Research Article

Perception of Anxiety Levels in Families of Patients Given Informed Consent Ventilator Installation at ICU Cileungsi Hospital

Reni Anggraeni Aprillia¹* │ **Abdul Khamid²** │ **Achmad Fauzi³**

¹Department of Nursing, RSUD Cileungsi, Bogor, Indonesia

²,³Department of Nursing, STIKes Abdi Nusantara, Jakarta, Indonesia

*contact

rereanggraeni21@gmail.com

Abstract

Aims: Through a ventilator, patients who have difficulty breathing independently can be helped to breathe and get air like breathing normally. The ventilator machine will regulate the process of inhaling and exhaling in the patient. The ventilator will pump air for a few seconds to deliver oxygen to the patient's lungs, then stop pumping to get the air out on its own from the lungs. Based on data obtained in the ICU room of Cileungsi Hospital in the period 2021 from January 2021 to October 2021 from 359 patients treated. Knowing the perception of anxiety levels in the families of patients who will be given Informed Consent ventilator installation in ICU Cileungsi Hospital.

Design: The study used a total sampling of 21 respondents. Data collection is done with questionnaires.

Methdos: The type of research that will be used is this Quantitative research method using quasi eksperimente method using the design of Nonevaquivalent Control Group Desaign with a sample of the patient's family who will be given Informed Consent ventilator installation in the ICU Room of Cileungsi Hospital.

Results: The most anxiety levels of respondents were the category of mild anxiety amounting to 9 respondents (42.9%), the least anxiety levels obtained by the weight category amounted to 2 respondents (9.5%), while the respondents of the non-anxious category amounted to 7 respondents (33.3%), and moderate category respondents amounted to 3 respondents (14.3%). With the results of the statistical test obtained P Value .000 < 0.05. Which means that there is an effect of the installation of ventilators of respondents on the level of anxiety.

Conclusions: Based on the results of research conducted on, perception of anxiety levels in the families of patients who are informed consent ventilator installation in the ICU room of Cileungsi Hospital, it can be concluded: of the 21 respondents based on the level of anxiety of the most respondents is the category of mild anxiety amounted to 9 respondents (42.9%), the level of anxiety at least obtained by the weight category amounted to 2 respondents (9.5%), While the respondents of the category are not anxious amounted to 7 respondents (33.3%), and moderate category respondents amounted to 3 respondents (14.3%).

Keywords:
Ventilator, ICU, Anxiety Level

INTRODUCTION

According to the World Health Organization (WHO), critical patients in the ICU are increasing in prevalence every year. Recorded 9.8-24.6% of patients are critically ill and treated in the ICU per 100,000 population, and deaths from critical to chronic diseases in the world increased by 1.1-7.4 million people (WHO, 2016) In 16 hospital icu in Asian countries including Indonesia there were 1285 sepsis patients who used ventilators with an average length of ventilator use of 3-10 days and 575 patients who died (1)

At present, modern ICU is not limited to treating patients post-surgically or mechanical ventilation only, but has become its own branch of science, Intensive Care Medicine. The scope of its services includes the support of the function of vital organs such as breathing, cardiocirculation, central nervous system, kidneys and others, either in adult patients or pediatric patients (2).

Hospital as one of the health care providers that have a referral function must be able to provide professional and quality ICU services by prioritizing patient safety. In the intensive care unit (ICU), treatment for patients is carried out by involving a variety of professionals consisting of multidisciplinary scientists who work together in teams. The development of a strong multidisciplinary team is essential in improving patient safety. In addition, the support of facilities, infrastructure and equipment is also needed in order to improve services (3,4) .

Through a ventilator, patients who have difficulty breathing independently can be helped to breathe and get air like breathing normally. The ventilator machine will regulate the process of inhaling and exhaling in the patient. The ventilator will pump air for a few seconds to deliver oxygen to the patient's lungs, then stop pumping to get the air out on its own from the lungs (4).

The study focused on perceptions of anxiety levels in families of patients given *informed consent* to ventilator installation at Cileungsi Hospital ICU. Where researchers want to examine the perception of anxiety levels in families who will be given *informed consent* ventilator installation in ICU Cileungsi Hospital.

METHODS

The type of research that will be used is this Quantitative research method (5) using the quasi experimental method using *the design of Non-evaquivalent Control Group Design* with a family sample of patients who will be given *Informed Consent* ventilator installation in the ICU Room of Cileungsi Hospital. The study used a total sampling of 21 respondents. Data collection is done with questionnaires.

RESULTS

Table 1.
Respondent Frequency Distribution Based on Informed Concent (n=21)

Informed Concent	Frequency	Percentage
Agree	18	85.7
Disagree	3	14.3
Total	21	100.0

Based on table 1 above, it can be seen the distribution of frequencies based on informed concent respondents who stated that they agreed amounted to 18 respondents (85.7%), and those who disagreed amounted to 3 respondents (14.3%).

