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Assessment of most important psychosocial needs of families of critically ill patients admitted in intensive care unit of Tikur Anbessa Specialized Hospital: perception of nurses and families.

By

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Abbreviations and Acronyms

CCFNI: Critical Care Family Nursing Inventory

Dr.: Doctor

ICU: Intensive Care Unit

SPSS: Statistical Package for Social Sciences

TASH: Tikur Anbessa Specialized Hospital

WHO: World Health Organization

Abstract

Background: An intensive care unit (ICU) is a dynamic, unpredictable environment where families experience either the slow and unsure process of recovery, or the inevitable passing of a loved one. As it supported by relevant literatures, there was dissimilarity between perceptions of nurses and family members and nurses misunderstood the needs of family members.

Objective: This study aims to assess and compare perceptions of Nurses and families regarding most important psychosocial needs of families of critically ill patients in Tikur Anbessa Specialized Hospital intensive care unit.

Methods and materials: Institution based comparative cross sectional study design was conducted using a two-part questionnaire containing sociodemographic characteristics and the Critical Care Family Need Inventory (CCFNI). Freidman test was used to rank the need statements. Fisher's exact test was employed to investigate the significant difference between the perceptions of nurses and families on most important need statements as well as need categories.

Result: Family members ordered the need to "have good food available in the hospital" (mean = 3.94, SD = 0.23) and the need for comfort as their most important need statement and need category respectively. On the other hand, nurses ordered the need "to have questions answered honestly" (mean = 3.63, SD = 0.62) and need for assurance as family member's most important need statement and need category respectively. Nurses and family members showed a statistically significant difference on 31 out of 45 family needs.

Conclusion and recommendation: There was a significant difference between nurses and family members on their perception of most important psychosocial needs of family members. A training on family support for nurses was recommended.

Key words: Family, Intensive Care Unit, Nurses, Psychosocial, Tikur Anbessa Specialized Hospital,

Chapter one: Introduction

1.1 Background

Intensive care may be broadly defined as a service for patients who have potentially recoverable conditions, who can benefit from more detailed observation and invasive treatment (1). This care is provided in a specialized unit called ICU (Intensive Care Unit) Which is a unit in the hospital where seriously ill patients are cared for by specially trained staff including doctors, nurses, respiratory therapists, clinical nurse specialists, pharmacists, physical therapists, nurse practitioners, physician assistants, dietitians, social workers, and chaplains (2)

An intensive care unit (ICU) is a dynamic, unpredictable environment where families experience either the slow and unsure process of recovery, or the inevitable passing of a loved one (3). For this reason, a family member of a patient in ICU experiences stress, uncertainty, and emotional turmoil (4). This has an adverse effect on the health status of the family member recalling WHO's (World Health Organization) definition of Health which considered psychosocial aspects of health as key determinants of health (5).

Psychosocial aspects of care seek to minimize vulnerability by supporting the efforts of patients and families (6). As an ICU nurse it is important to support and care for families through this critical experience (3). According to Taylor and Odell, nurses' contribution in ICU includes provision of emotional and psychological support to both the patient and their families (7). Hence, Marshal et al. described the importance of having a waiting area for family members and a quiet room in the ICU where patient updates can be provided and thereby have an effective communication with family members (8).

Within the healthcare staff, nurses are the most appropriate professionals to lead initiatives seeking to know and satisfy the needs of families of critical patients (9). Nurses in the ICU described delivering a variety of interventions that were psychosocial in nature. They described simply serving as a source of support for family members by listening and providing necessary reassurance (10). Some of the major barriers for providing support to family members include: Lack of experience, the absence of written policies and inadequate education and training of ICU nurses (11).

1.2 Statement of the problem

Critical illness threatens a patient's life (12) and the intensive care environment can be extremely distressing for both relatives and conscious patients (13, 14). Sheaffer stated that the patient is not admitted to ICU alone but including a system which he or she is a part of and that system embodies his or her family. Sheaffer added the easiness of imagining a turmoil felt by family members when someone they love is admitted to ICU (15).

Families respond to serious threats in different but relatively predictable ways on a continuum. Once admitted to the ICU, family members may feel lost and confused by having to learn a new system and to adjust to the culture of the ICU (6). Moreover, family members of a patient in ICU experiences stress, uncertainty, and emotional turmoil (4). They can be even more stressed if they are ignored by a nurse. On top of stress they are experiencing, family members are either unaware of appropriate coping strategies or are unable to use them (16) which exposes them for further stress.

Apparently, having understood the above situation, different researchers and institutions pointed out the importance of identifying and addressing the needs of family members (4, 6, 13-15, 17-21). In addition to this, institutions involving The Australian and New Zealand society of intensive care and The hospice health care program recommended family psychosocial support as a part of family care (22, 23).

However, despite the emphasis given, several literatures have indicated that family members were suffering from problems related to; anxiety, uncertainty, helplessness, fear, depression, and nervousness, lack of sleep, eating disorder, under role and responsibilities and behavioral changes (16, 24-26). Given that family members were suffering from all those problems, various literatures divulged that their needs were not properly identified and met (15, 27, 28). A study including an observation and an interview of staff members of ICU conducted by Sodrestrom et al. showed staff member's deep engagement with other tasks and absence of interaction with family members to attend to their concerns, instead the staff members prioritized the care of another patient (27).

The first step in providing psycho social support to family members is understanding the perception of family members regarding their own psychosocial needs. Although the needs of family members may seem straightforward, it is a mistake to assume that all personnel working in

the unit know what these needs are (20). As it supported by relevant literatures, there was dissimilarity between perceptions of nurses and families and nurses misunderstood the needs of family members (27, 29).

The most important psychosocial needs of families were identified by many literatures around the world (9, 18, 28, 30, 31). But it is also known that needs of family members may vary according to their cultural backgrounds. To the best of the author's knowledge, no researches had been conducted on psychosocial needs of families of critically ill patients in any of the hospitals found in Ethiopia. Hence, the aim of this study was to assess the most important psychosocial needs of families of critically ill patients and see if a dissimilarity was existing between perceptions of nurses and family members in Tikur Anbessa specialized hospital intensive care unit.

1.3 Significance of the study

Apparently, nursing care is a holistic care. It is not only the patient that is the center of focus for nurses' rather family members should also be incorporated and their needs ought to be addressed. Since family support is majorly the role of nurses working in intensive care unit, nurses should have adequate knowledge and understanding about psychosocial needs of families. This knowledge of nurses should come from scientifically conducted researches including this one.

This research had identified the most important psychosocial needs of family members of critically ill patients which will be an invaluable information for nurses working in the ICU to focus substantial energy on these identified family needs so that they can enhance family satisfaction, quality of care and patient outcome.

This study will also serve a purpose for program planners and institutions educating ICU nurses in that it provides up to date and current information on most important psychosocial needs of families. Moreover, the study had compared perceptions of families and nurses and explored if nurses were correctly evaluating the needs of family members. Hopefully, this will assist in designing an effective intervention to enable nurses to have an adequate knowledge while evaluating the needs of family members.

The study will also serve as a baseline for researchers who want to conduct large scale and multi system studies.

Chapter two: Literature review

Several studies have been conducted to take a look at the needs of critical patients' relatives. Although using different quantitative or qualitative approaches, all of them have the same goal: having a better understanding about these family members' needs and allowing for intervention planning in order to meet patient's and family's actual demands. This section will summarize these relevant literatures on family member's needs in the intensive care unit.

2.1 Nurse's perception

Family support is one of the responsibilities of nurses. When Nurses plan to provide care for their patients, they will have to incorporate the family members too. A care plan which does not incorporate family members will lose its holistic nature and will not be helpful for nurses to attain the intended outcomes to the fullest extent. Hence, it is worthy to study the perception of nurses on psychosocial needs of families members as the way nurses perceive them will affect the support they provide to family members. Some of the relevant literatures were summarized as follows.

Nurses from different settings perceived the needs of families with a significant difference among them. A study enrolled nurses working in ICU in regional Victoria, Australia identified the most important need statements ranked by their mean scores. The five most important need statements as perceived by nurse in Australia included; "to know about the types of staff members taking care of the patient" (M = 2.67), "to help with the patient's physical care" (M = 2.64), "to have a specific person to call at the hospital when unable to visit" (M = 2.61), "to be alone at any time" (M = 2.58) and "to have good food available at the hospital" (2.48) (32).

On the other hand, nurses in Iran identified the most important family needs differently from nurses in Australia. According to the perception of nurses from Iran, the most important family needs were: "to be assured that the best care possible is being given to the patient" , "to be told about transfer plans while they are being made", "to have questions answered honestly", "to feel that the hospital personnel care about the patient", and "to have visiting hours start on time"(29). It can be observed that the perception of nurses from Iran and Australia on five most important family needs were different.

On the contrary, literatures from two African countries (Egypt and Malawi) showed similarity between perceptions of nurse on family needs. Nurses from both Egypt and Malawi gave priority for need dimensions including the need for information and assurance (28, 33).

The study from Malawi also established the order of need dimension based on the perception of nurses as: the need for assurance (84%) followed by the need for information (81%), need for support (79%), need for comfort (74%) and closeness or proximity (71%) (33).

On the other hand, the study conducted in Egypt determined the most important specific need statements under each dimensions and the result showed two most important need statements from each of the five need dimensions. Among information needs, the most important needs were "To know how the patient was being treated "and "To talk to the doctor every day". From assurance needs, most important need statements included: "To have questions answered honestly" and "to know specific facts about the patient's condition" (28).

2.2 Family's perception

One of the oldest and widely recognized studies conducted in this area which had later served as a foundation for subsequent researches was conducted by Nancy Molter in 1979. Nancy included 40 family members of critically ill patients from two large teaching hospitals in southeastern city and identified the most important family psychosocial needs as perceived by the family members. The five most important identified needs in descending order of their importance were: "to feel there is hope", "to feel that hospital personnel care about the patient", "to have waiting room near the patient", "to be called at home about changes in the condition of the patient" and "to know the prognosis" (31).

A recent study which was conducted in 2016 by shorofi et al in Iran determined five most important need statements perceived by family members. Among the five, two were similar with need statements identified by Nancy. These needs were namely; "to feel that the hospital care about the patient" and "to be called at home about changes in the patient's condition". The other three most important need statements according to shorofi et al were; "to be assured that the best care possible is being given to the patient", "to know specific facts concerning patient's progress" and "to know why things were done for the patient" (29).

A similar study from Muhimbili hospital, Tanzania identified one similar need statement among the five most important need statements with the above literatures which was “to be called at home about changes in patient’s condition”. Otherwise it has introduced four different need statements which were not among the five most important need statements in either of the above studies encompassing; “To have a specific person to call at the hospital in the absence of family member” (M = 3.66 SD = 0.691) , “To see the patient frequently” (M = 3.61 SD = 0.730), “To have questions answered properly and explanations given in understandable terms” (M = 3.59 SD = 0.691) and “To have someone concerned with family member’s worries” (M = 3.50 SD = .776) (34).

However, a completely different result from the above literatures were obtained by a study conducted in Australia. Family members in Australia did not consider even a single similar need statement with the above literatures among their five most important needs. The most important need statements considered by Australian family members in order their importance include; “To be alone at any time”, “To be told about chaplain services”, “To have someone be concerned with your health”, “To have comfortable furniture in the waiting room”, “To be encouraged to express emotions” (32). From the above literatures, one could easily learn that the needs of family members might differ from place to place depending on several factors which might enclose social, cultural, and economic and many others.

