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Marques Simoni, Rosemary Cristina; Paes da Silva, Maria Júlia
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The impact of the visit of nursing on the necessities of the host families of ICU*

O IMPACTO DA VISITA DE ENFERMAGEM SOBRE AS NECESSIDADES DOS FAMILIARES DE PACIENTES DE UTI

EL IMPACTO DE LA VISITA DE CUIDAR EN LAS NECESIDADES DE LA FAMILIA UNAS DE LA UNIDAD DE CUIDADOS INTENSIVOS

Rosemary Cristina Marques Simoni[1], Maria Júlia Paes da Silva[2]

ABSTRACT

Study of a quantitative approach that aimed to implement the Visiting Nurse ICU adult and check and meet the main needs for information and verbalized by host families. After approval of the CEP of the HU-USP was asked if the family would like to receive some information on the part of nursing. All family members wanted to receive information from nurses in three visits with each family. The themes of doubt among the most familiar were the patient's clinical state and discharged from the ICU. We found that the average number of questions decreased from the first to third visit. The Visiting Nurse attended the main needs of the host family information and answering your questions about the nursing care provided to patients. It was also observed that the doubts and anxieties of family members decreased during the day, emphasizing the need that contact of Nurses and Families.

DESCRIPTORS

Communication
Intensive Care Units
Family
Visitors to patients
Nursing care

RESUMO

Estudo de abordagem quantitativa que teve como objetivo implantar a Visita de Enfermagem na UTI adulta e verificar e atender as principais necessidades de informação e acolhimento verbalizadas pelas famílias. Após autorização do CEP do HU-USP foi questionado aos familiares se gostariam de receber alguma informação por parte da Enfermagem. Todos os familiares quiseram receber informações do enfermeiro nas três visitas realizadas com cada família. Os temas de maior dúvida entre os familiares foram o Estado Clínico do paciente e a Alta da UTI. Verificamos que o número médio de dúvidas diminuiu da primeira para a terceira visita. A Visita de Enfermagem atendeu as principais necessidades dos familiares de informação e acolhimento, respondendo suas questões sobre o cuidado de Enfermagem prestado para o paciente. Também foi observado que as dúvidas e ansiedades dos familiares diminuíram no decorrer dos dias, enfatizando a necessidade desse contato de Enfermeiros e Familiares.

DESCRITORES

Comunicação
Unidades de Terapia Intensiva
Família
Visitas a pacientes
Cuidados de enfermagem

RESUMEN

Estudio de un enfoque cuantitativo que tuvo como objetivo implementar la Visiting Nurse adulto UCI y comprobar y conocer las principales necesidades de información y verbalizado por las familias de acogida. Después de la aprobación de la PAC de la HU-USP se le preguntó si la familia desea recibir alguna información por parte de la enfermería. Todos los miembros de la familia quería recibir información de las enfermeras en tres visitas a cada familia. Los temas de la duda entre los más conocidos fueron el estado clínico del paciente y el alta de la UCI. Se encontró que el número medio de preguntas disminuyó desde la primera a la tercera visita. El Visiting Nurse asistieron las principales necesidades de la información de la familia de acogida y responder a sus preguntas sobre la asistencia de enfermería a los pacientes. También se observó que las dudas y las angustias de los miembros de la familia disminuyó durante el día, haciendo hincapié en la necesidad de que el contacto de Enfermeras y Familias.

DESCRIPTORES

Comunicación
Unidades de Cuidados Intensivos
Familia
Visitas a pacientes
Atención de enfermería

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[1]Master student, University of São Paulo School of Nursing. Clinical Nurse at the Intensive Care Unit at University of São Paulo University Hospital. Member of the CNPq Research Group on Health Communication. São Paulo, SP, Brazil. rosemarques@usp.br [2]Full Professor of the Medical-Surgical Nursing Department, University of São Paulo College of Nursing. São Paulo, SP, Brazil. Head of the CNPq Research Group on Health Communication. São Paulo, SP, Brazil. juliasp@usp.br

Português / Inglês
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INTRODUCTION

The intensive care unit (ICU) is different from other hospitalization units, and, most of all, from the home environment of patients and their relatives. The ICU environment has several machines, and the individuals there face everyday situations involving emergencies, risk and death, in addition to enduring social isolation and no privacy[1].

