



EVIDENCE CENTRE CRITICAL APPRAISAL

How do friends and relatives perceive the intensive care unit?

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SUMMARY STATEMENT:

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REQUEST:

How do friends and relatives perceive the intensive care unit?

REQUESTED BY:

Mr. Andrew Driver, Associate Charge Nurse, Intensive Care Unit, Monash Medical Centre – Clayton Campus

METHODOLOGY

Search Strategy

The Centre for Clinical Effectiveness defines the 'best available evidence' as that research we can identify that is least susceptible to bias. We determine this according to pre-defined NHMRC criteria (see Appendix).

First we search for systematic reviews, evidence-based clinical practice guidelines or health technology assessments, and randomised controlled trials. If we identify sound, relevant, material of this type the search stops. Otherwise, our search strategy broadens to include studies that are more prone to bias, less generalisable, or have other methodological difficulties. We include case-control and longitudinal cohort studies in our critical appraisal reports. While we cite observational and case series studies, and narrative reviews and consensus statements, in our reports we do not critically appraise them. Such studies can produce accurate results but they are generally too prone to bias to allow determination of their validity beyond their immediate setting.

Search terms

Environmental terms: intensive care; ICU; critical care; CCU; clinical environment; clinical setting.

Patient terms: family; family attitudes; family role; perceptions, perception.

Resources Searched

We searched the following databases:

Cochrane Library CD-ROM

OVID Medline

CINAHL

OVID Nursing Collections

National Library of Medicine (PubMed)

Refinements, Searching & Reporting Constraints

We have included only a small number of English language articles published since 1989. Our electronic searching was performed week commencing 22nd October 1999.

RESULTS:

An exhaustive search failed to locate studies that explored the perceptions of friends and relatives to an intensive care unit (ICU).

Many articles examined the following:

- a) experiences of families with a relative in the intensive care unit
- b) perceived and unmet needs of family members in a critical care environment
- c) assessment of families during a critical illness
- d) nurses' role in supporting family members during an intensive care admission
- e) emotional responses of families to a critical illness

It was seen that the aforementioned topics were not relevant to the question at hand.

Only one article by Curry (1995) briefly explores familial perceptions in his paper which seeks to identify family needs and stresses in the intensive care unit. Curry (1995) cites the work of Millar (1989) who describes the ICU environment as a catalyst for the worst kinds of behaviour from individuals who would otherwise be co-operative and likeable.

APPENDIX

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Levels Of Evidence

As Defined By "A Guide To The Development, Implementation And Evaluation Of Clinical Practice Guidelines" (National Health & Medical Research Council, Canberra, 1998):

Level I

Evidence obtained from a systematic review or meta-analysis of all relevant randomised controlled trials.

Level II

Evidence obtained from at least one properly designed randomised controlled trials.

Level III

- 1 Evidence obtained from well-designed pseudo-randomised controlled trials (alternate allocation or some other method).
- 2 Evidence obtained from comparative studies with concurrent controls and allocation not randomised (cohort studies), case control studies or interrupted time series with a control group.
- 3 Evidence obtained from comparative studies with historical control, two or more single-arm studies or interrupted time series without a parallel control group.

Level IV

Evidence obtained from case series (either post-test or pre-test and post-test), opinions of respected authorities (narrative reviews), descriptive studies, reports of expert (i.e. consensus) committees, case studies.