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EXPLORING THE NEEDS AND LIVED EXPERIENCES OF FAMILY MEMBERS OF CRITICALLY ILL PATIENTS IN THE INTENSIVE CARE UNIT: A PHENOMENOLOGICAL STUDY

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ABSTRACT

In addition to intensive medical care, the condition of critically ill patients also significantly impacts the physical, psychological, social, and spiritual well-being of accompanying family members. Limited access to information, strict visitation rules, and the high-pressure ICU environment often lead to anxiety, stress, and fatigue among family members.This phenomenon highlights the need for a deeper understanding of the needs and experiences of families as caregivers. This study aims to explore the needs and experiences of families of critically ill patients being treated in the ICU of Hospital X in Batam. This study was conducted using a qualitative approach. The research design applied was phenomenology. Data collection was carried out through in-depth interviews, designed in a semi-structured format to allow flexibility in responses. Data were obtained from five participants who were included in this study, selected through the convenience sampling technique. The data analysis process was carried out using thematic analysis. This study identified five main themes. First, Family Sacrifice and Responsibility. Second, The Physical and Emotional Burden of ICU Patient Families. Third, The Meaning of Prayer and Hope in Facing Critical Care. Fourth, The Essence of Togetherness in Patient Care. Fifth, Family Experiences with Hospital Services and Facilities. The study concludes that caregivers experience substantial physical and emotional burdens, yet continue to show deep concern and responsibility. Spiritual support, togetherness, and hospital services significantly shape their overall experience during the care process. Recommendations for Hospitals: Hospitals should provide emotional and educational support for families. Effective communication by healthcare professionals and flexible visitation policies can enhance families' comfort and trust as they accompany and support their loved ones.

Keywords: Intensive Care Unit; family care giver; human needs; phenomenology; holistic care.

INTRODUCTION

Critical illness is a life-threatening condition that requires intensive monitoring and advanced treatment. Patients in the Intensive Care Unit (ICU) have a very unstable physiological condition. They depend on technology, invasive procedures, and continuous observation to maintain vital signs and prevent deterioration. In this situation, family members become part of the patient's care journey. They are present as supporters, companions, and decision partners during an unpredictable clinical situation. Families of critically ill patients often stay for long hours in the ICU corridor or waiting room. They experience psychological pressure, physical exhaustion, fear, and uncertainty while waiting for clinical progress. They also need accurate information, emotional support, spiritual strength, and a sense of security from health care providers. These emotional and psychosocial responses reflect how intensive the impact is not only for the patient, but also for the family. However, the needs and lived experiences of family members are often not fully explored by health professionals because the primary focus is centered on patient stabilization. Therefore, understanding family perspectives is essential. Their interpretation, feelings, hopes, concerns, and coping strategies will enrich nursing understanding from a more holistic view.This study aims to explore the phenomenological meaning of the needs and experiences of family members of critically ill patients in the ICU of Hospital X Batam.

MATERIALS AND METHODS

This research used a qualitative phenomenological approach. The study was conducted in the Intensive Care Unit of Hospital X Batam from February 18th, 2025 to March 7th, 2025.
The phenomenology approach allowed the researcher to understand the lived experience of family members during the critical period of hospitalization.

The population of this study was family members of critically ill patients treated in the Intensive Care Unit. The sampling technique used was convenience sampling, where participants were selected based on availability, willingness, and relevance to inclusion criteria. A total of five family members participated voluntarily in the study.

Data were collected through in-depth semi-structured interviews. Each participant underwent interviews lasting 20–30 minutes. Field notes, observations, and voice recordings were also collected to enhance data quality and capture non-verbal expressions

Ethical approval was obtained from the Health Ethics Committee of Universitas Awal Bros Batam. Furthermore, written permission was given by the Director of Hospital X Batam. Each participant signed the informed consent form as a declaration of voluntary participation, anonymity, confidentiality, fairness, and safety in the research process.

Data analysis was conducted through thematic analysis. Interview transcripts were read and re-read, coded, and categorized into themes. The themes represent the essence of meaning experienced by participants and describe how they interpret their role, burden, needs, and expectations while accompanying critically ill family members in the ICU.

