APPENDIX A

TABLE

Table A-1 The difference of mean scores of family needs for support perceived by family members (n=98) and nurses (n=98)

Items of support needs	Family members mean	Nurses mean	Different mean score
Have explanations of environment	3.70	3.58	0.12
2. Talk about the possibility of patient's death	3.60	3.49	0.11
3. Have directions at the bedside	3.41	3.03	0.38
4. Have someone to help with family problems	3.30	3.17	0.13
5. Have another person to visit with you in ICU	3.28	2.71	0.57*
6. Have the Ustadz (Islam religious leader) visit	3.21	2.86	0.35
7. Have Ustadz to pray at the bed side	3.13	2.69	0.44
8. Be told about religious services	3.08	3.35	0.27
9. Have friends nearby for support	3.08	3.12	0.04
10. Be told people who could help with problems	3.06	3.07	10.0
11. Have someone help with financial problems	2.99	2.87	0.12
12. Have someone to join while praying	2.93	2.45	0.48*
13. Have nurse to remind praying time	2.83	2.23	0.60*
14. Have someone concerned about your health	2.79	2.96	0.17
15. To have "Pengajian" (pray gathering) to support	2.78	2.76	0.02
Talk about negative feelings	2.29	1.99	0.30
17. Be encourage to cry	2.07	1.96	0.11

^{*} The three highest difference of mean scores perceived by family members and nurses

Table A-2 The difference of mean scores of family needs on comfort perceived by family members (n=98) and nurses (n=98)

Item of comfort needs	Family member mean	Nurses mean	Different mean score
· · · · · · · · · · · · · · · · · · ·			mean score
Have praying room near waiting room	3.12	3.30	0.18
2. Be assured it is all right to leave the hospital	3.10	2.88	0.22
3. Have bathroom near waiting room	3.09	2.95	0.14
4. Have telephone near waiting room	3.06	2.38	0.68*
5. Have good food available	2.93	2.63	0.30*
5. Feel accepted by the hospital staff	2.89	3.17	0.28*
7. Have comfortable furniture in waiting room	2.66	2.43	0.23
B. Have dining room near waiting room	2.10	2.21	0.11

^{*} The three highest difference of mean scores perceived by family members and nurses

Table A-3 The difference of mean scores of family needs on information perceived by family members (n=98) and nurses (n=98)

Item of information needs	Family member mean	Nurses mean	Different mean score
Know how patient is being treated medically	3.57	3.42	0.15
2. Know why things were done	3.56	3.56	0.00
3. Know exactly what is being done	3.45	3.42	0.03
4. Talk to the doctor every day	3.23*	2.55	0.68*
5. Know whom they can contact for religious help	3.18*	2.74	0.44*
6. Have a specific person to call	3.12*	2.65	0.47*

Table A-3 (Continued)

Item of proximity needs	Family member	Nurses mean	Different
	mean		mean score
7. Help with the patient's physical care	2.88	3.01	0.13
8. Know which staff members could give information	2.83	2.82	0.01
9. Know types of staff members	2.26	2.05	0.21

^{*} The three highest difference of mean scores perceived by family members and nurses

Table A-4 The difference of mean scores of family needs for proximity perceived by family members (n=98) and nurses (n=98)

Item of proximity needs	Family member	Nurses mean	Different
	mean		mean score
Be told about transfer plans	3.44	3.35	0.09
2. Have visiting hours start on time	3.37	3.11	0.26
3. Have waiting room near	3.27	2.82	0.45
patient	3.22	2.80	0.42
4. Have visiting hours changed			
for special conditions	3.18	2.71	0.47
5. Receive information once a	3.16	2.58	0.58*
day	3.14	2.58	0.56
6. Talk to nurse every day			
7. Lead or pray at bed side during scheduled time	3.02	2.52	0.50
8. Be called at home about	2.97	2.30	0.67*
changes	2.93	2.03	0.90*
9. Visit at any time			
10. See patient frequently			

