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PERCEPTIONS AND EXPERIENCES OF RELATIVES WITH PATIENTS IN INTENSIVE CARE UNIT, MACHAKOS LEVEL FIVE HOSPITAL.

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ABSTRACT

It is a shocking experience for relatives to have one of their family members in the ICU as most critical ailments occur abruptly without a warning. The wellbeing of each family member can be affected by the extent to which his/her needs are met and by the actions of the healthcare workers. The study was conducted using cross-sectional analytic design. Convenience sampling method was used to sample 64 relatives visiting their patients within the duration of the study and willing to consent for the study. A self-administered questionnaire consisting of both open ended and Likert scale questions was used. Bivariate analysis was used to analyze the data. Two thirds of the relatives, 0.54-0.78 at 95% confidence interval had an overall perception of having had a good/excellent experience. A significant association was found between the perceptions of the relatives on the waiting room atmosphere and their overall experience (p=0.038, CI-95%). However, their overall experience was not significantly associated with their perceptions of the atmosphere inside the unit and the nursing care given to their patients by the ICU nurses.

Index Terms-Experiences, intensive Care Unit, Perceptions, Relatives, Patients.

I. INTRODUCTION

Intensive Care Unit (ICU) is a highly specialized area of care in a hospital which offers comprehensive and continuous care for patients who are critically ill and are likely to benefit from the management. The development of critical care services in the majority of developing countries are poor or at the stage of infancy. These countries are faced with numerous challenges including infrastructure, technology, intensive care unit personnel and supplies. Noise within the ICU environment is still a problem in most ICUs. It is important for relatives to perceive the environment where their patient is being cared for as safe, be able to access the bedside of the patient and be able to have facilities that are comfortable available in which they can spend their waiting time. Unfortunately, most settings focus more exclusively on the care of the patient [1].

The patient admitted into the ICU is a part of a family. As such, when one member of the family is afflicted the rest of the family is affected hence the need to provide family centered care in the ICU. Health care workers should aim at providing care for both the patients and their families [2].

Admission of one of them to the ICU puts the relatives in a confused state of mind. Consequently, they pay little attention to themselves. Unfortunately, healthcare workers underestimate the needs of relatives and rarely put in efforts to meet those needs wholly [3].

II. DATA COLLECTION METHODS.

The study was conducted in an Intensive Care Unit at a Level Five Hospital in Machakos County. A cross-sectional analytic design was utilized. Quantitative data was collected using a self-administered questionnaire. The study population comprised of eighty relatives visiting their patients at the time of study. The study sample size was 64 relatives. Convenience sampling method was applied. The study utilized a self-administered questionnaire which was a modification of the Consumer Quality Index for Family Members in the Intensive Care Unit developed by NIVEL in 2013. The questionnaire contained both open ended and Likert scale questions. The questionnaire was pretested at a similar hospital using 10% of the study sample. Data obtained was summarized using a mean sentiment score for easy interpretation. The data was also entered into Ms excel and subjected to bivariate analysis to test the significance of association between the variables.

III. STUDY FINDINGS

Majority of the respondents were females at 55% (n=35) compared to men at 45% (n=29). There was no significant association between the gender of the respondents and their overall experience in the unit (p=0.174 at 95% confidence interv al).

