



“Assessment of the Perceived Needs and Satisfaction of family members of critically ill patient waiting outside the critical care unit”.

Mr. Avinash Pandurang Rathod^{#1}, Mrs. Preethi Mathew^{#2}, Dr. Sagar Sinha^{#3}

#1. M.Sc. Nursing (Nurse Practitioner in Critical Care)

#2 Associate Professor, MGM New Bombay college of Nursing, Kamothe NaviMumbai.

#3. Assistant Professor, Intensivist, MGM Medical College & Hospital, Kamothe, Navi Mumbai.

Abstract:

The present study was undertaken to identify the needs of family members of critically ill patient waiting outside the critical care unit. A descriptive exploratory survey design was adopted and data collected from 124 family members of critically ill patient using non-probability convenient sampling technique. The data was collected using Modified Critical Care Family Need Inventory and Modified Family Satisfaction with care in the intensive care unit© FS-ICU (24). Result showed that majority of 98.39% family members wanted good infrastructure, 95.7% family members wanted to know the patient prognosis and 92.92% family members wanted a proper communication. Majority 98.95% family members satisfied with patient care and 98.87% family members satisfied with information.

Keywords: Assessment, perceived needs, satisfaction, family members, critically ill patient, critical care unit

Introduction:

Family is called the elementary unit of society and has countless impact on his members. Members in family hold the first responsibilities to love their own family members. Family cares their members both in wellness and illness. Critically ill patients those who are admitted to Intensive Care Units usually accompanied by close relatives. If close relatives are present with the patient it will help for patient's psychological well-being, improvement and inspiration to remain alive and fight back against illness.¹ As the patient is critically ill and having altered sensorium cannot take decisions by their own. Thus, the need of the patients is been understand by the relatives and help them in fulfilling it. So, relatives play an important role in decision making as well as meeting the routine needs of patients admitted in ICU.²

The ICU setting is always a fearful area to patients and their relatives. The family members usually experience many bad sentiments like fear, anxiety, frustration, anger, etc. The relatives who stay continues in the ICU experience an emotional stress, anxiety and depression. So, the health care team members should understand the problems and provide them regular counseling about information regarding the treatment, the disease and the current condition of the patient.³ Critical illness is faced by patients and their families, without any alarming sign. This can increase stress of family members. This stress can cause many issues in the family life and can disrupt the wellness of both patients and relatives. The increase in stress in turn can affect the role and normal functioning of the family members.⁴ The relatives must be provided with adequate support and attention by the caregiver and the hospital administration.

During hospital stay relatives may curiously wait outside to know about patient's condition. The most important need of the family members are getting information regarding the patient by the health care team members. Meeting this specific need is the important goal of health care team in ICU. Transmission of dependable, comprehensible and valuable information helps the family member to get rid of their anxiety.⁵ Most vital need of family members during the critical illness of a loved one is getting information about their condition. Receiving this information make the family members relax and this intern reduce their anxieties.

Most importantly, family members feel that information and knowledge about the patient allow them to support the patient in the best possible way. In other way a lack of information increases anger and frustration, makes the family members more irritable. It is described that psychosocial care of family member was rewarded by the distribution of information, and that providing information to family member about patient care decreases their anxiety, as they are not used with the ICU setting.⁶ Family members needs for clear and understandable information is a global process. The families always wait keen outside the ICU to talk to health care providers regarding patient condition and desires for information by the nursing staff about the care provided, the setting, and the equipment and about what they can do for the patients during visiting hours.³

Relatives also find benefit in care giving, helping their admitted family member often increases their confidence, teaches them how to handle the problematic circumstances, makes them feel closer to their patient.⁷ Providing effective care and essential information reading their family members make them feel satisfied and distressed.

Methodology:

A descriptive exploratory survey design was used to identify the needs of family members of critically ill patient and to determine the satisfaction of family members. The study was conducted in the critical care unit of a teaching hospital. The target population is all family members of critically ill patients in critical care unit and willing to participate in the study. Data was collected using modified critical care family need inventory and Modified family satisfaction with care in the intensive care unit© FS-ICU (24). The reliability of the modified critical care family need inventory was 0.82 and Modified family satisfaction with care in the intensive care unit© FS-ICU (24) was 0.97.

