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INTEGRATIVE REVIEW ARTICLE

NURSING CARE TO PATIENTS' FAMILY HOSPITALIZED IN INTENSIVE CARE UNIT: AN INTEGRATIVE REVIEW

CUIDADO DE ENFERMAGEM À FAMÍLIA DE PACIENTES INTERNADOS EM UNIDADE DE TERAPIA INTENSIVA: REVISÃO INTEGRATIVA

ATENCIÓN DE ENFERMERÍA A LA FAMILIA DE PACIENTES HOSPITALIZADOS EN UNIDAD DE CUIDADOS INTENSIVOS: UNA REVISIÓN INTEGRADORA

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ABSTRACT

Objective: identifying the scientific knowledge about nursing care for family members of ICU patients. **Methodology:** an integrative review seeking to answer the guiding question << What is being produced/published about the performance of nursing facing the needs of relatives of inpatients in ICU? >> Data collection was performed by searching in the databases LILACS and MEDLINE, using two themes: family, Nursing Care and Intensive Care Units. There were selected and analyzed 32 articles. **Results:** studies were identified that portrayed the experiences, perceptions and needs facing the hospitalization experience in ICU through the view of family and nursing, as well as intervention strategies and nursing care to the family in the ICU. **Conclusion:** potential devices were identified to family care for nursing in the ICU environment. However, it needs more initiatives and investments to quality care for this clientele. **Descriptors:** Family; Nursing care; Intensive Care Units.

RESUMO

Objetivo: Identificar o conhecimento científico sobre assistência de enfermagem a familiares de pacientes internados em UTI. **Metodologia:** Revisão integrativa buscando responder a questão norteadora <<o que está sendo produzido/publicado sobre a atuação da enfermagem frente às necessidades dos familiares de pacientes internados em UTI?>> A coleta de dados foi realizada por meio de busca nas bases de dados LILACS e MEDLINE, utilizando-se os descritores: família, cuidados de Enfermagem e Unidades de Terapia Intensiva. Foram selecionados e analisados 32 artigos. **Resultados:** Identificaram-se estudos que retrataram as vivências, percepções e necessidades frente à experiência de internação em UTI na visão dos familiares e da enfermagem, bem como estratégias de intervenções e cuidados de enfermagem à família na UTI. **Conclusão:** Identificaram-se potenciais dispositivos de atenção ao familiar pela enfermagem no ambiente de UTI. No entanto, necessita-se de mais iniciativas e investimentos para uma assistência de qualidade para esta clientela. **Descritores:** Família; Cuidados de Enfermagem; Unidades de Terapia Intensiva.

RESUMEN

Objetivo: identificar los conocimientos científicos acerca de los cuidados de enfermería a los familiares de pacientes ingresados en la UCI. **Metodología:** una revisión integradora para tratar de responder a la pregunta guía << ¿Lo que se produce/publica acerca de las acciones de enfermería frente a las necesidades de los familiares de los pacientes de la UCI? >> La recolección de datos se realizó mediante la búsqueda en las bases de datos LILACS y MEDLINE, usando dos temas: la familia, el Cuidado de Enfermería y Unidades de Cuidados Intensivos. Se seleccionaron y analizaron 32 artículos. **Resultados:** se identificaron estudios que retratan las experiencias, percepciones y necesidades que enfrenta la experiencia de hospitalización en UCI, en opinión de la familia y de enfermería, así como las estrategias de intervención y atención de enfermería a la familia en la UCI. **Conclusión:** fueron identificados dispositivos potenciales de atención familiar para la enfermería en el ambiente de la UCI. Sin embargo, se necesitará de más iniciativas e inversiones para una atención de calidad para esta clientela. **Descriptor:** Familia; Cuidado de Enfermería; Unidades de Cuidados Intensivos.

