
Family Members' Perceptions of the Hospital Experience

Vom Eigen KA, Walker JD, Edgman-Levitan S, Cleary PD, Delbanco TL. Carepartner experiences with hospital care. *Med Care* 1999;37:33-8.

Study Overview

Objective. To assess the hospital experience of family members and friends involved in a patient's care ("carepartners") and to determine the factors associated with problematic experiences.

Design. Survey based on the tracking of a probability sample of medical and surgical patients recently discharged from hospitals across the United States [1].

Setting and participants. 1800 patients recently discharged to a noninstitutional setting, and 1800 carepartners (1 selected by each patient as the individual most involved in his or her care). Of carepartners, 68% were spouse or fiancé(e), 15% were parent, 8% were child, 5% were other relation, 4% were friend.

Main outcome measures. Carepartner-reported responses regarding their own (not the patient's) experiences during the hospitalization were solicited during telephone interviews that lasted approximately 25 minutes. Respondents were asked about the quality of hospital care in the following domains: communication with staff, respect for needs and preferences, participation in decisions, patient and family education, provision of information, emotional support, discharge preparation, and family participation. Respondents did not provide ratings but rather reported on specific events or staff actions that had occurred in the hospital.

Main results. Carepartners reported a problem in response to 16% of the questions they were asked. The highest mean problem score was in the emotional support domain, with 24% of carepartners indicating a problem. Other domains with high problem scores included discharge planning (20%), family participation (18%), and communication/information/education (15%). The domains with less frequent carepartner problem reports included respect for needs and preferences (10%) and surgical care (9%). Independent predictors of more frequent carepartner problem reports included poor subjective patient health status, noninvolvement of

the patient's regular doctor, emergency hospitalization, non-surgical admission, younger carepartner age, carepartner annual income less than \$7500, less frequent carepartner visits during the hospitalization, and less time spent with the patient after discharge.

Conclusion

Quality improvement efforts that focus on enhancing carepartner involvement and communication between providers and carepartners may improve carepartner and patient satisfaction.

Commentary

Carepartners often play an important role in the care of patients during and after hospitalization. This study increases our awareness of the clinical circumstances that lead to carepartner problems. Previous research on family assessment of care usually has focused on situations in which family members typically play a more prominent role, such as in critical care and psychiatric or terminal illness [2-4]. The current findings, based on a national sample, may be more generalizable to the overall patient population, across multiple hospital situations, and perhaps across care in various clinical settings. Some of the findings in this study parallel those in other studies of patient experiences and satisfaction: discharge planning has consistently been found to be a problem, and participation of a patient's regular physician has been shown to be associated with less frequent problems [1,5].

Applications for Clinical Practice

Systematic changes taking place within the U.S. health care system may help address the carepartner and patient problems identified in this study. Among these changes are increased responsibility and level of participation of primary care practitioners, increased roles for nurses and ancillary personnel, greater use of care management and clinical pathways, and overall, more integrated managed care. These changes should not only help reduce carepartner problems but also improve the quality of care.

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References

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