



## Level of Family Depression as Caregivers of Patients in the Intensive Care Room

Nugroho Ari Wibowo<sup>1\*</sup>, Dian Puji Wahyuningsih<sup>1</sup>, Diah Priyantini<sup>1</sup>, Aries Chandra Anandhita<sup>1</sup>

<sup>1</sup> Faculty of Health Sciences, Universitas Muhammadiyah Surabaya, Indonesia

### Abstract

#### Corresponding Author

[nugrohoari@um-surabaya.ac.id](mailto:nugrohoari@um-surabaya.ac.id)

Intensive Care Unit (ICU) is a hospital inpatient room for observation, care and therapy of patients who need treatment and who are life threatening and have complex needs, supported by special equipment. When a patient is in the ICU, the risk of death is higher, giving rise to problems with feelings of physical, psychological, social and spiritual stress. The aim of this study was to identify the level of depression in the families of patients undergoing treatment in the Intensive Care Room at Haji Hospital, East Java province. The research used a quantitative design with a descriptive approach to the families of patients treated in the Intensive Care ward of the Haji Hospital, East Java Province. A total of 85 respondents were recruited using purposive sampling. The research instrument used to identify the level of family depression experienced by respondents was the Beck Depression Inventory II (BDI II) questionnaire sheet. The results of the study showed that the level of depression in the families of patients in the Intensive Care room was 37 respondents (43.53%) experienced mild depression, 31 respondents (36.4%) experienced minimal depression, 11 respondents (12.94%) experienced moderate depression and 6 respondents (7.06%) experienced severe depression. Health workers provide comprehensive health services by helping patients and their families meet their biological, psychological and social needs, as well as providing support to always improve their spirituality by praying to God and always thinking positively in all events they experience in the hope of preventing depression during the treatment period. patient.

### Keyword:

Depression, Intensive Care Unit, Family

## INTRODUCTION

The Intensive Care Unit (ICU) is an inpatient room in a hospital to carry out observation, care and therapy for patients suffering from illnesses, injuries or complications that are life-threatening or life-threatening and have complex needs (Subarkah & Isnaini, 2021). When patients are in the ICU, they are at higher risk of death, so that patients and families experience many problems with feelings of physical, psychological, social and spiritual stress (Khasanah & Kristinawati, 2020). Families of patients whose family members are in critical condition, experience high levels of anxiety and feelings of disorganization which can lead to high levels of depression. This can be caused because the majority of patients who come to the ICU are sudden and unplanned, causing the family to experience fear due to various stressors (Miranti F, 2017).

According to data from the World Health Organization (2019), the prevalence of critical patients in the ICU is increasing every year. As many as 9.8% - 24.6% of patients are in critical condition and receive treatment in the ICU, around 100,000, and deaths caused by critical and chronic diseases in the world have increased by 1.1 - 7.4 million, more people die from disease. critical worldwide. In fact, a number of patients died in the treatment room as a result of critical illness (Yusuf and Rahman, 2019). Data on depression levels between countries in 2023 published on the World Population Review page states that Ukraine is in first place as a country with a depressed population of 2,800,587 cases or 6.3% of the total population. The second place is occupied by the United States with 17,491,047 cases (5.9%) and followed by Estonia with 75,667 cases (5.9%). In Indonesia, with a prevalence of 3.7%, there are 9,162,886 cases of depression. On the other hand, Indonesia's population could increase by more than 3 million people every year, now reaching 27,816,661 people, and it is very likely that the number of depression cases will increase further. The results of research at Haryoto Lumajang Hospital in 2019 showed that 65 families were treated in the ICU and 34 people experienced minimal depression. And the results of Agus Subarkah's (2020) research conducted on 35 families of patients in the ICU room at Banyumas Regional Hospital showed that the families of patients in the ICU room had a level of mild depression of (68.8%) and a small percentage had a level of severe depression of (12, 5%).

One of the psychological effects experienced by families is depression. Families have an important role in the process of caring for critical patients because they are protectors, facilitators, information providers and spiritual support providers. They are also responsible for decision making in patient care in the intensive care unit. The family has a legal role in making decisions, has an emotional connection, and lives or has a close relationship with the patient. The family is very important in patient care, but the family is a group that is vulnerable to depression. The number of depressive symptoms encountered in the families of patients treated in intensive care was found to be related to age and the type of relationship one of the family had with the patient, such as the patient's partner (Maria Bolosi, 2018).

