Family in ICU: an ICU Nurse Perspective by Nancy McNamara
The meaning and value of life becomes more visible in the face of death. In the face of death there is a new appreciation of the temporality of existence Walters (1995).

Having a family and being part of a family is more visible when the fundamental structure of the family unit is threatened.
Intensive Care
Professional Self
The meaning of the experience for ICU nurses when a family member is critically ill: A hermeneutic phenomenological study.
The aim of this study was to provide insight into the experience of being an ICU nurse and relative of a critically ill patient. I was particularly interested in the emotional, psychological and social effects of the experience on nurses.

Hermeneutic phenomenology, based on the work of van Manen and Gadamer

Study Aim and Methodology
After gaining ethical consent, four self selecting participants were recruited. Each responded to an advertisement placed in New Zealand Nursing Journal, “Kai Tiaki”. Prior to interviewing, information sheets and signed consent forms were collected from participants.
<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Gender</th>
<th>Relationship to Patient</th>
<th>ICU</th>
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</thead>
<tbody>
<tr>
<td>Kay</td>
<td>Female</td>
<td>Sister in law</td>
<td>Another ICU</td>
</tr>
<tr>
<td>Lily</td>
<td>Female</td>
<td>Sister in law</td>
<td>Own ICU</td>
</tr>
<tr>
<td>Anna</td>
<td>Female</td>
<td>Sister in law</td>
<td>Own ICU</td>
</tr>
<tr>
<td>Sarah</td>
<td>Female</td>
<td>Daughter</td>
<td>Own ICU</td>
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An extensive search of the databases MEDLINE, Cinahl, Proquest, Nursing Journals, Blackwell Synergy and the National Bibliographic and Australasian Digital Theses did not reveal any studies relating specifically to ICU nurses. However two anecdotal accounts of ICU nurse’s experiences as relatives were found.
HOW TO MAKE A SCIENTIST'S HEAD EXPLODE:

ANECDOtal Evidence Isn't Valid.

Yes it is! I once used an anecdote as evidence, and later it turned out I was right.
Dr Levy (2007) after twenty years working in an ICU in America, was instrumental in developing many of the ICU policies to which he was now subjected as a relative. Dr Levy speaks of being separated from his family member. “Being on the other side” provided a different view of such things as locked doors and inconsistent visitation policies.

An ICU nurse whose husband was admitted to an ICU and neurological unit in the same hospital in which she worked reported feeling dissatisfied with ICU staff’s ability to: provide honest information; a private space for grieving and consider the relative’s dignity. The ICU nurse felt a need to stay at the bedside to ensure the adequacy of care delivery. Despite attempts to keep busy at the bedside she reported feeling “helpless” (Fulbrook et al., 1999a); Fulbrook et al., (1999b), and Fulbrook et al., 1999c)

The findings showed Feeling helpless was also reported by Feeg (2006) whose father was admitted to a cardiothoracic ICU. Feeg (2006), similar to Levy (2007) and Fulbrook, et al. (1999c) was dissatisfied with restricted and inconsistent visiting policies, the lack of continuity of care and honest and timely information. Communication with ICU staff was poor and responses were often patronising or incorrect.
Four themes were identified:

A nurse’s nightmare
Knowing and not knowing
Feeling torn
Gaining deeper insight and new meaning
… what are we going to be left with … uncertainty lasts for years… I mean without thinking of all the things that could be going wrong…kay

… that feeling of utter helplessness it’s that fear that is so persuasive… I think you underestimate the absolute fear that you’re actually related to everything…Sarah
You couldn’t just wait in the waiting room so mum and I went shopping which was just bizarre because I bought this red jersey. It was a flaming vermilion red which, in my right mind, I would never have done ... I must have been just out of it ...Sarah
I was scared it was just there was that nurse part of me that maybe added to that personal role that actually kept me from panic, but the panic was also because I was a nurse. I knew what was happening…Sarah

…Underlying knowledge made me fear the worst…it was a struggle for me. if I hadn’t been an ICU nurse I wouldn’t have been quite so pessimistic…Anna

…Because you know what’s happening and you know all the things that can go wrong and you know how fast they can go wrong…so you are on tenderhooks the whole time…Sarah

Knowing and not knowing….fear and comfort
...I didn’t want to work but I felt obliged to work... You know they really need you to work... So I was torn between being a nurse and being a relative... Sarah

...I was worried that if the unit was short staffed or if the skill mix wasn’t right then he {relative} wouldn’t get the care he should get... Lily

The ICU nurse/relatives could not simply switch off the nurse in their being.

...when I kissed him in the morning, I looked at the urine in his bag and felt how warm his skin was and checked his heart rate. I didn’t even do it consciously, it was more of a subconscious thing I think... Anna
…I’m not a nurse here I’m a relative, there’s boundaries there. I felt really resentful. Don’t you dare leave me here, that’s not fair. You’ve got to stop thinking of me as an ICU nurse and a colleague. You’ve got to remember that I am a family member who is terrified…Sarah

I had to restrain myself because I was thinking ahead all the time. I had to let my sister experience things as they evolved. In family meetings I wanted the attention to be on my sister so I didn’t ask the professional questions I would have liked to ask.. Kay
...the things that meant the most are not always the things that some nurses think are the most important...What was important was the little things, like being greeted and being included and kept up to date...Kay.

...my family are intelligent, they are articulate, they understand. At the same time they just didn’t grasp stuff. It took them so long...Lily

...when you are told things when you are so frightened you don’t hear what they are saying...You hear it but it doesn’t sink in and then you think that maybe that’s not what they meant... maybe denial or just deep shock ... and you don’t want to think about the unthinkable so you shut yourself out in case you hear something that’s actually going to make it reality...Sarah
ICU nurse/relatives simultaneously felt connected and disconnected. Knowing coexisted with not knowing and nurse/relatives were both grateful and resentful of their knowledge. The experience is familiar professionally but unfamiliar personally, and being a nurse simultaneously made things easier and more difficult. Being treated by staff as professionals, and by others as family members was both affirming and disconnecting.
Participants struggled to function normally as ICU nurses during their family member's illness. Memory is adversely affected by psychological trauma (Turnball (1998) and Hughes, Bryan and Robbins (2005), argue that traumatic events such as family crises interfere with the processing of information.

Feeling emotionally overwhelmed and consistently feeling anxious puts the nurses as relatives at risk of developing post traumatic stress disorder (PTSD), (Azoulay et al., 2005).


