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NURSING INTERVENTIONS IN SUPPORTING THE FAMILY OF CRITICALLY ILL PATIENTS IN A HOSPITAL SETTING: A SCOPING REVIEW

INTERVENÇÃO DO ENFERMEIRO NO SUPORTE À FAMÍLIA DA PESSOA EM SITUAÇÃO CRÍTICA EM AMBIENTE HOSPITALAR: UMA SCOPING REVIEW

INTERVENCIÓN DEL ENFERMERO EN EL APOYO A LA FAMILIA DE LA PERSONA EN SITUACIÓN CRÍTICA EN UN ENTORNO HOSPITALARIO: UNA SCOPING REVIEW

Ana Rita Matias[1], Adriano Pedro[2].

[1]Local Health Unit of Litoral Alentejano, Santiago do Cacém, Portugal.
[2]School of Health of Polytechnic Institute of Portalegre, Portalegre, Portugal.

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ABSTRACT

Background: Considering the complexity of care underlying a person in a critical condition, the family often does not receive the attention it deserves and is sometimes overlooked in emergency situations. The hospitalization of one of its members affects the entire family unit. Having this in mind, the family's needs are not always met, which can lead to anxiety and depression among some of its members.

Objective: To map the most recent scientific evidence on the intervention of nurses in supporting the family of critically ill patients in a hospital environment.

Materials and Methods: A scoping review was conducted using validated descriptors on the consultation platform, Health Sciences Descriptors (DeCS), and after translation into English, Medical Subject Headings (MeSH). The descriptors defined for the search included: Family support; Needs assessment; Critical care; Nursing care; Intensive Care Unit, and Emergency Unit. Boolean searches were conducted in PubMed and EBSCO database search engines. A total of 368 articles were obtained, of which 12 were selected after applying the exclusion criteria.

Results: Anxiety and depression were the main effects found among families of critically ill patients. According to the articles analyzed, their needs may vary; however, most family members highlight the need for information, security, and proximity as the most important. Additional information from the nursing team increased family satisfaction, as well as their integration into care and family-centered care.

Conclusions: Nursing care for the family of a person in a critical condition goes far beyond direct treatment of the person, encompassing a holistic approach centered on the patient and family as a whole. In this way, the aim is to provide emotional support, provide clear information, and facilitate a more comprehensive, holistic, and humanized experience in the hospital environment.

Keywords: Critically Ill Person; Family; Needs; Nurse; Support.

RESUMO

Introdução: Tendo em conta a complexidade de cuidados subjacente à pessoa em situação crítica, frequentemente a família não recebe toda a atenção que merece, sendo, por vezes, descurada em situações de emergência. O internamento de um dos membros afeta todo o núcleo familiar e a família tem necessidades que nem sempre são satisfeitas, podendo surgir ansiedade e depressão entre estes.

Objetivo: Mapear a evidência científica mais recente sobre a intervenção do enfermeiro no suporte à família da pessoa em situação crítica em ambiente hospitalar.

Materiais e Métodos: Foi realizada uma revisão *scoping* com os descritores validados na plataforma de consulta dos descritores em Ciências da Saúde (DeCS) e, após a sua tradução para inglês, no *Medical Subject Headings* (MeSH). Os descritores definidos para a pesquisa foram: *Family support; Needs assessment; Critical care; Nursing care; Intensive Care Unit* e *Emergency Unit*. Pesquisa booleana nos motores de busca de bases de dados PubMed e EBSCO. Obteve-se um total de 368 artigos, dos quais 12 foram selecionados após aplicação dos critérios de exclusão.

Resultados: A ansiedade e a depressão foram os principais resultados encontrados entre as famílias. As suas necessidades, de acordo com os artigos analisados podem variar, no entanto a maioria realça as necessidades de informação, de segurança e de proximidade como as de maior importância. Informações adicionais da equipa de enfermagem aumentaram a satisfação da família, bem como a sua integração nos cuidados e os cuidados centrados na família.

Conclusões: O cuidado de enfermagem à família de uma pessoa em situação crítica vai muito além do tratamento direto da pessoa, englobando uma abordagem holística centrada no doente e família, como um todo. Desta forma, pretende-se proporcionar suporte emocional, transmitir informações claras e facilitar uma experiência mais compreensiva, holística e humanizada no ambiente hospitalar.

Palavras-chave: Enfermeiro; Família; Necessidades; Pessoa em Situação Critica; Suporte.

RESUMEN

Marco contextual: Teniendo en cuenta la complejidad de los cuidados subyacentes a la persona en situación crítica, frecuentemente la familia no recibe toda la atención que merece, siendo, en ocasiones, descuidada en situaciones de emergencia. El internamiento de uno de los miembros afecta a todo el núcleo familiar y la familia tiene necesidades que no siempre son satisfechas, pudiendo surgir ansiedad y depresión entre ellos.

Objetivo: Mapear la evidencia científica más reciente sobre la intervención de las enfermeras en el apoyo a la familia de los enfermos críticos hospitalizados.

