



Contents lists available at ScienceDirect

## The Egyptian Journal of Critical Care Medicine

journal homepage: [www.sciencedirect.com](http://www.sciencedirect.com)

Original article

## Commonly asked questions by critically ill patients relatives in Arabic countries

Tayseer Zaytoun, Amr Abouelela\*, Mary Malak

Alexandria University, Egypt

## ARTICLE INFO

## Article history:

Received 17 December 2016

Revised 9 January 2017

Accepted 10 January 2017

Available online xxxxx

## Keywords:

Family satisfaction

Quality research in ICU

Frequent questions

## ABSTRACT

**Background:** Relatives often lack important information about intensive care unit patients. Research on ways to improve family satisfaction in the ICU has become a crucial point in ICU quality improvement research. **Objective:** The aim of this study is to develop and analyze a list of commonly asked questions from relatives of patients in the intensive care unit in Arabic countries. This list might help families to determine which questions they want to ask and help them in decision-making process in emergency situations of their critically ill relatives. **Methods:** This study was a prospective double center study. It took place in the ICUs of two hospitals in Arabic countries: Egypt and Kingdom of Saudi Arabia. Alexandria University Main Hospital in Egypt and the ICU of King Fahad specialist Hospital in Dammam in Saudi Arabia. Data collection was done by reporting of Questions asked by the relatives of ICU patients during daily interview. The list of questions generated was checked to identify questions that could be eliminated. The remaining questions were categorized into 9 different groups: diagnosis, treatment, prognosis, comfort, patient interaction, family, mortality, post-ICU management and other questions. WE ranked the questions in the preliminary list through ICU staff, patients families and the patient themselves. **Results:** 115 Health care professional (34 physicians and 81 nurses) participated in the data collection, the questions recorded were 2240 questions. It was found that about 1750 questions (78.12%) were duplicated or not clear. The remaining 490 questions were classified into different categories. The same 115 Health care professional (34 physicians and 81 nurses) who shared in the collection of data also shared in the ranking of the questions. 128 first degree relatives shared in the evaluation of the relevance of questions as well as 62 patients after they have been cured and before their discharge from ICU. A list was created including the most important 12 questions which got a score of 3 or more from all the 3 categories who did the assessment (the patients, their relatives and health care professional). **Conclusion:** This study could provide a real help and guide to the physicians in the ICU and the patients families in the preparation for the families – physicians meetings, save the time lost in poor communication, decrease conflict, increase family satisfaction and help in decision-making process.

© 2017 The Egyptian College of Critical Care Physicians. Production and hosting by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

## 1. Introduction

Relatives often lack important information about intensive care unit patients. High-quality information is crucial to help them to overcome the often considerable stress and to acquire the ability to participate in the decision-making process, most notably regarding the appropriate level of care [1].

Research on ways to improve family satisfaction in the ICU has become a crucial point in ICU quality improvement research, as evidenced by The Critical Care Family Assistance Program [2,3].

Communicating with the relatives of ICU patients is among the main tasks of ICU staff. Epidemiologic and interventional studies have shown that Strategies to improve communication result in better information from families as well as better fulfillment of families' needs [4–6].

Patients who wrote negative comments about their experiences communicating with ICU staff are more than those who wrote positive comments about communication (20% vs. 18%). Negative communication experiences were categorized into subthemes. The main negative experience was related to the poor communication due to non availability especially from the ICU physicians as

Peer review under responsibility of The Egyptian College of Critical Care Physicians.

\* Corresponding author.

E-mail addresses: [zaytoun.icu@hotmail.com](mailto:zaytoun.icu@hotmail.com) (T. Zaytoun), [amrela313@yahoo.com](mailto:amrela313@yahoo.com) (A. Abouelela).

<http://dx.doi.org/10.1016/j.ejccm.2017.01.002>

2090-7303/© 2017 The Egyptian College of Critical Care Physicians. Production and hosting by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Please cite this article in press as: Zaytoun T et al. Commonly asked questions by critically ill patients relatives in Arabic countries. Egypt J Crit Care Med (2017), <http://dx.doi.org/10.1016/j.ejccm.2017.01.002>

many days would pass without seeing the physician in charge by family member. They had to request a family meeting every week to get any information about their patient care. Related to the infrequent physician communication was a more general discontent about the limited availability and lack of visibility of the physicians in the ICU. Patients families seemed extremely frustrated because they were unable to locate doctors. Also they expressed feeling excluded from discussions that the physicians were having about their loved ones. Repeatedly, family members commented that physicians would ask them to leave the room while discussing about their relatives or physicians would talk about the patient outside the room without including the family or that physicians would talk among themselves about the patient in the presence of the family but would exclude them from the discussion. The tone of the comments seems to reflect frustration and anger at the family's exclusion [7].