Table 2.
Distribution of Respondent Frequency Based on Ventilator Installation (n=21)

Ventilator Installation	Frequency	Percentage
Understand	16	76.2
Not understanding	5	23.8
Total	21	100.0

Based on table 2 above, it can be seen that the frequency distribution based on the installation of ventilators of the most respondents is those who claim to understand 16 respondents (76.2%), and who do not understand 5 respondents (23.8%).

Table 3
Distribution of Respondents' Frequency Based on Anxiety Level (n=21)

Anxiety Level	Frequency	Percentage
Not anxious	7	33.3
Light	9	42.9
Keep	3	14.3
Heavy	2	9.5
Total	21	100.0

Based on table 3 above, it can be seen the distribution of frequencies based on the level of anxiety of the most respondents is the category of mild anxiety amounting to 9 respondents (42.9%), the level of anxiety at least obtained by the weight category amounted to 2 respondents (9.5%), while the respondents of the non-anxious category amounted to 7 respondents (33.3%), and moderate category respondents amounted to 3 respondents (14.3%).

Table 4
Crosstabulation of Respondents' Informed Consent **To Anxiety Levels (n=21)**

	Not anxious	Light	Keep	Heavy	Total	P Value
Agree	7	9	1	1	18	.009
Disagree	0	0	2	1	3	
Total	7	9	3	2	21	

Based on table 4 above, it can be seen *cross tabulation informed concent* to the level of anxiety that, who states agree to experience the most anxiety is the category of mild number 9 respondents (42.8%), not anxious amounted to 7 respondents (33.3%), and the moderate and heavy category amounted to 1 respondent (4.7%). While respondents expressed disapproval of experiencing the most anxiety is the moderate category of 2 respondents (9.5%) and the weight category amounting to 1 respondent (4.7%). With the results of the statistical test obtained P Value .009 < 0.05. Which means that there is an *influence of informed concent* respondents on anxiety levels.

Table 5
Crosstabulation of Ventilator Installation Respondents To Anxiety Levels (n =21)

	Not anxious	Light	Keep	Heavy	Total	P Value
Understand	7	9	0	0	16	.000
Not understanding	0	0	3	2	5	
Total	7	9	3	2	21	

Based on table 5 above, it can be seen the crosstabulation of ventilator installation to the level of anxiety that, which states understand experiencing anxiety the most is the mild category of 9 respondents (42.8%), and the category of not anxious amounting to 7 respondents (33.3%). While respondents said they did not understand experiencing the most anxiety was the moderate category of 3 respondents (14.2%) and the weight category amounted to 2 respondents (9.5%). With the results of the statistical test obtained P Value .000 < 0.05. Which means that there is an effect of the installation of ventilators of respondents on the level of anxiety.

DISCUSSION

Univariate Analysis Results
Informed Consent

The results of a univariate analysis of demographic data that has been conducted on 21 respondents based on *Informed Consent* provided obtained that respondents agreed to agree with 18 respondents (85.7%), and those who disagreed amounted to 3 respondents (14.3%).

All medical measures to be taken against the patient must be approved. Consent as intended can be given in writing or orally. The approval as intended is given after the patient gets the explanation obtained about the need for medical action to be carried out (Regulation of the Minister of Health no. 290 / MENKES / PER / III / 2008)

Ventilator Installation

The results of the analysis of demographic data that has been conducted on 21 respondents based on the installation of ventilators of the most respondents are those who stated to understand 16 respondents (76.2%), and who said they did not understand amounted to 5 respondents (23.8%).

The difference between normal breathing and a ventilator lies in:
Normal breathing, air enters the lungs due to the negative pressure difference between the alveolus and the atmosphere and air enters the lungs because the pressure in the lungs is lower than in the atmosphere so that air passively moves towards the lungs.
While the ventilator is the opposite, the air entering the lungs is forcibly inserted by the ventilator machine accordingly including the amount of inspiring air pressure (IPL), the volume of air (TV or MV) or the number of breaths in a minute (F). (6)

Anxiety Level
The results of the analysis of demographic data that has been conducted in 21 respondents Based on table 5.3 above, can be seen the distribution of frequencies based on the level of anxiety of the most respondents is the category of mild anxiety amounted to 9 respondents (42.9%), the level of anxiety at least obtained by the weight category amounted to 2 respondents (9.5%), while the respondents of the non-anxious category amounted to 7 respondents (33.3%), and moderate category respondents amounted to 3 respondents (14.3%).

Not everyone who experiences psychosocial stressors will suffer from anxiety disorders, this depends on the structure of their personality. People with a masking personality are more*vulnerable* to suffering from anxiety disorders. Or in other words, people with personality maskers at risk of suffering from anxiety disorders are greater than people who do not have a personality of the masker. *Personality development (personality development)* a person starts from the age of infants to the age of 18 years and depends on the education of parents (psycho-educative) at home, education in school and the influence of social social environment and experiences in his life. A person becomes a squeeze mainly due to the process of imitation and self-identification of his parents, rather than the influence of derivatives (genetics). Or in other words *parental example is* more important than parental *genes.* Similarly, depressive personality and personality forms (7,8)

Bivariate Analysis Results
Perception Level of anxiety in the patient's family to be given *Informed Consent* for ventilator installation in the ICU of Cileungsi Hospital.

