

Intensive care unit family needs: Nurses' and families' perceptions

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Abstract. The aim of this study was to compare intensive care nurses and patients' relatives' perceptions about intensive care family needs in Turkey. The study adopted a descriptive cross-sectional design. The Turkish version of Critical Care Family Needs Inventory was used to investigate the family members' needs of a convenience sample of 70 family members of intensive care unit patients and the perceptions of the 70 intensive care unit nurses about these needs. The Critical Care Family Needs Inventory rankings of the two groups were similar. Eight of the ten most highly ranked needs were the same but the order was different. The most important need was "to be assured that the best care possible is being given to the patient" for relatives and "to receive information about the patient once a day" for nurses. There were statically significant differences in family members' needs and nurses' perceptions of these needs.

Key words: Intensive Care Unit, family members' needs, nurses' perceptions

1. Introduction

Acute life-threatening illness represents a crisis not only for the individual patient but also for the family members (1). The functions of the family as a supportive system to its individual members appear to have been reflected in changes in nursing care (2, 3).

The responsibilities of critical care nurses and physicians extend beyond the patients in the intensive care unit (ICU) to include the family members of those patients (1). Nurses are a primary resource for family members of ICU patients (4). For this reason, recognition of these needs by nursing personnel are important for the practice of holistic nursing care.

Family members experience high levels of stress when patients are admitted to an ICU. As ICU nurses are in continuous and close

interaction with patients and family members, they are in an ideal position to help family members cope with patients' critical illness in an appropriate way (5). Molter (1979) conducted an exploratory descriptive study to ascertain the needs of family members of patients who were critically ill (6). The needs reported as most important, in ranked order, were

1. To feel that there is hope;
2. To feel that hospital personnel care about the patient;
3. To have the waiting room near the patient;
4. To be called at home about the patient's condition;
5. To know the prognosis.

Leske (1991) modified the tool and reported a descriptive study of 45 family members. Then she compared her results with those of Molter and added an open-ended item and also randomly rank ordered the 45 needs statements identified by Molter. This instrument was then named the Critical Care Family Needs Inventory (CCFNI) (7), which has been used in numerous studies to identify in rank order needs of critical care family members (8-10).

The CCFNI has been used in many studies in several countries. Previous researches on needs of families of intensive care patients' have identified important needs (10-12). The aim of this study was to determine the importance of the

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family members' needs and compare intensive care nurses and patients' relatives' perceptions about intensive care family needs.

2. Methods and Materials

The subjects for this research were; (i) patients' family members whose relatives were being treated in an intensive care unit (n: 70) and (ii) intensive care unit nurses (n: 70) in one teaching hospital in Turkey. Data were collected from June 15 - July 15 2007. The inclusion criteria for subjects: For family members were to be: (a) the spouse or blood-related family member of the critically ill patient; (b) aged 18 or above; (c) able to read and understand Turkish. For ICU nurses were to be: (a) a registered nurse in an ICU; (b) employed in an ICU for at least six months; (c) willingly to participate in the research.

One of the most frequently used questionnaires for measuring both the significant others' own perceived needs and the health care professionals' perceptions of those needs in ICUs is the CCFNI (7). CCFNI is a 45-item self-report questionnaire that assesses the perceived needs of family members of patients admitted into a critical care unit. Items are rated on a 4-point self-report scale, ranging from 1 (not important) to 4 (very important) (7). Total scores range from 45 to 180, with higher scores indicating high importance levels of perceived overall needs. Completing the questionnaire requires approximately 15-20 minutes.

We collected data from patients' relatives and nurses by using a Personal Information Form (PIF) and the Critical Care Family Needs Inventory (CCFNI). The PIF for patients was developed by researchers and included socio-demographic questions for patients' relatives and nurses. The Turkish version of Critical Care Family Need Inventory (CCFNI) (The Turkish version has 46 items) was used to investigate research questions. Unver and Ozturk (1998) conducted its validity and reliability work in Turkey. In this study the Turkish CCFNI's Cronbach alpha internal consistency was found to be 0.82 (13). Data were collected during personal interviews within the first 24-72 hours of patients' admission to the ICU.

Data were analyzed by using descriptive and inferential statistics. The level of significance was set at 0.05. The mean score for the each of the stated needs was calculated for family members and nurses. The Mann-Whitney U Test was used to identify significant differences between the mean scores of the two groups (14).

Approval for the study was granted by the Ege University School of Nursing Ethics Committee (Reg. No: 2007-43). Also written approval was obtained from the teaching hospital. Anonymity of patients' relatives, nurses and hospital were guaranteed. Permission was obtained from Leske and Unver by e-mail to use the CCFNI in the present study.

3. Results

The sample was 140 individuals: 70 family members and 70 RNs. The demographic characteristics of the respondents are summarized in Table 1. The mean age of the family members was 38.71 ± 11.09 years. More than half of them were female. The relationships between family members and ICU patients were: 32.9% child, 22.9% parent, 18.6% spouse, and 25.6% were others (Table 1). The family members' thinking about participating in decisions about patient's care: 14% said "never", 23% "always", and 63% "sometimes". Eighty four percent of family members wanted to participate in the decision making process about the patients' care.

The demographic characteristics of RNs' are shown in Table 2. The mean age of RNs was 27.66 ± 3.65 years. The RNs' median experience in their present profession was 2.23 ± 1.07 years. All of the nurses were female. Most of the nurses (84.3%) were working in the ICU on both day and night shifts.

