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Nurse's Perception of Factors Associated with Family Satisfaction in the Intensive Care

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Nurse's Perception of Factors Associated with Family Satisfaction

in the Intensive Care

by

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A thesis submitted to the faculty of
Gardner-Webb University School of Nursing
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Abstract

In health care, family satisfaction has become one of the most important and challenging competitive elements of the industry. The purpose of this study is to determine the factors associated with the Registered Nurse's perception of family satisfaction with services provided during a patient's hospitalization in the intensive care unit (ICU). Registered Nurses, with critical care experience within the past five years, were asked to rate factors that influenced family satisfaction in the intensive care using the Critical Care Family Satisfaction Survey (CCFSS) developed by Thomas Wasser (2001). Watson's Theory of Human Caring was used as the theoretical framework for this study. Watsons' concept of developing a helping-trusting relationship was considered to be the factors that influence family satisfaction in the intensive care as measured by the CCFSS. Convenience sampling of Registered Nurses employed in one critical care unit was used to obtain participants for the study.

Study findings revealed that satisfaction can be measured by family members who determine if their family member received high quality care, regardless of the outcome. Communication had the greatest overall mean score.

Key words: nurse's perception, Watson, Critical Care Satisfaction Survey,

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Chapter I

Introduction

In health care, patient and family satisfaction has become one of the most important and challenging competitive elements of providing care. Health care professionals are expected to provide high quality care and even exceed patient and family expectations (Coyer, Courtney & O'Sullivan, 2007). According to Allen (2004), assessing family satisfaction in critical care environments can be difficult due to the impact of patient outcomes, limitations related to unit policies and patient confidentiality restrictions. The critical nature of the patient's health often results in family members determining the level and nature of satisfaction with the care provided, as well as with the overall critical care experience. Patient and family satisfaction should be measured by the perception of quality of care regardless of the patient outcome.

Family members are an integral part of the care of the patient. The crisis of a critical illness affects both the patient and their family. Assessing the level of family satisfaction with the overall care of the critically ill patients allows for the identification of areas of concern and implementation of an improvement process (Allen, 2004). This information provides opportunities for health care facilities to better meet the family's expectations in making the hospitalization a positive experience for both the patient and their family.

Background

In today's society, developing a competitive edge has become crucial for the survival of the health care industry. In healthcare, satisfaction with care has become one of the most important and challenging competitive elements of the industry. Healthcare professionals, specifically Registered Nurses (RNs), are expected to deliver high quality care and exceed the

expectations of both their patients and families while being efficient and attentive to the needs of the critical care patient. The purpose of this study was to determine the factors associated with the RN's perception of family satisfaction with services provided during a patient's hospitalization in the Intensive Care Unit (ICU). Attending to the critical, unstable conditions of patients who require intensive care often takes precedence over addressing psychological turmoil experienced by their relatives. A family's ability to support the patient may become compromised by their own psychological stress. Thus, to promote optimal outcomes for the patient and family, a vital responsibility of the RN is to identify and address the needs and concerns of family members during ICU hospitalization. The findings of this study have the potential to increase family and patient satisfaction with the ICU experience. The results of this study are relevant to the design and implementation of the delivery of care provided by the RN. In today's competitive health care market, hospitals must strive to increase measures of satisfaction.

Significance

Critical care medicine continues to grow in a shrinking U.S. hospital system. From 2000 to 2005, critical care beds increased by 6.5% (from 88,252 to 93,955) (Halpern, 2006). Critical care cost used by Medicare decreased by 3.8% (from 37.9% to 36.6%) as compared with an increase of 15.5% (from 14.5% to 16.8%) by Medicaid during the same timeframe (Halpern, 2006). In 2005, critical care medicine costs represented 13.4% of the hospital costs and 4.1% of the national health expenditures (Halpern, 2006). A study by Carr, Addyson, and Kahn in 2007 found there were 3,228 hospitals in the US that contained ICU beds and a total of 67,357 critical care beds.

According to “The Registered Nurse Population” study conducted in March 2004 by the Department of Health and Human Services, there are 503,124 nurses in the U.S. who care for critically ill patients in a hospital setting. Of these, 229,914 spend at least half of their time in an intensive care unit. Critical care nurses account for 37% of the total number of nurses who work in a hospital setting. (Carr, Addyson & Kahn, 2006).

Hospitals across the region depend on Medicare reimbursement. Medicare reimbursement to hospitals will soon be based on the quality and satisfaction of care the patient received. Medicare-value based program will begin to measure each hospital on efficiency, satisfaction and quality of care (Halpren, 2006). Each hospital will receive a performance score based on these measures and outcomes. That score will determine the hospitals incentive payment. Higher scoring hospitals will receive higher payment and lower scoring hospitals will receive lower payment. Hospitals that show improvement will be able to earn back some of the reduction (Halpren, 2006). Patient scores will determine 30 percent of these bonuses. The impact of these scores may lead to improved satisfaction and care for families and patients.

