

ABSTRACT

Introduction: Communication with relatives of critically ill patients is a rather neglected area in the Czech Republic. Intensive care focuses more on the patient, equipment and highly specialized treatment while contact with relatives is often minimized. Moreover, the conversation consists mainly of brief statements related to the current health status of the patient. It is important to pay more attention to this issue, especially so that the medical staff can offer the patient's family the best possible help in their difficult life situation.

Objectives and Methodology: The aim of this thesis was to map the professional preparedness of general nurses and doctors in the areas of communication with the patient's family. Next, the thesis also attempted to determine the attitude of the medical staff to the families of patients hospitalized in the intensive care unit. Furthermore, it also aspired to map the experience of the patient's family members with the cooperation and interaction with the medical staff during hospitalization of the patient. Last but not least, the aim of the thesis was to propose solutions to improve the current situation. The quantitative research was conducted using structured questionnaires. One version of the questionnaire was intended for families of patients in the ICU (JIP) and the department of anesthesiology and resuscitation (ARO), who were hospitalized for more than 14 days. The second version of the questionnaire was intended for general nurses and doctors working in the ICU and ARO.

Results: The results of this thesis illustrate professional communication between the patient's family and the medical staff. Simultaneously, they also show appreciation and praise for the work of the medical staff in caring not only for the patients, but also the whole families. However, the research also identified areas with room for improvement.

Conclusion: Quality communication of the medical staff can alleviate the symptoms of stress, anxiety and depression in the patients' relatives. In order to improve the current situation, I suggested using leaflets of my own creation for the patients' families and for non-medical staff. Furthermore, I also proposed to use questionnaires to determine satisfaction and needs of family members, to adjust visitor rooms and to organize seminars or courses focusing on communication with the patient's family.

Keywords: communication, family, intensive care, non-medical staff