

## To Evaluate the Level of Satisfaction in Relatives of Intensive Care Unit Patients

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**Abstract:** Objectives: To observe the level of satisfaction in relatives of an intensive care unit patient. To access feedback of communication and counseling given to the critical patient's relative. To recommend to the respected hospital about the improvement when dealing with relatives of the critically ill patients in intensive care units. Method: A descriptive survey was carried out in the intensive care unit of Private Institute, in central India. This survey was carried out from November 2016 to December 2016. The Institute has 60 bedded ICU divided in to Surgical ICU, Medicine ICU, Pediatric ICU, Neonatal ICU and the Septic ICU. Voluntary consent obtained from the first degree relative of patient older than 18 years and with a minimum of 24 hr stay in the mentioned unit to give unbiased feedback. The interviewers were not the part of treating physician or department and same was also informed to patient's relatives. Participation in this study was voluntary and confidential. Only a single relative of each patient was interviewed for each. The sample size included all the first degree relatives of ICU patients who have been admitted in the ICU in the month of November 2016 to December 2016. Johnson's 14- question modified version of the Critical Care Family Needs Inventory was used to evaluate satisfaction of family members. EPI-INFO7 software was used to evaluate the data. Results: Ninety three relatives were interviewed with the mean age of 44 years of which 68.47% were male. A significant number (94.62%) of relatives felt that the best possible care was given to patients and hospital personnel pay attention to patients. The questions with lower percentiles of satisfaction were those stating that family members believed that someone in the intensive care unit had shown interest in their feelings (32.26%) and that a healthcare professional had explained how the intensive care unit equipment was used (35.48%). Conclusions: Most family members positively evaluated the intensive care unit professionals in the questions related to communication, attitude and patient care. However, there was a lower level of satisfaction in the questions related to the intensive care unit professionals' ability to relieve family members. [Majumdar Natl J Integr Res Med, 2018; 9(1):103-107]

**Key Words:** Patient relatives; Patient relative satisfaction; Intensive care units; Professional-family relations; Patient satisfaction; Health service evaluation

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**Introduction:** Each year, around 5 million patients are admitted to Intensive Care Units (ICUs) in India<sup>1</sup>.

Family members of patients in ICU face an unfamiliar stressful environment at a time they are often least prepared for it. Family members of critically ill patients have been shown to experience stress, anxiety, depression, and post-traumatic stress disorder during and after their loved one is cared for in an ICU<sup>2-4</sup>. Providing information about postoperative care in the intensive care unit (ICU) to patients and families may lead to lower anxiety levels, and increased satisfaction with healthcare. Severe illness and its potential outcome impacts not only on the patient, but also their close family.

In addition, many intensive care unit (ICU) patients cannot make decisions for themselves. Their family must, therefore, become surrogate decision-makers for important parts of the care process. Hence, measuring family satisfaction with ICU care has become an important and essential component of quality of care in this setting<sup>2</sup>. High-quality medical

care should be both patient and family centered. In our society, family support carries abundant significance<sup>2</sup>. Understanding and meeting the needs of the family members of the critically ill are an important responsibility of the ICU team<sup>2</sup>. For health care professionals, the high-technology environment becomes common place, but for families, this is a new and uncertain world<sup>2</sup>. Families often see their role as guardian and protector of the patient, but they also have needs of their own. They need support to cope with the uncertainty and need complete information to be able to understand what is going on and how to navigate in the ICU<sup>2</sup>. Providing professional care and establishing a good rapport with patients is the mission of all health care workers. It is associated with better clinical outcomes and may reduce potential complaints due to miscommunication<sup>2-4</sup>. Timely and appropriate communication with the patient's relatives will avoid unrealistic expectations and help them understand the situation better. This management goes a long way in preventing consumer related medical litigation.

Culturally and socially Indian families differ significantly as compared to those in the west; their expectations, needs, and factors contributing to their stress are likely to be different than those of the western families <sup>2</sup>.

This study aims to further our understanding so as to create a better experience for the families of patients under our care in the Indian setting.

**Methods:** A descriptive survey was carried out in the intensive care unit of Private Medical College and Hospital in central India. This survey was carried out from November 2016 to December 2016. The institute has total 5 ICUs comprising of the Surgical ICU, Medicine ICU, Pediatric ICU, Neonatal ICU and the Septic ICU. The Surgical ICU has total of 15 beds, Medicine ICU with 15 beds, Pediatric ICU comprising of 10 beds, Neonatal ICU with 10 beds and Septic ICU with 10 beds. The first degree relative of patient older than 18 years and with a minimum of 24 hour stay in the mentioned unit was interviewed. An explanation was made to the interviewees that the interviewers will not be involved in the patient treatment. Only a single family patient was interviewed for each patient. Participation in this study was voluntary and confidential. The sample size included all the first degree relatives of ICU patients who have been admitted in the ICU in the month of November 2016 to December 2016.

Johnson’s 14- question modified version of the Critical Care Family Needs Inventory was used to evaluate satisfaction of family members. EPI-INFO7 software was used to evaluate the data.

**Results:** Ninety three families of patients in the ICU during the study period were assessed. The care given to the critically ill patients in ICU are recorded in Table. 1. Almost 89.25% patient relatives were satisfied for the care given.

**Table 1: Care given to the patients in ICU**

Care being given to the patient	Frequency	%
Almost all the time	83	89.25%
Most of the time	5	5.38%
Only some of the time	1	1.08%
None of the time	4	4.30%
Total	93	100.00%

94.62% family relatives felt that the best possible care was given to patients and Hospital personnel pay attention to patients as showed in Table 2.

