1988

A Comparison of Nurse and Spouse Perceptions Concerning Psychosocial Needs

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A COMPARISON OF NURSE AND SPOUSE PERCEPTIONS CONCERNING PSYCHOSOCIAL NEEDS

By

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A THESIS

Submitted to
Grand Valley State University
in partial fulfillment of the requirements
for the degree of

MASTER OF SCIENCE IN NURSING

Kirkhof School of Nursing

1988

ABSTRACT
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CONCERNING PSYCHOSOCIAL NEEDS

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The purposes of this research were to discover and compare spouse's and nurse's perceptions of selected psychosocial needs. Twenty-six spouses of cardiac patients admitted to intensive care ranked 45 need statements using the Critical Care Family Needs Inventory. Nineteen nurses were also asked to assess and select the spouse's needs using the same tool. The need *to know the prognosis* was identified as the most important by the spouses of this study. Whereas, the nurses perceived the need *to have hope* as the most important for the spouses. The results showed that significant differences existed between the perceptions of spouses and intensive care nurses regarding selection of the spouse's psychosocial needs.

"And what is as important as knowledge?"
asked the Mind.
"Caring and seeing with the heart."
answered the Soul.
Flavia

Dedication

For nurses everywhere because --

Nursing is love made visible.
Nothing speaks so loudly,
or is heard so plainly,
as the silent steps or
the gentle whisper of
a caring nurse.

Nursing is the gentle art of caring.
Nothing is so strong as
gentleness,
Nothing so gentle as
real strength.

A nurse is an angel of mercy.
Nothing the heart gives
is lost; it is always kept
in the hearts of others.

MCB

Acknowledgements

This research project could not have been successfully completed without the support and dedication of several key individuals.

My appreciation is extended to Alex Nesterenko, Ph.D. I would also like to extend a special thank you to Carol Dwyer RN, M.S.N. Carol shared her clinical expertise, knowledge and enthusiasm throughout this entire process. As members of my thesis committee, they provided insight and gave willingly of their time and energy.

A special recognition extends to Emily Droste-Bielak, RN, Ph.D., the Chairperson of my committee. Emily not only provided guidance and encouragement during this research project but was influential in my entire graduate course work.

Finally, I want to express my deepest appreciation to my family. To my parents, who were always there, Ed and Laurie who lent an extra word of encouragement, to Rob who always made me laugh, and Matt my talented, wise friend. I could not have accomplished this project without all of their extra love and effort. Thank you all.

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Chapter One

Introduction

This year about one and a half million Americans will experience a heart attack and about 540,000 will die. Approximately 45% of all heart attack victims are under the age of 65 and 5% are under the age of 40. The average victim waits three hours before seeking help and about 350,000 people per year die before they reach the hospital for treatment (American Heart Association, 1987). Nurses are responsible for assisting patients and their relatives in coping with new and difficult situations. Myocardial infarction is a dramatic event which threatens the individual and his family.

The heart, more than any other organ in the body, symbolizes life. Threats to the structure and function of the heart caused by a cardiac event presents physical and psychological changes. Myocardial infarction (MI) and subsequent hospitalization may occur suddenly. An individual experiencing a myocardial infarction encounters many stressors including possible loss of life and admission to a foreign environment, an intensive care unit (ICU). Here strangers keep him/her alive and all the while the patient does not understand what is happening, nor does the family. This individual's usual lifestyle is totally disrupted. The cardiac event can be interpreted as a physical loss, a threat to self image and self esteem. These stressful events not only affect the patient but also make an impact on his/her family members as well.

The family unit is a system made up of people who are interdependent on one another. Within a family, each person depends on

role relationships to establish and maintain identity and self esteem. Since these roles are reciprocal, when one person leaves the system each member is affected (Williams, 1974). Therefore, when one family member is hospitalized, each family member experiences stress, particularly the spouse. The family and patient may find themselves in a crisis situation due to the family member's admission to intensive care, the life threatening nature of the cardiac illness, and the role changes that occur.

As a result of the interdependence of the family, nursing practices should focus on holistic care. Comprehensive nursing care requires interaction with family members. Critical care nurses are in an ideal position to help families cope with critical illness. As part of total patient care the nurse's responsibility includes integration of the problems and needs of the family into the patient's therapeutic care plan. Each patient needs to be considered in terms of wholeness, affected by physical, emotional, social, environmental and cultural influences. To separate this individual from his/her family is to eliminate one of the most important determining factors in a patient's recovery. (Fournet, Schaubhut, 1986).

Problem Statement

Intensive care nurses have become highly skilled in the operation of technical equipment in order to maintain the patient's physical status. There is little time left for families because patient care consumes so much time and energy. A husband or wife of such a patient presents an acute nursing care problem. Spouse's needs are often ignored or dealt with superficially because of the patient's precarious physical status. Traditionally little attention has been

given to the psychosocial needs of the patients and even less to the families'. Nurses are given the responsibility for intervening to meet the needs of the patients and their families. However, this accountability is expected without adequate knowledge or background. The inadequate knowledge is due to the lack of nursing research regarding what constitutes the needs of family members of the critically ill. Another important consideration in planning nursing care is that spouses and nurses may have varying perceptions regarding psychosocial needs. Therefore, it also becomes important to clarify and compare the perceptions of spouses and nurses so that energy is not misdirected and total patient care can be accomplished. The problem investigated in this descriptive study was: What are the perceptions of spouses and intensive care nurses regarding selected psychosocial needs of spouses who have a family member in intensive care or coronary care after a cardiac event?

Purpose

Further investigation of the spouse's needs during critical illness is imperative to increase the knowledge base in providing comprehensive nursing care. The knowledge of these needs is important to nursing practice because it broadens the focus of practice from the patient to include the family system. The spouse is an important aspect of the health care team and their needs must be considered. The identification of the spouse's needs may also be viewed as the basis for appropriate nursing measures.

Chapter Two

Review of the Literature

Review of Literature

The beginning of the literature review is concerned with identifying family needs and the nurse's ability to assess the perceived family needs. Because a cardiac event may potentiate a family crisis, it is also important to examine the studies revealing the stressors that may be experienced during this time.

Identification of Family Needs

Hampe (1975) conducted one of the first research studies concerned with identification of family needs. The purpose of this prospective study was to determine if the spouse of a terminally ill patient could identify his/her own needs. Twenty-seven spouses were interviewed prior to the death of their mate. They identified eight needs:

1. to be with the dying person.
2. to be helpful to the dying person.
3. for assurance of the comfort of the dying person.
4. to be informed of the mate's condition.
5. to be informed of the impending death.
6. to ventilate emotions.
7. for comfort and support of the family member.
8. for acceptance, support, and comfort from health professionals.

The result of this interview indicated that 25 spouses or 93% were able to identify all 8 needs. The other two spouses identified five and seven needs, respectively.

After the mate's death, the spouses were interviewed again. The results indicated that 87% of the needs identified in the second interview were identified in the first interview. The investigator concluded that the death event did not change the identified needs of the spouse. These results may have been influenced by interviewer bias. The interviewer was a nurse who had a personal concern for both the terminally ill patient and family. This prospective study's strength is in the temporal sequence. Follow-up of the phenomena helps to eliminate ambiguity because the investigator may be in a position to impose controls. This allowed the researcher to hold constant possible influences that may have obscured the relationship between variables.

Breau and Dracup (1978) replicated Hampe's non-experimental study. The investigators interviewed an unidentified number of spouses of patients admitted to the coronary care unit, (CCU). The study was based on the premise that spouses of CCU patients may experience intense feelings of loss due to the threat of their mate's death. The same eight needs felt by spouses going through the anticipatory grieving process were identified. It was also discovered that these needs were not being met consistently by nursing or medical staff. This replication places greater credibility in the results of Hampe's research.

Molter (1979) interviewed forty relatives of critically ill patients for the purpose of identifying their needs. A list of 45

"need" statements was developed and relatives were asked to rate the importance of each statement on a scale of 1 (not important) to 4 (very important). They were also asked if the need was met; if so, and by whom? All of the needs were considered very important by at least one relative. The universal need identified as very important by all of the subjects was the need for hope. Other important needs were to receive adequate and honest information and to feel that the hospital staff were concerned about the patient. The families perceived that the majority of needs were met more than 50% of the time and that the role of health care personnel was patient-centered only. This exploratory descriptive study exemplified the need for concrete nursing research in working with families of critically ill patients. In addition, it was the first positive measure to explore and attempt to validate a tool for measuring family needs. The infancy of the instrument can be viewed as a slight disadvantage because of no previous testing of reliability and validity.

In a descriptive study Rogers (1983) examined the needs of 20 relatives of cardiac surgery patients during the critical post-operative period in intensive care. A questionnaire based on Molter's (1979) 45 need statements was developed. The one need identified by all relatives as very important was to have the assurance of being called at home if there was a change in the patient's condition. The least important concern was to discuss financial matters with someone. A limitation to be considered is the small sample size. However, the use of a questionnaire by the researcher provided subject confidentiality and allowed for honest, open participant responses.

Daley's (1984) exploratory research used an instrument containing 46 need statements. These were subdivided into six major categories based on the study by Breau and Dracup: (a) personal needs, (b) need to decrease anxiety, (c) need for support and ventilation, (d) need for information, (e) need to be with the patient, and (f) need to be helpful. Forty family members of 28 critically ill patients rated the statements on a scale of 1 to 4. An item mean was computed to assess the rank ordering of the perceived needs. The need category which rated the highest was the need to decrease anxiety. All of the items within this category had a ranking of 3.225 or higher. The next highest category was the need for information, in which 8 of the 11 items had a ranking of 3.675 or higher. The response to know what was wrong with my family member ranked the highest of all the 46 need statements with a score of 3.975. The category of personal needs was given the lowest scores of the six major categories. It should be noted that the subjects were from similar ethnic backgrounds. A culturally mixed population may have provided a more diverse spectrum of needs. This study specifically identified areas of need based on the perceptions of family members, adding to the data for nursing assessments.

Stillwell, (1984) interviewed 30 family members of patients admitted to intensive care, using a questionnaire based on Molter's (1979) 45 need statements. In this exploratory study, the families were asked to rate one of the following conditions that best described the patient's physical condition - good, fair, serious, or critical. According to Kendall's tau b, there was a significant correlation between the family's perceived condition of the patient and the

importance of the need to see my relative frequently, $r = 0.63$, $p < .05$. The importance of this need increased as the perceived severity of the patient's condition increased. Several limitations need to be considered, such as family members who would not, or could not visit their relative and the differing institutional visiting policies for intensive care. These factors could alter the generalizations possible from the study. The strength of this research is in trying to identify important relationships - the perceived severity of the patient's condition influencing the visiting needs of relatives. This provided a richer understanding of relative's needs.

Leske (1986) utilized the need statements developed by Molter, changing the order, to yield the Critical Care Family Needs Inventory (CCFNI). The purpose of this survey was to ask 55 adult family members of 20 critically ill patients to rate the importance of needs on a scale of 1 to 4. The 9 top needs identified by family members in Leske's study were among the top 10 identified in Molter's research. These included to:

1. feel there is hope.
2. have questions answered honestly.
3. know the prognosis.
4. know specific facts concerning the patient's progress.
5. have explanations given in terms that are understandable.
6. receive information about the patient once a day.
7. be called at home about changes in the patient's condition.
8. feel that hospital personnel care about the patient.
9. see the patient frequently.

Leske's study substantiates Molter's finding that, "to feel there is hope" is very important. The study sample involved family members of patients with multiple diagnoses. Leske recognized the need for further research in identifying family needs in different types of critical illness and in different geographic locations. The primary advantages in using the CCFNI include providing a systematic method of assessing relative's needs and a means to gain information so that a nursing diagnosis can be easily defined. This added knowledge about family needs may help the nurse become more sensitive to those families in crisis.

Rasie (1980) conducted survey research by interviewing thirty patients and their relatives in intensive care. Three reccurring themes were detected: a) the families need to relive the critical incident leading to the patient's admission to intensive care, (b) a general fear of criticizing staff, and (c) the desire for medical information coupled with uncertainty about obtaining it. In light of these interviews, the need for interaction between families and nurses caring for their relatives is obviously important. The disadvantages of this research is that only one investigator was used and there was no evidence of controls to minimize personal bias. However, this study collected data through an unstructured interview. The advantages of this format included flexibility and the ability to gain information about the subject's perceptions without imposing the researcher's view.

Only three studies were found that looked at the ability of the nurse to identify the perceived needs of the patient or family. In Lauer, Murphy and Power's descriptive study (1982) 33 nurses and 27

patients rated 36 informational items according to the degree of importance. The results showed that nurse subjects achieved a higher mean score on the ratings of general items (M = 4.55; SD = .39) than did the patients (M = 3.72; SD = .81). The difference between these means was significant, t (58) = 5.46, p <.001, thus indicating differences between patient's and nurse's perceptions of their learning needs. Patients felt it was most important to know about their diagnosis, the plan of care decided by their physician, how to care for themselves at home and work, and what their experiences would be like during diagnostic procedures. In contrast, nurses placed a high rating for the patient to obtain information about the availability of financial assistance, how to care for themselves at home and work, and how to talk to their families and friends about their concerns. The sampling procedure used in this study included volunteers, both nurses and patients. However, this method of selection is a limitation because self selection results in problems of bias. However, this descriptive survey has the benefits of flexibility and broadness of scope. It seeks to summarize what is occurring in a natural setting allowing greater generalizations.

Lust (1984) conducted a descriptive survey. Five families were interviewed in surgical intensive care and found that their greatest needs were (a) getting up-to-date information, (b) to see the patient frequently, and (c) being allowed to assist in patient care. Four nurses were interviewed and they identified the need to communicate frequently with the family as very important but not always feasible due to time constraints. On the whole, families and nurses identified similar family needs. The primary difficulty with this study is the

extremely small sample size. It does not result in enough data to accurately understand or draw credible conclusions about the needs of the population. The advantage is that it begins to obtain information comparing nurses and patients perceptions.

Norris and Grove's (1986) descriptive study used a reduced version of Molter's 45 need statements. Twenty family members were asked to identify their perceived psychosocial needs. The four most important needs were to (a) feel there was hope, (b) have questions answered honestly, (c) feel that the hospital personnel cared about the patient, and (d) be assured that the patient was receiving the best care possible. Twenty intensive care nurses were also asked to fill out the questionnaire identifying the family's needs . The four most important needs included to: (a) talk to the doctor every day, (b) receive information about the patient once a day, (c) feel that the hospital personnel cared about the patient and (d) have explanations in understandable terms. The results indicated that a definite difference existed between the family's and nurse's perceptions. An analysis of variance yielded a F ratio = 0.012, indicating a significant difference at the .05 level. This research was conducted in only one hospital and in a specific geographic location, decreasing its potential for generalization. The use of Molter's instrument continues to strengthen the validity and reliability of the tool. In addition, it produced similar results with regard to family needs adding credibility to the findings. Further research is needed to compare nurse's and family's perceptions.

The literature indicates that in order to provide holistic nursing care identification of family needs is essential. This is necessary

if nurses are to provide quality patient care. Until recently little research has been directed toward the family members of patients in intensive care. Various factors have also been identified by families as stressors. This provides a better understanding of how the family members of a critically ill patient perceive the acute illness and hospitalization. However, there is a gap in the recent nursing research with regard to the nurse's ability to accurately recognize the needs of family members of critically ill adults.

Stressors

A myocardial infarction may result in many stressors. The patient's reaction to medical treatment, adaptation to the illness itself and convalescence can be profoundly influenced by the attitudes of family members. Therefore, it is important to explore the possible stressors that may effect the hospitalized patient and family.

Potter (1979) conducted a descriptive study using a 24 item questionnaire based on a 5 point Likert scale. This tool measured the sources of stress that 75 families encountered while visiting patients in intensive care. Two items were identified as statistically significant at the .05 level. These were lack of privacy within intensive care units and the failure of the nurses to assist families in finding useful tasks for the visitor to perform for the patient. The results indicated that nurses can continue to assume that there are stressful factors for families within the intensive care environment. A limitation of this study was the use of a newly developed questionnaire wherein a number of events contained in it were not perceived as stressful by the subjects and were considered irrelevant. The similarity of stress scores between different the

units coupled with the diversity in settings allowed the findings to be broadly applicable.

Bedsworth and Molen (1982) used a non-experimental research design to study psychological stress in spouses of patients sustaining a myocardial infarction. Twenty spouses were asked to respond to open ended questions during a semi-structured interview. The most common type of threat reported by this sample was that of loss. Specifically, 75% of the spouses considered loss of their mate as the greatest threat, and 50% were concerned with the possible loss of a healthy mate. The findings from this study suggest that psychological stress is apparent in spouses of patients with myocardial infarction. The researchers felt that more knowledge about psychological stress of myocardial infarction patients should make the nurse more sensitive to the needs of both patients and their families during this type of crisis. Two disadvantages of conducting this qualitative research study were found: 1) it was very time consuming and 2) it was difficult to analyze data objectively. The use of open ended questions was beneficial. The subjects chose to speak freely and the results were found to be consistent with the theoretical relationships proposed by Lazarus (1966).

Gilliss' (1984) longitudinal descriptive study explored the major sources of stress in patients and their spouses. Data collection occurred at the time of hospitalization for coronary bypass surgery and six months after discharge. In the first interview seventy-one couples were asked about events leading up to surgery and family changes that were related to illness. The second interview included 41 of the couples who originally participated and focused on the

experiences of the patient and spouse during recovery. The patient's scores were compared with the spouses using a matched pair t-test, t (70) = -3.43, $p<.001$. This demonstrated a significantly higher amount of stress among spouses. The major stressor reported by spouses was the lack of control of hospital events. They felt they could do little to comfort the patient. Other stressors included lack of privacy, being uninformed and finally, misinformation about recovery from well meaning friends. The reported findings do not indicate reasons for the difference in samples from the first interview to the second. There is no mention of controls to avoid such a discrepancy. In addition, there were no statistical reports comparing the two group interview stress scores. It may have been beneficial to determine if the hospitalization or recovery periods were the most stressful for the spouse. The strength of this longitudinal study is that it examined stressful events at more than one point in time, enabling the researcher to shed some light on trends or changes.

Doerr and Jones (1979) conducted an experimental study for the purpose of examining the effect of family preparation on the state anxiety level of twelve coronary care patients. The patients who participated in the study were randomly assigned to either an experimental (family prepared) or control (family non-prepared) group. Family members of the patients in the experimental group were given an informational booklet regarding coronary care and were provided the opportunities to ask the nurse questions. Family members of the control group were not given the booklet or the opportunity to ask the nurse questions. The state anxiety levels of the patients were then measured by the State Anxiety Scale (Spielberger, 1970).

The results showed that patients whose family members were prepared for visitation showed a mean decrease of 1.67 points on the State Anxiety Scale. Patients exposed to non-prepared family members experienced a mean increase in state anxiety of 3.13 points. A t-test performed on these scores was statistically significant, t (10) = 2.23, $p < .05$. It was concluded that family preparation reduced the amount of anxiety transferred from the family member to the patient. One of the pretest/post-test experimental design weaknesses is the "Hawthorne effect." The subject and investigator, if made aware of inclusion in a study, may change his/her behavior. This obscures the effect of the variables and alters the findings. The double blind procedure was not used to avoid this potential problem. The advantage of using this research method is that it is the most powerful for testing hypotheses of cause and effect relationships between variables.

It is evident that more research is needed to gain a sufficient knowledge base that would assist the critical care nurse in incorporating relatives of critically ill patients into nursing care plans. In addition, there has been no reported method that accurately and effectively assists the nurse in assessing family needs. These areas present a challenge for nursing research.

Conceptual Framework

Crisis theory provides a framework that assists in explaining individual responses to the stressors encountered when a family member experiences a cardiac event. Maslow presents ideas on how human behavior is influenced by need fulfillment and its importance in the family system. B. Neuman's health care system model clarifies the

nursing discipline. The concepts included in this model constitute a mechanism for understanding and predicting nursing effectiveness.

