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Psychosocial Impact of Critical Illness on the Patients and their Families and their Coping Mechanism

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Patients' psychological and social problems

- ▶ Post traumatic related symptoms rather than the disorder (3-28%)
- ▶ Hallucination, nightmares and dreams of being imprisoned, of torture and dehumanization: one third
- ▶ Delirium : 14-65%

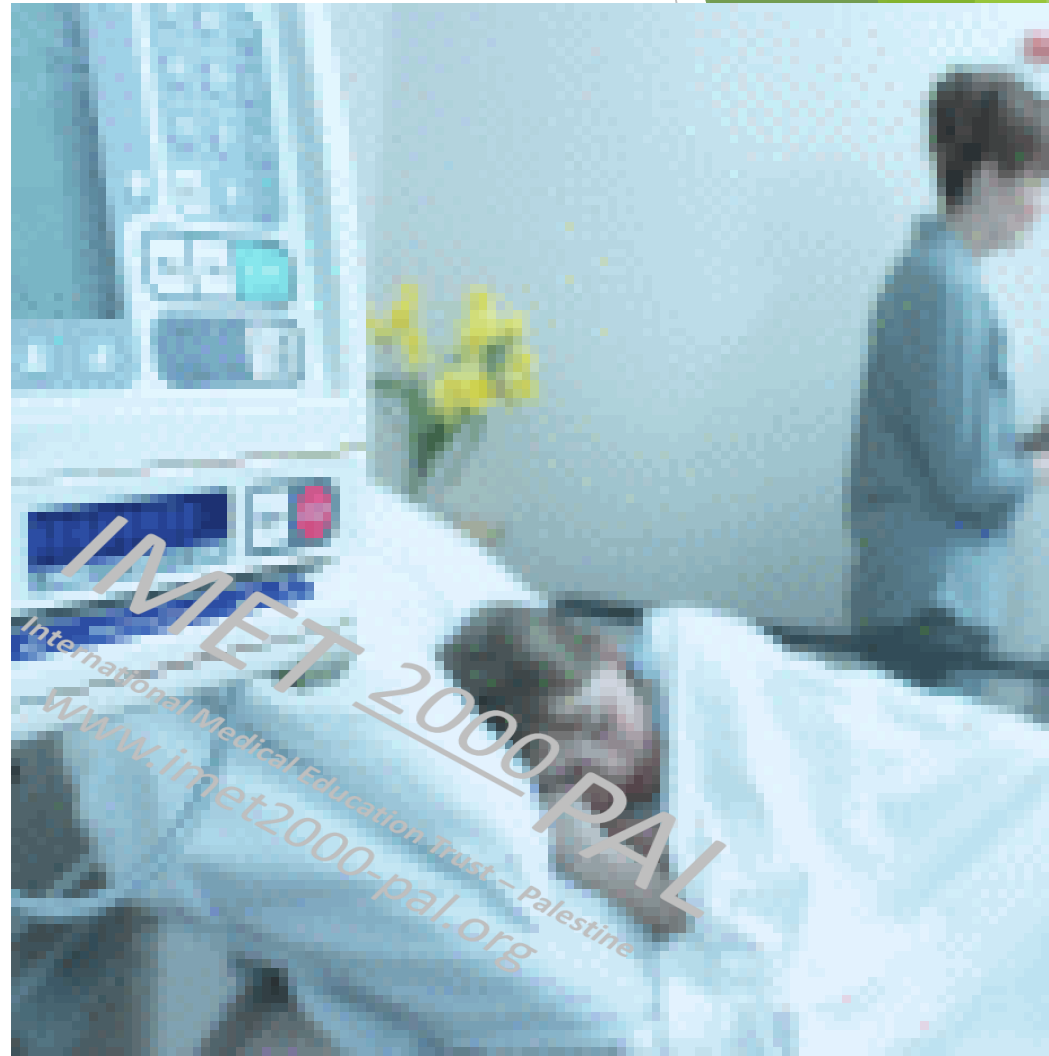
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Patients' psychological and social problems

- ▶ Fear and anxiety: 16-47%
- ▶ The danger of death, the psychological trauma of the illness/ injury
- ▶ Not being able to synchronise one's own breathing has been found to be one of the most discomfoting aspects of the ICU experience which may lead to panic reaction

Patients' psychological and social problems

- ▶ Depression, withdrawal and despondency
- ▶ Sleep deprivation & disturbance
- ▶ Social isolation & immobilization



How does the patient cope?

- ▶ Displacement
- ▶ Projection
- ▶ Suppression
- ▶ Repression
- ▶ Rationalization
- ▶ Regression
- ▶ Denial

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Environmental contributing factors

- ▶ Noise of ventilators and other machines which can affect communication, concentration and sleep, staff talking, alarm
- ▶ Unfamiliar surroundings & a new and threatening environment
- ▶ Life threatening illnesses
- ▶ The awe of medical procedures and technology
- ▶ an inability to communicate needs & the loss of personal control



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Environmental contributing factors

- ▶ Sensory input addresses the stimulation of all five senses:
 - ▶ visual
 - ▶ auditory
 - ▶ olfactory
 - ▶ tactile
 - ▶ gustatory.
- ▶ Patients have no control over the choice of their environment and therefore it is important to control these to avoid sensory deprivation or sensory overload.
- ▶ Sensory overload from the environment can lead to patients becoming anxious and restless, can influence a patient's recovery, for example, high levels of noise increasing the need for pain relief.