From the results of the study obtained data that the Perception of Anxiety Levels in the families of patients who will be given *Informed Consent* for ventilator installation in the ICU of Cileungsi Hospital, showed that the installation of ventilators to anxiety levels that, who stated to understand experiencing anxiety the most was the mild category amounted to 9 respondents

(42.8%), and the category of not anxious amounted to 7 respondents (33.3%). While respondents said they did not understand experiencing the most anxiety was the moderate category of 3 respondents (14.2%) and the weight category amounted to 2 respondents (9.5%). With the results of the statistical test obtained P Value .000 < 0.05. Which means that there is an effect of the installation of ventilators of respondents on the level of anxiety.

Based on the results of the above study researchers argue that the installation of ventilators is related to the anxiety levels of the patient's family. If the patient's family is given good *Informed Consent* will affect the level of anxiety and understanding of ventilator installation (9).

A person will suffer from anxiety disorders when the person concerned is unable to cope with the psychosocial stressors he or she faces. But in certain people even though there is no psychosocial stressor, concerned shows anxiety also Prof. Dr. Dr. H Dadang Hawari, Psrikiater, Anxiety stress management and depression (10)

According to the researchers' assumptions, the level of anxiety from the patient's family comes from the family's incomprehension about the condition and the actions to be taken. This causes anxiety that arises in the patient's family.

The results of this study are different from the study conducted by Azmul Haris (11) and obtained the results that 73.4% of the families of patients studied experienced moderate anxiety due to various circumstances and conditions of the family when faced with the care of their family members in intensive care rooms and without the provision of actual information related to the patient's condition. But the anxiety does not reach the level of severe anxiety due to the adaptation process by family members.

CONCLUSION

Based on the results of research conducted about, perception of anxiety levels in the families of patients who are *informed consent* ventilator installation in the ICU room of Cileungsi Hospital, it can be concluded: of the 21 respondents based on the level of anxiety of the most respondents is the category of mild anxiety amounted to 9 respondents (42.9%), the level of anxiety at least obtained by the weight category amounted to 2 respondents (9.5%), while Respondents in the non-anxious category amounted to 7 respondents (33.3%), and moderate category respondents amounted to 3 respondents (14.3%). With the results of the statistical test obtained P Value .000 < 0.05. Which means that there is an effect of the installation of ventilators of respondents on the level of anxiety.

REFERENCES

1. World Health Organization. Coronavirus disease (COVID-2019) situation reports [Internet]. 2020. Available from: https://www.who.int/emergencies/ diseases/novel-coronavirus-2019/situation-reports/.
2. Wardana BK. Perancangan rumah sakit jantung di Pasuruan. Universitas Negeri Islam Maulana Malik Ibrahim; 2014.
3. Gunawan AH. Analisis kebutuhan tenaga perawat unit pelayanan intensif berdasarkan beban kerja dan kompetensi di unit pelayanan intensif rumah sakit dr oen solo baru tahun 2015. J Adm Rumah Sakit Indones. 2018;2(2).
4. Supriyatin U. Aspek Hukum Dalam Penyelenggaraan Praktik Kedokteran Dihubungkan Dengan Undang-Undang Nomor 29 Tahun 2004 tentang Praktik Kedokteran. J Ilm Galuh Justisi. 2018;6(1):117–24.
5. Heryana A. Kerangka Teori, Kerangka Konsep, Variabel Penelitian, Dan Hipotesis Penelitian (Dalam Penelitian Kuantitatif). Metodol Penelit. 2015;
6. Putri DY, Budiono U. Hubungan Antara Lama Penggunaan Ventilator

Mekanik Dengan Kejadian Ventilator Associated Pneumonia (VAP) Pada Pasien Nonsepsis di ICU RSUP Dr. Kariadi Semarang. Diponegoro University; 2013.

7. Kurniasih R, Nurjanah S. Relationship Between Family Support with Anxiety of Death Among Elderly. J Keperawatan Jiwa Persat Perawat Nas Indones. 2020;8(4):391–400.

8. Eysenck M. Anxiety and cognition: A unified theory. Psychology Press; 2014.

9. Hijriyah E. HUBUNGAN PENGETAHUAN KELUARGA DENGAN TINGKAT KECEMASAN PADA ANGGOTA KELUARGA YANG DIRAWAT DI RUANG INTENSIVE CARE UNIT (ICU) RSUD SULTAN IMANUDDIN PANGKALAN BUN. Hub Pengetah DENGAN TINGKAT KECEMASAN ANGGOTA Kel YANG DI RAWAT DI RUANG INTENSIVE CARE UNIT RSUD SULTAN IMANUDDIN PANGKALAN BUN. 2020;

10. Rahmat WP. Pengaruh konseling terhadap kecemasan dan kualitas hidup pasien diabetes mellitus di Kecamatan Kebakkramat. UNS (Sebelas Maret University); 2010.

11. Haris A. Kecemasan Keluarga Pada Pasien Yang Terpasang Ventilasi Mekanik Di Ruang Intensive Care. J Ilm Mhs Fak Keperawatan. 2017;2(3).