

Family Satisfaction with Quality of Care in the Intensive Care Unit: A Study in Central India

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ABSTRACT

Background: Family members view are crucial in assessing the quality of intensive care unit (ICU) care. For the sake of improvement in the standard of care provided, the inclusion of patients along with their family members in medical care is an important attribute in various nations. This participation can span multiple components of health care, from participating in informed judgement to providing feedback on the care provided. A majority of enduring patients are too debilitated to participate during their stay in intensive care and many are unable to reminisce about their stay in intensive care. Relatives of the patient frequently spend ample time in the intensive care unit, and their assessment of the care provided by the healthcare system corresponds well with patient evaluation, making it fair to utilize family members to evaluate patient's care.

Objectives: To assess whether the family members are pleased with the quality of healthcare provided in ICU.

To look into potential follow-up needs of the patients' relatives.

Evaluate contribution of each domain in the care providing facilities of ICU.

Methodology: A validated template of questions will be distributed amongst the family members of patients who are admitted to hospital in the Medicine ICU of a tertiary care hospital at Jawaharlal Nehru Medical College, Wardha. The adapted version of the questionnaires which were used in the studies published previously will be translated in Hindi, so as to make it convenient for the patient's relatives to fill it. The results will be then analyzed statistically and the answers will be recorded, tabulated and would be graphically represented.

Results: The study would play a key role in assessing the satisfaction and the level of knowledge, attitude and practices of families of the patients in context of the degree of the health care provided within the Medicine ICU.

Key words: Intensive care units, Personal satisfaction, Anxiety and uncertainty, Family, Interventions, Quality of healthcare

HOW TO CITE THIS ARTICLE: Aman Agrawal, Anshool Kumbhare, Sanket Bakshi, Sunil Kumar, Family Satisfaction with Quality of Care in the Intensive Care Unit: A Study in Central India, J Res Med Dent Sci, 2022, 10 (10): 217-220.

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Received: 03-Oct-2022, Manuscript No. JRMDS-22-76732;

Editor assigned: 05-Oct-2022, PreQC No. JRMDS-22-76732(PQ);

Reviewed: 19-Oct-2022, QC No. JRMDS-22-76732(Q);

Revised: 24-Oct-2022, Manuscript No. JRMDS-22-76732(R);

Published: 31-Oct-2022

INTRODUCTION

The framework of the medical healthcare system in India is based on the desires of the recipients (patients and the relatives) along with the ability of this medical field to efficiently respond to the circumstances established. Constant efforts are being made to accomplish this particular objective. These attempts to provide a

healthy and a quality efficient care to the patients and the relatives are being done by understanding the patients' needs. These principles have been upheld in the basic consideration setting in the medical healthcare system [1-4]. Recently, studies exploring the arenas such as wellbeing of the patients and their fulfillment have gained significant place as quality markers, so as to improve and assess the results of care given by medical services [5]. Today, with the help of increasing technological aid and the intellectual abilities of medical care, certain new levels of clinical excellence have been made possible to achieve. Through the meticulous extent of the studies carried out, it has been observed that the patients and their relatives are more considerate towards the quality of the healthcare provided to them, during their intensive care unit stays [6]. Taking into consideration the impact of the conclusions these studies

