

# Preserving families psychological and psychosocial health in PICU: a review on the health professionals role

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## KEYWORDS

psychological, psychosocial, family unit, paediatric intensive care unit.

## ABSTRACT

### Objective

The aim of this review was to examine the health professional's role in preserving the psychological and psychosocial health of family units of paediatric intensive care patients, and to identify strategies used to reduce this risk long term.

### Setting

Paediatric Intensive Care Units.

### Subjects

Family units of paediatric intensive care unit patients.

### Primary Argument

For the family of a child admitted to the paediatric intensive care setting, the psychological and psychosocial impacts are varied, and in many cases detrimental to the family unit itself. Health professionals, in particular nurses, perform a vital role in identifying the risks posed to these families.

### Conclusion

The family unit becomes at great risk of poor psychological and psychosocial health when a child member is admitted to an intensive care unit. Nurses play a pivotal role in promoting and implementing strategies to reduce the negative impacts often experienced by these family units. Health professionals must have a thorough understanding of this risk, to be able to adequately screen and assist in preserving the health of these family units.

## INTRODUCTION

“Friends and relatives could never come close to understanding what we were going through” (Koenig 2009). At the age of 12 years, Cheryl Koenig’s talented son Jonathan was involved in a horrific car accident leaving him clinging to life. After months in a paediatric intensive care unit (PICU) doctors predicted he would never walk, talk or eat again. Cheryl refused to accept this prognosis and set out on a relentless quest to save her son.

Very few health professionals can truly understand the disruption a child’s admission to an intensive care unit can have on a family unit’s health. If friends and relatives can’t come close to understanding, to what extent can health professionals? Cheryl Koenig’s (2009) book *Paper Cranes* demonstrates the enormity and longevity of psychological and psychosocial unrest parents face whilst having a child in intensive care. This book is a must read for nurses who care for critically ill children and their families. As health care professionals looking after these families for sometimes months on end, it is imperative that health professionals acknowledge the psychological and psychosocial impacts on the family unit. Once acknowledgement is made, health professionals can help identify at risk families. Furthermore, health professionals can promote and implement interventions and strategies to protect and support the personal health of the family unit, and their journey back to optimal health.

## DISCUSSION

The Paediatric Intensive Care Unit is a specialist section in a hospital where the highest level of medical care can be given (Torres 2015). PICU is where children go who require intensive therapies such as intubation, ventilation and drugs such as inotropes that can only be given under close medical and nursing supervision. These children are usually critically unwell or are at greater risk of becoming critically unwell (Torres 2015). The PICU can be a very intimidating and frightening environment for families. Most parents feel a loss of control and ‘feelings of utter helplessness’ whilst having a child in PICU (Merk and Merk 2013).

Acknowledgement of parental helplessness can allow health professionals; in particular, paediatric nurses to implement and promote strategies to assist in the rebalancing of the wellness state of the family (Malik 2013). Strategies such as empowerment and information sharing can improve patient and family outcomes, short term and long term (Bronner et al 2009).

The wellness of a family unit often deteriorates whilst a child is in an intensive care unit (Hardacre 2003). The psychological and psychosocial effects are often worse and longer lasting than their physical counterparts (Balluffi et al 2004). Four themes of nonphysical health have been identified by a number of studies in the area of emotional unrest in families while in the ‘waiting room’ of intensive care units. These themes were described as shock, fear, loneliness and helplessness (McKiernan and McCarthy 2010).

Shock and trying to make sense of what is happening is one of the largest and most intense emotions families describe initially when a child is admitted to an intensive care unit (McKiernan and McCarthy 2010). Usually the admission happens quickly and families don’t always have time to comprehend what, and why, this is happening to their loved one. Keeping the family informed is one of the most important roles a nurse can play at this time to decrease feelings of shock (Bronner et al 2009). Another vital role the paediatric intensive care nurse can play to improve long term health outcomes of patients and their families, is to improve the detection of poor mental health and raise awareness of mental health issues (Bronner et al 2009). The risk of mental health compromise in children and their carers is increased after a paediatric intensive care unit admission (Balluffi et al 2004). Furthermore, parental post-traumatic stress disorder is associated with poorer psychological recovery in the child (Gledhill et al 2014). Early detection and support during this time can help protect the family unit’s mental health and preserve their competence as caregivers. This in turn can

improve the health of the sick child (Gledhill et al 2014). Therefore, it is imperative that health professionals are able to identify family units at risk and provide psychological support from an early stage to minimise poor long-term health outcomes. A formal family assessment is a great strategy to reduce poor health outcomes (Rausch 2002).

Family coping styles have been proved to be a great predictor of psychological and behavioural outcomes rather than amount of/and long-term exposure to stress when caring for a child with a chronic condition (Rausch 2002). Some studies suggest that follow up contact from the intensive care unit staff to families following an admission may decrease long term distress in traumatised families (Coleville 2010).