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INTRODUCTION

The Intensive Care Unit (ICU) provides support and/or intensive care, with continuous monitoring to potentially serious people or with decompensation of one or more organ systems. The possibility of loss, damage and death are constant and factors present to staff and family members of inpatients.¹⁻²

The participation of the family in patient care, since the onset of the disease to establish the diagnosis and prognosis, is subject to the occurrence of crises and disagreements. Thus, it is essential that their expectations, questions and needs are understood and met by the nursing team.³

The development of nursing actions to care for the critically ill patient and his family incorporates increasingly specialized technologies. This enables the extent of assistance and to seek the understanding that the demands and needs of people beyond those regarded as object of care.⁴

Before the ICU environment, the need to establish ties with the family enables a comprehensive care, centered on the subject, in his perceptions and adjustment capacity as a whole. For a comprehensive and quality care, we need to understand the determinants signs in interpersonal relationships, seeking to promote the communication process and strengthening the therapeutic relationship between patient/family/staff.⁵

The promotion of the bond and assistance to family in these situations, where assistance is guided to vulnerable people and possibilities of loss and constant psychological distress are present, provides the promotion of meaning and transformation in the perspective of care along its trajectory. This enables the development of adaptation and coping mechanisms, promoting greater understanding and interaction, enabling more focused attention to subjectivity and individuality of the subject.⁶⁻⁷

To promoting a humanized and a comprehensive care to family members of ICU patients, it needs to focus on the voice of the individual and respect for his autonomy.⁸ It is necessary knowledge by the part of nursing professionals on the needs and vulnerabilities of this family in the process of understanding and coping with the situation. Realizes the need for studies that seek to understand how this attention has been provided as well as the potential and challenges found. Therefore, the study will provide professional nursing grants and reflections on family care of ICU patients, and help on attitudes to be adopted

in the continuity of care humanization process and providing comprehensive care and quality to family and his patient.

OBJECTIVE

- Identifying the scientific knowledge about nursing care for family members of ICU patients.

METHODOLOGY

This is an integrative review study that enables the synthesis of research already completed, obtaining results from a pre-determined topic of interest in a systematic and orderly manner, contributing to the deepening of knowledge of the theme investigated.⁹

The conduction of this review took place through the fulfillment of the following steps: 1) definition of the guiding research question; 2) definition of inclusion and exclusion criteria; 3) selection of databases and conducting search of scientific production; 4) perform the analysis of data; 5) discussion of the data and 6) presentation of the review of the synthesis.¹⁰

To performing the integrative review it was elaborated the following question: "What is being produced/published facing Nursing actions to the needs of family members of patients in adult ICU?"

We chose to study the adult ICU environment for a better synthesis of nursing interventions for this population, considering that the actions may differ when considering specific aspects, such as nursing care in pediatric and neonatal ICU.

To answer the main question of the research, the following inclusion criteria were: articles in Portuguese or English; published in national journals; between 2002 and 2012; addressing the theme nursing and family care in adult ICU environment; regardless of research method and availability of content in full. The choice of this time period enables a current understanding of the theme nursing and family care in the ICU environment. As exclusion criteria, we chose not to include dissertations and theses and articles in which was not a nurse as the author of the publications.

The literature survey was conducted by the Virtual Health Library (VHL/BIREME), by two reviewers, through the pursuit of journals indexed in electronic databases Latin American and Caribbean Health Sciences (LILACS) and Medical Literature Analysis and Retrieval System Online (MEDLINE) and virtual library Scientific Electronic Library Online

(SciELO). For the removal of articles, the following standardized and available descriptors in the Descriptors in Health Sciences (MeSH) were used: "family" [and] "nursing care" [and] "Intensive Care Units."

Data collection was carried out between April and June 2013. The initial search, found 814 articles. After reading the titles and abstracts, duplicate articles were excluded and did not meet the inclusion criteria. Then the selected articles were read in full in order to assess the suitability of the inclusion criteria of this review. In the end, we included 32 articles that met the inclusion criteria and answered the guiding question of this study.

To collect the information of the selected studies, we used an instrument developed by the authors who allowed the extraction of the study identifiable information, methodological characteristics, interventions and main results. To assess the methodological quality of the articles, they were classified according to their level of evidence: 1 - Meta-analysis of multiple controlled studies; 2 - Individual

study with experimental design; 3 - Study with quasi-experimental design to study without randomization with one group pre and post-test, time series or case-control; 4 - Study with a non-experimental design as correlational and descriptive qualitative research or case studies; 5 - Report of cases or data obtained in a systematic, verifiable quality or program evaluation data; and 6 - Opinion of respected authorities based on clinical competence or opinion of expert committees, including information not interpretations based on research.¹⁰

For data analysis, the articles were grouped based on the similar results and organized into categories descriptively, according to the themes addressed in the studies.