Materiales y Métodos: Se realizó una revisión de alcance utilizando los descriptores validados en la plataforma de consulta, los descriptores en Ciencias de la Salud (DeCS) y, después de su traducción al inglés, en los *Medical Subject Headings* (MeSH). Los descriptores definidos para la búsqueda fueron: Apoyo familiar; Evaluación de necesidades; Cuidados críticos; Atención de enfermería; Unidad de Cuidados Intensivos y Unidad de Emergencia. Se realizaron búsquedas booleanas en las bases de datos PubMed y EBSCO. Se obtuvieron un total

de 368 artículos, de los cuales 12 fueron seleccionados tras aplicar los criterios de exclusión.
Resultados: La ansiedad y la depresión fueron los principales resultados encontrados entre las familias. Sus necesidades, según los artículos analizados, pueden variar; sin embargo, la mayoría destaca las necesidades de información, seguridad y proximidad como las de mayor importancia. La información adicional proporcionada por el equipo de enfermería aumentó la satisfacción de la familia, así como su integración en los cuidados y la atención centrada en la familia.
Conclusiones: El cuidado de enfermería a la familia de una persona en situación crítica va mucho más allá del tratamiento directo de la persona, abarcando un enfoque holístico centrado en el paciente y la familia como un todo. De esta forma, se pretende proporcionar apoyo emocional, transmitir información clara y facilitar una experiencia más comprensiva, holística y humanizada en el entorno hospitalario.
Descriptores: Apoyo; Enfermero; Familia; Necesidades; Persona en Situación Crítica.

INTRODUCTION

Hospitalization of a family member can cause psychological problems, such as anxiety and depression, in family members of the critically ill, resulting in emotional responses such as shock, anxiety, anger, and feelings of guilt, disappointment, and fear[1]. Given the complexity of care underlying the critically ill person, the family often does not receive the attention it deserves, sometimes being neglected in emergency situations.

Nurses dedicate the majority of their working time to monitoring and caring for patients, leaving their families to a secondary position. This leads families to become reluctant or unable to express their needs, resulting in adverse effects on patient care[1]. It is consistently mentioned that the patient's family should be integrated into the care plan, not only as a partner but also as a recipient of care, within a holistic patient/family view.

However, within the context of critical care, the severity and urgency of clinical situations lead interventions to focus on the technological aspects, placing family care to a secondary consideration[2]. Timely identification and addressing of family needs mitigate the negative effects of stress on the family, reduce their impact on healthcare professionals and consequently on the patient, directing the family's attention towards patient care[1].

The available literature predominantly utilizes the Critical Care Family Needs Inventory (CCFNI), which consists of a questionnaire developed by Molter in 1979, wherein the study population indicates the importance of their needs on a four-point Likert-type scale, used

to measure attitudes, perceptions, and opinions. This instrument comprises 45 statements of needs and is divided into five categories: security, proximity, information, comfort, and support[3].

Facing a critical situation involving a family member can be emotionally challenging for family members to manage, primarily because this change in their family member's clinical condition often occurs suddenly, without time for adaptation, and sometimes requires the family to make important decisions about their family member's healthcare.

Since the experience of illness is a process that affects the entire family unit, it's essential that nursing care is not limited solely to the interaction between nurse and patient, but that the family unit is involved, not only as a resource to assist the person in a critical situation, but also as a target of care[2].

It generally falls under the nurse's responsibility to provide emotional support to the family, listening to their concerns, answering their questions, and providing a calm and private environment to express their feelings, both positive and negative, thereby creating an environment that fosters care.

MATERIALS AND METHODS

Based on the objective of mapping the most recent scientific evidence regarding nurse intervention in supporting the family of critically ill patients in a hospital setting, the research question was constructed using the PCC method (Population, Concept, and Context) as demonstrated in Table 1↗. The defined question was, "What is the nurse's intervention in supporting the needs of the family of critically ill patients in a hospital setting?".

In order to utilize a standardized terminology in the literature search, descriptors were validated on the Health Sciences Descriptors (DeCS) consultation platform, and, after their translation into English, on MeSH.

Therefore, the descriptors selected for the research were: Family support; Needs assessment; Critical care; Nursing care; Intensive Care Unit and Emergency Unit.

The following Boolean search strategy was delineated: (Family support) AND (Needs assessment) AND (Critical care) AND (Nursing care) AND (Intensive Care Unit OR Emergency Unit).

Inclusion and exclusion criteria were defined for the search. Inclusion criteria encompassed all studies published from 2019 to 2024 that focus on families of adults aged 18 or older admitted to the ICU or ED and who are not palliative patients, that present full text, written in English or Portuguese. Exclusion criteria were families of children under 18 years of age or of palliative patients.

Articles were retrieved from the following databases: PubMed and EBSCO (CINAHL *Ultimate*, MEDLINE *Ultimate*).

Following the research conducted in the aforementioned databases, 368 references were obtained initially. From these scientific productions, considering the previously defined inclusion and exclusion criteria, a set of 12 articles was obtained, as can be seen in the PRISMA flow diagram, in Figure 1↗.

RESULTS

To facilitate the analysis of the results, a summary table of the articles included in the review was constructed after their detailed reading, Table 2↗. In this table, you can find the title and author of the article; country, year, journal, and study type; article objective and, lastly, the main results found.

After full reading and analysis of the articles identified above, the results were analyzed to answer the objective defined above.

