

*Original article*

The Relationship Between Nurses' Caring and the Anxiety of Inpatients at the Koto Baru Community Health Center, Dharmasraya Regency

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Abstract

Introduction: Caring is a behavior or action taken to provide a sense of physical and emotional security to others in a sincere manner. Caring is central to nursing practice, requiring nurses to be more concerned with their patients. The aim of this study was to determine the relationship between nurses' caring and the anxiety of inpatients at the Koto Baru Dharmasraya Community Health Center.

Methods: This research is a quantitative study with an analytical survey design using a descriptive approach. The population was all 144 patients who underwent medical check-ups at the Koto Baru Community Health Center between August and December. A sample of 35 individuals met the inclusion and exclusion criteria. The sampling technique used was accidental sampling.

Results: The results of the study, namely univariate analysis, obtained 25 (71.4%) respondents with sufficient caring and 25 (71.4%) respondents with mild to moderate anxiety. Bivariate analysis using the Chi-Square test showed a relationship between nurse caring and patient anxiety with a P value of $0.000 \leq 0.05$.

Conclusion: Suggestions are expected for the future so that nurses can improve caring behavior and reduce patient anxiety at the Koto Baru Community Health Center.

Keywords: Nurses' caring, The anxiety of inpatients

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INTRODUCTION

Caring is a behavior or action taken to genuinely provide a sense of physical and emotional security to others. Caring is central to nursing practice, requiring nurses to be more caring toward patients (Kusnanto, 2019). Global data from applications on the implementation of caring models among nurses still shows low levels of caring service quality, including in Ireland (11%) and Greece (47%) (Samsualam et al., 2021). Caring behavior is key to a nurse's success in carrying out their duties. Caring is the nurse's ability to feel what the patient feels regarding all events related to the patient, to analyze and interpret them with feeling, and to understand what the patient is experiencing (Ilkafah, 2017). Caring Science and Human Caring Theory (Revised Edition). Jean Watson developed and updated the Caring Science theory in its latest edition, published in 2020. In this theory, Watson emphasizes that caring is not merely an action but also an attitude that touches the spiritual, physical, and social dimensions of the patient. rKristen Swanson (2021) According to the WHO, applications on the implementation of the caring model among nurses still show a low percentage of quality caring services. In Indonesia, many nurses also exhibit caring behavior. A study in Semarang, Java, showed that 60% of 50 nurses exhibited caring behavior (Wuwung et al., 2020).

The impact of nurses not providing caring behavior to patients is that their anxiety will not be reduced and can affect the surgical procedure. According to research (Ananda & Asmawati, 2018), of 100 respondents, the majority (35 respondents (81.4%)) experienced severe anxiety due to poor nursing care, while 15 respondents (28.3%) experienced mild anxiety due to good nursing care. This study clearly demonstrates that nursing caring behavior significantly influences the level of anxiety experienced by patients. Watson, in his Theory of Humans. Anxiety is an enthusiastic reaction to an evaluation that describes a state of stress, tension, fear, and anxiety combined with various life circumstances such as infectious problems (Hidayat, 2018). The anxiety that arises in patients is influenced by various elements, including tension identified with the patient's illness, treatment, and current security assessment. Patients undergoing medical procedures will feel anxious due to the presence of threats, sedation, death, physical

changes, or long-term obstacles. Furthermore, patients facing medical procedures are overcome by fear, fear of missing work time, job loss, obligations to support family, and the risk of long-term disability. Anxiety about surgery arises from the fear of facing death and not having the option of waking up after undergoing a medical procedure (Hawari, 2018).