Environmental contributing factors

- ▶ Pain: such as having tubes in the nose or mouth, being restrained by tubes were considered by the patients, relatives and health care professionals as the main stressors.



Factors affecting psychosocial responses of clients

- ▶ Personhood of the patient: who is he, characteristics, previous hospitalization, lifestyle, perception of illness..
- ▶ Nature of illness as perceived by patient
- ▶ P: I have heart attack
- ▶ N: what do these words mean to you?
- ▶ P: heart attack means you die
- ▶ N: heart attack means death?
- ▶ P: sure all my friends who had heart attacks died

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Factors affecting psychosocial responses of clients

- ▶ Environmental characteristics: room, windows, curtain, lights, equipment, cards, flowers, who come in contact with the patients
- ▶ Timing of illness: stress (e.g. divorce, new job, conflicts, having family same experience)

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Nurses' behaviours

- ▶ Lack sensitivity to expressed feeling: there is really nothing to cry about
- ▶ Frightened the patients (I never seen this reaction)
- ▶ Checking equipment too frequently
- ▶ Ignoring the patient when coming to the bedside
- ▶ Complaining to the patient about the workload and the number of patients assigned
- ▶ Rushing in and out of the patient's room



Nurses' behaviours

- ▶ Removing equipment without appropriate psychologic weaning
- ▶ Overprotecting the patient for a period of time and then suddenly expected independence in self care
- ▶ Shouting or calling other staffs
- ▶ Transfer from critical care unit (anxious so transfer should be during the day)



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Intervention



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Intervention

- ▶ Determine patients' preference of being called
- ▶ Foster independence
- ▶ Encourage personal hygiene and decision making
- ▶ Refer to professionals (social worker, psychologist)
- ▶ Listen to patient's ideas about the causes of illness and recovery process

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Intervention

- ▶ Provide updated information
- ▶ Assess secondary gain associated with illness
- ▶ Encourage talk about nightmare(common, temporary, and not indicate loss of control or mental illness)
- ▶ Control light, sight, sounds,
- ▶ Offer newspapers, TV, radio, telephone, calendar, clock

Intervention

- ▶ **Psycho-education: explain the typical course of illness**
- ▶ **assess pain and provide medication**
- ▶ **Ask the family to bring familiar in object from home**
- ▶ **Use eye to eye contact when talk with the patient**
- ▶ **Direct attention to future, reassuring that the present situation will pass**
- ▶ **Encourage expression of feeling of loss and sadness, crying**

Intervention

- ▶ Allow flexible hour visits
- ▶ Talk with the patients while caring for them

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Family response to critical illness



Family response to critical illness

- ▶ Family members of patients in the intensive care unit (ICU) may experience stress, disorganization, and helplessness which may result in difficulty in mobilizing appropriate coping resources, thus leading to:
 - ▶ Anxiety, anger, sadness, guilt, frustration, fear
 - ▶ Family members may be more stressed if they are ignored by a nurse

How this event affected the family unit and individuals in the family

- ▶ Lack of communication among family members
- ▶ Overriding threat, feelings of vulnerability, uncertainty, intense emotions, disruption of normal home routines
- ▶ Changes in relationships & role conflict
- ▶ Ambivalent feeling: frightened or guilty about their wish to see the patient died

How they cope

- ▶ Overprotective
- ▶ Crying
- ▶ Complaining about care
- ▶ Blaming the patient
- ▶ Seeking reassurance
- ▶ Expressing anger
- ▶ Using denial

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Needs of the relative

- ▶ Hope
- ▶ Receiving adequate and honest information
- ▶ Feeling that the hospital staff members were concerned about the patient
- ▶ Support and reassurance
- ▶ The need to be near the patients

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Intervention

- ▶ Give them a tour, introduce with the staff and protocol
- ▶ Encourage them to ask questions and give written information about the unit