Analysis and interpretation:

Section:1 Distribution of data based on demographic characteristics

Table no 1. Distribution of Demographic Characteristics of family members

n =124

Demographic characteristics	f	%
Age in years		
18 – 29	50	40.3
30 – 44	44	35.5
45 – 59	26	21.0
60+	4	3.2
Gender		
Male	95	76.6
Female	29	23.4
Education		
Illiterate	1	0.8
Primary	36	29.0
SSC	31	25.0
HSC	22	17.7
Graduate	28	22.6
Post Graduate & above	6	4.8

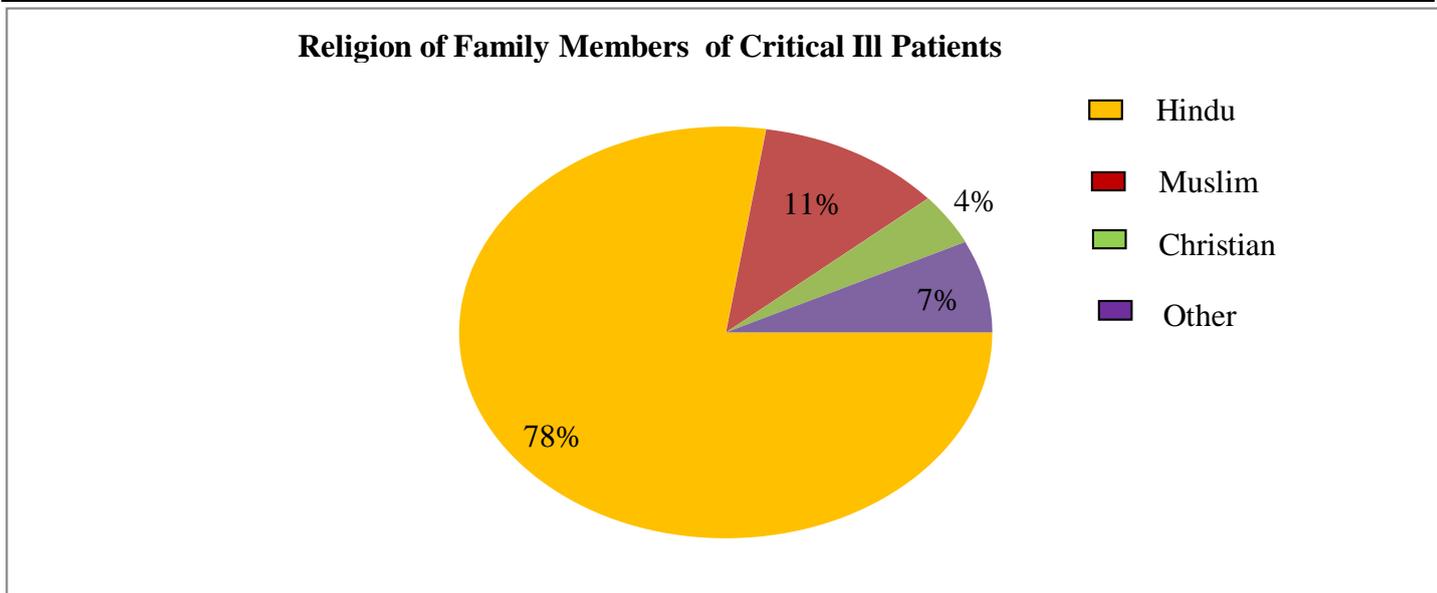


Figure:1 Distribution of family members based on religion

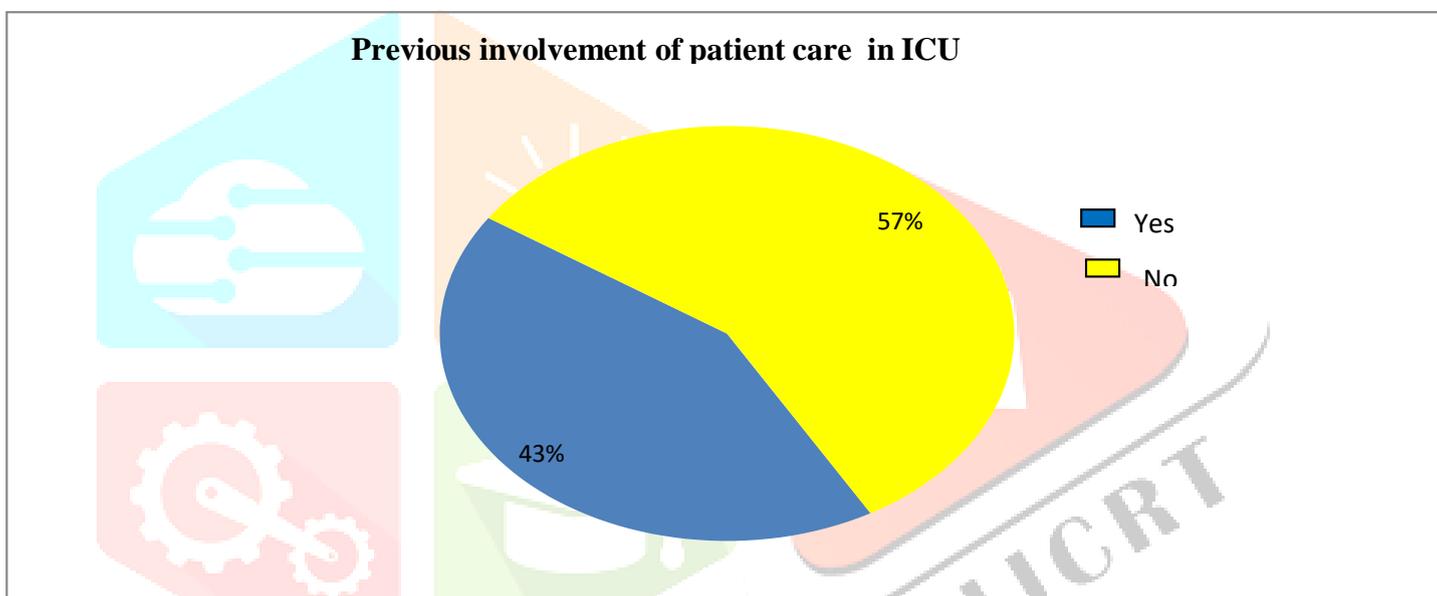


Figure 2: Distribution of family members based on previous involvement of patient care in ICU

