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Integrative Literature Review- Nursing Interventions in the Stress Control of the Family of the Sick Person in a Critical Condition

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Abstract

Aims: Identify which nursing interventions should be implemented in the stress control of the family of the sick person in a critical condition.
Methods: Integrative literature review to explore the evidence of the last five years, using the EBSCOhost electronic search platform. Of the 67 articles found, 15 were considered potentially relevant, thus joining our sample.
Results: The nursing interventions found in the literature were split into five areas of "action". These include the need of nurses to assess the Family/ Caregivers Stress and family coping, implementing nursing interventions centered on each family, establishing an empathetic relationship and trust that facilitates and promotes family involvement in the care process as well as in the decision-making processes. They should also facilitate the communication with the family promoting active listening, informing them about the care of their relative, stating their support in this process, comforting them and fostering the development of coping mechanisms.
Conclusions: The nurses should include the family of the person in critical condition in their care plan as stress and suffering control strategy. An approach based on this scientific evidence should be tested and validated in future studies.

Key-works: Nursing Interventions, Family, Critical Care, Stress, Coping

Introduction

The hospital admission process reflects a diversity of feelings and experiences by the sick person, as well as by the social network where she belongs, more specifically her family, being notorious feelings of anxiety, anguish, suffering and despair. Those reflect the high level of stress experienced, which none of the involved can mask given the vulnerability and the lack of resources to know how to handle this situation. When the sick person is in critical situation these feelings, reach higher levels, especially in her relatives, because the gravity of her symptoms enhance further stress those symptoms are mostly referenced in emergency rooms and intensive care units. Meleis (2010) enhances that in a situational transition of health disease, it is the nurse's responsibility to position himself as facilitator in the transactional process, in order to encourage the Person in having a healthy transition, which is of high importance in the context of nursing care. In the literature it is recognized that nurses play an important role in helping the families of patients in critical condition, in managing their stress, but the way they do it is so varied that sometimes it results in unconscious actions (Knapp et al., 2013).

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Thus, it is imperative that nurses recognize stress control as their area of intervention through an insightful evaluation capacity and find in their area of intervention strategies that strengthen family coping, minimizing the psychological stress and also promoting a healthy transition in the process of illness and hospitalization. This review aimed to identify the nursing interventions highlighted in the recent literature, to give visibility to the work of nurses and somehow materialize a plan that reveals itself conscious and effective in controlling the stress of the family of the sick person in critical condition. An integrative review was made, in order to better understand the phenomenon to study, and allow to extract the greatest possible evidence of this issue. The first part will describe the meaning of constructs that will provide guidance of the study; a second part is proposed to explain the methodological steps; a third part describes the results, followed part with the discussion of the results; and finally a conclusion ending this work and presenting proposals for future studies.

Background

It is imperative, when conducting an investigation process to proceed to the definition of the constructs that form the matter of research, to better understand what to study before their meaning. Thus, we will proceed to the contextualization of the terms "Family / significant other of the Person in critical condition," "Stress" and "Nursing Intervention."

It makes no sense to speak of care / nursing interventions without first defining their target care, being in this case the dyad person with disease in critical condition and their family / significant other.
The person in critical condition is the one who at some point of her life, more or less predictably, requires specialized and highly differentiated care, using specific equipment of high technology, that is, she needs intensive care. The person in critical condition is the one whose life is threatened by failure or imminent failure of one or more vital functions and whose survival depends on advanced means of surveillance, monitoring and therapy (Ordem dos Enfermeiros, 2010).

Admittedly, there is a huge variability of situations that lead the person to the critical situation, so it is important to clarify this concept so that the nurses develop more and more expertise in this area, since they have an important and privileged role by spending 24 hours together with a person, where the time factor, the adequacy of interventions and the predictability and anticipation of certain care can be decisive in that person's health.

Colliére (1999) considers that care is an individual act, which we all pay to ourselves since we acquired the maturity to do it, and at some time in our lives we are confronted to provide it to someone close, in an act of reciprocity.Thus, it also makes sense to direct the nursing practice target for families, meeting their real needs, taking into account their bio-psycho-socio-cultural context. Pacheco (2014) reinforces that the family should not be forgotten in the act of caring, since her balance is essential to support their relative (sick person).