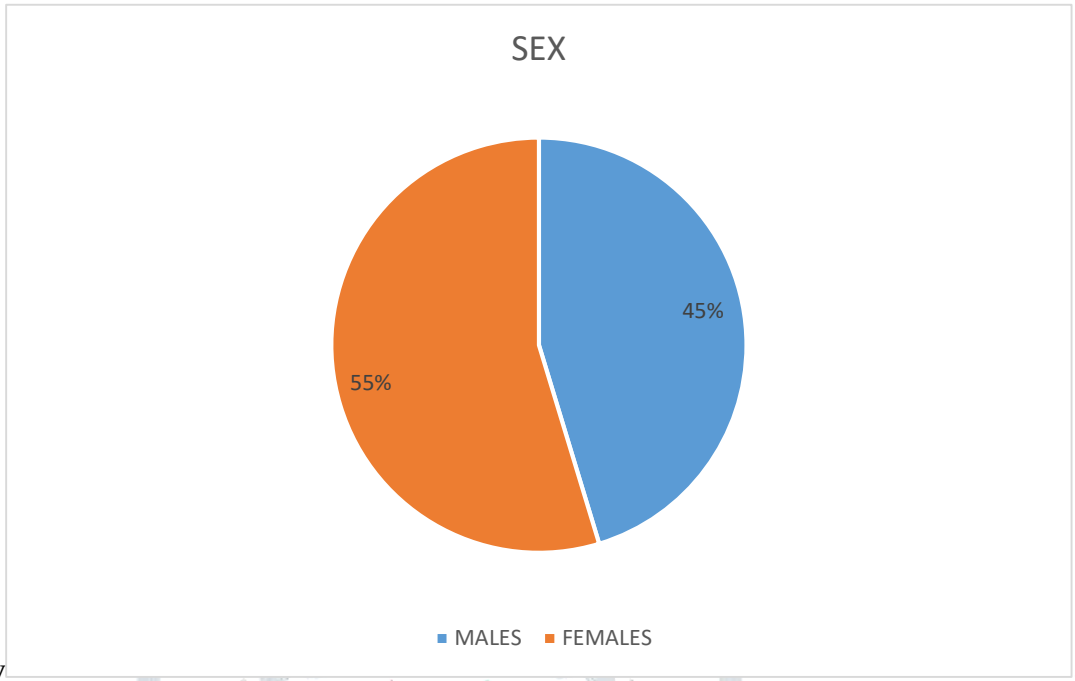

Figure 1: Respondents' gender

Source: Field Data (2021).

Most of the relatives were aged between 18-34years at 62.50% (n=40) and the least were those between the ages of 55-64 years. There was no significant association between the age of the respondent and their overall experience as shown by a p value of 0.813(confidence interval of 95%).

Table 1: Age of the respondents.

Age	Freq.	Percent.	Cumulative.
18-34 years	40	62.50	62.50
35-44 years	12	18.75	81.25
45-54 years	8	12.50	93.75
55-64 years	4	6.25	100.00
Total	64	100.00	

Source: Field Data (2021)

Spouses formed the majority of the respondents at 32.8% (n=21) and the least were others at 3%(n=2). Nevertheless, the relationship of the respondent to the patient did not have a significant effect on their overall experience as shown by a p value of 0.791 (CI-95%)

