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Fulfilment of Information Needs on Families in Intensive Care Unit

Zahara Farhan^{1*}, Sulastini², Devi Ratnasari³, Ary Aprian⁴

¹Department of Emergency and Critical Nursing, Study Programme of Diploma III Nursing, Institute of Health Science Karsa Husada Garut

^{2,3}Department of Medical Surgical Nursing, Study Programme of Bachelor Nursing, Institute of Health Science Karsa Husada Garut, Garut

⁴Graduates of Bachelor Nursing Study Programme, Institute of Health Science Karsa Husada Garut, Garut

Corresponding Author: Zahara Farhan zaharafarhan585@gmail.com

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ABSTRACT

The presence of family members being treated in the intensive care unit can trigger worry and anxiety for the family so that information about the patient's condition related to care and treatment is a very important aspect for the family. The purpose of this study is to find out the description of fulfilling the information needs of families in the intensive care unit. The research design is quantitative descriptive, the sample of this study is family members who are responsible for the patient, totaling 35 respondents, the sampling technique uses purposive sampling, the research instrument uses the Critical Care Need Family Inventory (CCFNI), data analysis uses mean score. The results showed that almost all of the aspects of fulfilling the information needs about the patient's condition in the family 80% were fulfilled, the aspects of fulfilling the information needs about the action of treatment and the duration of treatment for majority 74.5% were fulfilled, and the aspects of fulfilling the information needs about the length of care and treatment 51.4% were fulfilled. The performance of doctors, nurses and other health workers is an important role for families in intensive care unit

INTRODUCTION

The intensive care unit is a special service unit in a hospital that provides comprehensive and continuous service for 24 hours and is independent with special staff and special equipment intended for the observation, care and therapy of patients suffering from acute illness, injury or complications can be life threatening with specialized staff and specialized equipment (Kemenkes R.I, 2011). Patients who are in critical condition due to an illness require comprehensive care and interdisciplinary treatment from various professions involved in the intensive care unit. However, patients who are treated in the intensive care unit not only need physical care, technological support and therapy, but also need humanistic care from their families (Morton, P.G, 2005).

The family is one of targets in improving health, both physical and mental health. Family mental health is a process of family interaction, where processes occur in family and always develop through family interpersonal relationships. The focus lies on the relationship between family and its subsystems (Marilyn M. Friedman, Vicky R. Bowden, 2010). The family is most important support system in process of healing and recovery of patients. The presence of the family as a facilitator and source of information about patient's history, as an encouragement, giving hope, and can help provide a sense of security and comfort for patients (Lukmanulhakim, 2018).

Health workers in intensive care unit sometimes do not consider the family as part of holistic care, so that needs of the family cannot be identified, especially in fulfilling the information needs provided by nurses or doctors (Atika, 2018). Fulfilling the information needs of critical patient families that are more often carried out by nurses, namely explaining to families about how patients are treated medically, what is the patient's condition, what actions are being taken, what equipment is being installed, and how long the treatment should be done. Family understanding in the intensive care unit can be increased if the health workers in the room try

to explain how patients are treated (Oktari & Deli, 2021).

The lack of acceptance of information that the family gets from health workers about the patient's health status can cause the family to experience confusion, this causes the family to feel worried and afraid of what will happen to the patient while being treated because there is inadequate communication between the health workers involved and the family in providing the necessary information clear about the patient's health condition (Urden, L.D, 2002).

The need information about health status and condition of family members who are treated in intensive care unit is important for the family. The information needed by family includes; patient condition, length of treatment, treatment measures performed, and length of treatment time. However, this information is sometimes not obtained by the family, causing worry and anxiety (Rusdianti, Alfi, & Arofiati, 2019). The impact of not meeting information needs of the family in the intensive care unit can increase anxiety and family is unable to think rationally so that decision making can be delayed and detrimental to the patient, sometimes the family does not receive it causing worry and anxiety (Lukmanulhakim, 2018).

The lack of information provided by medical personnel to families in the intensive care unit is one of factors that causes anxiety and worry in families which can cause chaos in the family system when family members are treated in intensive care unit (Farhan et al., 2014). Information about the patient's health status is very important for families when their family members are treated in intensive care unit, if this need is not met it will cause anxiety and worry for the family (Oktari & Deli, 2021).