RESULTS

The characteristics of the 32 selected studies are presented in Figure 1.

NN	Authors	Year	Title	Methodology	Journal	Level of Evidence
E1	Cussi R, Lemos A, Rossi LA.	2002	The cultural significance attributed to the Center for customers and their families Intensive Care: a link between the edge of the abyss and the Freedom	Qualitative (Ethnography)	Rev Latino-am Enfermagem	4
E2	Desorsi LW; Camponogara S, Vieira DFVB.	2002	The intensive care nurse and family-centered care: a proposal to raise awareness	Qualitative (descriptive)	R. Gaúcha Enferm.	4
E3	Morgon FH, Guirardello EB.	2004	Validation of the scale of the needs of families in Intensive Care Unit	Quantitative (descriptive)	Rev Latino-am Enfermagem	4
E4	Silveira RS, Lunardi VL, Lunardi Filho WD, Oliveira AMN.	2005	An attempt to humanize the relationship of nursing staff with the family of patients hospitalized in ICU	Qualitative (case studies)	Texto Contexto Enferm	4
E5	Inaba LC, Silva MJP; Telles SCR.	2005	Critical patient and communication: vision of relatives about their suitability for nursing staff	Qualitative (descriptive)	Rev Esc Enferm USP	4
E6	Silva de Souza SRO, Chaves SRF, Silva CA.	2006	Visit in the ICU: an encounter between strangers	Qualitative (descriptive)	Rev Bras Enferm	4
E7	Santos KMAB, Silva MJP.	2006	Perception of health professionals about communicating with family members of patients in ICUs	Qualitative (descriptive)	Rev Bras Enferm	4
E8	Maruiti MR, Galdeano LE.	2007	Needs of family members of hospitalized patients in Intensive Care Units	Quantitative (descriptive)	Acta Paul Enferm	4
E9	Bettinelli LA, Rosa J, Erdmann AL.	2007	Hospitalization in the Intensive Care Unit: family experience	Qualitative (descriptive)	Revista Gaúcha de Enfermagem	4
E10	Puggina ACG, Silva MJP, Araújo MMT.	2008	Messages from relatives of comatose patients: hope as a common element	Qualitative (descriptive)	Acta Paul Enferm	4

