Original Article

Needs of Critically Ill Patients' Relatives in Emergency Departments

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Abstract

Background: Illnesses influence patients as well as patients' relatives and cause emotional problems, such as anger, fear, and anxiety. Determining the needs of patients' relatives increases satisfaction of patients and relatives and enhances health-care goal achievement. **Objective:** The objective of this study was to examine the needs of critically ill patients' relatives in emergency departments and the state of meeting these needs. **Methods:** This descriptive study was conducted on 202 critically ill patients' relatives at emergency department of Atatürk University Research Hospital. The data were collected using the Critical Care Family Needs Inventory for Emergency Departments (CCFNIED) and a form for meeting the needs of critically ill patients' relatives. Data were analyzed using percentage distribution, mean, analysis of variance, Mann–Whitney U test, and Kruskal–Wallis test. **Results:** The needs of patients' relatives according to the order of importance included communication with family members (3.88 ± 0.28), being supported (3.40 ± 0.42), being involved in care in the emergency department (3.27 ± 0.34), and comfort (3.20 ± 0.51). Using CCFNIED, the total mean score was 3.52 ± 0.31. **Conclusion:** Related studies are recommended to consider patients' relatives in the emergency department as a part of care, enable them to be involved in patient care, provide support for them, and enhance their comfort.

Keywords: *Critically ill patient, Emergency department, Need*

Introduction

The primary goal of emergency departments' staff is to save patients' life or treat the disease, which is mostly fulfilled; however, the staff generally overlook the needs of patients' relatives. Emergency department practices are mostly based on unplanned and sudden incidents; therefore, conditions of patients' relatives remain critical.[1,2] They need health-care providers to understand their feelings and pay attention to their needs, otherwise, they will feel more emotional problems, such as anger and anxiety. A feeling of being neglected will lead to negative reactions, such as distrust toward medical team and services.[3] It is required to consider patients and their families as a whole and consider the family in treatments and recovery processes as well because physical and emotional crisis of hospitalized individuals may also cause emotional problems for families. Patients mostly need support from their families in order to overcome their health crisis.[3]

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Patients and their relatives are in a constant interaction. Relatives have a supportive role in providing service for patients. This role may enable emergency department staff to achieve their goals, such as patient satisfaction. Based on the role of relatives in quality care in emergency departments, it is required to consider patients' relatives in care plans and acknowledge their emotional needs.[1,4]

In Turkey, there is a limited number of studies addressing the needs of patients' relatives in emergency departments and meeting these needs.[5,6] This study is important in terms of guiding which interventions nurses should focus on as well as identifying primary needs in determining and meeting the needs of patient relatives.

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Objectives

This study was conducted to examine the needs of relatives of critically ill patients in emergency departments and states of meeting these needs.

Methods

Study design and participants

This descriptive study was conducted between September 2013 and January 2015 at emergency department of Atatürk University Research Hospital.

Inclusion criteria were being a relative of critically ill patients coming to the emergency department; being older than 18 years; being the first-degree relative of the patient or a relative who provides care to the patient in the emergency department in the absence of family members, communicates with the emergency department staff, and meets the needs of the patient; having no previous or present psychiatric problem; and being a patient relative who accompanies the patient in the emergency department within the first 24 h. Since patients' relatives who stay in the emergency department for >24 h could have varying needs,[7] they were not included in the study.

Data collection

The questionnaire, Critical Care Family Needs Inventory for Emergency Departments (CCFNIED), and a form related to meeting needs of critically ill patients' relatives in emergency departments were used to collect the data.

The questionnaire involved questions about age, gender, educational background, and occupation of patients' relatives as well as their proximity degree with the patient, both the patients and their relatives' time of arriving in the emergency department, patients' medical diagnosis, and the clinic where the patients were referred to.

