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Development and Validation of Psychosocial Problem Assessment Instruments in Critical Patients in the Intensive Care Unit (ICU)

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ABSTRACT

The assessment of psychosocial problems is an important component of determining patient needs in managing therapy and providing comprehensive care for patients in the ICU. Until now, there has been no specific instrument to measure the psychosocial problems of critical patients. This study aimed to develop and validate an instrument to assess psychosocial problems. This research used a quantitative design, testing 104 ICU nurses and 38 patients by questionnaire; in two hospitals in Banten, those who passed obtained ethics approval. Data were collected from May to July 2024. Data analysis in this study used Confirmatory Factor Analysis (CFA) with Lisrel 8.5. to test the construct validity and reliability based on the content and language suitability and univariate testing to describe the result of experienced psychosocial problems to patients. The result is the instrument developed five indicators: anxiety, depression, hopelessness, helplessness, and deprivation. All indicators were declared valid and reliable using Measurement by Standardized Loading Factor (SLF), Construct Reliability (CR), and Average Variance Extracted (AVE), and good model fit in SEM analysis and testing to critical patients in the ICU found that some patients experienced severe anxiety was 19 (50.0%) respondents, mild to moderate deprivation was 27 (71.1%) respondents, mild to moderate depression was 22 (57.9%) respondents, severe helplessness was 21 (55.3%) respondents, and mild to moderate hopelessness was 20 (52.6%) respondents. The conclusion of this research is that this instrument has been evolved and declared valid and reliable.

Key Messages:

- The nurses can properly apply instruments in the ICU so that they can identify psychosocial problems early, which will help restore feelings of security, self-confidence, competence, and trust and minimize the risk of post-traumatic stress disorder disease.

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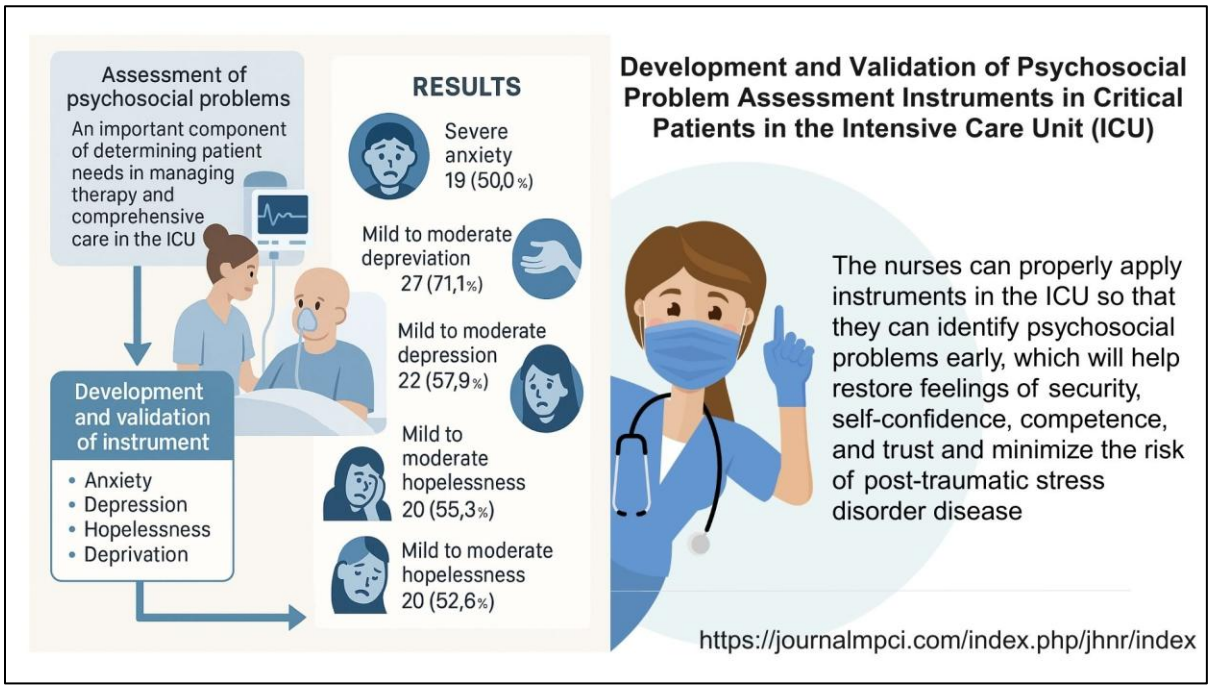
GRAPHICAL ABSTRACT