Asking questions is an important tool for family members seeking to understand the patient's situation. However, finding the right questions to ask might be quiet difficult, particularly when having to cope with substantial emotional strain. Helping families to ask questions relevant to their needs and beliefs therefore may hold promise for improving family-centered care. Thus, providing families with a list of potentially useful questions may improve family comprehension and satisfaction. Furthermore, such a list might help ICU clinicians to understand the informational needs of families [8–11].

The aim of this study was to develop and analyze a list of commonly asked questions from relatives of patients in the intensive care unit in Arabic countries. This list might help families to determine which questions they want to ask at a time when they are undergoing considerable emotional strain and, therefore, may have difficulty assessing their informational needs in decision-making process. It may help ICU physicians to check the completeness of the information they provide to families.

## 2. Patients and methods

### 2.1. Study design

This study was a prospective cross sectional study double center study. It took place in the ICUs of two hospitals in Arabic countries: Egypt and Kingdom of Saudi Arabia. Alexandria University Main Hospital (teaching hospital) which includes 4 ICUs with medical, surgical and coronary background in Egypt (total 45 beds) and the ICU of King Fahad specialist Hospital in Dammam in Saudi Arabia (22 beds). The study was approved by the local ethical committees of both hospitals.

### 2.2. Data collection

Data collection was done by reporting of Questions asked by the relatives of ICU patients during daily interview through all physicians and nurses working in ICUs involved in the study who accepted to share in this survey over the period of one month (from 1st till 31st of December 2011).

The studied questions were collected only from the first degree relatives of the patients who spent 7 days or more in the ICU and agreed that their questions will be included in the study. The list of questions generated was checked to identify questions that could be eliminated from the list without losing any information. Deletion of questions with the same ideas was done to avoid duplication [12].

### 2.3. Questions categorization

Questions were categorized into 9 different groups: diagnosis, treatment, prognosis, comfort, patient interaction, family, mortality and post-ICU management. Some questions which cannot be classified under one of these categories were collected under a title of other questions.

### 2.4. Questions ranking

Questions were ranked in the preliminary list through ICU staff, patients' families and the patient themselves after being cured just before discharge from ICU. A scale from 1 to 5 has been created to rank the questions according to their relevance and importance, considering 5 for the most relevant questions and 1 for the least. All questions which had a score of 3 or more by the 3 categories were considered important questions.

## 3. Results

115 Health care professional (34 physicians and 81 nurses) participated in the data collection, the questions recorded were 2240 questions. It was found that about 1750 questions (78.12%) were duplicated or not clear. The remaining 490 questions were classified into different categories as shown in Table 1.

The same 115 Health care professional (34 physicians and 81 nurses) who shared in the collection of data also shared in the ranking of the questions. 128 first degree relatives shared in the evaluation of the relevance of questions as well as 62 patients after they have been cured and before their discharge from ICU (Table 2).

Table 3 represents the most important 12 questions which got a score of 3 or more from all the 3 categories who did the assessment (the patients, their relatives and health care professional).

## 4. Discussion

Evaluating the importance of a question to family members of ICU patient is not a simple task, as the diversity of clinical conditions and severities of illness of ICU patients as well as the lack of competency of the patients to communicate render the situation really challenging. Considering also the different social and cultural background of the patients' families and the emotional burden on them, we can easily noticed that the communication with them required a high level of experience from the physicians involved in the management of their beloved people. In the real practice, little attention is given to this critical point either due to the lack of proper experience from the medical staff or due to the shortage of time as most of the time health care professional are concentrated on the management of the patients themselves without giving enough attention to the situation of their relatives especially with

**Table 1**  
Categories of questions.

|                     | No  | %  | Categories |
|---------------------|-----|----|------------|
| Treatment           | 103 | 21 | 1          |
| Diagnosis           | 88  | 18 | 2          |
| Prognosis           | 64  | 13 | 3          |
| Post-ICU            | 54  | 11 | 4          |
| Patient Interaction | 49  | 10 | 5          |
| Family              | 44  | 9  | 6          |
| Mortality           | 40  | 8  | 7          |
| Others              | 27  | 6  | 8          |
| Comfort             | 21  | 4  | 9          |

Download English Version:

<https://daneshyari.com/en/article/5601836>

Download Persian Version:

<https://daneshyari.com/article/5601836>

[Daneshyari.com](https://daneshyari.com)