



ORIGINALES

Needs in relatives of critical patients of a IV level institution in Montería, Colombia

Necesidades en familiares de pacientes críticos de una institución de IV nivel en Montería, Colombia

Jorge Luis Herrera Herrera¹
Yolima Judith Llorente Pérez²
Sadith José Suarez Mendoza³
Edinson Oyola López⁴

¹ Nurse. Magister in Nursing. Head of the Research Area. University of Sinú Elías Bechara Zainúm. Montería. Córdoba. Colombia. jlherrera2201@gmail.com

² Nurse. Magister in Public Health, Research Professor. University of Sinú Elías Bechara Zainúm. Montería. Córdoba. Colombia.

³ Nurse. University of Sinú Elías Bechara Zainúm. Montería. Córdoba. Colombia.

⁴ Nurse. Master in Nursing. Nursing coordinator at Davita renal care center. Montería. Córdoba. Colombia.

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ABSTRACT:

Objective: To determine the needs in relatives of critically ill patients of an IV level institution in Montería, Colombia.

Methodology: Descriptive, cross-sectional research with a quantitative approach. For the collection of information, the Questionnaire of Needs of the Relatives of Intensive Care Patients and a sociodemographic data card were applied.

Results: The needs that were determined were honest information regarding the state and progress of the patient and receive an explanation of the equipment being used. The dimension that presented the greatest needs was that of communication.

Conclusions: The family of a person admitted to an intensive care service should be taken into account in the care process.

Keywords: Needs Assessment; Caregivers; Critical Care.

RESUMEN:

Objetivo: Determinar las necesidades en familiares de pacientes críticos de una institución de IV nivel en Montería, Colombia.

Metodología: Investigación descriptiva, transversal con enfoque cuantitativo. Para la recolección de la información se aplicó el Cuestionario de Necesidades de los Familiares de Pacientes de Cuidados Intensivos y una cédula de datos sociodemográficos.

Resultados: Las necesidades que se determinaron fueron la información sincera respecto al estado y progreso del paciente y recibir explicación del equipamiento que está utilizándose. La dimensión que presentó mayores necesidades fue la de comunicación.

Conclusiones: El familiar de una persona ingresada en un servicio de cuidado intensivo debe ser tomado en cuenta en el proceso de atención.

Palabras clave: Evaluación Necesidades; Cuidadores; Cuidado Crítico.

INTRODUCTION

Intensive care units (ICU) are characterized by being highly complex care services, given the pathologies of patients and by the technologies and care required for the restoration of bodily functions, their objective is to guarantee care integral to the person who is in a situation of physiological imbalance, and that said alteration can lead to complications and / or death ⁽¹⁾.

In this sense, when talking about these functional units, their structure and complexity, both the patient and their relatives must be taken into account, since the hospitalization of a family member in these services can have an impact on family dynamics , and they can also be subjected to a series of events such as anguish, stress, anxiety, among others, derived from the diagnosis, treatment, prognosis, cure, complication or death or due to difficulties in communication between the patient and family ⁽¹⁾.

In this way, hospitalization in the ICU can generate fears both in the patient and in the family, and in the latter, especially in the initial visits, which can be alarming; they create distress, expectations regarding the number of monitoring devices, life-sustaining equipment, and environmental controls needed to ensure quality care ⁽²⁾.

In that order of ideas, the relatives of hospitalized patients in said functional unit also require care to preserve their physical and mental health, requiring a close relationship with someone to whom they can entrust their needs, difficulties, concerns or ailments, given that in the ICU environment they should not only appear as visitors, but also as an extension of the patient, who experience the care process alongside their family member ⁽³⁾.

From this point of view, the family member requires an assessment of their needs, which may be regarding security, information, among others, and the members of the health team, specifically the doctor or nurse ⁽³⁾, can guarantee such care.

Given the needs of family members, the evidence relates that they consider important the provision of information regarding the prognosis or clinical condition of their patient ⁽³⁾ and the effectiveness of the treatment performed. ⁽⁴⁾ Likewise, they consider that they must always be told the truth, that the patient's evolution is granted with very specific data ⁽⁴⁾, they request comprehensive and quality care, that the care does not cause harm to the patient, that the risks are reduced ⁽⁵⁾, likewise they request greater proximity with their family member and satisfaction of emotional, social and practical needs ^(6, 7).

For their part, Padilla et al ⁽⁸⁾, in a study carried out in Chile, identified that economic or financial factors are usually another need for family members, as well as communication. Similarly, Martos - Casado ⁽⁹⁾ in an investigation carried out in Spain,

points out that family members need to meet information needs since the information provided is not fully understood.

