

Family Anxiety Level Overview Of Icu Patients At Hospital X

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ABSTRACT

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Background: Families of patients in the ICU often experience psychological stress, one of which is anxiety. The high level of anxiety in families of patients is due to the critical condition of the patient and the intensive care environment. This study aims to determine the level of anxiety in families of ICU patients at Hospital X. The design of this study uses a quantitative method with a descriptive approach. The sample consisted of 77 respondents using the Slovin formula technique with a margin of error (10%). The instrument was a questionnaire on anxiety levels (HARS) (Hamilton Anxiety Rating Scale). The results showed that most families of patients in the ICU of Hospital X in the age range of 46-70 years (72.7%), were female (63.6%), had a high school/vocational high school education (49.4%), worked (67.5%), and had family relationships as partners (33.8%). Most families of ICU patients had severe anxiety levels (53.2%), and very severe anxiety levels (9.1%). Therefore, it can be concluded that most families of patients in the ICU experienced severe anxiety and very severe anxiety. Demographic factors such as age, gender, education, occupation, and family relationship with the patient also contribute to the level of anxiety experienced.

Keywords: Anxiety Level, Family, ICU Patients

INTRODUCTION

Anxiety itself can occur during the process of an emotional response that arises when someone, either the patient or their family, experiences it. This response is then followed by signs and symptoms such as tension, feelings of anxiety, and increased vigilance (Pitoy et al., 2023). According to data from the Ministry of Health (Kemenkes), throughout 2020, 18,373 people experienced anxiety disorders, resulting in more than 23,000 experiencing depression and approximately 1,193 people attempting suicide. In Indonesia, the majority of patient families experience moderate anxiety (72.5%), in addition to 12.5% of patients' families experiencing severe anxiety (Pasongli, 2021). Patients' families certainly want the best treatment and care for their family members.

This certainly encourages the nursing team to reassure families that the patient is receiving optimal care. This is done by providing complete information regarding nursing procedures and information about the patient's condition. Support related to the family's needs is also provided to create a positive impact on them (Azoulay et al., 2020). Research conducted by Anadiyanah (2021) at Dr. H. Ibnu Sutowo Regional General Hospital in Baturaja showed that the anxiety levels of families of patients in the ICU were 28 (47.5%) experiencing moderate anxiety, 11 (18.6%) experiencing mild anxiety, and 8 (13.6%) experiencing no anxiety. Meanwhile, research conducted by Seriaka, Roselina, & Sari (2023) at Santo Antonius Hospital in Pontianak showed that 7 (17%) experienced no anxiety, 17 (41%) experienced mild anxiety, 6 (14%) experienced moderate anxiety, 11 (26%) experienced severe anxiety, and 1 (2%) experienced panic.

Research by Pitoj et al. (2023) shows that anxiety can emerge as a normal emotional response in family members of patients treated in the ICU. This response is often accompanied by symptoms such as tension, excessive worry, and increased vigilance regarding the patient's condition. This situation is exacerbated by a lack of clear medical information and limited communication between healthcare professionals and families, creating uncertainty and increasing family anxiety. Furthermore, a recent study by Hasanah and Wulandari (2024) conducted at a type B hospital in West Java found that more than 70% of families of ICU patients experienced moderate to severe levels of anxiety. Contributing factors included educational level, previous experience caring for critically ill family members, and minimal emotional support from the surrounding environment and hospital staff. This study emphasizes the importance of nursing interventions such as providing accurate information, psychological support, and involving families in the care process to help reduce anxiety levels.

Data obtained by researchers at Hospital X showed that the number of patients treated in the ICU in March 2025 was 86. A preliminary study conducted by researchers on eight families of patients in the ICU waiting room revealed that three families expressed calm and confidence in the staff regarding the patient's condition. Two families expressed anxiety, fear, and discomfort. Three other families appeared tense, had blank stares, and cried hysterically both inside and outside the ICU.

The purpose of this study was to determine the level of anxiety among families of ICU patients at Hospital X.

MATERIALS AND METHODS

This study used a quantitative method with a descriptive design, aiming to describe the anxiety level of families of ICU patients at Hospital X without intervention. The study population was all family members of patients treated in the ICU during January–March 2025, with a total of 327 patients. Based on the Slovin formula, a sample size of 77 respondents was obtained. Data analysis was carried out univariately using descriptive statistics such as mean, median, and frequency distribution.

RESULTS

This research was conducted at Hospital X and the results of the research are as follows: Table 1 on the frequency data in Table 1, the majority of respondents were aged 46–70 years (72.7%) and female (63.6%). Most had a high school/vocational high school education (49.4%) and were employed (67.5%). The most common family relationship with the patient was a spouse (33.8%), followed by children (27.3%).

Table 1: Frequency Distribution of Respondents

Variable	Category	Frequency (f)	Percentage (%)
Age	25–45 years	21	27.3
	46–70 years	56	72.7
Gender	Male	28	36.4
	Female	49	63.6
Education	Elementary School	16	20.8
	Junior High School	14	18.2
	Senior High School / Vocational	38	49.4
	Higher Education	9	11.7
Occupation	Employed	52	67.5
	Unemployed	25	32.5
Family Relationship	Spouse	26	33.8
	Child		

Table 2 the majority of respondents experienced severe anxiety, namely 41 people (53.2%). None of the respondents experienced no anxiety. The average anxiety level of 2.57 indicates that, in general, families of ICU patients tend to be in the moderate to severe anxiety category.

