



## FAMILY FRIENDLY ICU QUALITY ORIENTED WITH EMIL MODEL: STUDY AT RSUP DR. M. DJAMIL PADANG

by

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### ABSTRACT

*This study aims to determine the culturally competent family-friendly ICU model on ICU service satisfaction. This research was conducted in April-December 2021 at Dr. RSUP. M. Djamil Padang. The research design used Quantitative Research Methods. The results showed that there was a relationship between satisfaction with information and satisfaction with service quality ( $p = 0.001$ ), there was a relationship between satisfaction with comfort and satisfaction with service quality ( $p = 0.002$ ) and there was a relationship between satisfaction with spiritual needs with satisfaction with service quality ( $p = 0.001$ ). The researcher concludes that information, comfort and spiritual needs greatly affect the quality of service in the ICU Dr. M. Djamil Padang*

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## 1. INTRODUCTION

The ICU compared to other areas in the hospital is that the ICU is intended for observation and therapy of patients suffering from life-threatening illnesses with prompt, precise and careful treatment (Leininger and McFarland, 2002), therefore the ICU must be holistically safe including aspects of bio, psychosocial, social, spiritual and cultural (Leininger and McFarland, 2002).

European countries have 4 ICU models including: ICU *atmosphere*, *physical spaces*, *family participation in care*, and *equipment*. The ICU model used in Europe still has a weakness, namely the absence of a *meditation room* to meet the spiritual needs of patients. While Indonesia itself has standardized ICU models, namely primary ICU, secondary ICU and tertiary ICU, these three ICU models have a weakness, namely limited family contact with patients so that "normative" communication is not established between patients and families. (Marshall, 2016).

The Ministry of Health of the Republic of Indonesia (Depkes RI) in 2011 stated that there were still many complaints about patient dissatisfaction with nursing services. As many as 67% of patients complain of dissatisfaction in receiving nursing services at hospitals in Indonesia. Patient satisfaction survey data in 2013 regarding the Community Satisfaction Index (IKM) in the *Intensive Care Unit* was 71.25% with IKM standards > 90% (RSPM Profile, 2015).

The quality of ICU services cannot be said to be comprehensive, because the quality of services in the ICU is not only assessed in terms of patients, but also in terms of medical, support and family. Based on the data obtained by the researcher, in 2017 the satisfaction of ICU customers at M. Djamil Hospital on the quality of service in the ICU was 84.57%, in 2018 it increased to 86.54%, while in 2019 it became 88.62%. Despite the increase, the satisfaction rate has not reached the target of customer satisfaction at M. Djamil Hospital, which is above 95%. In addition, the researchers also obtained data that the level of adherence to service interaction behavior at Dr. RSUP. M. Djamil is 65%, where based on the type of nurse service, the compliance value is 53% and the information is 43%

(Ministry of Health of the Republic of Indonesia, 2021).

Based on the data obtained by the researcher, although the service satisfaction in the ICU Dr. M. Djamil has been increasing every year, but in the suggestion box for ICU patients, researchers found 23 complaints from family members of patients, including: one patient's family complained that family visits to the ICU were limited, not free and only occasionally. Family members have aspirations to be involved during routine nursing care in activities such as feeding patients or applying lotion to their loved ones. Twelve of the patient's families complained about the lack of clear information about the patient's condition, ten patients' families complained about the unavailability of religious facilities and family latrines around the ICU. If the need for close contact with the patient is met, then the information needs regarding the patient's condition will also be fulfilled, so that the family can know the overall clinical condition of the patient and understand what action to take (RSUP M. Djamil, 2021). From the results of the initial survey conducted, the researchers concluded that the *Patient Center Care* applied at M. Djamil Hospital was not in accordance with the aspirations of family members and the needs of family members.

