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Effect of family centered care on patient`s family satisfaction in intensive care unit

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ABSTRACT

Background: Family-centered care is a partnership approach to health care in which there is a close relationship between personnel and patient family. In such conditions, not only the patient but also the family and health care providers can benefit from its advantages. The present study was aimed to investigate the effect of family-centered care on the satisfaction of patient families in the intensive care unit.

Methods: This study was a case-control, experimental study. In this research, 30 patients were selected by purposive sampling method and were classified into two interventional and control groups. Data analysis was carried out using SPSS software (version 16) by independent t-test and chi-square (X^2).

Results: Results showed that in the pre-test stage, there was no significant difference between interventional and control groups (P=0.77). While, in the past-test stage, there was a significant difference between both studied groups (P=0.04). Moreover, in term of family-centered care level, there was a significant difference between the both groups (P=0.002).

Conclusion: Due to the fact that the patients in the intensive care unit require to get the services, family-centered cares based on care planning can help to increase the compliance and satisfaction of the patients.

KEY WORDS: Family-Centered Care, Special Care, Satisfaction.

1. INTRODUCTION

The needs of patients and their families in intensive care unit have been studied in numerous previous studies. The presence of family at the bedside of patients was known as one of the basic requirements (Pochard, 2009). In the family-centered approach, the control of services and cares is provided by family members of the patients (Azoulay, 2008). By considering the emphasis on the family-centered cares in the health care system, the importance of this approach is more obvious and specific (Azoulay, 2008). The family-centered care is a health care approach, which forms the principles of health care programs, ease of measures and projects, daily interactions with patients, families and physicians and other personnel (Azoulay, 2009). The family-centered approach focuses on the patients and their family. In this approach family functioning is considered with regard to the role of all members and not only the patients. In general, the precipitation in the patient care is based on the values and beliefs of the individuals (Wasser, 2008). In the family-centered care approach, nurses and health workers can enable and empower families in the patient care by preparing the grounds and creating opportunities. The important role of family in determining the matters of patients and their relatives increased with the continuation of the relationship between health workers and patient's family members (Curtis, 2007). Previous studies reported that supporting family and training them cause a sense of control and power on their situations. Therefore, the patient family should be trained by nurses for participating in the care of their patients (Truog, 2008). The nurses work rarely in the intensive care unit for providing patient care (Yehuda, 2009). The main aim of this study was to study the effect of family-centered care on the satisfaction of patient families in the intensive care unit in Bessat hospital in Sanandaj, Iran, in 2013.

2. MATERIALS AND METHODS

In this experimental study the effect of family-centered care was studied on the satisfaction of patient families in the intensive care unit of Bessat hospital in Sanandaj, Iran in 2013. Inclusion criteria were having 18 years of old or older, at least three days of hospitalization in the intensive care unit, interest of family members to participate in the study, older than 18 years of family members, literacy, and ability to take care of the patients. 30 patients were selected. Data were collected using an ICU standardized questionnaire. The questionnaire was classified into two parts. The first part studied the demographic characteristics and the next part consisted of 21 questions about the satisfaction of family-centered care in special care units. The responses were graded in accordance to the Likert scale in five grades from very high to very low. Data were analyzed using chi-square and independent t-test by Spss software (version 16).

3. RESULTS

In the present study, 47% of the participants were in the interventional group and 73% were in the control group who carried out the family-centered cares before the intervention program. Then, the family-centered intervention program was carried out in 96.7% and 70% in the interventional and control groups, respectively.

Moreover, results showed that 30% of the individuals in the intervention group and 26.7% of the control group were satisfied with family-centered care program before the intervention. The average satisfaction with family-centered care in previous studied on the ability of family in intensive care unit was reported to be 99.86±15.30. In the current study, there was a significant difference in the satisfaction with family-centered care of patients in the intensive care units (<0.005).

Table 1. Comparing the mean and standard deviation of family-centered care in both intervention and control groups before and after intervention

Group / Satisfaction of family-centered care	Interventional		Control		
	Average	Standard deviation	Average	Standard deviation	P-value
Before intervention	3.4	0.77	3.4	0.81	
After intervention	3.3	0.87	3.5	0.73	
Difference	0.1-	0.95	0.1	0.84	0.499

As can be seen from the table, there was a significant difference in the satisfaction of family-centered care between international and control groups (P<0.05).

DISCUSSION

In the present study, before intervention, the satisfaction in both interventional and control groups was the same (P=0.77). In a similar study on the effect of training and support on the satisfaction with family-centered care in chronic diseases, there was no significant difference in satisfaction of family-centered care at the beginning of the study (P=0.2) (Jones, 2008). In another study on the effect of family-centered care on the satisfaction and determining, its factors in patients hospitalized in intensive care unit, the mean score of satisfaction was 112.43 ± 18.35 and there was no significant difference between both studied groups (P>0.05) (Zatzick, 2009).

