

Engagement of Families in ICU from the nursing staff perspective

Ann M. Price, MSc, RN; Principal Lecturer, School of Nursing, Midwifery & Social Work, Canterbury Christ Church University, Kent, UK

Professor Sandra K. Eggenberger, PhD, RN; School of Nursing, Minnesota State University Mankato, Mankato, MN, USA

Professor Petra Brysiewicz, PhD, RN; School of Nursing & Public Health, University of KwaZulu-Natal, South Africa

Rahel Naef, PhD, RN; Clinical Nurse Scientist, Centre for Clinical Nursing Science, University Hospital Zurich, Switzerland

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A global study collaboration



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Why study family engagement in ICU?

- Family engagement in intensive care units (ICU) is proposed as a way to increase active partnership with patients and move away from paternalism (Burns et al 2018).
- Family engagement and family-centred care are linked to improve the quality of care (Goldfarb et al 2017)
- Family members experience psychological morbidity during ICU admissions. (Davidson et al 2017)
- Family care is multidimensional and needs a cultural shift to engage families (Mitchell et al 2018)

Family engagement

- The term and practice of ‘family engagement’ is complex
- Burns et al (2018) viewed patient and family engagement as a way to achieve family centred care.
- Promoting family engagement within the ICU setting is recognised as more challenging to nursing practice because of the added emotional aspects for families of acutely ill patients (Brown et al 2015)
- Nurses report a lack of knowledge/ skill in relational working with families, and inconsistencies/ barriers in implementing evidence around family nursing. (Hetland et al. 2017; Nelms & Eggenberger 2010)

Research Aim

How do nurses from one English setting describe their nursing engagement with families of adults admitted in intensive care units?

- **Aspects explored:**
- Nurses' perceptions and practices of family engagement
- Attributes of nurse-family engagement
- Facilitators and barriers of family engagement

Methodology

- A social ecological approach (Bronfenbrenner, 1979) was used for this study.
- Social ecology acknowledges that families are complex groups that interact with other people and their world to provide meaning.
- Ethical approval was gained from the University and Gray Area Project approval from the healthcare organisation.
- **Qualitative-descriptive multisite design** -
- 10 countries are currently involved in collecting data
- This presentation concentrates on English data



Methods

Setting: One Adult ICU in urban area South-East of England – 10 bedded ICU

Participants: 7 registered nurses permanently working in ICU

Data collection: Individual interviews; Demographic Questionnaire & QFIFE (15-item Questionnaire of Factors that Influence Family Engagement)

Data analysis: Inductive content analysis and Descriptive analysis (SPSS)

Data Collection

Semi-structured individual interviews with questions such as:

- What is important to you when you work with families?
- Please describe how you work with families in the ICU?
- What do you do to involve and engage families?
- What promotes or hinders family engagement in your ICU?
- How do you and the team think about families?

