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Family's Experience Dealing with Critical Patient Hospitalization in the Intensive Care Unit

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ABSTRACT

Introduction: The Intensive Care Unit (ICU) is a treatment that can cause feelings of stress, anxiety, and fear not only in the patient but also in the patient's family. The unfamiliar environment, intensive space regulation, changes in emotional status, and changes in daily activities cause stress in the ICU patient's family. The purpose of this study is to reveal the experiences of families facing hospitalization in intensive care units based on empirical studies in the last five years.

Methods: Journal searches use indexed databases Scopus, ProQuest, ScienceDirect, and PubMed using keywords: hospitalization, family, critical patient, ICU. The Center for Review and Dissemination and The Joanna Briggs Institute were used to assess the quality of the study. The framework used is PICOS with inclusion criteria, namely journals in English and Indonesian, published years 2015 to 2020. Analyzes and tabulation of data on articles or journals, titles, abstracts, full text, and methodology are assessed to determine the eligibility of articles or journals.

Result: The family's experience in critical patient hospitalization in the ICU care room impacts the family's treating these patients physically and psychologically. During patient hospitalization, the family plays a role in providing care, and compassion, creating security and privacy, and advocating for and ensuring that patients receive good care.

Conclusion: The hospitalization experience can disrupt the client's psychology and psychosocial condition, especially if the client cannot adapt to his new environment at the hospital. The patient must have a vital source of support to support healing. One of these supports can be obtained from the patient's family.

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1. INTRODUCTION

Intensive Care Unit (ICU) care is a treatment that can cause feelings of stress, anxiety, fear not only in the patient but also in the patient's family. An unfamiliar environment, intensive room regulations, changes in emotional status, and changes in daily activities are some of the factors that cause stress in ICU patients' families (Farhan, 2014). Strict visitation regulations, lack of communication from the ICU team, lack of comprehensive medical information related to the patient's condition and the instability of the patient's condition make the family feel more stressed, which causes feelings of depression and sadness (Maite, Antoine, Philippe, et all, 2014). The family cannot be separated from the ICU care process, where in the scope of critical care the family has an active presence, protector, facilitator, historian and coaching role (McAdam, 2008).

The decrease in the patient's decision-making ability makes doctors often ask the family to take over decision making (Huffines et al., 2013). Research by Bailey, & McVey, (2019) states that the causes of family stress are the definite prognosis of the patient's condition, fear of death and patient disability, ignorance of the intensive environment,

Table 1. Characteristics of Articles or Journals

Category	Total (N)	Percentage (%)
Databases		
Scopus	2	20%
ScientDirect	4	40%
pubmed	2	20%
Proquest	2	20%
Total	**10**	**100%**
Year of Publication		
2015	1	9.1%
2016	2	27.3%
2017	2	18.2%
2018	3	27.3%
2019	2	18.2%
Total	**10**	**100%**
Research design		
Observational study	1	9.1%
Descriptive study	1	9.1%
Cross-Sectional	3	36.3%
survival analysis	1	9.1%
mixed-methods approach	2	18.2%
Qualitative study	1	9.1%
Quasy experiment	1	9.1%
Total	**10**	**100%**

financial problems, role changes, lack of communication and information. 2019) in Morton et al (2018) stated that the highest stress suffered by the patient's family at the time of first admission to the ICU (first 72 hours) and will begin to decrease on day 6 to 28. Based on this, it can be concluded that stress and anxiety experienced by The patient's family does not come from a single cause, but is an accumulation of several factors that influence, and will require different interventions for each of these factors. The intervention is given as early as possible when the family begins to enter the ICU environment.

This family impact will make it an experience in itself for the patient's family. Disclosure of experience means expressing or describing an event or experience that has been experienced based on the time sequence of events. The experience of the nuclear family in dealing with hospitalization in critically ill patients in the ICU is different. Based on the description above, the researchers will conduct further research on positive and negative coping with family experiences facing hospitalization of critically ill patients in the intensive care unit.

In order to achieve the goal of adherence to taking TB drugs, it is necessary to get used to it as a norm of life and culture of TB patients so that they are aware and independent to live healthy. However, to raise awareness of adherence to taking TB drugs, an action is needed that can motivate correctly and consistently. National TB control with Anti Tuberculosis Drugs (OAT) is given to patients free of charge and their availability is guaranteed. The time used for therapy is 6-8 months. This often results in patients being less compliant and taking medication irregularly.

Irregular treatment and incomplete combination are thought to have, in double immunity of TB germs to Anti Tuberculosis Drugs. Therefore, it is very important for patients to complete the therapy program well, in other words, patient compliance for TB disease cure. (Wulandari 2015).

Based on data from the World Health Organization (WHO), TB cases in Indonesia reached 842 thousand. A total of 442,000 people with tuberculosis reported and around 400,000 others did not report or were not diagnosed. The TB patients consisted of 492,000 men, 349,000 women, and 49,000 children. The number of TB cases in Indonesia is the third largest in the world after India which reached 2.4 million cases and China with 889 thousand cases (WHO, 2018). The number of new TB cases in Indonesia was 420.994 cases in 2017 (data as of May 17, 2018). Based on gender, the number of new TB cases in 2017 in males was 1.4 times greater than in females. Even based on the Tuberculosis Prevalence Survey, the prevalence in men is 3 times higher than in women. The same is happening in other countries. This may be because men are more exposed to TB risk factors, such as smoking and lack of medication adherence. This survey found that of all male participants who

smoked as much as 68.5% and only 3.7% of female participants who smoked (Ministry of Health RI 2018).

