

ORIGINAL RESEARCH

PREVALENCE OF PATIENT'S FAMILY STRESS IN HOSPITAL INCLUSION DURING THE COVID-19 PANDEMIC

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Article Info	Abstract
<p>Article History:</p> <p>Received: 25 December 2023</p> <p>Revised: 30 December 2023</p> <p>Accepted: 03 January 2023</p> <p>Keywords:</p> <p>Family; Stressed; Hospitalization; COVID-19</p> <p>Corresponding Author:</p> <p>Indriyani:</p> <p>Nursing students, Bani Saleh University, Bekasi, Indonesia</p> <p>Email:</p> <p>indriyanisaputri97@gmail.com</p>	<p>Background A study has shown that hospitalized patients are more susceptible to psychological stress than others and family members with previous treatment experience have higher psychological distress. The impact felt by the family on the first day in the inpatient room is experiencing anxiety, fear, sleep disturbances and can cause stress.</p> <p>Purpose: This study aims to determine the description of family stress in the Inpatient Room during the COVID-19 pandemic.</p> <p>Methods: This research is descriptive analytic by using a cross sectional approach. The number of research samples was 54 families of patients who were treated in the Inpatient Room at Izza Cikampek Hospital. The sampling technique used consecutive sampling. The data analysis technique used univariate analysis.</p> <p>Results: This study showed that the majority of respondents experienced moderate stress as many as many as 21 people (38.9%), 20 people did not have stress (37.0%), 11 people mild stress (20.4%) and 2 people (3.7%). Conclusion: The average patient's family in the Inpatient Room at Izza Cikampek Hospital experienced stress, with moderate stress being dominated.</p> <p>Conclusion: It is hoped that the family can reduce the triggering factors for stress and the Hospital Agencies improve the quality of services and facilities so that families are more comfortable when accompanying patients.</p>

Background

Globally, in December 2020, the World Health Organization (WHO) received reports from National Authorities indicating 71,351,695 confirmed cases of COVID-19, with 1,612,372 recorded deaths. Within the Asian region, the reported cases amounted to 71,351,695, with a corresponding death toll of 1,612,372 (WHO, 2020). In Indonesia, the documented figures included 617,820 cases, 505,836 recoveries, and 18,819 fatalities. Specifically, in West Java, 66,210 individuals were afflicted by COVID-19, out of which 54,276 successfully recovered, while 1,057 succumbed to the disease (Ministry of Health, 2020). Notably, an additional 12,674 cases were reported in this region (WHO, 2020).

Stress is a pressure or something that feels pressing inside. Stress can be caused by an imbalance between expectations and reality desired by individuals, both physical and spiritual desires. Expectations and reality will cause stress (Sarangi et al., 2021). Stressful conditions experienced by the family can hamper the ability of the family to provide support to family members who are being treated in the intensive care room (Alfheim et al., 2019). Family members being cared for in the treatment room is a situation that can trigger severe stress in the family which can continue in conditions of fatigue, physical, psychological disorders, and

the powerlessness of the family in dealing with these stressful conditions (Nwanaji-Enwerem et al., 2022). Factors that can trigger stress in the family in response to family members being cared for in the treatment room include changes in the environment, treatment room rules, changes in family roles, family emotional status and activities in family daily life, family (financial) financing capabilities (Pardede et al., 2020).

The impact felt by the family on the first day in the inpatient room is experiencing anxiety, fear, sleep disturbances and can cause stress (Salari et al., 2020). The negative impact experienced by the families of critically ill patients can be minimized by meeting the needs of the family as long as their family members are treated in the inpatient room (Mulyana et al., 2022; Prima et al., 2022). Based on the Critical Care Family Needs Inventory developed by Molter and Leske, inpatient families have 5 needs, including: information needs, mental support, a sense of comfort, closeness to patients and service guarantees (Husain & Setyawan, 2020).

