International Journal of KIU

Journal home page : https: //ij.kiu.ac.lk/
DOI: https://doi.org/10.37966/ijkiu2024051051

*Original Article*

# Families' Perceptions of Support from ICU Nurses in Teaching Hospital, Karapitiya, Sri Lanka

Dilhani M.G.T.[1], Premathilaka A.W.A.[1], Piumali K.J.P.[1], Athukoorala A.A.C.D.[1], De Silva W.I.C.[1], Kariyawasam K.H.A.Y.[1*], Perera A.C.H.[1], Nisansala M.W.N.[2], Amarasekara A.A.T.D.[3]

[1]*Faculty of Nursing, KIU, Sri Lanka*
[2]*Department of Fundamental Nursing, Faculty of Nursing, University of Colombo, Sri Lanka*
[3]*Department of Nursing and Midwifery, Faculty of Allied Health Sciences, University of Sri Jayewardenepura, Sri Lanka*

Article history:
Received: 24.01.2024
Received in revised form: 10.05.2024
Accepted: 14.06.2024

Cite as: Dilhani M.G.T., Premathilaka A.W.A, Piumali K.J.P, Athukoorala A.A.C.D., De Silva W.I.C., Kariyawasam K.H.A.Y., Perera A.C.H., Nisansala M.W.N., Amarasekara A.A.T.D. (2024) Families' Perceptions of Support from ICU Nurses in Teaching Hospital, Karapitiya, Sri Lanka, International Journal of KIU, 5 (1), 30-35. https://doi.org/10.37966/ijkiu2024051051
*Corresponding author: akindra@kiu.ac.lk

## Abstract

**Introduction:** The admission of a loved one to the Intensive Care Unit (ICU) is a stressful experience for the family. In this situation, the needs of family members are often overlooked by nurses focusing on the immediate needs of critically ill patients. Family-centered care provided by the nurses can be measured through the family members' cognitive and emotional perception of the support provided by the nurses.

**Objective:** To determine the families' perception of the support given by ICU nurses in the Teaching Hospital, Karapitiya, Sri Lanka.

**Methodology:** A descriptive cross-sectional study was conducted among 104 family members of patients who were treated in eight ICUs in the Teaching Hospital, Karapitiya using a consecutive sampling method. A self-administered questionnaire consisting of demographic information and Ice land-family perceived support scale (ICE-FPSQ) was used to collect data. Data were analysed using descriptive statistics such as frequencies and percentages through SPSS Version 25. Mean scores were calculated for the cognitive and emotional support subscales. Ethical approval was obtained from the Ethics Review Committee of KIU (KIU/ERC/21/194).

**Results:** The mean age of the participants was 38±7 years. Most of the participants were Sinhalese (92.3%, n=96) and 35-54 years (61.5%, n=64). Nearly, 34% (n=35) of the participants were spouses of the patients. The mean value of the overall support score (ICE-FPSQ) was 59.67±12.60 in dicating good support from ICU nurses. The mean value of cognitive perception was 21.27±7.30, in the subscale with a maximum value of 25. The mean value of emotional perception was 38.40±9.60, in the subscale with a maximum value of 45.

**Conclusion:** Families' perception of the support from ICU nurses was relatively high as indicated by the mean values of the cognitive and emotional subscales. Although the ICUs are overstretched with work, nurses must interact with families to offer the necessary support for both patients and family members, which enables them to manage the situation effectively.

***Keywords:*** Family-centered care, Emotional support, Cognitive support, ICU Nurses

## Introduction

Family-centered care in healthcare delivery systems emphasizes the importance of the well-being of the entire family rather than solely addressing the illness of a family member (Wright & Bell, 2009). Patients might undergo a scheduled admission after surgery, or admission could be unforeseen, such as after an accident or due to a sudden and critical deterioration in their health (Health Information for Western Australians, 2021). In this manner, intensive care refers to the specialized treatment given to patients who are acutely unwell and require critical medical care (Adams et al., 2017).

Accordingly, families' perceptions regarding the support provided by Intensive Care Unit (ICU) nurses vary widely depending on individual experiences and circumstances (Iranmanesh et al., 2014). Notwithstanding, ICU nurses are often highly regarded and valued by families for the pivotal role they play in the care of critically ill patients. Thus, families usually value the compassion and empathy shown by ICU nurses (Iranmanesh et al., 2014). It may include the ability to provide emotional support, listen to concerns, and offer reassurance during challenging situations (Emmamally & Brysiewicz, 2019). Further, they are required to be highly proactive in communication, providing regular updates on the patient's condition and explaining medical procedures. The medical knowledge, expertise, and technical skills of ICU nurses are appreciated, making them perceived as highly trained professionals capable of effectively managing complex medical situations (Iranmanesh et al., 2014).

