

Perception of Nurses and Relatives on Family Needs of Critically Ill Patients: A Hospital Based Comparative Study

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ABSTRACT



Background: Critically ill patients are not able to decide about their treatment and their relatives usually asked for the treatment decisions on behalf of the patient. At the time of critical illness, all family members or relatives experience crises and may be exhausted. Recognizing and addressing the relative's needs is a very important aspect of holistic health care to critically ill patients.

Methods: A descriptive cross-sectional study was conducted to make a comparison between the nurses' and relatives' perceptions regarding the needs of family members of critically ill patients in the Nepalese context. A convenient sample of 50 nurses and 50 relatives who meet the inclusion criteria were selected and interviewed by using a structured questionnaire in the different intensive care units of Kathmandu Medical College and Teaching Hospital, Kathmandu, Nepal during the period of January to April 2018. The data were analyzed by using descriptive and inferential statistics in the statistical package for social sciences version 16.

Results: The majority, (86%) of the relatives ranked "to know specific facts concerning the patient's progress and treatment" as the topmost very important need, and 80% of the nurses' ranked this need as a very important need. The majority of nurses (86%) ranked "to receive explanations about the environment of critical care unit for the first time" as a topmost very important need, whereas, only 54% of the relatives had ranked this need as very important to them. There was a statically significant positive correlation among some need statements between the two groups.

Conclusion: There was a significant difference in the perception of some aspects of family needs by the nurses and relatives. Nurses' mean score was lower than the relatives which can be a major source of disputes among nurses and relatives in the intensive care units.

Key words: Intensive Care Unit, critically ill patient, family needs, nurses' perception and relatives, perception

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INTRODUCTION

Admission in the Intensive Care Unit (ICU) due to critical illness creates a situation of crisis to the patients and their family members or relatives. ICU is considered a high mortality area and it is even higher in developing countries.¹ Family members go through distressing experiences when a member of the family is admitted to ICU which is unforeseen and occurs as an emergency. Several previous studies revealed that patient's physical condition, unfamiliar ICU environment, restriction of visitors, use of sophisticated equipment, different sounds and alarms are the major sources of stress for ICU patients and their relatives.^{2,3} The critically ill patients are not usually able to make their treatment decisions and family members or relatives are responsible for it.⁴ However, their ability to provide support to the patient and cooperation with health personnel is disturbed because of emotional distress so they need greater physical and psychological support from the health personnel. Therefore, the nursing care must focus on the needs not only of the patient, but also those of the entire family.⁵

Accurate identification and prompt management of immediate family needs are helpful for the patient's treatment. Many studies show that health care personnel are not aware sufficiently towards needs perceived by the family members for support.⁶ Meeting the needs of family members is a primary responsibility of ICU staff and an important criterion in the assessment of the quality of care in the ICU.⁷ Inadequate attention to the needs of the patient family causes inappropriate care and support to the patient and can increase dissatisfaction among relatives.^{8,9} The identification of the importance and priority of family needs enables nurses to provide appropriate information and support for family members.^{10,11} So, the nurses are the first person to identify the needs and support the family members to cope with stressful situation.¹²

Therefore, this study aimed to assess the perception of nurses and the family members' regarding the family needs of critically ill patients. The nursing care in ICU settings in Nepal is usually focused on the management and care of critically ill patients with little or no attention towards their families and relatives.¹³ Recognizing and meeting the patient's

family needs is a very important component of providing holistic nursing care to critically ill patients in ICU. That's why the researcher was interested to assess and compare the perception of the family needs of critically ill patients by the nurses and family members in Nepalese context.¹⁴

MATERIALS AND METHOD

A descriptive cross sectional study was carried out at Kathmandu Medical College Teaching Hospital (KMCTH), Kathmandu, Nepal on January to April 2018 to compare the perception of relatives and nurses regarding family needs of critically ill patients. Fifty relatives who were looking after the patient in different intensive care units of KMCTH and 50 nurses working in different intensive care units (ICU, medical ICU, and Neurosurgical ICU) were selected by conveniently for the study. It was total enumeration of nurses who were working in different ICUs in KMCTH and the similar proportion of patients relatives were selected for comparison who meet the inclusion criteria. The inclusion criteria for relatives was age over 18 years; has stayed with the patient at least for three days from the time of admission and able to read and write Nepali. Only one family member was included from every patient for data collection. Nurses who have at least six months of working experience in ICUs, available during the time of study and interested to participate in the study were included. Ethical approval was obtained from the institutional review committee of KMCTH. Informed consent was taken from all the participants before data collection.

Instrumentation

Data collection tool was developed by researcher herself taking references from the previous studies and consulting subject experts. Tool contains structured questionnaire in two parts:

Part I: Contains socio-demographic characteristics: nurses and relatives.