RESULTS DISCUSSION

From an integrative review performed in Brazil, among the articles chosen for the study, 66.7% focused on anxiety and depression as the primary outcomes identified in families, while 33.3% centered on family members' needs experienced related to insufficient information, welcoming, and understanding of their family member's ICU admission[9].

Most family members of patients hospitalized in the ICU exhibited moderate to severe anxiety (95.5%) prior to an educational program tailored to the needs identified by the families, with a significant reduction following the program's implementation, from 95.5% to 45.5%[1]. In the same study, the majority of family members also presented moderate to severe depression (68.2%) before the educational program based on these needs, while after the program's implementation there was a reduction to 53.4%.

Educational intervention based on family needs has a positive impact on reducing anxiety and depression levels in family members of critically ill individuals. Frequently, nurses unintentionally overlook the feelings and needs of family members of patients admitted to the ICU, so their support of these families through effective therapeutic communication and needs-based education creates hope, thus reducing the percentage of anxiety and depression[1].

According to a study conducted in Brazil, family comfort was evaluated by applying the Critical Care Family Comfort Scale, derived from the Critical Care Family Needs Inventory (CCFNI), consisting of 46 items distributed across three dimensions: Safety, Support, and Family-Patient Interaction. Thus, according to this scale, comfort among the included families was low, with the support dimension being the most affected[4]. However, it is important to emphasize that according to the same authors in the CCFNI, the comfort dimension was considered the least important by families. In this study, no direct correspondence was found between comfort and needs, as the variables that explain them are different: greater comfort was associated with educational level, female gender, and the stability of the critically ill patient, while lower satisfaction of needs was associated with Catholic women, spouses, and immediate family members[4].

In a study conducted in South Korea, it is noteworthy that, despite the need for comfort being less prioritized compared to others from the family perspective, a large portion of participants were dissatisfied with comfort needs, specifically 90%, due to the poor physical conditions of the rooms and restricted visiting hours to their family members[12]. This comes in line with the results of research performed in Saudi Arabia, in which the lowest classifications were comfort and support necessities[13].

From a study performed in North America, relatives reported high satisfaction with ICU care, but reported low satisfaction regarding communication, information, and emotional support, specifically among 17 to 20% of relatives[9]. The authors concluded that the association between needs, anxiety, and depression was strongly linked to the lack of communication about the current state of their family member in the ICU[9].

According to the analysis of several studies, conducted in different countries using the CCFNI, the needs considered most important by families were safety, proximity, and information needs, with comfort and support needs being considered less important[1,4,8,12,13].

As the need for proximity is considered one of the most important, family visits to the person who is hospitalized in the ICU or ER are fundamental to ensure a minimum level of proximity between the patient and their family. However, it is not enough to simply allow family entry. This is where the nurse's intervention assumes a crucial role, in carrying out their preparation and support throughout the process, in identifying and clarifying doubts and

observing and respecting their reactions, behaviors and feelings[4]. It is also consistent with the discoveries from a Malawian study[5], in which family members expressed the need to visit their relatives frequently, as frequent visits can help alleviate anxiety.

It can be said that the emotional needs of family members, identified in a literature review, are of three dimensions: cognitive, emotional, and relational[2]. In the cognitive domain, the need for updated, clear, and honest information related to the patient's clinical condition, prognosis, and care strategies[2], aligns with a study conducted in Spain[11]. This study concludes that the support provided by additional information from the nursing team to family members, which consisted of sending a data protection encoded SMS daily around the same time to the reference family member, increases the satisfaction of their needs and, consequently, the quality of care in the ICU, also having a reassuring and beneficial effect on the participants[11].

On the emotional domain, the importance of the emotional support arises related to the expression of feelings, the need to receive hope in a realistic way, and the need to establish a relationship of proximity and security, in which they can verify the demonstration of concern for the person in a critical situation[2]. Listening to family concerns about the condition of the person in a critical situation, encouraging them to express their feelings, and avoiding behaviors that could cause discomfort to family members were some emotional support strategies for family members used by nurses[10].

Regarding the relationship between family information needs and their demographic characteristics, a study showed that there was a statistically significant relationship between the total mean values of information needs and their educational level, as well as between the mean values of support needs and the number of family visits to the patient, being more evident in the first visit[8]. This could stem from family members' lack of knowledge regarding the ICU and the service's intricate equipment during their initial visit, thereby elevating the requirement for support[8].

A survey of families of patients admitted to the ICU reveals that concerning family needs, four themes emerge: perceived information needs, perceived psychosocial needs, perceived physical needs, and coping mechanisms[5].

Perceived information needs were related to the evolution of the person in a critical situation, with anxiety and depression arising in families who were not updated about their loved ones[2,5,11]. From a study incorporated into a survey in Brazil, it was found that 84.6% of family members indicated their need to acquire information concerning the state of their family member[9].

Psychosocial need is understood as any need essential for mental health. Families expressed the need for psychological support, safety, hope, accessible and identified healthcare professionals, proximity to patients, as well as the need for support. Family members expected the nurse's intervention to involve the transmission of encouraging words and explanations that gave hope and that they had a positive, friendly attitude and were able to answer their questions whenever they arose[5].

Regarding physical needs, these are resources that family members require for their physical health during the hospitalization of a family member. Family members mentioned the need for a room where only family members of critically ill patients could rest and talk about their experiences among peers[5].

