

BACCN Abstract 2019**TOPIC: Primary Research****TITLE – Engagement of Families in ICU from the nursing staff perspective****Authors:**

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Background

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 closely linked to improve the quality of care. The term and practice of 'family engagement' is complex but 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).

This research was part of an international collaboration supported by the Family Care in Acute and Critical Illness Research Cluster which is supported by the International Family Nursing Association. This presentation will focus on the findings of the UK aspect of the research.

Research Question

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

Methods

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.

Data were collected including demographic information, individual semi-structured qualitative interviews which were transcribed, and a questionnaire 'Factors That Influence Family Engagement (QFIFE)' (Hetland, Hickman, McAndrew, & Daly, 2017).

One intensive care unit in the South East of England was used for this study. Permanent members of the nursing team were invited to participate. Analysis was undertaken using a statistic package (SPSS version 21) for questionnaire data and a content analysis approach for qualitative data.

Ethical approval was gained from the University and Gray Area Project approval from the healthcare organisation.

Results

Seven participants completed all aspects of the data collection.

All participants rated that family engagement was important. Engagement varied depending of the acuity of the patient with nurses deciding the level of family engagement at a particular point in the patient journey. As the patients' illness stabilised the involvement of the family was promoted. The family engagement role can be described as observers, encouragers, supporter or active participants in patient care. Staff were particularly concerned about maintaining the safety of the patient during any family activities and developing good communication.

Initial analysis suggests that nurses regulate family engagement to ensure safety of patients and to promote recovery. Families need encouragement from ICU nurses to engage in a meaningful way. Building rapport and setting boundaries are skills needed by nurses and families value explanation of care.

Conclusions

Family engagement needs careful consideration about the amount and type of activities that are appropriate and safe for families to undertake at a particular point. However, family engagement is seen as positive contribution to the patient recovery journey.

This international project will continue to compare and combine results across the world. Consideration of future initiatives to family engagement in ICU will be further outlined.

References

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