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Focused on family care in intensive care unit: proposals for interventions

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ABSTRACT

Objective: To discuss the strategies used in the Intensive Care Unit (ICU) for a family assistance quality. Method: integrative review of literature search for articles published between 2008 and 2018 in databases: MEDLINE (via PubMed), LILACS and SCIELO. Results: initially were found 861 articles, of which 16 included in this review. The studies pointed out several strategies of family care in the ICU, as the host, active listening, guidance to family about the patients, provision of listening and welcoming rooms in individualized, among others. Conclusion: Take a look at the family and create strategies for their assistance in the intensive environment, means having a holistic look humanized care also for the patient. Inside and outside of the ICU should occur strategies that facilitate the care to family members and patients. Therefore, strategies such as the visit open should be part of the care centered on the patient/family.

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INTRODUCTION

The Intensive Care Unit (ICU) is a sector in which it coexists with patients in serious condition and who often are at imminent risk of death(1). In this environment, the process of hospitalization generally occurs acutely and transshipment, so that the adjustment time remaining family in this process becomes short(2).

In the case of hospitalization in the ICU, both the patient and the family are facing one of the biggest crises in reason of discomfort generated by the deprivation of the conviviality with the family ill, the possibility of losing him, the change in the routine of family life, the lack of information about their state of health of the relative and the need to adapt to the routines imposed by the institution where the care(3).

Faced with this situation and with the stress there often generated, the family can feel disorganized, helpless and with difficulties to mobilize, giving rise to different types of needs(2,4). With this, the recognition of these needs, as well as the inclusion of the family in patient care as a focus of attention for medical care, presents as a fundamental change in vision and in the organization of health institutions(2).

The mutual exchange and constant feelings held in family life determines the idea that always have near someone who can comfort us when we need them and encourage when we feel helpless in the face of unexpected events as an acute illness and hospitalization in ICU(5).

The care with family members of patients admitted to the ICU was always, first of all, an act of solidarity and dependent on the skills and knowledge of each individual, but also today represents a set of strategies and interventions tested and substantiated scientifically that must be part of the process of training for all health professionals from the ICU(6).

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Thus, the nursing staff must be well aware of the situation of the family to which offerte them the necessary care¹. In this sense, it is the duty of the professionals who work in the ICU, in particular the nursing, directing a look for families of hospitalized patients, aware that represent an important role in the recovery of the patient and family support.

However, for this study, we assume the following research question: what does the literature describes about the care that can be developed by nursing to relatives of patients admitted in intensive care unit?

This study is justified by the fact that the family assistance is one of the components of the process of humanization in the intensive environment as discussed in recent years. And nursing as a profession that acts since its beginnings in welcoming the family of critical patients, may enhance the knowledge and the importance of family assistance provided in intensive environment.

This helps to ensure that the professionals working in the ICU reflect and understand the need to schedule assistance to family members, as well as its know some ways to promote such care. You can also contribute to the strengthening of humanized policies of the Ministry of Health, which describe the family assistance through the state as a tool that should be used by virtue of the possibilities of expansion and realization of the humanized care, as advocated by the encounter; listening, the bond and respect for differences between health workers and users.

Therefore, the present study aimed to discuss strategies used in the ICU for a quality family assistance and a holistic look and humanized care to patients hospitalized there.

Methods

It is an integrative literature review, which consists in a method used to synthesize the available research on a specific theme and direct the results to clinical practice based on scientific knowledge.

For the implementation of this revision traveled through the following steps: elaboration of the protocol for selection of articles by authors; formulation of guiding question of research; search and selection of studies; critical evaluation of studies; collection and synthesis of the data.

For the elaboration of the guiding question, we used the strategy peak that represents an acronym for Patient/População, Intervenção, Context (context). Therefore, this research was guided by the following guiding question: In the context of intensive therapy unit, what are the possible strategies or interventions can be applied to relatives of critical patients?

To elucidá and give credibility to the findings, make dual-search for articles by different researchers, in the month of April 2018, using the following databases: Latin American and Caribbean Literature in Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), Scientific Electronic Library Online (SciELO), using the search strategy by means of descriptors "Family Nursing and Intensive Care Unit and intensive care".

