



STIKep PPNI Jawa Barat, Bandung - INDONESIA
National Cheng Kung University Hospital - TAIWAN
Bandung, 16th – 17th July, 2018

Conference Book
International Conference on Health Care
and Management

“Evidence to inform action on supporting and implementation of
SDGs”

Secretary Office :

STIKep PPNI Jawa Barat (Intitute of Nursing Science PPNI West Java)
Jalan Ahmad IV No. 32 Cicendo, Bandung 40173
West Java – Indonesia
Phone: +62 22 6121914
E-mail: info@icon-stikeppni.org
Website: www.icon-stikeppni.org

National Cheng Kung University Hospital
No.138, Sheng Li Road,Tainan, Taiwan 704, R.O.C.
Tel : 886-6-2353535
E-mail : hospital@mail.hosp.ncku.edu.tw



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This book published by:

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No.138,Sheng Li Road,Tainan, Taiwan 704, R.O.C.

Tel : 886-6-2353535

E-mail : hospital@mail.hosp.ncku.edu.tw

Chief Editor:

Linlin Lindayani, Ph.D

Member:

Irma Darmawati, M.Kep.,Ns.Sp.Kep.Kom

Henri Purnama, MNS



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Welcome Message



Assalamualaikum Warahmatullahi Wabarakatuh

Dear honorable guests,
Sustainable Development Goals (SDGs) as an agreement of sustainable development objectives agreed by all countries at the 2015 UN sessions. Each country including Indonesia has an obligation to implement this joint development plan by applying universal, integration and inclusive principles by ensuring that no one missed or “No-one Left Behind” Indonesia has Nawa Cita or 9 priority agenda which should synergize with SDGs and can be used as health program application in Indonesia to also achieve SDGs.

On behalf of the organizing committee and the Nursing Society of Indonesia, I am glad to invite you to join ICHM 2018 (International Conference on Health Care and Management) in Bandung, Indonesia on July 16-17, 2018.

The conference is expected to reveal some solutions for evidence-based health care and scientific facts to be discussed by various viewpoints from diverse speakers from around the world with the title “Evidence to inform action on supporting and implementation of SDGs. Through the International Conference is expected to improve health services, especially in the field of nursing in Indonesia to improve the human development index.

We hope all participant could benefit from the exciting program and will surpass your expectation and that will be an inspiring event.

Warm regards,

A handwritten signature in black ink, appearing to read 'Dhika Dharmansyah'.

Dhika Dharmansyah
Conference chair



Assalamu'alaykum Wr.Wrb
Good morning and best wishes for all of us.

Ladies and gentlemen, in such a great and happy day, let's praise and thank to Allah Swt who has given us grace and mercy to all of us to gather in this International Conference on Health Care Management event today.

First of all, we would like to gratitude and appreciate highly to national Cheng Kung University Hospital has given the opportunity and confidence to our institution STIKep PPNI Jabar for the second time in collaboration to organize International Conference on Health Care Management with theme: "Evidence to inform action on supporting and implementation of SDGs". This event is one of follow up The memorandum of Understanding between NCKUH with STIKep PPNI Jabar.

STIKep PPNI Jabar is as a nursing education institution carry out the mandate to create professional nurse, we must implement all TRIDHARMA University activities in academic atmosphere that aims to broaden and improve nursing and existence of nurse profession capacity in nation developing continually.

As we know the university academic quality is determined by its researches and graduates result quality. The research work results may be either a right against managing intellectual wealth equity as well as scientific work which is able to be publicized through scientific journals and scientific gathering forums of the same scientist background both in national and international level.

Nevertheless, the publishing of journal researches is published by its university. Nowadays, it is irregular because there are both financial and scientific manuscript availability drawbacks. Scientific regular manuscripts are very limited because manuscript contributor is only from its university as well.

The high education Research and technology ministry data in 2017, it stated that there were an increase of research work publishing done by practitioners, academicians and researchers of Indonesian. The amount of Indonesian research publishing on international journal certifiable indexed Scopus tended to increase. The high education Research and technology ministry data on December 1st 2017 noted that Indonesia scientific research publishing reached 14.100 journals. Meanwhile, on October 1st 2017 there were as many as 12.098 journals.