Research Questions

The number of patients receiving care in ICU, the number of RNs providing critical care and the mandate of reimbursement to include satisfaction measures has resulted in an increasing value being placed on family satisfaction of critical care hospitalization. The purpose of this study is to determine the RN’s perception of family satisfaction with services provided during a patient’s hospitalization in ICU. The specific research questions to be answered are:

- 1). What is the Registered Nurses’ perception of family satisfaction with services provided during a patient’s hospitalization in ICU.

2.) What factors are associated with the Registered Nurse's perception of family satisfaction with services provided during a patient's hospitalization in ICU.

Theoretical Framework

This study of the RN's perception of family satisfaction with services provided during a patient's hospitalization in ICU utilized Watson's Theory of Human Caring as the theoretical framework. Watson's theory consists of ten carative factors each having a dynamic phenomenological component of the relationship as encompassed by nursing (Tomey & Alligood, 2006). According to Watson (1988), the Theory of Human Caring is a model of philosophical and moral/ethical foundation for professional nursing and forms a part of the central focus for nursing at the disciplinary level. Watson (1988) defines caring as a science that encompasses a humanitarian, human science orientation, human caring processes, and experiences. Caring science includes the arts and humanities as well as science. The goal of nursing, with Watson's theory, is centered on helping the patient gain a higher degree of harmony within the body, mind and soul (Watson, 1988). This theory supports a helping, trusting human care relationship between the nurse, patient and family. Developing a helping-trusting relationship with families seeks to work from the family's subjective form of reference. Authentic presence demonstrates sensitivity and openness to those, bringing honesty and trust to the relationship. Watson's theory is appropriate for the study of family satisfaction of care in the ICU.

This study to determine the RN's perception of family satisfaction with services provided during a patient's hospitalization in ICU utilized four of Watson's carative factors:

1.) Development of a helping-trust relationship,

- 2.) Promotion of interpersonal teaching-learning,
- 3.) Provision for supportive, protective, and corrective mental, physical, sociocultural, and spiritual environment,
- 4.) Assistance with gratification of human needs.

In this study the four carative factors were considered to directly reflect the domains identified by the Critical Care Family Satisfaction Survey (CCFSS). Table 1 identifies the relationship of Watson's Carative factors to the factors and associated questions of the CCFSS.

Table 1.

The Relationship of Watson's Carative factors to the CCFSS

Watson's Carative Factor	CCFSS Domain and Definition	Example of question related the CCFSS domain
Development of a helping-trust relationship	Assurance = the need to feel hope for a desired outcome.	Honesty of the staff about my family member's condition
Promotion of interpersonal teaching-learning	Information= the need to have individual learning style addressed.	Clear explanation of tests, procedures, and treatments
Provision for supportive, protective and/or corrective mental, physical, sociocultural, and spiritual environment	Comfort = the need for family member's comfort. Support = the need for resources.	Peacefulness of waiting room Flexibility of visiting hours
Assistance with gratification of human needs.	Proximity = the need to be involved in care.	Sharing decisions regarding my family member's care on a regular basis

Watson's theory supports a helping, trusting human care relationship between the nurse, patient, and family in the ICU. This relationship depends on the RN's authentic presence that demonstrates sensitivity and openness to others demonstrated by honesty about the patient's condition. Transpersonal caring relationships connecting the nurse and family represent an

authentic presence. As a nurse, there is a moral commitment to protect and enhance human dignity by dealing with a higher level of needs. According to Watson (2006), the nurses' role is to establish a caring relationship with the patient and the family, displaying unconditional acceptance, while promoting health through knowledge and intervention. The RN caring for patients in ICU has the opportunity to offer clear explanation of tests, procedures, and treatments, thereby increasing the families' knowledge of the disease process and interventions. Comfort is a vital component of caring for patients in ICU. Using Watson's theory a critical care nurse can be described as a licensed professional nurse who is responsible for ensuring that acutely and critically ill patients and their families receive optimal care. Optimal care should include providing comfort measures for patient's families which will allow them to provide emotional support for their family members. Providing a peaceful waiting room and flexible visiting hours encourages family presence and allows the RN to include them in decision making. This is upheld by the American Association of Critical Care Nurses' definition of critical care nursing: "Critical care nursing is that specialty within nursing that deals specifically with human responses to life-threatening problems".

Chapter II

Literature Review

A review of current literature utilizing the Cumulative Index for Nursing and Allied Health and MedHost was performed. Key words guiding the review of current literature included: patient satisfaction, family satisfaction, critical care, Watson's Caring Model, and intensive care. The literature review identified a plethora of studies conducted over the past ten years, the majority related to patient satisfaction with hospitalization. Since 2001 there has been an increasing number of studies conducted in which researchers have investigated family satisfaction with care in the intensive care unit. The following review of the literature reports current studies relating to the various factors that influence family satisfaction in intensive care. Most studies of family satisfaction found the Critical Care Family Satisfaction Survey (CCFSS), which focused specifically on the family members of patients being cared for in intensive care unit, to be the most informative.

