

## CHAPTER 1

### INTRODUCTION

#### **Background and Significance of the Problem**

Critical illness has the potential to place an entire family in crisis (McKinley, 1999) because of the serious, and unstable nature of patients admitted to the Intensive Care Unit (ICU) and Coronary Care Unit (CCU) (Mendonca & Warren, 1998). Moreover, acute life-threatening illnesses represent a crisis situation not only for the individual patient but also for the family members (Hartshorn, Lamborn, & Noll, 1993; Kosco & Warren, 2000).

Critically ill patients constitute a large population. In Hong Kong, there were more than 30,000 people admitted to the intensive and coronary care units (Hospital Authority, 1998 cited by Leung, Chien, & Mackenzie, 2000). In Indonesia, according to Medical Record Division in Rumah Sakit Umum Pusat (RSUP) Dr. Kariadi Semarang, the biggest hospital in Central Java, critically ill patients constituted quite a large number of the admitted patients, and the cases increased from 268 in 2000 to 383 in 2003 (Medical Record Division of RSUP. Dr. Kariadi Semarang, 2003).

Critical illness often occurs without warning and there is little time for patients and their families to prepare (Lee, Chien, & Mackenzie, 2000). Family members of critically ill patients are likely to experience severe stress, frustration, fear, and anxiety during the critical illness (Kinney, Dunbar, Brooks-Brunn, Molter, & Vitello-Cicciu, 1998; Leung et al., 2000). Fear of death, uncertain outcome, emotional

turmoil, financial concerns, role changes, disruption of routines, and unfamiliar hospital environments are some of the sources of anxiety for family members (Leske, 2002). Stress evolving from these situations usually makes family members feel disorganized and helpless (Kinney et al., 1998). As a result, family members often show difficulty in mobilizing appropriate coping resources (Price, Forrester, Murphy, & Monaghan, 1991), and it will impact on the physical, psychological, and social conditions of the family members of the critically ill patients (Thompson, 1995; Horn, Fleury, & Moore, 2002).

Additionally, family members reported that nurses prioritized the patient in their care and family needs were secondary (O'Malley et al., 1991). In critical care settings, nursing has been primarily focused on the physiological and psychological impacts of life-threatening illness of patients by undertaking close assessment, observation and monitoring in case of further complications (Leung et al., 2000). Recognition of the family's needs allows the nurse to assist the family in a critical situation.

Meeting the needs and concerns of family members of critically ill patients is important (Kleinpell & Powers, 1992). The needs of family members of critically ill patients have been addressed in several research studies in Western countries. An early study by Molter (1979) identified a list of 45 family need statements and established the first edition of the Critical Care Family Needs Inventory (CCFNI). She found that the family needed hope, information, to be with the patient, to be helpful to the patient, health personal care about the patient, and the personal needs of family members. Then, Leske (1991) revised and identified the five dimensions of the

CCFNI, and labeled them as needs for support, comfort, information, proximity, and assurance. Recognition of these needs by nursing personnel to measure whether these needs are met is necessary if health care personnel are to continue the practice of holistic nursing care (Price et al., 1991).

Additionally, Curry (1995) identified family needs and stresses in the intensive care unit from 10 staff nurses working in general ICU. Staff nurses perceived that families of patients in ICU had specific needs and concerns. Curry found that these needs were not always responded to by the health professional. Health professionals who mostly responded to the needs of family members of critically ill patients were nurses (Patitas, 1999). The reasons for not meeting the needs of the family were related to the nurses' understanding and consideration of the importance of the needs (Millar, 1991; Johnson et al., 1995; Bond, Draeger, Mandeleco, & Donnelly, 2003). Moreover, family needs may have been misinterpreted because nurses were focusing on their own perception rather than on what the family perceived as important (Mi-Kuen, French, & Kai-Kwong, 1999).

Identifying the needs of family members following a critical illness, is an essential step in the development of nursing interventions to facilitate families' physical, psychosocial, and spiritual adaptation to the crisis situation (Kleinpell & Powers, 1992; Titler, Cohen, & Craft, 1991; Wenru, 1996; Wilson & Miles, 2001), and is essential to holistic nursing practice (Mendonca & Warrens, 1998). Moreover, development of a more comprehensive knowledge base for care of family will enable nurses to provide targeted interventions to better meet family needs, and to help the nurses to respond appropriately and effectively (Johnson et al., 1995). However,

sometimes nurses feel inadequate to convey concerns about critically ill patients to family members (Chelsa, 1996), and to respond to family members from diverse cultural backgrounds (Greipp, 1995).

