A STUDY OF ADHERENCE TO COUNSELLING PROTOCOLS FOR ICU PATIENTS AND ATTENDANTS IN A MULTI SPECIALITY HOSPITAL

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By

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Under the Supervision and Guidance of

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Rishabh Yadav S/o Mr. Sumer Singh** has completed his "**Dissertation**" as a part of the course curriculum in the department of **Medical Administration** at Fortis Hospital, Manesar, Gurugram from **April 01, 2024** to **June 30, 2024.**

We wish him all the best in his future endeavors

For **Fortis Hospital, Manesar, Gurugram**

Rahul Khandelwal
Unit Head - Human Resources

DECLARATION BY STUDENT

I hereby declare that this dissertation titled **"A study of adherence to counselling protocols for ICU patients and attendants in a multi-speciality hospital"** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Dr. Rishabh Yadav

Date- 05/07/2024

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that dissertation titled "**A STUDY OF ADHERENCE TO COUNSELLING PROTOCOLS FOR ICU PATIENTS AND ATTENDANTS IN A MULTI-SPECIALITY HOSPITAL"** is a record of the research work undertaken by **Dr. RISHABH YADAV** in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his approach to the research study has been sincere, scientific, and analytical.

Dr. Seema Mehta, Professor
IIHMR University, Jaipur
Date 05/07/2024

Dr. Sanjay Gupta
IIHMR University, Jaipur
Date 05/07/2024.

Abstract

Title: A STUDY OF ADHERENCE TO COUNSELLING PROTOCOLS FOR ICU PATIENTS AND ATTENDANTS IN A MULTI SPECIALITY HOSPITAL

Background: In the demanding environment of Intensive Care Units (ICUs), effective communication and psychological support are crucial for both patients and their families. Fortis Memorial Research Institute (FMRI) in Gurgaon has established counselling protocols to ensure comprehensive care, but adherence to these protocols varies significantly across different ICUs. This inconsistency highlights the need for a thorough evaluation to identify gaps and suggest solutions to improve patient care.

Objective: This study intends to assess adherence to counseling protocols for ICU patients and their caretakers at FMRI. The study will recommend ways of increasing patient care quality in ICUs by evaluating present practices, identifying barriers and suggesting practical solutions that can be replicated in other hospitals.

Methodology:

- To assess adherence to counselling protocols for ICU patients and their caretakers, a descriptive observational study was conducted.
- For 9 weeks PICU and ICU 4 through 8 was taken under the study's observation.
- To identify the barriers faced by the ICU staff with respect to adherence to the counselling protocols we asked counselling givers to fill out a form.
- Data collected was observed for quantitative analysis and qualitative findings for better understanding of the study.

Findings: The results revealed a wide variation among ICUs in terms of adherence to counseling protocols. For instance, all through the research period in PICU compliance was found to be 100%, while only 38% of patients discharged from ICU 5 on average followed strictly recommended steps or guidelines for offering this type of service within a hospital. Among the key barriers were lack of time; too many patients per caregiver; emotional burnout especially when dealing with dying patients by caregivers

themselves; lack of training among relevant health workers language barrier between attendants from different cultural backgrounds etcetera besides that sometimes-certain family members may not always be around at certain hours creating even more problems for those supposed take up such duties on behalf others.

Conclusions: Based on this study, one of the major components of a critical care system is counselling. This reasoning is based upon these proposed guidelines which can give evidence-based recommendations that may improve existing modalities as compared to the current practice. It calls for the adoption of complete, patient-focused approaches in ICUs by all hospitals. The research identifies counseling compliance rates and barriers within ICUs making it relevant to other healthcare settings as well.
Keyword: ICU, Counselling Protocols, Patient Care, FMRI, Adherence, Psychological Support

A few of the key proposals include an increase in staff members, better training programs for counselors, creation of flexible session timetables allowing more patients to be served, simplification of paperwork procedures and use of translators to reduce language barriers. While these results are not only applicable in FMRI but also any other healthcare institution wishing to have their counselling, services meet high standards especially for families accompanying critically ill patients.

Future studies should look at long-term effects of such interventions as well as comparing different techniques employed in specific sections providing intensive care services within a hospital setup. By continuously investigating and improving on these practices, health practitioners will ensure they provide the best possible care to patients and their families.

Acknowledgement

I would like to express my heartfelt gratitude to the following individuals and institutions who have been instrumental in the completion of my dissertation:

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Table of content

List of Abbreviations:

FMRI	Fortis Memorial Research Institute
ICU	Intensive Care Unit
PICU	Paediatric Intensive Care Unit
SOP	Standard Operating Procedure
NABH	National Accreditation Board for Hospitals & Healthcare Provider
JCI	Joint Commission International
PTSD	Post-Traumatic Stress Disorder
EHR	Electronic Health Record

List of figures:

About the multi-speciality hospital

Mission:

To be a globally respected healthcare organisation known for Clinical Excellence and Distinctive Patient Care.

Vision:

To create a world-class integrated healthcare delivery system in India, entailing the finest medical skills combined with compassionate patient care.

Fortis Healthcare is one of India's leading integrated healthcare delivery service providers, renowned for its extensive network of hospitals, diagnostic centers, and day care facilities. Established with a vision to create a world-class integrated healthcare system, Fortis Healthcare has consistently set benchmarks in healthcare delivery with its innovative approach and patient-centric care

- The unique selling proposition of Fortis Healthcare lies in its combination of advanced technology, comprehensive medical expertise, and a strong emphasis on patient care. Fortis hospitals are equipped with state-of-the-art medical technology, including the Da Vinci Robot for robotic surgeries, 3-Tesla MRI machines, Elekta Linear Accelerators for precise radiation therapy, and specialized Brain Suites. The cutting-edge technology, along with the team of renowned doctors, ensures that the patients receive the highest standard of care.
- Moreover, Fortis Healthcare is committed to their patient-first mindset, which is reflected in their world class services designed to enhance the patient’s experience. These above-mentioned services include customized preventive health checks, around the clock emergency care, and world class patient support services, such as visa assistance for international patients, language interpreters, and personalized care plans for the patients.
- Fortis Healthcare is accredited for being committed to service excellence which it demonstrates through various awards. Among the accreditations that the hospital has are many NABH and JCI. Also, it has 34+ NABH hospitals and

multiple JCI ones indicating how much effort they put in ensuring high levels of healthcare quality and the safety of their patients.

- Fortis Memorial Research Institute (FMRI) located in Gurugram is a leading medical facility, fitted with latest technology and highly qualified doctors. With 11 acres of land and a peak capacity of 1000 beds, this center currently runs on 311 beds. Indian-trained nurses are joined by internationally trained ones, supported from within India as well as abroad by national consultants and experts. FMRI specializes in areas such as Robotic Surgery, Neurosciences, Oncology, Renal Sciences, Organ Transplants, Orthopaedics, Cardiac Sciences and Obstetrics & Gynaecology.
- Top quality treatment options are available to patients through this health care institution that combines advanced technology with compassion. For example, Da Vinci Robots which help in robotic surgeries, gamma knife radiosurgery for brain tumors and 3 Tesla MRI machines that produce detailed images of organs and tissues without ionizing radiation. Precise radiation therapy planning is done using the Elekta Linear Accelerator alongside having an extensive ECMO program. There are over 15 modular operation theatres including a dedicated Brain Suite at FMRI providing critical care services manned by highly skilled intensivists round the clock.
- JCI and NABH accreditations are among the most respected worldwide held by FMRI. Additionally, its laboratories have been NABL accredited ensuring high levels of accuracy for medical tests and diagnoses carried out here. This year alone FMRI was featured in Newsweek's top 25 'World's Best Smart Hospitals 2021' globally following other numerous accolades it has received for its role in advancing medicine.
- By prioritizing patients' needs FMRI ensures they get personalized care tailored precisely for them. Besides conducting specific health checks the hospital offers full visa support service, assistance with accommodation for international patients as well as VIP amenities to ensure seamless healthcare travel experience. The hospital has strong safety measures hence each worker fully adheres to quality control procedures striving to achieve utmost patient satisfaction.
- FMRI believes in putting patients first and provides them with compassionate care that is customized to their needs. The hospital conducts special preventive health checks, offers comprehensive visa assistance, accommodation support for

international patients as well as VIP facilities which ensure a comfortable healthcare journey throughout. There are strong safety systems in place and all staff members work towards maintaining highest levels of quality control so as to achieve maximum patient satisfaction at all times.

CHAPTER 1: INTRODUCTION

Healthcare, especially in critical care units like the ICU is highly intricate. It requires not only treating patients but also their mental and emotional wellness. In the ICU, patients usually suffer from life-threatening illnesses which require urgent and grave decisions as well as severe treatments. This can be too much for both the patients and their families to take in. This explains why good communication and counselling are vital in any hospital environment. They help ensure that patient's family is well-informed, participate in decision-making process and receive psycho-social support necessary for managing the stress of a critically ill individual. FMRI Fortis Memorial Research Institute appreciates this fact so much that they have mandated as part of their SOPs that counselling should be given to every patient in ICU and their relatives. However, not all people adhere to these rules strictly implying that there is a need to find out why this happens and how it may be corrected.

