

COMPARISON OF PERCEIVED NEEDS OF FAMILY MEMBERS BY
REGISTERED NURSES AND BY FAMILY MEMBERS OF CRITICALLY
ILL INTENSIVE CARE PATIENTS

AN ABSTRACT OF
A THESIS
PRESENTED TO THE GRADUATE FACULTY
OF WESTERN CONNECTICUT STATE UNIVERSITY

by
Sally J. Silva

IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE
MASTER OF SCIENCE IN NURSING

This study investigated the differences between the perception of family psychosocial needs as viewed by Intensive Care Unit (ICU) nurses and ICU patients' families.

The population for this study consisted of a convenience sample of family members of adult patients hospitalized in a medical-surgical ICU in one Connecticut hospital and registered nurses providing direct care for these patients. Only registered nurses employed in the ICU for at least six months, who worked 32 or 40 hours per week, were included in the sample. Nine dyads consisting of a family member of a patient in ICU and the nurse assigned to that patient responded to the 45-item Critical Care Family Needs Inventory (CCFNI) (Leske, 1986; 1991; Molter, 1979). All subjects completed the instrument between 24 and 72 hours of each patient's admission to the ICU. The dyads consisted of seven female and two male family members 21 to 80 years of age. The sample included six spouses, two daughters, and one son of the patients. The family member who participated was designated by the family as the chief decision-maker for the patient.

A 2 X 5 dependent groups ANOVA was used to evaluate

the null hypothesis associated with each research hypothesis. The first research hypothesis predicted that there would be a significant difference between critical care nurses' perceptions of family members' needs and family members' perceptions of their needs. The first research hypothesis was not supported. Results indicated that the average CCFNI score for the nurses ($x = 139.33$; S.D. = 17.85) did not differ significantly from the average CCFNI score of the family member ($x = 130.89$; S.D. = 18.04) [$F(1,8) = 1.29$, $p > .05$]. The second research hypothesis predicted that after combining the groups, there would be a difference in the subscale scores of the CCFNI. This hypothesis was supported. The results of the repeated measures factorial indicated that the five subscales of the CCFNI were not considered equally important by the combined nurse and family member groups [$F(4,32) = 21.53$, $p < .05$]. The Support and Comfort needs were each considered significantly less important than Information ($x = 3.25$), Proximity ($x = 3.25$), and Assurance needs ($x = 3.77$). For the combined nurse and family member groups, Assurance needs were considered the most important. The third hypothesis predicted that the responses of the nurses

on each of the five CCFNI subscales would differ significantly from those of the family members. This hypothesis was also supported. The 2 X 5 dependent groups factorial showed that the needs perceived as important to the nurses were not the same needs identified by the family members [$F(4,32) = 3.37, p < .05$]. Family members perceived Information needs as significantly more important than the nurses perceived these needs [$t(8) = 2.286, p = .05$].

Limitations of this study were that significant others were not included in the sample of family members and that the families expressed discomfort and ambiguity when asked to designate a chief decision-maker for the patient. The nursing implications of this study suggest that nursing curricula, critical care orientation programs, and inservice education for critical care nurses need to focus on key psychosocial needs identified by families of patients in critical care. Nurse managers can also foster a unit philosophy that assists the nursing staff in meeting the psychosocial needs of families. Further studies on methods for providing information and assurance to families in ICU, and studies that address physicians' perceptions of family needs when a relative is

hospitalized in ICU are also recommended.