A significant difference was also observed among perception of family members who were from private and public hospitals located in Sao paulo, Brazil. Family members from Public hospital stated their most important needs as: “To know why things were done for the patient”, “To know which staff members could give what type of information”, “To talk to the in charge nurse every day”, “To be told about religious services” and “To have good food available in the hospital”. Whereas family members from private hospital ordered their need as: “To know the expected outcome”, “To be told about transfer plans while they are being made”, “To have friends nearby for support”, “To have comfortable furniture in the waiting room”, “To feel it is alright to cry”(35). This could indicate how socioeconomic factors could play a role in directing the needs of family members.

A study conducted among 20 family members in intensive care unit at West Georgia Health, LaGrange, Georgia showed the need for assurance was family members’ number one need as supported by 100 % of family members ranked it first. The study also divulged family members’

five priority need statements including: “to be assured that the best care possible is being given” (100%), “to know expected outcome” (95%), “to talk the doctor every day” (90%), “to have questions answered honestly” (90%) and “to know how the patient is treated medically” (90%) (36).

Similarly, family members of critically ill patients in Malaysia (37), Jordan (18) and Malawi (33) gave priority to the need for assurance. In Malaysia, the need for information was considered second most important need by family members ($M = 3.59$, $SD = 0.37$). In addition to this, the Malaysian study also divulged the most important need statements which were all from assurance dimension comprising; “to be assured that the best care possible is being given to the patient” ($M = 3.85$, $SD = 0.44$), “to be called at home changes in the patient’s condition” ($M = 3.80$, $SD = 0.40$), “to know the expected outcome” ($M = 3.78$, $SD=0.45$) (37).

Where as in Jordan, the second most important need dimensions were the need for information and proximity with approximately equal means ($M = 80.78$, $SD = 10.30$), ($M = 80.32$, $SD = 10.90$) respectively. The family members in Jordan also ranked their five most important need statements as follows: “To feel there is hope”, “To have questions answered honestly”, “To know the expected outcome”, “To be assured the best possible care is being given” and “To feel that hospital personnel care about patient”.

The study in Malawi was conducted among family members in intensive care unit of tertiary public sector hospital. It indicated that the need for assurance was scored high (89%) by family members with other dimensions including the need for information (81%), need for closeness or proximity (78%), need for support (76%) and comfort (74%) ranked 2nd, 3rd 4th and 5th respectively. The specific need statements scored high by family members in Malawi were: “to feel that health care professionals care about the patient” (98%), “to know details concerning the patient’s progress” (97%), “to have questions answered honestly” (97%), “to feel there is hope” (97%, $n=59$), “to be assured that the best possible care is being given to the patient” (97%) (33).

Unlike the above literatures, family members from Poland ranked the need for information as their priority need (25).

A relevant literature from Egypt pointed out which need statements from each need dimensions (proximity, assurance, comfort, information and support) were perceived very important by family

members. Accordingly, Related to information dimension, the most important need statements identified were: "to know how the patient was being treated" and "to talk to the doctor every day". The most important needs from assurance dimension were: "to know the prognosis" and "to have explanations given in terms that are understandable" (28).

2.3 Comparison of nurses and families perception

Various literatures compared the perceptions of nurse and families to detect the difference and determine if nurses were underestimating the needs of family members. Most of the literatures echoed the significant difference among nurses and family members and underestimation of family needs by nurses. This has been shown by studies conducted in Australia, Iran, Egypt and Malawi (28, 29, 32, 33). The comparison done among nurse and family members in Australia showed a significant difference in that Nurses ranked the need "to help with the patient's physical care" as a less important need than the family members (mean dif = 0.60 [95% C.I. 0.22, 0.98], $P < 0.01$) and families also ranked the need "to feel there is hope" as more important than the nurses ranking for this item (mean dif = 0.67 [95% C.I. 0.32, 1.02], $P < 0.001$) (32).

Similarly, the study conducted in Iran revealed the difference in the rank ordering of need dimensions between nurses and family members (29).

In Egypt, a significant difference between nurses and families were observed among four need dimensions (information, assurance, proximity and support). Generally nurses gave an increased mean scores for important information, proximity, assurance and support needs than nurses (28). Likewise, the study conducted in Malawi detected the difference between perceptions of nurses and family members mainly on the need for support dimension ($p < 0.05$). More nurses compared to family members agreed to four statements under support dimension (33).

In summary, though the perception of family members and nurses on most important family needs varied from place to place and from setting to setting, the need for proximity and information and the need for assurance and information were the most commonly described needs as important by family members and nurses respectively. A Significant difference between perceptions of nurses and family members on the family needs were revealed by literatures from different settings.

Chapter three: Objectives

3.1 General objective

To assess and compare perceptions of Nurses and families regarding most important psychosocial needs of families of critically ill patients in Tikur Anbessa specialized hospital intensive care unit.

3.2 Specific objectives

To identify perceptions' of nurses regarding most important psychosocial needs of families of critically ill patients.

To identify perceptions' of families regarding most important psychosocial needs of families of critically ill patients.

To compare perceptions of Nurses and families regarding most important psychosocial needs of families of critically ill patients.

Chapter four: Method and materials

4.1 Study setting and period

The study was conducted in Tikur Anbessa specialized hospital intensive care unit which is located in the capital of Ethiopia – Addis Ababa. The hospital was established in 1972. With 700 bed capacities it serves patients referred from various health institutions including private and public setups throughout the country. The intensive care unit is one of the various units in the hospital which provides intensive care for critically ill patients. The unit is comprised of subunits organized based on the specialty of care provided. The subunits include: medical ICU, surgical ICU, pediatric ICU and cardiac ICU. It has a total of 20 beds distributed in each subunits (6 beds in medical ICU, 6 beds in surgical ICU and 4 beds in each of pediatric and cardiac ICUs). The average length of stay for a patient in the ICU is around 6 days. Around 935 patients were admitted in ICU in the last year.

There are a total of 75 nurses working in the ICU (20 in the medical ICU, 20 in the surgical ICU, 15 in the pediatric ICU and 20 in the cardiac ICU). The nurse to patient ratio is 1:1. The nurses were trained at different levels ranging from diploma to MSc level. Most of them were comprehensive nurses who had no specialization in critical care nursing (Tikur Anbessa Specialized Hospital, ICU annual report).

The study was conducted from March 20 – April 22, 2018 G.C.

4.2 Study design

Institutional based comparative cross sectional study design was conducted to asses and compare perceptions' of nurses and families regarding most important psychosocial needs of families of critically ill patients.

4.3 Target population

The target population included all nurses working in the ICU and all family members of critically ill patients admitted in ICU.

4.4 Study subjects

This study had two groups of study subjects: nurses and families. Nurses who were selected by simple random sampling in addition to meeting the inclusion criteria and family members of a patient admitted in ICU who met the inclusion criteria were included as study subjects.

4.5 Inclusion and Exclusion criteria

4.5.1 Inclusion criteria

Nurses who were working in the ICU and provided written consent.

Family members aged above 18 years old and who are related to the patient either by blood or marriage.

4.5.2 Exclusion criteria

Nurses who have been working in the ICU for less than six months and were not participating in direct patient care activities (nurse coordinators, nurse managers etc.).

Family members of a patient who has been admitted in the ICU for less than 24 hours, are in confused state and can't express their feeling as well as always crying.

4.6 Sample size determination

The sample size was calculated in a similar way with a previously conducted study after consulting a statistician. It was determined based on the fact that a difference between nurses' and families' perception of family needs constituted a difference of more than 10% for any of the five categories i.e. support, information, Closeness or proximity, assurance and comfort. A sample size of at least 50 subjects (either nurse or family member) per study group would have the power in excess of 90% to detect the difference of 10% (33). Hence, the final sample size for each groups (nurses and families) with a 10% contingency for non-respondent was 55.

4.7 Sampling technique

Simple random sampling technique was used to enroll nurses. The nurses were assigned from numbers 1-75 and then lottery method was used to select the study subjects. For family members, since it was difficult to apply simple random sampling or other probability sampling methods, convenience sampling methods were utilized. Only one family member for each admitted patient was sampled until the predetermined number of participants was achieved. In case of more than one family member for a single admitted patient, one of them was selected using a lottery method.

4.8 Data collection tool and technique

This study utilized a separate questionnaire for nurses and family members. Each questionnaire had two parts. The first part of both questionnaires inquired about sociodemographic characteristics of nurses and family members including sex, age, nurse's experience in ICU, family's relation to the patient etc.

The second part of each questionnaire was the Critical Care Family Nursing Inventory (CCFNI) which was first developed by Molter in 1979 and revised with Leske in 1991. The validity and reliability of this tool had been verified by different literatures (18, 37). CCFNI is comprised of 45 family needs categorized into five classes namely; assurance (7 needs), comfort (6 needs), information (9 needs), support (14 needs) and proximity or closeness (9 needs). It was used to assess the perceptions of families and nurses regarding most important family needs. The responses were rated on a four-point Likert scale as follows: "not important" was given score (1), "slightly important" was given score (2), "important" was given score (3) and "very important" was given score (4).

The questionnaire was translated to local language (Amharic) by two translators who are experts and fluent speakers of both languages. Four BSc nurses were recruited for data collection. The supervision was made by two nurses trained with MSc in emergency and critical care nursing. An interview was held with each family member and nurse using the structured Amharic version questionnaire. The permission to use CCFNI was obtained from Nancy Molter through email.

4.9 Data quality control

The questionnaire was translated to Amharic and back to English by another translator to see if the translation was consistent among the translators. Before the actual data collection, a pretest on 10% of sample size for both nurses and family members was conducted in AaBET hospital to check reliability and internal consistency of the Amharic version questionnaire. Reliability and internal consistency was tested using the alpha cronbach's reliability analysis. The coefficient was calculated at $\alpha = .89$ and $\alpha = .80$ for nurses and family members respectively. Based on the results from the pretest, corrective measures were taken on the data collection instruments and techniques.

The data collectors were given a training on the objectives of the study, the questionnaire and interviewing techniques by the researcher. In addition to this, the data collectors were made to participate in the pretest so that they would be able to anticipate problems and design a means to solve them. The supervisors checked the completeness of the questionnaire on daily basis to make sure the respondents had responded to each questions. Double data entry and validation was done to avoid errors in data entry.

4.10 Data processing and analysis

The collected data was transcribed to EpiData version 3.1 and was exported to SPSS (Statistical Package for the Social Sciences) version 20.0 for further analysis. Descriptive statistics (frequency, percentage, mean and standard deviation) was used to summarize demographic data and responses to the need statements on a Likert scale. Friedman test was used for rank ordering of psychosocial needs of families as perceived by nurses and family members. Fisher's exact test was applied to investigate the significance of difference between means of responses by nurses and family members in relation to need statements in each category. The confidence limit for mean and other tests was set at 95%. *P value of* < 0.05 was considered as statistically significant.

4.11 Ethical consideration

Ethical clearance was obtained from Addis Ababa University, department of emergency medicine. Formal letter of cooperation was written from the department of emergency medicine to TASH intensive care unit and AaBET hospital. Informed written consent was obtained from nurses as well as family members and their responses was kept anonymous and confidential. Participants were informed that they could refrain from the study whenever they feel to do so. Only research team members had an access to the responses provided by participants.

4.12 Dissemination and use of the result

The results of this study will be disseminated to Addis Ababa University department of emergency medicine, TASH nursing service directorate and to the office of TASH medical director. Efforts will be made to publish this study on local and international journals.