Part II: Critical Care Family Needs Assessment tool which Contains 32 items of the Critical Care Family Needs in present Nepalese context. It was developed by taking reference from Critical Care Family Needs Inventory (CCFNI) which was originally developed by Molter and Lesks and adopted by various researchers

in different languages. The tool was divided into five subscales: information (7 questions), support (7 questions), proximity (7 questions), assurance (7 questions) and comfort (4 questions). The scoring system of tool was in 4-point Likert scale, as 1 for "Not important" 2 for "slightly important" 3 for "important" and 4 for "very important".

Content validity was maintained by reviewing the tools from subject experts in critical care nursing. Translation of the tools in Nepali language was done by language translator. Pretest of the tools was done among six family members and six nurses in ICUs and some modifications were done. Cronbach's alfa was calculated to measure the internal consistency which was 0.84. (Nepali version).

Data collection and analysis

Data collection was done through self-administered questionnaire for both groups on the presence of researcher within three months of period from January to April, 2018. Data were collected by maintaining all the ethical issues. Informed written consent was taken from all the respondents after explaining purpose and process of the study. Statistical Package for Social Sciences (SPSS) Version 16 was used for data analysis. Descriptive and inferential statistics were used to summarize the results.

RESULTS

The sociodemographic characteristics of nurses are

shown in Table 1. The mean age was 24.98 ± SD 2.77 years and all were females. More than half, 58% of the nurses completed PCL nursing and working experience in ICU was ranged from 7 months to 120 months with median 32.00±10.17 months.

The sociodemographic characteristics of the relatives are summarized in table 2. The mean age was 34.50 ± 10.17 years. More than half of them were male and 32% had University education. The relationships with ICU patients were: 56% parents, 16% child, 12% sibling and 16% spouse. Only 16% of the relatives had previous experience of ICU when their family members were admitted in ICU previously.

All 32 items were analyzed on need statements to identify the top 10 needs perceived as important by the relatives and nurses. Within the rank of top 10 important needs, four needs were similarly perceived by the nurses and relatives but the order was different. Some needs that given higher rank by the relatives, were ranked very low by the nurses and vice versa (Table 3 and 4).

The mean score of subscale by the relatives' was higher than the nurses'. Among the five subscales of needs, information and assurance score the highest by the both groups (Table 5).

There was significant (p<0.05) positive correlation between relatives and nurses scoring among 10 need statements. (Table 6).

Table 1. Sociodemographic Characteristics of Nurses (n=50)

S. N.	Variables	Frequency (N)	Percentage (%)
1.	Age (years)		
	20-25	25	50
	25-30	23	46
	30-35	2	4
	mean (SD)= 24.98 (2.77)		
2.	Education Level		
	PCL	29	58
	BN/BSN	21	42
3.	Work Experience (months)		
	<12	10	20
	12-36	21	42
	37-60	12	24
	>60	7	14
	Mean 37.54 Minimum 7, Maximum 120		
4.	Marital Status		
	Married	36	72
	Unmarried	14	28

Table 2. Sociodemographic Characteristics of Relatives (n=50)

S. N.	Variables	Frequency (N)	Percentage (%)
1. Age (years)			
	20-29	20	40
	30-39	17	34
	40-49	7	14
	50-59	5	10
	60 and above	1	2
	Mean 34.50 ± SD 10.17		
2. Sex			
	Male	28	56
	Female	22	44
3. Education Level			
	1-5 class	14	28
	6-10 class	13	26
	11-12 class	7	14
	University	16	32
4. Relation with Patient			
	Parent	28	56
	Child	8	16
	Sibling	6	12
	Spouse	8	16

Table 3. Comparison of Relatives’ Perception with Nurses regarding Top 10 Family Needs

Family needs	Relatives Perception		Nurses Perception	
	Rank	%	Rank	%
To know specific facts concerning the patient’s progress and treatment.	1	86	7	80
To have someone to express feelings about what has happened.	2	82	23	56
To talk to the attending doctor daily about the patient’s condition.	3	80	3	82
To know which staff could give what type of information regarding patient.	4	78	26	52
To have a place to be alone for a while in the hospital.	5	74	29	48
To be told about transfer plans while they are being made.	6	70	30	42
To receive clear and understandable information about the patient.	7	70	4	78
To be assured that every possible care is being given to the patient.	8	68	28	48
To look after the patient frequently by the relatives.	9	64	12	62
To know the expected outcome after treatment.	10	60	8	72

Table 4. Comparison of Nurses’ Perception with Relatives’ regarding Top 10 Family Needs

Family needs	Nurses Perception		Relatives Perception	
	Rank	%	Rank	%
To have explanations of the environment before going into the critical care unit for the first time	1	86	18	54
To know why things were done for the patient.	2	82	21	46
To talk to the attending doctor daily about the patient’s condition.	3	82	3	80
To receive clear and understandable information about the patient.	4	78	7	70

To have explanations given that are understandable	5	68	28	14
To receive information about the patient at least once a day.	6	62	11	66
To know specific facts concerning the patient’s progress and treatment.	7	80	1	86
To know the expected outcome after treatment	8	72	10	60
To have visiting hours start on time	9	60		32
To have questions answered honestly	10	60	12	64

Table 5. Mean Score of the Subscale of Family Needs between Relatives and Nurses (n=50/50)