The CCFNIED was developed by Redley and Beanland in 1996.[6] The validity and reliability of the Turkish version of the scale was studied by Sucu in 2005. The scale's items evaluate the significance of each need for patients' relatives through a 4-point Likert scale. Responses included (1) "not important at all," (2) "not important," (3) "a little important," and (4) "very important." In the scale assessment, the mean score of each item and total mean score of each subscale range between 1 (not important at all) and 4 (very important). The scale consists of forty items and four subscales as follows: communication with family members, involvement of family members in care in the emergency department, support process of family members, and comfort.[6] In the present study, the internal consistency reliability coefficient of the scale (Cronbach's alpha) was 0.86.

The form for meeting the needs of critically ill patients' relatives in the emergency department involved questions about whether each of the need items in the scale is met and who meets those needs (physician, nurse, other medical personnel, and the person her/himself). The item 40 of the scale examines "getting in touch with staff to ask questions in the next days." Since needs of patients' relatives change after the first 24 h, the state of meeting the needs within this time period was questioned in accordance with the purpose of the scale. This need is out of this time period; for this reason, the state of meeting this need was not questioned and the state of meeting needs of relatives was evaluated over 39 items. However, scale items were not intervened and this item was questioned while calculating the scale score.

Patients' relatives were interviewed at patient training room of emergency clinic in a time period suitable for the relatives within the first 24 h after they came to hospital. The data collection process lasted about 8–10 min for each patient's relative.

Ethical consideration

In order to conduct the study, an ethics committee approval was obtained from Atatürk University Faculty of Health Sciences. An official permission was also obtained from the chief physician of the hospital (grant no: 45361945-03/9673, ethical approval code: 45361945-03/9673). The patient relatives were verbally informed about the aim of the study. They were informed that the obtained information and identity of the respondent will be kept confidential, and they can withdraw from the study at any time. Thus, ethical principles of "informed consent," "autonomy," "confidentiality, and protection of confidentiality" were fulfilled and verbal consents of the patients' relatives were obtained.

Data analysis

Data were analyzed using the Statistical Package for the Social Sciences (SPSS 16.0; IBM, Armonk, NY, USA). Frequencies, percentages, minimum, maximum, mean scores, and standard deviations were used to assess the data.

Results

Totally, 34.2% of patients' relatives were in the age groups of 18–27 years and 28–37 years. Fifty-two percentage of the patients were female, 49.5% were high school graduates, 29.7% were civil servants or homemakers, and 42.1% were the children of the patients [Table 1].

It was determined that 48.0% of patient relatives arrived to the emergency department between 08:01 and 16:00 and 91.6% came to the emergency department with the patient. Moreover, 21.3% of patients came to the emergency department due to a trauma/accident and 57.4% were referred to a relevant department [Table 2].

In the study, it was found that the most important need identified by the patient relatives in the CCFNIED scale was the communication with family member; whereas, the lowest need was the comfort need [Table 3].

It was determined that the need of "trusting the comfort of your relative" (97.0%) was mainly met by the nurse (75.2%) in the subscale of communication with family members; however, the need of "being assured that the hospital staff value your relative," the need of "talking to a physician," the need of "having honest answers to your questions," and the need of "being assured that your relative receives possibly the best care" were met by the physician [Table 4].

It was determined that the need of "being able to see your relative as soon as possible," the need of "being able to be with your relative at anytime," and the need of "desiring to find out what is going on with your relative" were mostly met by patients' relative in the subscale of involvement of family members in care, and the need of "talking to a nurse" was met by the nurse; whereas, the need being met at the lowest rate in this subscale was "making an explanation about the treatment area before seeing your relative for the first time."

It was determined that the need of "feeling hope" was mostly met by physicians in the subscale of support process of the family members; whereas, the need of "being accompanied by a health-care worker while visiting your relative" was met at the lowest level.

In the patient relatives' comfort subscale, it was determined that the need of "being treated as an individual" was met at the highest rate and this need was met by the nurse (80.2%). In the subscale of comfort, it was found that the needs of "having a telephone in the waiting room or nearby," "giving information about religious services," and "being assured about the normal emotional reactions" were met at the lowest rate.

