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Engagement with Family in Critical Care Units: A Qualitative Study

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Abstract

Objective: family is an important aspect of the health care system and their role can't be eliminated. In critical care units, the patient often can't effectively communicate with care providers. Nurses are the most health workers to engage with the family in these departments. Thus, this study conducted to understand the perception of nurses in critical care units about the miscommunication issues with family. **Methodology:** 20 nurses from three different hospitals in Saudi Arabia were interviewed using semi-structured method. **Findings:** by analyzing the data using the constant comparative method, several subthemes were grouped under four main themes in which individual factors include emotions, background, experience, language, general knowledge and confidence. The organizational factors involve the role of nurses and the general policy of the hospitals as the communicational barriers. Information distribution, seeking and access were grouped under the information process theme. Further, the study found some aspects related to social factors such as expectations, cultural issues, anticipations and awareness.

Key words: Family, Nurses, Critical care, Communication

Introduction

The health team in intensive care units depends on patient information available for medical decisions. While most judgments are based on medical reports, some factors limit appropriate decision-making, such as patient autonomy, as well as the limited capacity of patients in pediatric and neonatal intensive care units. Decisions to withdraw or decrease the treatment have contributed to approximately 60% of deaths in intensive care units (Burns et al., 2000). For this reason, a shared decision between clinicians and family is a current recommended approach, in which they share views and reach a conclusion on a medical decision making (Kon, 2010).

Several studies have been conducted to investigate the problems of communication with family in critical care units using interviews as the preferred method. However, most studies focused on all health workers, but just a few of them involved nurses. The results revealed the dissatisfaction with the level of communication with relatives of patients in intensive care departments is due to their lack of understanding of the diagnoses and treatments, in addition to their lack of awareness about the importance of participating in the decision making with medical staff (Azoulay et al., 2009). In South Africa, 62 mothers of children in the pediatric intensive care unit have illustrated satisfaction as getting enough, realistic and consistent information in the family meeting (Roets, Rowe- Rowe & Nel, 2012). Likewise, Parents of patients in pediatric cardiac intensive care unit reported their frustration during the conversation with the health team by claiming that the family meeting is inadequate and doesn't involve sympathy (Walter et al., 2018).

The contribution of nurses in the family meeting still unknown and needs further investigation. In an observational study of 10 pediatric cardiac intensive care units, nurses contributed by just 20% of the meetings and didn't provide medical information rather than the encouragement of participating in the family care, establishing rapport and facilitating communication process (Walter et al., 2018).

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Similarly, a cross-sectional study revealed that nurses have contributed to the family meeting in the intensive care unit by 28% as a second speaker to address logistical problems (Pecanac& King, 2019).To achieve effective communication chain between nurses and family in the critical area, nurses need to have skills of courtesy, kindness, and sincerity (Kourkouta&Papathanasiou, 2014). In critical care units, the goal is to establish trust and rapport with the family to enhance decision making. The challenges family face such as ICU trauma may affect proper engagement, so nurses should understand the holistic approach of care which includes family. Maintaining a close relationship between nurses and relative of critically ill patients by using a simple and understandable language is a recommended strategic plan to improve engagement with family members (O'Brien et al., 2009).

In this study, the focus will be on investigating the issues of communication between family and nurses in critical care units. The perception of nurses about miscommunication problems is crucially analyzed by reviewing the interviews using grounded theory methodology. It is the first study in Saudi Arabia to explore the perception of nurses about the engagement with family in critical departments.

Methodology

After the recruitment of the targeted nurses from three hospitals in Jazan region in Saudi Arabia, nurses were interviewed using the semi-structural interview method. The criteria of choice have included all nurses who work in intensive care unit, pediatric intensive care unit, and neonatal intensive care unit. Participants were contacted throughout their head nurses and supervisors, and time was chosen by considering the duty roster in their departments. Interviews held in the best convenient places such as meeting rooms and lounges. Participants were selected from different backgrounds such as Indian, Philippines, and Saudi nurses. Ethical approval obtained from Jazan IRB, and written consent was taken from each participant. Data collected by recording the interview and it kept confidentially in the Department of Research at Regional Nursing Administration. All digital audio records were permanently deleted from the recording devices immediately after analyzing the data. The study was conducted by three members over six months.