4.13 Variables

4.13.1 Independent variables

Covariates (age, sex, marital status, place of residence

Nurses level of experience in the ICU

Nurse's training on intensive care

Family's relationship to the patient

Family's level of education

Length of stay in ICU

Family' previous critical care experience

4.13.2 Dependent variable

Psychosocial needs of families

4.14 Operational definitions

Family member: in this study a family member is anyone who is related to the patient either by blood or marriage.

Psychosocial needs: includes the needs for proximity, information, assurance, comfort and support

Chapter five: Result

Out of 55 family respondents, a complete data were available for 54 participants yielding a response rate of 98.2%. Similarly, with refusal from one nurse participant, a complete data were available for 54 nurse respondents resulting an equal response rate with family members.

5.1 Sociodemographic characteristics of family members

The mean age of family members was 34.67 ± 10.81 years. More than half of family members (57.4%) were male and around 54.7% were urban residents. Majority of them (31.5%) had bachelor's degree. Nearly half of family members (51.9%) were married and about 21(38.9%) of them were employed. Approximately quarter of them 13(24%) were fathers in their status of relationship to the patient. Above three-fourths of family members (77.8%) had no previous critical care experience (**Table 1**).

Table 1: Sociodemographic characteristics of family members of patients admitted in intensive care unit of Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia, March 20 – April 22, 2018 G.C.

Variable	Frequency	Percentage
Ag		
Mean (\pm SD)	34.67 (\pm 10.81)	
Gender		
Male	31	57.40
Female	23	43.60
Place of Residence		
Rural	23	43.60
Urban	31	57.40
Level of education		
Elementary school	11	20.40
Secondary school	14	25.90
Preparatory school	2	3.70
Diploma	8	14.80
Bachelor degree	17	31.50
Master's degree	2	3.70
Marital Status		
Married	28	51.90
Single	17	31.40

Divorced	2	3.70
Widowed	7	13.00
Occupational status		
Unemployed	6	11.10
Employed	21	38.90
Self employed	11	20.40
Student	6	11.10
farmer	8	14.81
Others*	2	3.70
Family's relationship to the patient		
Father	13	24.00
Mother	9	16.70
Daughter	11	20.30
Son	7	13.00
Brother	5	9.30
Sister	4	7.40
Son in law	1	1.90
Others**	4	7.40
Family's previous critical care experience		
Yes	12	22.20
No	42	77.80

*on pension, housewife ** uncle, husband, wife
SD - standard deviation

As it is depicted in **figure 1** below, the majority of patients (44.4%), who were relatives of family members, stayed in ICU for more than 72 hours followed by those who stayed for about 37 – 48 hours (22.2%).

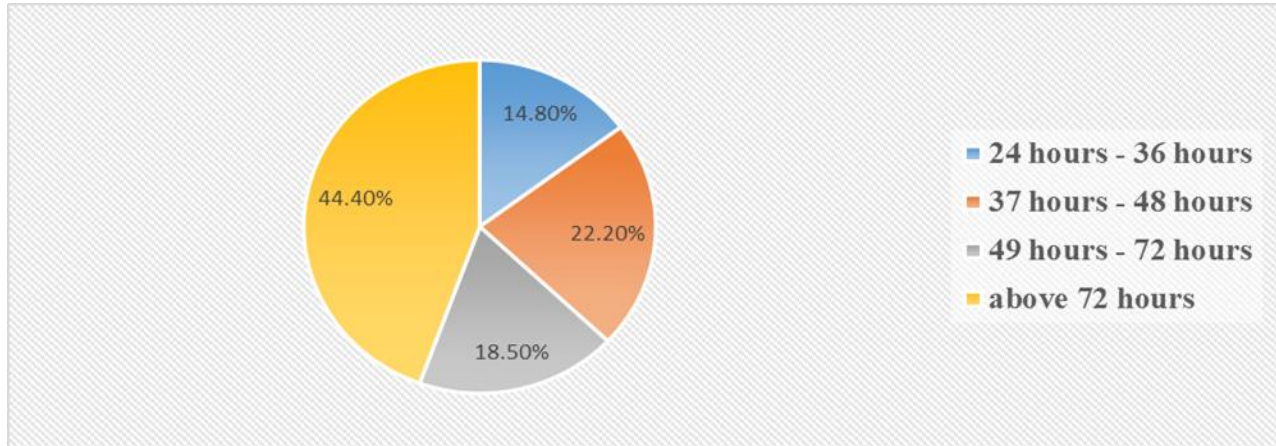


Figure 1: length of stay of patients who were admitted in intensive care unit of Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia, March 20 – April 22, 2018 G.C

5.2 Sociodemographic characteristics of nurses

The mean age of nurses was 28.39 years \pm 6.10 years. About 51.6% of nurses were male with male to female ratio almost equal to 1:1. Around 64.8% of them were single. Majority of nurses (85.2%) were trained at bachelor's level. The mean year for nurse's practice in intensive care unit was 2.15 years \pm 3.65 years. Half of nurse respondents (50%) have never received any training on critical care (Table 2).

Table 2: Sociodemographic characteristics of nurses in intensive care unit of Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia, March 20 - April 22, 2018 G.C.

Variable	Frequency	Percentage
Age		
Mean (\pm SD)	28.39 (\pm 6.10)	
Gender		
Male	28	51.60
Female	26	48.40
Level of education		
Diploma	3	5.60
Bachelor degree	46	85.20
Master's degree	5	9.30
Marital status		
Married	18	33.30
Single	35	64.80
Divorced	1	1.90
Years of practice in ICU		
Mean (\pm SD)	2.15 (\pm 3.65)	
Training on intensive and critical care		
Yes	27	50
No	27	50

SD - standard deviation

5.3 Perception of family members on most important family needs

Based on the mean rank results obtained from Friedman test, family members ordered their five most important needs as (in order of their importance): “to have good food available in the hospital” (mean = 3.94, SD = 0.23), “to have explanations of the environment before going in to the intensive care unit for the first time” (mean = 3.93, SD = 0.26), “to help with patient’s physical care” (mean = 3.93, SD = 0.26), “to have directions as to what to do at the bed side” (mean = 3.89, SD = 0.32) and “to know which health care professionals could give what type of information” (mean = 3.87, SD = 0.44).

Moreover, family’s perception on most important family needs from each need dimensions (categories) were identified. As a result, related to information category, “to know which health care professionals could give what type of information” (mean = 3.87, SD = 0.44) was given higher mean rank than the rest of family needs classified under information category. Concerning the need for assurance category, the most important family need identified by family members was “to have questions answered honestly” (mean = 3.80, SD = 0.71). As for comfort category, “to have good food available in the hospital” (mean = 3.94, SD = 0.23) was considered as the most important need by family members. On the other hand, from support category, “to have explanations of the environment before going in to the intensive care unit for the first time” (mean = 3.93, SD = 0.26) was described as most important support need. Finally, family members gave priority to the need “to help with patient’s physical care” (mean = 3.93, SD = 0.26) from proximity category (**Table 3**).

Table 3: Mean rank ordering of family needs as perceived by family members of patients admitted in intensive care unit of Tikur Anbessa specialized hospital, Addis Ababa, Ethiopia, March 20 - April 22, 2018 G.

Family needs	mean	SD	mean rank
to have good food available in the hospital(C)	3.94	0.23	31.23
to have explanations of the environment before going in to ICU for the first time(S)	3.93	0.26	30.99
to help with patient's physical care(P)	3.93	0.26	30.98
to have directions as to what to do at the bedside(S)	3.89	0.32	30.45
to know which health care professionals could give what type of information(I)	3.87	0.44	30.39
to have comfortable furniture in the waiting room(C)	3.87	0.48	30.20
to have a bathroom near the waiting room(C)	3.83	0.64	30.19
to have questions answered honestly(A)	3.80	0.71	29.85
to have waiting room near the patient(P)	3.78	0.60	29.22
to have visiting hours start on time(P)	3.76	0.51	28.59
to know why patient has to undergo various procedures(I)	3.78	0.46	28.54
to have explanations given that are understandable(A)	3.72	0.63	28.47
to feel that health care professional care about the patient(S)	3.72	0.60	28.38
to feel accepted by health professionals(C)	3.69	0.75	28.32
to know the expected outcome(A)	3.70	0.74	28.28
to know what medical treatment the patient is receiving(I)	3.69	0.77	28.19
to know exactly what is being done for the patient(I)	3.72	0.63	28.18
to feel there is hope(A)	3.67	0.75	28.10
to be assured the best possible care is given to the patient(A)	3.70	0.57	27.85
to know what type of health professionals taking care about the patient(I)	3.63	0.78	27.67
to have friends nearby for support(S)	3.54	0.79	26.16
to know details concerning the patient's progress(A)	3.43	0.92	25.74
to be assured it is acceptable to leave the hospital for a while(C)	3.37	1.02	24.94

to be told about the transfer plans while they are being made(P)	3.30	0.94	23.34
to have telephone near the waiting room(C)	3.13	1.20	23.21
to talk about the possibility of the patient's death(A)	3.15	1.22	23.14
to have someone to help with financial problems(S)	3.22	1.11	22.96
to talk to the doctor everyday(I)	3.13	0.95	21.30
to have clergymen available(S)	3.07	1.04	21.25
to see the patient frequently(P)	3.04	1.18	21.18
to visit anytime(P)	2.98	1.14	20.87
to receive daily information about the patient(P)	3.04	1.06	20.77
to be told about other people who could help with problems(S)	2.83	1.24	19.38
to be told about someone who could help with family problems(S)	2.69	1.10	17.43
to have another person with you when visiting the Intensive Care Unit(S)	2.46	1.38	16.95
to have visiting hours changed for special circumstances(P)	2.59	1.17	16.74
to be phoned at home about changes in patient's condition(I)	2.63	1.20	16.51
to have someone concerned about your health(S)	2.46	1.36	16.48
to talk to the same nurse everyday(P)	2.50	1.24	15.80
to be informed about chaplain service(I)	2.07	1.06	12.25
to have a place to be alone while in hospital(S)	1.91	1.20	11.56
to have specific person to contact at the hospital when unable to visit(I)	1.91	1.12	11.40
to feel it is acceptable to cry(S)	1.37	0.96	7.84
to talk about negative feelings such as guilt or anger(S)	1.30	0.82	7.02
to be alone at any time(S)	1.30	0.79	6.72

C- Comfort, S- support, I – information, A – assurance, P - proximity

5.4 Perception of Nurses on most important family needs

The mean rank of need statements given by nurses showed five most important needs of family members which comprised; “to have questions answered honestly” (mean = 3.63, SD = 0.62), “to have good food available in the hospital” (mean = 3.56, SD = 0.77), “to help with patient’s physical care” (mean = 3.52, SD = 0.64), “to have a bathroom near the waiting room” (mean = 3.54, SD = 0.69) and “to know what medical treatment the patient is receiving” (mean = 3.44, SD = 0.69).

Furthermore, the analysis divulged how nurses’ prioritized family needs from each categories namely information, assurance, comfort, proximity and support. Subsequently, from family needs classified under information category, nurses considered the need “to know what medical treatment the patient is receiving” (mean = 3.44, SD = 0.69) as most important family need. Related to assurance category, nurses gave the highest mean rank to the need “to have questions answered honestly” (mean = 3.63, SD = 0.62) than the other family needs categorized under the need for assurance category. Concerning comfort category, “to have good food available in the hospital” (mean = 3.56, SD = 0.77) was identified as most important family need by nurses. Additionally, family needs including “to have explanations of the environment before going in to the intensive care unit for the first time” (mean = 3.41, SD = 0.81) and “to help with patient’s physical care (mean = 3.52, SD = 0.64) were described as most important family needs from support and proximity categories respectively (**Table 4**).