Crisis Theory and Intervention

It has been documented in the literature that an acute illness not only affects the patient but could also disrupt the family's equilibrium. (Hodovanic, Reardon, Reese and Hedges, 1984: Kuenzi & Fenton, 1975: Williams, 1974). In particular, a myocardial infarction has been cited as a potential condition for placing the family and patient in a crisis situation. (Aguilera & Messick, 1978; Dracup, Meleis, Baker & Edlesfen, 1984; Gaglione, 1984; Pinneo, 1979). Nurses can be important potential sources of support to promote and maintain a family's well-being. Modified crisis theory can be applied in acute care settings to help patients and their families maintain or regain emotional equilibrium.

Caplan (1961) defines crisis as occurring when a person faces an obstacle to important life goals, that is, for a time, insurmountable through the usual methods of problem solving. The two important factors of the crisis concept include: (1) a person in a state of equilibrium with a repertoire of problem solving skills and (2) a hazardous event or obstacle to a goal. The event or obstacle creates a disruption of the person's steady emotional state. This causes an increase in anxiety and a decrease in coping abilities. The result is a temporary inability to cope and a period of disorganization.

Barrell (1974) categorizes crisis into two groups: the maturational crisis that is expected and occurs as people grow and develop, and the situational crisis that is not anticipated. The

patient admitted to an intensive care unit may experience a situational crisis.

Several behaviors have been described by Walkup (1974) which are exhibited by an individual in a crisis situation. These behaviors include: (a) a change occurs to an individual in a dynamic equilibrium, (b) the change is perceived as a disruption of a normal balance of internal needs and external demands, (c) as a result of the imbalance, the individual mobilizes internal resources for problem solving and seeks external resources to assist in resolving the imbalance, (d) it is then discovered that external and internal resources fail to resolve the problem demands and (e) as a result feelings of helplessness and ineffectiveness result in a behavior disorganization. A crisis situation exists. Several factors influence an individual's vulnerability to crisis - a person's perception of the event, internal resources or coping mechanisms used in the past, and available external situational supports.

Leavitt (1984) states that families coping with health crises constitute a population at risk. They are vulnerable to deterioration in mental health and family functioning. Crisis theory has provided nursing with a framework for intervention. During crisis disequilibrium, people are more open and susceptible to intervention. Nurses are present when the patient and family are in the acute phase of illness and hospitalization. Nurses have always cared for families. They have shared their joys, reached out in their grief and despair and have listened to and answered their questions. Gardner and Stewart (1978) emphasized that nursing interactions with families may lead to decreased anxiety, increased reassurance, better

cooperation, improved rapport, mutual understanding, and improved patient care. Failure to interact appropriately with the family may lead to heightened anxiety and fear, misunderstandings, mistrust, hostility, failure to obtain information about the patient and even lawsuits.

Crisis intervention is aimed at restoring the individual to a state of equilibrium. The nursing actions in crisis intervention are directed toward strengthening and building the patient's and family's resources. Patients are members of families and a holistic approach to patient care warrants addressing the needs of both the patient and the family. A family member's admission to intensive care and the diagnosis of myocardial infarction have a significant impact on the family system. In response to these events the patient mobilizes internal resources and seeks external resources - his/her family. There is a problem when family members are expending all their energy to cope with the change. They are not available to the patient as an external resource who can be depended on to help. If the needs of family members are accurately assessed and met by nurses, then their energies can be directed toward being more supportive to the patient. By helping the family cope, the nurse in turn assists the patient in the recovery process.

The relationships within a family tend to provide support against each individual's feelings of insecurity and reinforce feelings of ego integrity. Loss, threatened loss, or feelings of inadequacy experienced by family members in relationships may leave them vulnerable to crisis. The spouse may perceive the situational stress as a threat to the maintenance of the role he/she considers vital to

self-image. Concurrent with this potential role loss are feelings of helplessness and hopelessness about the ability to reestablish a similar need fulfilling role. Therefore, the needs previously met through the relationship with the hospitalized family member may not be satisfied.

Human Needs

According to Maslow (1968) all human beings have basic physiologic and psychologic needs. These needs are related to each other in a hierarchial and developmental way in an order of priority. Maslow contends that one level of needs must be satisfied before proceeding to the next. There are five levels, starting at the bottom with the basic physiologic needs, then safety, social needs, self esteem, and at the top, self actualization. Maslow states that needs motivate individuals and that in order to avoid sickness or subjective ill being they must be fulfilled. If families are to be of benefit in the critically ill patient's recovery, their basic needs must be identified and met. The family members can then be freed to rebuild and maintain their social role relationships which are so important to each individual's ego integrity and self esteem.

Neuman's Health Care Systems Model

Neuman's health care systems model will be used to further strengthen the nurse's role in crisis intervention. In Neuman's model (1982) the person is in some state of wellness or illness. An individual is considered to be a composite of interrelationships between psychosocial, psychologic, sociocultural, and developmental factors. Health is a condition in which all the parts and subparts are in harmony with man. If a person's total needs are met, the

individual is in a state of optimal wellness. Disharmony results in a reduction of the wellness state, which is caused by unmet needs. The environment consists of the external and internal forces surrounding the person at any point in time. Man is viewed as being in constant change or motion and in reciprocal action with the environment. Man is an interacting open system.

According to Neuman (1983) an individual's normal line of defense is in a state of equilibrium. The person maintains varying degrees of balance between the internal and external environment. Stressors can cause an upset in the normal line of defense, which results in disequilibrium. A reaction then occurs that tries to mitigate or change the stressor. When disruption of this steady state occurs there is a surge of energy expended to cope with the disequilibrium. If allowed to continue, severe disorganization and death of the system results.

The nurse in Neuman's model (1983) acts as intervener and evaluator. The nurse's role attempts to reduce an individual's response to stressors. Neuman proposes that the total person must be included in the assessment process. As a result, the nurse must appraise all factors influencing the patient's perceptual field. Therefore, nursing involves holistic care. This model supports the importance of including the family in the health-illness continuum. Illness is not experienced individually but collectively. Holistic care of the critically ill patient implies nursing assessment and intervening to meet the needs of the family as well as the patient.

Summary

All individuals have basic needs. These needs are the motivating factor in behavior. If these needs are left unidentified and not met, gradual psychological disorganization or crisis results. Crisis intervention strategies can be used by the critical care nurse in resolving the unmet needs. Because man is an interacting open system a balance is maintained between the internal (needs) and external (family) environment. When there is a disruption of this balance by an acute illness the individual experiences an emotional upheaval and seeks family members for support. Family members also experience psychosocial needs during this phase of disequilibrium. If the nurse can successfully assess and intervene to meet these needs then the family's prior level of functioning may be restored. In addition, the outcome of the patient's illness may be positively influenced.

Research Questions

In recognizing the impact that unmet family needs have upon the patient, the following research questions were addressed:

1. What psychosocial needs do spouses of critically ill patients identify and perceive as the most and least important using the CCFNI?

2. What psychosocial needs do intensive care nurses identify and perceive as the most and least important for a particular spouse using the CCFNI?

3. Is there a difference between the priority needs identified by the spouses of patients with cardiac disease and the nurse's assessment of those needs as described by the CCFNI?

Definition of Terms

The following definitions were used in this research: (a) cardiac patient, a person 21 years of age or older who is admitted to an intensive care or coronary care unit with the diagnosis of myocardial infraction, rule out myocardial infarction, or angina, (b) spouse, a husband or wife (21 years of age or older) of a cardiac patient who visits the patient in critical care, (c) nurse, a registered nurse with a diploma, an associate degree in nursing, a bachelor's degree, or a master's degree in nursing who provides nursing care for the cardiac patient in intensive care, (d) intensive care, any specialized unit that provides intensive nursing care to the patient with a critical, life-threatening cardiac problem, (e) needs, a requirement of a person, which if met, relieves or diminishes immediate distress or improves one's sense of adequacy or well-being, specifically the needs identified on the CCFNI (see Appendix A).

Chapter Three

Methodology

Research Design

A descriptive survey design was used to identify and describe the psychosocial needs of spouses of critically ill cardiac patients. A questionnaire was used to collect data from the sample populations. The subjects included the spouses of cardiac patients admitted into the intensive care units of one acute care hospital and the critical care nurses caring for these individuals.

Assumptions

There were several assumptions that were inherent in this research design: (1) spouses have the ability to identify their own needs, (2) spouses experience stressors and possible disequilibrium when a family member is hospitalized in intensive care, thus they face a potential crisis, and (3) holistic care involves the intensive care nurse assisting the family member in their coping abilities during a stressful period.

Site

The study was conducted in one Midwestern community hospital. The medical intensive care unit consisted of fifteen beds: eleven private rooms and one four bed ward. The unit was equipped with full monitoring capacities and was staffed so that registered nurses provided the majority of patient care. The hospital was primarily a teaching facility with 529 certified beds. It was classified as a non-profit organization with corporate entities. The health care services it provided included a large trauma center, extensive cardiac

surgeries, neonatal intensive care and a women and children's health center.

Sample

All spouses who met the following criteria were considered for participation in the study: (1) admission of his/her mate to an intensive care unit with the diagnosis of myocardial infarction, rule out myocardial infarction, or angina, (2) male or female adults, ages 21 and over, who were legally married to the patient, (3) able to read, speak and understand the English language, (4) visits the cardiac patient at least once a day, (5) willing to participate and sign a consent form, (6) able to complete the questionnaire within the first 72 hours after intensive care admission, and (7) the patient must have been in the critical care unit for at least 24 hours. The nursing sample selection criteria included: (1) licensed registered nurses working full or part-time in intensive care for a minimum of six months, (2) male or female adults, ages 21 and over, (3) willingness to participate and sign a consent form, and (4) actively responsible for the nursing care of a particular cardiac patient and spouse.

Instruments

Leske (1986), in conjunction with Molter, changed the order of the need statements in Molter's original tool by using a table of random numbers. An additional open-ended item was added to identify any new needs not previously reported. The resulting instrument, called the Critical Care Family Needs Inventory (CCFNI) was used in this study. The need statements were rated on a four point Likert type scale. (Refer to Appendix A for tool). Cronbach's alpha coefficient was used

by Leske to estimate reliability. The alpha coefficient equalled 0.98 which highly supported internal consistency. The purpose of this instrument was to help the nurse complete a systematic needs assessment for relatives.

This questionnaire was selected because of the previously established content validity and reliability. It also measured the importance of selected psychosocial needs which was the intended purpose of this study. Using a Likert type scale provided data on a continuum. These scales are considered powerful and enabled the researcher to determine differences between individual's perceptions.

Written permission was granted by J. Leske to reproduce the copyrighted forty-five need statements for the investigator's research. (Refer to Appendix B).

Demographic data were collected from the spouse and nurse. (Refer to Appendix C and D). This information was gathered for analysis to obtain a better understanding of the influences that affect individual responses. In order to describe the patient population, data were also gathered from the chart. (Refer to Appendix E).

Pilot Study

A pilot study consisting of five spouses and five intensive care nurses was conducted before the larger study was initiated. Participation criteria were the same as those used for the larger sample. The purposes of the pilot study were to determine the feasibility of the data collection plan and obtain reactions to and overall impressions of the major study from its participants.

The data from the pilot study revealed that a few revisions were necessary. It was found that the intensive care nurses needed a more careful explanation of how to fill out the questionnaire. The researcher verbally emphasized the intent of the study including the nurse's ability to assess the spouse's priority needs while the cardiac patient was in intensive care. In order to reinforce the verbal explanation, the written directive on the Critical Care Family Needs Inventory for the nurses was changed from indicating how important these needs are to you to indicating how important these needs are to the spouse.

Spouses who agreed to participate in the pilot study offered positive comments regarding the nature of the study. Most stated that the cardiac patient's needs should be considered first but spouse's needs should also receive attention. The majority of pilot study spouse participants verbalized the hope that this type of study would lead to a better understanding of the needs of spouses of cardiac patients within the intensive care environment.

Research Procedure

The researcher contacted the hospital daily to obtain information regarding the admission of patients with the required diagnoses and the availability of spouses and nurses for participation in the research study. In order to maintain consistency, the researcher selected subjects according to the established criteria, explained the purpose of the study, obtained written consent, provided instructions for filling out the questionnaires and administered the CCFNI.

Subjects were assured verbally and in writing of the anonymity and confidentiality of their responses. After consent was obtained, three

digit code numbers were assigned to both the spouse's and nurse's questionnaires. The coding facilitated analysis between groups and allowed comparison between paired nurses and spouses. The spouse's identification number began with "1" as the first digit, followed by consecutive numbers; the nurses's identification number began with "2" as the first digit, with the consecutive numbers linking the nurse with the spouse he/she was assessing as they were the same. These code numbers became the subject's only means of identification. Signed consent forms were kept separate from all other research data in order to protect the subject's anonymity.

After spouses agreed to participate, written consent was obtained. (Refer to Appendix F). The data were collected in the following manner:

1) Spouses were given written and verbal instructions and asked to complete the CCFNI. (Refer to Appendix G).

2) Spouse participants were then asked to complete a demographic data form about themselves.

3) Spouses were given as much time as needed to complete the questionnaires. The time frame for filling out both instruments varied between 10 and 20 minutes. The majority of spouses completed the CCFNI in the patient's room, only a few preferred to complete the data forms in the visitor's lounge. The investigator remained available for questions.

4) During this time the investigator collected the necessary data from the patient's chart.

5) All participants were thanked for their time, patience, and contribution

The nurses responsible for the care of the cardiac patients and spouses were asked to participate in this research project. After obtaining a written consent (Refer to Appendix H), the steps for data collection from the intensive care nurses included:

1) Nurses were given the same tool as the spouses, the CCFNI. Again written and verbal instructions were provided for the subjects. The intensive care nurses were asked to prioritize the importance of the 45 need statements according to how he/she thought the spouse had perceived them.

2) Nurses were asked to complete a demographic data form after being given a brief explanation.

3) Participants usually completed both the questionnaire and demographic data at the nursing station taking about 10 minutes. The investigator remained available for questions.

4) Again, all participants were thanked for their time, patience, and contribution.

Chapter Four

Results

Psychosocial needs of spouses are often not accurately perceived by nurses. This study asked the spouses of cardiac patients admitted to the medical intensive care unit to identify and prioritize his/her own needs. In addition, the intensive care nurse was asked to identify the most and least important psychosocial needs based on his/her assessment of the spouse. The data collected from both the spouse and nurse were then compared.

During a 4 month period from December 1987 to April 1988, 100 persons were admitted to the medical intensive care unit of the selected hospital with the diagnosis of myocardial infarction, rule out myocardial infarction, or angina. Thirty-five of these patients were not married and 37 spouses were not approached for study participation for the following reasons: an inability to read, write or speak the English language (N=2), transfer out of the unit before being in intensive care for 24 hours (N=28), inability of the spouse to visit due to poor physical health (N=4), patient expired (N=1), and spouse's unstable emotional status (N=2).

Twenty-eight spouses met study criteria and were approached regarding study participation. Two of the spouses declined to participate stating that they were "too nervous" to fill out a questionnaire. Nineteen nurses gave consent to participate and completed study questionnaires with 7 nurses participating twice. Six nurses declined to participate due to being "too busy" (N=2) or not

having enough contact time with the spouse to feel comfortable in filling out the CCFNI (N=4).

Characteristics of Subjects

The study sample consisted of 45 subjects, 26 spouses and 19 nurses.

Spouses. Sixty-nine percent of the spouse sample population was female (N=18) with the remaining 31% being male (N=8). The mean age of the spouse participants was 56.30 years. Twenty-four spouses were Caucasian (92%) and two were Black (8%). All of the participants had at least a 7th grade education. The number of years the spouses were married ranged from 2 years to 49 years. Mean number of years married for this population was 27 years. (Refer to Table 1 for more specific demographic data).

Table 1

Distribution of Spouse Data by Age, Education and Number of Years Married

Class	N	Percentage
Ages 40-49	7	27%
Ages 50-59	10	38%
Ages 60-69	8	31%
Ages 70-79	1	4%
Completed 8th grade	13	11%
Completed 12th grade	17	65%
Completed 2 years of college	2	8%
Completed 4 years of college	2	8%
Completed 5 or more years of college	2	8%
1-10 years married	5	19%
11-20 years married	4	15%
21-30 years married	3	12%
31-40 years married	11	42%
41-50 years married	3	12%

Nurses. Ninety-five percent of the nurse sample population was female (N=18), with only 5% of the population being male (N=1). Ages of nurse participants ranged from 25 years to 48 years. Mean age for this population was 33.68 years. All of the nurses were Caucasian. The educational level of the sample ranged from diploma to bachelor's degree in nursing. Fifty-three percent of the nurse participants had completed a bachelor's degree in nursing (N=10). In the sample of nurses the majority of participants had been in the nursing profession 6 to 10 years (N=9). Mean number of years in nursing was 10 years. Years in intensive care nursing ranged from 6 months to 21 years. Mean number of years as an ICU nurse was 8 years. (See Table 2 for demographic data).

Table 2

Distribution of Nurse Data by Age, Education, Number of Years in Nursing and Number of Years as an ICU Nurse

Class	N	Percentage
Ages 21-30	6	32%
Ages 31-40	11	58%
Ages 41-50	2	10%
Diploma	5	26%
Associate Degree in nursing	4	21%
Bachelor Degree in nursing	10	53%
0- 5 years in nursing	2	11%
6-10 years in nursing	9	47%
11-15 years in nursing	5	26%
16-20* years in nursing	3	16%
0- 5 years in ICU nursing	5	26%
6-10 years in ICU nursing	9	47%
11-15 years in ICU nursing	2	11%
16-20* years in ICU nursing	3	16%

*One nurse with 21 years of nursing and intensive care experience was included in this category.

Patients. Twenty-six cardiac patients comprised the patient sample. The mean age of cardiac patients was 59 years with a range of 42 years to 74 years. Sixty-nine percent of these patients were admitted with the diagnosis of myocardial infarction (N=18), 23% had angina (N=6) and 8% were admitted with the diagnosis of rule out myocardial infarction (N=2).

Research Question 1

What psychosocial needs do spouses of critically ill patients identify and perceive as the most and least important using the CCFNI?

In order to analyze the first research question an item mean was calculated based on the spouse's responses. The two most important needs ranked by the spouses were to: (a) *know the prognosis* and (b) *have questions answered honestly*. The 15 most important psychosocial needs identified by the spouses in this sample are presented in Table 3.

Table 3

15 Most Important Needs Identified by the Spouse Sample in Order of Mean Value

Need	Mean
To know the prognosis	3.96
To have questions answered honestly	3.96
To be called at home about changes in the patient's condition	3.92
To feel there is hope	3.81
To feel that the hospital personnel care about the patient	3.81
To be assured that the best care possible is being given to the patient	3.77
To have explanations given that are understandable	3.77
To receive information about the patient once a day	3.69
To talk to the doctor every day	3.65
To know exactly what is being done for the patient	3.62
To know specific facts concerning the patient's progress	3.62
To see the patient frequently	3.58
To know why things were done for the patient	3.50
To know how the patient is being treated medically	3.50
To be told about transfer plans while they are being made	3.38

The two least important needs as determined by the spouses were to: (a) *be alone at any time* and (b) *be encouraged to cry*. The five lowest ranking psychosocial needs described by the spouses are listed in Table 4.

Table 4

5 Least Important Needs Identified by the Spouse Sample in Order of Mean Value

Need	Mean
To have someone help with financial problems	2.54
To have a place to be alone while in the hospital	2.52
To be told about chaplain services	2.27
To be alone at any time	2.27
To be encouraged to cry	2.08

There were many different responses given by the spouses under the category of "other." These included three comments relating to the importance of the nurse in caring for the patient -- "to have the same nurse as often as possible," "to have the nurse explain and discuss what is going on," and "nurses here are very competent in caring for the patient." Many spouses stressed that the cardiac patient was to be given first priority but several also indicated that spouses and family members have concerns and needs.

Research Question 2

Descriptive techniques were also utilized to analyze the second research question: What psychosocial needs do intensive care nurses identify and perceive as the most and least important for a particular spouse using the CCFNI?

The two most important needs identified by the medical intensive care nurses were to: (a) *feel there is hope* and (b) *to have questions answered honestly*. The 15 most important needs identified by the nurses for the spouses are described in Table 5.