Data Analysis

Data analysis started after several interviews by using the constant comparative method. All records were coded and kept anonymous such as "ICU 1" and "NICU 1". The words and phrases were grouped and listed to main concepts by repeating constant comparative methods until themes have been created. Categories were rechecked to assure they are identical, and no overlap presented.

Findings

Theme 1: Individual Factors

Most of the communication issues between nurses and family in critical care units found to be linked to personal factors. Emotions, background, experience, language, general knowledge and confidence are the subthemes of individual factors. One of the participants talked about her experience in NICU regarding emotional factor by saying "It is hard to us to communicate with mothers about the bad prognosis of their babies as it touches their emotions, for example, a mother was crying when she heard the death announcement for her first baby" (NICU 1).

Another participant explained the point of background obstacles by mentioning that "The family was devastated due to a previous experience with another relative who had been diagnosed with a similar disease" (ICU 1). However, a nurse prices her experience in dealing with family in NICU "It is good to engage with the family in ICU because it provides me with a reach experience which may help in developing a professional communication in the future with the family in NICU" (NICU 1). Regarding language effect on engagement with the relatives, an ICU nurse mentioned that "We need an interpreter to be present during visiting time in ICU to facilitate the communication process with the family and to avoid misunderstanding" (ICU 3).Further, a participant talks about the lack of knowledge when claimed that "Family has lack of knowledge about cardiac resuscitation, so they blame us for trying to save the patient's life" (ICU 8).

The last point found in the individual factors is the lack of confidence when dealing with sensitive information that deliver to the family. An ICU nurse explained that "Physician was afraid to tell the family the deterioration of the patient, so he put us in a very bad situation with family when we informed them about his death" (ICU 11).

Theme 2: Organizational Factors

Role of nurses within the institution, multidisciplinary and the policy of hospitals are the factors related to the organization which impact the communication process between nurses and family in the critical departments. Misunderstanding of the vital role of nurses to communicate probably with family was noticed when a nurse mentioned that "I had to call the physician to explain to relatives every single point because that is his responsibility" (ICU 1). Moreover, engagement with family in critical areas needs more efforts from health team members as indicated by an ICU nurse "family needs extra support from social workers" (ICU 5). Also, the institutional policy has affected the process of communication as described by another nurse "Hospital should change its visiting policy to allow the family to visit during morning time, so they can meet with the primary physician" (ICU 6).

Theme 3: Information Process

Both nurses and family need to share information in critical departments to facilitate communication process between them. Information distributing, seeking and access are found to be the key elements in the information process. Relatives in critical areas such as ICU may need to know more from the treating doctor; however, a nurse emphasizes that they struggle to comply with this demand when mentioning that "The problem is not having a primary physician during visiting hours" (ICU 3).

On the other hand, the way of seeking information is often contributed to the miscommunication issue. An ICU nurse claims that families sometimes have a lack of skills to seek information as she said "They are asking so many questions" (ICU 5).Some nurses describe that the patients and their families have the right to have full information about patients' condition and need to have good communication, which helps to improve nursing care outcomes and relieve family anxiety. In case families don’t have an access to full information about patients' condition they may refuse to sign the consent for any procedure as described by a nurse " Mainly while we taking a consent, most of the time family refuse to give a consent to put the patient on a mechanical ventilator because they didn’t receive enough information about the indications for it, so we can’t do the procedure" (ICU 20).

Theme 4: Social Factors

As communication process involves people, social factors are an important element which may affect prober engagement in critical departments. The study found expectations, cultural issues, anticipations and awareness to be the factors related to miscommunication problem between nurses and family in such departments. In describing the expectation of the family in ICU, a nurse mentioned that "It wasn't easy to convince the mother to accept the fact about her son serious condition because she expected better prognosis" (ICU 2). Furthermore, an ICU nurse spoke about an interesting point which is cultural diversity and its effect on the prober communication with family by saying "It is hard sometimes to convince the family members to accept mixing female and male patients in one department due to their culture and beliefs" (ICU 3). The anticipation of the family has been mentioned by another nurse as an obstacle to the communication process "Family members listen to the physicians and trust them more than nurses" (ICU 7).Moreover, a nurse suggests increasing community awareness in the most government sectors like school and primary health care centers when she emphasizes that " I suggest to increase community education and involve other fields to share in education like schools and primary health care to improve community educational level" (ICU 19).

