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# Family Needs in Intensive Care: Comparison of Family-Nurse Perceptions

## *Yoğun Bakımda Aile Gereksinimleri: Aile - Hemşire Algılarının Karşılaştırılması*

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**Abstract**

**Objective:** The aim of this study was to determine the importance level of the needs of family members according to the perceptions of family members and nurses, and the satisfaction level of these needs.

**Material and Method:** The research was carried out in the internal medicine and intensive care units of a university hospital. 100 family members and 105 nurses were participated. Critical Care Family Needs Inventory was used to determine the importance and satisfaction levels of the family members 'needs.

**Results:** According to the "Critical Care Family Needs Inventory", the needs of family members were "very important" (3.40± 041) for family members and "important" (2.23±027) for nurses. These needs included in the "Critical Care Family Needs Inventory" were "slightly satisfied" (2.07±0.39). The assurance/proximity and information needs were "very important" for the family members and "important" for the nurses, and the majority of the needs were mostly satisfied. Support/comfort needs were "important" for family members and "slightly important" for the nurses, and these needs were slightly satisfied.

**Conclusion:** The research showed that the needs in the "Critical Care Family Needs Inventory" were very important for family members, but these needs were not mostly satisfied. In the research, it was a remarkable result that the needs considered very important for nurses were mostly satisfied. Therefore, explaining/introducing these very important needs for family members to ICU nurses may allow these needs to be satisfied.

**Keywords:** Family member, nurse, family need, intensive care.

**Öz**

**Amaç:** Bu çalışmanın amacı, aile bireylerinin ve hemşirelerin algılarına göre aile bireylerinin ihtiyaçlarının önem derecesi ve bu ihtiyaçların karşılanma düzeylerinin belirlenmesidir.

**Gereç ve Yöntem:** Araştırma bir üniversite hastanesinin dahiliye ve yoğun bakım ünitelerinde gerçekleştirildi. 100 aile üyesi 105 hemşire katılım gösterdi. Aile bireylerinin ihtiyaçlarının önem ve memnuniyet düzeylerini belirlemek için Yoğun Bakım Aile İhtiyaçları Envanteri kullanılmıştır.

**Bulgular:** "Yoğun Bakım Ailesinin Gereksinimleri Envanteri'"ne göre aile üyelerinin ihtiyaçları aile üyeleri için "çok önemli" (3,40± 041), hemşireler için "önemli" (2,23±027) idi. "Yoğun Bakım Aile İhtiyaçları Envanterinde" yer alan bu ihtiyaçlar "biraz karşılandı" (2,07±0,39). Güven/yakınlık ve bilgi ihtiyacı aile üyeleri için "çok önemli", hemşireler için "önemli" idi ve ihtiyaçların büyük çoğunluğu karşılanıyordu. Destek/rahatlatma ihtiyacı aile üyeleri için "önemli", hemşireler için "biraz önemli" idi ve bu ihtiyaçlar kısmen karşılandı.

**Sonuç:** Aile üyeleri "Yoğun Bakım Birimlerinde Hasta Yakınları Gereksinim Ölçeği'"nde yer alan ihtiyaçların çok önemli olduğunu ancak bu gereksinimlerin tam olarak karşılanmadığını göstermiştir. Araştırmada hemşireler için çok önemli görülen ihtiyaçların büyük oranda karşılanması dikkat çekici bir sonuçtur. Bu nedenle aile bireylerinin bu çok önemli ihtiyaçlarının yoğun bakım hemşirelerine anlatılması/tanıtılması bu ihtiyaçların karşılanmasını sağlayabilir.