Vieira (2009) assumes that the nursing care meet the current needs of individuals, family and community, which are in constant interaction and transformation. Considering that the family is experiencing, along with the sick person in critical condition, a transition process, in this case a situational transition of health / disease, it is the nurse's responsibility to position himself as a facilitator of this transactional process, as recommended by Meleis (2010).Rabiais (2003) enhances the illness, the separation, ignorance concerning the locations and what might happen, are potential generators of stress for the patient and family. Then consider that family is also in a situation of great vulnerability and that it is important for nurses to support it by intervening in stress control aiming at their well-being.
The concept of family has undergone major changes, which owe in part to the very change of temporality. In this sense, currently we don't observe, a single family model, but quite distinct family structures (Moleiro et al., 2013). The family can be understood according to International Classification for Nursing Practice (ICNP®) (2011) as a social unit or the entire panel of people connected through blood, affinity, emotional or legal relationships, being the unit or the whole considered as a system that is greater than the sum of the parts. It is noteworthy that the significant people enter the consensual definition of family, that is people who do not have kinship ties, but they establish with the sick person ties of "affinity" and / or "emotional or legal relationships" as in the case of cohabitation or other connection type with or without legal claim. According to Verhaeghe et al. (2005), there are four stages that families go through during the period of hospitalization of their family member. The first phase is characterized by "floating period", where family members experience feelings of fear, stress, confusion and concern, which result from the anxious waiting, not perceiving their own and the sick person's needs. The second phase corresponds to the "search for information period" where the family is a little more active and seeks relevant information about the situation.

The third phase is inherent in the "follow-up care" period in which family witness the evolution and quality of care provided to their relative. Finally, the fourth stage refers to the "resource search period", when the family takes situational awareness, and mobilizes resources in order to respond to both physical and psychological needs of their relative. It, becomes easier to approach the family so that on the one hand they accept the admission condition and on the other hand they become allied with the care, feeling useful and proactive (Verhaeghe et al., 2005).

The stress occurs when there is a detrimental threat to the environment, causing an unbalance on the individual. The physiological response to stress is a process of adaptation to the body to maintain homeostasis (Rodrigues, 2012).
The recurrent use of this term requires the wide understanding of it, because its meaning is not always well assimilated. According to ICNP® (2011) it can be understood as feeling of being under pressure and anxiety to the point of being unable to function adequately both physically and mentally, feeling of discomfort, associated with disagreeable experiences, associated with pain feeling of being, physically and mentally tired, disorder of mental and physical condition of the individual.

The ability to adapt, the degree of vulnerability and the coping mechanisms of any individual are determining in the occurrence and in the severity of reactions to the process of stress (Gomes, 2010). Serra (2007) argues that the culture in which the person is inserted, as well as her lifestyle, her past experiences and genetic predisposition are decisive and important factors in the development of responses to stress. Stress is characterized from a psychological and physiological response and from the environmental conditions, which are a potential inductor of stress itself, that is, it is based on this encouragement that the person, through this process of interaction with the environment, evaluates the requirements and mobilizes the answers and the resources needed to address. The large classes of events that stimulate the stress in humans have a psychological and psychosocial nature, namely, in this specific case, the hospital admission of a family member in a critical situation. For example, in an intensive care unit, is related to a traumatic event reflected as a significant event in one's life, revealing micro and macro stress-inducing situations (Serra, 2007).
Thus, it is based on these prospects that are based the three main explanatory models of adaptation to stress, referenced by Gomes (2010, p. 66), namely "models of external cause", "stress as a stimulus" and the "transactional model" (the latter, defended by Lazarus & Folkman, served as support in the construction of theoretical studies developed by Merle Mishel, who later consolidated in the theory of uncertainty).

