

The Needs of Critically Ill Patients' Relatives in Emergency Department, Egypt

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Abstract: Emergency department (ED) is an overcrowding area of the hospital; it provides immediate care to patients who are suffering from sudden illness and injuries. Patient's crises affect negatively on patients' families' quality of life. Identifying the needs of patients' relatives' members is the essential responsibility of emergency nurses. However, few studies have investigated the needs of relatives of critically ill patients in the emergency unit. This study aimed to determine the needs of critically ill patients' relatives in the emergency department. A descriptive research design was used in this study. Data collection conducted at Emergency Hospitals, Mansoura University. A convenience sample of sixty relatives' members of critically ill patients who fulfilled the inclusion criteria was included in the study. Relatives' needs of critically ill patients assessment tool was used for data collection. The data were obtained through an interview with the relatives of critically ill patients in the ED. The results of this study revealed that the most important needs expressed by critically ill patients' relatives in the ED are communication, proximity assurance, comfort and support respectively with the mean score of 3.24 ± 0.36 , 3.23 ± 0.42 , 3.22 ± 0.41 , 3.07 ± 0.49 and 2.95 ± 0.49 respectively. There was a highly statistically significant relationship between relatives' needs related support, communication and age ($P \leq 0.01$). Also, there was statistically significant relationship between support, communication and proximity needs and the relatives' gender. In conclusions, it was found that the priority ranking of the needs of critically ill patients' relatives in the ED as follows; communication needs, proximity needs, meaning/assurance needs, comfort needs and support needs. Recommendations: All emergency nurses work in the ED need to effectively communicate with patients' relatives to meet their needs. Patients' relatives should be considered as a part of care and enabled and supported them to be involved in patients' care.

Key words: Needs • Patients' Relatives • Emergency Department

INTRODUCTION

Emergency department (ED) is a highly stressful unit of the hospital, it is designed to provide immediate care to patients who are suffering from sudden illness and injuries as well as patients with life-threatening situations such as cardiac arrest, cerebrovascular disease, acute coronary syndrome, traumatic injuries and shock [1, 2].

Based on the World Health Organization (WHO) records, greater than 3400 humans are dying every day and hundreds of thousands of people are injured or turn out to be disabled every year due to traffic injuries [3].

Unfortunately, sudden events impact critical patients and their relatives. It has effects negatively on patients' families' quality of life and coping capacity to cope with an unexpected health crisis. As a result, relatives of critically ill patients may experience the feeling of fear, anger, stress, hopelessness, depression and adjustments

in relatives' roles result from uncertainty about a patient's prognosis, economic concerns and fear of dying [4].

Emergency healthcare aims to make patients benefit from the treatment and care given to achieve optimal health outcomes and to provide a quality service that will increase the satisfaction of patients or relatives. Efficient, successful, equitable and patient-oriented are the main components of any quality care [5, 6].

Emergency nurses spend most of the time giving care to critical patients and little time with their relatives' members [7]. Focusing on the needs of patients' families is a prominent indicator of overall services provided in the ED. Identifying patients' relatives' needs is one of the first responsibilities of emergency nurses, meeting patients' relatives' needs will provide them a positive impression of the healthcare institution and improving the patients' recovery and the quality of service provided in the ED [8].

It is clear that some families cope better than others with the stress of critical illness and vary the intensity and duration of the stress. However, many of the stresses encountered by family members accompanying a critically ill relative to the ED are associated with a high risk of ineffective coping [9].

Determining the needs of the relatives of critically ill patients in the ED may provide emergency staff with an opportunity to see the needs of the patients' relatives, concentrate on prioritized needs and meet them [10]. Identifying their needs is imperative because it increases consciousness and knowledge of relatives' needs to healthcare givers, clinical social people and fashionable public [11].

Patients' relatives are also likely to be affected as the patients themselves in case of an acute disease or a sudden event. The needs of the patients' relatives in ED have a challenge to healthcare providers', especially emergency nurses. In times of crisis, the emergency nurse needs to continuously identify the needs of patients' relatives [12].

