

Fulfillment of Family Needs Toward Family Satisfaction During Care in the Intensive Care Unit

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Article Info

Keywords :

Family Needs, Family Satisfaction,
Intensive Care Unit, Patient's
Family, Critical Care

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ABSTRACT

Background & Objective: The family of patients treated in the intensive care unit often experiences anxiety and uncertainty, making it important to pay attention not only to the patients but also to their families. Meeting the needs of the patient's family is an important factor in increasing their satisfaction with health services. This study aims to analyze the relationship between the fulfillment of family needs and family satisfaction during treatment in the intensive care unit. **Method:** This research used a quantitative method with a cross-sectional design. The population in this study was family members of patients treated in the intensive care unit at RSUD Prof. Dr. Margono Soekarjo. A total of 83 participants were selected using accidental sampling. The research instruments used were a questionnaire to assess the fulfillment of family needs and a questionnaire to measure family satisfaction. Data were analyzed using the Spearman correlation test, and the results were presented in the form of frequency distributions and percentage tables. **Result:** The results showed that most respondents, amounting to 92.8%, felt that their needs were fulfilled, and 88.0% were satisfied with the services provided in the intensive care unit. Statistical tests showed a positive and significant relationship between the fulfillment of family needs and family satisfaction, with a significance value of 0.008. **Conclusion:** The better the fulfillment of family needs during treatment in the intensive care unit, the higher the level of family satisfaction. Hospitals are expected to continuously improve service quality by enhancing communication, emotional support, and involving families in patient care.

DOI: <https://doi.org/10.56359/igj.v4i3.742>



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Introduction

The Intensive Care Unit (ICU) is a highly specialized department within the hospital that provides comprehensive and continuous care to patients with life-threatening conditions. These patients typically experience rapid deterioration in physiological function, necessitating immediate and advanced medical interventions (Herman et al., 2022). The complexity of care in the ICU setting demands not only expert medical attention but also sustained emotional resilience from the families of critically ill patients. Admission to the ICU is a traumatic event for both patients and their families, often accompanied by fear, uncertainty, and psychological distress (Aurellia Sitepu & Deniati, 2024).

Data from the World Health Organization (WHO) in 2019 show that between 9.8 and 24.6 individuals per 100,000 population worldwide require intensive care annually, with ICU mortality rates estimated at 1.1 to 7.4 million deaths globally (Maryuni et al., 2023). In Indonesia, critical illness remains a significant public health concern, with many ICU reporting high patient turnover and mortality. A study conducted at Dr. Kariadi General Hospital in Semarang found that over a two-year period, 1,441 critical patients were treated in the ICU, with more than 1,400 deaths recorded (Hidayah et al., 2024).

These data highlight the emotional burden experienced by families, who must cope not only with the critical condition of their loved one but also with the realistic possibility of death. Family members of ICU patients often experience heightened levels of anxiety and depression, which can manifest as sleep disturbances, loss of appetite, and difficulty concentrating. Hartog and Reinhart (2020) reported that 10–42% of ICU family members exhibit symptoms of anxiety, while 16–35% show signs of depression.

This psychological toll is compounded by environmental stressors such as unfamiliar medical technology, communication barriers with healthcare providers, and limited visiting hours. A survey conducted in a New York ICU showed that 30% of family members experienced severe anxiety during their relative's ICU stay (Hastuti et al., 2021). A contributing factor to this emotional burden is the degree to which the family's needs are met during the ICU experience. According to Molter and Leske's Critical Care Family Needs Inventory (CCFNI), families have five essential needs during a relative's ICU stay: comfort, assurance, information, proximity, and emotional support (Büyükcoban et al., 2020).

Families often prioritize information about the patient's condition, transparency in medical decisions, and the opportunity to remain close to the patient. When these needs are unmet, families report increased levels of dissatisfaction and emotional distress (Anggriani et al., 2020). Nurses play a central role in addressing these needs. In addition to their technical responsibilities, nurses are expected to deliver compassionate care and act as intermediaries between medical teams and family members. This includes facilitating communication, providing clear and honest information, and supporting family members emotionally (Priyantini et al., 2023).

However, studies show that despite healthcare workers' efforts, many families still report gaps in communication and unmet expectations, particularly in public hospitals with high patient loads (Hafifah et al., 2021). Family satisfaction is increasingly recognized as a crucial quality indicator in ICU services. It reflects how well healthcare systems respond to both the clinical and psychosocial dimensions of care. Research by Haave et al., (2021) in Norway revealed that while overall

satisfaction was high, families expressed concerns about inconsistent communication and lack of involvement in decision-making processes. Similarly, a study by Jatmiko et al., (2023) in Indonesia demonstrated a significant correlation between the fulfillment of family needs and their satisfaction with ICU services. These findings emphasize the need for holistic, family-centered care models that prioritize emotional support and informed involvement.

