

## Can relatives contribute effectively to inpatient care?

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### Abstract

Relatives of inpatients frequently request visit passes to enable them to be present out of visiting hours to help in the activities of daily living of the patient. A prospective study was undertaken to evaluate whether relatives can contribute effectively to inpatient care as voluntary carers. Over a nine-month period, 59 (34.3%) out of 169 bedridden patients and their relatives participated in the study. The professional carers evaluated the role of voluntary carers and on discharge, the patients and their relatives were interviewed. The majority of the voluntary carers fulfilled their role either very well (44.8%) or fairly well (44.8%). No major problems were encountered. Minor problems encountered included worrying about the family at home, fatigue and having to take time off from work. Relatives contributing as voluntary carers can ease work commitments of professional carers enabling them to concentrate on the medical needs of the more severely ill. Voluntary carers appreciate the difficulties and joys of caring for the ill and whilst in hospital may observe and acquire basic nursing skills, which will stand them in good stead for continuing care of the patient on discharge. In enlisting voluntary carers it should be ensured that as far as possible, their usual domestic and socio-economic commitments are not compromised.

**Key words:** relatives, inpatient care

### Introduction

The presence of relatives in hospital wards has been traditionally perceived as a hindrance to inpatient care. The presence of many relatives is, and probably will always be considered a hindrance to acute medical care. However inpatient care is constantly undergoing change. Hospital inpatient stays are becoming shorter and inpatients are subject to relatively more intense diagnostic investigation and treatment procedures. The duties of professional carers have become more intense and challenging compared to those of the previous generation.

When relatives learn about delays in the attendance to patients' needs, they frequently request for permission to be present in the ward after visiting hours to assist in patient care activities especially those related to activities of daily living such as meals and maintenance of personal hygiene. Some relatives are aware that professional carers may be stretched in their commitments, resulting in delays in meeting patient needs.

A prospective study was undertaken to evaluate whether relatives can contribute effectively to inpatient care and to determine the

problems if any, that may be encountered by these voluntary carers.

### Materials and Methods

The immediate relatives of all bed-ridden patients who were inpatients in the female orthopaedic ward were informed that a female relative could voluntarily participate in the study. Only bedridden patients who were not able to attend to their own activities of daily living and their relatives were eligible. Each bedridden patient could only nominate one relative. The voluntary carer would have access to, and could be present in the ward throughout the patient's hospital stay. The volunteers were advised not to verbally or physically interfere in medical, nursing or allied health care of their relative or that of any other patient.

During the inpatient's hospital stay, the effectiveness of the voluntary carers in contributing to patient care was evaluated by the nursing staff using a scoring system comprising indicators as follows:

i) frequent presence in the ward rendering assistance = 4 points

- ii) amicability and cooperation with professional carers = 4 points
- iii) compliance with hospital regulations = 2 points.

Performance was graded as good (7-10 points), fair (4-6 points) and poor ( $\leq 3$  points).

Prior to the patient's discharge the patients and their relatives who had participated in the study were interviewed using a questionnaire administered by an interviewer who was not involved in the patient's care and whom they had not previously met. The voluntary carers were also asked to relate the problems which they encountered and requested to provide suggestions which could lead to the improvement of facilities for voluntary carers and hence patient care.

### Results and Discussion

Over a nine-month study period, there were 169 bedridden inpatients in the female orthopaedic ward. Of these, 58 (34.3%) patients and their relatives participated in the study. All patients and their relatives were female with the mean age of patients and relatives being 63 and 42 years respectively. The mean length of inpatient stay was 11 days. Of the 58 patients interviewed 47 (81.0%) were apprehensive on hospital admission and 39 (67.2%) felt that having a relative around reduced this apprehension. Furthermore, 57 (98.3%) appreciated the relative's presence and contribution to care. All 58 were satisfied with the inpatient treatment received and appreciated the advice on treatment from the professional carers. Although all the 58 voluntary carers appreciated the opportunity provided to care for their relative, 2 (3.4%) were not happy to contribute as voluntary carers. They could have been pressured by other relatives or felt obliged to do so. The majority (55 or 94.8%) appreciated the opportunity to observe and learn about treatment. All 58 voluntary carers appreciated the encouragement and advice on treatment provided by the professional carers.

