COMPARISON OF NURSES’ AND FAMILIES’ PERCEPTION OF FAMILY NEEDS IN INTENSIVE CARE UNIT AT A TERTIARY PUBLIC SECTOR HOSPITAL

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Studies have revealed that relatives go through traumatic experience when a family member is admitted to intensive care unit (ICU). Most of the admissions are unplanned and occur as emergencies (Hughes, Robbins & Bryan, 2004).

This observation is supported by Pryzby (2005) who noted that families are caught off guard when critical illness strikes. The unfamiliar environment in the intensive care unit, with the patient tethered to equipment, also adds to the stress of family members.

The plight of family members has generated much interest in family care. A number of studies have been conducted to identify family needs in the intensive care unit.

Using the Critical Care Family Needs Inventory (CCFNI), developed by Molter in 1979 and revised by Leske in 1986, most studies have confirmed the following family need categories: information, assurance, support, closeness or proximity and comfort (Lee & Lau, 2003; Maxwell, Stuenkel & Saylor, 2007).

Apart from these categories, findings from qualitative studies have reported additional needs: the need to protect the patient and the need to protect other family members (Agard & Harder, 2007; Eggenberger & Nelms, 2007).
PURPOSE

• To elicit and compare nurses’ and families’ perception of family needs in intensive care unit

OBJECTIVES

• To elicit nurses’ perception of family needs in intensive care unit
• To elicit families’ perception of family needs in intensive care unit
• To compare nurses’ and families’ perception of family needs in intensive care unit
METHODOLOGY

• **Study Design**

• A quantitative non-experimental, comparative and descriptive research design was used.

• **Research setting, population, sampling and sample size**

• Conducted in three intensive care units namely trauma, cardiothoracic and multidisciplinary units at an academic tertiary public sector hospital. Letters A, B and C were used with reference to the units for ease of presentation.

• The target population consisted of two groups: nurses and families of patients in intensive care units.

• Following consultation with a statistician, a sample size of at least 60 subjects (either nurse or family member answering on behalf of the family) per study group was used.

• A non-probability convenience sampling method was used to identify a sample of 65 (n=65) nurses in group one and 61 (n=61) family members in group two.

• A total of 24 nurses and 23 family members were drawn from ICU A, 21 nurses and 21 family members were drawn from ICU B while 20 nurses and 17 family members were drawn from ICU C.
ETHICAL CONSIDERATION

- Ethical clearance was obtained from relevant university and hospital authorities
- Written consent was obtained from all participants
- Participants were allowed to withdraw at anytime without a penalty
- Research codes instead of personal names were used to ensure participants’ confidentiality and anonymity
- Permission to use the Critical Care Family Needs Inventory (CCFNI) was obtained from the copyright author Jane S. Leske

INSTRUMENT

- In this study, one research questionnaire was used, which comprised three sections
  - **Part one:** Participant’s demographic data
  - **Part two:** Comprised forty five (45) items to elicit participants’ responses in extent of the degree of importance of the listed items
  - The statements were related to family needs derived from the Critical Care Family Needs Inventory (CCFNI) with a 4-point Likert scale as follows (1) Not important (2) Slightly important (3) Important (4) Very important.
  - The 45 items formed five (5) categories: support (items 1 to 14), information (items 15 to 23), proximity or closeness (items 24 to 32), assurance (items 33 to 39) and comfort (items 40 to 45)
  - The scale had a total score ranging from 45 to 180
  - **Part three:** had one open ended question
RESULTS

• In the first group of nurses (n=65), age ranged from 21 to 52 years with a mean of 37.70 and Standard Deviation (SD) of 6.79

• Registered nurses accounted for 95.38% (n=62) while 4.62% (n=3) were enrolled nurses

• In the second group of family members (n=61), 49.18% (n=30) were males while 50.82% (n=31) were females

• The mean age was 40.10 years with a standard deviation (SD) of 13.14. The age range was between 18 to 78 years

• A majority (80.39%, n=49) were Blacks while 19.67% (n=12) were Whites

• The scores for nurses ranged from 1.86 to 3.71 while family members scores ranged from 1.93 to 3.86

• Both groups ranked highly the need ‘to feel that health care professionals care about the patient’ and the need ‘to be assured that the best possible care is being given to the patient’.

• Both groups also identified the need ‘to be alone’ and the need ‘to talk to the same nurse’ as some of the lowly ranked needs.
Figure 1: Nurses’ and families’ scores on need categories
RESULTS

• There were also similarities on how the need categories were ranked by both groups

• There were no new needs reported in the open ended question.

DISCUSSION

• Scores on the needs by both groups were similar. Out of ten highly rated needs by both groups, eight needs were similar.

• There was also a similarities on the needs which were lowly ranked by the two groups.

• These results support the evidence in literature that nurses’ and families’ perceptions of family needs in intensive care unit are similar (Maxwel, Stuenkel & Saylor, 2007).

• Using a bigger sample, 290 nurses and 270 family members, a study by Moggai, et al.(2005) also reported the similarity

• The results also showed similarities on how need categories were ranked
CONCLUSION

• Results of this study have strengthened the evidence in literature on similarities between nurses’ and families’ perception of family needs.

• However, most of the studies were conducted in western countries.

• It is therefore important to replicate this investigation in other countries.

• This is because different countries have different cultures.
LIST OF REFERENCES