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Needs of Family Members of Patients in the Critical Care Unit and the Nurse's Perception of Those Needs

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Abstract

NEEDS OF FAMILY MEMBERS OF PATIENTS IN THE CRITICAL CARE UNIT AND THE NURSE'S PERCEPTION OF THOSE NEEDS

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The family is greatly affected when one member is admitted to a critical care unit. Critical care nurses are in an ideal position to help families cope with the crisis of a critical illness. Those who are knowledgeable of family member needs will provide more compassionate and effective nursing care to both the patient and family.

This study investigated the needs of family members of patients in the critical care unit and compared them to the critical care nurse's perception of those needs. The sample consisted of 55 critical care nurses and 51 family members of critically ill patients from a 350 bed southwestern private hospital.

The null hypothesis stated there would be no significant difference ($p=.05$) between identified family member needs and the nurses perception of family member needs in the critical care unit. The (CCFNI) Critical Care Family Needs Inventory was utilized as a research tool (Molter, 1976). The instrument consists of 44 family member

need statements rated on a Likert scale from 1 (not important) to 4 (very important).

The study found that although some needs were ranked in the same order of importance by both family members and critical care nurses, most were not. However, calculation of mean values found both nurses and family members ranked "To have questions answered honestly" and "To be assured that the best care possible is being given to the patient" as the most important needs. Family members' emotional needs were found to be the least important in the first 72 hour period after the patient's admission to the critical care unit.

Chi Square analysis reflected significant differences in ranking of 23 needs at the .05 level. "To visit at any time," "To be told about someone that could help with family problems," "To talk about negative feelings such as guilt or anger," and "To know how the patient is being treated medically" had the greatest variation.

Further research would assist nurses in identifying primary family needs and aid families in coping with the crisis of critical illness, which may influence both patient outcome and family integrity.

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Each person whose signature appears below certifies that this thesis in her opinion is adequate, in scope and quality, as a thesis for the degree Master of Science.

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CHAPTER 1

Introduction

Perceiving the patient as a member of a family unit is essential when assessing patient needs (Molter, 1979). The quality of family life is closely associated with the health of its family members. Bell (1966) contended that when one family member is hospitalized or becomes ill, the family's roles and functions are altered. When a patient is admitted to a critical care unit, both the patient and family must be viewed as experiencing a major life crisis (Lynn-McHale & Bellinger, 1988). Causes of such crisis may include the interruption of daily living routines, including meal and sleep patterns, the reversal of family roles, or the loss of financial stability (Mongiardi, Payman & Hawthorn, 1987).

The critical care nurse is confronted by distraught family members every day. The interdependence of family members and the impact of family health on the patient requires that critical care nurses assess the needs of the family (Molter, 1979). The critical care nurse is in an important position for intervention. Helping relatives to cope with the crisis of critical illness may influence both patient outcome and family integrity.

Due to the limited research available on family member needs in the critical care unit, nurses may be unaware of

the needs that are important to the family (Molter, 1979; Daley, 1984) or may feel inadequately prepared to meet those needs (Crickmore, 1987). As a result, nursing interventions directed toward meeting the needs of the family may be based solely on the nurse's perception of family needs (Daley, 1984) or may not be carried out at all.

Need for the Study

More knowledge about family needs in critical illness would increase nurses' sensitivity to those families who are in crisis. Because the response of family members to the patients' critical illness can affect their recovery, early detection and assistance with the family's needs are important nursing responsibilities. Nurses who have an understanding of family-member perceptions will also increase their chances of having therapeutic interactions with family members (Artinian, 1988).

This study will gather data on needs of family members of patients in the critical care unit as perceived by family members and the degree to which critical care nurses are able to accurately identify and rank those needs.

Purpose of the Study

The purpose of this study is to investigate needs of family members of patients in the critical care unit and compare them to the critical care nurse's perception of those needs.

A patient can no longer be viewed as an isolated individual. Most patients greatly influence and are

influenced by their families. For this reason, and because of the close proximity of critical care nurses and patients' families, it is appropriate for nurses to try to assist families in coping with illness (Geary, 1979). Nurses who are knowledgeable of family member needs in the critical care unit will provide more compassionate and effective nursing care to both the patient and his family.

Statement of the Problem

This study seeks to answer the following questions:

1. What are the needs of family members of patients in the critical care unit?

2. Is there a significant difference in the needs of family members of patients in the critical care unit as identified by the family and by the nurse?

3. Do critical care nurses and family members rank family needs in the same order of importance?

Hypotheses

In answering the questions presented in this study, the following hypotheses are tested:

Ho: 1. There is no significant difference between identified family member needs and the nurse's perception of family member needs in the critical care unit.

2. There is no significant difference in the ranking of needs of family members of patients in the critical care unit by the family member or the critical care nurse.

Variables

In a descriptive study such as this, family member needs and the nurse's perception of family member needs are the dependent variables. The independent variable is dependent on who is identifying family member needs.

Assumptions

This study is based on the following assumption: The Critical Care Family Needs Inventory is a valid instrument for assessing a family member's needs while his/her relative is a patient in the critical care unit.

Definitions of Terms

In this study the following terms and definitions are used consistently:

1. Family Needs refers to physiological or psychological requirements of individuals within a 72 hour period after the admission of a family member to the critical care unit.

2. Family Member refers to any person (18 years or older) related to the patient by blood, marriage, adoption or who specify themselves as the "significant other" to the patient.

3. Critically Ill Adult Patient refers to an adult (18 years or older) hospitalized in the critical care unit who has visiting family members.

4. Critical Care Nurse refers to a registered nurse who has at least one year of experience in a critical care unit.

Theoretical Framework

The idea of balance of forces is central to family systems reasoning. When this balance of forces is seriously disturbed, symptoms or crises are not far behind. An admission to the critical care unit disrupts family balance and predisposes the family to disequilibrium with potential for a family crisis (Williams, 1974). Bowen's family theory (Bowen, 1978) and crisis intervention theory (Caplan, 1964) address these issues.

Bowen's Family Systems Theory

Murray Bowen's family systems theory is a specific theory about the facts of emotional functioning (Bowen, 1978). The Bowen theory involves two main variables, the degree of anxiety and the degree of integration of self. Intensity, duration and type of anxiety are among the variables which affect a person's anxiety or emotional tension. A person has a built-in mechanism which deals with short bursts of anxiety, but when anxiety increases and remains chronic for a certain period, tension develops. This tension affects individual functioning and/or a person's relationships with others and may result in symptoms of dysfunction or sickness (Bowen, 1978).

Anxiety is contagious and can spread rapidly through the family (Bowen, 1978). If one family member of a patient in the critical care unit is anxious, this anxiety can spread to other family members or to the critically ill patient.