have put forward, the clinical facilities, now-a-days are more focused on the patient and their family fulfillment as an important measure in quality affirmation [7-9]. A few research articles are present that give an indication about how the interventions in the Intensive care units have affected both the patient and family outcomes respectively [1,10]. The ongoing continuous rise in the medical approach towards palliative healthcare of the patients and their relatives has substantially improved the level of contentment with the quality of healthcare provided to some extent. Assessments did on a daily basis regarding the satisfaction of relatives include certain important domains which include important factors such as general speaking consideration, the dynamic cycle, and its correlation. Authorities have distinctly suggested a few clauses for estimating the levels of family fulfillment, with respect to the basic consideration of experiences which are applied in randomized controlled preliminaries for Intensive care unit interventions [11]. Most salient among them, the Family Satisfaction in the ICU survey (FS-ICU) has settled the major neurocognitive characteristics [12,13]. majority of the patients hospitalized in the Intensive care units are basically unwell and are incapable to have a smooth conversation with. Consequently, the perspectives and the experiences of the families become significantly noteworthy [14]. The Intensive care unit stations are mainly bound to treat the patients but regardless of the medical outcome, fulfillment of the essentially ailing patients and their families proves to be an equally important factor. According to the many published researches, the term "fulfillment" is subjected to the cultural view of satisfactory consideration [15-17]. In recent years, music has become more widely used as a clinical modality in the treatment of various diseases and in intensive care medicine around the world, according to studies; it could be a way for aiming towards improving the quality of healthcare provided [14]. On the other hand previous research has come up short to elucidate the wholesome sets of the hospital experience dependent on patients' encounters, their wellbeing statuses, and desires from the medical services by the general public everywhere [11,12]. Studies with respect to the Intensive care units' experiences of relatives, in Asia are limited, although many facts have been reviewed to study morbidity factors and the increased mortality rates along with the quality of care, it is less reported especially in India, in this respect leading to inconclusive results [15,16]. There is a need to undertake this topic for study purpose, considering the needs of an Indian setting to assemble a group of domains which would help to assess the satisfaction level of the patient's family during their stay at the Intensive care unit.

Aim

The primary aim of this study is to assess the level of satisfaction by the family member in the context of quality of care provided in the Intensive Care Units (ICU).

MATERIALS AND METHODS

Study design

This survey will be carried out as a cross-sectional study of descriptive type. Self-reported questionnaires will be used in order to assess the patients' and levels of their family's satisfaction regarding the health care services that are currently delivered in the Intensive care units in Indian multitude.

Study population

The study will be done on the sample population consisting of the relatives of patients, that are being admitted in the intensive care units of medicine department of Jawaharlal Nehru Medical College, Wardha, Maharashtra, India.

Study period

This study will be conducted within a span of two months, from July 2021-september 2021.

Study setting

The survey would be conducted with the help of offline questionnaires which would be circulated amongst the relatives of the patients who are admitted in the intensive care units of Medicine department. The original questionnaires shall be translated into the local language for the convenience of the local population. This study would be conducted by medical students; they would particularly urge the study participants to fill in the questionnaire by themselves in accordance to maintain the sanctity of the study.

Inclusion criteria

Patients' relatives who have been admitted to the Intensive Care Unit for 24 hours or more will be eligible to participate in this survey, regardless of the Intensive Care Unit outcome (successfully treated or failure to it). To maintain versatility clause stating the following condition would be made applicable: Up to three relatives from each patient could register. Family members would be denoted as the person who are very close to the patient (as identified by the patient), including brothers, sisters, partner, children, parents and friends. If more than three family members wish to participate, the participants will be chosen by the family members based on who has spent the most time in the ICU. Illiterate participants would be provided with all the details regarding this survey and would be helped in every way needed, so that they could fill in the questionnaires correctly.

Exclusion criteria

Family members who would meet the under mentioned criteria, will be excluded from the sample population.

Family members who are in their second decade of life and below;

People with cognitive impairment and psychological behavioral disorders.

The said survey would be done after acquiring the approval from the institutional ethical committee (IEC).

Manual consent will be taken from all the participants before they would be asked to fill the questionnaire. The questionnaire which will be used in this study would be formed by combining the euroFS-ICU [1] questionnaire previously used in a published European survey, and a short version of the FS-ICU questionnaire [18]. Both of these questionnaires are previously validated and published. The questionnaire used in this study would be translated in the Hindi language, as this specific language is mainly used by the residents inhabiting the area which is being surveyed. This translated version of the questionnaire would consist of twenty - seven specific questions which would help in assessing the level of participant's satisfaction with the quality of care provided in the intensive care units. Also, the questions elaborating the socio-demographic status of the responders would be included in the questionnaire.