The priority needs of the relatives of critically ill patients in the emergency department have often been identified as communication, organizational comfort, supporting family members' process and involving family members in the care of patients in the ED [7, 13].

Much evidence-based research has used the Critical Care Relatives Needs Inventory (CCFNI) to identify the needs of relatives in the intensive care unit. However, the health care provider generally neglected the needs of patients' relatives in the ED [14, 15]. Therefore, the current study was conducted to determine the needs of critically ill patients' relatives in the emergency department.

Aim of the Study: The current study aimed to determine the needs of critically ill patients' relatives in the emergency department.

Research Questions:

H1: How do the relatives of critically ill patients perceive their needs in ED?

H2: How do nurses meet the needs of critically ill patients' relatives in the ED?

MATERIALS AND METHODS

Study Design and Setting: A descriptive research design was utilized in the current study. Data collection conducted in the emergency department of Mansoura Emergency Hospital. This department consisted of 8 emergency rooms. Anesthesia and internal medicine

branches; and seven emergency specialists were working in the ED. There is no waiting room for family members. It receives patients from Mansoura town on emergency days of the hospital (Sunday, Tuesday and Thursday).

Subjects: A convenience sample of sixty patients' relatives who were accompanied the patient to the ED within the first 24 h and willing to get involved in the study.

Data Collection Tool: Data were collected using the patients' relatives' needs assessment tool. It consisted of two parts:

Part (I): Socio-Demographic Data of Patient' Relatives: This part collected the socio-demographic data of patients' relatives including age, gender, level of education, marital status and relation degree with the patient.

Part (II): Relative' Needs in the Emergency Department: This part is developed by the researcher based on relevant literature [16, 17]. It was used for determining the needs of patients' relatives in the ED. The inventory total of 30 items of 5 subscales including; communication of nurses with family relatives, supporting process of the family relatives, assurance of the family relatives, proximity and comfort in the emergency department.

Scoring System: Items were graded by 4 Likert type scaling; and the average of each item and total item average of each subscale were graded between 1 (Not important) and 4 (Very important).

Validity and Reliability of the Tool: The Cronbach's alpha coefficients of the subscales were ranging between 0.85 and 0.87 and Cronbach's alpha coefficient of the total scale was 0.91%. The tool was reviewed by 5 experts in the area of emergency nursing and medicine for content-related validity. Modifications were made accordingly.

Protection of Human Rights: An Ethical permission from the Research Ethics Committee of Faculty of Nursing, Mansoura University and the hospital manager of Mansoura Emergency Hospital were gained to conduct the study. All patients' relatives were told about the purpose of the study and data their data will be kept confidential used for scientific purposes only; they also assured that they can withdraw at any time from the study and all study participants gave verbal consent.

Data Collection Procedure: Patients' relatives who agreed to participate in the study were interviewed individually in the ED at a period time suitable for the relatives within the first 24 h after they came with the patients to the ED. The data collection process lasted about 10-20 min for each patient's relative. Data were collected from September 2016 to March 2017 in the morning and afternoon shift of the emergency days of the hospital.

Statistical Analysis: Data were analyzed using the Statistical Package of Social Science (SPSS) program for Windows (Standard version 24). Frequencies, percentages, minimum, maximum, mean scores and standard deviations were used to assess the data. Non-significant when the probability of error is more than 5% ($p > 0.05$) Significant when the probability of error is less than 5% ($p \leq 0.05$). The smaller the p-value obtained, the more significant are the result.

RESULTS

Table 1 illustrates the socio-demographic data of 60 patients' relatives. It showed that nearly half of the patients' relatives (43.3 %) were in the age group between 40-49 years old with a mean age of 41.38 ± 10.14 . More than half were married females, 38.3% of the patients' relatives had achieved a high school degree and 35.0% were the parents of the patients.