The treatment implemented in the ICU is considered to be aggressive and invasive, translated by the high intensity and complexity of events and situations. It could be less hostile to patients and their relatives if health professionals humanized the care, i.e., if they could see each human being as a unique individual, with particular needs, optimizing their autonomy, and making the interaction with them easier through open talks, defining who provides and who receives the care[2].

Achieving a satisfactory patient-health team communication is a constant and important concern in terms of the humanization of care. The ability to communicate with others is one of the major features for nurses, who must show they are sensitive to non-verbal communication and capable of listening carefully, choosing the right thing to say and when to say it, through clear and accessible language[3].

The needs of the relatives are identified through physical or emotional situations or events, that may be experienced due to the fact that a loved one has a critical and unexpected disease, and are now in the ICU. These needs can be exemplified by situations or events such as: knowing who can provide information about the relative, feeling hope that there will be improvement, knowing which medical treatment is being given, and receive overall information about the ICU, on the first visit[4].

A study performed in a Brazilian ICU[5] evaluated the communication between the health professional and the relative of an INCU patient, and found that relatives need to receive more attention from the nursing team, which are the professionals who are closest to the patient; more time in touch with the patient, and more flexibility in the visiting hours; in addition to having more chances to share their feelings regarding the situation that the family is undergoing, particularly when they receive bad news.

It was also verified that the use of informative fliers about the process of care, the including the definition of a few technical terms and interventions, as well as the physical and organizations structure of the ICU could improve the communication between the team and the family[4]. Recent studies on the communication developed with the family of ICU patients have shown the effectiveness of interventions to improve the communication and decision-making in units of critical care, through formal multiprofessional meetings with the families[6-9].

From working in an adult ICU and experiencing, everyday, the needs that the families present during the visiting hours, showing their doubts, fears and uncertainties and the lack of adequate training of the nursing team to care to these families, we felt it was necessary to develop strategies to improve the care provided to the relatives during the visiting hours, aiming to provide an improvement in the quality of nursing care. To do this, we proposed to implement the Nursing Visit and assess its effectiveness to improve the care to relatives and fulfill their needs of information and care.

In view of the exposed scenario, the objectives in the present study are: to implement the Nursing visit in the ICU, and identify and meet the main needs of information and embracement reported by the relatives during the Nursing Visits.

A study performed in a Brazilian ICU(5) evaluated the communication between the health professional and the relative of an INCU patient, and found that relatives need to receive more attention from the nursing team, which are the professionals who are closest to the patient.

METHOD

A descriptive quantitative approach was used to perform a field study at the Adult Intensive Care Unit at the University of São Paulo University Hospital, from September of 2011 to January of 2012.

Interviews were performed with 120 families of patients hospitalized in the reported ICU. Of this total, twenty patients died, and, therefore, they and their relatives were excluded from the study. Thus the sample consisted of 90 participants (core family of the hospitalized ICU patients).

After being authorized by the Research Ethics Committee at EEUSP and HU (Document CEP-HU/USP: 1123/11) the lead author of the present study implemented the nursing visit to the families of ICU, which was performed once a day in the morning, with a four-month interval. The study was performed in compliance with all ethical standards.

An evaluation was performed of the first needs reported by the families. To do this, the researcher invited other nurses from the unit to also conduct nursing visits with the families, using two forms: one referring to the first visit, within 24 hours of stay, and the other referring to a daily follow up of up to three visits with the same relative, so that they would all follow the same standard and allowing for posterior data comparison.

The protocol to perform the Nursing Visit used by every nurse contained the following:

- take note of the day and time of the beginning and end of the nursing visit;

- take note of the name of the interviewer, the patient and the bed of the nursing visit, the patient's admission date and if a relative is present or not;
- introduce yourself to the relative;
- ask the kinship and name;
- ask if the relative would like to receive any information from the nursing team and take note of the type of information that was requested;
- after providing the information, ask and take note if there is still any doubt or if there is interest in any other information.