The basic demographic questions would determine the factors such as age, address, date of hospital admission, participant's residential address, educational status, relation of the participant with the patient admitted and the name and address of the hospital. Further questions will be added to assess the knowledge, attitude and practices of responders towards the working of an intensive care unit. Also, the degree of satisfaction along with the quality of healthcare provided in the Intensive care units would be analyzed by the appropriate interventional questions.

For the process of data collection, a convenient sampling method will be used, which will then be presented in the form of frequencies and percentages. Illustrative statistics will be presented for all the categories based upon the responses.

Implications

The results of this survey will help to assess the awareness and the level of satisfaction with the quality of care provided in the intensive care units, amongst the relatives of the admitted patients during the stay at the hospital.

Methodology in PICOT format

P (Population)

The chosen sample size for this particular survey is being around 300 participants (relatives of the patient).

I (Intervention)

The study would help in assessing the views of relatives or accompanying members of the patient regarding knowledge, attributes and practices of the participants towards the quality of care that is being provided by the healthcare staff in the intensive care units based in the Indian contingency.

C (Comparison)

The results that will be concluded in this study would not be comparing with any other surveys depicting similar magnitude.

O (Outcome)

The objective of conducting this study is to determine the level of satisfaction of the relatives of the patient with the medical as well as the emotional care provided by the medical personnel in the Intensive care unit set up.

T (Time)

This study would be conducted over a duration of 2 months (from July 2021-sept 2021) .

Measurements

To conclude the results, a questionnaire based statistical evaluation, with analytical tests will be performed on the basis of the data collected from the questionnaires.

Quantitative variables

No quantitative variables will be used in the statistical analysis of this study.

Statistical methods

The data collected through the process of assessing responses to the offline questionnaire will then be analyzed, using various statistical tests and shall be depicted in a suitable graphical manner.

RESULTS

This particular study that will be carried out in the intensive care units of the Indian multitude would surely play a key role in assessing the level of satisfaction of the participants with the quality of healthcare and the emotional support provided by the medical staff posted in the intensive care units. On conclusion if the accurate effects are identified, certain measures could be taken in order to assess the specific domains that show a deviation from the expected results and this deviation would further help to create awareness regarding that particular concerned issue. Obtaining the information and spreading the awareness at a higher level such as the study design of this topic, would surely help in evaluation of the consequences that are currently being faced by the families of patients over the period of their stay at the hospital.

DISCUSSION

The assessment of the patients' families' views in terms of the quality of the healthcare given by the medical staff in the intensive care units is of utmost important. To analyze the results concluded and to construct a layout of the proper idea about the quality of the healthcare services provided, taking into consideration the ideas and views of the relatives of the patients turns out to be of utmost importance. Referring to the results concluded by the various studies, the areas with higher importance and which bothered to the relatives were found out to be, concern shown and caring toward patient, emotional support offered for the family members and incorporation of the relatives in the decision - making process, Intensive care unit setting, possibilities for

family members to be present at the bedside and ease of getting information [10-11]. Similar levels of domains have been found in a number of Intensive care units family satisfaction studies [12,13]. Nevertheless, the areas that need to be improved are comparable to those found in a German FS-ICU study [18].

Qualitative studies have showed that the overall opportunities for the further improving family satisfaction are by the quality improvement techniques [18,19]. Other related studies were reviewed [19-22]. After doing the literature search required for this particular survey, it was seen that there were only a few Asian studies highlighting the involvement of the FS-ICU.

CONCLUSION

According to our knowledge this study will be the first of its type to take place in an Indian setting. The results that would be concluded from this study will help to identify the true attributes in the satisfaction scale in for services rendered in the Indian Intensive care unit set-ups.

CONFLICT OF INTEREST

The particular article does not engage in any conflicts of interest.

FUNDING

This particular survey does not have any funding requirements.

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