

Research Paper

Comparing the Perceptions of Nurses and Patients' Families About the Expectations of Patients' Families in Intensive Care Unit



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ABSTRACT

Background Properly identifying the expectations of family members of patients admitted to Intensive Care Units (ICUs) is a necessity for nurses.

Objective The present study aimed to determine and compare the expectations of ICU patients' families according to the perceptions of ICU nurses and family members.

Methods In this descriptive-analytical study, 147 families of ICU patients and 137 ICU nurses of hospitals in Qazvin were selected as study samples through a census method. Data were collected using Molter's Critical Care Family Needs Inventory (CCFNI), and data analysis was performed using the Pearson correlation test, one-way ANOVA and chi-square at a significant level of $P < 0.05$.

Findings The overall score of CCFNI and its subscales for the family members were significantly higher than in the nurses ($P < 0.001$). The degree of importance and prioritization of family expectations were different between patients' families and nurses. The reason for patient hospitalization had a significant association with the overall score of CCFNI and its subscales. Moreover, the family history of hospitalization showed a significant correlation with the CCFNI subscales of information and proximity ($P < 0.05$). The age and work experience of nurses had a significant association with the CCFNI subscales of information, assurance, and comfort ($P < 0.05$).

Conclusion Family members of ICU patients and nurses have different perceptions of the expectations of patients' families. Nurses need to consider the expectations of patients' family members.

Extended Abstract

1. Introduction

The hospitalization of a family member, especially in wards such as Intensive Care Units (ICU), causes stress and double tension, and family members show signs of anxiety and stress in these conditions [3]. Crisis disrupts the

normal life and role of the family and has a negative effect on individual/social relations and family decisions, especially in relation to the hospitalized patient [5]. Much of the stress on family members is due to their lack of information about prognosis and treatment, as well as their unfamiliarity with the environment and complex equipment of the ICU such that half of the families are unable to understand the physician's explanations about the prognosis, diagnosis, and treatment of the disease due to their anxiety [7].

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One of the main responsibilities of physicians and nurses in ICUs is to reduce the pain and suffering caused by a crisis in the patients' family [8]. When appropriate attention is paid to the family members, it is transferred to the patient and the patient's needs are reported to the caregivers through the family members [9]. The process of nursing care in ICUs requires obtaining more information about the needs of patients' families; hence, improving the quality of care in these wards requires assessing the families' expectations from medical staff, especially nurses [11]. Since there is currently no comparative study on the perceptions of family members and nurses about the expectations of ICU patients' families, this study aimed to compare their perceptions.

2. Materials and Methods

In this descriptive-analytical study conducted in 2018, 147 families of ICU patients and 137 ICU nurse of hospitals in Qazvin (Velayat, Bu Ali Sina, Shahid Rajaei, and Kosar). Nurses were selected as study samples through a census method, while the sample size of family members were determined according to Abazari et al. [16]. Data were collected using Molter's Critical Care Family Needs Inventory (CCFNI) which has 5 subscales of information, proximity, support, assurance, and comfort [17]. The questionnaires were completed by the participants after obtaining ethical approval and informed consent.

3. Results

Sixty eight (46.3%) of family members were female and 79 (53.7%) were male; and 124 of them (84.4%) were married. Nurses had a mean age of 32.82 ± 5.66 years, most of whom were females ($n=118$, 86.1%) and married ($n=99$, 73.3%). The mean work experience of nurses was 9.5 ± 5.25 years and their mean work experience in ICU was 5.50 ± 4.27 years. According to family members, the most important family expectations were "to be assured that the best care possible is being given to the patient" (95.2%) related to the assurance subscale, and "to have questions answered honestly" (87.1%) related to the information subscale. According to nurses, the most important family expectations were "to know how the patient is being treated medically" (66%) and "to be assured that the best care possible is being given to the patient" (51.1%) both related to the assurance subscale.

The overall mean score of CCFNI for nurses was 74.1 ± 10.21 and for the family members 86.86 ± 11.65 , and this difference was statistically significant ($P < 0.001$). The order of importance and prioritization of family expectations were different between the patients' families and nurses; the order of importance for the CCFNI dimensions perceived by

families was assurance, information, support, proximity, and comfort; while for the nurses, the order was as: information, assurance, support, comfort, and proximity. The reason for patient hospitalization had a significant association with the overall score of CCFNI and its subscales ($P < 0.05$). Moreover, the family history of hospitalization showed a significant correlation with the CCFNI subscales of information ($P=0.01$) and proximity ($P=0.03$). The age and work experience of nurses had a significant association with the CCFNI subscales of information, assurance, and comfort ($P < 0.05$).

4. Discussion

The results of the present study showed that the perception score of patients' families about the expectations of ICU patients' families was significantly higher than the scores obtained by the nurses which is consistent with the results of Lotfi et al., Akhlak and Shdaifat, Hsiao et al., and Gundo et al. [14, 15, 18, 19]. Both study groups were different in terms of the order of importance of expectations. From the perspective of family members, the most important CCFNI dimension was assurance, while nurses considered access to information as the most important dimension. In the studies conducted by Akhlak and Shdaifat, Gundo et al., Obringer et al., and Reynold and Prakink who studied the needs of family members of ICU patients, family members also perceived assurance as the highest needs of patients [15, 19-21].

The age and work experience of nurses had a significant association with the CCFNI dimensions of information, assurance, and comfort. This is consistent with the results of Khatri Chhetri and Thulung [23], while the findings of Gundo et al. are against this result [15]. The history of hospitalization of one of family members showed a significant correlation with the overall CCFNI score and its dimensions of information and proximity. This is not consistent with the results of above mentioned studies. The reason for patient hospitalization had also a significant association with the overall score of CCFNI and its dimensions. This is in agreement with the results of Kohi et al. and Büyükçoban et al. [27, 28].

5. Conclusion

It can be concluded that family members of patients and nurses have different perceptions of the need of ICU patients. Nurses need to consider the expectations of patients' family members during initial patient assessment in ICU.

Ethical Considerations

Compliance with ethical guidelines

The study was approved by the Research Ethics Committee of Qazvin University of Medical Sciences (Code: IR.QUMS.REC.1397.041). Participants were assured of the confidentiality of their information and signed a written consent prior to study.

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Authors' contributions

Conceptualization, resources, and initial draft preparation: Akram Shahrokhi, Somayeh Zarei; Methodology: Akram Shahrokhi, Mehdi Ranjbaran, Somayeh Zarei; Data Analysis: Mehdi Ranjbaran, Somayeh Zarei; Editing & review: Somayeh Zarei; Project administration: Akram Shahrokhi

Conflicts of interest

The authors declared no conflict of interest.