According to research by Al Mutair et al (2013) it was found that the inclusion of family members in the care of ICU patients can provide emotional satisfaction and assurance that empowers and supports ICU patients and their family members. Schiller and Anderson (2003) also explored ICU nurses' perceptions of family involvement, which nurses here showed satisfaction with family participation which facilitated communication and facilitated more positive relationships with families. Another study in Sweden found that nurses considered family members important in the care provided to patients, and efforts to involve them in the provision of care were successful (Soderstrom et al. 2003).

Satisfaction of family members is influenced by the fulfillment of family needs. In line with the results of Zouka's research (2014) which states that patient family satisfaction is influenced by 89% by meeting information needs, 81% by attention and care and patient management, 73% by family participation in decision making, 47% by the atmosphere in the waiting room, 28 % by communication frequency and 6% by emotional support. In addition, the research of Saputra and Utami (2015) at the Semarang hospital concluded that the need for service guarantees was considered the most important by most respondents (96.3%), the need to be close to the patient (86.4%), the need for comfort (85, 5%), the need for information (79.8%) and the need for mental support (72.3%). From the results of this study, it can be seen that what families need most are the need for information, the need to be close to the patient and the need for comfort (AS Al Mutair. 2013).

Based on this problem, the researcher wants to apply the culturally competent ICU model by looking at the initial description of the patient's family members' satisfaction with information, comfort and spiritual needs on the quality of service in the ICU and seeing the effect of the culturally competent family-friendly ICU model on the quality of service in the ICU

*Unit (ICU)* is a part of an independent hospital (installation under the director of services) with special staff and special equipment for the purpose of treating patients suffering from life-threatening or potentially life-threatening illnesses, injuries or complications. with dubious prognosis. Patients who require treatment, care and close observation but are still in stable respiratory, hemodynamic, and conscious conditions will be treated in the *High Care Unit (HCU)* (Ministry of Health No. 843, 2010).

A study conducted by the *World Federation of Societies of Intensive and Critical Care Medicine (WFSICCM)* describes the division of ICU levels with the ability of services at each level. At level one, the ICU can provide *oxygenation, non-invasive monitoring* and more intensive care services than in the ward, while the second-level ICU can provide *invasive monitoring* and basic life support in a short period of time. At level three, the ICU can provide comprehensive monitoring and life support, act as a regional intensive care service provider, and can play an active role in the development of intensive care through research and education (Marshall, 2016).

There are 4 standardized ICU models in Europe, namely:

1. The atmosphere model, which is a model with the advantages of natural light and low noise levels, with this natural light model having a positive impact on the mood and morale of the user.
2. *Physical Spaces*, this model has three important physical spaces; single room, grouped with clinical rooms and treatment rooms.
3. *Family Participants in Care Model*, this model is a family-friendly model/ *family support areas*.
4. *Equipment model*, which is a model with a treatment room that has tools. (Marshall, 2016).

The family-friendly ICU room does not only talk about the role of the family but also builds an environment in the ICU room to be comfortable and conducive by prioritizing a balance between *clinical competence* and *cultural competence*, besides that the construction of the intensive care room also pays attention to things that can create a comfortable atmosphere for the good of the patient. and the medical team.

A dilemma that usually occurs in the intensive care room or known as the ICU is the conflict between fellow officers and also between officers and their families, even in the ICU room there are various feuds that can be



physically and psychologically draining. Usually conflicts occur because of the emergence of issues around differences in beliefs, customs, and language between patients and their families and the staff in the intensive care unit. Therefore, it is necessary to have the support of various parties, both officers and families in treating patients in the ICU so that the ICU room is conducive and family friendly. Therefore, treatment in the intensive room needs to prioritize clinical competence and cultural competence (Benbenishty & Biswas, 2015).

Critical illness is any disease process that can result in physiological instability causing disability or death in patients within minutes to hours. Some instability can be clearly identified by the presence of abnormalities from normal values on clinical observations such as level of consciousness, respiratory rate, heart rate, blood pressure, and urine production (Frost and Wise, 2007).

