Original Article

Family experiences of patients admitted in Intensive Care Unit (ICU)

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Abstract

Background: The Intensive Care Unit (ICU) is one of the most stressful places for families thus; admission of a patient in this unit will influence other members of family and their functions. According to continuous presence of researcher in this ward, observing the stresses and concerning of the patients’ families and considering the valuable role of the experiences of the family in planning and caring of the patients, attention to their needs and roles at the time of illness has an essential importance. This study was aimed to describe the experiences (physical, psychological, social and spiritual) of the family of the patients who are admitted in ICU.

Methods: This study was a qualitative research thus; the method was based on descriptive phenomenology. The sampling method was purposive and it was continued until the saturation of data. Fourteen family members of patients in ICU, who attended the including criteria, were selected and interviewed. The findings were analyzed using the seven-step Colaizzi method.

Results: Findings showed that when a patient is admitted in ICU, his/her family members experience severe stresses which these experiences are described in physical, emotional, psychological and social concepts. Also, there were increasing and decreasing factors that influence their experiences.

Conclusion: According to the results of this study, the physicians, nurses and other care providers can decline these stresses by suitable therapeutic interventions. While adapting the family members, they guide the families in safe and right direction.

Key words: Experiences, family with hospitalized patient, intensive care unit
In spite of problems and difficulties created for families, they are being forgotten on that time because all the attentions of care staff are towards the patient. Regarding this, in most cases, the family is considered as the only supportive source of patient. Supporting the role of family’s caring and attention to their needs and roles at the time of illness of one family member, has an essential importance (5).

When a person is bedridden in ICU, looking after of his/her family is as important as the patient, because family members of patient have an essential role in giving basic information for readiness of nursing and caring schedule and supporting of patient. They should be considered as an attentive group for patient (6). Vidbeck believes patient’s family members always have an important and essential role in recovery of the patient, so the nurses should encourage the patient’s family member in supporting their patients while they are confining to bed (7). Also participating and cooperating of family members in caring of the patient, is one of the goals of comprehensive care and play a key role in improving the quality of caring which are provided by caring group (8).

If the nurses know how the patient’s relatives experience adapting of one of their family members, they will support and understand them better in that difficult situations. Besides, information which is gained by family members can help the aware nursing to present a suitable nursing plan for healthiness of the patient and the whole family (9).

The basic role of experiences of the family and its importance in caring of patients, cause the researcher to do a study with the goal of recognizing the families’ experiences and giving solutions for caring of them.

**Methods**

This study was a qualitative research which was based on descriptive phenomenology. The studied population was the families of the patients who were confined to bed in ICU of Al-Zahra, Kashani and Gharazi hospitals. These families had gone to the hospital in order to visit their patients. The inclusion criteria consisted of the first degree relatives of patient. The exclusion criteria for this study consisted of families whom their patient had been died after entrance to the ICU and also those who were recognized as a physical or psychological patient.

The sampling method was purposive. Sampling was continued till saturation of data (15). The researcher used in-depth interviewing and diary method for gathering data. After getting the authorization, the researcher went to the searching environments during 2 months and gave the necessary explanations to the participants in the research and after getting their consent and observing their confidence for doing interview; he appointed the time and the place of interview. Interviews were recorded on the cassettes within a period of 40-60 minutes in a private and quiet place which had suitable conditions. The researcher frequently studied and deliberated the statements of participants and tried to have the same feelings about the subject to understand their concepts. He worked on words and sentences which were connected to this case and then he gave the especial meaning and concepts to the essential sentences. After that, he put all of the same concepts in several groups and finally, for making the data reliable, he referred to the main explanations.

After gathering data and noting the concepts of interviews, the researcher asked participants to confirm and certificate the subjects. The seven-step Colaizzi method was used for analyzing data. Meanwhile, in all phases of this study, the moral considerations such as taking permission for recording the interview, and assuming the participants about confidential data were regarded.

**Results**

After working on these subjects, they were classified in total concepts with the connecting sub concepts. For example we mentioned some descriptions of some participants in this study and we describe the quality of our task.

Participant number 2: “since my husband is here I can’t sleep and eat anything”. Partici-
pant number 8: “As I knew that my father is here, my eyes saw black, I had a severe headache and my stomachache got worse”.

According to the above declarations, some subjects such as sleeplessness, unwillingness to eating and loss of appetite, seeing everything black, having headache and digestive problems were inferred, which the researcher put them in the concept’s category of physical experiences of family members.

The participant number (5): “I was so sad and afraid; I fainted in the mosque near our home. I told to myself if something bad happened to my husband I would kill myself.”

The participant number 9: “Since my father is here we don’t know the days and nights. Our life lost its direction. We feel impatience, we don’t want to do anything, and we are getting tired of life.”

Regarding above declarations, concepts such as feeling afraid, impatience, lack of controlling oneself, thinking about suicide and getting tired of life were inferred which the researcher put them in the concept’s category of psychological experiences of family.