Differentiation of self is a cornerstone of Bowen's theory. The concept defines people according to the degree of fusion, or differentiation between emotional and intellectual functioning (Bowen, 1978). Man has a capacity for both intellectually and emotionally determined functioning. When these two systems can function separately and operate in harmony with each other, man has a choice between operating on an intellectual, objective basis, or an emotional, subjective basis. The more anxious or emotionally intense a person becomes, the greater the tendency for the fusion of these two systems. (Gurman & Krisbern, 1981; Bowen, 1978).

Many people can sustain a number of emotional inputs without losing objectivity, but if the inputs are intense or prolonged the brain seems to lose its ability to preserve the separateness of its intellectual center. The intellect then begins to function in the service of emotionality instead of as a counterbalancing force (Miller & Janosik, 1980). The more life is governed by the emotional system, the more it follows the course of instinctual behavior, in spite of intellectualized explanations to the contrary (Bowen, 1978).

A poorly differentiated person is trapped within a feeling world (Bowen, 1978). Family interventions need to be instigated by the critical care nurse before the family loses their ability to reason and a crisis evolves within the family system.

Crisis Intervention Theory

Crisis intervention theory, developed by Caplan (1964), considers any sudden loss or threat of loss that will disrupt one's current lifestyle or emotional equilibrium and is perceived as a hazardous event. A crisis occurs when the available coping strategies of an individual fail to meet the requirements of a current problem or situation that has arisen (Kuenzi & Fenton, 1975). Not all persons faced with the same hazardous event will be in a state of crisis. However, certain common events (e.g., the loss of a loved one) will generate some level of crisis in nearly all people (Caplin & Sexton, 1988).

The family members of patients in the critical care unit are confronted with a potential crisis situation. With an admission to the critical care unit family members initially feel shock, fright, disbelief, and numbness. Crisis may ensue without proper resources to cope with the threat (Gardner & Stewart, 1978).

Three balancing factors are known to affect a person's equilibrium during a stressful situation and it resolution. These factors are perception of the event, situational supports and coping mechanisms (Aquilera and Messick, 1978). The strengths and/or weaknesses of these factors have a direct effect on a crisis occurring and how it is resolved. Families are more amenable to suggestions and open to help during actual crises (Leavitt, 1984). Intervention by the critical care nurse at this time may assist the family by

strengthening their balancing factors and helping them to cope with the crisis event.

Crisis theory is based on four major components, assessment, intervention, repeopling and anticipatory guidance. Assessment determines what event caused emotional disequilibrium (Morley, Messick & Aguilera, 1967; Aguilera & Messick, 1978). The purpose of intervention is to restore the person to his or her precrisis level of functioning (Caplin & Sexton, 1988). The key to intervention is understanding the four emotional responses which an individual must experience to resolve a situation healthfully: shock, disbelief and denial, anger, depression and resolution, and finally acceptance. The individual is assisted in growth through an understanding of the crisis and is encouraged to bring into the open his or her feelings (Caplin & Sexton, 1988). Repeopling occurs toward the end of crisis resolution and involves encouragement to resume previous relationships with family and friends. Anticipatory guidance takes place at the termination of the relationship and involves summarization of the crisis situation and reinforcement of healthy coping behaviors (Aguilera & Messick, 1978).

Successful resolution of the crisis may improve the psychological health of the family and subsequent coping (Barrell, 1974). The therapeutic goal for the individual seeking help is the establishment of a level of emotional equilibrium equal to or better than his previous level (Aguilera & Messick, 1978). By identifying the needs of the

family in an organized manner, the critical care nurse may determine the potential for crisis and proceed with preventive intervention.

Summary

Bowen's family theory and crisis intervention theory can be applied to the patient and his family while in the critical care unit. A crisis does not have to be a negative experience if it is handled properly (Caplin & Sexton, 1988). Nurses in the critical care unit are in an ideal position to intervene and prevent a crisis within the family system.

CHAPTER 2

Review of the Literature

Admission to a critical care unit is a stressful life event for both the patient and the family (Molter, 1979; Leske,1983; Baker, Nieswiadomy & Arnold, 1988). The success of nursing interventions depends on meeting individual patient needs as well as family needs. Due to the limited research on needs of families and the nurse's perception of these needs, the nurse may let her own perceived needs of families influence her patient care or may elect to ignore the family due to a lack of awareness that family needs exist (Daley, 1984). Further investigation of family needs during critical illness is required so that nurses are able to implement therapeutic nursing interventions for those families confronted with a sudden critical illness.

Hampe was the first to study family needs of ill patients. Her study focused on personal needs during the crisis of terminal illness (Hampe, 1975). Hampe attempted to determine whether spouses whose mates were terminally ill or had recently died could recognize their own needs. She conducted semistructured interviews with open ended questions to 27 spouses of terminally ill patients. Eight needs of grieving spouses were identified: 1) to be with the dying person, 2) to be helpful to the dying person, 3) to be

informed of the mate's condition, 4) to receive assurance about the comfort of the dying person, 5) to be informed of impending death, 6) to ventilate one's emotions, 7) to receive comfort and support from family members, and 8) to receive acceptance, support, and comfort from health professionals.

Twenty five spouses identified all eight needs while two spouses identified five and seven of the needs respectively. The patients' spouses thought that the nurse's primary responsibility was to the patient and the nurse was too busy to care for the families.

Breu and Dracup (1978) expanded Hampe's findings by interviewing spouses of coronary care unit patients. Coronary spouses identified Hampe's eight needs; however, one additional need was identified--the relief of initial anxiety.

Molter (1979) was one of the first to study family needs in the intensive care unit. Molter's (1979) research was done to identify the needs of relatives of critically ill patients, whether these needs were being met and by whom. In 1976 she developed a list of 45 "needs" of relatives of critically ill patients. The needs assessment was developed through a review of the literature and a survey of twenty three graduate nursing students.

Upon patient transfer from the critical care unit to a general floor the need statements were read to 40 family members and they were asked to rate them on a scale of 1

(not important at all) to 4 (very important). The most important need identified was "to feel there was hope." Other important needs identified were "receiving adequate and honest information" and "feeling that the hospital staff members were concerned about the patient." All the needs were identified as very important by at least one family member. Families felt the major needs were met consistently. Various resources were utilized to meet needs; however, nurses and physicians were expected to meet specific needs.

In an exploratory study, Daley (1984) attempted to determine perceived needs of relatives in the critical care unit and who the family perceived as most likely to meet those needs. She utilized Molter's Needs Assessment Tool and found that family members' personal needs are not important in the initial 72-hour period after a relative's admission to the intensive care unit. The family put their own comfort and personal needs behind those of the patient. The need for support and ventilation as well as the need to be with the patient are also not as important as receiving as much information as possible about the patient and receiving information that would alleviate anxieties. Doctors and nurses were again perceived most often as the two persons most likely to meet the needs of family members, although more needs were perceived as being met by nurses in Molter's study and by physicians in Daley's study.

