Depression and Anxiety Experienced by Family Members of Patients in Intensive Care Units
A family is a system, and illness of one of the members affects the others.

A family with a patient in an intensive care unit (ICU) experiences a CRISIS.
Hospitalization come into breaking the family bonds. Family members experience profound changes in their lives. It is very important for nurses to establish a relation of empathy and trust with the family.

Hospitalized patients’ relatives anxiety and depression can transform into the fears contre to nurse. So nurses must be aware of this situation.
ICU-RELATED STRESSORS

Severity of the disease, uncertainty about the treatment and prognosis,

Environmental stimuli (monitors, pumps, light, noise, etc.),

The unusual and complex environment of an ICU

Invasive procedures (catheters, dialysis, hemofiltration, etc.),
Lack of information,

Difficulties in providing the patient with physical care,

Lack of communication with the patient (due to intubation, tracheostomy),

Fear of death and that of losing the patient,

Not being able to see the patient,

Level of consciousness of the patient,
Physical appearance of other patients, Visual aspect of the physical environment, And the existence of a number of health care workers in this environment.

The key factor that determines the adaptation of families to the illness is how the first information is given and how the families are informed.
While the patient is being cared for, FAMILIES are confronted with unanswered questions, increased concerns and a crisis.
The nurse must know the signs and symptoms of anxiety in order to prevent and attempt the stressful events. Nurse must know the culture of the patients relatives. In some cultures, anxiety is expressed mainly through somatic symptoms, and in others, by cognitive symptoms.
Objective:

Hospitalization of patients represents a moment a crisis for patients and their relatives. To understand the needs of families of patients is important. This study was performed to determine anxiety levels and depression of relatives of patients admitted in an intensive care units (ICU) and correlate with the relatives' gender, age, and with the total length of the patient's hospital stay.
Material and Methods:

This was a cross-sectional study at GATA Haydarpaşa Training hospital and Marmara medical school affiliated hospital. The study was developed in the waiting room of the ICU. The inclusion criteria for his study were being an adult, having a relative admitted into the ICU and voluntarily agreed to participate the study. The data collection instruments were the Turkish validation of both the hospital Anxiety and Depression Scale (HADS) and the State-Trait Anxiety Inventory (STAI). The total of both hospital sample was consisted 64 relatives of critical patients. Statistical analyses were performed for determining the relations of anxiety reasons with variables.
Limitation of the study

The use of convenience sample drawn from a single city and two public hospital ICU may limit the generalizability of findings.
Results:

Mean age of relatives was 43.9±10.2 years HADS mean score for anxiety and depression were 7.34±3.5; 8.08±3.26 respectively. Overall 54.2% and 48% of relatives of patients scored high on both anxiety and depression. Anxiety levels were STAI-State 58.59 ± 12.47, STAI-Trait 40.10±8.9. These scores indicate the presence of high level of anxiety. Correlation between the HADS and the STAI were strong. There were not statistically significant difference between age and the length of the patient’s hospital stay according to HADS. There were statistically significant differences between gender, level of education, degree of kinship and diagnosis (p<0.05).
WHAT CAN WE DO?

We, as nurses, can;

* give information to relatives of patients about an ICU and routines going on in it,

* give telephone numbers that they can call to get information,

* explain what devices are used and for what reason,

* provide them with a room to rest in,

* give explanations to the family, using clear and easy-to-understand words and concepts,

* determine physical, cognitive and psycho-social needs of the family and plan a proper intervention,

* encourage family members to express their feelings,

* invite them in to help care for the patient when and where possible.
5 most important things that families perceive as necessary:

• 1. Getting information about the patient, at least once a day,
• 2. Clear, easy-to-understand explanations,
• 3. Being informed about changes in the patient’s condition,
• 4. Making sure the patient is being cared for in the best way possible,
• 5. Talking to the patient’s doctor directly, at least once a day.
5 least important things that families perceive as necessary:

- 1. Getting information about religious services provided by the hospital,
- 2. Having someone nearby who can encourage them to cry,
- 3. Availability of their favourite food in the hospital,
- 4. Having someone nearby whom they can talk to about their guilt and fury,
- 5. Making sure that it will be tolerated if they leave the hospital for a while.
A nurse makes use of the nursing process while determining the way she will approach families experiencing a crisis.

She;

1. collects data / assesses the situation,
2. makes the nursing diagnosis,
3. plans what and how to do,
4. realizes her plan / intervenes in the crisis,
5. evaluates results obtained.