Furthermore, the needs of families of critically ill patients have not been adequately considered from a cultural perspective (Scholz, 1990; Waters, 1999). There are significant cultural influences that affect the expression of family needs shown toward a critical illness (Rukholm, Baley, Coutu-Wakulezyk, & Baley, 1991). The most important needs identified by Thai families were assurance (Patitas, 1998). On the other hand, the most important need statements identified by Chinese families of the critically ill patients were assurance and information (Leung et al., 2000). These findings were different from those found in recent studies in Western cultures. Waters (1999) stated that non-Hispanic families emphasized provision of information to maintain their independence, while white-Hispanic families rated comfort needs as more important in maintaining family togetherness, and Black families made more demands for comfort and assurance within the critical care situation.

In Indonesia, especially in Java, the nuclear family is the most important kin group. Attention and care, as well as mandatory obligations, are expected among family members (Koentjaraningrat, 1985). An individual serves as a harmonious link to the family or group equilibrium (Mulder, 1978 cited in Koentjaraningrat, 1985). Unlike Western culture, which values individualism, most Javanese consider the sharing of burdens (Murder, 1978 cited in Koentjaraningrat, 1985). In addition, the Javanese are strongly influenced by Islam as most people in Java are Muslims (Shield, & Hartati, 2003). The Javanese submit to hardship and suffering deliberately for

religious reasons in any critical situation, or when experiencing a crisis in family life (Koentjaraningrat, 1985). If one family member encounters a stressful life event, then the whole family shares the burden and shows collective obligation toward coping with the crisis. There is a strong desire in most Javanese individuals to maintain their roles and relationships in critical situations, thereby enabling the family system to remain in a state of equilibrium.

Up to now, there are only a few nursing studies that have been carried out in Indonesia (Ibrahim, 2004; Suza, 2003), and no known study is related to needs of family who have members admitted to critical care units. Most of the previous studies have been conducted in western cultures (Molter, 1979; Leske, 1991; O'Malley et al., 1991; Waters, 1999; Kosco & Warren, 2000) and a few in Asia (Wenru, 1996; Patitas, 1999; Leung, et al., 2000). Differences are likely to occur in situations in which the context and culture are different. This study aimed to examine the differences in perception between families and nurses, and to identify the level of needs of families who have members admitted to critical care units as perceived by families and nurses.

## **Objectives**

The objectives of the study were as follows:

1. To identify the level of needs of families who have members admitted in critical care units perceived by family members.
2. To identify the level of needs of families who have members admitted in critical care units perceived by nurses in critical care units.

3. To examine the difference in perception between families and nurses regarding needs of families who have members admitted to critical care units.

### **Research Questions**

This study attempted to answer the following research questions:

1. What is the level of needs of families who have members admitted to critical care units perceived by family members?
2. What is the level of needs of families who have members admitted to critical care units perceived by nurses in critical care units?
3. Are there any differences in perceptions between families and nurses regarding needs of families who have members admitted to critical care units?

### **Conceptual Framework**

Family need is a requirement, which if supplied, relieves or diminishes family distress or improves their sense of adequacy or well being (Leske, 1986). The conceptual framework of this study is mainly based on previous studies of family needs conducted by Leske (1991). To explore the needs of family members of critically ill patients, the Critical Care Family Needs Inventory revised by Leske (1991) was modified and used in this study.

Critical illness always happens suddenly and unexpectedly for both patients and their family members (Lee, Chien, & Mackenzie, 2000). Having relatives in the ICU and CCU bring family members into anxiety, frustration, fear, and anxiety during critical illness because of the fear of death, uncertain outcome, emotional turmoil,

financial concerns, role changes, disruption of routines, and unfamiliar environments (Leske, 2002). These situations will have an impact on the physical, psychological, and social conditions of family members of the critically ill patients. The family members need support, comfort, information, proximity, and assurance to help them remain in a state of equilibrium during the time their relatives are in the critical care unit (Leske, 1991).

Support is needed by family members. Family needs for support entail both physical and emotional dimensions. Strong interpersonal support facilitates successful coping, reduces anxiety, and promotes emotional, spiritual, financial, and personal stability after the disruption of a critical illness (Leske, 1991). Also, it will assist family coping with anxiety, augment family resources, and maintain strengths to support the patient (Leske, 2002).

Comfort is important in providing families with relief from distress or sorrow. The physical dimensions of comfort aim to meet the daily personal needs of the family member, while emotional comfort entails reinforcing the individual's sense of identity and importance. Comfort needs include acceptance by hospital staff, meeting personal needs such as those for privacy, food, fluids, and access to bathroom facilities (Leske, 1991).