**Anahtar Kelimeler:** Aile üyesi, hemşire, aile ihtiyacı, yoğun bakım.

## 1. Introduction

Admission to the intensive care unit (ICU) is often immediate and unexpected. The family members of patients have traumatic experiences because they are not physically or psychologically ready for this new situation and there will be a significant change in the daily routine of family members. There are various factors, such as fear of losing the loved one, changing role, separation from other family members, financial losses, unknown diagnosis and treatment procedures, the uncertainty of prognosis, unusual sounds and images at the ICU, and use of technological complex or sophisticated devices on the patient, the stressful workload of the staff, and limitation or prohibition of visits for family members to prevent such traumatic experience (1,2).

Literature reviews revealed that anxiety, depression, hopelessness, fear, exhaustion, and helplessness may have negative effects on the health of family members of patients in the ICU (1,3–5). These family members need information, being with the patient, helping the patient, providing support, expressing their emotions, and attending their personal needs. It is also critically important that family members' needs should be determined precisely to achieve the desired outcomes for the patient and family members (2,3,6–11). In this respect, nursing care should encompass not only the patients' needs but also the needs of the family members.

Considering that the needs of the family members, and the importance and satisfaction levels of these needs differ depending on their cultural, geographical, and religious backgrounds (5), this study was expected to be significant in that it may guide the nurses working in ICU both in Turkey and globally. Therefore, this current study aimed to determine and compare the needs perceived by nurses and family members, and determine the satisfaction level of these needs.

## 2. Materials and Methods

### 2.1. Setting and Sample

This descriptive and cross-sectional study was conducted with patients hospitalized in the ICU and nurses actively working in the same ICU of a university hospital in Izmir, Turkey. The university hospital was the referral center for the whole population of West Anatolia. Internal medicine and surgical ICUs with 41 beds each were selected for the sample.

Sample size was not determined for the family members and nurses. The research sample consisted of family members of patients (n = 100) and actively working nurses (n = 105) in ICUs between December 2017 and May 2019. Participants were selected by the following inclusion criteria:

For Family members:

- Must be a relationship to the patient (husband, wife, child, parent, brother, sister, son/daughter-in-law, uncle, and aunt).
- Must be at least 18 years of age.
- Must meet the condition that their patient has spent at least 24 hours in the ICU.
- Must visit his/her patient in the ICU.
- Must be in contact with the staff providing healthcare to his/her patient in the ICU.
- Must follow his/her patient closely in the ICU.
- Must speak the Turkish language and volunteer to participate in the study.

For nurses:

- Must be working in the ICU for at least 6 months
- Must volunteer to participate in the study

In the current study, family members who had physical disabilities, such as hearing or speech impairments, and had to care for other family members with physical or mental problems in the hospital or at home, were not included in the sample.

### 2.2. Data Collection

#### 2.2.1. Personal Information Form

The personal information form for data collection was designed by the researcher according to the literature (1-3,5,8,9). The form developed for family members included information such as gender, age, marital status, and close relationship with the patient. The form developed for nurses included information on nurses' age, gender, working duration in the ICU, and having critical care nursing certification.

#### 2.2.2. Determining the Importance and Satisfaction Levels of Family Members' Needs

The Critical Care Family Need Inventory (CCFNI) was used for family members and nurses to determine the importance level of the needs. Molter (1979) introduced a list of 45 needs for the patient's family members and developed the initial version of the CCFNI based on the list of Leske (1986) to assess the needs of the family members of patients receiving treatment at ICUs. The CCFNI was translated and adapted to the Turkish language in 2015 and determined to have good construct validity with Cronbach's alpha of 0.93 (12), and its subscale alpha-values were found to be 0.83–0.92. The Turkish version of the CCFNI consists of 40 items with three subscales: (i) support/comfort (20 items), (ii) assurance/proximity (11 items), and (iii) information (9 items). Each need item was scored on a 4-point Likert scale as follows: 1, not important; 2, slightly important; 3, important; and 4, very important (12).

In addition, data were collected from family members to determine the satisfaction level of each need in the CCFNI. There was a 4-point Likert-type scale as follows: 1, not satisfied; 2, slightly satisfied; 3, mostly satisfied; and 4, completely satisfied.

