Assessing Information Needs of Patients' Relatives

A Study of Nehru Hospital

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PEOPLE'S participation in the care of the sick is one of the major goals of the primary health care whether done in the hospital or at home, which is ultimately in the hands of the Nursing personnel at bedside in our health care system.

We are aware that care during illness is an imperative necessity and forms an integral part of one's life; no life subsists without care by others or self. This is a universal fact for all living species and more so for the mankind. To ensure the maintenance, the increased span of life and the continuity of each of our health needs is to be cared for particularly during sickness.

Hospital forms an integral part of the community, which offers a comprehensive health care system. People's participation in health care can become the means through which radical health improvement can be achieved. Therefore, those (other than the professionals) who are involved in providing the care, play a significant role during the curative phase in maintaining the 'Health Care Front'.

Alma Ata Declaration

The Alma Ata Declaration emphasises that an individual's health begins from the people and in building health policies programmes are based on their understanding and their active involvement. This process also includes the curative phase in the hospital and forms the cornerstone of the Alma Ata Declaration.

The founding step in the health system is to educate them through information, which strengthens their self-reliance by enhancing their coping abilities in order to meet their health needs. Therefore, they should be motivated through education and be supported irrespective of the place or people. But the question is: who would provide them this guidance for active participation? Are we, the professionals, not responsible to educate them, to know, to learn, to practise and to acquire experience, which they could gain as information during their stay in the hospital environment. The aim of this study was to gather the data on the information needs of the carers/relatives during their hospital stay regarding: (a) Care of the patient; (b) Communication; (c) Facilities provided; (d) Visiting Hours, and (e) Other problems.

Material and Methods

A survey method was used to collect information of 100 subjects (patients' relatives) from 5 Medical Surgical Units of Nehru Hospital. An interview schedule containing 14 items on major variables like care provided by relatives, communication facilities provided to the relatives, visiting hours, and other problems faced by them was developed and tested for reliability and validity. The data were collected by interviewing the nearest relatives, who stayed for at least 3 days in continuation with their patients and participated in the care.

Findings and Results

Demographic factors indicated that 83% of males and 17% of females were interviewed, of whom 12% were illiterate and 88% literate. The age range was between 15 to 60 years.

Information in relation to the care needs of 100 subjects was 100%, who were continuously involved in the care for a minimum of three days. In all, 96% agreed to provide better care, 70% of them expressed the inclination to learn to identify the needs by themselves.

Also, 88% of the subjects were able to impart information to the patients, whereas 68% expressed the need to develop skills in order to provide care in terms of personal hygiene, change in position in feeding and keeping a therapeutic environment, emphasising on cleanliness.

Sixtytwo percent (62%) of the subjects were found to communicate with the patients on various aspects. Ninetyseven percent (97%) of them appreciated that the Nurses communicated to them and 91% of

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them said that they did not get an opportunity to communicate with the Nurses.

Regarding the facilities provided to the relatives 97% of the subjects informed that the toilet and luggage keeping facilities were inadequate, during their hospital stay, and meals and rest facilities were not available for the relatives. Ninety percent (90%) of the relatives were in favour of the existing rules of visiting hours, i.e., 7-8 a.m. and 4-6 p.m., but the rest of them, i.e., 10 percent wanted free visiting hours.

With regard to suggestions in relation to some of the problems, 97% of them wanted better facilities for canteen - 4% of them expressed concern about non-availability of drugs, and felt that the drugs were very expensive; 42% felt that sleep of the patients was disturbed due to too much noise in the hospital, and 15% opined that sanitary conditions were unhygienic - 20% expressed the view that there were too many visitors in the hospital, which was a disturbing element for the patients' care.

Conclusion

The study on 100 subjects indicated that

1. If the relatives have to participate in the care due to paucity of manpower then they need orientation and skill development.

2. Adequate facilities for canteen, luggage and a place for rest to be provided.

3. More opportunity should be provided to the relatives for an open dialogue with the Nursing staff.

4. And, if we wish to provide better care to our patients, then we have to include them in planning the care. According to Alma Ata Declaration: 'People's Health is in People's Hand'. Also, according to 'Development Division', people have the right to know to learn and to implement in their own health care programme.

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