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Analysis of the Needs of Relatives of Patients in Emergency Section of Zanjan Education-Medication Centers in 2019

Adineh Menbar S[1], Hanifi N[2], Rabie Siahkali S[3*]

[1]Master's student, School of Nursing and Midwifery, Zanjan University of Medical Sciences, Iran
[2]Ph.D in Nursing, Associate Professor, School of Nursing and Midwifery, Zanjan University of Medical Sciences, Iran
[*3]Master of Nursing, Instructor, Faculty Member of Zanjan School of Nursing and Midwifery, Iran

Corresponding Author: Master of Nursing, Instructor, Faculty Member of Zanjan School of Nursing and Midwifery, Iran

Tel: 0098- 9123416782

Email: rabie2@zums.ac.ir

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Abstract

Background: Following hospitalization in various wards of a hospital, especially in the fully intensive wards of a hospital like emergency department, a patient's family and relatives start to face new needs which if are not considered, a crisis will erupt.
Objectives: The goal of this research was to analyze the needs of the relatives of the patients hospitalized in the emergency department of the education and medication centers of the city of Zanjan in 2019.
Methods: This descriptive study was done on the availibility sampling method in Poisson Point Distribution. The target population were 323 relatives of the patients in the emergency departments of the education and medication centers of the city of Zanjan. The instruments used for collection of the data was Critical Care Family Needs Inventory for Emergency Departments (CCFNIED).
***Results*:** Results showed that in opinion of families, the needs in terms of importance were as follows: The communication needs (3.67 ± 0.30), the participation needs (3.41 ± 0.39), supportive needs (3.13 ± 0.40), and finally the welfare needs (3.05 ± 0.39).
Conclusion: The communication need was the most important need of families. Regarding importance of the health of family in patient's recovery, identification of the needs of the family of the patients should be part of nursing care and their elimination in the emergency and other wards of the hospital is recommended.

Keywords: family, caretakers, patients, emergency section

Introduction

Hospitalization puts relatives of a patient in a stressful condition [1] and start getting worried about his/her status and hospitalization. In the period, the family ignores its essential and basic needs and care only about the patient and his/her problems [2]. The family holds itself accountable to support the patient and plays an important role in expedition of recovery and better wellbeing of the patient. The illness of a family member can threaten integrity of the family and make them physically and mentally tired and bring them loss of hope [3,4]. Over recent years, many researchers have started paying attention to family, which plays a specific role in the physical, mental and social health of its members [5,6]. Assessment of the needs of family will provide valuable information for more understanding, satisfaction and growing capacity of families for making decisions on the patient [7]. Identification and addressing needs of the members of the family of the patient, while allaying their emotional needs, trying to remove the needs and provide a safe haven and comfort for relaxation and removal of their fatigue will scale down embarrassment and despair of the family members [8]. Assessment of the needs of the family and nursing measures to remove them date as back as several decades ago. Molter et al. were the first group of researchers to analyze needs of the family of the patients,

hospitalized in the Critical Care Unit in 1979. Seven years later, he helped Leske to design and revise Critical Care Family Needs Inventory (CCFNI) [8-10]. Regarding structural and conceptual differences between the emergency department and the CCU, Redley et al. developed the Critical Care Family Needs Inventory (CCFNI) in 2003 [1,10,11].

Various studies' findings show that majority of studies on families put `communication with family members', `family member participation in ED care' and `family member support processes' and finally `organizational comforts' as the most important needs of a patient's family members. This shows that families get involved in the case of the patient and his/her needs so much so that forget about their own needs. In whole the process, the family supports the patient and takes measures for speedy recovery of the patient [1,12-14]. Family plays a leading role in recovery of the patient and support for him/her; therefore, the family should be as important as the patient in the care interventions [15]. Surveying needs of the family of the patients, the nurses can gain more precise information on the patient [16]. However, in majority of the cases, needs of families are not taken into consideration by nurses and other health care staff members and are even taken for granted [8,17]. Members of the families, whose needs are address, feel more satisfied with the nursing care. This make them less stressful as their abilities for involvement in the patient's care increase, thus facilitating the patient's recovery [18,19]. Therefore, identifying and addressing needs of the patient's relatives will help nurses and other staff members to provide needed care for the patient and his/her family members and build more effective relationship with the patient's family members [10,20]. Studies, conducted in Iran up to so far, mostly concentrate on needs of the relatives of the patients in the critical care units, failing to focus on the needs of the family and the factors influencing needs in the emergency departments of the country's hospitals; therefore, this study aims to take needs of the family of the patients, admitted to the emergency departments of the education-medication centers of the city of Zanjan in 2019.