Leske, in 1986, utilized Molter's tool and added an additional open-ended "other" question. She also changed the ranking of the questions by randomly assigning a number to each question. A family consensus response was utilized from the relatives instead of an individual response as Molter used. The need to feel there was hope was, again, the number one need identified by family members.

Stillwell (1984) focused her research on visiting needs of family members who had a patient in the critical care unit. She administered Molter's Tool to 30 family members of patients in the critical care unit. She reported that age tended to influence family member needs. Younger family members were inclined to rank the need to visit their relative whenever they wanted and the need for privacy as more important then the older family members. The needs identified as of greatest importance for all subjects were 1) the need to see the patient frequently and 2) to be able to visit the patient whenever the family member desired.

In 1986, Norris and Grove studied the psychosocial needs of families of critically ill patients as perceived by the families and critical care nurses. Norris and Grove utilized Molter's tool but decreased the total number of statements from 45 to 30 after a pilot study of the original tool.

Norris and Grove found that family member needs closely corresponded to those identified by Molter and Hampe. Nurses' perceptions of families' needs indicated that

perceptions of health care providers differ from those of patients and their families. Nurses did not realize the importance for the family to feel the nurse accepted them. The family member also ranked "To know about the types of staff taking care of the patient," "To feel there was hope" and "To have questions answered honestly" higher than the nurse thought they would.

In a small study conducted by Mongiardi, Payman Hawthorn (1987) the needs of 14 partners and close relatives of patients admitted to a coronary care unit were examined. The data were collected by means of a postal questionnaire sent to the relative two weeks after the patient's discharge. The questionnaire consisted of 15 questions (open ended and closed), designed to explore the needs and experiences of relatives while their family member was a patient in the coronary care unit. Six relatives would have liked more information about the patient. Ten relatives indicated that they were not told about the equipment being used in the care of their relative before their first visit.

Lynn-McHale and Bellinger (1988) investigated the level of satisfaction of family member's needs as perceived by the family members and compared it with the nurse's perception of family satisfaction. Statements of needs were obtained from Molter's tool and a questionnaire developed by Rodgers. The need statements were divided into six categories. The questionnaire was designed to seek information about the

level of satisfaction that respondents associated with each need statement.

Family members (n=52) reported being largely satisfied with those needs that pertained to personal support systems, visitation, and information. They were less satisfied with psychological aspects, the environment, and institutional support services. Critical care nurses (n=92) were moderately successful at identifying the level at which family members perceive their needs as being met, but the rankings of responses of the critical care nurses did not agree with those of family members, except in the institutional support services category.

Further assessment of family members of patients in the critical care unit is necessary to determine if there are primary family member needs. Previous research has found similar family member needs, but the degree of importance of the family needs has yielded inconsistent data. Limited research has been completed on the nurse's perception of family member needs in the critical care unit. Investigators have found that while there are some similarities between the responses of family members and critical care nurses there are also significant differences.

Further research exploring these dissimilarities is warranted. Recognition of family needs in the critical care unit will enable nurses to provide more holistic patient care through therapeutic interactions with the family members. So that nurses might more effectively support

family members during crises, it is imperative that they be able to precisely identify those needs perceived by family members and the extent to which they are important.

CHAPTER 3

Methodology

The purpose of this study is to investigate family member needs of patients in the critical care unit and the nurse's perception of those needs. A descriptive survey will be used.

Variables Influencing the Study

In this study family member needs and the nurse's perception of family member needs are the dependent variables. The independent variable is dependent on if the family member or the nurse is identifying family needs.

Measured confounding variables consist of: education of the critical care nurse, family experience with the critical care unit, age of the patient, and which family member is the patient. Non-measured confounding variables consist of: severity of illness, family dynamics and coping ability.

Sample and Setting

A convenience sample will be utilized to address family members' needs and the nurse's perception of those needs. Fifty family members of patients in the critical care unit, representing at least 30 families, and 50 critical care nurses will be surveyed. Nurses and family members will be

drawn from a 350-bed private hospital in a medium-size southwestern community.

Criteria for inclusion in the sample

Family Member. 1) Adult (18 years or older) related to the patient by blood, marriage, adoption or specify themselves as the "significant other" to the patient and who consider the patient as their family. 2) Able to read, write, and understand English.

Patient Criteria. 1) Any patient who has been in the critical care unit for more than 12 hours and less than 72 hours. 2) Any patient who is over 18 years of age.

Ethical Considerations

The research proposal and consent forms will be presented to a selected committee of graduate nursing school faculty at Loma Linda University and the Director of Critical Care at the research setting for approval.

To assure subject anonymity, names will not appear on the data form. Families will return the completed questionnaire directly to the investigator. Critical care nurses will return their questionnaire to the investigator personally, will place it under the director of critical care's locked office door, or will mail it to the investigator.

Participants will receive a full informed consent. They will be informed of their right to decline to participate in the study or to withdraw after the study has begun. Family members who decide not to participate will be assured

that in no way will their decision to participate in the study affect their family member's quality of care or their relationship with the institution. Nurses who do not wish to participate in the study will be assured that their refusal will be confidential and will in no way affect their relationship with the investigator or the institution.

Instrumentation

To assess needs of family members of patients in the critical care unit the (CCFNI) Critical Care Family Needs Inventory will be utilized (Appendix 1). The tool was developed by Nancy Molter (1979) with revision by Janet Leske(1983). The instrument is comprised of 44 needs statements rated on a 4 point Likert scale in the following format: 1) not important, 2) slightly important, 3) important, and 4) very important. The instrument takes approximately 30 minutes to complete.

The need statements were developed through a literature review and a survey of 23 graduate students. Cronbach's coefficient at 0.98 supports internal consistency (Leske, 1986). Content validity has been established by 23 graduate nursing students (Leske, 1983). It was also supported when no new needs were identified in the "other" question at the end of previous studies which used the tool.

Procedure

Family members of patients in the critical care unit and critical care nurses who meet the sample criteria will be asked by the investigator to participate in the study.

The participants in the study will be given an explanation of the purpose of the study and a consent form to sign for participation in the study. The instrument will be explained to each participant and they will be asked if they have any questions. Upon completion of the questionnaire the family members will return it personally to the investigator. Critical care nurses will return their questionnaire to the investigator personally or by mail.

Data Analysis

The demographic data for each group of subjects will be analyzed using descriptive statistics.