INTRODUCTION

Patient with critical illness who needs critical care in the intensive care unit require not only physical care but also biopsychosocial-spiritual care. Patients who experience stress due to various factors need psychosocial care so that there is no prolonged stress that will result in disruption of one's psychosocial. Psychosocial care refers to emotional support that aims to protect patients from a frightening environment from adverse emotional reactions due to their physical condition (1). Patients often perceive the ICU as a frightening place, leading to anxiety or depression after discharge.(2). Studies show that up to 27 % of patients go through symptoms of Post Traumatic Stress Disorder (PTSD) in the form of anxiety or depression after critical care (3). Psychosocial care interventions facilitate an individual's handling of the ordeal of a severe illness and help to re-establish normal functioning. The term 'psychosocial' has been used for some time, mainly in the context of practical applications, for example, in healthcare (4)

Uncooperative, anxious, and agitated patients are among the psychosocial impacts that can occur during treatment in the ICU, resulting in unstable patient hemodynamics (5). This can be minimized if care in the ICU emphasizes a holistic approach, including psychosocial care (6). Emotional support provided by nurses can reduce fear and anxiety in patients (7,8). Psychosocial issues and concerns of critically ill patients are interrelated. For example, inadequately managed pain can lead to feelings of helplessness, anxiety, and depression, which can increase patient perception of pain. The worsening of the quality of life of patients after critical care may happen because the patient feels discomfort during the care in the intensive care unit (8). Psychosocial instruments can be measured from anxiety or excessive worry and fear. According to a cohort study by Bjørnøy et al. (2023), who explored patients' admission to the ICU and followed up six months, found that 12,4% of patients reported depression and 18,6% anxiety at six months after admission to the ICU (9).

Current psychosocial research has focused more on caregivers or families of critically ill patients. The studies showed that family members of critical patients have psychosocial needs when a family member experiences treatment in the intensive care unit (10–13). Other studies have mentioned that nurses and other health workers experience psychosocial problems while working in the ICU (14). Psychosocial aspects emphasize a healthy personality, where individuals can overcome every conflict faced; if the conflict is not resolved, it will cause prolonged problems (15). The risk of PTSD in patients admitted to the ICU is increasing, especially in adolescents and women (7,16). Three to six months after

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treatment in the ICU, the incidence of post-traumatic stress disorder ranges from 2-25% and has decreased the quality of life of patients (1).

The results of assessments, observations, and interviews overseen by researchers in several ICUs in hospitals in Banten, there is no tool to assess the psychosocial problems of ICU patients. Assessment by ICU nurses every day focuses on the biological aspects of patients such as patient hemodynamic level of consciousness, use of mechanical ventilation or oxygenation, medications, laboratory results, and fluid balance. This assessment is clearly illustrated on the flowsheet in the ICU room. interviews with 10 nurses in the ICU, nurses said that the number of patients who pulled out the ETT (Endo Tracheal Tube) installed and the anxiety of the threat of death could result in patients not cooperating in the care provided in the ICU. For this reason, it is necessary to have an instrument to measure patients' psychosocial problems to be able to find out the problems and psychosocial needs of patients so that patients can get comprehensive therapy and care while being treated in the ICU.

This study developed and validated an instrument for assessing the psychosocial problems of critical patients in the ICU. The psychosocial aspects compiled are: anxiety, depression, hopelessness, helplessness, and deprivation. The existing indicators, when associated with nursing theory, these indicators show psychosocial conditions that can be overcome with the nursing theory proposed by Roy and Betty Neuman. Researchers chose Roy's adaptation theory and Betty Neuman's system theory based on four basic elements that are interconnected between humans, the environment, health and nursing, where the four elements are interrelated if one of these elements is disturbed, other elements will be affected, such as patients admitted to the ICU room.

