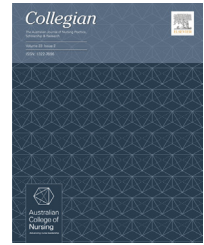




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Understanding family assessment in the Australian context; what are adult oncology nursing practices?



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Summary It is widely recognised, that the caregiver role creates a physical and emotional strain on family members during health adversity. Therefore, family assessment is considered a crucial step in determining appropriate support and guidance required for both patient and family within the oncology setting. Despite this, little is known about the family assessment practices of oncology nurses in the Australian setting.

This qualitative study investigated nurses' family assessment practices in adult oncology settings using an interpretive approach. Focus groups [$N = 20$] were conducted with registered nurses [$N = 56$] across day, ward and radiation oncology areas in three Australian metropolitan hospitals. Results identified that family assessment was completed informally and varied relative to nurses' education, experience, views about family assessment and characteristics of the workplace environment. Most nurses considered family assessment important; however, opinions differed with regard to nurses' role in family assessment. The findings provide an understanding around nurses' knowledge about family assessment and how they engaged with the family. Some nurses identified that a structured assessment approach may provide greater knowledge and understanding of family needs; therefore improve outcomes for patients and families.

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1. Introduction

As the number of cancer survivors increases, the impact of having to provide ongoing support can place physical and emotional strain on family members, increasing their own risk of developing health problems (Coyne, Wollin, & Creedy, 2012; van Ryn et al., 2011). Adult oncology patients are often treated in outpatient settings with the family providing support for the patient at home (Northouse, 2012; Östlund, 2010). It is therefore important for oncology nurses to conduct patient and family assessment as a basis for planning and documenting care, and identifying where support is required (Beckstrand, Caollette, Callister, & Luthy, 2012; Fukui, Ogawa, Ohtsuka, & Fukui, 2009; Östlund, 2010). Supporting families as they provide care to the patient is an integral part of empowering the patient and family to engage in self-management strategies that will improve long term psychosocial and physical health (Wiljer et al., 2013). Such support should be guided by formal assessment, however family assessment is not well integrated in the care of the patient, with some oncology services omitting assessment of family needs altogether (van Ryn et al., 2011).

In the care of the adult oncology patient, the registered nurse is in a position to identify patient and family concerns and coordinate patient and family support services (Dougherty, 2009; Legg, 2011). However, while providing care for the patient, family members' needs often go unrecognised by health professionals and this can influence the health of the family (E. Coyne, 2013; Coyne et al., 2012; Sherwood et al., 2008).

2. Background

Families are an integral part of the life and wellbeing of patients, particularly during cancer treatment. The Australian Commission on Safety and Quality in Health Care (ACSQHC) identifies the importance of partnering with patients and their families within nine of the 10 National Safety and Quality Health Service (NSQHS) standards that drive the implementation of safety and quality systems (Australian Commission on Safety and Quality in Health Care, 2012). It is therefore essential for nurses to include families when delivering patient care. To achieve partnerships with the family is important to understand family needs and functioning, which can be successfully achieved by family assessment. Family assessment involves asking the patient and their family 'what would be most helpful to you during hospitalisation, what are your family's strengths and what resources do you use' (Wright & Leahey, 2013).

Whilst there is a range of research which identifies the importance of meeting family needs, few studies explore the nurses' role within family-centred care (Ganong, 2011; Northouse, Williams, Given, & McCorkle, 2012). Most published research exploring family-centred care has been conducted in paediatric (I. Coyne, 2013; Shields, 2010) or critical care settings (Al-Mutair, Plummer, O'Brien, & Clerehan, 2013; Kean & Mitchell, 2014). Ganong's (2011) review of literature identified that family nursing research has developed internationally, creating a body of knowledge

to develop and understand family-centred care. Key family researchers note the need for educating and evaluating nurses' family assessment practices in order to improve support provided to families in a model of family-centred care (Bell, 2014; Northouse et al., 2012; Wright & Leahey, 2013).

Within Australia, nursing care aims to be patient-centred, incorporating the patient and their family as part of this care. However the notion of patient-centred care, as described in the National Standards, does not extend to family assessment and holistic family care (Australian Commission on Safety and Quality in Health Care, 2011). In patient-centred care the family is included when information is provided, however, this information may not be individualised to family needs. Exploring the barriers to patient-centred care in the United Kingdom, West, Barron, and Reeves (2005) found that nurses expressed a desire to provide the patients and families with support and information but lacked the time and skills to meet the patient and family's needs. There are moves towards a more family-centred model providing a holistic framework for care, where family is assessed and included in supportive care with the patient (Östlund, 2010; Ragnarsdóttir & Svavarsdóttir, 2014). Family-centred care is focused around the patient and family as a unit and requires the nurse to engage with the family using therapeutic conversation and assessment (Bell, 2013, 2014).

Worldwide educational programs provide nurses with the knowledge to complete assessment and interventions, however there is variability in the way family-centred care is integrated into these programs (Gill, Leslie, Grech, Boldy, & Latour, 2014; Ostergaard & Wagner, 2014; Ragnarsdóttir & Svavarsdóttir, 2014). For nurses to provide family support, it is necessary for them to have both theory and skills to understand and assess the needs of family caregivers (Hasson-Ohayon, Goldzweig, Braun, & Galinsky, 2010; Northouse et al., 2012; van Ryn et al., 2011).

With a move towards family-centred care, there is a need to understand more about the processes of care which underpin a family-centred approach to patient care. The aim of this study was to investigate nurses' perception of family assessment, using the research question 'What is nurses' knowledge of, and engagement with family assessment?'

3. Method

This study used an interpretive qualitative approach to explore the family assessment practices of oncology nurses. A convenience sample of 56 registered nurses (RNs) working in clinical adult oncology areas were recruited. These nurses worked in; inpatient, day and radiation oncology areas of three tertiary public hospitals in Southeast Queensland. A total of 20 focus groups were conducted, which explored the nurses' knowledge and engagement with family assessment. The overall methodology was guided by Family Systems Theory which emphasises the family as a unit and focuses on the strengths and resources of the family (Walsh, 2006; Wright & Leahey, 2013). Focus groups were chosen to generate insights and participant views on family assessment (Doody, Slevin, & Taggart, 2012; Holloway & Wheeler, 2002; Nilsson, Skär, & Söderberg, 2008).

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