The results of the study on the frequency distribution of respondents based on patient anxiety in the adult inpatient room of Az Zahra Kalirejo General Hospital, Central Lampung, from 89 respondents, found that 51 (57.3%) patients had no anxiety, 38 (42.7%) patients experienced anxiety. This study is in line with the study entitled *The Relationship of Therapeutic Communication with the Implementation of Discharge Planning in the Inpatient Room of Dumai City Hospital, Riau*, with the results of 127 (74.3%) not anxious, 2 (1.2%) respondents with severe anxiety. (Novita, 2020). Patients are users of health services so that the quality of service will affect patient anxiety (Elasari et al., 2023). Anxiety is a psychological response to stress that contains physiological and psychological components, physiological reactions to anxiety are the first reactions that arise in the autonomic nervous system, including increased pulse, respiration, shifts in blood pressure and temperature, smooth muscle relaxation (Oktarini & Prima, 2021). Several factors can cause stress and anxiety in individuals, including: unfamiliar surroundings, loss of independence leading to dependence and the need for assistance from others, separation from partners and family, financial issues, lack of information, the threat of a more severe illness, and treatment issues (Setiawan et al., 2018). Anxiety is an individual's response to a threat. Waiting for a surgery presents a situation filled with uncertainty, which can lead to feelings of fear and anxiety. Anxiety can be a common problem in healthcare, with an estimated 5% of the population experiencing anxiety ranging from mild to severe panic (Lariwu et al., 2019). Furthermore, a lack of attention and trust also contribute to anxiety levels. When the nurse-patient relationship is not well-established, fear and anxiety about the medical care received increase (Berg et al., 2018). Anxiety can cause uncomfortable cognitive, psychomotor, and physiological responses, such as difficulty thinking logically and increased vital signs (Nurahayu & Sulastri, 2019).

The impacts of anxiety include cold fingers, high blood pressure, high heart rate, dizziness, chest tightness, and disturbed sleep patterns. (Sulastri et al., 2019). Anxiety can also impact patient length of stay. Anxiety itself can lead to decreased immunity, leading to prolonged hospitalization, requiring improved discharge planning (Retno Wulandari et al., 2021). Peplau, in his *Theory of Interpersonal Relations*, suggests that nurses who build empathetic and supportive relationships can reduce patient anxiety by providing a sense of security. The nurse's presence and emotional support can facilitate a reduction in patient anxiety. The solution implemented by the Koto Baru Community Health Center to prevent anxiety in hospitalized patients is by improving empathetic and clear communication, providing emotional support to patients, and creating a calm environment for patients. This allows nurses to help reduce anxiety inpatients at the Koto Baru Community Health Center Dharmasraya 2025.

Data according to the Koto Baru Community Health Center from August to October, with 144 inpatients, of which 62 were male and 82 were female. Based on an initial survey on November 21, 2024, which interviewed 5 respondents, 3 respondents reported a lack of nurses' concern for patients. Patients were anxious and a little afraid of being treated for the first time, patients were afraid that their condition would not improve quickly, patients were very afraid because their condition was starting to worsen and would be referred to the hospital. Patients also expressed anxiety during procedures such as IV insertion. Nurses lacked empathy for patients, trivializing patients' feelings without trying to understand their anxiety, nurses negatively assessed patients' reactions and did not appreciate the pain or discomfort they experienced. 2 people said they were satisfied with the nurse's caring behavior, the nurse showed attention and was ready to listen to the patient's complaints, the nurse provided a sense of security by providing explanations and support and the nurse reduced anxiety by providing an understanding of the procedures to be carried out.

METHOD

This research is a quantitative study with an analytical survey design using a descriptive approach. The population of this study was all 144 patients who underwent medical check-ups at the Koto Baru Community Health Center between August and December. A sample of 35 patients who met the inclusion and exclusion criteria was selected. The sampling technique used accidental sampling. Anxiety was assessed using the Hamilton Anxiety Rating Scale (HARS) questionnaire and caring was assessed using the Caring Professional Scale (CPS) questionnaire.

RESULTS

Nurses' Caring Behavior

Table 1. Distribution of Nurse Caring Frequency in the Inpatient Ward of the Koto Baru Community Health Center,

Dharmasraya Regency in 2025			
No	Nurse' Caring	f	%
1	Less	1	2,9
2	Sufficient	25	74.4
3	Good	9	25.7
Total		35	100

Based on Table 1, it can be seen that the majority of respondents, namely 25 people (71.4%), said that the nurses' caring was sufficient at the Koto Baru Dharmasraya Health Center.

