

Needs, anxiety and depression in families of patients in the intensive care unit: Integrative review

RESUMO | Objetivo. Identificar a associação entre as necessidades, ansiedade e depressão em familiares de pacientes internados em Unidade de Terapia Intensiva. Método. Revisão integrativa da literatura, utilizando bases de dados, LILACS, MedLine, BDNF, PubMed, EMBASE, SCOPUS, CINAHL e Web of Science, no período de 2007 a 2019, nos idiomas português, inglês e espanhol. Resultado. A amostra final foi composta por 15 artigos. Desses, a maioria oriundos de pesquisas quantitativas 60% (9) e os demais 40% (6) de pesquisas qualitativas. Ansiedade e depressão foram abordadas em 66,7% (10) dos artigos, enquanto as necessidades em 33,3% (5) deles. Conclusão. Foi possível identificar a falta de comunicação sobre o estado do familiar internado em uma Unidade de Terapia Intensiva gerada nos familiares sintomas de medo, angústia, ansiedade e consequentemente depressão. Portanto, é imperativo o norteamento de ações e intervenções acolhedoras, proporcionando melhor atenção ao familiar e contribuindo com a saúde desses familiares.

Descritores: Ansiedade; Depressão; Familiares; Pacientes; Unidade de terapia intensiva.

ABSTRACT | Objective. To identify the association between needs, anxiety and depression in family members of patients hospitalized in the Intensive Care Unit. Method. Integrative literature review, using databases LILACS, MedLine, BDNF, PubMed, EMBASE, SCOPUS, CINAHL and Web of Science, from 2007 to 2019, in Portuguese, English and Spanish. Result. The final sample consisted of 15 articles. Of these, the majority came from quantitative research, 60% (9) and the remaining 40% (6) from qualitative research. Anxiety and depression were addressed in 66.7% (10) of the articles, while needs were addressed in 33.3% (5) of them. Conclusion. It was possible to identify the lack of communication about the state of the family member hospitalized in an Intensive Care Unit generated in the family members with symptoms of fear, anguish, anxiety and consequently depression. Therefore, it is imperative to guide welcoming actions and interventions, providing better care for the family member and contributing to the health of these family members.

Keywords: Anxiety; Depression; Family; Patients; Intensive care unit.

RESUMEN | Objetivo. Identificar la asociación entre necesidades, ansiedad y depresión en familiares de pacientes internados en la Unidad de Cuidados Intensivos. Método. Revisión integrativa de la literatura, utilizando las bases de datos LILACS, MedLine, BDNF, PubMed, EMBASE, SCOPUS, CINAHL y Web of Science, de 2007 a 2019, en portugués, inglés y español. Resultado. La muestra final estuvo compuesta por 15 artículos. De estos, la mayoría provino de investigación cuantitativa, el 60% (9) y el 40% restante (6) de investigación cualitativa. La ansiedad y la depresión fueron abordadas en el 66,7% (10) de los artículos, mientras que las necesidades fueron abordadas en el 33,3% (5) de ellos. Conclusión. Se pudo identificar la falta de comunicación sobre el estado del familiar internado en una Unidad de Cuidados Intensivos generada en los familiares con síntomas de miedo, angustia, ansiedad y consecuentemente depresión. Por lo tanto, es imperativo orientar acciones e intervenciones de acogida, brindando una mejor atención al familiar y contribuyendo a la salud de estos familiares.

Palabras claves: Ansiedad; Depresión; Parientes; Pacientes; Unidad de terapia intensiva.

Marcia Cristina Nobukuni

Nurse, Master in Environmental Technologies, Professor, University Center of Santa Fé do Sul (UNIFUNEC) – Santa Fé do Sul (SP), Brazil.

ORCID: 0000-0002-5315-1457

Camila Fernandes Pollo

Nurse, PhD in Nursing, Researcher of the Metrics in Health research group, Botucatu (SP).

ORCID : 0000-0003-0264-5841

Aniele Fernanda Deplacido de Leo

Graduated in Nursing, Researcher of the Metrics in Health research group at the Botucatu School of Medicine – FMB/UNESP.