Preliminary observations at RSUD Prof. Dr. Margono Soekarjo revealed similar concerns. Despite having 15 ICU beds equipped with ventilators and modern monitoring tools, families often reported anxiety and dissatisfaction due to poor communication and unmet expectations. From January to July 2024, 1,128 patients were admitted to the ICU, yet interviews with family members revealed that many still felt uncertain and uninformed about the patient's condition. These concerns suggest that technical competency alone is insufficient; effective ICU care must also address the psychological and informational needs of families.

Given the central role of families in critical care contexts, especially in cultures where familial support is integral to patient recovery, it becomes imperative to assess how the fulfillment of these needs correlates with their satisfaction. Understanding this relationship can provide a foundation for improving healthcare delivery and ensuring that ICU care remains both clinically effective and emotionally responsive.

Objective

This study aims to analyze the relationship between the fulfillment of family needs and family satisfaction during patient care in the Intensive Care Unit (ICU) at RSUD Prof. Dr. Margono Soekarjo. It also seeks to identify the demographic characteristics of respondents, assess the extent to which critical care family needs are fulfilled based on key domains, and evaluate overall family satisfaction with ICU services. The findings are expected to support improvements in the quality of family-centered care in critical settings.

Method

This study used a quantitative research design with a correlational and cross-sectional approach to examine the relationship between the fulfillment of family needs and family satisfaction during patient care in the Intensive Care Unit (ICU). The study was conducted at RSUD Prof. Dr. Margono Soekarjo Purwokerto from January to February 2025.

The population included all family members of patients treated in the ICU. A total of 83 respondents were selected using accidental sampling, involving family members who were present and met the inclusion criteria during data collection. Inclusion criteria consisted of family members who had accompanied the patient for at least 2×24 hours, while exclusion criteria included families with mental or physical impairments or those who declined to participate.

Two standardized instruments were used: the Critical Care Family Needs Inventory (CCFNI) to assess family needs, and the Family Satisfaction in the Intensive Care Unit 24 (FS-ICU 24) to measure satisfaction. Both instruments had been previously tested for validity and reliability. Data were presented in frequency tables and analyzed using the Spearman Rank correlation test, as the data were ordinal and not normally distributed.

Results

The research entitled “Fulfillment of Family Needs and Family Satisfaction During Care in the Intensive Care Unit” was conducted from December 23, 2024, to February 13, 2025. A total of 83 respondents participated in this study, selected based on predetermined criteria. The research was carried out in the Intensive Care Unit of RSUD Prof. Dr. Margono Soekarjo Purwokerto. The data obtained included both univariate and bivariate analyses.

TABLE 1. Characteristics of Respondents

Variable	F	%
Age		
Late Adolescence (18–25 years)	22	26.5
Early Adulthood (26–35 years)	24	28.9
Late Adulthood (36–45 years)	20	24.1
Early Elderly (46–55 years)	13	15.7
Late Elderly (>56 years)	4	4.8
Gender		
Male	31	37.3
Female	52	62.7
Education Level		
Primary Education	21	25.3
Secondary Education	47	56.6
Higher Education	15	18.1
Occupation		
Unemployed	17	20.5
Civil Servant/Military/Police	8	9.6
Self-employed	26	31.3
Housewife	20	24.1
Laborer	12	14.5
Relationship with the Patient		
Spouse	14	16.9
Parent	14	16.9
Child	22	26.5
Sibling	33	39.8
Experience Waiting in the ICU		
Yes	24	28.9
No	59	71.1
Total	83	100.0

Based on the table, it was found that in terms of age, the largest group was early adulthood (26–35 years) with 24 respondents (28.9%), while the smallest group was late elderly (>56 years) with 4 respondents (4.8%). The majority of respondents were female, totaling 52 people (62.7%), while male respondents numbered 31 people (37.3%). Regarding the educational level, most respondents had a secondary education, accounting for 47 people (56.6%), while the group with higher education had the fewest respondents, totaling 15 people (18.1%). In terms of occupation, the majority of respondents were self-employed, totaling 26 people (31.3%), while the fewest were civil servants/military/police personnel, with 8 people (9.6%). Regarding the relationship to the patient, most respondents were siblings of the patient, with 33 people (39.8%), while the smallest groups were spouses and parents of the patient, each totaling 14 people (16.9%). As for previous experience waiting in the ICU, the

majority of respondents had no prior experience, totaling 59 people (71.1%), while 24 people (28.9%) had such experience.