Research using the CCFSS

Wasser, Pasquale, Matchett, Pasquale, and Bryan (2001) developed and validated the twenty item CCFSS to measure the family's satisfaction with care provided for patients in the ICU. The instrument was developed to serve as a proxy for patient satisfaction, and it measures the overall satisfaction with care. The researchers assessed the psychometric qualities of the instrument with 2494 family members of patients admitted to ten critical care units in a three-year period and found high reliability and validity for their instrument. Wasser et al. considered

it important to include all dimensions of care when evaluating family members' satisfaction with care provided in intensive care units.

Roberti and Fitzpatrick (2010) conducted a pilot study in a ten bed medical surgical intensive care unit and a 14 bed telemetry/intermediate care unit of a community hospital. The study utilized a convenience sample of one family member of 31 patients in these units. The mean scores on the CCFSS were used to measure family satisfaction with overall care. The CCFSS scores were ranked from "very dissatisfied" to "completely satisfied". This study found a positive relationship between satisfaction with overall care and satisfaction with decision making regarding care ($r=0.64$). In addition, the measurement of overall satisfaction with care was reliable ($r=0.85$). The researchers concluded that the instrument had acceptable reliability and validity for the use with the next of kin of critically ill patients.

In a follow-up study, Heyland, Rocker, and Dodek (2002) evaluated family satisfaction with care provided to critically ill patients and their families in six intensive care units across Canada. In this study, both family members of survivors and family members of non-survivors were included. Of the 624 respondents, 54% considered their satisfaction with the care provided to be excellent, and 41% considered their satisfaction with decision making to be excellent (2004). The researchers concluded that most family members were satisfied with the overall care provided in the intensive care unit. However, opportunities for improvement were present in physician-patient communication and in the manner in which health care providers interact with patients and their families. Performance either met or exceeded their expectations. The research found the expectations that family members held regarding nurses' roles with families were no different from their perceptions of what nurses actually did. Family members were more

satisfied with care when nurses' performance either met or exceeded their expectations. There is also documented evidence indicating higher level of satisfaction with care when relating to higher severity of illness.

A study by Lee and Lau (2003) investigated the importance for assurance by family members of critically ill patients. The sample was comprised of 40 adult family members of patients in an adult intensive care unit. The data were collected within 24-72 hours of patients' admission. The study was conducted in an eight bed intensive care unit of a small southern rural hospital. A questionnaire along with convenience sampling of family members and registered nurses working in the intensive care unit was used to collect data. Family members were related to the patients. Study findings indicated the need for assurance was rated highly by the family members of critically ill patients. Assurance about the patient's condition helped to decrease anxiety and concerns of family members. The study also found assurance gives the family members a sense of trust in the nurse providing care to the patient. Limitations of the study included limited sample size and the timeframe in which the data was collected related to admission.

Using the Critical Care Family Needs Inventory (CCFNI), Mathis (1984), conducted a study assessing the needs of family members of critically ill patients in relation to the satisfaction of family members of patients in intensive care. The purpose of the study was to determine if family members needs being met by the nurse increased their satisfaction in the care the patient received. The study was conducted in a level three trauma facility. The sample consisted of 320 family members of patients emergently admitted to a neurological intensive care unit with an acute brain injury. The qualitative study reported that family members had two main goals: The

first was to assure their family member was receiving the best care possible, and the second was to maintain connection with the registered nurse providing care. Limitations of the study included the small sample that represented one type of neurological patient. Repeating the study with a larger sample and including patients with other acute neurological injuries was the recommendations that resulted from the data collected.

Two forms of the CCFNI were used in a study by Roberti and Fitzpatrick (2006), one for family members and one for critical care nurses on which the nurses indicated the level of satisfaction that they believed the family members had with the registered nurse caring for the patient with critical illness. The purpose of the study was to determine the relationship between family members' needs being met and satisfaction with the care of the critically ill patient. Ninety two critical care nurses were surveyed and were moderately accurate at identifying the extent to which family members perceived their satisfaction as being met. Fifty six family members of critically ill patients ranging in age from 18 to 76 years were surveyed for needs and satisfaction with care in the intensive care unit. The setting was a metropolitan hospital with 36 critical care beds. The researchers recommend a continuation of investigation to assess the difference in perception of the family members and critical care nurses regarding satisfaction.

Engstrom (2006) conducted a study to describe the current satisfaction of the family members with the care the patient was receiving and to compare and identify the differences in the degree of satisfaction identified by the family members and the registered nurse. Data were collected using convenience sampling of family members visiting and nurses working in six units in the critical care division of a large northeastern U.S. medical center. All of the units provide care for adult and geriatric patients with complex medical, surgical and neurological

problems. Patients with critical illness were identified if they spent at least 24 hours in one of the six units. Family members were adult relatives with whom the patient shared an established relationship who visited the patient in one of the six units. Demographic data were collected on family members and nurses. Satisfaction was measured by using the CCFSS on which the responder rates his or her perception of assurance, comfort and proximity on a scale from 1 (not important) to 5 (very important). The sample consisted of data being collected over a one year period. One hundred twelve individuals were approached while their family member was a patient in one of the six intensive care units but ten individuals decided not to complete the survey. Of the 43 registered nurses who were approached to participate throughout the six intensive care units, 40 participated in the survey. The results of factors relating to family satisfaction can be summarized in this study as assurance and support. The researchers identified two important concepts that will need further investigation: family members' perception of satisfaction and nurses' perception of family members' satisfaction.

