

Original Article

Instruments Used to Measure Psychological Symptoms among Family Caregivers of Mechanically Ventilated Critically Ill Elderly Patients: A Systematic Review

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Abstract

Background: Family caregivers are responsible for caregiving for critically ill elderly patients with mechanical ventilation during hospitalization. Caregiving burden and severity of illness in the elderly patients may affect mental health of family caregivers.

Aims: This review sought to identify psychological symptoms and instruments used to measure psychological symptoms among family caregivers of mechanically ventilated critically ill elderly patients.

Methods: Studies from CINAHL, PsycINFO, PubMed, Scopus, and Web of Science were searched using keywords. The inclusion criteria considered the year of publication (2009-2018) and publication as a peer-reviewed journal article in English language. Seven studies related to the purposes of this review were identified for the final analysis. Findings were analyzed using content analysis.

Results: Family caregivers of critically ill elderly patients with mechanical ventilation experience psychological symptoms. These include anxiety, depression, strain, and posttraumatic stress. Instruments used to measure anxiety and depression comprised of the Hospital Anxiety and Depression Scale (HADS) as well as the Beck Depression Inventory-Revised (BDI-II). Whilst caregiver strain was measured with the Caregiver Strain Index (CSI). The Impact of Events Scale-Revised (IES-R), the Posttraumatic Symptom Scale (PTSS-10), the Trauma Screen Questionnaire (TSQ), and The Posttraumatic Stress Disorder Checklist (PCL-5) were used to measure about posttraumatic stress symptoms.

Conclusions: Family caregivers of critically ill elderly patients receiving mechanical ventilation suffer from symptoms of anxiety, depression, as well as strain and posttraumatic stress. Thus, they should often be assessed for psychological symptoms with an appropriate tool. In addition, they should receive assistance and support from healthcare professionals once they are diagnosed with psychological symptoms.

Keywords: caregivers, critically illness, elderly, family, mechanical ventilation, psychological symptoms.

Introduction

The number of critically ill elderly patients with mechanical ventilation is increasing in hospitals (Orsini et al., 2015). Among elderly receiving mechanical ventilation, 67.8% are above 65 years of age and 43.5% are above 70 years of age while the mean age of these patients is 70 years (Aggarwal et al., 2017). The main diagnoses on admission include acute respiratory failure, septic shock, and cardiac arrest (Orsini et al., 2015, Le Borgne et al., 2018). Advanced age and critical illness contribute to the bulk of factors warranting

use of mechanical ventilation (Orsini et al., 2015). Admission of critically ill elderly patients to hospital affects the family as a unit due to changes in roles and responsibilities. These changes are evident in daily routines, emotions, and social relations (Frivold et al., 2016, Kiwanuka et al., 2019). Although elderly patients are monitored and managed by physicians and nurses; family caregivers also partly care for elderly patients during hospitalization (Happ et al., 2015). They often participate in routine care and communicating with doctors and nurses (Bhalla et al., 2014). While