS questionnaire showed that most respondents experienced mild anxiety, with 26 respondents (57.8%). This finding is supported by research by Astuti, 2023, which found that 31.4% experienced mild anxiety. Anxiety among families of patients treated in the Intensive Care Unit (ICU) is caused by families experiencing difficulty sleeping, restless nights, nightmares, being in a new place, and feeling unfamiliar. According to (Astuti, 2023), anxiety among families of patients in the ICU can be caused by the admission of new patients, treatment procedures, uncertainty about the patient's recovery, the recovery process, financial problems, lack of social support from other family members, and the inability to fulfill family roles and work.

This is in line with research conducted by (Amelia, 2021), which states that the environment can influence anxiety levels.

Furthermore, the understanding and information obtained by the patient's family throughout the patient's changing condition while being treated in the ICU can also influence the family's condition, both in decision-making and psychological well-being.

Table 3 The relationship between caring behavior and family anxiety

		Family anxiety
Caring behavior	r	-0.914
	p	0.000
	n	45

Based on the normality test, the results obtained were p value 0.000 (α 0.05), which indicates that the data distribution is not normal so that the hypothesis test used was Spearman rank. The results of the Spearman rank test, obtained results namely p value 0.000 (α 0.05), which indicates that there is a significant relationship between nurses' caring behavior and the level of family anxiety with a correlation coefficient value of -0.914 which means there is a very strong inverse relationship, namely the better the nurses' caring behavior, the lower the family anxiety. Research conducted by (Agustin, 2020) entitled The Relationship Between Nurses' Caring and the Anxiety Level of Coma Patients' Families in the Intensive Room, the results of the study found that there was a significant relationship between nurses' caring and the level of anxiety of coma patients' families in the intensive room of Dr. Soehadi Prijonegoro Sragen Regional Hospital p value 0.000 (p value <0.05), with a strong direction of relationship with a correlation value of $r = -0.678$. This result is also supported by research conducted by (Pardede, 2022) with the research title Nurses' Caring Behavior With Family Coping and Anxiety shows that the correlation coefficient value r = 0.696 with a positive relationship direction with a strong level of relationship strength meaning that the better the nurses' caring behavior, the lighter the anxiety of the patient's family.

The p value = 0.000 means there is a significant relationship between the relationship of nurses' caring behavior with the anxiety of the families of patients treated

in the intensive care unit. Caring has the power for a nurse in carrying out nursing care, where this power can increase self-confidence, reassure patients and families who prioritize care, compassion, presence and become a listener and provider of information that can be trusted, so that this can have an effect on minimizing the level of anxiety (Mamahit, A., Amisi, Pepni Yulin, & Karame, 2019).

Nurses' caring is an ideal moral aspect in nursing practice that requires the development of knowledge, skills, empathy, expertise, communication, clinical competence, nurses' interpersonal skills, and responsibility for caring for patients (Jainurakhma, 2021). In its application to patients, caring behavior encompasses several components, including compassion, communication, competence, comfort, self-confidence, commitment, and appearance (Munandar, 2022).

A limitation of this study is that the researcher was unable to control for confounding factors originating from the patient, related to length of stay and costs incurred for treatment. This limitation also includes the researcher's inability to control for all confounding variables that could influence the relationship between caring behavior and family anxiety, such as the patient's condition, family experience, and the ICU environment.

IV. CONCLUSION

There is a significant relationship between nurses' caring behavior and family anxiety levels (p 0.000, with a correlation coefficient of -0.914). This indicates a very strong inverse relationship; the better the nurses' caring behavior, the lower the family's anxiety.

Suggestions for families of patients treated in the ICU include: Information about the benefits of caring behavior can encourage families to seek out and inquire about the patient's condition, thereby reducing their anxiety levels by providing sufficient information and comprehensive explanations from nurses. For educational institutions, it is

hoped that students will gain knowledge about the importance of caring behavior in reducing anxiety levels in patient families. For healthcare providers, it is hoped that healthcare providers, such as hospitals, especially intensive care units (ICUs), can demonstrate caring attitudes and behaviors to reduce anxiety levels in patient families.

Furthermore, for further research, it is hoped that this data will serve as a baseline for further research and increase knowledge, insight, and experience, particularly regarding caring behavior in reducing anxiety in patient families.

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