The Importance of Counselling in ICUs

Counselling in ICUs is important for a few reasons. Firstly, the patient and family members receive some necessary information concerning the patients' condition, treatment options, and prospects.w This type of openness is crucial to informed consent and assisting families in decision making about their care. Secondly, effective counselling can reduce mental and emotional distress that accompanies ICU stays. Research indicates that psychological support such as counselling can significantly minimize anxiety, depression as well as post-traumatic stress disorder among both patients and their family members. In addition, it helps patients and caregivers to cope emotionally by guiding them through the difficult and emotional experiences of critical care.

However important it is though there are challenges involved when implementing counselling protocols in ICUs. High patient-to-staff ratios often mean healthcare providers are too busy leaving them little time to offer thorough counselling. Moreover, the health professionals have diverse levels of comfort and competence in providing psychological support within different contexts. There may be cultural

or linguistic differences which inhibit communication making it difficult for all patients to receive good quality counselling processes from their families (Meredith et al., 2011). Additionally, ICU settings can be unpredictable stressful environments where immediate medical needs of patients take precedence over other non-urgent activities.

Scope of the Study

This study is all about evaluating how well the counselling protocols are followed for ICU patients and their attendants at Fortis Memorial Research Institute in Gurgaon. By observing that how strictly the protocols are followed, identifying the barriers faced, and suggesting solutions, the study aims to improve the quality of patient care in the ICU of the hospital. The insights gained from this study could also have many other implications, helping to inform best practices and policy adjustments in other hospital's facing similar challenges.

Significance of the Study

The significance of this study is that it may improve patient care by making sure the psychological and emotional needs of ICU patients and their families are well taken care of. This means if there are effective counselling practices, then health outcomes will be improved leading to high patient and family satisfaction resulting in better quality care. It also aims at bridging gaps on what is lacking currently in terms of counselling as well as offering solutions towards comprehensive patient-centered services thereby help FMRI to attain its objective. In addition, results could be valuable for other healthcare providers who want to improve their ICU-based counselling programs.

Context and Setting

Fortis Memorial Research Institute (FMRI) located in Gurgaon is a renowned healthcare facility with advanced medical technology and utmost standards of care observed here. The hospital has various ICUs including the Paediatric ICU (PICU) and ICUs 4-8 which cater for different types of critically ill patients. FMRI's

standard operating procedures require that counselling should be done for all patients and attendants in the ICU so as to ensure total care provision. This research occurs within these ICUs investigating how well such protocols are observed, as well as other factors that affect compliance with them.

Objectives of the Study

The main goals of this study are to:

- Assess how well the counselling protocols are being followed for patients and their attendants in FMRI's ICUs.
- Identify the reasons behind not achieving the 100% counselling target.
- Suggest solutions to address the identified gaps and improve the delivery of counselling services.

By systematically evaluating these aspects, the study aims to contribute to ongoing efforts to improve patient care and support services in the ICU settings.

CHAPTER 2: REVIEW OF LITERATURE

Blomberg et al. (2021)

Title: Interventions to promote patients and families' involvement in adult intensive care settings: A mixed method systematic revie

- The year 2021 saw the study of Blomberg et al, which aimed at finding out how more patients and their families can participate in taking care of those under ICU. They made use of both quantitative and qualitative data to know which strategies work best and their impact on patient care.
- Some interventions were found that enhance involvement by families; this includes routine integration of family members during daytime activities when caring for patients, shared decision-making processes as well as organizing family conferences. It was established that integrating relatives into daily care routines lowers anxiety levels among them while at the same time improving satisfaction on the part of both patients and their kin. When treatment decisions are made together with families through shared decision making, there is increased control over it thus fostering partnership Family conferences give an official platform for health care providers to talk with relatives about a patient's condition, treatment options available and prognosis thus leading to transparency plus trust building between them.
- To produce positive results, it was found that including families benefited patients; their anxiety levels decreased, and they had less depression or PTSD – thus becoming more satisfied with the care provided than ever before. However, there still remain a few issues for such interventions to work properly. Time is limited because the patient to staff/doctor ratio is not ideal, which means not enough training is provided on counselling skills by different levels of healthcare professionals offering these services thereby making them fail in achieving desired outcomes.
- Based on the research team, medical centers should use a multifaceted method to eliminate barriers – this may include (but is not limited to): training all health workers appropriately in counselling skills; making time for doctors to talk with

family members; creating culturally sensitive communication strategies among others. It also proposed that further studies should be undertaken so as to determine the long-term sustainability of these programs and establish universal benchmarks of best practice applicable in different hospital-based Intensive Care Units (ICUs).

- To sum up, Blomberg et al's findings offer some useful insights into the pros and cons of involving patients together with their families when they are admitted into an ICU ward. This study highlights how important good communication skills are while involving families towards patients' recovery but at the same time calls for more improvements within ICUs.

Wang et al. (2023)

Title: Care intervention on psychological outcomes among patients admitted into intensive care unit: An umbrella review of systematic reviews and meta-analyses

- Wang et al conducted a survey and review of past studies in 2023. Their aim was to find out how effective care interventions are for ICU patients with psychological needs. They wanted to know what works best in terms of mental health improvement among individuals who are admitted under intensive care units.
- Of the interventions reviewed, music therapy; ICU diaries; sessions of counselling for psychological problems and relaxation techniques. The authors found that anxiety symptoms can be reduced significantly through music therapy due to its ability to create an atmosphere which makes people calm and restful thus increasing their overall sense of being psychologically well also supported by another study where they found out these programs also reduce depression levels among them while still decreasing posttraumatic stress disorder signs following an ICU stay. Therefore, considering this alone can critical care nurses use more intensive methods towards holistic health? Absolutely, there is evidence such as using diaries within critical-care environment showing positive effect on emotion expression and processing.
- The significant point found during this review was that early initiation coupled with sustained delivery throughout the period spent in hospitals particularly at

the admission stage into an Intensive Care Unit for any patient requiring such aid is important. Moreover, it was also noted that those patients whose mental health needs were attended to by professionals trained or qualified in that area achieved better results than those without any specialization

- Nevertheless, Wang et al. (2023) has also criticized other works for having gaps in their research. They have mentioned that most of the studies included had methodological weaknesses such as small sample sizes and short follow-up periods. They recommended more high-quality, large-scale studies should be conducted to validate the findings made and investigate on the long-term benefits of psychological interventions in ICU settings.
- This review found out that patient outcomes can be improved by integrating psychological support into standard ICU care practices. The authors suggested that healthcare institutions need an all-round approach towards addressing physical as well as mental health needs among critically ill patients admitted in ICUs. This will not only accelerate patient recovery but also reduce chances for developing prolonged psychiatric disorders while at the same time promoting overall quality improvement within intensive care units.

Reay et al. (2022)

Title: Improving the Intensive Care Experience from the Perspectives of Different Stakeholders

- In 2022, the authors undertook a study which sought to examine intensive care units from various stakeholders' perspectives. They wanted to find out what makes people happy about being admitted into an intensive care unit and how can this be used as a tool for improving quality service delivery in general.
- This research was qualitative in nature; it involved one-on-one interviews with patients who had spent some time in an intensive care unit (ICU), visitors – usually their friends or family members – and health workers in these wards. Among the key findings was that good communication is vital for patients' positive experience of critical healthcare services; therefore, those who deliver it should make sure they do so clearly, quickly and kindly also updating families very frequently about how their loved ones are responding to treatment

alongside giving them opportunity ask any questions on such procedures or express any other concerns which may arise regarding those interventions done on behalf of these people.

- From this study's interviews of the healthcare providers, there are several challenges in trying to communicate effectively in ICUs which are normally resource limited and under constant stress. These can occur as a result of heavy workloads, emotional burden due to daily care of critically ill patients, and diversity in training among professionals resulting in communication failures that may lead to patient dissatisfaction.
- Besides, Reay et al. discovered that caregiver well-being has a substantial effect on ICU patients' experiences. They learned that when healthcare workers feel supported and valued, they engage in more significant conversations with patients and provide necessary treatments according to their conditions. To achieve this, they proposed some support systems like frequent debriefing sessions, mental health facilities access among others which contribute eminently to job satisfaction improvement by employees within the sector.
- One more factor found during this study to promote satisfaction during critical nursing situations include engaging patients and their families in making decisions. Researchers established that trust between them and healthcare providers was built when families were part of treatment decisions leading to improved outcomes and increased satisfaction levels. For this reason, the authors recommended structured family meetings along with decision-making frameworks as mechanisms for facilitating joint decision-making processes.
- In brief Reay et al.'s (2022) article gives an inclusive overview of ICU experience from both positive and negative sides incorporating insights from staff members. Enhancing communication links between medical practitioners and relatives of patients while ensuring well-structured support systems such as raising mental health awareness programs can go a long way in improving service delivery at these minimal levels of healthcare provision.