In a frequency analysis each need statement will be analyzed to determine a mean value for needs of family member as perceived by critical care nurses and family members of the critical care unit patients. Four categories will be used in assigning numerical values to the degree of importance of the needs. These values range from not important, with a value of 1, to very important, with a value of 4. The mean values of the 44 individual items will be calculated for the family members' and nurses' responses. Needs will be ranked and a Chi-square analysis will be used to determine whether a significant difference at the 0.05 level exists between the responses of family members and critical care nurses. Demographic data will be calculated by mean degree of importance.

Limitations

The following limitation is inherent in this study: The convenience sample consists of subjects from a midsized southwestern hospital. Therefore, the results of this study can only be compared to a similar-type of population.

CHAPTER 4

Findings and Discussion

This study attempted to investigate needs of family members of patients in the critical care unit and compare them to critical care nurses' perceptions of family members needs. The study extended prior research into the needs of family members of patients in the critical care unit and identified the nurse's perception of family member needs in the critical care unit.

Demographic Profile of the Study Population

Fifty one family members from 30 different families were interviewed. Ages of the family members ranged from 18 to over 74 years of age with the largest group (21.6 percent) falling in the 25-34 year age group. Spouses comprised the majority of the sample, followed by daughters, sisters, mothers and sons, and fathers. Females constituted 76.5 percent of the sample and 86.3 percent of the family members surveyed were caucasian. Only 9.8 percent of the sample did not receive a high school diploma and over 43 percent of the family members surveyed reported an annual income greater than $30,000. Half of the family members had prior experience with a family member in the critical care unit (Table 1).

Table 1.--Family Member Demographic Variables (n=51)

Relation to Patient	
Spouse	29.4%
Daughter	15.7%
Sister	9.8%
Son	7.8%
Mom	7.8%
Living Together	5.9%
Grandson	5.9%
In-Laws	5.9%
Father	3.9%
Good friend	3.9%
Cousin	1.9%
No Response	1.9%
Education	
Some College	31.4%
High School Grad	25.5%
College Graduate	17.6%
Technical/Associate School Graduate	13.8%
9-10 grade	5.9%
1-8 grade	3.9%
Graduate Degree	2.0%
Prior Experience in ICU	
Yes	60.8%
No	39.2%
Experience with Same Family Member	
No	39.2%
Yes	19.6%
No Response	2.0%
Sex	
Male	23.5%
Female	76.5%
Race	
Caucasian	86.3%
Hispanic	9.8%
Other	3.9%
Age	
25-34 yrs	21.6%
35-44 yrs	19.6%
45-54 yrs	17.6%
55-64 yrs	15.7%
65-74 yrs	11.8%
>74 yrs	7.8%
18-24 yrs	5.9%
Income	
$30-44,999	23.5%
> $60,000	19.6%
$10-19,000	17.6%
$20-29,999	15.7%
$0-9,000	13.7%
$45-59,999	5.9%
No Response	3.9%
Family Experience in ICU	
No Experience	39.2%
One Time	21.6%
Three Times	19.6%
Two Times	9.8%
Four or Five	5.9%
> Five	3.9%

Table 2 contains descriptive characteristics of the 55 critical care nurses surveyed. The nurses surveyed were experienced in critical care with the largest group (25.9 percent) having 8-15 years experience in this area.

Educational preparation ranged from associate degree to a master's degree with 61.8 percent having an associate degree in nursing. Females comprised 87.3 percent of the sample, and 40 percent were 31-35 years of age. Most of the nurses (70.9 percent) worked full time in the critical care unit and 27.3 percent were certified in critical care nursing (CCRN).

Data Analysis

Three research questions were addressed in the study. The discussion of the findings will focus on these questions.

Research Question 1. "What are the needs of family members of patients in the critical care unit?"

Individual family member needs were calculated according to mean values (Appendix C). Each need was rated as very important by at least one family member. The five most important needs identified by family members were, (in the following order of priority) "To have questions answered honestly" (3.96), "To be assured that the best care possible is being given to the patient" (3.92), "To know the prognosis" (3.88), "To be called at home about changes in the patient's condition" (3.86), and "To know specific facts concerning the patient's progress" (3.86), (Table 3).

Three of these top five needs are consistent with Leske's (1986) study. "To have questions answered honestly" (4.00) was ranked second in her study, "To know the prognosis" (4.00) was ranked third, "To have specific facts

Table 2.--Nurses' Demographic Data.

Variables (n=55)

Length of Experience in Critical Care		**Length of Experience in Nursing**	
8-10 yrs	25.9%	8-10 yrs	29.6%
11-15 yrs	20.4%	11-15 yrs	25.9%
1-2 yrs	20.4%	3-4 yrs	14.8%
5-7 yrs	16.7%	>15 yrs	13.0%
3-4 yrs	14.8%	5-7 yrs	9.3%
>15 yrs	1.9%	1-2 yrs	7.4%
Sex		**Marital Status**	
Female	87.3%	Married	61.1%
Male	12.7%	Single	25.9%
		Divorced	11.0%
Age		Widowed	1.9%
31-35 yrs	40.0%		
36-44 yrs	23.6%		
26-30 yrs	20.0%	**Shift**	
>55 yrs	7.3%	Days	57.4%
20-25 yrs	7.3%	Nights	42.6%
No Response	1.8%		
45-54 yrs	0.0%	**Education**	
		Associate Degree	61.8%
Employee Status		BS/BSN	21.8%
Full Time	70.9%	Diploma	12.7%
Part Time	20.0%	Masters	1.8%
Traveler	5.5%	No Response	1.8%
No Response	3.6%		
CCRN Certification			
Never Sought	63.6%		
Certified	27.3%		
Let Lapse	7.3%		
No Response	1.8%		

concerning the patient's progress" (3.90) was ranked fourth. Her subjects ranked "to feel there is hope" (4.00), as their most important need and to "have explanations that are understandable" (3.90) ranked fifth in importance.

Table 3.--Needs Ranked Most Important by Family Members

	Group Mean
1. Have questions answered honestly	3.96
2. To be assured that the best care possible is being given to the patient	3.92
3. To know the prognosis	3.88
4. To be called at home about changes in the patient's condition	3.86
5. To know specific facts concerning the patient's progress	3.86

Previous studies have consistently reported "To feel there is hope" as the most important need identified by family members. (Leske, 1983; Irwin and Meier, 1972; Norris and Grove, 1986; and Hampe, 1975). "To feel there is hope" was ranked twelfth in this particular study, although the mean value ranked high at 3.69. Additional comments written by family members included statements such as "I only want to feel there is hope if hope is a consideration."

Needs identified as less important were "To be told about chaplain services" (2.62), "To talk about negative feelings such as guilt or anger" (2.58), "To be alone at any time" (2.54), and "To have another person with the relative when visiting the critical care unit" (2.49). "To be encouraged to cry" (2.28) was the least important need identified by family members (Table 4).