When depression appears, a person's spirituality will be disturbed due to changes in the meaning of self, others and God. Disacceptance of the situation will also trigger disruption in the relationship between each other and God. It is very important to remember that the families of patients treated in the Intensive Care Room can experience depression at different physical and mental levels. As professional health workers, critical nurses have the greatest opportunity to provide comprehensive health services both biological, psychological, social and spiritual. Health workers must also provide support to patients and families to always improve their spirituality by praying to God and always thinking positively in all events they experience in the hope of preventing depression during the patient's treatment period. Therefore, researchers are interested in identifying the level of family depression in patients undergoing treatment in the Intensive Care Room at the Haji Hospital, East Java Province.

## METHODS

This study used a quantitative design with a descriptive approach to the families of patients treated in the ICU, ICCU and HCU at the Haji Hospital, East Java Province. The research sample size was 85 respondents. The sampling technique used in this research is non-probability sampling with purposive sampling technique. The demographic data questionnaire is used to examine respondents' demographic data. The respondent's demographic data questionnaire consists of: name, gender, age, religion, highest level of education, occupation, relationship with the patient and length of stay. The

Beck Depression Inventory-II (BDI-II) questionnaire in Indonesian is the data collection instrument used by researchers. The BDI-II has 21 questions and can be used alone to measure depressive symptoms. Each question has a score of 0-3.

**RESULTS**

Table 1. Characteristics of Research Respondents (n=85)

Respondent Characteristics		N	%
<b>Age</b>	1. Late Teenagers 17-25 Years	7	8,24%
	2. Early Adult 26-35 Years	26	30,59%
	3. Late Adults 36-45 Years	25	29,41%
	4. Early Elderly 46-55 Years	20	23,53%
	5. Late Elderly 56-65 Years	5	5,88%
	6. Seniors 65- Above	2	2,35%
<b>Gender</b>	1. Male	34	40,00%
	2. Female	51	60,00%
<b>Education</b>	1. Elementary school	3	3,53%
	2. Junior high school	4	4,71%
	3. Senior high school	42	49,41%
	4. University	36	42,35%
<b>Work</b>	1. Not Working	4	4,71%
	2. Private Employees	45	52,94%
	3. Entrepreneur / Trader	9	10,59%
	4. Civil servants	4	4,71%
	5. Housewife	23	27,06%
	6. Others	0	0,00%
<b>Relationship With Patients</b>	1. Husband	5	5,88%
	2. Wife	11	12,94%
	3. Dad	1	1,18%
	4. Mother	1	1,18%
	5. Child	49	57,65%
	6. Others	18	21,18%
<b>Length of Treatment</b>	1. 48 hours	68	80%
	2. 48-72 hours	11	12,94%
	1. >72 hours	6	7,06%

Responden hampir setengahnya berusia 26-35 tahun, yaitu sebanyak 26 responden (30,59%). Sebagian besar berjenis kelamin perempuan yaitu sebanyak 51 responden (60,00%). Sebagian besar berpendidikan SMA/SMK yaitu sebanyak 42 responden (49,41%). Sebagian besar responden bekerja sebagai pegawai swasta yaitu sebanyak 45 responden (52,94%). Sebagian besar responden memiliki hubungan keluarga dengan pasien sebagai anak yaitu sebanyak 49 responden (57,65%). Sebagian besar lama rawat pasien 48 jam sebanyak 68 responden (80%).

Tabel 2. Tingkat depresi pada keluarga pasien (n=85)

Depression	Frekuensi (f)	Presentase (%)
Minimal	31	36,47%
Light	37	43,53%
Currently	11	12,94%
Heavy	6	7,06%

The level of depression in the families of patients in the ICU, almost half experienced mild depression, namely 37 respondents (43.53%) and a small percentage experienced severe depression, namely 6 respondents (7.06%).