Table 4: Mean rank ordering of family needs as perceived by nurses in intensive care unit of Tikur Anbessa specialized hospital, Addis Ababa, Ethiopia, March 20 - April 22, 218 G.C.

Family needs	mean	SD	mean rank
to have questions answered honestly(A)	3.63	0.62	32.94
to have good food available in the hospital(C)	3.56	0.77	31.69
to help with patient's physical care(P)	3.52	0.64	31.40
to have a bathroom near the waiting room(C)	3.54	0.69	31.38
to know what medical treatment the patient is receiving(I)	3.44	0.69	31.17
to have explanations given that are understandable(A)	3.46	0.75	30.78
to have explanations of the environment before going in to ICU for the first time(S)	3.41	0.81	30.73
to have comfortable furniture in the waiting room(C)	3.44	0.82	30.25
to know the expected outcome(A)	3.44	0.74	30.21
to be assured that the best possible care is given to the patient(A)	3.41	0.71	30.00
to know details concerning the patient's progress(A)	3.30	0.86	29.04
to know exactly what is being done for the patient(I)	3.26	0.89	29.00
to know which health care professionals could give what type of information(I)	3.26	0.71	28.12
to be told about transfer plans while they are being made(P)	3.22	0.82	27.43
to have waiting room near the patient(P)	3.15	0.94	26.80
to feel health care professional care about the patient(S)	3.17	0.84	26.69
to know why patient has to undergo various procedures(I)	3.07	1.02	25.94
to feel accepted by health care professionals(C)	3.06	0.81	25.55
to know what type of health professionals taking care about the patient(I)	3.06	0.94	25.51
to have telephone near the waiting room(C)	3.02	1.12	25.08
to have directions as to what to do at the bed side(S)	3.02	1.04	24.89
to talk about the possibility of the patient's death(A)	3.00	0.91	24.69
to feel there is hope(A)	2.94	0.98	24.68
to have someone to help with financial problems(S)	2.87	0.97	23.72
to talk to the doctor everyday(I)	2.80	1.12	22.99
to receive daily information about the patient(P)	2.80	1.09	22.56
to have visiting hours start on time(P)	2.81	1.01	21.82
to be assured it is acceptable to leave the hospital for a while(C)	2.70	1.11	21.36
to have friends nearby for support(S)	2.63	0.96	20.85
to be told about someone who could help with family problems(S)	2.63	1.03	20.82
to be told about people who could help with other problems(S)	2.63	0.92	19.83
to have someone concerned about your health(S)	2.50	1.18	19.43
to see the patient frequently(P)	2.56	1.28	19.37

to talk to the same nurse everyday(P)	2.50	1.16	18.86
to have visiting hours changed for special circumstances(P)	2.30	0.92	16.35
to have clergymen available(S)	2.28	0.96	16.13
to have specific person to contact when unable to visit(I)	2.20	1.05	15.91
to be phoned at home about changes in patient's condition(I)	2.15	1.02	15.86
to have another person with when visiting the intensive care unit(S)	2.02	1.09	14.14
to visit anytime(P)	2.02	1.03	14.12
to be informed about chaplain service(I)	1.89	1.14	13.13
To have a place to be alone while in the hospital(S)	1.89	1.08	12.93
to talk about negative feelings such as guilt or anger(S)	1.87	1.10	12.27
to be alone at any time(S)	1.44	0.88	9.51
to feel it is acceptable to cry(S)	1.52	0.91	9.08

C - Comfort, S – support, I – information, A – assurance, P - proximity

5.5 Comparison of nurse's and family's perception on family needs importance

Fisher's exact test was conducted to see if a significant difference existed between nurse's and family's perception on most important needs of family members. As it is depicted in table 5 below, a statistically significant difference between perceptions of families and nurses was observed among 31 out of 45 family needs. Nurses gave higher mean than families for three of statistically significant family needs namely; "to talk about negative feelings such as guilt or anger", "to have someone concerned about your health and to feel it is acceptable to cry (family needs indicated in numbers 3, 7 and 10). On the other side, family members provide higher mean than nurses for most of statistically significant needs (**Table 5**).

Table 5: Comparison between perceptions of nurses and families on most important needs of family members of patients admitted in intensive care unit of Tikur Anbessa specialized hospital, Addis Ababa, Ethiopia, March 20 - April 22, 2018 G.C.

Family needs	Family members		Nurses		P value (Fisher's exact test)
	Mean	SD	Mean	SD	
1. to have explanations of the environment before going to ICU for the first time*(S)	3.93	0.264	3.41	0.813	0.000
2. to have directions as to what to do at the bedside*(S)	3.89	0.317	3.02	1.037	0.000
3. to talk about negative feelings such as guilt or anger*(S)	1.30	0.816	1.87	1.100	0.001
4. to have another person with when visiting the intensive care unit*(S)	2.46	1.383	2.02	1.090	0.005
5. to have friends nearby for support*(S)	3.54	0.794	2.63	0.958	0.000
6. to feel health care professionals care about the patient*(S)	3.72	0.596	3.17	0.841	0.000
7. to have someone concerned about your health*(S)	2.46	1.356	2.50	1.178	0.016
8. to have someone to help with financial problems*(S)	3.22	1.110	2.87	0.972	0.004
9. to be alone at any time(S)	1.30	0.792	1.44	0.883	0.595
10. to feel it is acceptable to cry*(S)	1.37	0.958	1.52	0.906	0.017
11. to have clergymen available*(S)	3.07	1.043	2.28	0.960	0.001
12. to be told about other people who could help with problems*(S)	2.83	1.240	2.63	0.917	0.000
13. to be told about someone who could help with family problems(S)	2.69	1.096	2.63	1.033	0.392
14. to have a place to be alone while in the hospital(S)	1.91	1.202	1.89	1.076	0.119
15. to know which health care professionals could give what type of information*(I)	3.87	0.436	3.26	0.705	0.000
16. to know what medical treatment the patient is receiving*(I)	3.69	0.773	3.44	0.691	0.001
17. to know why the patient has to undergo various procedures*(I)	3.78	0.462	3.07	1.025	0.000
18. to know exactly what is being is done for the patient*(I)	3.72	0.627	3.26	0.894	0.007
19. to talk to the doctor everyday(I)	3.13	0.953	2.80	1.122	0.121
20. to be phoned at home about changes in patient's condition*(I)	2.63	1.202	2.15	1.017	0.004
21. to know what type of health care professionals taking care about the patient*(I)	3.63	0.784	3.06	0.940	0.000
22. to have specific person to contact at the hospital when unable to visit(I)	1.91	1.120	2.20	1.053	0.081
23. to be informed about chaplain service(I)	2.07	1.061	1.89	1.144	0.243
24. to see the patient frequently(P)	3.04	1.181	2.56	1.284	0.247

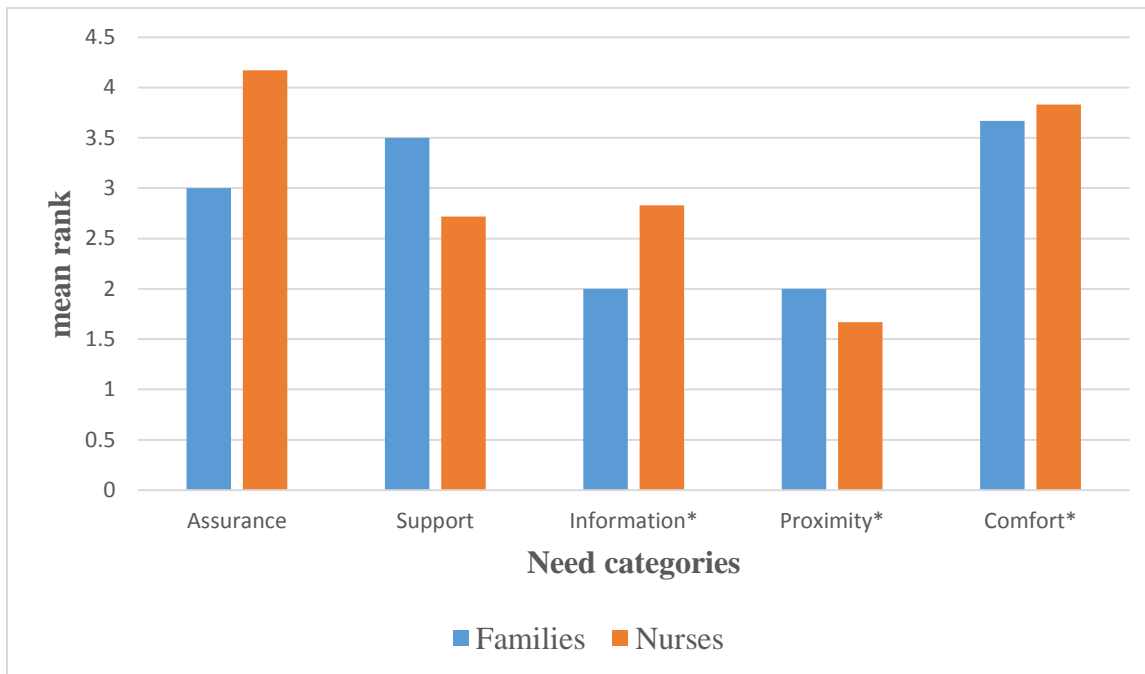
25. to receive daily information about the patient(P)	3.04	1.063	2.80	1.088	0.661
26. to be told about transfer plans while they are being made(P)	3.30	0.944	3.22	0.816	0.248
27. to have visiting hours changed for special circumstances*(P)	2.59	1.174	2.30	0.924	0.008
28. to visit anytime*(P)	2.98	1.141	2.02	1.037	0.000
29. to have visiting hours start on time*(P)	3.76	0.512	2.81	1.011	0.000
30. to help with patient's physical care*(P)	3.93	0.264	3.52	0.637	0.000
31. to have waiting room near the patient*(P)	3.78	0.604	3.15	0.940	0.000
32. to talk to the same nurse everyday(P)	2.50	1.240	2.50	1.161	0.805
33. to have questions answered honestly*(A)	3.80	0.711	3.63	0.623	0.000
34. to know the expected outcome*(A)	3.70	0.743	3.44	0.744	0.002
35. to have explanations given that are understandable(A)	3.72	0.627	3.46	0.745	0.097
36. to know details concerning the patient's progress(A)	3.43	0.924	3.30	0.861	0.054
37. to talk about the possibility of the patient's death*(A)	3.15	1.219	3.00	0.911	0.000
38. to feel there is hope*(A)	3.67	0.752	2.94	0.979	0.000
39. to be assured that the best possible care is given to the patient(A)	3.70	0.571	3.41	0.714	0.05
40. to feel accepted by health care professionals*(C)	3.69	.748	3.06	0.811	0.000
41. to have comfortable furniture in the waiting room*(C)	3.87	.478	3.44	0.816	0.001
42. to have a bathroom near the waiting room*(C)	3.83	.637	3.54	0.693	0.000
43. to have good food available in the hospital*(C)	3.94	.231	3.56	0.769	0.002
44. to be assured that it is acceptable to leave the hospital for a while*(C)	3.37	1.015	2.70	1.110	0.002
45. to have a telephone near the waiting room(C)	3.13	1.198	3.02	1.124	0.072

*statistically significant

SD – Standard Deviation, C - Comfort, S – support, I – information, A– assurance, P- proximity

5.6 Comparison of nurse's and family's perception based on need categories

Mean rank was calculated and comparison between nurses and family members was made based on need dimensions (categories). A statistically significant difference from fisher's exact test was obtained on 3 out of 5 need categories including need for comfort, proximity and information. As it is shown in **figure 2**, a different order of categories by nurses and families was observed except for closeness category which was ordered last by both groups. Family members ordered need categories based on their level of importance as: - comfort, support, assurance, information and proximity. However, nurses ordered categories as: - assurance, comfort, information, support and proximity (**Figure 2**).