The statistical analysis of the data was performed using SPSS 17.0 and Minitab 14. The charts were generated on Minitab Realese 14 or on Excel 2010. Descriptive statistics was used to evaluate frequency, mean and standard deviation of the variables of interest.

In order to compare the mean number of doubt between the visiting days, the authors used the repeated measures ANOVA software; and to compare between dates, the paired t test was used.

A 5% significance level was considered, i.e., values above 0.05 were considered insignificant.

RESULTS

Regarding the characterization of the patients, it was observed that ninety (100%) patients met the inclusion criteria. The participants were categorized as follows: 48 (53.3%) male and 42 (46.7%) female; 51 (56.7%) were admitted due to clinical pathologies, and the other 39 (43.3%) due to surgical pathologies. The mean age of the participants was 57.58 years, and the mean length of stay was 5.5 days.

As to the characterization of the relatives, it was observed that considering the 90 (100%) relatives, most (N = 62 ; 68.9%) were female. The mean age of the relatives was 47 years, with a standard deviation of ± 13.8. The youngest relative was 20 years old and the oldest was 79, both were males.

Figure 1 shows the distribution of the kinship between the relative and the inpatient: children N = 35 (38.9%) and spouses N = 28 (31.1%) were those who most frequent visitors.

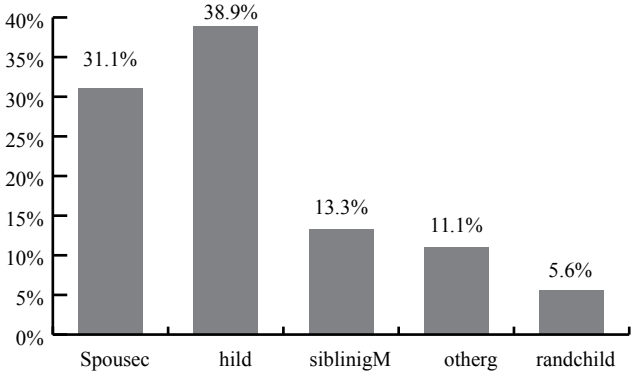

Figure 1 – Distribution of relatives according to kinship - São Paulo, 2012

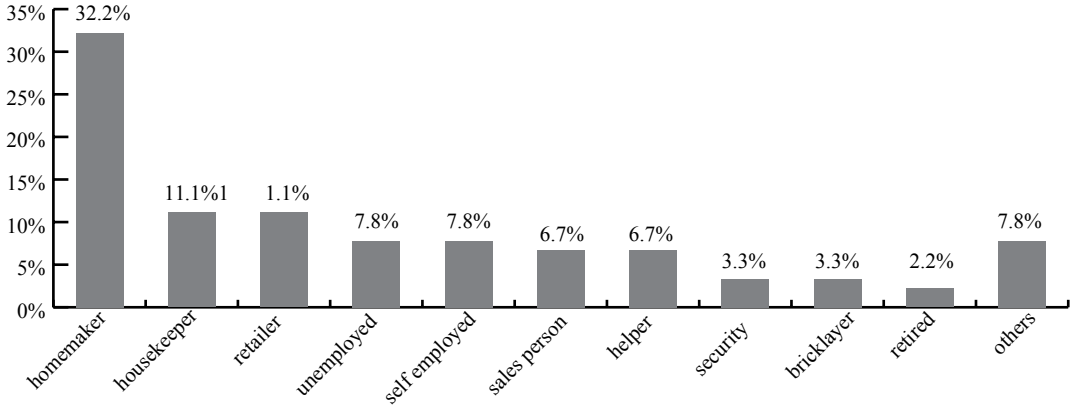

Figure 2 – Distribution of the relatives' professions - São Paulo, 2012

Figure 2 shows the distribution of the professions of the visitors included in the present study. Most visitors were *homemakers* N = 29 (32.2%).

Figure 3 shows the distribution of the relatives' education level. Most visitors N = 45 (50%) have a complete secondary education.