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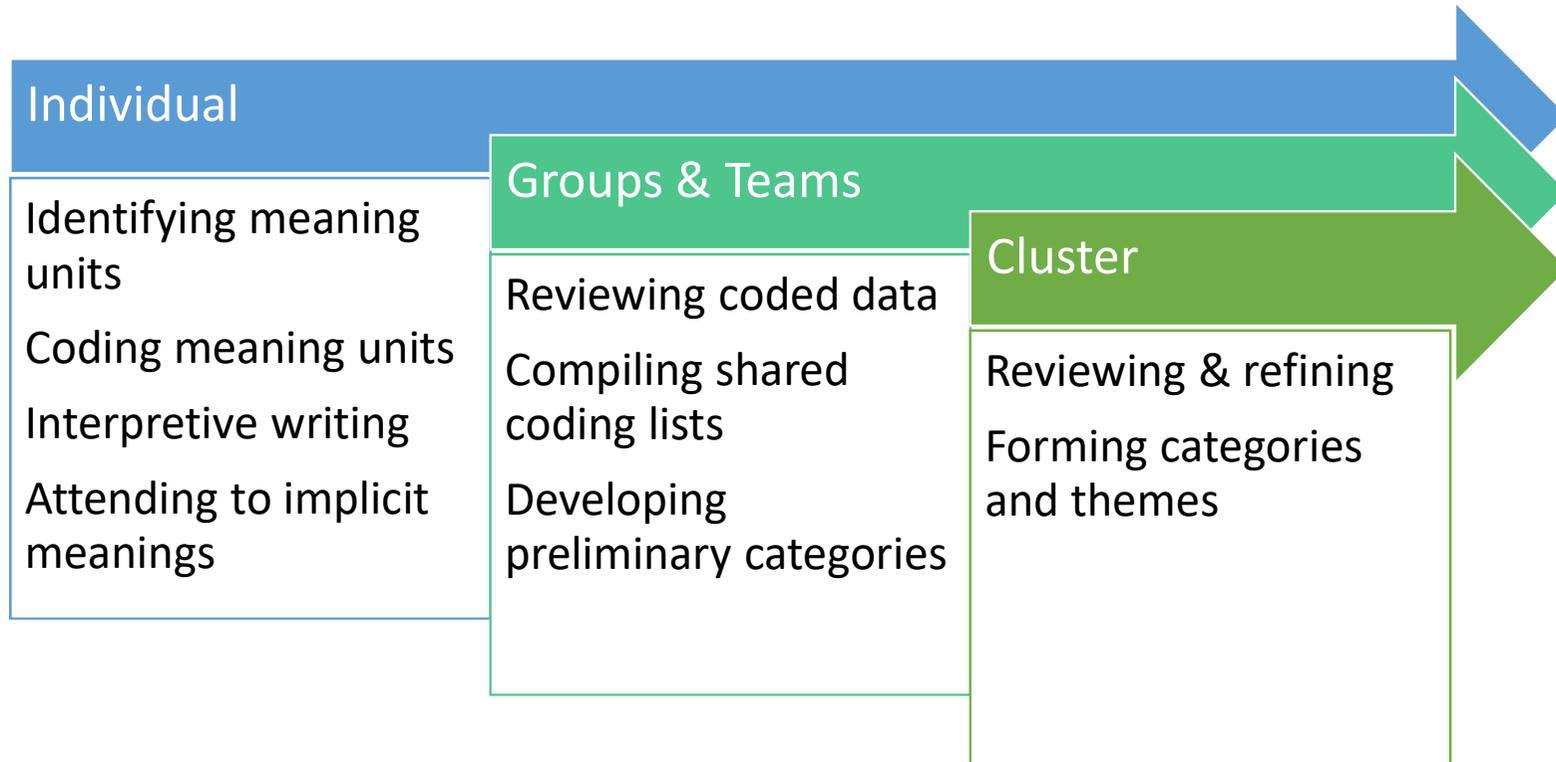
QFIFE (Hetland et al., 2017):

- 15-items, 3 open questions
- 6-point Likert scale
- Mean score of 1-6; higher score = higher magnitude of influence and facilitators
- 4 subscales: ICU environment, patient acuity, nurse workflow, attitude toward family engagement
- Internal consistency of $\alpha \geq .70$

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Inductive content analysis

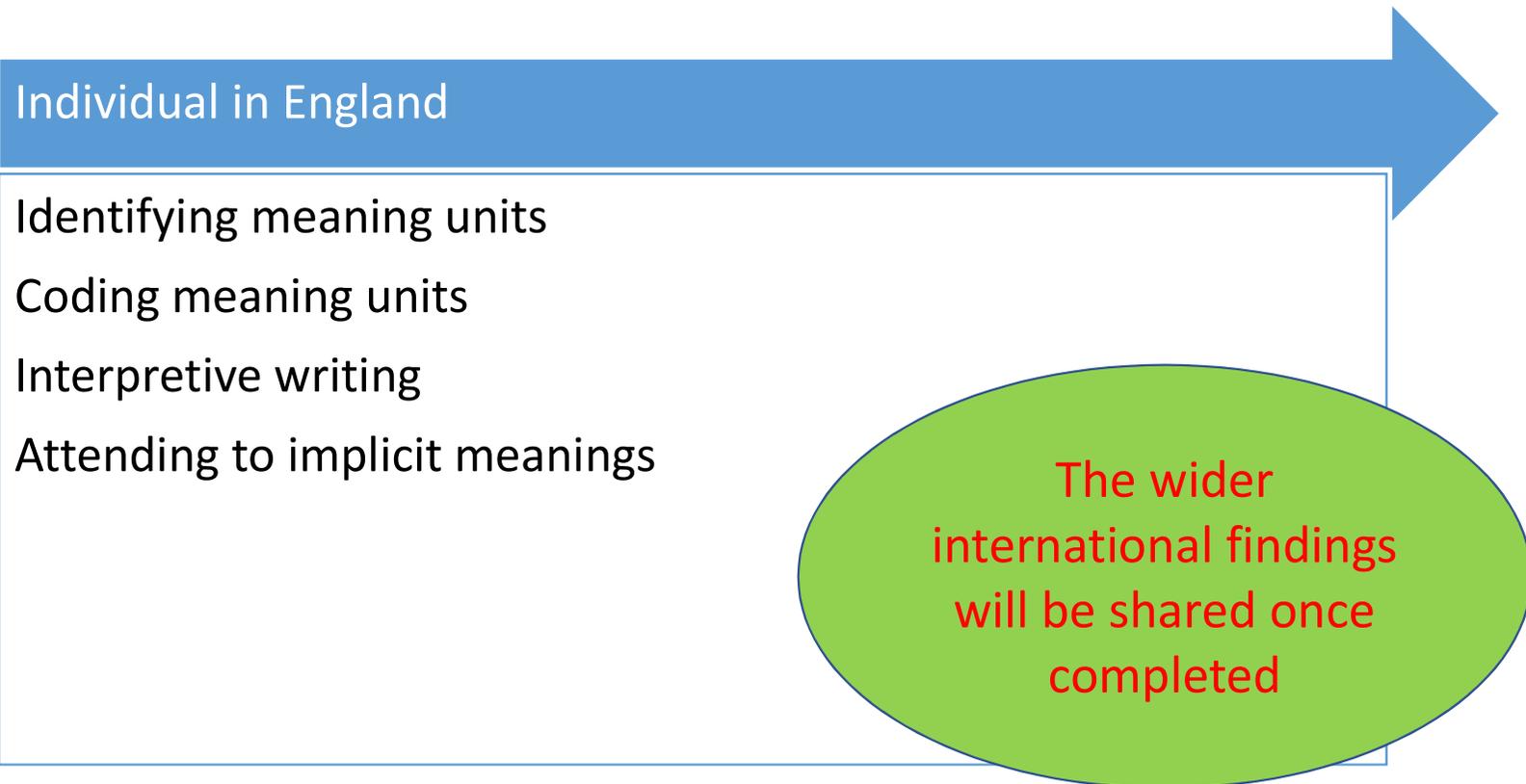
Erlingsson & Brysiewicz (2017)



