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ORIGINAL

Nursing care in critical care units: perception of family members

Cuidado de enfermería en unidades de atención críticas: percepción de los familiares

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ABSTRACT

Introduction: the family experience is conditioned by the quality of care, humane treatment, and communication, factors that directly affect their satisfaction and trust in the healthcare system.
Method: a qualitative approach with a phenomenological hermeneutic design was used, guided by COREQ criteria. The sample consisted of 12 family members (spouses, parents, and adult children), selected through convenience and saturation sampling. Semi-structured interviews were conducted virtually, lasting an average of 40 minutes, and were analyzed using the Colaizzi method with an EMIC-ETIC approach to identify categories and subcategories.
Results: the results revealed four main categories: 1) attitudes and care provided by nursing staff, highlighting both negative behaviors such as lack of empathy, impersonal treatment, and poor communication, and positive behaviors such as respect and emotional support; 2) therapeutic limitations in critical services, associated with shortages of medical supplies, a lack of human resources, and excessive workloads; 3) comprehensive care and nursing professionalism, where dignified treatment, patience, and empathy towards patients and families were recognized; and 4) interpersonal relationships and communication, with divergent perceptions between a lack of information and the willingness of some professionals to provide cordial and continuous support.
Conclusions: nursing care in the ICU has strengths and weaknesses. Lack of resources, work overload, and poor communication limit the quality of care; however, empathy, commitment, and willingness on the part of staff are key to humanized care that includes the family as an essential part of the process.

Keywords: Care; Nursing; Family; Intensive Care Unit.

RESUMEN

Introducción: la experiencia familiar está condicionada por la calidad de la atención, el trato humanizado y la comunicación, factores que inciden directamente en su satisfacción y confianza hacia el sistema de salud.
Método: se utilizó un enfoque cualitativo con diseño fenomenológico hermenéutico, guiado por los criterios COREQ. La muestra estuvo compuesta por 12 familiares (cónyuges, padres e hijos mayores de edad), seleccionados mediante muestreo por conveniencia y saturación. Las entrevistas semiestructuradas se realizaron de forma virtual, con un promedio de 40 minutos, y fueron analizadas mediante el método de

Colaizzi con enfoque EMIC-ETIC para identificar categorías y subcategorías.
Resultados: los resultados evidenciaron cuatro categorías principales: 1) actitudes y cuidados del personal de enfermería, destacando tanto conductas negativas como falta de empatía, trato despersonalizado y comunicación deficiente, como positivas, relacionadas con respeto y apoyo emocional; 2) limitaciones terapéuticas en servicios críticos, asociadas a escasez de insumos médicos, déficit de talento humano y sobrecarga laboral; 3) cuidado integral y profesionalismo de enfermería, donde se reconoció trato digno, paciencia y empatía hacia pacientes y familiares; y 4) relación interpersonal y comunicación, con percepciones divergentes entre ausencia de información y disposición de algunos profesionales para brindar apoyo cordial y continuo.
Conclusiones: la atención de enfermería en UCI presenta fortalezas y debilidades. La falta de recursos, la sobrecarga laboral y la comunicación deficiente limitan la calidad del cuidado; sin embargo, la empatía, el compromiso y la disposición del personal son claves para un cuidado humanizado que incluya a la familia como parte esencial del proceso.

Palabras clave: Cuidado; Enfermería; Familia; Unidad de Cuidados Intensivos.

INTRODUCTION

The experience of family members accompanying patients in critical care regarding nursing services is influenced by expectations that may change as information is obtained during the health-illness process, which affects their level of satisfaction. Globally, health services, including nursing, are in high demand due to their humanitarian approach to healthcare for individuals, families, and communities.[1]

It should be noted that the humane care expected of nurses encompasses aspects such as respectful treatment, the ability to empathize, a willingness to listen actively and provide emotional support, as well as showing consideration and attention to the patient's customs, ideas, and beliefs. These actions must be carried out with warmth and understanding, focusing on the safety and quality of care from a comprehensive perspective.[2]