Discussion

This study is conducted to figure out the issues of communication in intensive care units with the patients' family. Nurses were interviewed as they are the most likely health team members to meet with the family during visiting hours in such departments. Four themes are identified as following: individual factors, organizational factors, information process and social factors. The study found that miscommunication between nurses and family in critical care units is linked to several causes and can't be classified as a single issue. Most of the categories emerged under the individual factors when five subthemes out of eight are identified. These subthemes were grouped using systematic classification into the above four themes. The study found emotions to have a direct impact on decision making and communication process between the two parties. From the nursing side, delivering bad news to first-degree relatives is not an easy job. Likewise, accepting such news from family may be difficult when considering the emotional status and its impact on the way they react with nurses. Admitting the patient to the critical department after traumatic events without any prior warning creates emotional stress to the family, while nurses under stress to save and stabilize the condition of the patient (McClementet al., 2019). Further, the background factor has found to affect engagement with family.

The impact of the history of communication between family surrogates and the staff in the critical care unit is a well-known issue (Torke et al., 2016). The characteristic of the family members such as level of knowledge and their trust in health giver in critical care departments were linked to miscommunication problems. The study found that when a relative has a lack of knowledge about medications or procedures, the engagement with nurses in such units is to be less effective. Their belief about the role of nurses is also played an important factor as they prefer to ask physicians to get more information rather than nurses. The study found family surrogates preferred to communicate with the physician about the disease and treatment options (Royak-Schaler et al., 2006).

The study found the problem of the misunderstanding of nurses' role to educate and communicate with family in critical units to have a contribution to the miscommunication issue. Nurses often claim that relatives need to speak with the physician to understand the prognosis of their patient. Thus, the emerging need to enhance the education level of the intensive care unit staff to the importance of proper communication with family should be considered (Davidson et al., 2007). The support from multidisciplinary has found to be insufficient and needs further investigation. There are special roles can't be provided by the nurse and have to be done by professionals and experts such as social worker. Social support has found in this study not to exist when needed due to the organizational strategies issue. Anxiety and distress have found to be experienced by relatives of a critically ill patient, and social workers are preferred by the family in the study among other health workers to deal with such episodes (Brush & Alexander, 2012). Moreover, limited visiting hours has led to obstacle the engagement between critical care nurses and family. Visiting time also found not suitable because it occurs after the end of the primary physician duty hours. In a survey of 200 family members, the satisfaction of visiting time in the intensive care unit was only 60% as they prefer an open visiting hours' policy rather than restricted one (Venkataraman, 2015).

Information process such as distributing and seeking is found to be linked to the barriers of prober engagement between nurses and family. The issue of not having the realistic source of information has hindered this process. The family often doesn't meet with the primary physician of their loved one. Thus, the chain of information process is broken as distributing of information is not functioning. Further, the way the family seeks information from nurses is found usually to be not effective. Nurses respond to relatives in critical departments with cautious and according to the availability of information. The family found to ask questions which can't be answered either due to their lack of knowledge or they are beyond nurses' information. In a study in Colombia about the requirement of the family in ICU, the most emerged need was information, with 82% (Galvis& Salamanca, 2014).Likewise, access to information by the family is a vital factor which was described by nurses in the study as insufficient. In a systematic review study, family emphasizes on the importance of accessing general information and demanded to has multiple sources of information to decide on the quality of care (Turnpenny& Beadle- Brown, 2015).

