

REVIEW ARTICLE

Critical Cultural Competence of Nurses in Intensive Care Unit: A Review

Yulis Setiya Dewi¹, Titis Mustikowati Danasari¹, Wikan Purwihantoro Sudarmaji², Lizy Sonia Benjamin³, Wahyu Sri Astutik⁴

¹ Faculty of Nursing, Universitas Airlangga, Mulyorejo, Surabaya, 60115, East Java, Indonesia

² Universitas Airlangga Hospital, Mulyorejo, Surabaya, 60115, East Java, Indonesia

³ Department of Medical Surgical Nursing, College of Nursing, King Khalid University, Abha 62529, Kingdom of Saudi Arabia

⁴ Institute of Health Sciences of Bhakti Wiyata, Kediri, 64114, East Java, Indonesia

ABSTRACT

Cultural diversity is still an obstacle in providing nursing care to patients in the ICU. That is related to the competence of nurses in cross-cultural care. Critical cultural competence (CCC) shows that nurses can understand and respect the patient's culture so that nursing care has been created by the culture of the patient and his family. This study aims to describe the cultural competency of nurses based on a critical cultural competence in the Intensive Care Unit. The method used is a literature review study with ten articles in six databases (Scopus, Science Direct, Web of Science, CINAHL, ProQuest, and Pubmed). Data analysis was conducted with the researcher's critical thinking and PRISMA. The result of this study indicate the ICU nurses so far do not have the skills that match the CCC. Implementation of critical cultural competence in the ICU setting will increase the optimality and quality of nursing care.

Keywords: Cultural competency; Nurses; Intensive care unit.

Corresponding Author:

Yulis Setiya Dewi, S.Kep.Ns., M.Ng
Email: yulis.sd@fkip.unair.ac.id
Tel: +62-83854006001

in patient safety, where nurses can get to know individual characteristics, the environment, communication, and interactions between nurses and patients (6 p. 40).

INTRODUCTION

Globalization and technological developments are the factor that influences the formation of pluralism in society (1 p. 1). Cultural differences will often be encountered, including in the health services. Patients with different cultural backgrounds have special needs, so cross-cultural nurse competence is needed (2 p. 516). But so far, cultural differences are still an obstacle in providing nursing care to patients in the ICU (3 p. 2). The competence possessed by nurses in providing nursing care should include aspects of holistic care. Culture is related to one's national origin and ancestors, the language used, religion, belief systems, customs, and social behavior has owned by a person (2 p. 516). Cultural competency is the attitude and behavior of nurses who can adapt to cross-cultural situations, especially in terms of professionalism and nursing care (4 p. 48). Critical cultural competence can be a comprehensive competence to deal with obstacles this arise when cross-cultural interaction (5 p. 2). Critical cultural competence also plays a role

Critical cultural competence is an important aspect in every provision of professional nursing care. The impact of the lack of cultural competence possessed by nurses is related to morals, barriers, and challenges both in terms of communication and access to health services between nurses and patients and families (3 p. 2). Learning about cross-cultural care should have been given since the nursing education stage, but there is an influence of informal education regarding cultural competence and cross-cultural interaction experiences possessed by nurses (8 p. 5). ICU nurses who do not apply cultural principles in nursing care will often experience problems and conflicts of care due to cultural differences, beliefs, language competence, and daily behavior (7 p. 58). The impact caused by the lack of cross-cultural competence of nurses is also related to discrimination and misinterpretation of patient needs (3 p. 2). The environment in the ICU has a high workload, and pressure had often triggers nurse stress with the complexity of existing care, nurses are more focused on the physical aspect, so they often forget about other aspects (8 p. 2).

Nurse conflicts in the ICU will have an impact on patient welfare, thereby affecting the quality and satisfaction of nursing care (9 p. 2). The gap that occurs shows the need for cross-cultural competence for ICU nurses to have. The application of cross-cultural competencies of ICU nurses has not maximized due to the workload and stressors experienced by ICU nurses, so far ICU nurses are still focused on meeting the physical needs of patients (10 p. 23). The communication skills possessed by ICU nurses are currently not optimal, while this communication is a basic competency to meet patient needs (3 p. 6). In addition, the experience of nurses to interact with patients with different backgrounds will also affect the improvement of cross-cultural communication competence. Communication is one of the basic points to realize the application of cultural competency in providing patient care.

