

EXPERIENCES OF CLOSE RELATIVES OF ADULT PATIENTS ADMITTED TO AN INTENSIVE CARE UNIT: A QUALITATIVE STUDY

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INTRODUCTION

Admission to an Intensive Care Unit (ICU) is often associated with severe acute illness and is recognized as an extremely stressful event, for both the patient and his/her close relatives (McKinley *et al.*, 2002). The close relative is defined as mother, father, sister, brother, step father, step mother, son, daughter, mother in law, father in law, brother in law, sister in law and current or former spouse (US Legal definitions, 2016). During the period of ICU stay, the patient's relatives may be subjected to strong emotions due to changed roles, responsibilities and daily routines. These relatives commonly experience very sensitive inner feelings such as pain, fear, uncertainty, worry, stress, anxiety, depression, and no words to express their feelings (Wahlin, Ek and Idvall, 2009). It is due to the unfamiliar environment of ICU, special cloths worn by health care team, presence of special equipment around their patient and the effects of alarm systems (Johansson, 2006), uncertain prognosis, fear of death or permanent disability and, financial concerns (Bijttebier *et al.*, 2001). The physical setup of the ICU is a potentially hostile environment to the close relatives of critically ill patients (Wenham & Pittard, 2009). Reasons include the unfamiliar sights and sounds, medical and technological equipment, the constant monitoring of the patient and the alarming signals (Delva *et al.*, 2002). These traumatic experiences are arisen as the close relatives are not psychologically prepared for their patient's critical illness because most admissions occur as emergencies (Wolf *et al.*, 2014).

Consequently, assistance from ICU health care team is essential to alleviate anxiety and distress of patient's close relatives which may precipitate due to life threatening nature of patient and intimidating environment of the ICU. The close relatives sought to access information readily to diminish their anxiety and the ICU health care team needs to work collaboratively with them to improve their emotional state (Al-Mutair, 2014). Furthermore, close relatives may expect honest information, reassurance and support and the need to feel cared for by the ICU health care team (Williams, 2005). However, Molter (1979) indicated that the ICU health care team mostly concentrates on patient's needs leaving little time to deal with needs of close relatives.

The close relatives provide an input of positive energy and strength contributed to the patient wellbeing. In addition, they are very important in reducing patient's fear and anxiety and increasing patient's experience of safety. As such, for uplifting the patient's state, close relatives are required to relieve their anxiety and stress and need to be adapted to the ICU environment and are expected to communicate effectively with the health care team. Thus, the purpose of the current study was to explore the experiences of close relatives of adult patients admitted to the ICU. Further, the study was guided by the following specific objectives: to describe sensitive inner feelings of the close relatives; to explain the experiences related to the physical set up of the ICU and to recognize the assistance received from the ICU health care team.

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METHODOLOGY

This qualitative descriptive study was conducted by using purposively selected 15 close relatives of patients admitted to the ICU at the Teaching Hospital, Peradeniya. In-depth interviews were carried out using semi-structured interviewer guide during visiting hours from January to February 2016. Ethical approval was obtained from the Ethical Review Board of the Faculty of Medicine, University of Peradeniya prior to the data collection. All 15 interviews were recorded on a digital voice recorder and were transcribed verbatim and then translated into English. Probes were used to get more information and to encourage participants (Ulin, Robinson & Tolley 2005). Close relatives below 18 years of age and close relatives of patients treated in the ICU for less than 72 hours were excluded.

The duration of the interviews varied between 45 minutes to one hour. Interviews were continued until data saturation was attained. Qualitative content analysis method as described by Graneheim and Lundman (2004) was used to analyze the transcribed text. All interviews were tape recorded and then transcribed into texts. The transcribed text from each interview was read and each sentence or group of words were broken into meaning units (Graneheim & Lundman, 2004). Identified meaning units were summarized using a few words and then the condensed meaning units were used to develop categories. The categories for all the interviews were discussed under different themes.

RESULTS AND DISCUSSION

Nine female and six male close relatives aged between 30 to 60 years were participated in this study. Four themes has been derived from close relatives experiences include unbearable painful experience, fear of their relatives' death, sense of insecurity, and feelings of satisfaction.