Fear and loneliness are two other intense emotions felt by families while a child is in an intensive care unit (McKiernan and McCarthy 2010). These emotions can manifest and impact greatly on the family unit's health. Paediatric nurses care for children, however according to the family systems theory, this care directly affects the whole family (Malik 2013). To reduce the manifestation and enormity of these emotions on families and reduce the risk of poor personal health long term, nurses need to focus on holistic, family centred and developmentally supportive care (Obeidat et al 2009). For example, an interactive formal assessment of the family to create an appropriate plan of care can also assist in decreasing feelings of fear in the family unit (McKiernan and McCarthy 2010).

Paediatric intensive care nurses are highly skilled in meeting 'highly technological' and 'unstable physical' health needs of their paediatric clients (McKiernan and McCarthy 2010). The time allocated to meeting these needs often means time spent with families is greatly reduced (McKiernan and McCarthy 2010). Interventions that promote timely information sharing and open communication channels will greatly benefit the nurse and the family (Malik 2013). By improving nurses' understanding of the family's experience in the 'waiting room,' paediatric nurses are more likely to play a greater role in empowering and interacting with families (Malik 2013). This will assist in reducing the burden of stress that these emotions have on the family and improve the family unit's overall wellness (Malik 2013, Plowfield 1999).

The physical health of the caregiver is often thought of by paediatric nurses, however it is most often overlooked by family units engulfed by crisis. Paediatric nurses know that sleep deprivation and shock reduces one's ability to be involved in appropriate decision making and adequate care giving (Keilty et al 2015). The most common physical themes identified by families in the waiting room include, eating and sleeping difficulties, tears and the inability to speak (McKiernan and McCarthy 2010).

In stressful situations such as having a child admitted to PICU, the hypothalamus in the brain is activated (Marieb and Hoehn 2010). It initiates an adrenaline response which in turn heightens some responses such as the release of glucose and dampens other responses such as digestive activity (Marieb and Hoehn 2010). The frontal lobe plays a large role in decision making and is very sensitive to these stress induced changes caused by the adrenalin response (Starcke and Brand 2012). This in turn impacts on decision making during times of acute stress (Starcke and Brand 2012). Sleep deprivation also threatens competent decision making by varying the activation of certain brain regions such as nucleus accumbens and insula, both associated with risky decision making and emotional processing (Venkatraman et al 2007).

Nursing staff play a key role in maintaining the physical health of the family unit (Høye and Severinsson 2010). Paediatric nurses cannot force parents to sleep and eat, however, can promote interventions and support strategies that give parents time, space and environments to make smart decisions for their physical health (Kutash and Northop 2007). Some 'helpful' strategies and interventions as reported by families of intensive care unit patients include; reducing the physical distance from patient to family, physically seeing staff

provide 'caring behaviours' towards their loved ones, having a comfortable environment to wait in and most commonly reported as of greatest importance was receiving timely information (Kutash and Northop 2007).

Multicultural families report slightly different themes whilst having a child in the intensive care unit, whether short term, long term or on multiple occasions (Høye and Severinsson 2010). These themes were reported as specifically impacting on their overall struggle to preserve their cultural belonging within the modern health care system (Høye and Severinsson 2010). According to Høye and Severinsson (2010), these non-western ethnic background families identified the following themes that negatively affecting their psychological and psychosocial health:

- Having information 'filtered'.
- Language barriers.
- Lack of acknowledgement of cultural traditions.
- Poor communication of roles, rules and expectations.

These themes were specifically in regards to their experience of encounters with nursing staff (Høye and Severinsson 2010). Nurses need to be sensitive to cultural customs and incorporate customs where possible into care plan to help promote optimal health in these families (Høye and Severinsson 2010).

It is, however, important to note that health professionals generally expect higher degrees of distress in families than what manifests (Myhren et al 2004). Families report that generally they are satisfied with the support and communication given in the intensive care unit environment despite the enormity of stress they face (Myhren et al 2004). A longitudinal study from 2011-2014 showed a significant improvement in patient/customer satisfaction associated with nursing and medical competency (Sarode et al 2015).

In conclusion, from the themes reviewed above it is evident that health professionals, in particular nursing staff, would benefit from further training in assessing, screening and addressing distress in family units within the paediatric intensive care setting. Provoking insightful thought processes through education, will improve patient and family satisfaction.

Please note that although the topic reviewed in this literature review is very current and relevant to all health professionals working in the PICU, there is very little current literature available on this topic. It would be recommended that current research into this area in needed.

## CONCLUSION

The family unit becomes at great risk of poor psychological and psychosocial health when a child member is admitted to an intensive care unit. The paediatric nurse plays a vital role in detecting 'at risk' family units. Once these families are identified, health professionals can engage and promote services and strategies to preserve the health of the family unit. However, further education and training for these health professional is needed to increase insightfulness and improve clinical practice. It is imperative that health professionals acknowledge the disruption to wellness families face when a child is admitted to an intensive care unit. Without this fundamental acknowledgement, adequate screening and preservation of health cannot be effectively achieved. This increases the risk of negative, long term, psychological and psychosocial outcomes for the family unit.

**List of interesting articles related to this topic**

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