Critical cultural competence is a cross-cultural nurse competency in a multicultural situation that includes four components, namely critical awareness, critical knowledge, critical skills, and critical empowerment (11 p. 319). The times have made it very easy for ICU nurses to meet cross-cultural situations. So far, no literature explains critical cultural competence in nurses in the ICU, so further identification is needed. This study aims to describe the cultural competency of nurses based on critical cultural competence in the Intensive Care Unit.

METHODOLOGY

This literature review has been adapted to a structured planning procedure. The protocol used in this case includes topic determination, search and selection strategies for suitable articles, analysis, and synthesis of articles to reduce the risk of information bias, as well as collecting and presenting the results of data synthesis. This literature review also uses Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (12 p. 5).

Search Strategy

This literature review uses six electronic databases, including Scopus, Science Direct, Web of Science, CINAHL, ProQuest, and Pubmed. The literature search process was carried out in February 2022. The process of developing keyword combinations using MESH which is used in the article search process, and using Boolean Logic (and, or). The keywords used in the article search process is ‘Cultural Competency OR Cultural Sensitivity AND Nurse AND Intensive Care Unit’. The article published in the last six years (2017-2022) in English, and full-text article access.

Inclusion and Exclusion Criteria

Inclusion criteria in the search for articles using the PICOS framework (can be seen in Table I), (Population: Nurses working in hospitals; Outcomes: Overview of cross-cultural competencies nurse; Study design: Cross-sectional, qualitative study, and mixed-method studied; Publication year: 2017-2022 and full-text article) (can be seen in Table I). Exclusion criteria in the article search included studies with a community nurse or home care population; articles with literature reviews, conference abstracts, book chapters, and proceedings; as well as articles without English.

Table I : PICOS Framework

PICOS Framework	Inclusion Criteria	Exclusion Criteria
Population	Study with a population of nurses working in hospitals	Studies with a community nurse or home care population
Intervention	No Intervention	-
comparison	No Comparators	-
Outcome	Overview of Nurse cross-cultural competence	-
Study Design	Cross-sectional, descriptive study, descriptive correlation, qualitative study, mix-method studies	Literature review, book chapters, conference abstract, proceedings
Publication Year	2017-2022, Open Access Full-text	-
Language	English	Other than English

Study Selection

The process used in the selection of articles is the PRISMA guideline, where previous articles were obtained from a predetermined electronic database. The articles that have been obtained are then screened starting from the title to the suitability of the abstract with the topic and criteria that have been determined previously. Articles with full text will facilitate the implementation of the review so that it can meet the inclusion criteria. Articles that meet the inclusion criteria will then be reviewed. Four independent reviewers conducted the article search and screening process within the cut-off value of the JBI quality score is 60%.

Risk of Bias

The Joanna Briggs Institute’s critical appraisal

checklist is used in the process of assessing the quality of articles used in both analytical cross-sectional studies and qualitative research. Four independent reviewers conducted the process of assessing the risk of bias in the articles used in the study.

Data Extraction

In presenting the information from the article, a structural arrangement was used starting from the author, year, country, design, sample size, and results from the competence of nurses.

RESULTS

Study Selection

A total of 805 articles were found and identified. Furthermore, as many as 106 duplicate articles were deleted and a screening process was carried out. A total of 699 articles were then subjected to a title and abstract screening process so that 14 articles were found that were deemed worthy of further processing. Finally, several 10 research articles were found which were then reviewed. (Fig. 1).

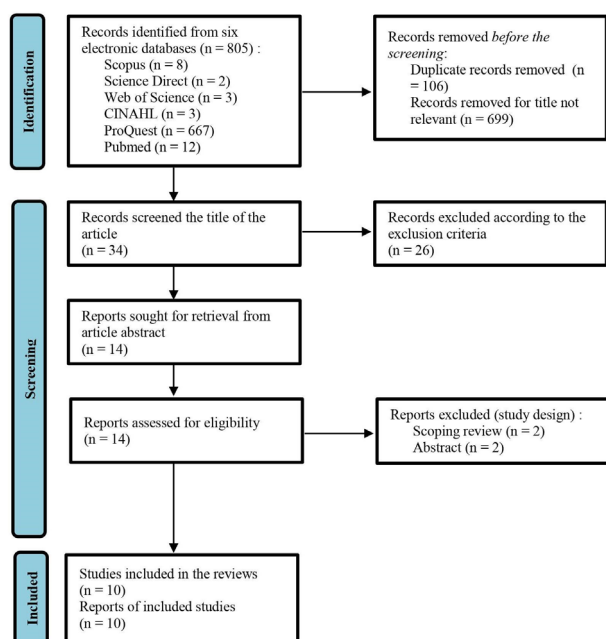


Fig. 1 : Flowchart of study selection.

