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Families' experiences of their interactions with staff in an Australian intensive care unit (ICU): A qualitative study

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Summary
Objective: Nursing is characterised as a profession that provides holistic, person-centred care. Due to the condition of the critically ill, a family-centred care model is more applicable in this context. Furthermore, families are at risk of emotional and psychological distress, as a result of the admission of their relative to intensive care. The families' experiences of their interactions in intensive care have the potential to enhance or minimise this risk. This paper presents a subset of findings from a broader study exploring families of critically ill patients' experiences of their interactions with staff, their environment, the patient and other families, when their relative is admitted to an Australian intensive care unit. By developing an understanding of their experience, nurses are able to implement interventions to minimise the families' distress, while providing more holistic, person- and family-centred care.
Research design: The study was a qualitative enquiry that adopted the grounded theory approach for data collection and analysis. In-depth interviews with family members occurred between 2009 and 2011, allowing the thoughts on interactions experienced by those families, to be explored. Data were analysed thematically. Twelve family members of 11 patients participated in this study.
Setting: This study was undertaken in a mixed intensive care unit of a large metropolitan hospital in Australia.

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Findings: Interactions experienced by families of the critically ill primarily revolved around seeking information and becoming informed. Further examination of the interviews suggested that staff interacted in supportive ways due to their communication and interpersonal skills. However, families also experienced unsupportive interactions as a result of poor communication.
Conclusion: Facilitating communication and interacting in supportive ways should help alleviate the anxiety and distress experienced by families of the critically ill in the intensive care unit.

Implications for Clinical Practice

- Families need to be assessed for their specific informational needs and the most appropriate time to give this information. Families that are also healthcare professionals may have different informational needs, due to their background, and this should be a consideration when assessing their needs.
- To communicate with families in supportive ways, ICU staff should use nontechnical terms and language that families can understand. In recognition of the significant role nurses play in ensuring effective communication with families, nurses should be present during all family meetings when possible.
- It must be recognised that there is often a need for tactful communication, when delivering bad news; and for balancing the requirement to be realistic while maintaining cultural sensitivity and hope, as well as considering the individual differences in the family members' ability to take in information.
- Poor communication or providing inconsistent information may cause further distress and anxiety for families in intensive care. Staffing allocation should aim to provide continuity of care to minimise the risk of families receiving inconsistent or conflicting information.
- Staff should remain vigilant to families' nonverbal cues, which may indicate a need for further information, clarification or reassurance.

Introduction

The importance of close family and friends to the Intensive care Unit (ICU) patient's recovery and outcomes is well documented. Families of the critically ill provide a source of social support for the patient, through the provision of a close and familiar caring relationship (Hupcey, 2001; Olsen et al., 2009). Critically ill patients are often unresponsive and unable to contribute to decision-making about their health care or develop therapeutic relationships with staff. Consequently, families serve as a valuable resource for patient care as staff come to know the patient better through the family (Engström and Söderberg, 2007). Families may not only influence the ability of staff to interact more effectively with the patient, but are able to clarify the patients' preferences for care and treatment and decision making about care issues may be facilitated (Davidson, 2009).

The unexpected admission of a family member to ICU in a life-threatening condition can cause overwhelming stress and anxiety for families (Jones et al., 2004). Moreover, the psychological and emotional well being of families is at risk as a result of this potentially traumatic experience. Family members have been found to experience high levels of acute post-traumatic stress disorder (PTSD) symptoms, three to six months following death or discharge of a family member from the ICU, placing them at risk for the development of the condition (Azoulay et al., 2005; Jones et al., 2004). At the very least, families may experience changes in their sleeping and eating behaviours, their daily activities and family functioning while their family member is in ICU (Van Horn and Tesh, 2000).

It has been suggested that the level of anxiety and distress experienced by families may be influenced by the interactions they experience while visiting their family member in ICU, including the interpersonal relationships developed with healthcare staff and the process by which information is communicated (Auerbach et al., 2005; Davidson et al., 2012). Critical care nurses play a crucial role in helping families manage their anxiety and their ability to cope with the stress of the situation and therefore, facilitate the supportive role families provide for the patient.

Background

Family needs in ICU

The needs of families in ICU have been the focus of family-related research in this context since the late 1970s. Much of the research centred on the importance of families' needs, as identified in Molter's seminal study (Molter, 1979) and the subsequently developed Critical Care Family Needs Inventory (CCFNI). Now universally accepted, we know that families of critically ill patients require honest, accurate and up-to-date information; they want to be close to the patient; they want to be notified of any changes in the patient's condition and they want to be assured that the patient is being well cared for (Burr, 1998; Davidson, 2009; Lam and Beaulieu, 2004; Leske, 1986; Molter, 1979; Obringer et al., 2012). Further studies have compared families' needs with healthcare professionals' perceptions of their needs and