**DISCUSSION**

Based on research on depression levels that was carried out on patient families in the Intensive Care ward of the Haji Hospital, East Java Province with a total of 85 respondents, it showed that the majority experienced mild depression, namely 37 respondents (43.53%). The results of this research are in line with research conducted by Agus Subarkah (2020) which was conducted on 35 families of patients in the ICU room at Banyumas Regional Hospital, showing that the families of patients in the ICU room had a level of mild depression of (68.8%). The incidence of depression in families who care for patients with chronic or critical illnesses in hospitals is quite high. Depression in families caring for stroke patients at RSD Soebandi Jember is quite high (A'la, 2015).

Meanwhile, the families of patients who experienced severe depression were 6 respondents (7.06%), possibly due to the length of time caring for the patient as stated by Suprihatingsih (2019). Symptoms of depression can mostly appear after 24 hours of family members being treated, especially in the intensive care unit. However, the symptoms of depression decreased after 3 months after treatment. This is due to the adaptation process to the boredom of accompanying patients in treatment, which influences the level of depressive symptoms. Depression can be influenced by gender, age, education and length of stay (Rego et al., 2009; Gries et al., 2010; Demir and Gonullu, 2015; Fauman et al., 2015; Gil-juliá et al., 2018).

The first factor is gender. The research results showed that the majority were female, namely 51 respondents (60%). This is in line with research conducted by (Soviatul, 2019) which stated that the majority of mild-moderate depression levels were female, 43 respondents (66.2%). Where women are twice as often diagnosed as suffering from depression than men, because women are more sensitive to problems so that women's coping mechanisms are less good than men. This is because women are more sensitive to their emotions, which ultimately influences their feelings.

The second factor is age. The research results showed that the majority of respondents were 26-35

years old, namely 26 respondents (30.59%). Age is seen as a condition that is the basis of a person's maturity and development. This is in line with previous research by (Soviatul, 2019) which states that teenagers and early adults are more susceptible to experiencing depression, around 38 respondents (58.5%) because at that age a person experiences depression. transition. So the older you are, the more mature a person's level of maturity and strength will be in thinking and working in terms of public beliefs. The older a person is, the more constructive they are in using coping with problems, which will greatly influence their self-concept.

The third factor is education, from the research results it was found that the majority had a high school/vocational school education, namely 42 respondents (49.41%). This is in line with research conducted by (Subarkah & Isnaini, 2021) which stated that around (68.8%) of respondents who experienced depression mostly had elementary school education. A person's level of education will influence their thinking ability. The higher the level of education, the easier it will be for someone to think rationally and capture new information, including describing new problems. A person's education plays a role in shaping a person's attitudes and behavior in environmental interactions. Because the results of education shape a person's thinking patterns, perception patterns and decision-making attitudes. Increasing a person's education teaches a person to make the best decisions for himself. Educated people are able to understand the meaning of life, able to live life with direction. From the results of this study, it can be seen that families with higher education have a relatively lower incidence of depression.

The fourth factor is family relationships, from the research results the majority of children were 49 respondents (57.65%). Family is the first place where individuals gain experience and outlook on life. From the family, individuals learn about God, life and themselves. According to (Sugimin, 2019), most of the patient waiters in the Intensive Care Unit (ICU) are the patients' children, so that parents and biological children have a strong emotional bond so that when parents are sick or sick children will experience deep sadness. The existence of strong ties is influenced by blood relations and interactions over a long period of time, where each person has duties and responsibilities in accordance with family functions (Friedman, 1998). According to (Hidayati et al., 2022) the role of the family is very important

Indonesian Academia Health Sciences Journal in an individual's spiritual development. The family is the closest environment and the child's first experience in perceiving life in the world. Children's views are generally colored by their experiences in relationships with siblings and parents. Therefore, the role of parents is very important for children's spiritual development. This is in accordance with Callista Roy's theory which states that the family is a stimulus in the control process.

One of the psychological effects experienced by families where one of their family members is being treated in intensive care is depression. Depression is an emotional condition that is usually characterized by extreme sadness, feelings of meaninglessness and guilt, withdrawal from other people, inability to sleep, loss of appetite, sexual desire and interest and pleasure in usual activities. These symptoms of depression appear naturally as a reaction to the stressors faced because one of the family members being treated is in critical condition and this is compounded by the conditions in the room where the patient's family is not allowed to accompany the patient at all times and cannot see the patient's progress directly.