The majority of carers (94.8%) appreciated the opportunity to observe and learn about inpatient treatment. This could be beneficial as they will have the option of attending to uncomplicated therapeutic tasks such as changing dressings and rendering physiotherapy once the patient is discharged. This may be more convenient and economical than helping the patient to commute to outpatient clinics for follow-up care. The observation of inpatient treatment and their contribution to care can

enlighten relatives of the difficulties involved in patient care especially that of the bedridden patient. This will perhaps result in their becoming less critical of the hospital system and prepare them for the difficulties that may be encountered once the patient returns home on discharge. Having more contact with the professional carers whilst being present as a voluntary carer may lead to better mutual understanding and rapport between the providers and consumers of health care. The contribution that the voluntary carers make to the care in the patient's daily living activities may enable the professional carers to concentrate on more severely ill patients requiring their attention.

Forty (69%) of the 58 voluntary carers stated they encountered problems. Twelve (20.7%) were worried about the family at home and the same number admitted that their tasks as voluntary carers resulted in fatigue. This may be due to the additional commitment they shouldered as voluntary carers in addition to their usual domestic and work commitments. Five (8.6%) had to take leave from work, 3 (5.2%) found difficulty in caring, 3 (5.2%) did not have a place to rest, while 2 (3.4%) felt apprehensive. One (1.7%) each found the ward noisy, had loss of income, and could not attend school. This may illustrate that some participated because they felt obliged to and this was at the expense of their routine domestic and economic commitments (Astedt *et al.*, 1995). Sixteen (27.6%) had no problems while 2 (3.4%) declined to comment.

Of the 58 voluntary carers 55 (94.8%) did not cause substantial problems. However 1 (1.7%) each was accompanied by a child, brought along too many personal belongings, or was a nuisance.

Based on the above scoring scheme, 26 (44.8%) had good and another 26 (44.8%) fair performance. Many were also seen helping other patients. Only 6 (10.4%) performed poorly. During the period of the study there was no reported loss or damage to hospital or private property.

Although the study showed relatives contributed positively as voluntary carers for inpatient care, the results must be interpreted with caution because of the small sample size. Furthermore, the patients and relatives who participated may have given only favourable answers for fear of incurring the wrath of the health care providers.

Serving as voluntary carers of inpatients is an effective way for relatives to appreciate the

difficulties and joys of caring for the sick. It can lead to the understanding of, and the acquiring of skills in therapeutic activities, which can be continued on the discharge of the patients. This is beneficial to the patients and their relatives at no additional cost to the health care provider.

The involvement of relatives in patient care is frequently associated with good nursing practice (Sharp, 1990), and can benefit both the relatives and professional carers (Hammond, 1995). However, when enlisting relatives as voluntary carers, caution must be taken to avoid the wrong perception that the professional carers are shirking their responsibilities. The needs as well as the routine domestic and socio-economic commitments of the potential voluntary carers must be taken into account. Family members frequently believe that they are expected to help their relative (Astedt, 1995) and will not decline when invited to do so. However the welfare of the voluntary carers as well as other family members should not be significantly compromised in the process.

In conclusion, relatives can contribute effectively to inpatient care as voluntary carers.

However, their commitments as voluntary carers may compromise their ability to meet their personal commitments. Although the enlistment of voluntary carers may not incur additional expenditure to the health care provider, the welfare of the carers and their families can be compromised and this, as far as possible, should be avoided.

#### **Acknowledgement**

The authors wish to express their gratitude to the Director-General, Ministry of Health, Malaysia for his permission to publish the paper.

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