Patient Anxiety

Table 2. Distribution of Anxiety Frequency of Inpatients at Koto Baru Community Health Center, Dharmasraya Regency in 2025

NO	Anxiety Level	f	%
1	Mild-Moderate	25	71.4
2	Heavy	9	25.7
3	Severe	1	2.9
Total		35	100

Based on Table 2, it can be seen that the majority of respondents, namely 25 people (71.4%) respondents, felt mild to moderate anxiety at the Koto Baru Community Health Center, Dharmasraya Regency, 2025.

Relationship between Nurse Caring and Anxiety of Inpatients

Table 3. Frequency Distribution of the Relationship between Nurse Caring and Anxiety of Inpatients at the Koto Baru Community Health Center, Dharmasraya Regency in 2025

Caring	Anxiety Level						Total		P value
	Mild-Moderate		Heavy		Severe		f	%	
	f	%	f	%	f	%			
Less	0	0	0	0	1	100	1	100	0,000
Sufficient	22	88.0	3	12.0	0	0	25	100	
Good	3	33.3	6	66.7	0	0	9	100	
Total	25	71.4	9	25.7	1	2.9	35	100	

Table 3 shows that of the 25 respondents who rated nurses' caring as adequate, almost all (88.0%) felt mild to moderate anxiety. A small proportion, 3 (12%) respondents, experienced severe anxiety. Based on the results of the Chi-square analysis statistical test, the calculated X^2 value was 45.460 with a degree of freedom (df) of 4 and a P-value of $0.000 \leq a = 0.05$. The statistical table shows that H_a is accepted and H_o is rejected, indicating a relationship between nurses' caring and inpatient anxiety at the Koto Baru Dharmasraya Community Health Center in 2025.

DISCUSSION

Nurses' Caring Behavior

Based on the research results in Table 5.1, it can be seen that the majority of respondents, 25 (71.4%), felt that the nurses' caring behavior at the Koto Baru Dharmasraya Community Health Center was adequate. This study aligns with research by Rahayu (2016), which found that 51.9% of nurses were caring and 48.1% were less caring in a survey conducted at a clinic at Persahabatan Hospital in Jakarta. According to this study, caring behavior can affect a client's condition, thus affecting their length of stay in the hospital. A study conducted by Fadilah (2016) at Salatiga City Hospital, through observations of several nursing staff, found that out of 22 nurses, 17 nurses demonstrated caring behavior toward clients.

Based on questionnaire analysis, 71.4% of respondents felt that the nurses' caring behavior was adequate, including asking how they were feeling, greeting them, and providing comfort by maintaining vocal control. Therefore, almost all respondents felt that the nurses' caring behavior was adequate. These results indicate that many respondents felt that their caring behavior was adequate because they felt a sense of trust and that the nurses were willing to assist patients. Caring is a central theme in nursing. Caring is the ability to dedicate oneself to others, pay close attention, show concern, empathize, and show love or affection, all of which are essential nursing behaviors (Arrohman, 2017).

Based on the questionnaire analysis, 71.4% of respondents felt that nurses' caring was adequate, as nurses acted professionally, acted in a timely manner, always respected their rights, and motivated them to think positively about their illness. Many respondents felt that nurses' caring was adequate because they felt they cared for them. According to the research assumptions, the nurses' caring at the Koto Baru Community Health Center, as seen from the questionnaire results, showed that the majority of respondents felt that caring was adequate due to the nurses' attention to patients, their motivation to think positively about their illness, and their respect for their rights. However, only one respondent felt that caring was insufficient because the nurse did not offer to help.

Patient Anxiety

Based on the research results in Table 2, it can be seen that the majority of respondents, 25 (71.4%) at the Koto Baru Community Health Center in Dharmasraya Regency, experienced mild to moderate anxiety in 2025. Anxiety is a mental or emotional condition that causes discomfort and disrupts a person's overall life due to worry or apprehension about something, resulting in feelings of fear and reluctance, mixed with sadness, and thoughts of uncertainty (Dorland, 2018). This study aligns with research by Abdullah (2023). Their results found that out of 4 (8.7%) respondents experiencing severe anxiety, 2 (4.3%) respondents had moderate levels of nurse care. This is because patient psychology can make therapy, and even nurse care, less acceptable to patients. In some respondents, high anxiety occurs due to chronic illnesses, which cause pain, making patients uncomfortable even though nurses have provided maximum care.