During the data collection, family members and nurses were invited to study voluntarily. Each participant was given an envelope with the data questionnaire and a letter with information such as the purpose of the research and how to fill out the questionnaire, volunteering for participation, data privacy. The questionnaire was collected by trained researchers and took 15–20 min to complete.

2.3. Data Analysis

The data were analyzed using SPSS version 22.0 (SPSS Inc., Chicago, IL). General subject characteristics were analyzed using descriptive analysis, and for the descriptive statistical analysis, percentage, frequency, and mean scores were used. The normality assumption was verified using the Shapiro-Wilk. Comparisons of two-group variables were made with Student's t-test or Mann-Whitney U test. The relationships between dependent and independent variables were analyzed by Spearman's rho. The correlation coefficient was evaluated as follows: ±0.01 to ±0.19: No or negligible correlation; ±0.20 to ±0.29: Weak positive/negative correlation; ±0.30 to±0.39: Moderate positive/negative correlation; ±0.40 to ±0.69: Strong positive/negative correlation; ±0.70 or higher: Very strong positive/negative correlation. A p-value of 0.05 was used for statistical significance in relational or difference analysis.

## 3. Results

The mean age of the family members was 46.8±1.19 years and 63% were female. 33% of the family members were first-degree relatives (spouse, child, parents), and 78% were married. The mean age of the patients was 57.70±17.82 years, 53% were male.

The mean age of the nurses was 30.74±5.70 years, 86.7% were female, 62.9% had critical care nursing certification and the mean of working duration in the ICU was 5.33±4.83 years (minimum, 10 months; maximum, 31 years).

The mean scores of the importance level of the assurance/ proximity needs according to the family members and nurses were 3.78±0.32 and 3.37±0.36, respectively. The mean scores of the importance level of the information needs were 3.66±0.35 for the family member and 3.21±0.38 for the nurses. The assurance/proximity and information needs were "very important" for both family members and nurses. The mean scores of the importance level of the support/comfort needs according to family members and nurses were 2.87±0.60 and 2.63±0.43, respectively and the support/comfort needs were "important" for both family members and nurses (Table 1). The mean scores of the assurance/proximity (t=8.707;p=0.000), information (t=8.854;p=0.000), support/comfort (t=3.236;p=0.000), and scale total (t=6.363;p=0.000) were statistically different according to the family members and nurses.

The mean scores of the satisfaction level of the assurance/ proximity, information, and support/comfort needs were 2.78±0.52 (mostly satisfied), 2.66±0.54 (mostly satisfied), and 1.41±0.46 (slightly satisfied), respectively (Table 1). There was an increase in the satisfaction level of the assurance/proximity needs in parallel with the increase in the importance level of assurance/proximity needs by the family members, but this correlation was not negligible (r=0.188;p=0.068). There was a significant increase in the satisfaction level of the information (r=0.289;p=0.004) and support/comfort (r=0.650;p=0.000) needs in parallel with the increase in the importance level of these needs.

As seen in Table 2, although the ranking of the importance levels of the CCFNI needs of family members and nurses generally overlapped, there were also differences. The need "to feel there is hope" ranked first for family members and seventh for nurses. This need had a satisfaction rank of eleventh among all needs. "to know how the patient is being treated medically" ranked third among the most important needs for family members and twelfth for nurses. This need, mostly satisfied, was in the ninth rank. "To know exactly what is being done for the patient" ranked fifth for family members and fourth for nurses. This need was satisfied slightly in the twelfth rank.

There was no correlation between the importance level of the assurance/proximity (r=-0.047;p=0.644), information (r=-0.110;p=0.275), and support/comfort (r=-0.123;p=0.223) needs and the age of family members. The satisfaction levels of the assurance/proximity (r=-0.019;p=0.850) and information (r=-0.123;p=0.223) needs also did not significantly change according to the age of family members. However, there was a negative relationship between the age of family members and the satisfaction level of support/comfort (r=-0.285;p=0.004) needs.