Regarding coping mechanisms, these translate into strategies used by family members to adapt to the process of having a family member hospitalized, identifying prayer and acceptance of the patient's condition as one of these mechanisms[5].

A study carried out in Australia, Taiwan, and South Africa, designed to explore similarities and differences in family perceptions of key needs during critical illness experiences in the Emergency Department, revealed that these needs vary among individuals from different countries[6].

Nevertheless, there are nursing interventions that were valued by families in all three nations, including regular updates about their family member's condition, education on how to assist their family member, fostering participation in care, and facilitating private moments with their loved one. The data from the study implies that across the three countries, irrespective of cultural differences, family engagement in the care of critically ill individuals in the Emergency Department is crucial for addressing family needs[6]. Thus, communication and family participation constitute the pillars of family-centered care, which, in addition to being essential for family well-being, also contribute to the optimization of care, the humanization of the experience, and the strengthening of family bonds. Effective communication forms the basis for building a relationship of trust and collaboration between the nurse and the family.

From a survey carried out in the United States[7], Despite the ongoing controversy surrounding the presence of family members during resuscitation, the participants in this study agreed that it was a favorable practice, considering it gratifying to serve as the family's support person, although most describe the role as challenging. The nurses who participated in the study reported that it was more challenging when a resuscitation occurred unexpectedly or when the family could not decide whether to stop or continue the resuscitation. This also evoked several intense emotions in the nurses themselves, underscoring the necessity of

professional preparation and psychological support for the team. Nevertheless, despite the difficulties, the participants felt that the rewards outweighed the challenges of the role, thus affirming it as family-centered care[7].

The nurse who performs the role of family support does not have an active role in the resuscitation process itself, but can provide information to the resuscitation team, if necessary, while remaining available to the family in question. The nurse accompanies the family if they prefer not to be present during the entire resuscitation process and ensures that the family does not interfere with the resuscitation team's work[7].

Family assessment begins from the initial contact, initially discerning whether the family wishes to be present during the process and continues throughout the resuscitation, with the first focus being the assessment of the family's emotional state, attending to verbal and non-verbal communication, and providing support whenever necessary, with the primary objective being the family's well-being.

Therefore, the primary interventions of the nurse were to be fully present with the family, continuously assess the family and the environment, speak calmly and compassionately, offer comforting touch when indicated, provide explanations in simple terms about the resuscitation process, strategically balanced with periods of silence for family members to process the information, as well as provide emotional and psychological support[7]. The role of the family support person does not end with resuscitation. They should then offer post-resuscitation support, remaining with the family until the patient is stabilized or, if the outcome is negative, allowing the family to remain in the room and being available to them[7].

A study designed to investigate nurses' experiences in delivering family-centered care during the post-resuscitation phase identified five key categories: ongoing monitoring, care facilitation, care participation, provision of information, and emotional support[10]. Regarding the facilitation of care, nurses sought to facilitate, as much as possible, the presence of family members at the patient's bedside during the post-resuscitation period, encouraging family members to talk to the patient and to use touch. Concerning involvement in care, nurses allow family members to provide care under supervision, such as changing the patient's position, transferring them for diagnostic procedures, and assisting with their hygiene[10].

The data analysis reveals that explanations of the state of consciousness, physical condition, ongoing nursing care, examination results, and the necessity of invasive procedures were among the most important information provided to family members[10].

It is essential that the nurse's intervention, when aiming to meet the family's needs, be guided by the establishment of a relationship with them, the creation of a comfortable and private environment, the transmission of real and complete information, the demonstration of empathy, respect, and sensitivity, and the inclusion of the family in care[2]. The nurse and the rest of the team should promote individualized care, with clarification of doubts, clear and simple guidance, and strategic actions that can assist in the needs of family members, reducing the incidence of anxiety and depression among them[9].

Multidisciplinary family-centered visits are considered beneficial, particularly concerning the need for information, as they allow family members to question the multidisciplinary team together and clarify all their doubts at once, having a positive impact on reducing family anxiety and elevating the emotional support provided by the team[12].

The family-centered care provided by nurses in a study conducted in Iran was largely aligned with the global model proposed for family-centered care in general, which includes the integration of the family into the provision of care under team supervision, the education of patients, family members, and healthcare providers, and family assessment[10].

According to the state of the art, the extension of visiting hours, with more flexible schedules that allow families to stay longer and more often with their family member, as well as family-centered care, based on the satisfaction of their needs, the establishment of a relationship of trust and empathy, family involvement, and the emotional support provided, have a positive impact on the families of patients admitted to the ICU or ER.

The nurse assumes a prominent role here, insofar as it is the nurse who is at the bedside of the critically ill person, being always present during family visits and having an active role in supporting the family of the critically ill person, contributing to the continuous improvement of care provided and to the satisfaction and well-being of family members.

CONCLUSIONS

The hospitalization of a family member in an Emergency Department or Intensive Care Unit affects not only the individual, but also their entire family unit, giving importance to a wide range of needs and consequently emotional and psychological problems for the family as well. Thus, the family constitutes an extension of the individual, revealing itself as a target for care provision by nurses, for which the development of interventions in this sense is necessary, so that excellence is the minimum of care provided.