On the other hand, the World Health Organization (WHO) points out that 56 million people die worldwide each year, with most of these deaths occurring in hospital settings. In this regard, intensive care units (ICUs) are responsible for reducing this mortality rate and providing specialized care to these users, giving them a chance of recovery and survival.[3] It should be noted that the provision of adequate care plays a fundamental role in reducing inequalities in access, mortality, morbidity, and costs. Therefore, humanized care has become one of the most significant indicators of the quality of care provided by healthcare professionals, which poses a potential challenge for various healthcare institutions in terms of the services they offer.[4]

In addition, the development of nursing care generates responses from patients and family members to the effects of the disease, making it necessary to incorporate a personalized care plan for each patient into its assessment and execution, taking into account the limitations and complexity of these services.[5]

Therefore, it is essential for health systems to incorporate family care as a vital part of nursing care, ensuring quality care, the presence of highly trained personnel, and human resources commensurate with the number of patients handled within critical care units.[6,7]

However, failure to comply with these aspects can lead to work overload and predispose individuals to failures in the provision of healthcare. It also leads professionals to prioritize direct care to patients, neglecting the care that should be provided to their families, which can generate dissatisfaction and discomfort in external users, who do not see all their needs met in terms of comprehensive care for a loved one.[8] For this reason, the objective was proposed to describe the care provided by nursing staff according to the perception of relatives of patients admitted to intensive care units.

METHOD

The study employed a qualitative approach, with a phenomenological hermeneutic design, aimed at understanding the perceptions of care provided in critical care services, focusing on interpreting the experiences of family members.[9] In addition, the research incorporated the Consolidated Criteria for Reporting Qualitative Research (COREQ).[10]

The study participants were family members of patients admitted to critical care units in public health institutions in the cities of Santo Domingo and Portoviejo, Ecuador. Thus, the sample consisted of 12 family members, one for each patient admitted to these units, obtained through convenience sampling and information saturation, with a focus on close relatives such as parents, spouses, and adult children.

It is worth noting that the purpose and methodology of the research were explained to them both in writing and verbally, and their informed consent was obtained. They were assigned codes to ensure privacy

and confidentiality. Virtual sessions were held via the ZOOM technology platform and video calls, which were recorded with an average duration of 40 minutes, during which participants provided sociodemographic information. The interviews were semi-structured, with the following research questions, which were validated through a previous pilot test with two family members. This allowed for the refinement and improvement of the questions: What is your perception of the care received from the nursing staff? What factors do you perceive as affecting the care provided by nurses? And what aspects stand out in the interpersonal relationship between the nurse, patient, and family member?

These studies were conducted by two licensed nurses under the supervision of two master's degree holders and validated by two other doctoral students to understand how family members perceive the comprehensive care provided by nursing staff in critical care units.

The recordings were transcribed into text using Microsoft Word. For the analysis of the information, open coding was employed, utilizing the Colaizzi method, which enabled the experiences of the participants to be summarized, organized, and detailed in a structured manner. This approach also facilitated the exploration of relationships and links between the data using the EMIC-ETIC framework.[11,12] This facilitated an understanding of the family members' experiences, focusing on the divergences and convergences between the links in the narratives, which gave rise to categories and subcategories.

It should be noted that the study ensured credibility through the review of the results by each researcher, as well as feedback on preliminary results to participants, to validate the consistency between the narratives, transcription, and interpretation.[13]

RESULTS AND DISCUSSION

The participants were 12 family members ranging in age from 19 to 53, classified as: spouses (6), parents (3), and children (3); predominantly female (8) and male (4); with family members admitted to intensive care units with a length of stay between 5 and 16 days, as shown in table 1.