ORCID : 0000-0002-9128-324X

Silmara Meneguim

Nurse, PhD in Sciences, Associate Professor, Department of Nursing, Faculty of Medicine of Botucatu (SP), Unesp.

ORCID: 0000-0003-3853-5134

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INTRODUCTION

The Intensive Care Unit (ICU) is a differentiated sector of the hospital context because it is a place with advanced equipment and technologies, intended to care for patients in critical condition and ensures rapid diagnosis, treatment and intervention, reducing the risks and favoring the resolution of the patient's physiological imbalance.⁽¹⁾

The entire hospitalization process causes disruption in the family routine, usually affects and weakens the entire patient's family, especially when the clinical

condition is severe. The appearance of the patient hospitalized in this sector with mechanical ventilation, various dressings, wires and devices, as well as the noise of the equipment and the team, impact the family members, who believe it is a very aggressive and threatening environment, as it shows risk of death.⁽²⁾

In the ICU, the distance between patient and family is practically imposed by the circumstances created by hospitalization and by visiting routines, which are often rigid, which mean that family members are kept at a distance. This separation generates anguish and suffering for the family member, which are accentuated by the reduced visiting hours and the impossibility of staying with the patient.⁽³⁾

Almost always, the hospitalization of a family member tends to disrupt the organization of the roles occupied by each family member, placing them in a fragile situation in the face of fear of losing a loved one.⁽⁴⁾

Generally, the nursing team turns its attention to care, patient care, not providing shelter to family members, and the latter in their anguish, fear of the unknown, they are not assisted in their needs, causing greater suffering, which can trigger symptoms of anxiety and depression.

The suffering of family members directly interferes in the recovery of patients and in the physical and mental health of both, reflections and actions on the part of the team are essential to understand the family's experience, and provide better assistance and attention.⁽⁵⁻⁶⁾

The nursing team has the function of identifying the real needs of the family members. The earlier the interaction between nurse/family member, the better it will be for family members and, consequently, for the hospitalized patient.⁽⁷⁾

The ICU nurse must communicate with the patient's family, providing them with clear information, clarifying doubts, thus being able to alleviate feelings of anxiety and depression, establishing a bond of trust and acceptance, and promoting support for coping with the new reality.

Thus, the importance of the nursing team's performance is emphasized, which must be attentive to the events that may occur around them, both with the patient and with their family, observing any manifestation that may occur during the hospitalization period.⁽⁸⁾ Care for the family must be performed before entering the ICU sector so that it can be prepared for the meeting with the patient who needs care.⁽⁸⁾

Thus, this study aims to identify the association between needs, anxiety and depression in family members of ICU patients.

METHOD

This is an integrative review with the following steps: elaboration of the guiding question and objective of the study; definition of inclusion and exclusion criteria for scientific productions; search for scientific studies in databases and virtual libraries; analysis and categorization of the productions found; results and discussion of findings.⁽⁹⁾ To survey the guiding question, the PICO strategy was used⁽¹⁰⁾ (P: Relatives of Patients admitted to an ICU; I: Need, Anxiety and Depression; C: - ; O: Welcoming interventions, better care for the family member). In this way, the following guiding question was defined for the research: "Is there an association between needs, anxiety and depression in family members of ICU patients?"

The research was carried out through the following databases: Latin American and Caribbean Literature on Health Sciences

(LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), Nursing Database (BDENF), US National Library of Medicine (PubMed Central), Scopus, Current Nursing and Allied Health Literature (CINAHL) and Web of Science (WoS), (EMBASE). The operationalization and the search strategy were based on the combination with the Boolean operators AND and OR, performing the search together and individually so that possible differences could be corrected. The following Health Science Descriptors (DECs) were used: Anxiety (Ansiedade); Depressão (Depression); Familiares (Relatives); Pacientes (Patients); Unidade de terapia intensiva (Intensive care unit).