The importance level of the CCFNI and subscales needs did not differ significantly according to gender and marital status (p>0.05). The mean score of the importance level of support/comfort was significantly higher in first-degree family members compared to non-first-degree family members (p<0.05) (Table 3). Gender, marital status, relationship to the patient did not significantly influence the satisfaction level of the needs (p>0.05) (Table 4).

There was no correlation between the importance level of the assurance/proximity (r=-102; p=0.299), information (r=-0.174;p=0.076), and support/comfort (r=-0.005;p=0.963) needs and the age of nurses. As a seen in Table 3, the importance level of the CCFNI and subscale needs did not significantly differ according to the gender and having critical care nursing certification (p>0.05).

## 4. Discussion

This study aimed to determine the importance level of the needs of family members who have patients in the ICU, from the perspectives of both nurses and family members. In addition, the satisfaction level of these needs was determined from the perspective of the family member. The mean score of the importance level of the CCFNI was 3.30±0.41 for family members and 2.96±0.34 for nurses. There was a significant difference between the views of family members and nurses regarding the importance level (p<0.05). The needs of the CCFNI were "important" for the family members and "slightly important" for the nurses and the mean satisfaction level of these needs was 2.07±0.39. Although the assurance/proximity and information needs were "very important" for the family members and "important" for the nurses, the satisfaction level of these needs was slight. The support/comfort needs that were "important" for the family members and nurses were slightly satisfied. A similar study conducted by Ulutaşdemir et al. (2019) found that while the information and assurance needs for family members were "significant", support/comfort needs were "slightly important (9). Gundo et al. (2014) found that the assurance needs were "very important", while the information and comfort needs were "slightly important" for both the nurses and family members. Support and proximity needs were identified as the least important for both groups (1).