According to the researchers, based on the explanation above, theoretical review and previous research, the researchers assume that every family waiting for a patient in the ICU can experience psychological problems such as depression. Waiting for family members who are undergoing critical care is one of the factors that can cause depression because the patient is being treated in the ICU. In this condition, the family's role towards the patient is reduced because they are not involved much in patient care and cannot accompany the patient in the ICU at all times, so the family will experience depression. Therefore, the family must play an active role in seeking information from health workers in an effort to find out and understand the patient's disease condition and support in the process of actions given for the patient's recovery. Health service providers also provide information in the form of communication, guidance and counseling to families so that families can overcome this depression in an adaptive way.

## CONCLUSION

The demographic characteristics of the families of patients undergoing treatment in the ICU Room at Haji Hospital, East Java Province are female, namely 26 respondents (60.00%), aged 26-35 years, namely

26 respondents (30.59%), who are related. families with the patient as a child, namely 49 respondents (57.65%), with a high school/vocational education, namely 42 respondents (49.41%), most of whom were highly spiritual, 58 respondents (68.24%). Identification of the level of depression in the families of patients undergoing treatment in the Intensive Care room at the Haji Hospital, East Java Province, almost half of whom experienced mild depression, namely 37 respondents (43.53%).

## REFERENCES

- A'la, M.Z., Komarudin & Efendi D. 2025. *Kesejahteraan Spiritual Keluarga Pasien Stroke dan Kaitannya dengan Depresi*. Jurnal Ners dan Kebidanan Indonesia. ISSN 23547642
- Ajeng Kartini, C. T. W. (2017). *Hubungan Mekanisme Koping Dengan Harga Diri Pada Lansia yang Ditinggalkan Pasangan Hidupnya di Wilayah Kelurahan Limo. Depok 2017*. 1–13.
- Anadiyanah. (2021). *Gambaran tingkat kecemasan keluarga pasien di ruang ICU RSUD Dr H. Ibnu Sutowo Baturaja. Progam studi Keperawatan Seklah tinggi Ilmu kesehatan Bina Husada Palembang*.
- Aprilissa, .dkk. (2020). *Hubungan Spiritualitas Dengan Tingkat Depresi Pada Lansia*. *Jurnal Keperawatan Suaka Insan (Jksi)*, 1(2), 1–7.
- Audria. (2020). *Askep Keperawatan Keluarga*.
- Aziz, A. (2017). *Relasi Gender Dalam Membentuk Keluarga Harmoni (Upaya membentuk keluarga Bahagia)*. Harkat: Media Komunikasi Islam Tentang Gebder Dan Anak, 12(2), 27–37.
- Davison, G. dk. (2006). *Psikologi Abnormal*. PT. Rajagrafindo Persada.
- Demir, H.F. dan M. Gonullu. 2015. *Faktors Affecting Anxiety and Depression Symptoms in Relatives of Intensive Care Unit Pasiens*. *Journal of Intensive Care Medicine*. 31(9):386-396.
- Elsera, F., & Indotang, F. (2021).. *Hubungan Spiritual Dengan Tingkat Kecemasan Pada Keluarga Pasien Di Ruang Intensive Care*.
- Fauman, K. R., K. J. Pituch, Y. Y. Han, M. F. Niedner, J. Reske, dan A. M. Levine. 2015. *Predictors of Depressive Symptoms in Parents of Chronically Ill Children Admitted to the Pediatric Intensive Care Unit*. *American Journal of Hospice & Palliative Medicine*. 28(8):556–563
- Friedman, M. (2013). *Buku Ajar Keperawatan Keluarga: Riset, Teori dan Praktek* (Edisi 5). Salemba Medika.
- Gil-julia, B., M. D. Bernat-adell, E.J.Collado-boira, M. Pilar, M. Julio dan R. Ballester-arnal. 2018. *Psychological Distress in Relatives of Critically Patiens: Risk and Protective Factors*. *Journal of Health Psychology*.
- Gries, C. J., R. A. Engelberg, E. K. Kross, dan D. Zatzicick. 2010. *Predictors of Symptoms of Posttraumatic Stress and Depression in Family Members After Patien Death in the ICU*. *CHEST*. 137 (2):280-287.
- Hidayati, N. F., Pinilih, S. S., Astuti, R. T., Studi, P., Keperawatan, I., Kesehatan, F. I., Magelang, U. M., Soengeng, M. B., Jiwa, D. K., Kesehatan, F. I., Magelang, U. M., & Soengeng, M. B. (2022). *Hubungan Spiritualitas dengan Kecemasan Perawat dalam Menangani Pasien COVID 19 di RSUD*
- Iswari, M. F. (2018). *Pengaruh Spiritual Therapy Terhadap Tingkat Kecemasan, Stres dan Depresi Keluarga Pasien yang Dirawat di Ruang Intensive Care Unit*. *Jurnal Seminar Workshop Nasional*, 3, 32–38.
- Kemenkes RI. (2010). *Pedoman Penyelenggaraan Pelayanan Intensive Care Unit (ICU) di Ruma Sakit*. Jakarta : Kementrian Kesehatan RI (<http://www.depkes.go.id/download.php?file=download/-SIK-2016.pdf>) diakses 2 Agustus 2019.
- Khasanah, R. N., & Kristinawati, B. (2020). *Dukungan Spiritual Pada Keluarga Dan Pasien Kritis Yang Dirawat Di Intensive Care Unit: Sistematik Review*. *Link*, 16(2), 124–135. <https://doi.org/10.31983/link.v16i2.6282>
- Maria Bolosi, dkk. (2018). *Depressive and anxiety syptoms i relative of ntensive Care unit patients anf the perceived need fr support*. [https://doi.org/10.413/jnrrp.jnrrp\\_112\\_18](https://doi.org/10.413/jnrrp.jnrrp_112_18)
- Miranti, F., Fanni, O., Yusuf, A. 2017. *Kebutuhan Spiritual: Konsep dan Aplikasi dalam Asuhan Keperawatan*. Jakarta: Mitra Wacana Medika
- Morrisan. (2019). *Riset Kualitatif*. prenada media.
- Nursalam. (2020). *In Metodologi Penelitian Ilmu Keperawatan: Pendekatan Praktis (4th ed.)*. Jakarta. *In Metodologi Penelitian Ilmu Keperawatan: Pendekatan Praktis*.
- Putra, A. A. P. (2021). *Hubungan Komunikasi Terapeutik Perawat dengan tingkat kecemasan keluarga Pasien Di Ruang Intensive Care Unit (*