E11	Barbosa EMA	2008	Newsletter in ICU: perception of family members and health professionals	Qualitative (descriptive)	Rev. Eletr. Enf. [Internet]	4
E12	Beccaria M, Ribeiro R, Souza GL, Scarpetti N, Contrin LM, Pereira RAM, Rodrigues MAS.	2008	Visit in Intensive Care Units: concepts of the relatives about the humanization of care	Quantitative (descriptive)	Arq Ciênc Saúde	4
E13	Lourenço EC, Neves EP.	2008	The needs of care and comfort of visitors in ICU Oncology: a proposal based on survey data	Qualitative (descriptive)	Revista Brasileira de Cancerologia	4
E14	Urizzi F, Carvalho LM, Zampa HB, Ferreira GL, Grion CMC, Cardoso LTQ.	2008	Experience of relatives of patients in Intensive Care Units	Qualitative (fenomenologia)	Rev Bras Ter Intensiva	4
E15	Martins JJ, Nascimento ERP, Geremias CK, Schneider DG, Schweitzer G, Mattioli Neto H.	2008	Welcome to the family in the intensive care unit: knowledge of a multiprofessional team	Qualitative (descriptive)	Rev. Eletr. Enf. [Internet]	4
E16	Schneider CC, Bielemann VLM, Sousa AS, Quadros LCM, Kantorski LP.	2009	Communication in the Intensive Care Unit, importance and limits- vision of nursing and family	Qualitative (descriptive)	Cienc Cuid Saude	4
E17	Neves FBCS, Dantas MP, Bitencourt AGV, Vieira PS, Magalhães LT, Teles JMM, Farias AMC, Messeder OHC.	2009	Analysis of the family satisfaction in the Intensive Care Unit	Quantitative (descriptive)	Rev Bras Ter Intensiva	4
E18	Casanova EG, Lopes GT.	2009	Communication from the nursing staff with the patient's family	Qualitative (descriptive)	Rev Bras Enferm	4
E19	Comassetto I, Enders BC.	2009	Phenomenon experienced by relatives of patients in Intensive Care Unit	Qualitative (phenomenology)	Revista Gaúcha de Enfermagem	4
E20	Zacarias CC, Silveira RS, Lunardi VL, Cappellaro J, Pinto EMS, Lunardi Filho WD.	2009	Deployment of technologies of care in the Intensive Care Unit to users and their families	Qualitative (interpersonal relationship theory)	Cienc Cuid Saude	4
E21	Almeida AS, Aragão NRO, Moura E, Lima GC, Edilene Hora C, Silva LASM.	2009	Feelings of family members in relation to patient hospitalized in the Intensive Care Unit	Qualitative (descriptive)	Rev Bras Enferm	4
E22	Silva FS, Santos I	2010	Expectations of relatives of clients in ICU about the attendance in health: a socio-poetical study	Qualitative (sócio-poetical)	Esc Anna Nery Rev Enferm	4
E23	Ruedell LM, Beck CLC, Silva RM, Lisboa RL, Prochnow A, CF Prestes.	2010	Interpersonal relations among nursing professionals and relatives in Intensive Care Unit: bibliographic study	Literature review	Cogitare Enferm	4
E24	Oliveira LMAC, Medeiros M, Barbosa MA, Siqueira KM, OliveiraPMC, Munari DB.	2010	Support group as a strategy to host relatives of patients in Intensive Care Unit	Qualitative (convergent healthcare)	Rev Esc Enferm USP	4
E25	Predebon GR, Beuter M, Flores RG, Girardon-Perlini NMO, Brondani CM, Santos NO.	2011	A visit from relatives in intensive units in perspective of nursing staff	Qualitative (Creative-Sensitive method)	Cienc Cuid Saude	4
E26	Saiote E, Mendes F.	2011	Information sharing with relatives in Intensive Care Unit: importance attributed by nurses	Qualitative (descriptive)	Cogitare Enferm.	4

E27	Frizon G, Nascimento ERP, Bertoncello KCG, Martins JJ.	2011	Family members in the waiting room of an Intensive Care Unit: feelings revealed	Qualitative (descriptive)	Rev Gaúcha Enferm	4
E28	Maestri E, Nascimento ERP, Bertoncello KCG, Martins JJ.	2012	Strategies for the reception of relatives of patients in Intensive Care Unit	Qualitative (descriptive)	Rev. enferm. UERJ	-
E29	Freitas KS, Mussi FC, Menezes IG.	2012	Discomfort experienced in the daily lives of families of people hospitalized in ICU	Qualitative (descriptive)	Esc Anna Nery (impr.)	-
E30	Maestri E, Nascimento ERP, Bertoncello KCG, Martins JJ.	2012	Evaluation of host strategies in the Intensive Care Unit	Qualitative (descriptive)	Rev Esc Enferm USP	4
E31	Simoni RCM, Silva MJP.	2012	The impact of the visit of nursing on the needs of family members of ICU patients	Quantitative (descriptive)	Rev Esc Enferm USP	4
E32	Freitas KS, Menezes IG, Mussi FC.	2012	Comfort in the prospect of relatives of people admitted to Intensive Care Unit	Qualitative (descriptive)	Texto Contexto Enferm	4

Figure 1. Distribution of selected studies on integrative review, according to the author, year of publication, title, type of study, periodic, and level of evidence. Brazil, 2013.

There was an increase of publications in the last five years. Stand out the years 2008 and 2009, six (18,7%) articles each, which expressed the importance of reflections about care for the family in the ICU environment by nursing staff. The smallest number of published papers was found in 2004, with an article (3,1%) (Figure 1).