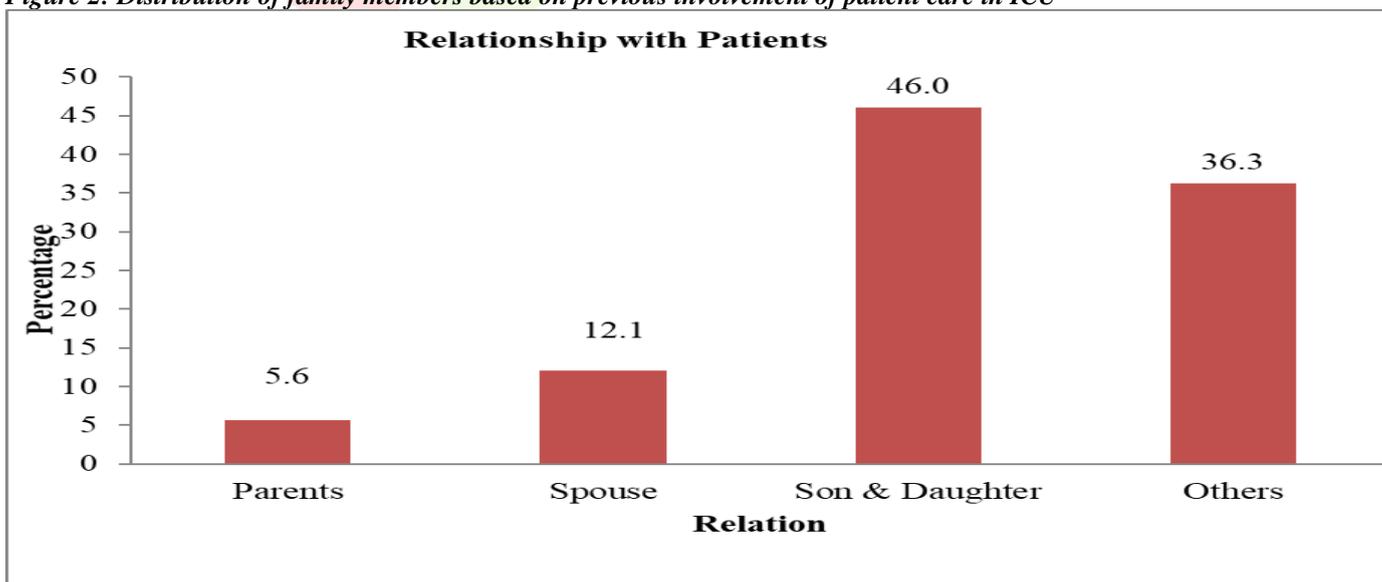


Figure 3: Distribution of family members based on relationship with patients

Section2: Distribution of family member based on perceived need**Table2: Distribution of most important needs of family members of critically ill patient**

n = 124

Items	Always needed		Not needed	
	f	%	f	%
Needs based on patients care and prognosis.				
Discussion with the doctor every day	124	100.00	0	0.00
To know the expected outcome of family members.	123	99.19	1	0.81
Help with the patient's physical care.	123	99.19	1	0.81
To know types of health professional taking care of the patient	122	98.39	2	1.61
To be assured that the best care possible is being given to the patient	122	98.39	2	1.61
Have someone to help with financial problems like social workers.	121	97.58	3	2.42
Needs based on communication.				
Directions to visitor as what to do at the bedside.	124	100.00	0	0.00
Questions answered honestly by health team members.	123	99.19	1	0.81
Explanations given that are understandable.	123	99.19	1	0.81
To receive information about the patient at least once a day	123	99.19	1	0.81
Visiting hours changed or restriction changed for special conditions.	121	97.58	3	2.42
To know why things were done for the patient.	121	97.58	3	2.42
Have visiting hours start on time.	121	97.58	3	2.42
Be told about transfer plans while they are being made.	121	97.58	3	2.42
Need based on infrastructure				
Have comfortable furniture in the waiting room.	124	100.00	0	0.00
Explanations regarding environment / Infrastructure before going into the critical care unit for the first time.	123	99.19	1	0.81
Have a proper visitor area while in the hospital.	123	99.19	1	0.81
Have a bathroom near the waiting room.	121	97.58	3	2.42

