



THE NEEDS OF THE FAMILIES OF THE PATIENTS WITH ACUTE CORONARY SYNDROME IN EMERGENCY ROOM OF PUBLIC HEALTH CENTER

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ABSTRACT

Background: Families often experience anxiety when accompanying patients with Acute Coronary Syndrome treated in Emergency Room. Nurses need to pay attention to the needs of the families in addition to staying focused on the patients' care. The purpose of this study was to investigate the needs of the families during the stay of the patients with ACS in Emergency Room. **Methods:** This study is a qualitative design with a descriptive phenomenology approach and was done through in-depth interview. Participants in this study were 8 people selected by purposive sampling technique and have a family relationship with the patient. **Results:** Participants experience the need when they stay in ER which is the needs for adequate information; the needs for prompt and accurate service; psychological needs. **Conclusion:** the participants considered the services provided by the health personnel in Emergency Room have not been satisfactory and the participants demanded stress-free service, complete information, and stable proximity with the patients.

KEYWORDS: Families, Emergency Nursing, Acute Coronary Syndrome, Family Need, Public Health Center.

INTRODUCTION

Acute Coronary Syndrome is a life-threatening condition.^[1] The incidence of ACS in Australia is quite high with 500,000 people affected per year. Based on data from the Ministry of Health of the Republic of Indonesia.^[2] The incidence of ACS happened on 883,447 people in 2013. In East Java, ACS attacked 375,127 people or 1.3% of the total population of East Java. In Malang Regency, the prevalence of CHD incidence is very high. Based on data from the Department of Health of Malang Regency, the incidence of CHD was 1,311 events. Meanwhile, the incidence rate at the Puskesmas (Community Health Centre, *Pusat Kesehatan Masyarakat*) Turen was 371 cases in 2017.

Families play an important role in providing first aid when ACS attacks occur. Families become the first party in searching for emergency services in order to get

immediate care for the patients with ACS attacks in the ER (Emergency Room). The ER is a stressful place for families to accompany the patients, causing them to experience intense feelings with possible long-term effects.^[3] Families who become healthcare informants^[4] in the ER are particularly vulnerable to emotional changes and stress if their needs are not met.^[3,5,6] Therefore, nurses need to conduct comprehensive care in the ER with family involvement.^[7]

Families as the main support of the patients with ACS have needs that must be fulfilled i.e. guarantee, comfort, information, proximity, and support.^[8-13] Identifying the needs of families can reduce their stress burden, so they are able to fully support the patients' healing process and to participate in deciding the subsequent treatment decisions.^[10]

As a result of the changes in families' roles due to their unmet needs in the emergency room, the healing process of patients with ACS could be impacted and the possibility in obtaining immediate treatment could be delayed. In Taiwan, when families' needs are not met, it can increase the emotional stress experienced by the families.^[10] Another possible consequence of unmet families' needs is the high tension between health personnel and families.^[7]

Based on the above phenomenon, it is necessary to conduct research which aims to investigate the needs of the families during the stay of the family member with ACS in the ER.

METHODS

The research was a qualitative research with descriptive phenomenology design. The design was utilized to describe the needs of families during the stay of family members with ACS in the ER. The descriptive phenomenology approach requires the researcher to put aside all previous experience and knowledge, so that there is an understanding of the phenomenon under study.^[14]

Participants in this study were 8 family members registered in Public Health Center Turen Malang Regency, East Java, Indonesia. None of the participants refused to participate in the study. Participants in this study were selected using a purposive sampling approach^[15] based on the following inclusion criteria: families who did the first aid when SKA attacks occurred, families who took care of the patients with ACS for 1 year, and families who stayed in the ER during the treatment of ACS.

The research instruments consist of two main instruments and supporting instruments. The main instrument was the emergency nursing research team of Master of Nursing, Universitas Brawijaya while the supporting instruments were audio recorder (MP3), smartphone, interview guide, and field notes.

This research was conducted by a team nursing. Prior to the process of data collection, participants obtained an explanation of the objectives, significances, and procedures of the study. The researchers conducted 2 to 3 meetings in the participants' house because there was no relationship between the researchers and the participants. Furthermore, the participants who consented to participate in the research were asked to sign a consent form.

Participants were interviewed to investigate their needs during the stay of the family members with ACS in the

ER through a semi-structured in-depth interview technique. A face-to-face interview process was conducted at the participant's house for 25 minutes-45 minutes. Statements from the participants were recorded in audio form (MP3).

Data in the form of interview results were analyzed manually using thematic methods (Clarke & Braun, 2013). First, we got ourselves familiar with the data by reading repeatedly the results of interviews. Then, coding was done by making categories of keywords and answering the purpose of research. The next step was searching for themes, organizing categories according to their groups for subthemes and themes. Reviewing the theme followed the process as we examined conformity of the theme and category. After that, we defined and named the themes, as to come to the essence of each theme. The last was making a report or writing the research results after being associated with the existing literature.

RESULT

Most of the participants in this study were women (7 people) at the age of 51-60 years (5 persons), and senior high school graduates (5 persons) as shown in table 1.

The results of qualitative data analysis identified 3 themes based on the participants' statements. The themes derived from the analysis of data from 8 participants were the need for adequate information, the need for prompt and accurate services, and psychological needs. These themes will be discussed in the following:

Theme 1: The need for adequate information theme:

This theme described the families' need for information about the diseases of their family members in the ER in a complete and clear manner. This theme had six sub-themes: incomplete information about diseases, lack of information on treatment, lack of information on disease prevention, elusive explanations, lack of clarification of procedures, and the need for clarity about the diseases.