Collaboration with the healthcare team for informed decision-making is crucial for families, who often turn to ICU nurses for guidance in challenging situations such as end-of-life care or transitioning to palliative care (Hsiao et al., 2017). Responsive and attentive nursing care, even in busy environments, is greatly appreciated by families seeking support. While these perceptions are generally positive, individual experiences may differ (Adams et al., 2017). Some families may have had negative encounters or have felt that the support provided by ICU nurses was inadequate. The needs of family members are often neglected by critical care nurses who prioritize addressing the immediate needs of critically ill patients (Kohi et al., 2016). This oversight occurs because nurses may delay, forget, or avoid interacting with families due to uncertainties about the patient's recovery and their discomfort in communicating concerns (Emmamally & Brysiewicz, 2019). Furthermore, nurses may underestimate the needs of family members, who seek sufficient information to feel accepted by the staff, maintain hope, and stay informed about changes in the patient's condition (Malliarou et al., 2014).

As a result, patients' families often have communication deficiencies, which are caused by conflicts in critical care settings between nurses and families with diverse cultural backgrounds bringing beliefs and understandings that can harm the critical care process (Malliarou et al., 2014). Consequently, critical care nurses should assess family needs and foster a sense of optimism in family members to encourage them to participate in their patient's care and help them adjust to critical settings (Malliarou, 2014).

It is worth noting that the ability of the family to adapt and provide support to the patient may affect the patient's recovery. If the family needs cannot be met, this may have a negative effect on families' perception, appraisal and adaptation to the crisis caused by critical illness (Wright & Bell, 2009). The role of nurses in the critical care setting is important in the provision of support and information to these families to cope effectively with the stress associated with critical illness (Kohi et al., 2016). For this reason, nurses should act as mediators and interpret information that helps the patient's family understand what physicians say and the relevance of that information for a patient's prognosis and decisions about treatment (Adams et al., 2017). Additionally, nurses need to provide effective and immediate psychological support

and education to the family because the latter has minimum control over the patient's condition during the first few days of hospitalization (Maxwell, 2007).

The long-term impacts of families' encounters in the ICU, particularly in terms of psychological and emotional consequences, remain underexplored. The effectiveness of interventions and support programmes initiated by ICU nurses to address the unique needs of families in Sri Lanka also requires greater scrutiny. A comprehensive understanding of these aspects is crucial for tailoring healthcare practices to the local context and enhancing the quality of support provided by ICU nurses to families in Sri Lanka. Therefore, the current study aimed to assess the families' perception of the support given by the ICU nurses in a selected hospital in Sri Lanka.

## Methodology

A descriptive cross-sectional study was conducted to determine the families' perceptions of the support given by ICU nurses at Karapitiya Teaching Hospital in Sri Lanka. Family members of ICU patients were recruited using the consecutive sampling method. A sample of 104 family members who were willing to participate and had given written informed consent were included in the study. The data were obtained using a self-administered questionnaire which consisted of demographical details, and the family's perception, which was assessed using an Iceland Family Support Questionnaire (ICE-FPSQ) (Svavarsdottir & Sveinbjarnardottir, 2009).

The questionnaire is about the family members' perceptions of cognitive and emotional support received from nurses caring for the ICU patients. It is divided into two categories namely cognitive support (5 statements) and emotional support (9 statements) (Svavarsdottir & Sveinbjarnardottir, 2009). The statements were measured on a 5-point Likert scale ranging from 1 (almost never) to 5 (almost always). ICE-FPSQ scores range from a minimum of 14 to a maximum of 70 points, with a higher score predicting perceptions of greater support. The cognitive and emotional subscales have minimum and maximum scores of 5 to 25, and 9 to 45 respectively. Collected data were entered into a database created using Microsoft Excel 2019. After data cleaning, the Excel database was exported into the IBM SPSS version 25. Data were analyzed using descriptive statistics including frequencies and percentages. Mean scores were calculated for the cognitive and emotional support subscales. Ethical approval (KIU/ERC/21/194) was obtained from the Ethics Review Committee of KIU.