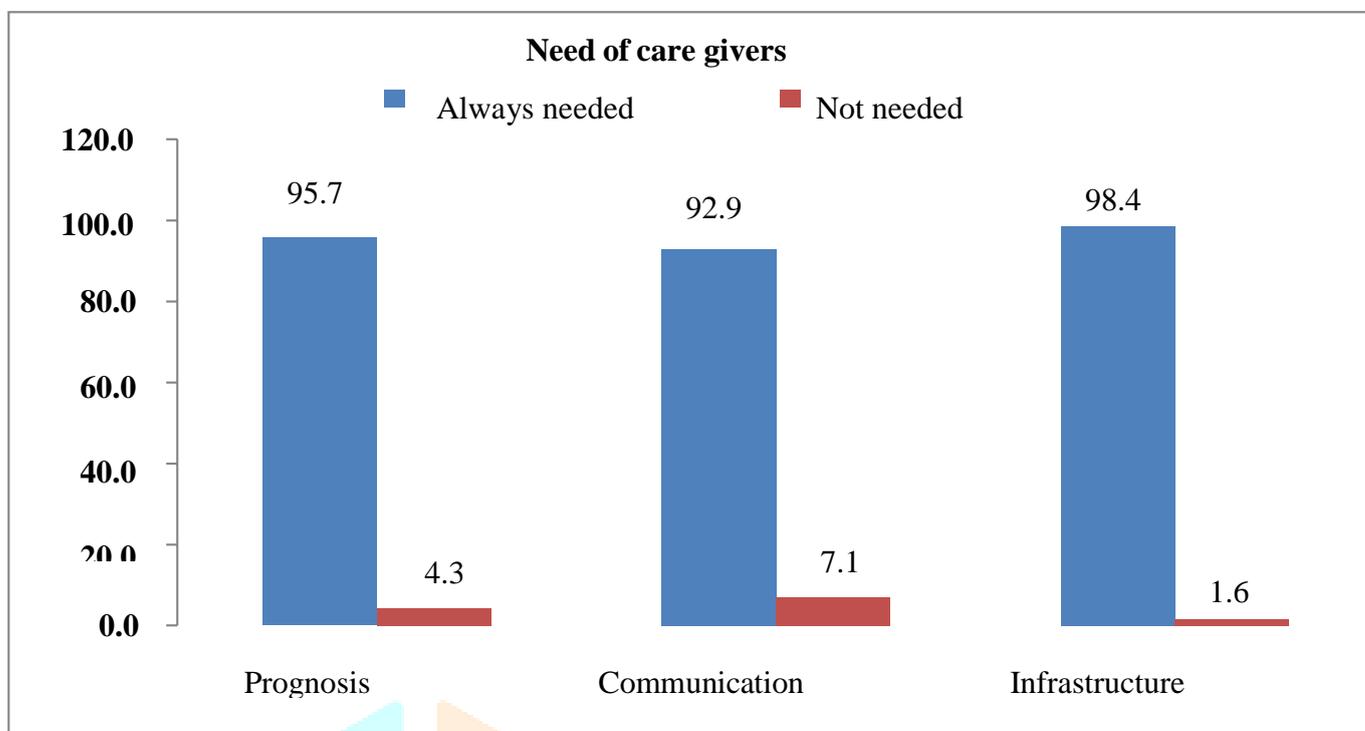


Figure 4: Over all distribution of the family members based on need

Figure 4 shows that the majority of 98.39% family members needed the Infrastructure, 95.7 % family members wanted to know the patient prognosis and 92.92% family members wanted to a proper communication.

Section 3: Distribution of the family members based on satisfaction

Table 3 Distribution of the family members based on satisfaction of critically ill patient waiting outside the critical care unit

n = 124

Items	Satisfied		Unsatisfied	
	f	%	f	%
Satisfaction regarding patient care				
special assessment of various symptoms by ICU staff	124	100.00	0	0.00
Consideration of your needs showed by ICU staffs.	124	100.00	0	0.00
Emotional support provided by ICU staffs.	124	100.00	0	0.00
Co-ordination of care by ICU staffs	124	100.00	0	0.00
Concern and caring of health professional in terms courtesy, respect and compassion.	123	99.19	1	0.81
Skill and competence of ICU Nurses.	123	99.19	1	0.81
Frequency of communication with ICU nurses.	123	99.19	1	0.81
All Doctors, including Residents and their skill and competence in caring your family members	123	99.19	1	0.81
The ICU atmosphere	121	97.58	3	2.42
The waiting room atmosphere	118	95.16	6	4.84

Satisfaction regarding patient information

Frequency of communication with ICU doctors	124	100.00	0	0.00
Honesty of Information by the ICU staff	123	99.19	1	0.81
Completeness of Information, why things being done	123	99.19	1	0.81
Ease of getting information.	122	98.39	2	1.61
Understanding of Information	121	97.58	3	2.42

