Family Experience during Patient Assistance Process in General Intensive Care Unit: A Phenomenology Study

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Abstract

BACKGROUND: Intensive care unit (ICU) treatment can lead to fear, anxiety, depression, panic, and tension in the family. Place of the family as active presence, guardian, facilitator, historian, and coaching of the family cannot be separated from the recovery process. During the assistance of ICU patients, the family is faced with a strange environment, strict rules, emotional stress, and everyday life changes that have caused them to encounter psychological and physiological concerns.

AIM: This study aims to describe and interpret of the family’s experience during assistance patient in the ICU.

METHODS: A phenomenological methodology is used to explore experience of family. In-depth interviews were conducted on nine participants who were selected using purposive sampling. Data were analyzed by Colaizzi techniques, began with read transcripts, look for phenomenon, formulated data, organized, and verified to the participants.

RESULTS: The result is presented in three themes; physically and psychologically tired; good language is a medicine, strengthens each other’s companion.

CONCLUSION: The support of the patient in the ICU helps the family face a number of stressful circumstances. Adaptive coping and psychosocial help from health care workers and friends build a supportive family to cope with the difficulties when supporting patients in the ICU.

Introduction

Intensive care unit (ICU) treatment can lead to fear, sadness, anxiety, stress, and panic in the family [1]. A strange environment, visit regulation, unstable emotional, and daily activity changes are stressors for the family in ICU [2]. Family role as active presence, protector, facilitator, historian, and coaching makes it impossible for the family to be separated from treatment processes [3]. In addition, family participation can reduce the duration of stay (length of stay) for patients from 3.2 to 5.3 days and reduce the risk of repeated admission [4]. Family decision-making is often granted because patients suffer loss of consciousness or critical condition [5], processes [3]. Decision-making authority is also given by family because patients experience loss of consciousness or critical condition [5]. The important role of this family makes them always have to stay in the hospital. These condition bring new problems to the family.

Based on the researcher’s experience in ICU treatment, families face a number of circumstances and difficult conditions, such as shock and fear when they get a call, fear of facilities inside the room, a feeling of confusion about the patient’s condition, and others. Family anxiety, depression, and stress have occurred after the 1st day of care in ICU [6], [7], [8]. Extreme visits control, lack of ICU team contact, incomprehensive medical patient knowledge, and volatility of the patient’s condition have triggered family depression and sadness [9]. These stress factors make the family unable to make its own decisions requiring nurse or medical assistance.

ICU treatment also impact in daily activity, such quantity and quality of sleep, is changing. Literature found that family experiences sleep disturbances [11], [12] induced by anxiety, stress, and fear [13]. Decline in quality and quantity of sleep disturbances may lead to disruption of family functional status [14], [15]. Information on different ICU treatment procedures for other units [16] and information related to the development of a patient condition [13], it can improve the quality of family sleep. It could increase the quality of family sleep.

ICUs time treatment experiences in three phases [18]. The first phase gives the feeling of shock and disbelief that disorientation is progressing and that medical interventions, equipment, and alien culture in ICU are difficult to adapt for the second phase. Third step, family experience involves the awareness and appreciation of the needs of the patient, the ability to better understand the situation of the patient, the current
culture of ICU, and decision-making. Different basic reasons reveal that experience is divided by contact between health workers, the families of patients, the emotional experience (feeling love), and the point of view of health workers and patients [18].

Patient ICU treatments offer different perceptions and observations of each process when patients join the ICU before they return home. The theme studied was confined in Indonesia. Based on the above scenario, researchers are interested in performing family experience research during the patient assistance process. The aim of this study is to provide an in-depth illustration of what is observed, felt, and interpreted by the family during the ICU patient care process. The research is expected to provide an understanding of family experiences during the process of assisting patients in the Intensive Care Unit for nurses, so that it can be used as a concept to develop nursing care, especially in family center care.

Methods

Methods and data collection

In-depth interview, an open-ended interview was performed and digitally recorded. Open-ended questions with probes designed to examine and further analyze the results of the interview to clarify [20]. Family interviews began – "Tell me about your experience in assisting ICU patients." – Participants were enrolled before new knowledge was available, data saturation was reached and was adequate to explain the phenomenon of family experience during the course of the interview.

Data analysis

Colaizzi approaches have been used to view and appreciate the significance of family interactions. Following the Colaizzi study, the data began by reading all the transcripts repeatedly and looking at the statements relevant to the phenomenon. Then, the data are formulated by the context and classified to the theme. The theme will be organized and defined to explain the fundamental structure of the phenomenon. The final step of the study is to verify the classification of the participants [21], [22]. Finally, the critical interpretation of family experience contained seven themes.

Resulted

Three themes emerged from thematic analysis of the participant’s narrative. These themes are explained with a description of the theme. The quotes used to provide a clear illustration of characteristic in theme. These themes were chosen in accordance with the objective of this
research. These themes describe the family experience while accompanying patients in the ICU.