According to The Roy's Adaptation Model explains about four essential elements in the nursing adaptation model, namely: Human, Environment, Health and Nursing. Roys explains that humans have an adaptation system to various incoming stimuli or stressors (15). Betty Neuman's system theory explains that individuals are unique systems with different responses. Lack of knowledge and environmental changes can change individual stability (physiological, psychosocial, social, cultural, developmental, and spiritual). Individuals in responding must have stable coping with stressors, because the internal and external environment can cause stress. According to Neuman, individuals have reactions to stress in the form of primary, secondary and tertiary prevention (15). The advantage of using psychosocial instruments in critical nursing is that it makes it easier for nurses to assess psychosocial in critical nursing, which has only focused on the physical care so to minimize the risk of developing PTSD patients such as depression caused after treatment in the ICU. More over patients in the ICU need a comprehensive assessment of health problems, the current assessment and measurement in the ICU still focuses on the physical state of the patient. There is no specific instrument to measure the psychosocial problems of critical patients. Based on the phenomenon, it would have required research to develop an instrument for assessing the psychosocial problems of critically ill patients in the ICU. The aims of the research was to develop a valid and reliable instrument for assessing the psychosocial problems of patients in the Intensive Care Unit to be used as an instrument to generate clinical data needed by nurses in implementing the nursing care process in critical patients in the ICU.

METHODS

This study was conducted using a quantitative approach, which is a homogeneity control method to test the construct validity of the instrument. This study aimed to develop and validate an instrument to assess psychosocial problems in critical patients in the intensive care unit (ICU). The research process involved statistical conclusion validity to reach validity and reliability of the instrument, that inference an empirical relationship between variables exists (17).

The research sample consisted of nurses working in the ICU. The total sample was 104 nurses and 38 patients in the ICU from two general hospitals in Banten, Indonesia. The nurses and patient selection process involved collaboration between the researchers and the chief nurse of the ICU using criteria inclusion. The inclusion criteria for nurses were willingness to participate and availability during data collection. The inclusion criteria of the patient are conscious and cooperative.

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Data gathering was organized from April to June 2024 in the intensive care unit of two general hospitals in Banten Indonesia. Data were collected by researchers assisted by local coordinators of the ICU. Nurses fill in the questionnaire consist a psychosocial assessment instrument. An initial section containing the identity of the nurse and then a psychosocial problem assessment instrument consisting of 23 statement items filled in by the nurse. The instrument contains 23 statement items from 5 psychosocial aspects. The instrument will be assessed based on the appropriateness of the content and ease of understanding the language. The Instrument has 23 questions, which include 5 contents of psychosocial problems there are anxiety, depression, hopelessness, helplessness, and deprivation testing the nurses. Then, the instruments were piloted with critical patients who were in the intensive care unit, which includes the criteria of the patient being alert and not running into altered mental status.

Table 1 Psychosocial Assessment Instrument

Psychosocial Assessment Instrument
1. I feel tense while being treated in the ICU.
2. I feel afraid of the actions taken by the nurse during ICU treatment.
3. I was disturbed by the alarm sound in the ICU.
4. I will ask the nurse for help to accompany me while being treated in the ICU.
5. I feel that the feeling of anxiety will be reduced if there is my family accompanying during treatment.
6. I feel pain during treatment in the ICU.
7. I thought about the disease during treatment in the ICU.
8. I need support from my family.
9. The nurse accompanies me when I feel anxious.
10. I need support from the nurse.
11. The nurse gives permission to my family members to accompany me when I feel anxious.
12. I accept the current condition.
13. I have difficulty sleeping while being treated in the ICU.
14. I understand my illness.
15. I feel calm if there is a religious figure who helps me with my worship.
16. I feel that I can't play my usual role while being treated in the ICU.
17. I feel that the nurse can fulfill my needs while being treated in the ICU.
18. I feel helpless with the condition while being treated in the ICU.
19. I feel the nurses paid attention and took good care of me during my stay in the ICU.
20. I feel unaccompanied by family members.

The analysis of this study used Confirmatory Factor Analysis (CFA) by Lisrel 8.5 test to test the level of construct validity and reliability based on the content and language suitability of the psychosocial problem assessment instrument in critical patients to describe the characteristics of each variable studied, and the univariate testing was analyzed to knowing the level of anxiety, depression, hopelessness, helplessness, and deprivation of patients. The tables and diagrams were presenting of it.

CODE OF HEALTH ETHICS

Ethical approval for this study was granted by the Health Research Ethics Committee of the Faculty of Medicine, Universitas Sultan Ageng Tirtayasa (Approval number: No. 174/UN43.20/KEPK/2024).

RESULTS

The results of the validity and reliability test of the development of an instrument for assessing psychosocial problems of patients in the Intensive Care Unit (ICU) on ICU nurses at Dradjat Prawiranegara Hospital and RSUB Banten, using the Listrel 8.5 test. Validity and reliability tests are based on the suitability of the content of psychosocial problems and the ease of understanding the instrument's language for assessing psychosocial problems in critical patients in the ICU.

