



THE RELATIONSHIP BETWEEN FAMILY ANXIETY LEVELS AND PATIENT INFORMATION NEEDS IN THE ICU OF ANANDA HOSPITAL, BEKASI

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Abstract

Family members of patients admitted to the Intensive Care Unit (ICU) often experience high levels of anxiety due to critical patient conditions, uncertainty, and limited access to clear medical information. Anxiety may increase when families perceive that their information needs regarding diagnosis, treatment, and patient progress are not adequately fulfilled. Understanding the relationship between family anxiety levels and information needs is essential to improve family-centered care in ICU settings. This study aimed to examine the relationship between family anxiety levels and information needs among family members of patients treated in the ICU. Methods this study employed a quantitative descriptive correlational design with a cross-sectional approach. The study was conducted in the Intensive Care Unit of Ananda Hospital Bekasi, Indonesia, from November to December 2025. A total of 25 respondents were selected using total sampling. Data were collected using the Hamilton Anxiety Rating Scale (HARS) to measure family anxiety levels and an adapted Critical Care Family Needs Inventory (information domain) to assess information needs. Data analysis included univariate analysis and bivariate analysis using the Chi-square test with a significance level of 0.05. Results the results showed that most respondents had high information needs (60%) and experienced high levels of anxiety, including severe anxiety (36%) and panic anxiety (32%). Statistical analysis revealed a significant relationship between family information needs and anxiety levels ($p = 0.001$). Families with higher information needs tended to experience higher levels of anxiety while accompanying patients in the ICU. Discussion this study demonstrates a significant association between family anxiety levels and information needs in ICU settings. Insufficient fulfillment of information needs may intensify anxiety among family members of critically ill patients. These findings highlight the importance of effective communication and comprehensive information delivery by healthcare professionals to reduce family anxiety and support family-centered care in intensive care units.

Keywords: *Family Anxiety; Information Needs; Intensive Care Unit; Family-Centered Care; Critical Illness*

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INTRODUCTION

Type of care provided in the Intensive Care Unit (ICU) is characterized by high technological complexity, continuous monitoring, and the management of patients in critical or life-threatening conditions. The presence of advanced medical equipment, strict visitation rules, and uncertainty regarding patient prognosis often create a stressful environment not only for patients but also for their family members. Family members who accompany patients in the ICU frequently experience psychological distress, particularly anxiety, as they face fear of deterioration, possible death, and limited control over the situation [1] [2].

Family anxiety in the ICU setting is a common phenomenon and has been reported across various healthcare contexts. Previous studies have shown that a large proportion of family members of ICU patients experience moderate to severe anxiety levels, which may manifest as emotional tension, sleep disturbances, impaired concentration, and physiological symptoms [3] [4]. According to World Health Organization data, the increasing number of critically ill patients worldwide further intensifies the psychological burden experienced by families, particularly in intensive care settings where outcomes are often unpredictable.

One of the key factors contributing to family anxiety in the ICU is inadequate fulfillment of information needs. Families require clear, honest, and timely information regarding the patient's diagnosis, treatment plan, medical procedures, prognosis, and daily condition updates. When information is incomplete, inconsistent, or difficult to understand, families may experience feelings of uncertainty and loss of control, which can exacerbate anxiety levels [5] [6]. Information plays a crucial role as a coping resource that helps families adapt to stressful situations and supports psychological adjustment during critical illness [7].

Several studies have demonstrated a relationship between information provision and anxiety among family members of ICU patients. Sudarsih et al. (2022) reported that families who received adequate and empathetic information from healthcare providers exhibited lower anxiety levels compared to those who perceived information as insufficient. Similarly, Suhartini and Wahyuningsih (2020) found that unmet information needs were significantly associated with increased anxiety

among families in ICU settings. These findings highlight the importance of effective communication and family-centered care approaches in intensive care services.

Despite the growing body of evidence, research examining the relationship between family anxiety levels and information needs in Indonesian ICU settings remains limited, particularly at the hospital level. Therefore, this study aimed to examine the relationship between family anxiety levels and information needs among family members of patients treated in the Intensive Care Unit of Ananda Hospital Bekasi. The findings of this study are expected to provide evidence to support improved communication strategies and nursing interventions to reduce family anxiety in intensive care environments.

METHODS

Study Design and Setting

This study employed a quantitative descriptive correlational design with a cross-sectional approach. The cross-sectional design was selected to examine the relationship between family anxiety levels and information needs at a single point in time. The study was conducted in the Intensive Care Unit (ICU) of Ananda Hospital Bekasi, Indonesia, from November to December 2025. The ICU setting was chosen due to its high-intensity care environment and the psychological impact experienced by families of critically ill patients [1].