The need for safety, proximity, information, comfort, and support were identified, respectively, as the most important for family members. The need for proximity, in particular, highlights the importance of visits to the services, not merely as an allowance for entry, but as a process accompanied and prepared by the nurse. The nurse's intervention in the preparation and accompaniment of visits by clarifying doubts, observing reactions, and understanding feelings, establishing a relationship of trust with the family, is fundamental to ensuring a minimum level of proximity between the critically ill patient and their family.

This study revealed the crucial importance of nurses' intervention for the family members of critically ill individuals, especially through effective therapeutic communication and individualized education based on the specific needs of each family. The findings highlight that, although family members acknowledge the effort of nurses, the physical conditions of waiting rooms and restricted visiting hours, along with the lack of clear and regular communication about the patient's clinical condition, generate significant dissatisfaction and anxiety.

The provision of current, straightforward, and transparent information regarding the patient's clinical status, prognosis, and care strategies, with the nurse often acting as the liaison between the medical team and the family, was emphasized as a critical nursing intervention, along with the provision of a venue for families to articulate their concerns and emotions. Attentive listening and responsive addressing of family inquiries, coupled with the demonstration of empathy, respect, and sensitivity, the provision of guidance on bedside interactions with the critically ill patient, the establishment of a dedicated waiting area for family members, and the encouragement of family involvement in care are pivotal components of high-quality familial support within the hospital environment.

This study contributes to the field of nursing by providing a detailed overview of the needs and challenges faced by family members of critically ill individuals, highlighting the fundamental role of the nurse in supporting these families.

As implications for practice, these findings can be used for the development of more effective and humanized interventions, which aim to improve the experience of family members and ensure comprehensive and quality care to the patient and their families, always with a view to continuous improvement and excellence of care provided to both the patient and the family, in a holistic vision focusing on the transpersonal care of this family.

Declaration of conflict of interests

The authors declare that there are no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

REFERENCES

1. Hajikhani Z, Siahkali S, Ghahremani Z. Assessing the Effect of a Telephone-Supported Need-Based Educational Program on Anxiety and Depression of Families of Patients Admitted to the Intensive Care Unit. Preventive Care in Nursing and Midwifery Journal. 2023;13(2):19-29.

2. Cabete D, Fonte C, Matos M, Patrica H, Silva A, Silva V. Emotional support to the family of the critically ill patient: Nursing interventions. Vol. 2019, Revista de Enfermagem Referência. Escola Superior de Enfermagem de Coimbra; 2019. p. 129-38.

3. Molter N. Needs of relatives of critically ill patients: A descriptive study. Heart and Lung [Internet]. 1979;8:332-9. Available from: https://www.researchgate.net/publication/239487849

4. Meneguin S, Matos T, Miot H, Pollo C. Association between comfort and needs of ICU patients' family members: A cross-sectional study. J Clin Nurs. 2019 Feb 1;28(3-4):538-44.

5. Kalolo A, Mula C, Gundo R. Family members' perception of their needs in critical care units at a tertiary hospital in Malawi: A qualitative study. BMC Nurs. 2023 Dec 1;22(1).

6. Redley B, Phiri LM, Heyns T, Wang W, Han CY. Family needs during critical illness in the Emergency Department: A retrospective factor analysis of data from three countries. J Clin Nurs. 2019 Aug 1;28 (15-16):2813-23.

7. Powers K, Duncan J, Twibell K. Family support person role during resuscitation: A qualitative exploration. J Clin Nurs. 2023 Feb 1;32(3-4):409-21.

8. Elsayed A, Elkattan B, Hassan S. Needs Assessment of Critically ill Patients and Their Families at Intensive Care Unit. African Journal of Health, Nursing and Midwifery. 2022 May 28;5(3):14-29.

9. Nobukuni M, Meneguin S, Pollo C, Leo A. Needs, anxiety and depression in families of patients in the intensive care unit: Integrative review. Revista Nursing no. 25. 2022;8132-6.

10. Zali M, Rahmani A, Powers K, Hassankhani H, Namdar-Areshtanab H, Gilani N. Nurses' experiences of provision family-centred care in the postresuscitation period: A qualitative study. Nurs Open. 2023 Nov 1;10(11):7215-23.

11. Rodríguez-Huerta MD, Álvarez-Pol M, Fernández-Catalán ML, Fernández-Vadillo R, Martín-Rodríguez M, Quicios-Dorado B, et al. An informative nursing intervention for families of patients admitted to the intensive care unit regarding the satisfaction of their needs: The INFOUCI study. Intensive Crit Care Nurs. 2019 Dec 1;55.

12. Kang J, Cho YJ, Choi S. State anxiety, uncertainty in illness, and needs of family members of critically ill patients and their experiences with family-centered multidisciplinary rounds: A mixed model study. PLoS One. 2020 Jun 1;15(6).

13. Alsharari A. The needs of family members of patients admitted to the intensive care unit. Patient Prefer Adherence. 2019;13:465-73.

Authors
Ana Rita Matias
https://orcid.org/0009-0007-8243-8952
Adriano Pedro
https://orcid.org/0000-0001-9820-544X

Corresponding Author/Autora Correspondente
Ana Rita Matias – Unidade Local de Saúde do Litoral Alentejano, Santiago do Cacém, Portugal.
anarita.matias@hotmail.com

Authors' contributions/Contributos das autoras
AM: Study coordination, study design, collection,storage, and analysis review and discussion of results.
AP: Study design, data analysis, review and discussion of results.
All authors have read and agreed with the published version of the manuscript.

