MJN NURSE'S SOCIAL SUPPORT TOWARD FAMILY'S STRESS AND ANXIETY LEVEL IN INTENSIVE CARE UNIT

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ABSTRACT

Introduction: The ICU is a room for critical patients who require continuous airway breathing circulation support. This also affects the family psychology in the form of stress and anxiety. One of the urgent but often overlooked things is that the families of patients in the ICU need social support and this is expected from the nurses. **Aim:** To examine the relationship between social support nurses and the level of stress and anxiety of the patient's family in ICU. **Methods:** This study was an observational analytic study with a cross sectional approach. The population in this study were the families of patients who were treated in the critical care room from May to June 2019. The sampling technique was simple random and 95 respondents met the inclusion and exclusion criteria. The instrument used to measure social support is the CCFNI (Critical Care Family Need Information) while to measure the level of stress and anxiety using DASS 42. Both of these instruments have been tested for validity and reliability. **Results:** The results showed that the majority of respondents had a Social Support Fulfilled (66%), majority of respondents had a normal stress level (55%) and the majority of respondents had normal anxiety levels (34%). The results of the Wilcoxon test statistical test showed that social support with a stress level of p value <0.001, and social support with anxious level showed $p < 0.01$. **Conclusion:** Nurse's social support is needed by the families of patients who are admitted to the intensive care unit.

Keywords : Critical Care; Social Support; Stress Anxiety

INTRODUCTION

The Intensive Care Unit is a special area in a hospital where patients who are critically ill or injured receive special medical and nursing services (Farhan *et al.*, 2014). This situation will cause the family to become anxious because the family member who is being treated is in a critical condition in the intensive care room. Anxiety is a worry that is not clear and is related to feelings of uncertainty and helplessness (Stuart, 2014).

In critical conditions the family is needed because it has a function that should be carried out, but because of the anxiety experienced when accompanying family members who are being treated in the intensive room, it has an impact on health and causes illness (Rahmatiah, 2013). According to (Herawati & Faradilla, 2017) the mortality rate in the ICU is quite high, namely 40.2% of

184 patients. There are three main diseases that cause death, namely the circulatory system (23.4%), infectious diseases (11.4%) and endocrine (10.9%).

According to the results of the study (Hardisman, 2015) that the length of stay in the ICU is more than 7 days, 14.8% of a total of 454 patients, with over 50 years of age tend to require longer treatment. The mortality rate in the ICU is 25.6% and the mortality rate tends to be higher at the age of less than 10 years and age over 50 years, this is what makes the family anxious. According to (Kulkarni *et al.*, 2011) states that the patient's family members experience psychological problems due to the care of other family members in the Intensive Care Unit. Psychological problems experienced by the family is anxiety. Families experience anxiety while waiting for family members who are treated in the Intensive Care Unit. Based on the results of the study (Kulkarni *et al.*, 2011) in the American Hospital, 10-42% of the patient's

family anxiety symptoms were shown. The results of the study (Pardede & Simamora, 2020) at the Sari Mutiara Hospital Medan showed that families or parents who experienced mild anxiety were 10.7%, parents who experienced moderate anxiety were 78.6%, and parents who experienced severe anxiety were 10.7%. According to (Pardede & Simamora, 2020), the role of nurses in reducing anxiety experienced by the patient's family. Structured communication can reduce family anxiety in the critical care room. Social support is expressed as a feeling to provide security, change behavior, and work according to standards (Adnyaswari & Adnyani, 2017).

The stress experienced by the family has an impact on the family's ability to provide support to relatives who are in intensive care. Family members who are treated in intensive care, can trigger severe stress in the family which can continue in conditions of fatigue, physical, psychological disorders, and family powerlessness. Factors that can trigger stress in the family include changes in the environment, rules of the treatment room, changes in family roles, family emotional status and activities in daily family life, family financial (financial) ability, as well as the attitude of health workers in providing information about the patient's health condition at home. intensive care room (Widiastuti *et al.*, 2018). In this condition, the role of the family towards their family members is reduced because they are not much involved in patient care and cannot accompany the patient in the ICU at all times, so the family will experience anxiety. Social support in nursing is studied in various philosophies, meaning that it is not only nurses, but as humans we can also care for others. Nurses who always care for patients, have an impact on increasing self-confidence and reducing anxiety in patients and their families (Pardede & Simamora, 2020).