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Characteristics of ICU nurses according to gender, age, latest education, and length of work

Table 2 Distribution of Nurse Characteristics in the ICU (N=104)

Characteristics	Frequency	Percentage (%)
Gender		
Male	61	57,4
Female	43	42,6
Age		
< 40 years	63	61,1
≥ 40 years	41	38,9
Education		
Diploma	44	44,4
Ners	60	55,6
Length of Work		
< 5 years	39	35,2
≥ 5 years	65	64,8
Total	104	100,0

Table 2 shows that of the 104 respondents, 61 (57.4%) were male; under 40 years old 63 (61.1%); ners education is 60 (55.6%); length of work ≥ 5 years 65 (64.8%).

Content Validity and Reliability Test of Psychosocial Problems Assessment Instrument in Critical Patients in the ICU

Validity and reliability tests using confirmatory factor analysis (CFA). Some of the measures to be tested consist of standardized loading factor (SLF) measures, construct reliability (CR) measures, Average Variance Extracted (AVE), and overall model fit.

Standardized Loading Factor (SLF) Measure

Good convergent validity properties are indicated by a high standardized loading factor (SLF) value (SLF value ≥ 0.5). Table 1 presents the SLF value of each anxiety, deprivation, depression, helplessness, and hopelessness.

Table 3. Testing the Validity of Content Appropriateness Based on Standardized Loading Factor (SLF) Values of Psychosocial Problem assessment instruments (n=104)

Dimension	Indicator	*Standardized Loading Factor* (SLF)
Anxiety	Anxiety1	0,925
	Anxiety2	0,949
	Anxiety3	0,913
	Anxiety4	0,925
	Anxiety5	0,911
	Anxiety6	0,925
	Anxiety7	0,862
Deprivation	Deprivation 1	0,947
	Deprivation 2	0,874
Depression	Depression 1	0,918
	Depression 2	0,985
	Depression 3	0,907
	Depression 4	0,918
	Depression 5	0,892
	Depression 6	0,920
Helplessness	Helplessness 1	0,912
	Helplessness 2	0,896
	Helplessness 3	0,941
	Helplessness 4	0,941
	Helplessness 5	0,910

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Dimension	Indicator	*Standardized Loading Factor* (SLF)
Hopelessness	Hopelessness 1	0,929
	Hopelessness 2	0,998
	Hopelessness 3	0,865

Based on Table 3 the test results using the Standardized Loading Factor (SLF) value state that the anxiety variable has 7 indicator items, all indicator items are declared valid (SLF value> 0.5); the deprivation variable has 2 indicator items, all indicator items are declared valid (SLF value> 0. 5); the depression variable has 6 indicator items, all indicator items are declared valid (SLF value> 0.5); the helplessness variable has 5 indicator items, all indicator items are declared valid (SLF value> 0.5); the hopelessness variable has 3 indicator items, all indicator items are declared valid (SLF value> 0.5). This shows that good convergent validity properties have been achieved in terms of SLF measures.

Measures of Construct Reliability (CR) and Average Variance Extracted (AVE)

The construct reliability (CR) shows the nature of convergent validity (CR value ≥ 0.7 good reliability; CR value 0.6 - 0.7 is acceptable reliability) (Hair, 2010). Average Variance Extracted (AVE) value ≥ 0.5 indicates adequate convergence.

Table 4 Content Validity Testing Based on Average Variance Extracted (AVE) and Construct Reliability (CR) Psychosocial Problems assessment instrument (n=104)

Dimension	*Average Variance Extracted* (AVE)	*Construct Reliability* (CR)
Anxiety	0,839	0,973
Deprivation	0,830	0,907
Depression	0,853	0,972
Helplessness	0,846	0,965
Hopelessness	0,869	0,952

Table 4 shows that all AVE values > 0.5 (good convergent validity). Construct Reliability (CR) values > 0.7 value (good convergent validity).

Overall Model Fit Test

The next test is to test the overall model fit of all variables, namely anxiety, deprivation, depression, helplessness, and hopelessness.

Table 5 Overall Model Fit Test of Psychosocial Problem Assessment Instrument Based on Content Suitability (n=104)

Fit Measure	Values	Benchmark Value	Model Fit to Data
RMSEA	0.0000	< 0.1	Yes
CFI	1.0000	> 0.9	Yes
IFI	1.0301	> 0.9	Yes
NNFI	1.0349	> 0.9	Yes
RFI	0.9034	> 0.9	Yes
SRMR	0.0344	< 0.1	Yes

Based on the results of the model fit test in Table 3, it is found that the overall SEM model has a good ability in terms of matching sample data (good fit). This is as shown in Figure 1.