Social factors included in this study were about the expectations of the family which found to be unrealistic and contributes to the miscommunication issue. Relatives, as been described by nurses in this study, don't want to know if their patients have a bad prognosis and mostly expect improvement in their condition. In Canadian traumatic intensive care unit, implementing the goal of care conversation has empowered ICU nurses to set the family expectations in the documentations, and around the timing of this type of conversations (Lawrence, 2019). Cultural issues have found to contribute to miscommunication problem in some situation. People beliefs differ from someone to another according to the geographical areas and races. In most intensive care units, gender has no place as the priority to save patient's life; however, the study found family impose their culture and may refuse to accept a female patient to be in the same room of male clients. Such a clash may hinder the communication process between nurses and family in critical departments. To avoid this problem, nurses in critical areas need to have good communication practice when communicating with the family with various beliefs and cultural aspects (Barclay, Blackhall &Tulsky, 2007). The anticipation of the family about the role of nurses found to be miscommunication social factors. The family doesn't trust nurses in critical departments to be the source of information about their patients' condition. Nursing staff preferred trust and respect when communicating with family instead of abusive or racist conversations (Majerovitz, Mollott & Rudder, 2009).Public awareness is indicated as an important factor which needs to increase to improve the communication between those nurses and family. A study found increasing the general awareness through social media and presentations was appreciated by the family of pediatric patients as the access hits more than 2000 time of the webpage (Schippke, Provvidenza & Kingsnorth, 2017).The research intends to support nursing staff in critical departments to understand communication problems with family and develop a guideline to solve this issue. It can help in developing a future interventional study to implement and measure some of the implications for practice. Thus, the emerging need to enhance the conscious of staff on the impact of miscommunication with family is an essential aspect.

Implication for Practice

The study has identified several issues in different categories and levels. Personal and social factors are the most complicated problems that might be difficult to changed. Emotions, expectations and culture, for example, also challenging factors to be changed and usually need more time and efforts. However, the anticipation about the role of nurses within critical areas and building the trust with family can be solved. Nurses who work in such areas should not redirect family to the physician if the concern can be address by them. Training sessions for those nurses can raise the awareness for better communication process with family and thereby the culture within critical departments might attract relatives to trust nurses as a valid source of information. Further, the language barrier which is an individual factor can be managed as suggested by a nurse in this study. A part or full-time job for an interpreter will help in delivering the correct information and avoid misunderstanding between critical department's nurses and family.

Regarding the distribution of information, regular conference and meeting can strengthen the relationship with family and solve other issues. The family often doesn't have the chance to sit with nurses and discuss the situation of their relatives in a convenient place. Further, the study found that family most of the time has difficulty to meet with the primary physician. Thus, if there is a conference room with scheduled appointments for the family the engagement will be more effective. Hospital policies have found to hinder the communication process in critical departments. The visiting hours are limited and not suitable as the family doesn't have a chance to meet with the primary physician. It is suggested that the visiting hours to be shifted to occur during the morning time rather than the evening. However, an interventional study is needed to evaluate the benefit of changing the time of visit for the family. Moreover, social workers present during visiting time can help to ease the tension and support both parties due to their experience to deal with people from different backgrounds. This study is considered as a reference to prospective interventional research. Implementing some of the suggestions such as a conference arrangement with family, and changing visiting hours in the future may depend on the results of this study.

Conclusion

Family engagement with nurses in critical departments is an essential aspect of patient care. The focus of this study was to identify the miscommunication issues by analyzing the perception of nurses in critical areas. Four themes were formulated using grounded theory methodology and sub-themes were grouped eventually into their relative themes. The study found personal and organizational factors to be contributed to the miscommunication problem. Also, the information process and social misconceptions have some factors which led to a more complicated communication issue between family and nurses. This study may use as a reference to improve the health system in the critical units. It may provide a clear image to the stakeholder regarding communication hidden issues, and promote for a future interventional study.

References

Azoulay, E., Timsit, J., Sprung, C., Soares, M., Rusinová, K., Lafabrie, A., … Ricou, B. (2009). Prevalence and factors of intensive care unit conflicts: the conflicus study. American Journal of Respiratory and Critical Care Medicine, 180(9), 853–860. https://doi.org/10.1164/rccm.200810-1614OC

Barclay, J. S., Blackhall, L. J., &Tulsky, J. A. (2007). Communication strategies and cultural issues in the delivery of bad news. *Journal of palliative medicine*, *10*(4), 958-977.

Brush, D. R., Brown, C. E., & Alexander, G. C. (2012). Critical care physicians' approaches to negotiating with surrogate decision makers: A qualitative study. *Critical care medicine*, *40*(4), 1080.

