

Evaluation of the Effect of Family Based Nursing in ICU Intensive Care

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Abstract: Objective: Objective to evaluate the effect of family friendly nursing in ICU intensive care. Method: The patients were randomly divided into 2 groups, the control group received routine nursing, and the observation group was implemented with family friendly nursing. Result: The observation group had physiological comfort (9.52±0.05), psychological comfort (9.01±0.61), compliance 98%, satisfaction 96%, and ICU time (4.54±0.66) d. The control group had physiological comfort (5.10±1.33), psychological comfort (5.62±0.15), compliance 64%, satisfaction 80%, and ICU time (7.48±2.10) d. Conclusion: Applying affection care to the nursing process of ICU critically ill patients can effectively improve the patient's physical and psychological comfort, improve patient compliance and satisfaction, and shorten the patient's ICU stay.

Keywords: Affectionate nursing; ICU critically ill patients; compliance; satisfaction.

1. INTRODUCTION

ICU patients with severe illness risk, anxiety and depression, and lack of security, eager for external care. If nurses do not pay attention to the psychological needs of patients, it is very easy to increase the risk of delirium and other ICU syndrome, which is not conducive to the rehabilitation of patients. Some studies have pointed out that the application of affective nursing methods to the care of critically ill patients in ICU can effectively promote the recovery of the disease. In this ICU critically ill patients admitted to our hospital from May 2017 to May 2018, 100 patients were randomly selected as samples to observe the nursing effect:

2. MATERIALS AND METHODS

2.1 Normal information

The patients were randomly divided into 2 groups, and there was no significant difference between the two groups ($p>0.05$). See Table 1 for details:

Table 1. General information of nursing staff

Group	Number of cases (n)	Age (years old)	Education (year)	Male / female (n)
Observation group	50	68.59±18.94	11.56±2.41	26/24
Control group	50	69.00±17.25	11.32±3.11	27/23
p	>0.05	>0.05	>0.05	>0.05

2.2 Method

The control group received routine nursing, while the observation group received family friendly nursing. During the nursing period, the nursing staff should regard the patient as their family members, and should communicate with the patient by friendly terms of address, and introduce the patient's condition in a gentle tone. When patients need nursing needs, nurses should try their best to satisfy them. When a patient has a negative emotion, the nursing staff should promptly rush to the patient to comfort him, in order to reduce the incidence of care risks, shorten the ICU time, and improve patient satisfaction.

3. RESULT

3.1 Psychological and physiological comfort comparison

The physiological comfort (9.52±0.05) and psychological comfort (9.01±0.61) of the observation group were significantly different ($p < 0.05$) compared with the control group. See Table 2 for details.

Table 2. Psychological and physiological comfort comparison

Group	Observation group (n=50)	Control group (n=50)	p
Physiology	9.52±0.05	5.10±1.33	<0.05
Psychology	9.01±0.61	5.62±0.15	<0.05

3.2 Patient compliance comparison

The compliance of the observation group was 98%, which was significantly different from the control group ($p < 0.05$). See Table 3:

Table 3. Patient compliance comparison

Project	Observation group (n=50)	Control group (n=50)	p
Data (n/%)	49(98)	32(64)	<0.05

3.3 Patient satisfaction comparison

The satisfaction of patients in the observation group was 96%, which was significantly different from the control group ($p < 0.05$). See Table 4:

Table 4. Patient satisfaction comparison

Project	Observation group (n=50)	Control group (n=50)	p
Data (n/%)	48(96)	40(80)	<0.05

3.4 Live ICU time comparison

The ICU time (4.54 ± 0.66) d was observed in the observation group, which was significantly different from the control group ($p < 0.05$):

Table 5. Comparison of patients living in ICU time

Project	Observation group (n=50)	Control group (n=50)	p
Data (n/%)	4.54 ± 0.66	7.48 ± 2.10	<0.05

4. DISCUSS

Although the routine nursing method of ICU critical patients pays more attention to the patient's condition, the psychological needs of the patient are difficult to be satisfied [1]. Long-term use of the above methods of care, easily lead to the patient's negative emotions gradually increase, which is unfavorable to the improvement of their satisfaction. This study found that when using conventional methods of care, ICU patients with severe physical comfort (5.10 ± 1.33) points, psychological comfort (5.62 ± 0.15) points. Further observations showed that the treatment compliance of this group of patients was 64%, satisfaction was 80%, and ICU time (7.48 ± 2.10) d.

The family-friendly care model is based on the "people-oriented" concept, which aims to make patients feel warm and improve patient satisfaction [2]. Applying it to the care of critically ill patients in ICU can fully meet the psychological care needs of patients and improve the quality of care. The application methods and advantages of family care in ICU critical care are as follows: (1) Kindly address: The nursing staff should refer to the patient according to the age and gender of the patient. For example: the older group of women, can be called "Aunt X, Grandma X", the older male group, can be called "Uncle X, Grandpa X". In addition, when patients enter the ICU, the nursing staff also need to introduce themselves to patients, asking patients to call themselves "small X", and establish a harmonious and intimate relationship with patients. (2) Appropriate communication: the loneliness of ICU patients is generally strong, nursing staff need to strengthen communication with patients, enhance their sense of security. For example, in the early morning, paramedics are required to enter the ward to greet the patient: "Aunt X / uncle, how was your sleep yesterday?" "We are in good shape today. Let's continue our efforts." In addition, nurses should also ask patients whether there are other nursing needs, if there are needs, should be as far as possible to meet. (3) Timely appearance: Nurses can ask patients to remind them by ringing the bell when there is a need for nursing. At this point, nurses need to immediately put down their work, timely access to the ward, so that patients feel the care and attention of nursing staff, improve their satisfaction. (4) Privacy protection: Nurses need to strengthen the protection of patients' privacy, change clothes close to

the body, the need to use a mobile screen to shield, so that patients feel respected. This study found that after the implementation of affectionate care, the patient's physiological comfort (9.52 ± 0.05) points, and psychological comfort (9.01 ± 0.61) points. The patient's physical and psychological comfort is higher compared to conventional care methods. Further observations showed that patients in this group had 98% compliance, 96% satisfaction, and ICU time (4.54 ± 0.66). Compared with the conventional nursing method, the patient satisfaction is higher, the ICU stays shorter, and the advantage is significant.

In summary, the application of affectionate care to the care of ICU critically ill patients can effectively improve the patient's physical and psychological comfort, improve patient compliance and satisfaction, and shorten the patient's ICU stay.

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