Validity and Reliability Test of Language Comprehension of Psychosocial Problem Assessment Instruments in Critical Patients in the ICU

Standardized Loading Factor (SLF) Measure

A high standardized loading factor (SLF) value indicates good convergent validity properties. Hair (2010) suggests an SLF value ≥ 0.5. Table 6 presents the SLF value of each anxiety, deprivation, depression, helplessness, and hopelessness variable.

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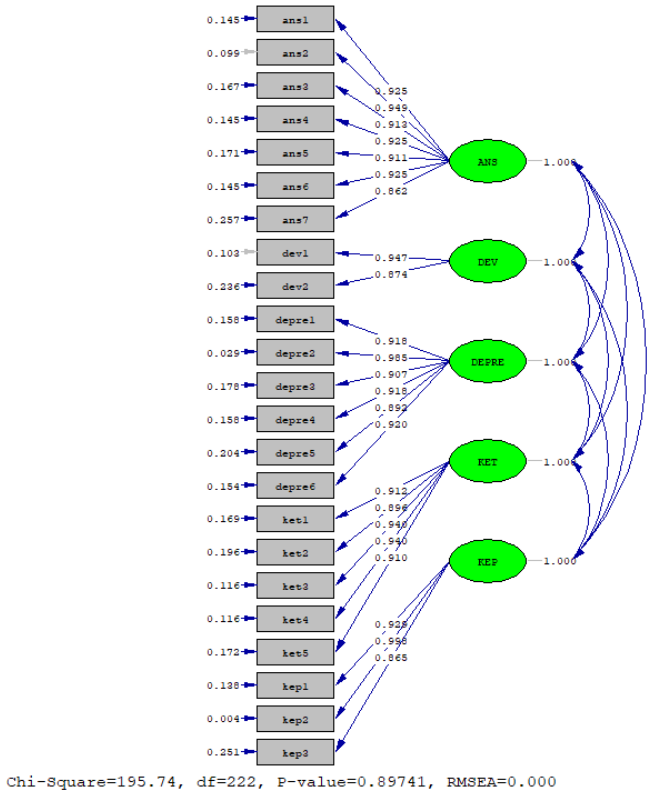

Figure 1 Model fit indices met benchmarks for validity

Table 6 Validity Testing of Ease of Language Comprehension based on Standardized Loading Factor (SLF) Value of Psychosocial Problems assessment instrument (n=104)

Dimension	Indicator	*Standardized Loading Factor* (SLF)
Anxiety	Anxiety1	0,911
	Anxiety2	0,896
	Anxiety3	0,896
	Anxiety4	0,945
	Anxiety5	0,937
	Anxiety6	0,945
	Anxiety7	0,937
Deprivation	Deprivation 1	0,919
	Deprivation 2	0,876
Depression	Depression 1	0,922
	Depression 2	0,934
	Depression 3	0,929
	Depression 4	0,943
	Depression 5	0,942
	Depression 6	0,871
Helplessness	Helplessness 1	0,948
	Helplessness 2	0,886
	Helplessness 3	0,938
	Helplessness 4	0,908
	Helplessness 5	0,925
Hopelessness	Hopelessness 1	0,932
	Hopelessness 2	0,900
	Hopelessness 3	0,940

Based on Table 6, the test results using the Standardized Loading Factor (SLF) value state that the anxiety variable has 7 indicator items, all indicator items are declared valid (SLF value> 0.5); the

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deprivation variable has 2 indicator items, all indicator items are declared valid (SLF value> 0. 5); the depression variable has 6 indicator items, all indicator items are declared valid (SLF value> 0.5); the helplessness variable has 5 indicator items, all indicator items are declared valid (SLF value> 0.5); the hopelessness variable has 3 indicator items, all indicator items are declared valid (SLF value> 0.5). This shows the good convergent validity of SLF measures.

Measures of Construct Reliability (CR) and Average Variance Extracted (AVE)

The construct reliability (CR) shows the nature of convergent validity (CR value ≥ 0.7 is good reliability; CR value 0.6 - 0.7 is acceptable reliability) (Hair, 2010). Average Variance Extracted (AVE) value ≥ 0.5 indicates adequate convergence.