Alfonso et al. (2021)

Title: Communicating with Conscious and Mechanically Ventilated Critically Ill Patients: A Systematic Review

- In 2021, Alfonso and colleagues completed a systematic review aimed at determining the problems and solutions surrounding communication with awake but mechanically ventilated critically ill patients. They wanted to know which communication tools were most effective and what strategies could be used to better interact with this unique population.
- The study found that people who are on mechanical ventilation often feel frustrated, anxious, and alone because they cannot speak. A lot of things can contribute to these feelings including different cultural backgrounds; however, one thing we know for sure is that when someone cannot talk, it drives them crazy. Different methods have been developed to help people communicate in these situations such as boards with commonly occurring words or phrases represented by pictures next to them so all you have do is point at what you want rather than saying it out loud.
- Alfonso et al also noticed that some tracheostomy tubes allow for speech production, but they must be managed carefully since misuse can lead to complications like infections setting up camp within the lungs; therefore, training should always accompany their use. Various augmentative alternative communication (AAC) devices were established too; nevertheless, only those few who knew anything about them ever tried using any of those.
- To establish basic communication between patients and health care providers in primary schools, understanding prompts that are frequently used when sentences are displayed alongside images is necessary. These devices enabled the patients to ventilate their feelings thus minimizing their annoyance while in the Intensive Care Unit (ICU) hence improving patient experience during admission. Speaking valves made only for tracheostomy tubes also contributed much towards effective communication but this calls for strict supervision as well as training on proper handling of such a tube.
- Many studies included in the review observed that the success rates were largely dependent on how conversant the staff were with assistive gadgets; therefore, it was considered imperative to train medical personnel how to operate these machines. In addition, continuous education should be implemented according

to Alfonso et al., together with integrating them into routine protocols within intensive care units so that there is consistency during usage.

- The planning process needs to be done differently for each patient depending on what they can do and how well they can do it; this was one of the ideas highlighted by the research. People may feel cared about their needs too if we involve families in making these plans work better.
- Alfonso et al concluded their study by saying that one must come up with appropriate tools, train the staff and have individualized care plans for this group of patients hence improving their experiences while at ICU as well helping them manage psychological distresses which may arise later from being unable to talk about such times when words were few or none. They also suggested further reading into mechanically ventilated patient communication guides to get more insights.

CHAPTER 3: METHODOLOGY

Study Design

In this study, we used a descriptive observational design to assess adherence to counselling protocols for ICU patients and their families in Fortis Memorial Research Institute (FMRI) at Gurgaon. After that we did an online questionnaire survey to understand the reasons for non-compliance of counselling forms from the ICU doctors.

Study Setting

The study took place within Intensive Care Units (ICUs) located in Fortis Memorial Research Institute, Gurgaon namely, Paediatric ICU (PICU), ICU 4, ICU 5, ICU 6, ICU 7 and ICU 8. FMRI is a renowned medical facility known for its state-of-the-art equipment and excellent patient care services. These ICUs look after a diverse population with various critical illnesses making an ideal site for this investigation.

Study Duration

This study was conducted over a span of two-month period to gather comprehensive information and carry out an in-depth analysis. This two-month duration enables us to observe changes in adherence levels over different periods within the ICUs.

Study Population

The study population includes:

- All patients admitted to the PICU and ICUs 4 through 8 during the study period of two months.
- Attendants of intubated/unconscious patients.
- Healthcare providers involved in the counselling process within these ICUs.

Inclusion Criteria:

- Counselling forms of patients and their attendants who are admitted to ICUs during our study period of two months.
- Healthcare providers who are involved in the counselling process (ICU doctors).

Exclusion Criteria:

- Counselling form of patients and attendants who opt for Leave Against Medical Advice (LAMA).
- Patients in other departments outside the selected ICUs.
- Healthcare providers who were not included in the counselling process.

Sample Size

Part-1: counselling data of two months

Sample size: 727

Part-2: number of online survey using questionnaire

sample size: 11

Sampling Technique:

We decided to use the purposive sampling method for selecting health care providers who are involved in counselling process and therefore knowledgeable about what we were studying.

Data Collection Tools

The data for the study is collected using a combination of retrospective and prospective methods, using these tools:

- **Patient Counselling Forms**: These forms are reviewed to assess documentation and adherence to counselling protocols.
- **Anonymous review form:** anonymous forms with relevant questions from doctors and nursing staff about the lapses and problems in adherence of counselling form.

- **ICU Documentation**: Hospital records and ICU documentation are analysed to determine the frequency and quality of counselling provided.

Data Collection Procedure

The data collection process covers two phases:

- **Retrospective Phase:** This phase involves going through hospital records retrospectively besides reviewing patient counselling forms with an intention of establishing past compliance trends towards recommended procedures.
- **Prospective Phase**: Involves conducting structured interviews and surveys with healthcare providers to understand current practices and challenges faced in real-time.

Ethical Considerations

The study follows strict ethical standards aimed at upholding integrity and privacy of the collected data:

- **Confidentiality**: All patient information is kept confidential, and data is anonymized to protect the identities of participants.
- **Informed Consent**: Every participant is made aware of the purpose, methods and procedures of the study as well as their right to withdraw at any time without prejudice.
- **Objectivity and Bias**: Efforts are made to maintain objectivity and avoid bias in data collection and analysis, using standardized tools and protocols.
- **Respect for Stakeholders**: The perspectives and experiences of all stakeholders are respected, and participants are treated with dignity.

Data Analysis

- Numerical data analysis: Numerical data obtained from hospital counselling forms from ICUs for a period of two months was analyzed.

- Statistical analysis: statistical methods (e.g. calculating percentages, mean) to analyse and interpret data objectively.
- Graphs and tables: graphs and tables were incorporated to visually present the quantitative findings of the research.

CHAPTER 4: RESULTS

The data was collected over a period of nine weeks at Fortis Memorial Research Institute in Gurgaon, where they evaluated the adherence levels to counselling protocols among ICU patients and their attendants. However, it should be noted that ICU 6 was still under construction during the first three weeks hence no information could be obtained from this section.

WEEK – 1:

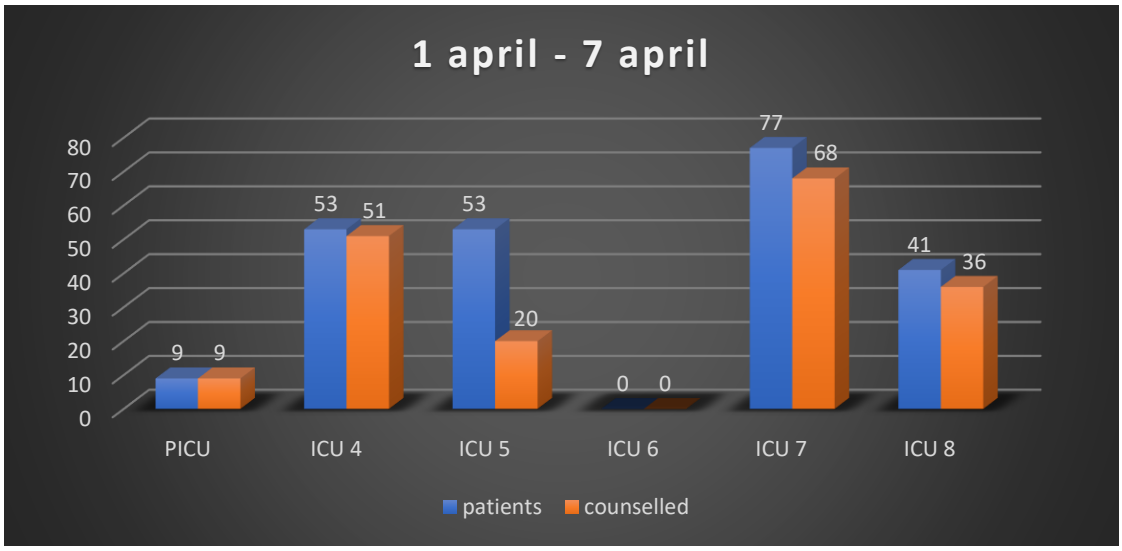


Fig – 4.1: compliance to counselling form in week-1

In the first week of April, the Paediatric ICU (PICU) had a total of 9 patients, all of whom received counselling, resulting in a perfect adherence rate of 100%. ICU 4 saw 53 patients during the same week, with 51 of them receiving counselling, achieving a high adherence rate of 96%. ICU 5, however, struggled significantly with only 20 out of 53 patients receiving counselling, resulting in a low adherence rate of 38%. This indicates substantial challenges in meeting counselling requirements in this unit. ICU 7 performed relatively well, with 68 out of 77 patients receiving counselling, translating to an adherence rate of 88%. Similarly, ICU 8 also had an adherence rate of 88%, with 36 out of 41 patients receiving counselling. Overall, across all the ICUs (excluding ICU

6), 233 patients were admitted, and 184 received counselling, resulting in an overall mean adherence rate of 78.97%.