Full articles were adopted as inclusion criteria, with abstracts available in full, in Portuguese, English and Spanish, indexed in the databases referred to in the period 2006 to 2019.

Articles that did not answer the guiding question and articles that were repeated between the bases were excluded only once.

After reading the articles that made up the final sample, they were structured based on the following information: article/authors/year, journal/impact factor, main results and conclusion.

RESULTS

This study consisted of 15 articles: five in Lilacs, three in Pubmed, two in Medline, two in CINAHL, one in BDENF, one in Scopus, and one in Embase. Among the 15 articles that made up the sample, 46.7%⁽⁷⁾ are in English, 46.7%

Quadro 1 – Descrição da estratégia de busca.

| P | I | C | O |
|---------|--------------|------------|----------|
| Patient | Intervention | Comparison | Outcomes |

| | | | |
|---------------------------|------------------------------|---|---|
| Relatives of ICU patients | Need, Anxiety and Depression | - | Welcoming interventions, better family care |
|---------------------------|------------------------------|---|---|

Source: authors, 2022.

⁽⁷⁾ in Portuguese and only 6.6% ⁽¹⁾ in Spanish. Of these, most come from quantitative research, 60% ⁽⁹⁾ and the remaining 40% ⁽⁶⁾ from qualitative research.

Table 2 shows the individual synthesis of the articles that made up the final sample.

Of the 15 articles selected for this study, 66.7% ⁽¹⁰⁾ addressed anxiety and depression as the main result found in the studies and 33.3% ⁽⁵⁾ addressed the needs that family members had in relation to the lack of information, reception and knowledge regarding the hospitalization of your family member in the ICU.

DISCUSSION

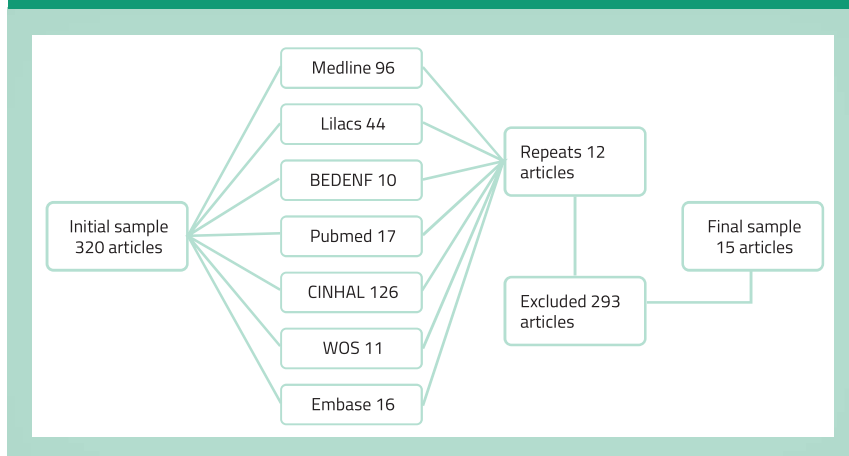
The nursing professional and the entire team must promote individualized care, with clarification of doubts, clear and simple guidelines and strategic actions that can help with the needs of family members by reducing the incidence of anxiety and depression.

In this context, after analyzing the articles, a division was carried out into two segments: the first referring to the needs of family members of hospitalized patients and whether they are affected by anxiety and depression, and the second, which are the factors that contribute to triggering anxiety and depression.

In a study carried out in a large private hospital located in the capital of São Paulo, it was identified that of the 39 family members interviewed, 84.6% ⁽³³⁾ reported the need to obtain information about their family member's condition, due to the lack of communication with the health team. It was identified that the main needs faced by family members were due to the discomfort of waiting in the waiting room, because according to reports, there is no bathroom, telephone and comfortable furniture. These needs added to the lack of communication experienced promote moments of fear and insecurity. ⁽⁷⁾

In North America, family members expressed high satisfaction with the care provided in the ICU, however, relatively

Figure 1 – Path for study selection.



Source: authors, 2022.