In Colombia, specifically in the department of Córdoba, studies regarding the aforementioned phenomenon have been carried out and they suggest continuing to investigate it, to favor the patient-family-health team link and recommend educating health personnel about the most important needs that family members face an ICU admission.

Taking into account what has been described, the following research question arises: What are the needs of relatives of critical patients in an IV level institution in Montería, Colombia?

The identification of needs can serve as a tool to improve health care processes, which should focus on the patient-family dyad, every time an ICU admission; It implies affectations of various kinds.

The family must be approached comprehensively, and for this, it is required that health professionals know their needs and the necessary tools to help them in the burden generated by this process.

In this comprehensive approach, nursing plays a fundamental role as a humanistic discipline, which adheres to a basic philosophy centered on the human being and their interaction with the environment, and is the link between the family and the other members of the health team, for their continuous permanence in the service, which helps the patient and family to adapt to their new way of life, thus favoring their comprehensive rehabilitation ⁽²⁾.

OBJECTIVES

- Determine the needs of relatives of critical patients in an IV level institution in Montería, Colombia.
- Characterize the population according to variables of interest: gender, age, level of education, and relationship.
- Identify the dimensions that present the greatest needs.

MATERIAL AND METHOD

Type of study

Descriptive, cross-sectional research; The purpose of which was to identify the needs of the relatives of hospitalized patients in an Intensive Care Unit (ICU), attached to an institution of IV level of complexity in the city of Montería; who attended the visit during the months of October to December 2019; period it takes to collect the information. Regarding the data treatment, it corresponds to a design with a quantitative approach. The instrument used was the Questionnaire of Needs of the Relatives of Intensive Care Patients, which has validity tests that recommend its use ⁽¹⁰⁾.

Analysis unit

The unit of analysis was made up of the needs of the family members who participated in the study, as well as the sociodemographic variables that were selected to characterize the sample.

Sample and sampling

The sample was made up of 340 family caregivers, who attended the visit during the time it took to collect the information. The sampling was intentional, taking into account the established inclusion and exclusion criteria.

In this sense, the study included people of legal age, signatories of the institutional informed consent for their patient's admission to the ICU; which accredited them as the responsible family member. Likewise, an inclusion criterion was to attend the visit every day and readmissions before 48 hours and those relatives who did not attend the visit continuously were excluded.

Instruments

The instrument used to measure the needs of the selected sample was the Questionnaire of Needs of the Relatives of Intensive Care Patients (CCFNI) - short version; which has been validated in Spanish by Gómez et al, who determined a general Cronbach's α of 0.655. ⁽¹⁰⁾

It contains 11 questions and its responses are on a Likert-type scale, with a range of 1-4 (1 = Almost all of the time; 2 = Most of the time; 3 = only some of the time; 4 = Never).

The scale gives a general score, a minimum of 11, and a maximum of 44 points, the higher the score, the more perceived needs. Internally, the instrument is made up of 4 subscales, each with a minimum and maximum score: medical care, communication, personal care, and possible improvements. The first three have a minimum score of 3 and a maximum of 12, the last subscale has a minimum score of 2 and a maximum of 8.

For the sociodemographic characterization, a data card was designed, which included the variables of gender, age, level of education, and relationship with the patient.

RESULTS

Table 1. Sociodemographic characteristics of relatives

| Variable | | <i>f</i> | % |
|--------------|------------------------|------------------|-----|
| Gender | Male | 160 | 47 |
| | Female | 180 | 53 |
| Age | 18-29 | 51 | 15 |
| | 30-49 | 119 | 35 |
| | 50-69 | 153 | 45 |
| | 70 or more | 17 | 5 |
| | Grade of complete | Complete primary | 153 |
| | Complete baccalaureate | 102 | 30 |
| | academic | 85 | 25 |
| Relationship | Son (daughter) | 204 | 60 |
| | Husband (wife) | 102 | 30 |
| | Other | 34 | 10 |

Source: sociodemographic data card

The sociodemographic characterization allowed to establish that the relatives were mostly women between the ages of 50 and 69 years of age, with a complete high school education degree, and the relationship that was most found was being a child. From the previous characterization, it is striking as relevant data that the entire sample presented some degree of education, as shown in Table 1.

