



## Lead article

## Patient, family-centred care interventions within the adult ICU setting: An integrative review



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At the conclusion of this article a Continuing Professional Development activity is attached

## ARTICLE INFORMATION

## Article history:

Received 14 June 2016

Received in revised form 28 July 2016

Accepted 4 August 2016

## Keywords:

Adult

Critical care nursing

Family-centred care

Patient-centred care

Patient, family-centred care

Review literature

Treatment outcome

## ABSTRACT

**Objectives:** Patient, Family-Centred Care (PFCC) is internationally advocated as a way to improve patient care. The aim of this integrative review was to extend the knowledge and understanding by synthesising empirical evidence of PFCC interventions within the adult intensive care unit (ICU) setting.

**Review method used:** An integrative review methodological framework was employed, permitting the inclusion of all research designs. A comprehensive and systematic search, selection, quality appraisal, and data extraction of research were conducted to synthesise knowledge and identify research gaps.

**Data sources:** A systematic search of the following databases was conducted: MEDLINE; CINHAL; PsycINFO; Cochrane Library; Web of Science—Current Contents Connect; Web of Science—Core Collection; The Joanna Briggs Institute EBP Database; ProQuest Sociological Abstracts; and ProQuest Dissertation and Theses Global. Primary research in adult ICUs was included.

**Review methods:** Data extracted from the studies included authors, year, country of origin, design, setting, sample, intervention, data collection strategies, main findings and limitations. Study quality was assessed using the Mixed Methods Appraisal Tool.

**Results:** Forty-two articles met the inclusion criteria and were included in the review. Only a third of the papers stated the theory underpinning their study. Three themes emerged with interventions predominantly around *Interacting* with the target sample; *Culture and Connection* and *Service Delivery* interventions were also identified. Few studies integrated more than one dimension of PFCC.

**Conclusions:** Research into PFCC interventions is diverse; however, few researchers present a multi-dimensional approach incorporating a culture shift to enact PFCC throughout the ICU trajectory. There is an opportunity for future research to describe, develop, and test instruments that measure PFCC based on its multiple dimensions and not on one component in isolation. Importantly, for PFCC to successfully individualise quality patient care, a commitment and enactment of partnerships between health care professionals, patients, and family members is imperative.

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<http://dx.doi.org/10.1016/j.aucc.2016.08.002>

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## 1. Introduction

Engaging patients and families in health care is an imperative driven by health care providers in response, in part, to international organisations such as the World Health Organisation<sup>1</sup> and national government priorities together with professional critical care nurses organisations.<sup>2</sup> Leaders of these organisations recognise the importance of partnering with health care recipients and, within Australia and elsewhere, require agencies to demonstrate where and how consumers of healthcare are involved.<sup>1,3–6</sup> The Australian Commission on Safety and Quality in Healthcare<sup>5</sup> is explicit in the need for health care providers to have strategies in place to demonstrate their inclusivity of patients' and families' involvement to enable both individualised and optimum patient care.<sup>7</sup>

Aside from the regulatory accreditation requirements placed on health care providers, within the critical care environment, families have long been recognised as a significant resource and viewed as legitimate receivers of nursing care. Family-centred care has evolved – initially from the pediatric area into adult care areas including Intensive Care Units (ICUs) – and in more recent times, the term “patient, family-centred care” (PFCC) is favoured within the ICU setting. PFCC makes clear that the patient is embedded in the family system and it is therefore essential to be inclusive of both patient and their family. The earlier terms of family-centred care and equally, patient-centred care, imply similar sentiments of empowerment for patients and their families. However, semantics are important and thus the inclusive term PFCC is advocated and used in this review. PFCC is defined as “an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships amongst health care providers, patients, and families”.<sup>8</sup> Family member is broadly defined in this review as whomever the patient considers his/her family member to be—someone with a lasting and sustained relationship with the patient.<sup>9</sup>

Recently, Olding et al.<sup>10</sup> conducted a broad review of 124 studies examining patient and family member involvement in ICU—an important concept underpinning PFCC. They described five elements of family and patient involvement: (i) presence, (ii) having needs met/being supported, (iii) communication, (iv) decision-making, and (v) contributing to care. They highlight, along with others,<sup>7</sup> a lack of research into broader organisational factors that necessarily influence how and when family members can be involved in care.

In order to progress PFCC, there is a need to understand how it is operationalised and, to date, this has not been well articulated. The authors of this integrative review aimed to extend knowledge and understanding by synthesising empirical evidence of PFCC interventions within the adult ICU setting in regards to the impact on ICU patients or families in, and beyond ICU, and to identify research gaps.

## 2. Methods

### 2.1. Design

An integrative methodological framework was employed, permitting the inclusion of all research designs, including experimental and non-experimental studies, and ensuring comprehensiveness.<sup>11</sup> The review process was designed and conducted in consultation with the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) statement,<sup>12</sup> and the Cochrane Handbook for Systematic Reviews of Interventions.<sup>13</sup>

**Table 1**

Definition of research terms used in the review.

Research term	Definition
Patient, family-centred care (PFCC)	PFCC is defined as “an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families”. <sup>8</sup> Can include terms related to: patient-centred care; family-centered care; family nursing; ‘doing’ family; family facilitation; family intervention; carer involvement; family participation; and family involvement.
Intensive care unit (ICU)	Refers to the department in a hospital/or healthcare facility that provides intensive treatment medicine. Can include terms related to: intensive care unit; critical care unit; high dependency unit, or critical care nursing.
Intervention	Any intervention identifiable as falling within the domain of PFCC. Can include terms related to: nursing interventions; strategies; bundles; innovations; partnerships; interactions; co-production; collaboration; teamwork; professional family relations; and professional patient relations. May include a control/usual care/comparison group.
Outcomes	Any outcome related to patients, families, treatment, or nursing. Can include outcomes in ICU, or at any time-point after discharge.
Patients	Any adult, aged $\geq 18$ years of age, male or female, receiving treatment in an ICU.
Family member	Broadly defined as whomever the patient considers his/her family—someone with a lasting and sustained relationship with the patient. Can include terms related to: next of kin; relative; loved one; carer; family.

### 2.2. Definition of research terms

Following the definition of terms, appropriate search terms, keywords, and medical subject headings (MeSH); pertinent research terms were defined. The recognised Problem; Intervention; Comparison/Control; Outcome (PICO) process framework was also applied to identify specific terms (Table 1). Searches of the following nine electronic databases were conducted in February 2016; and then again in April 2016: MEDLINE (via EBSCO); CINAHAL (via EBSCO); PsycINFO (via Ovid); Cochrane Library; Web of Science—Current Contents Connect; Web of Science—Core Collection; The Joanna Briggs Institute EBP Database; ProQuest Sociological Abstracts; and ProQuest Dissertation and Theses Global (Supplementary material). Searches were restricted to articles published in English. No date limitations were applied. Reference lists of included articles were searched; and studies known to be relevant were checked for their inclusion.

### 2.3. Study selection

Empirical studies involving PFCC interventions with adult ICU patients or families, which were evaluated in terms of the impact on ICU patients or families in, and beyond ICU, were included. Studies were excluded if they were conducted in pediatric, emergency, coronary care or cancer ICUs/departments. Following screening to remove duplicates, retrieved articles were assessed against inclusion/exclusion criteria (MM and FC), and full-texts of eligible studies sourced.

### 2.4. Methodological quality assessment

The methodological quality of all eligible studies was rated using the Mixed Methods Appraisal Tool (MMAT)—Version 2011.<sup>14</sup> The

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