The layout of the room is also arranged in such a way, the models of floor plans or ICU layouts have been regulated by the Ministry of Health of the Republic of Indonesia in 2012. This model can be developed by considering a layout based on *clinical competence* and *cultural competence*, so as to create a comfortable and friendly ICU environment. family. The ICU concept needs to pay attention to room lighting, because good lighting in the ICU room can provide good benefits for the people in it such as benefits in reducing the impact of work fatigue or stress that may be caused by medical personnel, families, and patients

## 2. RESEARCH METHODS

The research method uses quantitative research with a *cross sectional*. This research was conducted in April-December 2021 at Dr. RSUP. M. Djamil Padang. The sample in this study amounted to 76 people, where the research sample will be taken randomly (*purposive sampling*). The sample in this study was the patient's family selected based on inclusion and exclusion criteria. The inclusion and exclusion criteria in this study are as follows:

### Inclusion criteria:

1. All nuclear families with family members currently undergoing intensive care (Family who have been waiting for patients for at least 3 days)
2. All nuclear families of patients who have an assessment SOFA Score 4.
3. Families who live in Padang or outside Padang
4. Families who are willing to participate in research

### Exclusion criteria:

1. Families who come from abroad or foreigners who do not have eastern culture.
2. Children aged < 12 years
3. Families who are not willing to be interviewed

## 3. RESULTS AND DISCUSSION

Based on the results of the study, the following results were obtained:

### A. Description of Patient's Family Member Satisfaction with the EMIL Model 1. Satisfaction

Table 1. Information Satisfaction with Information

Information	Frequency	Percentage (%)
Satisfied	37	51.4
Dissatisfied	35	48.6
Total	72	100.0

Based on the table above, the researcher found that the information obtained by the patient's family was 51.4% satisfied and 48.6% dissatisfied. This means that the family is satisfied with the information provided by the ICU and ROI officers of Dr. M. Djamil.

### 2. Satisfaction with

Table 2. Comfort Satisfaction with Comfort

Comfort		Frequency Percentage (%)
Satisfied	48	66.7
Dissatisfied	24	33.3

Total	72	100.0
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Based on the table above, the researcher found that the satisfaction of the comfort felt by the patient's family was 66.7% satisfied and 33.3% dissatisfied. This means that most of the patient's families are satisfied with the waiting room and ICU/ROI room at Dr. RSUP. M. Djamil Padang.

### 3. Satisfaction with Spiritual Needs

**Table 3. Satisfaction with Spiritual Needs**

Spiritual Needs	Frequency	Percentage (%)
Satisfied	39	54.2
Dissatisfied	33	45.8
Total	72	100.0

Based on the table above, the researchers found that satisfaction with the spiritual needs of ICU patients' families and ROI Dr. M. Djamil 54.2% are satisfied and 45.8% are not satisfied. This shows that the families of ICU/ROI patients are satisfied with the spiritual needs provided by the ICU/ROI RSUP Dr. M. Djamil Padang

### 4. Satisfaction with Service Quality

**Table 4. Satisfaction with Service Quality**

Quality of Service	Frequency	Percentage (%)
Satisfied	44	61.1
Dissatisfied	28	38.9
Total	72	100.0

Based on the table above, the researcher also got the results that satisfaction with service quality in the ICU and ROI Dr. M. Djamil 61.1% were satisfied and 38.9% were dissatisfied. This shows that the quality of service in the ICU and ROI is good.