The intervention of nurses results from a professional commitment, which aims to preserve the human dignity and freedom (Vieira, 2009). The nursing interventions are materialized in the care, which is provided in a relationship between the nurse and a Person, and is involved in a complex ethical component, given the human condition of those implicated. Deodato (2008) defends that in the center of this relationship is the protection of human life, being up to the nurse to act in order to promote it, defend it and help solve health problems that put it at risk or affect it. When this is no longer possible, it remains the duty of the nurse to maintain the relationship of care in monitoring a peaceful death process. The nursing care to the person in critical condition is highly qualified. The care is provided with the utmost rigor and in a continuous and systematic way to the sick person with one or more vital functions at risk, meeting her needs, with the objective of preserving and maintaining their basic life functions, preventing complications, in order to reach full recovery. The intensive care unit is closely associated with negative feelings, being regarded by the family as a source of suffering, where the overvaluation of technology overlaps the human relationship. It should be noted that this represents a strong threat to the integrity of the family, because there are multiple factors that cause stress in it and the implementation of specific nursing interventions and targeted to each of the families can often mitigate or control those factors (Roque et al., 2013).

Methods

We performed an integrative literature review, in order to better understand the scientific evidence for the problem that we decided to study. So we went through the main methodological steps defined by Mendes et al. (2008). The objective of the study was defined and we developed the research question: "What are the nursing interventions in the stress control of the family of the sick Person in a critical condition?" For the present study we resorted to the electronic research platform EBSCOhost-Research Databases, in which the production and scientific research in health sciences databases are indexed. The CINAHL® Complete, MEDLINE® Complete and Nursing & Allied Health Collection: Comprehensive databases were selected.

Study	Title	Authors	Magazine/Year	Methodology	Objective	Sample
E1	The EPICS Family Bundle and its effects on stress and coping of families of critically Ill trauma patients.	Knapp, S. J.; Sole, M.L.; Byers, J.F.	Applied Nursing Research-2013	Quantitative: Quasi-Experimental	Evaluate the effectiveness of an intervention based on evidence by nurses from intensive care to help families of critically ill patients, reducing stress and assessing their coping strategies.	84 Relatives of patients in critical condition - 39 families in the control group and 45 families who have been applied to EPICS's intervention.
E2	Factors affecting stress experienced by surrogate decision makers for critically ill patients: Implications for nursing practice.	Iverson, E.; Celious, A.; Kennedy, C.R.; Shehane, E.; Eastman, A.;	Intensive & Critical Care Nursing-2014	Qualitative: Semi-structuredinterviews	Characterize the stress and identify personal aspects, social and care-related factors that influence the stress the family / significant other responsible for decision-making.	34 Interviews with family members / significant other responsible for taking decisions related to the care of their families in intensive care.
E3	Humanization practices in nursing care provided to clients in intensive care unit.	Mercês, M.C.;Rigaud, J. B.; Pinto, F.P.; Souza, L.; Silva S.M.L.	Enfermagem Brasil-2012	Integrative Literature Review	Analyze the development of humanization practices in nursing care to clients in ICU.	6 articles analyzed from a sample of 266 found.
E4	The effect of nurse-facilitated family participation in the psychological care of the critically ill patient.	Black, P. ; Boore, J.R.P.; Parahoo, K.	Journal of Advanced Nursing-2011	Quantitatively	Identify the effects of nurse intervention to facilitate the participation of the nearest relative of the sick person in care when he was in delirium.	A total of 170 patients in critical condition and their families participated in the study - 83 in the control group and 87 in the intervention group.
E5	Providing end-of-life care in the intensive care unit: Issues that impact on nurse professionalism.	Bloomer, M. J.; O'Connor, M.	SingaporeNursingJournal-2012	Qualitative - exploratory	Describe how nurses support family members during and after the death of his family in an intensive care unit.	6 using focal groups to describe how nurses support family members during and after the death of a patient.
E6	Family witnessed resuscitation – experience and attitudes of German intensive care nurses.	Köberich S; Kaltwasser A; Rothaug O; Albarran J	Nursing in Critical Care-2010	Quantitatively	Explore the experiences and attitudes of German intensive care nurses to the family who watched the resuscitation maneuvers of his family member.	166 German intensive care nurses who filled out a questionnaire in a national congress.
E7	"Open Hospital" in emergency department: narrative review of literature.	Rinaldi, F.; Greco, V.a; Corsi, A.;Frigotto, M.; Vallaperta, E.	SCENARIO: Official Italian Journal of ANIARTI- 2014	IntegrativeLiteratureReview	Identify the current practice regarding the presence of family members of patients attended in emergency services.	13 Selected articles from the literature review.