When analyzing the most common research designs in the sample, were identified that 26 (81,2%) indexes used the qualitative methodological approach, five (15,6%) developed studies with quantitative methods and one (3,1%) made use of literature review (Figure 1). Among the studies that used the qualitative methodological approach, the methods used as a theoretical framework were mainly 16 (50%) descriptive studies and two (6,2%) with the phenomenological approach two. Referring to quantitative studies, it has been the use of descriptive studies in five articles (15,6%) (Figure 1). These studies led to the production of knowledge, favoring the interpretation of subjective and objective phenomena, constituting a source of interest and discussion on the theme through different approaches.

With regard to indexing sites, 26 (81,2%) were published in nursing journals and six (18,7%) in multidisciplinary Brazilian journals that address the theme (Figure 1). This enables a larger discussion on the topic, as well as a multidisciplinary discussion.

DISCUSSION

The discussion will be presented by themes grouped by similarity of content that emerged

after reading full of articles and descriptive analysis of the results.

◆ Experiences, perceptions and needs of families facing the hospitalization experience in ICU

Given the ICU, the family begins to experience a new reality. Understand their perceptions and needs enables greater interaction and assistance, based on the uniqueness of the context in which the family is inserted.

To face the family to stay, there are situations that provide greater suffering, the need for technological support in monitoring the patient, the cause of hospitalization, ignorance of the members of the health team, not remain entirely with your loved one and the lack of communication with the same.²

Upon admission to the ICU, the family, in relation to expectations, brings mixed feelings as the presence of fear, possibility of death and recurrent sequelae. However, positive feelings are present on a quality host with information about the health of your being and therapeutic possibilities.¹¹⁻¹² These factors allow a greater understanding of their feelings and experiences in coping with the situation.

Understanding the needs of families in the ICU, is to see how they are presented, taking into account their gestures and speeches, concepts and limitations. It is necessary to investigate the questions, observing their reactions and behaviors, seeking the understanding of emotions and subsidy support/comfort.¹³

In the care for the family, it feels assisted when it receives information about your

hospital one, when it is passed on care and support strategies by the team that aim to provide emotional security and to show respect. Minimizing the duality of feelings, the need and the fear of the information received, monitoring of suffering, pain and death, are dimensions that need to be explored and understood by the nursing staff.¹⁴

Identify the meanings in the security dimensions, hosting, information, proximity, social and spiritual support, comfort and integration with you and everyday life, promotes the nursing staff an informed performance practices to promote comfort to the families in the ICU.¹⁵

In identifying the needs of the family, the use of instruments such as the scale ratio of the Family Need Intensive Care Unit, enables understand what needs of family members are judged as to their level of importance, with important implications for the practice of nurse regarding the best management assistance to patients and families in the ICU environment.¹⁶

To promote more effective communication between staff and family is necessary to provide the same empowerment in decision-making. Communication becomes prerequisite for effective interaction property, seeking the understanding of the situation experienced,¹⁷ enabling a full and subjective to family assistance before hospitalization in the ICU environment.

♦ Family members' needs in ICU under the vision of nursing professionals

The actions of nursing care to the family need to be permeated strategies which enable greater interaction and understanding of the feelings and experiences present for the development of effective care plan.

In attention to family, nursing, as well as understand the suffering of this, at the same time face their own difficulties in dealing with it. Therefore, it is necessary discussions involving personal, organizational implications, political and social in relation to the family, seeking quality in patient-family-team relationship. The family care demands of the nursing staff appreciation of the essence of human care in chronological processes of life, integrity and individuality. It should be understood that it is an extension of the patient, which must be understood and minimized their suffering at the possibility of losses of their loved one, integrating socio-humanistic knowledge to do/be of nursing professionals.¹⁸

Establishing a good relationship with family enables greater involvement in the health-illness of their loved one and favors an adequate and flexible environment for the expression of feelings and minimizes suffering.

Some aspects can facilitate communication with family. Among them, there is interest in approaching the family, empathy development, reflection on self-knowledge, patience and sensitivity. These strategies favor the humanization process in family care, enabling nurses and other team members a differentiated care, involving the understanding of the meaning of human life, with actions based on respect, holistically and appreciation of life.¹⁹

The ICU environment should be perceived by the family as a place where they feel safe, welcomed, and confident and with the possibility of extended access, with the right to information about the health status of their patients, the prognosis and how to provide care and affection. It must be ensured that families feel supported, comforted and participatory in the process of treatment, awareness and enlightenment in their concerns and has dialogical relationship opportunity with the team.^{15;20}

Reflections about the processes involving nursing care to the family in the ICU environment should be recurrent in directing their actions. This enables understanding of their needs and feelings and favors an individualized and humanized care.