## Results

All 104 family members of ICU patients completed the questionnaire, resulting in a 100% response rate. The mean age of the participants was 38±7 years. An equal number of females and males participated in the study, with nearly half of the participants having education up to Advanced Level (50%, n=52). Additionally, the majority of the participants were Sinhalese (92.3%, n=96). The largest portion, which comprised 75% (n=78), included spouses (33.7%), children (25%), or parents (16.3%) of the ICU patients and the remaining 25% (n=26) included others such as caregivers, family relatives etc.

The mean value of the overall support score (ICE-FPSQ) was 59.67±12.60 indicating good support from ICU nurses. The cognitive support subscale had a mean score of 21.27±7.30, with minimum and maximum scores of 5 and 25 respectively. The mean score on the emotional support scale was 38.40±9.60 with a minimum and maximum score of 9 to 45 respectively. Hence it implies that the cognitive and emotional perceptions of the family members towards ICU nurses are of a higher value.

According to the results from ICE-FPSQ most of the family members claimed that the nurses provided information and professional opinions to the family (65%, n=68) and the information about the health condition (89.4%, n=93). The study revealed that nurses provided (99%,

n=103) family meetings. Nearly half of the family members (56.6%, n=59) believed that nurses sometimes or rarely emphasize the importance of family rituals for curing. Most (71.2%, n=74) family members believed that nurses usually helped them recognize their emotional responses and helped them in normalizing their emotional responses. In the study, 98% (n=101) of family members believed that nurses almost always encouraged the family to get involved with the healthcare team in the care of the patient while 71.2% (n=74) of family members believed that nurses usually encouraged them to share their illness narratives. The majority (93.2%, n=97) of the family members perceived that nurses usually helped them to understand how their emotional response is related to the patient's illness while 86.5% (n=90) of family members believed that nurses almost always encouraged them to take a respite from caregiving.

The family members' emotional perceptions were significantly associated with age (p=0.007), gender (p=0.034) and ethnicity (p=0.002). Statistically, there were no significant differences between families' perceived support and educational status and relationship to the patient.

**Discussion**

The study found that family members of ICU patients generally have positive perceptions of ICU nurses, both cognitively and emotionally. Emotional support perceptions varied significantly based on the family members' age, gender, and ethnicity, but not their education level or relationship to the patient. This suggests that while overall views are favourable, demographic factors do influence how emotional support is perceived.

In contrast to the family support score reported in South Africa (22.3), the present study setting demonstrated an overall support care score of 59.6 (Emmamally & Brysiewicz, 2019). Given that the maximum attainable score for overall support is 70, the findings of the current study suggest that family support is notably high among the ICU nurses in the selected teaching hospital. This high level of support can have a positive impact on patient care and the healthcare system. Also, another Danish and Australian study indicated a similar score of 44.3 and 40.2, respectively (Dieperink et al., 2018). Thus, the ICU environments often afford nurses an opportunity for extended communication with family members due to the prolonged patient stays inherent to ICU care rather than other units in the hospital. This prolonged interaction may foster connection and more favourable perceptions among family members, allowing ICU nurses to engage in more comprehensive and effective communication strategies.

Participants' perception of cognitive support from ICU nurses was high in comparison with previous studies which indicates the positive impact. Australian and Danish studies with cancer patients' families and a Swedish study with the parents of congenital heart disease also reported higher values of 19.8 (Dieperink et al., 2018) and 14.0 (Bruce et al., 2016) respectively. In the current study, the aggregate good cognitive support scores indicate a high level of attainment, 47% of the surveyed individuals noted occasional emphasis by ICU nurses on integrating family rituals for enhancing patient health.

These cultural beliefs and ritualistic practices among family members may yield positive outcomes as seen in this study. In support of the current study findings, a study conducted in Africa underscored the necessity for healthcare professionals to exhibit increased sensitivity and responsiveness to this subject (De Beer & Brysiewicz, 2016). Given Sri Lanka's status as a multiethnic and culturally diverse nation, demonstrating respect for diverse beliefs and accommodating potential ritual requirements could serve as a significant psychological support mechanism.

However, practical constraints may arise wherein ICU nurses and staff might encounter challenges in fulfilling all requirements due to institutional guidelines and limitations within the ICU setting.