A study conducted by Siddiqui, Sheikh, and Kamal (2011) focused on what family members of critically ill patients considered important and what they expected while the patient was in intensive care. Siddiqui and his colleagues also created an assessment tool (questionnaire) addressing communication between the nurse and family members. The convenience sample included 205 family members with patients in intensive care. Inclusion criteria for the sample included the immediate family member present at the bedside for more than two days. Exclusion criteria included family members less than 18 years of age. The study was conducted in the waiting area of a 12 bed, open, multi-disciplinary intensive care unit of a tertiary care unit. Data were collected through a questionnaire based on descriptive, exploratory, multiple case studies.

Semi structured interviews were carried out with immediate adult family members. The following were ranked in order of importance from one to four: information, proximity, assurance and support. A research assistant was hired to recruit family members in a consecutive manner at the start of the study, using the inclusion criteria. Multiple family members were recruited per patient separately within the first 24 hours of admission to intensive care. The tool was delivered in the privacy of a counseling room located within the intensive care unit. The interview was conducted in English. It was stressed to the family members at the start that the interview was being conducted by impartial observers who were not responsible for their particular patient. Reported results indicate communication is a grey area with variations from person to person. Adequate and effective communication is the key to decision making by the family members for the patient. Most family members were happy with the information that was shared with them. Family members expected the nurse to be emotionally supportive yet sympathetic and were generally satisfied with the communication and support. The study is limited since it was conducted in an urban based tertiary care hospital and a single site was used for data collection which may not adequately represent the majority of the population which is poor and illiterate. Other factors such as misunderstanding of medical knowledge and a more patriarchal attitude of the nurses may also affect satisfaction scores. The researchers recommended expansion of the study to include multiple centers around the United States to get a more holistic picture.

Fox-Wasylyshyn, Elmasrim, and Williamson (2005) conducted a study specifically on the patients' family members' perceptions of how well the nurses were fulfilling their needs. The study was conducted with 29 family members of patients hospitalized in a 19 bed open

medical/surgical intensive care unit in a metropolitan hospital. The family members were selected within 24 hours of the patient's admission to the intensive care. Data were collected by convenience sampling. Surveys were distributed to one family member who was related to the patient. The survey was handed to a family member during visitation and directions were given for completing and returning. The family members were asked to return the survey within one week. The overall results indicate that family members of critically ill patients in the medical/surgical intensive care unit were satisfied with the care provided by the nurse. Most family members felt satisfied the patient was receiving the best care possible. The results of the study are limited by the use of convenience sampling, the small sample size, the single site for data collection and the limited time period. Recommendations for assessing the satisfaction of family members include the environment of the family waiting room. Cleanliness, appearance and peacefulness were important factors in overall satisfaction.

A research study conducted by Dowling, Vender, Guilianelli, and Wang (2006) evaluated family satisfaction in six hospitals implementing the Critical Care Family Assistance Program (CCFAP). The objectives for this study were to validate and verify key factors that measure success predictors of family member satisfaction in intensive care; to determine changes observed in family satisfaction and to identify correlates for the changes, both positive and negative; and to explore the differences in the responses of family members. The participants in this sample were 330 family members with a patient in intensive care at a large inter-city hospital between August 2002 and August 2004. The relationships designated by the family members included parents, wives, husband, children, sisters, and grandchildren. The average length of stay in intensive care was approximately one week with a range of one to twenty-six days. No

demographic data were collected on the families. The CCFAP family satisfaction survey questionnaire was administered to the family members of patients. Items for the survey included family satisfaction with care and communication provided by the nurse, together with items related to family needs and whether or not those needs were met. Family members were asked to provide a satisfaction rating on the treatment and care they received from the staff and to report their level of comfort related to feeling safe and secure in the hospital. The study demonstrated that most families are satisfied with the quality of care and communication in intensive care. Hospital safety was found to be a powerful indicator of family satisfaction. Limitations of this study included: The nonrandom sample was not representative of families and patients who have had experience in the ICU and the incomplete patient sample size for 2004. Different parameters other than those included in this study could also account for variation in the outcome assessment.

A descriptive correlational study of informational support and satisfaction with care was conducted by Bailey (2009). The study was designed to describe family member perception of informational support and satisfaction with care and a guide to refine informational support. This cross-sectional study collected data from a convenience sample of 29 family members using self-report questionnaires. The target sample was family members visiting patients admitted to the intensive care. The sample was recruited by directly approaching visitors to inquire about willingness to participate. Participates were selected in the basis of being at least 18 years of age, and able to speak and read English, and having a relative currently hospitalized in the ICU for at least 24 hours. The setting was a 22 bed medical surgical intensive care unit of a 659-bed university affiliated hospital in Portland, Oregon. Patients presenting life-threatening symptoms

were admitted directly or through transfer from all other services within the hospital. Participants received a questionnaire package to complete in-hospital or at home and return in a drop-off box located in the ICU waiting room. Participants' perception of the informational support received from the ICU nurse was measured using a modified form of the CCFNI.