Table 1: Characteristics of the patients' relatives of critically ill patients in emergency department

Characteristics	Frequency (%)
Age	
18-27 years	69 (34.2)
28-37 years	69 (34.2)
38 years and older	64 (31.6)
Gender	
Female	105 (52.0)
Male	97 (48.0)
Education level	
Primary school	47 (23.3)
High school	100 (49.5)
University	55 (27.2)
Occupation	
Homemaker	60 (29.7)
Employed	17 (8.4)
Civil servant	60 (29.7)
Craftsman	34 (16.8)
Pensioner	6 (3.0)
Student	25 (12.4)
Relationship with the patient	
Spouse	14 (6.9)
Child	85 (42.1)
Parent	16 (7.9)
Sibling	20 (9.9)
Friend	36 (17.9)
Relative	31 (15.3)

Table 2: Features of critically ill patients and their relatives

Features	Frequency (%)
Hour of arriving in the emergency department	
08:01-16:00	97 (48.0)
16:01-24:00	87 (43.1)
24:01-08:00	18 (8.9)
State of coming to the emergency department	
With the patient	185 (91.6)
After the patient	17 (8.4)
Diagnosis of the patient	
Cardiovascular system diseases	42 (20.8)
Respiratory system diseases	40 (19.8)
Gastrointestinal system diseases	9 (4.5)
Neurological diseases	17 (8.4)
Traumas - accidents	43 (21.3)
Poisonings	26 (12.9)
Endocrine system diseases	5 (2.4)
Hematological-oncological diseases	20 (9.9)
Place where the patient was referred to	
Intensive care	42 (20.8)
Other units	116 (57.4)
Home	17 (8.4)
Those who were not referred	27 (13.4)

Discussion

It was observed that the most important need defined by patients' relatives in the CCFNIED was in the subscale of communication with family members. Similar to this result, a number of studies indicated that the most important need was in the subscale of communication with family members.[5,8-11] In addition, Sucu *et al*. reported that the subscale of communication had a secondary importance.[6] Communication was related to a number of goals, such as relaxation,

Table 3: Mean scores of the Critical Care Family Needs inventory for emergency departments questionnaire

Subscales	Lowest mean score	Highest mean score	Mean ± SD
Communication with family members	1.70	4.00	3.88 ± 0.28
Involvement of family members in care	1.43	3.71	3.27 ± 0.34
Comfort	1.70	4.00	3.20 ± 0.51
Support process of family members	2.00	4.00	3.40 ± 0.42
Total score	2.00	4.00	3.52 ± 0.31

SD: Standard deviation

problem-solving, stress reduction, giving information, shaping the relationships, explaining the feelings, convincing, and decision-making.[2] A recent study in Iran has also showed that a family-oriented education on communication skills could not only help the relatives, but also reduce patients' depression, anxiety, and stress.[12] It is believed that a high communication need has more importance because it is a way used by patients' relatives to express their emotions, thoughts, and needs in the emergency departments which provide care to severely ill patients. Therefore, nurses working in emergency departments should provide care using constructive and effective communication techniques in order to meet the basic needs of patients' relatives.

In the emergency department where the study was conducted, the mean score in the subscale of support process of the family members was determined to be of secondary importance. An earlier study showed an agreement with the result of this study.[11] Hospitalization of a family member is a stressful situation for patients' relatives. It is important to support patients' relatives who have an intensive stress and sorrow in terms of easing and relieving their psychological condition and decreasing their anxieties and fears.

In this study, the subscale of the involvement of family members in care in the emergency department was determined to be of tertiary importance. The result of Erdur *et al*.'s study was in line with the result of the present study.[5] In the emergency department where the study was conducted, each patient was accompanied by a relative. Since one relative is constantly present with the patient, it may influence the result that this need is of less importance for them.

In the study, the subscale of comfort was observed to have the lowest mean score. This result was in line with relevant studies.[4,8,11,13,14] Lower mean score of the subscale of comfort may be associated with this belief that the relatives of critically ill patients, who came to the emergency department due to a life-threatening condition, considered the health of the patient more important than their own needs and comfort. Furthermore, patients' relatives may consider their own comfort less important than other needs and they primarily want to receive information about the critical condition of their patients, such as reduction of their anxieties.