WEEK – 2:

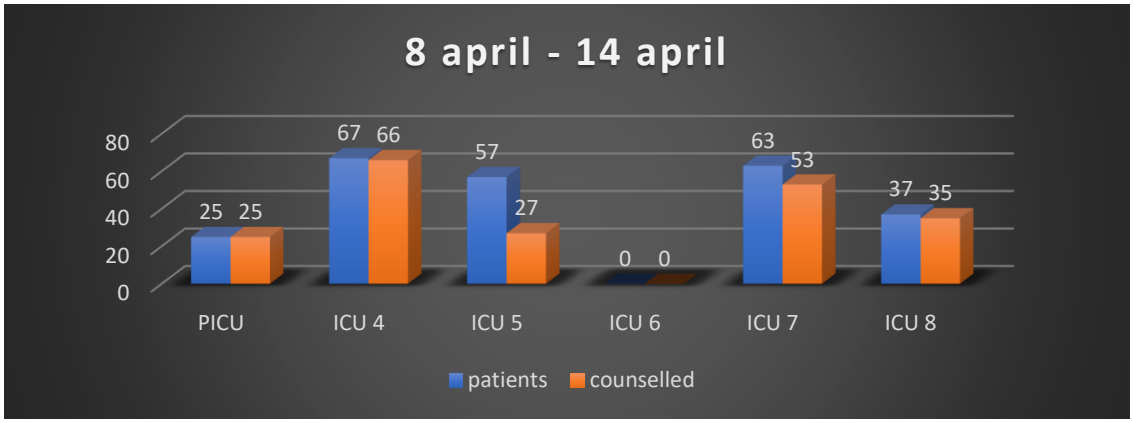


Fig – 4.2: compliance to counselling form in week-2

In the second week of April, the PICU maintained its perfect adherence rate, with all 25 patients receiving counselling. ICU 4 showed an impressive adherence rate of 99%, with 66 out of 67 patients receiving counselling. ICU 5 improved slightly but still had a low adherence rate of 47%, with only 27 out of 57 patients receiving counselling. ICU 7's adherence rate dropped to 84%, with 53 out of 63 patients receiving counselling. ICU 8 performed well with an adherence rate of 95%, counselling 35 out of 37 patients. The overall data for week 2 showed that out of 249 patients across the ICUs, 206 received counselling, leading to a mean adherence rate of 82.73%.

WEEK – 3:

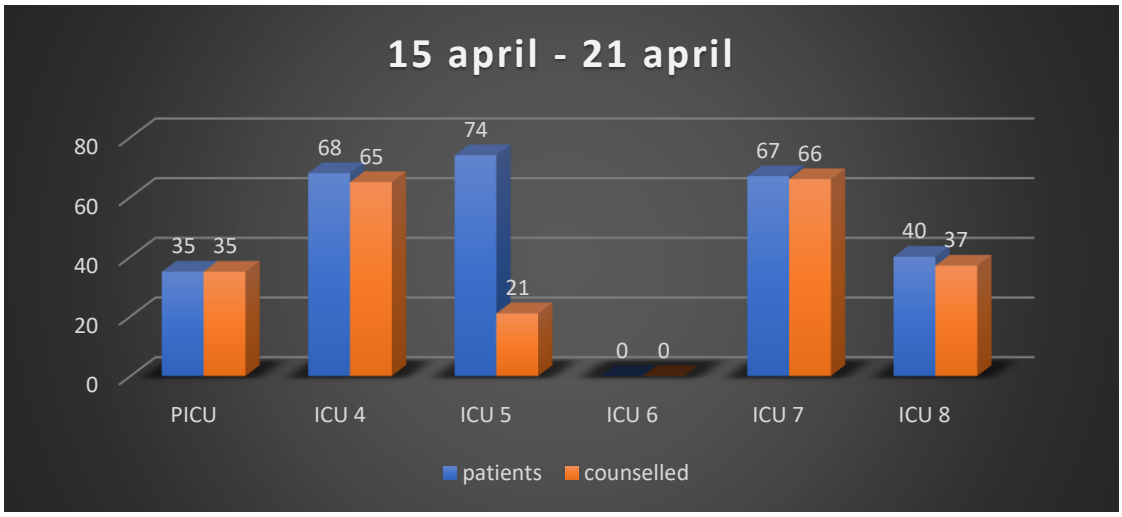


Fig – 4.3: compliance to counselling form in week-3

In the third week of April, the PICU continued to show exemplary performance with a 100% adherence rate, counselling all 35 patients. ICU 4 maintained a high adherence rate of 96%, counselling 65 out of 68 patients. ICU 5's adherence rate dropped significantly to 28%, with only 21 out of 74 patients receiving counselling. ICU 7 had a high adherence rate of 99%, counselling 66 out of 67 patients. ICU 8 also performed well with an adherence rate of 93%, counselling 37 out of 40 patients. Overall, for week 3, 284 patients were admitted across the ICUs, with 224 receiving counselling, resulting in a mean adherence rate of 78.87%.

WEEK – 4:

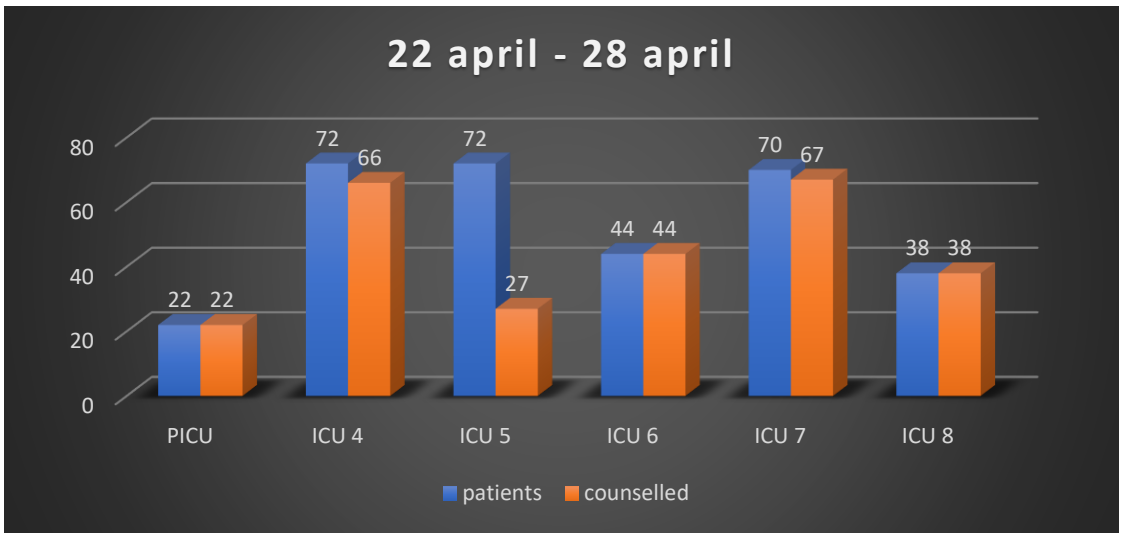


Fig – 4.4: compliance to counselling form in week-4

In the fourth week of April, the PICU continued its perfect adherence rate, counselling all 22 patients. ICU 4 had an adherence rate of 92%, with 66 out of 72 patients receiving counselling. ICU 5 had an adherence rate of 38%, counselling 27 out of 72 patients. ICU 7 maintained a high adherence rate of 96%, counselling 67 out of 70 patients. ICU 8 achieved a perfect adherence rate of 100%, counselling all 38 patients. ICU 6 reopened this week and achieved a perfect adherence rate, counselling all 44 patients admitted. Overall, for week 4, 318 patients were admitted across the ICUs, with 264 receiving counselling, resulting in a mean adherence rate of 83.02%.

WEEK – 5:

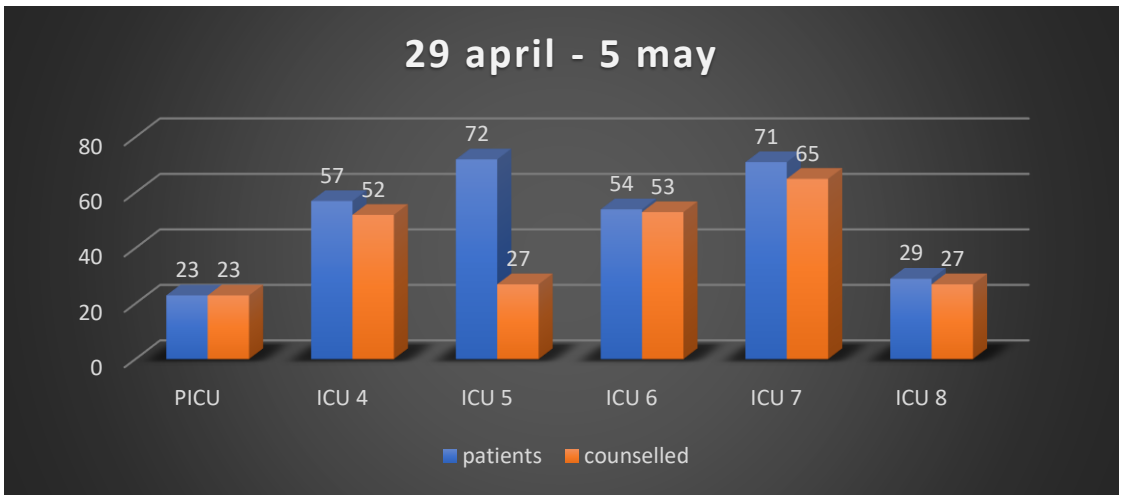


Fig – 4.5: compliance to counselling form in week-5

In the fifth week of April, the PICU maintained its perfect adherence rate, counselling all 23 patients. ICU 4 had an adherence rate of 91%, with 52 out of 57 patients receiving counselling. ICU 5 remained consistent with an adherence rate of 38%, counselling 27 out of 72 patients. ICU 7 maintained a good adherence rate of 92%, counselling 65 out of 71 patients. ICU 8 had a high adherence rate of 93%, counselling 27 out of 29 patients. ICU 6 showed a high adherence rate of 98%, counselling 53 out of 54 patients. Overall, for week 5, 306 patients were admitted across the ICUs, with 247 receiving counselling, resulting in a mean adherence rate of 80.72%.