Table 2: Frequency of Anxiety Levels of ICU Patient Families

Variable	Category	Frequency (f)	Percentage (%)	Mean	Std. Deviation
Anxiety Level	0 = No anxiety	0	0.0		
	1 = Mild anxiety	11	14.3		
	2 = Moderate anxiety	18	23.4		
	3 = Severe anxiety	41	53.2	2.57	0.850
	4 = Very severe anxiety	7	9.1		

Variable	Category	Frequency (f)	Percentage (%)	Mean	Std. Deviation
Total		77	100.0		

DISCUSSION

The majority of family members of ICU patients at Hospital X were aged between 46 and 70 years (72.7%), which falls under the category of late adulthood. This age group tends to demonstrate more mature thinking, emotional control, and a better capacity to cope with anxiety. As individuals grow older, they become wiser and more stable when facing critical situations, such as caring for a loved one in the ICU (Mira et al., 2022). These findings are consistent with the study by Wulan, Emma S. et al. (2024), which reported that individuals aged 23–45 years also exhibit emotional maturity and an appropriate response to anxiety (Riyanto, 2020).

Most respondents were female (63.6%). Women tend to be more emotional and sensitive when dealing with stressful situations, such as waiting for a family member in the ICU, which contributes to a higher level of anxiety compared to men, who are generally more composed and rational (Olabisi et al., 2020). This result aligns with studies conducted by Seriaka, Roselina, Sari et al. (2023) and Pitoy et al. (2023), which found that women are more easily influenced by their environment and tend to have less control over their emotions, especially during critical conditions.

In terms of education, most respondents were senior high school or vocational school graduates (49.4%). Higher education levels are associated with better comprehension of medical information, improved anxiety control, and more informed decision-making in emergency situations (Hindriyastuti et al., 2023). This is supported by studies from Imardiani et al. (2020) and Aryuda et al. (2023), which found that individuals with upper secondary education were the most dominant. Although anxiety may still occur, these individuals are more capable of processing information and thinking logically.

A majority of respondents were employed (67.5%), suggesting that they had financial capacity to support the patient. However, unemployed individuals were more likely to experience higher levels of anxiety due to having more time to worry and facing economic limitations (Setyananda et al., 2021). This finding is supported by Widiastuti, Gandini & Setiani et al. (2023), who emphasized that financial constraints are one of the key contributors to increased anxiety among families of ICU patients.

In terms of family relationships, most respondents were the patient's spouse

(33.8%) or child (27.3%). Emotional closeness in these relationships may intensify anxiety, as spouses and children are often more emotionally attached to the patient (Rahmadania et al., 2021). This is consistent with findings by Situmeang S.C.B. et al. (2024) and Siringoringo et al. (2023), which highlight the crucial role of spouses and children in supporting patients and their tendency to experience higher levels of anxiety due to strong emotional bonds.

The majority of respondents experienced severe anxiety (53.2%), and a smaller portion experienced very severe anxiety (9.1%). Contributing factors included a lack of understanding, the unfamiliar ICU environment, and limited interaction with the patient, all of which serve as key triggers of anxiety (Herlita et al., 2023). These results align with studies by Wulan, Emma S. et al. (2024) and Desy & Arly et al. (2020), which confirmed that lack of knowledge and family unpreparedness in dealing with the ICU setting significantly increased anxiety. Active involvement of nurses and appropriate education are necessary to help reduce these anxiety levels. Families of patients treated in the ICU often face high emotional stress due to the uncertainty of the patient's condition, limited communication access, and the intensive care environment. International research shows that this level of anxiety is influenced by various factors, including social support and communication from healthcare professionals. A study by Saritaş and Özlü (2021) in Turkey involving 250 family members of ICU patients found that satisfaction with care and levels of social support were significantly negatively correlated with anxiety, both situational (state) and trait anxiety, with correlations of $r = -0.349$ and $r = -0.151$, respectively. These findings underscore the importance of a humanistic approach to ICU care that considers the emotional aspects of families (Saritaş & Özlü, 2021).

Meanwhile, a qualitative study by Khodaveisi et al. (2024) conducted in Iran revealed that families of ICU patients often experience anxiety mixed with hope. They seek comfort through spiritual support, emotional engagement with the patient, and the presence of supportive healthcare professionals. The results of this study indicate that the communicative and empathetic role of nurses can be a source of psychological support for families during critical conditions (Khodaveisi et al., 2024). Furthermore, a study by Kynoch et al. (2025) in Australia demonstrated the effectiveness of using ICU diaries as a psychosocial intervention. These diaries, written by nurses and families, helped strengthen emotional bonds, provided a means of reflection, and improved communication between the family and the medical team. This intervention has been

shown to help reduce stress and increase family resilience during times of crisis (Kynoch et al., 2025). Similar findings are also supported by a study in Indonesia by Pratiwi et al. (2025), which showed that 63% of families of ICU patients experienced severe to very severe anxiety. This study also identified that the 31–45 age group was more susceptible to high anxiety, while gender and family relationship factors did not show significant effects. This reinforces the importance of a holistic approach in ICU services, which not only focuses on the patient, but also on the psychological well-being of the family who are directly involved in the care process (Pratiwi et al., 2025).

CONCLUSIONS

Based on the research results, the majority of families of ICU patients at Hospital X are individuals aged 46–70 years, female, high school/vocational school educated, employed, and related as spouses or children of patients. Most respondents experienced severe levels of anxiety, with an average anxiety level of 2.57, which indicates that in general the patient's family is in the moderate to severe anxiety category. This indicates that the presence of family members in the ICU is a situation that greatly affects psychological conditions, so that special attention and intervention from health workers are needed, especially in the form of emotional support and appropriate education.

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