Table 2 - Main results and conclusions of the articles that made up the final sample.

| Articles/ authors/ year | Magazine/ Impact Factor JCR/SJR | Main results | Conclusions |
|--|--|--|---|
| Article 1 (Maruiti et al.,2007) ⁽⁷⁾ . | Acta Paul Enferm/ 0.067 – JCR / 0.22 SJR | The family cares about the patient and experiences fear and insecurity, often the result of uncertainty regarding conduct and treatment. | Needs reported more frequently in the categories of knowledge/ information and emotional security. |
| Article 2 (Maruiti et al.,2008) ⁽¹¹⁾ . | Acta Paul Enferm/0.067 – JCR / 0.22 SJR | These results show that the majority of the sample presented suggestive signs of the psychological alterations under study. | Interventions aimed at the family and establish training and qualification programs for nurses to better serve family members and companions. |
| Article 3 (Frizon et al., 2011) ⁽¹²⁾ . | Rev Gaúcha Enferm/ - 0.26 - SJR | Hospitalization in the ICU is considered a very difficult moment, which sets in and interferes with family balance. | It is hoped that, outside and inside the ICU, there will be welcoming actions for family members, helping them to face the hospitalization of a family member in the critical unit. |
| Article 4 (Pardavila et al., 2011) ⁽¹³⁾ . | Enferm Intensiva / 0.24 - SJR | Family members express the need to receive concrete information about the patient's treatment in the ICU. | Identify the needs that the family presents during the patient's stay in the ICU. |
| Article 5 (Norup et al., 2012) ⁽¹⁴⁾ . | Brain Inj / 2.311 – JCR / 0.66 - SJR | Regular meetings with information about treatment and prognosis can reduce the suffering and psychological symptoms experienced by the family. | It is important to try to minimize the psychological effects on families by developing and evaluating interventions in the acute setting. |
| Article 6 (Belayachi et al., 2014) ⁽¹⁵⁾ . | QJM / 3.210 – JCR | Previous hospitalization was the only psychological burden on hospitalized family members. | The prevalence of symptoms of anxiety and depression in family members remains high at the end of acute health care. |
| Article 7 (Eve et al., 2015) ⁽¹⁶⁾ . | J Crit Care / JCR – 3.425 / 1.15 - SJR | Special attention should be given to the emotional needs of family members who are in extreme distress. | Increased understanding of family members' anxiety and stress can help the team improve communication, thereby satisfying family members. |

low ratings regarding communication, information and emotional support were identified between 17% and 20% of participants.⁽¹⁴⁾

Thus, the first segment addressed the main needs of family members hospitalized in the ICU, whether they are affected by symptoms of anxiety and depression and the relationship between them. The importance of the organization and care of the nursing and medical team in welcoming family members is highlighted.⁽²²⁾

Another study describes that the lack of knowledge/information about the progress of the treatment (84.6%), talking to the doctor daily (79.5%), seeing the patient frequently (76.9%), flexible visiting day and hours (71.8%), a specific person at the hospital to contact and report on the patient, talking to the nurse in charge every day (56.4%) are factors that can contribute to triggering symptoms of anxiety and depression in family members.⁽⁷⁾

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In the capital of São Paulo, in a large general hospital, the results found were similar to those mentioned above⁽²²⁾, in which, the researchers identified that 73.4% of family members of ICU patients had symptoms of anxiety and that 35.4% had symptoms of depression.⁽⁹⁾

It is inferred that the medical and nursing staff can minimize the factors that contribute to the appearance of symptoms of anxiety and depression, with simple attitudes, such as paying attention, explaining the fact simply and clearly in informal language, without the use of technical terms, most of the time the atten-