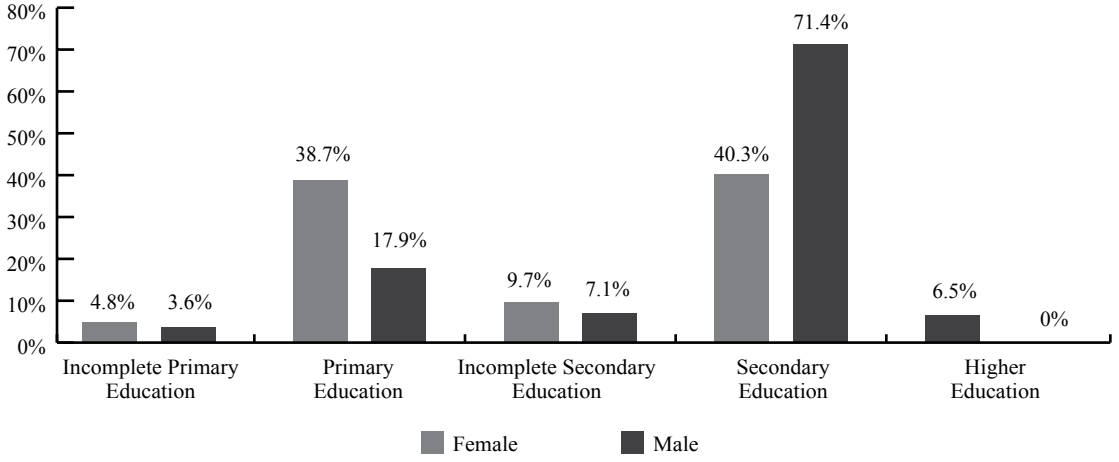

Figure 3 – Relatives' education level by gender - São Paulo, 2012

The analysis of the answers obtained in the Nursing Visit forms showed that all relatives wished to receive information from the nurse on the three visits.

The fist Nursing Visit lased in average 8.14 minutes with each family. In this first moment, 67 relatives (74.4%) wanted o know about the clinical condition of the patient; five relatives (5.5%) wanted to know the exam results; five relatives (5.5%) had questions about the medications that the patient was receiving; four (4.4%) wanted to know about the patients' diagnosis; four (4.4%) had questions about the *monitor* device; and three (3.3%) wanted to know about the patient's prognosis. Regarding the item *others* in the form, 10 (11.1%) wanted to know about *Patient Discharge*, followed by questions about *the presence of agitation* and *the type of surgery performed*, with N = 4 (4.4%) each.

The second Nursing Visit was performed with 84 families, as six patients had already ben discharged from the ICU. For each family, the nursing visit lasted for an average of 8.6 minutes. In this second moment, 66 relatives (78.6%) wanted to know about the clinical condition of the patient; six relatives (7.1%) had questions about the medication that the patient was on; two (2.4%) wanted to know about the exam results; one relative (1.2%) had questions about the patient's prognosis; none of the relatives had questions about Diagnosis and ICU Equipment. Regarding the *others* item on the form, 9 (10.7%) wanted to know about *patient discharge*, followed by questions about *if the patient is sleeping* for N = 3 (3.6%).

The third Nursing Visit was performed with 62 families, as 28 patients had already been discharged from the ICU. The visit with each family lasted in average 8.6 minutes. In this third moment, 46 relatives (74.2%) wanted to know about the clinical condition of the patient; six (9.7%) wanted to know about exam results; two relatives (3.2%) had questions about diagnosis; two (3.2%) had questions about the medication that the patient was on; on relative (1.6%) had questions about the patient's prognosis; none of the relatives has questions about ICU Equipment. Regarding the *others* item on the form, 11 (17.7%) wanted to know about *patient discharge*, followed by questions about *the presence of confusion*, with N = 2 (3.2%).

Table 1 shows the descriptive statistics of the number of questions for each visit day. Repeated measures ANOVA was used to verify if there is any difference between the mean number of doubts for the visit days. It is observed that the mean number of questions reduces from one visit day to the other (p = 0.000).

Table 1 – Number of questions for each visit day - São Paulo, 2012

	Visit 1	Visit 2	Visit 3
Mean ± SD	0.98 ± 0.08	0.83 ± 0.06	0.63 ± 0.08
Median	1	1	1
Minimum-Maximum	0-3	0-3	0-3
Total	90	90	90

P value = 0.0000*
* Statistically significant

In order to compare the visit days, the paired t-test was used. Table 2 lists the results.

