

Feelings of caregivers of alcohol abusers at hospital admission

Sentimentos dos cuidadores de usuários de bebidas alcoólicas frente à internação

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Keywords

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Abstract

Objective: To describe caregivers' feelings about alcohol abusers at hospital admission to the intensive care unit.

Methods: This qualitative study included ten family caregivers of patients admitted to an intensive care unit with a diagnosis of chronic alcohol use. Data were collected by semi-structured interviews at the respondents' homes, and data were subsequently submitted to content analysis.

Results: The caregivers reported suffering, sadness, desperation, and guilt. Religion appeared as a way to confront suffering, and affection by the family member was more important than the workload associated with care delivery.

Conclusion: Admission of alcohol users to the intensive care unit is a difficult event for the patient's family and caregiver because it causes feelings of suffering, sadness, and guilt. The faith and religiosity of caregivers is an important supporting factor in response to the suffering caused by this experience.

Resumo

Objetivo: Descrever os sentimentos dos cuidadores de usuários de bebidas alcoólicas frente à internação em unidade de terapia intensiva.

Métodos: Pesquisa qualitativa que incluiu dez cuidadores familiares de pacientes internados em unidade de terapia intensiva com diagnóstico médico associado ao uso crônico de bebidas alcoólicas. Os dados foram coletados através de entrevista semiestruturada nos domicílios e submetidos a Análise de Conteúdo.

Resultados: os sentimentos relatados foram: sofrimento, tristeza, desespero e culpa. A religiosidade apareceu como forma de enfrentamento ao sofrimento e o afeto pelo familiar foi mais importante do que a sobrecarga do processo de cuidar.

Conclusão: A internação dos usuários de bebidas alcoólicas em unidade de terapia intensiva mostrou-se como um evento difícil de ser vivenciado pela família e pelos cuidadores familiares pois desperta sentimentos de sofrimento, tristeza, desespero e culpa. Observou-se a fé e religiosidade dos cuidadores como importante fator de apoio ao enfrentamento do sofrimento causado ao vivenciar essa experiência.

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Introduction

Alcohol abuse has increased among both youths and adults, and the effects of alcohol dependency are appearing even earlier in life, causing damage to health that decrease survival and impact family structure.⁽¹⁾

In Brazil between 1996 and 2007 the mortality coefficient for non-communicable chronic diseases, including damages associated with alcohol abuse, increased 5%; the coefficient of age-adjusted mortality due to disease associated with this addiction increased from 4.3 to 5.2 per 100,000 individuals.⁽²⁾

The families of alcohol abusers experience daily problems caused by abuse of this substance. The family, as well as the alcohol abuser, needs support to confront problems related to an alcoholic environment.^(3,4)

Alcohol abuse negatively affects the abuser's health, increasing vulnerability to severe disease or comorbidities that can lead to hospital admission at a unit with a variable degree of complexity, including the intensive care unit (ICU).^(1,5)

ICUs are environments prepared to assist patients with compromised vital functions and poor clinical prognosis who need monitoring and continuous, long-term, and specialized care in order to increase survival and decrease possible sequelae. It is meaningful to emphasize that one third of inpatients in ICUs had acute or chronic complications from alcohol abuse.^(5,6)

Family caregivers of alcohol abusers face a continuous delicate situation, and hospitalization is critical moment. Creating a bond with the health care team, especially the nurses, can help in the learning process concerning treatment and care after discharge.⁽⁷⁾

This study describes caregivers' feelings about alcohol abusers admitted to an ICU.

Methods

This qualitative study was conducted in Maringá, Paraná, in the south region of Brazil. The study population consisted of family caregivers of patients diagnosed with chronic alcohol use who were included

in a database of information center and toxicological care and were admitted to the adult ICU of a teaching hospital from January to December 2011.

Our study inclusion criteria were the following: family members of inpatients admitted to the ICU in 2011 who resided in Maringá, were age 18 or older, and had lived with the patient before and after hospital admission; the included participants were the caregivers of reference.

In records of the information center and toxicological care, we identified 24 patients with primary and secondary diagnoses of acute and chronic alcohol intoxication who were admitted to the ICU during the study period. Family members of ten patients fulfilled the inclusion criteria.

Data collection instruments were a semi-structured interview and field diary that recorded meaningful information pointed out by the interviewer after interviews were conducted.

The interviews consisted of two thematic blocks: one on the socioeconomic and demographic characterization of the family caregiver, the alcohol abuser, and his/her family, and the other included five open question directed to the family caregiver.

Most interviews were conducted at caregivers' home; only one participant preferred to be interviewed in the workplace. Interviews were conducted in a private environment and were recorded on digital media at least twice. The field diary was completed after the end of the interview. Information collected was integrally transcribed, and qualitative data were analyzed using the content analysis technique of thematic modality. Information was gathered for two units of analysis: the ICU admission of the alcohol abusers (family caregivers' suffering and pain) and religiosity as a way to support family members during hospital admission.

Development of this study followed national and international ethical standards for research on human subjects.