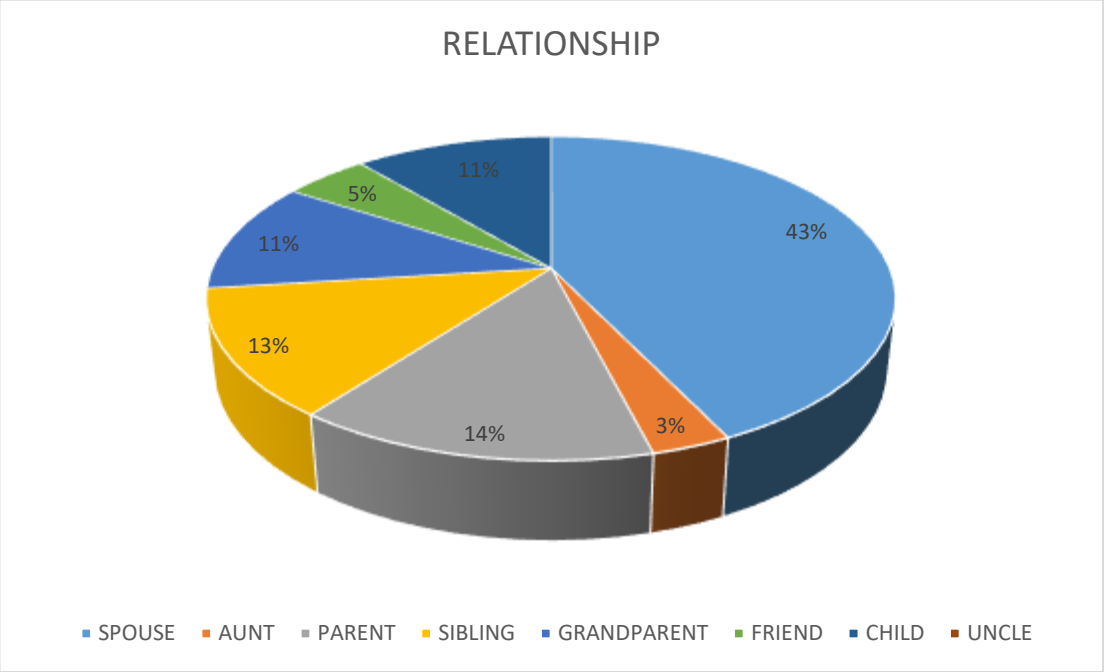

Figure 2: Relationship of the respondent to the patient.

Source: Field Data (2021)

Majority had a college level of education at 45.3% (n=29) and the least had a primary level of education at 12.5% (n=4). However, the level of education did not significantly influence the overall experience of the respondents shown by a p value of 0.24(CI-95%).

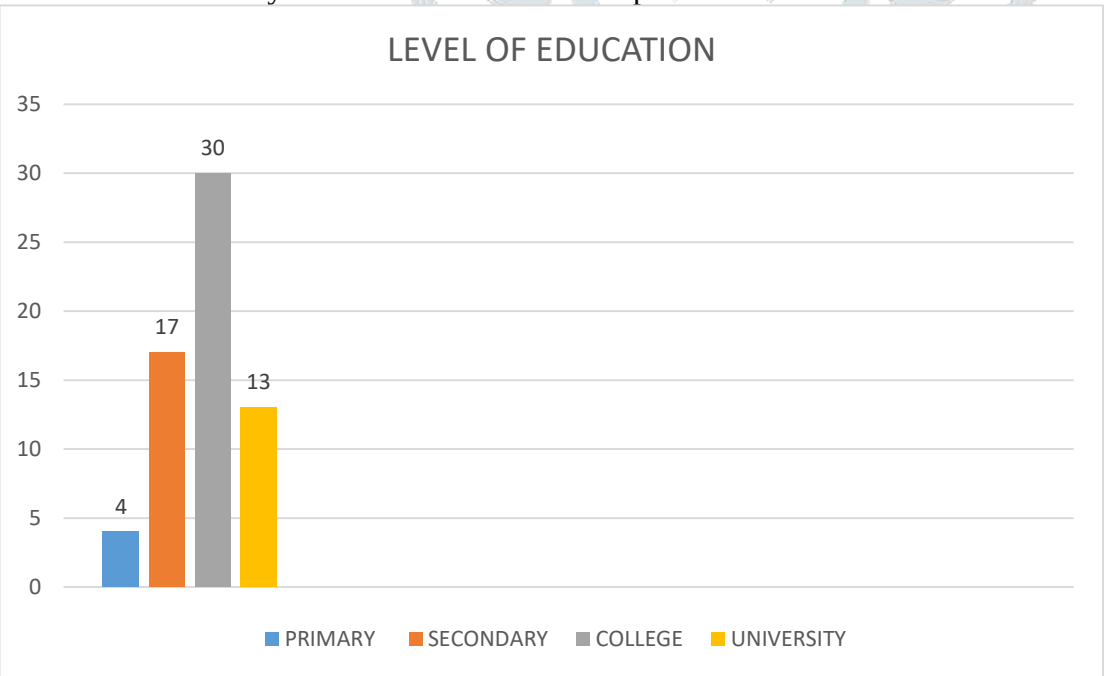

Figure 3: Respondent's level of education.

Source: Field Data (2021)

Most of them were self-employed at 26.6% (n=17) and the minority were unemployed at 12.5% (n=8). There was no significant association between employment and the overall experience of the relatives as indicated by a p value of 0.493 at a confidence interval of 95%.