However, internally nurse profession scientific research journals are still less of publishing. It is alleged to the low of quantity and quality publishing about nursing. One of the drawbacks is rarely the interaction between nursing scientists and experts in scientific conferences. Some efforts are carried out by STIKep PPNI to encourage and to accelerate sharing knowledge amongst the nursing experts. Accordance to the goals, National Cheng Kung University Hospital Taiwan and STIKep PPNI have made MoU and held as this International conferences organizer. Hopefully, it is able to bridge all stakeholders, practitioners, and academicians in supporting the quality of the human resources especially, nurses and health workers as well.

The honourable ladies and gentlemen,
Nowadays, in the global era, the transformation runs rapidly and consequently it makes the knowledge based society. Information and communication technology development are very important in on its role in manifesting society development based on the knowledge. The higher education of society will be higher of health service quality demands specially nurse.

Accordance to the effort, this International conference aims to,

1. Facilitate the knowledge sharing between health experts and nurses to encourage the goal of health human resource quality.
2. Produce health scientific and nursing articles deserve to be published on international scopus indexed journal.
3. Make communication networking amongst Universities, research institution, nurse practitioners, and other stakeholders.

I truly believe that all participants through the 2 days in international conference, our goals above are able to be manifested well.

Finally, I would like to thank to all of participants diligently and with spirit of attending this international conference on health care management.

Wish the conference is able to be knowledge sharing event and delightful and successful as well, the conference will be enlightened and interchange will do great help for us after attending this conference, especially STIKep PPNI Jabar and generally for all profession nurses to provide health services to communities, aamiin ya robbal alamin.

Wassalamu'alaykum Wr.wb.

Kindest regards,



The Dean of STIKep PPNI Jabar



Excellencies, Distinguished Delegates, Ladies and Gentlemen,
Selamat Siang,

I'm ChyunYu Yang, the superintendent of National Cheng Kung University Hospital in Tainan, Taiwan.

On behalf of our hospital, it is my pleasure and privilege to welcome all of you to participate in the international conference on health care and management 2018.

To our eminent speakers and delegates who have come from UK, Netherland, Korea, Japan, Thailand, Singapore, Taiwan, and Indonesia, I bid you a very warm welcome to Bandung. We are indeed honoured to have you here with us. We have about 1.000 participants from different place in Indonesia and countries gathered here today, making our conference a truly meaningful one.

This is our second time collaborate with STIKEP PPNI Jawa Barat to hold an international conference. Last year, we have very successful conference with the theme focus on infection control and disaster management. And this year, our conference theme is "evidence to inform action on supporting and implementation of SDGs".

The Sustainable Development Goals (SDGs) known as the global goals, are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity. Goal 3 addresses all major health priorities and calls for improving reproductive, maternal and child health; ending communicable diseases; reducing non-communicable diseases and other health hazards; and ensuring universal access to safe, effective, quality and affordable medicines and vaccines as well as health coverage.

However, the world seems still far from ending maternal mortality, with more than 303,000 deaths in pregnancy or childbirth occurring annually. NCDs are also a growing problem, causing 40 million deaths in 2015.

But, All in all, we can take comfort in the fact that SGDs indicators are moving in the right direction .Yet we still have plenty of work to do.

I wish in the next two day and a half, we have the opportunity - and indeed the responsibility - to prepare and add knowledge related the current situation and progress reflection of SDGs.

In closing, I encourage delegates to participate actively in the interesting discussions over the next two days. I wish everyone a successful and fruitful conference.

Thank you.