METHODOLOGY

This study was an observational analytic study with a cross sectional approach. The population in this study were the families of patients who were treated in the critical care room from May to June 2019. The sampling technique was simple random and 95 respondents met the inclusion and exclusion criteria. Inclusion criteria were the core members of the patient's family in the intensive care unit include people who are closest to the patient including parents, husband/wife and children. Respondents are more than 17 years old. Respondents

were exluded if they were not in place when collecting data. The instrument used to measure social support is the CCFNI (Critical Care Family Need Information) while to measure the level of stress and anxiety using DASS 42. Both of these instruments have been tested for validity and reliability. All respondents in this study have obtained an explanation of the purpose and benefits of the study. Explanation were given orally and writing. This research has been ethically approved by Health research ethics commission STIKES Hang Tuah Surabaya with number PE/07/V/2019/KEPK/SHT.

RESULTS

Table 1: Characteristic of Respondents Based Sosiodemographic (N=95)

Characteristic		F	(%)
Age	18-40	34	35.7
	41-60	49	51.5
	>60	12	12.8
Gender	Male	39	41
	Female	56	59
Education	Primary school	15	15.7
	Junior high School	15	15.7
	Senior High School	33	34.7
	Bachelor	32	33.8
Relationship	Husband	16	16.8
	Wife	27	28.4
	Father	3	3.16
	Mother	6	6.3
	Children	43	45.34
Lengthof hospitalization	< 7 days	50	52.6
	> 7 days	40	47.4

Based on table 1, out of 95 respondents, 51.5 % of respondents were aged 41-60 years while based on gender, 59% were female. As many as 34.7% of respondents with a high school education level. Based on the length of hospitalization the majority of respondents were less than 7 days entrepreneurs

(52.6%). For the Relationship majority respondent were as children 45.34% of the 95 respondents.

The Level of Anxiety and Social Support of Nourses to the Families of ICU Patients (N = 95)

Anxiety Level	Nurse's Social Support	
	Social Support Fulfilled (63)	Social Support Not Fulfilled (32)
Normal	34	0
Mild	6	1
Medium	15	13
Serious	6	11
Very severe	2	7
Total	63	32
The Wilcoxon test ρ < 0.01		

Table 3: The Level of Stress and Social Support of Nurses to the Families of ICU Patients (N = 95)

Stress Level	Nurse's Social Support		
	Social Support Fulfilled	Social Support Not Fulfilled	Total Number of Sample
Normal	55	5	
Mild	3	10	
Medium	5	12	
Serious	0	5	
Very severe	0	0	
Total	63	32	95
The Wilcoxon test ρ < 0.01			

Table 2 and table 3 shows that of the 95 respondents, that the majority of respondents felt that social support was fulfilled as much as 66%. Where of the 66%, most of them are 41 to 60 years old and are female. In addition, this study shows that of the respondents with fulfilled social support, 34 do not experience anxiety and 55 do not experience stress.

The Wilcoxon test analysis results obtained value ρ <0.01 with a significance level <α = 0.05. Thus the results show there is a relationship between Social Support Fulfilled and anxiety level as well as stress level.

DISCUSSION

This study aims to analyze the relationship between Social Support Fulfilled and anxiety as well as stress level toward family member as patient in ICU. Based on the results of the study showed that there was a relationship between Social Support Fulfilled and anxiety level as well stress level. Regulations in critical care rooms tend to be strict where families cannot wait for family members continuously, so this will cause anxiety for the family. Patients and their families must face the changes that occur due to the condition of the illness and the treatment received by the patient. Families and patients in this critical care room usually experience various feelings of stress, fear, anxiety, and sometimes fall into depression.

However, this is different from the results of this study where the majority of respondents did not experience anxiety as well as stress. After further examination, this is also related to the results where the majority of respondents get social support from nurse's social support is real assistance in the form of behavior or information both verbally and non-verbally given by someone who is familiar with the subject in his social environment. Someone who gets social support, emotionally will feel relieved because he is being cared for, getting advice, information and a pleasant impression on him. As social beings, humans cannot live alone without the help of others. Moreover, if someone faces a problem, either mild or severe, then someone will seek social support from the people around him (Andharini & Nurwidawati, 2006).

In this study, it was found that the majority of respondents felt that there was social support from nurses. Of all types of support, what is felt to be very fulfilled is the aspect of information support followed by emotional support. This is in line with (Firdaus, 2018) that information needs are the most needed family needs. The researcher argues that the information provided in an assertive, clear and accurate manner makes the family can prepare themselves emotionally so that it can reduce anxiety levels. This can be seen from the patient's family response to the points "Knowing how my family's condition is after the action and treatment" and "Nurses provide real information about my family's condition". From this we can see that the critical patient's family really needs information support, especially regarding the progress of the

patient's condition so that the family feels hope for the recovery of the family. Carlson *et al.*, (2015) argue that the most needed family needs in the Intensive Room are information from nurses about the development of family conditions from nurses or health workers in the Intensive Room. The social support obtained by the family will provide a positive perception and can reduce anxiety, so that it will have an impact on adaptive coping strategies or mechanisms.