### B. Relationship of Patient Family Member Satisfaction with EMIL Model 1. Relationship of Satisfaction with Information with Satisfaction with Service Quality The

Relationship between satisfaction with information and service quality in the ICU M.Djamil Hospital, Padang can be seen in the following table:

**Table 5 Relationship between Satisfaction with Information and Satisfaction with Service Quality at M. Djamil Hospital Padang**

On	Service Quality							P Value
	Good		Poor Information		Total		OR (95% CI)	
	f	%	f	%	F	%		
Satisfied	30	81.1	7	18.9	37	100	6,429	0.001
Dissatisfied	14	40	21	60	35	100		
Total	44	61.1	28	38.9	72	100		

The results of the analysis of the relationship between satisfaction with information and service quality showed that as many as 30 (81.1%) respondents who received information were satisfied with the quality of service in the ICU. Meanwhile, among respondents who did not receive information, there were 14 (40%) who were



dissatisfied with the quality of service in the ICU. The results of statistical tests obtained p value = 0.001 so it can be concluded that there is a difference in the proportion of service quality between respondents who are informed and those who are not (there is a significant relationship between information and service quality). Based on the results of the analysis, the value of OR = 6.429 means that respondents who are satisfied with the information have 6.429 times the opportunity to feel that the quality of service in the ICU is good compared to respondents who do not receive information.

## 2. Relationship of Satisfaction with Comfort and Satisfaction with Service Quality The

Relationship between satisfaction with comfort and service quality in the ICU M.Djamil Hospital, Padang can be seen in the following table:

**Table 6. Relationship between Satisfaction with Comfort and Satisfaction with Service Quality in the ICU M.Djamil Hospital, Padang**

of Comfort	Quality of Service						P Value	
	Good		Poor Feeling		Total			OR (95% CI)
	f	%	f	%	F	%		
Satisfied	36	75	12	25	48	100	6.0	0.002
Dissatisfied	8	33.3	16	66.7	24	100		
Total	44	61.1	28	38.9	72	100		

The results of the analysis of the relationship between satisfaction with comfort and service quality showed that 75% of respondents were satisfied with the quality of service in the ICU. Meanwhile, among respondents who felt dissatisfied, there were 33.3% of respondents who felt that the service quality was good. The results of statistical tests obtained p value = 0.002. So it can be concluded that there is a difference in the proportion of service quality between respondents who are satisfied and those who are not satisfied (there is a significant relationship between comfort and service quality). From the results of the analysis, the OR = 6.0 means that respondents who are satisfied have 6 times the opportunity to feel that the quality of service in the ICU is good compared to respondents who do not feel comfortable in the ICU room.

## 3. Relationship between Satisfaction with Spiritual Needs and Satisfaction with Service Quality The

Relationship between satisfaction with spiritual needs and satisfaction with service quality at the ICU M.Djamil Hospital, Padang can be seen in the following table:

**Table. 7 Relationship of Satisfaction with Spiritual Needs with Satisfaction with Service Quality in ICU M.Djamil Hospital, Padang**

Needs	Quality of Service							P Value
	Good		Poor Spiritual		Total		OR (95% CI)	
	f	%	f	%	f	%		
Satisfied	31	79.5	8	20.5	39	100	5,962	0.001
Dissatisfied	13	39.4	20	60.6	33	100		
Total	44	61.1	28	38.9	72	100		

The results of the analysis of the relationship between satisfaction with spiritual needs and service quality showed that 79.5% of respondents were satisfied with spiritual needs feel that the quality of service in the ICU is



good. Meanwhile, among respondents who are dissatisfied with their spiritual needs, 39.4% of respondents feel that the service quality is good. The results of statistical tests obtained  $p$  value = 0.001. So it can be concluded that there is a difference in the proportion of service quality between respondents who are satisfied with spiritual needs and those who are not satisfied with spiritual needs (there is a significant relationship between spiritual needs and service quality). From the results of the analysis, it is also obtained that the OR = 5.962 means that respondents who are satisfied with their spiritual needs have a 5.962 opportunity to feel that the quality of service in the ICU is good compared to respondents who are not satisfied with their spiritual needs

## Discussion

### 1. Description of Patient Family Member Satisfaction with the EMIL Model 1. Overview of Satisfaction Family Members to Information

Patients and families really need information about diagnoses, medical procedures, disease prognosis and patient conditions. Information can be given directly when the patient's family is in the hospital environment (Rochana, N and Reni, SU, 2015). Information is one of the things that the patient's family has been waiting for regarding the development of the patient's condition in the ICU. The information obtained by the family will make the family feel calmer.