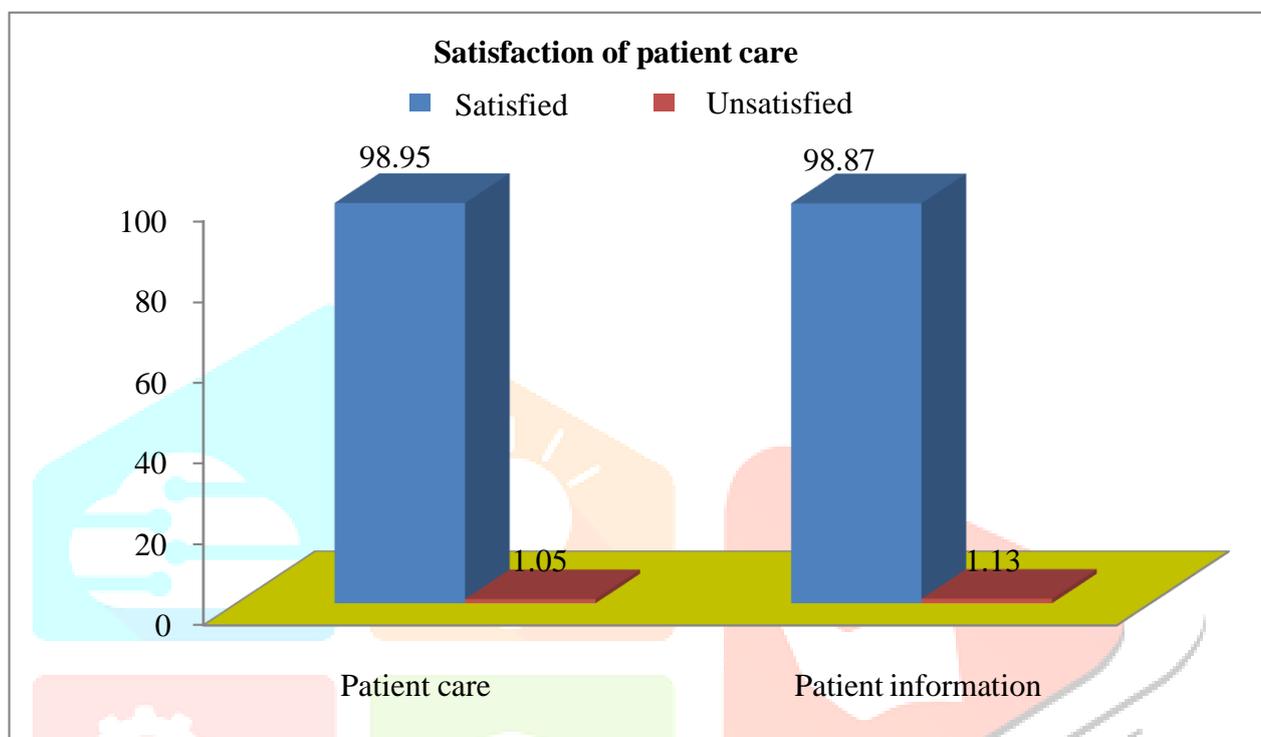


Figure 5: Overall distribution of family members based on satisfaction

Figure 5 shows that the majority of 98.95% satisfied with satisfaction regarding patient care and 98.87% satisfied with Information

Conclusion

A descriptive study undertaken to assess the needs and satisfaction of family member of critically ill patient. The study concluded that majority of the family members need day to day information regarding their patient and needed comfortable infrastructure in that waiting room. The family member also was satisfied by the care provided in the hospital by health professionals. Increasing the quality and quantity of physician-patient communication may lead to the greatest increase in the satisfaction of family members whose lover one is cared in the ICU setting. Measuring and understanding satisfaction with care provided in ICUs will likely enhance the effectiveness of resources used in this critically ill patient population.

Implications of The Study

Implication of the study can be discussed in four areas mainly: nursing education, nursing administration and nursing research

1.Nursing Practice

Nurses are the one who always is contact with patient and the family member and act as a link between family member and health care provider. The nurses need to have adequate knowledge regarding the health status of the patient. Since she is there with the patient most of the time can explain best way to the family members. She can act as a counselor and as a spokes person .

