



Original Article

Role of family in the hospitalization of critical patients in the intensive care unit

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ABSTRACT

Background: Patients need help from others to meet their needs during hospitalization in the Intensive Care Unit (ICU). The role of the family is significant in the care of critical patients in the ICU because it helps fulfill the satisfaction and providing supportive care of patients related to their intimacy.

Objectives: This study aims to explore the role of families in the hospitalization of critical patients in the ICU.

Method: This study used a qualitative method with a phenomenological approach. Data retrieval is done through in-depth interviews, focused group discussions, and observations. The participant recruitment technique uses purposive sampling. The research participants were 24 people and were following with the inclusion criteria. Source triangulation is done to find out the validity of research data and the roles performed by the family. This qualitative data was analyzed using N-Vivo 12 plus methods.

Results: There are five themes accompanied by 12 sub-themes in them, including developing emotional relationships with patients, providing physical support to patients, becoming information partners with health personnel, families, and patients, supporting patient facilities and infra-structure, families meeting patients' spiritual needs.

Conclusion: Family members are involved in patient care because families are given the opportunity and sufficient time to visit patients. Suggestions for further research can consider the family background in the involvement of roles and factors that influence family roles during hospitalization of patients in the ICU.

INTRODUCTION

Patients treated in the ICU are generally life-threatening and have medical devices installed to support their needs ¹. In these circumstances, patients need the support of others to improve their health status so that patients' needs remain met. Other people who can provide help to patients in the ICU are families because they have emotional connections and have attachments to each other also play an essential role as a support system in improving the health status of patients. The patient's family had not entirely carried out their role. Only 57.7% of families were involved in activities to improve patient health by knowing the information in general from the health team ².

The five main reasons for patients' families not to contribute to their full background are lack of knowledge about how and the right time for participation in patient care (23.1%), not knowing how to treat patients (21.2%), financial incapacity (19.2%), no difference when the family contributed (17.3%), and emotional trauma (9.6%). ICU staff feels that families should not be involved in patient care because it can negatively affect the health services provided, accidents can occur, adding to the family's suffering ³.

One of the difficulties for the family to carry out its role in the ICU is due to hospital policies related to short visiting time ⁴. This result is in line with the new regulations at ICU Muhammadiyah Hospital Yogyakarta PKU, where families are allowed to make patient visits once a day for 60

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minutes and twice a day on holidays. Also, feelings of anxiety affect the family because of concerns about the patient's condition⁵ so that the support provided is only praying and doing little communication in performing their roles.

Nurses will change the family visit policy when the patient's condition worsens (96.7%) when family complaints will be limited visiting hours (93.3%), and when patients have emotional needs (76.7%)⁴. The results of previous studies examined more aspects of the family-oriented as passive participants (as recipients of care) than as active participants in providing patient nursing care. Some view that the family is a subject that ranges so that it includes in the scope of care (i.e., as a patient) but very rarely as an individual in partnership with health care professionals⁵. Family, especially patients' spouse has an essential role in give social support including instrumental help, emotional encouragement, compliance with therapeutic instructions⁶ and communication with health care team⁷.

Based on the phenomena, the researcher intends to explore the role of the family during the hospitalization process or while waiting for family members treated in the ICU.

METHOD

Study Design

This is a qualitative study with a phenomenological approach⁸.

Setting

This research conducted at one private hospital in Yogyakarta Province, Indonesia, and focused on the family of the patient in the ICU. Participants in this study were families who accompanied critical care while in the ICU.

Participant Selection: Size, Recruitment Procedures, and Characteristics

The number of participants in this study were twenty-four people and adjusted until the data reached the saturation point (data saturation). The type of sampling used by researchers was purposive sampling, which was following the inclusion criteria set by researchers in the context of families, both nuclear or extended family type, aged ≥ 18 years, and waiting for patients treated in the ICU for 1x24 hours or more.

Data Collection

In-depth interviews and Focused Group Discussion (FGD) were used to gather the data. The interviews were conducted in the waiting room of the ICU for about 30 to 45 minutes each participant. Meanwhile, two groups of FGD were done, followed by observation. Concepts of credibility, confirmability, auditability, and transferability were

used to measure the trustworthiness of the data. Source triangulation was conducted by researchers to obtain information from various parties, namely the patient's family, ICU nurses, observations during family visiting hours, and medical records.