WEEK – 6:

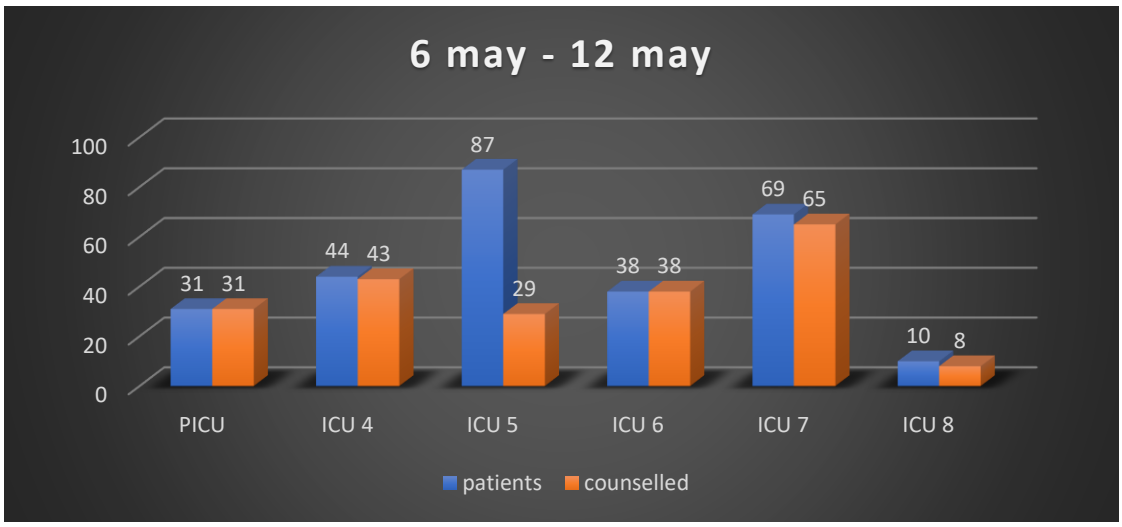


Fig – 4.6: compliance to counselling form in week-6

During the sixth week, the PICU continued its perfect adherence rate by counselling all 31 patients admitted. ICU 4 had an impressive adherence rate of 98%, counselling 43 out of 44 patients. ICU 5's adherence rate was 33%, with 29 out of 87 patients receiving counselling. ICU 7 maintained a high adherence rate of 94%, counselling 65 out of 69 patients. ICU 8 had an adherence rate of 80%, counselling 8 out of 10 patients. ICU 6 maintained a perfect adherence rate of 100%, counselling all 38 patients admitted. Overall, 279 patients were admitted across the ICUs, with 214 receiving counselling, resulting in a mean adherence rate of 76.70%.

WEEK – 7:

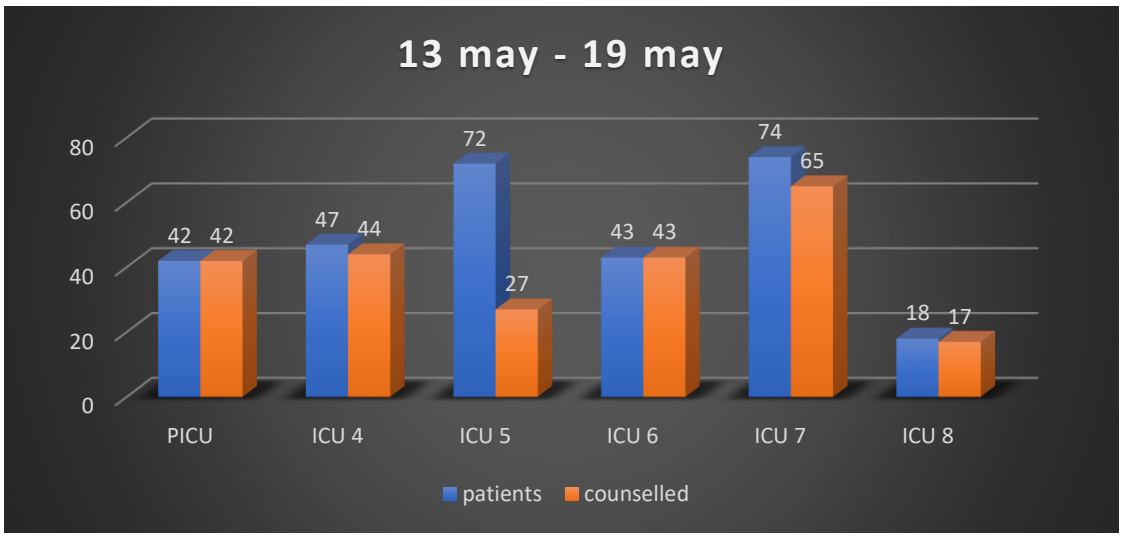


Fig – 4.7: compliance to counselling form in week-7

In the seventh week, the PICU once again maintained a perfect adherence rate, counselling all 42 patients admitted. ICU 4 had a 94% adherence rate, counselling 44 out of 47 patients. ICU 5 showed a slight improvement with an adherence rate of 38%, counselling 27 out of 72 patients. ICU 7 had a high adherence rate of 88%, counselling 65 out of 74 patients. ICU 8 had an adherence rate of 94%, counselling 17 out of 18 patients. ICU 6 maintained its perfect adherence rate, counselling all 43 patients admitted. Overall, 296 patients were admitted across the ICUs, with 238 receiving counselling, resulting in a mean adherence rate of 80.41%.

WEEK – 8:

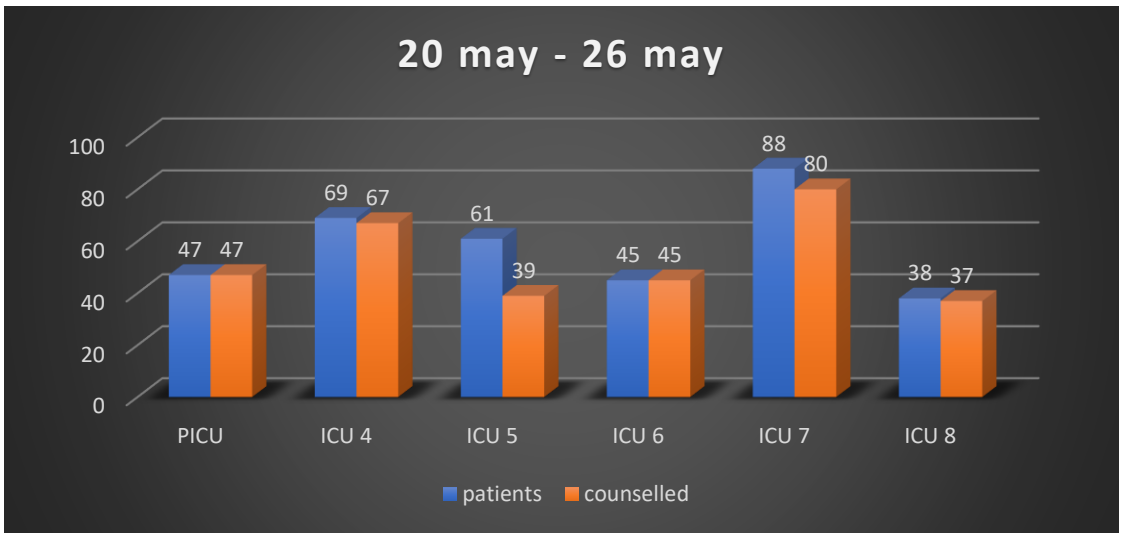
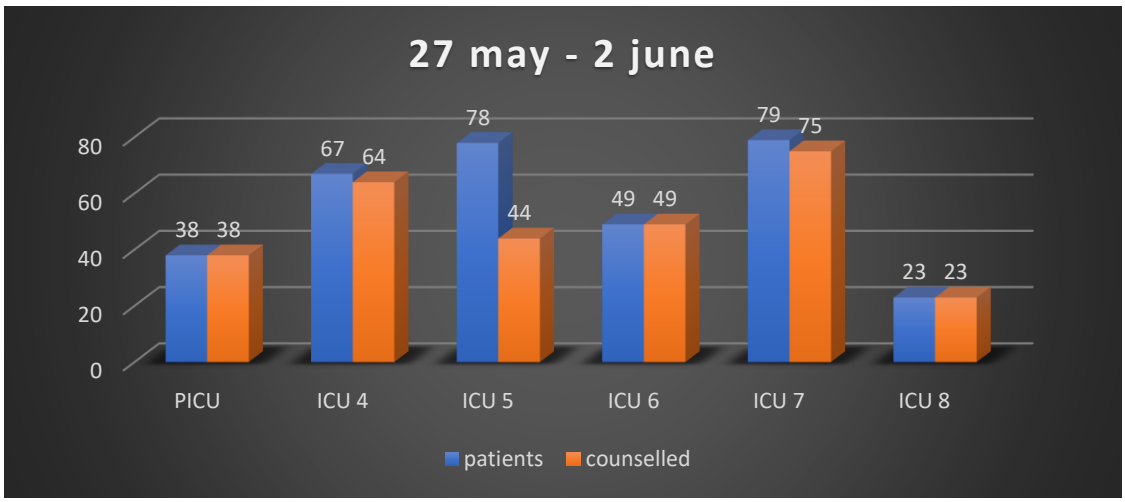


Fig – 4.8: compliance to counselling form in week-8

In the eighth week, the PICU continued to excel with a perfect adherence rate, counselling all 47 patients. ICU 4 maintained a high adherence rate of 97%, counselling 67 out of 69 patients. ICU 5 showed a significant improvement with an adherence rate of 64%, counselling 39 out of 61 patients. ICU 7 had an adherence rate of 91%, counselling 80 out of 88 patients. ICU 8 maintained a high adherence rate of 97%, counselling 37 out of 38 patients. ICU 6 maintained its perfect adherence rate, counselling all 45 patients admitted. Overall, 348 patients were admitted across the ICUs, with 315 receiving counselling, resulting in a mean adherence rate of 90.52%.

