Family Functioning and Contribution in the Intensive Care Unit

Dr. Martin Nagl-Cupal

supported by

universität Witten/Herdecke

universität wien
Status quo and research question

Family members in the ICU: a broad field of research

- Needs
- Satisfaction
- Physical and mental burden
- Overall experiences

Research question

- What functions has family care in the intensive care unit?
- How is family care constructed and organization during critical illness of an adult family member?
Methodological issues

- Qualitative research; Grounded Theory Methodology (Strauss 1994, Strauss/Corbin 1996)
- Data collection: 22 qualitative non structured interviews with family members in 4 hospitals in 2 regions in Austria (Vienna, Tyrol)
- Interviews between 5 days after admission and 7 months after discharge; family members age 18 - 81
- Data interpretation: open/axial/selective coding; permanent comparison (Strauss/Corbin 1996)
Family functioning and contribution during critical illness

- admission to the intensive care unit
- threat to life

- massive emotions
- uncertainty

- being there
- Being a family: sharing responsibilities and being there for each other
Being there

• caring
  – keeping alive
  – keeping in life
  – hanging on to familiarity

• protecting
  – saying something or to remaining silent
  – shielding from other visitors
  – protecting from himself
Family functioning and contribution during critical illness

- Admission to the intensive care unit
- Threat to life

- Massive emotions
- Uncertainty

- Making one’s own contribution

- Being there
- Being a family: sharing responsibilities and being there for each other
Being a family: Sharing responsibilities and being there for each other

• Negotiating family care
  – social caused chances of family structures and helping processes
  – building a core of family members
  – family care as a helpful action

• Sharing responsibilities and being there for each other
  – sharing „always being there“
  – sharing decisions
  – gathering and translating information
  – giving comfort and hope
  – protecting each other
  – protecting children
Conclusion

• “Make one's own contribution“ is a part of family care
  – differs clearly from professional care
  – is existential for the patient and for his family

• Family care is a negotiating process with consequences for the definition of family in the ICU
  – provide helpful actions and help to endure the situation
  – Building a family core; often it is the nuclear family but not always

• “Being there” is vital and almost without limits
“Well, I was here every day and I told my daughter that she must fight. This was helpful for her and also for me.”