2.Nursing Education

Family members experiences are the popular way of evaluating quality care provided in the hospital. The aim of the study was to assess the family members needs as well as satisfaction of family member with the quality care provided in the hospital. This study will help the nursing students, interns, other health care professionals to improve their communication, give insight in providing various information pertaining to patients admitted in the critical care unit

3.Nursing Administration

This study will help the administrator to make the policy, protocol which will help the health care professional to give quality care. Nursing administrator should motivate their health team members to work effectively and to improve the communication with the family members, providing adequate information regarding care etc.

4.Nursing Research

The finding of the study can be utilized for conducting further study as well as conducting counselling sessions and to find out its effect.

Recommendation

- The same study can be performed on a large number of samples.
- A comparative study can be conducted to assess difference between multiple settings.
- Similar qualitative approach study can be conducted in different setting

Ethical Considerations

- Institutional ethical committee of MGMIHS approved the proposal.
- Institutional permission was obtained to collect data.
- Informed consent was obtained from each participant and confidentiality was assured.
- Permission is obtained from the authors of both the standardized tools that is family need inventory and family satisfaction scale 24

References:

1. Frivold G, Slettebø Å, Heyland DK, Dale B. Family members' satisfaction with care and decision making in intensive care units and post-stay follow-up needs—a cross-sectional survey study. *Nursing Open*. 2017: 1–9. <https://doi.org/10.1002/nop2.97>
2. M.Ramappa, Raj P,Kanmani T.R. Caregivers satisfaction with intensive care unit services in tertiary care hospital. *Ijciisorg*. [Online] 2018;8(4): 184-187. Available from: <http://www.ijciis.org>
3. Neves FBC, Pereira M,Bitencourt AVieira PS. Analysis of family satisfaction in intensive care unit. *Rev Bras Ter Intensiva*. 2009;21(1): 32-37.
4. Zarei M, Keyvan M, Hashemizadeh H, “Assessing the Level of Stress and Anxiety in Family Members of Patients Hospitalized in the Special Care Units” *Int. J. Rev. Life. Sci.*, 2015; 5(11), 118-122 Available from: <https://www.researchgate.net/publication/288667507>
5. Gaeni, M, Farahani M, Seyedfatemi N. Informational Support to Family Members of Intensive Care Unit Patients: The Perspectives of Families and Nurses. *Global Journal of Health Science*. [Online] 2015;7(2): 8-19. Available from: <http://dx.doi.org/10.5539/gjhs.v7n2p8>
6. Beer, JD, Brysiewicz, P. The needs of family members of intensive care unit patients: A grounded theory study. *S Afr J Crit Care*. 2016;32(2): 44-49.
7. Committee on Family Caregiving for Older Adults, Board on Health Care Services, Health and Medicine Division, National Academies of Sciences, Engineering, and Medicine; Schulz R, Eden J, editors. *Families Caring for an Aging America*. Washington (DC): National Academies Press (US); 2016 Nov 8. PubMed PMID: 27905704
8. Jensen H I, Gerritsen, RT,Koopmans M, Zijlstra JG, Curtis JR. Families' experiences of intensive care unit quality of care: Development and validation of a European questionnaire. *Wwwjccjournal.org*. [Online] 2015;30(9): 884-890. Available from: <http://creativecommons.org/licenses/by-nc-nd/4.0/>].
9. Horn EV, Tesh, A. The effect of critical care hospitalization on family members: Stress and responses. *Critical Care Nursing*. [Online] 2000;19(4): 40-49. Available from: <http://journals.lww.com/dccjournal/pages/default.aspx>
10. Al-mutair, A, Plummer V ,Clerehen R. Needs and experiences of intensive care patients' families: A Saudi qualitative study. *Nursing in Critical Care*. [Online] 2013;19(10): 1-10. Available from: <https://www.researchgate.net/publication/257751706> .