



ORIGINAL

Satisfaction in the Intensive Care Unit (ICU). Patient opinion as a cornerstone[☆]



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KEYWORDS

Satisfaction;
Surveys;
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Abstract

Objective: To study the agreement between the level of satisfaction of patients and their families referred to the care and attention received during admission to the ICU.

Design: A prospective, 5-month observational and descriptive study was carried out.

Setting: ICU of Marqués de Valdecilla University Hospital, Santander (Spain).

Subjects: Adult patients with an ICU stay longer than 24 h, who were discharged to the ward during the period of the study, and their relatives.

Intervention: Instrument: FS-ICU 34 for assessing family satisfaction, and an adaptation of the FS-ICU 34 for patients. The Cohen kappa index was calculated to assess agreement between answers.

Results: An analysis was made of the questionnaires from one same family unit, obtaining 148 pairs of surveys (296 questionnaires). The kappa index ranged between 0.278 and 0.558, which is indicative of mild to moderate agreement.

Conclusions: The families of patients admitted to the ICU cannot be regarded as good proxies, at least for competent patients. In such cases, we must refer to these patients in order to obtain first hand information on their feelings, perceptions and experiences during admission to the ICU. Only when patients are unable to actively participate in the care process should their relatives be consulted.

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PALABRAS CLAVE

Satisfacción;
Encuestas;
Pacientes;
Familiares;
Concordancia

Satisfacción en la Unidad de Cuidados Intensivos (UCI): la opinión del paciente como piedra angular**Resumen**

Objetivo: Estudiar la concordancia entre los grados de satisfacción de los pacientes y sus familiares (ambos pertenecientes a un mismo núcleo familiar) en cuanto a los cuidados y atenciones proporcionados durante su estancia en la UCI.

Diseño: Estudio transversal, observacional, descriptivo y prospectivo durante 5 meses.

Ámbito: UCI del Hospital Universitario Marqués de Valdecilla de Santander.

Sujetos: Pacientes mayores de 18 años con estancia mayor de 24h que fueron dados de alta de la UCI durante el período de estudio y familiares de dichos pacientes.

Intervención: Instrumento: cuestionario FS-ICU 34 para evaluar la satisfacción de los familiares de pacientes ingresados en la UCI y adaptación de dicho cuestionario para el paciente. Se determina el grado de concordancia mediante el índice de kappa ponderado para muestras pareadas.

Resultados: Se analizaron todos los cuestionarios procedentes de un mismo núcleo familiar, obteniéndose un total de 148 pares de cuestionarios (296 encuestas). Se obtuvieron índices kappa que oscilaron entre 0,278 y 0,558, lo que indica grados de concordancia entre débiles y moderados.

Conclusiones: Los familiares de los pacientes ingresados en la UCI no pueden ser considerados unos representantes adecuados, al menos para el subgrupo de pacientes competentes. En estos casos debemos acudir a esos pacientes para conocer de primera mano sus sentimientos, percepciones y vivencias durante su estancia en la UCI. Solo cuando los pacientes no están en condiciones de participar activamente en el proceso asistencial debemos acudir a sus familias.

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Introduction

Intensive Care Units (ICUs) have become places where high scientific-technical quality medical care is provided. However, as a result of the characteristics inherent to these Units, such care must also be accompanied by special attention and treatment of the patients and their families.¹

In the year 2001, the Institute of Medicine published an article entitled: "Crossing the quality chasm", which defended the concept of "Medicine focused on the patient", in contraposition to "Medicine focused on the supplier or on the disease", which up until then had characterized the physician-patient relationship. The article established a series of recommendations referred to treatment and the decision-making process, based on and adapted to the preferences and opinions of the patients.²

Posteriorly, a number of studies have shown Medicine focused on the patient to be associated to improved clinical outcomes.^{3,4} In this regard, it is in the ICU where this concept acquires particular relevance, since participation of the patients and their families exerts a profound influence upon the decision-making process and on the ultimate prognosis.⁵ In the context of the critical patient, we therefore can speak of "Medicine focused on the tandem patient/family".

Often as a consequence of the disease or because of the seriousness of the clinical condition, patients admitted to the ICU may not be able to actively participate in the care process. Consequently, in this scenario we usually resort to their families. Traditionally, the patient relatives have been

viewed as hypothetical "mediators" or "representatives" of the patients as regards care and decision making within the ICU – particularly when the patients themselves are unable to state an opinion or decide about their illness. In this respect, few studies have attempted to gain first hand knowledge of the opinion of the patients in the setting of the ICU.^{6,7}

In recent years, a number of instruments have been developed with the aim of measuring the level of satisfaction of the relatives of patients admitted to the ICU.⁸⁻¹³

However, assessment of the level of satisfaction of the patient admitted to the ICU has not been as well developed as in the case of the relatives.¹⁴⁻¹⁷ The main reasons for this seem obvious: the seriousness of the patient condition, which often makes communication impossible; the variety of intensive treatments involved; altered levels of consciousness; and the fact that the mentioned complexity of the situation often causes patients to be unable to make decisions concerning their personal condition. This is the principal reason why the assessment of user satisfaction in the ICU has focused mainly on the patient relatives.

From this perspective, it is necessary for health professionals to know, understand and assume the point of view of the patients in order to increase their satisfaction and the quality of the care provided. Within the intervention lines established by the Strategic Plan of the Spanish Society of Intensive and Critical Care Medicine and Coronary Units (*Sociedad Española de Medicina Intensiva, Crítica y Unidades Coronarias, SEMICYUC*), it was considered of interest to develop tools capable of contributing to

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