*statistically significant

Figure 2: Comparison between perceptions of nurses and families based on most important need categories of family members of patients' admitted in intensive care unit of Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia, March 20 - April 22, 2018 G.C

5.7 Open ended question

Participants (both nurses and family members) were asked to add family needs which were not included in the CCFNI but were important to them. Only one family member responded that the need "to have an expert based psychological counselling service" as an important family need which was different from family need statements stated in the CCFNI.

Chapter six: Discussion

The major role of family nursing is improving the overall health status of the family which could be accomplished through analyzing its health needs. Accordingly, this study was aimed at identifying and comparing the most important needs of family members as perceived by both nurses and family members.

Family members perceive their needs based on the context of their surroundings and experience. In this study, the most important need described by family members was “to have good food available in the hospital” which was also considered as one of the five most important needs identified by family members from a private hospital in Sao polo (35). Otherwise, This finding was different from studies conducted in Iran (29), southeastern city (31), Australia (32) and Tanzania (34). This discrepancy could be taken as an explanation of how family needs are dynamic and are greatly affected by socio economic and cultural factors.

When critical patients are admitted to ICU especially for the first time, their family members need to adapt themselves to the new and unfamiliar environment (ICU). Providing explanations about the new ICU environment is believed to ease the adapting process. According to Skoog et al, helping family members to understand the ICU environment would assist them to cope with anxiety (38). Correspondingly, family members in this study considered “to have explanations of the environment before going to the intensive care unit” as their second most important need. This need was not among the five most important needs described by family members in Iran (29), southeastern city (31), Australia (32) Tanzania (34), and Sao polo (35). The possible explanation could be majority of family members (77.8%) in this study never had previous critical care experience. In addition, there are only few critical care centers in the country which could contribute to family member’s unawareness of what it is.

For effective communication as well as better attainment of the goals of family nursing, the designs of ICUs should take the comfort of patients in to account. This was supported with literatures conducted by marshal et al. and Rashid M. (8, 39). However, some hospitals did not have a proper waiting room with basic amenities and this was considered unimportant (4). On the contrary, Family members in this study considered the need for comfort as their number one need category. which was also one of the three most important need categories ordered by family members in Egypt (28). However, it was not considered among the three most important need categories by

family members in Jordan (18), Malawi (33) and Malaysia (37). The difference in the infrastructures of the ICUs in addition to other concealed factors might have played a role for this discrepancy though further exploration is required.

Family Supports are aimed at enhancing overall well-being for the patient and their family, strengthening their own skills and abilities, and using their own resources for overcoming challenges (22). As literatures suggested, when family members are supported well, not only it will help them cope up with the crisis of an illness but also enable them to pass proper decisions (38, 40). Some important decisions are made by family members because most critical patients are unable to decide. Without the necessary support given to family members, it might be difficult for them to pass their judgments when they are required to do so because of the crisis they are going through.

Bearing the above concept in mind, Hitchcock et al and Wiruh described the need for support as a basic need of family members (4, 41). Similarly, Family members in the present study reflected the need for support as their second most important need category next to the need for comfort. It was also described as one of the three basic needs of family members in a study conducted in Egypt (28). But family members in Malaysia gave the lowest mean to the need for support category (37). This discrepancy might be due to the difference in the inclusion criteria applied for family members. The study conducted in Malaysia enrolled only family members of patients who stayed in ICU for more than 72 hours whereas, this study included merely family members of patients stayed in ICU for at least 24 hours. As it is confirmed by other studies (25, 32), in the first 1-2 days of admission, the severity of family member's emotional disturbance was seen to be increased than the next 2-3 days of admission. Hence, it can be assumed that family members necessitate more support in the first 1-2 days of admission than in the next 2-3 days of admission.

Family support is mainly the obligation of nurses (41). Providing care that is family centered means that it is the nurse's responsibility to help the family to endure the crisis of an illness (4). The results of analyses from this study showed nurses ordered "to have questions answered honestly" as most important need of family members. The need "to have answered questions honestly" may temporarily reduce family member's stress and anxiety, particularly in the early stages of admission (29). Honest communication was suggested as primary nursing intervention for family

members in studies conducted by Wiruh and Shorofi et al (4, 29). A similar finding with the present study was also obtained from a study conducted in Egypt (28).

In the present study, based on the mean rank calculated for need categories, nurses ordered the need for assurance as family member's most important need category. This finding was in agreement with other studies conducted in Malawi and Egypt (28, 33) where nurses gave the highest mean to the need for assurance category than the other need categories.

In this study, based on the analysis from Fisher's exact test, a significant difference was detected on most of family need statements. This was also shown in other studies (28, 29, 32, 33). Family members in this study ordered the need "to have good food available in the hospital" as their first most important need while nurses ordered this need as family member's second most important need. Similarly, in the present study, "to have explanation of the environment before going to the ICU for the first time" was family member's second most important need which was ordered as seventh most important need of family members by nurse participants.

Nurses and family members in this study also showed significant difference on need categories. Family members ordered the need for comfort as their first most important need while nurses ordered it as second most important need category. Likewise, the need for support was ordered as second most important need category by family members but it was ordered as fourth most important need category by nurses. There might be several reasons to explain why nurses had different perception of family needs. Lack of training on intensive and critical care could be thought as one of them (11). Though it needs further investigation, it can be hypothesized that nurses perceived the needs of family members differently because they spent much of their time taking care of the patient while they give little attention to the needs of family members.

6.1 Strengths and limitations of the study

Strengths: this research provided insights and baseline knowledge about the needs of family members of critically ill patients which has not yet been addressed in Ethiopia. In addition to this, it has provided a valid and reliable Amharic version of CCFNI that could be utilized by other researchers.

Limitations: The use of convenience sampling method to select family members which affects the generalizability of the findings and the inclusion of a single public health care facility are the limitations of this study .

6.2 Conclusion

In conclusion, family members in this study prioritized the need for comfort and support as their most important needs while nurses perceived the need for assurance and comfort categories as family member's most important needs. There was a significant difference between nurses and family members on their perception of most important psychosocial needs of family members.

Chapter seven: Recommendations

Based on the findings of this study, the following recommendations are suggested:

Tikur Anbessa specialized hospital

- ✚ Should emphasize on the comfort of family members and include it in the hospital's improvement programs. E.g. .having good food available nearby, Telephone near the waiting room etc.
- ✚ Develop documents/guidelines that explains about ICU.

Nursing education

- ✚ A holistic training on intensive and critical care incorporating family support should be given to nurses assigned to ICU before deployment.
- ✚ Continual in-service trainings based on up to date and current information.

Nursing research

- ✚ Should consider large scale and multi system studies involving;
 - Institutions both private and public existing at different levels.
 - Factors affecting the needs of family members and the extent to which they are met.

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Annexes

Annex one: English version questionnaire

Questionnaire for family members

Informed Consent form for family members

Assessment of most important psychosocial needs of families of critically ill patients admitted at Intensive care unit of Tikur Anbessa specialized hospital: perceptions' of nurses and families.

Dear sir/madam,

My name is Birhan Gebresillassie and I am currently registered as a student at the University of Addis Ababa in the Department of emergency medicine for the degree of Master of Science in Emergency medicine and critical care nursing. I hope to conduct a research project and would like to ask you to consent to my including you in my sample with the families I hope to study whilst their relative is in the Intensive Care Unit of Tikur Anbessa specialized hospital. I would like to invite you to participate in this study.

The purpose of the study is to elicit and compare nurses and families' perception of family needs in the Intensive Care Unit. As nurses are ideally positioned in close proximity to the patients in the Intensive Care Units they endeavor to meet the needs of family members in the provision of holistic care. However, literature suggests where family needs are perhaps misunderstood and not adequately met.

Should you agree to participate, I will ask you to sign a consent form and complete a pre-designed Questionnaire. It is anticipated that this would take 15-20 minutes of your time to complete the questionnaire. The interview will be conducted by recruited data collectors at a time that is most suitable and convenient to you.

Participation in the study is entirely voluntary. You may choose to participate or withdraw from the study at any time, which will not have any effects on the services that you or your relative may receive from this hospital or the health care providers.

I appreciate that you will derive no benefit from participating in the study. However, it is hoped that the completed study will clarify nurses understanding of family needs during critical illness period and improve our service delivery on family care. No reports in this study will identify you

or your relative in any way. The appropriate people and research committees of the University of Addis Ababa, college of health sciences have approved the study and its procedures.

Thank you for taking time to read this consent form. Should you require any further information regarding the study or your rights as study participant you are free to contact me on the following addresses: phone number: +25191085922 and email: birhan1475@gmail.com.

I, _____, have read or had read to me the previous information relating to this study. I have had the opportunity to ask questions. I have had my questions answered to my satisfaction. I voluntarily agree to be a participant in this study.

Signature: _____

Date: _____

I, _____, the researcher, have read the information on this form to the participant and answered any questions to the best of my ability to ensure understanding. I state that the participant has given voluntary consent and in no way been coerced to participate.

Signature: _____

Date: _____

DATA COLLECTION QUESTIONNAIRE FOR FAMILY MEMBERS

STUDY TITLE: Assessment of most important psychosocial needs of families of critically ill patients admitted at Intensive care unit of Tikur Anbessa specialized hospital: perceptions’ of nurses and families.

PART 1: DEMOGRAPHIC DATA

Instruction: Please encircle the answer that best describes you.

Ser.no.	Question	Response	Remark
101	What is your age?	_____in years	Write your answer in the space provided
102	What is your Gender?	1. Male 2. Female	
103	What is your Place of Residence?	1. Rural 2. Urban	
104	What is your level of education?	1. Elementary school 2. High school 3. Preparatory 4. Diploma 5. Bachelor’s degree 6. Master’ s degree 7. Doctorate degree 8. Illiterate	
105	What is your Marital status?	1. Married 2. Single 3. Divorced 4. Widowed	
106	What is your job status	1. Unemployed 2. Employee 3. Self employed 4. Student 5. Others.....(specify)	
107	What is your relationship to the patient?	1. Father 2. Mother 3. Daughter 4. Son 5. Brother	

		6. Sister 7. Grandchildren 8. Daughter in law 9. Son in law 10. Others.....(specify)	
108	How long has the patient been in ICU?	1. 24 hours to 36 hours 2. 37 hours to 48 hours 3. 49 hours to 72 hours 4. More than 72 hours	
109	Have you ever had Previous critical care experience	1. Yes 2. No	

PART 2: FAMILY NEEDS

Instruction: The following statements relate to family needs in Intensive Care Unit. Please check (x) how **IMPORTANT** each of the following needs is to you.

