Intensive Care Nurses' Perspectives of Family Centered Care and their attitudes towards Family Presence During Resuscitation

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Family Centered Care (FCC)

- Patients + families = unit of care
- Care based on mutual respect, collaboration and support for the patient & family

Mitchell (2005) concluded that the greatest threat to the implementation of this philosophy comes from nurses.

- Lack of FCC in ICU practice
  (Henneman et al., 2002; Mitchell, 2005; Mitchell et al., 2009)
Background (Con’t)

Family Presence During Resuscitation (FPDR)
Permitting the presence of a family member during resuscitation efforts

- Example of the implementation of FCC
- Some nurses do not agree with FPDR, especially those from non-western countries

(Badir & Sepit, 2007; Demir, 2008; Duran et al., 2007; Gunes et al., 2009; Halm 2005; Meyers et al., 2000; Walker, 2007)
Study Objectives

To determine:

a. Attitudes of nurses towards FCC and FPDR
b. Whether there is an association between FCC and FPDR.
Methods

- Correlational, descriptive study
- Convenience sample of 96 Israeli ICU RNs
- Ethical and administration approval
- Questionnaires were individually administered to nurses while on duty in their units
- Responses placed in unidentified envelope
- A pilot study was conducted
1. Demographic Data Questionnaire

2. Nursing Activities for Communication with Families-Revised (NACFR)(Downey et al., 2006)

3. Barriers to Providing Family Centered Care-Revised (Barriers) (Downey et al., 2006)

4. Nurses' Experiences of Family Witnessed Resuscitation (Fulbrook et al., 2005)

5. Attitudes to Family Presence during Resuscitation (Fulbrook et al., 2005)
Results

- Mean age = 38.2 ± 8.6 years (range 25-58)
- Mean years of experience = 13.1 ± 7.9
- Females (n=78, 84.8%)
- Staff nurses (n=78, 84.8%)
- Baccalaureate degree (n=65, 71.4%)
- Post-basic certification (n=73, 79.3%)
Nursing Activities for Communication with Families

- Explained the ICU equipment (n=86, 92.5%)
- Explained patient illness and treatment (n=86, 92.5%)
- Dealt with intra-family disagreements (n=66, 74.1%)
- Dealt with patient's values (n=56, 63.7%)
- Overall mean = 3.7 out of 5
- Only 28% of the sample perform FCC at a high level (mean greater than 4)
Barriers to Providing Family Centered Care

- Lack of staffing (n=81, 87.1%)
- Difficulty with a specific family (n=65, 72.2%)
- Family has unrealistic treatment expectations (n=54, 58.7%)
- Language difficulties (n=51, 57.9%)
- Mean score = 2.4 out of 5
Family Presence During Resuscitation

- Only 20% (n=19) had experience with FPDR
- 0 invited a family member to be present
- Negative experiences (n=17, 18.3%) > positive experiences (n=3, 3.3%)
- 88.2% (n=82) objected to always inviting a family member to be present
- 81.4% (n=74) felt that FPDR was not acceptable
- 69.9% (n=65) felt that nurses do not want families to be present
Attitudes toward FPDR

- Staff might say things that might distress the family (n=84, 90.3%)
- Atmosphere is too stressful for family members (n=76, 82.6%)
- Family members might interfere (n=75, 82.5%)
- Staff would have difficulty concentrating (n=70, 75.3%).

- Mean item score = 1.8 out of 5
- No nurse had a mean score of 4 or above
- 10.8% had a mean score of 3-4
Results (Con’t)

- A significant negative correlation was found between the Barriers scale and FPDR ($r=-.36$, $p=.0001$)

- No other correlations were significant
Conclusions

- FCC has moderate support
- Objection to FPDR
- FPDR has been used as an example of FCC, but at least in certain populations this example might not be applicable.
- Increased education and policy changes should be encouraged to promote FCC and FPDR.