Methods

This study is descriptive-cross-sectional in nature, conducted on 323 members of families of the patients of the emergency section of the education and medication hospitals of the city of Zanjan in 2019. The availability sampling method was used with Poisson Processes of point distribution. The individuals, who were fixed companion of patients in the emergency section for one hour and maximum 24 hours, were chosen as the community of the research under this study. The features of the study samples were as follows: Minimum 18 and maximum 72 years of age; having family relationship with the patient (father, mother, wife/husband, son/daughter, sister or brother), being literate. In case of mortality of the patient companion or if the family members were medication personnel members, they were discarded from this study. The instrument used for collection of the data was the Family Needs Inventory-Emergency Department (CCFNI-ED). The questionnaire included a demographic informatin part, which asked for the age, gender, relation with the patient, marital status, profession, educational status, economic condition, type of illness, condition of the patient, period of the patient's hospitalization and period of the relatives taking care of the patient in the emergency department. The Critical Care Family Needs Inventory for Emergency Departments (CCFNIED) included 40 4-item (1=Is not important, 2=Somehow important 3= Important, 4=Very important) Likert type questions. The inventory focused on four subscales: The communication point inclulded 10 items, which focused on sharing and understanding the information exchanged among members of the family and the helath care group; the participation dimension included 13 items which dealt with willingness of the members of the family for contribution to the care and companionship with the partient in the emergency department. The comfort dimension also included 11 items, which surveyed the comfort emotional, physical and personal comfort needs of families. The support needs parts also included six items which concentrated on the support needs of families in the emergency section. The questionnaire was developed by Redley (13). The Cronbach's alpha coefficient of the CCFNI-ED questionnaire was 0.91 in Redley's study. The correlation coefficient of each subscale was as follows: 0.87 for the Communication with family members subscale;

0.86 for the subscale of family member participation in the Emergency Department (ED) care; 0.83 for the organizational comforts subscale and 0.56 for family member support processes [13]. This questionnaire was translated and back-translated after obtaining consent of the genuine architect of the instrument. To verifty the validity of the instrument, the qualitative and quanitative content validity was used. Hence, the instrument was sent to 10 emergency and methodoloty content experts for commenting. The Content Validity Ratio (CVR) and Content Validity Index (CVI) were used to check the quantiative content validity.

This study proved CVI=0.8 and CVR=0.79. Therefore, the vailidity of the content of this questionnaire was verified. To check reliability of the questionnaire, Cronbach's alpha was used. The Cronbach's alpha coefficient was thus found to be 0.86. This study was confirmed in the Ethics Committee of Zanjan University of Medical Sciences that accorded an ethics code (IR.ZUMS.REC.1398.207). To observe moral considerations, the researcher personally attended where the research was conducted in order to outline goals of the study to the audience and the participants. Writtten inofrmed consent was obtained from the people taking part in this study.

To collect the data, the researcher referred to the locations like the emergency sections of the education hosptials in Zanjan, which were the focus of this study. The families of the patients, who were distinguished to be qualified to take part in this study, were briefed on the objectives of this research. After assuring the participants of the confidentiality of the information they were to offer, written informed consents were obtained from them. The questionnaires were thus put at the disposal of the families of the patients. Throughout the period the questionnaires were filled up by the respondents, the researcher was present to answer dark points and ambiguities, if any. The SPSS/16 software was used to analyzed the data. The Kolmogorov–Smirnov test (K–S test or KS test) was used to check if the data was normal.

Results

In this study 59.8 percent of the participants were women and 75.2 percent were married. A total of 48.9 percent of the individuals fell within the age group of 29-39 (see Table 1).

Table 1: Demographic Information on the Families Participating in This Study

Variables		Frequency	Percentage
Gender of Patient's Relative	Male	130	40.2
	Female	193	59.8
Age of Patient's Relative	18-28	61	18.9
	29-39	158	48.9
	40-50	86	26.6
	51-61	13	4
	62-72	5	1.5
Relationship of the Relative with the Patient	Wife/Husband	30	9.3
	Child	230	71.2
	Parents	23	7.1
	Sister	21	6.5
	Brother	19	5.9
Profession of the Patient's Relative	Busy Studying	22	6.8
	Housewife	144	44.6
	Employed	34	10.5
	Free Profession	102	31.6
	Retired	12	3.7
	Unemployed	9	2.8
Education of the Patient's Relative	Sub-Diploma	158	48.9
	Diploma	91	28.2
	Post-Diploma	8	2.5
	B.A./B.S.	45	13.9
	M.A./M.S. or Higher Degree	21	6.5

Compared to other needs, the participants were mostly in communication needs, while organizational comforts fell in bottom of the list of the needs (see Table 2).

