The nurse-family interaction in the lived experience of critical illness: Family-centred care

Anabela Mendes
Department of Adult Medical-Surgical Nursing, Unit of Research and Development in Nursing, School of Nursing, Lisbon, Portugal. anabelapmendes@esel.pt

The family of a critical care person experience continued moments of enormous vulnerability. In the Intensive Care Unit (ICU), strive for interact with nurses, give meaning to their actions and understand the situation. In ICU family is client and context of care (Mendes, 2018). It is crucial to take "a systemic approach, for understanding the impact of health and disease on family context..." (Fernandes, Gomes, Martins, Gomes, & Gonçalves, 2015).

Objective: To analyze in the family lived experience of critical disease, the interaction nurse-family and how family perceives centred-care-family.

Method: Considering the objective two research questions were defined in the methodological design: How is the nurses-family interaction constructed in the lived experience of critical illness? and How did the family perceive in the lived experience, of critical illness, the family-centred-care? Bearing in mind the problematic and the intentionality of the research, it fits into a qualitative paradigm and a phenomenological approach, according to Van Manen (1997). Participants were referred to a "snowball" effect and data was collected by interviews with open questions. Van Manen's (1997) reference has been followed for codification of data, with approaches or appropriate approximations to the text or narratives produced, namely the holistic or sententious approach, the selective or highlighted approach or the detailed approach or line-by-line.

Results: In the analysis of the data, three essential themes were identified: Reception in the daily life; Presence and be presence; Particular attention and the particularity of attention”. From the perspective of the family members, the interaction that the nurses built with the family reveals itself as intrinsic to being a nurse. They sought in their speech, in their posture (verbal and non-verbal communication) the way they were experiencing the situation. The professionals with whom they interacted constructed detailed appreciation and decision-making with the family. It was important to keep the family close and to be close. They known that this experience is complex and harrowing (LeBlanc, Bourbonnais, Harrison, & Tousignant, 2018) (Michelan & Spiri, 2018).

Final considerations: The family faced with the critical illness situation perceived that the interaction with the nurses exists and reveals a cognitive and emotional support of enormous significance. Meleis and Trangenstein (1994, p. 257) point out, that nursing interventions should focus on "the processes and experiences of human beings during the course of transitions, in which health and the perception of the wellbeing are intended outcomes". It is important that nurses focus on the real needs of the family, considering their daily care and their involvement in the assessment of the situation and clinical decision-making (Mendes, 2016) (Mendes, 2015) (Hetlanda, McAndrewb, Perazzoc, & Hickmand, 2018).

Keywords: Family; Intensive care; Nursing Care; Family-nurse-Interaction; Family centred care.
References