Table 5

15 Most Important Needs Identified by the ICU Nurses in Order of Mean Value

Need	Mean
To feel there is hope	3.81
To have questions answered honestly	3.77
To be assured that the best care possible is being given to the patient	3.77
To know the prognosis	3.73
To feel that hospital personnel care about the patient	3.65
To have explanations given that are understandable	3.62
To be called at home about changes in the patient's condition	3.62
To visit any time	3.50
To receive information about the patient once a day	3.46
To see the patient frequently	3.46
To know why things were done for the patient	3.35
To know how the patient is being treated medically	3.35
To have visiting hours changed for special conditions	3.31
To know specific facts concerning the patient's progress	3.31
To talk to the doctor every day	3.27

The intensive care nurses perceived the following two psychosocial needs as the least important for the spouses: (a) *to be alone at any time* and (b) *to be encouraged to cry*. The 5 lowest ranking needs identified by the nurses are listed in Table 6.

Table 6

5 Least Important Needs Identified by the ICU Nurses in Order of Mean Value

Need	Mean
To help with the patient's physical care	2.12
To talk to the same nurse every day	2.04
To have someone to help with financial problems	1.96
To be alone at any time	1.85
To be encouraged to cry	1.77

Only two nurses contributed to the "other" category on the CCFNI. One felt that it was important to consider the children's reaction when visiting the ill parent in an intensive care setting for the first time and a second nurse commented that this particular spouse was very interested in the specifics of medical care.

Research Question 3

A t-test was used to analyze the third research question: Is there a difference between the priority needs identified by the spouses of patient's with cardiac disease and nurse's assessment of those needs as described by the CCFNI?

Six psychosocial needs were found to be rated significantly different between the spouse and nurse groups at the .01 level. All of these needs were perceived as more important by the spouses. Table 7 displays these needs.

Table 7

Psychosocial Needs Rated Significantly Different between the Spouse and Nurse Groups at the .01 Level

Need	Spouse's Mean	Nurse's Mean	t-test
To know exactly what is being done for the patient	3.62	3.04	3.555
To feel accepted by the hospital staff	3.31	2.54	3.269
To have explanations of the environment before going into the critical care unit for the first time	3.23	2.54	3.069
To have directions as to what to do at the bedside	3.08	2.31	3.501
To talk to the same nurse everyday	2.69	2.04	2.759
To help with the patient's physical care	2.69	2.12	3.267

The nurses perceived only two needs as more important than the spouses. These psychosocial needs were to: (a) *have visiting hours changed for special conditions* and (b) *visit anytime*. Both of these relate to the need to see the patient frequently. In addition, two needs were identified as equally important by both the spouse and nurse groups: (a) *to feel there is hope* and (b) *to be assured that the best care possible is being given to the patient*.

Fourteen additional needs were found to be significant at the .05 level. Again, all 14 needs were more important to the spouses than the nurses perceived. The 14 psychosocial needs found to be rated significantly different at the .05 level are presented in Table 8.

Table 8

Psychosocial Needs Rated Significantly Different between the Spouse and Nurse Groups at the .05 Level

Need	Spouses' Mean	Nurses' Mean	t-test
To know the prognosis	3.96	3.73	2.070
To have questions answered honestly	3.96	3.77	1.781
To be called at home about changes in the patient's condition	3.92	3.62	2.481
To talk to the doctor every day	3.65	3.27	2.250
To be told about transfer plans while they are being made	3.38	2.96	2.152
To have a specific person to call at the hospital when unable to visit	3.35	3.00	1.735
To know which staff member could give what type of information	3.15	2.69	1.991
To have a bathroom near the waiting room	3.08	2.58	2.180
To talk about the possibility of the patient's death	3.00	2.54	1.726
To have good food available in the hospital	2.96	2.35	2.245
To have another person with the relative when visiting the critical care unit	2.69	2.19	1.977
To be told about someone to help with family problems	2.65	2.15	1.984
To have someone help with financial problems	2.54	1.96	2.092
To be alone at anytime	2.27	1.85	1.953

To summarize, the spouses of cardiac patients were able to readily identify their most and least important needs within the initial 72 hour period after the patient's admission to intensive care. Spouses determined that the highest priority was to be honestly informed of the patient's condition and to feel there is hope for recovery. Spouses cared least about being alone and expressing their feelings. Even though, the intensive care nurses were able to identify some of the spouse's psychosocial needs they were ranked significantly different.

Other Results of Interest

In comparing paired nurse to spouse responses according to demographic subgroups some additional findings of interest were found. However, it is important to point out that the demographic subgroups were not large enough to delineate conclusive differences.

A comparison of the various nurse age groups and their performance in accurately assessing the spouses' needs showed that 75% of the nurses between the ages of 21-30 years were able to identify 11-20 of the spouse's needs. The greatest number of matched responses occurred in the 41-50 year age group with a mean of 23. The nurses between the ages of 31-40 years matched the lowest number of spouse responses having a mean of 15. Table 9 displays all three age groups and the percentages of matched responses according to categories.

Table 9

Percentage of Matched Nurse to Spouse Responses According to Nurse's Age Groups

Number of Matched Responses	Age percentages					
	N	21-30 years	N	31-40 years	N	41-50 years
0-10	0	0%	4	25%	0	0%
11-20	6	75%	9	56%	1	50%
21-30	1	12.5%	3	19%	1	50%
31-40	1	12.5%	0	0%	0	0%

With regard to educational level it was found that the greatest percentage of the spouse's psychosocial needs were identified by the diploma nurses. Mean number of matched responses for the diploma nurses was 21. The nurses possessing a bachelor's degree in nursing ranked second with a mean of 16, followed closely by the associate degreed nurses with a mean number of matched responses equalling 14. The percentages of matched responses according to educational level are presented in Table 10.

Table 10

Percentage of Matched Nurse to Spouse Responses According to Nurse's Educational Level

	Educational level percentages					
Number of matched responses	N	Diploma	N	Associate degree	N	Bachelor degree
0-10	0	0%	2	40%	2	13%
11-20	3	50%	2	40%	11	74%
21-30	2	33%	1	20%	2	13%
31-40	1	17%	0	0%	0	0%

In addition, the experiential level of the nursing staff was examined. The nurses with 0-5 years in the profession were able to match greater than half of the spouse's responses. Mean number of matched responses for this group was 23. It is interesting to note that those least experienced included nurses having a diploma. The next highest category were the nurses with 16-20 years of nursing experience. This group perceived the spouse's needs greater than 40% of the time. Mean number of matched nurse to spouse responses for the most experienced nurses was 20. The other two groups had a mean of 15, indicating that these nurses accurately assessed 33% of the spouse's needs. Table 11 describes the percentages of matched responses for the four levels of nursing experience.

Table 11

Percentage of Matched Nurse to Spouse Responses According to Nurse's Experience

Number of Matched Responses	Experience in nursing percentages							
	N	0-5 yrs	N	6-10 yrs	N	11-15 yrs	N	16-20 yrs
0-10	0	0%	2	17%	2	29%	0	0%
11-20	1	33%	8	66%	4	57%	3	75%
21-30	1	33%	2	17%	1	14%	1	25%
31-40	1	34%	0	0%	0	0%	0	0%

Comparison of the number of years in intensive care nursing revealed that nurses with the most experience perceived the spouse's needs most frequently. Mean number of matched nurse to spouse responses for the nurses with 16-20 years of critical care experience was 20. The nurses with 0-5 years of experience in intensive care placed second with a mean of 19. This category was followed by the nurses with 11-15 years of experience. Mean number of matched responses between the nurse's and spouse's questionnaires for this group was 17. The last group included those nurses with 6-10 years of critical care experience with a mean of 14. The percentages for the number of matched nurse to spouse responses according to intensive care nursing experience are found in Table 12.

Table 12

Percentage of Matched Nurse to Spouse Responses According to Intensive Care Nursing Experience

	Intensive care nursing experience percentages							
Number of Matched Responses	N	0-5 yrs	N	6-10 yrs	N	11-15 yrs	N	16-20 yrs
0-10	0	0%	4	33%	0	0%	0	0%
11-20	5	62%	6	50%	2	100%	3	75%
21-30	2	25%	2	17%	0	0%	1	25%
31-40	1	13%	0	0%	0	0%	0	0%

In summary, when comparing nurse to spouse responses on the CCFNI it was found that only three nurses were able to match 24 or more of the need statements. In other words, these nurses perceived the spouse's needs on greater than 50% of the need statements. Two of these nurses had diplomas, one a bachelor's degree in nursing. The experience level for these nurses including critical care ranged from 6 months to 21 years. The majority of nurses were able to match between 14-22 of the spouse's responses. The remaining perceived between 3-13 of the spouse's needs. Only one nurse matched less than 10% of the spouse's needs.

The categories of the spouse's age, education and number of years married were studied to ascertain if they had an influence on the selection of psychosocial needs. A difference in mean degree of importance of more than 1.0 was considered an indication that one group perceived a particular need differently than another.

The first categories to be studied were the various age groupings. The psychosocial needs that appear to be considered more important by the spouses between the ages of 70-79 years were those pertaining to having good food available, obtaining information about financial assistance, having directions as to what to do at the bedside, and having visiting hours changed for special conditions. The spouses between the ages of 60-69 years were concerned with having a telephone nearby and to have explanations that were understandable. The 50-59 year old spouses differed in their perceptions of being assured it was all right to leave the hospital for awhile. While the youngest age group differed from the other age categories in their desire to know about the type of staff caring for the patient and to

talk about their feelings. Table 13 describes the needs of spouses that differed among the age groups.

Table 13

The Needs of Spouses that Appear to be Influenced by Age

Need	Mean degrees of importance by age categories			
	40-49 yrs	50-59 yrs	60-69 yrs	70-79 yrs
To have visiting hours changed for special conditions	3.14	2.90	3.25	4.00
To talk about negative feelings such as guilt or anger	3.42	2.20	2.62	3.00
To have good food available	2.57	3.30	2.87	4.00
To have directions as to what to do at the bedside	3.14	3.30	2.75	4.00
To know what types of staff members are taking care of the patient	3.28	2.20	3.12	3.00
To have a place to be alone while in the hospital	2.57	2.33	2.87	1.00
To have a telephone near the waiting room	3.14	2.60	3.75	3.00
To have a pastor visit	3.00	2.80	2.75	4.00
N =	7	10	8	1

Comparing the spouse's educational levels showed that those with 8th and 12th grade level of education differed from the other groups in the psychosocial needs concerned with obtaining information about where to seek assistance or support with finances, family problems, pastoral services, including having good food available. The spouses with 2 years of college differed from the other educational groups in their perceptions of having friends nearby for support and to have a place to be alone while in the hospital. Those spouses with greater than 5 years of college differed in their needs of having a telephone nearby and in talking to the same nurse every day. To feel accepted by the hospital staff was considered important to all the spouses in the educational groupings except it was only considered slightly important to the spouses with the highest level of education. The psychosocial needs and the mean degree of difference between the spouse's education are presented in Table 14.

Table 14

The Needs of Spouses that Appear to be Influenced by Education

Need	Mean degrees of importance by education				
	8th grade	12th grade	2 yrs college	4 yrs college	5+ yrs college
To have visiting hours changed for special conditions	3.33	2.88	4.00	3.50	3.50
To have good food available	3.66	3.00	3.50	2.00	2.50
To know which staff members could give what type of information	2.33	3.29	3.50	2.00	3.50
To have friends nearby for support	3.00	3.35	4.00	2.00	2.50
To have a place to be alone while in the hospital	1.33	2.70	3.00	2.50	2.00
To feel accepted by hospital staff	3.00	3.35	4.00	3.00	2.00
To have someone to help with financial problems	3.33	2.64	2.50	2.00	2.00
To have a telephone near the waiting room	2.66	3.29	3.00	2.00	3.50
To have the pastor visit	3.33	3.00	3.00	2.50	2.50
To have another person with the relative when visiting the critical care unit	2.33	2.88	3.00	1.50	2.50
To talk to the same nurse every day	1.66	2.88	3.50	1.50	3.00
N =	3	17	2	2	2

Of additional interest was the number of years the spouses were married and how this influenced their selection of psychosocial needs. The spouses married between 1-10 years differed from the other groups in their need to have good food available within the hospital. Those spouses married between 11-20 years perceived three needs differently such as to talk about their feelings, to have comfortable furniture available, and to have visiting hours start on time. The next group, spouses married 21-30 years, had the greatest number of differences including having a bathroom and waiting room nearby, having someone be concerned with the relative's health, and being encouraged to cry. The spouses married the longest, that is between 41-50 years, perceived to have a telephone nearby and pastoral services available differently from the other groups. In addition, the spouses married between 1-30 years felt it important to be able to help with the patient's physical care but this decreased in importance for the 31-40 and 41-50 years married categories. Table 15 lists the needs that differed according to the number of years the spouses were married.

Table 15

The Needs of Spouses that Appear to be Influenced by Number of Years Married

Needs	Mean degrees of importance by number of years married				
	1-10 years	11-20 years	21-30 years	31-40 years	41-50+ years
To talk about negative feelings such as guilt or anger	2.60	3.25	3.66	2.27	2.66
To have good food available	3.00	2.50	2.66	3.09	3.66
To have comfortable furniture in the waiting room	2.40	3.00	3.33	2.90	3.66
To have a telephone near the waiting room	3.20	2.75	3.33	2.90	4.00
To have a pastor visit	2.60	2.25	3.66	2.72	4.00
To have someone be concerned with the relative's health	2.60	3.50	4.00	2.90	3.33
To be encouraged to cry	1.60	2.50	3.00	1.81	2.33
To have a bathroom near the waiting room	2.60	2.50	3.66	3.27	3.33
To have visiting hours start on time	2.40	3.50	2.66	2.54	2.66
To help with the patient's physical care	3.20	3.25	3.66	2.54	2.66
To have a waiting room near the patient	2.60	3.0	4.00	3.36	3.66
N =	5	4	3	11	3

In comparing the spouse demographics, the findings indicate some differences in the selection of psychosocial needs between older and younger spouses, among educational levels and according to how many years they were married.

Chapter Five

Discussion/Implications/Conclusions

Discussion

The needs identified as the most important by the spouses of cardiac patients in this study are in agreement with the research of Hampe (1975), Molter (1979), Leske (1986), and Norris and Grove (1986). The high ranking of informational needs such as *to have questions answered honestly, to know the prognosis*, and *to be called at home about changes in the patient's condition* were apparent in all of these studies.

The importance of alleviating anxiety was also evident in several of the studies. The need *to feel there was hope* and *to feel that hospital personnel cared about the patient* ranked first and second in both Molter's and Leske's studies. Spouses in this study ranked the need for hope fourth in importance and to feel hospital personnel cared about the patient fifth. The need *to feel that the best care possible is being given to the patient* is congruent with Norris and Grove's findings that assuring that the patient is receiving good care is very important to the families of critically ill patients. Honest information, a caring attitude, and hope appear to be of greatest importance for the spouses, as identified in this study and other relevant research in this area.

Several studies also verify the low ranking needs that dealt with the ability to experience/express feelings and personal needs. Of the least important needs identified by the spouses of this study, three coincide with the work of Molter (1979) and Norris and Grove (1986).

These three needs include -- *to talk about negative feelings such as guilt or anger, to talk about the possibility of the patient's death, and to be encouraged to cry.* Spouses agreed that they cared least about personal needs such as *to be alone, to be told about someone to help with family problems, to be told about chaplain services* and *to have someone help with financial problems.*

The spouses of this study may have perceived informational needs and those pertaining to relieving anxiety as the most important because of their feelings of loss, lack of control, being uninformed and helpless during the initial hospitalization period of his/her partner in intensive care.

Stevenson (1977) describes four stages of adulthood. Middlescence II lasts from age 50 to roughly 70 or 75 years. Forty-nine percent of the spouses in this study were between the ages of 50-69 years. The changes that occur within middlescence may provide a better understanding of the importance of the spouse's informational and anxiety relieving psychosocial needs. Stevenson found that spouses are considered more important than the self by persons over 50. For younger individuals the self is more important than the spouse. It becomes evident then that the majority of spouses in this study were very concerned with their partner's health status and the threatening effects that it poses on the relationship. Therefore, the most important need identified by the spouse's -- *to know the prognosis* appears consistent with their developmental phase. In order to meet the spouse's most important needs, nurses need to provide honest, caring information.

The psychosocial needs rated the lowest by the spouses were those pertaining to experiencing/expressing feelings and personal needs. The low rating of the needs dealing with experiencing/expressing feelings may be due to the fact that spouses are not ready to discuss their feelings yet and believed that expressing them may be seen as a diminuation of hope, which is one of the most important needs.

The spouses also identified personal needs as a low priority. Although spouses may need acceptance and support, it is possible that these personal needs are overshadowed by the need for information. Contributing to this may be the perception that the nurses are "too busy" to be concerned with the spouse's needs. It also appears that the majority of spouses did not expect the nurse to be concerned with their needs. They wanted the nursing interventions to focus primarily on the patient. The spouse may be so concerned with the patient that they neglect recognition of their own needs. As one spouse stated, "the patient is the sick one, all things should be considered first from this position -- the spouse's second." On the other hand, a few spouses also verbalized that "the spouse and families have concerns and needs as well as the patient and it is very important to consider both." The knowledge gained from this study makes it imperative that the nurse assess the spouse for psychosocial needs in order to facilitate a holistic approach. In addition, medical technology within the intensive care arena has resulted in making nursing responsibilities quite task, and machine oriented. Of greater importance is that nurses must not lose sight of the people and the human element involved within the nursing profession.

The differences between the ranking of needs by the spouses in this study when compared with other research may be due to diverse samples and methodology. Hampe (1975) was the only study that dealt exclusively with spouse's. All of the other research conducted studies with samples of relatives of critically ill patients. The family members included spouses, parents, adult children, siblings, in-laws and significant others. These various family members represent differing degrees of emotional involvement with the patient. The methods of collecting data were also different. Molter (1979) utilized an individual structured interview format. Leske (1986) also collected data through an interview but responses were based on consensus from the relatives. All of these variances may have contributed to the differences between the studies and how the needs were ranked.

Although nurses appeared to rank the spouse's needs differently, they were able to identify the spouse's most important needs. The five most important needs ranked by the medical intensive care nurses are similar to the findings in Norris and Grove's (1986) study. All of these needs as perceived by the nurse dealt with obtaining/ understanding information or assurance that the patient was being well cared for.

The two least important needs identified by the nurse were those that dealt with experiencing/expressing feelings -- *to be encouraged to cry* and *to be alone at any time*. Norris and Grove (1986) also found that nurses rated needs that dealt with experiencing/expressing feelings low. Other needs that were rated low by the nurses that coincide with the literature include *to help with the patient's*

physical care, to know about the types of staff caring for the patient, to talk about the possibility of the patient's death and *to be told about chaplain services.*

The intensive care nurses perceived that the spouse's least important needs were those concerned with experiencing/expressing feelings. This area has always been a difficult one for nurses. This does not negate the importance that it may have for individual spouses. Nurses need to be aware of individual differences in the spouse's psychosocial needs, assess for them and plan interventions as needed.

To be told about chaplain services rated quite low in this study. In fact, one nurse choose not to respond to the question twice, indicating that she did not know the spouses well enough to initiate this subject. Perhaps the nurse also assumed that the spouse will ask for pastoral care if they so desire.

During this study some nurses were reluctant to participate and stated that they had difficulty assessing the spouse's needs. There may have been several reasons for this: (a) nurses felt that they did not have adequate contact time with the spouse due to the fact that the cardiac patient only remained in intensive care 48-72 hours and (b) the shortage of nurses within the critical care units resulting in the nurse's feeling that understanding and assessing the needs of spouse was to be considered low priority.

In comparing the perceptions of spouses and intensive care nurses regarding selected psychosocial needs of spouses, the results indicated that significant differences existed between the two

groups. Norris and Grove (1986) also found that the perception of nurses differed significantly from those of spouses.

The needs that were perceived differently by the nurses and compared to the spouse group at the .01 level were informational items such as discussing the patient's treatment with the nurse and having an explanation of the critical care environment. In addition, nurses did not appear to recognize that spouses needed to feel accepted by them and involved in the patient's care. All of these needs were significantly more important to the spouse than by the nurse.

