



Anglia Ruskin  
University

Cambridge & Chelmsford

# A qualitative appraisal of the needs of relatives in critical care

Pamela Page  
Senior Lecturer

[www.anglia.ac.uk](http://www.anglia.ac.uk)





# Why?

Admission to critical care invariably causes considerable distress and anxiety to both patient and family. If we profess to deliver family centred care then it is essential to identify the specific needs of family members in critical care (Endacott 2007, Prinha & Rowan 2008).

Comprehensive Critical Care (DoH 2000) is about people, patients and their loved ones who sadly have to experience critical care. If a positive impact on this group is not demonstrated we will have failed (Ball 2002).



## How

- Qualitative methodology to yield rich meaningful data (Burnard 1991)
- Ethics committee approval plus relatives GPs informed of study
- Informed consent with ongoing option to withdraw
- Purposeful sample - families from emergency rather than elective admissions selected whose loved ones were not at end of life
- Interviews conducted via a semi-structured approach
- Tape recorded and transcribed verbatim, researcher diary maintained
- Thematic content analysis performed (Burnard 1991)
- Data analysed and implications for practice identified



Anglia Ruskin  
University

Cambridge & Chelmsford

## Researcher's reflections

Interviews appeared to perform a therapeutic function for family members.

Ethical dilemma researcher v practitioner.

Rich insight into the “lived experiences” of life as a family member in critical care – a privileged experience.



# Emerging themes

- The shock of admission & coming to terms with critical illness
- The need for access & close proximity
- The need for a caring environment
- The need for information
- The need for hope



# Transcription evidence



## Shock

“It is really hard to describe it’s like some-one tells you “you are going to die tomorrow” the *shock* is tremendous but you just can’t take it in.”

“I just sat there with the consultant and said “I can’t think of any questions”. It seemed like your brain sort of switched off, just overwhelming *shock* that she may not be here tomorrow”.



# The need for access



“Well I have always thought that home is where she is, and at the moment she is here. All I am wondering is, is it good for her? I have asked her that “do you want me here?” and she says “yes I can’t wait for you to come though the door”.

“I am not too good with all this sort of stuff, you think you’re brave but your not. He looks very peaceful and even though I can’t do anything and he can’t see me it makes me feel better that I have been up to see him. If I couldn’t get up here I would feel even worse.”



# Caring environment

**Can you think back to the first time you came into the unit, what were your impressions?**

“Well it didn’t seem like a hospital, the atmosphere was beautiful, you didn’t feel that things were as bad as they were. The care that they have given here is remarkable.”

“Once she got onto the unit, when she was ventilated I could only praise all the attention and the care she got, well it is fantastic. I really can’t say enough, neither could any of my family truthfully. As I’ve sat and held her hand and watched the nurses work and the care that they take with every patient, everybody, it is a real eye-opener. There is a lot in life that we take for granted, we never see those kind of things, we never even think about them but to walk in here and to see what is actually happening, the care the attention, it’s brilliant – that’s all I can say.”



# Informational needs



“There is none of this “he will be all right dear” they just tell the truth, how it really is”

**And that honesty is important to you?**

I think so. Because in the beginning they were saying that we have got to look out for a chest infection, well he has a slight one now, it’s not “Oh my God he has a chest infection” because we were prepared for it.”



Anglia Ruskin  
University

Cambridge & Chelmsford

# Informational needs not met



“The first two or three days that was a very trying time, especially not knowing, not being given access to medical information. We were left with the uncertainty of what was happening.”



# The need for hope

“..if she doesn’t come out of here then my life has ended...but I am hoping that even if she comes out with her health impaired that we can manage some sort of life”

“..I knew that she could have died, but she hasn’t so there is a chance and that kept me going. I focused slightly more on the chance but just kept the other aspect to one side .. So if it went the opposite way I would be prepared.”



# So what - Implications for Practice

- Examine our assumptions about relatives' needs, there is evidence of dissonance (Berry 2006).
- Consider our role as “gatekeeper” in bringing patient & family together.
- Facilitate access to medical information for family members.
- Evaluate the effectiveness of our care (Steel et al 2008)



# Finally

Worst case scenario.....

.....the extraordinary power of the art and science of critical care nursing.

In order to maintain this level of care we need emotional investment ourselves.



# References

- |                    |      |  |
|--------------------|------|--|
| Ball C             | 2002 | “The Devil is in the detail”. Editorial Intensive & Critical Care Nursing Vol. 18,71-72.   |
| Burnard P          | 1991 | “A method of analysing transcripts in qualitative research” Nurse Education Today, Vol.11, 461-466.  |
| Berry J<br>Botti M | 2006 | “Critical Care patients caring for their family” Paper presented at the Australian & New Zealand Intensive Care Society Annual Scientific Meeting; Hobart, Tasmania. |
| Endacott R.        | 2007 | “Caring for relatives in intensive care an exemplar of advanced practice” in Nursing in Critical Care Vol. 12, issue1, 4-5.  |



## References 2

- |   |      |  |
|---|------|--|
| Prinha S.<br>Rowan K                          | 2008 | “Patients’ and relatives’ experiences of intensive care”<br>Journal of Intensive Care Society Vol 9, No 1, 91.   |
| Steel A<br>Underwood C<br>Notley C<br>Blunt M | 2008 | “The impact of relatives offering a relatives’ clinic on the satisfaction of the next-of-kin of critical care patients – a prospective time interrupted trial”<br>Intensive & Critical Care Nursing Vol. 24, 122-129 |