Results of the study indicated informational support needs most consistently met included having question answered honestly, having explanations given that were understandable and knowing exactly what is being done for the patient and why. Needs least consistently met included being told about chaplain services, transfer plans and about someone who could help with family problems. Most satisfactory aspects of care included respect of the patient's dignity, courtesy of the person answering the phone and the patient being treated as a person. Least satisfactory aspects included being encouraged to participate in care to the degree of one's comfort, being able to see the doctor when desired and being encouraged to ask questions. Limitations of the study included small sample size. The researchers recommend probability sampling and larger sample size to improve accuracy in validating measures of the variable interest. A quasi-experimental randomized clinical trial may be a better representation for the effort of evaluating the effectiveness of family plans.

A study conducted by Meadow, Bastin, Kaul, and Finney (2010) focused on family satisfaction in intensive care. The researchers identified that family satisfaction data may be useful to gauge quality of service delivery due to patients being sedated for prolonged periods of time. The Family Satisfaction-ICU (FS-ICU 34) questionnaire was developed and validated in the USA. The study took place in a surgical trauma ICU of a Commonwealth University Healthcare System, a 550 bed teaching hospital, level one trauma center. Thirty four family

members participated in the study. Data were collected over two months. One hundred percent of the patients' relatives who fulfilled the inclusion criteria received a questionnaire and 68% responded. The FS-ICU 34 was an anonymous questionnaire that was handed directly to the patients next-of-kin following discharge. Inclusion criteria were: Adult ICU admissions of 5 days or more; presence of next-of-kin. Patients who died were excluded. Nursing staff from ICU and general floors assisted in returning the completed questionnaires. Key areas of questioning using the FS-ICU 34 were: perception of treatment of patients' discomfort: coordination of ICU services; skill and competencies of ICU staff; consistency and frequency of communication: standard of family facilities; and emotional support. The questionnaire consisted of 34 questions. Relatives were asked to rank their answers on a five-point scale. A rating of one indicated poor satisfaction and a rating of five indicated excellent satisfaction. Results indicated the majority of respondents were satisfied with the overall care and decision making for the patient. Families were most satisfied with nursing skill and competencies (94.7%), satisfied with the waiting room atmosphere and facilities (42.4%), and satisfied with the frequency of communication from the nurse caring for the patient (71.2%). The FS-ICU allowed key aspects of service delivery to be targeted and identified. The results presents to opportunity to address misunderstandings and misconceptions regarding the ICU within this particular client population. This survey provides a unique examination to the link the ICU staff has to the community and the importance of understanding that relationship. Limitations included small sample size and exemption of important areas such as spiritual care and social work. Overall, FS-ICU validation is a continuous and evolving process that needs to be repeated and expanded with a larger population sample.

A study by Auerbach (2005) was designed to assess the satisfaction with needs met, signs and symptoms of acute distress disorder, interpersonal perception of healthcare staff, level of optimism, and the relationships among these variables in patients' family members. Families of critical care patients experience high levels of emotional distress. Access to information about patients' medical conditions and quality relationships with nurses providing care are high priority needs for these families. The study was conducted on the surgical trauma ICU of the Virginia Commonwealth University Health System, a level one trauma center for central Virginia, located in Richmond. This is a 772 bed tertiary care university medical teaching hospital. Study subjects were 40 family representatives of patients hospitalized on the surgical trauma ICU. Only family members of trauma patients hospitalized on this unit were included to maximize and standardize conditions confronting families. The person designated as the primary spokesperson and legal representative for each patient served as the respondent for the patient's family. The Critical Care Family Satisfaction Survey was used to assess the perceptions of family members' importance of satisfaction with care the patient received. The 20 item inventory consisted of five subscales: assurance, information proximity, support and comfort. Data were obtained twice: within three days of admission to the ICU and 30 days after discharge from ICU. Patients who expired were excluded from the study. Initial contact was made with each participant after the patient had been admitted to ICU by the staff nurse assigned to the patient. A convenience sample of family members who expressed an interest were contacted by the researcher and any questions were answered. The data supports the need for information and support are most prominent in relation to family satisfaction of care in ICU. There was a higher degree of satisfaction upon discharge as opposed to admission. Most likely this higher rating was related to

family members having a better understanding of medical information and knowledge on discharge. Limitations of the study identified included influence of the patients' recovery on family members' satisfaction and perception of care provided, and lack of data collected on recovery status. Since the data were obtained from a single institution, generalization of the findings to the ICU setting that differ in timing and degree of staff contact with family members may be limited.

In general, the review of the literature found there is less research investigating nurses' perceptions of the satisfaction of family members in comparison with family members' perception of their satisfaction. The literature review confirms that family members' are least interested with their own comfort and privacy and are more interested in information and proximity to the patient.