Table 2 –Paired t-test comparing the doubts between the visit days - São Paulo, 2012

Age group	P - value
Visit 1 x Visit 2	0.085
Visit 1 x Visit 3	0.001*
Visit 2 x Visit 3	0.031*

* Statistically significant

Table 2 shows that there is no statistically significant regarding the mean number of questions between the first and second visit days (p = 0.085). The mean number of doubt on the first visit day is statistically greater, compared to the third visit day (p = 0.001). And the men number of doubts on the second visit day is statistically greater compared to the third visit day (p = 0.031).

DISCUSSION

By analyzing the obtained results, it is observed that the patients are mostly male, with an mean age of 57 years, who remained for approximately five days in the ICU due to clinical pathologies. The analyzed relatives were mostly female, either *daughters* or *spouses*, with a mean age of 47 years, homemakers, and with a complete secondary education level.

The mean Nursing Visit time was eight minutes in the three visits with each family, i.e., it appears to be possible to achieve family satisfaction, despite the little time that the professionals is in touch with the relatives, because what actually matters is not the time that is spent, but the way that the communication occurs, as reported before in other studies[10-11].

Every relative wanted to receive information from the nurse in the three visits, showing that there is a need for someone from the nursing team to become a reference for the family; someone who they can turn to for a talk, to answer their questions, and thus calm and guide them, as also reported in other studies[12]. Studies on the needs of the family[13] and on the satisfaction towards the care[14-15] have shown that good communication skills by the ICU team and a flexible visitation policy in the ICU may help relatives in this difficult situation filled with uncertainties[16-17].

The doubt most often presented by the relatives in the three Nursing Visits was the patient's clinical condition, and in the *others* item in the form, the most common doubt among the relatives was regarding the discharge from the ICU.

By comparing the three Nursing Visits, we observed that the mean number of questions reduced as visits progressed, i.e. the mean number of questions on the first visit day was statistically smaller, compared to the third visit day ($p = 0.001$). And the mean number of questions on the second visit day is statistically greater, compared to the third visit day ($p = 0.031$).

This result can be explained by the fact that, in most cases, the family is entering the ICU and undergoing the situation of having one of its members admitted for the first time, and, therefore, feel afraid about the condition of the patient an the *scene* they will see. The feel lost because they are not familiar with the rituals in this sector and are anxious to speak to someone of the team, hoping to obtain information about the patient, ask questions, and fulfill their need for comfort, through caring and considerate words [18-20].

The three consecutive Nursing Visits to ICU inpatients permitted to measure and work on the family's emotional burden and main questions they have during this period. This helped to early detect and prevent symptoms of anxiety, depression, and stress experienced by the relatives, as reported in other studies[21-22]. Some studies, in fact, describe interventions to improve the communication and the decision-making process in ICUs, which include having nurses talk with the relatives over the phone, ethical nursing appointments and appointments for palliative care[6].

A recent systematic review on the communication interventions with ICU relatives showed that the printed information in the form of fliers help relatives understand better about the ICU care and environment, and that the regular communication between the team and family helps to reduce stress and to understand the treatment performed in the ICU[7]. At the studied ICU the team does not offer any informative fliers, but this is already considered as a further strategy to complement the communication strategy that is implemented through the Nursing Visit.

CONCLUSION

The present study results led us to conclude that the implementation of the Nursing Visit at the Intensive Care Unit of the University of São Paulo University Hospital met the proposed objective, which was to answer the main needs of information and embracement of relatives during visiting hours, answering their questions about the nursing care provided to the patient. It was also observed that with the daily nursing visit the relatives' questions and anxieties reduced as days went by, emphasizing the need for this contact between nurses and relatives.

It is important to increase this type of intervention to other centers so it is possible to make a better evaluation of the efficacy of the Nursing visit with the relatives of different ICU patients.

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Correspondence addressed to: Rosemary Cristina Marques Simoni
Av. Lineu Prestes, 2565 – Butantã
CEP 05508-000 – São Paulo, SP, Brazil