In this study the Cronbach alpha internal consistency was 0.93 for family members. The mean total score of CCFNI was 147.06 ± 18.70

Table 1. Demographic Characteristics of Family Members (n= 70)

Characteristics	Frequency	Percentage
Gender		
Male	26	37.1
Female	44	62.9
Education level		
Literate	3	4.3
Primary education	21	30.0
Secondary education	19	27.1
High school / university	27	38.6
Health insurance		
No	2	2.9
Yes	68	97.1
Relationship to patient		
Child	23	32.9
Parent	16	22.9
Spouse	13	18.6
Others (e.g., sibling and nephew)	18	25.6

Table 2. Demographic Characteristics of Registered Nurses (n= 70)

Characteristics	Frequency	Percentage
Gender		
Female	70	100.0
Marital Status		
Married	27	38.6
Single	43	61.4
Have a child		
Yes	18	25.7
No	52	74.3
Education level		
Nursing College	4	5.7
Vocational School	6	8.6
Baccalaureate	55	78.6
Postgraduate	5	7.1
ICU experience		
6 -12 months	26	37.1
1-5 years	29	41.4
6-10 years	11	15.7
11-15 years	3	4.3
16-20 years	1	1.4
Work Schedule in ICU		
Only Day Shift	8	11.4
Day and Night Shift	59	84.3
Other	3	4.3

points for family members, and 138.85 ± 17.65 points for nurses. The difference in the total scores between the two groups was found to be statistically significant ($p < 0.005$, $t: 65.79$). Data were analyzed on all 46 need statements to determine the top 10 needs perceived as important on the CCFNI. The mean and standard deviation of the top 10 needs of the CCFNI are reported in Table 3. The family members' top 10

needs and the nurses' perceptions of these needs were similar, but the order was different (Table 3).

The most important needs perceived by relatives was "to be assured that the best care is being given to the patient," followed by in order of importance, "to know why the things were done for the patient," and "to have questions answered honestly." And the most important needs ranked by nurses were "to receive information about the patient once a day," followed by in order of importance, "to be assured that the best care possible is being given to the patient," "to have questions answered honestly.". The need for accurate and comprehensible information that leaves room for hope (15). Family members want a nurse to explain them about the condition and prognosis of the patient.

Means were calculated on the five subscales of the CCFNI. The subscales of support proximity and information ranked the highest according to the family members and nurses' perceptions (Table 4). Of the subscales information, assurance and proximity nurses and families perceptions were statistically different ($p < 0.005$).

4. Discussion

There have been many studies conducted on the subject of ICU patients' families' needs (3, 5, 6, 8, 16-19). These studies were reviewed by Verhage et al. (2005). However there have only been a few studies which have compared the needs of ICU patients' relatives and the nurses' perceptions of those needs (1, 4, 8, 20). The purpose of this research study was to determine ICU patients' family members' needs and the perceptions of the ICU nurses about those needs.

Table 3. Rank order of needs perceived by family members and nurses

Needs	Family member		Nurse	
	X	SD	X	SD
1. To be assured that the best care possible is being given to the patient.	3.85	±.45	2.	3.62±.54
2. To know why the things were done for the patient.	3.82	±.48	8.	3.48±.67
3. To have questions answered honestly	3.80	±.57	3.	3.61±.51
4. To know the expected outcome	3.78	±.41	12.	3.35±.68
5. To feel that the hospital personnel care about the patient	3.78	±.56	4.	3.55±.52
6. To feel there is hope	3.77	±.56	5.	3.54±.62
7. To receive information about the patient once a day	3.75	±.52	1.	3.62±.51
8. To know how the patient is being treated medically	3.72	±.53	11.	3.40±.74
9. To have explanations given that are understandable	3.70	±.64	9.	3.45±.71
10. To talk to the doctor every day	3.68	±.62	6.	3.51±.58

Table 4. Mean scores of the CCFNI subscales

	Family X±SD	Nurse X±SD	t	df	p
Information	25.44±4.62	25.05±4.23	-4.186	69	.000
Comfort	19.82±3.16	17.74±3.04	-1.842	69	.070
Support	45.30±6.77	42.50±5.81	-.137	69	.892
Assurance	22.85±2.83	21.27±3.04	-3.810	69	.000
Proximity	30.61±3.66	28.97±3.34	-3.407	69	.001

The nurses' mean total score for CCFNI was lower than family members' total score ($P < 0.005$, $t: 65.79$). This result is consistent with the results reported in the Mi- kuen et al. (1999) study.

In this study there is similarity between the ratings of relatives and nurses. Eight of the ten most highly ranked needs were the same but the order was different. Kosko and Warren (2000) reported four statements of the top ten needs on the CCFNI; Bijttebier et al. (2001) reported four similarities in five highly ranked needs between relatives, nurses and doctors (1, 9). Mi- kuen et al. (1999) reported that the top three needs of the nurses and family members were similar (20). In Kosko and Warren's (2000) study the most important need ranked by nurses and family members was "to know the prognosis"; in this study it was "to be assured that the best care possible is being given to the patient".

Meeting the needs of family members helps reduce their anxiety. To accomplish this ICU family members and nurses need to have the same perceptions about family needs. According to this study, there were statistically significant differences in family members' needs and nurses' perceptions of these needs.

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