Care Provided by 'Skill Mix' and 'Informal Care Givers' to Critically Ill Patients

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This study conducted in Christian Medical College, Ludhiana, aimed at finding out the extent of involvement of Nursing 'Skill Mix' and 'Informal Care Givers' in the care of critically ill patients.

Objectives

1. To identify the patient care activities (PCA) of critically ill patients;
2. To determine PCA performed by the 'Skill Mix';
3. To find out PCA performed by the informal care givers;
4. To find out relationships among the following variables : Age and care provided; Educational status and care provided; Level of consciousness and care provided; Diagnosis and care provided,
5. To compare the aspects of holistic care provided to critically ill patients: Physical care; Psychological care; Spiritual care.

Introduction

The history of Nursing is as old as the history of mankind. It can be described in one world : Commitment. Mother was the first Nurse. Evolution in Nursing occurred over the centuries. Florence Nightingale gave Nursing education a new line and direction. Nursing emerged from a merely apprentice-based occupation to a profession, based on a sound body of knowledge. Rines and Montag (1976) stated that rapid expansion of medical knowledge and technology has brought about increase in Nursing knowledge and technology.

Keeping in tune with the change in society from simple to complex, Nursing too has increasingly become a complex process encompassing in itself the concepts of Nursing process, quality care, individualised and holistic care and so on.

The concept of progressive patient care developed by the Manchester Memorial Hospital, Manchester (1957) helped in the organisation of facilities, services and staff around the Medical and Nursing needs of patients. The six elements of progressive patient care were intensive care, intermediate care, self care, long-term care, home care and out patient care.

The Holistic Nursing concept entered the Nursing community in the 1970s. The American Holistic Nursing Association (1986) developed standards for Holistic Nursing. According to Kenner (1985), the standards are based on the philosophy that its purpose is the provision of services that strengthen individuals to achieve the wholeness inherent within them. Lewis (1980) also emphasised on the concept of the Holistic Nursing practice.

Another concept that is drawing attention of many Nurses, especially in the western world, is the involvement of Nurse-Aides and Nurse-Auxiliaries in the basic care of the patients. This 'Skill Mix' aims at creating a balance between trained and untrained, qualified and unqualified and supervisory and operative staff group. North-East Thames Regional Health Authority Report (1992) stated that 'Optimum' Skill Mix was achieved when a desired standard of service was provided at a minimum cost, which was consistent with the efficient development of trained, qualified and supervisory personnel and the maximisation of contribution from all the staff.

Need of the Study

During the long years of experience in the hospitals, the investigator had the opportunities to participate in and observe the care of critically ill patients. It was observed that all the needs were not met adequately by the qualified Nurses. Reasons could be that it is not always possible for the Nurse administrator to achieve the level of staffing according to norms being set for critical care Nursing. It is also observed that in the Indian social-setting of joint family system, the relatives are very keen to be with their patients and help them during their stay in the hospital. Therefore, involvement of relatives in patient care comes naturally.

Sharp (1990) concluded that involvement of relatives in the patient care is associated with good practice. It has been recommended as a goal in the Holistic Care of the patients as patient-and-family make up a 'whole'. However, little is known about relatives' participation in patient care in different hospitals.

In India very few Nursing activity studies have been conducted. The investigators were inspired to take up this study realising the fact that India's health problems are many but the resources are meagre. Appropriate strategies, economic use of available resources in the form of Nursing 'Skill Mix' and family participation can provide worthy solutions to the health problems of our country.

Time Sampling : Time sampling was done keeping in mind the time when maximum patient care activities are being performed. Time segments, therefore, selected for observations were 5.30 a.m. to 7.30 a.m.; 8.30 a.m. to 10.30 a.m.; 3.00 p.m. to 5.00 p.m.; 6.00 p.m. to 9.00 p.m. and 9.00 p.m. to 11.00 p.m.

Reliability : Reliability of the tool was estimated by the equivalence

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approach. The observation check list was used by two observers simultaneously and independently on the same subjects at the same time. Inter-observer reliability was confirmed by computing Pearson's Co-efficient of Correlation and, thereafter, by applying Spearman-Brown Phrophecy formula (r = 0.90); hence the instrument was highly reliable and content validity was confirmed by expert's opinion.

A total of 10 observations on each patient were done on 30 critically ill patients for two consecutive days. Purposive Sampling method was adopted. The observer stayed at a convenient distance and observed the care provided by the Nursing personnel and informal care givers' observations were entered in the observational checklist simultaneously. Data was collected from December, 1994 to February, 1995.

The Nursing Sister participated mainly in meeting the needs for maintenance of therapeutic environment (10.56%), observation (10.04%), and assessment (9.25%) of the critically ill patients.

Staff Nurses performed more complex bedside Nursing meeting needs for medication and treatment (56.06%), ventilation (55.70%), nutrition (49.80%), assistance in diagnostic procedure (50%) and observation (33.76%).

Auxiliary Nurse Midwives were called upon to assist in the treatment (36.14%), meeting ventilatory needs (8.94%), eliminational needs (4.79%), observational needs (3.92%), and to meet psychological needs (1.95%).

Nursing students participated mainly in meeting needs, such as hygienic (86.55%), diagnostic (50%) and observational (31.29%). Nursing students were the main category of Nursing 'Skill Mix' to meet musculo-skeletal and skin maintenance need (30.68%). In order to prevent pressure sores, they provided psychological support to the patients' relatives (23.8%) besides meeting eliminational needs (9.14%), safety needs (5.25%) and need for assessment (3.39%).

Major Findings

1. Mean score of indicated/identified needs of critically ill patients was 65.2%.
2. Mean percentage of overall needs met was 57.56% which is moderately adequate.
3. It is encouraging that the complex needs of critically ill patients were met upto 76.79% which was adequate.
4. The mean percentage of basic needs met was 57.95% which was moderately adequate.
5. Complex needs of critically ill patients were mainly met by Staff Nurses (61.39%).
6. Informal care givers scored highest (58.0%) in meeting basic needs of critically ill patients, meeting basic needs in comparison to Nursing 'Skill Mix' who scored 42.0%.
7. Preventive aspects of patient care activities were not given adequate attention by the care givers. The scores for prevention of chest complications (2.03%), active and passive exercises (14.16%) and prevention of foot drop (0.01%) revealed this fact.
8. Psychological needs (42.49%) and spiritual needs (11.69%) did not receive adequate attention of the care giver.
9. Statistically no significant difference was observed with regard to care provided in respect of age and occupation of the critically ill patients.
10. Statistically significant difference was observed in the care received by the critically ill patients according to educational status where educaed patients received better care as compared to those who were illiterate.
11. Statistically significant difference was found in the care received by the critically ill patients related to various diagnoses, viz., cerebrovascular accident, hepatoencephalopathy and meningitis and others. Patients suffering with cerebrovascular accident received the least amount of care compared to other groups.
12. Statistically significant difference was observed in the care received by critically ill patients in the categories of conscious, semi-conscious and unconscious patients. Unconscious patients received less care as compared to other two groups.

Implication in Education

1. More involvement of Nursing students in complex care activities of critically ill patients under the supervision of trained bedside Nurses and Clinical Instructor.
2. Involvement of Nursing students in the teaching of relatives of critically ill patients in the areas of basic care that they may have to continue after discharge from the hospital.
3. A planned on-going education programme for different categories of Nursing 'Skill Mix' can help Nurses to impart quality care to critically ill patients.

Recommendations

1. A comparative study can be done in different hospitals.
2. The study can be replicated on a larger sample.
3. Similar study can be conducted to detect the incidence of complications in chronic bed-ridden patients.

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