Table 2 describes the support needs of patients' relatives. The results showed that "To feel accepted by hospital staff " and "express feelings" were the very important support needs (31.7%) rated by the studied patients' relatives with mean \pm SD (3.68 \pm 3.90 and 3.10 \pm 0.72) respectively. While meeting doctors or staff on arrival at the hospital (31.7%) was rated as slightly important mean \pm SD with 2.86 \pm 0.89.

Table (3) illustrates the relative members' communication needs. The findings showed that the condition of the patients before signing the papers was rated as very important related communication needs with (45%) with mean \pm SD (3.41 \pm 0.56) followed by knowing the skills of the staff caring their patients (40.0%) with Mean \pm SD (3.26 \pm 0.68) where as "to inform precisely how your sick relatives members is doing" (18.3%) rated as slightly important with mean \pm SD 3.11 \pm 0.69.

Table (5) shows that the very important relatives members' meaning assurance needs were rated as follow; know how the patient treated, care process about the relatives, receive honest answer about their questions,

Table 1: Demographics of critically ill patients' relatives

Socio-demographic data	Study group (n=60)	
	No	%
Age (relatives member)		
20-29	9	15.0
30-39	16	26.7
40-49	26	43.3
≥ 50	9	15.0
Mean \pm SD (41.38 \pm 10.14)		
Gender of the respondent		
Male	26	43.3
Female	34	56.7
Education level		
Primary school or below	15	25.0
High school	23	38.3
College	21	35.0
Master's degree	1	1.7
Relationship to the patient		
Spouse	15	25.0
Child	3	5.0
Parent	21	35.0
Sibling	10	16.7
Friend	8	13.3
Others	3	5.0
Marital status		
Single	15	25.0
Married	39	65.0
Divorced	1	1.7
Widowed	5	8.3

allowed to use other, treated as an individual, feel that there is hope (46.7%, 38.3%, 38.3%, 36.7%, 31.7%, 31.7%, 26.7%) with mean \pm SD (3.33 \pm .72, 3.31 \pm 0.59, 3.31 \pm 0.59, 3.25 \pm 0.65, 3.21 \pm 0.61, 3.21 \pm 0.61, 3.11 \pm 0.66, 3.11 \pm 0.66) respectively.

Table (6) illustrates the very important proximity needs of relatives member as follows; to give information about transfer plans, know how the patient is treated, visit their patient at any time, see their patient soon as possible, spend time alone with their patient, allowed to perform cultural rituals for their patient, see what is happening to their patient (45.0, 40.0, 33.3, 31.7, 31.7, 31.7 and 25.0) with mean \pm SD (3.28 \pm 0.76, 3.30 \pm 0.64, 3.20 \pm 0.65, 3.20 \pm 0.63, 3.20 \pm 0.63, 3.20 \pm 0.63, 3.16 \pm 0.55) respectively.

Table (7) shows that the mean score of the most important relatives need were as follows; communication needs, proximity needs, meaning/ assurance needs, comfort needs and Support needs (3.24 \pm 0.36, 3.23 \pm 0.42, 3.22 \pm 0.41, 3.07 \pm 0.49 and 2.95 \pm 0.49) respectively.

Table 2: Relatives members' support needs

Support needs	Not important	Slightly important	Important	Very important	Mean ± SD
1. For a medical doctor or nurse to fulfill you on arrival on the hospital.	3 (5.0%)	19 (31.7%)	21 (35.0%)	17 (28.3%)	2.86±0.89
2. For a person to look after the own relatives	2 (3.3%)	16 (26.7%)	27 (45.0%)	15 (25.0%)	2.91±0.80
3. To be allowed to have other friends.	1 (1.7%)	11 (18.3%)	37 (61.7%)	11 (18.3%)	2.96±0.66
4. For the treatment place to be defined toyou before you cross into it for the first time to see injured relatives.	2 (3.3%)	16 (26.7%)	37 (61.7%)	5 (8.3%)	2.75±0.65
5. To have a health provider with you when you visit relatives member	1 (1.7%)	15 (25.0%)	32 (53.3%)	12 (20.0%)	2.91±0.71
6. To be told what to do at the bedside.	0 (0%)	17 (28.3%)	32 (53.3%)	11 (18.3%)	2.90±0.68
7. To feel accepted by hospital staff.	0 (0%)	8 (13.3%)	32 (53.3%)	19 (31.7%)	3.68±3.90
8. To be express feeling.	0 (0%)	13 (21.7%)	28 (46.7%)	19 (31.7%)	3.10±0.72
9. To be inform that it is normal to feel that way	0 (0%)	15 (25.0%)	30 (50.0%)	15 (25.0%)	3.00±0.71
10. To tell the staff how you feel	2 (3.3%)	16 (26.7%)	33 (55.0%)	9 (15.0%)	2.81±0.72