^{*} The three highest different of mean scores perceived by family members and nurses

Table A-5 Rank ordering of mean scores of family needs on assurance perceived by family members (n=98) and nurses (n=98)

Item of assurance needs	Family member	Nurse mean	Different
	mean		mean
1. Feel there is hope	3.84	3.00	0.84*
2. Have questions answered honestly	3.72	3.28	0.44*
3. To die peacefully if there was no hope	3.64	3.42	0.22*
4. Have explanations given that are understandable	3.44	3.51	0.07
5. Know specific facts about patient's progress	3.44	3.42	0.02
6. Be assured that the best care given	3.38	3.53	0.15
7. Feel that personnel care about the patient	3.17	3.35	0.18
8. Have someone to care with the same gender	1.92	2.04	0.12

^{*} The difference of the mean scores perceived by family members and nurses

APPENDIX B

INFORMED CONSENT

My name is Nina Indriyawati, I am a master student of Faculty of Nursing, Prince of Songkla University, Thailand. I also work as an educative staff of the Midwifery Program, Health Polytechnic Semarang. I am conducting a research project for my master degree study. The purpose of the study is to identify family needs and to examine the differences between families' perceptions and nurses' perceptions of family needs of critically ill patients. Information gathered will be used to write a report. If you agree to participate in this study, you will be asked to complete the family needs questionnaires. For family members, the researcher will interview you, whereas for the nurses, you will be asked to complete it by yourself. It will take time around 20-30 minutes. All of your answers and your identity will not be revealed. All information will only be used for the purposes of this research project.

There is no risk in participating in this study. Your participation is voluntary in nature, and you can withdraw from this study at any time even after starting the interview process. There will no penalty or any effect of your decision to refuse to participate in this study. Your signature on this form will indicate that you understand this form and are willing to participate in this study.

Date	
Participant	
Researcher	

APPENDIX C

FAMILY NEEDS QUESTIONNAIRE

(Form 1. Questionnaires for Family Members of Critically Ill Patients)

Code

		Date	·····
		Hospital	·····
Intro	duction		
This is	nstrument consists of two parts. Part 1	comprises d	lemographic data for critically
	ent and family member, part 2 compris		· ·
		·	
Part 1	: Assessment of Demographic Data	of the Fami	ly Members
A. De	mographic data related to the critica	ılly ill patie	nt
1.	Gender: () 1. Female	()	2. Male
2.	Ageyears		
3.	Medical diagnosis:		
4.	Duration of admission in ICU or CCU	J:	.days
B. Dei	mographic data related to the family	member of	critically ill patient
	Gender: () 1. Female		2. Male
2.	Ageyears		
3.	Religion:		
	() 1. Islam	()	2. Christian
	() 3. Catholic	()	4. Buddhist
	() 5. Hindu		

4.	Educational level:	
	() 1. No formal education	() 2. Elementary school
	() 3. Junior high school	() 4. Senior high school
	() 5. College/University	
5.	Occupation:	
	() 1. Farmer	() 2. Government employee
	() 3. Private employee	() 4. Business person
	() 5. Retired	() 6. House wife
	() 7. Others (specify)	
6.	Family income per month:	
	() 1. None	() 2. < Rp. 500,000
	() 3. Rp. 500,000 – 1,000,000	() 4. Rp. 1,000,000 – 2,000,000
	() 5. > Rp. 2,000,000	
7.	Payment of the illness	
	() 1. Totally reimbursed or insurance	
	() 2. Partially reimbursed	
	() 3. Totally self paid	
8.	Previous experience of having a relative a	admitted to ICU or CCU:
	() 1. No	() 2. Yes,times.

Part 2: Assessment of Family Members' Perceptions of MCCFNI

Instruction: I will ask about your perceptions of family needs during your relatives' hospitalization. Please answer a number from 1 (= not important) to 4 (= very important) to show how important the following family needs are for you.