**Physically and psychologically tired**

Family feel physically exhausted because they have been supporting the patient for a long time with no room for rest. Participants felt physically drained as a result of feeling wary of patient death threats, confusion, sadness, and other things. It caused emotional feeling more deeply. Some participant said,

"My body and mind are tired..." (P1)

"My mind is getting low, so terrible, no one want it... i am so tired think about it" (P6)

Disruption of rest and diet can cause family health problems. Furthermore, an unhealthy mental disorder such as terror, anxiety, depression, and stress affects a healthy lifestyle such as changes in appetite and sleep disorders that make the family feel tired [11]. Based on the phrase of the family above the theme, "physically exhausted" comes from feeling tired of the body and mind due to accompanying patient for a long time. The participants were exhausted because the room was not easy to sleep. It was attributed to a drop in the quantity and quality of sleep. Various emotional conditions simultaneously made family felt more pain than patient did.

"I still cannot sleep tightly... it's sleepless, and sometimes it causes headache... Moreover, I don't eat anything for 2 days..." (P4)

"It feels bad, especially a day after the operation, he does not wake up yet, it feels like I am the one who sick..." (P6)

**Good language is a medicine**

"Medicine" is not a literal word, but rather a definitive term to be implicitly defined as "reducing psychological concern to the family (physical and psychological)." "Language" was a good family medical team mentality that could be a cure. It was said that the family was sicker than the patient, and good communication may be a medication (psychological healer) for the family. Good language in communication of medical team made family felt better, comfortable, and happy. Some participants said that it could be the cure of the sad, confused, fear, and stress feeling experienced by family.

"If the medical team gives us a good suggestion, it become like... a medicine. Then we feel calm..." (P2)

Good communication also made family felt calm although there was the bad news and comfortable feeling to refuse an action procedure.

"Doctor gives a nice explanation, it makes us calm even though we are not agree with the procedure..." (P1)

**Strengthen each other’s companion**

ICU admission has taught families to be able to deal with a tough situation by adapting and handling problems. Family said that support was given not only by a friend but also by other family members. One of the adaptations created by families was to seek the help of other families in the waiting room to preserve their spirit, courage, and strength. Talking or kidding them made family entertained and momentarily could forget the problems they faced.

"We can say hello to each other, it is like... we are giving support and power to one another..." (P1)

"Especially, if a friend likes joking, we think that we can forget our problem..." (P6)

**Discussion**

The family is one that has a close friendship and an emotional connection between family members. During ICU hospitalization, the position of the family provides attention, love, creates protection and privacy, advocates, and ensures that patients receive good care [24]. This closeness of the family makes them feel when they die. They said fear emerged because the family thought that any ICU patient with an unstable condition could endanger patient life at any time. A research found that 91.38% of ICU patients’ families said that they were scared if their loved one died [25]. Feeling wary of patient death threats, confusion, sadness, and other influent their rest time and appetite. Prolonged strong and sustained mental effort makes the family feel exhausted both physically and mental.

Fear of death correlated with prognosis of illness, instability, and chronic disease affecting the patient [8], [10]. Critical disease and precarious condition have made patients require a wide range of treatment facilities, but the use of this equipment is inversely proportional to the family’s feeling. Mortality in ICU reached 31%, while recovery was 69% [26]. This situation led to the impression that patients in this ward will have a bad outcome, and one sign of deteriorating condition is the use of certain treatment equipment. Shocked and unbelievied that their loved one should be admitted to ICU is one aspect that made the family feel fearful of getting medical equipment inside ICU [17]. However, this unfortunate experience will help families find an appropriate solution to their problems [27].

Patients’ unstable condition involved more family attention, so they spent more time in the hospital. Moral obligation was a justification why the workers could not stay away and be easily reached while they were nested. Other reasons were to ensure that patients received the best care, to advocate for them to obtain the latest information on patient progress [24] and
support elements that could offer relational and spiritual support to the family [37]. It can be concluded that everyone around the family can be the strength and enthusiasm for the family to go through difficult times while in the hospital.

The strength of this research is the method and data analysis was used in accordance with the objectives of this research. During the research process, the researcher encountered limitation. The limitation is in the inclusion criteria which were not determined the minimum age limit to be a participant. It causes the researcher found one participant who had an age range away from other participants. The participant is 16 years old which have different of perspective and how to respond a situations with other participants, however, this participant can tell her experience felt very well so this participant still included in the research.

Conclusion

ICU has provided a different experience for every family. Families have different views regarding the situation at hand. Unpleasant experiences have an impact on the psychological and health of the family. On the other hand, pleasant experiences can be a motivation or reinforcement for the family. Health workers, particularly nurses, could be optimized to take advantage of the position of the family during care in the ICU such as be a source of strength for the family to endure difficult times while accompanying patients. In addition, nurses may be a family facilitator to pursue an adaptive solution to the problems experienced.

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