Chapter III

Methodology

This chapter describes the study design, survey instruments, study sample, data collection, and process used for conducting the study to determine the RN's perception of family satisfaction with services provided during a patient's hospitalization in ICU.

Sample

The convenience sample for this study consisted of Registered Nurses caring for patients who had been hospitalized for more than twenty-four hours but not more than fourteen days in one medical surgical intensive care unit. RNs in the study ICU primarily care for patients diagnosed with congestive heart failure, chronic obstructive pulmonary disease, surgical procedure, or pneumonia. The study ICU employs 46 Registered Nurses on two shifts. All RN's employed in the study ICU were invited to participate on a voluntary basis. The convenience sample was obtained through snowballing. No one was eliminated from the study based on race or gender.

Setting

One medical surgical intensive care unit in North Carolina was selected as the setting for this study. This setting was predicted to provide an adequate environment to describe the RN's perception of family satisfaction with services provided during a patient's hospitalization in ICU. The study ICU is a department in a Trauma Level II acute care hospital that is part of a larger consortium of health care services. The study ICU is a twelve bed medical surgical intensive care unit with an average daily census of twelve patients and a staff of 46 Registered Nurses.

Procedure

One researcher approached RN's outside of the place of employment. The researcher was known to the subjects, and each subject approached was asked to participate and given survey packets for themselves and five of their co-workers. The researcher explained the survey to the subject on a one to one basis and invited the subject to participate. All subjects approached agreed to participate and to solicit other RN's employed on the unit to participate. The survey packets included an informed consent, the survey instrument and directions for completing, the demographic data form, and a self-addressed, stamped envelope for return of the packet to the researcher. Participants were asked to return the questionnaire within two weeks. The surveys were kept in a secure environment, the information was compiled and a debriefing occurred through response to all participants requesting the results.

Ethical Considerations

An informed consent form (Appendix A) ensuring anonymity and confidentiality was included in the survey packet. Anonymity was ensured as participants were instructed to refrain from placing any identifying marks on the surveys. Passive consent was obtained from the Registered Nurses by returning the survey. No signatures were required and all surveys were blinded to the researcher. Participation was completely voluntary and the participants were informed that they could withdraw at any time. The researcher, as a peer to the sample, held no position of authority over employment and the consent form assured the participant that their participation would not affect their employment.

Prior to data collection, permission was obtained from the Institutional Review Board (Appendix B) at the University.

Instrument/Measurement Methods

The Critical Care Family Satisfaction Survey (CCFSS) was used to measure the RN's perception of family satisfaction with services provided during a patient's hospitalization in ICU. This survey consists of twenty questions and five subscales: Assurance, Information, Proximity, Support, and, Comfort. The CCFSS was scored with a Likert scale ranging from one to five, with one indicating "no satisfaction" and five indicating "very satisfied with services provided". Once the data was received, the survey was checked to see if all questions were answered. No survey was eliminated due to missing answers.

Reliability and validity of the CCFSS was established by Wasser (2001) and included factor analysis resulting in five subscales: Assurance, Information, Proximity, Support and Comfort. Factor analysis and confirmatory factor analysis using path models was performed; internal consistency using Pearson correlations and Cronbach's alpha and discriminate validation were also calculated. The internal consistencies for the five subscales are >0.90 .

A demographic data form (Appendix C) was developed by the researcher to measure the subject's educational background, years employed as a Registered Nurse, number of years of ICU experience and prior experience with a family member hospitalized in ICU.

Data Analysis Procedure

Data was entered into a personal computer for analysis utilizing the Stastical Package for Social Sciences (SPSS), version 19 by one researcher. Descriptive statistics were used to determine the measure of central tendency, standard deviation, and the range and variance of all interval demographic data, total CCFSS score, and the subscale scores. Descriptive statistics was used to determine the frequency of nominal demographic data.

Chapter IV

Results

The results of this study to determine the RN's perception of family satisfaction with services provided during a patient's hospitalization in ICU supports previous findings that assurance, comfort, proximity, support, and comfort influenced family satisfaction in the intensive care unit.

Sample Characteristics

The convenience sample consisted of 30 Registered Nurses employed in the study ICU. The years of experience as a Registered Nurse for the sample ranged from three to 32 years, with a mean of 14.50 years ($SD = 8.37$). The years of ICU experience for the sample ranged from 1 to 29 years with a mean of 8.43 years ($SD = 7.33$). The mean and the standard deviation of the years of experience as a nurse and as both a general nurse and as a critical care nurse are presented in Table 2.

Table 2:

Means and Standard Deviations for years of nursing and critical care nursing experience.

	N	Min	Max	M	SD
General experience	30	3	32	14.50	8.378
ICU experience	30	1	29	8.53	7.338

The majority of the RNs (63.3%) had personal experience with a family member hospitalized in ICU. Table 3 illustrates the incidence of nurses having personal experience with a family member hospitalized in ICU.

Table 3

Frequency and Cumulative percent of nurses with experience of having a family member in the intensive care unit.