Statements on family needs	Not important (1)	Slightly important (2)	Important (3)	Very important (4)
Need for support				
1. To have explanations of the environment before going into the Intensive Care Unit for the first time.				
2. To have directions as to what to do at the bed side.				
3. To talk about negative feelings such as guilt or anger.				
4. To have another person with you when visiting the Intensive Care Unit				
5. To have friends nearby for support				
6. To feel that health care professionals care about the patient				
7. To have someone concerned about your Health				
8. To have someone to help with financial Problems				
9. To be alone at any time				
10. To feel it is acceptable to cry				

11. To have clergymen available				
12. To be told about other people who could help with problems				
13. To be told about someone who could help with family problems				
14. To have a place to be alone while in the hospital				
Need for information				
15. To know which health care professionals could give what type of information				
16. To know what medical treatment the Patient is receiving.				
17. To know why the patient has to undergo various procedures				
18. To know exactly what is being done for the patient				
19. To talk to the doctor every day				
20. To be phoned at home about changes in patient's condition				
21. To know about the types of health care professionals taking care about the patient				
22. To have specific person to contact at the hospital when unable to visit				
23. To be informed about chaplain service				
Need for closeness or proximity				
24. To see the patient frequently				
25. To receive daily information about the Patient				
26. To be told about the transfer plans while they are being made				
27. To have visiting hours changed for special circumstances				
28. To visit any time				
29. To have visiting hours start on time				
30. To help with patient's physical care				
31. To have waiting room near the patient				
32. To talk to the same nurse everyday				

Need for Assurance				
33. To have questions answered honestly				
34. To know the expected outcome				
35. To have explanations given that are understandable				
36. To know details concerning the patient's progress				
37. To talk about the possibility of the patient's death				
38. To feel there is hope				
39. To be assured that the best possible care is being given to the patient				
Need for Comfort				
40. To feel accepted by health care professionals				
41. To have comfortable furniture in the waiting room				
42. To have a bathroom near the waiting room				
43. To have good food available in the hospital				
44. To be assured it is acceptable to leave the hospital for a while				
45. To have a telephone near the waiting room				
others: (please use the space below to write any other important family needs which were not described above)				

Questionnaire for nurses

Informed Consent form for nurses

Assessment of most important psychosocial needs of families of critically ill patients admitted at Intensive care unit of Tikur Anbessa specialized hospital: perceptions' of nurses and families.

Dear sir/madam,

My name is Birhan Gebresillassie and I am currently registered as a student at the University of Addis Ababa in the Department of emergency medicine for the degree of Master of Science in Emergency medicine and critical care nursing. I hope to conduct a research project and would like to ask you to consent to my including you in my sample with the nurses I hope to study in the Intensive Care Unit of Tikur Anbessa specialized hospital. I would like to invite you to participate in this study.

The purpose of the study is to elicit and compare nurses and families' perception of family needs in the Intensive Care Unit. As nurses are ideally positioned in close proximity to the patients in the Intensive Care Units they endeavor to meet the needs of family members in the provision of holistic care. However, literature suggests where family needs are perhaps misunderstood and not adequately met.

Should you agree to participate, I will ask you to sign a consent form and complete a pre-designed Questionnaire. It is anticipated that this would take 20-30 minutes of your time to complete the questionnaire. The interview will be conducted by recruited data collectors at a time that is most suitable and convenient to you.

Participation in the study is entirely voluntary. You may choose to participate or withdraw from the study at any time, which will not have any effects on the services that you provide or receive from the health care providers or administrators in this hospital..

I appreciate that you will derive no benefit from participating in the study. However, it is hoped that the completed study will clarify nurses understanding of family needs during critical illness period and improve our service delivery on family care. No reports in this study will identify you in any way. The appropriate people and research committees of the University of Addis Ababa, college of health sciences have approved the study and its procedures.

Thank you for taking time to read this consent form. Should you require any further information regarding the study or your rights as study participant you are free to contact me on the following addresses: phone number: +25191085922 and email: birhan1475@gmail.com.

I, _____, have read or had read to me the previous information relating to this study. I have had the opportunity to ask questions. I have had my questions answered to my satisfaction. I voluntarily agree to be a participant in this study.

Signature: _____

Date: _____

I, _____, the researcher, have read the information on this form to the participant and answered any questions to the best of my ability to ensure understanding. I state that the participant has given voluntary consent and in no way been coerced to participate.

Signature: _____

Date: _____

DATA COLLECTION QUESTIONNAIRE FOR NURSES

STUDY TITLE: Assessment of most important psychosocial needs of families of critically ill patients admitted at Intensive care unit of Tikur Anbessa specialized hospital: perceptions' of nurses and families.

PART 1: DEMOGRAPHIC DATA

Instruction: Please encircle the answer that best describes you.

Ser.no	Question	Response	Remark
200	What is your age?	_____in years	Write your answer in the space provided
201	What is your Gender?	1. Male 2. Female	
202	What is your level of education?	1. Diploma 2. Bachelor's degree 3. Master' s degree 4. Doctorate degree	
203	What is your Marital status?	1. Married 2. Single 3. Divorced 4. Widowed	
204	Years of experience in ICU	_____	Write your answer in the space provided
205	Have you ever had training on intensive and critical care	1. Yes 2. No	

PART 2: FAMILY NEEDS

Instruction: The following statements relate to family needs in Intensive Care Unit. Please check (x) how **IMPORTANT** each of the following needs is to you.

STATEMENTS ON FAMILY NEEDS	Not important (1)	Slightly important (2)	Important (3)	Very important (4)
Need for support				
1. To have explanations of the environment before going into the Intensive Care Unit for the first time.				
2. To have directions as to what to do at the bed side				
3. To talk about negative feelings such as guilt or anger.				
4. To have another person with you when visiting the Intensive Care Unit				
5. To have friends nearby for support				
6. To feel that health care professionals care about the patient				
7. To have someone concerned about your Health				
8. To have someone to help with financial Problems				
9. To be alone at any time				
10. To feel it is acceptable to cry				
11. To have clergymen available				
12. To be told about other people who could help with problems				
13. To be told about someone who could help with family problems				
14. To have a place to be alone while in the hospital				
Need for information				
15. To know which health care professionals could give what type of information				
16. To know what medical treatment the patient is receiving				

17. To know why the patient has to undergo various procedures				
18. To know exactly what is being done for the patient				
19. To talk to the doctor every day				
20. To be phoned at home about changes in patient's condition				
21. To know about the types of health care professionals taking care about the patient				
22. To have specific person to contact at the hospital when unable to visit				
23. To be informed about chaplain service				
Need for closeness or proximity				
24. To see the patient frequently				
25. To receive daily information about the Patient				
26. To be told about the transfer plans while they are being made				
27. To have visiting hours changed for special circumstances				
28. To visit any time				
29. To have visiting hours start on time				
30. To help with patient's physical care				
31. To have waiting room near the patient				
32. To talk to the same nurse everyday				
Need for Assurance				
33. To have questions answered honestly				
34. To know the expected outcome				
35. To have explanations given that are understandable				
36. To know details concerning the patient's progress				
37. To talk about the possibility of the patient's death				
38. To feel there is hope				
39. To be assured that the best possible care is being given to the patient				
Need for Comfort				

40. To feel accepted by health care professionals				
41. To have comfortable furniture in the waiting room				
42. To have a bathroom near the waiting room				
43. To have good food available in the hospital				
44. To be assured it is acceptable to leave the hospital for a while				
45. To have a telephone near the waiting room				
Others: (please use the space below to write any other important family needs which were not described above)				

Annex two: Amharic version questionnaire

ለቤተሰብ አባላት መጠይቅ

ለቤተሰብ አባላት በፈቃድ ምላሽ መስጫ ቅፅ

ጥቁር አንበሳ ስፔሻላይዜድ ሆስፒታል የገቡን ጽኑ ህመማን ማለትም ፅኑ ህመማን መታከሚያ ክፍል ያሉ ቤተሰቦች በጣም ጠቃሚ የሆኑ ማህበረ ስነልቦና ፍላጎቶች ምዘና፣ የነርቶች እና ቤተሰቦች መረዳት

የተከበሩ የጥናቱ ተሳታፊ

ስሜ ብርሃን ገ/ስላሴ የሚባል ሲሆን በአሁኑ ወቅት አዲስ አበባ ዩኒቨርሲቲ በድንገተኛ ህክምና እና ፅኑ ህመማን እንክብካቤ ነርስነት በማስተርስ አፍ ሳይንስ ዲግሪ በድንገተኛ ህክምና ክፍል በተማሪነት ተመዝግቦአለሁ። የምርምር ፕሮጀክት ለመስራት ተስፋ የማደርግ ሲሆን ቤተሰባቸው ጥቁር አንበሳ ስፔሻላይዜድ ሆስፒታል የፅኑ ህመማን ክፍል ዘመዶቻቸው በሚኖሩበት ወቅት ናሙና የወሰድኳቸው ቤተሰቦች እርስዎን ጨምሮ አንድ አንድ መጠይቆች ለማቅረብ እወዳለሁ። በዚህ ጥናት ላይ እንደትሳተፉ እጋብዛለሁ።

የዚህ ጥናት አላማ በጽኑ ህመማን ክፍል በነርቶች እና ቤተሰቦች የቤተሰብ ፍላጎት መረዳት ላይ ያለውን መለየት እና ማነፃፀር ነው። ከባድ ጥንቃቄ የተሞላበት የህክምና እንክብካቤ መስጫ ክፍሎች ውስጥ ያሉ ነርቶች ከታከሚዎች ጋር ቅርበት ስላላቸው እና አጠቃላይ እንክብካቤ በማቅረብ ረገድ የቤተሰብ አባላት ፍላጎትን ለሚሟላት ጥረት ያደርጋሉ። ሆኖም ፅሁፎች እንደሚያስረዱት የቤተሰቦች ፍላጎት መረዳት የለም በበቂ ሁኔታም አልተሟላም።

ለመሳተፍ የተስማሙ የውሳኔውን ቅፅ እንዲፈረሙ እና ቀድሞ የተዘጋጀውን መጠይቅ እንዲሞሉ እጠይቃለሁ። መጠይቁን ለመሙላት ከ20-30 ደቂቃዎች የእርስዎን ጊዜ እንደሚወስድ ይጠበቃል። በቃለ መጠይቅ ወቅት በተመለመሉ መረጃ ስብሰባዎች ለእርስዎ አመቺ በሆነበት ወቅት እና ሰዓት የሚደረግ ይሆናል።

በዚህ ጥናት ላይ መሳተፍ ሙሉ በሙሉ በበጎ ፈቃድ ሲሆን በማንኛውም ወቅት በጥናቱ ላይ መሳተፍ ወይም መውጣት ይችላሉ። ይህም እርስዎ ወይም ዘመድዎ ከዚህ ሆስፒታል ወይም ከጤና ተንከባካቢዎች የሚያገኘው አገልግሎት ላይ ተፅእኖ አይኖረውም።

በዚህ ጥናት ላይ በመሳተፍዎ ምንም ዓይነት ጥቅም ጥቅም ባያገኙም የተጠናቀቀው ጥናት በፅኑ ህመም ወቅት የነርቶችን የቤተሰብ ፍላጎት መረዳት እና ለቤተሰብ እንክብካቤ የእኛን አገልግሎት አቅርቦት ለማሻሻል ያስችላል። በዚህ ጥናት ላይ የሚዘጋጁ ሪፖርቶች በማንኛውም መልኩ እርስዎን ወይም ዘመድዎን አይለዩም። የአዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ ተገቢ ግለሰቦች እና የምርምር ኮሚቴዎች ጥናቱን እና የአሰራር ስነ ስርዓቱን አፅድቀዋል።

ይህንን የጥናት ቅፅ ለማንበብ ጊዜ በመስጠትዎ አመሰግናለሁ። ይህንን ጥናት ወይም የእርስዎን በጥናቱ ላይ በመሳተፍዎ ስለሚኖርዎት መብቶች ተጨማሪ መረጃ ካስፈለግዎት በሚከተለው አድራሻ ሊያገኙን ይችላሉ። ስልክ ቁጥር +251910859622 እና ኢሜይል: birhan1475@gmail.com.