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Table 1 – PCC.

PCC		
Population	P	Family of the critically ill person
Concept	C	Nurse intervention in the support of needs
Context	C	Hospital environment

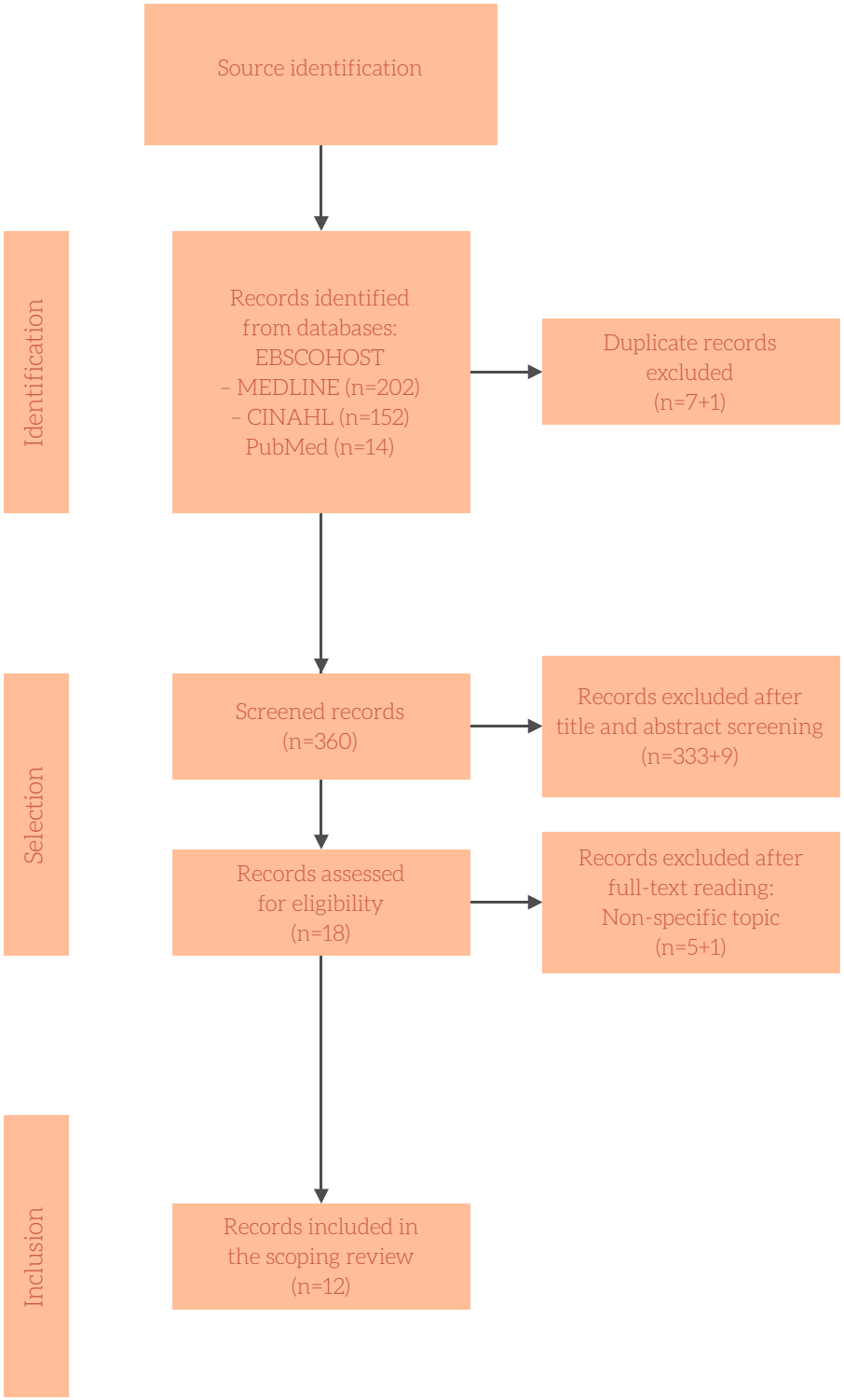


Figure 1 – Adapted from "The PRISMA 2020 statement: an updated guideline for reporting systematic reviews".[↖]

Table 2 – Results presentation.