Risk of Bias

Analyzes the risk of bias using the JBI critical appraisal checklist with analytical cross-sectional studies and qualitative research (can be seen in Table II).

**Based on table II, there are 10 articles assessed for risk of bias using the JBI critical appraisal for analytical cross-sectional studies (for numbers 1, 2, 3, 4, 6, 7, 9, 10) and qualitative research (for numbers 5 and 8)

Study of Characteristics

The results are that 10 articles have been selected and identified and published in 2017-2022. The articles collected were from Europe (n=5), America (n=2), Africa (n=1), Asia (n=2) (can be seen in Table III). The total respondents in all articles reviewed were 2586 nurses with a total population ranging from 15 to 591 participants. The inclusion criteria of the participants included nurses who worked in the hospital environment and the application of cross-cultural competence of nurses. Exclusion criteria from participants are nursing students with cross-cultural competence and nurses who were in community or home care settings.

DISCUSSION

Cultural competency is the development of transcultural nursing, which focuses on the competence of nurses to deal with cross-cultural situations. Critical cultural competence is a cultural competence possessed by nurses in dealing with multicultural cross-cultural situations which consists of four main components, namely critical awareness, critical knowledge, critical skills, and critical empowerment, and consists of three domains, namely cognitive, behavioral, and affective (11 p. 319). The results of this study indicate that ICU nurses have not fully met the aspects of cultural competency based on critical cultural competence. The unfulfilled aspect of critical cultural competence is thought to be related to the safety climate in the ICU area which still has a negative climate. The negative climate in the ICU area was triggered by professional factors, nurses' working hours, workload, pressure at work, and the training that has been done by nurses (8 p. 2). The critical cultural competence of nurses is very needed to support the improvement of patient care because nurses are health workers who interact 24 hours a day and are beside patients (20 p. 1695). Patients treated in the ICU have physical, psychological, and spiritual distress, so providing holistic care will help improve the patient's condition (21 p. 7878). Nurses have an important role in the success of patient care dives in the ICU, where nurses interact with patients most often (22 p. 78).

Critical cultural competence in multidimensional aspects is related to awareness of cultural values and the potential for cross-cultural conflicts, effective communication, knowledge of cultural elements, the ability of nurses to meet cross-cultural situations including patient care, as well as nurses' previous experiences regarding cultural (19 p. 2). Likewise, cultural competency must meet the care needs of patients from different cultures, respect holistic patient-focused care, respect patient beliefs, consider existing norms, and rights obtained by patients

Table II : Risk assessment of bias using JBI critical appraisal checklist for analyzing cross-sectional studies and qualitative research

No	Author and Year	Result	%
1	Dobrowolska <i>et al.</i> , 2020	6/8	75
2	Zarzycka <i>et al.</i> , 2020	5/8	62.5
3	de Lima Silva Nunes <i>et al.</i> , 2021	6/8	75
4	Gutysz-Wojnicka <i>et al.</i> , 2022	5/8	62.5
5	Songwathana <i>et al.</i> , 2021	8/10	80
6	Bai <i>et al.</i> , 2020	7/8	87.5
7	Berhanu <i>et al.</i> , 2021	6/8	75
8	Listerfelt, Fridh and Lindahl, 2019	7/10	70
9	Luengo-Martinez <i>et al.</i> , 2019	5/8	62.8
10	Almutairi, Adlan, and Nasim, 2017	7/8	87.5

**Based on table 2, there are 10 articles assessed for risk of bias using the JBI critical appraisal for analytical cross-sectional studies (for numbers 1, 2, 3, 4, 6, 7, 9, 10) and qualitative research (for numbers 5 and 8)