For the selection of articles, were established as inclusion criteria: original articles; published in Portuguese, English or Spanish, with abstract, allowing you to check the line with the objectives of the study; published between 2008 and 2018; with availability of full text online and for free. The result of the search and selection of studies is presented in Figure 1.

From the inclusion criteria, the selection of the articles carried out in three phases: 1) exclusion of repeated publications in the data bases; 2) reading the title and summary of the remaining publications, with the exception of those that did not meet the goals of this review; 3) critical evaluation of articles through your reading in full, followed by the drafting of a synoptic table with the data collected.

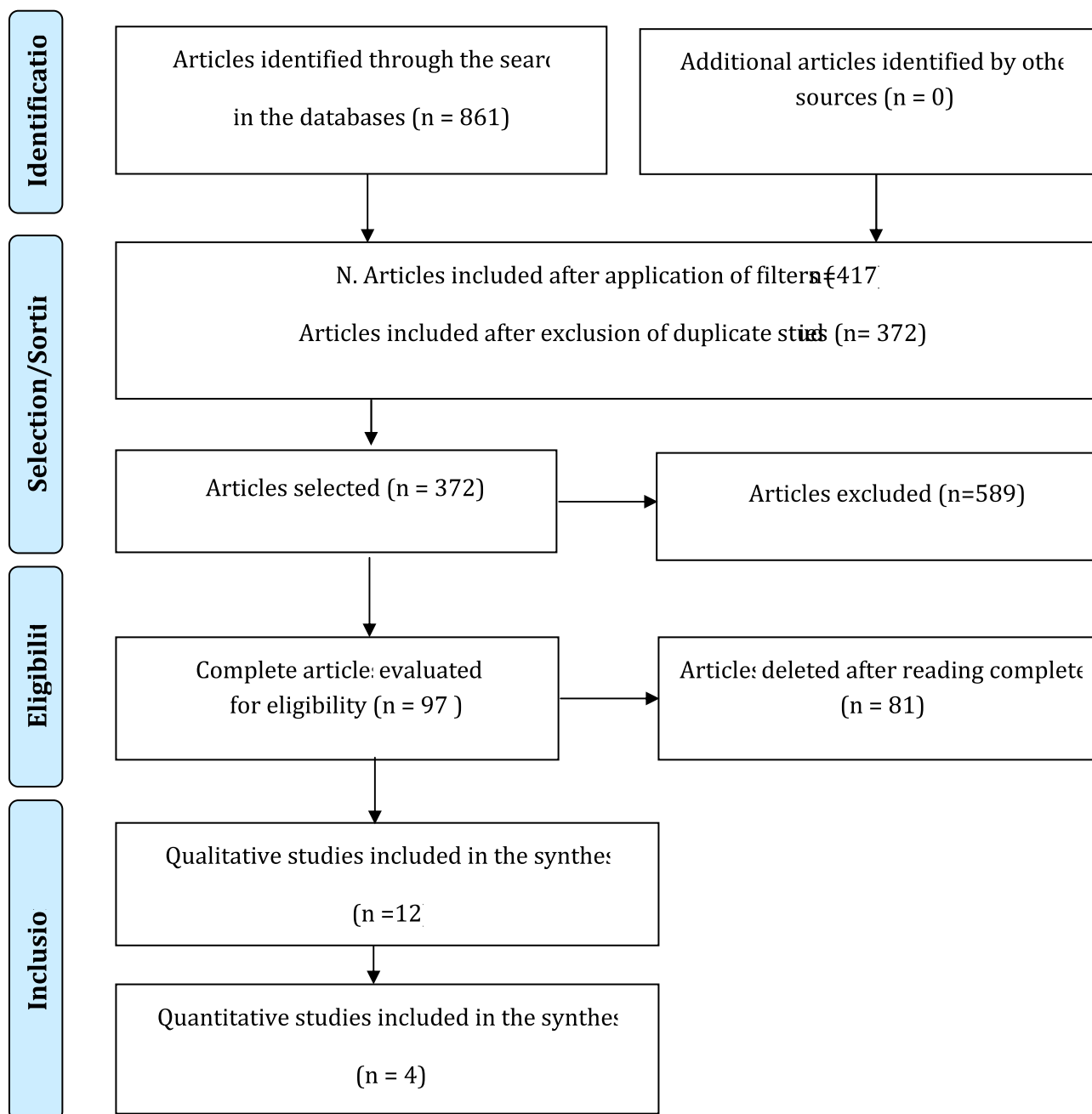
The data are presented in the following steps: process of selection and characterization of articles and descriptive analysis. This last step covering the following aspects: authors and year of publication, design of each study, level of evidence according to the scale of KYZAS (7) (Table 1), the strategies/interventions to families in the ICU and the Outcomes/contributions. Respecting the ethical issues and the precepts of authorship articles consulted are cited and referenced throughout this study.