Table 7 Testing the Validity of Ease of Language Understanding Based on Average Variance Extracted (AVE) and Construct Reliability (CR) Psychosocial Problems assessment instrument (n=104)

Dimension	*Average Variance Extracted* (AVE)	*Construct Reliability* (CR)
Anxiety	0,854	0,976
Deprivation	0,806	0,893
Depression	0,853	0,972
Helplessness	0,848	0,965
Hopelessness	0,854	0,946

Table 7 shows all AVE values > 0.5 (good convergent validity). Construct Reliability (CR) values > 0.7 value (good convergent validity).

Overall Model Fit Test

The next test is to test the overall model fit of all variables, namely anxiety, deprivation, depression, helplessness, and hopelessness.

Table 8. Overall Model Fit Test of Psychosocial Problem Assessment Instrument Based on Content Suitability (n=104)

Fit Measure	Values	Benchmark Value	Model Fit to Data
RMSEA	0.000	< 0.1	Yes
CFI	1.000	> 0.9	Yes
IFI	1.058	> 0.9	Yes
NNFI	1.068	> 0.9	Yes
RFI	0.919	> 0.9	Yes
SRMR	0.024	< 0.1	Yes

Based on the results of the model fit test in Table 6, it is found that the overall SEM model has a good ability to match sample data (good fit). This is shown in Figure 2.

Test of the Psychosocial Problems Assessment Instrument for Critical Patients in the ICU

Characteristics of ICU patients according to age and gender

Table 9 Distribution of Characteristics of Critical Patients in the ICU (N=38)

Characteristics	n	%
Gender		
Male	21	55,3
Female	17	44,7
Age		
< 45 years	17	44,7
≥ 45 years	21	55,3
Total	54	100

Table 9 shows that of the total 38 respondents studied, it is known that most of the male respondents were 21 (55.3%) people ≥ 45 years old 21 (55.3%) people

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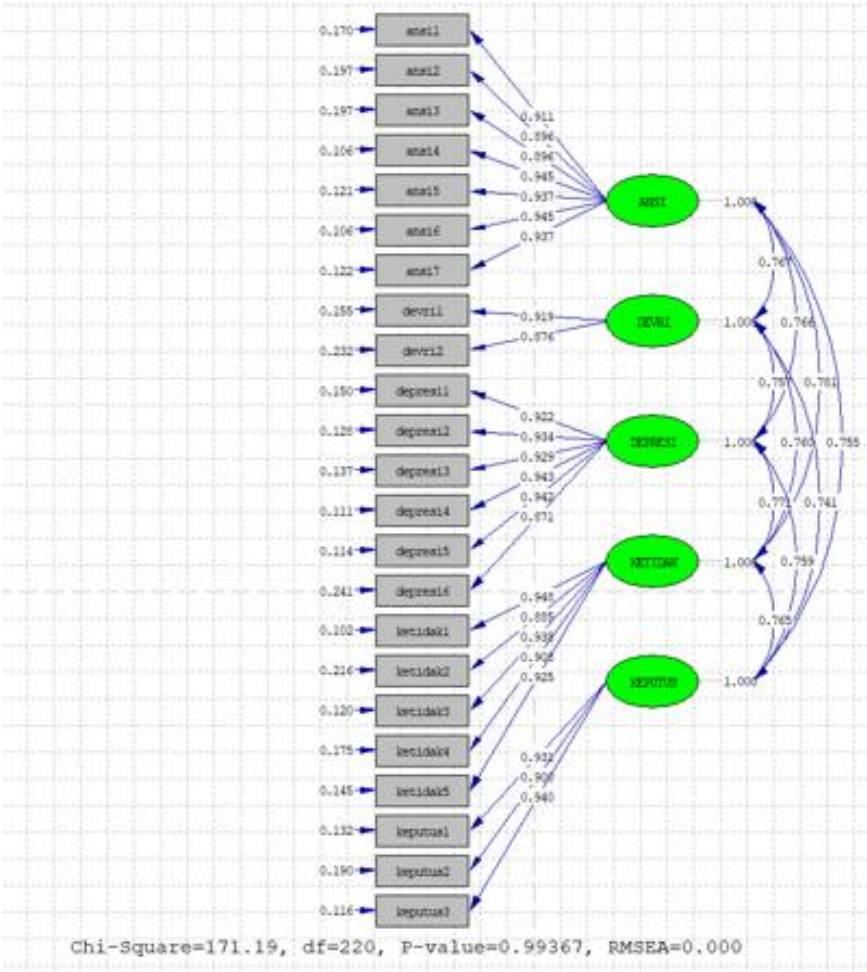