እኔ, _____, ይህንን ጥናት አንብቤአለሁ ወይም ተነብቦልኛል። ጥያቄዎች ለመጠየቅ መልካም አጋጣሚ አግኝቻለሁ። ጥያቄዎቼ በአጥጋቢ ሁኔታ ተመልሰውልኛል። በዚህ ጥናት ላይ በፈቃዴ ለመሳተፍ ተስማምቻለሁ።

ፊርማ: _____

ቀን: _____

እኔ, _____, መረጃ ሰብሳቢ በዚህ ቅፅ ላይ ያለውን መረጃ ለተሳታፊ አንብቤአለሁ። ባለኝ መረዳት ማንኛቸውንም ጥያቄዎች በተቻለኝ አቅም እና ችሎታ መልሻለሁ። ተሳታፊ በፈቃዳቸው ለመሳተፍ የተስማሙ ሲሆን እንዲሳተፉ ምንም አይነት ግዳጅ አልተጫነባቸውም።

ፊርማ: _____

ቀን: _____

ለቤተሰብ አባላት መረጃ መስብሰቢያ ቅፅ

የጥናቱ አርዕስት፡ ጥቁር አንበሳ ስፔሻላይዥድ ሆስፒታል የገቡን ጽኑ ህመማን ማለትም ፅኑ ህመማን መታከሚያ ክፍል ያሉ ቤተሰቦች በጣም ጠቃሚ የሆኑ ማህበረ ስነልቦና ፍላጎቶች ምዘና፡ የነርቦች እና ቤተሰቦች መረዳት

ክፍል 1: የስነ ህዝብ መረጃ

ትዕዛዝ፡ የእርስዎን ሃሳብ በተሻለ የሚገልፀውን መልስ እባክዎን ያክብቡ

ተ.ቁ	ጥያቄ	ምላሽ	አስተያየት
101	እድሜዎ ምን ያህል ነው?	_____ ዓመት	በቀረበው ስፍራ ላይ ምላሽዎን ይጻፉ
102	የታዎ ምንድን ነው?	1. ወንድ 2. ሴት	
103	መኖሪያ ቦታዎ የት ነው?	1. ገጠር 2. ከተማ	
104	የትምህርት ደረጃዎ ምንድን ነው?	1. አንደኛ ደረጃ ት/ቤት 2. ሁለተኛ ደረጃ ት/ቤት 3. መስናድዎ 4. ዲፕሎማ 5. ባችለር ዲግሪ 6. ማስተርስ ዲግሪ 7. ዶክትሬት ዲግሪ 8. ያልተማሩ	
105	የጋብቻ ሁኔታዎ?	1. ያገቡ 2. ያላገቡ 3. የፈቱ 4. የሙት ባለቤት	
106	የስራ ሁኔታዎ	1. ያልተቀጠሩ 2. ሰራተኛ 3. የራስ ቅጥር 4. ተማሪ 5. ሌላ.....(ይገለፁ)	
107	ከታካሚዉ ጋር ያለዎት ግንኙነት?	1. አባት 2. እናት 3. ሴት ልጅ 4. ወንድ ልጅ 5. ወንድም 6. እህት 7. የልጅ ልጅ	

		8. የባለቤት ሴት ልጅ 9. የባለቤት ወንድ ልጅ 10. ሌላ.....(ይገለፅ)	
108	ታካሚው ፅኑ ህሙማን ክፍል /አይሲዩ/ ምን ያህል ጊዜ ቆይቷል?	1. 24 ሰዓት እስከ 36 ሰዓት 2. 37 ሰዓት እስከ 48 ሰዓት 3. 49 ሰዓት እስከ 72 ሰዓት 4. ከ 72 ሰዓት በላይ	
109	ከዚህ በፊት የፅኑ ህሙማን ህክምና ልምድ ኖሮታት ያውቃል?	1. አዎ 2. አይ	

2: የቤተሰብ ፍላጎቶች

ትዕዛዝ: የሚከተሉት መግለጫዎች በፅኑ ህሙማን ክፍል ውስጥ የቤተሰብ ፍላጎቶች ጋር ይያያዛሉ። እባክዎን የሚከተሉት ፍላጎቶች ለእርስዎ ምን ያህል ጠቃሚ እንደሆኑ (x) ምልክት ያደርጉ።

የቤተሰብ ፍላጎቶች ላይ መግለጫዎች	ጠቃሚ አደለም (1)	በመጠኑ ጠቃሚ (2)	ጠቃሚ (3)	በጣም ጠቃሚ (4)
የድጋፍ ፍላጎት				
1. ለመጀመሪያ ጊዜ ወደ ፅኑ ህሙማን ክፍል ከመሄድዎ በፊት ስለ ሁኔታው እና አካባቢው ማብራሪያዎች ማግኘት				
2. በ ህመምተኛው አልጋ ጎን ምን ማድረግ እንዳለብዎት መመሪያዎች ማግኘት				
3. ስለ በጎ ያልሆኑ ስሜቶች እንደ ጥፋተኝነት ወይም ንዴት መነጋገር				
4. ፅኑ ህሙማን ክፍል ሲጎበኙ ሌላ ግለሰብ ከእርስዎ ጋር መኖር				
5. ጓደኞችዎ ለድጋፍ አጠገብዎ መገኘት				
6. የጤና እንክብካቤ ባለሙያዎች ስለ ታካሚው ያላቸው ስሜት				
7. ሌሎች ስለ እርስዎ ጤና እንዲያስቡ መሆን				
8. በገንዘብ ነክ ችግር ሌሎች የሚሰጡት እገዛ				
9. በማንኛውም ወቅት ብቸኛ መሆን				
10. ማልቀስ ተቀባይነት ያለው ስሜት ሆኖ እንዲሰማዎት መሆን				
11. የ እምነት አባቶች በ አይሲዩ ውስጥ መገኘት				
12. ችግሮችን መፍታት እንዲችሉ ሌሎች ሰዎች በተመለከተ መረጃ ማግኘት				

13. የቤተሰብን ችግሮች ማገዝ ስለሚችል ሌላ ግለሰብ መረጃ መነገር				
14. ሆስፒታል ውስጥ ብቸኛ መሆኛ ቦታ ማግኘት				
የመረጃ ፍላጎት				
15. የትኛው የጤና ባለሙያ ምን አይነት መረጃ እንደሚሰጥ ማወቅ				
16. ታካሚው የሚያያገኙትን የህክምና አይነት ማወቅ				
17. ታካሚው ለምን በተለያዩ የህክምና ሂደቶች ውስጥ እንደሚያልፉ ማወቅ				
18. ለታካሚው በትክክል ምን እንደተደረገላቸው ማወቅ				
19. በየቀኑ ከሃኪም ጋር መነጋገር				
20. የታካሚ ሁኔታ ላይ ለውጦች ሲከሰቱ በ ቤት ውስጥ የ ስልክ ጥሪ ማግኘት				
21. ታካሚውን ስለሚንከባከቡ የጤና ባለሙያዎች ሃላፊነት ማወቅ				
22. መጎብኘት በማይችሉበት ወቅት ሆስፒታል ውስጥ ሊያገኙት የሚችሉት ግለሰብ መኖር				
23. ስለ እምነት ነክ አገልግሎቶች መረጃ ማግኘት				
ቀረቤታ ወይም አካባቢ የመሆን ፍላጎት				
24. ታካሚውን በተደጋጋሚ ማየት				
25. ስለ ታካሚው በተደጋጋሚ መረጃ ማግኘት				
26. ታካሚውን የማዘዋወር እቅዶች ሲፈጸሙ መረጃ ማግኘት				
27. በልዩ ሁኔታዎች የጎብኝት ሰዓቶች መለወጥ				
28. በማንኛውም ጊዜ መጎብኘት				
29. የጎብኝት ሰዓቶች በወቅቱ መጀመር				
30. የታካሚውን የአካል እንክብካቤ ማገዝ				
31. ታካሚው አካባቢ የመቆያ ክፍል ማግኘት				
32. ከተመሳሳይ ነርስ ጋር በየቀኑ መነጋገር				
የዋስትና ፍላጎቶች				
33. ለጥያቄዎች ታማኝ መልስ ማግኘት				
34. ስለ ታካሚው የሚጠበቁ ውጤቶችን ማወቅ				
35. ሊረዱት የሚችሉትን ማብራሪያዎች ማግኘት				
36. ስለ ታካሚው ሁኔታ ዝርዝሮችን ማወቅ				
37. ስለ ታካሚው የመሞት አጋጣሚ መነጋገር				
38. ታካሚው ላይ የተስፋ ስሜት እንዲሰማዎት መሆን				
39. ለታካሚው የተሻለ እንክብካቤ ስለመደረጉ ማረጋገጫ ማግኘት				

የምችት ፍላጎት				
40. በጤና እንክብካቤ ባለሙያዎች ዘንድ ተቀባይነት ማግኘት				
41. መጠበቂያ ክፍል ምቹ የማረፊያ እቃዎች ማግኘት				
42. መጠበቂያ ክፍል አካባቢ መታጠቢያ ክፍል መኖር				
43. ሆስፒታል ውስጥ ጥሩ ምግብ ማግኘት				
44. ለተወሰነ ጊዜ ከሆስፒታል መውጣት ተቀባይነት እንዳለው ማረጋገጫ ማግኘት				
45. መጠበቂያ ክፍል አካባቢ የስልክ አገልግሎት ማግኘት				
<p>ሌሎች : (ለእርስዎ ጠቃሚ የሆኑ ነገር ግን ከዚህ በላይ ያልተጠቀሱ የቤተሰብ አባላት ፍላጎቶችን ከዚህ በታች በተሰጠው ክፍት ቦታ ላይ ይጻፉ)</p>				

ለነርሶች መጠይቅ

ለነርሶች በፈቃድ ምላሽ መስጫ ቅፅ

ጥቁር አንበሳ ስፔሻላይዝድ ሆስፒታል የገቡን ጽኑ ህሙማን ማለትም ፅኑ ህሙማን መታከሚያ ክፍል ያሉ ቤተሰቦች በጣም ጠቃሚ የሆኑ ማህበረ ስነልቦና ፍላጎቶች ምዘና፣ የነርሶች እና ቤተሰቦች መረዳት

የተከበሩ የጥናቱ ተሳታፊ

ስሜ ብርሃን ገ/ስላሴ የሚባል ሲሆን በአሁኑ ወቅት አዲስ አበባ ዩኒቨርሲቲ በድንገተኛ ህክምና እና ወሳኝ የህሙማን እንክብካቤ ነርሲንግ በማስተርስ አፍ ሳይንስ ዲግሪ በድንገተኛ ህክምና ክፍል በተማሪነት ተመዝግቦአለሁ። የምርምር ፕሮጀክት ለመስራት ተስፋ የማደርግ ሲሆን ቤተሰባቸው ጥቁር አንበሳ ስፔሻላይዝድ ሆስፒታል የፅኑ ህሙማን ክፍል ናሙና የወሰድኳቸው ነርሶች እርስዎን ጨምሮ አንድ አንድ መጠይቆች ለማቅረብ እወዳለሁ። በዚህ ጥናት ላይ እንደትሳተፉ እጋብዛለሁ።