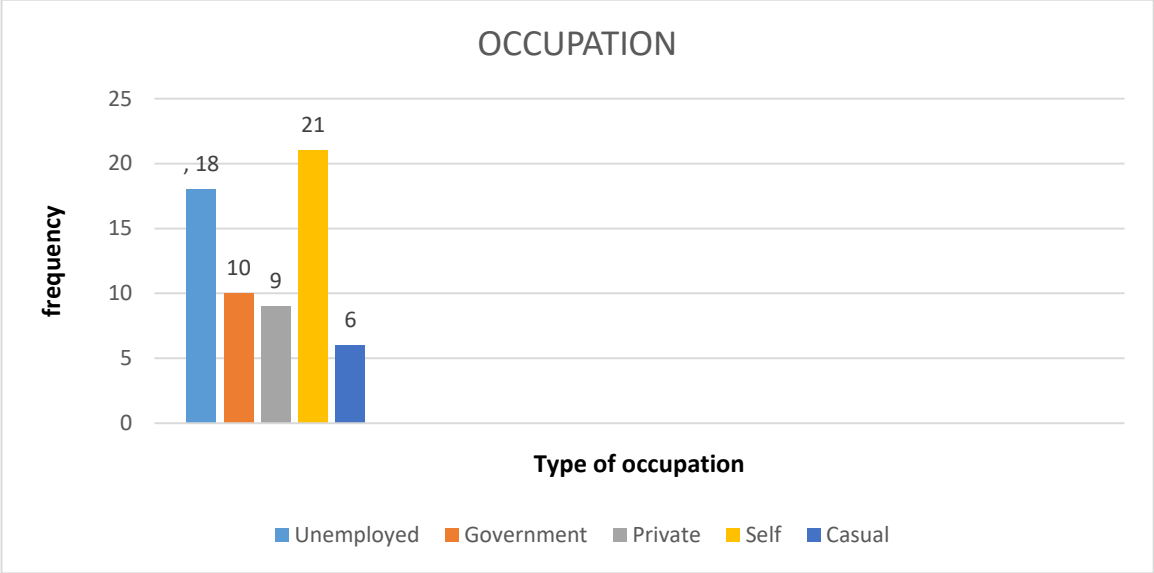

Figure 4: Respondents' occupation.

Source: Field Data (2021)

The physical organization of the unit, was perceived by the relatives as having a fair waiting room atmosphere with a mean sentiment score of 2.2, atmosphere inside the unit was perceived as good/excellent with a mean sentiment score of 2.9, the noise coming from the equipment was perceived to be often/always disturbing with a mean sentiment score of 2.4. and noise from other visitors was perceived as rarely disturbing with a mean sentiment score of 2.2.

Table 2: perception on the atmosphere of the unit.

Physical element	**Poor 1**	**Fair 2**	**Good /Excellent 3**	**Mean sentiment score**
Atmosphere of the waiting room	10 (15.6%)	27 (42.2%)	27 (42.2%)	2.2 (fair)
Atmosphere inside the unit	0 (0%)	10 (15.6%)	54 (81.4 %)	2.9 (good/ excellent)

Source: Field Data (2021)

Table 3: perceptions on noise in the unit.

Element	Never 1	Rarely 2	Often /Always 3	Mean sentiment score
Disturbance from equipment noise	7 (10.9%)	24 (37.5%)	33 (51.6%)	2.4 (often/always)
Disturbance from noise of other visitors	7 (10.94%)	32 (50%)	25 (39.1%)	2.2 (rarely)

Source: Field Data (2021)In the care of the patients, the relatives perceived the ICU nurses as having good/excellent technical skills with a mean sentiment score of 2.94, all of the relatives at 100.0%(n=64) perceived the ICU nurses as good/excellent at assessing their patients' needs with a mean sentiment score of 3.0 and good/excellent in management of their patients' needs by the ICU nurses as indicated by a mean sentiment score of 2.81.

Table 4: Perceptions on care given to the patients by ICU nurses.

Variable	Poor 1	Fair 2	Good/excellent 3	Mean sentiment score.
Technical skills of the nurses	0 0%	4 6.25%	60 (93.7%)	2.94 (good/ excellent).
Assessment of patients' needs	0 (0%)	0 (0%)	64 (100%)	3.0 (good/excellent).
Management of patients' needs	6 (9.65%)	0 0%	58 (90.6%)	2.81 (good/excellent).