| Table 1: Classification of scientific evidence, according to the type of study. Adaptation of the classification proposed by KYZAS (7). | |
|--|---|
| Evidence Level (SE) | Points/type of study |
| 10 - More Evidence | Systematic reviews with meta-analysis of randomized clinical trials |
| 9 | Systematic reviews with meta-analysis |
| 8 | Randomized clinical trials |
| 7 | Clinical Practice Guides |
| 6 | Cohort studies and Caso-Controlle |
| 5 | Observational studies (longitudinal or transverse) |
| 4 | Clinical cases and case series |
| 3 | Basic Research Laboratory |
| 2 | Expert Opinions |
| 1 - Less Evidence | Non-systematic reviews of the literature |

Results

Through electronic search were located 861 publications, the majority being available in the databases MEDLINE, with 649 publications (75.4%) and in the LILACS with 148 publications (17.2%). In the databases Pubmed and SciELO database were found 17 articles (2.0%) and 47 articles (5.5%) respectively. Of this total, 444 (51.6%) were excluded because they did not meet the inclusion criteria, being pre-selected 417 (48.4%) articles.

In the first phase of selection of the articles were excluded 45 Repeated publications in databases , there is a reduction of 417 to 372 articles. In the second phase, from reading the titles and abstracts were excluded publications that did not meet the goals of this revision, reducing to 97 selected articles. In the third phase, it was performed a complete reading of selected articles in order to establish the best to compose this review. Of the 97 articles, only 16 were included in the final sample. These were identified by the letter "A" and by Arabic numbers that correspond to the order of reading (A1 and A16)9-24 According to Table 2.

Figure 1: flow diagram concerning the search and selection of studies (8).

To analyze the scientific articles selected, and classify them according to the classification KYZAS8, we found that of the 16 articles selected (100%), 11 (68.8%) were qualitative observational studies, occupying 5 level of evidence; 2 (12.5%) were cross-sectional studies quantitative, which also represent 5 level of evidence; 1 (6.25%) randomized clinical trial, occupying 8 level of evidence; 1 (6.25%) study before and after and 1 (6.25%) quasi-experimental study, where you cannot sort your levels of evidence on KYZAS scale8.

Table 2: Summary of publications concerning assistance to families of patients hospitalized in the ICU. Brasilia-DF, 2018.

| Article | Methodo, level of evidence | Strategies/Interventions | Outcomes/Contributions |
|------------|--|--|---|
| A1(9) | A qualitativ e study, 5 | Involve family members of patients hospitalized in the ICU | The family members of patients hospitalized in Icus feel satisfaction in participating in care for their relatives. These rooms are important in seeking detailed information, as well as auxiliaries in financial planning (costs) and in decision-making. |
| A2 (10) | A descriptiv e study, 5 | Implement communication strategies, emotional support, an attitude of empathy, welcoming, bonding and care provided to patients | These strategies promote the understanding of the needs of families facing a moment of crisis and, in addition, provides subsidies that corroborate the implementation of interventions with family members. |
| A3 (11) | Randomiz ed Controlle d Trial, 8 | Use the interactive mobile technology for family education; provide psychological support to family members of critical manner through the provision of information and education with interactive mobile technology | Technology is a tool that supports the construction of knowledge and acts as a conduit of information to the members of the family of the patient from the ICU and fosters the basis on the condition of this patient. |
| A4 (12) | Cross- sectional quantitati ve study, 5 | Give attention, respect, solidarity and dialog should govern the interaction with the relatives of people in critical condition. | These strategies favors an interpersonal relationship, empathy and trust with the family, in addition to facilitating communication, encourages family members to clarify their doubts, and decreases the anguish and suffering the same. |
| A5 (13) | A qualitativ e study, 5 | Use strategies of writing active (provide a diary) to family members and patients hospitalized in order to occupy the thoughts and the time in which are in the ICU. | It makes the rooms feel acknowledged and valued as people. This strategy also enables you to understand what happened with the patient, monitor the progress and the psychosocial alterations of the family. |
| A6 (14) | A descriptiv e study, 5 | Provide information to families; including them in patient care and/propose a more individualized and direct communication with the team, having a policy of unrestricted visitation. | This visitation policy may improve the satisfaction of family during the stay of patients in the ICU, as well as contribute to reduction of anxiety and agitation of the patient related to the intensive environment. |