Burns, P., Mitchell, M., Outwater, L., Geller, D., Griffith, D., Todres, D., &Truog, D. (2000). End-of-life care in the pediatric intensive care unit after the forgoing of life-sustaining treatment. Critical Care Medicine, 28(8), 3060–3066. https://doi.org/10.1097/00003246-200008000-00064.

Davidson, J. E., Powers, K., Hedayat, K. M., Tieszen, M., Kon, A. A., Shepard, E., ... &Ghandi, R. (2007). Clinical practice guidelines for support of the family in the patient-centered intensive care unit: American College of Critical Care Medicine Task Force 2004–2005. *Critical care medicine*, *35*(2), 605-622.

Galvis López, C. R., & Salamanca Ramos, E. Perceived Needs in Family Caregivers of Adults Hospitalized in an Intensive Care Unit of a Private Health Providing Institution in Villavicencio, Colombia. *InvestigacionenEnfermeria: Imagen y Desarrollo, 16*(*2*), 81-94.

Kon,A. (2010). The Shared Decision-Making Continuum. JAMA, 304(8), 903–904. https://doi.org/10.1001/jama.2010.1208.

Kourkouta, L., &Papathanasiou, I. V. (2014). Communication in nursing practice. *Materia socio-medica*, *26*(1), 65–67. doi:10.5455/msm.2014.26.65-67

Lawrence, K. (2019). Creating an innovative approach: Transforming expectations for the timing of Goals of Care conversations in trauma intensive care units. *Canadian Journal of Critical Care Nursing*, *30*(2).

McClement, S. E., Fallis, W. M., & Pereira, A. (2009). Family presence during resuscitation: Canadian critical care nurses' perspectives. *Journal of Nursing Scholarship*, *41*(3), 233-240.

Majerovitz, S. D., Mollott, R. J., & Rudder, C. (2009). We're on the same side: Improving communication between nursing home and family. *Health communication*, *24*(1), 12-20.

O'Brien, M. P., Miklowitz, D. J., Candan, K. A., Marshall, C., Domingues, I., Walsh, B. C., ... & Cannon, T. D. (2014). A randomized trial of family focused therapy with populations at clinical high risk for psychosis: Effects on interactional behavior. *Journal of consulting and clinical psychology*, *82*(1), 90.

Pecanac, K., & King, B. (2019). Nurse–Family Communication During and After Family Meetings in the Intensive Care Unit. *Journal of Nursing Scholarship*, *51*(2), 129–137. https://doi.org/10.1111/jnu.12459

Roets, L., Rowe‐ Rowe, N., & Nel, R. (2012). Family‐ centred care in the paediatric intensive care unit. Journal of Nursing Management, 20(5), 624–630. https://doi.org/10.1111/j.1365-2834.2012.01365.x

Royak-Schaler, R., Gadalla, S. M., Lemkau, J. P., & Ross, D. D. (2006, July). Family perspectives on communication with healthcare providers during end-of-life cancer care. In *Oncology nursing forum* (Vol. 33, No. 4, p. 753). Oncology Nursing Society.

Schippke, J., Provvidenza, C., & Kingsnorth, S. (2017). Peer support for families of children with complex needs: Development and dissemination of a best practice toolkit. *Child: care, health and development*, *43*(6), 823-830.

Torke, A. M., Wocial, L. D., Johns, S. A., Sachs, G. A., Callahan, C. M., Bosslet, G. T., ... & Burke, E. (2016). The Family Navigator: A pilot intervention to support intensive care unit family surrogates.

Turnpenny, A., & Beadle‐ Brown, J. (2015). Use of quality information in decision‐ making about health and social care services–a systematic review. *Health & social care in the community*, *23*(4), 349-361.

Venkataraman, R., Ranganathan, L., Rajnibala, V., Abraham, B. K., Rajagopalan, S., & Ramakrishnan, N. (2015). Critical care: Are we customer friendly?. *Indian journal of critical care medicine: peer-reviewed, official publication of Indian Society of Critical Care Medicine*, *19*(9), 507.

Walter, J., Schall, T., Dewitt, A., Arnold, R., &Feudtner, C. (2018). Abstract 11610: Communication in Pediatric Cardiac Intensive Care Unit Family Meetings May Benefit From Better Coordination of Team Members to Meet Family Needs. *Circulation*, *138*(Suppl_1 Suppl 1), A11610–A11610.