Based on the research results obtained by the researcher, that as many as 51.4% of respondents felt the information obtained was very good and 48.6% of respondents felt that the information obtained was still lacking. This is in line with the research of Kurniawan, E (2015) where 55.6% of respondents thought that the information provided by health workers at Panembahan Senopati Hospital Bantul was in the good category. To establish effective communication, health workers must be able to communicate properly and correctly so that the information conveyed can be easily received by the family. Effective communication between health workers and the patient's family is very important, not only to provide peace of mind, but also to ensure that the patient is properly cared for after the patient leaves the hospital (Blizzard & Rick, 2003) satisfied with the information that is already very good. Researchers also found that information is a very important part for the patient's family, good information can make the patient's family satisfied with the services provided.

### 2. Description of Family Member Satisfaction with Comfort

Feeling comfortable is a feeling of less relief and perfection in the physical, psychospiritual, environmental and social dimensions. The results of this study showed that the comfort felt by the patient's family was 66.7% good and 33.3% not good.

This is not in line with research by Rochana, N and Reni, SU (2015) entitled Holistic Nursing in Emergency and Disaster: Issue and Future which shows that 85.5% of the comfort needs of the patient's family are good. The results of his research show that comfort is a feeling felt by the family that it is okay to leave the hospital for a while. From these results it appears that families do not prioritize hospital facilities that can support their comfort while waiting for patients, such as toilet facilities, telephone and SOFA. This is different from this research, where the comfort felt by the respondents is a sense of comfort in the facilities provided by the hospital for the patient's family, in this case such as the waiting room, prayer room and toilet.

Based on the statement above, more than half of the patient's family felt comfortable with the facilities and waiting rooms in the ICU Dr. RSUP. M. Djamil Padang. Satisfaction with the sense of comfort felt by the patient's family in the form of a prayer room, a place to *charge cellphones*, a comfortable ICU room for patients, a seat in the patient waiting room, etc.

### 3. Description of Family Member Satisfaction with Spiritual

Needs Spiritual needs are needs that must be met in ICU patients. In this case the family must be able to provide support or motivation to the patient.

The results of this study indicate that 54.2% of respondents said spiritual needs in the ICU Dr. RSUP. M. Djamil is good and 45.8% is not good. This is in line with the research of Utama, TA and Livi, RDY (2019) where the results of the research show that 84% of respondents said the spiritual needs of patients in the ICU were good and 16% were not. His research shows that generally Muslim families always pray beside the patient when given the opportunity to visit the ICU room.

Based on the above statement, half of the patient's family was satisfied with the spiritual needs in the ICU Dr. M. Djamil Padang. Patient satisfaction with spiritual needs is evidenced by the presence of *informed consent* to call *ustadz* for terminal patients and for families who need spiritual cleansing.

### 4. Overview of Family Member Satisfaction with Service Quality

ICU service quality improvement in the ICU is one of the ways in which nurses provide services to families and patients. Based on the results of the study, it was found that 61.1% were satisfied with the service quality and 38.9% of respondents were dissatisfied. This shows that respondents are more satisfied with the quality of service in



the ICU M.Djamil Hospital, Padang. This is in line with the research by Retnaningsih, D., Dwi, NA., Ita, Y (2017) with the title Patient Family Satisfaction in the ICU Room at Permata Medika Hospital Semarang, which research results show that the quality of nursing services is mostly 24 (75%) ) respondents said good and a small part as many as 8 (25%) respondents said not good (Retnaningsih, D. 2017)

#### **5. Relationship of Patient Family Member Satisfaction with the EMIL Model 1. Relationship of Patient Family Member Satisfaction with Information with Satisfaction with Service Quality**

Based on The results of the study showed that there was a significant relationship between the satisfaction of family members with information and satisfaction with the quality of service at Dr. RSUP. M.Djamil Padang, with a p-value of  $0.001 < 0.05$  and an OR value of 6.429. This means that the higher the level of satisfaction of family members with information, the higher the satisfaction with the quality of service at the hospital. Conversely, if the lower the level of satisfaction of family members with information, the satisfaction with service quality will also be lower.

