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## CONFERENCE ABSTRACT

### **Correlation between ICU patients' family members' satisfaction with patient care, with their spirituality and resilience.**

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#### ***Introduction***

The admission of a patient in the Intensive Care Unit (ICU) is a traumatic experience for the patient and his support group which consists of his family members. Family members' psychological burden increases, as they experience negative feelings (1). The implementation of family-centered care helps family members satisfy their needs and it eliminates psychological impact (2).

#### ***Theory/Methods***

A cross-sectional study was conducted at a General Military Hospital in Greece. One hundred and four family members of patients admitted in the ICU for more than 48 hours between January and March 2019 were enrolled.

The family members' satisfaction was assessed with the Family Satisfaction in the Intensive Care Unit (FS-ICU 24) (3). The degree to which the participants interpret situations in their lives as stressful was assessed by the Perceived Stress Scale (PSS-14) (4, 5). The Connor-Davidson Resilience Scales (CD-RISC-25) was used to assess resilience (6, 7). The Daily Spiritual Experience Scale (DSES) was used to determine participants' spirituality (8). The Acute Physiological and Chronic Health Evaluation Scale (APACHE II), was used to indicate the severity of the patients' disease (9).

#### ***Results***

The mean value of satisfaction with care was 88.9%, of satisfaction with decision making was 79,1% and of the overall satisfaction was 85%. Resilience correlated significantly with perceived stress ( $p < 0.001$ ) and with spirituality ( $p = 0.019$ ). Spirituality correlated significantly with satisfaction with care ( $p = 0.013$ ), with satisfaction with decision making ( $p = 0,018$ ) and with the overall satisfaction ( $p = 0.003$ ).

#### ***Discussions***

The significant negative correlation between CD-RISC-25 and PSS-14 may be due to the fact that resilient participants are able to adapt to stressful situations and limit negative effects. Similarly, according to previous research, individuals with high resilience score experience less stress symptoms (10). The correlation between the DSES and overall satisfaction, satisfaction with care, and decision-making may be due to the fact that

participants' connection with a higher power helps them understand and accept pain, thus limiting their needs and increasing their satisfaction (11, 12).

### ***Conclusions***

Significant correlations were found between spirituality and satisfaction with care, decision-making and overall satisfaction, and between resilience and spirituality and perceived stress.

### ***Lessons learned***

By increasing resilience, the perceived stress will be reduced. The results of the study will contribute to the design of interventions aimed at enhancing resilience, limiting perceived stress and promoting spirituality.

### ***Limitations***

Family members who were not located because they avoided entering in the ICU and those who did not wish to participate might have an importantly lower resilience score that would affect the results. Some relatives were very old and could not answer the questionnaire due to visual and cognitive difficulties. Questionnaire responses may be affected by participants' emotional burden. This is a cross-sectional study so there is no temporal association between variables.

### ***Suggestions for future research***

Future research should aim at pointing out methods that promote spirituality of family members' of ICU treated patients and interventions that will teach them how to be resilient, and regain emotional control.