Nurses seemed to have underestimated the informational needs and did not recognize the importance of their role in meeting the spouse's needs. This may be due to the fact that all the nurse's energies are directed toward saving the life of his/her patient. Although nurses may have good intentions to provide the spouse with support and information, time, lack of knowledge on how to deal with the spouse, and lack of understanding their needs may all contribute to these differences.

The nurses placed less importance on the need to help with the patient's physical care than the spouses. Eleven spouses or 42% felt that this need was important and 31% indicated it was very important. Nursing literature addresses the importance of including the family in the care of the patient. However, the nurses in this study indicated that this need was lower in priority. Rationale for this may be that nurses do not want to overburden the families by encouraging them to become involved in the patient's care and a nurse may perceive this as their responsibility and are not willing to delegate it to the spouses. In addition, with today's changing medical insurance

coverage and the fact that patient's are being discharged earlier, spouses are more aware that their participation in the care of their partner is required -- it is no longer an option. The ranking of helping with the patient's physical care is inconsistent with Hampe's need to be helpful to the dying person. Hampe (1979) emphasized that the family's involvement in the physical care of the patient is extremely important in allowing family members to feel they have done something significant to help their partner. Even though this study was conducted with the spouses of terminally ill patients, many of these same principles and concepts are applicable to the critically ill.

Seven of the 14 psychosocial needs that were determined to be significantly different at the .05 level dealt with the need for information. Other needs that were perceived differently were those concerned with basic comfort needs such as *to have a bathroom near the waiting room* and *to have good food available.* The remaining needs that were identified as significantly different between the spouse and nurse groups were those pertaining to personal needs -- *to be told about someone to help with financial problems* and *to talk about the possibility of the patient's death.* Again, all of these needs were perceived as more important by the spouses than the nurses. Only two needs were considered more important by the nurses -- *to visit any time* and *to have visiting hours changed for special conditions.*

The nurses appear to have repeatedly underestimated the need of the spouse to receive as much information as possible and placed more importance on the need that the spouse wanted to see the patient

frequently. This is supported by Molter's (1979) findings that although spouses wanted to see their partner frequently, they did not want anything to interfere with the patient's care which was considered the highest priority. These differences emphasize the importance of keeping the spouse informed about the cardiac patient's prognosis, treatment regimen and changes in status.

Comfort needs was another area that showed considerable variance. It appears that meeting the basic comfort needs of the spouse has been a neglected area during this stressful time. Maslow's hierarchy of needs (1968) supports the contention that basic physiologic needs must be identified and met if the spouses are to be helpful to the critically ill patient. If the basic comfort needs such as food, water and rest are met, more energy can be utilized to resolve the crisis state caused by the patient's admission to the medical intensive care unit.

Finally, personal needs were rated differently. Molter (1979) states that the reason that spouses felt such a lack of need for financial help might be due to the intense worry about the patient. The thoughts of finances or personal needs do not appear to take precedence when a family member's life is being threatened by illness.

To talk about the possibility of the patient's death was rated significantly lower by the nurses than the spouses. Nurses may be reluctant to discuss or they may be uncomfortable approaching this subject. This is in agreement with Hampe's research. The spouses indicated that this was an important need. The reason for the difference in this study may be that sudden death is often associated with a myocardial infarction. Therefore, spouses wanted to discuss

the subject. The heart is considered vital to life and the anxiety associated with heart disease is more severe than other illnesses. On the other hand, a few of the spouses verbalized that they did not want to talk about the possibility of death unless absolutely necessary. It then becomes vital to assess the need for this discussion and for nurses to become more comfortable in dealing with this subject.

Examination of paired nurse to spouse responses according to demographic subgroups suggest some additional findings of interest. Comparison between the nurse's ages suggested that the nurses between the ages of 41-50 years were more accurate in their assessment of the spouse's needs. The nurses between the ages of 21-30 were able to assess the spouse's needs more frequently than those between the ages of 31-40. One possible explanation for the accuracy of the nurses 41-50 years of age may be rooted in their developmental phase. Erikson (1963) states that during middle adulthood one seeks to attain a sense of sharing, giving or productivity. Caring about and being more aware of individuals within one's environment is a characteristic of this phase. This would suggest that the nurses between the ages of 41-50 years are more aware of the spouse's needs resulting in a more accurate assessment. Further investigation should be considered to provide a better understanding of the reasons for these differences.

With regard to education, it was found that the diploma nurses perceived the spouse's needs more frequently than the nurses with a bachelor's or an associate degree in nursing. Reasons for these variances are unclear. Perhaps further research looking at the different nursing programs and their teachings related to psychosocial needs would be of benefit.

Comparison of the number of years in nursing found that the nurses with the least amount of experience were able to determine the spouse's needs more accurately. The second highest category was the nurses with the most experience. Differences between these groups may have been the result of the small number of subjects in the subgroup, although it is unlikely that any one factor could be implicated.

Nurses in intensive care nursing for 16-20 years perceived the spouse's needs most frequently. The next highest categories were the nurses with 0-5 years of intensive care experience followed by those with 11-15 years. Rationale for the ability of the most experienced nurses in accurately assessing the spouse's needs may be due to their frequent exposure to the cardiac patients and spouses resulting in improved assessment techniques. Again, further investigation should be considered to clarify these differences.

In studying the age groups of the spouses it is interesting to note that those between the ages of 70-79 years differed from the other age categories in needs pertaining to personal comfort, reassurance and support. While the spouses in the 60-69 age group were concerned with communication needs, the youngest group, spouses between the ages of 40-49 years, wanted to know more about the staff and to talk about their feelings. A possible explanation for these differences may be that as the spouse ages there are physiologic and psychologic changes that occur. These changes may affect how that spouse perceives different needs. It would appear that the older spouse would then become more concerned with comfort and supportive measures due to a decline in physiologic functioning.

Educational levels of the spouses seemed to suggest an influence on the selection of certain psychosocial needs. The spouses with an 8th or 12th grade education were concerned with comfort needs, availability of services and information. Spouses with at least 2 years of college or more appeared to focus more on communication and supportive measures, less on explanations and availability of services. The rationale for this is unclear and warrants further research

Finally, the spouses married the longest, that is between 41-50 years, differed from the other groups in their need to have available a telephone and pastoral services. Spouses married 21-30 years, 11-20 years, and 1-10 years were primarily concerned with comfort needs and involvement with patient care. Participation in the patient's care was a definite need for the spouses married between 1-30 years, after that time frame the importance of this need decreased. Perhaps the spouses married 1-30 years are more aware that the patient will be discharged in their care and that experience and knowledge gained in the hospital would be of benefit. There appeared to be no single factor contributing to these differences. Again research investigation should be considered.

Nursing Implications

Although the results of this study have limited generalization, they have implications for nursing education, practice and research. Nursing education needs to focus on these psychosocial needs that have been repeatedly identified as important to family members, including spouses. The nursing process can be used to identify key needs of family members through the concepts of assessment, diagnosis and

interventions. In addition, crisis theory, crisis intervention and greater emphasis on the psychosocial needs of family members should be an integral part of nursing education. This will promote a holistic nursing care approach throughout the course of study.

The knowledge of these needs broadens the focus of nursing practice because it not only includes the patient but family members as well. The family is an important aspect of the health care team and their needs must be considered. The results of this study points to several nursing interventions. The nursing care plan that can be used by intensive care nurses when dealing with spouses of cardiac patients during the initial acute hospitalization phase includes the following:

1. The CCFNI could be used as a tool for assessing the needs of these spouses.
2. During this initial time period it is very important to provide the spouse with as much information as possible about the patient's prognosis, treatment and care.
3. All of the information should be presented so that the spouse understands and it should be done in an honest manner.
4. Nurses should be aware that the spouse feels that the majority of interventions should be patient centered and that the spouse does not expect their own personal needs to be dealt with initially.
5. The assessment of psychosocial needs of the spouse should be individualized and an on-going process with planned nursing interventions as needed.

6. It is important to ensure that the spouse's basic comfort needs are met, such as to have good food available and to have a bathroom near the waiting room.

7. If the death of a patient is possible it is important to discuss this with the spouse.

8. The spouse should be involved with the patient's care, including physical care from admission to the intensive care unit.

Attention to the needs of family members has not been sufficiently emphasized. Changes in the priorities of care are a must. Nurses need to recognize that family members are also their patients and must be prepared to help them cope with a potential crisis situation. By recognizing their needs and planning interventions, holistic patient care can be accomplished.

Nurses must not let technology overwhelm the human element of caring in their practice. It is very important that intensive care nurses be aware of this potential problem which may lead to neglect, particularly of the spouse. Awareness of one's behavior can result in a change of that behavior. Nurses must accept the responsibility of human involvement in dealing with a critically ill patient and the spouse.

In addition, the nursing administrator needs to be aware that the shortage of critical care nurses results in little attention to the psychosocial needs of the spouses. Recruitment and retention efforts must be utilized to keep excellent nurses and to fill vacancies. The implementation of a clinical career ladder may create an environment that recognizes excellence in nursing practice and result in retention

of nurses. It may also secure a higher level of expertise in the delivery of nursing care to patients and families.

The importance of the family system in providing nursing care cannot be dismissed and nurses must develop a strong knowledge base in this area. Further research is needed to identify family needs in different types of critical illness and in different age groups. A replication of this study with both different populations and geographic locations should help the nurse plan and implement more appropriate interventions for families. It may be more beneficial for family members of critically ill patients if their needs are anticipated and care provided without someone being asked. The end goal being to assist the patient and family to cope during the crisis of a sudden critical illness.

Other nursing research studies could utilize a verbal interview technique which would provide the interviewer with greater insight into the responder's choices. A follow-up study to determine how or if the spouse's needs have changed after the initial crisis is over may be interesting. In addition, a study which includes who most frequently meets the needs of the family member of hospitalized patients may also provide much needed data.

Sources of Measurement Error

Several potential sources of measurement error existed in this study. The spouse participants transitory personal factors such as anxiety or fatigue as a result of having their partner hospitalized and acutely ill may have indirectly affected the spouse's responses. It is also possible that some of the spouse participants had medical backgrounds that may alter the selection of psychosocial needs. It is

known that one registered nurse participated in the study. The critical care environment with its high noise stimuli and activity may have served as a situational contaminant. Many of the spouse participants chose to complete the questionnaire in the patient's room. Even though specific directions were provided for filling out the CCFNI, it is still possible that some of the instructions were misunderstood.

Response set bias also may have altered the way the needs were ranked as the subjects may have repeatedly chosen extreme or mid-range responses. Rating scales often result in the responder being position biased. The spouses in particular may have felt obligated to indicate a higher rating on the needs pertaining to nursing care knowing that the investigator was a nurse conducting a nurse oriented study.

Limitations

Although the subjects appeared relatively representative of the spouses and nurses in this community, the following considerations must be taken into account before applying the findings:

1. Spouse and patient sample. The sample size and demographic subgroups were small, with generalization of the study findings applicable only to the spouses of the cardiac patients admitted to the medical intensive care unit of one metropolitan hospital in the midwest.

   The over representation of females in the spouse group and males in the patient group is most likely due to the small number of females that have MI's as compared to males. (Heart Facts, 1987).

Lack of minority participation was due to the small number of minorities where the study took place.

2. Nurse Sample. The under-representation of males and minorities in this group was expected because of the high ratio of females and Caucasians employed at the research site. It becomes evident that the results of this study cannot be generalized to the general population.

Recommendations

In conducting a similar study utilizing the CCFNI the researcher has several recommendations:

1. If cardiac patients are to be the primary population, data may also be collected on the medical intermediate unit. This of course, depends on how the critical care units have been organized within the specific hospital. Many of the patients with the diagnosis of rule out myocardial infarction are admitted to the intermediate unit. Transfer out of intensive care to the intermediate unit before 24 hours was a major problem. This recommendation would be most beneficial.

2. In order to obtain a larger sample size, other nurses within the critical care units could be designated to collect data according to the research procedure established. This may also facilitate a greater acceptance and support among the nursing staff if the researchers were one of their own.

3. Enlisting contact individuals on the units, possibly unit secretaries, would facilitate communication regarding new admissions and transfers of patients with the specified diagnoses.

4. In addition, conferences with the nursing staff discussing the purpose of the research, the procedure, and to promote the necessity of nursing research may assist the researchers in the implementation process. Then a follow-up meeting reporting the results to the participating staff could be conducted. These meetings would help the nurses obtain a view of the overall research process and insure a degree of involvement.

Conclusions

The concept of holistic nursing implies that the patient is a significant member of a larger system known as a family. In order for the nursing assessment process to be accurate it must include the family -- specifically the spouse. The assessment is only complete if it is inclusive of the family members' perceptions of their needs as well as the perceptions of the nursing staff.

Williams (1974) emphasized that hospitalization is a stressful event for both the patient and family. This acute illness and admission to intensive care creates some dysfunction and disequilibrium on the part of the family, setting up a potential crisis. In order to avert a potential crisis or alleviate stress, it is important that an accurate nursing assessment be conducted. This process can be facilitated with the knowledge of the spouse's needs obtained from this study.

This study has identified specific areas of need based on the responses of the spouses themselves. Spouses have indicated several areas that are important to them within the initial period of their partner's admission to intensive care after a cardiac event. The greatest need for the spouses was to receive as much honest

information as possible about the patient's prognosis in the most understandable terms. Other informational items determined as very important included talking to the doctor every day and to know exactly what is being done for the patient and why.

The second highest category of needs were those pertaining to measures that could alleviate some of the anxiety that the spouses were experiencing. The spouses of the cardiac patients felt it very important to discuss specific facts concerning the patient's progress, possible transfer plans and to be assured that they would be called at home if their partner's condition changed. To have hope or to believe in the patient's recovery and to know that they are being taken care of with the best medical and nursing care possible was also deemed as very important by the spouses. It appears that the key behaviors identified by the spouses centered on honesty, information, caring and hope. Those needs that were least important to the spouses were those related to expressing feelings and personal needs.

It becomes apparent that the spouses of cardiac patients have important needs during this crisis period. All of the spouses in this study were able to identify their needs during the intensive care phase. Although several of the psychosocial needs appeared to be of great concern to the spouses, all the needs were considered very important by at least one spouse. By recognizing these needs through assessment techniques nurses will be able to develop a total patient care plan including the spouse. Such involvement is essential to the care of the critically ill patient.

The nurses in this study felt that the spouse's perceived their most important need was to have hope, when it actually was to know the

prognosis. Even though it was considered very important to the spouse it was not ranked the highest. In addition, the nurses differed significantly on the importance of the needs to have questions answered honestly and to be called at home about changes in the patient's condition. All of these needs were of the highest priority for the spouse but were perceived as less important by the nurse.

Nurses perceived the least important needs for the spouse were those pertaining to expressing feelings. This is in agreement with the spouse's perceptions. However, the nurses rated comfort needs, involvement with the patient's care and acceptance by the medical staff significantly lower than the spouses. Nurses apparently do not perceive that their knowledge and expertise are an important component of the spouse's needs.

Considering the limited research and the limited empirical knowledge available to nurses regarding family needs, such differences in perceptions are not surprising. Although there are some similarities between the responses of spouses and intensive care nurses. There are also significant differences. Nurses must become more sensitive to the cues of spouses regarding their needs in light of these difference in perceptions between the two groups.

APPENDICES

Appendix A

Critical Care Family Needs Inventory

Critical Care Family Needs Inventory

Nancy C. Molter
Jane Stover Leske

Code No._____

Please check ( ) how IMPORTANT each of the following needs is to you.	Not Important (1)	Slightly Important (2)	Important (3)	Very Important (4)
1. To know the prognosis	_____	_____	_____	_____
2. To have explanations of the environment before going into the critical care unit for the first time	_____	_____	_____	_____
3. To talk to the doctor every day	_____	_____	_____	_____
4. To have a specific person to call at the hospital when unable to visit	_____	_____	_____	_____
5. To have questions answered honestly	_____	_____	_____	_____
6. To have visiting hours changed for special conditions	_____	_____	_____	_____
7. To talk about negative feelings such as guilt or anger	_____	_____	_____	_____
8. To have good food available in the hospital	_____	_____	_____	_____
9. To have directions as to what to do at the bedside	_____	_____	_____	_____
10. To visit at any time	_____	_____	_____	_____
11. To know which staff members could give what type of information	_____	_____	_____	_____
12. To have friends nearby for support	_____	_____	_____	_____
13. To know why things were done for the patient	_____	_____	_____	_____
14. To feel there is hope	_____	_____	_____	_____
15. To know about the types of staff members taking care of the patient	_____	_____	_____	_____

Code No._____

	Not Important (1)	Slightly Important (2)	Important (3)	Very Important (4)
16. To know how the patient is being treated medically	_____	_____	_____	_____
17. To be assured that the best care possible is being given to the patient	_____	_____	_____	_____
18. To have a place to be alone while in the hospital	_____	_____	_____	_____
19. To know exactly what is being done for the patient	_____	_____	_____	_____
20. To have comfortable furniture in the waiting room	_____	_____	_____	_____
21. To feel accepted by the hospital staff	_____	_____	_____	_____
22. To have someone to help with financial problems	_____	_____	_____	_____
23. To have a telephone near the waiting room	_____	_____	_____	_____
24. To have the pastor visit	_____	_____	_____	_____
25. To talk about the possibility of the patient's death	_____	_____	_____	_____
26. To have another person with the relative when visiting the critical care unit	_____	_____	_____	_____
27. To have someone be concerned with the relative's health	_____	_____	_____	_____
28. To be assured it is alright to leave the hospital for awhile	_____	_____	_____	_____
29. To talk to the same nurse every day	_____	_____	_____	_____
30. To be encouraged to cry	_____	_____	_____	_____
31. To be told about other people that could help with problems	_____	_____	_____	_____

Code No._____

	Not Important (1)	Slightly Important (2)	Important (3)	Very Important (4)
32. To have a bathroom near the waiting room	_____	_____	_____	_____
33. To be alone at any time	_____	_____	_____	_____
34. To be told about someone to help with family problems	_____	_____	_____	_____
35. To have explanations given that are understandable	_____	_____	_____	_____
36. To have visiting hours start on time	_____	_____	_____	_____
37. To be told about chaplain services	_____	_____	_____	_____
38. To help with the patient's physical care	_____	_____	_____	_____
39. To be told about transfer plans while they are being made	_____	_____	_____	_____
40. To be called at home about changes in the patients condition	_____	_____	_____	_____
41. To receive information about the patient once a day	_____	_____	_____	_____
42. To feel that the hospital personnel care about the patient	_____	_____	_____	_____
43. To know specific facts concerning the patient's progress	_____	_____	_____	_____
44. To see the patient frequently	_____	_____	_____	_____
45. To have the waiting room near the patient	_____	_____	_____	_____
46. Other:	_____	_____	_____	_____

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Appendix B

Letter of Copyright Approval -- J. Leske

1383 Mulberry Lane
St. Joseph, MI 49085
(616) 429-9420

Marie C. Bednarczyk
240 Manzana Court, Apt. 3C
Walker, MI 49504

Dear Marie,

You have my permission to reproduce the copyrighted forty-five need statements for investigational purposes as long as appropriate authorship, copyright, and permission is documented in your work. Please find enclosed a copy of the Critical Care Family Needs Inventory for your information. Either Nancy Molter or myself can grant you permission to use the tool.

I will be working on the psychometric properties of the tool for my dissertation next year. The content validity is all that is available at this time and I would recommend that you compute a reliability quotient on your own data. The reading level is seventh grade.

Appendix B (continued)

Letter of Copyright Approval -- J. Leske

I did not use a nursing conceptual model for the study you are referring to. The entire content is in the journal article. In the future, I would most likely chose a needs theorist (Peplau) or stress theorist (Newman).

Please send me your data for continuing reliability and validity information. Any suggestions you may have regarding the instrument will be appreciated. I wish you success in your nursing research endeavor. If I can be of any further help, do not hesitate to call or write.

Sincerely,

[redacted]

Jane Leske R.N., M.S.N., CEN

Appendix C

Demographic Data of the Spouse

Code #_____

Please place an X next to the appropriate category of fill in the blank provided. This information will remain confidential. It will help the researcher learn how different people perceive their needs.