Conference Committee

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CORRELATION BETWEEN NURSE CARING BEHAVIORS AND ANXIETY LEVELS OF PATIENTS' FAMILIES IN THE ICU OF X REGIONAL GENERAL HOSPITAL, SUKABUMI

¹Erna Safariyah, ²Lia Novianty, ³Risti Nur Fauziyyah

¹STIKES Sukabumi, Sukabumi City, West Java, Indonesia

Corresponding Email: ernasafariyah24@gmail.com

ABSTRACT

Background: ICU is a unit of care for patients suffering from severe diseases, injuries and life-threatening illnesses or potential life-threatening. This condition can cause problems for patient's family so that with good nurses' caring behaviors, the perceived anxiety of the family may be reduced. **Objectives:** This research aims to reveal The Correlation of Nurses' Caring Behaviors with Anxiety Levels of Patients' Families in the ICU. **Methods:** This research used a *correlation study with cross sectional approach*. The population amounted 30. Samples amounted to 30 respondents. The technique selection of respondents was accidental sampling. The validity test of caring behavior of 28 statements 9 invalid items and the reliability value of 0.891. Bivariate analysis used Somers'D test. **Results:** Research concluded that most of respondents had perception of nurses' caring are adequate as much (50%) and most respondents experience mild anxiety as much (36,7%). The results of the Somers'D test revealed P-value = 0.034. **Conclusions:** Based on the research concluded that there is an association of Nurses' Caring Behaviors with Anxiety Levels of Patients' Families in the ICU. It is recommended to the nurse in ICU can provide good nurses' caring behaviors to the patient's families.

Keywords: Caring, Anxiety, Family, ICU

INTRODUCTION

The Intensive Care Unit (ICU) is part of an independent hospital with specially trained staff and specialized equipment shown for observation, care and treatment of patients suffering from acute illness, injuries or life-threatening or potential life-threatening with an expected prognosis are still reversible. ICU provides the ability and infrastructure and special equipment to support vital functions by using medical staff, nurses and other experienced staff in the management of these circumstances (Indonesian Ministry Of Health, 2012).

Treatment in the ICU is identical with the equipment to support patients who are in a critical condition such as ventilators. The ICU treatment room is intended for patients with severe and life-threatening conditions that make the patient's family anxious. During treatment, thoughts of spiritual distress, death, family dysfunction, grief, despair, helplessness, and many other emotional feelings can emerge as part of the individual's coping mechanisms, members of the health care team, and their family or closest person (Morton, 2013).

According to Morton (2013), severe illness conditions will separate patients from their family. In this condition, the role of the family to the patient becomes less due to not much involved in patient care and cannot accompany the patient in the ICU at any time so that the family will experience anxiety.

Anxiety is an emotional response influenced by the unconscious that the exact causes factor is unknown (Ermawati, 2011). According to Freud in Semium (2006) emphasized that anxiety is a felt, affective, unpleasant state accompanied by a physical sensation warns the person against impending danger. According to Hartono and Kusumawati (2013), anxiety is a subjective emotion and experience of someone who makes a person feel uncomfortable and helpless.

Anxiety is an uncertainty concern and widespread with uncertain and helpless feelings (Stuart, 2013). Anxiety causes uncomfortable cognitive, psychomotor, and physiologic responses such as difficulty with logical thought, increasing agitated motor activity, and elevated vital signs (Videbeck, 2008). According to Hartono and Kusumawati (2013), the level of anxiety is divided into four levels of mild anxiety, moderate anxiety, severe anxiety, and panic.

The sudden critical illness is a traumatic experience for the family (Soderstorm, Saveman, Hagberg, & Benzein, 2009). For the families, ICU is the most uncomfortable place because the family's emotional response is demanded higher than the other rooms and the precision in making decisions for the survival or quality of life in family members (Pochard et al., 2005). The patient's family experienced psychological problems due to the hospitalized family members in ICU (Kulkarni, Mallampalli, Parkar, Karnad, & Guntupalli, 2011). The usual emotional reactions experienced by the patient's family in the intensive space are anxiety, anger, grief, hope, love, depression, helplessness, loneliness, or loyalty (Smeltzer 2002).

Under treatment in particular health care, the family is the unit closest to the patient and is the primary caregiver for the patient (Yosep, 2007). The family plays a role in providing moral support to the patient's recovery. In anxious and stressful situations the family will take a long time to make a decision, so it can affect and delay of taking immediate action to the patient (Baradero, 2009).