Population and Sample

The study population consisted of family members of patients admitted to the ICU of Ananda Hospital Bekasi during the study period. A total sampling technique was applied, whereby all eligible family members were included as respondents. The final sample comprised 25 respondents.

Inclusion criteria were family members aged ≥ 18 years who had a relative admitted to the ICU, were able to communicate effectively, and agreed to participate in the study. Exclusion criteria included respondents with cognitive impairment, severe physical limitations, or inability to read and write. Total sampling was chosen to ensure full representation of the available population and to minimize sampling bias [8].

Instruments

Data were collected using structured questionnaires consisting of three parts. The first part included demographic characteristics such as age, gender, education level, and ethnic background. Family anxiety levels were measured using the Hamilton Anxiety Rating Scale (HARS), which consists of 14 items assessing psychological and somatic symptoms of anxiety. Each item is rated on a scale from 0 (no anxiety) to 4 (very severe anxiety), with higher scores indicating greater anxiety levels. The HARS instrument has been widely used in clinical and nursing research and demonstrates high reliability, with a reported Cronbach’s alpha of 0.92 [7].

Information needs were assessed using an adapted version of the Critical Care Family Needs Inventory (CCFNI), specifically the information domain. This questionnaire consists of 15 items rated on a four-point Likert scale ranging from “not important” to “very important.” Higher total scores reflect greater perceived information needs among family members [9].

Data Collection Procedure

Prior to data collection, ethical approval and institutional permission were obtained from Ananda Hospital Bekasi. Eligible respondents were identified based on the inclusion criteria and provided with an explanation of the study objectives, procedures, and ethical considerations. Written informed consent was obtained from all participants before participation.

Respondents were asked to complete the questionnaires independently, with the researcher available to provide clarification if needed. Data collection was conducted in a designated area to

ensure privacy and confidentiality. All completed questionnaires were checked for completeness before data entry.

Data Analysis

Data analysis was performed using SPSS version 25. Descriptive statistics were used to summarize respondent characteristics, anxiety levels, and information needs. Univariate analysis was conducted to describe the distribution of each variable.

Bivariate analysis was performed using the Chi-square test to examine the relationship between family anxiety levels and information needs. A significance level of 0.05 was applied. A p-value less than 0.05 was considered statistically significant, indicating a meaningful association between the studied variables [10].

Ethical Considerations

This study adhered to ethical principles of research involving human participants, including informed consent, beneficence, non-maleficence, justice, and confidentiality. Participants were informed that their participation was voluntary and that they could withdraw from the study at any time without consequences. Respondent anonymity was maintained by using codes instead of personal identifiers.

RESULTS AND DISCUSSION

A total of 25 family members of patients admitted to the Intensive Care Unit (ICU) at Ananda Hospital Bekasi participated in this study. All respondents completed the questionnaires and were included in the final analysis.

Respondent Characteristics

Table 1. Respondent Characteristics

Characteristics	Frequency (n)	Percentage (%)
Age		
- < Years	0	0
- 20 – 59 Years	24	96
- ≥ 60 Years	1	4
Total	25	100.0
Gender		
- Male	12	48
- Female	13	52
Total	25	100.0
Last Education		
- No Education	1	4
- Elementary School	1	4
- Middle School	4	16

- High School	12	48
- Diploma	5	20
- Bachelor's Degree	2	8
Total	25	100.0
Ethnic Groups		
- Batak	1	4
- Betawi	11	44
- Javanese	9	36
- Padang	0	0
- Sundanese	4	16
Total	25	100.0

The majority of respondents were adults aged 20–59 years, while only a small proportion were aged 60 years or older. Female respondents slightly outnumbered males. Most respondents had completed secondary education, with senior high

school being the most common educational level. Regarding ethnic background, the largest proportion of respondents were of Betawi ethnicity, followed by Javanese and Sundanese.

Information Needs of Family Members

Table 2. Information Needs of Family Members

Information Needs	Frequency (n)	Percentage (%)
Low	0	0
Medium	10	40
High	15	60
Total	25	100.0

Analysis of family information needs showed that most respondents reported high information needs. A considerable proportion of respondents indicated moderate information needs, while no respondents were classified as having low information needs. These findings suggest that

family members accompanying patients in the ICU strongly require comprehensive and clear information regarding the patient’s condition and treatment.