	Frequency	Percent	Cumulative Percent
Experience of having a family member in ICU	19	63.3	63.3
No experience of having a family member in ICU	11	36.7	100.0

The majority of the RN's (56.7%) were educated with an Associate Degree in Nursing.

Table 4 illustrates the educational level of the sample.

	Frequency	Percent	Cumulative Percent
Associate Degree	17	56.7	56.7
Baccalaureate Degree	11	36.7	93.3
Diploma	2	6.7	100.0

Critical Care Family Satisfaction Survey

This study provides support that the Critical Care Family Satisfaction Survey (CCFSS) which yields five subscales, Assurance, Information, Proximity, Support, and Comfort, is

reliable and valid. The data was analyzed using descriptive statistics including range, mean score of central tendency, minimum, and maximum for a total mean score and a score of each of the subscales. Table 3 illustrates the CCFSS scores for the sample.

Table 5

Means and Standard deviation for the three highest ranking and the three lowest ranking questions on the CCFSS.

	N	Min	Max	M	SD
Total Mean Score	26	4.65	5.00	4.84	.082
Assurance	28	4.25	5.00	4.85	.219
Information	29	4.50	5.00	4.93	.144
Proximity	29	3.67	5.00	4.82	.316
Support	27	4.50	5.00	4.85	.158
Comfort	29	4.00	5.00	4.75	.368

An independent-samples *t* test was conducted to evaluate if RN's with experience of having a family member in ICU perceived satisfaction with care in ICU different from RN's without experience of having a family member in ICU. The independent-samples *t* tests for difference in total mean scores and subscale scores were not significant ($p > .05$).

Chapter V

Discussion

The purpose of this study was to determine the nurses' perception of factors that affected family satisfaction in the intensive care unit.

Interpretation of Findings

The sample characteristics demonstrate an experienced RN with critical care experience. The majority of the sample (63%) had experience with a family member being hospitalized in ICU. These findings indicate the majority of nurses have personal experiences with families cared for in ICUs. It could be expected that these nurses working in ICU would have empathy with families of their patients. This is upheld by the total mean scores on the CCFSS that revealed ICU patient's families perceived the needs of the family as very important. This study's findings support the RN's perception that assurance, proximity, support and comfort are high priorities related to family satisfaction of care in ICU. Nurses, working in ICU, who have had experiences as family members themselves feel they should assure their patient's families, offer themselves, give support and provide comfort.

Subscale scores revealed nurses felt that families valued information the most ($M=4.93$), this included availability of physicians, clear explanations and sharing in decision making. Nurses who value knowledge and who know that knowledge empowers them as they work with acutely ill patients may transfer this need for knowledge to their patient's families. Nurses, working with the acutely ill with patients who are in danger of imminent change, recognize the need for constant assessment and evaluation of their patients, access to physicians, and

collaboration. This may have influenced their ranking of the value ICU patient's families have for information.

Subscale scores revealed families valued their own comfort as least important ($M=4.75$). This included the cleanliness/ appearance and peacefulness of the waiting room. This subscale score also had the highest degree of variability ($SD = .368$). Nurses, working in ICU, are often unconcerned with their own comfort as they work with their patients. Historically, nurses have been portrayed as caring, self-sacrificing, and giving to others with nursing described as a "calling". This altruistic way of thinking may have influenced the nurses to perceive ICU patient's families as not being concerned about their own comfort.

The subscale score with the widest range was Proximity (3.67 to 5.0) with three people undecided about the importance of privacy and two people undecided about the importance of flexibility of visiting hours. This variability may have resulted in the fact that nurses, on different shifts, may interpret the "visiting hour policy" differently. In addition, nurses working on the night shift may not be as concerned about visitors as those working on day shift who deal with the majority of ICU visitors.

Implication of Findings

The results of this study are relevant to the design and implementation of care delivery for the healthcare team. Sharing this information with all members of the health care team can provide specific details regarding the expectations of family members. Proper education of staff and provisions of strategies to address concerns of patients' families can significantly improve overall satisfaction scores. Such challenges will ultimately foster a more rewarding experience for both patients and their families, creating an environment of comfort, peace and healing.

Limitations of the Study

Due to the number of participants and the convenience of the sample, a limitation of this study was its limited data. The small sample size may not allow the information to be generalizable to other clinical settings. Greater strength can be applied to the findings when similar data is collected from larger studies. Data were collected from only one institution. Perception is a combination of attitudes, personal, and professional experiences that affect the data collection.

Implication for Further Research

The intent of this study was to collect data from the nurse's perception of factors that are associated with family satisfaction with care provided during the patient's hospitalization in intensive care. A study to compare the nurse's perception of factors associated with family satisfaction with care with patient's families' satisfaction with care is called for. Continued research into all areas of patient and family satisfaction with healthcare is necessary as the "business" of healthcare grows and the competition between providers increases. Patient and family satisfaction with healthcare research has the potential to improve the processes of how care is provided. Research results can assist in educating staff about families' needs when their loved ones are hospitalized or receive healthcare from any provider.