This is in accordance with the research of Tumbuan FC., Mulyadi, Vandri, DK (2017) with the title The Relationship of Nurse Therapeutic Communication with Patient's Family Trust Level in the Intensive Care Unit (ICU) GMIM Kalooran Amurang Hospital which states that there is a relationship between Nurse's therapeutic communication with a level of trust family of ICU patients with p value 0.037 ( $< 0.05$ ). This means that good communication with the family will increase the confidence of the family of ICU patients, in other words, it can also increase family satisfaction with services in the ICU. (Tumbuan FC., Mulyadi, Kallo VD. 2017)

In this case, the researcher concludes that there is a very close relationship between satisfaction with information and satisfaction with service quality in the ICU Dr. RSUP. M. Djamil. The better the information provided by hospital staff to the patient's family, the patient's family will feel satisfied with the quality of service in the ICU Dr. M. Djamil Padang.

#### **6. Relationship of Patient's Family Member Satisfaction with Comfort and Service Quality**

Dr. M.Djamil Padang, with a p-value of  $0.002 < 0.05$  and a value of OR= 6. So it can be concluded that the higher the level of satisfaction of family members with comfort, the higher the satisfaction with the quality of service at the hospital. Conversely, if the lower the level of satisfaction of family members with a sense of comfort, the satisfaction with service quality will also be lower. Previous research conducted by Dabri, RA., Paranoan and Enos, P (2014) with the title Analysis of the Relationship between Service Quality and Visitor Satisfaction Levels of Class III Patients at the Atma Husada Mahakam Samarinda Regional Mental Hospital in 2013 which showed the same thing where there was a relationship the existence of infrastructure with the patient's family satisfaction, it is shown that the *p-value* research is  $0.002 < 0.05$ .

In this case, this researcher concludes that there is a relationship between satisfaction with comfort and satisfaction with service quality. This is due to a sense of comfort for the patient's family, the patient's family will feel satisfied with the quality of services provided by the ICU Dr. RSUP. M. Djamil Padang.

#### **7. Relationship between Patient Family Member Satisfaction with Spiritual Needs and Service Quality Satisfaction**

Dr. M.Djamil Padang, with a p-value of 0.001 (smaller than 0.05) and an OR value of 5.962. So it can be concluded that the higher the level of satisfaction of family members with spiritual needs, the higher the satisfaction with the quality of service at the hospital. Conversely, if the lower the level of satisfaction of family members with spiritual needs, the satisfaction with service quality will also be lower.

Based on the results of previous research conducted by Ummah, AC (2016) with the title Relationship of Spiritual Needs with Quality of Life in Elderly People in Nursing Homes in Semarang City, it shows the same thing where there is a significant relationship between spiritual needs and quality of life for the elderly in Nursing Homes in Semarang City. , with *p value* =  $0.001 (< 0.05)$ .

In this case, the researcher concludes that the spiritual needs of the patient or family greatly affect the quality of life of the patient. The better the quality of service, the satisfaction of the patient or family will also increase

## **CONCLUSION**

Based on the results of the study above, the researchers conclude:

1. There is a significant relationship between the satisfaction of the patient's family members with information, comfort, and spiritual needs with satisfaction with service quality.
2. The influence of family members included in the ICU on information satisfaction, comfort, spiritual needs and quality of service received by the patient's family.

## SUGGESTIONS

Suggestions that can be given by researchers are expected for further researchers to be able to develop this research even better.

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