Several factors have been identified that can contribute to increased levels of stress, depression, and anxiety. This includes the age and gender of the family with whom the patient is associated. The type of inpatient room is where the patient is treated, and the educational status of the family. In addition, inconsistent information and irregular family meetings with doctors have also been shown to increase stress levels and burdens on families (Alfheim et al., 2019). The results of nursing interventions in controlling family stress in critically ill patients reveal that the inclusion of family members in the patient's care plan reduces stress levels (Olabisi et al., 2020).

The results of other research conducted (Yosiana et al., 2012) about the description of the stress level of the hospitalized client's family in the third class room of Al Islam Hospital (RSAI) Bandung states that the client's family can also experience moderate stress 20 respondents (19%), severe stress 17 respondents (17%) and very heavy stress 3 respondents (3%). The stress experienced shows that the family has not been able to adapt to the hospital environment and is caused by other factors such as economic factors and social support (Olabisi et al., 2020).

The instrument used is the DASS (Depression Anxiety and Stress Scale) instrument which was developed by Lovibond.SH and Lovibond PF in 1995. The DASS questionnaire consists of 21 items. questions, which include 3 subvariables including: 1. Physical 2. Emotion/Psychological 3. Behavior. Based on the results of the description above, patients who are treated in the inpatient room of their family members often experience physical and mental health problems, especially stress. Therefore, researchers are interested in conducting research on "The Overview of Family Stress in Children" Inpatient Room During the COVID-19 Pandemic".

Method

This study employs a quantitative research approach with an analytical descriptive research design, involving the observation and description of specific situations or events. A cross-

sectional methodology is utilized, where data pertaining to both independent and dependent variables is concurrently collected. The study population comprises the entire families of patients treated at the Inpatient Room of Izza Cikampek Hospital in July 2021, totaling 54 respondents. Consecutive sampling is employed as the sampling technique.

The research instrument consists of a questionnaire comprising two parts: Questionnaire A, encompassing respondent characteristics (such as age, gender, education, occupation, and family relationship status), and Questionnaire B, which incorporates the Depression Anxiety Stress Scales (DASS-21). The DASS-21 is a standardized instrument with validation values ranging from 0.34 to 0.71, and a reliability value of 0.93, determined through Cronbach's alpha assessment (Crawford & Henry, 2005). Data processing in this study encompasses editing, coding, data entry, cleaning, and tabulation, with the chosen analysis method being univariate analysis.

Results

**Table 1. Characteristics of the Family in the Izza Hospital Inpatient Room
Cikampek in 2021 (n=54)**

No	Family Characteristics	Frequency Distribution (n= 54)	
		F	%
1	Age		
	Early teens (17-25 years)	17	31.5
	Early Adults (26-35 years)	11	20.4
	Late Adults (36-45 years)	16	29.6
	Early Elderly (46-55 years old)	10	18.5
2	Gender		
	Man	28	51.9
	Woman	26	48.1
3	Education		
	Elementary school	9	16.7
	Junior high school	7	13.0
	Senior high school	34	63.0
	Diploma/bachelor	4	7.4
4	Work		
	Not Working	34	7.4
	Work	20	37.0
6	Relationship status		
	Wife	8	14.8
	Mother	4	7.4
	Child	17	31.5
	Husband	14	24.9
	Father	1	1.9
	Cousin	2	3.7
	Sister	3	5.6
	Younger Brother	1	1.9
	Friend	4	7.4
	Total	54	100.0

Based on the results of table 1 shows that the frequency distribution of the demographic

characteristics of respondents in their early teens (17-25) 17 respondents (31.5%), male gender 28 respondents (51.9%), family education namely Senior High School 34 respondents (63.0%), working families 34 respondents (63.0%) and family relationship status as children 17 respondents (31.5%)

Table 2. Family Depression Rate In Izza Hospital Inpatient RoomCikampek in 2021 (n=54)

No	Family Depression Level	N	%
1	Normal	54	100
2	Mild	0	0
3	Moderate	0	0
4	Severe	0	0
5	Very severe	0	0
Total		54	100

Based on table 2 above shows that all families have a normal level of depression 54 respondents (100%). There were no families who experienced mild, moderate, severe, and very severe depression.

