Participation of the patient's family members in the internal-medicine ward rounds: A burden or an advantage?

Oded Lagstein

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Introduction:
Involvement of family members and other permanent caregivers during doctors' visits may benefit patient treatment by providing the medical staff with relevant information; the family and patient with a better understanding of the doctor's medical considerations, and increase patient responsiveness to treatment. However, obstacles such as space restrictions, invasion of privacy, difficulty in conducting professional discussions and teaching interns/medical students at the patient's bedside, lengthening the duration of the doctor's visit and creating a paternalistic approach to the patient by the staff, do exist. This project examined the patients', patients' family/caregivers', doctors' and nurses' position regarding the presence of family members/caregivers during ward rounds, as well as the effect of their presence on the length of ward rounds.

Methods:
Ninety-six Hebrew-speaking patients, 106 family members/caretakers, 56 nurses and 33 doctors in three Internal Medicine wards of the Hadassah Ein-Kerem Medical Center were interviewed using a structured questionnaire. In addition, 129 ward rounds were observed by medical students who recorded the doctor's rank (senior/intern), the duration of the ward rounds, the number of patients in the rounds, the presence of a relative/caretaker, the number of times the relative/caretaker was
asked to leave the room as well as any irregular events (such as CPR). Variables affecting the length of the rounds were examined using an analysis of variance procedure.

**Results:**
Seventy-eight percent of patients were highly in favor of a family/caretaker presence during ward rounds, as well as 83% of the relatives/caretakers, 56% of the nurses and 55% of the doctors. Seventy-one percent of the nurses and 85% of the doctors felt that family involvement is an important aspect of the treatment process. Sixty-three percent of the nurses and 55% of the doctors felt that a family presence improves patient communication, although only 41% of the nurses and 42% of the doctors believed that a family presence would improve the quality of ward rounds. Eighty-two percent of the nurses and 78% of the doctors expressed concern that the duration of the visit would be lengthened with a relative/caretaker present, and about half of the nurses and the doctors felt that such a presence might interfere with staff communication. In addition, 64% of nurses and 66% of the doctors considered bothersome the presence of a family member of a neighboring patient in the room during the ward round. On the other hand, only 34% of the patients viewed this as bothersome. The majority of relatives and patients (68-96%) felt that a relative's/caretaker's presence in ward rounds would help them better understand the patient's condition and treatment; allow them to be involved in decision-making regarding continuation of treatment; improve communication with the staff; reduce anxiety and perhaps even improve the attitude of the staff toward the patient. However, only 25% of nurses and 28% of doctors felt that family involvement would improve their attitude toward the patient. Most patients were interested in the attendance of a family member even during the physical examination, albeit with some restrictions. The mean length of ward rounds recorded during observations was 185 minutes on 14 patients, five of whom had a family member/caretaker present. The analysis of variance indicated that the number of patients during rounds, department, and rank of doctor lengthened the duration of the visit and irregular events significantly increased the duration of the visit (p.<0.05, R²=0.32). The number of patients with a family member/caretaker present during the visit did not increase the duration of the visit.

**Conclusions:**

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The majority of the medical staff, patients and their relatives/caretakers took a positive stance regarding the presence of a family member during ward rounds. The majority felt that such a presence can be beneficial when quality of treatment is involved. However, the medical staff expressed concern that the duration of ward rounds would be lengthened and staff communication might be affected. The presence of a relative/caretaker was the only statistically significant independent variable that did not extend the duration of ward rounds. Although the study was only conducted in one hospital, in one type of department and only involved literate Hebrew-speakers, the results concur with similar studies conducted both in Israel and abroad. The participation of relatives in ward rounds seems like a desirable step that requires a change in our perceptions, work culture, communication and logistics.
BIBLIOGRAPHY