RESULTS AND DISCUSSION

This study revealed five major themes which describe the essential meaning of the family experience when accompanying critically ill relatives in the ICU. The themes emerged from significant statements, meaning units, codes, categories, and inductive thematic interpretation.

Sacrifice and Family Responsibility

Families described that their presence in the ICU was not optional, but a moral responsibility. They interpreted family care as a form of religious duty and cultural obligation. They sacrificed time, rest, financial resources, and personal activities to “be there” for the patient. In Javanese and Malay culture, family solidarity in illness is a sign of honour, loyalty, and love. These findings support the holistic nursing understanding that family is not only a social role, but also a spiritual and cultural identity. Sacrifice here becomes an existential meaning: family defines themselves *through* caring.

Physical and Emotional Burden

Family members experienced extreme exhaustion due to long waiting hours, sleep disturbance, uncomfortable waiting areas, and constant fear of clinical deterioration. They described a combination of physical fatigue and emotional pressure They felt powerless, anxious, and stressed. This also aligns with previous research that ICU relatives often develop hypervigilance—where they cannot relax because they feel something bad might happen anytime. The ICU environment (alarms, tubes, monitors) amplified stressful perception.

The Meaning of Prayer and Hope

Prayer was not only ritual. It was coping. Participants repeatedly used words such as “pasrah”, “ikhlas”, “ridha”, and “berdoa terus” to maintain emotional strength. Spirituality gave them cognitive reappraisal: it replaced fear with meaning. In Indonesian families, religion is a meaning-making framework. Faith reduced fear of losing their loved ones. Prayer gave structure to uncertainty. Hope became the emotional stamina to survive the critical period.

The Importance of Togetherness

Families wanted to be closer physically to the patient. Limited visitation felt like emotional isolation. Touching the patient, seeing their face, or speaking softly beside the bed was interpreted as healing. Family presence provides non-technical therapeutic support. In phenomenology, being “with” the patient is not physical only, but existential presence. They needed proximity to reduce anxiety and to maintain relational identity.

Experiences with Hospital Services

Participants appreciated clinical care, but stated that communication from medical staff was sometimes rushed, unclear, and limited. They wanted honest explanations and understandable updates. They also expected more comfortable resting areas. Nursing communication becomes part of healing; the family emotional condition is strongly influenced by how health workers present information. High technology is not enough - emotional literacy from staff is needed.

Discussion

The findings highlight the significant physical, psychological, social, and spiritual challenges faced by families accompanying critically ill patients in the ICU. The high burden underscores the need for more systematic institutional support, especially emotional support and improved communication. Clear and compassionate communication from healthcare professionals is crucial to alleviate family anxiety and feelings of isolation. Enhancing comfort through better waiting facilities and flexible visitation policies can also increase family satisfaction and trust.

Spiritual practices such as collective prayer effectively provide psychological comfort and reinforce family resilience in the face of critical illness. This study emphasizes the importance of a holistic care approach that includes addressing the needs of both patients and their families for optimal recovery outcomes.

CONCLUSION

This study concludes that families of critically ill patients experience the ICU not only as a medical environment, but as an emotional, spiritual, and existential space. Their lived experience is defined by sacrifice, responsibility, physical burden, emotional stress, prayer, hope, relational closeness, and evaluation toward hospital services. The ICU situation creates an intense psychological pressure and uncertainty. Therefore, the needs of family members should be considered an essential part of holistic critical care. Family-centered care must be integrated into ICU policy, communication protocol, and nursing practice.

CONFLICT OF INTEREST (if any)

The author declares that there are no financial conflicts of interest related to this research. The study titled " Phenomenological Study of the Needs and Experiences of Family Members of Critically Ill Patients in the Intensive Care Unit at Hospital X Batam, 2025" was conducted without any financial affiliation, sponsorship, or involvement that could have influenced the results or interpretation of the findings. All authors affirm that they have no commercial or financial relationships that could be construed as a potential conflict of interest in relation to this manuscript.

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