Table 1. Sociodemographic data of participating family members

Participants	Sex	Age	Family relationship	Hospitalization area	Healthcare sector
P1	F	19	Daughter	ICU	Public
P2	F	53	Mother	ICU	Public
P3	F	29	Spouse	ICU	Public
P4	M	42	Mother	ICU	Public
P5	F	41	Spouse	ICU	Public
P6	F	35	Spouse	ICU	Public
P7	F	37	Spouse	ICU	Public
P8	M	47	Mother	ICU	Public
P9	F	31	Spouse	ICU	Public
P10	M	39	Spouse	ICU	Public
P11	M	26	Son	ICU	Public
P12	F	30	Daughter	ICU	Public

Based on the analysis of the testimonies, the following units of analysis emerge, reflecting the perceptions expressed by the study participants:

1. Category: attitudes and care provided by nursing staff

The attitudes of nursing staff and the care provided to the relatives of patients admitted to intensive care units (ICUs) directly influence the quality of care. These attitudes can be positive or negative, with the latter including a lack of empathy, disinterest, and ineffective assertive communication. These behaviors are organized into three subcategories:

First subcategory: Negative attitude in the care of critical patients

The attitude of nursing professionals is crucial in the care of critical patients. Factors such as stress, work overload, time constraints, disinterest in communicating, and poor communication skills hinder effective interaction, affecting both the patient and their family.

Participants described this situation:

- "They were in a bad mood and had a bad attitude, to be honest" (P2).

- "They have that bad attitude I mentioned with patients" (P3).
- "The stress they deal with completely obscures their goal, which is to care for the patient" (P7).
- "Some of the staff were very despotic" (P11).
- "They seemed angry all the time... if we asked them something, they answered us, but we still didn't understand" (P12).

It is worth noting that a negative attitude can lead to careless attention, poor communication, and a decline in the quality of care, as well as erode the confidence of the patient and their family in the healthcare team, which in turn affects patient satisfaction.[14]

In addition, a lack of empathy and impersonal treatment make people feel like numbers, which increases their emotional distress and worsens their perception of the care they receive.[15]

Second subcategory: lack of care and dignified treatment in critical services.

Dehumanization reflects the erosion of values in the healthcare field, resulting in impersonal treatment that lacks empathy and is overly technical in its approach. Resolving this problem requires individual and collective reflection that directs care toward human well-being.

The testimonies illustrate this:

- "They lacked empathy towards patients" (P3).
- "They should be more humanistic because they weren't; I treat people, not machines" (P 8).
- "You need to have a lot of empathy and tolerance, which they didn't have" (P 9).
- "They also need to put themselves in your shoes, to be more human" (P10).

In this context, dehumanization manifests itself in impersonal care, poor communication, and the prioritization of technical considerations over human needs. This negatively affects the experience of patients and their families, as well as causing emotional exhaustion in professionals.[16]

Similarly, this increases patients' fear, insecurity, and anxiety, while causing job dissatisfaction, burnout, and loss of purpose among staff.[17]

Third subcategory: shortcomings in assertive communication by healthcare professionals

Assertive communication, understood as the clear and respectful expression of ideas and needs, is essential in hospital care, as it helps reduce anxiety and create a warm and collaborative environment.

Participants pointed out the lack of this practice:

- "Lack of communication... they don't say anything about how the patient is progressing" (P 1).
- "The healthcare staff, both nursing and medical, do not communicate in the best way" (P 4).
- "Others didn't even communicate... I had to ask the orderly, who gave me more information than the nurses" (P 6).
- "They need to communicate more with family members; you ask because you're anxious" (P 7).

It is essential to note that active listening, involving the family, and maintaining clear dialogue are key practices for comprehensive care. Additionally, poor communication can lead to misunderstandings, mistrust, and dissatisfaction, ultimately affecting treatment compliance.[18]

2. Category: Therapeutic limitations in critical services

Therapeutic limitations in the ICU are a sensitive challenge, where professionals try to provide the best possible care despite scarce resources. These shortcomings range from a lack of medical supplies to staff shortages and work overload, and can be organized into three subcategories:

First subcategory: shortage of medical devices and supplies

The lack of medicines, specialized equipment, and supplies compromises patient safety and dignity in care. Some testimonies:

- "The lack of supplies, we had to buy all the drugs, considering that it is a public entity" (P2).
- "The medicine... we don't have the medicine, so that affects the care" (P4).
- "The lack of supplies, the lack of such and such... go buy it" (P 12).