Table 4.--Needs Ranked Least Important by Family Members

	Group Mean
40. To be told about chaplain services	2.62
41. To talk about negative feelings such as guilt or anger	2.58
42. To be alone at any time	2.54
43. To have another person with the relative when visiting the critical care unit	2.49
44. To be encouraged to cry	2.28

The low ranking of needs related to family members' personal needs is consistent with Molter's study. "To be encouraged to cry" was ranked 41 (of 45), and "To talk about negative feelings such as guilt or anger" was ranked the lowest (45) in her study. "To talk about feelings" was also ranked last in the study conducted by Norris and Grove (1986).

Previous studies found that "to talk about the possibility of the patient's death" was one of the least important needs identified. In this study the need was ranked higher, 24 (of 45), with a mean value of (3.18).

Research Question 2. "Is there a significant difference in the needs of family members of patients in the critical care unit as identified by the family and by the nurse?"

Hypothesis 1 was tested in answering this research question. The hypothesis stated that there would be no significant difference between identified family member needs and the nurse's perception of family member needs in the critical care unit.

A Chi-square analysis was completed on each of the 44 individual needs. Over half of the needs (23) were statistically significant ($p=0.05$) in difference of ranking by individual family members and critical care nurses. Hypothesis 1 is therefore, rejected.

The need which had the most significant difference in ranking was "To visit at any time." Family members ranked the need 14 while nurses ranked it 42 (out of 45). Other top needs with significantly different rankings were "To be told about someone that could help with family problems" (families ranked this need less important than nurses did), "To talk about negative feelings such as guilt or anger" (nurses ranked this need 17th while families ranked it 41st), and "To know specific facts concerning the patient's progress" (this need was ranked 5th by family members and 24th by nurses) (see Table 5).

"To feel that the hospital personnel care about the patient", "To talk to the doctor every day", and "To know the prognosis" were the needs the nurses and family members ranked most similar (Appendix D).

Table 5.--Chi-Square Analysis of the Five Needs Ranked Most Significantly Different

	X^2	DF	Significance
To visit at any time.	27.43	3	.0000
To be told about someone that could help with family problems.	26.64	3	.0000
To talk about negative feelings such as guilt or anger.	23.63	3	.0000
To know specific facts concerning the patients progress	22.52	2	.0000
To know how the patient is being treated medically.	17.89	2	.0001

Norris and Grove's study (1986) was the only other study which compared the nurse's perception of family member needs in the critical care unit. They found only seven needs (out of 30) to be significantly different at the 0.05 level. In their study all of the significantly different family needs were ranked more important by the family members than the nurses perceived. The most significant differences in ranking of family needs were, "To know about the types of staff taking care of the patient," "To feel there was hope," and "To have questions answered honestly."

Research Question 3. Do critical care nurses and family members rank family needs in the same order of importance?

Hypothesis 2 was tested in answering this question. The hypothesis stated that there would be no significant difference in the ranking of needs of family members of patients in the critical care unit by the family member and the critical care nurse.

Although some needs were ranked in the same order of importance by both family members and critical care nurses, most were not (Refer to Tables 3 and 5). Hypothesis 2 was subsequently rejected. Table 6 lists family needs ranked most important by nurses.

Table 6.--Family Needs Ranked Most Important by Nurses

	Group Mean
1. To have questions answered honestly	3.88
2. To be assured that the best care possible is being given to the patient	3.87
3. To have explanations given that are understandable	3.87
4. To know the prognosis	3.83
5. To feel that the hospital personnel care about the patient	3.76

Both nurses and family members ranked "To have questions answered honestly" and "To be assured that the best care possible is being given to the patient" as the two most important needs. However, the family members' group mean value was higher than the nurses' mean value (Appendix C). This demonstrates that although both family members and critical care nurses ranked these two needs as most important, families perceive these needs as more important than critical care nurses.

Nurses did not perceive visiting needs to be as important as family members perceived them to be. Family members ranked "To see the patient frequently" as the fifth most important need while nurses ranked it 24th. Family members also ranked "To visit at any time" 14 (out of 44) while nurses ranked it as one of the least important (42) family needs.

Nurses ranked emotional family members' needs higher than the family members ranked them. Family members ranked "To be encouraged to cry" as the least important of all 44 needs while nurses ranked it 37. Nurses also ranked "To talk about negative feelings such as guilt and anger" seventeen, whereas family members ranked it 41.

Discussion

Within the initial 72-hour period after a patient's admission to a critical care unit, family members want honest, accurate information even if the information is not positive. They want to be assured that the best care

possible is being given to the patient and want to be called at home about any changes in the patients condition.

"To feel there is hope" had a mean value of 3.69 and was ranked twelfth by family members in this particular study. Two family members rated this need as not important. In both of these families the family member had a diagnosis that provided "no hope," and the patient was expected to expire soon. Thirty nine family members (out of 51) rated this need as very important. This may indicate that family members do not want to be told there is hope if hope is not an option, but hope continues to be a very important need for family members of patients who have a diagnosis that imparts hope.

Family members care least about their own personal and emotional needs in the first 72 hours after a patient's admission to a critical care unit. This finding is consistent with previous studies (Molter, 1976; Daley, 1984; Norris and Grove, 1986). Family members are frequently in a state of disequilibrium and are most concerned about the physical well being of their family member. Nurses ranked emotional needs higher than family members. Some nurses commented they were uncomfortable dealing with anger and guilt but thought this would be an appropriate intervention for the family member. Family members may not be ready to deal with difficult emotions such as these during the first 72 hours after a patient's admission to the critical care unit.

In Norris and Grove's (1986) study families ranked "To talk to the doctor every day" higher than in this study. This may indicate that families consider the critical care nurse more of a competent professional than in previous years.

Family members and critical care nurses ranked over half of the 44 needs significantly different. "To visit at any time" was the need that had the most significant difference in ranking. Immediately following an admission to a critical care unit the family members of the patient may be experiencing denial that the situation is really occurring. This may account for the family members' need to see the patient frequently. Visiting needs may be ranked less important by nurses because the family members' presence sometimes interupts patient care, which is the nurse's primary concern. Perhaps nurses feel uncomfortable dealing with grieving family members or distance themselves emotionally from family members as a means of coping with constant crises and pain.

The 45th question of the research tool included an open ended "other" question. In previous studies no new needs were identified by family members. In this study one family member perceived being able to park close to the critical care unit as an important need. Four family members perceived the lack of sleeping accomodations available within the hospital as an unmet need. The critical care nurses perceived consistent treatment of the family by the nurses

as an important need for family members with a patient in the critical care unit. One nurse commented, "All answers have many variables--patient's age, prognosis, closeness to the family, religious beliefs, family's education background, and their ability to understand the situation realistically." This statement supports the need for further research which would identify variables that affect the ranking of family member needs in the critical care unit.