E8	Facilitated Sensemaking a Strategy and New Middle-Range Theory to Support Families of Intensive Care Unit Patients.	Davidson, Judy E.	CriticalCareNurse-2010	Qualitative	Describe as a nurse facilitates the creation of meaning, a new theory of medium-range aimed at supporting family members of patients admitted to the ICU.	Drawing of a middle range theory based on observation and experience of caring which promotes an approach to nursing care focused on family.
E9	Critical care nurses' perceptions of family witnessed resuscitation (FWR) in the Kingdom of Saudi Arabia.	de Beer, J.; Moleki, M. M.	Africa Journal of Nursing & Midwifery-2012	Quantitatively - Descriptive	Knowing the perception of intensive care nurses in relation to family members attend the time of resuscitation and describe the factors that contribute to these perceptions.	70 nurses from intensive care questioned about their perception about the reactions of family members who attended the time of resuscitation.
E10	Participation and support in intensive care as experienced by close relatives of patients: a phenomenological study.	Blom H.; Gustavsson C.; Sundler, A. J.	The Official Journal Of The British Association Of Critical Care Nurses-2013	Qualitative - PhenomenologicalStudy - Interview	Explore the participation and support experienced by close family members of patients in intensive care units.	7 Interviews with close family members of patients in intensive care units.
E11	Meeting the needs of patients' families in intensive care units.	Khalaila, R.	Nursing Standard-2014	LiteratureReview	Identify effective nursing interventions to meet the needs of family members of adult patients in critical condition in ICU.	18 analyzedarticles.
E12	Death, empathy and self-preservation: the emotional labour of caring for families of the critically ill in adult intensive care.	Stayt L.C.	Journal of Clinical Nursing-2009	Qualitative - PhenomenologicalStudy	Explore the emotions that nurses face in caring for family members of critically ill patients in an intensive care unit.	Interview with 12 nurses working in intensive care unit.
E13	Family-centered care: meeting the needs of patients' families and helping families adapt to critical illness.	Davidson, J.E.	Critical Care Nurse-2009	Quantitatively - Descriptive	Identify and examine the family care methods in reflective research and inclusion in family care.	Family support literature syntheses that summarizes how patients' families adapt to the critique of the family disease.
E14	Health risk behaviors in family caregivers during patients" stay in intensive care units: a pilot analysis.	Choi, B.J.; Hoffman, L. A.; Schulz, R.; Ren, D.; Donahoe, M. P.; Given, B.;	American Association Of Critical-Care Nurses-2013	Qualitative	Explore risk behaviors of family caregivers associated with pre-existing care needs for patients and caregivers depression and exhaustion.	50 Interviews with family members of patients in intensive care units (which were submitted to mechanical ventilation over 4 days).

E15	Informational coping style and depressive symptoms in family decision makers.	Hickman, R.L.J.; Daly, B.J.; Douglas, S.L.; Clochesy, J.M.	American Association Of Critical-Care Nurses-2010	Quantitatively - Descriptive	Describe the coping styles on the legal elements responsible for the decision making of their families.	Analysis of 210 family legal representatives for patients in decision-making.

Table 1- Characteristics of the studies

In each database we identified search descriptors according to keywords taken from the research question and that were respectively: "nursing interventions", "stress", "family" and "person in critical condition." The terms were stored in controlled descriptors for each database (CINAHL Headings, MESH and SUBJECTS in accordance with the above-described database). From the selection of these terms, we conjugated Boolean operators in order to find the best evidence to answer the opening question. Excluding already studies in children younger than 18 years, resulting in the following Boolean formula: (Nursing Interventions Or Nurse Attitudes OR Nursing Or Nursing Process OR Evidence-Based Nursing) AND (Family OR Caregivers OR Family Health) AND (Stress OR Stress psychological) AND (Critically Ill Patients OR Emergency Patients OR Critical Care OR Critical Care Nursing) NOT (Pediatrics OR Child*).

The survey was held on 19 November 2014. We identified the search limits, considering the articles in a temporal universe of the last 5 years (from the year 2008 to November 2014) and only those which were available in full text. We then identified the selection criteria (inclusion and exclusion criteria). Thus, as inclusion criteria we accepted the families of sick people in critical condition as well as sick people in critical situation whose family members experience feelings of stress. We included in the type of interventions those that identified themselves as nursing interventions and in the type of results, the nursing interventions aimed at the stress control of the family of the person in critical condition, excluding other types of participants and interventions of other professionals.