Results

Caregivers' ages ranged from 35 to 65 years (mean age, 46.7 years). Most caregivers were women ($n=9$);

were married ($n=7$); had minimal schooling ($n=4$ with incomplete elementary education and $n=2$ with complete elementary education); and had low family income (five families had income lower than three times the minimum wage, and one family had an income three times the minimum wage). Five caregivers were employed. All caregivers mentioned participation in some religion, but they were not active practitioners. Two caregivers were the mother of the patient, two were offspring, one was an aunt, and one was the spouse.

Patients' mean age was 45 years. Most patients were men ($n=9$), were divorced ($n=4$), had low formal education, and were out of the job market. No patients practiced his or her religion before hospital admission. Seven patients were discharged after ICU admission, five had physical sequelae, and three died.

All were admitted because of chronic alcohol intoxication. After discharge, five showed willingness to consume alcohol. Two resumed alcohol consumption. Although the ICU admission constituted a dramatic event in patients' lives, it was not enough to keep them away from relapse and to reduce families' workload.

Data from interviews given by family caregivers were analyzed and produced two specific categories: the family members' feelings about the alcohol abuser's ICU admission (pain and suffering of caregivers) and religiosity as way to face hospitalization.

Discussion

The implications of the study findings for nursing education and care reveal that some intervention is possible for the increase in alcohol consumption and the severe health problems related to this abuse that directly affect caregivers and families.

Admission of a family member to the ICU, no matter the cause, provokes many feelings and is a period marked by suffering due to fear of the unknown. During the hospitalization period, caregivers experienced anguish stemming from the potential for human fragility in the face of the possibility of death.

Families experience fear and insecurity as a result of their uncertainty regarding the management and treatment proposed by the health team for their family member.⁽⁸⁾

Caregivers most often reported feelings of suffering, sadness, and desperation. Seven family caregivers stated that the ICU hospitalization was quite a difficult experience.

Sadness and suffering are emotions that arise in any human being when he/she is deprived from a specific personal and emotional satisfaction. This is the reaction of the body when someone faces his/her deep fragility. A disease that poses the possibility of the imminent death of a family member makes the caregiver feel fragile and unsupported in facing the contingencies imposed by life; in these circumstances, feelings of desperation are recognized.^(9,10)

One female caregiver experienced guilt because she believed she could have prevented her brother's admission in the ICU; however, the hospitalization was an expected event because her father, age 77 years, had abused alcohol chronically since his adolescence.

During interviews with family caregivers, we could see that families faced adversities and constant stress in a family environment where alcoholism was present. However, these families were still loving and wished a better life for their alcohol-dependent family member. When the patients were hospitalized, suffering and anguish became even greater, especially for caregivers, who experienced a closer emotional relationship with relatives who abused alcohol.

For this reason, it is crucial to keep caregivers well informed about the clinical status of their relatives. A good relationship with the health team, particularly the nursing staff (who spend 24 hours a day with the patient), is essential to satisfy the needs of family members and decrease the stress of hospitalization.⁽¹¹⁾

The feelings experienced by many families who have relatives in hospital intensive care units, such as grief, sorrow, pain, insecurity, among others, indicates that assistance should be extended to family members.⁽¹²⁾

Religiosity appeared as a way to face suffering. All caregivers were reported to be involved in some re-

ligion; most of them were Catholic. Six caregivers mentioned that when found support in their religion, they had greater strength for facing the hospital admission process.

During interviews, caregivers showed emotion when remembering the time that their alcohol-dependent relatives were hospitalized in the ICU, especially when they mentioned the importance of their religiosity and faith in giving them hope.

Spirituality can integrate individuals and enable them to find a meaning and target for life and to face situations that cause anguish and suffering.⁽¹³⁾

A study that sought to identify common meanings in families of inpatients in the ICU, from several religions, found that family members sought some type of spiritual support during that experience when surrounded by uncertainty and insecurities. Devotion to spirituality is related to the need for not losing hope, possibility of changing and expectation of a miracle.⁽¹⁴⁾ Belief in a superior being offers peace and significant support for those living with a severe disease for caregivers.⁽¹⁵⁾

The family of a hospitalized severely ill patient in the ICU often seeks in spirituality answers, strength, comfort, and hope. The nursing team experiences this spirituality with the families in order to help them find their strength and even to be comforted.⁽¹³⁾

A study that sought to understand the phenomenon of loss for family caregivers of critically ill patients in the hospital environment showed the importance of faith and religiosity when families faced their loved ones' disease and imminent death.⁽¹⁶⁾

The relationship between nursing professionals and families of critically ill patients is important because keeping families informed helps them feel welcomed and oriented when special care is needed. Therefore, it is crucial that ICU nurses promote welcoming actions for families, which can reduce the suffering they face upon the hospitalization of their relatives in the ICU and the possible consequences of the hospitalization.

Conclusion

The ICU admission of alcohol abusers is a difficult event for family and family caregivers because it caus-

es feelings such as suffering, sadness, desperation, and guilt. We observed that the faith and religiosity of caregivers is an important factor that helps them face the suffering caused by the hospitalization.

Collaborations

Antunes F contributed to the conception of the study, data collection, analysis and interpretation of the data, drafting and critical review of the manuscript to improve its intellectual content. Marcos SS contributed to the drafting and critical review of the manuscript relevant to its intellectual content. Oliveira MLF helped in conception of the study, analysis and interpretation of the data, drafting and critical review of the manuscript relevant to its intellectual content.

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