| | | | |
|---|--|--|---|
| Article 8 (Fumis et al., 2015) ⁽¹⁷⁾ . | PLoS ONE / 0.57 – JCR / 0.99 – SJR | Relatives of patients admitted to ICUs suffered more than patients, especially when one of them died. | Symptoms of anxiety, depression, and post-traumatic stress persisted in family members over time. |
| Article 9 (Reis et al., 2016) ⁽¹⁸⁾ . | Temas Psicol / 0.19 – SJR | Team-family communication was identified as an important factor for the emotional experience of hospitalization. | In the ICU, the stressors common to hospitalization are even more exacerbated: limitation of visiting hours, restriction of moments of communication between the family and the team. |
| Article 10 (Lewis et al 2017) ⁽¹⁹⁾ . | Intensive Crit Care Nurs / 3.072 JCR / 0.8 – SJR | Family members of ICU patients with previous intensive care experience within the past two years were significantly more likely to report symptoms of anxiety, depression, and acute stress. | The psychological distress of family members is greater with previous experience in family or personal intensive care. |
| Article 11 (Tomás et al 2017) ⁽²⁰⁾ . | Tempus, Actas de Saúde Colet / - | Outline the profile of hospitalized patients and their families and reveal the effects of ICU admission on the daily lives of families. | Great suffering related to the fear of definitively losing a loved one and the fear of the probability that he will be unable to carry out his daily activities. |
| Article 12 (Torke et al 2018) ⁽²¹⁾ . | J Gen Intern Med / 5.128 – JCR / 1.75 – SJR | Emotional support was associated with lower odds of anxiety (adjusted odds ratio and depression at follow-up). | Family members also need emotional support when making difficult decisions. |
| Article 13 (Batista et al 2019) ⁽²²⁾ . | J. Res Fundam. Care / - | The nurse is the professional who must provide clear and objective information about what is happening to the patient. | They point out the main factors capable of contributing to the adequate care of the needs of family members of ICU patients. |
| Article 14 (Kynoch et al 2019) ⁽²³⁾ . | Int J Nurs Pract / 2.066 – JCR / 0.62 – SJR | Family members' anxiety had a direct and significant influence on the family's needs in the ICU. | Knowing the needs of the family in the ICU, explaining the degree to which specific psychological, demographic and informational factors affect the perception of families. |
| Article 15 (Midega et al 2019) ⁽²⁴⁾ . | Rev Bras Ter Intensiva / 0.43 – SJR | It emphasizes the importance of welcoming and providing good information to those who are with their loved one in the ICU, which is such a stressful environment. | Medical staff are accessible and understanding and provide complete information about the admission diagnosis, the causes and consequences of the disease. |

Source: authors, 2022.

tion is all focused on the patient, and the family member ends up being “ignored” for physically appearing to be well, not paying attention to the feelings or anguish they may be experiencing.

Through this study, it was possible to verify that strategic actions and changes in the policy of institutions can contribute to the reduction of symptoms of anxiety and depression of these family members, improving their expectations regarding positive feelings in relation to their family members, ranging from increased visiting hours to family members to accessibility to information, proposing a pleasant waiting environment, among other factors that make them feel welcomed.

As main actions, it is suggested to

provide a reserved and pleasant environment for family members, maintain continuous attention, transmit information in a clear way, adapt the hospital environment to provide open visitation and/or with a longer stay of the family member with the patient.

CONCLUSION

The association between needs, anxiety and depression was strongly highlighted in this study due to the lack of communication about the real state of the family member in the ICU. This relationship is generated as a result of the need for information and interaction with the health team. When a family mem-

ber is hospitalized in an ICU, the family member is unable to stay with their loved one at all times of the day, thus, the concern and lack of information, in addition to the lack of comfort in the intensive care sector, family members begin to show symptoms of fear, anguish, anxiety and, consequently, depression.

It is possible to identify in this relationship that a particular problem can ag-

gravate the other, in this study the lack of information generated severe symptoms of anxiety and depression in the family members of patients hospitalized in the ICU. It also highlights the need to implement effective measures in order to significantly reduce the incidence of anxiety and depression in family members of ICU patients.

It is essential that the entire multidis-

ciplinary team receives training in order to welcome, guide and help family members; integrate social services assistance with access to professionals and psychologists for both ICU professionals and family members; these are examples of "simple" actions that can bring benefits to family members without requiring large investments. 🐦

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