METHODS

The research design uses a quantitative descriptive. Research sample of family members who are responsible for the patient with a total of 35 respondents, sampling technique uses purposive sampling, research instrument uses the Critical Care Need Family Inventory (CCFNI), data analysis uses mean score which is then included in calculation of

the frequency distribution based on the category of fulfillment of information needs which has been specified. The research was conducted in intensive care unit of Dr. Slamet Garut hospital for 2 months from June to July 2022.

RESULTS AND DISCUSSION

Result

The results of research on the characteristics of families whose family members are treated in the intensive care unit can be seen on table 1:

Table 1. Frequency Distribution of Family Characteristics in Intensive Care Unit (N=35)

Characteristics	F	%
Age:		
19 – 30 years	13	37.3
31 – 40 years	4	11.2
41- 60 years	18	51.5
Gender:		
Male	16	45.7
Female	19	54.3
Works:		
Doesn't work	12	34.3
Private worker	8	22.9
Trader	4	11.4
Farmer	4	11.4
Government employees	7	20.0
Realtionship with patient:		
Parent	3	8.6
Family	8	22.9
Biological children	13	37.1
Wife	6	17.1
Husband	4	11.4
Father	1	2.9

Based on table 1, it is known that 51.4% of families are aged 41-60 years, 54.3% are female, 34.3% do not have a job, and 37.1% of families have a relationship with the patient as a biological child.

The results of analysis meeting information needs of families in intensive care unit can be seen on table 2:

Tabel 2. Frequency Distribution of Fulfillment Information Needs Families in Intensive Care Unit (N=35)

No	Sub Variable	Mean Score	Fulfilled		Not Fulfilled	
			F	%	F	%
1	Information Needs About Patient Conditions	5.23	28	80%	7	20%
2	The need for information about treatment and medication measures	7.0	26	74.4%	9	25.6%
3	Information Needs About Length of Care and Treatment	6.03	18	51.4%	17	48.6%

Based on table 2, it is known that need for information about conditions, 80% patient's of family is fulfilled, and 20% of family is not fulfilled with mean score 5.23, the need for fulfilling information about care and treatment measures is 74.5% of family is fulfilled, and 25.7% is not fulfilled with mean score 7.0, while fulfilling need for information about length of care and treatment 51.4 of families were fulfilled and 48.6% of families were not fulfilled with mean score 6.03.

Discussion

Information Needs About Patient's Condition

The family is the target for improving health, both physical and mental which can be disrupted if a family member is being treated. All family members will definitely increase their concern for their family being cared for, so that, if a family need is not met, it can cause high anxiety and worry (Friedman, M. Marylind, 2014).

The attitude of health workers in providing information about the patient's health condition provides a big prediction for the occurrence of stress in the family. The factor that causes this condition is the breakdown of communication between family members regarding information that has been given by nurses about the patient's condition so that it can cause confusion in the family. Fulfilling information needs of family about patient's health condition while being treated in intensive care unit can reduce stress experienced by the family and can minimize negative family behavior that can impact health team, family unit, and patient himself (Farhan et al., 2014).

Information Needs About Care and Treatment

Information about nurses actions and treatment is very important for the family, because this information is needed by the family to know all the actions taken to patient. This can reduce worry for the family (Nadya, Nurhidayatul, Utami, Gamy, Tri, Novayelinda, 2020).

Families who are waiting in intensive care unit will often be faced with a decision-making situation regarding the actions to be taken on patient, so medical staff must always communicate with families who are waiting to reduce anxiety and worry for family (Rusdianti, Alfi, & Arofiati, 2019). The need for information about care and treatment measures is needed by the family, the information provided by nurses and doctors will greatly affect the level of anxiety experienced by family (Husain & Setyawan, 2020).

Information Needs About Length of Care and Treatment

Information about length of care and treatment is needed by family, because it is related to patient's financing while being treated, so that family will prepare for the costs needed during care and treatment process (Hendrawati et al., 2018). The need for length of care and treatment is needed by the family when waiting in intensive care unit, because this information can reduce anxiety felt by the family (Lukmanulhakim, 2018).

Treatment of patients in intensive care unit will affect the financial condition of the family, where family is faced with the costs of treating patients and daily living costs of other family members. Conditions like this will add to the instability and tension of the family system as a whole which results in a crisis in the family (Farhan et al., 2014).

CONCLUSION

Almost all of the family's information needs about the patient's condition in the intensive care unit are fulfilled, most of the family's needs for information on care and treatment are fulfilled, and half of the family's needs for information on the duration of care and treatment are fulfilled. Overall, most of the families are fulfilled in fulfilling the information needs in the intensive care unit of Dr. Slamet Garut hospital.

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