የዚህ ጥናት አላማ በጽኑ ህሙማን ክፍል በነርሶች እና ቤተሰቦች የቤተሰብ ፍላጎት መረዳት ላይ ያለውን መለየት እና ማነፃፀር ነው። ከባድ ጥንቃቄ የተሞላበት የህክምና እንክብካቤ መስጫ ክፍሎች ውስጥ ያሉ ነርሶች ከታከሚዎች ጋር ቅርበት ስላላቸው እና አጠቃላይ እንክብካቤ በማቅረብ ረገድ የቤተሰብ አባላት ፍላጎትን ለሚሟላት ጥረት ያደርጋሉ። ሆኖም ፅሁፎች እንደሚያስረዱት የቤተሰቦች ፍላጎት መረዳት የለም በበቂ ሁኔታም አልተሟላም።

ለመሳተፍ የተስማሙ የውሳኔውን ቅፅ እንዲፈርሙ እና ቀድሞ የተዘጋጀውን መጠይቅ እንዲሞሉ እጠይቃለሁ። መጠይቁን ለመሙላት ከ15-20 ደቂቃዎች የእርስዎን ጊዜ እንደሚወስድ ይጠበቃል።

በዚህ ጥናት ላይ መሳተፍ ሙሉ በሙሉ በበጎ ፈቃድ ሲሆን በማንኛውም ወቅት በጥናቱ ላይ መሳተፍ ወይም መውጣት ይችላሉ። ይህም እርስዎ ከዚህ ሆስፒታል ወይም ከጤና ተንከባካቢዎች የሚያገኘውን ወይም የሚያቀርቡት አገልግሎት ላይ ተፅእኖ አይኖረውም።

በዚህ ጥናት ላይ በመሳተፍዎ ምንም ዓይነት ጥቅም ጥቅም ባያገኙም የተጠናቀቀው ጥናት በፅኑ ህመም ወቅት የነርሶችን የቤተሰብ ፍላጎት መረዳት እና ለቤተሰብ እንክብካቤ የእኛን አገልግሎት አቅርቦት ለማሻሻል ያስችላል። በዚህ ጥናት ላይ የሚዘጋጁ ሪፖርቶች በማንኛውም መልኩ እርስዎን አይለዩም። የአዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ ተገቢ ግለሰቦች እና የምርምር ኮሚቴዎች ጥናቱን እና የአሰራር ስነ ስርዓቱን አፅድቀዋል።

ይህንን የጥናት ቅፅ ለማንበብ ጊዜ በመስጠትዎ አመሰግናለሁ። ይህንን ጥናት ወይም የእርስዎን በጥናቱ ላይ በመሳተፍዎ ስለሚኖርዎት መብቶች ተጨማሪ መረጃ ካስፈለግዎት በሚከተለው አድራሻ ሊያገኙን ይችላሉ። ስልክ ቁጥር +251910859622 እና ኢሜይል: birhan1475@gmail.com.

እኔ, _____, ይህንን ጥናት አንብቤአለሁ ወይም ተነብባልኛል። ጥያቄዎች ለመጠየቅ መልካም አጋጣሚ አግኝቻለሁ። ጥያቄዎቼ በአጥጋቢ ሁኔታ ተመልሰውልኛል። በዚህ ጥናት ላይ በፈቃዴ ለመሳተፍ ተስማምቻለሁ።

ፊርማ: _____

ቀን: _____

እኔ, _____, መረጃ ሰብሳቢ በዚህ ቅፅ ላይ ያለውን መረጃ ለተሳታፊ አንብቤአለሁ። ባለኝ መረዳት ማንኛቸውንም ጥያቄዎች በተቻለኝ አቅም እና ችሎታ መልሻለሁ። ተሳታፊ በፈቃዳቸው ለመሳተፍ የተስማሙ ሲሆን እንዲሳተፉ ምንም ዓይነት ግዳጅ አልተጫነባቸውም።

ፊርማ: _____

ቀን: _____

ለ ነርሶች መረጃ መሰብሰቢያ ቅጽ

የጥናቱ አርዕስት: ጥቁር አንበሳ ስፔሻላይዝድ ሆስፒታል የገቡን ጽኑ ህሙማን ማለትም ፅኑ ህሙማን መታከሚያ ክፍል ያሉ ቤተሰቦች በጣም ጠቃሚ የሆኑ ማህበረ ስነልቦና ፍላጎቶች ምዘና፡ የነርሶች እና ቤተሰቦች መረዳት

ክፍል 1: የስነ ህዝብ መረጃ

ትዕዛዝ: የእርስዎን ሃሳብ በተሻለ የሚገልፀውን መልስ እባክዎን ያክብቡ

ተ.ቁ	ጥያቄ	ምላሽ	አስተያየት
101	እድሜዎ ምን ያህል ነው?	_____ ዓመት	በቀረበው ስፍራ ላይ ምላሽዎን ይጻፉ
102	የታዎ ምንድን ነው?	1. ወንድ 2. ሴት	
103	የትምህርት ደረጃዎ ምንድን ነው?	1. ዲፕሎማ 2. ባችለር ዲግሪ 3. ማስተርስ ዲግሪ 4. ዶክትሬት ዲግሪ	
107	የጋብቻ ሁኔታዎ?	1. ያገቡ 2. ያላገቡ 3. የፈቱ 4. የሙት ባለቤት	
108	የስራ ልምድዎ በአመት ምን ያህል ነው?	-----አመት	በቀረበው ስፍራ ላይ ምላሽዎን ይጻፉ
109	ከዚህ በፊት ስለ ጽኑ ህሙማን እንክብካቤ ስልጠና አግኝተው ያዉቃሉ?	1. አዎ 2. አይ	

ክፍል 2: የቤተሰብ ፍላጎቶች

ትዕዛዝ: የሚከተሉት መግለጫዎች በፅኑ ህሙማን ክፍል ውስጥ የቤተሰብ ፍላጎቶች ጋር ይያያዛሉ። እባክዎን የሚከተሉት ፍላጎቶች ለእርስዎ ምን ያህል ጠቃሚ እንደሆኑ (x) ምልክት ያደርጉ።

የቤተሰብ ፍላጎቶች ላይ መግለጫዎች	ጠቃሚ አደለም (1)	በመጠኑ ጠቃሚ (2)	ጠቃሚ (3)	በጣም ጠቃሚ (4)
የድጋፍ ፍላጎት				
1. ለመጀመሪያ ጊዜ ወደ ፅኑ ህሙማን ክፍል ከመሄድዎ በፊት ስለ ሁኔታው እና አካባቢው ማብራሪያዎች ማግኘት				
2. በ ህመምተኛው አልጋ ጎን ምን ማድረግ እንዳለብዎት መመሪያዎች ማግኘት				

3. ስለ በጎ ያልሆኑ ስሜቶች እንደ ጥፋተኝነት ወይም ንዴት መነጋገር				
4. ፅኑ ህሙማን ክፍል ሲጎበኙ ሌላ ግለሰብ ከእርስዎ ጋር መኖር				
5. ጓደኞችዎ ለድጋፍ አጠገብዎ መገኘት				
6. የጤና እንክብካቤ ባለሙያዎች ስለ ታካሚዎ ያላቸው ስሜት				
7. ሌሎች ስለ እርስዎ ጤና እንዲያስቡ መሆን				
8. በገንዘብ ነክ ችግር ሌሎች የሚሰጡት እገዛ				
9. በማንኛውም ወቅት ብቸኛ መሆን				
10. ማልቀስ ተቀባይነት ያለው ስሜት ሆኖ እንዲሰማዎት መሆን				
11. የ እምነት አባቶች በ አይሲዩ ዉስጥ መገኘት				
12. ችግሮችን መፍታት እንዲችሉ ሌሎች ሰዎች በተመለከተ መረጃ ማግኘት				
13. የቤተሰብን ችግሮች ማገዝ ስለሚችል ሌላ ግለሰብ መረጃ መነገር				
14. ሆስፒታል ውስጥ ብቸኛ መሆኛ ቦታ ማግኘት				
የመረጃ ፍላጎት				
15. የትኛው የጤና ባለሙያ ምን አይነት መረጃ እንደሚሰጥ ማወቅ				
16. ታካሚው የሚያያዙትን የህክምና አይነት ማወቅ				
17. ታካሚው ለምን በተለያዩ የህክምና ሂደቶች ውስጥ እንደሚያልፉ ማወቅ				
18. ለታካሚው በትክክል ምን እንደተደረገላቸው ማወቅ				
19. በየቀኑ ከሃኪም ጋር መነጋገር				
20. የታካሚ ሁኔታ ላይ ለውጦች ሲከሰቱ በ ቤት ውስጥ የ ስልክ ጥሪ ማግኘት				
21. ታካሚውን ስለሚንከባከቡ የጤና ባለሙያዎች ሃላፊነት ማወቅ				
22. መጎብኘት በማይችሉበት ወቅት ሆስፒታል ውስጥ ሊያገኙት የሚችሉት ግለሰብ መኖር				
23. ስለ እምነት ነክ አገልግሎቶች መረጃ ማግኘት				
ቀረቤታ ወይም አካባቢ የመሆን ፍላጎት				
24. ታካሚውን በተደጋጋሚ ማየት				
25. ስለ ታካሚው በተደጋጋሚ መረጃ ማግኘት				
26. ታካሚውን የማዘዋወር እቅዶች ሲፈፀሙ መረጃ ማግኘት				

27. በልዩ ሁኔታዎች የጉብኝት ሰዓቶች መለወጥ				
28. በማንኛውም ጊዜ መጎብኘት				
29. የጉብኝት ሰዓቶች በወቅቱ መጀመር				
30. የታካሚውን የአካል እንክብካቤ ማገዝ				
31. ታካሚው አካባቢ የመቆያ ክፍል ማግኘት				
32. ከተመሳሳይ ነርስ ጋር በየቀኑ መነጋገር				
የዋስትና ፍላጎቶች				
33. ለጥያቄዎችዎ ታማኝ መልስ ማግኘት				
34. ስለ ታካሚው የሚጠበቁ ውጤቶችን ማወቅ				
35. ለረዱት የሚችሉትን ማብራሪያዎች ማግኘት				
36. ስለ ታካሚው ሁኔታ ዝርዝሮችን ማወቅ				
37. ስለ ታካሚው የመሞት አጋጣሚ መነጋገር				
38. ታካሚው ላይ የተስፋ ስሜት እንዲሰማዎት መሆን				
39. ለታካሚው የተሻለ እንክብካቤ ስለመደረጉ ማረጋገጫ ማግኘት				
የምቶች ፍላጎት				
40. በጤና እንክብካቤ ባለሙያዎች ዘንድ ተቀባይነት ማግኘት				
41. መጠበቂያ ክፍል ምቹ የማረፊያ እቃዎች ማግኘት				
42. መጠበቂያ ክፍል አካባቢ መታጠቢያ ክፍል መኖር				
43. ሆስፒታል ውስጥ ጥሩ ምግብ ማግኘት				
44. ለተወሰነ ጊዜ ከሆስፒታል መውጣት ተቀባይነት እንዳለው ማረጋገጫ ማግኘት				
45. መጠበቂያ ክፍል አካባቢ የስልክ አገልግሎት ማግኘት				
ሌሎች : (ለእርስዎ ጠቃሚ የሆኑ ነገር ግን ከዚህ በላይ ያልተጠቀሱ የቤተሰብ አባላት ፍላጎቶችን ከዚህ በታች በተሰጠው ክፍት ቦታ ላይ ይጻፉ)				

