Engagement of Families in ICU from the nursing staff perspective

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We acknowledge the many practice partners in the various countries and the International Family Nursing Association (IFNA).
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?

**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 $\alpha > .70$
Inductive content analysis

Erlingsson & Brysiewicz (2017)

Individual
- Identifying meaning units
- Coding meaning units
- Interpretive writing
- Attending to implicit meanings

Groups & Teams
- Reviewing coded data
- Compiling shared coding lists
- Developing preliminary categories

Cluster
- Reviewing & refining
- Forming categories and themes

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
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<tr>
<td><strong>Participant numbers</strong></td>
<td>7</td>
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<tr>
<td><strong>Age in years mean (range)</strong></td>
<td>42.8 (23-65)</td>
</tr>
<tr>
<td><strong>Women n(%)</strong></td>
<td>7 (100%)</td>
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<tr>
<td><strong>Ethnicity n(%)</strong></td>
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<tr>
<td>Caucasian</td>
<td>5 (71.4%)</td>
</tr>
<tr>
<td>Asian</td>
<td>1 (14.3%)</td>
</tr>
<tr>
<td>Black</td>
<td>1 (14.3%)</td>
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<tr>
<td><strong>Highest degree n(%)</strong></td>
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<tr>
<td>Diploma</td>
<td>0</td>
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<tr>
<td>Bachelor</td>
<td>7 (100%)</td>
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<tr>
<td>Masters</td>
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<tr>
<td><strong>ICU certification, yes n(%)</strong></td>
<td>5 (71.4%)</td>
</tr>
<tr>
<td><strong>ICU work experience (years) mean (range)</strong></td>
<td>16.5 (2-42)</td>
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<tr>
<td><strong>ICU policy about family engagement, yes n(%)</strong></td>
<td>2 (28.5%)</td>
</tr>
<tr>
<td><strong>Previous training in family nursing, yes n(%)</strong></td>
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Nurse perceptions of factors that influence family engagement (QFIFE)

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

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<th></th>
<th>N</th>
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<th>Maximum</th>
<th>Mean</th>
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<td>Valid N (listwise)</td>
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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

Low Professional involvement

Family not involved: e.g. moving & handling, Physio (encourager role)

Family actively involved: e.g. feeding, mouth care, engaging with patient (participant role)

High Professional involvement

Family not involved: e.g. drugs, ventilation, CPR (observer role)

Family involved: e.g. holding hands, talking to patient (supportive role)
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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Any Questions
References