The participant number of 2: “I lost hope from everywhere, I felt that I’m alone and forlorn.” The participant number 6: “When I found that my husband is here, spiritually, I was not in good mood. I was disappointed. Just I wish him to be healthy.”

With due attention to the above declaration, some subjects such as being disappointed, feeling of aloneness, lack of spiritual comfort, willing of healthiness of the patient were inferred, which the researcher put them in the part of spiritual and intellectual experiences of family members.

The participant number 4: “Although there is better caring for my father in this ward, but we are still worried because, the name of ICU seems bad.”

Subjects such as being worried about the ICU environment, having the negative opinion about the ICU, feeling of fear after hearing the name of ICU and so on were inferred considering above statements, which the researcher put them in the concept’s part of the creator factors of stress in the families (related factors to the ward).

The participant number 2: “I didn’t expect that my husband come here I’m afraid something bad happens to him. He is my protector, he is the father of my children, and because of him all the relatives gather to each other.”

With due to attention to the above declaration, some subjects such as feeling of fear about the future, the lack of financial support, anxieties about the children’s future, lose of protec-
tor were inferred, which the researcher put them in the concept’s form of the creator factors of stress (related factors to the family).

The participant number 2: “When I saw my husband from a short distance, my heart got relaxed. I was so happy and I was fresh mentally.” The participant number 4: “Now, that I’m hear, close to my father my stress and anxiety decreased. I feel more comfort and relaxation.”

With due attention to the above declarations, some subjects such as the feeling of spiritual relaxation after visiting, decreasing of anxiety after visiting, mental relaxation after visiting, decreasing of agitation after visiting and so on were inferred, which the researcher put them in the concept’s category of the effect of verbal visiting in decreasing of the stresses of the families.

The participant number 10: “we have vowed and prayed to God for his healthiness.” The participant number 14: “I have prayed to God for my sister and I have vowed to finish the “Anaam Surah” for her to be healthy.”

With due to the above declarations, some subjects such as vowing and praying God, to do religious ceremonies for healthiness of the patient and so on were inferred, which the researcher put them in the concept’s category of religious believes in decreasing the stresses of the families.

The participant number 7: “At the first moment, I was very anxious and sad, but my stress decreased when I talked to the doctor. When I went home, I called to the nurse, who was in the ward, and I talked to her. After that she explained how my mother was, I felt relaxed.” The participant number 9: “Personnel do their best, they take troubles but they should say the reality to the relatives.”

With due attention to the above declarations, some subjects such as decrease of anxieties after talking to the physician in attendance, being aware of the realities of the illness, the feeling of relaxation after talking to the personnel and the treating staff and so on were inferred, which the researcher put them in the concept’s category of role of informing in decreasing the stresses of the families.

The participant number 1: “I was worried but I didn’t reveal. I have lots of endurance, but I don’t know why I was not in good mood nervously, in spite of this I didn’t say anything to my wife and child.” The participant number 5: “While I was watching my husband from other side of the glass, I was so sad, I wanted to cry but I didn’t do that because of one of my daughters who was pregnant.” Some subjects were inferred such as contrasting to the spiritual stress, suppressing of the symptoms of anxieties, hiding of the anxieties from the other family members, and so on, which the researcher put them in the concept’s category of the effect of coping and defensive mechanisms in decreasing the stresses of the families.

In this way after working on the subjects using the interviews, the researcher classified them in 6 categories of concepts with related subconcepts as follow:


Discussion
Physical experiences are among the concepts which were resulted from this study, which are often appeared in the form of physical complaints. In fact while one of the members of the family is bedridden in ICU, often, other members of the family ignore their basic needs such as food, sleep or bath which can cause the decrease of their ability in contrasting against the existing difficulties and stresses.

Bucher & Melander believed that crying, loss of appetite and sleeplessness are commonly experienced by most of the members (4). Thelan said that in spite of the feeling of the fatigue, lack of sleep is commonly experienced by the members of the family of the patients in ICU, and they often refuse to do their own hygienic affairs (10).

Another concept which is resulted from this study is the experienced psychological effect.
In fact, the disease or hurt which causes the admission of the patient in ICU, affects all members of the family and imposes them the great stress, also, because of the lack of the enough time for readiness and contrasting against the existing conditions, the stress becomes intolerable and uncontrolled, and they are revealed in the phase of vast scope of psychological responses such as fear, anxious and lack of confidence (11). In this regard Morton stated that when the patient comes to ICU, other members of the family show stressful responses which are appeared in the form of indecisiveness, disability in concentration, absent-mindedness, anxiety and fear (12).