No.	Items	Not	Slightly	Important	Very
		important	important		important
	Support				
1	You needed to be told about someone	1	2	3	4
	who could help you with your family	Ì			
	problems.				
2	You needed to talk about your negative	1	2	3	4
	feelings such as guilt or anger.	i		; 	
3	You needed to be encouraged to cry.	1	2	3	4
4	You needed to be told about the other	1	2	3	4
	people that could help you with				
	problems.				
5	You needed to be told about religious	I	2	3	4
	services.				
6	You needed to have someone help you	1	2	3	4
	with your financial problems.				
7	You needed to have another person	1	2	3	4
	with relative when visiting the critical				
	care unit.			į	
8	You needed to have the 'Ustadz'	1	2	3	4
	(religious leader) visit you.				
9	You needed to talk about the possibility	1	2	3	4
	that your relative might die.			İ	
10	You needed to have directions as to	1	2	3	4
	what to do at the bedside.				

No.	Items	Not	Slightly	Important	Very
		important	important		important
11	You needed to have friends nearby for	1	2	3	4
	support.	<u> </u>			
12	You needed to have someone be	1	2	3	4
1	concerned with your health.				
13	You needed to have explanations of the	1	2	3	4
	environment before going into the				
	critical care unit for the first time.				
14	You needed nurses/someone in the	1	2	3	4
	family to join/attend while praying.				
15	You needed nurse to remind your	1	2	3	4
	relative about praying time.				
16	You needed to have 'Ustadz' (Muslim	1	2	3	4
	leader) to pray with you at the bed side.				
17	You needed to have 'Pengajian' (pray	1	2	3	4
	gathering) to support you.				
	Comfort	·			
18	You needed to have a bathroom near	1	2	3	4
	the waiting room.				
19	You needed to have comfortable	1	2	3	4
	furniture near the waiting room.				
20	You needed to have a telephone near	1	2	3	4
	the waiting room.	}			
21	You needed to be assured that it was all	1	2	3	4
	right to leave the hospital for a while.				
22	You needed to have good food	1	2	3	4
	available in the hospital.	1			
23	You needed to feel accepted by the	1	2	3	4
	hospital staff.		ļ	1	

No.	Items	Not	Slightly	Important	Very
		important	important		important
24	You needed praying room near a	1	2	3	4
	waiting room.				
25	You needed to have a dining room near	1	2	3	4
	the waiting room.		; 		
	Information				
26	You needed to know why things were	1	2	3	4
	being done for your relative.				
27	You needed to know how your relative	1	2	3	4
	was being treated medically.				
28	You needed to know exactly what was	1	2	3	4
	being done for your relative.				
29	You needed to know about the types of	1	2	3	4
	staff members taking care of your				
	relative.				
30	You needed to know which staff	1	2	3	4
	members could give what type of				
	information you needed.				
31	You needed to help with the relative's	1	2 .	3	4
	physical care.				
32	You needed to talk and discuss with the	1	2	3	4
!	doctor everyday.				
33	You needed to have a specific person to	1	2	3	4
	call at the hospital when you were				
	unable to visit.				
34	You needed to know whom you can	1	2	3	4
	contact for religious help.				
					_

No.	Items	Not	Slightly	lmportant	Very
<u> </u>		important	important		important
	Proximity				
35	You needed to visit your relative	1	2	3	4
	anytime.				
36	You needed to see your relative	1	2	3	4
L	frequently.				
37	You needed to receive information	1	2	3	4
	about your relative's once a day.				
38	You needed to have visiting hours	1	2	3	4
	changed for special conditions.		·		
39	You needed to be called at home about	1	2	3	4
	changes in your relative's condition.			1	I
40	You needed to be told about transfer	1	2	3	4
	plans while they were being made.				
41	You needed to have the waiting room	1	2	3	4
	near your relative.				
42	You needed to have visiting hours start	1	2	3	4
	on time.				
43	You needed to talk to the same nurse	1	2	3	4
	every day.				
44	You needed to lead or pray with your	1	2	3	4
	relative at the bedside during the]			
	scheduled time of prayer (5 times a day)				}
	Assurance				
45	You needed to have questions answered	1	2	3	4
	honestly.				
46	You needed to have explanations given	1	2	3	4
	that were understandable.			ļ	ł