Based on the research by Singgaling (2013) entitled *The Association of Nurses Therapeutic Communication With Anxiety Level of Patients' families In Intensive care, Hospital of Columbia Asia Medan* showed the level of anxiety of the patient's family is categorized as severe category which is 23 people (76.6%), mild category which 2 people (6.6%), it means that the anxiety of patients and families during the intensive care requires much attention and nurses care. A research by Farhan (2014), regarding *Predictors of Family Stress Due to Hospitalized of Family Members at the General Intensive Care Unit* states that the highest predictors of the occurrence of stress on families when members of their family treated at General Intensive Care Unit, Hospital of Dr.Hasan Sadikin Bandung were inadequate information and health staff attitudes.

Nurse support in nursing care can include attention, affection, quick thinking, and caring (Morton, 2013). Caring is the essence of nursing that connotes responsiveness between nurses with other health caregivers. Caring is also interpreted as a caring attitude that allows patients or families to achieve improved health and recovery (Watson, 2009). According to Nursalam (2014) Caring as a form of giving attention to others, centering on people, respecting self-esteem and humanity, commitment to prevent poor health status, paying attention and respect others.

Watson (2008), states that Caring is a deliberate process that requires self-awareness, the process of choosing, specific knowledge and skills as well as considering time. Caring is a process that provides an opportunity to a person (both caregivers (care) and recipient of care) to jointly interact in intrapersonal relationships. Nurses' Caring Behaviors consists of elements contained in the 10 caring factors included humanistic–altruistic system of values, enabling faith-hope, cultivation of sensitivity to the self and others, helping-trusting, human care relationship, expression of positive and negative feelings, creative problem-solving caring process, transpersonal teaching-learning, corrective mental, social, spiritual environment, human needs assistance, existential-phenomenological-spiritual forces (Watson, 2008).

Caring behavior is expressed as a feeling to provide safety, behavior change, and work according to standards (Kusmiran, 2015). When nurses provide nursing care with a touch of affection, caring, kindness, presence, and always listening, the patient and family will feel comfortable and trust in the nurses. Caring nurses also have an impact on increased confidence, so that will reduce the anxiety because there are nurses who are considered know better and more capable of caring for patients.

One of X Regional General Hospital's wards is Intensive Care Unit (ICU). The amount of nurses in ICU of X Regional General Hospital is 14 nurses. Every shift there are 3 to 4 nurses on duty. There are six patient beds equipped with special equipment such as a ventilator. The following is the number of patient visits in ICU of X Regional General Hospital 2016:

Table 1. Patient Data in X Regional General Hospital, Sukabumi

No	Name of Wards	Number of Beds	Number of Patients	Patient Died
1	K	12	694	3
2	NAD	17	3840	38
3	F	26	1212	85
4	AD	32	2264	67
5	AB	32	1460	1
6	CM	27	1712	24
7	NICU	17	409	88
8	HCU/ICU	6	457	118
9	CND	18	1779	1
10	RDS	23	1974	0
Total		210	15371	425

Source: Medical record 2016

Based on table 1. showed the least number of beds is ICU which only six beds. The number of ICU patient was 457 patients, and the number of patient deaths was 118 patients. With the high number of patient deaths in ICU so that it can cause feelings of anxiety in the patient's family.

Based on preliminary study of the 24 March 2017 in ICU with five patients' families, the following results were obtained: There are 3 out of 5 patients' families in the ICU of X Regional General Hospital said to be anxious. When asked about how the nurse behaved for the patient's family, 3 of the patient's family answered the lack of communication between nurse and family about the patient's condition, another patient's family said the nurse was good enough in communicating with the family about the patient's condition.

Giving attention to the patient's family is one of the 10 caring factors of caring according to Caring Watson's theory (2008) that nurses should be sensitive to patients and families and support physical, mental, social and spiritual, especially in ICU patients' families who need attention and assist nurses in reducing their anxiety associated with critical patients treated in the ICU.

Based on the description that has been mentioned in the introduction, therefore, the researcher feels interested in research with the title "The Association of Nurses' Caring Behaviors with Anxiety Levels of Patients' Families in the ICU of X Regional General Hospital, Sukabumi."

