





## Research paper

# Expectations of families of patients hospitalized in Intensive Care Units

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### ABSTRACT

**Introduction:** A disease of a loved one constitutes a serious disturbance in the functioning of many families. Meeting expectations of patients' families is seen as an element conditioning the level of satisfaction from the care provided in hospital.

**Aim:** The aim of this study was to investigate the expectations of families of people hospitalized in the Intensive Care Units (ICUs).

**Material and methods:** The study was carried out in ICUs in the Warmińsko-Mazurskie Voivodeship. The study was performed by diagnostic survey using the questionnaire technique. In total 104 people were surveyed.

**Results and discussion:** The highest ranking expectation of the patient's loved ones was that of trust towards the staff diagnosing and treating the patient as well as the staff nursing them. Then there came: the feeling of ensuring the best care possible for the patient, obtaining information about the patient's health, education on the way the unit functions, staying at the patient's bedside in the ICU.

Lower in the ranking were the importance of having access to the family zone amenities, the opportunity of sharing their problems with others or receiving psychological and pastoral care.

**Conclusions:** The most important need of visitors to the ICU is to obtain assurance that the patient is provided the best care possible. As the second most important need, the respondents mentioned the need to be close to the patient and easiness of obtaining information about their health condition provided by the doctor.

## 1. INTRODUCTION

A disease of a loved one constitutes a serious disturbance in the functioning of many families, especially when it comes unexpected. When working in the intensive care unit (ICU), one can witness such disturbances often leading to family dramas. The ICU staff often support such families, helping them to go through difficult moments. Nurses feel so responsible for patients' condition, nursing them, and their recovery, that they may have problems noticing needs of their families visiting the ICU. The disease, seen by the family as a serious threat, causes fear. The thought of a love one dying often leads to depressive states or aggression. Stress can also become a challenge, motivating and mobilizing energy.

Meeting expectations of patients' families is seen as an element conditioning the level of satisfaction from the care provided in hospital. The range of these expectations can in turn be conditioned by a number of factors. They include the type of unit, the kind of treatment, general medical knowledge of the patient and their family, and also knowledge about the rights they have in the nursing process.<sup>1</sup> If the patient is unconscious, their family has to be certain that all the performed procedures are the best and most beneficial for their health. The family focuses not only on nursing, but also diagnostics, treatment, and rehabilitation. ICU patients are people whose life is threatened, they very often suffer from multiple chronic diseases and their independent functioning is impaired both physically as well as mentally. The review of literature of the subject indicates that families most of all appreciate a proper manner of imparting information about the condition of the patient and its proper range.<sup>2</sup>

The current study aims at showing the needs and expectations of families or people important for patients hospitalized in the ICU. Systematizing these expectations in line with an importance scale and identifying factors which according to relatives may contribute to improving the quality of care provided by nurses and doctors are both measurable results of research conducted by the authors of this paper. Identifying and understanding needs of families and patients can increase the level of satisfaction from the care provided to the patient and their hospital stay.<sup>3</sup>

## 2. AIM

The main aim of this study was to determine families' expectations towards the staff of the ICU and rank them according to their importance.

## 3. MATERIAL AND METHODS

The study is based on the diagnostic survey method. A self-designed questionnaire was applied. It determined demographic data and contained questions which made it possible to verify the research assumptions. Subsequently, results underwent statistical analysis. The data were collected with

the use of a MS Excel spreadsheet. Statistical analysis was carried out with the use of Statistica 12PL. Qualitative variables were described juxtaposing the number of cases ( $N$ ) and their percentage (%) in a given group. When it comes to quantitative data, the results were described with the following parameters: number of cases ( $N$ ), mean value ( $\bar{x}$ ), minimum (Min), maximum (Max), standard deviation (SD).

The study was carried out in ICUs in the Warmińsko-Mazurskie Voivodeship between the beginning of March and the end of April 2016. After that, the questionnaires underwent verification and statistical analysis. For this purpose, Student's  $t$ -distribution and ANOVA (comparing mean values for many groups) were performed, as well as determining Spearman's rank correlation coefficient. In total, 104 people were surveyed.