CHAPTER 5

Summary, Conclusions, and Recommendations

Summary

The purpose of this study was to investigate needs of family members of patients in the critical care unit and compare them to the critical care nurse's perception of those needs. The research was a descriptive study surveying 51 family members of critically ill patients and 55 critical care nurses. Family member needs were measured using the Critical Care Family Needs Inventory (CCFNI) which consists of 44 needs statements and one "other" question.

Both nurses and family members ranked "To have questions answered honestly" and "To be assured the best care possible is being given to the patient" as the most important needs of family members in the critical care unit.

The need "To be with the patient" was ranked high in this study. At a time of crisis family members feel more in control and less anxious if they are allowed to sit with or close to the critically ill family member.

The low ranking of emotional needs of family members indicates that the family is more concerned about the patient's needs than they are their own needs for at least the first 72 hours after the patient's admission to a critical care unit. During this period of time, the nurse

may need to encourage family members to take care of themselves.

Too often, the nurses perception of the needs of family members is based soley on intuition or experience. Empirical studies such as this one can provide the practicing nurse with accurate information on which to base her nursing interventions.

Conclusions

1. In the first 72 hours after a patient's admission to the critical care unit, the primary concern of family members is the patient's well-being.

2. Family member needs in the critical care unit are perceived differently by the family member and by the critical care nurse.

3. Both family members and nurses rank "To have questions answered honestly" and "To be assured that the best care possible is being given to the patient" as the two most important needs of family members while they have a relative who is a patient in the critical care unit. Other family member needs are inconsistently ranked in order of importance.

Recommendations

Recommendations for Nursing Practice

Recommendations for nursing interventions include the assessment and intervention of family members in the critical care unit. Admission to a critical care unit is

often viewed as a crisis situation for both the patient and his family. By incorporating the family into the patient's plan of care the nurse can help prevent the emotional disequilibrium that results from being admitted to a critical care unit.

It is important for the nurse to utilize other ancillary health services as needed to assist with meeting families' needs. This may include contacting social services, the hospital chaplain, or contacting other relatives or friends to support family members in the first 72 hours after a patient's admission to the critical care unit.

To provide honest and consistent information to the patient's family, the nurse and physician should speak to the family together. This will enhance the family's confidence that the patient is receiving the best care possible. Reassuring the family that the patient is being well taken care of and promising to call them if there are any changes in the patient's condition may lessen family members' anxiety. Family members may also be more likely to go home and rest if they are assured that they may call the critical care unit at any time to check on their family member's condition.

The critical care nurses' involvement with families in the critical care unit will benefit the patient, family and staff.

Recommendations for Nursing Education

Many perceived needs of family members are based largely on the critical care nurses' own intuition or experience. Nursing and continuing education programs need to incorporate more information into their curricula regarding families and family dynamics. This would enable the nurse to provide more empathetic patient care and potentially prevent a crisis from occurring within the family system.

Recommendations for Further Studies

Recommendations for further research include:

1. Examine if there is a relationship between length of experience of a critical care nurse and perception of family member needs in the critical care unit.

2. Investigate if there is a relationship between educational background of the critical care nurse and perception of family member needs in critical care.

3. Compare needs of family members who have had previous experience in the critical care unit with family members who have had no experience in the critical care unit.

4. Study if families from different ethnic groups identify different needs while they have a family member as a patient in the critical care unit.

5. Identify if there is a difference in perception of family member needs as a critical care nurse in the critical care unit if the critical care nurse has personal experience as a family member in a critical care unit.

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APPENDICES

APPENDIX A

Consents and Permission Letters

Nancy C. Molter, RN, MN, CCRN
9526 Millers Ridge
San Antonio, TX 78239
18 September, 1988

Nicolle C. Sobieszyk RN
1299 Via Tenis
Palm Springs, CA 92262

Dear Nicolle,

Please feel free to use and adapt the Critical Care Family Needs Inventory tool for your research project. Reliability data related to the tool is published in the March, 1986 issue of Heart & Lung by Jane Leske.

I wish you luck in your study and please send me an abstract when you finish.

Sincerely,

Nancy

Nancy Molter

FAMILY MEMBER NEEDS AND THE NURSE'S PERCEPTION OF THOSE NEEDS IN THE CRITICAL CARE UNIT

Critical Care Nurse Consent Form

The purpose of this study is to identify family member needs in the critical care unit and compare them to the nurse's perception of family needs in the critical care unit.

I would like you to participate in this study by sharing with me what you feel are needs of family members of patients in the critical care unit.

There is no anticipated risk to your health as a result of this study. Your name will not be used in the study in any way and your privacy will be protected.

* * * *

It has been explained to me and I understand that participation in this study is voluntary and that I have the right to withdraw from it at any time without incurring any prejudice toward me. Any and all information obtained through this study will be treated in a confidential manner.

I have considered the above statements and hereby give my free and voluntary consent to participate in the Family Member Needs and Nurse's Perception of Family Member Needs in the Critical Care Unit Study under the supervision of Nicolle Sobieszyk, R.N., graduate student in nursing, Loma Linda University.

_____

Name Date

FAMILY MEMBER NEEDS AND THE NURSE'S PERCEPTION OF THOSE NEEDS IN THE CRITICAL CARE UNIT

Family Member Consent Form

The purpose of this questionnaire is to identify needs of family members while they have a relative in the critical care unit. The information in this study will be used to assist families, in the future, that are in your situation.

I would like you to participate in this study by sharing with me what your needs are while your family member is a patient in the critical care unit. There is no anticipated risk to your health as a result of this study. Your name will not be used in the study and your privacy will be protected.

* * * *

It has been explained to me and I understand that participation in this study is voluntary and that I have the right to withdraw from it at any time without incurring any disadvantages. Any and all information obtained through this study will be treated in a confidential manner.

I have considered the above statements and hereby give my free and voluntary consent to participate in this study under the supervision of Nicolle C. Sobieszyk, R.N., graduate student in nursing, Loma Linda University, and in witness thereof I have signed this consent.

_____ _____

Signed Date

_____ _____

Witness Date

APPENDIX B

Data Gathering Tool

VERBAL EXPLANATION TO FAMILY MEMBERS

My name is Nicolle Sobieszyk. I am working on my master's degree in nursing at the Loma Linda University. As part of my research, I am asking family members of critically ill patients to identify their needs while their family member is a patient in the critical care unit.

Your participation in the study will assist the critical care nurse in understanding and meeting needs of family members with patients in the critical care unit.

If you choose to participate I will ask you to sign a consent form, fill out a fact sheet, which consists of questions about yourself that will be used only for research purposes, and answer a questionnaire which consists of checking the importance of specific family member needs. This will take approximately 20 minutes of your time. If you choose not to participate your decision will be confidential and the care of your family member will in no way be affected or will your decision affect your relationship with the institution.