Table III : Study Characteristics and Findings

No.	Author	Origin	Study Design	Sample Size	Result
1.	Dobrowolska <i>et al.</i>	(Europe)	Cross-sectional	591 ICU nurses	ICU nurses have good cultural competency, but the implementation of patient-centered communication has not been carried out properly.
2.	Zarzycka <i>et al.</i>	(Europe)	Cross-sectional	238 Nurse	Nurses have good cultural awareness, but the implementation of cultural competency is still in a moderate stage.
3.	de Lima Silva Nunes <i>et al.</i>	(America)	Cross-sectional	84 healthcare providers	ICU nurses have a high workload, so they are at risk of being vulnerable to patient safety which is one aspect of cultural competency.
4.	Gutysz-Wojnicka <i>et al.</i>	(Europe)	Mixed-method Study	591 ICU nurses	Cultural competency carried out in the ICU is often not optimal, due to obstacles such as gender issues, communication challenges, family visits, treatment procedures, and nursing care.
5.	Songwathana <i>et al.</i>	(Asia)	Descriptive Qualitative	63 Nurse	The cultural competencies that nurses need to have, these are implemented such as providing care to patients with different cultures, providing holistic patient-centered care, believing in God, and respecting the patient’s social rules and norms.
6.	Bai <i>et al.</i>	(Asia)	Cross-sectional	300 nurses and 255 patients	Cultural competency is a basic competency that nurses have in providing care. Nurses’ cultural competency is influenced by age, gender, education level, language skills, and previous language and communication training. This can help to increase understanding of patient needs in a cross-cultural environment.
7.	Berhanu <i>et al.</i>	(Africa)	Cross-sectional	244 nurses	Cultural competency is influenced by gender, work experience, cross-cultural communication skills, interpersonal communication skills, and cultural motivation.

Continue...

No.	Author	Origin	Study Design	Sample Size	Result
8.	Listerfelt, Fridh and Lindahl	(Europe)	Qualitative study	15 ICU nurses	The cultural competence of nurses will increase along with the amount of experience nurses have. The experience of providing cross-cultural care, will reduce language barriers and cultural differences between nurses and families in caring for patients.
9.	Luengo-Martínez <i>et al.</i>	(Europe)	Cross-sectional study	290 nurses	Cultural competence has not been well adapted in nursing care, so it is necessary to involve cultural aspects in improving the quality of nursing care.
10.	Almutairi, Adlan, and Nasim	(America)	Cross-sectional study	170 Nurse	The critical cultural competency of nurses is overall good, but there needs to be an increase in skills in its implementation while providing care to patients.

(7 p. 60-62). So far, the competence of ICU nurses is limited to meeting the physical needs of patients and has not holistically implemented professional nursing care in multicultural situations (23 p. 68). Critical cultural competence may be related to the nurse's previous educational history, language skills possessed by nurses, age, gender, communication skills, cross-cultural care training, and cultural motivation (3 p. 1, 15 p. 1).

Treatment conflicts that are often encountered in the ICU setting include communication challenges, cross-gender, lack of family involvement in care which is also related to the culture of the patient and his family, and caring that does not follow the patient's culture (14 p. 2). Theoretically, the clinical competence of nurses in the ICU must-have elements of good knowledge, good technical and communication skills, good critical thinking, so that they can carry out professional responsibilities by providing quality and appropriate nursing care (24 p. 17). Holistic professional nursing care in the ICU in its application has not been maximally implemented, the condition and situation of the patient are one of the reasons for the inability to achieve the implementation of cultural aspects. Cultural competency describes nurses being able to understand, appreciate, and respect the patient's culture which then becomes the basis for providing care that is in harmony with the patient's culture. Nurses need to communicate also to other health workers to meet the needs of patients (25 p. 345). Patient-centered communication as a basic caring skill for critically ill patients, and poor communication will lead to unfulfilled patient needs (3 p. 6). The need for cross-cultural competence of nurses is associated with situations where the patient's family often does not understand the patient's condition and the best care that must be done due to the limitations of language and cross-cultural communication (26 p. 302). So far, patients state that nurses still do not have good cross-cultural communication skills, so patients often express

dissatisfaction with the care and services provided by nurses (27 p. 31). Cross-cultural communication requires special abilities to identify the age, education level, occupation, culture, and communication patterns of the recipients of information (28 p. 77).