The group comprised families visiting their relatives in ICUs. The group consisted of 68% of women and 32% of men. The degree of their kinship to the visited patient is shown in Table 1.

Among respondents, 43% had higher education, while 30% had secondary education, 22% graduated from vocational schools, and 5% completed only primary school. The test group was divided into the following age groups: up to 30 years old (22% of responders), 31–40 (19%), 41–50 (38%), more than 50 years old (21%).

The consent of the Bioethical Committee and consent of the respondents to participate in the study were obtained.

## 4. RESULTS

Results retrieved on the basis of the questionnaire performed among relatives visiting their families in ICUs are presented in graphs and tables.

In order to describe the level of families' expectations towards the staff caring for their loved ones, results of the self-designed questionnaire on family expectations towards the staff in the ICU were analyzed. Possible answers to the questionnaire questions were normalized in the 1–5 scale, with 1 meaning 'this matter is not important at all,' and 5 meaning 'the matter is important.' Then, the questions were grouped into categories:

- information about the health condition of the patient obtained from the doctor or nurse,

**Table 1. The degree of kinship to the person hospitalized in the ICU.**

Degree of kinship	$N$	%
Wife, husband	21	20
Son, daughter	15	14
Brother, sister	17	16
Sister-in-law, brother-in-law	7	7
Grandmother, grandfather	16	15
Further relatives	14	13
Friend	14	13
Total	104	100

- closeness – being at the patient’s bedside during their stay in the ICU,
- education on how the ICU functions,
- providing care,
- pastoral and psychological care,
- family zone,
- trust towards the staff nursing the patient,
- trust towards the doctors diagnosing and treating the patient,
- opportunity to share problems with the staff and other visitors.

Mean values and standard deviations were calculated for these categories of expectations, and on this basis the hierarchy of expectations was determined.

In the test group, the highest ranking expectation of the patient’s loved ones was that of trust towards the staff diagnosing and treating the patient as well as the staff nursing them. Then there came: the feeling of ensuring the best care possible for the patient, obtaining information about the

patient’s health, education on the way the unit functions, staying at the patient’s bedside in the ICU.

Lower in the ranking were the importance of having access to the family zone amenities, the opportunity of sharing their problems with others or receiving psychological and pastoral care. Results concerning expectations are presented in Figure 1.

In order to describe expectations of families of patients admitted to ICUs when it comes to the best possible care, the following questions in the self-designed questionnaire were analyzed:

- (1) How important is it for you to be sure that the patient has privacy?
- (2) How important is the assurance that the patient is receiving the best nursing care possible?
- (3) How important is the assurance that the patients are receiving the best doctor’s care possible?
- (4) How important is it to know that the patient is calm and surrounded with care?

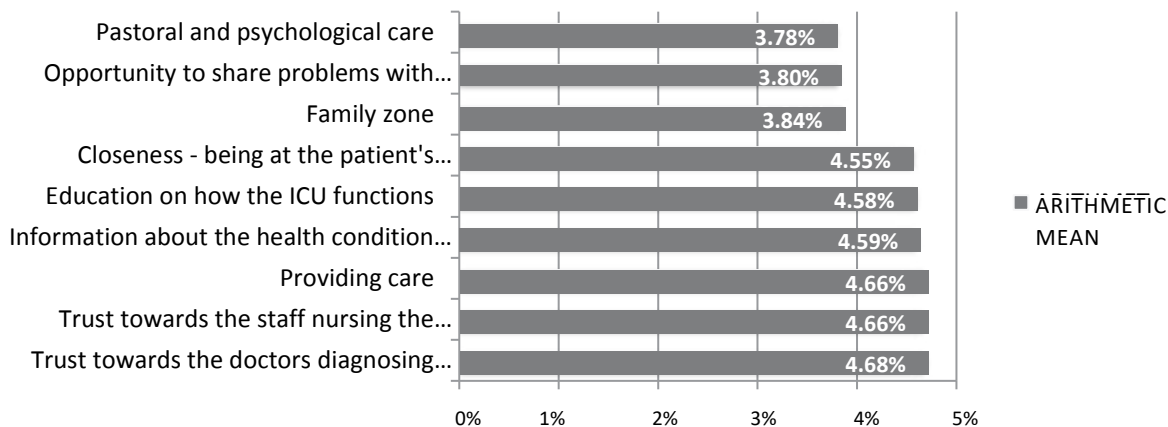


Figure 1. The hierarchy of expectations of families towards the staff in the ICU.