Table 2: Means and Standard Deviation (SD) of Scores for Scales of Participants' Needs Inventory

CCFNI-ED Dimension	Minimum Score	Maximum Score	Standard Deviation ± Mean
Family member support processes	1	4	3.13±0.40
Organizational comforts	1	4	3.05±0.39
Communication with family members	1	4	3.67±0.30
Family member participation in ED care	1	4	3.41±0.39

Table 3 shows opinions of the participants on their needs: The families believed that their most important needs in terms of communication with family members were talking to a doctor (86.1%) and having questions answered honestly (77.4%); from the point of view of family member participation in ED care, they believed their most important needs were talking to a nurse (74.6%) and knowing why things were done for their relative (64.1%); from the standpoint of family member support processes, they believed their most important needs were having a doctor or nurse meeting them on arrival at the hospital (65%) and to find out the condition of their relative before being asked to sign papers (64.4%); while in terms of organizational comforts, they considered to have toilet facilities nearby (84.1%) and to be able to contact staff at a later date to ask questions (80.2%) as being their prime needs.

Table 3: Frequency Distribution of the CCFNI-ED Inventory Sub-Scares

Questionnaire Dimensions	CCFNI-ED Sub-Scales	Frequency and Percentage of Questionnaire Items			
		Very Important	Important	Less Important	Not Important
Family member support processes	(1) Have a doctor or nurse meet you on arrival at the hospital	(%65)210	(%31) 100	(3.1%) 10	(0.9%) 3
	(3) To find out the condition of your relative before being asked to sign papers	(64.4%) 208	(33.7%) 109	(1.9%) 6	0
Organizational comforts	(39) To have toilet facilities nearby	(86.1%) 278	(12.7%) 41	(1.2%) 4	0
	(40) To be able to contact staff at a later date to ask questions	(80.2%) 259	(18.3%) 59	(1.5%) 5	0
Communication with family members	(11) To talk to a doctor	(86.1%) 278	(13.3%) 43	(0.6%) 2	0
	(15) To have questions answered honestly	(77.4%) 250	(21.4%) 69	(1.2%) 4	0
	(17) To be assured that the best care possible has been given to your relative	(74.3%) 240	(23.8%) 77	(1.5%) 5	(0.3%) 1
	(31) To be assured of the comfort of your relative	(77.1%) 249	(20.7%) 67	(2.2%) 7	0
Family member participation in ED care	(12) To talk to a nurse	(74.6%) 241	(22.6%) 73	(2.5%) 8	(0.3%) 1
	(24) To be given directions regarding what to do at the bedside	(63.5%) 205	(31.3%) 101	(4.6%) 15	(0.6%) 2
	(25) To feel helpful to your relative's care	(60.7%) 196	(34.7%) 112	(3.4%) 11	(1.2) 4

Discussion

Results of this study revealed that needs of the family of the patients, admitted to the Emergency Departments (ED) of the education-medication centers in the city of Zanjan in 2019, were `Communication with family members', `Family member participation in ED care', `Family member support processes' and finally `Organizational Comforts.'In this and majority of studies, families put `Communication with family members', `Family member participation in ED care', `Family member support processes' and finally `Organizational Comforts' as their needs in terms of importance [12,13]. This article showed that families are so involved in the case of their patient and his/her needs that forget about their own needs and in the whole process they think of supporting the patient and taking measures for his/her speedy recovery. Results of this study and similar studies emphasize importance of the needs, especially the communication and participation needs of families. Findings of this study fall in the same vein with the said studies. Hsiao's study considers the following needs in

terms of the hierarchy of importance in view of family members as follows: In terms of the need for `Communication with family members', they considered the needs `To be kept updated frequently' and `To know all the specific facts concerning your relative's progress'; while in terms of needs for `Family member participation in ED care', they considered the needs `To know why things were done for your relative' and `To have questions answered honestly'. In terms of needs for `Family member support processes', it was considered that the needs were `To find out the condition of your relative before being asked to sign papers' and to `Have a doctor or nurse meet you on arrival at the hospital. Finally, in terms of the `Organizational Comforts' needs, the scholar believed that the need was `To have food and refreshments nearby' [12].