No.	Items	Not important	Slightly important	Important	Very important
47	You needed to be assured that the best care possible was being given to your relative.	1	2	3	4
48	You needed to know specific facts concerning your relative's progress.	1	2	3	4
49	You needed to feel that hospital personnel cared about your relative.	1	2	3	4
50	You needed to feel there was hope.	1	2	3	4
51	You needed to have someone of the same gender to care for your relative.	1	2	3	4
52	You needed your relative to die peacefully if there was no hope.	1	2	3	4

Please answer the following questions:

	_			
l.	Do you have any other to family needs?			
	(1) Yes	(2) No		
	If Yes, please specify	, ••••••••••••••••••••••••••••••••••••		
2.		e more reason why you need it?		

APPENDIX D

FAMILY NEEDS QUESTIONNAIRE (Form 2: Questionnaire for Nurses)

	Code	
	Date	
	Hospital	·
Introduction		
This instrument consists of two parts. Part	l comprisos dom	
		nographic data for critical
care nurses, and part 2 comprises of family	needs.	
Part 1: Assessment of Nurses' Demograp	hic Data	
l. Ageyears	inc Data	
2. Gender: () 1. Female	() 2 Mala	
3. Religion:	() 2. Male	
•		
() 1. Islam	() 2. Christ	ian
() 3. Catholic	() 4. Buddl	nist
() 5. Hindu		
4. Highest educational level attained:		
() 1. Senior School of Nursing	() 2. Diplor	na III of Nursing
() 3. Diploma IV of Nursing		elor of Nursing
() 5. Others		
5. Duration of working in critical care:.	vears	
_		

Part 2: Assessment of Nurses' Perceptions of MCCFNI.

Instructions: The following questions are related to your perceptions of family needs during care of critically ill patients. Please circle a number from 1 (= not important) to 4 (= very important) to show how important the following family needs are for you.

No.	Items	Not	Slightly	Important	Very
<u></u>		important	important	ļ	important
	Support				
1	Families needed to be told about	1	2	3	4
	someone who could help them with their				
	family problems.				
2	Families needed to talk about their	l	2	3	4
	negative feelings such as guilt or anger.]			
3	Families needed to be encouraged to cry	I	2	3	4
4	Families needed to be told about the	1	2	3	4
	other people that could help them with	,	İ		1
	problems.				
5	Families needed to be told about	1	2	3	4
	religious services.	i	İ	ļ	
6	Families needed to have someone help	1	2	3	4
	with their financial problems.			1	
7	Families needed to have another person	1	2	3	4
	with them when visiting the critical care				
	unit.	1		İ	
8	Families needed to have the 'Ustadz'	1	2	3	4
	(religious leader) visited them.				
9	Families needed to have directions as to	1	2	3	4
	what to do at the relatives' bedsides.				
					

No.	Items	Not	Slightly	Important	Very
	, tems	important	important	Important	important
10	Families needed to talk about the	1	2	3	4
	possibility of their relatives' death.				
11	Families needed to have friends nearby	1	2	3	4
	for support.				
12	Families needed to have someone be	1	2	3	4
	concerned with their health.				
13	Families needed to have explanations of	1	2	3	4
	the environment before going into the				
	critical care unit for the first time.				
14	Families needed nurses/someone in the	1	2	3	4
	family to join/attend while praying.				
15	Families needed nurse to remind your	1	2	3	4
	relative about praying time.				
16	Families needed to have 'Ustadz'	1	2	3	4
	(Muslim leader) to pray with them at the				ĺ
	bedside.				
17	Families needed to have 'Pengajian'	1	2	3	4
	(praying group gathering) to support you.				
	Comfort				
18	Families needed to have the bathroom	1	2	3	4
	near the waiting room.				
19	Families needed to have comfortable	1	2	3	4
	furniture near the waiting room.				
20	Families needed to have a telephone near	1	2	3	4
	the waiting room.				
21	Families needed to have good food	1	2	3	4
	available in the hospital.			İ	