Results

From the 67 articles found, 13 were excluded because they are repeated. After critical reading of the title, applying the criteria of inclusion / exclusion, 31 were excluded, and after critical reading of the summary 5 more were excluded, remaining 18 articles. We then proceeded to a full reading of these 18 articles and eliminated three, including as the final result of the sample the following 15 items. From these studies we extracted the results that answered our research question, identifying the moments which induced more stress, the actions according to the standardization ICNP ® and their respective nursing interventions. We outlined in the table the results for better understanding:

Table 2-Studies Data Collection

Moments of nursing intervention	Action	Nursing Interventions	(%)
"Family hosting" "Family preparation for decision-making" "Accompany the family when attending to clinical worsening of their familiar" "Family preparation for death of the sick person"	Evaluate	Evaluatethe Stress caregiver (E1, E11, E13, E14, E15)	33%
		Assessfamily coping (E1, E11, E13, E14, E15)	33%
		Identify the family the most significant person for the patient (E6, E14, E15)	20%
		Assess the spiritual beliefs of the family (E1, E3, E8)	20%
		Evaluate the acceptability of health status (E1, E14)	13%
		Assess the willingness to learn (E1, E13)	13%
		Assess the cognitive abilities of the family (E1)	7%
		Evaluate lifestyles of the sick person (E3)	7%
	Plan	Planning nursing care focused on family (E1, E3, E8, E10, E11, E12, E13)	47%
		Planning a singular service to each family (E1, E3, E8, E11, E12, E13)	40%
		Refer families to social support groups, spiritual and religious (E1, E2, E8, E11)	27%
		Planning interventions aimed at family welfare (E3, E10, E13)	20%
	Involve	Establish an empathic and trusting relationship (E3, E4, E8, E10, E11, E12, E13, E14)	53%
		Facilitate and promote family involvement in patient care (E1, E4, E8, E10, E11, E12, E13)	47%
		Involve the family in the decision-making process (E1, E6, E9, E10, E11, E13, E15)	47%
		Facilitate the family's ability to play a new role (E3, E8, E11, E13, E15)	33%
		Encourage the family to interact physically and verbally with the patient (E4, E8, E10, E13)	27%
		Provide privacy to the family to be with the patient (E5, E6, E10)	20%
	Communicate	Communicate openly and effectively with family (E3, E5, E10, E11, E12, E13, E14)	53%
		Promote active listening (E3, E7, E8, E12, E13)	33%
		Inform the family for the care and treatment of the patient (E1, E2, E11, E12, E13)	33%
		Facilitate communication with family (E1, E3, E10, E11, E13)	33%
		Help families understand, accept and cope with the disease (E3, E8, 11, E12)	27%
		Validate with family the clarification of communication (E8, E12, E15)	20%
		Optimize environment of the patient to receive his family (E2, E3, E13)	20%
		Inform the family about the environment around the patient (E8, E13)	13%
	Support	Comfort thefamily (E3, E4, E9, E11, E12, E13)	47%
		Ease the ability of this family to express feelings (E1, E8, E10, E11, 13)	40%
		Provideemotionalandspiritualsupport (E1, E2, E3, E12, E15)	33%
		Promote coping mechanisms (E1, E8, E12, E13, E15)	33%
		Facilitateflexibilityvisits (E4, E11, E13)	33%
		Support the family after the death of his family (E5, E6, E15)	20%
		Prepare the family for the impending death (E5, E9)	20%
		Comfort thefamily (E3, E4, E9, E11, E12, E13)	13%

Based on these results we will then proceed to discussion and analysis thereof, demonstrating its contribution to evidence-based practice.

Discussion

The management and stress control are shown as nursing intervention areas, based on meeting the special needs of the person in critical condition, as well as her family, demonstrating an important contribution to the humanization of nursing care (Rinaldi et al., 2014; Iverson et al., 2014; Knapp et al., 2013; Mercês et al., 2012; Black et al., 2011).