Figure 2 Model fit indices met benchmarks for validity

DISCUSSION

Assessment Instruments for Psychosocial Problems in Critical Patients in the ICU

Anxiety in Critical Patients in the ICU

Anxiety is the same feeling of discomfort or worry accompanied by an autonomic response (the source is often not specific or unknown to the individual), a feeling of fear caused by the anticipation of danger. It is a vigilance signal that alerts the individual to the presence of danger and enables the individual to act to deal with the threat. Signs and symptoms of anxiety are: there are two, namely regulators such as palpitations, increased respiratory frequency, increased heart frequency, diaphoresis, increased blood pressure, insomnia, dilated pupils, dilated bronchioles, and cognitive such as fear, agitation, irritability, withdrawal, inability to concentrate, helplessness, loss of control, anxiety, tension, narrowed field of perception (18,19).

According to the researcher's analysis referring to the question items in the psychosocial problem assessment instrument, it was found that the environment in the ICU, disease conditions, fear of reduced family support, sleep disturbances, and patients fearing death could cause anxiety in patients, where these conditions could affect the patient's psychosocial condition. Nurses must pay more attention to aspects of patient anxiety, and hospitals must make policy changes regarding family visiting hours for patients in the ICU.

Deprivation in Critical Patients in the ICU

Deprivation is inadequate sleep or dream time related to previous or unusual sleep patterns. Actual quantity or quality changes in individual sleep patterns cause desired lifestyle changes (20). Risk factors for deprivation include excessive noise, pain, illness, anxiety, stress, medication, lack of exercise,

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depression, fear of death, and loneliness being awakened for therapy and diagnostic procedures. There are two signs and symptoms of deprivation, such as decreased blood pressure, decreased heart rate, decreased urine volume, increased heart rate, increased respiratory rate, increased blood pressure, and cognitive, such as disorientation, apathy, and restlessness (20).

Patients treated in the ICU will receive invasive procedures that have never been felt by the patient and are a new experience to face. In addition, when associated with critically ill patients, psychosocial factors have an influence on pain in patients treated in the ICU with mechanical ventilators. Therefore, it is necessary to assess pain in patients in the ICU. Pain scale assessment must be carried out continuously but in mechanically ventilated patients. Many obstacles in assessing the pain scale are caused because patients cannot communicate verbally and have an endotracheal tube (ETT), and there is a change in the level of consciousness. This requires sufficient knowledge about assessing the pain scale in mechanically ventilated patients.

In critical care conditions, sleep disturbance conditions that can impact health are the most common causes of situational cognitive impairment (21). Deprivation with the environment in the ICU setting, noise, light, and medications, illness of the patient, usage of mechanical ventilation, and pain impacts declines cognitive performance as neuropsychological function (22). Short-term sleep deprivation could elevate blood pressure and lessen inspiratory muscle endurance. Long-term sleep deprivation has also been associated with persistent, low-level inflammation that can increase the risk of conditions such as cardiovascular disease (23). According to Roy's theory, this finding can be seen that patients experience a control process into the stabilizer subsystem where they experience changes in Deprivation with Anxiety as changes in individual and family coping mechanisms into effective coping mechanisms in the capacity to improve care and treatment services (24).

Depression in Critical Patients in the ICU

Depression is a decrease in normal performance, such as slow psychomotor activity or decreased intellectual function. Depression includes a wide range of changes in affective status that range in severity from normal feelings of sadness or gloom that occur every day to psychotic episodes with the risk of suicide. Signs and symptoms of depression are Regulatory such as tachycardia and anorexia and Cognitive such as anxiety, confusion, fear (25). Treatment in the ICU can cause patients to feel anxiety, restlessness with disease conditions such as worry and fear, uncertainty that comes from a lack of clarity about their illness, feeling that the disease they are experiencing can be life-threatening, and emotional status between family members (26). Treatment in the ICU can cause patients to feel restless due to disease conditions and can cause symptoms of PTSD and depression in family members who are treated in the ICU. Patients treated in the ICU can experience prolonged psychological stress, with both patients and family members suffering from symptoms of anxiety, depression, and Post-traumatic stress disorder (PTSD) (27). Adaptation according to Roy Theory is a condition that will continue to change influenced by focal, contextual and residual stimuli (15). This theory emphasizes the ability of patients treated in the ICU to adapt to changes in health status through the provision of structured nursing care.