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|---------------------|---|---|---|
| A7 (15) | Descriptive study, 5 | Take a holistic and allow the families form part of care for their relatives in the ICU. | The perceptions of the needs and satisfaction of care, are fundamental to an appropriate therapy, both for the patient and their family members. |
| A8 (16) | A qualitative study, 5 | -Create spreadsheets of information for families; allow the family is near the patient; to comfort their relatives, offer emotional support in conjunction with all rooms | Family members need to know what is being done for the patient, which treatment is being imposed and explain to these rooms, the procedures to be performed to the patient, and technical support that it has received. The presence of the room next to the patient is a way of ensuring the relatives, that the dignity of the patient was maintained. Best results can be obtained if you gather all family members together, since they provide a source of unconditional support among them. |
| A9 (17) | Quasi-experimental study*** | Orient, communicate, support and give support to family members through family meetings; plan involve the family in care. | The meeting or conference rooms have been associated to decreased ICU length of stay and best quality assessments of dying by family members |
| A10 (18) | A descriptive study, 5 | Welcoming the family in the ICU | The host is recognized by these professionals as a space for effective intervention. This strategy promotes confidence, well-being and assists in reducing anxiety and stress during the process of hospitalization. |
| A11 (19) | A descriptive study, 5 | Establish sessions support family or support groups and educational programs; Involve the family in caring for your loved one in the ICU | Involve family members in the care will help to reduce stress associated to have a relative in the ICU, and help the nurses to plan interventions directed to family involvement in patient care. |
| A12 (20) | Conventional study of qualitative analysis, 5 | Recognize the dimensions of informational support to the family, mainly on the part of nurses; Conduct informational support | For the basis of the family orientation, nursing practices are important to know more about the experiences of families and nurses should provide informational support during a critical illness. This knowledge will make it possible to better respond to the needs of families within the hospital environment. |
| A13 (21) | Before-after study*** | Propose interventions related to critical environment; Propose strategies of interventions in the ICU environment, as | These strategies are important factors in the satisfaction of the family and the patient. A new ICU environment centered on the patient with more privacy would decrease the stress and |

| | | | |
|-----------------|------------------------|---|---|
| | | individual rooms. | consequently generate satisfaction for patients and families. |
| A14 (22) | A descriptive study, 5 | Develop family support groups for better interaction and care in the ICU. | The work with support groups for the family in the ICU allows you to offer information and deconstruct myths and prejudices about the ICU, besides facilitating the approximation between nurse/ family/patients. |
| A15 (23) | A descriptive study, 5 | Promoting interdisciplinary meetings with family members in the ICU; Provide communication to the family in order to provide information and answer your emotional needs. | These strategies to improve communication between the family and the professionals in the ICU. You can encourage adaptation family in the ICU and meet their local needs thus maximizing its acceptability. |
| A16 (24) | A qualitative study, 5 | Demonstrate empathy and interest in knowing the needs of each family member, intervening in moments like the fear and insecurity in the ICU. | The interest in knowing the needs of each family member must be a constant in health services, since the family is an integral part of the patient hospitalized in the ICU. |

Source: Authors, 2018. *** Not apply the classification KYZAS, 2008 (8).