Table 2. Needs of family members

| Order | Need | dimension | Mean +/- SD |
|-------|--|---------------|---------------|
| 1 | Sincere information about the patient's condition and progress | communication | 3,98 +/- 0,18 |
| 2 | Explanation of the equipment | communication | 3,95 +/- 0,13 |

| being used | | | |
|------------|--|-----------------------|---------------|
| 3 | Interest from the team, how you are doing. | Personal attention | 3,93 +/- 0,16 |
| 4 | Satisfaction with the medical care received by the patient | Medical care | 3,88 +/- 0,28 |
| 5 | Comfort of the waiting room | Possible improvements | 3,86 +/- 0,25 |

Source: (CCFNI)

At the time of reviewing the main needs identified by the family members, it was established that five; were those that obtained the highest score from them and in their order, according to the mean of the data obtained were: Sincere information regarding the patient's status and progress ($\bar{X} = 3.98$; SD = 0.18), explanation of the equipment being used ($\bar{X} = 3.95$; SD = 0.13), interest by the team, how you are ($\bar{X} = 3.93$; SD = 0.16), satisfaction with the medical care received by the patient ($\bar{X} = 3.88$; SD = 0.28), and the comfort of the waiting room ($\bar{X} = 3.86$; SD = 0.25). The first two needs belong to the communication dimension, as indicated in Table 2.

Table 3. Dimensions with greater needs

| Order | Dimension | Mean +/- SD |
|---------------|-----------------------|---------------|
| 1 | Comunication | 11,4 +/- 0,15 |
| 2 | Personal attention | 11,2 +/- 0,12 |
| 3 | Medical care | 10,3 +/- 0,19 |
| 4 | Possible improvements | 7,6 +/- 0,14 |
| Overall score | | 41,6 +/- 1,8 |

Source: (CCFNI)

Regarding the dimensions with the greatest needs; the communication dimension ranked first ($\bar{X} = 11.4$; SD = 0.15), followed by the personal attention dimension ($\bar{X} = 11.2$; SD = 0.12); with lower scores are the dimensions of medical care ($\bar{X} = 10.3$; SD = 0.19) and possible improvements ($\bar{X} = 7.6$; SD = 0.14) respectively. The global score was represented by a mean data ($\bar{X} = 41.6$; SD = 1.8), as shown in Table 3.

DISCUSSION

The need of relatives with patients in critical condition has been a phenomenon of interest to the scientific community in recent years; there are several studies that have addressed this problem, as well as the availability of instruments with adequate psychometric quality ^(11, 12).

In this sense, in Colombia the available literature shows interpretive approaches and at other times oriented to the measurement of general satisfaction with the care received ^(13, 14); Research using scales that allow identifying the importance given by family members to needs associated with this process are scarce in the Colombian context, and those that do exist show a panorama of interest to nursing, with the possibility of investigative continuity ⁽¹⁵⁾.

Regarding the sociodemographic characterization, what is described by Carreño and colleagues; who found that the caregivers in the different regions of Colombia were women with an average age of 43 years, some degree of schooling and the vast majority were related to a child, a situation that is similar to the results obtained in this research, keeping what is described in the available literature, in relation to the fact that the care activity is carried out mostly by women ⁽¹⁶⁻¹⁸⁾.

On the other hand, the panorama of prioritization of needs perceived by the studied relatives; realizes that sincere information related to the patient's health condition and the equipment that is being used during the care process is of great importance to them, results that support the findings of different authors; who have identified the information as the most felt need by the relatives of ICU patients, since they expect to be informed about aspects such as vital signs, the care received, the patient's comfort and rest, as well as about the treatment and specific aspects of ICUs such as technological equipment; leaving aside other elements such as the satisfaction of one's own needs and even aspects of medical treatment ^(19, 20).

Continuing with this context, when evaluating these needs by domains; the domain of communication occupies the first place, followed by the domain of personal attention. This makes it possible to establish the importance that family members give to the relationship with health personnel and that they are taken into account in decision-making; a situation that has been described as a humanizing element of care and in addition to this, its link with the reduction in days of stay has been demonstrated ⁽²¹⁻²³⁾.

Likewise, it has been defined that having a member in an ICU supposes for the family a loss or modification of the role that they played in the family nucleus and which translates into a crisis that the health team must help solve ⁽²⁴⁾; In this sense, the recognition of the family as an important part of the care actions allows minimizing the information gaps generated by this experience.

CONCLUSIONS

In the present investigation, the studied sample was characterized by being composed of women, with an age range between 50 to 69 years, with some level of education;

being the complete primary the one of greater predominance, with respect to the kinship the majority referred to be son.

The needs in this group of relatives were framed in the communication with the health team, as well as the treatment received by it; in this context, the needs associated with medical care and infrastructure improvements were underestimated.

The family member of a person admitted to an intensive care service must be taken into account in the care process, it is clear that the focus of care must continue to be the patient; However, it is imperative to recognize the family member as a leading actor in the care offered to the person in critical condition.

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