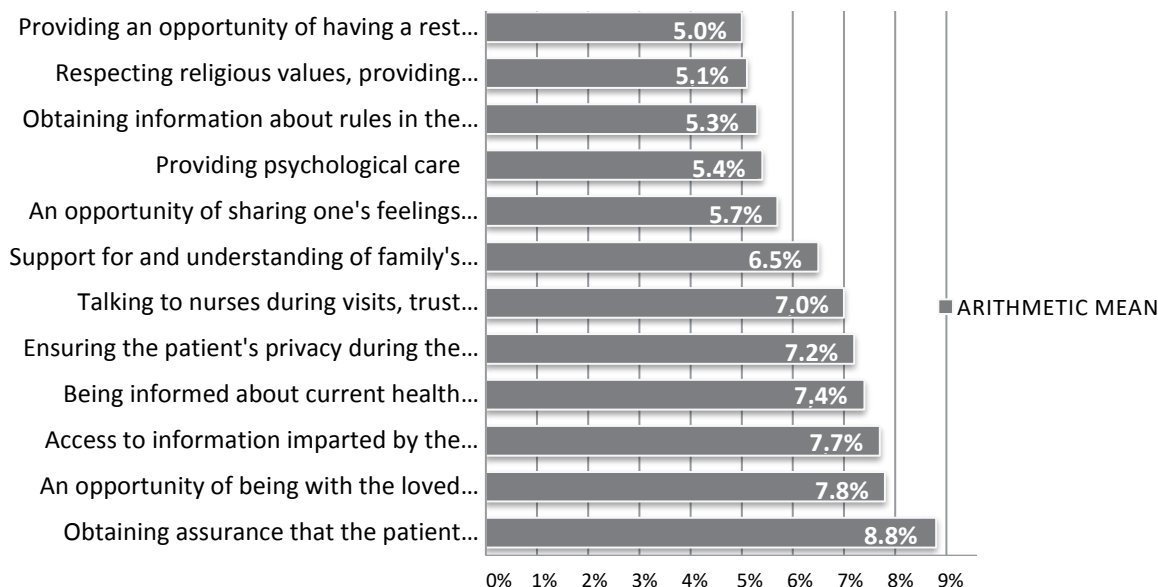


Figure 2. The hierarchy of importance of expectations towards medical staff according to respondents.

**Table 2. The hierarchy of importance of expectations towards the staff – descriptive statistics.**

Expectations towards nurses	N	x	Me	Min	Max	Q1	Q3	SD
Obtaining assurance that the patient receives the best care possible	104	8.8	12	1	12	5	12	4.3
Ensuring the patient's privacy during the hospital stay	104	7.2	8	1	12	5	9	2.9
Being informed about the current health condition of the patient in the scope available for the nurse	104	7.4	8	1	12	4	10	3.3
Access to information imparted by the doctor	104	7.7	9	1	12	4	11	3.4
An opportunity of being with the loved one with no time limitations	104	7.8	8	1	12	7	10	2.9
Support for and understanding of family's situation	104	6.5	7	1	12	5	8	2.6
Talking to nurses during visits, trust towards nurses	104	7.0	7	1	12	6	8	2.3
An opportunity of sharing one's feelings with other visitors	104	5.7	5	1	12	3	9	3.5
Obtaining information about rules in the ICU	104	5.3	5	1	12	4	6	2.2
Respecting religious values, providing pastoral care	104	5.1	4	1	12	3	7	3.1
Providing an opportunity of having a rest (family zone amenities)	104	5.0	3	1	12	2	9	4.1
Providing psychological care	104	5.4	5	1	12	2	9	3.8

(5) How important is the feeling that the staff of the ICU are taking care of the patient's situation?