The findings of the study are not in agreement with findings of this study in terms of sub-scales of the importance of family needs. The difference in importance of needs can be due to diversity of cultures. Iranian families believed that on the dimensions of `Communication with family members' and ` Family member participation in Emergency Department (ED) care', their most important needs were talking to doctor and talking to nurse. The needs might be under the influence of the policies of the medication health system and weak relationship between the doctor and the medication staff and the Iranian families. Yildirim et al. (2018) surveyed the needs of the family of critical patients and the status of addressing the needs in the emergency departments of Turkey's Ataturk University research hospital. Results of the study showed that needs of the family of the patient, admitted to the emergency department were in terms of importance as follows: `Communication with family members', `Family member support processes', `Family member participation in ED care', and `Organizational Comforts.' `Communication with family members' was scored the highest in the list of the needs and `Family member support processes' was given the secondary importance in list of the needs. The Organization Comforts needs fell in bottom of the list of needs [1].

It can be concluded that relatives of the hospitalized patients in different countries fill up the needs inventory in different ways due to their culture. The reason might be that Iranian families give highest importance to communication and participation.

Naderi et al. (2012) conducted a review study, entitled "On Needs of Relatives of the Patients Admitted to Critical Care Units', using the Critical Care Family Needs Inventory (CCFNI). The results of the study showed that 46 percent of the 15 study cases regarded information as the most important need, 38.5 percent took trust as the most important need and 15.5 percent considered information and trust as being of equal importance and the most important needs. As for the need for proximity there were two studies (15.5%) which put it in second place of importance after information. Trust followed proximity in the list. The remaining 84.5 percent also put proximity in the third degree of importance. As for the two dimensions of support and comforts, all the studies put them in bottom of the list of importance [14]. The studies conducted in Iran mostly dealt with needs of relatives of patients in the critical care units and other wards and up to so far, there has been no survey on needs of families of patients in the emergency departments of the country's hospital; However, this study focused on the needs of the family of the patients admitted to the emergency departments of the hospitals in Zanjan using the CCFNIED inventory for the purpose.

Redley et al. (2019) conducted a retrospective study to identify needs of the relatives in the course of care for patients under critical condition in the emergency department. They analyzed the retrospective factors in data obtained from three countries. Analyses of the data, collected in Australia, considered a four-factor solution as important. The four-factor solution consisted of 18 items from among four groups of family needs (support, communication, participation and comforts). While the data, obtained in Taiwan, presented a four-factor solution, which consisted of 13 items in four groups (of support, communication, participation and comforts). The data from South Africa considered importance of two factors which consisted of nine cases from two groups (of the communication and participation needs). However, the data from all the three countries considered two groups of needs, i.e. communication and participation of families as the first and second in terms of importance. The results showed that offering

appropriate and right care in the course of hospitalization of the critically conditioned patients in the emergency department is of high importance for their family members. While identifying common needs of families in the three countries, the findings point to difference in needs of families, which might have become outstanding due to the cultural impact of the samples under study.

Therefore, upgrading family and patient care will lead to growing insight on role of families in supporting family members while the patients in critical condition are admitted to the emergency departments. Moreover, acquaintance with needs of relatives will help nurses to exercise in the emergency department the family-oriented care, which has helpful results for both patient and the family [13].

Results of this study showed that communication needs, especially the relatives' needs to talk to doctor, and the participation needs, i.e. the need for talking to nurse, received the highest score in the group of needs. It can be concluded that at Iranian hospitals the communication between relatives of patients and the doctor and nurses is weak, which might be caused by extremely crowded emergency departments and insufficient accountable personnel. The most important limitations of this study can be crowded and overwhelmed emergency department and its mental impact on relatives of the patient. Embarrassment and unclear condition of the patients affect needs of the family so much so that families mostly forget about their needs and only think of the patient and information on his/her status. It is suggested to conduct studies in future for analysis of needs and careful identification of the needs of family of patients, especially in the intensive departments like emergency department and the critical condition units of other hospitals of the country. It is also recommended to have studies on factors influencing needs of families of the patients and investigating psychological reactions, following inattention to the needs of families of patients after getting admitted.

Conclusion

The relatives believed that their communication needs in terms of their importance were as follows: Communication with family members (3.67 ± 0.30), Family member participation in ED care (3.41 ± 0.39), and family member support processes (3.13 ± 0. 4) and finally organizational comforts (3.05 ± 0.39). Therefore, designing and administering family care interventions are recommended to increase families' communication and participation in caring the emergency patients. Therefore, the health-medication systems should pay more attention to identification and assessment of the needs of the relatives of the patients in the emergency departments so that the needs are identified and eliminated. This study needs to be subject to further studies to make the points more tangible.

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Conflict of interest

This study had no contradiction of interest for the authors of this study.

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