Table 3: Relatives members' communication needs

Communication needs	Not important	Slightly important	Important	Very important	Mean ± SD
1. To find out about the condition of injured relatives member before you need to signal papers	0 (0%)	2 (3.3%)	31 (51.7%)	27 (45.0%)	3.41±0.56
2. To explain using words that you understand	0 (0%)	2 (3.3%)	35 (58.3%)	23 (38.3%)	3.35±0.54
3. To be kept updated	0 (0%)	8 (13.3%)	42 (70.0%)	10 (16.7%)	3.03±0.55
4. To inform precisely how your sick relatives member is doing	0 (0%)	11 (18.3%)	31 (51.7%)	18 (30.0%)	3.11±0.69
5. To talk to a doctor	0 (0%)	8 (13.3%)	32 (53.3%)	20 (33.3%)	3.20±0.65
6. To talk to a nurse	0 (0%)	5 (8.3%)	32 (53.3%)	23 (38.3%)	3.30±0.61
7. To recognise what special practice or information the personnel have who care for your injured member of the relatives.	0 (0%)	8 (13.3%)	28 (46.7%)	24 (40.0%)	3.26±0.68
8. To experience beneficial by taking part in injured member of the relatives	0 (0%)	6 (10.0%)	36 (60.0%)	18 (30.0%)	3.20±0.60
9. To recognize what special knowledge or skill the staff have who take care of your injured relatives member	0 (0%)	7 (11.7%)	36 (60.0%)	17 (28.3%)	3.16±0.61
10. To sense beneficial by collaboration in caring for your ill or injured relatives member	0 (0%)	4 (6.7%)	40 (66.7%)	16 (26.7%)	3.20±0.54

Table 4: Relatives members' comfort needs

Comfort Needs	Not important	Slightly important	Important	Very important	Mean ± SD
1. Having special place to wait	0 (0%)	9 (15.0%)	26 (43.3%)	25 (41.7%)	3.26±0.70
2. Being treated as an individual	0 (0%)	6 (10.0%)	39 (65.0%)	15 (25.0%)	3.15±0.57
3. To feel that patient relatives member is comfortable	0 (0%)	15 (25.0%)	38 (63.3%)	7 (11.7%)	2.86±0.59
4. To have good food available in the hospital	1 (1.7%)	16 (26.7%)	30 (50.0%)	13 (21.7%)	2.91±0.74
5. Ha telephone in waiting room	2 (3.3%)	10 (16.7%)	29 (48.3%)	19 (31.7%)	3.08±0.78
6. To have toilet facilities nearby	1 (1.7%)	8 (13.3%)	29 (48.3%)	22 (36.7%)	3.20±0.73
7. Not to see or hear things that upset you	0 (0.0%)	10 (16.7%)	36 (60.0%)	14 (23.3%)	3.06±0.63