Unbearable painful experience

Some close relatives stated that they had experienced pain, fear and no words to express their stressful feelings. Participant 1, 3 and 8 expressed these feelings as follows;

Terrible... It is hard to express my feeling. But I'll say... what it is like. Because we see this thing like people from exterior. I think this will never come to our lives, You may know and when it is with someone from your family ... It is very painful feeling (P1).

Terrible....there is no words say ...there is no exact word to explain my pain and fear (P3).

I feel very difficult to bear this situation. Do not know what happen next. I have only painful memories so far.... (P8)

Similar experiences were expressed in the study conducted by Urizzi and Correa (2007). It is understandable that close relatives attempted to find, by gesticulation and silence, a word that would express their inner feelings, but they were unable to do so. On the other hand, non verbal expressions were stronger than verbal expressions, since words sometimes do not decode the experienced circumstances.

Fear of their relative's death

The analysis of the statements showed that the possibility of death was mentioned by many participants. They stated that they had experienced fear of their relative's death. However, the word "Death" was mentioned by only three. This is shown in the statements below.

You don't agree that my father is dying, in his mind he feel like he'll survive and go

back home again.....Do normal things...walking, talkingso that's i think. Though, we know that death very close to us (P6).

I feel really upset; our father connected to lot of tubes. He will not come to our life.... [crying] (P2).

I really fear about my brother. Patient next to my loving brother has dead. Next will be my..... [crying] (P4).

These experiences were consistent with the study conducted by Urizzi and Correa (2007). In the ICU, fear of death is mostly related to the stigma this setting implies. To close relatives, ICU means being between life and death. In addition, the ICU is a place where close relatives sense insecure as they realize the severity of their patient's clinical state.

Sense of insecurity

Some of the participants expressed that ICU is a special premises that makes anxious and insecure though it promote patients recovery. Some close relatives stated that the colorful monitors and alarm systems increased their stress. The following statements were expressed by participant 5, 13 and 15.

After he admitted here.....I felt that here is a special area with lots of alarm sounds and busy staff. I know that here is where my father recovers, but I felt scared... (P5).

It is frightening....because when she is in the ICU and colorful monitors are blinking around her. Oh.....I am scared. I am scared of my daughter (P13).

I feel more afraid, because we know that the ICU is for people who are bad....with all the instruments....But we know this is the place ideal for treatments....(P15).

Consistent experiences were identified in the study conducted by Urizzi and Correa (2007) and Fridh, Forsberg & Bergbom (2008). The inherent features of the ICU environment such as the highly stressful nature of the efforts implemented by staff, unfamiliar alarm sounds, and constant monitoring of the patients create close relatives to feel more anxious, distress and insecure.

Feelings of satisfaction

Most of the participants stated that they feel satisfy and happy about the care delivered by the ICU health care team. That can be perceived from the following statements.

We are very pleased about their work because there are many thoughtful people in ICU staff. They take care of my husband....(P14)

Some days after, schedules, staff members and alarms are familiar to us....We even feel happy of their work....(P7)

Although few staff working here, they come and explained everything to me, Hm... I think they help me to understand my father's condition. (P3)

These feelings were contrast with the study conducted by Sheaffer (2010) while consistent with the study carried out by Urizzi and Correa (2007) and Kohi, Obogo and Mselle (2016). The close relatives are eager to access information about their patient readily to diminish their stress. However, sometimes, ICU health care team may not have sufficient time to meet patient's close relatives regularly.

CONCLUSIONS/ RECOMMENDATIONS

Four themes were emerged from participant's experiences include unbearable and painful experience, fear of their relative's death, sense of insecurity and feelings of satisfaction. It was concluded that pain, fear and no words to express their feelings as sensitive inner feelings. Furthermore, few participants were experienced fear of their relative's death. Anxiety, stress and insecurity were the most common experiences felt by close relatives in relation to the physical set up of the ICU. With regard to the assistance received from the ICU health care team, most of the close relatives experienced feelings of satisfaction, happy and cared for by the ICU health care team.

The findings pointed out the experiences of close relatives of adult patients admitted to an ICU. Health care team should endeavor to consider them in the caring process. A larger qualitative study with a multiple ICU settings is recommended to explore the variations of experiences of close relatives if exists.

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