# Nursing visit and doubts expressed by families in the intensive care unit

## Visita de Enfermagem e dúvidas manifestadas pela família em unidade de terapia intensiva

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## Abstract

**Objective:** Understanding the doubts expressed by relatives of patients hospitalized in the intensive care unit for more than 24 hours during nursing visits.

**Methods:** A prospective cross-sectional study that included 115 family members of patients hospitalized for more than 24 hours in the intensive care unit. The research instrument was a questionnaire applied in three nursing visits.

**Results:** The most frequent doubt was about the clinical status, and the average difference between the doubts of the first and the second visit was statistically significant ($p = 0.047$). The average number of doubts in the first visit was significant when compared with the third ($p<0.001$).

**Conclusion:** The doubts expressed by family members were about the health status, medical conditions and the care provided. The average number of questions was lower in the third nursing visit.

## Resumo

**Objetivo:** Conhecer as dúvidas dos familiares de pacientes internados na unidade de terapia intensiva, há mais de 24 horas, e manifestadas durante as visitas de enfermagem.

**Métodos:** Estudo transversal prospectivo que incluiu 115 familiares de pacientes internados há mais de 24 horas em unidade de terapia intensiva. O instrumento de pesquisa foi um questionário aplicado em três visitas de enfermagem.

**Resultados:** A dúvida mais apresentada foi sobre o estado clínico e a diferença média entre as dúvidas da primeira e segunda visita foi estatisticamente significante ($p=0,047$). A média de dúvidas da primeira visita foi significante, quando comparada com a terceira ($p<0,001$).

**Conclusão:** As dúvidas manifestadas por familiares foram sobre o estado de saúde, condições clínicas e sobre o cuidado realizado. O número médio de dúvidas foi menor na terceira visita de enfermagem.

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## Introduction

The satisfaction of family members of patients is an important aspect in assessing the quality of care in health institutions and an essential part of the responsibilities of health professionals working in intensive care units. The feelings of these family members are as varied as possible: they are alone, distressed, in shock and afraid, receiving little or no attention from healthcare professionals.[1,2]

Many nurses working in these units agree on the need to provide nursing care also to the family members of patients, but continue to deal almost exclusively with the care of patients, claiming service overload and lack of specific preparation for dealing with family members.[3-5]

The embracement of users, both in public and private institutions, including the family of patients, is an essential part of the humanization process of healthcare and requires availability of health professionals to identify and meet the needs of these users.[4,5]

The treatment and care provided in intensive care units is seen as aggressive and invasive. This scenario could be different for both patients and their families, with humanized care and interaction among all the involved, as well as communication between those who care and who are cared for. It is important that the nursing staff act as the link between patients and families, favoring the interaction between them and at the same time, caring for both.[6-9]

The ability of communicating with others is an important quality and the nursing staff should demonstrate sensitivity to non-verbal communication, ability to listen, and use clear and accessible language. This clarity reduces doubts and anxiety.[10-12]

The families feel insecure about the diagnosis, treatment or the multidisciplinary team. They may experience dramatic situations, just like the patients. Therefore, if health professionals want to pass the idea that there is nothing to hide, they should facilitate family visits.[13-17]

Results of studies conducted in intensive care units showed that the implementation of the nursing visit benefited the relationship between the nursing staff and family members of hospitalized patients. In other words, nurses can provide information and embracement for the family members during visiting hours, answer their questions about the nursing care provided to the patient and reduce their doubts and anxieties.[15,18]

On the other hand, families accept the information given by nurses. This indicates that it is possible to obtain a degree of family satisfaction, even with the brief time of contact between the professional and the family, because it is not the quantity of contact time that matters, but rather how this communication is carried out.[19-21]

The term 'Nursing Visit' is being used to name a form of structured communication with the family of patients in intensive care units, which is being pointed as a strategy that increases family satisfaction and meets their needs.[16-18] The aim of this study was to understand the doubts of family members of patients hospitalized in intensive care units for more than 24 hours that were revealed during the nursing visits.

## Methods

This is a prospective cross-sectional study carried out in an Adult Intensive Care Unit of a private hospital in the city of Uberlândia, state of Minas Gerais, southeastern Brazil. The study population consisted of 115 relatives of patients hospitalized for more than 24 hours in intensive care units in the period between September and December 2013.

The research instrument was a questionnaire designed with the variables selected for the study (sociodemographic information and the doubts expressed). The data collection was carried out by the same interviewer in three nursing visits.

The descriptive statistics assessed the frequency, mean and standard deviation of the interest variables. Quantitative data were presented as mean ± standard deviation. The answers to the open questions were objective and presented as frequency and percentage of occurrence in each category. The ANOVA for repeated measures was used to com-

pare the average number of doubts among visit days, and the paired t-test was used for the level of comparison among the dates. Values were considered statistically significant when $p<0.05$. The Prism 6 software for Windows, version 6 was used in the statistical analysis.