No.	Items	Not	Slightly	Important	Very
	Tems	important	important		important
22	Families needed to be assured it were all	1	2	3	4
	right to leave the hospital for a while.			;	
23	Families needed to feel accepted by the	1	2	3	4
	hospital staffs		;		
24	Families needed praying room near a	1	2	3	4
	waiting room.				
25	Families needed to have a dining room	1	2	3	4
	near the waiting room.				
	Information		,		
26	Families needed to know why things	1	2	3	4
	were done for their relatives.				
27	Families needed to know how their	1	2	3	4
	relatives were being treated medically.				
28	Families needed to know exactly what	1	2	3	4
	were being done for their relatives.				
29	Families needed to know about the types	1	2	3	4
	of staff members taking care of their				
:	relatives.	1]	İ	
30	Families needed to know which staff	1	2	3	4
	members could give them what type of				
	information they needed.			Ì	
31	Families needed to help with the	1	2	3	4
	relatives' physical care.		J	Ī	
32	Families needed to talk and discuss with	1	2	3	4
	the doctors every day.				
33	Families needed to have a specific person	1	2	3	4
	to call at the hospital when they were			[
	unable to visit.				
	·		- <u>-</u> L	<u> </u>	

No.	Items	Not	Slightly	Important	Very
		important	important	•	important
34	Families needed to know whom they can	I	2	3	4
	contact for religious help.				
	Proximity				
35	Families needed to visit their relatives	I	2	3	4
	anytime.		ĺ		
36	Families needed to see their relatives	1	2	3	4
	frequently.			ĺ	
37	Families needed to receive information	1	2	3	4
	about their relatives once a day.				
38	Families needed to have visiting hours	1	2	3	4
	changed for special conditions.				
39	Families needed to be called at home	1	2	3	4
	about changes in their relatives'			ł	
	conditions.		ľ	!	
40	Families needed to be told about transfer	1	2	3	4
	plans while they were being made.				į
41	Families needed to have the waiting	1	2	3	4
	room near their relatives.				1
42	Families needed to have visiting hours	1	2	3	4
	start on time.	1			
43	Families needed to talk to the same	1	2	3	4
	nurses every day.				
44	Families needed to lead or pray with	1	2	3	4
	their relatives at the bedside during the				
	scheduled time of prayer (5 times a day).			ļ	

No.	Items	Not	Slightly	Important	Very
		important	important		important
	Assurance				
45	Families needed to have their questions	1	2	3	4
	answered honestly.				
46	Families needed to have explanations	1	2	3	4
	given that were understandable.				
47	Families needed to be assured that the	1	2	3	4
	best cares possible were being given to				
	their relatives.				
48	Families needed to know specific facts	1	2	3	4
	concerning their relatives' progress.				
49	Families needed to feel that hospital	1	2	3	4
	personnel cared about their relatives.				•
50	Families needed to feel there was hope.	1	2	3	4
51	Families needed to have someone of the				·
	same gender to care for their relative.				
52	Families needed their relatives to die	1	2	3	4
,	peacefully if there was no hope.				

Please answer the following questions:

1.	Do you have any other suggestions related to family needs?		
	(1) Yes	(2) No	
	If Yes, please specify	••••••••••••••••••••••••	
2.	Please explain or give more r		

APPENDIX F

DETAIL OF FOCUS GROUP DISCUSSION RESULTS

The Focus Group Discussion (FGD) was conducted on 10 June 2004, at RSUP. Prof. Dr. Margono Soekarjo, Purwokerto, Central Java, Indonesia. FGD was audio-taped and transcribed. Ten participants were scheduled to attend the FGD. There were two groups, each group had five participants, group 1 for family members' participants and group 2 for nurses' participants.