Table 5: Relatives members' meaning / assurance needs

Meaning/assurance needs	Not important	Slightly important	Important	Very important	Mean ± SD
1. To know how the patient treated	1 (1.7%)	6 (10.0%)	25 (41.7%)	28 (46.7%)	3.33±.72
2. To know about the expected outcome	0 (0%)	8 (13.3%)	29 (48.3%)	23 (38.3%)	3.25±0.67
3. Receive honest answer about your questions	0 (0%)	6 (10.0%)	35 (58.3%)	19 (31.7%)	3.21±0.61
4. To be treated as an individual	0 (0%)	9 (15.0%)	35 (58.3%)	16 (26.7%)	3.11±0.64
5. To inform the care process about your relatives	0 (0%)	7 (11.7%)	31 (51.7%)	22 (36.7%)	3.25±0.65
6. To feel that there is hope	1 (1.7%)	7 (11.7%)	36 (60.0%)	16 (26.7%)	3.11±0.66
7. To be told about religious (church) services	0 (0%)	4 (6.7%)	33 (55.0%)	23 (38.3%)	3.31±0.59
8. To be allowed to use other	0 (0%)	9 (15.0%)	32 (53.3%)	19 (31.7%)	3.16±0.66

Table 6: Relatives members' proximity needs

Proximity needs	Not important	Slightly important	Important	Very important	Mean ± SD
1. Told about transfer plans	1 (1.7%)	8 (13.3%)	24 (40.0%)	27 (45.0%)	3.28±0.76
2. To know how the patient is treated	0 (0%)	6 (10.0%)	30 (50.0%)	24 (40.0%)	3.30±0.64
3. To see the patient frequently	0 (0%)	7 (11.7%)	34 (56.7%)	19 (31.7%)	3.20±0.63
4. To know what was being done for the patient	0 (0%)	5 (8.3%)	40 (66.7%)	15 (25.0%)	3.16±0.55
5. To visit at any time	0 (0%)	8 (13.3%)	32 (53.3%)	20 (33.3%)	3.20±0.65
6. To have a time alone with your relatives member	0 (0%)	7 (11.7%)	34 (56.7%)	19 (31.7%)	3.20±0.63
7. To perform cultural rituals for relatives member	0 (0%)	7 (11.7%)	34 (56.7%)	19 (31.7%)	3.20±0.63

Table 7: Total mean scores of the relatives needs

Total mean score for needs	Mean ± SD
Communication needs	3.24±0.36
Proximity needs	3.23±0.42
Meaning / assurance needs	3.22±0.41
Comfort needs	3.07±0.49
Support needs	2.95±0.49

Table 8: Correlation between age of relatives' member and needs

Needs	Age (relatives member)	
	r	P value
Support needs	0.335	0.009*
Communication needs	0.359	0.006*
Comfort needs	-0.063	0.634
Meaning / assurance needs	0.087	0.507
Proximity needs	0.100	0.446

Table 9: Relation between family needs and demographic data

Demographic data	Communication needs	Proximity needs	Meaning assurance needs	Comfort needs	Support needs
Age (family member)					
20-29	3.30±0.37	3.17±0.43	3.29±0.35	3.23±0.46	2.87±0.53
30-39	3.38±0.29	3.40±0.19	3.32±0.38	3.17±0.45	3.06±0.41
40-49	3.15±0.37	3.13±0.48	3.15±0.42	3.04±0.55	2.85±0.51
>50	3.05±0.40	3.20±0.43	3.15±0.48	2.84±0.37	3.13±0.53
Test of significance P value	F=2.201 P=0.098	F=1.455 P=0.237	F=0.674 P=0.571	F=1.267 P=0.295	F=1.071 P=0.369
Gender of the respondent					
Male	3.13±0.39	3.11±0.48	3.16±0.44	3.05±0.51	2.85±0.49
Female	3.33±0.29	3.35±0.26	3.29±0.35	3.10±0.48	3.10±0.47
Test of significance P value	t=2.143 P=0.036*	t=2.267 P=0.027*	t=1.283 P=0.205	t=0.349 P=0.728	t=1.97 P=0.05*
Education level					
High school or less	3.28±0.32	3.26±0.36	3.26±0.38	3.13±0.48	3.01±0.45
College & Master's degree	3.11±0.41	3.14±0.49	3.14±0.44	2.98±0.51	2.85±0.56
Test of significance P value	F=3.003 P=0.088	F=1.223 P=0.273	F=1.106 P=0.297	F=1.181 P=0.282	F=1.391 P=0.243
Marital status					
Single	3.31±0.34	3.23±0.36	3.19±0.37	3.03±0.58	2.94±0.48
Married	3.17±0.37	3.21±0.44	3.23±0.43	3.10±0.44	2.96±0.51
Test of significance P value	t=1.461 P=0.149	t=0.224 P=0.824	t=-0.336 P=0.738	t=-0.506 P=0.615	t=-0.175 P=0.861