Critical cultural competence consists of critical awareness (for example, recognition of social differences and attitudes, awareness of cultural diversity, the potential for cross-cultural interaction problems), critical knowledge (for example, knowledge about cross-cultural and effective cross-cultural communication), critical skills (eg. , the ability of nurses to involve culture during care), and critical empowerment (for example, the ability of nurses to control the situation, authority, and self-confidence as nursing care providers) (11 p. 319-322). So far, the competence of nurses in the ICU on the components of cultural awareness and critical empowerment has the highest value, the critical knowledge component has a moderate score, and the critical skill component is still low. A critical skill is one of the important components because it is a manifestation of the application of critical cultural competency of nurses to patients and families. So far, the quality of nursing care and patient and family satisfaction has not been maximized. The family is minimally involved in care and decision-making in the ICU, while this is contrary to the rights and cultural aspects of the patient and family (29 p. 2). Families of patients in the ICU tend to have anxiety, so nurses need to identify the characteristic of the patient to the family to seek the best care (30 p. 53). Nursing services become a benchmark for the quality of health services which are also efforts to improve the image and quality of hospitals (31 p. 36). In addition, quality is an important factor to ensure good care (32 p. 151).

Conflicts encountered in the ICU regarding communication, empathy, symptom and complaint management, and decision making are indirectly related to the application of cultural aspects in care

(33 p. 1). The impact of the lack of cross-cultural competence of nurses will cause barriers and moral pressure, especially on the dynamics of the patient's family. The factor of patient and family satisfaction is an important component in improving the quality of care (34 p. 4). The improvement and application of cross-cultural competence by nurses can affect the quality and patient satisfaction with the nursing care that has been provided. Critical cultural competence is a competency that needs to be considered an important competency for nurses in the ICU.

CONCLUSION

Nurses in the ICU currently do not have critical cultural competence perfectly, this is related to several factors that can affect these competencies. The influencing factors consist of age, workload, previous experience, language competence, educational history, gender, and communication. The implementation of critical cultural competence in the ICU will increase the optimality and quality of nursing care. Furthermore, cross-cultural competency training is needed, such as improving language and communication skills in implementing cross-cultural nursing care, organized by nursing institutions or organizations in each country to improve patient welfare and satisfaction, as well as the quality of nursing care provided.

ACKNOWLEDGMENT

The abstract in this study was presented at The 13th International Nursing Conference, Faculty of Nursing, Universitas Airlangga, 2022.