♦ Strategies of interventions and family nursing care in the ICU

For the promotion of care to family in the ICU, the nurse must resort to strategies that enable greater patient-family-team integration.

Communication and therapeutic relationship emerge as key strategies to promote quality nursing care to family members. This enhances the development of effective interpersonal relationship with the family in the ICU environment, providing care and greater understanding of experienced process.

To use this strategy is necessary to recognize their own needs, limitations and potential for understanding the other in their suffering. These tools enable shared understanding of phenomena and establishing interpersonal relationships quality and effective, working on the development of skills to promote empowerment and coping skills. Must seek the promotion of care under

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the circumstances and emerging hospital situations in ICU environment.²¹

The proposals to promote hosting in the ICU environment, such as conducting waiting rooms and support groups enable the delivery of information and needs of family members, providing the promotion of nursing care. One should encourage an exchange environment, inter-relating the development of care practice with the perceptions and needs experienced by family members with a view to improving care.²²⁻²³

The waiting room allows the expression of feelings, valuing the uniqueness of the family. In this environment can be worked out negative feelings such as pain, sadness, anxiety, helplessness, fear, uncertainty and despair. It also allows, sharing of experiences among family members, revealing an area of cooperation and support in overcoming the difficulties faced in hospital.²⁴

The support groups' technology enables discussions about the ICU environment, their purpose and operation, when acting on the patient. It could be space for questions and ways to cope with the situation. Acts as exchange of personal experiences of encounters, and enable information on the health status of the patient and generate reflections on death and the dying process and the understanding of living.²⁵

With the improvement of the critical condition of the patient, the hospital's experience enables the nursing staff a moment to the need for guidelines for family members, promoting continuity of care and promoting the empowerment of patients and their families/caregivers.

The newsletter is presented as potential device in the care of family in the ICU environment, it allows a moment of interaction and exchanges between staff and family. However, it is observed that the same should be clear and comprehensible language to family members. Information should be passed on by professionals who experience the ICU environment, using the same language, minimizing the generation of doubts, confusion and anguish. It should be forward yet, reliability, coordination with the involvement of political, organizational and interpersonal for the realization of effective communication, working in promoting interaction, effective dialogue and respect for diversity of perceptions.²⁶

One should provide optimal assistance to the families of ICU patients. For this reason, it is recommended to use individual plan views to minimize the difficulty of separation and reduction of the family of the patient and

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family anxiety. From a dialogical relationship, you must provide the evaluation and minimization of stressful events, favoring the maintenance of ties, empowerment of individuals and the nursing care team.^{27-29; 21}

For better understanding of the needs of family members, the nursing staff need in your care, continuous renewal of knowledge, implementation and evaluation of care technologies. Should seek to develop skills, use of creativity and transformation of the work environment in a warm and humanized space through processes based on reflection, interpretation and construction.³⁰

These actions enable exchange interaction between health professionals and family, raising discussion opportunities on the coping and understanding of the health-disease process, taking into account the respect and uniqueness of each family. Meeting also reflections on the potential to family assistance before ICU admission, if necessary, therefore, understanding the needs of those for the execution of full nursing care and quality.

CONCLUSION

Knowledge of needs experienced by families in the ICU, both in view of their own families as the professionals who provide assistance, is of paramount importance to promote awareness strategies to the public.

We identified potential nursing care devices to family in the ICU environment as the use of communication and therapeutic relationship, hosting activities, use of lounges, support groups, newsletter, preparation for home care, visit plan individualized and continuing education of the nursing staff. Even with the identified knowledge about family needs in the ICU environment, nursing still has few practical actions in assisting these clients. It needs more initiatives and investments to quality care to the public.

Search up to this study promote reflection and encourage health promotion actions of its clientele, to promote a comprehensive care and quality. It is proposed that more studies be conducted on the subject, from different methodological models to obtain a broader view of the phenomenon.

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