From what can be seen of the studies found, the focus of interest of researchers leads us to the reality of intensive care and emergency services where this need is most evident. Mercês et al. (2012) consider that hospitalization is a stressful and unique process to the person in critical condition and to his family, stressing that nurses have emotional and psychological responsibilities in taking care of families that show shock, anxiety, anger, guilt and fear, having a need to strengthen their relationship. Thus, by realizing the impact that relocation has in the family, it is possible to reduce their anxiety and fear, increase trust and reduce stress, promoting family coping.

It is recognized that there are already studies that drive the need for planning a nursing care focused on the family needs, helping them find meaning in these traumatic events in order to minimize post-traumatic stress and to prevent pathological mourning (Davidson, 2010; Davidson 2009) being important to involve the family in caring for the sick person in critical condition. The nursing interventions are described in an uneven manner, framed in different moments of care to the family, as the time of hosting the family (Rinaldi et al., 2014; Knapp et al., 2013; Choi et al., 2013; Davidson, 2010; Davidson, 2009; Stayt, 2009), the family's preparation for decision-making (Khalaila, 2014; Iverson et al., 2014; Knapp et al., 2013), accompanying the family when watching the sudden clinical worsening of their relative, namely witnessing cardio-respiratory resuscitation (Rinaldi et al., 2014; Beer &Moleki, 2012; Köberich et al., 2010) and in acute cases of delirium (Black et al., 2011), and finally in the family preparation for the death of their family member (Bloomer & O'Connor, 2012; Beer &Moleki, 2012; Köberich et al., 2010; Hickman et al., 2010).
According to the study by Knapp et al. (2013, p.1) based on the scientific evidence a "family bundle" was created to be applied by nurses when providing care to the family of the people in critical condition, based on the five principles "Evaluate, Plan, Involve, Communicate and Support (EPICS)" that proved capable of promoting the reduction of stress, contributing to the family coping. Based on the fundamentals found in this study, we have identified that this intention to take care of family stress is standardized in ICNP®, and so we framed the nursing interventions in that intentional action to care, which proved to be an important contribution in this stress management process.

It is important to note that the scientific methodology of the nursing process emerges from an initial evaluation, which makes important to gather the widest possible range of information to better identify the person / family needs. Of the nursing interventions in the "Evaluate" action, the ones which corresponds to 33% of its identification in selected studies reveal that one should assess the stress of family as well as their ability to be able to adapt to a new reality (Khalaila, 2014; Knapp et al., 2013; Choi et al., 2013; Hickman et al., 2010; Davidson, 2009). It's also necessary to identify the most significant member of the family for the sick person, as there are studies that say that this is the element that experiences higher stress levels (Choi et al., 2013). In this process it's also important to recognize the family's cognitive abilities as well as their religious and spiritual beliefs (Knapp et al., 2013; Mercês et al., 2012), since they are categorical in the development process of care. With this evaluation, it matters to process all the information gathered and establish proper planning to the needs identified in the previous step. Thus, we found in over 40% of the articles interventions that fall under the action "plan." These interventions advocate a planning centered care in the family (47%), showing an individual service to each according to the identified needs in the action "review" (40%) aimed at family welfare (Davidson, 2009).

From the action "plan" it emerges actions aimed at more practical implementation of interventions as the "involved", the "report" and "support". In the action "involve", it was identified in over 50% of the articles, which is of utmost importance, nurses who establish an empathetic and trusting relationship with the need to base their care relationship with the family. With almost similar percentage (47%) it is reinforced the importance in promoting family involvement in care, encouraging them to interact physically and verbally with the patient (Khalaila, 2014; Black et al, 2011; Davidson, 2010; Davidson, 2009), and thereby enable the family to play a new role, involving them in decision-making processes. Nursing care set up through a relationship process between the nurse with an Other. Going against the concept of respect, we stress the need for interaction between two or more parties where communication is seen as an important tool in this process. We also found studies where the action "communication" assumed great prominence in the referral of nursing interventions found in the stress control in the family.

In 53% of studies it is manifested the need for nurses to communicate openly and effectively with family (worrying to validate and clarify information). Furthermore, it is mentioned in 33% of the studies that nurses should be facilitators in communicating with the family, promoting active listening, and should have the ability to report on the care and treatment of their family, thus making possible for the family to understand, accept and face the disease, enabling moments of decision-making (Khalaila, 2014; Mercês et al., 2012; Davidson, 2010; Davidson, 2009).

