Challenges and complexities of meeting family needs in the intensive care unit

Whether a planned or unexpected admission, having a relative in the intensive care unit (ICU) can be a time of turmoil and extreme stress for family members as well as patients. Research has identified the increased risk relatives face of developing symptoms of post-traumatic stress disorder (PTSD), which can be felt long after their loved one has been discharged from the ICU. Family dysfunction as well as physical, emotional, spiritual, and financial distress have also been reported as adverse outcomes attributable to a family member’s admission to the ICU. Before strategies can be implemented to address or mitigate the risk of adverse outcomes developing, it is imperative to further understand the family members’ experience and needs. Using meta-aggregative methods, a qualitative synthesis published in this issue of JBI Evidence Synthesis reports on the multifaceted needs of family members at this time, and provides recommendations for how qualitative findings can be translated to practice environments.

Family-centered models of care are proposed to assist in addressing family members’ needs. Such models aim to incorporate the family member or members as part of the health care team and provide options for how family members wish to be involved in their relative’s care. However, for these models of care to be effective, it seems necessary to challenge and clarify definitions of who constitutes a “family member.” Defining “family” is complicated by legal, ethical, sociological, and cultural factors; therefore, open and pragmatic discussions are needed to ensure that the patient has the most appropriate person by their side. It is also necessary for staff to ensure their own bias and assumptions of traditional family roles and relationships are not influencing their interactions with family members.

Individual family members will vary in their desire for involvement in their loved one’s care. Despite proximity being identified as an important need for family, it may come as a surprise to health care staff that some family members do not want to see their loved one at such a vulnerable time. For those who do want to be near, proximity enables the significant other to act as a guardian and protector, and is seen as a way to stay informed. Paradoxically, some family members do appreciate being asked to step away from the bedside to allow staff to perform care. Such conflicting preferences can be challenging for health care staff, but acknowledging that each individual may have a different perspective and need is an integral component of patient- and family-centered care.

Family members will often rate their ICU experience and the perceived quality of care their loved one receives according to the interactions they have with staff while in the unit. Therefore, addressing communication needs is an essential part of family-centered care. While the ICU environment may be overwhelming and frightening to some family members, being provided with timely, clear, and regular updates on their loved one’s condition can alleviate some of the anxiety experienced. Ideally, tailoring communication to individual needs is the goal; however, this can be difficult for the health care team, given competing time demands and resource limitations.

Meeting family members’ needs for proximity has been particularly challenging of late due to visiting restrictions and infection control measures instigated due to the COVID-19 pandemic. The overwhelming burden and distress faced by ICU staff as a result of the pandemic has impacted interactions with family also. Qualitative research identifies the increased emotional distress experienced by families when they weren’t able to visit their loved ones. However, it has been encouraging to note innovative and creative strategies that have been reported to inform family and provide some comfort at such a challenging and distressing time. Having time-sensitive conversations with family members on how often updates can be received, who will receive them, and their preferred method of communication (eg, phone, text message, video call) has been reported to alleviate distress to some degree for both family members and staff.

Research on families’ needs and experiences in the ICU has expanded widely since development of Molter’s Critical Care Family Needs Inventory in 1979, and the challenges for health care staff are complex, challenging, and continue to evolve.
Incorporating findings from qualitative research investigating the topic is essential to elucidate these needs and strive towards truly integrated family-centered care models in the ICU.

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References