The Psychosocial Impact of ICU Admission on Family Members of Critically Ill Patients

Kimberly Benson, BSN, RN, and Supakorn Kueakomoldej, BSN, RN
Surgical Intensive Care Unit

Introduction
A critical care hospital admission is a frightening experience for many family members. The psychosocial impact that ICU admission has on family members can result in behavior that is not conducive to patient care and/or the emotional health of family and patients. This research seeks to identify emotions experienced by family members and find best interventions by nurses to provide holistic care to both family and patients.

PICOT Question
Population: Family of patients in the trauma intensive care unit
Intervention: Emotional responses and staff intervention
Comparison: No interventions
Outcome: Encourage therapeutic and constructive coping during difficult time
Time Frame: During hospital stay

Question: In family of patients admitted to the trauma ICU, what are the emotional responses and appropriate staff interventions as compared to no interventions to encourage therapeutic and constructive coping during hospital stay?

Methods
A literature search was conducted using CINAHL, PubMed, and the American Journal of Critical Care website.

Keywords: adult, intensive care, critical care, family

Inclusion Criteria: Articles within 5 years, intensive care unit or critical care unit, studies including family members

The initial search yielded 15 articles, 8 met the criteria, and 5 were chosen for this project.

<table>
<thead>
<tr>
<th>Article</th>
<th>Methods</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al-Mutair, A., Plummer, V., O’Brien, A., &amp; Clerehan, R. (2013).</td>
<td>Level 5 literature review included 30 studies either in the ICU or conducted with critical care staff using different methods of inquiry.</td>
<td>Family members ranked both the need for assurance and the need for information as the most important.</td>
</tr>
<tr>
<td>Carlson, E. B., Spain, D. A., Muhtadie, L., McDade-Montez, L., &amp; Macia, K. S. (2015).</td>
<td>Level 4 cohort study including 29 immediate family members of severely injured patients at a level 1 trauma center in a longitudinal study of emotional response to traumatic stress.</td>
<td>Family members not satisfactory with communication, information, and emotional support from staff. More communication can mean reduced uncertainty and lessen anxiety for families.</td>
</tr>
<tr>
<td>McAdam, J., &amp; Puntillo, K. (2009).</td>
<td>Review descriptive and randomized control trials. Reviewed 18 studies (89% - quantitative, 11% qualitative). Levels of Evidence: 1 &amp; 5</td>
<td>Family members of ICU patients have high levels of stress, including PTSD-related symptoms. Family members have negative emotions that could affect family relationships, roles, and communication.</td>
</tr>
<tr>
<td>Sullivan, D. R., Liu, X., Corwin, D. S., et al. (2012).</td>
<td>Level 4 cohort study including 499 family members of patients admitted to all ICUs (trauma, neuro, medical, cardiac, medical, surgical).</td>
<td>The study found correlation between lower educational level, higher perceived stress sale score, and absence of advanced directive/DNR order with learned helplessness.</td>
</tr>
<tr>
<td>Turner-Cobb, J. M., Smith, P. C., Ramchandani, P., Begen, F. M., &amp; Padkin, A. (2015).</td>
<td>Level 6 descriptive/qualitative study including 6 relatives (4 men, two women) of patients admitted to the ICU of a UK hospital participating within 24 hours of admission.</td>
<td>4 themes were identified related to family reaction to ICU admission: ICU environment, emotional response, family relationship/dynamics, and support.</td>
</tr>
</tbody>
</table>

Discussion
The stress, fear, frustration and loss of control most definitely exist in the ICU environment for families. The behaviors and reactions of families are a normal psychosocial response to trauma and uncertainty. It is important to encourage understanding and effective communication between clinicians and family members. ICU clinicians can offer spiritual and emotional support and make appropriate referrals to chaplain services other available services. Incorporating family care conferences improves communication and significantly reduces symptoms of PTSD, anxiety, and depression in family members. Showing compassion and respect for family members and their decisions helps to develop supportive relationships.

Conclusions
As a trauma unit, we often face the stressful behaviors of a patient’s family that can impede patient care. With understanding and awareness of this phenomenon, nurses and doctors are able to recognize the impact on family members and provide therapeutic interventions. Patient and family satisfaction can be increased by improving communication and providing explanations. Developing supportive relationships can decrease the symptoms or behaviors that the family experiences. For better implementation in practice, more information is needed on the effectiveness of therapeutic staff interventions and other multidisciplinary services.

References