Source: Field Data (2021)

The overall experiences of the relatives were assessed where most of the relatives at 64.1% (n=41) had a good/excellent overall experience in the unit, 28.1% (n=18) felt their experience in the unit was fair, and the minority at 7.8% (n= 5) said they had a poor experience in the unit

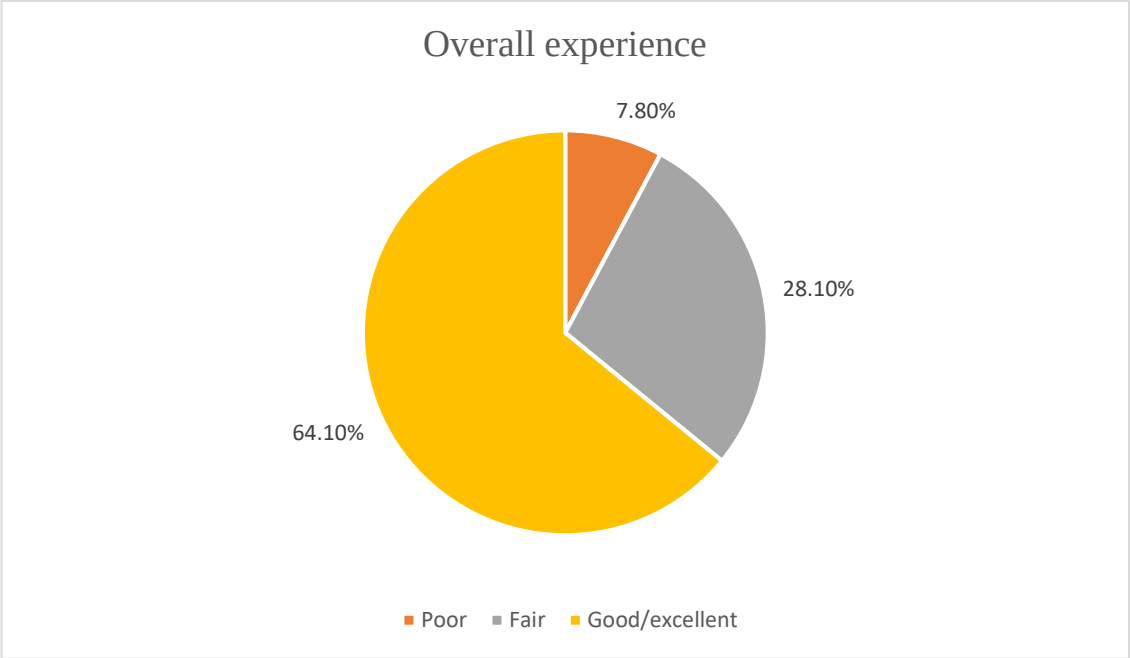

Figure 5: Relatives' Overall Experience.

Source: Field Data (2021)

The perceptions of the relatives and their influence on their overall experiences were subjected to bivariate analysis to assess the statistical association between the variables. There was no significant association between the relatives' socio demographic characteristics, their perceptions of nursing care given to their patients by the ICU nurses and their overall experiences as shown by p values greater than 0.05 at 95% confidence interval. However, a significant statistical association existed between the relatives' perceptions of the ICU waiting bay and their overall experience (p=0.009) at 95% confidence interval.

Table 5: Association between Overall Experience and Independent Variables` (Bivariate analysis).

Independent variables	Pearsons chi squared	Fisher's exact	p-value
Sex	1.8521	0.138	0.174
Age	0.9507	0.785	0.813
Relationship to the patient	3.9034	0.907	0.791
Education	4.2077	0.242	0.240
Occupation	3.3995	0.571	0.493
Atmosphere inside the unit	3.6744	0.195	0.159
Waiting room atmosphere	**11.6739**	**0.007**	**0.009**
Noise from equipment	1.9587	0.536	0.581
Visitors noise	3.1458	0.362	0.370

Nurses skills	2.6568	0.252	0.265
Nurses assessment of the needs of the patient.	6.8375	0.098	0.077
Nurses management of the needs of the patient.	2.3285	0.342	0.312

Source: Field Data (2021)

IV. DISCUSSIONS

This study had majority of the respondents as females at 54.7% (n=35) compared to men who were at 45% (n=29). However, there was no significant association between the gender of the respondents and their overall experience in the unit (p=0.174 at 95% confidence interval). These findings were similar to those of [4], in which there was no significant statistical association between the gender of the relative and the overall experience. Regarding the age of the respondents, most of the relatives were aged between 18-34years at 62.50% (n=40) and the least were those between the ages of 55-64 years. There was no significant association between the age of the respondent and their overall experience as shown by a p value of 0.813(confidence interval of 95%). This finding was in harmony with the findings of [5] where the age of the relatives was not significantly associated with their perceptions and experience in the unit.