In relation to communication, although less evidence was found, it is noteworthy that in his speech the nurse must inform the family about the environment around the patient and should also optimize it, taking it as organized as possible before receiving a visit from the family, because it is described that the knowledge of the environment promotes positive coping, giving meaning to those aspects that scare the family (Iverson et al., 2014; Mercês et al., 2012; Davidson, 2010; Davidson, 2009), since it is through their control over the stressful situation that the family can manage stress and enhance the coping. It was proven that environmental organization gives serenity and contributes to post-traumatic stress prevention. Finally, it is important to ensure continuity of nursing care already planned and carried out, assuming the nurse as an important support in this final phase of the family's transition process. Thus, it is important to further identify the nursing interventions on family support during and after the moments of care to the sick person. Almost half of the sample studies pointed out to this need to support the family, comforting them, giving them time to express their feelings and emotions, with a concern for the need to relieve stress (who recognizes that understands your situation) thus promoting coping mechanisms.

It was found in about 33% of the studies the need for the nurse to act in functional complementarity when he realizes that he is no longer able or competent to help the family, and so, promoting and facilitating psychological, emotional or spiritual support according to the review and analysis of the situation (Iverson et al., 2014; Knapp et al., 2013; Hickman et al., 2010; Stayt, 2009). As evidenced by Khalaila (2014), Black et al. (2011) and Davidson (2009), it is important for nurses to recognize the different realities and processes of adaptation that the family has to face with the new reality. Often short and regulated schedule of visits cannot be reconciled with the new responsibilities that the caregiver or significant family member has in assuming new roles, especially when the family member responsible for the family's economic balance is the person who is hospitalized. In this sense, it is important that the nurse facilitates and eases the timing of visits in accordance with the availability of the family, with awareness of the benefit to the sick person.

Bloomer & O'Connor (2012), Köberich et al. (2010) and Hickman et al. (2010) enhance that the nurse assumes a decisive position in family support in a death situation, and even after death, for his intervention should contribute to the awareness of the moment as a normal life cycle process and to help people find meaning in what they are experiencing, aware of the important contribution that this intervention was to prevent pathological mourning processes. The results emerging from this literature review clarify the answer to the research question, revealing that taking care of families of people in critical situation is an important intervention area where nurses are key in the management and control of stress potentiated by these moments of crisis. Following Davidson (2010) in the middle range theory that aims to support the family of the sick people in critical condition it is important that we involve the family and center it in the care process as an integral part of that process, knowing and helping them to give meaning to moments of crisis, providing them with information and including them in taking care of their family member, allowing them to, gradually, take control of this new reality and thus, enhancing a positive adaptation (coping) or preventing psychopathological processes of post-traumatic stress that compromise the health and well-being of that family.

Conflicts of Interest and Ethical Considerations

It is recognized that in this work there were no conflicts of interest. It is clarified even throughout its development that we fulfilled the identification of authors used in scientific support of the work, carrying out their referrals as a way to do justice to the intellectual property of the same.

Conclusions

Taking care of the person in critical situation is a challenge for nursing teams. The nurse is the main professional who spends more time with the sick person in critical condition, and he assumes greater responsibility in knowing and taking care of the family of the person in critical condition. It should be a concern of nurses to care for the families experiencing these events and help them also in the process of transition and adaptation (coping). We have identified that there isn't a range of predefined interventions in the literature that prove the stress control of the family of the person in critical condition, although a "family bundle" approach, incorporating the same intention of all nurses to take care, proved to have decreased anxiety and promoted family coping.

These nursing interventions identified in the literature are also described as promoters of humanization of nursing care, which translate into significant gains for health preventing post-traumatic stress and pathological mourning, thereby increasing the degree of satisfaction with the quality of care received. In order to validate these nursing interventions in stress control of the family of the person in a critical situation, it is suggested its applicability using stress scales (anxiety or depression), one before the implementation of this nursing approach based on scientific evidence and another at the end of contact with family (at the time of homecoming, of the transfer or even of the death of the sick person) in order to validate its effectiveness. We expect that based on the fundamentals found in this study nurses integrate the practical implications based on scientific evidence in order to provide the family of the person in critical condition nursing care that meet their real needs, such as the management and control of stress.

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