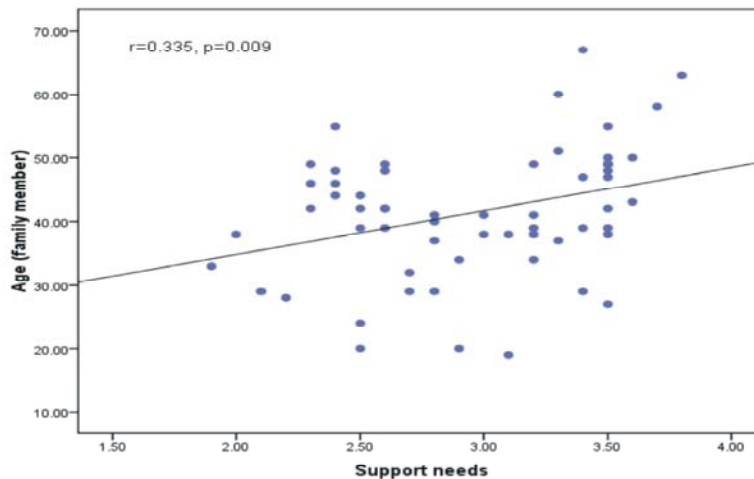


Fig. 1: Scatter diagram for positive correlation between age of relatives' member and support needs

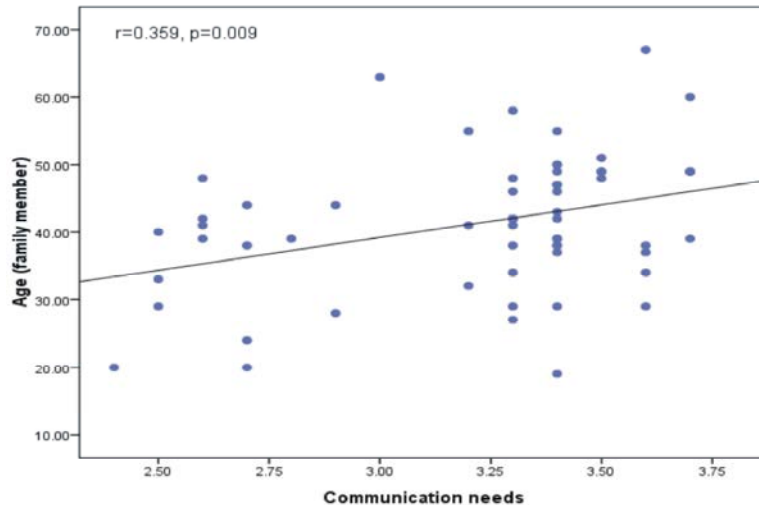


Fig. 2: Scatter diagram for positive correlation between ages of relatives' member and communication needs

Table (8), Figure (1, 2) illustrate that there were a highly statistically significant relationship between relatives' needs related support, communication and their age ($P \leq 0.01$).

This table displays that there was no statistically significant relationship between different types of patients' family needs and their age, educational level and marital status but there was statistically significant relationship between three types of family needs (support, communication and proximity needs) and their gender.

DISCUSSION

The focus of this study was to determine the needs of critically ill patients' relatives in the emergency department of Mansoura Emergency Hospital. Prioritizing and meeting the most important needs of patients' relatives of critically ill patients who are waiting in ED is important to reduce families' stress, improve patients' recovery and increase patients' and their relatives' satisfaction with health caregivers [18].