Age: _____

Sex: _____ Male

_____ Female

Ethnic Background: _____ Caucasian

_____ Black

_____ Hispanic

_____ Native American Indian

_____ Other (Specify)

Educational Level _____ Completed 8th grade

_____ Completed 12th grade

_____ Completed 2 years college

_____ Completed 4 years college

_____ Completed 6 or more years of college

How many years have you been married to your present spouse? _____

Appendix D

Demographic Data of the Nurse

Code #_____

Please place an X next to the appropriate category or fill in the blank provided. This information will remain confidential and assist the researcher to learn how different nurses perceive the needs of the spouses of cardiac patients.

Age: _____

Sex: _____ Male

_____ Female

Ethnic Background: _____ Caucasian

_____ Black

_____ Hispanic

_____ Native American Indian

_____ Other (Specify)

Educational Level: _____ Diploma

_____ ADN

_____ Bachelor's

_____ Master's

_____ Other (specify)

Number of years in nursing: _____

Years worked in ICU or CCU: _____

Appendix E

Demographic Data of the Patient

Age: _____

Sex: _____ Male

_____ Female

Admitting Diagnosis: _____

Appendix F

Spouse's Informed Consent

I,_____, herewith agree to participate as a subject in the investigation of Family Psychosocial Needs under the supervision of Marie Bednarczyk, R.N., B.S.N. The investigation aims to compare nurse and spouse perceptions of selected psychosocial needs of spouses of cardiac patients in intensive care. I understand that I will complete a questionnaire entitled Critical Care Family Needs Inventory in which I will rank 45 need statements in order of importance. Completion of this questionnaire will take about 20 minutes. There are no expected risks. By participating in this study I will be contributing to new kowledge that may benefit spouses of cardiac patients in the future.

I understand that confidentiality will be protected, that I am free to withdraw from participation in this investigation at any time, and that my spouse's care will not be affected if I choose to withdraw.

I have read and fully understand the foregoing information.

_____ _____

Date Subject's Signature

Appendix G

Verbal Directions for the CCFNI for the Spouses

The Critical Care Family Needs Inventory is a questionnaire used to obtain your opinion of your most and least important needs which your spouse is in intensive care. All this information will be kept confidential.

In this study you will be asked to rank 45 need statements on a scale of one (1) to four (4).

1. Before you begin read through all of the need statements to obtain a general idea of the statements you will rank.

2. Then, read each statement and consider how important this need is for you. Place one check mark under the most appropriate heading -- not important, slightly important, important, or very important. Choose one category for each statement.

3. Please respond to the statements to the best of your ability and make sure you have selected a category for each need statement.

4. If you have any comments or questions please speak with your researcher.

5. Thank you for your participation, time, and patience.

Appendix H

Nurse's Informed Consent

I, _____, herewith agree to participate as a subject in the investigation of Family Psychosocial Needs under the supervision of Marie Bednarczyk, R.N., B.S.N. The investigation aims to compare nurse and spouses perceptions of selected psychosocial needs of spouses of cardiac patients in intensive care. I understand that I will complete a questionnaire entitled Critical Care Family Needs Inventory in which I will rank 45 need statements according to how I think _____ will prioritize his/her needs. Completion of this questionnaire will take about 20 minutes. There are no expected risks. By participating in this study I will be contributing to new nursing kowledge that may provide more holistic and improved nursing care for cardiac patients and their spouses.

I understand that all information will be kept confidential, that I am free to withdraw from participation in this investigation at any time, and that my withdrawal will not adversely affect me.

I have read and fully understand the foregoing information.

_____ _____

Date Subject's Signature

Appendix I

Verbal Directions for the CCFNI for Nurses

The Critical Care Family Needs Inventory is a tool to help to help the intensive care nurse systematically assess the spouse's needs. All this information will be kept confidential.

For this research, you will be asked to rank 45 need statements according to how you think _____ will prioritize his/her needs.

1. Before you begin read through all of the need statements to obtain a general idea of the statements you will rank.

2. Read each statement and determine how important you think this need is for the spouse. Place one check mark under the most appropriate heading -- not important, slightly important, important, or very important. Choose one category for each statement.

3. Please respond to the statements to the best of your ability and make sure you have selected a category for each need statement.

4. If you have any comments or questions please speak with your researcher.

5. Thank you for your participation, time, and patience.

Appendix J

Total Spouse Sample Responses to CCFNI

Spouse	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
106	4	2	4	3	4	3	2	2	3	3	3	2	3
107	4	3	3	2	4	3	2	4	4	4	2	3	2
108	4	2	4	3	4	4	1	3	3	4	4	4	4
109	4	4	4	4	4	4	3	4	4	4	4	4	4
110	4	4	3	3	4	4	1	2	3	3	3	2	3
111	4	4	4	4	4	4	4	4	4	4	4	4	4
112	4	4	4	4	4	4	4	4	4	4	4	4	4
113	4	3	4	2	4	4	3	2	2	4	2	2	4
114	4	2	4	4	4	4	1	2	3	4	4	1	4
115	4	4	4	4	4	4	4	3	3	4	4	4	4
116	4	3	4	4	4	4	2	3	3	4	4	3	3
117	3	3	2	3	3	4	2	3	3	4	3	4	3
118	4	4	4	4	4	1	4	1	4	1	4	4	4
119	4	3	4	3	4	1	2	4	3	4	2	4	4
120	4	4	4	4	4	4	3	4	4	3	3	3	4
121	4	3	4	4	4	4	3	4	3	4	3	4	4
122	4	3	4	3	4	1	3	4	4	2	3	4	3
123	4	4	3	3	4	1	3	4	3	1	3	2	2
124	4	4	4	4	4	4	4	4	3	4	4	4	4
125	4	3	3	4	4	3	2	3	2	3	2	3	3
126	4	2	3	2	4	2	3	2	2	3	3	2	3
127	4	3	3	3	4	2	3	3	2	3	3	4	3
128	4	4	4	3	4	3	2	2	3	3	2	3	3
129	4	2	4	3	4	3	2	2	3	3	2	2	4
130	4	2	4	4	4	3	4	2	3	4	3	4	4
131	4	3	3	3	4	3	3	3	3	4	3	3	4
N=	26	26	26	26	26	26	26	26	26	26	26	26	26
Mean=	3.96	3.23	3.65	3.35	3.96	3.08	2.73	2.96	3.08	3.35	3.15	3.23	3.50

The Column Headings refer to question numbers on CCFNI.

Appendix J (continued)

Total Spouse Sample Responses to CCFNI

Spouse	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26
106	4	3	3	4	2	3	2	1	1	4	1	2	3
107	3	1	3	3	1	2	2	2	4	1	3	4	2
108	4	4	4	4	4	4	2	3	4	1	4	2	4
109	4	4	4	4	4	4	3	3	4	4	4	2	3
110	4	3	3	4	2	3	2	3	2	4	2	1	1
111	4	4	4	4	3	4	3	4	1	3	3	4	3
112	4	4	4	4	2	4	4	4	4	4	4	4	4
113	4	2	4	4	3	4	3	4	1	2	3	2	2
114	4	1	3	3	1	4	1	4	3	4	1	2	2
115	4	3	4	4	4	4	4	4	1	4	1	2	4
116	3	3	3	3	.	4	4	3	3	3	3	3	2
117	4	2	3	4	2	3	3	4	2	3	4	3	3
118	4	4	4	4	2	4	4	4	4	4	4	4	4
119	3	2	3	4	3	3	4	3	3	3	3	3	2
120	4	3	4	4	1	4	3	3	3	3	4	3	3
121	4	3	4	4	3	4	4	4	1	4	4	4	4
122	4	2	3	4	2	3	3	3	3	4	4	4	2
123	4	1	3	4	1	4	3	3	3	3	2	3	3
124	4	4	4	4	4	4	4	4	3	3	1	3	3
125	3	3	3	3	2	3	4	4	3	4	4	3	2
126	3	2	3	4	2	4	3	3	1	2	3	3	2
127	4	4	3	4	4	3	3	3	3	4	3	3	4
128	4	2	4	3	4	3	1	2	3	1	1	3	2
129	4	3	4	4	2	3	2	2	1	2	2	3	1
130	4	3	4	4	3	4	3	3	3	4	4	4	3
131	4	3	3	3	2	4	3	4	2	3	3	3	2
N=	26	26	26	26	25	26	26	26	26	26	26	26	26
Mean=	3.81	2.85	3.50	3.77	2.52	3.62	2.96	3.31	2.54	3.12	2.85	3.00	2.69

The Column Headings refer to question numbers on CCFNI.

Appendix J (continued)

Total Spouse Sample Responses to CCFNI

Spouse	Q27	Q28	Q29	Q30	Q31	Q32	Q33	Q34	Q35	Q36	Q37	Q38	Q39
106	2	4	3	2	2	3	2	3	4	1	1	2	2
107	2	3	1	3	4	2	1	3	4	3	3	3	3
108	3	3	2	1	2	2	2	3	3	3	2	4	4
109	4	4	4	2	4	3	3	4	4	3	4	4	4
110	4	3	3	1	1	4	1	3	4	3	3	3	4
111	3	4	3	1	3	4	3	4	4	4	3	4	4
112	4	4	4	4	4	4	3	4	4	4	4	4	4
113	4	2	1	2	2	3	3	2	4	1	2	4	4
114	2	2	4	1	2	1	1	1	4	1	1	4	4
115	4	4	2	1	3	4	3	3	4	4	1	1	4
116	3	3	3	2	3	4	3	3	4	2	2	3	3
117	3	3	3	2	2	3	2	2	4	4	2	2	3
118	4	4	4	4	4	2	4	4	4	4	4	4	4
119	3	3	2	2	2	3	2	2	4	1	2	3	3
120	3	4	2	2	3	3	3	3	3	3	3	3	3
121	3	3	4	3	1	3	1	1	4	4	2	3	4
122	2	4	2	2	3	4	2	3	3	2	3	1	3
123	3	3	3	2	3	4	3	3	3	3	2	4	3
124	4	4	4	3	3	3	4	1	4	4	1	3	3
125	3	3	2	2	2	4	2	2	4	1	1	1	4
126	3	2	3	2	2	3	2	2	4	2	2	2	2
127	4	3	2	3	2	3	3	3	4	2	3	3	3
128	3	2	2	1	3	2	1	3	3	3	1	3	3
129	1	3	2	1	1	2	1	1	3	2	2	2	2
130	4	3	2	3	3	4	2	3	4	3	3	3	4
131	3	3	3	2	3	3	2	3	3	3	3	3	3
N=	26	26	26	26	26	26	26	26	26	26	26	26	26
Mean=	3.19	3.19	2.39	2.08	2.58	3.08	2.27	2.65	3.77	2.69	2.27	2.96	3.38

The Column Headings refer to question numbers on CCFNI.

Appendix J (continued)

Total Spouse Sample Responses to CCFNI

Spouse	Q40	Q41	Q42	Q43	Q44	Q45
106	3	3	4	3	3	2
107	4	4	3	4	4	4
108	4	4	4	4	4	2
109	4	4	4	4	3	3
110	4	4	4	4	4	4
111	4	4	4	4	4	4
112	4	4	4	4	4	4
113	4	4	4	4	4	4
114	4	4	4	3	4	1
115	4	4	4	4	4	4
116	4	4	4	4	4	4
117	4	4	4	2	4	4
118	4	4	4	4	4	4
119	4	4	4	3	3	3
120	4	3	3	4	3	3
121	4	4	4	4	4	4
122	4	4	4	4	4	4
123	4	3	4	3	3	3
124	4	4	4	4	4	4
125	4	4	4	3	3	4
126	4	3	3	3	3	3
127	4	3	3	3	3	3
128	3	3	4	4	3	2
129	3	4	4	4	2	2
130	4	4	4	4	4	4
131	4	3	3	3	2	2
N=	26	26	26	26	26	26
Mean=	3.92	3.69	3.81	3.62	3.58	3.27

The Column Headings refer to question numbers on CCFNI.

Appendix K

Gender - Spouse Responses to CCFNI

Male	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
106	4	2	4	3	4	3	2	2	3	3	3	2	3
110	4	4	3	3	4	4	1	2	3	3	3	2	3
111	4	4	4	4	4	4	4	4	4	4	4	4	4
114	4	2	4	4	4	4	1	2	3	4	4	1	4
116	4	3	4	4	4	4	2	3	3	4	4	3	3
120	4	4	4	4	4	4	3	4	4	3	3	3	4
122	4	3	4	3	4	1	3	4	4	2	3	4	3
125	4	3	3	4	4	3	2	3	2	3	2	3	3
N=	8	8	8	8	8	8	8	8	8	8	8	8	8
Mean=	4.00	3.13	3.75	3.63	4.00	3.38	2.25	3.00	3.25	3.25	3.25	2.75	3.38
Female													
107	4	3	3	2	4	3	2	4	4	4	2	3	2
108	4	2	4	3	4	4	1	3	3	4	4	4	4
109	4	4	4	4	4	4	3	4	4	4	4	4	4
112	4	4	4	4	4	4	4	4	4	4	4	4	4
113	4	3	4	2	4	4	3	2	2	4	2	2	4
115	4	4	4	4	4	4	4	3	3	4	4	4	4
117	3	3	2	3	3	4	2	3	3	4	3	4	3
118	4	4	4	4	4	1	4	1	4	1	4	4	4
119	4	3	4	3	4	1	2	4	3	4	2	4	4
121	4	3	4	4	4	4	3	4	3	4	3	4	4
123	4	4	3	3	4	1	3	4	3	1	3	2	2
124	4	4	4	4	4	4	4	4	3	4	4	4	4
126	4	2	3	2	4	2	3	2	2	3	3	2	3
127	4	3	3	3	4	2	3	3	2	3	3	4	3
128	4	4	4	3	4	3	2	2	3	3	2	3	3
129	4	2	4	3	4	3	2	2	3	3	2	2	4
130	4	2	4	4	4	3	4	2	3	4	3	4	4
131	4	3	3	3	4	3	3	3	3	4	3	3	4
N=	18	18	18	18	18	18	18	18	18	18	18	18	18
Mean=	3.94	3.28	3.61	3.22	3.94	2.94	2.94	2.94	3.00	3.39	3.11	3.44	3.56

The Column Headings refer to question numbers on CCFNI.

Appendix K (continued)

Gender - Spouse Responses to CCFNI

Male	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26
106	4	3	3	4	2	3	2	1	1	4	1	2	3
110	4	3	3	4	2	3	2	3	2	4	2	1	1
111	4	4	4	4	3	4	3	4	1	3	3	4	3
114	4	1	3	3	1	4	1	4	3	4	1	2	2
116	3	3	3	3	.	4	4	3	3	3	3	3	2
120	4	3	4	4	1	4	3	3	3	3	4	3	3
122	4	2	3	4	2	3	3	3	3	4	4	4	2
125	3	3	3	3	2	3	4	4	3	4	4	3	2
N=	8	8	8	8	7	8	8	8	8	8	8	8	8
Mean=	3.75	2.75	3.25	3.63	1.86	3.50	2.75	3.13	2.38	3.63	2.75	2.75	2.25
Female													
107	3	1	3	3	1	2	2	2	4	1	3	4	2
108	4	4	4	4	4	4	2	3	4	1	4	2	4
109	4	4	4	4	4	4	3	3	4	4	4	2	3
112	4	4	4	4	2	4	4	4	4	4	4	4	4
113	4	2	4	4	3	4	3	4	1	2	3	2	2
115	4	3	4	4	4	4	4	4	1	4	1	2	4
117	4	2	3	4	2	3	3	4	2	3	4	3	3
118	4	4	4	4	2	4	4	4	4	4	4	4	4
119	3	2	3	4	3	3	4	3	3	3	3	3	2
121	4	3	4	4	3	4	4	4	1	4	4	4	4
123	4	1	3	4	1	4	3	3	3	3	2	3	3
124	4	4	4	4	4	4	4	4	3	3	1	3	3
126	3	2	3	4	2	4	3	3	1	2	3	3	2
127	4	4	3	4	4	3	3	3	3	4	3	3	4
128	4	2	4	3	4	3	1	2	3	1	1	3	2
129	4	3	4	4	2	3	2	2	1	2	2	3	1
130	4	3	4	4	3	4	3	3	3	4	4	4	3
131	4	3	3	3	2	4	3	4	2	3	3	3	2
N=	18	18	18	18	18	18	18	18	18	18	18	18	18
Mean=	3.83	2.89	3.61	3.83	2.78	3.67	3.06	3.39	2.61	2.89	2.89	3.11	2.89

The Column Headings refer to question numbers on CCFNI.

Appendix K (continued)

Gender - Spouse Responses to CCFNI

Male	Q27	Q28	Q29	Q30	Q31	Q32	Q33	Q34	Q35	Q36	Q37	Q38	Q39
106	2	4	3	2	2	3	2	3	4	1	1	2	2
110	4	3	3	1	1	4	1	3	4	3	3	3	4
111	3	4	3	1	3	4	3	4	4	4	3	4	4
114	2	2	4	1	2	1	1	1	4	1	1	4	4
116	3	3	3	2	3	4	3	3	4	2	2	3	3
120	3	4	2	2	3	3	3	3	3	3	3	3	3
122	2	4	2	2	3	4	2	3	3	2	3	1	3
125	3	3	2	2	2	4	2	2	4	1	1	1	4
N=	8	8	8	8	8	8	8	8	8	8	8	8	8
Mean=	2.75	3.38	2.75	1.63	2.38	3.38	2.13	2.75	3.75	2.13	2.13	2.63	3.38
Female													
107	2	3	1	3	4	2	1	3	4	3	3	3	3
108	3	3	2	1	2	2	2	3	3	3	2	4	4
109	4	4	4	2	4	3	3	4	4	3	4	4	4
112	4	4	4	4	4	4	3	4	4	4	4	4	4
113	4	2	1	2	2	3	3	2	4	1	2	4	4
115	4	4	2	1	3	4	3	3	4	4	1	1	4
117	3	3	3	2	2	3	2	2	4	4	2	2	3
118	4	4	4	4	4	2	4	4	4	4	4	4	4
119	3	3	2	2	2	3	2	2	4	1	2	3	3
121	3	3	4	3	1	3	1	1	4	4	2	3	4
123	3	3	3	2	3	4	3	3	3	3	2	4	3
124	4	4	4	3	3	3	4	1	4	4	1	3	3
126	3	2	3	2	2	3	2	2	4	2	2	2	2
127	4	3	2	3	2	3	3	3	4	2	3	3	3
128	3	2	2	1	3	2	1	3	3	3	1	3	3
129	1	3	2	1	1	2	1	1	3	2	2	2	2
130	4	3	2	3	3	4	2	3	4	3	3	3	4
131	3	3	3	2	3	3	2	3	3	3	3	3	3
N=	18	18	18	18	18	18	18	18	18	18	18	18	18
Mean=	3.39	3.11	2.67	2.28	2.67	2.94	2.33	2.61	3.78	2.94	2.33	3.11	3.39

The Column Headings refer to question numbers on CCFNI.

Appendix K (continued)

Gender - Spouse Responses to CCFNI

Male	Q40	Q41	Q42	Q43	Q44	Q45
106	3	3	4	3	3	2
110	4	4	4	4	4	4
111	4	4	4	4	4	4
114	4	4	4	3	4	1
116	4	4	4	4	4	4
120	4	3	3	4	3	3
122	4	4	4	4	4	4
125	4	4	4	3	3	4
N=	8	8	8	8	8	8
Mean=	3.88	3.75	3.88	3.63	3.63	3.25
Female						
107	4	4	3	4	4	4
108	4	4	4	4	4	2
109	4	4	4	4	3	3
112	4	4	4	4	4	4
113	4	4	4	4	4	4
115	4	4	4	4	4	4
117	4	4	4	2	4	4
118	4	4	4	4	4	4
119	4	4	4	3	3	3
121	4	4	4	4	4	4
123	4	3	4	3	3	3
124	4	4	4	4	4	4
126	4	3	3	3	3	3
127	4	3	3	3	3	3
128	3	3	4	4	3	2
129	3	4	4	4	2	2
130	4	4	4	4	4	4
131	4	3	3	3	2	2
N=	18	18	18	18	18	18
Mean=	3.94	3.67	3.78	3.61	3.56	3.28

The Column Headings refer to question numbers on CCFNI.