Would you be willing to participate? If you desire you may examine the questionnaire before agreeing to participate. If you would like to join the study you may show your consent by signing on the line. If you change your mind, you are free to withdraw at any time.

Thank you

Family Fact Sheet

This part of the survey consists mainly of background information. For each of the following items, please circle the number next to the answer that most accurately represents your situation. Please mark only one answer to each question.

1. How are you related to the patient? I am his/her:
   1 Spouse (husband or wife)
   2 Mother
   3 Father
   4 Brother
   5 Sister
   6 Grandparent
   7 Daughter
   8 Son
   9 Living together but not married
   10 Other: Please describe_____

2. Your Sex:
   1 Male
   2 Female

3. Your Race
   1 Caucasian(white)
   2 Negro
   3 Hispanic (Mexican, Spanish, South or Central American)
   4 Oriental
   5 Other

4. Your age is:
   1 Less than 18 yrs of age
   2 18-24 yrs of age
   3 25-34 yrs of age
   4 35-44 yrs of age
   5 45-54 yrs of age
   6 55-64 yrs of age
   7 65-74 yrs of age
   8 Over 74 years of age

5. Do you live here year round?
   1 Yes
   2 No

Please continue to next page

6. Your Income level
   1 $0-9,999
   2 $10,000-19,999
   3 $20,000-29,999
   4 $30,000-44,999
   5 $45,000-59,000
   6 Over $60,000

7. Your Education level:
   1 Grades 1-8
   2 9-10 Grade
   3 11-12(no diploma)
   4 High school graduate or GED
   5 Technical/Associate school graduate
   6 Some college
   7 College graduate
   8 Graduate degree

8. What is the age of the patient?
   1 18 yrs. or less
   2 Over 18 yrs of age

9. Reason for hospitalization of patient:

   _____

   _____

10. Number of hours the patient has been in the critical care unit:
    1 0-24hrs
    2 25-48 hrs
    3 49-72 hrs
    4 Over 72 hrs

11. Do you have prior experience with a family member in the critical care unit?
    1 Yes
    2 No

12. If yes, how many times?
    1 Once
    2 Twice
    3 Three times
    4 Four or five times
    5 Greater than five times

13. Was it with the same family member that you are visiting at this time?
    1 Yes
    2 No

Dear Critical Care Nurse,

As partial fulfillment for completion of graduate school at Loma Linda University School of Nursing, I am investigating "Family Member Needs and the Nurse's Perception of those Needs in the Critical Care Unit".

Limited research is available on family needs in the ICU and the critical care nurse's perception of those needs. More knowledge in this area would increase the nurses' sensitivity to those families who are in crisis. Because the response of family members to the patient's critical illness may affect their recovery, early detection and assistance with families' needs are important nursing functions.

All nurses at this hospital, who currently work in the critical care unit, with at least one year of experience, will be asked to participate in the study. The questionnaire consists of checking the importance of specific family needs and will take approximately 30 minutes of your time to complete.

Your participation in the study is by personal choice and your name will not be included on the questionnaire. If you choose to participate, please sign the consent form and place it under Delores Gomez's office door. You may return the completed questionnaire to me by mail or place it under Delores's door in the provided envelope.

No one who knows you or works with you will examine these except me. Only the total employee data will be presented at a later date. You are free to withdraw from the study at any time. The results of the study will be available for you to read as soon as the data is analyzed. Thank you for your time.

Nicolle C. Sobieszyk R.N.

Nurse's Demographic Data Sheet

This part of the survey consists mainly of background information. For each of the following items, please circle the number next to the answer that most accurately represents your situation. Please indicate only one item for each question.

1. Length of experience in nursing:
   1 Less than 1 year
   2 1-2 years
   3 3-4 years
   4 5-7 years
   5 8-10 years
   6 11-15 years
   7 Greater 15 years

2. Length of experience in critical care:
   1 Less than 1 year
   2 1-2 years
   3 3-4 years
   4 5-7 years
   5 8-10 years
   6 11-15 years
   7 Greater than 15 years

3. Length of experience in this particular critical care unit?
   1 Less than one year
   2 1-2 years
   3 3-4 years
   4 5-7 years
   5 8-10 years
   6 11-15 years
   7 Greater than 15 years

4. Sex
   1 Male
   2 Female

5. Marital status
   1 Single
   2 Married
   3 Divorced
   4 Separated
   5 Widowed

6. Your age is:
   1 20-25 years
   2 26-30 years
   3 31-35 years
   4 36-44 years
   5 45-54 years
   6 Over 55 years

7. What shift do you usually work?
   1 Days
   2 Nights

8. Employed in nursing at this hospital:
   1 Full time
   2 Part time
   3 Traveler

9. Certification in critical care (CCRN)
   1 Certification never sought
   2 Currently certified
   3 Previously certified, but not presently so

10. Highest level of education obtained:
   1 Licensed vocational nurse preparation (LVN)
   2 Associate degree
   3 Diploma
   4 Baccalaureate degree (BSN)

11. Are you currently satisfied with the family visiting policy in your critical care unit?
   1 Yes
   2 No

12. What do you think the visiting hours in your critical care unit should be?
   1 Open: expect during report (7-8)
   2 5-10 minutes every hour
   3 Other:_____
   _____

CRITICAL CARE FAMILY NEEDS INVENTORY

Please circle how important you think each of the following needs are to family members while their relative is a patient in the critical care unit.

(1) Not Important
(2) Slightly Important
(3) Important
(4) Very Important

1 2 3 4	1. To know the prognosis
1 2 3 4	2. To have explanations of the environment before going into the critical care unit for the first time.
1 2 3 4	3. To talk to the doctor every day.
1 2 3 4	4. To have a specific person to call at the hospital when unable to visit.
1 2 3 4	5. To have questions answered honestly.
1 2 3 4	6. To have visiting hours changed for special occasions.
1 2 3 4	7. To talk about negative feelings such as guilt or anger.
1 2 3 4	8. To have good food available in the hospital.
1 2 3 4	9. To have directions as to what to do at the bedside.
1 2 3 4	10. To visit at any time.
1 2 3 4	11. To know which staff members could give what type of information.
1 2 3 4	12. To have friends nearby for support.
1 2 3 4	13. To know why things were done for the patient.
1 2 3 4	14. To feel there is hope.

(1) Not Important
(2) Slightly Important
(3) Important
(4) Very Important

1 2 3 4 15. To know about the types of staff members taking care of the patient.

1 2 3 4 16. To know how the patient is being treated medically.

1 2 3 4 17. To be assured that the best care possible is being given to the patient.