The number of Tuberculosis sufferers (TB NTT as of May 11, 2020 was 150 cases. TB cases were spread in several districts including Alor Regency with 12 cases, Ende Regency with 28 cases, East Flores Regency with 4 cases, Kupang City with 22 cases , Lembata Regency with 20 cases, West Manggarai 1 case, East Manggarai Regency 9 cases, Nagekeo Regency 1 case, Ngada Regency 19 cases, Sikka Regency 10 cases and TTS Regency 24 cases (Kupang Health Office, 2020).

Lack of adherence to medication in tuberculosis patients is a problem that hinders the healing of pulmonary tuberculosis. This is supported by the fact in the community that the cause of Pulmonary Tuberculosis sufferers is not fast in the process of recovering from illness and the illness they suffer is getting longer because the patient does not take medication regularly, is lazy to seek treatment, and because of the lack of support obtained from the family. (Media, 2018). Based on the data and description of the problem above, researchers are interested in conducting

2. METHOD

The design of this research is a literature review or literature review. The population in this study isJournals or articles related to research topics, namely family experiences facing hospitalization of critical patients in intensive care units. The sample size obtained from the JBI calculation is 10 articles. The inclusion criteria are journals or articles with research topics, namely hospitalization of critical patients, hospitalization of critical patients in intensive care units, family experiences facing hospitalization.

The variable in this study is the family experience facing hospitalization. The instruments in this research are articles through the publications of Scopus, Proquest, Scient Direct and SINTA. Data analysis was carried out through The Joanna Briggs Institute (JBI) Critical Appraisal for several types of Quasy Experimental, Cross Sectional, Descriptive, Qualitative, Randomized Controlled Trial studies and review articles.

3. RESULT

In Based on 10 studies that met the criteria for a literature review, it was found that 10 studies were Original Research. Based on these results, a critical appraisal was carried out using The JBI Critical Appraisal Tools. The cross-sectional study was scored eight points on the checklist. While the Prevalence study was given a score of ten points on the checklist.

The studies included in this literature review article are among others the results of studies conducted in North America, Brazil, Jambi, NTB, Tasikmalaya. The research designs included in this literature review article include, namely; descriptive analytic, 2 mixed-methods approach studies, 4 studies with cross-sectional design, survival analysis, observational methods, quasi experiment, and qualitative study.

Family experience facing critical patient hospitalization in Intensive Care Unit

Previous studies that are in accordance with this systematic show, the experience of families facing hospitalization of critical patients in the Intensive Care Unit where the family's response to facing hospitalization of critical patients in the ICU, among others, causes physical responses that include fatigue, body complaints and sleep disturbances; psychological responses include anxiety, tension, fear and sadness; social responses include reduced communication and new experiences (Herawati & Fithriyani, 2018). This family's experience is the fear of not being able to see the patient again, sorry to see the patient is installed with many tools, leaving the routine to accompany the patient, and relying on God.

The family's thoughts about changes in the health status of critical patients, it was found that the informant felt dizzy, restless, couldn't sleep, resigned, confused and felt confused. This is supported by the statements of all nurse informants who stated that the family was afraid of losing and worried about the patient's condition. And it was obtained from the observation that families were able to express what was on their mind by looking more tense, talking a lot and faster (Rosidawati & Hodijah, 2019).

4. DISCUSSION

The anxiety faced during hospitalization of critical patients in the Intensive Care Unit is when the patient's family cannot be with the patient for a long time because the hospital's limits for the patient's watch time are made for the ICU room. Anxiety is confusion, worry about something that will happen with unclear causes and is associated with feelings of uncertainty and helplessness and anxiety cannot be avoided in everyday life (Susilawati, 2018).

Anxiety disorders are health problems in general and mental health problems in particular. Based on the World Health Organization (WHO) stating that 1997 was the year of mental health, this consideration is based on a World Bank study which states that mental health disorders, especially anxiety, are the main cause of loss of quality of human life (Ibrahim, 2017).

The information received by the family is in fact not clearly received by the family because medical personnel do not always provide the latest information from the patient, thus making the family anxious and afraid, medical personnel should understand that the family is the strongest place for support from the patient. This is in line with Hudak's research (2018) which says that the family is a very important support system in the patient's healing process, if the patient does not get family support, it

will greatly affect the healing process and spiritual recovery.

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According to Taylor (2018), anxiety is a confusing sensation of future events that appears for no reason. Anxiety is triggered by something unknown and appears before a new experience, which threatens a person's identity and self-esteem. Patients who are critically ill will experience hospitalization.

The experience of hospitalization can disrupt the client's psychology and psychosocial especially if the client cannot adapt to his new environment in the hospital. Hospitalization causes the family to play its role, especially towards dependent family members, such as a sick child who will depend on people who protect him. 4 The family's reaction to hospitalization in patients who are hospitalized has a physical impact, psychological impact and social impact.

This is in line with research (Safitri et al., 2019) which says that families face various difficult situations and conditions such as shock and fear when they receive a call from the ICU, fear of equipment in the ICU, feelings of uncertainty about the patient's condition, and so on. Anxiety, depression, and stress experienced by the family emerged from the first day of treatment in the ICU.

5. CONCLUSION

The impact of waiting for critical patients in the ICU for the family, among others, causes physical effects which include body complaints, fatigue, and sleep disturbances; psychological impact which includes anxiety, fear, tension, sadness, stress and empathy; Social impacts include reduced communication, social isolation and new experiences. Family coping when dealing with critical patients being treated in the ICU, namely the action of a family with the family doing positive coping and surrendering.

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