

Family Satisfaction with Care of Critically Ill Patients in Intensive Care Units

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Abstract: Family members are an essential element of the care to critically ill patients. Examining family satisfaction with the care of the critically ill patients helps to realize their concerns and accomplishment of greater satisfaction. Thus, the purpose of this study was to describe family satisfaction with the care to the critically ill patients in ICUs at Menoufia University Hospital.

Methods: Design: A non-experimental, descriptive design was used.

Setting: Medical, Surgical, Neurological and Cardiac ICU in Menoufia University Hospital, Egypt.

Sample: A convenient sample of 100 family members of critically ill patients was recruited.

Tools: The demographic data of the patients were extracted from the patients' medical records and the Critical Care Family Satisfaction Survey (CCFSS) used to measure satisfaction with care.

Results: The Critical Care Family Satisfaction Survey mean score was 2.35 (0.94) which indicates that the respondents of the patient's family member were not satisfied with the overall care provided to their relatives. Family members reported the greatest satisfaction with support subscale (2.45 + 0.98) and they were least satisfied with the comfort subscale (2.35 + 0.97) and proximity subscale (2.35 + 0.94).

Conclusion and Recommendation: The findings of the study provided insight into family satisfaction in the Intensive Care Units. Information generated from the study can explain the concerns of the critically ill patients' family members. Proper education of critical care nurses and implementing new strategies addressing the concerns of patients' families can significantly improve overall family satisfaction and ultimately produce a friendly environment.

Keywords: Family Members' Satisfaction, Critically ill Patients, Intensive Care Units.

1. INTRODUCTION

Family members of critically ill patients are likely to experience anxiety, depression, fatigue, hopelessness, and fear [1, 2, 3,4]; dissatisfaction with the care to their loved one and themselves [5]. The ICU environment affects the patient and their families. Patients' relatives experience the care process along with their loved ones [6;7;5]. Family members are part of the care of patients in the ICU. Examining family satisfaction with the care of the critically ill patients helps to realize their concerns and accomplishment of high satisfaction [8]. Patient satisfaction with the care has become a research focus recently [9]. However, assessing critically ill patients' satisfaction is complicated because of the patients' severity of illness and level of consciousness [10]. Thus, family members are the ones who decide satisfaction with the care provided. Previous studies were concerned with the family members' needs. However, little is known about family satisfaction with the care in the intensive care unit setting [11, 12, 13, 14].

Increasing family satisfaction will positively influence patient outcomes [15]. Relatives' satisfaction levels increase when they believe that their family member is being treated with respect and compassion, [16,11, 17, 13, 18]. Thus, the purpose of this study was to describe family satisfaction with the care to the critically ill patients in intensive care units at Menoufia University Hospital.

2. METHODS

Design: A non-experimental, descriptive design was used.

Setting: Medical, Surgical, Neurological and Cardiac Intensive care units in Menoufia University Hospital, Shebin EL Kom, Menoufia Governorate.

Sample: A convenient sample of 100 family members of patients admitted to the intensive care units of Menoufia University Hospital. Inclusion criteria included: a) patients admitted to the ICU for a minimum of 48 hours (48 hours of stay in the ICU was chosen to guarantee adequate exposure of the family member to the ICU setting); b) participants' age was eighteen years or older, and c) participants were next of kin or decision makers. Only one member per patient was approached to guarantee equal representation of all the families. The sample size was calculated based on previous studies who examined family members' satisfaction with the intensive care units [12], using a moderate effect size (0.5) and a significance level of 0.05. A sample of 100 subjects with these calculations was sufficient to yield a power of 0.80.

Instrument:

I) The demographic data of the patients were extracted from the patients' medical records and included: age, sex, and reasons for ICU admission. Type of the ICU and the length of ICU stay were also recorded. Family members participating in the study were asked to give the following data: age, sex, and relationship to the patient.

II) The Critical Care Family Satisfaction Survey (CCFSS) was developed by Wisner and colleagues [19, 20]. The CCFSS consists of 20 items to measure satisfaction with the care. Reliability and validity of the survey were assessed with 2494 family members of patients admitted to 10 critical care units over a 3-year period. The Cronbach alpha was 0.93 for the total survey. The survey consisted of five subscales: assurance, information, proximity, support, and comfort. The participants were asked to rating their responses on a 5-point Likert scale according to their satisfaction with that item. Responses were scored as the following: very satisfied 5, satisfied 4, not certain 3, not satisfied 2 and very dissatisfied 1. Scoring for the 20 items was calculated based on the following scale: completely satisfied= 100 (highest possible score); very satisfied=75; mostly satisfied=50; slightly dissatisfied=25; very dissatisfied=0 (lowest possible score).

Ethical Considerations:

The study was approved by the Director of Menoufia University Hospital and the Research Ethics Committee of the Faculty of Nursing. Participants gave consent to participate in the study after they were assured that their participation is not obligatory and they can withdraw from the study at any time. Also they were assured that their responses will be confidential.

Data collection:

Family members' baseline characteristics and family satisfaction with care data was gathered through a face-to-face 30-minute structured interview conducted by the researcher at the selected ICUs.