The FGD, which lasted an hour, was conducted in a counseling room at the critical care units. The FGDs' were conducted over approximately 1 hour for each group.

FOCUS GROUP DISCUSSION RESULTS

(1) Group 1 focus group discussion

Question: As a Muslim, what do you need while your relatives are admitted to ICU or CCU?

All family members needed "Ustadz" (Muslim leader) to lead or pray with them for their relatives. They wanted to pray at the bedside near their relatives or in the waiting room. Three family members expressed:

Family needed to know information about religious services and where to find help.

I needed "Ustadz", even, I could pray by myself I would feel better if the Imam stayed and prayed with me. I felt happy. Also, I felt that the praying was more powerful and Allah would listen to me.

Family member 01

I needed guidance from Imam. I liked praying and chanting together with "Ustadz". Now, I prayed just with my family members who were staying in the waiting room.

Family member 05

Question: What are your support needs?

All family members reported that they needed support from religious leader or services. They felt that having the relatives admitted to the ICU or CCU was very hard. As two family members stated:

I did not only need support from family members, friends, caregivers or other ICU patients' family members but also I really wanted support from "pengajian" (a praying group gathering, it means 2 or more people gathering and praying together in Islam).

Family member 04

Even we all supported one another we needed like pengajian, which would more strengthen and support us. We needed not only just physical but also psychological care, such as pengajian. "Pengajian" could visit us one a week.

Family member03

Question: What are your special needs for comfort

To do sholat, actually Muslim needed "Mushola" (praying room). In the hospital, a Mosque was already built but it was far from the ICU or CCU. They did not want to go there. So they needed a praying room near the waiting room. Two family members expressed:

It was better if I could pray sholat in the praying room near the waiting room because I did not want to leave my relative alone.

I would feel safe and secure if I could do praying and chanting in the praying room that was close to my relatives. I would be happy if hospital would provide "Mushola".

Family member 04

In addition, families agreed if they had dining room near the waiting room.

One family member stated:

It was good, if the hospital provided dining room near the waiting room. I could eat together at the one table like we did at home. So I could more enjoy our eating.

Family member 02

Question: What are your special needs for information?

All family members reported that they needed for information about who they could contact for religious help. One family member stated:

At the few days after admission, I needed information about whom I could contact for religious help if something happens to may relative or if I needed for consultation.

Family member 03

Question: What are your special needs for proximity?

All families wanted praying and reading Al'quran (Muslim' bible) in the bedside near their relatives. They realized that "Sholat" (Muslim praying) was very important. As four family members stated:

I hoped nurses could remind or pay attention to the patients about the praying time (5 times a day divided into: Subuh (morning); Luhur (afternoon); Asar (evening); Maghrib (evening); and Isak (night)) and lead or pray with the patients.

Family member 01

I wanted to pray and chant holy Qur'an with my brother. I would lead him to pray with me.

I would be happy if nurses could remind my mother about praying time and pray with her.

Family member 03

Question: What are your special needs for assurance?

All family members reported they needed to assure if their relatives received caring when they face death. Two family members stated:

I needed my mother dye peacefully without suffering

Family member 04

I wanted to prepare my grandfather if there was no hope

Family member 01

Question: Are each the listed items stated clearly?

All family members reported that the questions stated clearly. They understood with all the questions. One family member stated:

I understood and I could answer the questions.

Family member 02

Question: Are the listed items of family need relevant to the Muslims' needs and

Javanese needs of families who have members admitted to critical care units?

Family members answered "Yes". One family member stated:

I thought all I needed as Muslim and Javanese family were provided in these list questions. I thought it was enough.

Family member 05

Question: Are there any other needs you want to add to the questionnaire?

Four of family members said "No", only one family member said "Yes". She stated:

As a Muslim, I thought it was better if patient had the same of gender to take care them.