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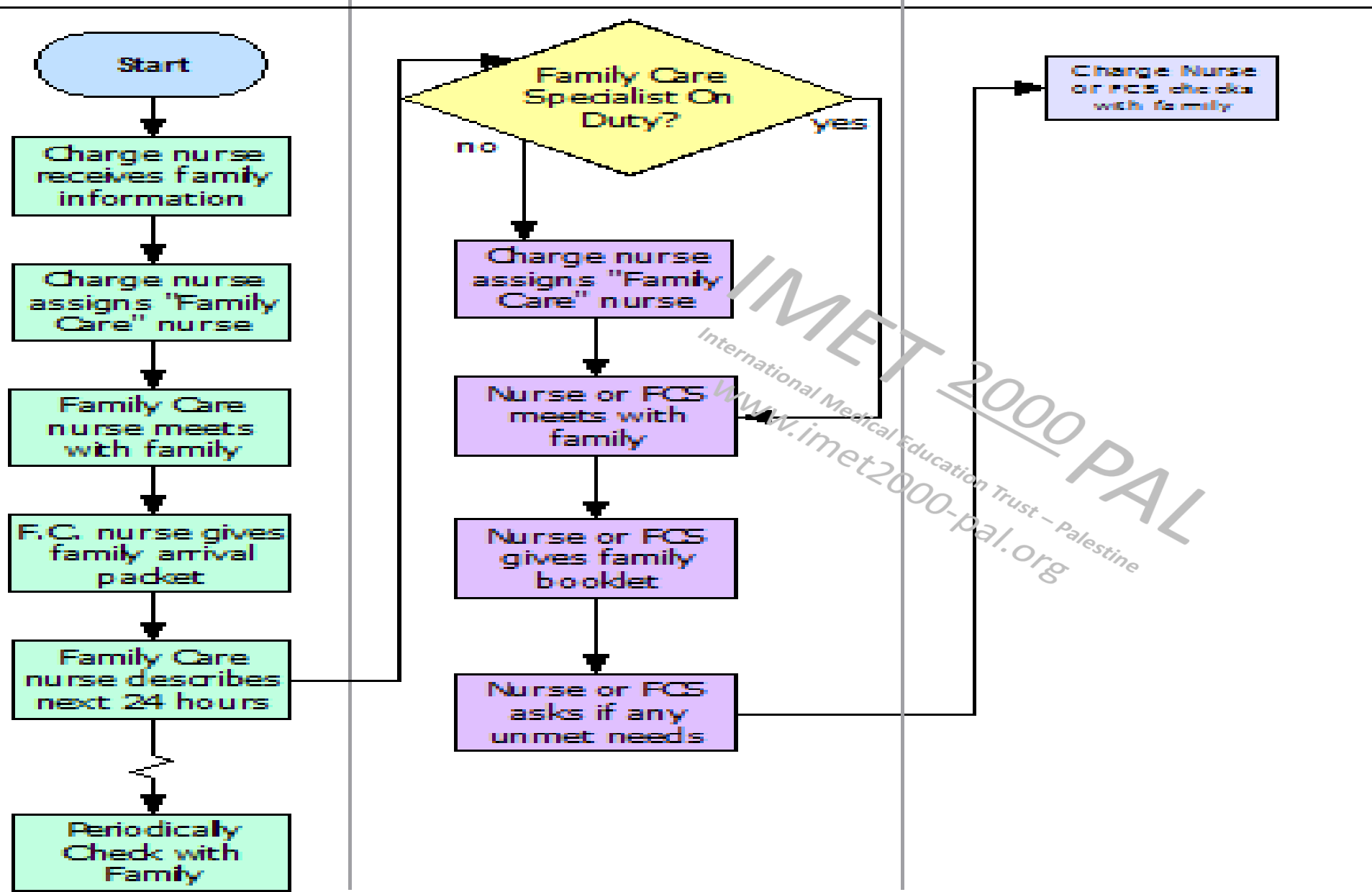
Patient-Family Admission Protocol

This sequence of events covers a family's admission to the ICU

Upon Admission

Btw. 24-48 hrs Post-Admission

Daily After That



Intervention

- ▶ Visitors' rest area: tea, eat, relax, cry, rest
- ▶ Introduce the relative to resource people: social workers, psychiatrist, psychologist..
- ▶ Encourage the relatives to touch and talk with the patients
- ▶ Assess their willingness to be involved in patient's care and intervention

Intervention

- ▶ Facilitate telephone calls according to the policy of unit
- ▶ Group meetings with other relatives especially dying patient
- ▶ Support, privacy, expression of loss for the relatives of sudden died patient

Sample of family focused assessment

Who usually supports you through difficult or stressful situations?

Family Friends Support group Church group Other

Would you like your family present during our morning rounds when we review your condition and plan of care?

Yes No

What is the best time for your family to communicate with the MICU Team?

Anytime Mornings Afternoons Evenings Don't know

Note to family members:

We understand that an illness can be very stressful to the family as well as the patient. Is there anything special that we need to know about your family member that will help us to better help you?

Family focused visiting hour

Purpose: To provide guidelines for visitors and patients at UCLA Medical Center.

Policy: Visiting hours may be modified on any patient care unit to meet the needs of the patient and the patient's visitors. Patient care areas with 24-hour visiting (eg, critical care) will provide visitors with specific information regarding the unit's regulations.

Visiting regulations, specialized units: The intensive care units welcome visitors 24 hours a day with the exception of change-of-shift report, 7-8 AM and 7-8 PM. The nursing staff determines the number of visitors who may be present at the bedside at any one time.

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Thank you



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