Based on the results of the questionnaire analysis taken from respondents in this study, from 35 respondents it can be concluded that most of the 25 respondents reported mild-moderate levels of anxiety. Most respondents showed symptoms including a red face, dry mouth, sweating easily, a tense facial expression, anxiety, restlessness, short and rapid breathing, and frequent breathing. Based on the results of the questionnaire analysis taken from respondents in this study, from 35 respondents it can be concluded that most of the 25 respondents reported mild-moderate levels of anxiety. Most respondents showed symptoms including a red face, dry mouth, sweating easily, a tense facial expression, anxiety, restlessness, short and rapid breathing, and frequent breathing. According to the research assumption, patient anxiety at the Koto Baru Community Health Center can be seen from the questionnaire results, namely that most of them have mild-moderate anxiety due to symptoms that include a red face, dry mouth, anxiety, restlessness, sweating easily, tense facial expressions. However, only one respondent experienced very severe anxiety including symptoms of anxiety, bad feelings, fear of one's own thoughts, easily offended, easily crying, fear of large crowds, and frequent nightmares.

Relationship between Nurse Caring and Anxiety of Inpatients

Based on the research results in Table 3, it can be seen that of the 25 respondents who rated the nurses' caring as adequate, almost all (88.0%) felt mild to moderate anxiety. A small minority, 3 (12%) respondents, experienced severe anxiety. Based on the results of the Chi-square analysis statistical test, the calculated χ^2 value was obtained = 45.460 with the provisions of degree of freedom (df) = 4 and P-value = $0.000 \leq \alpha = 0.05$. Therefore, based on the statistical table, it shows that H_a is accepted and H_0 is rejected, which means that there is a relationship between nurse caring behavior and anxiety inpatients at the Koto Baru Dharmasraya Community Health Center in 2025. This study is in line with research (Nurlaili Hidayati 2013). The results of testing the relationship between nurse caring behavior and patient anxiety obtained an r-value of -0.468 with a p-value = 0.000, thus at a significance level of 5%, the p-value is smaller than the significance level or $0.000 < 0.05$, so it was decided that H_0 was rejected and H_a was accepted. Based on these test criteria, it was concluded that there was a significant relationship between nurses' caring behavior and patient anxiety at PKU Muhammadiyah Surakarta Hospital.

Based on the assumptions of researchers at the Koto Baru Dharmasraya Community Health Center, as seen from the questionnaire results, almost all respondents indicated that nurses' caring behavior was sufficient in this study to reduce anxiety. The nurses' empathy, reflected in their caring behavior, provided a sense of calm and comfort for patients. By asking about respondents' complaints, nurses offered assistance, and demonstrated patience during the nursing process. Therefore, the nurses' presence with patients also reduced the patient's dependence on their families and reduced the number of family members who were overcrowded during hospitalization. However, some respondents were dissatisfied with the nurses' caring behavior due to a perceived lack of attention and empathy. Respondents could feel neglected, which could increase anxiety, fear, or discomfort during treatment, even worsening their health condition. The anxiety that arose in patients was due to the fact that some patients had low levels of education (elementary and junior high school). This low level of education prevented them from applying

what the nurses had conveyed, resulting in patients feeling anxious due to a lack of understanding of their current situation.

CONCLUSION

Based on the description of the research results and discussion on "the relationship between nurse caring and anxiety of inpatients at the Koto Baru Dharmasraya Community Health Center, namely the majority of respondents, namely 25 people (71.4%) stated that caring at the Koto Baru Dharmasraya Community Health Center was in the caring range of sufficient. Most respondents, namely 25 people (71.4%) respondents felt mild-moderate anxiety at the Koto Baru Community Health Center, Dharmasraya Regency. There is a relationship between nurse caring and anxiety of inpatients at the Koto Baru Community Health Center, Dharmasraya Regency. The r-value is -0.468 with p-value = 0.000, thus at a significance level of 5% the p-value is smaller than the significance level or $0.000 < 0.05$, so it is decided that H_0 is rejected and H_a is accepted.

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