Appendix L

Age Spouse Sample Responses to CCFNI

Age 40-49 Years	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
112	4	4	4	4	4	4	4	4	4	4	4	4	4
113	4	3	4	2	4	4	3	2	2	4	2	2	4
118	4	4	4	4	4	1	4	1	4	1	4	4	4
124	4	4	4	4	4	4	4	4	3	4	4	4	4
129	4	2	4	3	4	3	2	2	3	3	2	2	4
130	4	2	4	4	4	3	4	2	3	4	3	4	4
131	4	3	3	3	4	3	3	3	3	4	3	3	4
N=	7	7	7	7	7	7	7	7	7	7	7	7	7
Mean=	4.00	3.14	3.85	3.42	4.00	3.14	3.42	2.57	3.14	3.42	3.14	3.28	4.00

Age 50-59 Years													
107	4	3	3	2	4	3	2	4	4	4	2	3	2
108	4	2	4	3	4	4	1	3	3	4	4	4	4
111	4	4	4	4	4	4	4	4	4	4	4	4	4
114	4	2	4	4	4	4	1	2	3	4	4	1	4
116	4	3	4	4	4	4	2	3	3	4	4	3	3
117	3	3	2	3	3	4	2	3	3	4	3	4	3
119	4	3	4	3	4	1	2	4	3	4	2	4	4
122	4	3	4	3	4	1	3	4	4	2	3	4	3
123	4	4	3	3	4	1	3	4	3	1	3	2	2
128	4	4	4	3	4	3	2	2	3	3	2	3	3
N=	10	10	10	10	10	10	10	10	10	10	10	10	10
Mean=	3.90	3.10	3.60	3.20	3.90	2.90	2.20	3.30	3.30	3.40	3.10	3.20	3.20

The Column Headings refer to question numbers on CCFNI.

Appendix L (continued)

Age Spouse Sample Responses to CCFNI

Age 40-49 Years	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26
112	4	4	4	4	2	4	4	4	4	4	4	4	4
113	4	2	4	4	3	4	3	4	1	2	3	2	2
118	4	4	4	4	2	4	4	4	4	4	4	4	4
124	4	4	4	4	4	4	4	4	3	3	1	3	3
129	4	3	4	4	2	3	2	2	1	2	2	3	1
130	4	3	4	4	3	4	3	3	3	4	4	4	3
131	4	3	3	3	2	4	3	4	2	3	3	3	2
N=	7	7	7	7	7	7	7	7	7	7	7	7	7
Mean=	4.00	3.28	3.85	3.85	2.57	3.85	3.28	3.57	2.57	3.14	3.00	3.28	2.71
Age 50-59 Years													
107	3	1	3	3	1	2	2	2	4	1	3	4	2
108	4	4	4	4	4	4	2	3	4	1	4	2	4
111	4	4	4	4	3	4	3	4	1	3	3	4	3
114	4	1	3	3	1	4	1	4	3	4	1	2	2
116	3	3	3	3	.	4	4	3	3	3	3	3	2
117	4	2	3	4	2	3	3	4	2	3	4	3	3
119	3	2	3	4	3	3	4	3	3	3	3	3	2
122	4	2	3	4	2	3	3	3	3	4	4	4	2
123	4	1	3	4	1	4	3	3	3	3	2	3	3
128	4	2	4	3	4	3	1	2	3	1	1	3	2
N=	10	10	10	10	9	10	10	10	10	10	10	10	10
Mean=	3.70	2.20	3.30	3.60	2.33	3.40	2.60	3.10	2.90	2.60	2.80	3.10	2.50

The Column Headings refer to question numbers on CCFNI.

Appendix L (continued)

Age Spouse Sample Responses to CCFNI

Age 40-49 Years	Q27	Q28	Q29	Q30	Q31	Q32	Q33	Q34	Q35	Q36	Q37	Q38	Q39
112	4	4	4	4	4	4	3	4	4	4	4	4	4
113	4	2	1	2	2	3	3	2	4	1	2	4	4
118	4	4	4	4	4	2	4	4	4	4	4	4	4
124	4	4	4	3	3	3	4	1	4	4	1	3	3
129	1	3	2	1	1	2	1	1	3	2	2	2	2
130	4	3	2	3	3	4	2	3	4	3	3	3	4
131	3	3	3	2	3	3	2	3	3	3	3	3	3
N=	7	7	7	7	7	7	7	7	7	7	7	7	7
Mean=	3.42	3.28	2.85	2.71	2.85	3.00	2.71	2.57	3.71	3.00	2.71	3.28	3.42

Age 50-59 Years	Q27	Q28	Q29	Q30	Q31	Q32	Q33	Q34	Q35	Q36	Q37	Q38	Q39
107	2	3	1	3	4	2	1	3	4	3	3	3	3
108	3	3	2	1	2	2	2	3	3	3	2	4	4
111	3	4	3	1	3	4	3	4	4	4	3	4	4
114	2	2	4	1	2	1	1	1	4	1	1	4	4
116	3	3	3	2	3	4	3	3	4	2	2	3	3
117	3	3	3	2	2	3	2	2	4	4	2	2	3
119	3	3	2	2	2	3	2	2	4	1	2	3	3
122	2	4	2	2	3	4	2	3	3	2	3	1	3
123	3	3	3	2	3	4	3	3	3	3	2	4	3
128	3	2	2	1	3	2	1	3	3	3	1	3	3
N=	10	10	10	10	10	10	10	10	10	10	10	10	10
Mean=	2.70	3.00	2.50	1.70	2.70	2.90	2.00	2.70	3.60	2.60	2.10	3.10	3.30

The Column Headings refer to question numbers on CCFNI.

Appendix L (continued)

Age Spouse Sample Responses to CCFNI

Age 40-49 Years	Q40	Q41	Q42	Q43	Q44	Q45
112	4	4	4	4	4	4
113	4	4	4	4	4	4
118	4	4	4	4	4	4
124	4	4	4	4	4	4
129	3	4	4	4	2	2
130	4	4	4	4	4	4
131	4	3	3	3	2	2
N=	7	7	7	7	7	7
Mean=	3.85	3.85	3.85	3.85	3.42	3.42

Age 50-59 Years	Q40	Q41	Q42	Q43	Q44	Q45
107	4	4	3	4	4	4
108	4	4	4	4	4	2
111	4	4	4	4	4	4
114	4	4	4	3	4	1
116	4	4	4	4	4	4
117	4	4	4	2	4	4
119	4	4	4	3	3	3
122	4	4	4	4	4	4
123	4	3	4	3	3	3
128	3	3	4	4	3	2
N=	10	10	10	10	10	10
Mean=	3.90	3.80	3.90	3.50	3.70	3.10

The Column Headings refer to question numbers on CCFNI.

Appendix L (continued)

Age Spouse Sample Responses to CCFNI

Age 60-69 Years	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
106	4	2	4	3	4	3	2	2	3	3	3	2	3
109	4	4	4	4	4	4	3	4	4	4	4	4	4
110	4	4	3	3	4	4	1	2	3	3	3	2	3
115	4	4	4	4	4	4	4	3	3	4	4	4	4
121	4	3	4	4	4	4	3	4	3	4	3	4	4
125	4	3	3	4	4	3	2	3	2	3	2	3	3
126	4	2	3	2	4	2	3	2	2	3	3	2	3
127	4	3	3	3	4	2	3	3	2	3	3	4	3
N=	8	8	8	8	8	8	8	8	8	8	8	8	8
Mean=	4.00	3.12	3.50	3.37	4.00	3.25	2.62	2.87	2.75	3.37	3.12	3.12	3.37

Age 70-79 Years	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
120	4	4	4	4	4	4	3	4	4	3	3	3	4
N=	1	1	1	1	1	1	1	1	1	1	1	1	1
Mean=	4.00	4.00	4.00	4.00	4.00	4.00	3.00	4.00	4.00	3.00	3.00	3.00	4.00

The Column Headings refer to question numbers on CCFNI.

Appendix L (continued)

Age Spouse Sample Responses to CCFNI

Age 60-69 Years	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26
106	4	3	3	4	2	3	2	1	1	4	1	2	3
109	4	4	4	4	4	4	3	3	4	4	4	2	3
110	4	3	3	4	2	3	2	3	2	4	2	1	1
115	4	3	4	4	4	4	4	4	1	4	1	2	4
121	4	3	4	4	3	4	4	4	1	4	4	4	4
125	3	3	3	3	2	3	4	4	3	4	4	3	2
126	3	2	3	4	2	4	3	3	1	2	3	3	2
127	4	4	3	4	4	3	3	3	3	4	3	3	4
N=	8	8	8	8	8	8	8	8	8	8	8	8	8
Mean=	3.75	3.12	3.37	3.87	2.87	3.50	3.12	3.12	2.00	3.75	2.75	2.50	2.87

Age 60-69 Years	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26
120	4	3	4	4	1	4	3	3	3	3	4	3	3
N=	1	1	1	1	1	1	1	1	1	1	1	1	1
Mean=	4.00	3.00	4.00	4.00	1.00	4.00	3.00	3.00	3.00	3.00	4.00	3.00	3.00

The Column Headings refer to question numbers on CCFNI.

Appendix L (continued)

Age Spouse Sample Responses to CCFNI

Age 60-69 Years	Q27	Q28	Q29	Q30	Q31	Q32	Q33	Q34	Q35	Q36	Q37	Q38	Q39
106	2	4	3	2	2	3	2	3	4	1	1	2	2
109	4	4	4	2	4	3	3	4	4	3	4	4	4
110	4	3	3	1	1	4	1	3	4	3	3	3	4
115	4	4	2	1	3	4	3	3	4	4	1	1	4
121	3	3	4	3	1	3	1	1	4	4	2	3	4
125	3	3	2	2	2	4	2	2	4	1	1	1	4
126	3	2	3	2	2	3	2	2	4	2	2	2	2
127	4	3	2	3	2	3	3	3	4	2	3	3	3
N=	8	8	8	8	8	8	8	8	8	8	8	8	8
Mean=	3.37	3.25	2.87	2.00	2.12	3.37	2.12	2.62	4.00	2.50	2.12	3.37	3.37

Age 70-79 Years	Q27	Q28	Q29	Q30	Q31	Q32	Q33	Q34	Q35	Q36	Q37	Q38	Q39
120	3	4	2	2	3	3	3	3	3	3	3	3	3
N=	1	1	1	1	1	1	1	1	1	1	1	1	1
Mean=	3.00	4.00	2.00	2.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00

The Column Headings refer to question numbers on CCFNI.

Appendix L (continued)

Age Spouse Sample Responses to CCFNI

Age 60-69 Years	Q40	Q41	Q42	Q43	Q44	Q45
106	3	3	4	3	3	2
109	4	4	4	4	3	3
110	4	4	4	4	4	4
115	4	4	4	4	4	4
121	4	4	4	4	4	4
125	4	4	4	3	3	4
126	4	3	3	3	3	3
127	4	3	3	3	3	3
N=	8	8	8	8	8	8
Mean=	3.87	3.62	3.75	3.50	3.37	3.37

Age 60-69 Years	Q40	Q41	Q42	Q43	Q44	Q45
120	4	3	3	4	3	3
N=	1	1	1	1	1	1
Mean=	4.00	3.00	3.00	4.00	3.00	3.00

The Column headings refer to question numbers on CCFNI.

Appendix M

Educational Level - Spouse Sample Responses to CCFNI

8th Grade	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
107	4	3	3	2	4	3	2	4	4	4	2	3	2
120	4	4	4	4	4	4	3	4	4	3	3	3	4
125	4	3	3	4	4	3	2	3	2	3	2	3	3
N=	3	3	3	3	3	3	3	3	3	3	3	3	3
Mean=	4.00	3.33	3.33	3.33	4.00	3.33	2.33	3.66	3.33	3.33	2.33	3.00	3.00
12th Grade													
108	4	2	4	3	4	4	1	3	3	4	4	4	4
109	4	4	4	4	4	4	3	4	4	4	4	4	4
110	4	4	3	3	4	4	1	2	3	3	3	2	3
111	4	4	4	4	4	4	4	4	4	4	4	4	4
112	4	4	4	4	4	4	4	4	4	4	4	4	4
114	4	2	4	4	4	4	1	2	3	4	4	1	4
115	4	4	4	4	4	4	4	3	3	4	4	4	4
118	4	4	4	4	4	1	4	1	4	1	4	4	4
119	4	3	4	3	4	1	2	4	3	4	2	4	4
120	4	4	4	4	4	4	3	4	4	3	3	3	4
121	4	3	4	4	4	4	3	4	3	4	3	4	4
122	4	3	4	3	4	1	3	4	4	2	3	4	3
123	4	4	3	3	4	1	3	4	3	1	3	2	2
126	4	2	3	2	4	2	3	2	2	3	3	2	3
127	4	3	3	3	4	2	3	3	2	3	3	4	3
128	4	4	4	3	4	3	2	2	3	3	2	3	3
130	4	2	4	4	4	3	4	2	3	4	3	4	4
131	4	3	3	3	4	3	3	3	3	4	3	3	4
N=	17	17	17	17	17	17	17	17	17	17	17	17	17
Mean=	4.00	3.23	3.70	3.41	4.00	2.88	2.82	3.00	3.17	3.29	3.29	3.35	3.58

The Column Headings refer to question numbers on CCFNI.

Educational Level - Spouse Sample Responses to CCFNI

8th Grade	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26
107	3	1	3	3	1	2	2	2	4	1	3	4	2
120	4	3	4	4	1	4	3	3	3	3	4	3	3
125	3	3	3	3	2	3	4	4	3	4	4	3	2
N=	3	3	3	3	3	3	3	3	3	3	3	3	3
Mean=	3.33	2.33	3.33	3.33	1.33	3.00	3.00	3.00	3.33	2.66	3.66	3.33	2.33
12th Grade													
108	4	4	4	4	4	4	2	3	4	1	4	2	4
109	4	4	4	4	4	4	3	3	4	4	4	2	3
110	4	3	3	4	2	3	2	3	2	4	2	1	1
111	4	4	4	4	3	4	3	4	1	3	3	4	3
112	4	4	4	4	2	4	4	4	4	4	4	4	4
114	4	1	3	3	1	4	1	4	3	4	1	2	2
115	4	3	4	4	4	4	4	4	1	4	1	2	4
118	4	4	4	4	2	4	4	4	4	4	4	4	4
119	3	2	3	4	3	3	4	3	3	3	3	3	2
121	4	3	4	4	3	4	4	4	1	4	4	4	4
122	4	2	3	4	2	3	3	3	3	4	4	4	2
123	4	1	3	4	1	4	3	3	3	3	2	3	3
126	3	2	3	4	2	4	3	3	1	2	3	3	2
127	4	4	3	4	4	3	3	3	3	4	3	3	4
128	4	2	4	3	4	3	1	2	3	1	1	3	2
130	4	3	4	4	3	4	3	3	3	4	4	4	3
131	4	3	3	3	2	4	3	4	2	3	3	3	2
N=	17	17	17	17	17	17	17	17	17	17	17	17	17
Mean=	3.88	2.88	3.52	3.82	2.70	3.70	2.94	3.35	2.64	3.29	2.94	3.00	2.88

The Column Headings refer to question numbers on CCFNI.

Educational Level - Spouse Sample Responses to CCFNI

8th Grade	Q27	Q28	Q29	Q30	Q31	Q32	Q33	Q34	Q35	Q36	Q37	Q38	Q39
107	2	3	1	3	4	2	1	3	4	3	3	3	3
120	3	4	2	2	3	3	3	3	3	3	3	3	3
125	3	3	2	2	2	4	2	2	4	1	1	1	4
N=	3	3	3	3	3	3	3	3	3	3	3	3	3
Mean=	2.66	3.33	1.66	2.33	3.00	3.00	2.00	2.66	3.66	2.33	2.33	2.33	3.33
12th Grade													
108	3	3	2	1	2	2	2	3	3	3	2	4	4
109	4	4	4	2	4	3	3	4	4	3	4	4	4
110	4	3	3	1	1	4	1	3	4	3	3	3	4
111	3	4	3	1	3	4	3	4	4	4	3	4	4
112	4	4	4	4	4	4	3	4	4	4	4	4	4
114	2	2	4	1	2	1	1	1	4	1	1	4	4
115	4	4	2	1	3	4	3	3	4	4	1	1	4
118	4	4	4	4	4	2	4	4	4	4	4	4	4
119	3	3	2	2	2	3	2	2	4	1	2	3	3
121	3	3	4	3	1	3	1	1	4	4	2	3	4
122	2	4	2	2	3	4	2	3	3	2	3	1	3
123	3	3	3	2	3	4	3	3	3	3	2	4	3
126	3	2	3	2	2	3	2	2	4	2	2	2	2
127	4	3	2	3	2	3	3	3	4	2	3	3	3
128	3	2	2	1	3	2	1	3	3	3	1	3	3
130	4	3	2	3	3	4	2	3	4	3	3	3	4
131	3	3	3	2	3	3	2	3	3	3	3	3	3
N=	17	17	17	17	17	17	17	17	17	17	17	17	17
Mean=	3.29	3.17	2.88	2.05	2.64	3.11	2.23	2.88	3.70	2.88	2.52	3.11	3.52

The Column Headings refer to question numbers on CCFNI.

Educational Level - Spouse Sample Responses to CCFNI

8th Grade	Q40	Q41	Q42	Q43	Q44	Q45
107	4	4	3	4	4	4
120	4	3	3	4	3	3
125	4	4	4	3	3	4
N=	3	3	3	3	3	3
Mean=	4.00	3.66	3.33	3.66	3.33	3.66
12th Grade						
108	4	4	4	4	4	2
109	4	4	4	4	3	3
110	4	4	4	4	4	4
111	4	4	4	4	4	4
112	4	4	4	4	4	4
114	4	4	4	3	4	1
115	4	4	4	4	4	4
118	4	4	4	4	4	4
119	4	4	4	3	3	3
121	4	4	4	4	4	4
122	4	4	4	4	4	4
123	4	3	4	3	3	3
126	4	3	3	3	3	3
127	4	3	3	3	3	3
128	3	3	4	4	3	2
130	4	4	4	4	4	4
131	4	3	3	3	2	2
N=	17	17	17	17	17	17
Mean=	3.94	3.70	3.82	3.64	3.52	3.17

The Column Headings refer to question numbers on CCFNI.

Educational Level - Spouse Sample Responses to CCFNI

2 Years College	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
117	3	3	2	3	3	4	2	3	3	4	3	4	3
124	4	4	4	4	4	4	4	4	3	4	4	4	4
N=	2	2	2	2	2	2	2	2	2	2	2	2	2
Mean=	3.50	3.50	3.00	3.50	3.50	4.00	3.00	3.50	3.00	4.00	3.50	4.00	3.50

4 Years College													
113	4	3	4	2	4	4	3	2	2	4	2	2	4
129	4	2	4	3	4	3	2	2	3	3	2	2	4
N=	2	2	2	2	2	2	2	2	2	2	2	2	2
Mean=	4.00	2.50	4.00	2.50	4.00	3.50	2.50	2.00	2.50	3.50	2.00	2.00	4.00

5+ Years College													
106	4	2	4	3	4	3	2	2	3	3	3	2	3
116	4	3	4	4	4	4	2	3	3	4	4	3	3
N=	2	2	2	2	2	2	2	2	2	2	2	2	2
Mean=	4.00	2.50	4.00	3.50	4.00	3.50	2.00	2.50	3.00	3.50	3.50	2.50	3.00

The Column Headings refer to question numbers on CCFNI.

Educational Level - Spouse Sample Responses to CCFNI

2 Years College	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26
117	4	2	3	4	2	3	3	4	2	3	4	3	3
124	4	4	4	4	4	4	4	4	3	3	1	3	3
N=	2	2	2	2	2	2	2	2	2	2	2	2	2
Mean=	4.00	3.00	3.50	4.00	3.00	3.50	3.50	4.00	2.50	3.00	2.50	3.00	3.00

4 Years College													
113	4	2	4	4	3	4	3	4	1	2	3	2	2
129	4	3	4	4	2	3	2	2	1	2	2	3	1
N=	2	2	2	2	2	2	2	2	2	2	2	2	2
Mean=	4.00	2.50	4.00	4.00	2.50	3.50	2.50	3.00	2.00	2.00	2.50	2.50	1.50

5+ Years College													
106	4	3	3	4	2	3	2	1	1	4	1	2	3
116	3	3	3	3	.	4	4	3	3	3	3	3	2
N=	2	2	2	2	1	2	2	2	2	2	2	2	2
Mean=	3.50	3.00	3.00	3.50	2.00	3.50	3.00	2.00	2.00	3.50	2.00	2.50	2.50

The Column Headings refer to question numbers on CCFNI.