Discussion

At the time of hospitalization and the process of stay in the ICU, nursing, when performing the host to family, allows the meeting to establish and dialog to occur. The present, relate, creating a bond between nursing/family are ways to establish relations of state(5). Because when a family member, to enter the ICU environment for visiting a patient and are faced with wires, screens, monitors, noises and people moving all the time around her, end up impressing, which generates fear, doubts and anxieties. These changes in the family justified the necessity of family visitor also be calmed, welcomed and helped by professionals(25).

To do this, strategies such as visits to the ICU are important to ensure the minimum proximity between the patient and family, because the intrafamily harmony was interrupted with hospitalization. However, the same authors relate that it is not enough to only allow the entry of the family in the ICU, but a need to prepare them and accompany them during the visit, identifying and clarifying their doubts, observing the reactions and behaviors and, especially, understanding their feelings(3).

The creation of groups of intervention conducted and planned by health professionals can be another strategy for assistance to the family in intensive environment. These groups create spaces of reception and inter-personal relations between the professional and the family, generating an environment of trust, information inherent in the conditions of the patients' health,

psychological support and attention(22). In addition, it is important to hear the family talk about their feelings, their speeches and anguish before death, his interpretation of the ICU environment among others, so as to provide a closer relationship between them and the patients.

It is also important to ensure real and appropriate information about the prognosis of patients based on the current situation of their families in the ICU. On the other hand, health professionals believe that general information and ambiguous must be provided to families based on prognosis and instability of the patients(26).

Special strategies, how to build tools that provide information to families with low literacy in health or even to scholars should be part of health care. Thus, information leaflets, glossaries with the terminology explained, guides with important information can be used to assist these families in the ICU(23). This information, when delivered to the rooms, are highly relevant, extrapolate the educational levels and promote the humanization in health by means of communication.

The professionals, especially nurses, need to recognize that, at this moment, the family is also anxious, with fear of death, to deal with the condition of your relative and with the ICU environment, suffering for the suffering of the Ente, often realizing without control of the situation and without knowing how to conduct during the visit(3).

A study conducted in 2013(27), pointed out that the relationship between the nursing staff and family members of patients, can be used as a strategy for reducing the suffering experienced by these families, once they are inserted in nursing care and assisted under both physical and emotional. So the nursing staff will be able to express the support, affection, listening and attention as relevant results of the acceptance of the team.

Another strategy is to provide a welcome to the family. This strategy should be responsibility of the nurse, so as to contribute significantly to the success of the improvement of the quality of care performed in the ICU, and meet the main needs that are usually identified by family members who experience hospitalization of your loved one in a critical unit(28).

In what refers to the comfort of the rooms in the ICU, strategies through host practices may raise the results. These practices are indispensable and understood as a right of the family who has a family member in ICU. This strategy is in line with the National Policy of Humanization of SUS, which deals with the family as the subject of the actions of state, involved in the therapeutic project(3). However, it should be noted that, for the family, not just receive the information, and yes the importance of how it is transmitted.

Family members need to know with clarity the real need of relatives admitted, if they are receiving a good treatment, information about the progression of the disease, opening to chat with the medical team, information via telephone, which professionals are responsible for the patient, receive comprehensible explanations, etc. studies reveal that all this contributes to a reduction of feelings of insecurity and anxiety (10).

Therefore, the team active in the ICU should show ready to meet the demands of the patients and their families. These professionals must see the family as a secondary patient, once the mistrust and insecurity are almost inevitable on their arrival in the ICU. The forward to reality experienced in too and must have the opportunity to speak about the disease, their fears, fantasies about death and express their feelings(29).

It is important that the nursing team is prepared to establish a relation of empathy and respect for the family, aware that the lack of information and uncertainty can cause apprehension and anxiety in these subjects, which in addition to the nursing care to patients, should also consult the members of the family, in order to help them to understand the new situation they are experiencing, seeking acceptance and better coping strategies in order that they feel equally cared for(4).

The professionals need to recognize that the family is also anxious, with fear of death, to deal with the condition of your relative and with the ICU environment. How much more in advance is the interaction nurse/family, the better it will be for the family and, consequently, to the hospitalized patient(3,5,30).