METHODS

This research was a Correlational with Cross-Sectional method. This research was conducted to identify "The Association of Nurses' Caring Behaviors with Anxiety Levels of Patients' Families in the ICU of X Regional General Hospital, Sukabumi."

The population in this research are all of the ICU's patients' families in X Regional General Hospital as much 176 people with an average patient of the week for six weeks. The

sample in this research is the ICU's patients' families, a sample with the technique selection of sample is accidental sampling. In this research, the amount of sample is 30 people.

The independent variable is Nurses' Caring Behaviors. The dependent variable is Anxiety Levels of Patients' Families in the ICU. Test validity using Pearson product moment. The resulted of validity test instrument of caring behaviors from 28 statement, 9 item invalid. Reliability test used Cronbach Alpha and categorized into Guilford's Empirical Rule Obtained reliability test value 0.891.

Univariate analysis for caring behaviors used Quartiles, while anxiety level measurements used HARS (Hamilton Anxiety Rating Scale). The bivariate analysis used Somers'D test.

RESULTS

Table 2. Frequency Distribution of Respondents' Characteristics (n=30)

Respondents' Characteristics		n	%
Age			
-	>50	6	20
-	18-30	5	16,7
-	31-40	13	43,3
-	41-50	6	20
Gender			
-	Male	18	60.0
-	Female	12	40.0
Number Of Hospitalization Days			
-	> 3 Days	7	23,3
-	3 Days	23	76,7
Patient Information Sources			
-	Doktor	14	46,7
-	Nurse	16	53,3
Relation with Patients			
-	Child	15	50
-	Wife	9	30
-	Sibling	2	6,6
-	Husband	4	13,3

Table 2. obtained all of the respondents included in the category of middle-aged adults as much as 43.3% are mostly male as much as 60%. 3-day waiting period of patient is as much as 76.7%. Sources of information obtained about the condition of patients mostly from Nurses 53.3%. Family relation with patient mostly is a child who is 50%.

Table 3. Frequency Distribution Based on Nurses' Caring Behaviors

No	Caring	Frequency	
		n	%
1	<i>Good Caring</i>	9	30
2	<i>Adequate Caring</i>	15	50
3	<i>Less Caring</i>	6	20

Total	30	100
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Table 3. showed that most of the patients' families perceptions in ICU of nurses' caring behaviors is adequate as much 15 respondents (50%) and least of the patients' families perceptions in ICU once assumed that nurses caring behaviors is less as much six people (20%).

Table 4. Frequency Distribution Based on Anxiety Levels

No	Anxiety Levels	Frequency	
		n	%
1	No Anxiety	10	33,3
2	Mild Anxiety	11	36,7
3	Moderate Anxiety	9	30,0
Total		30	100

Table 4. showed that most of the patients' families in ICU had mild anxiety as much 11 respondents (36,7%) and least of the patients' families in ICU had moderate anxiety as much nine people (30,3%).

Table 5. Frequency Distribution Cross-tabulation Nurses' Caring Behaviors Based on Anxiety Levels

Caring	Anxiety						Total	%
	Mild	%	Moderate	%	No Anxiety	%		
Good	1	11,1	2	22,2	6	66,7	9	100
Adequate	8	53,3	4	26,7	3	20,0	15	100
Less	2	33,3	3	50,0	1	16,7	6	100
Total	11	36,7	9	30,0	10	33,3	30	100

Table 5 showed that most (15 out of 30 respondents) of the patients' families perceptions of nurses' caring behaviors that adequate caring tends to experience mild anxiety as much as 8 people (53.3%) and least (6 out of 30 respondents) of the patients' families perceptions of nurses' caring behaviors that less caring tend to experience of moderate anxiety level as much as 3 people (50,0%). While the rest (9 out of 30 respondents) of the patients' families perceptions of nurses' caring behaviors that good caring tend not to experience anxiety as much as six people (66,7%).