When examining the state of meeting the needs of patients' relatives in the emergency department, it was observed that the needs of "being able to see your relative as soon as possible," "being able to be with your relative at anytime," and "desiring to find out what is going on with your relative" were mainly met by a patient's relative herself/himself. The result of Sucu *et al*.'s study was in agreement with the result of the present study.[6] When patients' relatives are able to see their patients as soon as possible and get closer to them both emotionally and physically, this will enable the family members to comprehend the severity of disease.[15] Meeting the needs mostly by patients' relatives can be explained by this statement that emergency departments allow a patient's relative to participate in the care of patients, and patients' relatives are constantly with their patients in the care area.

It was determined that the needs of "trusting the comfort of your relative," "talking to a nurse," and "being treated as an individual" were mostly met by nurses. Nurses are health-care professionals who establish communication with patients and their relatives in the emergency departments. Moreover, in the emergency department where the study was conducted, there was only one nurse actively dealing with both the care and treatment of patients. The constant presence of nurses in the care area may enable patients to easily get in touch with nurses.

It was determined that the needs of "receiving honest answers to your questions," "being assured that your relative receives possibly the best care," "talking to a physician," "being assured that the hospital staff value your relative," and "feeling hope" were mostly met by physicians. The result of Sucu *et al*.'s study was in line with the result of the present study.[6] In general, critical conditions of a patient in an emergency department may lead to the patient's relatives' need to be informed. When physicians provide sufficient information, this may enable patients' relatives to be assured that their patients are mainly valued by physicians.

The following needs of patients' relatives were met at the lowest rate: "having a telephone in the waiting room or nearby," "giving information about religious services," "being assured about the normal emotional reactions," "being accompanied by a health-care worker

Table 4: State of meeting the needs of patient relatives and who meet (s) those needs[a]