Regarding the relationship of the respondent to the patient in the unit, spouses formed the majority of the respondents at 32.8% (n=21) and the least were others at 3%(n=2). Nevertheless, the relationship of the respondent to the patient did not have a significant effect on their overall experience as shown by a p value of 0.791 (CI-95%). These findings were in agreement with those of a similar study elsewhere where there was no significant statistical association between relationship and overall experience [4] but differed to those of [6] where the relationship of the relative to the patient correlated with the experience of the relative in the unit.

As pertains employment, most of them were self-employed at 26.6% (n=17) and the minority were unemployed at 12.5% (n=8). There was no significant association between employment and the overall experience of the relatives as indicated by a p value of 0.493 at a confidence interval of 95%) These findings agreed to those of [5] where employment variable was not significantly associated with the relatives' perceptions.

In regards to education of the participants, majority had a college level of education at 45.3% (n=29) and the least had a primary level of education at 12.5% (n=4). However, the level of education did not significantly influence the overall experience of the respondents as shown by a p value of 0.24(CI-95%). These results differed with

those of [6] where the level of education was a significant factor in the relatives' experience as those with a higher level of education were more informed and as such demanded for better services.

Regarding the relatives' perceptions of the physical organization of the unit, majority of the respondents at 42.2% (n=27), perceived the atmosphere in the waiting room as fair with a mean sentiment score of 2.2. A significant association was found between this perception of the waiting room atmosphere and their overall experience in the unit as shown by p value of 0.009 (CI-95%). These results were similar to those of a similar study elsewhere by [7] where 1% of the relatives were satisfied with the waiting room as they felt that the room was too small to accommodate a number of visitors.

Concerning the noise in the unit, most of the relatives at 51.6%(n=33), were often/ always disturbed by equipment noise with a mean sentiment score of 2.4 and majority of the relatives at 50% (n=32) rarely found noise from other visitors disturbing with a mean sentiment score for this disturbance from other relatives being 2.2. However, there was no significant association between this element of noise and their overall experience (p=0.370, CI-95%). These results agreed to those of a similar study conducted elsewhere by [5] in which there was no significant association between this element of nuisance in the unit and the relatives' perception of quality care and differed with those of [1] where relatives expressed noise within the environment as a problem in the ICUs.

Regarding the relatives' perceptions of the care given by the ICU nurses, majority of the respondents at 93.7% (n=60), perceived the skills of the nurses as good/excellent with a mean sentiment score of 2.94, all of the respondents at100 %(n=64) felt that the ICU nurses were good/excellent at assessing their patients' needs with mean sentiment score of 3.0 and most of the relatives at 90.6%(n=58) felt that the ICU nurses were good/excellent at managing the needs of their patients as indicated by a mean sentiment score of 2.81. However, these perceptions were not statistically significant as shown by p values of 0.077,0.312 and 0.265 respectively at 95% confidence interval. These findings are similar to those of a similar study done by [7] where the relatives of critically ill patients felt that the care their relatives received was highly satisfactory more so with the competence and skills aspects of the staff.

V. CONCLUSIONS.

This study sought to explore the perceptions and overall experience of relatives with critically ill patients in the ICU and concluded that there was no significant association between the relatives' socio demographic characteristics, relatives' perceptions of nursing care given to their patients and their experiences in the unit.

However, a significant statistical association existed between the relatives' perceptions of the ICU waiting bay and their overall experience (p=0.009, CI-95%). It is recommended that the hospital management should look into the condition of the ICU waiting facility in liaison with inputs from the relatives as it has a significant influence on the relatives' overall experience in the unit. It is further recommended to carry out a phenomenological study on the same to gain deeper insights into the study.

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