Title/Author	Country/Year/ Journal/Study Type	Objetive	Results
Assessing the Effect of a Telephone-Supported Need-Based Educational Program on Anxiety and Depression of Families of Patients Admitted to the Intensive Care Unit[1] Author: Hajikhani *et al.*	Iran, 2023. *Preventive Care in Nursing and Midwifery Journal* no. 12, vol. 10. Quasi-experimental study.	To determine the effect of a needs-based educational program on anxiety and depression in family members of patients admitted to the ICU.	The results obtained in the study indicated that, from the families' perspective, the most important educational needs were the need for security, the need for proximity, the need for information, the need for comfort, and the need for support, respectively. Anxiety and depression levels significantly decreased after the intervention (needs-based educational program). Based on the study results, it is recommended to use a needs-based educational program to reduce anxiety and depression in family members of patients admitted to the ICU.
Association between comfort and needs of ICU patients' family members: A cross-sectional study[4] Author: Meneguin *et al.*	Brazil, 2019. *Journal of Clinical Nurse* no. 28. Descriptive, exploratory, and cross-sectional study with a quantitative approach.	To determine the comfort level and needs of family members and to examine the sociodemographic and clinical variables that impact this relationship.	In this study, 95.6% of participants considered the needs important, and 85.6% were satisfied. The need considered most important by family members was proximity, and the least important was comfort. Regarding the data on family members' comfort levels, low comfort prevailed (76.7%), with the support dimension being the most compromised. Comfort was positively associated with marital status, female sex, disease severity, education level, professional status, and being a direct family member. No direct correspondence is observed between comfort and needs, and the explanatory variables for both scores are completely different: higher comfort was associated with family members with higher education, whose patients were stable, and who attributed high levels of importance to the needs.

Table 2 – Results presentation.

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Emotional support to the family of the critically ill patient: nursing interventions[2] Author: Cabete *et al.*	Portugal, 2019 *Revista de Enfermagem Referência* no. 20, vol. IV. Integrative literature review.	To determine the emotional needs perceived by the families of critically ill individuals and to identify nursing interventions that respond to those needs.	The emotional needs of family members, identified in this review, are of three dimensions: cognitive, emotional, and relational. Namely, the need for updated, clear, and honest information; the need for emotional support related to the expression of feelings and receiving hope in a realistic way; and lastly, the need to establish a relationship of proximity and security, in which they can verify the demonstration of concern for the critically ill patient. The interventions found involve establishing a relationship with the family and their inclusion in care; promoting a comfortable and private environment during visits; providing real, complete, and honest information; demonstrating empathy, respect, and sensitivity, as well as providing emotional and spiritual support to the family and adjusting visiting hours.
Family members' perception of their needs in critical care units at a tertiary hospital in Malawi: A qualitative study[5] Author: Kalolo *et al.*	Malawi, 2023. *BMC Nursing*. Qualitative descriptive design.	To examine the family's perception of needs within the ICU setting of a designated referral hospital in Malawi.	The study findings identified perceived information needs about patient progress (which, in their absence, generate anxiety and depression), psychosocial needs (psychological support, security, hope, accessible healthcare professionals, team identity, and proximity), physical needs (accommodation, financial support, and food), and coping mechanisms used by family members in the ICU in a resource-limited environment (prayer and acceptance of the patient's condition). Family members frequently needed information about patient progress and viewed this as a priority over other needs, such as comfort and food. The implications for clinical practice include the need for deliberate efforts by healthcare providers to engage family members and address their needs in the ICU.

Table 2 – Results presentation.[↔↖]

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Family needs during critical illness in the Emergency Department: A retrospective factor analysis of data from three countries[6] Author: Redley *et al.*	Australia, Taiwan and South Africa, 2019. *Journal of Clinical Nurse* no. 28. Second-hand analysis of three descriptive transversal studies.	To examine family needs using the Critical Care Family Needs Inventory in the Emergency Department across three different countries: Australia, Taiwan, and South Africa. The specific objectives were to identify similarities and differences in family needs data across the three countries.	Family perceptions of important needs during critical illnesses in the Emergency Department differ among people living in different countries; however, the needs for participation and communication emerged as common family needs. The study data suggest that in all 3 countries, family participation is important for satisfying family needs. By identifying common family needs across the three countries, the findings also highlighted variations in family needs that can be attributed to cultural influences among the study samples. The Australian study reported the highest number of valid inventory items compared to Taiwan and South Africa, possibly reflecting the resource-rich and highly skilled population of the Australian culture, which results in high expectations of families regarding the satisfaction of their needs. The needs inventory may have limited utility as the results suggest that family members from different cultural groups responded to the items in different ways, necessitating a reconsideration of how need items are grouped when examining different cultural groups.

Table 2 – Results presentation.↔↖

Title/Author	Country/Year/ Journal/Study Type	Objetive	Results
Family support person role during resuscitation: A qualitative exploration[7] Author: *Powers et al.*	United States of America, 2023. *Journal of Clinical Nurse* no. 32. Exploratory-descriptive qualitative design.	To provide guidance to nurses by examining how critical care nurses perceive and perform the role of family support person during resuscitation.	Despite the ongoing controversy surrounding family presence during resuscitation, the participants in this study agreed that it was a favorable practice. Participants found it rewarding to be the family support person during resuscitation; however, most participants described the role as challenging, mainly because they were unsure how to communicate with families and because they experienced intense emotions while performing the role. The family support person's role should focus on the initial moments by asking, preparing, and positioning the family. Subsequently, this person should explain, support, and assess the family/environment successively. Thus, the main activities were being fully present with the family, continuously assessing the family and the environment, speaking calmly and compassionately, offering comforting touch when indicated, providing explanations in simple terms, and providing emotional and psychological support. The most notable consensus among participants was that the family support person should "be with" families who are witnessing resuscitation.
Needs assessment of critically ill patients and their families at intensive care unit[8] Author: Elsayed *et al.*	Egypt, 2022. *African Journal of Health, Nursing and Midwifery*. no. 3, vol. 5. Exploratory descriptive design.	To assess the needs of critically ill patients and their families in the ICU.	The average highest score based on the families' needs studied was the need of security and anxiety reduction. On the other hand, the lowest average score was the need of comfort. There was a statistically significant relationship between the total average values of information needs and the educational level of the family members studied, and between the total mean values of support needs and the number of family member visits to the patient.