***Table 1. The Mean of the Importance and Satisfaction Levels of CCFNI***

| Scale and subscale | Importance level[1] | | | | Satisfaction level [2] | |
|---|---|---|---|---|---|---|
| | Family members | | Nurses | | Family members | |
| | *X* | *SD* | *X* | *SD* | *X* | *SD* |
| **Assurance/Proximity** | **3.78** | **0.32** | **3.37** | **0.36** | **2.78** | **0.52** |
| To know specific facts concerning the patient's progress | 3.87 | 0.33 | 3.36 | 0.61 | 3.21 | 0.66 |
| To feel that the hospital personnel cares about the patient | 3.89 | 0.31 | 3.39 | 0.60 | 3.49 | 0.75 |
| To have questions answered honestly | 3.88 | 0.41 | 3.59 | 0.53 | 3.05 | 0.86 |
| To receive information about the patient at least once a day | 3.87 | 0.42 | 3.39 | 0.58 | 3.00 | 0.97 |
| To feel there is hope | 3.95 | 0.22 | 3.40 | 0.57 | 3.00 | 0.79 |
| To be assured it is all right to leave the hospital for a while | 3.84 | 0.53 | 3.33 | 0.63 | 3.11 | 1.11 |
| To be assured that the best care possible is being given to the patient | 3.93 | 0.36 | 3.54 | 0.57 | 3.13 | 0.90 |
| To know which staff members could give what type of information | 3.45 | 0.96 | 3.20 | 0.61 | 2.20 | 1.23 |
| To talk to the doctor every day | 3.90 | 0.39 | 3.45 | 0.54 | 3.04 | 0.94 |
| To have directions as to what to do at the bedside | 3.46 | 0.94 | 3.16 | 0.64 | 1.30 | 0.94 |
| To have explanations of the environment before going into the critical care unit for the first time | 3.51 | 0.89 | 3.18 | 0.65 | 2.07 | 1.29 |
| **Information** | **3.66** | **0.35** | **3.21** | **0.38** | **2.66** | **0.54** |
| To know how the patient is being treated medically | 3.92 | 0.27 | 3.35 | 0.60 | 3.01 | 0.85 |
| To know exactly what is being done for the patient | 3.89 | 0.40 | 3.47 | 0.61 | 2.93 | 0.98 |
| To know about the types of staff members taking care of the patient | 3.76 | 0.65 | 3.13 | 0.75 | 2.78 | 1.03 |
| To talk about the possibility of the patient's death | 2.94 | 1.00 | 3.18 | 0.62 | 2.35 | 1.29 |
| To know why things were done for the patient | 3.88 | 0.33 | 3.44 | 0.56 | 3.07 | 0.88 |
| To be told about transfer plans while they are being made | 3.75 | 0.67 | 3.13 | 0.74 | 2.80 | 1.00 |
| To be called at home about changes in the patient's condition | 3.78 | 0.60 | 3.49 | 0.61 | 2.79 | 0.96 |
| To have a specific person to call at the hospital when unable to visit | 3.34 | 1.18 | 2.69 | 0.86 | 1.76 | 1.30 |
| To have visiting hours start on time | 3.71 | 0.64 | 3.07 | 0.65 | 2.45 | 1.08 |
| **Support/Comfort** | **2.87** | **0.60** | **2.63** | **0.43** | **1.41** | **0.46** |
| To be alone at any time | 2.60 | 1.37 | 2.51 | 0.82 | 1.30 | 1.50 |
| To have someone be concerned about your health | 2.81 | 1.31 | 2.34 | 0.75 | 1.30 | 1.10 |
| To have another person with you when visiting the critical care unit | 2.76 | 1.29 | 2.17 | 0.81 | 1.14 | 1.07 |
| To have a place to be alone while in the hospital | 2.82 | 1.31 | 2.51 | 0.90 | 0.92 | 0.90 |
| To be told about chaplain services | 2.10 | 1.27 | 2.52 | 0.83 | 0.74 | 1.03 |
| To feel it is all right to cry | 2.67 | 1.31 | 2.68 | 0.78 | 1.98 | 1.74 |
| To have a pastor visit | 1.87 | 1.24 | 2.38 | 0.87 | 0.45 | 0.73 |
| To talk to the same nurse every day | 2.82 | 1.11 | 2.17 | 0.98 | 1.34 | 1.09 |
| To have comfortable furniture in the waiting room | 3.57 | 0.89 | 2.57 | 0.89 | 1.26 | 0.77 |
| To help with the patient's physical care | 3.28 | 1.06 | 2.68 | 0.84 | 1.68 | 1.22 |
| To be told about someone to help with family problems | 2.26 | 1.33 | 2.66 | 0.82 | 0.69 | 0.85 |
| To have a bathroom near the waiting room | 3.73 | 0.60 | 3.10 | 0.67 | 1.66 | 0.99 |
| To have good food available in the hospital | 3.13 | 1.17 | 2.90 | 0.81 | 1.13 | 0.91 |
| To visit at any time | 2.95 | 1.28 | 2.33 | 0.88 | 1.18 | 1.09 |
| To have a telephone near the waiting room | 1.35 | 0.88 | 2.46 | 0.92 | 0.25 | 0.70 |
| To see the patient frequently | 2.69 | 1.38 | 2.39 | 0.91 | 1.05 | 1.08 |
| To feel accepted by the hospital staff | 3.60 | 0.85 | 3.26 | 0.58 | 2.75 | 1.14 |
| To be told about other people that could help with problems | 3.22 | 1.09 | 3.00 | 0.62 | 1.41 | 1.06 |
| To have friends nearby for support | 3.70 | 0.66 | 2.99 | 0.67 | 3.38 | 1.07 |
| To talk about feelings about what has happened | 3.36 | 1.09 | 3.04 | 0.65 | 2.55 | 1.53 |
| **Scale total** | **3.30** | **0.41** | **2.96** | **0.34** | **2.07** | **0.39** |