**Table 3. Family Anxiety Levels In Izza . Hospital Inpatient Room
Cikampek in 2021 (n=54)**

No	Family Anxiety Level	N	%
1	Normal	51	94.4
2	Mild	2	3.7
3	Moderate	1	1.9
Total		54	100

ording to the findings presented in table 3, the majority of families exhibited normal levels of anxiety, accounting for 51 respondents (94.4%). There were 2 respondents experiencing mild anxiety (3.7%), and only 1 respondent reported moderate anxiety (1.9%).

Table 4. Family Stress Level In Izza Hospital Inpatient Room Cikampek in 2021 (n=54)

No	Family Stress Level	N	%
1	Normal	20	37
2	Mild	11	20.4
3	Moderate	21	38.9
4	Severe	2	3.7
Total		54	100

As depicted in Table 4, the predominant stress level among families was moderate, with 21 respondents (38.9%). This was followed by normal stress levels, indicated by 20 respondents (37%). Additionally, there were 11 respondents reporting mild stress (20.4%), and a smaller proportion experienced severe stress, comprising only 2 respondents (3.7%).

Discussion

An overview of family stress levels in the Izza Cikampek Hospital Inpatient Room in 2021. The results of the research conducted showed that families with moderate stress had the largest number, which amounted to 21 people or (38.9%), followed by families with mild stress amounted to 11

people or (20.7%) and a minority of families with severe stress as many as 2 people (37 people). %). The results of this study are not in line with research conducted by (E. Yosiana, 2012) entitled Overview of Stress Levels in Hospitalized Clients' Families in Third Class Room at Al-Islam Hospital (RSAI) Bandung, got the results that from 103 families there were 25 people (24%) not experiencing stress/normal, 38 people (37%) mild stress. , 20 people (19%) were under moderate stress, 17 people (17%) were severely stressed and 3 people (3%) were very stressed. The results of this study indicate that most families experience mild stress.

The results of this study are in line with research that has been carried out by The results of this study are in line with research conducted by Ulfa Hasanah, Juswantri (2019), entitled The Effect of Therapeutic Communication on Family Stress of Patients in the Emergency Installation of Arifin Achmad Hospital, Riau Province, showing that the description of stress levels The majority of the patient's family experienced mild stress as many as 65 people (68.4%), and the minority of the patient's family who experienced severe stress as many as 9 people (9.5%).

The family is the smallest unit in society that has a very strong influence on a condition. During this stage of development, of course, the family undergoes many changes in life events that can be stressful for the family. Stress is a conflict in the form of external and internal pressures and other problems in life. Family stress is characterized by family instability and chaos, when stress arises, the family usually feels uncomfortable and the family is usually receptive to advice and information (Gokseven et al., 2021).

One of the causes of stress in the family is a change in the health of family members. Changes in the state of being sick and the stages that the family must go through afterwards, can be a trigger for family stress. In general, the stress response is more on aspects, such as irritability, sadness, ease (Levkovich et al., 2021; Ying et al., 2021). loss of sense of humor, easily disappointed, and restless. Sickness during the COVID-19 pandemic does make family worries increase, especially if you have to be treated in a hospital, the situation of an inpatient room at a hospital is an environmental factor that can trigger stress, not only for the patient but also for the patient's family (Day et al., 2013).

Van Horn, E. & Tesh, A. (2000) in their research shows that family members bear a lot of stress while accompanying patients in hospital, families report many changes, including sleep behavior. They experience fewer hours of sleep and poor quality sleep, they also have to sleep on a waiting bench while the patient is being treated. Changes in diet and activity also occur in the patient's family (Mistry et al., 2021).