**Table 2: Hospital personnel pay attention to patients**

Hospital personnel pay attention to patients	Frequency	%
Almost all the time	88	94.62%
Most of the time	0	0,00%
Only some of the time	2	2.15%
None of the time	3	3.23%
Total	93	100.00%

Questions with higher indices of satisfaction were those where family members felt that the best possible care was given to patients and that information supplied was honest. Indices of satisfaction of family members for all questions pointed out are illustrated in Table 3.

**Table 3: Higher indices of satisfaction**

Explanation about patient's clinical condition given in terms the relatives understand	Frequency	%
Almost all the time	69	74.19%
Most of the time	5	5.38%
Only some of the time	5	5.38%
None of the time	14	15.05%
Total	93	100.00%
Honest information about the patient's condition	Frequency	%
Almost all the time	75	80.65%
Most of the time	4	4.30%
Only some of the time	2	2.15%
None of the time	12	12.90%
Total	93	100.00%
Politeness of staff members	Frequency	%
Almost all the time	88	94.62%
Most of the time	2	2.15%
Only some of the time	1	1.08%
None of the time	2	2.15%
Total	93	100.00%
Satisfaction with the medical care the patient is receiving	Frequency	%
Almost all the time	81	87.10%
Most of the time	3	3.23%
Only some of the time	1	1.08%
None of the time	8	8.60%
Total	93	100.00%

Comfort while visiting the patient in the intensive care unit	Frequency	%
Almost all the time	85	91.40%
Most of the time	3	3.23%
Only some of the time	1	1.08%
None of the time	4	4.30%
Total	93	100.00%
Comfort of the waiting area	Frequency	%
Almost all the time	72	77.42%
Most of the time	8	8.60%
Only some of the time	7	7.53%
None of the time	6	6.45%
Total	93	100.00%

Questions with lower indices of satisfactions were those stating that family members believed that someone in the ICU showed interest in knowing how family members felt and that hospital personnel explained how the equipment was being used. As illustrated in Table 4.

**Table 4: Lower indices of satisfaction**

Staff members' interest in wellness of relatives	Frequency	%
Almost all the time	30	32.26%
Most of the time	1	1.08%
Only some of the time	0	0.00%
None of the time	62	66.67%
Total	93	100.00%
Explanation about the equipment given by hospital personnel	Frequency	%
Almost all the time	33	35.48%
Most of the time	6	6.45%
Only some of the time	2	2.15%
None of the time	52	55.91%
Total	93	100.00%

There was no difference in the level of satisfaction of family members in relation to the patient's gender, patient's age, and length of stay in ICU until date of interview, age of the family member and degree of kinship of the relative.

**Discussion:** The fundamental parameter for assessing communication in ICU was the level of satisfaction of family members of patients in this setting. Factors considered stressful for patients and health professionals working in this setting aspired many

works to assess needs of the family members or companions of admitted patient and their level of satisfaction with the care provided<sup>14-17</sup>. Freitas studied this subject and found that the primary needs of family members are related to the information received, safety related to the care with the patient and nearness with him/her<sup>18</sup>. In the unit assessed in this study, higher level of indices of satisfaction were related to communication between the workers and the family members, their behavior with relatives and the comfortability of family members during their visits and stay in waiting area.

Lower level of indices of satisfaction were related to staff members' interest in wellness of relatives, their feelings and Explanation about the equipment given by hospital personnel. Other authors have highlighted not only the importance of ICU health professionals providing complete information, but also of their interaction with the family members in a pleasing and open way<sup>14, 15, 19</sup>.

It is well known that professionals working in the ICU are working under high level of stress and pressure, mitigating circumstances, in addition to facing situations of suffering and death daily. Reaction to this stress associated with work is known as the Burnout Syndrome which results in remoteness of professionals towards the persons directly involved with work, because he/she feels that it is safer to be indifferent<sup>20</sup>. Such kind of attitude is related to the worsening in quality of attention given to the patients and their family members.

A study performed for the assessment of family member's satisfaction of patients in the ICU in Spain, found similar results, however, it also stresses the importance of improving some aspects, such as more concern with the feelings of family members and more precise explanations about the equipment used for the patient<sup>21</sup>.

Analysis of these data exhibits the measure that could help the family members to increase the level of their satisfaction level and understanding the environment of set up and the workers. Those measures could be the leaflets, posters, signage and educational videos shown to the family members prior to the ICU visits<sup>22-23</sup>.

**Limitations:** Our result has following limitations such as low socio economic strata, educational limitations, gender differences. Family members with such characteristics may be more demanding. Fumis also found a higher level of dissatisfaction among family members with college education <sup>24</sup>. On the contrary, for Johnson et al., the female gender of the family member was associated to a higher level of satisfaction <sup>25</sup>. A characteristic of the patients was related to lower satisfaction of the family members was the type of treatment, with the clinical type being the worse, probably because these are more chronic patients with a higher severity profile although no relation was found with the APACHE II<sup>26</sup>. Other limitation for this study is, the study is carried out in a single center with a small number of patients, on the contrary the.

**Conclusion:** Approximately 90% of patients relatives were satisfied about the care given to the patients. They were also satisfied about attention paid to patients. 2/3<sup>rd</sup> of patients family relatives were satisfied about explanation given about patient's clinical condition given in terms the relatives understand, 80% of family relatives felt honest information was provided to them. 94% felt that the hospital staff is polite, only 32% felt that hospital staff was interested in wellness of patients relatives. They were also not satisfied about explanation of equipments given by hospital. As only 35% said that hospital staff was keen on explanation. 90% of patient family members were comfortable in visiting the patients in ICU. 2/3<sup>rd</sup> relatives were comfortable in waiting area.

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