Subscales	Nurse’s Perception $\bar{x}\pm SD$	Relative’s Perception $\bar{x}\pm SD$	Difference
Information	22.46± 3.94	26.32± 4.56	3.86
Assurance	21.32± 3.22	24.64± 3.78	3.52
Comfort	17.46± 2.44	23.56± 3.66	6.1
Proximity	18.60± 2.88	20.78± 2.92	2.18
Support	11.72± 2.76	14.58±2.54	2.86

Table 6. Relationship between Relatives and Nurses Perception (n=50/50)

S.N.	Family Needs	Relatives Mean score	Nurses Mean sore	R	p
1.	To have explanations of the environment before going into the critical care unit for the first time.	2.06	3.82	.28	.044*
2.	To have questions answered honestly.	3.80	3.58	.34	.014*
3.	To have visiting hours changed for special reason.	3.40	3.54	.44	.001**
4.	To have directions as to what to do at the bedside.	3.42	3.50	.36	.010**
5.	To feel there is hope.	3.12	3.36	.30	.032*
6.	To be assured that the best care possible is being given to the patient.	3.42	2.78	.34	.014*
7.	To have a place to be alone while in hospital	3.64	2.20	.33	.017*
8.	To know exactly what is being done for the patient.	3.54	3.42	.47	.000**
9.	To have a bathroom near the waiting room.	2.50	3.14	.29	.040*
10.	To have explanations given that are understandable.	2.48	3.60	.39	.005**

Spearman’s Rank Correlation, significance* < 0.05 (two tailed), significance** <0.01(one tailed)

DISCUSSION

The aim of this study was to assess and compare the perceptions of nurses and relatives regarding family needs of ICU patients. The results of this study revealed that there was significant difference between the scores in needs of family members perceived by the nurses and the relatives themselves. The nurses’ overall mean score was lower than the relatives’.

Regarding the, socio demographic data of nurses’ the highest percentage (96%),was in age group of 20-30 years, 42% had Bachelor level nursing education, 72% were married and 80% of them had 1-10 years of working experience in ICU which was in accordance

with the results by Lotfy et al and Agard et al which revealed that majority of nurses were married, females, age was between 20 to 30 years and had bachelor degree with years of experiences between 1 to 10 years^{15, 16}. It might be due to the worldwide trends that nurses who are working in ICUs should be young and energetic.

Concerning the relatives’ sociodemographic data, the highest percentage was in age group of 20-30 years (40%) followed by 31-50 years (34%) with mean age 34.50 ± SD 10.17 years, 56% were male and 32% had university education. Regarding the relationship with ICU patients, this study showed that more than half (56%) were parents by relation which is in line with

the results by Lotfy et al, Kohi et al and Kinrade et al.^{15,17,18} that showed similar results.

Regarding the important family needs perceived by relatives in this study were “to know specific facts concerning the patient’s progress and treatment”, ‘to receive clear and understandable information about the patient’. It is because all the relatives and family members want to know the clear information about their patients’ progress and what type of treatment is being done. This result was supported by the results of Lam and Beaulieu and Auerbach et al. who found that the relatives need understandable information about patient’s treatment and progress daily. This study also identified “to have someone to express feelings about what has happened” as the second most important family needs perceived by the relatives which was not compatible with the previous research findings.¹⁹

Regarding important needs perceived by the nurses, this study showed that "to know how the patient was being treated and to talk to the doctor every day" were reported as very important informational needs which was in line with the findings by Naderi et al.²⁰ This similarity might be due to universality of information need perceived by nurses working in different ICUs in different settings.

Concerning the subscales of need category, this study revealed that nurses ranked the needs for information and assurance as most important needs and the needs for support as the least important needs which was in line with the study done by Khatri and Thulung at Chitwan Medical College.²¹ According to this study, information need was the highest priority perceived need by the nurses and relatives which was similar with the study done by Bijttebier and Gundo that states information need is highest ranked need by both groups it might be its universality and not affected by sociodemographic factors.^{12, 14}

In this study, the most important needs perceived by the relatives were getting information regularly about the patients treatment and progress instead of physical care which was similar with the study done in Turkey which stated that the most important needs were receiving regular information about the patient’s treatment and condition and being certain that the patient is getting the best possible care,

whereas personal, physical, and emotional needs were the least important.²²

Limitation: Because of convenient sampling, confined in only one hospital and small sample size, generalization of study findings might be limited. Data was collected by using structured questions may limit the expression of their real perception.

CONCLUSION

Relatives had higher mean score in overall needs than the score given by the nurses. Some needs that were perceived very important by the relatives were ranked very low by the nurses which might hinder the correct identification of relatives’ real needs by the nurses in clinical settings. In the subscale of need category, nurses and relatives had ranked higher mean score regarding the information and assurance needs but the score by nurses was lower than the relatives. Such type of different perception may lead to disputes among nurses and patient’s relatives in critical care setting. To identify relatives’ real perceived needs, nurses have to be more creative in assessment strategies.

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