

THE ASSAY OF SOCIAL AND MENTAL HEALTH STATUS OF FAMILY MEMBERS OF PATIENTS IN INTENSIVE CARE UNITS

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ABSTRACT

Objectives: Family members of patients who are at risk of death, experience issues such as decision-making, and concerns about patient treatment that provides the background for psychological symptoms. The present study was aimed to determine the social and mental health status of family members of patients in intensive care units of hospitals in AL Zahra Hospital.

Methods: This cross-sectional study was done on 57 immediate family members of patients in intensive care units of AL Zahra Hospital. The data was collected via standard questionnaires keys social health in five domain of social prosperity, social solidarity, social cohesion, social acceptance and social participation (20 items) and GHQ mental health in four areas of depression, anxiety, somatic symptoms, impairment of social functioning (28 items). In order to analyze the data SPSS software and descriptive statistics were used.

Results: The findings indicate that participants in this study include 74.1% male and 19% female, and their aged were between 56-17 years, and their education level were (48.3% below Diploma, 6.9% degree, 19% bachelor and 12.1% graduate) that they were settled in periphery of the city (37.9%), South City (8.6%), Downtown (20.7%) and North City (17.2). 77.6% were weak in mental health (depression 87.9%, anxiety 89.7%, somatic symptoms 86.2%, impaired social functioning 87.9%) and 55.2% of partners were poor in social health (Social prosperity 75.9%, Social Solidarity 84.9%, Social Cohesion 49.1%, Social acceptance 79.3%, and Social involvement 84.5%).

Conclusion: According to the obtained result of this study, hospitalization of a family member in hospital particularly intensive care units, impose a lot of mental and social pressures to family members. So the factors associated with stress, anxiety and mood swings should identify and to improve, maintain and promote mental health and social, policies such as using family-centered care should establish. Furthermore, the opportunity to meet more and giving information to the family members about treatment will help to improve the social and psychological needs of family members of patients in intensive care units.

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Introduction

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The family as the first and most fundamental nature of the family has role, culture and special structure [1, 2] which it is the founder of the physical, cultural, spiritual and psychosocial of its members [3]. The vital role of the family in psychological and emotional support to patients and families is not covered and family considered as a complete and coherent system that any threat to one of the members, regard for the whole system as a threaten. The presence of families improve their care and dealing with the consequences of the disease in patients [4] But a series of factors has suddenly could affect family health [5]. Researches have shown that hospitalization of a family member in the hospital can create anxiety and other psychological-mental disorder in other members. Especially if the patient is in the intense ward as intensive care unit, this anxiety will double [6]. All these scenarios can have a bad influence on social relations, individual as well as decision-making in emergency situations, especially in relation to the patient is hospitalized [7]. Since most of the patients hospitalized in the intensive care unit are not able to decide for themselves so their family members must take the difficult decision and when they decide they gradually began to feel regret, doubt and guilt [8]. A survey by Pochard and colleagues in France was performed on 544 hospitalized patients of family members, it was found that 75.5% of their families were suffering from anxiety or depression and the rate of it among hospitalized patients spouses was 82.7% and the prevalence of depression sign and symptoms was more in families with hospitalized patients in intensive care units which had lost their patient than those who had not lost their patient [7]. Lee and colleagues believe that the failure to meet a series of needs in the families of patients admitted to the intensive care unit could be causing anxiety in these families, including the type of disease, the proportion of patients with a family breadwinner in the family of the patient and the patient's condition [8]. Attention to the patient's family is one of the pillars of patient care because the family often has the responsibility to protect the patient [9]. The family also plays a vital role in patient care because its support will accelerate patient recovery [9]. The role of family support is highlighted when the patient is in the intensive care unit [10]. Admission of patients in intensive care often causes problems for family members that interfere with their support role. These problems are usually revealed as a shock, anxiety, anger, frustration, guilt and fear [11]. Studies have shown the greatest cause of psychological and social problems in these families is the lack of sufficient information about prognosis and treatment and their lack of familiarity with the atmosphere and complex equipment of these units. Families of patients in these units often tend to their questions to be answered simply, like to be informed promptly of changes in the patient's clinical condition and needed to be allowed to visit patients [12]. Patients need to take information about themselves is different. A presence of the family in intensive care units and information which are given to family members could be useful to patients. The only challenge is that what information and when the family be given that this problem can be solved by good communication between nurses and families [13]. Since the family is the fundamental part of health human individual, so the family's important role for the patient, the patient should be as important as nursing care plan. But because traditionally in the intensive care unit of the patient's family presence is banned and visiting is restricted family will be away from the patient. In fact, by admission of patient in the intensive care unit physical and psychological barriers exist to connect patients and families and family members behind closed doors, waiting for information from their patient, suffer high stress. Due to these reasons, this study was done to determine the psychological and social health of family members of patients in intensive care units in Al-Zahra hospital.

