

Characteristics of The Family Needs of Patients Who are Waiting for Their Family in The Icu Room of Efarina Etaham Hospital, Berastagi, Karo District, 2017

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ABSTRACT

The family is a very important support system in the patient's healing process. One contribution, the family has roles and functions, including recognizing the health problems of each family member, making decisions to take appropriate actions for the family, providing care to family members who are sick or who are not. can help themselves, maintain an atmosphere at home that is favorable to the health and personality development of family members, maintain reciprocal relationships between families and health institutions by utilizing existing health care facilities (Friedman, 2008). The purpose of this study was to determine the characteristics of the family needs of patients waiting for their families in the ICU room of Efarina Etaham Berastagi Hospital, Karo Regency in 2017. The research design used in this study is explorative descriptive. The population in this study was the entire family of patients who were waiting for their families in the ICU ward of Efarina Etaham Berastagi Hospital, Karo Regency for the period August 2016 - August 2017 as many as 1627 people. From the results of the study, all respondents expressed their views on information needs in the form of knowing the patient's disease progress (93"9), were given an explanation about the treatment plan (89"6), knew the ICU staff who provided care (595) and the results of the study all respondents said that they have a need for mental support in the form of getting the right answer from the ICU staff (86"9), there is a spiritual service in the ICU room (33Y40). expected to be input for management at the hospital in evaluating the service system, monitoring service quality, completing and maintaining facilities and regulatory policies in the ICU room related to the needs of the families of patients waiting for their families in the ICU ward which are needed as an effort to improve service to patients and family.

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INTRODUCTION

The family is a very important support system in the patient's healing process. One contribution, the family has roles and functions, including recognizing the health problems of each family member, making decisions to take appropriate actions for the family, providing care to family members who are sick or who are not. can help themselves, maintain an atmosphere at home that benefits health and existing health services (Friedman, 2008).

Family support is very important for patients, namely when the client is healthy or sick. Conceptually, a healthy condition usually requires a patient to fulfill psychosocial needs, which is an internal function of the family in fulfilling socialization which will become an energy source for family happiness. Meanwhile, from the condition of the patient, the patient needs a sense of security and comfort when the family is near the patient so that the therapeutic relationship between families is fulfilled (Friedman, 2008).

If a family member is sick, one of the other family members' responses is to take him to health services. Patients need a family because the family is the main social form which is a place for health promotion and disease prevention. Family can also be a control for life (Potter, 2005).

Another thing that is also important to note is that the crisis service center provides emergency services for clients who are experiencing a life crisis. These call centers may operate outside the hospital or in the community and most provide 24-hour telephone service. Some also provide in-person counseling for clients at the service center or at home.

The main focus of crisis service centers is to help individuals deal with current crises and provide guidance and long-term therapeutic support. Nurses working in crisis services must have good communication and counseling skills. The nurse must quickly identify the client's problem, offer assistance to help the client deal with the problem, and perhaps refer the client to various sources of long-term support. (Kozier, 2010).

In particular, infants of the patient's family who are in a critical condition (critical care patients) in fact have high emotional stress (high levels of emotional distress). The researchers obtained data on increased levels of distress experienced by the patient's family immediately after the patient was admitted to the ICU. Gust after the patients admission to the ICU (Azizahkh, 2010). Besides that, patient care in the ICU room causes stress for the patient's family also because the hospital environment, doctors and nurses are foreign parts, medical language is difficult to understand and family members are separated from patients. One of the causes of family stress levels is the lack of meeting family needs while waiting for clients in the ICU.

The special character in Indonesia, especially in Jambi, is that one form of family support for sick family members is waiting for their family members at the hospital. Given the importance of the role/support of the family, it is necessary to know what the needs of the families of patients who are waiting for their families to be treated in the ICU, where what is known is the fact that health services and hospital facilities are more focused on patients. In fact, by paying attention to the needs of patients and families, hospitals can create a mutually supportive environment for recovery and recovery of patient health.

The needs of each individual are heterogeneous. Everyone basically has the same needs, but for reasons of cultural factors. Various family needs while waiting for family members.