Appendix M (continued)

Educational Level - Spouse Sample Responses to CCFNI

2 Years College	Q27	Q28	Q29	Q30	Q31	Q32	Q33	Q34	Q35	Q36	Q37	Q38	Q39
117	3	3	3	2	2	3	2	2	4	4	2	2	3
124	4	4	4	3	3	3	4	1	4	4	1	3	3
N=	2	2	2	2	2	2	2	2	2	2	2	2	2
Mean=	3.50	3.50	3.50	2.50	2.50	3.00	3.00	1.50	4.00	4.00	1.50	2.50	3.00

4 Years College													
113	4	2	1	2	2	3	3	2	4	1	2	4	4
129	1	3	2	1	1	2	1	1	3	2	2	2	2
N=	2	2	2	2	2	2	2	2	2	2	2	2	2
Mean=	2.50	2.50	1.50	1.50	1.50	2.50	2.00	1.50	3.50	1.50	2.00	3.00	3.00

5+ Years College													
106	2	4	3	2	2	3	2	3	4	1	1	2	2
116	3	3	3	2	3	4	3	3	4	2	2	3	3
N=	2	2	2	2	2	2	2	2	2	2	2	2	2
Mean=	2.50	3.50	3.00	2.00	2.50	3.50	2.50	3.00	4.00	1.50	1.50	2.50	2.50

The Column Headings refer to question numbers on CCFNI.

Educational Level - Spouse Sample Responses to CCFNI

2 Years College	Q40	Q41	Q42	Q43	Q44	Q45
117	4	4	4	2	4	4
124	4	4	4	4	4	4
N=	2	2	2	2	2	2
Mean=	4.00	4.00	4.00	3.00	4.00	4.00

4 Years College						
113	4	4	4	4	4	4
129	3	4	4	4	2	2
N=	2	2	2	2	2	2
Mean=	3.50	4.00	4.00	4.00	3.00	3.00

5+ Years College						
106	3	3	4	3	3	2
116	4	4	4	4	4	4
N=	2	2	2	2	2	2
Mean=	3.50	3.50	4.00	3.50	3.50	3.00

The Column Headings refer to question numbers on CCFNI.

Appendix N

Years Married - Spouse Sample Responses to CCFNI

1-10 Years Married	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
111	4	4	4	4	4	4	4	4	4	4	4	4	4
114	4	2	4	4	4	4	1	2	3	4	4	1	4
120	4	4	4	4	4	4	3	4	4	3	3	3	4
127	4	3	3	3	4	2	3	3	2	3	3	4	3
129	4	2	4	3	4	3	2	2	3	3	2	2	4
N=	5	5	5	5	5	5	5	5	5	5	5	5	5
Mean=	4.00	3.00	3.80	3.60	4.00	3.40	2.60	3.00	3.20	3.40	3.20	2.80	3.80

11-20 Years Married	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
118	4	4	4	4	4	1	4	1	4	1	4	4	4
124	4	4	4	4	4	4	4	4	3	4	4	4	4
128	4	4	4	3	4	3	2	2	3	3	2	3	3
131	4	3	3	3	4	3	3	3	3	4	3	3	4
N=	4	4	4	4	4	4	4	4	4	4	4	4	4
Mean=	4.00	3.75	3.75	3.50	4.00	2.75	3.25	2.50	3.25	3.00	3.25	3.50	3.75

21-30 Years Married	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
112	4	4	4	4	4	4	4	4	4	4	4	4	4
113	4	3	4	2	4	4	3	2	2	4	2	2	4
130	4	2	4	4	4	3	4	2	3	4	3	4	4
N=	3	3	3	3	3	3	3	3	3	3	3	3	3
Mean=	4.00	3.00	4.00	3.33	4.00	3.66	3.66	2.66	3.00	4.00	3.00	3.33	4.00

The Column Headings refer to question numbers on CCFNI.

Appendix N (continued)

Years Married - Spouse Sample Responses to CCFNI

1-10 Years Married	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26
111	4	4	4	4	3	4	3	4	1	3	3	4	3
114	4	1	3	3	1	4	1	4	3	4	1	2	2
120	4	3	4	4	1	4	3	3	3	3	4	3	3
127	4	4	3	4	4	3	3	3	3	4	3	3	4
129	4	3	4	4	2	3	2	2	1	2	2	3	1
N=	5	5	5	5	5	5	5	5	5	5	5	5	5
Mean=	4.00	3.00	3.60	3.80	2.20	3.60	2.40	3.20	2.20	3.20	2.60	3.00	2.60
11-20 Years Married													
118	4	4	4	4	2	4	4	4	4	4	4	4	4
124	4	4	4	4	4	4	4	4	3	3	1	3	3
128	4	2	4	3	4	3	1	2	3	1	1	3	2
131	4	3	3	3	2	4	3	4	2	3	3	3	2
N=	4	4	4	4	4	4	4	4	4	4	4	4	4
Mean=	4.00	3.25	3.75	3.50	3.00	3.75	3.00	3.50	3.00	2.75	2.25	3.25	2.75
21-30 Years Married													
112	4	4	4	4	2	4	4	4	4	4	4	4	4
113	4	2	4	4	3	4	3	4	1	2	3	2	2
130	4	3	4	4	3	4	3	3	3	4	4	4	3
N=	3	3	3	3	3	3	3	3	3	3	3	3	3
Mean=	4.00	3.00	4.00	4.00	2.66	4.00	3.33	3.66	2.66	3.33	3.66	3.33	3.00

The Column Headings refer to question numbers on CCFNI.

Appendix N (continued)

Years Married - Spouse Sample Responses to CCFNI

1-10 Years Married	Q27	Q28	Q29	Q30	Q31	Q32	Q33	Q34	Q35	Q36	Q37	Q38	Q39
111	3	4	3	1	3	4	3	4	4	4	3	4	4
114	2	2	4	1	2	1	1	1	4	1	1	4	4
120	3	4	2	2	3	3	3	3	3	3	3	3	3
127	4	3	2	3	2	3	3	3	4	2	3	3	3
129	1	3	2	1	1	2	1	1	3	2	2	2	2
N=	5	5	5	5	5	5	5	5	5	5	5	5	5
Mean=	2.60	3.20	2.60	1.60	2.20	2.60	2.20	2.40	3.60	2.40	2.40	3.20	3.20

11-20 Years Married													
118	4	4	4	4	4	2	4	4	4	4	4	4	4
124	4	4	4	3	3	3	4	1	4	4	1	3	3
128	3	2	2	1	3	2	1	3	3	3	1	3	3
131	3	3	3	2	3	3	2	3	3	3	3	3	3
N=	4	4	4	4	4	4	4	4	4	4	4	4	4
Mean=	3.50	3.25	3.25	2.50	3.25	2.50	2.75	2.75	3.50	3.50	2.25	3.25	3.25

21-30 Years Married													
112	4	4	4	4	4	4	3	4	4	4	4	4	4
113	4	2	1	2	2	3	3	2	4	1	2	4	4
130	4	3	2	3	3	4	2	3	4	3	3	3	4
N=	3	3	3	3	3	3	3	3	3	3	3	3	3
Mean=	4.00	3.00	2.33	3.00	3.00	3.66	2.66	3.00	4.00	2.66	3.00	3.66	4.00

The Column Headings refer to question numbers on CCFNI.

Appendix N (continued)

Years Married - Spouse Sample Responses to CCFNI

1-10 Years Married	Q40	Q41	Q42	Q43	Q44	Q45
111	4	4	4	4	4	4
114	4	4	4	3	4	1
120	4	3	3	4	3	3
127	4	3	3	3	3	3
129	3	4	4	4	2	2
N=	5	5	5	5	5	5
Mean=	3.80	3.60	3.60	3.60	3.20	2.60

11-20 Years Married						
118	4	4	4	4	4	4
124	4	4	4	4	4	4
128	3	3	4	4	3	2
131	4	3	3	3	2	2
N=	4	4	4	4	4	4
Mean=	3.75	3.50	3.75	3.75	3.25	3.00

21-30 Years Married						
112	4	4	4	4	4	4
113	4	4	4	4	4	4
130	4	4	4	4	4	4
N=	3	3	3	3	3	3
Mean=	4.00	4.00	4.00	4.00	4.00	4.00

The Column Headings refer to question numbers on CCFNI.

Appendix N (continued)

Years Married - Spouse Sample Responses to CCFNI

31-40 Years Married	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
106	4	2	4	3	4	3	2	2	3	3	3	2	3
107	4	3	3	2	4	3	2	4	4	4	2	3	2
108	4	2	4	3	4	4	1	3	3	4	4	4	4
110	4	4	3	3	4	4	1	2	3	3	3	2	3
115	4	4	4	4	4	4	4	3	3	4	4	4	4
116	4	3	4	4	4	4	2	3	3	4	4	3	3
117	3	3	2	3	3	4	2	3	3	4	3	4	3
119	4	3	4	3	4	1	2	4	3	4	2	4	4
122	4	3	4	3	4	1	3	4	4	2	3	4	3
123	4	4	3	3	4	1	3	4	3	1	3	2	2
126	4	2	3	2	4	2	3	2	2	3	3	2	3
N=	11	11	11	11	11	11	11	11	11	11	11	11	11
Mean=	3.90	3.00	3.45	3.00	3.90	2.81	2.27	3.09	3.09	3.27	3.09	3.09	3.09
41-50 Years Married													
109	4	4	4	4	4	4	3	4	4	4	4	4	4
121	4	3	4	4	4	4	3	4	3	4	3	4	4
125	4	3	3	4	4	3	2	3	2	3	2	3	3
N=	3	3	3	3	3	3	3	3	3	3	3	3	3
Mean=	4.00	3.33	3.66	4.00	4.00	3.66	2.66	3.66	3.00	3.66	3.00	3.66	3.66

The Column Headings refer to question numbers on CCFNI.

Appendix N (continued)

Years Married - Spouse Sample Responses to CCFNI

31-40 Years Married	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26
106	4	3	3	4	2	3	2	1	1	4	1	2	3
107	3	1	3	3	1	2	2	2	4	1	3	4	2
108	4	4	4	4	4	4	2	3	4	1	4	2	4
110	4	3	3	4	2	3	2	3	2	4	2	1	1
115	4	3	4	4	4	4	4	4	1	4	1	2	4
116	3	3	3	3	.	4	4	3	3	3	3	3	2
117	4	2	3	4	2	3	3	4	2	3	4	3	3
119	3	2	3	4	3	3	4	3	3	3	3	3	2
122	4	2	3	4	2	3	3	3	3	4	4	4	2
123	4	1	3	4	1	4	3	3	3	3	2	3	3
126	3	2	3	4	2	4	3	3	1	2	3	3	2
N=	11	11	11	11	10	11	11	11	11	11	11	11	11
Mean=	3.63	2.36	3.18	3.81	2.30	3.36	2.90	2.90	2.45	2.90	2.72	2.72	2.54
41-50 Years Married													
109	4	4	4	4	4	4	3	3	4	4	4	2	3
121	4	3	4	4	3	4	4	4	1	4	4	4	4
125	3	3	3	3	2	3	4	4	3	4	4	3	2
N=	3	3	3	3	3	3	3	3	3	3	3	3	3
Mean=	3.66	3.33	3.66	3.66	3.00	3.66	3.66	3.66	2.66	4.00	4.00	3.00	3.00

The Column Headings refer to question numbers on CCFNI.

Appendix N (continued)

Years Married - Spouse Sample Responses to CCFNI

31-40 Years Married	Q27	Q28	Q29	Q30	Q31	Q32	Q33	Q34	Q35	Q36	Q37	Q38	Q39
106	2	4	3	2	2	3	2	3	4	1	1	2	2
107	2	3	1	3	4	2	1	3	4	3	3	3	3
108	3	3	2	1	2	2	2	3	3	3	2	4	4
110	4	3	3	1	1	4	1	3	4	3	3	3	4
115	4	4	2	1	3	4	3	3	4	4	1	1	4
116	3	3	3	2	3	4	3	3	4	2	2	3	3
117	3	3	3	2	2	3	2	2	4	4	2	2	3
119	3	3	2	2	2	3	2	2	4	1	2	3	3
123	3	3	3	2	3	4	3	3	3	3	2	4	3
124	4	4	4	3	3	3	4	1	4	4	1	3	3
126	3	2	3	2	2	3	2	2	4	2	2	2	2
N=	11	11	11	11	11	11	11	11	11	11	11	11	11
Mean=	2.90	3.18	2.45	1.81	2.45	3.27	2.09	2.72	3.72	2.54	2.09	2.54	3.09

41-50 Years Married													
109	4	4	4	2	4	3	3	4	4	3	4	4	4
121	3	3	4	3	1	3	1	1	4	4	2	3	4
125	3	3	2	2	2	4	2	2	4	1	1	1	4
N=	3	3	3	3	3	3	3	3	3	3	3	3	3
Mean=	3.33	3.33	3.33	2.33	2.33	3.33	2.00	2.33	4.00	2.66	2.33	2.66	4.00

The Column Headings refer to question numbers on CCFNI.

Appendix N (continued)

Years Married - Spouse Sample Responses to CCFNI

31-40 Years Married	Q40	Q41	Q42	Q43	Q44	Q45
106	3	3	4	3	3	2
107	4	4	3	4	4	4
108	4	4	4	4	4	2
110	4	4	4	4	4	4
115	4	4	4	4	4	4
116	4	4	4	4	4	4
117	4	4	4	2	4	4
118	4	4	4	4	4	4
119	4	4	4	3	3	3
122	4	4	4	4	4	4
123	4	3	4	3	3	3
126	4	3	3	3	3	3
N=	11	11	11	11	11	11
Mean=	3.90	3.72	3.90	3.36	3.63	3.36

41-50 Years Married						
109	4	4	4	4	3	3
121	4	4	4	4	4	4
125	4	4	4	3	3	4
N=	3	3	3	3	3	3
Mean=	4.00	4.00	4.00	3.66	3.33	3.66

The Column Headings refer to question numbers on CCFNI.

Appendix O

Total Nurse Sample Responses to CCFNI

Nurse	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
206	4	4	3	3	4	2	2	2	2	3	2	2	4
207	4	2	2	3	4	3	2	4	2	3	3	4	4
208	3	1	3	2	3	1	2	1	1	3	3	2	3
209	4	2	3	2	3	3	2	1	2	4	2	3	3
210	4	3	4	4	4	4	4	4	3	4	4	4	4
211	4	2	2	3	4	4	4	2	1	4	2	4	3
212	3	2	3	2	4	3	3	2	3	3	2	3	4
213	4	2	4	3	4	4	2	3	1	4	1	2	4
214	4	3	3	3	2	3	2	1	2	3	2	3	2
215	4	3	3	3	4	3	2	1	3	4	4	3	4
216	4	2	3	1	4	3	3	2	2	3	2	4	3
217	3	1	3	3	4	4	1	2	4	4	2	1	3
218	4	2	4	3	4	4	3	3	1	4	2	3	4
219	4	3	4	4	4	4	2	4	3	3	2	3	4
220	4	4	4	4	4	4	3	4	4	4	4	3	4
221	4	2	4	3	4	3	3	2	2	3	4	2	2
222	4	3	4	4	4	3	3	2	3	4	4	3	3
223	4	3	4	2	4	3	3	2	2	4	3	3	4
224	4	3	3	3	3	4	2	2	2	3	4	3	3
225	4	4	3	4	4	4	3	3	3	4	2	4	2
226	3	4	3	3	4	4	2	2	1	3	2	2	3
227	3	3	2	3	4	4	4	3	3	3	3	2	3
228	2	2	3	3	3	2	1	1	2	4	2	3	3
229	4	4	4	3	4	2	3	1	2	2	3	3	4
230	4	2	4	4	4	4	4	3	3	4	4	3	4
231	4	2	3	3	4	3	3	3	2	3	3	3	3
N=	26	26	26	26	26	26	26	26	26	26	26	26	26
Mean=	3.93	2.54	3.27	3.00	3.77	3.31	2.58	2.35	2.31	3.50	2.69	2.85	3.35

The Column Headings refer to question numbers on CCFNI.

Appendix O (continued)

Total Nurse Sample Responses to CCFNI

Nurse	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26
206	4	2	4	3	2	3	2	2	2	2	2	1	1
207	4	2	4	4	2	3	3	2	1	3	2	2	1
208	3	2	3	3	1	2	1	1	2	1	2	2	1
209	3	1	3	3	2	3	1	1	1	1	3	3	2
210	4	4	4	4	4	3	3	4	3	4	3	3	2
211	4	2	4	4	2	2	4	3	3	4	.	3	3
212	4	3	3	4	2	4	2	2	1	3	2	2	3
213	4	2	4	4	2	4	2	2	2	4	4	1	1
214	3	2	2	3	2	2	3	3	3	3	2	3	2
215	4	3	3	4	2	3	2	2	2	3	2	3	3
216	4	1	4	4	3	3	2	2	1	2	4	3	2
217	4	2	3	3	3	4	1	1	1	2	4	4	2
218	4	2	3	4	3	3	3	2	2	4	.	2	2
219	4	4	4	4	1	4	3	3	1	3	2	1	3
220	4	3	4	4	3	3	2	4	3	3	3	3	3
221	3	2	3	4	2	3	1	2	2	2	3	3	3
222	4	3	3	4	3	3	2	3	2	3	1	4	3
223	4	2	4	4	2	3	1	3	2	3	3	4	1
224	3	3	3	3	2	2	2	2	3	3	2	4	3
225	4	2	2	4	1	3	2	3	3	3	4	1	4
226	4	2	3	4	2	3	2	3	2	3	3	1	2
227	4	2	4	4	1	4	3	4	1	1	1	1	1
228	4	2	2	4	1	3	3	3	2	3	2	2	3
229	4	4	4	4	2	4	2	4	1	2	1	4	1
230	4	4	4	4	3	3	3	4	4	4	4	4	3
231	4	3	3	4	2	3	3	3	1	2	3	3	2
N=	26	26	26	26	26	26	26	26	26	26	24	26	26
Mean=	3.81	2.42	3.35	3.77	2.12	3.04	2.23	2.54	1.96	2.73	2.63	2.54	2.19

The Column Headings refer to question numbers on CCFNI.

Appendix O (continued)

Total Nurse Sample Responses to CCFNI

Nurse	Q27	Q28	Q29	Q30	Q31	Q32	Q33	Q34	Q35	Q36	Q37	Q38	Q39
206	1	3	2	1	2	2	1	3	4	3	2	2	2
207	2	2	2	1	3	3	2	1	3	3	1	4	4
208	2	2	1	1	2	1	1	2	3	1	2	2	2
209	3	1	1	1	2	2	1	1	3	1	1	1	3
210	2	4	2	2	4	3	2	4	4	4	4	1	3
211	2	4	2	1	3	3	2	3	3	1	.	1	3
212	3	3	3	2	2	2	2	2	4	2	2	3	3
213	2	1	1	1	3	3	2	2	4	4	1	4	4
214	2	3	2	1	2	2	2	2	4	1	2	2	3
215	4	4	4	3	3	2	2	3	4	3	3	2	4
216	4	3	1	3	2	1	1	3	4	2	4	1	1
217	2	3	1	1	3	3	3	1	3	4	4	2	3
218	4	4	2	2	3	3	2	2	3	2	.	2	3
219	3	3	2	1	3	4	2	2	4	.	2	4	4
220	3	3	3	2	3	4	2	2	4	4	4	2	2
221	4	3	3	2	2	2	2	2	4	3	2	2	3
222	4	3	3	3	3	3	3	3	3	1	1	2	3
223	3	3	1	2	3	2	1	2	4	2	3	2	3
224	3	3	2	2	2	3	2	3	3	2	2	3	2
225	4	3	3	3	3	4	2	3	4	1	4	1	3
226	3	2	2	1	2	3	2	1	3	3	1	1	4
227	4	4	2	2	2	3	2	1	4	1	1	3	3
228	4	3	2	1	2	2	1	1	4	1	1	2	3
229	3	3	2	1	1	2	1	1	4	2	1	3	3
230	4	4	2	3	3	3	3	3	4	4	3	2	4
231	3	3	2	3	3	2	2	3	4	2	2	2	3
N=	26	26	26	26	26	26	26	26	26	25	24	26	26
Mean=	2.92	2.96	2.04	1.77	2.54	2.58	1.85	2.15	3.62	2.28	2.25	2.12	2.96

The Column Headings refer to question numbers on CCFNI.