Related to the social support of nurses that is really needed is information support, this is because the families of critically ill patients really need information support, especially regarding the patient's progress every day on an ongoing basis at least getting information at least once a day. Based on the results of this study, it was found that the patient's family hoped that the information provided was not only general in nature but detailed because it was constrained by the rules in the critical care room that did not allow the patient to be waited on by family members in the room. The absence of the family beside the patient results in the family still feeling worried, anxious and stressed about uncertain conditions regarding family members (Söderström *et al.*, 2015).

This study shows that the emotional pressure that families have waiting for patients in the intensive care unit makes families really need emotional support such as the attention given by nurses in the form of good communication and the availability of schedules for consultations with families about improving the patient's condition, this is evidenced in the respondent's statement. Where "Consult about the condition of the family every day with the doctor or nurse who treats". Carlson *et al.*, (2015) said that the emotional stress of the family can increase the need for emotional support such as attention, good communication and consulting about the patient's health continuously and consistently to allow the family to get answers to any questions about the patient's condition. Fulfilled emotional support can reduce the prevalence of symptoms of anxiety, depression and PTSD. Based on the results of the interview with the Head of the Room in the ICU IGD Rumkital, Dr. Ramelan Surabaya explained that indeed every family has the right to receive information and emotional support, but this cannot become a routine because limited time which indeed in educating the family takes a long time. The family designated as the recipient of the information is one of the nuclear

families. It is undeniable that if there are other families who ask about the development of the family, the health team in the ICU room will provide clarity about family concerns, for that it is hoped that the hospital can provide special rooms and regular educational schedules for families and improve family-based services for patients undergoing hospitalization in the intensive care unit. social support is the existence, willingness, caring of people who can be counted on, value and love us. This is very important to understand for nurses who want to provide social support to the families of patients in the ICU, because it involves perceptions of the existence (availability) and accuracy (adequacy) of social support for someone. Social support is not just providing assistance, but what is important is how the recipient perceives the meaning of the assistance. This is closely related to the accuracy of social support provided, in the sense that people who receive help greatly benefit themselves, because something is actual and gives satisfaction (Santo & Alfian, 2021).

The social support of nurses is positively accepted by the ICU patient's family, so they will view the experience as something that is not too worrying and feel safe and comfortable because they feel cared for, loved and accepted in the environment well (Santo & Alfian, 2021). Social support is very important for the families of ICU patients who experience anxiety because social support becomes very valuable if someone is facing a problem, therefore the person concerned needs closest people who can be trusted to help overcome these problems (Rif'ati *et al.*, 2018) Support social can reduce anxiety, where anxiety is one indicator of the emergence of stress (Pegg *et al.*, 2014). Based on the observations of researchers, the better social support, the less anxiety in ICU patients' families, therefore nurses are expected to always provide social support in the form of feeling comfortable, safe, and loved, especially during stressful times, this form of support makes ICU patient families feel comfortable, confident. , are cared for and loved by sources of social support so that individuals can better cope with problems. Families of ICU patients who receive good social support from nurses will be able to perceive things to be easier when experiencing stressful events and will be able to reduce stress naturally (Sanson *et al.*, 2021). Families of ICU patients with high social support will tend to experience less stress than low social support (Putra & Susilawati, 2018). Social support deals with the reduction of individual stress caused by various

stressors. Stress will tend to decrease when the individual feels supported and receives good social support from the environment. individuals with high social support, will change their response to sources of stressors because they know that later there are people closest to them who can help them. Individuals with high social support can have higher self-esteem, which makes them less susceptible to stress (Sarafino & Smith, 2012). Based on the researcher's observations, the greater the social support, the lower the level of stress that appears.

CONCLUSION

Based on research conducted on 95 respondents of family's member patient ICU it can be concluded that social support is associated with reduced levels of stress and anxiety in ICU patients' families. The implication of this research is that nurses must be able to continue to provide social support not only to patients but also to the patient's family so that it can increase the satisfaction of the patient's family in hospital services in general.

Conflict of Interests

The authors declare that there is no conflict of interests.

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