1 2 3 4 18. To have a place to be alone while in the hospital.

1 2 3 4 19. To know exactly what is being done for the patient.

1 2 3 4 20. To have comfortable furniture in the waiting room.

1 2 3 4 22. To have someone help with financial problems.

1 2 3 4 21. To feel accepted by the hospital staff.

1 2 3 4 23. To have a telephone near the waiting room.

1 2 3 4 24. To have the pastor visit.

1 2 3 4 25. To talk about the possibility of the patient's death.

1 2 3 4 26. To have another person with the relative when visiting the critical care unit.

1 2 3 4 27. To have someone be concerned with the relative's health.

1 2 3 4 28. To be assured it is alright to leave the hospital for awhile.

1 2 3 4 29. To talk to the same nurse everyday.

1 2 3 4 30. To be encouraged to cry.

1 2 3 4 31. To be told about the other people that could help with problems.

1 2 3 4 32. To know a bathroom near the waiting room.

(1) Not Important
(2) Slightly Important
(3) Important
(4) Very Important

1 2 3 4 33. To be alone at any time.

1 2 3 4 34. To be told about someone to help with family problems.

1 2 3 4 35. To have explanations given that are understandable.

1 2 3 4 36. To be told about chaplain services.

1 2 3 4 37. To help with the patient's physical care.

1 2 3 4 38. To be told about transfer plans while they are being made.

1 2 3 4 39. To be called at home about changes in the patient's condition.

1 2 3 4 40. To receive information about the patient once a day.

1 2 3 4 41. To feel that the hospital personnel care about the patient.

1 2 3 4 42. To know specific facts concerning the patient's progress.

1 2 3 4 43. To see the patient frequently.

1 2 3 4 44. To have the waiting room near the patient.

45. Other: _____

_____

APPENDIX C

Ranking of Family Member Needs in the Critical Care Unit

Ranking of Family Member Needs in the Critical Care Unit

	Family members' group mean	Nurses' group mean
1. To have questions answered honestly.	3.96	3.88 (1)
2. To be assured that the best care possible is being given to the patient.	3.92	3.87 (2)
3. To know the prognosis.	3.88	3.83 (4)
4. To be called at home about changes in the patient's condition.	3.86	3.61 (8)
5. To know specific facts concerning the patient's progress.	3.86	3.27 (24)
6. To feel that the hospital personnel care about the patient.	3.80	3.76 (5)
7. To receive information about the patient once a day.	3.80	3.49 (11)
8. To see the patient frequently.	3.78	3.30 (21)
9. To know how the patient is being treated medically.	3.76	3.27 (23)
10. To have explanations given that are understandable.	3.74	3.87 (3)
11. To know exactly what is being done for the patient.	3.70	3.18 (31)
12. To feel there is hope.	3.69	3.38 (19)
13. To know why things were done for the patient.	3.60	3.48 (15)
14. To visit at any time.	3.58	2.63 (42)

	Family members' group mean	Nurses' group mean
15. To talk to the doctor every day.	3.51	3.43 (14)
16. To be told about transfer plans while they are being made.	3.43	3.40 (18)
17. To have someone be concerned about the relative's health.	3.42	3.22 (27)
18. To feel accepted by the hospital staff.	3.34	3.43 (16)
19. To have explanations of the environment before going into the critical care unit for the first time.	3.29	3.63 (7)
20. To have a specific to call at the hospital when unable to visit.	3.29	3.03 (34)
21. To know which staff members could give what type of information.	3.25	2.89 (35)
22. To have the waiting room near the patient.	3.25	3.07 (33)
23. To have a telephone near the waiting room.	3.19	3.37 (20)
24. To talk about the possibility of the patient's death.	3.18	3.53 (10)
25. To be assured it is alright to leave the hospital for awhile.	3.16	3.64 (6)
26. To have visiting hours changed for special occasions.	3.12	3.44 (13)
27. To have friends nearby for support.	3.11	3.47 (12)
28. To know about the type of staff members taking care of the patient.	3.09	2.52 (44)

	Family members' group mean	Nurses' group mean
29. To be told about the other people that could help with problems.	3.08	3.29 (22)
30. To know a bathroom is near the waiting room.	3.07	2.81 (38)
31. To help with the patient's physical care.	3.02	2.62 (43)
32. To have directions as to what to do at the bedside.	2.96	3.18 (29)
33. To have good food available in the hospital.	2.96	2.80 (36)
34. To have someone to help with financial problems.	2.92	3.58 (9)
35. To talk to the same nurse everyday.	2.91	2.70 (40)
36. To have comfortable furniture in the waiting room.	2.80	3.16 (32)
37. To have a place to be alone while in the hospital.	2.76	3.25 (25)
38. To be told about someone to help with family problems.	2.68	3.23 (26)
39. To have the pastor visit.	2.66	3.20 (28)
40. To be told about chaplain services.	2.62	3.18 (30)
41. To talk about negative feelings such as guilt or anger.	2.58	3.41 (17)
42. To be alone at any time.	2.54	2.68 (41)
43. To have another person with the relative when visiting the critical care unit.	2.49	2.79 (39)
44. To be encouraged to cry.	2.28	2.87 (37)

APPENDIX D

Chi-Square Analysis:

Significant Differences in Ranking

of Family Member Needs

Chi-Square Analysis:
Significant Differences in Ranking of Family Member Needs by Nurses and Family Members

	X^2	DF	Significance
To visit at any time.	27.43	3	.0000
To be told about someone that could help with family problems.	26.64	3	.0000
To talk about negative feelings such as guilt or anger.	23.63	3	.0000
To know specific facts concerning the patients progress	22.52	2	.0000
To know how the patient is being treated medically.	17.89	2	.0001
To see the patient frequently.	15.66	2	.0004
To know about the type of staff members taking care of the patient.	17.10	3	.0007
To know exactly what is being done for the patient.	16.11	3	.0011
To have the pastor visit.	15.28	3	.0016
To be told about chaplain services.	15.16	3	.0017
To have the waiting room near the patient.	14.17	3	.0027
To have someone to help with financial problems.	14.10	3	.0028
To be encouraged to cry.	14.02	3	.0029
To receive information about the patient once a day.	13.92	3	.0030
To feel there is hope.	13.04	3	.0045

To know a bathroom is near the waiting room.	12.10	3	.0070
To be assured it's alright to leave the hospital for awhile.	11.42	3	.0097
To have good food available in the hospital.	9.92	3	.0192
To have another person with the relative when visiting the critical care unit.	9.02	3	.0290
To have friends nearby for support.	8.84	3	.0314
To have a telephone near the waiting room.	8.48	3	.0369
To have a place to be alone while in the hospital.	8.25	3	.0410
To have a specific person to call at the hospital when unable to visit.	8.13	3	.0432