Table 6. The Association of Nurses' Caring Behaviors with Anxiety Levels

Independent Variable	Dependent Variable	P-Value
Nurses' Caring Behaviors	Anxiety Levels of Patients' Families in the ICU	0,034

Table 6. showed the result of Somers'D Statistic Test obtained P-value = 0,034 means P-value <0,05. This value means there is a correlation between nurses caring behavior with Anxiety Levels of Patients' Families in the ICU.

DISCUSSION

Family perceptions of nurses' caring behaviors that are mostly adequate caring can be due to information about patients associated with the nurse. The provision of information obtained from the nurses by family is the current condition of the patient and the medical action to be performed. This is supported by table 2. which showed that most families in the ICU information obtained from the nurses as much as 16 respondents (53.3%).

This matter also supported by the theory of Duffy (2009) which states that the interaction is done by people involved in the treatment process. Caring is an act with a caring attitude towards people, soothing, provides protection against loss, and dignity of others. Caring behavior can be expressed as a feeling to provide safety, behavior change, and work according to standards.

Caring behavior is so important in providing nursing care because it can improve the quality of nursing care and the achievement of optimal health cares, so that patient and family's satisfaction can be achieved. According to Potter & Perry (2009) states that presence, eye contact, body language, the tone of voice, listening and having a positive and encouraging attitude act together to create openness and understanding, as well as friendly and skillful treatment will provide a sense of safety.

According to Chotimah, et al. (2015) nurses' caring behavior which conducted by a nurse can be affected by several factors, one of the factors is the personality of the nurses. The statement is supported by Watson's theory (2008) *caring* is a deliberate process that requires self-awareness, the process of choosing, specific knowledge and skills as well as considering time.

Patients' in ICU which mostly had a perception of nurses' caring are adequate because of nurse already performed caring behavior towards the patient's family. One of the nurses has interacted with the patient's family though not often, the nurse also has given information about the patient's illness to the family with a language that is easily understood by the family even though the patient's family must wait until the nurse comes to give information. According to the patients' families that the nurse also appeared to be friendly and smiling to the patients' families, although not all nurses do so. This showed that the nurse already has an adequate caring character based on the patients' family perceptions.

The anxiety of patients' families who have treated in the ICU mostly mild anxiety and some had moderate anxiety. This is supported by the research of Chotimah, et al. (2015) which states that the anxiety level of the patients' families in the ICU in the category of mild occupies the greatest percentage. Mild anxiety can be caused by tension in a daily life which causes a person to be alert and increase his perceptive field.

Another factor which caused the anxiety of patients' families in ICU is the family relation with an illness patient. This matter supported by table 2. which showed that most of the patients' families in ICU who experienced mild anxiety has a close family relation and the core family member with patient is child relation as much 15 respondents (50%), wife as much 9 respondents (30%), husband as much 4 respondents (13,3%) and sibling as much 2 respondents (6,6%).

This is supported by the theory according to Ali (2010) which states that the family is the smallest unit of society consisting of the head of the family as well as some people who gather and live under the same roof in a state of interdependence. When a family member becomes ill then other members will experience an uncomfortable situation, anxiety, worry and encourage themselves to overcome the illness of the family members.

Stuart, Sundeen (2007) explains when someone is experiencing moderate anxiety, he will be more focused on important things. Therefore, the attention will be focused on selective things so that he will able to do something with a more targeted. As for respondents who do not experience anxiety, Researchers argue that respondents who do not experience anxiety due to the nurses' caring behaviors are already good.

This is also supported by the results of these researchers that most of the respondents who had perceptions of nurses' caring are good tended not to experience anxiety as much as 6 out of 9 people

(66,7%). According to Chotimah, et al. (2015) that the family who waited for the patient has no trouble because they already trust the nurse, it means that the family already convinced that the patients have been handled by people who are known better and more capable in caring for patients.

Patients' families in ICU which mostly had mild anxiety level because of feeling anxious to the patient's condition but because of the patients' families have been informed about the patient from the nurse and the doctor, the anxiety of the patient was not up to the level of severe anxiety neither panic.

The result of Somers'D Statistic Test obtained P-value = 0.034 it means P-value <0.05 then H1 accepted, it shows that there is a correlation of Nurses' Caring Behaviors with Anxiety Levels of Patients' Families in the ICU.

