The Relationship of Caregiver’s Stress and Satisfaction of the Care Needs Among ICU Family Caregiver

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Introduction

Health care in the 21st century emphasizes family centered care (FCC) services, which regards the family as a whole. Therefore, health care professionals must serve both the patients and their family caregivers, who should be included in their care plan. When family caregivers are in crisis or a stressful state, social support is of greater importance, and supporting sources include family members, religion, health care personnel, social welfare, etc. The existence of relevant support systems will contribute to the internal interactions and coordination of the family. In addition to closely observing the patient’s illness, medical staff should take the initiative to help address and meet the care needs of the family caregivers; they should develop a friendly relationship with family caregivers based on mutual trust, mutual support, and cooperation. Medical staffs should involve family caregivers in decision-making processes about taking care of the patients and emphasize the importance of family-centered care programs, which would facilitate communication among patients, family caregivers, and health care staff, help relieve the stress on the patients’ family caregivers, and speed up the recovery of patients.

Purpose

The aim of this study was to investigate the relationship of caregiver’s stress and satisfaction of the care needs and the related factors among caregivers of adult patients who hospitalized in the intensive care unit.

Methods

This study applies a cross-sectional, correlational design. A convenience sample of 107 primary family caregivers of ICU patients is recruited from adult intensive care units (ICUs) in Taiwan. The tools used by this study are the variable items to be measured with reference to the related research scale, which are compatible with the study objectives and the study architecture. The scale is divided into 3 parts: the 1st part is the personal basic attributes, including “Patient Basic Information” and “Family Caregiver Basic Information”. The 2nd part is the family caregivers’ stress and the measuring tool is the “family caregivers’ Stress Feeling Scale”. The 3rd part is the health care needs assessment of family caregivers and the measuring tool is the “Chinese Version of the Family-centered ICU Care Scale”; the first draft is validated by its content validity and construction validity.

Results

- The results showed that the family caregivers’ overall stress perceptions were in-between “mild stress” and “moderate stress”, with an average score of less than 2 score (0-5). The most stressful item was “patient disease characterstics”, followed by “interpersonal”, “individual”, and “ICU environment”.
- The satisfaction of care had the overall average of 2.72 score. The item of satisfaction of care scored highest was “information sharing”, followed by “collaboration”, “respect”, “empowerment”, and “support”.
- “Patient age” and “Number of rotated family” had a significant relationship with caregivers’ overall stress.
- The “Usage of mechanical ventilator” and “Number of rotated family” had a significant correlation with the overall satisfaction of care.
- The caregivers’ overall stress and satisfaction had no significant correlation; however “Support” item in the satisfaction of care and the “interpersonal” and “individual” in the stress had a significant negative correlation.

Conclusion

The following is based on the study results and the experience gained in the process, and proposes advice in three aspects, nursing practice, nursing administration, and nursing education.

1) Nursing Practice: For family caregivers, care satisfaction in support is the lowest, and family caregivers are most eager to have a rotation of family members to assist in the care; therefore, when family caregivers lack support, nursing staffs should be vigilant and arrange for social workers to provide relevant assistance. In the case of financial difficulties faced by family caregivers, social workers can provide follow-up counselling and assistance.

2) Nursing Education: Communication skills, psychological support, and family care related courses should be emphasized in nursing care during medical college education or in-service education in hospitals, in order that medical staffs can share the feelings of family caregivers, and attention can be placed on the family caregivers. Medical staffs should assess the actual needs of family caregivers and provide appropriate care measures to meet the needs of family caregivers, thus, achieving a family-centered care environment. Long-term care related courses should be organized, such as respite service related briefings, application qualifications, and procedures, in order that medical staffs have good command, and then, provide family caregivers with relevant information.

3) Nursing Administration: A mechanism for checking the needs of family caregivers should be established; after the patient is transferred to the intensive care unit, a survey of the needs of the patients’ main caregivers should be conducted. The hospital should provide information about social respite services to the family caregivers prior to discharging the patient, and it is recommended that the network of medical institutions may arrange new respite service introduction or print introductory leaflets on respite services, in order to facilitate family caregivers’ inquiries.