Other studies emphasize that the nursing care for families walks toward a humanistic care that preserves the life above all. It is hoped a nursing that perceive the family as well as the focus of care. It is essential to follow the family by nursing during hospitalization, mainly at the time of the first visit to your family member hospitalized, to provide support and guidance on what is necessary, in addition to this attitude can minimize the vision of unity hostile(5,31).

Provide assistance to families of patients hospitalized in an intensive care unit is of paramount importance for the health professionals, patients and family members, since the latter are in conditions of fear, anguish, despair, helplessness and anguish related to the uncertainty of their relatives who are there(24). This special attention favors the care, attention and comfort to these rooms.

The family feels inserted in nursing care and assisted under both physical and emotional. It is very important that the family feel caution, sustained and secure so that you can support and transmit all this care that is receiving the sick family. It is, then, to take a welcoming posture and develop communication skills, because it is through them that the family builds trust and security(27,32).

A clinical trial randomized study with 1420 patients showed that an intervention of family support provided by the interprofessional team of ICU, favors an improvement in the quality of the communication, centralization of care for patients and family during the stay in the ICU, as well as a reduction in the time of ICU (33).

The family must receive assistance during the entire period of monitoring the patient, including death and the mourning process. Look for the relatives of the patient should be considered also as a way to humanize the treatment, because through support to the mental health of the nucleus, ensures the quality of life of its members(30).

With this, together with the results of a study conducted in 2012, which concluded that the implementation of assistance strategies, such as the visit of nursing in the ICU can contribute with several goals, one being to meet the main needs of information and reception of the family during the time of visit, answering your questions about the nursing care provided to the patient. This visit emphasizes the need that contact between nurses and family(34).



Figure 2: Humanization of care in the ICU is essential to emotional well-being of patients and their families.

Visit open in the ICU: contributions in patient care

Currently in Brazil, the units of hospitalization has been concerned to change their structures to which the family remains in the institutional environment and participate in the treatment of patients with health team(35), since they receive a visit and have a companion are important components to produce health, increase the autonomy of the individual, the family and the community(36).

To reinforce this idea, the National Policy of Humanization (PNH) has launched a proposal that aims to expand the access of visitors to the inpatient units ensuring a greater interaction between the patient with your social network, known as visit open(37).

Randomized studies indicate that an ICU with open visitation policy allows the family offer greater support to the patient, reducing their anxiety(38), improving their hormonal profiles, reducing their cardiovascular complications(39), improvement of delirium(40), reduction of injury by pressure (LPP) of patients (41), and even in a shorter duration of coma and length of stay of patients in ICU(40).

In this way, it is important to highlight, permit and implement the open visitation in the ICU, a time that family members can assist in the accuracy of information in the context of the patient's life and their needs, make a social interaction while maintaining an affective link and help in their rehabilitation. Thus, the healthcare professionals, may have access to information in real time of the patients, being in direct contact with these rooms, which provides a better quality of assistance provided to these families and their patients, in addition to promote and provide an improved the bond between the patient/family and team(42-43).



Figure 3: Visit opened on intensive therapy unit.

Conclusion

By means of selected articles it is observed that the presence of a patient in the ICU cause different feelings and challenges in the family environment, producing anxieties and uncertainties so that the dismantling of the family nucleus is often unavoidable. Thus, the nursing staff if you look not only to the patient, but also for his entire family, treating it as a unit of care.

The nursing staff has to be a reference for everyone in a unit of care, especially the family which is weakened, wounded and helpless. So, take a look for the family, and create strategies for their assistance in the intensive environment, means having a holistic look at the humanized health care, making the inclusion of the family as the subject of care in the ICU, a growing need.

In this sense, inside and outside of the ICU, warm strategies should occur, allowing remedy the doubts of the family and that provide their insertion in the care centered on the patient/family, so that provide the contact between nurse and family, helping them to cope with the hospitalization of this family.

It is suggested to other studies that are controlled by comparing the different strategies for better driving the family assistance in the context of the ICU, as well as the strategy of visitation in the ICU as a strategy of assistance to the family. These studies may contribute to enlarge the possibilities of assistance to patients and their families in the ICU. These studies may contribute to the humanizing planning in the ICU, as well as dissemination of results that suggest the best strategies for emotional control of the family and that will contribute to a better interaction between health professionals, patients and their families.

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