Researchers analyzed according to the questions in the psychosocial problem assessment instrument that depression due to disease conditions and the environment in the ICU had a significant effect. When patients in the post-critical recovery process experience depression, characterized by restlessness and restlessness, instability and despair. This is because of the noisy environment in the ICU; patients consider the ICU room to be scary, and patients feel threatened. Nurses need to pay attention to the patient's depression aspect so that they can minimize the triggering factors for depression in patients in the ICU.

Helplessness in Critical Patients in the ICU

Helplessness is a feeling of lack of control over current and future physiological, psychosocial, and environmental situations (20). Risk factors for helplessness are as follows: sensorimotor loss, inability to socialize, inability to carry out roles, lack of knowledge, lack of privacy, social isolation, inability to control personal care, separation from loved ones, loss of control over others, lack of control in decision making,

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fear of pain. Signs and symptoms of helplessness are cognitive, such as apathy and resignation (28). Application according to Roy's theory, this finding can be seen that patients experience a control process into the stabilizer subsystem where they experience Helplessness disorders with disease conditions with poor prognosis and treatment to maintain life so that it can cause Helplessness. The regulator subsystem of patients experiencing illnesses that require intensive treatment and care to maintain life is characterized by the management of medical actions that include treatment actions and actions for prognosis and diagnostics (29). The innovator subsystem is related to the cognator subsystem, which focuses on the patient's ability to adapt to the disease conditions experienced and experience changes and decreased organ function (15)

Hopelessness in Critical Patients in the ICU

Hopelessness is an emotional state in which an individual notices feelings of impossibility and feelings that life is too much to handle; despair is a subjective state when an individual sees limited alternatives or no alternatives or personal choices available and cannot influence energy for their interests (30). Signs and symptoms of despair are Cognitive such as decreased response to stimulus and passivity (20). The results of nurses' identification of the despair of patients treated in the ICU, domain of despair, have increased in changes in lack of family support, the environment in the ICU, life-threatening conditions and medical actions carried out in the ICU (31) . Where this condition is seen from changes during post-treatment in the ICU, this is supported by the theory that despair disorder is a psychiatric illness characterized by a set of symptoms including prolonged despair mood, lowered self-esteem, pessimistic thoughts, and loss of pleasure or interest in former activities for at least 2 weeks. This is a painful and debilitating illness (32).

According to the researcher's analysis of the statement items in the psychosocial problem assessment instrument, despair with the changes he experienced, where the patient is in the process of post-critical recovery from the illness he experienced, is characterized by restlessness, restlessness, and instability. Psychosocial changes that trigger distorted thinking can cause despair. Usually, patients have negative expectations about themselves and the future. Patients in the final process of treatment, approaching death and facing death that can occur suddenly, so professional care is needed or implementing critical care and terminal illness measures so that professional skills are needed by identifying and meeting treatment goals. So, nurses need to pay attention to the aspect of despair so that the most common causes of despair in patients in the ICU can be identified.

Psychosocial Relationship and Critical Illness Problems

Patients who experience psychosocial problems will have an impact on their recovery. Psychosocial needs and problems in critical patients are more about the anxiety and pain they experience. Psychosocial problems and concerns of critically ill patients are interrelated; for example, inadequately managed pain can cause feelings of helplessness, anxiety, and depression, which in turn increases the patient's perception of pain (33).

Psychosocial needs and critical illness problems have an interrelated relationship. Patients who experience anxiety and pain while being treated in the ICU will have an impact on the helplessness and depression that will occur in patients (28). Patient feels continuous pain during treatment in the ICU will result in patients with depression, and continued depression will result in a sense of helplessness that will arise so that psychosocial problems will occur in patients who are treated with critical illness conditions (34). This study has several limitations, including self-report bias in nurses' assessments and single-region sampling.

CONCLUSION

The conclusion of the research results on the development of psychosocial problem assessment instruments in critical patients in the ICU are as follows: validity and reliability tests of content suitability demonstrated validity and reliability. Validity and reliability tests of language understanding demonstrated validity and reliability. It is suggested that nurses properly apply psychosocial assessment instruments to ICU

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patients. This instrument enables early identification of psychosocial issues, guiding targeted nursing interventions so that they can identify psychosocial problems in patients early and can provide direct short-term services that will help restore feelings of security, self-confidence, competence, and trust and minimize the risk of post-traumatic stress disorder disease. The recommendation for future research is that multicenter validation studies are needed.

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CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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