Hospitals both physical needs and facilities, then those needs are also different. In meeting human needs adjust to existing priorities. Then if it fails to meet its needs, humans will think harder and move to try to get it. Basic human needs are influenced by various factors such as illness, family relationships, self-actualization, the need for security and comfort. Based on the background above, the researcher is interested in conducting research on the characteristics of the family needs of patients waiting for their families in the ICU room of Efarina Etaham Berastagi Hospital, Karo Regency in 2017.

Formulation of the problem, The formulation of the problem in this study is what are the characteristics of the family needs of patients waiting for their families in the ICU room at Efarina Etaham Berastagi Hospital, Karo Regency in 2017?

RESEARCH METHOD

Research design The research design used in this study is descriptive exploratory which aims to identify the needs of the families of patients waiting for their families in the ICU wards of Efarina Etaham Berastagi Hospital, Karo Regency.

Location and Time of Research

Locations . The research was conducted at Efarina Etaham Berastagi Hospital, Karo District

Research time

This research was conducted in August 2017.

Data analysis

Univariate analysis was performed to get an overview of each variable. The data will be presented in the form of a frequency distribution.

RESULTS AND DISCUSSIONS

On research on the needs of the families of patients waiting for their families in the ICU ward, it was found that 9354 patient families stated that information about the progress of the patient's disease in the ICU was a necessity for the family. This is in accordance with Henneman and Cardin's statement (in Urden & Stacy, 2000) that one of the needs of family members of critical patients is the need for information, and the type of information needed by families from nurses is related to the development of the patient's disease. In line with this statement, Pambudi (2008) in his research suggestion states that one way to improve service quality and patient and family satisfaction is to provide an explanation of the patient's disease development. In the Hospital Patient Safety Standard (KPRS) Dr. Moewardi Surakarta stated that families have the right to obtain information about treatment plans including the possibility of an Unexpected Event (KTD). In line with that, the results of this study showed that 8926 patient families said another need for information they needed was the need to be given an explanation about the treatment plan. However, in contrast to Mirackle and Hovenkamp's statement (in

Urden & Stacy , 2000) which states that one of the information needs needed by families is the need to know the staff who provide care, in this study the results were obtained that the need to know ICU staff who provided care was only 5976. Whereas Hudak & Gallo (1997) states that nursing services are the focus for patients and their families because of the presence of nurses who are continuously with patients twenty-four hours a day. Anjaryani (2009) also stated that nurses are the spearhead of services to patients and their families because of the frequency of meetings with patients most often. However, from the other side , this may be because the family's attention is only focused on patients who are in critical condition. For families, the fact that the patient is in critical condition causes high emotional stress (Azizahkh, 2010). Pambudi (2008) in his research also said that families generally experience behavioral and emotional changes to the patient's condition. Severe illness, especially one that is life threatening, may lead to more widespread behavior, anxiety, shock or denial. It is a common response caused by stress. In the study of the need for mental support for the families of patients in the ICU room, it was also found that 8,600 patient families stated that they needed to get the right answer from the ICU staff. This is in line with Motter & Leske's statement (in Nursalam, 2003) which states that one of the needs of the patient's family in the ICU ward is the need for mental support in the form of getting the right answers from ICU staff.

In this study, it was also found that the existence of clergy services in the ICU room is a necessity for the patient's family, namely as much as 33%. Even though this percentage is not that big, it can be seen that the patient's family must still be seen as a holistic being who has beliefs, outlooks on life, and life drives that are in line with their beliefs so that the ICU in providing nursing services must view the patient's family as a whole being with biological, psychological, social and spiritual needs. This is also in accordance with Alimul's statement (2009) which states that nurses as executors in providing nursing services must view the patient's family as whole beings with biological, psychological, social and spiritual needs. In addition, many people believe that prayer can help the patient recover. A survey conducted by Harvard Medical School in 1998 estimated that 35 percent of Americans (US) prayed for their health and 69 percent of them stated that prayer was very helpful (Hidayat, 2011).

CONCLUSION

The majority of respondents stated that the needs of the patient's family in the ICU ward were in the form of the need to feel hope that the patient would recover (96%) and the minority outcome of the needs of the patient's family in the ICU ward based on this research was the need to be notified at home if there was a change sudden condition in patients (20%). The results also showed that the presence of clergy services in the ICU room is a necessity for the patient's family (33%). Even though this percentage is not that big, it still needs attention in order to improve services in an effort to meet the needs of the patient's family as a support system for healing and restoring the patient's health.

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