

Perception of nurses regarding family needs of critically ill patients in a tertiary hospital of Kathmandu: A cross-sectional study

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Abstract

Background: Getting serious illness and being admitted in critical care unit is always stressful to patient and family members. Meeting the needs of family members of patients in the intensive care unit is a primary responsibility of intensive care unit staff and an important criterion in assessment of quality of care.

Objectives: The aim of this study was to assess the family members' needs of critically ill patients as perceived by nurses.

Methodology: A descriptive cross sectional study was conducted among 50 nurses from different critical care units of Kathmandu Medical College Teaching Hospital using purposive sampling technique. Structured questionnaire was developed by referring to "Critical Care Family Needs Inventory" in our context for data collection and collected data was analyzed by using Statistical Package for Social Sciences version 16.

Results: The mean age of the respondents was $24.98 \pm SD 2.77$. Regarding education and experience, 58% respondents had proficiency certificate level and 42% had bachelor level education and mean working experience in critical care unit was 37.54 months. Regarding the importance of family needs, 86% nurses perceived "explanation about the critical care unit environment before admitting the patient in critical care unit" as very important need for the relatives. Likewise, 58% nurses perceived "to know which staff members could give what type of information" and "to be alone at any time" as the least important needs.

Conclusion: The study found that clear explanation about the critical care environment to the relatives is very important to gain co-operation from them in treatment of critically ill patients. Hence, staff of critical care unit needs to be aware in meeting the needs of relatives.

Key words: Critically ill; Family needs; Nurses; Perception

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INTRODUCTION

Family is one of the basic elements of every social system and has a very high effect on every member associated with it. Sudden serious illness of any member creates a crisis not only for the individual patient but also for the family members¹. Each family member plays a supportive role for its members in crisis which is reflected in care and support during illness². Family members go through painful experiences when a relative is admitted to an intensive care unit (ICU)³. The new environment in the intensive care unit, the patient secured to various

medical devices, restriction of visitors to look after the patient also adds to the stress of family members. The family members are at greater risk for failure to cope during critical illness of their relatives⁴.

Admission in ICU for a critical illness is usually seen as a crisis situation for patient as well as family members. Uncertain prognosis, fear of death or disability, heavy economic burden, unacquainted environment and role changes are known as the most common stressors for critically ill patient's relatives⁵. Patient's family members experience very high level of stress and anxiety. In some situations, they experience more stress than the patient. Patients are often critical and unstable in ICU so, the nurses have full responsibility to provide better care by using their knowledge, skills and energy to assess difficulties, monitor them and manage patient

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and machineries⁶. ICU is usually very busy and stressful working area so staff members are not able to provide good support to the family members. They may not be able to provide proper attention to the needs of the relatives for continuous interaction with the healthcare personnel⁷. To help family members, health care personnel should accurately assess the priority needs of family members. Many previous studies showed that healthcare personnel are not aware sufficiently towards needs of the family members for support⁸.

Meeting the needs of patient's family can develop their trust in the health care team, increase their satisfaction with hospital care and help them to cope with the stressful situation. Not only patients but also family members should be the focus of attention in the current critical care environment⁹. Holistic care that focuses on patient and family should be proposed to meet the needs of the patient as well as the family members. Many researchers have discussed that influence of family in the recovery of patients is dynamic and crucial. In the present context, it is necessary to properly identify and address the needs of the family members to gain cooperation from them in the provision of quality care to the patient¹⁰.

In our context, needs of patient's family members are neglected and sometimes it can create dispute between family members and healthcare personnel. This study was intended to assess the family members' needs of critically ill patients as perceived by nurses. Knowing the needs of family members and addressing those on time will be helpful to reduce stress and anxiety as well as to gain cooperation in the treatment of patients from their relatives.

METHODOLOGY

A descriptive cross-sectional study was carried out at Kathmandu Medical College Teaching Hospital (KMCTH), Sinamangal, Kathmandu to find out the perception of nurses regarding family needs of critical ill patients. Fifty nurses working in different intensive care units (ICU, Medical ICU and Neurosurgical ICU) were selected for the study by using purposive sampling technique. Nurses who had at least six months of working experience in critical care units were included for the study. Ethical approval was obtained from the institutional review committee of KMCTH. Informed consent was taken from all the participants after explaining the objectives of study. Four points Likert Scale was designed by referring

critical care family needs inventory (CCFNI)¹¹ in Nepali context. The tool comprised of 32 statements to assess critically ill patients' family needs as perceived by nurses and an open ended question to obtain their views. Data collection was done through self-administered questionnaire in February 2017.

Statistical package for social sciences (SPSS) Version 16.0 was used for data analysis. Data double entry was done to ensure omission of errors. Descriptive statistics like frequency, percentage, mean, standard deviation were used to summarize the results.

RESULTS

The distribution of respondents according to socio-demographic characteristics is shown below (table 1). Among total respondents, half of them (50%) were of age group of 20 to 25 years, the mean age was 24.98 ± SD 2.77. Regarding education level, more than half of the respondents (58%) had completed proficiency certificate level (PCL) nursing. Concerning working experience in critical care areas, the highest percentage of the participants (42%) had 13 to 36 months of working experience and 14% had <12 months of working experience with the range from seven to 120 months.

The perceived importance of family needs is summarized in Table 2 in rank orders. Majority of the nurses (86%) perceived "to have explanations of the environment before going into the critical care unit for the first time" as the first very important need. Similarly, 82% of nurses perceived "to know why things were done for the patient" as second very important need. Likewise, 80% of the nurses perceived "to know specific facts concerning the patient's progress" as very important need. In the same way, 68% nurses perceived "to have explanations given that are understandable" and "to be assured that the best possible care is given to the patient" as very important needs. Among them 64% nurses perceived "to know the expected outcome" and "to receive information about the patient at least once a day" as very important needs.