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Appendix A
Letter of Consent

Appendix A

Dear Registered Nurse,

I, Phyllis Buie, am a student in the Master of Science in Nursing Program at Gardner-Webb University. I am doing a study to determine Registered Nurse's perception of factors associated with family satisfaction with services provided during patient's hospitalization in Intensive Care.

If you agree to participate in my study, please answer each question in the attached survey to the best of your abilities and return the survey to me in the envelope provided within one week.

This survey is completely anonymous. Please do not put any indentifying marks on the survey. The information obtained from the survey will be aggregated so that a person's answers cannot be identified. The final results will be made available to all participants upon request following completion of the study.

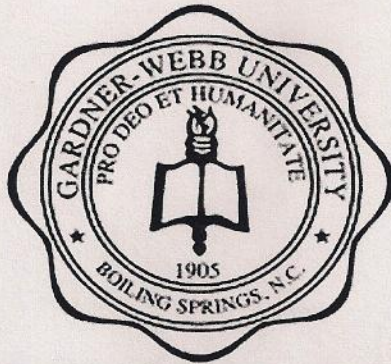
The return of the survey will constitute your consent to participate in this survey. Thank you for your participation and your contribution to nursing research. Your prompt return of the completed survey will be greatly appreciated. If you feel you have been harmed in any way by completion of this survey or have any questions please feel free to contact me at 704-279-6245 or my professor, Dr. Rebecca Beck-Little at rbeck-little@gardner-webb.edu.

Sincerely,

Phyllis Buie, RN, BSN

Appendix B

Gardner-Webb University IRB Approval Letter



THE INSTITUTIONAL REVIEW BOARD
of
GARDNER-WEBB UNIVERSITY

This is to certify that the research project titled
Registered Nurse's Perception of Family Satisfaction Related to Intensive Care

being conducted by Phyllis Buie

has received approval by the Gardner-Webb University IRB.

Date 7/1/11

Exempt Research

Signed [Signature]
Department/School/Program IRB Representative

[Signature]
Department/School/Program IRB Member

Expedited Research

Signed _____
Department/School/Program IRB Representative

Department/School/Program IRB Member

IRB Administrator or Chair or Institutional Officer

Non-Exempt (Full Review)

Signed _____
IRB Administrator

IRB Chair

IRB Institutional Officer

Expiration date 7/1/12

IRB Approval:

Exempt Expedited Non-Exempt (Full Review)

Appendix C

Critical Care Family Satisfaction Survey

Appendix C

Years of experience as a Registered Nurse: _____

Years of experience in Intensive Care/Critical Care Unit: _____

Nursing Education: _____ ADN
 _____ Diploma
 _____ BSN
 _____ MSN

Have you ever had a family member in the Intensive Care/Critical Care Unit: ____Yes
 _____No

Please complete the following survey from your perspective as a Registered Nurse what families will consider as important to their satisfaction with their care in the Intensive Care/Critical Care Unit:

	Very Important	Important	Not Certain	Not Important	Not Very Important
Honesty of the staff about my family member's condition...					
Availability of doctor to speak with me on a regular basis...					
Waiting time for results of tests and x-rays...					
Peace of mind in knowing my family member's nurse(s)...					
Ability to share in the care of my family member...					
Clear explanation of tests, procedures, and treatments...					

Promptness of the staff in responding to alarms and requests for assistance...					
Cleanliness and appearance of the waiting room...					
Support and encouragement given to me during my family member's stay in the critical care unit...					
Clear answers to my questions					
Quality of care given to my family member...					
Sharing in the decisions regarding my family member's care on a regular basis...					
Nurses' availability to speak to me every day about my family member's care...					
Sensitivity of the doctor(s) to my family member's needs...					
Privacy provided for me and my family member during our visit...					
Preparation for my family member's transfer from critical care...					
Peacefulness of the waiting room					
Flexibility of visiting hours...					
Noise level in the critical care unit...					
Sharing in discussions regarding my family member's recovery...					

Appendix D
Permission Letter

Appendix D

Critical Care Family Satisfaction Survey (CCFSS) - Lehigh Valley Hospital and Health

Network

Name:

**Lehigh Valley Hospital and Health Network: Critical Care Family Satisfaction Survey
(CCFSS)**

Description:

**A two-page survey for family members whose loved one is being cared for in the critical
care unit.**

Category:

Evaluation Tool - Satisfaction/Perception of Care

Source:

Lehigh Valley Hospital and Health Network

Health Studies Unit

17th & Chew Street

P.O. Box 7017

Allentown, PA 18105

610-402-2497

www.lvhn.org

Contact:

Thomas Wasser, Ph.D

Thomas.wasser@lvh.com

Daniel E. Ray, M.D.

Daniel.Ray@lvh.com

How the grantee used this instrument:

One family member for each patient receiving critical care treatment was asked to complete the questionnaire. The information was used to evaluate the services of the critical care unit as perceived by the patient's family.

Keywords:

family experience, family perception of care, communication, family communication, family members, family satisfaction, satisfaction survey

To use this tool:

You may print and copy this tool for your own use from this site. Please credit source.