Method

This study was a cross-sectional study and after getting permission from the authorities based in the Vice Chancellor for Research of faculty and the Nursing office of AL Zahra Hospital in Isfahan, by introducing a presentation of the research objectives and explanation of confidentiality of the results written consent from the subjects were obtained. The study population was 57 immediate family members of Al-Zahra hospital intensive care unit patients who were selected through the sampling that the inclusion criteria include (immediate family members include parents, children, spouse who have the greatest care and association with the patient, literate). Standard data collection tools include questionnaire Keyes Social Health (keys) in five areas of social prosperity, Social Solidarity, social cohesion, social acceptance and social involvement (20 questions) that every fourth question is related to a domain and by the whole 5 Likert scale from strongly disagree to strongly agree measured and Public Health 28 GHQ- (General Health Questionnaire) has four areas of depression, anxiety, somatic symptoms, social dysfunction that each domain include 7 questions and the questionnaire is formed of 28 the question. Likert scale for grading examinations: much worse than usual [1], worse than usual [2], the usual [3], more than usual [4] was used. The total score for each domain of (0-28) and total scores of four domains (0-112) show total score for each individual Public Health which higher score indicates that public health is lower. The reliability of the questionnaire was obtained 0.91 by Cronbach's alpha. In order to analyze the data SPSS software and descriptive statistics were used.

Result

The findings indicate that participants in this study include 74.1% male and 19% female, and their aged were between 56-17 years, and their education level were (48.3% below Diploma, 6.9% degree, 19% bachelor and 12.1% graduate) that they were settled in periphery of the city (37.9%), South City (8.6%), Downtown (20.7%) and North City (17.2). 77.6% were weak in mental health (depression 87.9%, anxiety 89.7%, somatic symptoms 86.2%, impaired social functioning 87.9%) and

55.2% of partners were poor in social health (Social prosperity 75.9%, Social Solidarity 84.9%, Social Cohesion 49.1%, Social acceptance 79.3%, and Social involvement 84.5%) [Table 1 and 2].

Table 1. Distribution of general health domain

General health domain	Psychological Health	Depression	anxiety	Physical symptoms	Social function
Number	44	50	51	49	50
Percentage	77.6%	87.9%	89.7%	86.2%	87.9%

Table 2. Distribution of social health domain

Social health domain	Social prosperity	Social Solidarity	Social Cohesion	Social acceptance	Social involvement
number	43	48	52	45	48
percentage	75.9%	84.9%	91.4%	79.3%	84.5%

Discussion

Hospitalization in the intensive care unit is the main source of physical and mental stress for patients and their family members and it can have permanent psychological effects on them [14]. Being away from the natural life environment, the alarm of the warning devices in the ward, artificial light in environments and being away from family members give a lot of stress to the patients [15]. Findings from the study showed that the majority of participants in this study were male and they were under diploma and they are living in the city center. The majority of family members of patients in intensive care units of mental health (77.6%) and social health (55.2%) are poorly that our research is accordant with Safavi and colleagues which conducted on families of epileptics [16,13]. The results of mental health test show that symptoms of anxiety accounted for the highest percentage (89.7%), which concordant to surveys which Safikhani and colleagues [17], Pochard and colleagues [7] have done and then depression with (9/87%) is ranked in second step which is consistent with Fornis and colleagues study on emotional disturbance of patients and their family members [18] and always seeing the dear and interested one person in a crisis can be a stressor for families. In this regard, various studies have shown a good relationship with the family, information support and education to their family will help them to reduce anxiety levels. A study conducted by Chien et al., Showed that a family's need-based training program can significantly reduce their anxiety. According to this study training to family should be ongoing basis and not only present training but also the patient's condition must inform to them by phone [19]. In addition Bailey and colleagues have classified the needs of family's patients into five groups: [1] the need to information -2- need to trust -3- requires empathy and friendship-4- need to comfortless -5- need psychological support [20]. Several studies have concluded that family members during their stay in the intensive care unit receive better information and more psychological support and will experience lesser anxiety and depression [21, 22]. In analyzing and social health assessment there are numerous researches. By increasing social health the social problems will reduce. In this study, 55.2% of participants had poor social health and among its components social cohesion accounted for the highest percentage. In a study conducted by poorafkari, findings suggest that there is a significant relationship between social cohesion and social health so that the lack of cohesion is not reasonable to expect the expected high level of social health [23]. Based on the findings of this research nurses are among those who can develop programs to improve mental health care and social support family caregiver's play an important role and several studies such as Adam and colleagues assess the nursing strategies in order to support families which have hospitalized patient in danger of death in intensive care unit was also confirmed that nurses can apply specific strategies to help families member and adapt to their circumstances, arouse hope, raise their confidence and trust(24). Therefore its needed nurses consider family members of patient as well as the patient and of your support educational programs in addition to the patient, family members also consider and to satisfy their information needs perform careful, coherent, comprehensive information and based on their needs.

Conclusion

According to the obtained result of this study, hospitalization of a family member in hospital particularly intensive care units, impose a lot of mental and social pressures to family members. So the factors associated with stress, anxiety and mood swings should identify and to improve, maintain and promote mental health and social, policies such as using family-centered care should establish. Furthermore, the opportunity to meet more and giving information to the family members about treatment will help to improve the social and psychological needs of family members of patients in intensive care units.

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