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SPECIAL FEATURE

Unmet Needs of Family Members in the Medical Intensive Care Waiting Room

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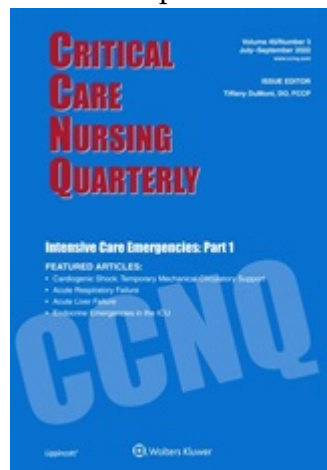
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Abstract

The descriptive, exploratory study consisted of 30 adult family members who completed a 2-part instrument: the Demographics Data Questionnaire and the Needs Met Inventory. Data were analyzed using descriptive and inferential statistics. The top 10 always met/usually met needs and the top 10 never met/sometimes met needs were reported in the order of importance during the first 24 to 36 hours after admission of a patient to the medical intensive care unit (MICU). The items under the subscale of information ranked highest as needs met. Unmet needs were to talk about negative feelings such as guilt and anger; to talk about the possibility of the patient's death; to have explanations of the environment before going into the MICU for the first time; to visit anytime; to talk to the same nurse every day; to have explanations given that are understandable; to feel there is hope; to have good food available in the hospital; to be assured it is alright to leave the hospital for a while; and to feel accepted by the staff.

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