WEEK – 9:



Fig–4.9: compliance to counselling form in week-9

In the ninth week, the PICU maintained its perfect adherence rate, counselling all 38 patients admitted. ICU 4 had a high adherence rate of 96%, counselling 64 out of 67 patients. ICU 5 had an adherence rate of 56%, counselling 44 out of 78 patients. ICU 7 maintained a high adherence rate of 95%, counselling 75 out of 79 patients. ICU 8 achieved a perfect adherence rate of 100%, counselling all 23 patients admitted. ICU 6 also maintained its perfect adherence rate, counselling all 49 patients admitted. Overall, 334 patients were admitted across the ICUs, with 293 receiving counselling, resulting in a mean adherence rate of 87.72%.

The data collected over nine weeks indicates variability in adherence to counselling protocols across different ICUs. While some units like the PICU consistently maintained a perfect adherence rate, others, particularly ICU 5, faced significant challenges. The reopening of ICU 6 and its subsequent performance indicate a positive trend towards adherence.

Online questionnaire survey:

After the collection of the data, we asked the concerned doctors and ICU staff to fill out an anonymous form regarding the challenges and issues faced during the counselling. **The results of said forms are:**

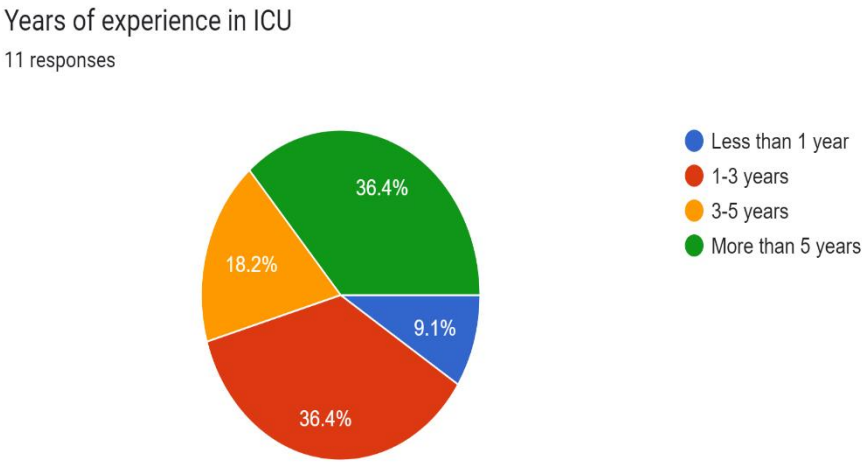


Fig-4.10: work experience of participants.

The pie chart shows the year experience of the participants has working in the ICU setting. It shows only 9.1% of the participants have less than 1 year of experience whereas 36.4% of participants have more than 5 years of experience and 36.4% of participants have between 1-3 years of experience.

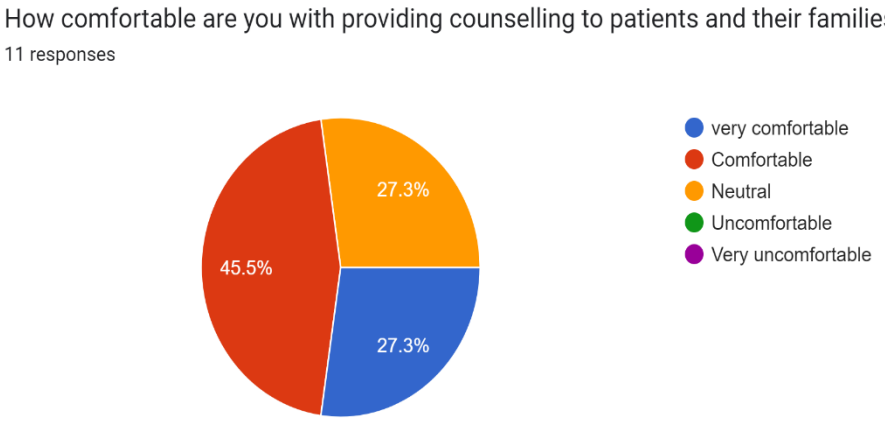


Fig-4.11: Percentage of comfortability of participants in providing counselling.

The pie chart sheds light on the comfortability of the participants in providing counselling to patients. 45.5% of participants were comfortable in providing counselling to the patients and 27.3% were very comfortable. 27.3% of participants were neutral to the comfortability in providing counselling to the patients.

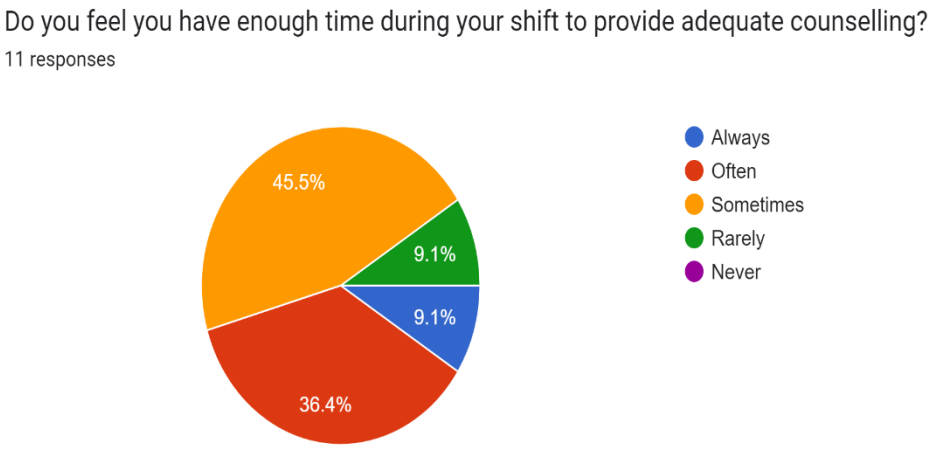


Fig-4.12: percentage of participants with time constraints.

The pie chart shows the availability of time the participants have for provision of the counselling. 45.5% of participants mentioned they sometimes have enough time for the

counselling and 36.4% of participants mentioned they often have enough time for the counselling. Only 9.1% of participants said they always have enough time for the provision of counselling.

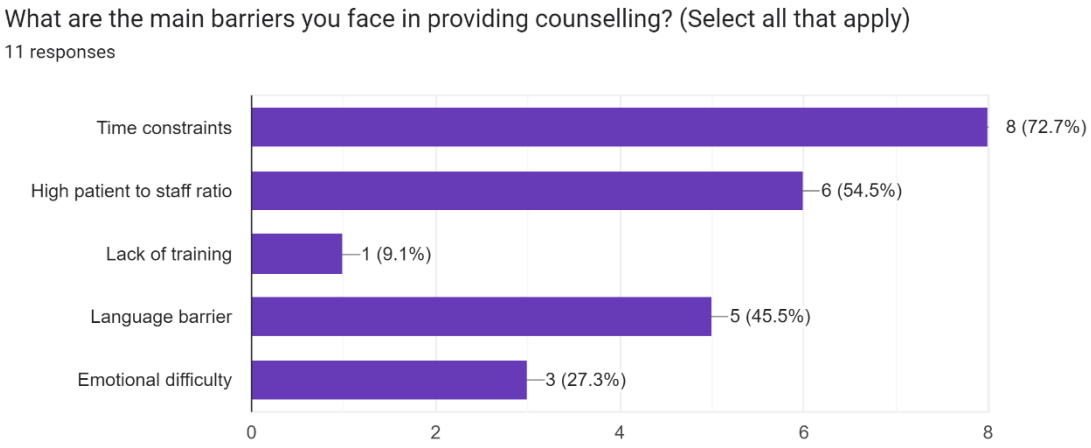


Fig-4.13: Percentage of barriers faced by participants.

The above bar graph shows the main barriers that are faced by the participants in the provision of the counselling. 72% of participants agreed to time constraints being a barrier making it the most important barrier to work on. Following that high patient to staff ratio was also addressed by the 54.5% of the participants. Due to high international patients in the ICU, language barriers sometimes were a problem as 45.5% of participants mentioned language barrier to be a barrier.

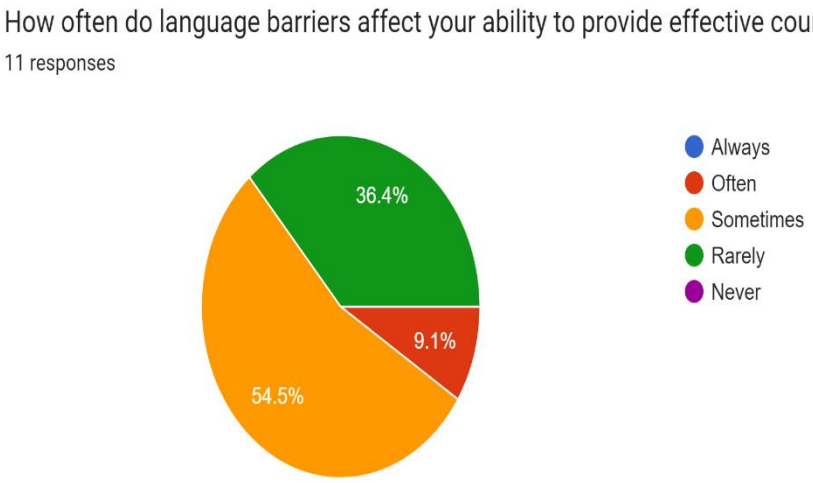


Fig-4.14: percentage of participants facing language barriers

The above pie chart shows how often language barriers affected the provision of counselling. 54.5% of participants mentioned that it sometimes creates a barrier and 36.4% of participants mentioned that it rarely creates a barrier. Only 9.1% of participants faced the language barrier often.

