Title:

Families and Surrogate Decision Makers of Critically III Patients in Saudi Arabia

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Session Title:

Research Poster Session 1 **Slot (superslotted):**

RSC PST 1: Friday, 28 July 2017: 10:00 AM-10:45 AM

Slot (superslotted):

RSC PST 1: Friday, 28 July 2017: 12:00 PM-1:30 PM

Keywords:

Critical Illness, Surrogate Decision Makers and family

References:

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Abstract Summary:

This abstract will help the attendants to recognize the importance of supporting the families of critically ill individuals in Saudi Arabia and understand their real experience of having to make decisions for their sick loved ones

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
understand the importance of focusing more on the families` of the critically ill patients needs and concerns in Saudi Arabia	The evidence provided that explain the importance of understanding their experience
consider the possible effect of cultural variation for the families` perspectives about the experience of having a loved one in the ICU.	focusing on the Saudi culture may add important information about this population that is not yet available in the literature.
understand the experience of making decisions for critically ill individuals in Saudi families	through the reports will be provided by the participants.

Abstract Text:

Critical illness often results in serious physical and / or psychological impairments (Brummel et al., 2012; Granja, Amaro, Dias, & Costa-Pereira, 2012). The critical care professional will often require a proxy or a surrogate decision maker, especially for incapacitated individuals (Azoulay, Kentish-Barnes, & Nelson, 2016a). The experience of being responsible for making serious decisions regarding someone else's health can be a challenging trajectory (Hickman, Daly, Douglas, & Clochesy, 2010). Healthcare providers should give more attention to this phenomenon. Not only for critical illness survivors who suffer from physical and mental problems, but there is vast evidence that families and proxies demonstrated to have a high rate of depression, anxiety and Post-Traumatic Stress Disorder (PTSD) (Azoulay et al., 2016a). Researchers support that psychological disturbances may prevent the affected person from thinking appropriately or being unable to take the right decision. Failure to provide these families and decision makers with the adequate support and care may result in endangering patients' lives (Azoulay et al., 2016a; Fortunatti, 2014; Wendler & Rid, 2011). We as care providers tend to use medical terminology that is not easy for the families of patients to understand (Azoulay, Kentish-Barnes, & Nelson, 2016b; Lamas, 2014). Lots of the families report their lack of understanding regarding the patient's prognosis (Azoulay et al., 2016b; Peigne et al., 2011). Families who are not aware of the patient's health preferences report more dissatisfaction with patient's outcomes than families who knew the patient's preferences before the onset of the illness (Azoulay et al., 2016b; Wendler & Rid, 2011). The decision taken by the surrogate may conflict with the patient's preferences (Wendler & Rid, 2011). There is a lack of information about how families and decision makers of critical illness survivors in Saudi Arabia report their lived experience of having their loved ones in the ICU and needing to make serious medical decisions for them. The official language for the medical healthcare providers in Saudi Arabia is English. However, some of the Saudi families don't understand English, which may cause language barriers and impose more of a burden on them. Understanding how these families live the experience will help us to provide the appropriate intervention. This research is trying to explore and understand the experience of having a loved one in the critical care unit and being delegated to make the decision for them. The findings will help nurses and other healthcare professions to understand the concerns of this population to efficiently addressed them. Meeting the needs for the families of the critically ill patients will contribute in promote clinical and patients'outcomes.

Purpose: to understand how the Families of patients report their experience of having critically ill patients and making decisions for them Saudi Arabia.

Methods: Structured open ended-question interviews

Results: in progress

Conclusion:

It is crucial to understand how families in Saudi Arabia describe their experience of having critically ill patients and the experience of being responsible to make decisions for them. This study will help to understand the phenomenon and contribute in promoting the clinical outcomes for the patients in the ICU by supporting their families in the decision-making process.