In this study the results of chi-square analysis showed that after training, there was a significant difference in in satisfaction of family-centered care between both studied groups (P=0.04).

In other studies, the satisfaction scores of family-centered care after the intervention was higher than the scores of satisfaction before the intervention in both groups (P=0.001). Training is a perfect tool to increase knowledge of patients and their families. Previous studies showed that the inadequate knowledge about family-centered care in term of appropriate diet, fluid intake, and other treatment in these diseases can cause various problems. Ultimately, the inadequate knowledge, can lead to various complications and death, which affect the satisfaction level of individuals. There are different models for patient education. Considering the patient problems, education should provide an active and conscious participation of the patient family to take care of their patients. Therefore, face to face education in the family can make them closer to independence in the care of their patients. So, they will be eligible in continuous care of their patients and therefore their level of satisfaction could increase.

It seems that a multilateral training program is required for family-centered care. Because the family-centered care along with general changes in lifestyle, physical activity and social support has a greater impact on satisfaction. Therefore, it is suggested that at the beginning of patient admission in the intensive care unit, the patient family can be supervised by a team of nurses, psychologists, social workers and nutritionists.

4. CONCLUSION

Due to the fact that the patients in the intensive care unit require getting services, family-centered cares based on the care planning can help to increase the compliance and satisfaction of the patients. Therefore, the patient family should be trained by nurses for participating in the care of their own patients. This study showed that family-centered care plays a great role in the satisfaction of the patient's families in the intensive care unit in Bessat hospital, Sanandaj, Iran.

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REFERENCES

Abbott KH, Sago JG, Breen CM, Abernethy AP, Tulsky JA, Families looking back: one year after discussion of withdrawal or withholding of life-sustaining support, Crit Care Med., 29, 2008, 197–201.

Azoulay E, Chevret S, Leleu G, Pochard F, Barboteu M, Adrie C, Canoui P, Le Gall JR, Schlemmer B, Half the families of intensive care unit patients experience inadequate communication with physicians, Crit Care Med., 28, 2008, 3044–3049.

Azoulay E, Pochard F, Chevret S, Adrie C, Bollaert PE, Brun F, Dreyfuss D, Garrouste-Orgeas M, Goldgran-Toledano D, Jourdain M, Opinions about surrogate designation: a population survey in France, Crit Care Med., 31, 2008, 1711–1714.

Azoulay E, Pochard F, Chevret S, Lemaire F, Mokhtari M, Le Gall JR, Dhainaut JF, Schlemmer B, Meeting the needs of intensive care unit patient families: a multicenter study, Am J Respir Crit Care Med., 163, 2009, 135–139.

Bleich A, Gelkopf M, Solomon Z, Exposure to terrorism, stress-related mental health symptoms, and coping behaviors among a nationally representative sample in Israel, JAMA, 290, 2009, 612–620.

Curtis JR, Patrick DL, Shannon SE, Treece PD, Engelberg RA, Rubenfeld GD, The family conference as a focus to improve communication about end-of-life care in the intensive care unit: opportunities for improvement, Crit Care Med., 29, 2007, N26–N33.

Jones C, Skirrow P, Griffiths RD, Humphris G, Ingleby S, Eddleston J, Waldmann C, Gager M, Post-traumatic stress disorder-related symptoms in relatives of patients following intensive care, Intensive Care Med., 30, 2008, 456–460.

Pochard F, Azoulay E, Chevret S, Lemaire F, Hubert P, Canoui P,Grassin M, Zittoun R, Le Gall JR, Dhainaut JF, Symptoms of anxiety and depression in family members of intensive care unit patients:ethical hypothesis regarding decision-making capacity, Crit Care Med., 29, 2009, 1893–1897.

Truog RD, Cist AF, Brackett SE, Burns JP, Curley MA, Danis M, DeVita MA, Rosenbaum SH, Rothenberg DM, Sprung CL, Recommendations for end-of-life care in the intensive care unit: the Ethics Committee of the Society of Critical Care Medicine, Crit Care Med., 29, 2008, 2332–2348.

Wasser T, Pasquale MA, Matchett SC, Bryan Y, Pasquale M, Establishing reliability and validity of the critical care family satisfaction survey, Crit Care Med., 29, 2008, 192–196.

Way J, Back AL, Curtis JR, Withdrawing life support and resolution of conflict with families, BMJ, 325, 2009, 1342–1345.

Yehuda R, Post-traumatic stress disorder, N Engl J Med., 346, 2009, 108–114.

Zatzick DF, Jurkovich GJ, Gentilello L, Wisner D, Rivara FP, Posttraumatic stress, problem drinking, and functional outcomes after injury, Arch Surg., 137, 2009, 200–205.