Table 5. showed that most of the patients' families perceptions of nurses' caring behaviors that adequate caring tends to experience mild anxiety as much as 8 people (53.3%) and least (6 out of 30 respondents) of the patients' families perceptions of nurses' caring behaviors that less caring tend to experience of moderate anxiety level as much as 3 people (50,0%). While the rest (9 out of 30 respondents) of the patients' families perceptions of nurses' caring behaviors that good caring tend not to experience anxiety as much as six people (66,7%). The better nurse caring then the patients' family does not experience anxiety. However, in table 5 it was found that there were patients' families who experienced mild and moderate anxiety although the caring was good. This can be affected by severe patient illness so that it is causing family still experience anxiety despite the nurses' caring was already good.

This condition can also occur because of the patients' families first time to wait for the patient in the ICU. According to a simple interview to the patients' families, it was found that nearly half of the families were their first time waiting for patients in the ICU so that the families feel anxious because it was their first time enter the ICU, the families only knew that ICU is a ward for patient with critical condition.

This research supported by the research of Chotimah et al. (2015) showed that there is an association between nurses' caring behavior with patients' families anxiety level in ICU of Tugurejo Regional General Hospital Semarang 2015.

Anne Boykin's theory in Kusmiran (2016), explained that caring environment is preserved nursing association between patients and families and nurse with attentive, values, and professional actions so that nurses' caring behavior was not only intended for treated patients but also must be on patient's family.

According to Chotimah, et al. (2015) that nurses are caring behaviors can decrease family anxiety level. The family will feel safe and comfortable against the nurse because families believe there are people who are considered know better and more capable of caring for patients, which is the presence of nurses. According to Potter & Perry (2009) about nurses caring this includes presence, a touch of affection, and always listening. For patients' families who had a good perception of nurses caring but still experience anxiety can be caused due to severe illness experienced by the patient. In a simple interview by researchers according to the family, the patient's illness that recurs frequently and patients often hospitalized because the illness made the family feels anxious especially when being hospitalized in ICU. This anxious condition can also occur because of long waiting for the patients > 3 days, so that automatically the duration of treatment > 3 days, it related to the critical condition of the patient so it must be treated for a long time. Because of the ICU is a ward treatment for critical patient life-threatening illnesses or potentially life-threatening. This matter supported by the theory of Kemenkes RI (2012) states that the Intensive Care Unit (ICU) is part of an independent hospital with specially trained staff and specialized equipment shown for observation, care, and treatment of patients suffering from acute illness, injuries or life-threatening or potentially life-threatening

Another factors which cause patients' families still experience anxiety even though the nurses *caring* is already good, that is because the separation of the family with the patient and the family cannot visit the patient at all times. This can be supported by patient treatment ward ICU closed and separate

with the patients' families waiting room. According to Morton (2013), severe illness conditions will separate patients from their family. In this condition, the role of the family to the patient becomes less due to not much involved in patient care and cannot accompany the patient in the ICU at any time so that the family will experience anxiety.

The aspect of nurses caring in ICU is very important to do, considering that ICU is a ward to treat patients in critical conditions that require immediate and ongoing attention. Dewi (2014) states that nurse plays an important role in providing nursing for the critical patients or families as a whole biological, psychological, social and spiritual.

CONCLUSION

The research concluded that most of the patients' families perceptions of nurses' caring behaviors in ICU of X Regional General Hospital, Sukabumi Regency that adequate caring and most of the patients' families in ICU experienced mild anxiety. So that it can be concluded, there is an Association of Nurses' Caring Behaviors with Anxiety Levels of Patients' Families in the ICU.

It is expected for the nurses in ICU to improve *care* to the patients' families with providing a good *caring* as interact more often with the patients' families because interact *caring* is a hope for recipients of health care in the treatment process, The ICU's nurses should be more kind and friendly to the patients' families so that the patients' families perception of nurses caring may improve.

Suggestions for the further researchers it is expected to continue the research in the same or different places but by looking for other anxiety factors such as the condition of the patient's illness and providing information then combine HARS questionnaires by taking more populations.

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