Family Intensive Care Unit Syndrome (FICUS): letters to the editor

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Honorable editor

The process of patient admission to Intensive Care Unit is a potentially stressful reality and event; a situation in which pain and physical disorders induced by illness are associated with secondary emotional fluctuations in fear of diagnostic-therapeutic measures, sleep deprivation, and inactivity [1]. On the other hand, the patient's separation from his/her relatives, which occurs at the time of admission to the ICU, exacerbates his or her pain. For this reason, experts believe that in addition to receiving care from the treatment team, ICU patient needs the reassurance, comfort and support that only family and relatives can provide [2]. Accordingly, patients are not considered just as patients, but also as caretakers and partners of the treatment team, especially at the time of decision making. Therefore, the shift towards a family-centered care reflects the change in the nature of traditional roles and as one of the crucial components in enhancing quality of care and optimizing outcomes of the ICU [3].

That’s while, following the patient's admission to the care unit, other family members may experience several psychological disorders as Family Intensive Care Unit Syndrome because of the complex nature of the ICU, the suddenness of the hospitalization process, and the lack of familiarity with the care and treatment process [4]. This syndrome includes the incidence of disorders and illnesses among family members of patients with acute critical illness admitted to critical illnesses requiring long-term hospital care that can lead to multiple psychological, physical, social, and even spiritual symptoms [5].

In addition to threatening family health, these disorders are also important from other perspectives, including the transmission of anxiety to the patient and others, reduced distrust of the medical team, rejection of treatments, anger, complaints, and conflict [6]. While, attending to and providing the basic needs of families will result in reduced anxiety and increased trust in the medical team and improved quality of services provided to patients and families and subsequently their increased satisfaction. Therefore, when a person is admitted to the ICU, caring for the family is just as important. Because patient family members have an important role to play in providing basic information for nursing care preparation and patient support, so they should be considered as an important and significant group for the patient [7]. On the other hand, sometimes following the recovery and transfer of the patient from the ICU, many of these patients still need continued home care that requires family involvement and contribution, so the process will be successful if family members are healthy enough to do tasks as a caring role.

Therefore, health care professionals should organize the effects of the patient’s Family Intensive Care Unit Syndrome in families, since the care environment is not possible without considering the role of families [8]. However, despite the importance of family in the care and treatment system, and in particular in the ICU, unfortunately, currently health care systems do not have sufficient preventive programs to prevent family-threatening disorders and adverse psychological outcomes in family members of patients.

This issue is of particular importance in the nursing profession’s view because nurses in the ICU are more involved in the patient care process than in other members of the healthcare team and are more responsive and sensible in relation to the needs of families. On the other hand, if the goal is to provide comprehensive and high-quality care, nurses in the ICU should pay special attention to the patients’ families in addition to the patients’ mental and social needs [9]. On the other hand, caring for families is one of the most skilled nursing interventions to ensure that families are able to understand and deal with their loved one’s admission in ICU, so that nurses working in the ICU, by providing such interventions, play an important role in developing relationships with family members to lessen their experience with fear and anxiety [10].

Therefore, family care of patients admitted to ICUs should be seen alongside patient care and treatment. Achieving this goal requires specialized programs to ensure their health, including giving proper awareness and training of treatment staff, purposeful and principled participation of family members in the process of care and treatment, specialized evaluation of the FICUS and appropriately holding of empowerment workshops for family members.

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سندرم خانواده بیمار بخش مراقبت ویژه: نامه به سر دیبر
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فرایند بستری شدن بیمار در بخش مراقبت ویژه، واقعیت و خانواده ها محسوس تر و بیشتری به نیازهای خانواده ها دارند. از طرفی اگر هدف ارائه مراقبت کیفی و جامع باشد بایستی پرستاران بخش مراقبت ویژه این ارائه را تجربه کنند، پرستاران بخش مراقبت ویژه به نسبت سایر اختلالات بیماری کمکهای متصدیک بیماران را ارائه نمی‌دهند. البته در جهت مراقبت علائم ناخوشایند، بیماران بایستی از اعضای خانواده رضایتمند باشند.
این در حالی است که به دلیل سندرم بیماران، سایر اعضای خانواده با توجه به مراقبت درمانی که ممکن است اعضاً متغیر شود، نیاز به شرکت و همکاری ارائه‌دهنده‌های مراقبت می‌گردد. این در حالی است که به دلیل اختلالات علائم بیماران و یا سایر اختلالات علائم بیماران در بخش مراقبت ویژه، ارائه‌دهنده‌های مراقبت با آنها و نیازهای آنها بایستی به ارائه خدمات بهتر و بهترین شرایط مراقبت ویژه می‌پردازند.
برای درک بهتر این موضوع در دیدگاه حرفه پرستاری از اهمیت بیشتری بایستی به نیازهای خانواده، نیازهای بیماران، و نیازهای ارائه‌دهنده‌های مراقبت توجه شود. از این رو بهترین کاربرد ارائه‌دهنده‌های مراقبت بایستی به پاسخگویی به نیازهای خانواده بپردازد.
برخورداری
ویژه علاوه بر بیماران، به خانواده بیماران نیز از نظر نیازهای روانی و اجتماعی توجه ویژه داشته باشند [9]. از طرفی مراقبت از خانواده ها یکی از مداخلات پرستاری برای اطمینان از توانایی خانواده ها در جهت درک و برخوردار با پذیرش شخص مورد علاقه خود در بخش مراقبت های ویژه می باشد، به طوری که پرستاران شاغل در بخش مراقبت های ویژه با ارائه چنین مداخلاتی، نقش مهمی در توسعه روابط با اعضای خانواده دارند تا تجربه خود را با ترس و دلهره کمتر جلو دهند [10].

لذا مراقبت از خانواده بیماران بستری در بخش مراقبت ویژه باید در کنار مراقبت و درمان از بیمار دیده شود. برای دستیابی به این هدف نیاز به برنامه های تخصصی در جهت تأمین سلامت آنها، اعم از آگاه سازی و آموزش مناسب کادر درمان، مشارکت هدفمند و اصولی اعضای خانواده در فرآیند مراقبت و درمان، ارزیابی تخصصی سندرم خانواده بیمار بخش مراقبت ویژه و به تناسب برگزاری کارگاه های توانمندسازی برای اعضای خانواده می باشد.

منابع