In the test group, the range of importance of expectations of the ICU patient's family in the field of providing the best care possible was high and ranged from 4.4 to 4.71, with the mean of 4.66.

According to respondents, the most important need during hospitalization of their relative in the ICU was being assured that the patient is receiving the best care possible, then there came the opportunity of staying with patient without time limitations, and access to information about their health condition provided by the doctor. Detailed results are presented in Table 2 and Figure 2.

The impact of social and demographic factors on the hierarchy of importance of expectations

The analysis revealed that age, degree of kinship to the patient, material status, place of living and distance to the hospital did not have a statistically significant correlation with the level of importance of particular family expectations. Yet it was shown that gender and education do have a statistically significant impact on the importance of some family expectations. Gender statistically significantly influenced expectations concerning the opportunity of sharing their problems with the nursing staff ( $P = 0.04$ ). Men statistically significantly more highly than women assess the opportunity of sharing their feelings during visits ( $x = 7.7$  vs.  $x = 6.68$ ). Respondents' education level significantly influenced the importance of the expectation 'Obtaining assurance that the patient receives the best care possible' ( $P = 0.02$ ). Respondents who had secondary education expressed the higher need to ensure that the patient receives the best care possible ( $x = 10.2$ ) than the respondents who completed primary school ( $x = 7.4$ ) or higher education ( $x = 7.4$ ). Additionally the level of education influenced the importance of expectations such as 'An opportunity of being with the loved one with no time limitations' ( $P < 0.001$ )

and 'Providing psychological care' ( $P < 0.001$ ). The need to be with the patient was the most important for respondents with primary education ( $x = 10.2$ ) and subsequently for secondary ( $x = 8.71$ ), vocational ( $x = 8.43$ ) and higher education levels ( $x = 6.62$ ). Providing psychological care was more important for respondents with higher education, than those who completed the vocational, secondary and primary schools ( $P < 0.001$ ).

Some of respondents stated that their own expectations towards the staff have had changed over the time of the patients' stay in the ICU ( $N = 49.47\%$ ), the rest of respondents answered 'rather no' or 'no' to the statement. Regardless of the duration of hospitalization, the most important expectations towards the staff have stayed the same – 'Being informed about the current health condition of the patient' and 'An opportunity of being with the loved one with no time limitations'.

## 5. DISCUSSION

In the literature of the subject from the last dozen years or so one can find numerous works concerned with investigating needs of families.<sup>4</sup> In Poland, there have been no studies concerning this issue so far, that is why an attempt has been made here to investigate the matter.

One needs to remember that family can be a really crucial link in nursing the unconscious patient. Families in which appropriate relationships are observed constitute a source of emotional support for patient, create a bond between them and the environment outside the ICU, understand the patient's needs, and, more importantly, are able to pass crucial information about the patient on to the staff, which can have effect on the quality of care provided for the patient.

In the test group, the highest ranking expectation of the patient's loved ones was that of trust towards the staff di-

agnosing and treating the patient (4.68) as well as the staff nursing them (4.66). Then there came: the feeling of ensuring the best care possible for the patient (4.66), obtaining information about the patient's health (4.59), education on the way the unit functions (4.58), and staying with the patient in the ICU (4.55). Lower in the ranking were the importance of having access to the family zone amenities (3.84), the opportunity of sharing their problems with others (3.80) and receiving psychological and pastoral care (3.78).