Table 2 – Results presentation.↔↖

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Needs, anxiety and depression in families of patients in the intensive care unit: Integrative review[9] Author: Nobukuni *et al.*	Brazil, 2022. *Revista Nursing* n.º 25. Integrative literature review.	To identify an association between needs, anxiety, and depression in family members of patients admitted to the ICU.	Of the articles selected for this study, 66.7% addressed anxiety and depression as the main results found in the studies, and 33.3% addressed the needs that family members had regarding the lack of information, welcome, and knowledge concerning the hospitalization of their family member in the ICU. The association between needs, anxiety, and depression was strongly highlighted in this study due to the lack of communication about the patient's condition in the ICU, with this relationship being generated by the need for information and interaction with healthcare professionals. It is possible to identify in this relationship that a certain problem can aggravate another. In this study, the lack of information generated severe symptoms of anxiety and depression in family members of patients admitted to the ICU.
Nurses' experiences of provision family-centred care in the postresuscitation period: A qualitative study[10] Author: Zali *et al.*	Iran, 2023. *Nursing Open* no. 10. Exploratory-descriptive qualitative design.	To explore nurses' experiences in providing family-centered care in the post-resuscitation period.	Following data analysis, five main categories emerged related to nurses' experiences in providing family-centered care: continuous follow-up, facilitating care, involvement in care, information, and emotional support. The family-centered care provided by nurses in this study was largely aligned with the global model proposed for family-centered care in general, which includes the integration of the family into providing and facilitating the care of the patient under team supervision; the education of patients, family members, and healthcare providers, and family assessment (continuous observation and inspection of behaviors and interactions). However, the nurses in this study were willing to provide such care only if the family had an adequate understanding of the patient's condition and if there was a low risk of violence. These were highlighted as the main barriers to providing family-centered care in the post-resuscitation period.

Table 2 – Results presentation.

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An informative nursing intervention for families of patients admitted to the intensive care unit regarding the satisfaction of their needs: The INFOUCI study[11] Author: Rodríguez-Huerta *et al.*	Spain, 2019 *Intensive & Critical Care Nursing* no. 55. Prospective exploratory, two-arm, randomized, non-pharmacological study.	To assess if an informational intervention by nursing staff using Short Message Service (SMS) enhanced the satisfaction of patients' families regarding their intensive care experience.	This study shows that the total score of the Critical Care Family Needs Inventory was significantly better in the intervention group, which received a daily SMS informing about the patient's condition, than in the control group. It should be noted that the intervention group showed a greater proportion of positive answers to each individual question in the survey. None of the participants mentioned anxiety, concern, or other emotions related to the SMS information. The majority of participants found the information received helpful; however, the messages were described as imprecise and not very specific by 32.3% of the participants. The results concluded that the support provided by additional information from the nursing team to family members increased the satisfaction of their needs and, consequently, the quality of care in the ICU. It also produced a reassuring feeling and beneficial effect, thus improving the quality of life of the study participants.
State anxiety, uncertainty in illness, and needs of family members of critically ill patients and their experiences with family-centered multidisciplinary rounds: A mixed model study[12] Author: Kang *et al.*	South Korea, 2020. *Plos One* no. 15, vol. 6. Mixed-methods sequential study, integrating survey data and semi-structured interviews.	To assess whether multidisciplinary family-centered visits could reduce anxiety and illness uncertainty and address the needs of families with severely ill patients.	The average score for critical care family needs was 3.26 on a four-point scale. Among the subscales, security was ranked as the top family need, followed by needs for information, proximity, comfort, and support. Family needs differed according to gender, relationship to the patient, and length of ICU stay. It is noteworthy that 43.1% of the participants revealed symptoms of anxiety. According to the results, family-centered multidisciplinary rounds received positive evaluations from most participants, who demonstrated high levels of satisfaction, especially in terms of information needs. Multidisciplinary rounds contributed to meeting information needs and providing further emotional support.

Table 2 – Results presentation.

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The needs of family members of patients admitted to the intensive care unit[13] Author: Alsharari.	Saudi Arabia, 2019. *Dove Medical Press journal: Patient Preference and Adherence.* Cross-sectional study.	To identify the most important needs of family members of patients admitted to the ICU and to determine their relationship with their sociodemographic characteristics.	The most important need identified by family members was the need for safety, followed by information, proximity, comfort, and support. Thus, family members showed the lowest level of needs in the comfort and support dimensions. Men assigned a higher level of importance to all dimensions except proximity; however, gender differences in the dimensions were not statistically significant. Significant variations were observed in the importance level attributed to the dimensions of safety, proximity, and information, depending on the participants' education. The information dimension was rated as more important by participants with an unconscious/semi-conscious relative in the ICU. Parents of ICU patients tend to have the greatest needs in the safety, proximity, information, and support dimensions, but less in the comfort dimension compared to any other family member.