The third dimension of family needs is information needs. Usually after seeing the patient the family immediately seeks information about his/her condition (Curry, 1995). The family members look for hope, need to be spoken to honestly, want to know the prognosis, and are eager to identify the patient's progress (Lee et al., 2000). This information can be obtained by family members in various ways, such as

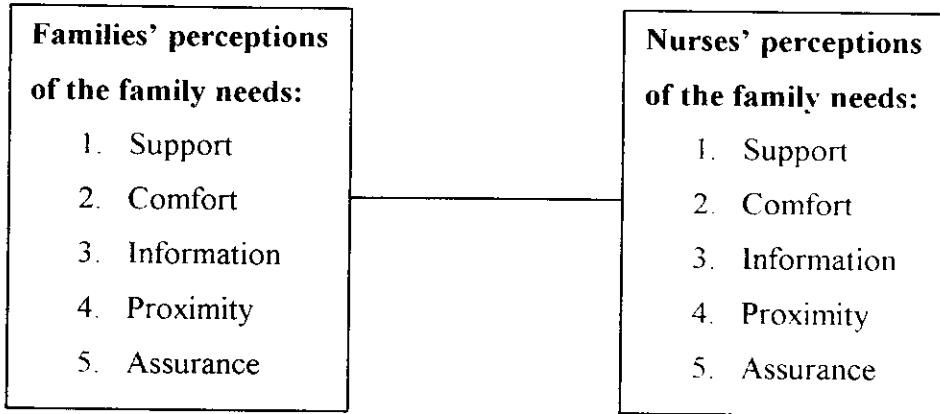
direct observation of the ill member, participation in the ill member's physical care, contact with a staff member who could or would provide the desired information, and contact with the physician (Curry, 1995).

The fourth dimension is proximity needs that reflect personal contact and remaining near the critically ill person, physically and emotionally. Staying in close proximity with the patient may help family members cope with a critical illness event (Leske, 1991). Family member proximity needs incorporate interaction with the patient through touch, talk or intimacy and include not only being with or seeing the patient but also being close by the patient at all times (Leske, 1986; Leske, 1991).

The last dimension of family needs is a need for assurance. This dimension is related to the family's need to hope for a desired outcome, part of which is based on their confidence and trust in the health care system. Assurance needs will promote confidence, security, and freedom from doubt (Leske, 2002).

Needs for support, comfort, information, proximity, and assurance are perceived by families who have members admitted to critical care units, and by nurses who take care of patients in critical care units. The perceptions of the importance of family needs between family members and nurses may be different. Identifying families' perceptions and nurses' perceptions of the important needs of families who have members admitted to critical care units entails exploring the similarities and differences. Then, it identifies discrepancies in the perceived important of family needs between the families and nurses. The comparison between the important needs of the families who have members admitted to critical care units perceived by families and nurses in ICU and CCU can be conceptualized as follows (Figure 1):





**Figure 1** Theoretical framework to study differences between family members' and nurses' perceptions regarding needs of families who have members admitted to critical care units

### Hypothesis

Needs of families who have members admitted to critical care units are perceived differently by families and nurses.

### Operational Definitions

#### 1. Family members' perceptions of family needs

Family members' perceptions of family needs refer to the importance family members place on the identified needs for support, comfort, information, proximity, and assurance during 24 – 72 hours of the patient's hospitalization while they wait for their relative in the Intensive Care Unit (ICU) and Coronary Care Unit (CCU). Family members' perceptions of the family need who had members admitted to critical care units were measured using the Modified Critical Care Family Needs Inventory

(MCCFNI) modified by the researcher based on revised CCFNI (Leske, 1991), literature review, and focus group discussion.

## 2. Nurses' perception of family needs with critically ill patients

Nurses' perceptions refer to the importance nurses place on the identified needs of family during 24 – 72 hours of a patient's hospitalization. Nurses' perception of the needs of families who had members admitted to critical care units were measured using the Modified Critical Care Family Needs Inventory (MCCFNI) modified by the researcher based on revised CCFNI (Leske, 1991), literature review, and focus group discussion.

### **Scope of the Study**

This descriptive comparative study examined the differences in perception between family members and nurses regarding the importance of the needs of families of critically ill patients. The subjects were recruited from the Intensive Care Unit and Coronary Care Unit of the Rumah Sakit Umum Pusat (RSUP.) Dr. Kariadi, Rumah Sakit Umum (RSU.) Prof. DR. Margono Soekarjo, Rumah Sakit Umum (RSU.) Tugurejo, Rumah Sakit Umum (RSU.) Kota, and Rumah Sakit Umum (RSU) Purwodadi in Central Java, Indonesia.

### **Significance of the Study**

These findings provide baseline information in reference to family needs of critically ill patients, which can guide and improve the nursing care in ICU and CCU.

The study provides contributions to nursing practice, nursing education, nursing administration, and the development of nursing research.

1. For the nursing practice, the research findings provide information, and can be used by nurses in the critical setting in managing family needs of patients' family members during critical situation and can improve the quality of nursing care in ICU and CCU.
2. For nursing education, the research findings provide information in understanding the phenomenon of family needs of critically ill patients in the critical setting.
3. For nursing administration, these outcomes give information for hospital administration to pay more attention to the family members of critically ill patients.
4. For development of further research, the research findings will provide information for future research regarding family needs of critically ill patients, as there has been no known study about needs of family who have members admitted to critical care units perceived by family member and nurses conducted in Indonesia.