1. Fulfillment of Family Needs in the Intensive Care Unit

The fulfillment of the needs of families of critically ill patients treated in the ICU was assessed among a total of 83 respondents. These needs were categorized into two levels: "Fulfilled" and "Highly Fulfilled." The results are presented below:

TABLE 2. Frequency Distribution of Family Needs Fulfillment in the Intensive Care Unit at RSUD Prof. Dr. Margono Soekarjo Purwokerto, Year 2025

Category	F	%
Fulfilled	6	7.2
Highly Fulfilled	77	92.8
Total	83	100.0

Based on the results of the study regarding the needs of families of patients in the ICU, it was found that the majority of respondents felt their needs were highly fulfilled, totaling 77 respondents (92.8%). Meanwhile, only 6 respondents (7.2%) reported that their needs were fulfilled, but not to the extent of being highly fulfilled. This indicates that most families of ICU patients felt that their needs were adequately met during their time in the intensive care environment.

2. Family Satisfaction in the Intensive Care Unit

The satisfaction of families of critically ill patients treated in the ICU was assessed among a total of 83 respondents, who were categorized into three levels: fairly satisfied, satisfied, and very satisfied. The results are as follows:

TABLE 3. Frequency Distribution of Family Satisfaction in the Intensive Care Unit at RSUD Prof. Dr. Margono Soekarjo Purwokerto, Year 2025

Category	F	%
Fairly Satisfied	9	10.8
Satisfied	73	88.0
Very Satisfied	1	1.2
Total	83	100.0

The data reveals that the majority of respondents, 73 out of 83 (88.0%), felt satisfied with the care provided. A smaller portion, 9 respondents (10.8%), reported being fairly satisfied, while only 1 respondent (1.2%) expressed being very satisfied.

3. The Relationship Between the Fulfillment of Family Needs and Family Satisfaction in the Intensive Care Unit at RSUD Prof. Dr. Margono Soekarjo Purwokerto

TABLE 4. Frequency Distribution of The Relationship Between the Fulfillment of Family Needs and Family Satisfaction in the Intensive Care Unit at RSUD Prof. Dr. Margono Soekarjo Purwokerto, Year 2025

Family Needs	Family Satisfaction						Total		P- <i>value</i>
	Fairly Satisfied		Satisfied		Very Satisfied				
	n	%	n	%	n	%	N	%	
Fulfilled	3	3,6	3	3,6	0	0,0	6	7,2	0,008
Highly Fulfilled	6	7,2	70	84,3	1	1,2	77	92,8	

Total	9	10,8	73	88,0	1	1,2	83	100,0	Rho: 0,287
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The cross-tabulation results show that the more family needs are fulfilled during ICU care, the higher their level of satisfaction. Among the 77 families who felt their needs were highly fulfilled, 84.3% reported being satisfied, and 1.2% reported being very satisfied. In contrast, among the 6 families who felt their needs were only fulfilled (but not highly fulfilled), most reported feeling only fairly satisfied or satisfied, with none reaching the level of very satisfied. The conclusion of this finding is that there is a positive relationship between the fulfillment of family needs and family satisfaction. More responsive services that address family needs such as clear information delivery and emotional support can enhance their satisfaction during the patient's ICU care. Spearman correlation test showed a positive and significant relationship between the fulfillment of family needs and family satisfaction during ICU treatment, with a correlation coefficient (ρ) of 0.287 and a p-value of 0.008 ($p < 0.01$). This result indicates that the more family needs are met, the higher their level of satisfaction. Although the correlation is considered weak, the relationship remains statistically significant, highlighting the importance of meeting family needs to improve their satisfaction during intensive care.

Discussion

This study aimed to investigate the relationship between the fulfillment of family needs and family satisfaction during patient care in the Intensive Care Unit (ICU) at RSUD Prof. Dr. Margono Soekarjo. Using Spearman's rho correlation test, the findings revealed a significant and positive correlation between these two variables ($r = 0.287$, $p = 0.008$). This result indicates that the higher the level of family needs fulfillment, the greater the family's satisfaction with the care provided in the ICU.

The two key variables explored in this study are the fulfillment of family needs and family satisfaction. The fulfillment of family needs was measured through five primary domains: assurance, proximity, information, emotional support, and comfort. These domains reflect the expectations and concerns of families when their loved ones are admitted to the ICU, often under critical and uncertain conditions. Families require continuous updates, psychological support, and access to the patient in order to feel involved and reassured.

Family satisfaction, on the other hand, was assessed through the FS-ICU 24 tool, which measures satisfaction with care and decision-making in the ICU. This includes perceptions of the quality of medical and nursing care, communication with healthcare staff, and opportunities to be involved in decisions. The correlation between these two variables supports the understanding that when family need especially for transparent information, assurance of care, and emotional comfort are met, satisfaction with ICU services improves significantly.