In this sense, the shortage of resources compromises the ability to diagnose, monitor, and treat, thereby reducing the effectiveness of care and negatively impacting the patient's prognosis. Likewise, this situation generates frustration and emotional overload among the staff, which in turn affects the quality of care.[19]

Second subcategory: Lack of human talent in intensive care

The lack of planning in the distribution of human resources generates inequality and overload in critical services. The narratives were:

- "There are few staff in the ward; more staff are needed" (P1).
- "There are too many patients for too few health personnel" (P3).
- "I think there should be more nurses... it's tough to have only one staff member for so many patients" (P 9).
- "Not enough staff to care for patients" (P 11).

This deficit, combined with an aging population, an increase in chronic diseases, and the demand for intensive care, as well as staff shortages, increases the risk of adverse events and limits individualized care.[20]

Third subcategory: Work overload for nursing staff in critical areas

Excessive hours, administrative tasks, and staff shortages lead to fatigue, stress, and poor communication, compromising care, as evidenced by the following statements:

- "It could be the overload of patients for the staff" (P1).
- "Lack of sleep because they may be working 12-hour shifts and their minds are exhausted" (P5).
- "The hours they work are hefty for the staff" (P7).
- "Everyone felt tired, overwhelmed by the workload" (P9).

Work overload in ICUs leads to exhaustion and clinical errors. Similarly, this phenomenon leads to burnout, affects the mental health of staff, and impacts the quality of care.[21]

3. Category: comprehensive care focused on nursing professionalism

Dignified and humanized treatment is a central tenet of nursing, as it is based on empathy, respect, and comprehensive care that focuses on the patient as a whole person. This principle is directly related to ethics, bioethics, and the defense of human dignity, according to the following testimonies:

- "There are nurses who may have had a bad day, but they always treat everyone in the best possible way" (P 1).
- "They always showed patience and empathy to all the family members" (P 6).
- "The nursing staff treated us with sincerity and solidarity at all times" (P 8).
- "They tried to give each patient the best of the best" (P 9).
- "There were staff members who took good care of my mother and always did their best" (P 11).
- "They were very kind at all times" (P 12).

Patient-centered care recognizes patients' needs, values, and preferences, ensuring more respectful care. Additionally, it is crucial to empower patients in decision-making, adhering to the principles of Paulo Freire and the theory of active participation.[22]

4. Category: willingness in the interpersonal relationship between family members and healthcare personnel

The willingness to establish open and empathetic communication between family members and healthcare personnel is crucial in critical contexts, as it fosters trust, collaboration, and enhances patient well-being. Testimonials from family members:

- "The care and information they provided... they were all attentive to answering every question" (P1).
- "Always willing and attentive to answer all my questions" (P3).
- "The respective communications about how my family member was doing" (P8).
- "Adequate, as they provided information about my patient at all times" (P9).
- "They were very cordial, especially in terms of information" (P12).

Staff should show genuine interest in families' concerns, fostering an atmosphere of trust and clear communication.[23] Similarly, this should be articulated from the Patient-Centered Communication (PCC) approach, which emphasizes the importance of active listening and empathy, recognizing family members as essential collaborators in the care process.[24]

CONCLUSIONS

The study identified strengths and areas for improvement in nursing care in critical care units. The staff's commitment to patient care and the satisfaction of family members with the care they received were evident,

reflecting professionalism and dedication. However, deficiencies were also observed, such as dehumanization in care and ineffective communication, factors that affect the relationship with family members and the patient experience.

It is worth noting that the availability of resources, infrastructure, and workload all influence the quality of care. The lack of supplies and staff limits the ability to provide optimal care, highlighting the need for institutional strategies to strengthen these aspects. Complementarily, respect for the dignity and rights of the patient is essential for delivering humanized care that focuses on the individual's needs and their family.

Likewise, interpersonal relationships between nursing staff and family members are decisive; therefore, clear communication and respectful treatment strengthen trust and family bonds, promoting comprehensive care.

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CONFLICT OF INTEREST

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