X: Mean; SD: Standard deviation; [1]Score of the level of importance: Not important. 1; Slightly important. 2; Important. 3; Very important. 4;[2]Scores of satisfaction levels of the needs: Not satisfied. 1; Slightly satisfied. 2; Mostly satisfied. 3; Completely satisfied. 4

***Table 2. Ranking of the Ten Most Important Needs of the Family Members and the Satisfaction Level of the Needs.***

| Needs according to CCFNI | Importance level[1] | | | | Satisfaction level [2] | |
|---|---|---|---|---|---|---|
| | Family members | | Nurses | | Family members | |
| | (Rank) | X± SD | (Rank) | X± SD | (Rank) | X± SD |
| To feel there is hope | (1) | 3.95±0.22 | (7) | 3.41±0.57 | (11) | 3.00±0.79 |
| To be assured that the best care possible is being given to the patient | (2) | 3.93±0.36 | (2) | 3.59±0.57 | (4) | 3.13±0.90 |
| To know how the patient is being treated medically | (3) | 3.92±0.27 | (12) | 3.35±0.60 | (9) | 3.01±0.85 |
| To talk to the doctor every day | (4) | 3.90±0.39 | (5) | 3.45±0.54 | (8) | 3.04±0.94 |
| To know exactly what is being done for the patient | (5) | 3.89±0.40 | (4) | 3.47±0.61 | (12) | 2.93±0.98 |
| To feel that the hospital personnel cares about the patient | (6) | 3.89±0.31 | (8) | 3.39±0.60 | (1) | 3.49±0.75 |
| To know why things were done for the patient | (7) | 3.88±0.33 | (6) | 3.44±0.55 | (6) | 3.07±0.88 |
| To have questions answered honestly | (8) | 3.88±0.41 | (1) | 3.59±0.53 | (7) | 3.05±0.86 |
| To receive information about the patient at least once a day | (9) | 3.87±0.42 | (9) | 3.39±0.58 | (10) | 3.00±0.97 |
| To know specific facts concerning the patient's progress | (10) | 3.87±0.33 | (10) | 3.36±0.61 | (3) | 3.21±0.66 |

X: Mean; SD: Standard deviation; [1]Score of the level of importance: Not important. 1; Slightly important. 2; Important. 3; Very important. 4; [2]Scores of satisfaction levels of the needs: Not satisfied. 1; Slightly satisfied. 2; Mostly satisfied. 3; Completely satisfied. 4

***Table 3. The Mean of the Importance Level of the CCFNI According to Individual Characteristics of the Family Members and Nurses***

| Individual features of the family members | | n | Importance level of CCFNI | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Assurance/Proximity | | Information | | Support/Comfort | | Scale total | |
| | | | X | SD | X | SD | X | SD | X | SD |
| Gender | Female | 63 | 3.81 | 0.30 | 3.65 | 0.35 | 2.915 | 0.56 | 3.32 | 0.39 |
| | Male | 37 | 3.73 | 0.35 | 3.69 | 0.35 | 2.78 | 0.65 | 3.25 | 0.44 |
| | | | t=1.104 p=0.273 | | t=-0.599 p=0.551 | | t=1.038 p=0.321 | | t=0.892 p=0.392 | |
| Marital status | Married | 78 | 3.78 | 0.33 | 3.66 | 0.35 | 2.89 | 0.60 | 3.30 | 0.41 |
| | Single | 22 | 3.77 | 0.28 | 3.68 | 0.34 | 2.81 | 0.60 | 3.27 | 0.40 |
| | | | t=0.213 p=0.814 | | t=-0.204 p=0.837 | | t=0.532 p=0.599 | | t=0.397 p=0.687 | |
| Relationship to the patient | First degree | 33 | 3.87 | 0.19 | 3.69 | 0.27 | 3.05 | 0.56 | 3.42 | 0.35 |
| | Other | 67 | 3.78 | 0.26 | 3.70 | 0.27 | 2.71 | 0.57 | 3.22 | 0.36 |
| | | | t=1.501 p=0.139 | | t=-0.109 p=0.914 | | t=2.338 p=0.023 | | t=2.106 p=0.040 | |
| **Individual features of the nurses** | | | | | | | | | | |
| Gender | Female | 91 | 3.38 | 0.36 | 3.22 | 0.38 | 2.63 | 0.42 | 2.97 | 0.32 |
| | Male | 14 | 3.27 | 0.36 | 3.18 | 0.36 | 2.64 | 0.53 | 2.93 | 0.42 |
| | | | t=1.017 p=0.323 | | t=0.453 p=0.656 | | t=-0.072 p=0.944 | | t=0.295 p=0.772 | |
| Having Critical Care Nursing Certification | Yes | 66 | 3.38 | 0.35 | 3.24 | 0.39 | 2.63 | 0.44 | 2.97 | 0.32 |
| | No | 39 | 3.34 | 0.38 | 3.18 | 0.35 | 2.63 | 0.43 | 2.95 | 0.36 |
| | | | t=0.470 p=0.640 | | t=0.846 p=0.400 | | t=-0.014 p=0.989 | | t=0.329 p=0.743 | |