*Literature Review ) Pasien Di Ruang Intensive Care Unit.* 163.

- Putri Rifah. (2020). *Hubungan Spiritual Dengan Tingkat Kecemasan Pada Keluarga Pasien Di Ruang Critical Care Rumah Sakit Pusat Angkatan Laut Surabaya.* *Malaysian Palm Oil Council (MPOC)*, 21(1), 1–9. <http://journal.umsurabaya.ac.id/index.php/JKl/article/view/2203%0Ahttp://mpoc>.
- Rego, R., L. Fumis, O. T. Ranzani, dan P.S. Martins. 2015. *Emotional Disorders in Pairs of Patiens and Their Family Members During and After ICU Stay.* *Plos One.* 10(1):1-12.
- Soviatul, D. (2019). *Hubungan Antara Depresi Dan Karakteristik Demografi Dari Keluarga Pasien Di Ruang Intensif Rsud Dr. Haryoto Lumajang.*
- Subarkah, A., & Isnaini, N. (2021). *Kesejahteraan Spiritual Dan Depresi Pada Keluarga Pasien Yang Dirawat Di Ruang ICU RSUD Banyumas.* *Adi Husada Nursing Journal*, 6(2), 112. <https://doi.org/10.37036/ahnj.v6i2.174>
- Suprihatingsih T, Dewi S, Pranowo S. 2019. *Pengaruh Bereavement Life Review Terhadap Depresi dan Kesejahteraan Spiritual Keluarga Pasien Kemoterapi.* *Jurnal Kesehatan Al Irsyad*, XII (2).
- Yusuf, Z. K., & Rahman, A. (2019). *Pengaruh Stimulasi Al-Qur'an Terhadap Glasgow Coma Scale Pasien Dengan Penurunan Kesadaran di Ruang ICU.* *Jambura Nursing Journal*, 1(1), 44–47. <https://doi.org/10.37311/jnj.v1i1.2073>