Incomplete information about diseases: Participants stated that during their stay in the emergency room, they were given incomplete information by health personnel. statements that prove the sub theme:

"... did not want to check in Kepanjen. Just said that this was heart disease, later had to be hospitalized, already just like that" (P2)

Lack of information on treatment: When participants were in the ER, they did not get information about the treatment in order to recover completely. The supporting statement was:

"Yes, information about the heart problem. I just wanted to know what kind of diseases, what to do to recover, what kind of information available. I just really wanted to know, what kind of care needed..." (P5).

Lack of information on disease prevention: Information on prevention was needed by families to anticipate the occurrence of recurrent events to prevent families' anxiety. This was supported by the participant's statement:

"In the ER, they did not tell about the prevention, just told that this heart disease could happen over and over again" (P6).

Elusive explanations: An explanation of the disease with an easy-to-understand sentence should be done because of the diverse backgrounds of the participants. The supporting statement was:

"... at that time, the doctor's explanation was too short ... this coronary heart needed specific food... I just forgot, there is a swelling on this side, the doctor used health language I did not understand ..." (P4).

Lack of clarification of procedures: Health personnel provided the procedures in the ER with no explanation. Consequently, families did not know the purpose of the treatment performed in the ER. This was supported by the participant's statement:

"... no explanation Mas, yes immediately after we came, they directly cut out, then put on some kind of patches on his chest" (P1).

The need for clarity about the diseases: Families of the patients with ACS in the emergency room needed clarity about the disease. The supporting statement was:

"... if we went to Panti Nirmala, I knew that Panti Nirmala really knew that Mas, knew the disease of my father" (P3).

Theme 2: The need for prompt and accurate service. This theme was one of the families' needs when facing ACS attacks for the first time in ER. Descriptions of this need included 2 sub-themes: the need for more specific examination and the need for prompt service.

The need for more specific examination: Families needed a detailed examination to know the diseases of their family members. The supporting statement was:

"... just directly said it was high cholesterol and stomach acid, no specific explanation. We were confused what to do, do not know the disease, ..." (P3).

The need for prompt service: Prompt service was a service given as soon as possible by giving medication or other therapy. This was supported by the participant's statement:

"At that time, I wished the heart medication could be given as soon as possible, but there was none ...; Yeah, the patient should be immediately served and given the medicine "(P4).

Theme 3: Psychological needs. these needs were one of the needs occurred when families stayed with the sick family members in the ER. This theme had 2 sub-themes i.e. fear of the situation in the treatment room and anxiety when being separated from the patients.

Fear of the situation in the treatment room: Fear of the situation in the treatment room was a psychological reaction when seeing something previously unknown. This was supported by the participant's statement:

"Plus the sound of his heart monitor was...ouch, I couldn't bear it: (P7)

Anxiety when being separated from the patients: Anxiety when being separated was a natural emotion of participant when they cannot accompany one of the family members in the ER. The supporting statement was:

"I just wanted to be near my mother, so we (the family), especially me, were not worried. We also wanted to understand the disease" (P6).

DISCUSSION

The results of this qualitative research showed that there were 3 themes about the needs of families in the Emergency Room i.e. the need for adequate information, the need for prompt and accurate services, and psychological needs. Families also experienced emotional changes when one family member experienced a sudden and life-threatening event.

Complete information was needed by families in the ER because they were not familiar with the diseases of their family member. This is also in line with some of the previous findings which stated that information is a very important necessity.^[10,16] Open and clear information is very important needs. In this research, the information provided by health personnel to the family was very minimal, causing the provision of unclear and limited information.

Families with critical patients required information about the progress of the patient's condition. They would ask the same questions over and over and ask for more information about the patients' condition.^[17] Critical circumstances and limited information acquired might cause the families to experience psychological pressure and anxiety. This might affect the families in making important decisions for the recovery of the patients.^[18] This study is in line with the research conducted by Al-

mutair *et al.*,^[16] which stated that the need for information becomes an important need in increasing the quality of services in the ER.

The theme of prompt and accurate service needs in this study meant that families wanted an immediate and clear service about the disease of the sick family members. In this case, nurses were required to provide appropriate action and information to make the families understand, so families could quickly make decisions.^[19] Families needed an update on the patient's condition every 15 minutes and a clear and easy-to-understand answer.^[10]

Psychological needs in the results of this study were an emotional feeling experienced by families because of the consequences of sudden changes when seeing people they know affected by the disease. This is also in line with previous research Hsiao *et al.*,^[10] which stated that families may experience stress and anxiety when they see one of their family member sick, causing an impact on the patient's healing process.

Research conducted by Koukouli *et al.*,^[3] states that these emotional changes result from changes in their lives, the unstable patients' condition, unexpected changes in the patients, and difficulty in determining the treatment to be performed. The presence of families for the patients was meant to keep the welfare of the patients, even without paying attention to their own needs. In this study, participants stated that they felt anxious and worried because they cannot accompany their family members directly. It was the responsibility of health personnel to meet these needs because families became the main support for patients in the healing process.

CONCLUSION

With the advent of various family needs while in the ER clinic, proving that emergency services have not done holistically. In addition, emerging needs can be caused due to changing family roles and families experiencing first-time situation. The implication of this research result is health personnel should pay attention to both the patients' needs and the families' needs in order to improve the quality of service and the quality of family life.

Ethics

This research had already received the ethical approval from Faculty of Medicine Brawijaya University. This study was conducted for 4 (four) months, from September to December 2017.

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Conflict of interest

There is no conflict of interest relevant to this article was reported

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