Furthermore, family members in the current study perceived high emotional support from nurses compared to studies conducted by Bruce et al. (2016) and Emmamally et al. (2018), where patients in their study perceived average emotional support from nurses as 19.0±10.3 and 18.4±9.6 respectively. According to Dieperink et al. (2018) families that indicate low emotional support (9.8±6.2) from HCPs have unmet emotional needs that impact negatively on their ability to cope with the illness. The current study findings showed higher emotional support provided by the ICU nurses in Karapitiya Teaching Hospital. Most family members held the perception that the provision of emotional support by nurses, particularly through meaningful communication (Botes et al., 2016), facilitated a process of capacity building. This observed outcome may stem from nurses dedicating increased attention to acknowledging and attentively addressing the emotional states and sentiments of family members, thereby fostering a more empathetic and responsive interaction. Moreover, the sociocultural and ethical framework within the Sri Lankan societal and healthcare context likely exerts influence on this phenomenon within the local setting.

## Conclusion

In conclusion, this study reveals noteworthy insights into the perceptions of family members regarding the support provided by ICU nurses. The cognitive support subscale and the emotional support scale both demonstrate elevated levels of perceived support, underscoring the valuable role of ICU nurses in facilitating patient-family interactions. ICUs in both developing and developed countries face challenges in implementing the family-centred care approach. The challenges focus mainly on resource constraints and a rapid-pace, patient focused clinical environment, but at the same time they reinforce the need to support families in their experience of these circumstances. To enhance family engagement and empowerment in emergency ICUs, it is recommended to develop initiatives for both cognitive and emotional support.

## Acknowledgments

The authors thank the participants for their time and effort as well as the staff of the hospital to conduct the study.

## Conflicts of Interest

No conflict of interest

## References

Adams, A. M. N., Mannix, T., & Harrington, A. (2017). Nurses' communication with families in the intensive care unit–a literature review. *Nursing in critical care*, *22*(2), 70-80. https://doi.org/10.1111/nicc.12141

Botes, M. L., & Langley, G. (2016). The needs of families accompanying injured patients into the emergency department in a tertiary hospital in Gauteng. *Curationis*, *39*(1), 1-7. https://hdl.handle.net/10520/EJC191725

Bruce, M. M., Kassam-Adams, N., Rogers, M., Anderson, K. M., Sluys, K. P., & Richmond, T. S. (2018). Trauma providers' knowledge, views and practice of trauma-informed care. *Journal of Trauma Nursing: The Official Journal of the Society of Trauma Nurses*, *25*(2), 131. https://doi.org/10.1097%2FJTN.0000000000000356

Dieperink, K. B., Coyne, E., Creedy, D. K., & Østergaard, B. (2018). Family functioning and perceived support from nurses during cancer treatment among Danish and Australian patients and their families. *Journal of Clinical Nursing*, *27*(1-2), e154-e161. https://doi.org/10.1111/jocn.13894

Emmamally, W., & Brysiewicz, P. (2019). Families' perceptions of support from health care professionals in the three emergency departments in KwaZulu Natal, South Africa. *International Journal of Africa Nursing Sciences*, *10*, 55-60. https://doi.org/10.1016/j.ijans.2019.01.004

Hsiao, P. R., Redley, B., Hsiao, Y. C., Lin, C. C., Han, C. Y., & Lin, H. R. (2017). Family needs of critically ill patients in the emergency department. *International Emergency Nursing, 30,* 3-8. https://doi.org/10.1016/j.ienj.2016.05.002

Iranmanesh, S., Sheikhrabori, A., Sabzevari, S., Frozy, M. A., & Razban, F. (2014). Patient family needs: perception of Iranian intensive care nurses and families of patients admitted to ICUs. *Asian Journal of Nursing Education and Research, 4*(3), 290-297. ISSN: 2349-2996

Kohi, T. W., Obogo, M. W., & Mselle, L. T. (2016). Perceived needs and level of satisfaction with care by family members of critically ill patients at Muhimbili National hospital intensive care units, Tanzania. *BMC Nursing*, *15*(1), 1-7.

Malliarou, M., Gerogianni, G., Babatsikou, F., Kotrotsiou, E., & Zyga, S. (2014). Family perceptions of intensive care unit nurses' roles: a Greek perspective. *Health Psychology Research, 2*(1). https://doi.org/10.4081%2Fhpr.2014.994

Svavarsdottir, E. K., & Sveinbjarnardottir, E. K. (2009). The Iceland-Family Perceived Support Questionnaire (ICE-FPSQ). *Unpublished manuscript. University of Iceland, Faculty of Nursing, Reykjavik, Iceland.* Retrieved from https://uni. hi. is/eks/instruments/ice-fpsq.