REFERENCES

- Lin H-L, Guo J-L, Chen H-J, Liao L-L, Chang L-C. Cultural competence among pre-graduate nursing students, new graduate nurses, nurse mentors, and registered nurses: A comparative descriptive study. *Nurse Educ Today*. 2021 Feb;97(261):1–7. doi: 10.1016/j.nedt.2020.104701.
- Brooks LA, Bloomer MJ, Manias E. Culturally sensitive communication at the end-of-life in the intensive care unit: A systematic review. *Aust Crit Care*. 2019 Nov;32(6):516–23. doi: 10.1016/j.aucc.2018.07.003.
- Dobrowolska B, Gutysz-Wojnicka A, Ozga D, Barkestad E, Benbenishty J, Breznik K, et al. European intensive care nurses' cultural competency: An international cross-sectional survey. *Intensive Crit Care Nurs*. 2020 Oct;60(102892):1–8. doi: 10.1016/j.iccn.2020.102892.
- Wang Y, Xiao LD, Yan P, Wang Y, Yasheng A. Nursing students' cultural competence in caring for older people in a multicultural and developing region. *Nurse Educ Today*. 2018 Nov;70(August):47–53. doi: 10.1016/j.nedt.2018.08.012.
- Almutairi A, Dahinten V. Factor Structure of Almutairi's Critical Cultural Competence Scale. *Adm Sci*. 2017 May;7(13):1–14. doi: 10.3390/admsci7020013.
- Darma SSL, Purwaningsih P, Ulfiana E. Organizational Factors in Implementation of Patient Safety Culture in Hospitals: Systematic Literature Review. *Fundam Manag Nurs J*. 2021 Oct 1;4(2):40–45. doi: 10.20473/fmnj.v4i2.24567.
- Songwathana P, Chunuan S, Balthip K, Purinthrapaibal S, Hui T, Ibrahim K, et al. Cultural Competence Perspectives From Nurses in Four Asian Countries: A Qualitative Descriptive Study. *J Heal Sci Med Res*. 2020 Oct 27;39(1):57–66. doi: 10.31584/jhsmr.2020767.
- de Lima Silva Nunes R, de Camargo Silva AEB, de Lima JC, Carvalho DE, Bernardes CA, Sousa TP, et al. Factors influencing the patient safety climate in intensive care units: cross-sectional study. *BMC Nurs*. 2021 Dec 8;20(1):1–8. doi: 10.1186/s12912-021-00643-x.
- Pecanac KE, Schwarze ML. Conflict in the intensive care unit: Nursing advocacy and surgical agency. *Nurs Ethics*. 2018 Feb;25(1):69–79. doi: 10.1177/0969733016638144.
- Dewi YS, Hargono R, Rusdi A. Factors Correlated to Job Stress among ICU Nurses in Surabaya Indonesia. *J Ners*. 2019 Apr 1;14(1):23–27. doi: 10.20473/jn.v14i1.12125.
- Almutairi AF, Dahinten VS, Rodney P. Almutairi's Critical Cultural Competence model for a multicultural healthcare environment. *Nurs Inq*. 2015 Dec;22(4):317–325. doi: 10.1111/nin.12099.
- Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*. 2021 Mar;372:1–9. doi: 10.1136/bmj.n71.
- Zarzycka D, Chrzan-Rodak A, Bąk J, Niedorys-Karczmarczyk B, Ślusarska B. Nurse Cultural Competence-cultural adaptation and validation of the Polish version of the Nurse Cultural Competence Scale and preliminary research results. Cuthill F, editor. *PLoS One*. 2020 Oct 16;16(10):1–21. doi: 10.1371/journal.pone.0240884.
- Gutysz-Wojnicka A, Ozga D, Barkestad E, Benbenishty J, Blackwood B, Breznik K, et al. Educational Needs of European Intensive Care Nurses with Respect to Multicultural Care: A Mix-Method Study. *Int J Environ Res Public Health*. 2022 Jan 10;19(724):1–14. doi: 10.3390/ijerph19020724.
- Bai M, Sui X, Zhou C, Li Y, Li J, Gao R, et al. The Challenge of Cross-Cultural Care Encounters: Perspective of Imported Nurses in Lhasa, Tibet. Ren J, editor. *Biomed Res Int*. 2020 Apr 9;2020:1–8. doi: 10.1155/2020/3159178.