Appendix O (continued)

Total Nurse Sample Responses to CCFNI

Nurse	Q40	Q41	Q42	Q43	Q44	Q45
206	3	3	3	3	2	3
207	4	4	4	4	4	4
208	3	3	3	3	3	1
209	3	3	3	3	3	2
210	4	4	4	4	4	4
211	4	3	3	4	4	4
212	4	3	4	3	4	4
213	4	3	3	4	4	4
214	3	3	3	2	3	3
215	4	4	4	3	4	4
216	4	3	4	3	4	4
217	3	4	4	3	3	1
218	4	4	4	4	4	4
219	4	4	4	4	4	4
220	4	4	4	4	4	4
221	4	4	4	4	4	3
222	4	3	4	3	4	4
223	4	4	3	3	3	3
224	2	3	3	2	3	2
225	3	3	4	1	4	4
226	4	4	4	4	4	4
227	3	2	3	4	3	3
228	4	4	4	3	2	1
229	4	3	4	4	4	2
230	4	4	4	4	4	4
231	4	3	4	3	3	3
N=	26	26	26	26	26	26
Mean=	3.62	3.46	3.65	3.31	3.46	3.19

The Column Headings refer to question numbers on CCFNI.

Appendix P

Matched Spouse-Nurse Responses to CCFNI

Code #	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
106	4	2	4	3	4	3	2	2	3	3	3	2	3
206	4	4	3	3	4	2	2	2	2	3	2	2	4
107	4	3	3	2	4	3	2	4	4	4	2	3	2
207	4	2	2	3	4	3	2	4	2	3	3	4	4
108	4	2	4	3	4	4	1	3	3	4	4	4	4
208	3	1	3	2	3	1	2	1	1	3	3	2	3
109	4	4	4	4	4	4	3	4	4	4	4	4	4
209	4	2	3	2	3	3	2	1	2	4	2	3	3
110	4	4	3	3	4	4	1	2	3	3	3	2	3
210	4	3	4	4	4	4	4	4	3	4	4	4	4
111	4	4	4	4	4	4	4	4	4	4	4	4	4
211	4	2	2	3	4	4	4	2	1	4	2	4	3
112	4	4	4	4	4	4	4	4	4	4	4	4	4
212	3	2	3	2	4	3	3	2	3	3	2	3	4
213	4	2	4	3	4	4	2	3	1	4	1	2	4
113	4	3	4	2	4	4	3	2	2	4	2	2	4
114	4	2	4	4	4	4	1	2	3	4	4	1	4
214	4	3	3	3	2	3	2	1	2	3	2	3	2

The Column Headings refer to question numbers on CCFNI.

Appendix P (continued)

Matched Spouse-Nurse Responses to CCFNI

Code #	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26
106	4	3	3	4	2	3	2	1	1	4	1	2	3
206	4	2	4	3	2	3	2	2	2	2	2	1	1
107	3	1	3	3	1	2	2	2	4	1	3	4	2
207	4	2	4	4	2	3	3	2	1	3	2	2	1
108	4	4	4	4	4	4	2	3	4	1	4	2	4
208	3	2	3	3	1	2	1	1	2	1	2	2	1
109	4	4	4	4	4	4	3	3	4	4	4	2	3
209	3	1	3	3	2	3	1	1	1	1	3	3	2
110	4	3	3	4	2	3	2	3	2	4	2	1	1
210	4	4	4	4	4	3	3	4	3	4	3	3	2
111	4	4	4	4	3	4	3	4	1	3	3	4	3
211	4	2	4	4	2	2	4	3	3	4	.	3	3
112	4	4	4	4	2	4	4	4	4	4	4	4	4
212	4	3	3	4	2	4	2	2	1	3	2	2	3
113	4	2	4	4	3	4	3	4	1	2	3	2	2
213	4	2	4	4	2	4	2	2	2	4	4	1	1
114	4	1	3	3	1	4	1	4	3	4	1	2	2
214	3	2	2	3	2	2	3	3	3	3	2	3	2

The Column Headings refer to question numbers on CCFNI.

Appendix P (continued)

Matched Spouse-Nurse Responses to CCFNI

Code #	Q27	Q28	Q29	Q30	Q31	Q32	Q33	Q34	Q35	Q36	Q37	Q38	Q39
106	2	4	3	2	2	3	2	3	4	1	1	2	2
206	1	3	2	1	2	2	1	3	4	3	2	2	2
107	2	3	1	3	4	2	1	3	4	3	3	3	3
207	2	2	2	1	3	3	2	1	3	3	1	4	4
108	3	3	2	1	2	2	2	3	3	3	2	4	4
208	2	2	1	1	2	1	1	2	3	1	2	2	2
109	4	4	4	2	4	3	3	4	4	3	4	4	4
209	3	1	1	1	2	2	1	1	3	1	1	1	3
110	4	3	3	1	1	4	1	3	4	3	3	3	4
210	2	4	2	2	4	3	2	4	4	4	4	1	3
111	3	4	3	1	3	4	3	4	4	4	3	4	4
211	2	4	2	1	3	3	2	3	3	1	.	1	3
112	4	4	4	4	4	4	3	4	4	4	4	4	4
212	3	3	3	2	2	2	2	2	4	2	2	3	3
113	4	2	1	2	2	3	3	2	4	1	2	4	4
213	2	1	1	1	3	3	2	2	4	4	1	4	4
114	2	2	4	1	2	1	1	1	4	1	1	4	4
214	2	3	2	1	2	2	2	2	4	1	2	2	3

The Column Headings refer to question numbers on CCFNI.

Appendix P (continued)

Matched Spouse-Nurse Responses to CCFNI

Code #	Q40	Q41	Q42	Q43	Q44	Q45
106	3	3	4	3	3	2
206	3	3	3	3	2	3
107	4	4	3	4	4	4
207	4	4	4	4	4	4
108	4	4	4	4	4	2
208	3	3	3	3	3	1
109	4	4	4	4	3	3
209	3	3	3	3	3	2
110	4	4	4	4	4	4
210	4	4	4	4	4	4
111	4	4	4	4	4	4
211	4	3	3	4	4	4
112	4	4	4	4	4	4
212	4	3	4	3	4	4
113	4	4	4	4	4	4
213	4	3	3	4	4	4
114	4	4	4	3	4	1
214	3	3	3	2	3	3

The Column Headings refer to question numbers on CCFNI.

Appendix P (continued)

Matched Spouse-Nurse Responses to CCFNI

Code #	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
115	4	4	4	4	4	4	4	3	3	4	4	4	4
215	4	3	3	3	4	3	2	1	3	4	4	3	4
116	4	3	4	4	4	4	2	3	3	4	4	3	3
216	4	2	3	1	4	3	3	2	2	3	2	4	3
117	3	3	2	3	3	4	2	3	3	4	3	4	3
217	3	1	3	3	4	4	1	2	4	4	2	1	3
118	4	4	4	4	4	1	4	1	4	1	4	4	4
218	4	2	4	3	4	4	3	3	1	4	2	3	4
119	4	3	4	3	4	1	2	4	3	4	2	4	4
219	4	3	4	4	4	4	2	4	3	3	2	3	4
120	4	4	4	4	4	4	3	4	4	3	3	3	4
220	4	4	4	4	4	4	3	4	4	4	4	3	4
121	4	3	4	4	4	4	3	4	3	4	3	4	4
221	4	2	4	3	4	3	3	2	2	3	4	2	2
122	4	3	4	3	4	1	3	4	4	2	3	4	3
222	4	3	4	4	4	3	3	2	3	4	4	3	3
123	4	4	3	3	4	1	3	4	3	1	3	2	2
223	4	3	4	2	4	3	3	2	2	4	3	3	4

The Column Headings refer to question numbers on CCFNI.

Appendix P (continued)

Matched Spouse-Nurse Responses to CCFNI

Code #	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26
115	4	3	4	4	4	4	4	4	1	4	1	2	4
215	4	3	3	4	2	3	2	2	2	3	2	3	3
116	3	3	3	3	.	4	4	3	3	3	3	3	2
216	4	1	4	4	3	3	2	2	1	2	4	3	2
117	4	2	3	4	2	3	3	4	2	3	4	3	3
217	4	2	3	3	3	4	1	1	1	2	4	4	2
118	4	4	4	4	2	4	4	4	4	4	4	4	4
218	4	2	3	4	3	3	3	2	2	4	.	2	2
119	3	2	3	4	3	3	4	3	3	3	3	3	2
219	4	4	4	4	1	4	3	3	1	3	2	1	3
120	4	3	4	4	1	4	3	3	3	3	4	3	3
220	4	3	4	4	3	3	2	4	3	3	3	3	3
121	4	3	4	4	3	4	4	4	1	4	4	4	4
221	3	2	3	4	2	3	1	2	2	2	3	3	3
122	4	2	3	4	2	3	3	3	3	4	4	4	2
222	4	3	3	4	3	3	2	3	2	3	1	4	3
123	4	1	3	4	1	4	3	3	3	3	2	3	3
223	4	2	4	4	2	3	1	3	2	3	3	4	1

The Column Headings refer to question numbers on CCFNI.

Appendix P (continued)

Matched Spouse-Nurse Responses to CCFNI

Code #	Q27	Q28	Q29	Q30	Q31	Q32	Q33	Q34	Q35	Q36	Q37	Q38	Q39
115	4	4	2	1	3	4	3	3	4	4	1	1	4
215	4	4	4	3	3	2	2	3	4	3	3	2	4
116	3	3	3	2	3	4	3	3	4	2	2	3	3
216	4	3	1	3	2	1	1	3	4	2	4	1	1
117	3	3	3	2	2	3	2	2	4	4	2	2	3
217	2	3	1	1	3	3	3	1	3	4	4	2	3
118	4	4	4	4	4	2	4	4	4	4	4	4	4
218	4	4	2	2	3	3	2	2	3	2	.	2	3
119	3	3	2	2	2	3	2	2	4	1	2	3	3
219	3	3	2	1	3	4	2	2	4	.	2	4	4
120	3	4	2	2	3	3	3	3	3	3	3	3	3
220	3	3	3	2	3	4	2	2	4	4	4	2	2
121	3	3	4	3	1	3	1	1	4	4	2	3	4
221	4	3	3	2	2	2	2	2	4	3	2	2	3
122	2	4	2	2	3	4	2	3	3	2	3	1	3
222	4	3	3	3	3	3	3	3	3	1	1	2	3
123	3	3	3	2	3	4	3	3	3	3	2	4	3
223	3	3	1	2	3	2	1	2	4	2	3	2	3

The Column Headings refer to question numbers on CCFNI.

Appendix P (continued)

Matched Spouse-Nurse Responses to CCFNI

Code #	Q40	Q41	Q42	Q43	Q44	Q45
115	4	4	4	4	4	4
215	4	4	4	3	4	4
116	4	4	4	4	4	4
216	4	3	4	3	4	4
117	4	4	4	2	4	4
217	3	4	4	3	3	1
118	4	4	4	4	4	4
218	4	4	4	4	4	4
119	4	4	4	3	3	3
219	4	4	4	4	4	4
120	4	3	3	4	3	3
220	4	4	4	4	4	4
121	4	4	4	4	4	4
221	4	4	4	4	4	3
122	4	4	4	4	4	4
222	4	3	4	3	4	4
123	4	3	4	3	3	3
223	4	4	3	3	3	3

The Column Headings refer to question numbers on CCFNI.

Appendix P (continued)

Matched Spouse-Nurse Responses to CCFNI

Code #	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
124	4	4	4	4	4	4	4	4	3	4	4	4	4
224	4	3	3	3	3	4	2	2	2	3	4	3	3
125	4	3	3	4	4	3	2	3	2	3	2	3	3
225	4	4	3	4	4	4	3	3	3	4	2	4	2
126	4	2	3	2	4	2	3	2	2	3	3	2	3
226	3	4	3	3	4	4	2	2	1	3	2	2	3
127	4	3	3	3	4	2	3	3	2	3	3	4	3
227	3	3	2	3	4	4	4	3	3	3	3	2	3
128	4	4	4	3	4	3	2	2	3	3	2	3	3
228	2	2	3	3	3	2	1	1	2	4	2	3	3
129	4	2	4	3	4	3	2	2	3	3	2	2	4
229	4	4	4	3	4	2	3	1	2	2	3	3	4
130	4	2	4	4	4	3	4	2	3	4	3	4	4
230	4	2	4	4	4	4	4	3	3	4	4	3	4
131	4	3	3	3	4	3	3	3	3	4	3	3	4
231	4	2	3	3	4	3	3	3	2	3	3	3	3

The Column Headings refer to question numbers on CCFNI.

Appendix P (continued)

Matched Spouse-Nurse Responses to CCFNI

Code #	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26
124	4	4	4	4	4	4	4	4	3	3	1	3	3
224	3	3	3	3	2	2	2	2	3	3	2	4	3
125	3	3	3	3	2	3	4	4	3	4	4	3	2
225	4	2	2	4	1	3	2	3	3	3	4	1	4
126	3	2	3	4	2	4	3	3	1	2	3	3	2
226	4	2	3	4	2	3	2	3	2	3	3	1	2
127	4	4	3	4	4	3	3	3	3	4	3	3	4
227	4	2	4	4	1	4	3	4	1	1	1	1	1
128	4	2	4	3	4	3	1	2	3	1	1	3	2
228	4	2	2	4	1	3	3	3	2	3	2	2	3
129	4	3	4	4	2	3	2	2	1	2	2	3	1
229	4	4	4	4	2	4	2	4	1	2	1	4	1
130	4	3	4	4	3	4	3	3	3	4	4	4	3
230	4	4	4	4	3	3	3	4	4	4	4	4	3
131	4	3	3	3	2	4	3	4	2	3	3	3	2
231	4	3	3	4	2	3	3	3	1	2	3	3	2

The Column Headings refer to question numbers on CCFNI.

Appendix P (continued)

Matched Spouse-Nurse Responses to CCFNI

Code #	Q27	Q28	Q29	Q30	Q31	Q32	Q33	Q34	Q35	Q36	Q37	Q38	Q39
124	4	4	4	3	3	3	4	1	4	4	1	3	3
224	3	3	2	2	2	3	2	3	3	2	2	3	2
125	3	3	2	2	2	4	2	2	4	1	1	1	4
225	4	3	3	3	3	4	2	3	4	1	4	1	3
126	3	2	3	2	2	3	2	2	4	2	2	2	2
226	3	2	2	1	2	3	2	1	3	3	1	1	4
127	4	3	2	3	2	3	3	3	4	2	3	3	3
227	4	4	2	2	2	3	2	1	4	1	1	3	3
128	3	2	2	1	3	2	1	3	3	3	1	3	3
228	4	3	2	1	2	2	1	1	4	1	1	2	3
129	1	3	2	1	1	2	1	1	3	2	2	2	2
229	3	3	2	1	1	2	1	1	4	2	1	3	3
130	4	3	2	3	3	4	2	3	4	3	3	3	4
230	4	4	2	3	3	3	3	3	4	4	3	2	4
131	3	3	3	2	3	3	2	3	3	3	3	3	3
231	3	3	2	3	3	2	2	3	4	2	2	2	3

The Column Headings refer to question numbers on CCFNI.

Appendix P (continued)

Matched Spouse-Nurse Responses to CCFNI

Code #	Q40	Q41	Q42	Q43	Q44	Q45
124	4	4	4	4	4	4
224	2	3	3	2	3	2
125	4	4	4	3	3	4
225	3	3	4	1	4	4
126	4	3	3	3	3	3
226	4	4	4	4	4	4
127	4	3	3	3	3	3
227	3	2	3	4	3	3
128	3	3	4	4	3	2
228	4	4	4	3	2	1
129	3	4	4	4	2	2
229	4	3	4	4	4	2
130	4	4	4	4	4	4
230	4	4	4	4	4	4
131	4	3	3	3	2	2
231	4	3	4	3	3	3

The Column Headings refer to question numbers on CCFNI.

Appendix Q

Comparison of Spouse and Nurse Means for Each Need Statement with t-test Value

NEEDS	Spouse's Group Mean	Nurse's Group Mean	t-test Value
1. To know the prognosis	3.96	3.73	2.070*
2. To have explanations of the environment before going into the critical care unit for the first time	3.23	2.54	3.069**
3. To talk to the doctor eveyday	3.65	3.27	2.250*
4. To have a specific person to call at the hospital when unable to visit	3.35	3.00	1.735*
5. To have questions answered honestly	3.96	3.77	1.781*
6. To have visiting hours changed for special conditions	3.08	3.31	0.885
7. To talk about negative feelings such as guilt or anger	2.73	2.58	0.609
8. To have good food available in the hospital	2.96	2.35	2.245*
9. To have directions as to what to do at the bedside	3.08	2.31	3.501**
10. To visit at any time	3.35	3.50	0.736
11. To know which staff members could give what type of information	3.15	2.69	1.991*
12. To have friends nearby for support	3.23	2.85	1.634
13. To know why things were done for the patient	3.50	3.35	0.829
14. To feel there is hope	3.81	3.81	0.000
15. To know about the types of staff members taking care of the patient	2.85	2.42	1.670

* Significant at .05 level
** Significant at .01 level

Appendix Q (continued)

Comparison of Spouse and Nurse Means for Each Need Statement with t-test Value

NEEDS	Spouse's Group Mean	Nurse's Group Mean	t-test Value
16. To know how the patient is being treated medically	3.50	3.35	0.915
17. To be assured the best care possible is being given to the patient	3.77	3.77	0.000
18. To have a place to be alone while in the hospital	2.52	2.12	1.572
19. To know exactly what is being done for the patient	3.62	3.04	3.555**
20. To have comfortable furniture in the waiting room	2.96	2.23	3.039
21. To feel accepted by the hospital staff	3.31	2.54	3.269**
22. To have someone to help with financial problems	2.54	1.96	2.092*
23. To have a telephone near the waiting room	3.12	2.73	1.419
24. To have the pastor visit	2.85	2.63	0.737
25. To talk about the possibility of the patient's death	3.00	2.54	1.726*
26. To have another person with the relative when visiting the critical care unit	2.69	2.19	1.977*
27. To have someone be concerned with the relative's health	3.19	2.92	1.146
28. To be assured it is alright to leave the hospital for awhile	3.19	2.96	1.074
29. To talk to the same nurse every day	2.69	2.04	2.759**
30. To be encouraged to cry	2.08	1.77	1.299

* Significant at .05 level
** Significant at .01 level

Appendix Q (continued)

Comparison of Spouse and Nurse Means for Each Need Statement with t-test Value

NEEDS	Spouse's Group mean	Nurse's Group Mean	t-test Value
31. To be told about other people that could help with problems	2.58	2.54	0.177
32. To have a bathroom near the waiting room	3.08	2.58	2.180*
33. To be alone at any time	2.27	1.85	1.953*
34. To be told about someone to help with family problems	2.65	2.15	1.984*
35. To have explanations given that are understandable	3.77	3.62	1.195
36. To have visiting hours start on time	2.69	2.28	1.323
37. To be told about chaplain services	2.27	2.25	0.064
38. To help with the patient's physical care	2.69	2.12	3.267**
39. To be told about transfer plans while they are being made	3.38	2.96	2.152*
40. To be called at home about changes in the patients condition	3.92	3.62	2.481*
41. To receive information about the patient once a day	3.69	3.46	1.572
42. To feel that the hospital personnel care about the patient	3.81	3.65	1.245
43. To know specific facts concerning the patient's progress	3.62	3.31	1.612
44. To see the patient frequently	3.58	3.46	0.645
45. To have the waiting room near the patient	3.27	3.19	0.280

* Significant at .05 level
** Significant at .01 level

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