X: Mean; SD: Standard deviation

***Table 4. The Mean of the Satisfaction Level of the CCFNI According to Individual Characteristics of the Family Members***

| Individual features | | n | Satisfaction level of the CCFNI | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Assurance/Proximity | | Information | | Support/Comfort | | Scale total | |
| | | | X | SD | X | SD | X | SD | X | SD |
| Gender | Female | 63 | 2.74 | 0.54 | 2.58 | 0.54 | 1.41 | 0.44 | 2.04 | 0.40 |
| | Male | 37 | 2.86 | 0.48 | 2.79 | 0.54 | 1.41 | 0.49 | 2.11 | 0.39 |
| | | | t=-1.154 p=0.235 | | t=-1.900 p=0.061 | | t=0.035 p=0.973 | | t=-0.975 p=0.331 | |
| Marital status | Married | 78 | 2.81 | 0.49 | 2.69 | 0.51 | 1.41 | 0.46 | 2.09 | 0.40 |
| | Single | 22 | 2.69 | 0.61 | 2.55 | 0.64 | 1.37 | 0.44 | 2.00 | 0.40 |
| | | | t=0.823 p=0.417 | | t=0.949 p=0.351 | | t=0.415 p=0.681 | | t=0.903 p=0.373 | |
| Relationship to the patient | First | 33 | 2.82 | 0.42 | 2.69 | 0.51 | 1.45 | 0.36 | 2.10 | 0.35 |
| | Second | 28 | 2.72 | 0.55 | 2.60 | 0.51 | 1.29 | 0.44 | 1.98 | 0.32 |
| | | | t=0.808 p=0.423 | | t=0.671 p=0.505 | | t=1.525 p=0.133 | | t=1.489 p=0.142 | |

X: Mean; SD: Standard deviation

Yin King Lee and Ling Lau (2003) revealed that the assurance needs were "very important" and the proximity/closeness, information, comfort, and support needs were "important" for family members (11). Mitchell et al. (2019) reported that the assurance, information, proximity, comfort, and support needs were "very important" for family members and "important" for nurses (13). In this study, the assurance/proximity and information needs were the primary important needs to be satisfied for family members. These needs of family members can be satisfy through trust-based communication by designing "appropriate physical meeting rooms" integrated into the ICU. Although support/comfort needs such as "to have comfortable furniture in the waiting room", "to have a bathroom near the waiting room", "to feel accepted by the hospital staff", "To talk about feelings about what has happened", and "to help with the patient's physical care" have secondary importance for the family members, long-term hospitalization of patients in the ICU may be physiologically and psychologically exhausting for family members. It can be beneficial for the physiological health of family members to design a suitable area.