3. RESULTS

The patients' age ranged from 22 to 67 years with mean age of 48.3 (11.5). Most of the patients were male (58%) and 42% were females. Thirty Seven percent of the patients admitted to the Medical ICU, 24% admitted to the coronary Care Unit (CCU), 21% admitted to the Truman unit and 18% admitted to the Surgical ICU. Regarding days of ICU stay, 53% of the patients stayed more than 10 days, 17% stayed 8 to 10 days, 8% stayed 4 to 7 days and the rest of the patients stayed less than three days. See table (1). The respondents' family members in this study were 25 to 59 years of age (80%); most participants were the patient's son (48%), brother (21%), husband (18%) and father (8%).

Table (1) Demographic characteristics of the patients

Characteristic	Mean (SD)
Mean age (SD)	
Range 22 -67 years	48.28 (11.47)
Sex %	
Male	58%

Female	42%
Type of ICU	
Medical	37%
Surgical	18%
Trauma	21%
CCU	24%
Days of ICU stay	
0 - 3	2%
4 - 7	8%
8 - 10	17%
More than 10 days	53%
Diagnosis	
Cardiology	29%
Neurological	26%
Medical	18%
Respiratory	14%
Trauma	13%

The Critical Care Family Satisfaction Survey means score for the total scale was 2.35 (0.94) which indicate that the respondents of the patient’s family members were not satisfied with the overall care provided to their relatives. The frequency and percentage of participants’ responses for each question in the survey were analyzed to determine the most responses of the heights and the lowest satisfaction level. Question 24 (effectiveness of control of my family member’s depression) had the lowest mean score of all questions (2.16). While questions number 1 (honesty of staff about family member’s condition) and question number 2 (availability of doctor to speak with me on regular basis) had the heights mean scores of all questions.

Analyzing the Critical Care Family Satisfaction Survey subscales revealed that, family members reported the greatest satisfaction with support subscale (items 1,9,11 ,13, and 15) (2.45 + 0.98) and they were least satisfied with the comfort subscale (items 8 and 17) (2.35 + 0.97) and proximity subscale (items 5,15, and 18) (2.35 + 0.94). See table (2).

Table (2) Descriptive Statistics for Scores on Subscales (N=100)

Subscale	Mean	SD
Assurance	2.42	.941
Information	2.43	.925
Proximity	2.35	.943
Support	2.45	.942
Comfort	2.35	.971

The reliability of the CCFSS was assessed in the current study; the Cronbach alpha for the total scale was 0.99. The Cronbach alphas for the subscales ranged from 0.93 (comfort subscale) to 0.97 (support subscale). See table (3).

Table (3) Reliability Statistics for CCFSS Subscales

Subscale	Number of items	Cronbach alpha
Assurance	4	.95
Information	5	.96
Proximity	3	.93
Support	6	.97
Comfort	2	.93
Total	27	.99

4. DISCUSSION

Family members of critically ill patients consider a link between health care providers and a physiologically and psychologically compromised patient. Nurses spend a lot of time with patients and their family members on regular bases during the visitation hours. The quality of the provided nursing care can be assessed directly by family members.

The overall findings of the current study indicated that family members of critically ill patients in the different ICUs at Menoufia University hospital were generally not satisfied with the care provided to their relatives. The lowest level of satisfaction rated by the family members was the comfort and proximity subscales. Items in these subscales were concerned with the appearance of the waiting room; flexibility of visitation and privacy provided to the family members during the visits. The findings of the present study are similar to Kohi, et al., [21] findings which revealed that the mean score of satisfaction with the care of family members of critically ill patients in Tanzania ranged from 2.76 to 3.04 (not satisfied (2) and not certain (3)).

The study findings revealed that the level of satisfaction with the care given to the patients by nurses scored the highest item scores while the level of satisfaction with the ICU environment in general scored the lowest item scores. Also, Heyland, et al., [13] had similar findings when they studied the level of satisfaction of family members with the care that the critically ill relatives received in six university-affiliated intensive care units across Canada. The study findings revealed that satisfaction with the waiting room atmosphere scored the lowest scores. However, the study findings regarding the poor satisfaction level with care are different from Roberti and Fitzpatrick [22] findings where the majority of the respondents rated their level of satisfaction with the care as excellent. The current study findings about poor satisfaction with the care provided can be explained by lack of resources (medical supplies and equipment), nurses shortage in the specialized units (the patient/nurse ratio is not matching the standard ratio in the critical care units) and lack of availability of the physicians all the times.

Limitations of the study:

The generalizability of the current study findings is limited by the use of a convenience sample, collection of data from a single setting, and non-random selection of the sample.

5. CONCLUSION AND RECOMMENDATION

The current study findings increased our understanding about family satisfaction in the Intensive Care Units at Menoufia University Hospital. The findings of the current study indicated that family members of critically ill patients were generally not satisfied with the care provided to their relatives in the ICU. Information generated from the current study can shade the lights on the expectations of family members. Educating intensive care nurses and implementing new strategies addressing the concerns of critically ill patients families can significantly improve overall family satisfaction and create a pleasant and friendly environment.

The results of this study on family satisfaction with the care should be included in all programs to enhance quality of care in the ICU. Furthermore, clinicians should use a holistic approach to put the family members together with the patient as the focus of care to improve quality of care in the ICU.

The environment of care is a part of the satisfaction with the care. The comfort subscale addresses the environment and the results of the current study revealed that the comfort subscale rated as the lowest scores overall. Hospital administrators should implement a new strategy to improve the atmosphere of the waiting area and change visitation policy to decrease family members' dissatisfaction with the care provided to their relatives and create a friendly and comfortable environment. Finally, there is a need for more researches to develop different strategies to enhance the experiences of family members of the critically ill patients in the intensive care setting.

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