Data Analysis

The researchers used N-Vivo 12 plus as data analysis. The data obtained from in-depth interviews and focused group discussion would be organized data for a summary, then summarized into several themes through coding. Summarizing or reducing data made the information more focused and provided a more precise picture making it easier for researchers to do further data collection. The data collected concluded in general how family experiences in waiting for critical patients in the ICU. Next was displaying (present) data in tables, charts, or discussions to organize the data.

Ethical Considerations

After approaching the research units and explaining the objectives of the study and also obtaining the written consent of the participants, the researcher began to collect the data. Ethical principles, such as autonomy of the participants, confidentiality, and anonymity, were considered throughout the study. Ethical approval was obtained from the Ethics Committee of Faculty of Medicine and Health Sciences Universitas Muhammadiyah Yogyakarta, as well as from the hospitals involved with the number 020/EC-KEPK FKIK UMY/II/2019.

RESULTS

The characteristics of the participants' overall females are 18 (75%). The last education of families is from high school to a master's degree. Participant ages mostly are from 35 to 45 years old, and 12 (50%) participants work as private employees (Table 1).

Table 1. Participants characteristics

Characteristics	Frequency	Percentage
Sex		
Female	18	75%
Male	6	25%
Age		
25-35	9	37%
35-45	10	42%
>45	5	21%
Education attainment		
High school	7	29%
Diploma	10	42%
Bachelor's degree	5	21%
Master's degree	2	8%
Occupation		
Housewives	6	25%
Private employees	12	50%
Teachers	6	25%

A role is a pattern or set of behaviors expected to be related to a situation. The roles performed by participants as families of patients treated in ICU have 5 (five) themes (Figure 1).

Maintaining Emotional Relationships among patients

The first role of the family is to develop an emotional relationship with the patient that can make them more comfortable and felt safer. Interview results showed that establishing an emotional relationship with a patient, include ignoring the patient and comforting the patient. It is supported by the participant's statement as follows.

"... One of the family is being treated, and we must pay close attention. All the attention is centered on the ICU. It requires very, very great attention always, even, for example, not to miss the attention, especially those in ICU, in my opinion." (Female, housewife, 51 years old)

Providing Physical Support to Patients

Providing physical support is also conducted by the family during the patients' hospitalization in the ICU through their presence at the bedside of the patient the desire to maintain a vigil while the patient is in the ICU. The closeness of the family with the patient indicates that the family is always near the patient. The family can help the patient's care by deciding or approving the attention given by the health worker to the patient. The exact thing done by the family when visiting a patient, especially if the patient still has not increased awareness, is to touch the patient. This opinion is consistent with the participant's statement as follows.

"... When we hold his hand or touch it, for example, there is positive energy being channeled." (Female, private employee, 46 years)

Family as an Information Partner with Health Workers, Families, and Patients

One of the most important things a family can do is to become an information partner with health workers, families, and patients — the family as one of the sources of information that may be translating, informing, and interpreting data to the patient and health care team. The family asks the patient's development as a form of effort, always wants to know the patient's current condition, and tries to communicate with the patient during the visiting hours. This opinion is consistent with the participant's statement as follows.

"... For example, you have a medical history, here they have no idea, so you exchange information ..." (male, private employee, 32 years)

Family as the Patients' Facilities Support

These roles include the family regulating the guarantee of patient health services such as health care used, and the administration of patients while being treated in hospital. Also, the family buys the patients' needs while in ICU, which is not covered by health insurance such as tissue, elimination needs, etc. This explanation is consistent with the participant's statement as follows.

"... I must have direct access to my BPJS, so yes, I am the one who takes care of it. My father will be difficult as he needs to look for a form in Wates." (Female, teacher, 46 years)

Meeting the Spiritual Needs of Patients

Participants said that they continued to pray for patients, whisper, and invite patients to dhikr, sometimes also assisted by clergy who often visits during visiting hours and encourages patients to surrender to God. This explanation is consistent with the participant's statement as follows.