Ensuring rigour:
Ongoing group and team discussions at different levels
Careful documentation of analytical steps and decisions

This presentation:

Individual in England



Identifying meaning units

Coding meaning units

Interpretive writing

Attending to implicit meanings

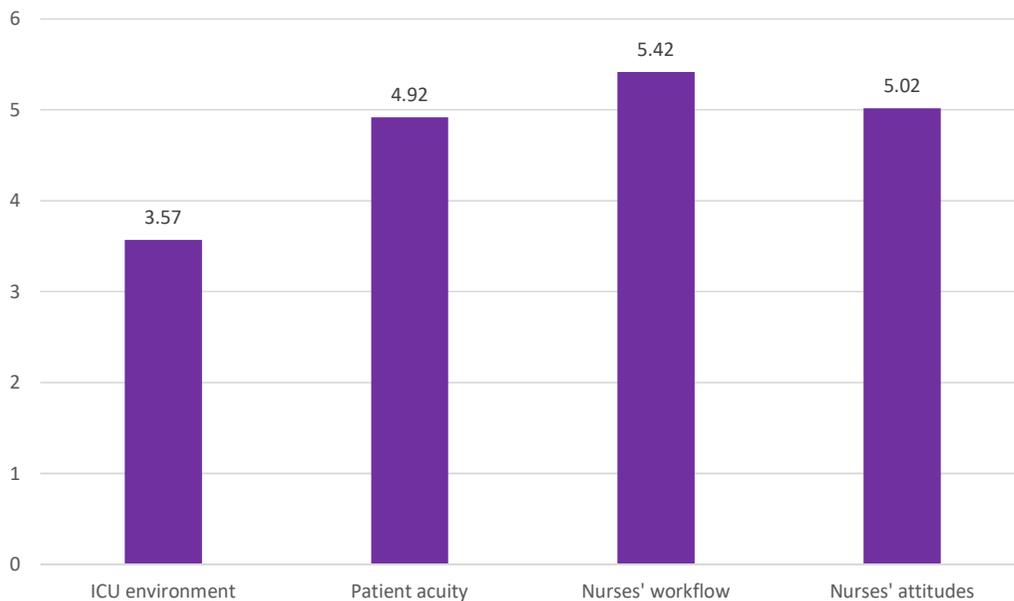
The wider
international findings
will be shared once
completed

Participant numbers = 7

Age in years mean (range)	42.8 (23-65)
Women n(%)	7 (100%)
Ethnicity n(%)	5 (71.4%)
Caucasian	1 (14.3%)
Asian	1 (14.3%)
Black	
Highest degreeen(%)	0
Diploma	7 (100%)
Bachelor	0
Masters	
ICU certification, yes n(%)	5 (71.4%)
ICU work experience(years)mean (range)	16.5 (2-42)
ICU policy about family engagement, yes n(%)	2 (28.5%)
Previous training in family nursing, yes n(%)	0 (0%)

Nurse perceptions of factors that influence family engagement (QFIFE)

Score from 1 – 6 = greater magnitude of the influence of facilitator to family engagement



Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
envionment	7	2,67	4,33	3,5714	,70617
patient acuity	7	3,00	6,00	4,9286	1,09653
workflow	7	4,00	6,00	5,4286	,73822
attitude	7	3,80	6,00	5,0286	,77828
Valid N (listwise)	7				

Meaning units



Definitions - family is a close other; they can be a resource and are important to the patient



Attitudes -working with families is part of ICU care; it can be challenging but also rewarding



Negotiating engagement – patient safety is paramount, needs communication and agree involvement



Relational engagement – about getting to know family and the nurse ways of being

Meaning units



Practices – emphasis on keeping family informed, taking time for family and promoting family involvement



Practices – keeping patient diary and personal items important

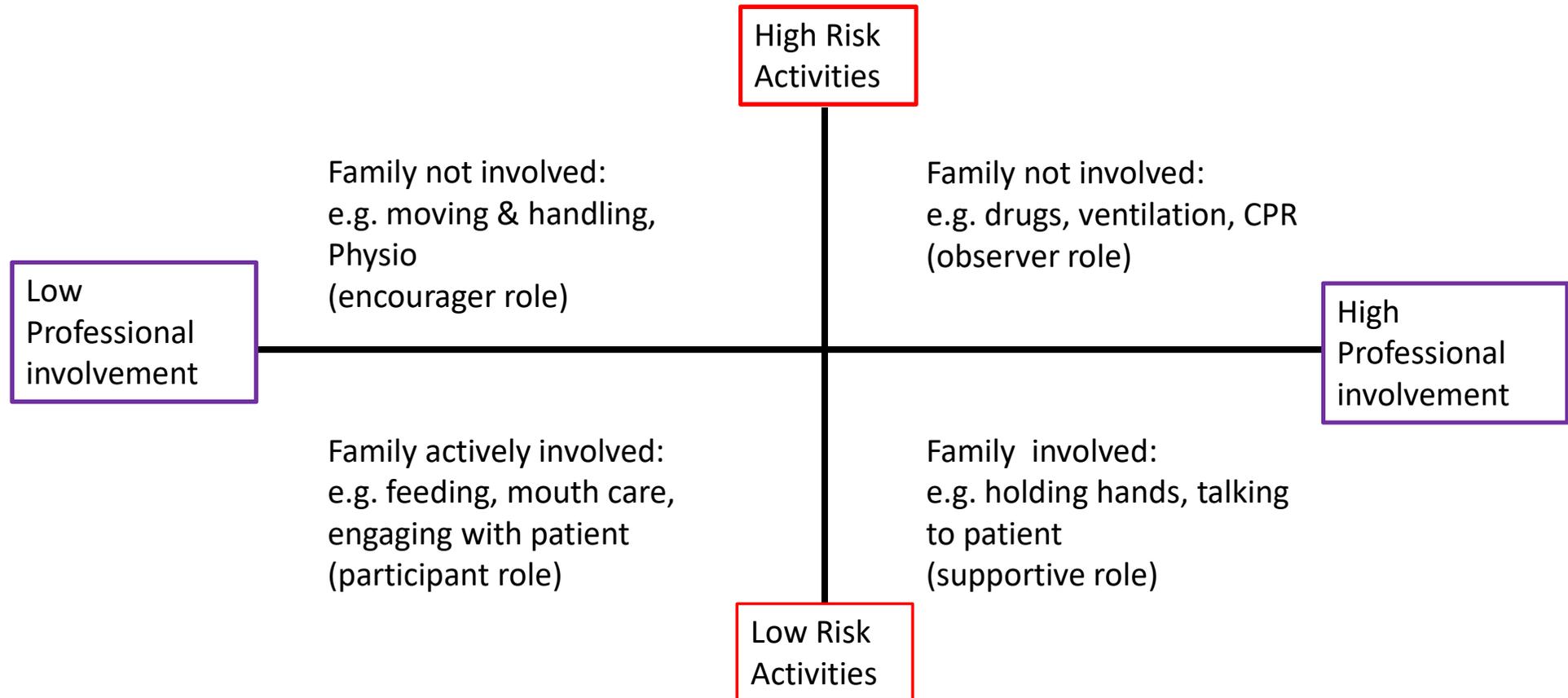


Collaborative – involving family in team meetings and supportive of team culture needed



Structures – visiting times could be benefit or problem; technological environment and physical layout of ICU

Qualitative Insights – Risk versus Engagement



Further work



England site had a particular emphasis on safety which may be related to UK issues.



Preliminary findings from each country being amalgamated to see if any threads of meanings – more in-depth analysis required.



Limitations – did only participants committed to family care engage with study; lack of less experienced ICU nurses



Still questions to answer – how can situation be improved?

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Contact: ann.price@canterbury.ac.uk



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Any Questions



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