Based on the analysis of researchers before or during the COVID-19 pandemic, the patient's family continued to experience stress. However, during the COVID-19 pandemic there was an increase in stress levels for the families of patients who were hospitalized (Lebrasseur et al., 2021; Prima et al., 2022). Prior to the COVID-19 pandemic, the average patient's family experienced a mild level of stress, while during the COVID-19 pandemic the average patient's family experienced a moderate level of stress. This is because the hospital environment is currently tense, there are many patients diagnosed with COVID-19, many cases of death during the pandemic, as well as the many new procedures in hospitals (Rose et al., 2021).

Conclusion

This study sheds light on the prevalent moderate stress levels experienced by the majority of families with patients in the Inpatient Room at Izza Cikampek Hospital, indicating a departure from previous findings that often reported lighter stress levels. The research underscores the profound impact of the COVID-19 pandemic on family stress, escalating it

from mild to moderate levels. Recommendations include the implementation of intensified psychosocial interventions to assist families in coping with heightened stress during the pandemic. Furthermore, fostering therapeutic communication between healthcare professionals, patients, and families, along with the development of hospital policies supporting family presence during care, is crucial. Additionally, future research should delve into supplementary factors influencing family stress, such as social support, economic conditions, and patients' prior experiences. This study underscores the necessity for hospitals to continuously enhance service quality and facilities, fostering an environment conducive to family well-being and alleviating stress burdens. Implementation of these recommendations aims to mitigate family stress levels during patient care, enhance family well-being, and contribute to the holistic healing process.

Conflict of Interests

There is no conflict of interest in this research.

References

- Alfheim, H. B., Hofsø, K., Småstuen, M. C., Tøien, K., Rosseland, L. A., & Rustøen, T. (2019). Post-traumatic stress symptoms in family caregivers of intensive care unit patients: A longitudinal study. *Intensive and Critical Care Nursing*, 50, 5–10. <https://doi.org/10.1016/j.iccn.2018.05.007>
- Day, A., Haj-Bakri, S., Lubchansky, S., & Mehta, S. (2013). Sleep, anxiety and fatigue in family members of patients admitted to the intensive care unit: A questionnaire study. *Critical Care*, 17(3). <https://doi.org/10.1186/cc12736>
- Gokseven, Y., Ozturk, G. Z., Karadeniz, E., Sari, E., Tas, B. G., & Ozdemir, H. M. (2021). The Fear of COVID-19 Infection in Older People. *Journal of Geriatric Psychiatry and Neurology*. <https://doi.org/10.1177/08919887211002651>
- Husain, F., & Setyawan, D. (2020). Gambaran Pemenuhan Kebutuhan Keluarga Pasien Kritis Oleh Perawat Di Ruang Perawatan Intensif. *Jurnal Kesehatan STIKES Telogorejo*, XII(1), 1–53.
- Lebrasseur, A., Fortin-Bédard, N., Lettre, J., Raymond, E., Bussi eres, E. L., Lapierre, N., Faieta, J., Vincent, C., Duchesne, L., Ouellet, M. C., Gagnon, E., Tourigny, A., Lamontagne, M.  ., & Routhier, F. (2021). Impact of the COVID-19 pandemic on older adults: Rapid review. *JMIR Aging*, 4(2). <https://doi.org/10.2196/26474>
- Levkovich, I., Shinan-Altman, S., Essar Schvartz, N., & Alperin, M. (2021). Depression and Health-Related Quality of Life Among Elderly Patients during the COVID-19 Pandemic in Israel: A Cross-sectional Study. *Journal of Primary Care and Community Health*, 12. <https://doi.org/10.1177/2150132721995448>
- Mistry, S. K., Ali, A. R. M. M., Akther, F., Yadav, U. N., & Harris, M. F. (2021). Exploring fear of COVID-19 and its correlates among older adults in Bangladesh. *Globalization and Health*, 17(1), 1–9. <https://doi.org/10.1186/s12992-021-00698-0>
- Mulyana, Z. A., Andas, A. M., & Astuti, P. (2022). Prevalensi Kualitas Tidur Keluarga di Ruang Rawat Inap RS Izza Karawang di Masa Pandemi Covid-19. *Jurnal Surya Medika*,