Nurses' perception about needs that are not important for family members is summarized in table 3. More than half of the nurses (58%) perceived "to know which staff member could give what type of information" and "to be alone at any time" as not important needs. Similarly, 50% of the nurses perceived, "to have another person when visiting the critical care unit" as not important need for patient's relatives.

Table 1: Socio-demographic characteristics of nurses (n=50)

S. N.	Variables	Frequency (n)	Percentage (%)
	Age (years)		
	20-25	25	50
	25-30	23	46
	30-35	2	4
	Mean 24.98 ± SD 2.77		
	Total	50	100
	Education Level		
	PCL	29	58
	BN/BSN	21	42
	Total	50	100
	Work Experience (months)		
	<12	10	20
	13-36	21	42
	37-60	12	24
	>60	7	14
	Total	50	100
	Minimum 7, Maximum 120		

PCL: Proficiency Certificate Level nursing

BN: Bachelor in Nursing

BSN: Bachelor of Science in Nursing

Table 2: Top ten very important family needs ranked by the nurses

Rank	Very important needs	Frequency	Percentage (%)
1.	To have explanation of the environment before going into the critical care unit for the first time.	43	86
2.	To know why things were done for the patient.	41	82
3.	To know specific facts concerning the patient's progress.	40	80
4.	To be assured that the best care possible is being given to the patient.	34	68
5.	To have explanations given that are understandable.	34	68
6.	To know the expected outcome.	32	64
7.	To have good food available in the hospital.	31	62
8.	To receive information about the patient at least once a day.	31	62
9.	To have questions answered honestly.	30	60
10.	To have directions as what to do at the bedside.	30	60

Table 3: Five least important family needs ranked by the nurses

Rank	Least important needs	Frequency	Percentage (%)
1.	To know which staff members could give what type of information.	29	58
2.	To be alone at any time.	29	58
3.	To have another person with you when visiting the critical care unit.	25	50
4.	To feel it is alright to cry.	19	38
5.	To have a pastor/priest visit.	18	36

DISCUSSION

Critical care is a distinctive branch of medicine and nursing because of its need for high technology, expertise, skills and cost of care. The need of critical care will increase in future because of increasing life expectancy and elderly population worldwide². ICU is also challenging because it is associated with high stress for the patients, families, doctors, nurses, and allied health professionals. Critical care is frequently associated with post-traumatic stress and burnout³. For these reasons, good strategic plan is essential to increase and provide quality care for patients along with relatives and to allow for efficient use of resources.

The present study showed that nurses ranked the needs "to know specific facts concerning the patient's progress" and "to be assured that the best care possible is being given to the patient", as very important needs for family members which is in line with study conducted in Iran⁸. This study also revealed that "to have question answered honestly" and "to be told about transfer plan" were ranked as very important needs for relatives which is in line with study conducted in Iran¹². Present study showed the nurses ranked the needs "to be assured that the best care possible is being given to the patient", and "to be told about transfer plans", were ranked as very important needs. Likewise, "to have questions answered honestly", "to feel that the hospital personnel care about the patient", and "to know specific facts concerning patient's progress" were ranked as the most important needs in this study which is similar with a study done in Spain⁴.

The present study showed that nurses ranked the need "to have explanations of the environment before going into the critical care unit for the first time" as the first very important need for the relatives. This finding is in contrast with a study conducted in Iran where nurses ranked "to be assured that the best care possible is being given to the patients" as the first very important need¹³. Present study revealed that "to know why things were done for the patient" as second very important need which is in contrast with the study conducted in Belgium among doctors and nurses which ranked "to have explanations given that are understandable" as the most important perceived need⁵.

Present study findings showed that very few nurses perceived "to know how the patient was being treated"

and "to talk to the doctor every day" (24% and 22% respectively) as least important needs. The findings are in contrast with a study conducted in Turkey in which it is mentioned that "to know how the patient was being treated" and "to talk to the doctor every day" were perceived as the most important need (64.3% and 50.0% respectively)².

Present study showed "to have explanations of the environment before going into the critical care unit for the first time" and "to know why things are doing for the patient" as top two very important needs for the relatives. The findings are not consistent with a similar study done in Malawi which revealed that nurses ranked the needs "to be assured that the best care possible is being given to the patient" and "to be told about transfer plans while they are being made" as the family members' top two needs¹⁴.

This study revealed that nurses ranked the needs "to know which staff members could give what type of information," "to be alone at any time", "to have another person for support" and "to have pastor/priest visit" as not important needs for the relatives which is in line with a study conducted in Malawi in which nurses did not give high rankings to the needs "to have a pastor/priest visit", "to have the waiting room near the patient", "to have friends nearby for support" and "to be alone at any time"¹⁴.

CONCLUSION

This study identified that explanation of the critical care environment, rationale for every intervention for the patient and patient's progress as the top important needs for relatives while their loved one is in critical care unit. Likewise, this study also found that the least important needs are to know which staffs do what types of work and to be alone at any time. Therefore, the requirement of explanation of the environment of critical care setting, rationale of interventions being done for the patient and information on progress of the patient to the patients' relatives are the foremost needs. This explanation will ensure good cooperation from patient's family members for the treatment of critically ill patients. It is very important to ensure that the relatives of patients understand the explanation so that good understanding between patient's relatives and health personnel is maintained in critical care settings.

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