Regarding the demographics data of critically ill patients' relatives, the results of the study represented that about one-third of relatives members aged between 40 to 50 years and more than one-half of patients' relatives were female and married. This result may be interpreted that female relatives prefer to be the nearest one to give care for their relatives during the crisis. This result was supported by Abdel-Aziz *et al.* [4] and Freitas *et al.* [19] who reported that most relatives of the patients were female and married. Concerning relatives' relations with the patient, this study showed that almost

of relatives were parents of the patients. This finding is supported by Kohi *et al.* [20] who reported that one-third of patients' relatives were parents.

Concerning the dimension of support, the higher important needs reported by patients' relatives were to feel accepted by hospital staff and express emotions. This finding in the same line with Botes and Langley [21] who concluded that patients' relatives need to feel accepted by hospital staff was the most important statement of support needs. In contrast to previous research studies by Nolen [22] who found that support features such as express emotions with the staff were the least important needs of critically ill patients' relatives.

Regarding communication needs, our results show that the highly important needs reported by patients' relatives were "To receive information about patients' condition and talk to a nurse with understandable words. This result is consistent with Hsiao *et al.* [7], Botes and Langley [21] and Obringer *et al.* [23] reported that families expressed the need to talk to the nurse and know what happened to their patients in understandable terms, as highly important needs.

Concerning comfort needs, the current study showed that the need to have a private room with toilet facilities was the highest need reported by patients' relatives, which is agreement with other previous research studies and they stated that providing the toilet facilities near the waiting room, was the most important needs for the relatives of critically ill patients in ED [4, 7, 21, 22].

As regards the meaning and assurance needs, our results revealed that given explanations regarding the prognosis of the patient and doctors must be honest

when they answer questions where the very important needs reported by the relatives of critically ill patients. These findings are harmonized with prior research studies that concluded patients' relatives require additional information about patient prognosis and changes [4, 13]. Similarly, a study conducted by Fortinatti and Felipe [12]. Also, Duran *et al.* [10] reported that the need to answers questions honestly was the most important need for relatives' members.

The proximity needs was given the highest priority to be able to see the patient frequently. This finding was supported by Gaeni *et al.* [24] and Pardavila and Vivar [25] showed that patients' relatives need to be recognized about transfer plans. Also, Abdel-Aziz *et al.* [4] and Davidson [26] found that the relatives' members need to see their patients frequently as the highest important need.

The results of the study showed that the mean scores of communication needs were determined to be the primary importance among patients' relatives followed by proximity, assurance, comfort and support. Parallel to our findings, Briscoe [27] noticed that patients' relatives had the highest mean scores in dimensions of communication, assurance, comfort and proximity. On the other and Büyükcoban *et al.* [8] and Botes and Langley [21] found that the support domain was given the lowest priority by the relatives of critically ill patients.

On the contrary, the findings of our study contradict the previous study by Phiri [14] who evaluated the needs of critically ill/injured patient families in accident and emergency. The investigator demonstrated that the need for communication with family members was met at the highest rate, while the need for comfort was met at the lowest rate.

Regarding the correlation between the age of patients' relatives' and the mean scores of the five dimensions of needs, the results of our study found a significant correlation between patients' relatives' age and mean score of communication and support need. This result was in agreement with Noor *et al.* [28] stated that there was a significant correlation between patients' relatives' age and the communication and support need dimension.

The present findings of the study showed that there was a statistically significant relationship between three dimensions of family needs (Support, communication and proximity needs) and their gender. The support, communication and proximity needs were the highest needs for female relatives than male ones. Similarly to

our results some researchers found that there was a statistically significant relationship between gender of patients' relatives and the need for support and communication [29-31].

CONCLUSION

Based on the findings of the study, it can be concluded that the highest needs reported by critically ill patients' relatives in the ED are, communication, proximity, assurance, comfort and support. Additionally, the mean scores of five domains, communication, assurance, comfort and proximity domain were higher among relatives member.

Recommendations: All emergency nurses work in the ED need to communicate effectively with patients' relatives to meet their needs. Patients' relatives should be considered as a part of care, enabled and supported them to be involved in patients' care.

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