

CHAPTER 5

SUMMARY AND RECOMMENDATION

This chapter summarizes the study findings and to present the implications and recommendations to nursing practice, nursing education, nursing administration, and nursing research. An analytical descriptive comparative study was conducted to identify the level of family needs and to examine the difference of family needs' perceptions between family members and nurses in ICU and CCU. Ninety-eight family members of critically ill patients and ninety-eight critical nurses were recruited by using non-probability convenience sampling. Family members were recruited from five hospitals, in Central Java, Indonesia. Also, nurses who took care the critically ill patients were recruited from those five hospitals. Data were collected between mid-June 2004 and mid-August 2004. The data were collected by face-to-face interview for 30-40 minutes in case of family members and self-report for nurses, based on, the Modified Critical Care Family Needs Inventory (MCCFNI). The content validity of both instruments was tested by three experts and the reliability was determined by Cronbach's coefficient alpha with values of .89 and .93, respectively. The data were analyzed by using descriptive statistics, independent t-test, and ANOVA.

Summary of Study Findings

In general, family members' perceptions on family needs were at a high level 161.13 ($SD = 14.21$). Family members perceived assurance, proximity,

information, and support at the high levels, but comfort needs was at a moderate level. However, nurses' perceptions were at a moderate level 149.34 ($SD = 14.66$). They scored at the high level on assurance needs followed by needs for information, support, comfort, and proximity at the moderate level.

The family members of critically ill patients and ICU and CCU nurses had significant differences in terms of their perceptions of family needs ($t = -5.72, p < .001$). In addition, between family members' and nurses' perceptions there were significant differences in the four family needs ($p < .01$), namely the needs for assurance, proximity, information and support. However, there were no significant differences between family members' and nurses' perceptions of comfort needs.

Strengths and Limitations

The findings of this study provide a beginning foundation for acknowledging and developing interventions that represent culturally and religiously specific needs of family members who find themselves having to cope with the critical illness of a family member in an ICU and CCU setting. Another strength is the statistical analysis of the comparison study used in this study. By doing additional analysis (comparing the effect of demographic characteristics of both subjects and the hospitals' setting on perception of family needs) it was available to know what characteristics affect family needs' perceptions and thereby provides more valid estimation of the t-test.

The limitation of this study includes its non-probability convenience sampling to recruit the subjects of the five hospitals until the desired sample size was reached. Further, this sample might not be representative of the Javanese family members who

visit critically ill adult relatives. Another limitation is that the findings cannot be generalized to all nursing situations, all ethnicities in Indonesia, and other religions or beliefs. The samples were specific to ICU and CCU settings, Javanese families, and Muslim people.

Implications and Recommendations

1. Nursing practice

Nurses need to understand the families' experiences and identify their needs associated with hospitalization of critically ill members based on family members' perceptions, and not focus on their own perception rather than on what the family perceived as important, as follows:

1.1 In term of assurance needs, "to feel there is hope" is very important to family members. Nurses should meet this need by giving a realistic hope for family members, and giving honest answers that can help them to maintain positive outlook for the desired outcome in the future.

1.2 Nurses should prepare families for transfer plans to another unit and this should be part of discussion as soon as the patient is admitted. Nurses should know who is the key caregiver, and then explain the information to them.

1.3 Nurses should give adequate information to the family members about patients' day-to-day progress, and explain the reason why patients were received treatments. The information given should be understandable and clear for family members. Nurses, as family advocates, must arrange or set the time so that family

members can talk, and discuss with doctors about the patients' diagnosis, progress, and treatment. Then, those family members should inform other members.

1.4 As nurses in ICU and CCU were found to be very busy, they should allow family member to remind their relatives about praying time.

1.5 Nurses can collaborate with administrators to improve waiting room facilities, such as to having telephone near the waiting room, and having a praying room near the waiting room.

2. Nursing education

The findings of this study can be used to nursing educators to emphasize the role of ICU and CCU nurses and nursing students in the needs of families who have members admitted to critical care units, and to include family members in their caring. Nurse educators should emphasize the important of understanding family needs for hope, and information to cope during waiting patients in ICU and CCU.

3. Nursing administrations

3.1 Critical care unit administrators should assign nurse to have direct responsibility to give information about the environment, visiting hours, and religious services to key caregivers to decrease their experiences of fear and unfamiliarity being in critical care units.

3.2 Nursing administrators may need to provide consultation for families to assist them with problems encountered during crisis time, and may need to change or adapt the policy and procedure such as the timing and duration of family visits that are suitable for families.

3.3. Family's need for a praying room is very important. On the basis of this finding, nursing administrator can propose or suggest to the higher administrative level to have a praying room at the waiting room.

4. Nursing research

This study focused on the needs of families who had members admitted to critical care units. Further research should be placed an emphasis on hope, and information needs how to detect the difference in effectiveness of various techniques, and determine how to delivered for family members of critically ill patients that is effective and realistic in today's health care environment. Also, there should be a study to explore satisfaction of family members during waiting their relatives in ICU and CCU. Finally, it would be useful to conduct a study using action research to develop a family-centred in order to formulate a standard of family care, especially in ICU and CCU in Indonesia.