Critical health-disease transition in the family: Nursing intervention in the lived experience

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The situation of critical illness reveals an enormous fragility since it brings to family an intrepid experience of physical and emotional suffering. From the point of view of Meleis and collaborators (2000) the vulnerability experiences are a result or arising from transitions that they calls situational, of development, of health-disease or organizational. Regarding the health-disease transition the way each family member, related to the sick person, reacts to the event is distinctive and it can be seen in their daily lives.

Objective: To analyze the strategies found by families to deal with the situation of critical illness, in their lived experience in a family context and in the inpatient context.

Method: Considering the lived experience, we intend to know how the family builds awareness of the facts and the dialogue between people involved. Three research questions were defined in the methodological design: How is the family aware of your family member’s critical illness situation? How does the family build the dialogue between the different family members and the care team in the context of hospitalization? How do you ensure family comfort on a daily basis? This research 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: From the collected data three essential themes emerged revealing the strategies: Becoming aware; Build up a dialogue; Ensure comfort. The family intention to communicate is recognized as determinant and should be seen as a concern, in their perspective, for nurses. It is often necessary to start communicating through a non-verbal register, a welcoming look, and then issuing the first words, showing the will to give continuity, now and always in a welcome context. The good teams, in good services, considering the unpredictability of the the critical disease experience, allow families to feel more anchored and more comfortable (Mendes, 2016). Facing the critical illness situation the recognition and the resolution of identified factors such as barriers to family involvement in the ICU, are the focus (Hetlanda, McAndrewb, Perazzoc, & Hickmand, 2018).

Final considerations: In the therapeutic intervention, nurses verify that families facing a critical-illness interact between themselves and with the ICU team. It can be seen that families interacting with nurses can find cognitive and emotional support allowing them to be aware of the situation and speak about it in order to strengthen and to comfort themselves. Michelan & Spiri (2018) focused on care humanization realized that the concept of relationship in the care context is essential. Nurses have their attention focused in welcoming the sick person and his family in a proficiently presence (Mendes, 2018).

Keywords: Family; Critical illness; Intensive care; Nursing care; Comfort.
References