The top ten priority needs for family members and the top ten priority needs for nurses did not match. For example, "to feel there is hope" ranked first for family members and ranked seventh for nurses. Unlike the results of our study, Gundo et al. (2014) found the same need was ranked as the 7th priority by the family members and 17th by the nurses (1). The prognosis of patients in the ICU is unclear, and their condition is critical. Therefore, it was not surprising that" to feel there is hope" was perceived as a priority need by the family members, who have anxiety, depression, hopelessness, exhaustion, helplessness, pessimism, and fear. Therefore, giving hope to family members will increase trust in nurses and health personnel (3). On the other hand, it was a reasonable approach for healthcare professionals to hesitate in satisfying this need because they felt the responsibility or pressure to "giving real hope" to the family members of the patients whose status might suddenly change for the better or worse at any time. Family members might be provided with psychological support to deal with present situations instead of giving unreal hope to them.

"To be assured that the best care possible is being given to the patient", which ranked second important need for family members and fourth for nurses, was mostly satisfied. This need was "very important" for the family members and nurses in some studies (1,8,11). "To be assured that the best care possible is being given to the patient" was among the top ten priorities perceived by the nurses. This result showed that the ranked of need and satisfaction overlapped, which may be satisfactory for the nursing profession. However, "to know exactly what is being done for the patient" ranked fifth for the family member and twelfth for the nurse. In addition, the needs "to talk to the doctor every day", to know why things were done for the patient", "to receive information about the patient at least once a day", and "to know specific facts concerning the patient's progress" were among the first 10 important needs. In similar studies, these needs were perceived by the family members to be of equal importance (1,8,11,14). Allowing family members to visit their patients for a short time or providing them with information about their patients at least once a day may be useful.

This study highlighted significant results indicating which needs the family members perceived as "very important." The importance level of these needs for nurses and the satisfaction level of the needs by staff were also explored. Therefore, the study may provide the readers with important knowledge about the subject matter and significant contributions to the formation of critical nursing care. However, conducting this study in a single center may limit the comparability of research results.

## 5. Conclusion and Recommendations

This study determined the importance level of the needs of family members according to the perceptions of family members and nurses, and the satisfaction level of these needs. In addition, the satisfaction level of these needs was also determined. The assurance/proximity and information needs were "very important" for the family members and "important" for the nurses, and the majority of the needs were mostly satisfied. Support/comfort needs were "important" for family members and "slightly important" for the nurses, and these needs were slightly satisfied. It was

a remarkable result that the needs that were considered very important for nurses were mostly satisfied. Therefore, explaining/introducing these very important needs for family members to ICU nurses may allow these needs to be satisfied. In the admission of patients to the ICU and the following days, it may be helpful to define the needs of family members with a standard CCFNI or similar measurement tool and to implement the necessary interventions.

## 6. Contribution to the Field

This research presents striking findings about the importance level of the needs of the family members of the patients hospitalized in the ICU and the state of satisfying these needs. These findings have the potential to raise awareness for clinicians to care about the needs of family members and satisfy them.

### Ethical Aspect of the Research

Approval from the College of Nursing Ethics Committee was obtained before the initiation of data collection procedures (approval number, 2016-234). Written approval was obtained from the hospital administrators, and there were no invasive procedures planned for humans during the research period. Before the administration of questionnaires, the nurses were informed about the study content in detail, and verbal consent was obtained from all participating nurses.

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### Conflict of Interest

There is no conflict of interest regarding any person and/or institution.

### Authorship Contribution

**Concept:** DS; **Design:** DS, AST; **Supervision:** DS; **Funding:** None; **Materials:** DS, AST, AA; **Data Collection/Processing:** AA; **Analysis/Interpretation:** DS, AST, AA; **Literature Review:** DS, AST, AA, GÖY; **Manuscript Writing:** DS, AA, GÖY; **Critical Review:** DS.

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