16. Berhanu RD, Tesema AA, Deme MB, Kanfe SG. Perceived transcultural self-efficacy and its associated factors among nurses in Ethiopia: A cross-sectional study. Gremigni P, editor. PLoS One. 2021 Jul;22:1–13. doi: 10.1371/journal.pone.0254643.
17. Listerfelt S, Fridh I, Lindahl B. Facing the unfamiliar: Nurses' transcultural care in intensive care – A focus group study. *Intensive Crit Care Nurs*. 2019 Dec;55(102752):1–8. doi: 10.1016/j.iccn.2019.08.002.
18. Luengo-Martinez C, Paravic-Klijin T, Burgos-Moreno M, Lypez-Espinoza MB. Transcultural adaptation of the Karen Personal instrument to measure the nurses' perception of healthcare quality in hospitals. *Enferm Clin*. 2019;29(3):146–54. doi: 10.1016/j.enfcli.2018.10.007.
19. Almutairi AF, Adlan AA, Nasim M. Perceptions of the critical cultural competence of registered nurses in Canada. *BMC Nurs*. 2017 Dec;16(47):1–9. doi: 10.1186/s12912-017-0242-2.
20. Wahyuni ED, Nursalam, Dewi YS, Kamel AD. The Implementation of Theory of Planned Behavior in Identifying Behavioral Models of Nursing Documentation in "X" Hospital. *J Int Dent Med Res [Internet]*. 2021;14(4):1694–1700. Available from: <https://search.ebscohost.com/login.aspx?direct=true&db=ddh&AN=154878030&site=ehost-live>.
21. Kurniawati ND, Nursalam N. Mind-Body-Spiritual Nursing Care Effects on Spirituality and Cardiovascular Risk Markers. *Int J Psychosoc Rehabil [Internet]*. 2020;24(7):7878–7887. Available from: <https://www.psychosocial.com/article/PR270762/18741/>
22. Suryandari CRY, Arief YS, Utami S. Factors Affecting the Implementation of Developmental Care in the Care of Premature Babies in NICU Nurses: A Systematic Review. *Pediatric Maternal Nurs J*. 2021 Sep;7(2):77–83. doi: 10.20473/pmnj.v7i2.27508.
23. Alfieri E, Mori M, Barbui V, Sarli L. Advanced competencies mapping of critical care nursing: a qualitative research in two Intensive Care Units. *Acta Biomed*. 2017;88(3S):67–74. doi: 10.23750/abm.v88i3-S.6616.
24. Salem FA, Kawther Abdel Ghafar Ali. Development of Clinical Nurses' Competency in Cardiothoracic Intensive Care Unit. *IOSR J Nurs Heal Sci*. 2020; 9(2):17–31. Available from: www.iosrjournals.org
25. Nihayati HE, Gunawan G, Wahyuni EDD, Purwanza SW, Arifin H. Attitude of Nurses Related to The Implementation of Patient Safety in The Intensive Care Unit. *J Ners*. 2020 Jan; 14(3):345–350. doi: 10.20473/jn.v14i3.17313.
26. Dewi YS, Wahyuni ED, Arifin H, Pradipta RO, Poddar S, Kurniawati ND. Health Literacy of ICU Patients' Family: A Review. *Malaysian J Med Heal Sci*. 2022;18:302–306. Available from: http://medic.upm.edu.my/upload/dokumen/2022012615133555_1370.pdf
27. Kurniawati ND, Karamy E, Pradanie R, Yuswanto TJA. Factors affecting patient's perception on nurse's carative-caring behaviour. *Enfermerna Clinica*. 2020 Mar;30:31–34. doi: 10.1016/j.enfcli.2019.12.021.
28. Prasetyo YB, Dewi YS, Arifin H, Kurnia AD, Masrurroh NL, Melizza N, et al. Determinants of the Final Decision to Take Children under 5 Years Old for Medical Treatment in Indonesia. *Malaysian J Med Heal Sci*. 2022;18:76–82. Available from: https://medic.upm.edu.my/upload/dokumen/2022012610075916_0889.pdf
29. Rensen A, van Mol MM, Menheere I, Nijkamp MD, Verhoogt E, Maris B, et al. Quality of care in the intensive care unit from the perspective of patient's relatives: development and psychometric evaluation of the consumer quality index 'R-ICU.' *BMC Health Serv Res*. 2017 Dec 24;17(77):2–11. doi: 10.1186/s12913-016-1975-4.
30. Dhiu MT, Kurniawati ND, Wahyudi AS. Family's Experience Dealing with Critical Patient Hospitalization in the Intensive Care Unit. *Crit Med Surg Nurs J*. 2021 Dec 10;10(2):52–56. doi: 10.20473/cmsnj.v10i2.26582.
31. Moi MF, Nursalam N, Asmoro CP. Factors Affecting the Implementation of Nursing Round. *Fundam Manag Nurs J*. 2019;2(1):35–44. Available from: <https://e-journal.unair.ac.id/FMNJ>
32. Putra KR, Dewi FM, Rahmayanti AD, Budiati A. The Correlation Availability Nurses and Equipment With Acute Missed Nursing Care At Hospitals. *J Adm Kesehat Indones*. 2021;9(2):150–160. doi: 10.20473/jaki.v9i2.2021.150-160.
33. Jensen HI, Gerritsen RT, Koopmans M, Downey L, Engelberg RA, Curtis JR, et al. Satisfaction with quality of ICU care for patients and families: the euroQ2 project. *Crit Care*. 2017 Dec 7;21(239):2–10. doi: 10.1186/s13054-017-1826-7.
34. Min J, Kim Y, Lee J-K, Lee H, Lee J, Kim KS, et al. Survey of family satisfaction with intensive care units. *Medicine*. 2018 Aug;97(32):2–6. doi: 10.1097/MD.00000000000011809.