Research conducted by Płaszewska-Żywko and Gazda, whose aim was to analyze needs of families, revealed high need for information, especially when it comes to the prognosis and treatment progress, as well as methods of treatment and nursing.<sup>6</sup> Also high was the need for assurance that the patient receives the best competent care possible and that there is hope of recovery. Comparing those results with the ones of the present study, the assumption that the need for information seems significantly important for the family was confirmed. In the research of Płaszewska-Żywko and Gazda a significant correlation was shown between the degree of kinship and the following needs: getting to know the treatment methods, getting to know nursing requirements and participating in these activities. These needs were decidedly stronger in sons and daughters and parents in comparison with spouses and siblings. However, it was observed that the level of all the assessed needs was generally high in the test group. The fact of living with the patient did not have any correlation with the level of needs. It was shown, however, that women more than men felt the need to receive information about the progress of treatment ( $P < 0.001$ ) and methods of treatment ( $P < 0.001$ ).<sup>5</sup> The hierarchy of family needs was also analyzed in a few other studies whose results are consistent with those of the above mentioned authors.<sup>6</sup> In the present study the analysis showed that there is a statistically significant difference ( $t = 2.03, P < 0.01$ ) in the importance of the expectation of closeness. In the group of people where the degree of kinship was higher or people were in an emotionally close relationship, the need for closeness was significantly higher than in the people for whom the patient was a more distant relative. Hence close family should be ensured the opportunity of staying with the patient without any time limitations.<sup>7</sup>

As there are very few reports in the Polish literature of the subject that concern families' expectations in the ICU, analysis included also studies on expectations of families of patients treated for other diseases. Gugala et al.<sup>8</sup> conducted a study on expectations of families of chronically ill patients who were mechanically ventilated. The authors concluded that irrespectively of the degree of kinship, respondents found maintaining the patient's hygiene (100%) and performing therapeutic procedures (42%) to be most important. Considering contact of nurses with chronically ill patients, respondents expected of them empathy and following the rules of ethics. Studies carried out by Waksmańska et al.<sup>9</sup> confirmed high expectations of patients and their families concerning the attitude of nursing staff. On the basis of retrieved results, the authors determined the importance of interpersonal re-

lationships between visitors and nursing staff. These results showed that in 98.8% of cases families were treated properly by the staff at the beginning of their loved one's hospitalization. The family was pleased with the nursing and cooperation with the staff (86.4%) and trusted them (81.5%). The present study also confirmed the importance of trust towards the staff, the mean value of family expectations of the patient in the ICU towards the nursing staff was  $4.66 \pm 0.62$ . This points to high expectations of the family and the need to trust the staff nursing their loved one.

Expectations of patients' families towards the nursing staff when it comes to the care provided are perceived as an element conditioning the level of satisfaction from the care. Although the current study had not assumed the level of such satisfaction would be checked, it still allowed the researchers to determine the importance of particular expectations expressed by families visiting their relatives in the ICU. Analysis of the collected data indicates at the same time that families want to be certain that their relatives are provided the best care possible, both medical as well as nursing care.<sup>10</sup>

Both the study presented in this paper as well as other authors' research indicate that the most important expectations in the hierarchy of families comprise the need for information on the current health condition of the patient imparted by the doctor, the need for closeness to the patient, and the feeling that the patient receives the best care possible. The needs which were less important for the visitors were the need for pastoral and psychological care, as well as the opportunity to have a rest in the ICU.<sup>11</sup>

## 6. CONCLUSIONS

- (1) The most important need of visitors to the ICU is to obtain assurance that the patient is provided the best care possible. As the second most important need, the respondents mentioned the need to be close to the patient and easiness of obtaining information about their health condition provided by the doctor.
- (2) Demographic factor such as gender have impact on expectations of families of patients hospitalized in the ICU. Gender influenced expectations concerning the Opportunity of sharing problems with the nursing staff. For men this need seems to be more important than for women.
- (3) Visitors' education level statistically significantly influences their expectations concerning obtaining assurance that the patient is receiving the best care possible, the opportunity of being with the patient without time limitations, psychological care. The hierarchy of importance of expectations depends on families' education levels. An opportunity of being with the loved one with no time limitations is the most important need for families with primary education, Obtaining assurance that the patient receives the best care possible for visitors who completed the secondary school and Providing psychological care for those with higher education level.

- (4) Almost half of visitors in the ICU report that their expectations change in line with the length of their relative's hospitalization in the ICU.

### Conflict of interest

None.

### Funding

None.

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