The development of study met national and international standards of ethics in research involving human beings.

## Results

Regarding the characterization of patients, it was found that 63 were male (54.7%) and 52 patients were female (45.3%); 89 (77.4%) were admitted by clinical pathologies, both general and cardiac, and the other 26 patients (22.61%) were hospitalized for surgical pathologies. The mean age was 66.21 years and the time of ICU hospitalization was 9.4 days on average.

As for the gender of family members, among the 115 relatives studied, 85 (73.9%) were female and 30 (26.1%) were male. The average age of the relatives was 49 ± 14.1 years. The youngest family member that showed up for visits was 23 years old (granddaughter), and the oldest was 82 years (husband).

Figure 1 shows the distribution of the degree of kinship with hospitalized patients in descending order: 40 children (35%), 37 spouses (32%) and siblings (12%).

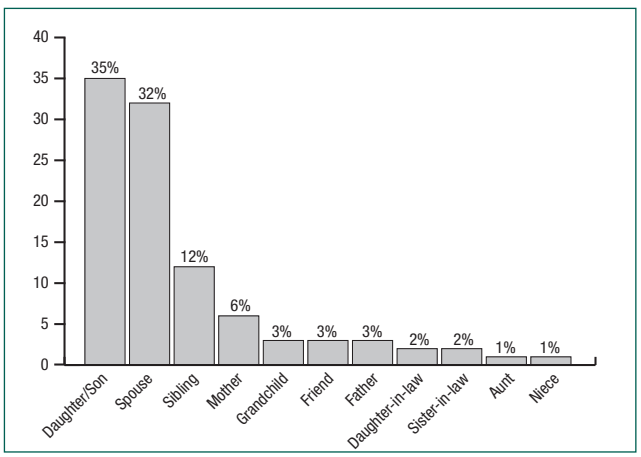


**Figure 1.** Distribution of family members by degree of kinship (in percentage)

Figure 2 shows the distribution of professions of the family members. Most relatives reported their occupation as housewives n = 24 (21%).

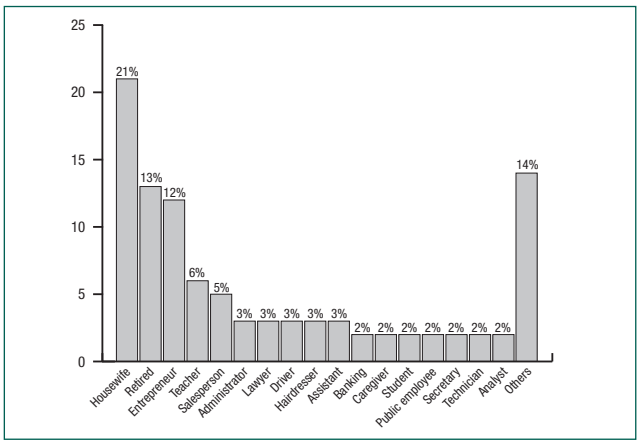


**Figure 2.** Distribution of the professions of family members (in percentage)

Figure 3 shows the distribution of the relatives' level of education. Most female family members (n = 34) have higher education and only 12 male family members have higher education.

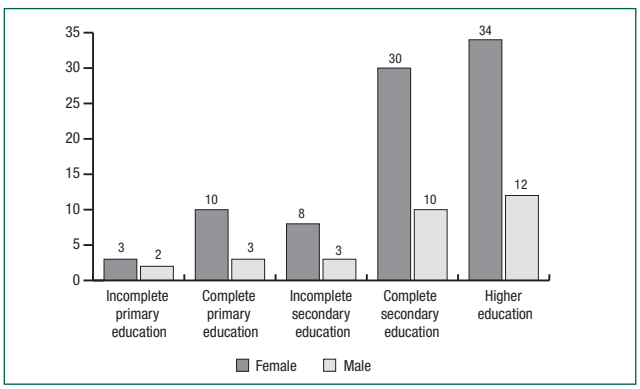


**Figure 3.** Distribution of the level of education of relatives by gender

All family members wanted to receive information from the nurse in the three visits made for each family. On the first nursing visit that had an average time of 9min50s with each family, 110 relatives (96%) had the following doubts: 64 relatives (56%) about the clinical status; 20 (17%) about the prognosis; ten (9%) about the test results; nine (8%) about the patient's diagnosis; five (4%) about the monitor device; and two relatives (2%) had doubts about the medication. In the item named 'others', 14 family members (12%) had doubts about the

hospital discharge and seven (6%) on the type of surgery performed.