7(2), 190–198. <https://doi.org/10.33084/jsm.v7i2.2815>

- Nwanaji-Enwerem, U., Onsomu, E. O., Roberts, D., Singh, A., Brummett, B. H., Williams, R. B., & Dungan, J. R. (2022). Relationship Between Psychosocial Stress and Blood Pressure: The National Heart, Lung, and Blood Institute Family Heart Study. *SAGE Open Nursing*, 8, 23779608221107588. <https://doi.org/10.1177/23779608221107589>
- Olabisi, O. I., Olorunfemi, O., Bolaji, A., Azeez, F. O., Olabisi, T. E., & Azeez, O. (2020). Depression, anxiety, stress and coping strategies among family members of patients admitted in intensive care unit in Nigeria. *International Journal of Africa Nursing Sciences*, 13(September 2019), 100223. <https://doi.org/10.1016/j.ijans.2020.100223>
- Pardede, J. A., Hasibuan, E. K., & Hondro, H. S. (2020). Perilaku Caring Perawat Dengan Koping Dan Kecemasan Keluarga. *Indonesian Journal of Nursing Science and Practice*, 3(1), 15–22. <https://doi.org/https://doi.org/10.24853/ijnsp.v3i1.14-22>
- Prima, A., Harahap, D., Lanahdiana, L., Ilyas, A. S., Rambu, S. H., Hermawan, A., Andas, N. H., & Andas, A. M. (2022). Prevalence Anxiety Family Members of Patients Admitted to Inpatient Hospital Room during Pandemic COVID-19. *Open Access Macedonian Journal of Medical Sciences*, 10(E), 1029–1034. <https://doi.org/10.3889/oamjms.2022.9968>
- Rose, L., Cook, A., Onwumere, J., Terblanche, E., Pattison, N., Metaxa, V., & Meyer, J. (2022). Psychological distress and morbidity of family members experiencing virtual visiting in intensive care during COVID-19: an observational cohort study. *Intensive Care Medicine*, 48(9), 1156–1164. <https://doi.org/10.1007/s00134-022-06824-9>
- Salari, N., Hosseinian-Far, A., Jalali, R., Vaisi-Raygani, A., Rasoulpoor, S., Mohammadi, M., Rasoulpoor, S., & Khaledi-Paveh, B. (2020). Prevalence of stress, anxiety, depression among the general population during the COVID-19 pandemic: a systematic review and meta-analysis. *Globalization and Health*, 16(1), 57. <https://doi.org/10.1186/s12992-020-00589-w>
- Sarangi, A., Javed, S., Karki, K., & Kaushal, A. (2021). COVID-19-associated PTSD in the elderly—lessons learned for the next global pandemic. *Middle East Current Psychiatry*, 28(1). <https://doi.org/10.1186/s43045-021-00119-3>
- WHO. (2021). *WHO COVID-19 global table data December 1st 2020 at 11*. WHO Coronavirus Disease.
- Ying, Y., Ruan, L., Kong, F., Zhu, B., Ji, Y., & Lou, Z. (2021). Correction to: Mental health status among family members of health care workers in Ningbo, China, during the coronavirus disease 2019 (COVID-19) outbreak: a cross-sectional study (BMC Psychiatry, (2020), 20, 1, (379), 10.1186/s12888-020-02784-w). *BMC Psychiatry*, 21(1), 1–10. <https://doi.org/10.1186/s12888-021-03048-x>
- Yosiana, E. (2012). Gambaran Tingkat Stres Pada Keluarga Klien Hospitalisasi Di Ruang Kelas Tiga Rumah Sakit Al Islam (Rsai) Bandung. *Students E-Journal*, 1–13.
- Yosiana, E. M., Hernawaty, T., & Hidayati, N. O. (2012). Gambaran Tingkat Stres Pada Keluarga Klien Hospitalisasi Di Ruang Kelas Tiga Rumah Sakit Al Islam (RSAI) Bandung. *Students E-Journal*, 1–13.