The study findings suggest that communication openness, service assurance, and emotional support are key factors that influence family satisfaction. Providing clear information regarding the patient's condition and treatment plan gives family members peace of mind and builds trust with the healthcare team. Likewise, emotional empathy and attentiveness from ICU staff help create a supportive environment amid the emotional strain families often face.

These findings are in line with previous studies that emphasize the importance of fulfilling family needs in the ICU setting. Nadya et al., (2020) found that the

fulfillment of family needs in terms of information, emotional support, and accessibility to the patient significantly contributes to satisfaction with healthcare services. Similarly, Pondi et al., (2020) reported that families who received comprehensive and timely information from the healthcare team expressed higher levels of satisfaction.

McLennan & Aggar, (2020) highlighted the pivotal role of nursing care in shaping family perceptions of ICU services. Their study indicated that ineffective communication, lack of empathy, and insufficient clinical competence from nurses were major sources of dissatisfaction. This supports the current study's findings that emphasize the need for clear, consistent, and compassionate communication by healthcare professionals.

Haave et al., (2021) further reinforced that although many families expressed satisfaction with ICU care overall, several areas such as the quality and consistency of information needed improvement. These gaps suggest that even in well-functioning ICU systems, communication remains a critical determinant of family satisfaction.

Alsharari, (2019) examined how sociodemographic factors such as education level and family relationship influence perceived needs. Those with higher education levels, for example, prioritized access to detailed and accurate information. This aligns with the current study, in which families with higher educational backgrounds demonstrated higher expectations, particularly for communication and access to medical updates.

Atri et al., (2024) emphasized the benefits of family-centered care and active involvement in the treatment process, stating that this approach helps reduce psychological stress while improving satisfaction. This is relevant to the present findings, suggesting that strategies focused on family integration in ICU care delivery can yield significant improvements in perceived quality of care.

This study contributes meaningful insights by utilizing two validated and widely accepted tools CCFNI and FS-ICU 24. These instruments ensured comprehensive measurement of both family needs and satisfaction, thereby enhancing the reliability and depth of the analysis. The combination of quantitative measures also allowed for a robust correlation analysis, highlighting specific areas that require attention from healthcare providers.

Another strength is the context-specific contribution of this study. Conducted in an Indonesian public hospital ICU, it adds culturally relevant data to the body of international literature, which is often dominated by studies from Western healthcare settings. The findings can inform local policy improvements and training for healthcare workers in similar settings.

Despite its strengths, this study has several limitations. First, data collection was time-sensitive, as it had to align with ICU visiting hours and the families' rest times. Many family members were reluctant to participate due to emotional exhaustion and high levels of anxiety. This posed challenges in meeting the sample target and may have introduced response bias.

Second, the study used a cross-sectional design, which only identifies associations but does not establish causality. Longitudinal or intervention-based studies would be necessary to determine the direct effects of family-centered interventions on satisfaction outcomes.

Third, the psychological condition of respondents may have influenced their responses. Families under emotional distress might have rated satisfaction differently

based on their emotional state rather than objective service quality. Future studies may incorporate qualitative interviews to gain deeper insights and validate quantitative findings.

Lastly, external variables such as ICU workload, staff-to-patient ratios, or hospital policy changes during the study period were not controlled, which may have affected the results. Further research should account for these variables to enhance validity.

This study confirms a significant positive relationship between the fulfillment of family needs and family satisfaction during ICU care. Healthcare providers, especially in intensive care settings, should emphasize transparent communication, emotional support, and continuous assurance to families. Addressing these aspects not only enhances family satisfaction but also contributes to holistic patient care outcomes. Despite its limitations, this study underscores the importance of implementing family-centered care models in hospital ICUs to promote trust, satisfaction, and emotional well-being.

Conclusion

Based on the findings of the study titled "The Fulfillment of Family Needs and Family Satisfaction During Care in the Intensive Care Unit", the following conclusions can be drawn:

1. Most respondents were aged between 26–35 years, predominantly female, with a high school level education, and primarily self-employed. The majority were siblings of the patients and had no prior experience accompanying patients in the ICU.
2. The majority of respondents (92.8%) perceived that their family needs were fully met, and 88.0% reported being satisfied with the healthcare services provided at RSUD Prof. Dr. Margono Soekarjo Purwokerto.
3. Spearman correlation analysis showed a positive and significant relationship between the fulfillment of family needs and family satisfaction during ICU care ($\rho = 0.287$, $p = 0.008$).

These results emphasize the importance of meeting family needs in enhancing satisfaction with ICU services and support the development of family-centered care practices in critical care settings.

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