Spiritual and intellectual experiences by the members of the family are another concept achieved during our study. These experiences are systematic believes and values which cause the feeling of power, hopefulness and meaningfulness of the life. The existence of the spiritual and intellectual healthy also cause the creation of the control’s feeling and the psycho-social health of the person, and in opposite way disturbance on spiritual and intellectual experiences cause interruption in integrity of the individual’s life and influence his biological essence and psycho-social dimension. A study, which was done on 100 HIV patients, showed that those who believed sense and meaning for their own life, and those who had hopefulness and skillfulness feeling, have had a longer life (10). In this field, Urden believed that the main experience which the patient’s family gains in ICU, often is in the kind of appearing the grief, sorrow and losing the hope (3).

Another concept which is resulted from the description of the participants is the social effects which are arising from the admission of one of the family members in ICU. In fact, illness of one member influences the whole normal roles and functions of the family and causes the change in inside of families’ duties and relations. It may change reaction and adoption with social conditions. Delmar stated adoption of one patient in ICU, creates the vast changes in social condition and situation of the family, which among them we can indicate changing in ability of adopting with difficulties, appearing of disorders and apposed contacts among the members of the family, changing the supportive position of members towards each other, lack of suitable and bilateral supports in the family and also disability in making effective relations with other members of the family.

The stress creator factor in families is a main concept which is referred from the description of the participants in this study, and it contains 3 sub-concepts as follows; factors related to the patient, factors related to the special ward, and factors related to the families. The related factors to the patient is one of those related to the families because the disease which results the adoption of one person in ICU, is considered as a threat for patient’s so it impose a severe stress to the other members. Birdshall believed that while a person is admitting to ICU, his/her family experience a severe stress which among them we can indicate fearing of the patient’s death, feeling of danger regarding the patient’s life and lacking of clear previous knowledge about the patient (14). Holden et al also stated that some questions such as, “What will be the future of the disease?”, “How much the patient will be alive?” create the fear and worry for family members (15). Among other stress creator factors in families, are the related factors to the ward. The environment of ICU often causes the family to be worried, and, because of the existence of advanced facilities, they regarded it to be serious and dangerous. Wallace believed that the unsuitable physical environment of the hospital and lack of the primitive facilities are considered as the essential factors in dissatisfaction of the family (16). Russle, also, referred that doing intensive care with advanced facilities and techniques can put destructive effects on family members and can increase the stress among them (17).

Another stress creator factor is family related one. Because, the disease which results the patient’s admission in this ward is unexpected to the other member, they suffer a great stress. In this regard Urden said that unexpected condition of patient’s admission in ICU,
and on the other hand the lack of previous readiness of families can decrease their ability in contact with created problems. In this time, the members are worried regarding family’s future, children’s future and scattering of the family (3).

Another concept which is resulted from the description of the participants in this study is the stress decreasing factors in families that include 4 sub-concepts; the effect of visiting, the role of the religious beliefs, receiving the information and the existence of coping and defensive mechanisms. In fact, verbal visiting with the patient is as a sensitive supporting for family members in decreasing of the stress. In this regard Holloway believed that verbal visiting is considered as a stress decreasing factor in patient’s family (18). Morton wrote while visiting, the family’s needs are granting, which this subject causes more satisfied feeling. So verbal visiting with desired time in ICU, is considered as a strategy in reform of “prevalence on problem” skills and it increases the powerfulness feeling and improves the relations between the nurse and the family (12).

Another factor of stress decreasing in families is religious beliefs. The religious grants many human needs and it fill the moral, emotional, intellectual and personal vacuum and creates a firm base in contact with difficulties, problems and life’s privations. In the case of religious believes Thelan told the existence of religious beliefs and opinions can be considered as a factor for the family, which helps them to admit the disease, and it can improve the skill and self control by creating the feeling of comfort and hope and it can decrease the stress (10).

Another factor of stress decreasing in the families is taking information. The exact and correct information about the patient’s condition, cause comfort and confidence in them, and it can used as a suitable device in contact with existing stresses and anxieties . Regarding, Sole stated that giving the necessary information to the family of patient, who is in ICU, removes their information needs and on the other hand it’s considered as an effective factor in deceasing the stress (19). The study which had done by Black and Hovel in this regard showed that the most of the family’s need in this ward is achieving the information about condition and situation of the patients (20).

Another factor of stress decreasing in the families is using of the coping and defensive mechanism. The defensive mechanisms are ways in which a person unconsciously uses them in order to decrease the effects of stress. In fact these mechanisms are mentally and they don’t make any change in appearing condition, but they give a good chance to the person to find a suitable and logical solution. Thelan stated that the family member of the ICU patient use the defensive mechanisms, when they encounter a stressful condition, which often appear in the shape of nervousness or denial (10). Urden also confirmed the statements of Thelan and believed that, these mechanisms which are used in prevalence of the exciting difficulties are often unaffected and inefficient (3).

According to the results of this study, some concepts are suggested as following; giving permission to the patient’s family members and close relatives to have a verbal visiting, giving necessary information in regard of the conditions and situations of the patient and giving supportive sources for families can eliminate some parts of the problems and worries of the families who have patient in ICU; although, the complete removing of this problems needs more investigations in this field.

References