(2) Group 2 focus group discussion

Question: As a Muslim, what family member need while their relatives are admitted to ICU or CCU?

All nurses reported that family member needed information about religious services, praying room, and "Ustadz" (Muslim leader) to lead or pray with them for their relatives. One nurse expressed:

I thought family needed to know information about religious services, and to have praying room.

Nurse 01

Question: What are the family needs for support?

"Ustadz" (Muslim religious leader) was needed by family members and their relatives. They needed Ustadz to guide and lead them in crisis situation.

Nurse 03

Question: What are the family needs for comfort?

All nurses reported that "Mushola" was very important for Muslim people.

Two nurses stated that:

'Sholat' (Muslim's praying) was very important. Family had to do sholat 5 times a day at the arranged time. Moreover, sholat together was also important. Usually they do sholat with 2 or more people (called "jamaah") and one person would be a leader, and they needed praying room.

Nurse 02

Family members usually prayed (sholat) at waiting room, because we did not have special praying room. It was better if ICU and CCU have a praying room,

Nurse 01

Question: What are the family needs for information?

All nursess reported that it was important to inform family members about whom they could contact for religious help at the first admission. One nurse stated:

Actually, we had the procedure how families can contact for religious leader but we rarely informed this to families It was better if we had printed

information families could read by themselves about what information they needed.

Nurse 02

Question: What are the family needs for proximity?

Nurses believed that family needed Imam to lead and pray with them or their relatives. One nursestated:

Sometimes, family members asked to me: could I have the Ustadz to pray with me and the patient. I answered: Yes of course, you could do, it would not disturb my work.

Nurse 04

Regarding nursing responsibility, needs for joining praying and reminding about praying times, some nurses perceived that this was not their responsibility and they did not have time. One nurse stated that,

I thought it was not necessary to join and remind the patients about praying time because it was not my responsibility, and I did not have time. ICU was very busy, we did not have enough nurses so that we had to work extra, especially if ICUs' beds were full. My first priority was finishing my task

Nurse 03

Question: What are the family needs for assurance?

When there was no hope and they were facing death, families wanted to stay and pray with their relatives. They wanted their relatives to die peacefully. Two nurses stated:

Family member needed for hepling when their relatives were facing death.

Sometimes, families looked for Ustadz and brought him to the hospital.

Nurse 02

Yes, patients wanted to die peacefully surrounding their families rather than with nurses. Usually, one person would help and guide family to face death, passages from the Qur'an would be read to him and the "shahadah" recited. For the Muslim, it was important that no direct contact occurs between a non-Muslim and a Muslim patient. Usually we use gloves at all times when touching patients, to avoid direct contact.

Nurse 01

Question: Are each the listed items stated clearly?

All nurses reported that the questions stated clearly. They understood with all the questions. One nurses stated:

I could understand and I could answer the questions. It was not difficult.

Nurses 02

Question: Are the listed items of family need relevant to the Muslims' needs and

Javanese needs of families who have members admitted to critical care units?

Nurses answered "Yes". One nurse stated:

I thought all family needed were mentioned in these list questions. I thought it was enough.

Nurse 05

Question: Are there any other needs you want to add to the questionnaire?

All nurses said "No". One nurses expressed:

It was enough to represent family needs when they were waiting in ICU and CCU.

Nurse 04

Question: Are each the listed items stated clearly?

All nurses reported that the questions stated clearly. They understood with all the questions. One nurses stated:

I could understand and I could answer the questions. It was not difficult.

Nurses 02

Question: Are the listed items of family need relevant to the Muslims' needs and

Javanese needs of families who have members admitted to critical care units?

Nurses answered "Yes". One nurse stated:

I thought all family needed were mentioned in these list questions. I thought it was enough.

Nurse 05

Question: Are there any other needs you want to add to the questionnaire?

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It was enough to represent family needs when they were waiting in ICU and CCU.

Nurse 04