



Research paper

A family nursing educational intervention supports nurses and families in an adult intensive care unit



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ABSTRACT

The family experience of critical illness is filled with distress that may have a lasting impact on family coping and family health. A nurse can become a source of comfort that helps the family endure. Yet, nurses often report a lack of confidence in communicating with families and families report troubling relationships with nurses. In spite of strong evidence supporting nursing practice focused on the family, family nursing interventions often not implemented in the critical care setting. This pilot study examined the influence of an educational intervention on nurses' attitudes towards and confidence in providing family care, as well as families' perceptions of support from nurses in an adult critical care setting. An academic–clinical practice partnership used digital storytelling as an educational strategy. A Knowledge to Action Process Framework guided this study. Results of pre-intervention data collection from families and nurses were used to inform the educational intervention. A convenience sample of family members completed the Iceland Family Perceived Support Questionnaire (ICE-FPSQ) to measure perception of support provided by nurses. Video, voice, and narrative stories of nurses describing their experiences caring for family members during a critical illness and family members' experiences with a critically ill family member also guided education plans. When comparing the pre and post results of the Family Nurse Practice Scale (FNPS), nurses reported increased confidence, knowledge, and skill following the educational intervention. Qualitative data from nurses reported satisfaction with the educational intervention. Findings suggest that engaging nurses in educational opportunities focused on families while using storytelling methods encourages empathic understandings. Academic–clinician teams that drive directions show promise in supporting families and nurses in critical care settings. Plans are moving forward to use this study design and methods in other critical care settings.

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1. Introduction

Critical illness of an adult family member becomes a shared family experience filled with distress and suffering that may have a lasting impact on family coping and family health.^{1–3} Families want nurses to develop relationships with them that offer support and help them manage the experience, often making decisions for their loved one.⁴ Evidence clearly suggests nurse–family relationships become a key to the family managing this difficult illness experience.⁵ A nurse who is caring for the critically ill can become a source of comfort that helps the family endure and guides the

ill family member. Yet, nurses often report a lack of confidence in communicating and working with families while families report troubling relationships with nurses that magnify their suffering and uncertainties.⁶ Limited understanding of the family illness experience may contribute to a practice that remains focused on the ill individual during critical illness, rather than viewing the individual and their family as the unit of care. In spite of strong evidence supporting the positive outcomes of involving and partnering with families in the health care systems for both patient and family, tested family nursing interventions and practices are often not implemented in the critical care setting.^{7,8} Strategies to promote the transfer of knowledge to clinical practice through education and application of family nursing research are receiving increasing attention from nurse researchers.^{9,10} The overall purpose of this pilot study was to examine the influence of an educational intervention on nurses' attitudes towards and confidence

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in providing family care as well as families' perceptions of support from nurses in an adult critical care setting. Exploring the usefulness of an educational strategy of digital storytelling developed through an academic–clinical practice partnership was a secondary purpose. This study defines family as a self-identified group of people who call themselves family and view themselves as a family unit.^{3,4}

2. Background

A significant amount of research has explored the needs of families of critical care unit patients that include receiving information about their loved one and their condition, reassurance from the nurse, and maintaining proximity to their family member.¹¹ However, families experiencing the crisis of critical illness are often unable to identify their unmet needs without assistance and nurses often have difficulty recognising these needs.^{12,5} Families frequently report feeling a lack of emotional support from their healthcare teams and feel excluded in the health care system.¹³ When a nurse excludes a family and fails to recognise the family as a unit of care, the suffering may intensify.^{3,14,15} Family's suffering can include anxiety, depression, and posttraumatic stress disorder (PTSD).^{12,16} Recent trends in critical care have placed a spotlight on the need for nurses and health care professionals to improve communication with and support for families.^{17,12,13}