The second nursing visit was made for 69 families (60%), with an average time of 9.12 minutes spent with each family. The doubts were the following: 39 family members (34%) about the clinical status; 13 (11%) about the prognosis; ten (9%) about the exam results; and seven (6%) about the diagnosis. For the item 'others' of the form, 16 (14%) asked about the prediction of hospital discharge and 3% about agitation.

The third nursing visit was made for 38 families (33%), with an average duration of nine minutes for each family. The doubts were the following: 17 relatives (15%) asked about the clinical status; 11 (10%) about the prognosis; six (5%) about medication; and four family members (3%) had doubts on the test results. For the item 'others' in the form, ten (9%) wanted to know about the prediction of hospital discharge and 3% about the presence of agitation, with n = 4 (3%).

Table 1 shows the descriptive statistics of the number of questions for each day of visit. The ANOVA test for repeated measures was used to verify if there was difference in the average number of questions for the visit days. We can observe that the average number of questions decreased over the visits ($p<0.05$).

**Table 1.** Number of doubts for each day of visit

| | Visit 1 | Visit 2 | Visit 3 |
|---|---|---|---|
| Mean ± SD | 0.94 ± 0.09 | 0.79 ± 0.07 | 0.57 ± 0.07 |
| Median | 1 | 1 | 1 |
| Minimum - Maximum | 0-3 | 0-3 | 0-3 |
| Total | 110 | 69 | 38 |

*Statistically significant

The paired t-test was used for comparison among the visit days. The results are shown in table 2.

Table 2 shows that the average difference between the doubts of the first and second day of visit was statistically significant ($p = 0.047$). The average number of doubts in the first visit is statistically higher when compared to the third day of visit ($p <0.001$). Finally, the average number of doubts of the second visit is statistically higher when compared with the third nursing visit ($p = 0.042$).

**Table 2.** Paired t-test comparing the doubts of every family member for every Nursing Visit

| Doubts | p-value |
|---|---|
| Visit 1 vs Visit 2 | 0.047* |
| Visit 1 vs Visit 3 | <0.001* |
| Visit 2 vs Visit 3 | 0.042* |

*Statistically significant

## Discussion

The limitations of the study results are inherent in the cross-sectional design, which does not allow establishing relations of cause and effect. We found studies that had also been carried out in intensive care units with similar results.[3,9,12]

The contribution of the results is with improving the quality of nursing care in intensive care units, increasing the effectiveness of the nursing visit with family members. Patients were mostly male, with an average age of 57 years, remaining approximately nine days hospitalized for clinical and cardiac diseases. The family members were mostly female, degree of kinship daughter, aged around 50 years, housewives, with higher education.

The nurse was one of the first members of the multidisciplinary team that established a relationship with the family members. In this sector, the family member had many questions to the nurse about the health status, medical conditions and about the care provided, even when the prognosis was not favorable. Being prepared to deal with situations where difficult news are common is also critical to these professionals.[22]

The average time of the three nursing visits with each family was 9min21s. This indicates that in a short time, it is possible that family members express their doubts and receive attention. The theme that generated most doubts among the family members in the three nursing visits was about the clinical status.

Comparing the doubts raised in the three nursing visits, we found that the average number decreased, i.e., the average number of questions in the first visit was statistically higher when compared with both the second as the third day of visit ($p = 0.047$ / $p <0.001$). Regarding the average number of doubts in the second day of visit, we also observed significance when comparing with the third visit ($p = 0.042$).

These results may indicate that the family is going through the situation of having one of its members hospitalized in an intensive care unit for the first time, what can cause fear about the state of the patient and the scenario that will be experienced. Since the family members do not know the procedures and protocols in this sector, they remain afflicted to talk to the team in order to obtain information about the patient, answer questions, receive attention and care.[23,24] The nursing visits carried out in three consecutive times, enabled working with the major questions of families, detecting and preventing symptoms of anxiety, depression and stress experienced by their members, which is also corroborated by the results of other authors.[14,24-26]

The reduction of the doubts and anxieties of family members during nursing visits emphasizes the need of contact between nurses and family members. Furthermore, a recent systematic review showed that the printed information in the form of leaflets or booklets helps family members with understanding the care and the environment of the intensive care unit, the same way that the regular and structured communication of the nursing staff with families helps reducing the stress and understanding the treatment.[27] A strategy enhances the other.

## Conclusion

The doubts of relatives of patients hospitalized in the intensive care unit for more than 24 hours expressed during nursing visits were about the health status, medical conditions and the care provided. The average number of questions was lower in the third nursing visit.

### Collaborations

Pelazza BB contributed to the project design, execution of the research and drafting the article. Simoni RCM and Silva MJP collaborated with the project design, drafting the article, critical revision of the important intellectual content and final approval of the version to be published. Freitas EGB and Silva BR collaborated with the execution of the research.

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