HUBUNGAN TINGKAT KECEMASAN KELUARGA DENGAN KONFLIK PENGAMBILAN KEPUTUSAN OLEH KELUARGA PADA TINDAKAN TRAKEOSTOMI DI RUANG PERAWATAN INTENSIF

Rizal Adrian Firdaus

Abstrak

Keluarga pasien yang dirawat di *Intensive Care Unit* (ICU) dan akan menjalani tindakan trakeostomi berperan sebagai *surrogate decision maker* sehingga berisiko mengalami kecemasan dan konflik dalam pengambilan keputusan. Penelitian ini bertujuan untuk mengetahui hubungan antara tingkat kecemasan keluarga dengan konflik pengambilan keputusan tindakan trakeostomi di ruang perawatan intensif RSUD Tarakan Jakarta. Penelitian menggunakan desain kuantitatif analitik korelasional dengan pendekatan *cross-sectional*. Sampel penelitian berjumlah 40 responden yang dipilih menggunakan teknik *purposive sampling*. Tingkat kecemasan diukur menggunakan instrumen *Hospital Anxiety and Depression Scale-Anxiety* (HADS-A), sedangkan konflik pengambilan keputusan diukur menggunakan *Decisional Conflict Scale* (DCS). Analisis data dilakukan secara univariat dan bivariat menggunakan uji korelasi Spearman Rank dengan tingkat kemaknaan $\alpha = 0,05$. Hasil penelitian menunjukkan bahwa mayoritas responden mengalami *Doubtful Anxiety* sebanyak 26 responden (65%) dan konflik pengambilan keputusan berada pada kategori *Decision Delay* sebanyak 16 responden (40%). Hasil uji Spearman Rank menunjukkan tidak terdapat hubungan yang signifikan antara tingkat kecemasan keluarga dengan konflik pengambilan keputusan tindakan trakeostomi ($p = 0,198$; $r = 0,221$). Hal ini menunjukan bahwa konflik pengambilan keputusan tidak hanya dipengaruhi oleh tingkat kecemasan keluarga, tetapi juga oleh faktor lain. Oleh karena itu, tenaga kesehatan diharapkan dapat meningkatkan komunikasi, edukasi, dan penerapan *shared decision making* untuk mendukung keluarga dalam proses pengambilan keputusan tindakan trakeostomi.

Kata kunci: *Intensive Care Unit*, Kecemasan keluarga, Konflik pengambilan keputusan, Trakeostomi.

THE RELATIONSHIP BETWEEN FAMILY ANXIETY LEVELS AND FAMILY DECISIONAL CONFLICT IN TRACHEOSTOMY DECISION-MAKING IN THE INTENSIVE CARE UNIT

Rizal Adrian Firdaus

Abstract

Family members of patients admitted to the Intensive Care Unit (ICU) who require tracheostomy often act as surrogate decision-makers, placing them at risk of experiencing anxiety and decisional conflict. This study aimed to determine the relationship between family anxiety levels and decisional conflict regarding tracheostomy decision-making among family members of patients in the Intensive Care Unit at RSUD Tarakan Jakarta. This study employed a quantitative correlational design with a cross-sectional approach. A total of 40 respondents were selected using purposive sampling. Family anxiety was measured using the Hospital Anxiety and Depression Scale–Anxiety (HADS-A), while decisional conflict was assessed using the Decisional Conflict Scale (DCS). Data were analyzed using univariate analysis and Spearman Rank correlation with a significance level of α = 0.05. The results showed that the majority of respondents experienced Doubtful Anxiety (26 respondents, 65%), while the highest proportion of decisional conflict was categorized as Decision Delay (16 respondents, 40%). Spearman Rank correlation analysis revealed no significant relationship between family anxiety levels and decisional conflict regarding tracheostomy decision-making (p = 0.198; r = 0.221). It was concluded that decisional conflict was not solely influenced by family anxiety but also by other contributing factors. Therefore, healthcare professionals are encouraged to improve communication, provide comprehensive education, and implement shared decision-making to better support family members during the tracheostomy decision-making process.

Keywords *: Decisional conflict, Family anxiety, Intensive Care Unit, Tracheosto*