Needs of patients' relatives	State of meeting	Who meet/meets			
	Yes	Physician	Nurse	Other medical personnel	Herself/ himself
Communication with family members					
Trusting the comfort of your relative	196 (97.0)	148 (73.3)	152 (75.2)	79 (39.1)	3 (1.5)
Being assured that the hospital staff value your relative	192 (95.0)	164 (81.2)	161 (79.7)	78 (38.6)	1 (0.5)
Talking to a physician	189 (93.6)	186 (92.1)	3 (1.5)	-	1 (0.5)
Receiving honest answers to your questions	188 (93.1)	155 (76.7)	144 (71.3)	17 (8.4)	-
Being assured that your relative receives possibly the best care	186 (92.1)	158 (78.2)	137 (67.8)	49 (24.3)	1 (0.5)
Having clear explanations	169 (83.7)	148 (73.3)	80 (39.9)	6 (3.0)	1 (0.5)
Giving information about the expected results	161 (79.7)	149 (73.8)	40 (19.8)	2 (1.0)	-
Frequently giving information about the changes	155 (76.7)	143 (70.8)	26 (12.9)	3 (1.5)	1 (0.5)
Knowing all the special conditions about the disease process of your relative	141 (69.8)	133 (65.8)	12 (5.9)	1 (0.5)	3 (1.5)
Giving information about the transfer plans	136 (67.3)	113 (55.9)	65 (32.2)	26 (12.9)	-
Involvement of family members in care in the emergency department					
Being able to see your relative as soon as possible	200 (99.0)	26 (12.9)	17 (8.4)	24 (11.9)	142 (70.3)
Being able to be with your relative at anytime	199 (98.5)	25 (12.4)	16 (7.9)	16 (7.9)	151 (74.8)
Finding out what is going on with your relative	195 (96.5)	51 (25.2)	23 (11.4)	14 (6.9)	121 (59.9)
Talking to a nurse	195 (96.5)	3 (1.5)	193 (95.5)	-	1 (0.5)
Being assured that you are appreciated by the medical personnel	175 (86.6)	135 (66.8)	136 (67.3)	58 (28.7)	5 (2.5)
Giving information about what to do when you are with your relative	170 (84.2)	144 (71.3)	88 (43.6)	2 (1.0)	-
Being assured that you are useful in the care process of your relative	166 (82.2)	100 (49.5)	108 (53.5)	13 (6.4)	14 (6.9)
Being told why the practices are being performed on your relative	165 (81.7)	133 (65.8)	120 (59.4)	7 (3.5)	2 (1.0)
Being ensured to participate in decisions about your relative	151 (74.8)	127 (62.9)	47 (23.3)	2 (1.0)	8 (4.0)
Being able to have a private time with your relative	117 (57.9)	22 (10.9)	21 (10.4)	12 (5.9)	74 (36.6)
Waiting outside throughout the care process of your relative	107 (53.0)	10 (5.0)	4 (2.0)	28 (13.9)	65 (32.2)
Giving no information about the distressing details concerning the disease or injury of your relative	81 (40.1)	72 (35.6)	10 (5.0)	1 (0.5)	2 (1.0)
Obtaining information about the professional titles of the medical personnel providing care to your relative	61 (30.2)	24 (11.9)	42 (20.8)	5 (2.5)	4 (2.0)
Making an explanation about the treatment area before seeing your relative for the first time	54 (26.7)	28 (13.9)	17 (8.4)	8 (4.0)	5 (2.5)
Support process of family members					
Feeling hope	182 (90.1)	171 (84.7)	27 (13.4)	2 (1.0)	-
Being welcomed by a physician or a nurse at hospital	170 (84.2)	94 (46.5)	85 (42.1)	84 (41.6)	-
Being accompanied by your friends and relatives in emergency department	135 (66.8)	9 (4.5)	7 (3.5)	23 (11.4)	97 (48.0)
Giving information about the condition of your relative before signing some documents	107 (53.0)	92 (45.5)	14 (6.9)	5 (2.5)	2 (1.0)
Having medical personnel to take care of the family	104 (51.5)	49 (24.3)	70 (34.7)	36 (17.8)	2 (1.0)
Being accompanied by a health-care worker while visiting your relative	52 (25.7)	14 (6.9)	24 (11.9)	16 (7.9)	5 (2.5)
Comfort					
Being treated as an individual	192 (95.0)	146 (72.3)	162 (80.2)	91 (45.0)	5 (2.5)
Having a place nearby to relieve yourself	104 (51.5)	1 (0.5)	1 (0.5)	41 (20.3)	60 (29.7)
Having a special place to wait	93 (46.0)	8 (4.0)	7 (3.5)	47 (23.3)	35 (17.3)
Sharing your feelings with the hospital staff	71 (35.1)	21 (10.4)	58 (28.7)	5 (2.5)	-
Having food and beverages nearby	70 (34.7)	4 (2.0)	12 (5.9)	17 (8.4)	37 (18.3)
Being encouraged to explain your feelings	64 (31.7)	33 (16.3)	46 (22.8)	2 (1.0)	1 (0.5)
Being assured about normal emotional reactions	47 (23.3)	25 (12.4)	25 (12.4)	6 (3.0)	-
Giving information about religious services	13 (6.4)	2 (1.0)	1 (0.5)	8 (4.0)	-
Having a telephone in waiting room or nearby	7 (3.5)	1 (0.5)	-	1 (0.5)	3 (1.5)

[a]All data are presented as *n* (%)

while visiting your relative," and "making an explanation about the treatment area before seeing your relative for the first time."

This study was conducted only in one hospital setting and therefore on a relatively small sample. Further multicenter studies with larger samples are suggested. Moreover, all answers of the patients' relatives were assumed to be correct.

Conclusion

It can be assured that anxiety and uncertainty of patients' relatives regarding their patients may influence these needs to be at a lower importance. Moreover, needs of critically ill patients for emergency and medical support may influence this result.

Among needs of the patients' relatives in the emergency departments, the need of communication with family members was met at the highest rate; whereas, the need of comfort was met at the lowest rate. It is recommended that in emergency departments, patients' relatives be considered as a part of care and be enabled and supported to be involved in care. Moreover, developing forms to evaluate the needs of patients' relatives and enhancing their comfort is recommended. In addition, it is suggested to conduct studies on the quantity of meeting needs of patients' relatives in emergency departments.

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Conflicts of interest

There are no conflicts of interest.

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