Global attention is now being directed to studying family nursing practice in the hospital critical care setting.^{10,18,19} Researchers are exploring interventions that integrate the family into the unit of care, influence nurses' attitudes towards involving family care, and emphasise nurses' communication with families.^{19–21} However, multiple demands in a critical care setting and limitations in nurses' understanding of the family experience and family interventions are likely to make it difficult for nurses to implement a practice that is family-centred.^{3,6,7} Nurses frequently share a need for guidance in how to communicate with families and apply current research with families in this complex setting.^{7,22–24} Examining methods of education that will guide integration of family interventions into routine practice has become a priority for family nursing science. The Agency for Healthcare Research and Quality, World Health Organization, and the Canadian Institute for Health Research have emphasised the significance of knowledge translation and implementation science to better understand the process of translating evidence into care delivery in an organisation.²⁵ Nursing practice with families is a phenomenon requiring increased attention while better understandings of how to guide and educate nurses to provide care focused on family is an important priority.

In order to reduce the gap between research and practice and advance family nursing practice nurse researchers and clinicians are beginning to propose academic practice partnerships.^{26,27} Collaboration between a nursing program and a critical care setting may provide new opportunities for improving the care of families. Specifically, the use of digital storytelling in educational contexts has grown with recognition of the power of sharing stories of human experiences. Digital stories include a video with sound, text, and a narrative voice. Creating a visual and narrative digital recording of an individual's story provides an opportunity for reflection, understandings, dialogue, and interpretations with potential to influence thinking and actions.^{3,44} This innovative technological approach of using narratives to educate nurses in hospital settings may also be a means of moving nurse–family relational practice forward.

3. Theoretical framework

This pilot study was guided by the Knowledge to Action Process Framework^{28,29} with deliberate attention to the work of

nurse researchers focused on translation into practice.^{30,10} This framework views knowledge creation and action as interactive and recognises the circular and dynamic processes between education, research and practice.⁹ The Calgary Family Assessment and Intervention Model and the Beliefs and Illness Model provided the approach to family nursing practice in the educational intervention.^{15,31} These models view the family as a central unit of care with the potential for nursing practice to decrease family suffering and promote positive health outcomes.

4. Methodology

This study was based on the philosophy that there is a need for the nurse to care for the family as a unit, developing a therapeutic relationship with the family so they can become partners in care. A pre and post mixed method design collected data from nurses with Family Nurse Practice Scale (FNPS) and data from family members with Iceland Family Perceived Support Questionnaire (ICE-FQSQ). Focus groups and extensive dialogue with nurses were also part of the design. This mixed method enabled a comprehensive understanding of the specific context, as well as experiences of nurses and families in this critical care unit.

4.1. Setting and partnership

The study setting was a 15-bed critical care unit in a 150-bed suburban hospital in a metropolitan area in central United States of America. Approval was obtained from the hospital and academic setting Institutional Review Boards. All nurses who practiced in the critical care area were invited to collaborate with the researcher and drive the process of developing the educational intervention content and translation strategies. Five nurses, one nurse manager, and the nurse researcher formed a team that would identify areas of concern for providing family care, share their stories of nurse–family relationships, and develop the design of the intervention. The nurse researcher, an academic with extensive experience conducting family research and teaching family nursing practice, was the principal investigator.

4.2. Educational intervention

4.2.1. Phase one: data collection prior to planning the educational intervention

A distinctive element of this study was that the educational intervention was developed from an analysis of data collected from family and nurses in the critical care setting before the intervention. First, a focus group was held with nurses on the unit to better understand the knowledge of current research related to family interventions and to identify their perceptions of barriers to providing family care. Five nurses participated in the focus group addressing the nurses' experiences working with families in the critical care setting. Field notes were taken by the researcher.

Second, two instruments were used to collect data from families and nurses prior to planning the educational intervention:

1. Family members completed the Iceland Family Perceived Support Questionnaire (ICE-FPSQ)³² to provide data indicating families' perception of support on the critical care unit. The ICE-FPSQ items were developed from a conceptual model in family nursing that is used globally. The instrument was reviewed by family nursing experts to determine applicability to the study population. This measure was used to identify areas where an educational intervention could target particular nursing care with an aim on influencing the support perceived by family members.

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