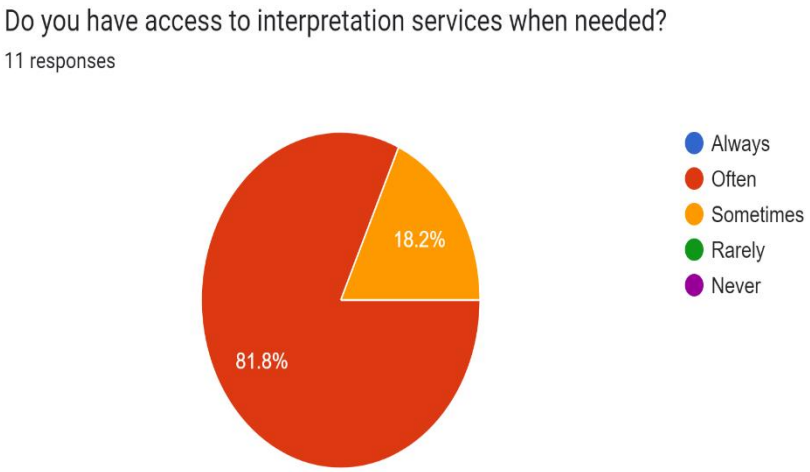


Fig-4.15: Percentage of participants having access to interpreters.

The above pie chart shows the percentage of participants having access to interpreters while providing counselling to international patients. 81.8% of participants mentioned that they often had access to interpreters when needed and 18.2% of participants mentioned that sometimes they had some issues regarding the availability of interpreters. Even after interpreters being available in the hospital their availability at the ICU when required took time as they had to keep coming to the ICU when called and that created a time lag in the counselling process.

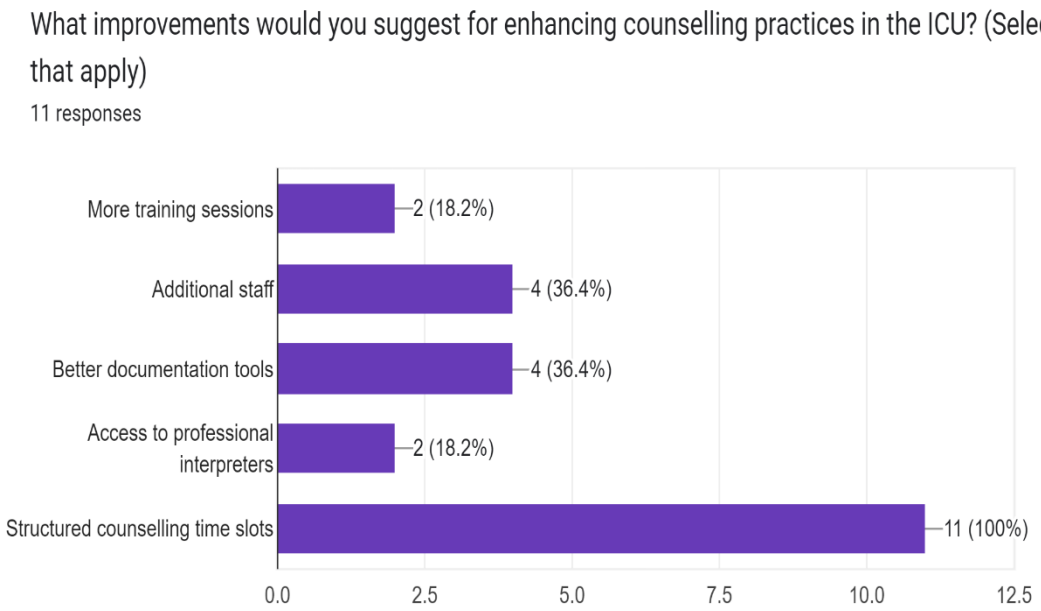


Fig-4.16: percentage of suggestions from the participants.

The above-mentioned bar graph shows the improvement suggested by the participants. Structured counselling time slots was suggested by 100% of the participants making it a critical suggestion to be look at first. 36.4% of the participants mentioned additional staff and better documentation tools as a suggestion.

The data collected from the anonymous questionnaire filled out by ICU staff and doctors at FMRI provides significant insights into the challenges and issues faced in the counselling process. The pie charts included in the document illustrate various aspects such as the frequency of counselling provided, the adequacy of training, comfort levels in providing counselling, and the main barriers faced.

Indications on the pie charts show that many staff members believe that they have enough training, conversely there is still a considerable number of them who think the opposite. Staff's comfortability with giving counselling also varies. While some feel very comfortable, others find it difficult due to lack of time and large numbers of patients-to-staff ratio. The major barriers identified are lack of time, emotional difficulty and lack of training. Language and non-availability of attendants at certain times also pose significant challenges.

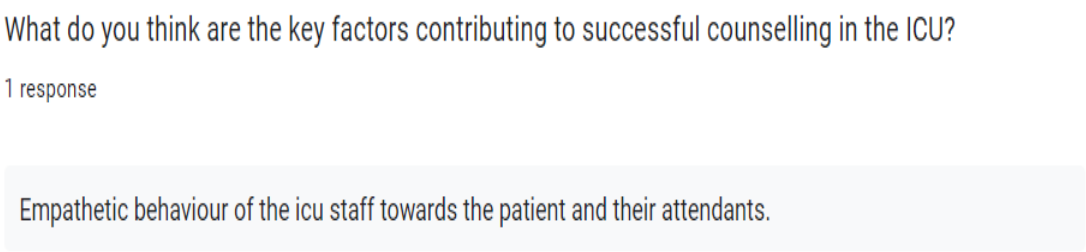


Fig-4.17: key factors in provision of successful counselling

One participant opted to answer the open-ended question and mentioned that empathetic behaviour of the counselling giver was vital in the provision of a successful counselling.

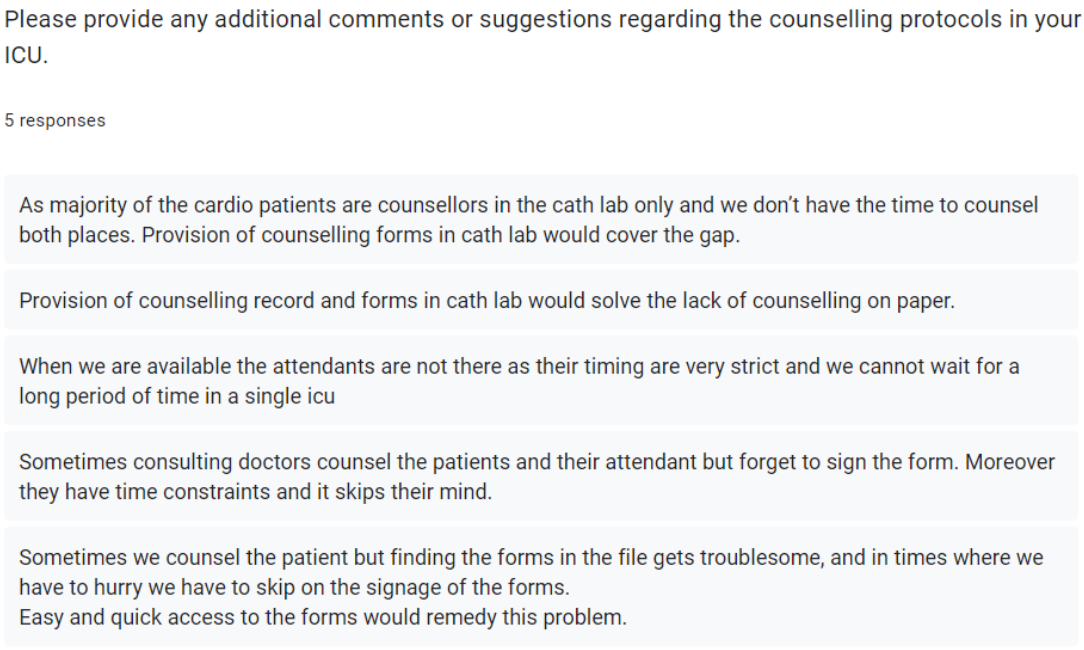


Fig-4.18: Suggestions from the participants on improving the counselling protocols.

The open-ended responses brought out several things that make counselling in ICU successful. It was observed that one important thing is the empathetic behaviour of ICU staff towards patients and their attendants. It was also observed that to enhance counselling protocols; filling any gaps by providing counselling forms in Cath lab, better timing coordination w/attendants should be done so that the forms can easily be accessed as well as quickly filled out upon completion. It was also observed that sometimes consulting doctors counsel patients but fail to sign forms because they run out of time among other pressing matters.