Anxiety Levels of Family Members

Table 3. Anxiety Levels of Family Members

Family Anxiety Level	Frequency (n)	Percentage (%)
Not Anxious	0	0
Light	0	0
Currently	8	32
Heavy	9	36
Panic	8	32
Total	25	100.0

The assessment of anxiety levels revealed that all respondents experienced some degree of anxiety. The highest proportion of respondents experienced severe anxiety, followed by panic-level anxiety and moderate anxiety. No respondents were categorized as having no anxiety or mild anxiety.

This indicates that family members of ICU patients commonly experience high psychological distress during the hospitalization period.

Relationship Between Information Needs and Anxiety Levels

Table 4. Relationship Between Information Needs and Anxiety Levels

Information Needs	Anxiety Levels					Total	P Value
	Not Anxious	Not Anxious	Not Anxious	Not Anxious	Not Anxious		
Low	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0	0,001
Medium	0	0	8	2	0	10	

	(0%)	(0%)	(80%)	(20%)	(0%)	
High	0	0	0	7	8	15
	(0%)	(0%)	(0%)	(46.7%)	(53.3%)	
Total	0	0	8	9	8	25
	(0%)	(0%)	(32%)	(36%)	(32%)	

Bivariate analysis demonstrated a statistically significant relationship between family information needs and anxiety levels. Respondents with high information needs tended to experience higher levels of anxiety, particularly severe and panic-level anxiety. In contrast, respondents with moderate information needs were more likely to experience moderate anxiety levels. Statistical testing confirmed that this relationship was significant, indicating that information needs are associated with the level of anxiety experienced by family members of ICU patients.

Discussion

The findings of this study demonstrate a significant relationship between family information needs and anxiety levels among family members of patients treated in the Intensive Care Unit (ICU). Most respondents reported high information needs and experienced severe to panic-level anxiety. This result indicates that family members accompanying critically ill patients are highly vulnerable to psychological distress, particularly when they perceive uncertainty regarding the patient’s condition and treatment process.

High levels of anxiety among family members in ICU settings are consistent with previous studies conducted in similar contexts. Research by Idarahyuni (2017) and Mariati (2022) reported that the majority of family members of ICU patients experienced moderate to severe anxiety due to the critical nature of the patient’s condition and the unpredictability of outcomes. The ICU environment, characterized by complex medical equipment, restricted visitation, and rapid clinical changes, often intensifies emotional stress among families and contributes to heightened anxiety levels.

One of the most important findings of this study is the association between unmet information needs and increased anxiety. Families with high information needs tended to experience more severe anxiety compared to those with moderate information needs. This finding supports the theory that information functions as a psychological coping

resource that helps individuals reduce uncertainty and regain a sense of control during stressful situations [7]. When families do not receive adequate, clear, or timely information, uncertainty increases and anxiety intensifies.

These results are in line with studies by Suhartini and Wahyuningsih (2020) and Sudarsih et al. (2022), which found that insufficient information provision was significantly associated with higher anxiety levels among families of ICU patients. Families who received regular updates, clear explanations, and empathetic communication from healthcare professionals demonstrated lower anxiety and better emotional adjustment. Conversely, limited communication and lack of transparency regarding patient progress contributed to feelings of fear, helplessness, and panic.

The high proportion of respondents experiencing severe and panic-level anxiety in this study suggests that information needs in ICU settings extend beyond factual medical explanations. Families also require emotional support, reassurance, and opportunities to ask questions in a supportive environment. Effective communication by nurses and other healthcare professionals plays a critical role in meeting these needs and reducing psychological distress. Caring behaviors, therapeutic communication, and family-centered care approaches have been shown to improve family satisfaction and reduce anxiety in critical care settings.

Although this study provides valuable insights, several limitations should be acknowledged. The use of a cross-sectional design limits the ability to determine causal relationships between information needs and anxiety levels. In addition, the relatively small sample size and single-hospital setting may limit the generalizability of the findings. Future research is recommended to employ longitudinal or experimental designs with larger and more diverse samples to further explore the impact of information provision on family anxiety in ICU settings.

Overall, the findings of this study emphasize the importance of fulfilling family

information needs as part of comprehensive ICU care. Improving communication strategies and ensuring consistent, empathetic information delivery may help reduce anxiety among family members and enhance the quality of family-centered nursing care in intensive care units.

Conflict of interest

All authors declare no conflict of interest.

Availability of data and materials

A confidentiality agreement with participants prevents us from sharing the data, therefore, dataset cannot be shared.

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