

## Family-Physician Communications in the Pediatric Intensive Care Unit

**Ganime Ayar\***

*Department of Pediatrics, University of Health Sciences, Ankara Children's Hematology Oncology Training and Research Hospital, Ankara, Turkey*

**\*Corresponding Author:** Ganime Ayar, Department of Pediatrics, University of Health Sciences, Ankara Children's Hematology Oncology Training and Research Hospital, Ankara, Turkey.

**Received:** August 07, 2017; **Published:** September 01, 2017

Pediatric Intensive Care Unit (PICU) is a specialized unit which monitors critically ill children and significant critical situations requiring close follow-up and comprehensive treatment. Effective and empathic communication between the physician and parents /patient's family is an important component which indicates quality of intensive care.

These critically ill patients in the PICU forms a sensitive group because they are subjected to high rates of mortality and morbidity. These challenges may cause psychological problems especially in parents. In addition, parents may feel lonely and helpless. The patient's admission to the intensive care unit also can be interpreted as a crisis for the family.

Considering all these aspects, physicians should understand the importance of warm and empathic communication between family and physician. So It should not be forgotten that they are under a very heavy stress and emotional burden and their needs and expectations must be identified. According to some studies, patient's family has great expectations for more interest, emotional support and hope from physicians and other health care workers [1-3]. Effective communication with the family alleviates the psychical burden of the family, increases satisfaction and affects the psychological situation positively.

Families should be informed regarding the patients management as soon as possible after the patient's admission to the PICU and informed about the initial intervention and stabilization of the patient. Communication with family must be timely and warm. Lack of communication due to heavy workload may cause impaired success and poor prognosis. So, during the informing time of critically ill patient, even the most basic cures (e.g. oral/dental care) should be mentioned. This will be helpful for family's satisfaction and improve the confidence about the sufficiency of the treatment.

As a result of effective and empathic communication, the increase in parental motivation and improvement in their emotional state will be associated with better outcomes, both in treatment and rehabilitation process [4].

Good and effective communication between the parent and the physician can reduce psychological trauma such as anxiety and depression because it provides early detection of parental problems and leads to their rapid solution. In general, responsibility in this issue belongs to the physician who follows the patient, however, all intensive healthcare team must have empathic thinking abilities and communication skills. Intensive care health personnel should be trained in this regard to raise the quality of life of critically ill children and their families.

In conclusion, communication with the patient's family is important in treatment and care process of the patient and physicians and health staff working in the PICU should not ignore the needs of the parents and should take their time for communication. In order to support families through this process, physicians must improve a better understanding regarding the families' cognitive, psychological and emotional needs.

## Bibliography

1. Hunziker S, *et al.* "Predictors and correlates of dissatisfaction with intensive care". *Critical Care Medicine* 40.5 (2012): 1554-1565.
2. Kodali S, *et al.* "Family experience with intensive care unit care: Association of self-reported family conferences and family satisfaction". *Journal of Critical Care* 29.4 (2014): 641-644.
3. Schwarzkopf D, *et al.* "Family satisfaction in the intensive care unit: a quantitative and qualitative analysis". *Intensive Care Medicine* 39.6 (2013): 1071-1079.
4. Schaefer KG and Block SD. "Physician communication with families in the ICU: evidence-based strategies for improvement". *Current Opinion in Critical Care* 15.6 (2009): 569-577.

**Volume 5 Issue 3 September 2017**

**©All rights reserved by Ganime Ayar.**