Broadly speaking, the figures indicate that we need training programs, time management should be improved upon, and it should be made easy for the counselling forms to be accessed in the ICUs so as to make our counselling procedures effective here. In other words, what this means is that according to employees' feedback these are some areas which require attention; for instance, empathizing with patients or doing administrative work connected with providing all-round patient care might need more effort.

CHAPTER 5: DISCUSSION

For this study, we wanted to find out the compliance of counselling forms by the medical staff in charge of ICU patients at Fortis Memorial Research Institute (FMRI), Gurgaon. We collected information on compliance as well as difficulties that health workers may encounter in their implementation over a duration of nine weeks. Results indicated that some rules were being adhered to more than others in different wards within the same unit hence highlighting weak points which should be worked upon alongside those areas showing good performance according to rates of observance.

In Paediatric Intensive Care Unit (PICU) there is always 100% consistency showing commitment towards them continuously which could be because it is well structured thus receiving special trainings sessions with enough resource's allocation, but opposite is true for ICU 5 where they have least average percentage about 38% meaning that there are great challenges encountered by them when trying to meet those requirements. For this reason, interventions should be made targeting specific departments' needs depending on their capabilities as highlighted by these discrepancies.

Comparison of findings with Other Studies:

1. Worldwide intensive care units should have effective communication skills which are highlighted by this current research. For example, structured family participation combined with shared decision making can contribute to positive patient outcomes and satisfaction among families as stated by Blomberg et al.,(2021). This is further backed up when we look at high levels of compliance seen in PICU and some weeks within the fourth seventh ICUs of FMRI according to Blomberg et al. Hence, if counselling protocols were followed strictly, it would greatly enhance patients' experience in an ICU setting.

2. According to an umbrella review conducted by Wang et al.(2023), early frequent psychological support interventions help in lowering anxiety, depression PTSD among other mental illnesses suffered by those who stay longer than necessary within an ICU ward. FMRI data showed that units with higher patient family

satisfaction ratings were those that followed counselling guidelines closely. However, there should be skilled mental health professionals recommended for administering them since there is no comprehensive training on these matters reported some members working at FMRI.

3. Reay et al.(2022) carried out a study looking into different stakeholders' views about their experiences in ICUs where they pointed out good communication practices and staff wellbeing as areas requiring improvement most urgently. ICU 5 Gurgaon faced emotional problems among their staff during this phase matches with the findings of Reay et al in their study. Because of this, other systems should be used for more feelings stronger staffing which leads to increased obeying hence enhancing general care of patients in such places. Reay et al (2022) conducted another study that aimed at understanding the perception of intensive care units from various actors and emphasized on good communication skills among healthcare providers. FMRI's fifth department time constraint emotional difficulty experienced by workers is consistent with findings of other researchers like Reay et al. Therefore, these needs should be addressed by having additional staffs as well as training counselling so that all patients are given best treatment in accordance with established norms.

Limitations of the Study

- The main limitation is that all information relied upon from health providers themselves who may have personal biases when responding to questions. Anonymity was guaranteed but still there could have been over under reporting either positively or negatively regarding compliance rates and challenges identified. Additional Long term trends variations in long run weeks could not be captured since it was done for only nine weeks.
- A range of ICUs with different staff training and experience levels was included in the study. Although this makes the findings more applicable to real-life situations, it also adds another layer of difficulty in understanding what they mean and determining why adherence rates were low.
- The second limitation is that ICU 6 was not considered during the initial period of three weeks because it was under construction at that time. This might have

influenced the overall analysis even though compliance spiked upon reopening, but without data from its first few weeks there is only a partial view of general adherence trends.

Strengths of the Study

- There is a way forward through increasing human resources, giving emotional support, improving education sessions, and intervening with tailor-made interventions designed specifically for unique needs of each ward.
- Through anonymous feedback information from health care workers numerous obstacles to effective counselling were identified. Due to ICUs being highly demanding in nature time constraints was a persistent problem. Employees experienced burnout among other stresses impeding their ability to offer effective counselling services. This concurs with Reay et al.'s (2022) findings which show that provider's well-being is critical for quality health care.
- Also of great concern were language barriers and difficulties accessing counselling forms. Electronic Health Records (EHRs) that incorporate professional interpreters within embedded counselling documentations could be used to guarantee inclusive support services for all patients.

Implications for Practice

The study gives some more suggestions which are highly realistic. Basically, our findings found that there is a need for more staff in ICUs and additional resources to address the vital issue of time shortage among health workers. This will enable them to offer all-round advice without neglecting patient care.

Another aspect is that there should be improved communication skills training programs. Active listening skills as well as appropriate response to individual's need may also include giving psychological support and being aware of cultural sensitivity. Competence builds confidence and healthcare providers will be armed with important information on how to provide quality counselling services thus they are prepared through these training programs.

Further still, flexible counselling sessions should be used so that their scheduling can conform to the availability of clients. This mechanism can enhance adherence to

counselling protocols. Sometimes, this means working closely with family members to establish appropriate counselling periods while medical practitioners can adjust their schedules around such times.

During peak hours and busy days in the hospital when a lot of people need to be attended to at once, it may not always be possible to fill out the counselling forms correctly due to this. Because of that therefore some data might get lost somewhere and so on and so forth leading into wrong diagnosis decision making about treatment plans etcetera. One more way is by using electronic health records (EHRs) with integrated counselling documentation where forms can easily be accessed even under pressure situations but what if we put all our counsellors together in one place? This will help us have a common language for all patients making decisions while involving everyone so that no single patient is left behind in understanding what they are told.

CHAPTER 6: CONCLUSION

To begin with, increase the number of workers and resources. The element that is most important here is time which means intensive care units may need increased personnel. This way, they can provide extensive counselling services while still attending to other areas of healthcare delivery.

Additionally, it would be advisable to improve training programs for staff members in ICU. Majority of employees think that they have enough knowledge and skills, but few feels like their trainings were not up to standard. Therefore, managers should plan for continuous educations targeting on equipping nurses with more competencies required for effective patient communication.

Overcoming language barriers requires one to offer multi-lingual support at every stage of counselling. For example, hospitals could employ professional interpreters who will help doctors talk to those patients that do not speak English as a first language or even come up with different types of educational materials like pamphlets written in various languages.

Another recommendation would be to simplify the process of documenting in FMRI's ICUs. Some forms are hard to find sometimes, especially when one is taking care of a critical patient who is rapidly losing health. So, all the records must be kept electronically for easy retrieval whenever required.

To sum up, the purpose of this study was to establish the level of adherence to counselling protocols among ICU workers at Fortis Memorial Research Institute in Gurgaon City by examining present systems and discovering bottlenecks while suggesting workable remedies aimed at enhancing quality care delivery for patients within these contexts as well as widening understanding about unique challenges faced by this hospital which can have worldwide relevance to other health care facilities especially those catering for critically sick individuals.

Recommendations

- Enhance Flexibility in Counselling Schedules: Design counselling schedules which are flexible and considerate of patient availability. Conversations with families about appropriate times for sessions may also be involved or ensuring that healthcare providers can meet such demands.
- Streamline Documentation Processes: Use Electronic Health Records (EHRs) plus counselling documentations for easy reachability. Forms should always be within arm's length so that paperwork is not left behind during rush hours.
- Provide Interpreters and Multilingual Resources: Get professional interpreters to overcome language barriers among caregivers, patients and relatives. Additionally, make resources available in various languages to enable patients understand what they are going through and choose well for themselves.
- Introduce Continuous Feedback Systems: Establish feedback loops through which implemented changes can be monitored and areas for future improvements identified. For instance, this may involve regular surveys as one case or focus group discussions involving staff members and family members of patients in order to allow relevant corrections based on their opinions.

Future Studies

Although this study provides insight into the issues and fixes faced in bettering counselling in ICUs, there is still a need for more research to be done about the long-term effects of these interventions. It would therefore be appropriate to conduct longitudinal surveys which can show whether patient outcomes change over time as well as satisfaction levels among families with different counselling practices.

Moreover, other studies in future should investigate how technological developments such as electronic health records (EHRs) and telemedicine have influenced counselling services. These innovations can result in more organized session record-keeping that will consequently enhance universal effectiveness for efficient communication administering guidance and counselling services.

Additionally, comparative research across different healthcare institutions could reveal effective interventions implemented at various stages to achieve intended outcomes. Sharing best practices with one another contributes to continuous improvement of counselling standards within the medical context because everyone's aim is to achieve quality healthcare.

To conclude, this study indicates that ICU-based counselling is essential for all-round care in ICUs with a focus on both patients and their family members. It also illuminates some of the challenges staff face while adhering to protocols and what counsellors do practically. While certain findings support good practices, there are many problems identified, and hence these recommendations try to deal with such issues so that any critical care patient receives requisite psychological attention along with his or her relatives.

These findings imply that ICU counselling needs continual enhancement through programs for training communication skills, resources allocations as well as staffing gaps and cultural awareness among others. According to this study, FMRI and other health facilities need to move towards a service delivery model in the ICU that puts the patient at the center of everything they do, thereby benefiting patients as well as their families.

A more extensive application of these results would be very meaningful in developing counselling services. Consequently, it is important for healthcare professionals not only to address the highlighted specificities but also adopt a comprehensive care approach guaranteeing optimal mental/physical assistance during treatment process.

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