"Pray. I sometimes sleep at the mosque, and then I pray at night praying for my child. I will continue to pray, dhikr, support, so that I remember who created her." (Female, private employee, 46 years)

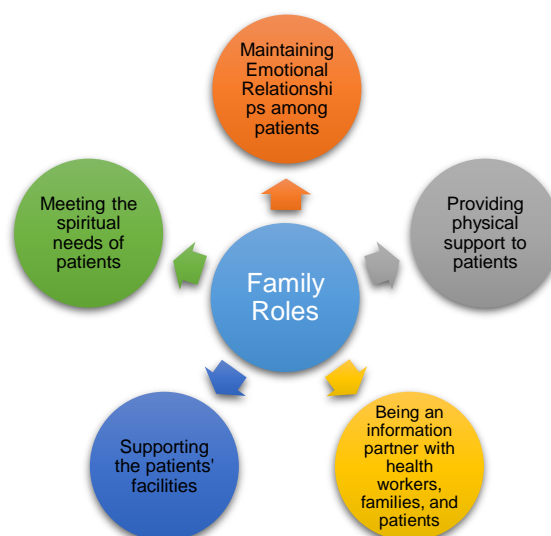


Figure 1. Family roles

DISCUSSION

Developing emotional family relationships is one form of social support provided to individuals from other individuals⁹. Building relationships is an expression of empathy, attention, and affection. Patients who have good emotional relationships with families will feel comfortable, be cared for, and do not feel alone while undergoing treatment at the ICU¹⁰. This situation can help patients in reducing emotional reactions to the perception of danger during treatment in the ICU (both the real and imagined things), which is anxiety¹¹. The family is also a source of support and comfort¹².

Family attendance at the ICU is urgently needed. The existence of a family near a patient certainly does not want to have a harmful impact. Therefore, it is given policy by the hospital for a total family visit time of 1 hour per day on weekdays and 2 hours per day when holidays. This theory is in line with the role of the family by optimizing accompanying patients during visiting hours. This visiting policy is considered a solution designed to meet the needs of families and patients focused on reducing anxiety¹³.

The family assists patients in making care decisions at the ICU due to their inability to be independent. Involving families in decision making is not only an ethical obligation, but it is possible to benefit all parties involved¹⁴. It can also affect family satisfaction in patient care involvement while in ICU. Of course, excellent multidisciplinary communication is necessary for family decision making¹⁵. The family has the right to know about the diagnosis, prognosis, and risks and benefits of patient treatment through competent communicative so that family members can be well versed as a substitute for patient decision making while in ICU¹⁶ or as an advocate, defender, and watchdog¹⁷.

Besides, families need to communicate with health workers about the patient's condition¹⁸. Families have their challenges if patients get treatment in ICU with special conditions and sophisticated medical equipment installed. With the problems they experienced, the family tried to find and receive information about the ICU, the material used by patients, patient visits rules and so forth¹⁹. The families of ICU patients needed information about the condition and outcome of the patient in order to overcome their worries and anxiety. Therefore, healthcare professionals, especially nurses, must help and guide the families by giving informational support to take better advantage from such information¹³.

The presence of a family in providing support can facilitate excellent communication between patients and healthcare workers²⁰. Some factors affect communication, including the level of patient awareness, care given, and the presence of family²¹. The purpose of verbal communication by families to unconscious patients is to focus on efforts to

provide more direct stimulation to wake up patients. Several literates reported a correlation between auditory stimulation and increased arterial blood pressure, pulse rate, respiratory rate, intracranial pressure, body movements, and facial movements²².

Various ways to meet the spiritual needs of patients is to by praying, guiding the reading of the Qur'an, dhikr, and istighfar. Also, spiritual support, such as strengthening relationships with God, has helped patients in care. By practicing religious practices, the patient will request healing from God even though the patient depends on care in the ICU. God makes more aware of higher powers and influences on life, directing events that happen²³, and bring greater hope into the difficulties experienced, with this can create peace, resilience, and optimism to live life²⁴. Religion and spirituality play an essential role in coping with critical illness for patients²⁵.

CONCLUSIONS AND RECOMMENDATION

Family members with patients treated in ICU are involved in patient care because families have the opportunity to visit patients. The involvement of the family in the care of critical patients in the ICU, among others, builds emotional relationships with patients, providing physical support to patients. They become information partners with health workers, families, and patients, and support patient facilities and infrastructure should meet the spiritual needs of patients. After conducting this research, researchers should follow up with consideration of family background knowledge or involvement with the role of the family, the influence of the family on the patient's condition, and factors that influence the family's role in assisting the care of critical patients in the ICU.

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