Involving relatives in ICU patient care: The barriers and enablers

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Learning Objectives

• To articulate reasons for relative inclusion and exclusion

• Identify personal strengths and weaknesses in regards to relative involvement in patient care
Why study this topic?

(Intensive Care Hotline, 2014)
Current literature

• Relatives ICU experiences

• Relatives needs

• The critical care nurse-relative relationship

• ICU visiting policies

• The benefits of relative involvement
Research questions

1. In the critical care environment, what are the barriers and/or enablers to nurses involving relatives in patient care?

2. If barriers and/or enablers are found, why do they exist?
Methodology and Methods

MIXED METHODS

Quantitative
Online questionnaire

Linking
Phase 1 to
Phase 2

Qualitative
Interviews
Results

Phase one

I involve family members in patient care.

- Never: 5.7%
- Rarely: 18.6%
- Some of the time: 54.3%
- Most of the time: 17.1%
- Always: 4.3%
Results

Phase two

1. The challenges of involvement
2. Insecurity
3. Care director
4. Hospital policies and liability
5. Benefits of involvement
6. Patient privacy
7. Decision making
8. The fragile relative
Discussion

The recognition of two nurses

1. The Gatekeeper (barriers)

2. The Facilitator (enablers)
The Gatekeeper

Role

Time

Policies

Patient Privacy

Adverse Events

Insecurity
The Facilitator

- Resource
- Benefits
- Experience
- Competency
- Long termers
- Veracity
Future recommendations

• Further research into the barriers and enablers
• Education
• ICU policies and guidelines
• Multidisciplinary team
• Caregiver specialist
Final conclusions

• Improve relative satisfaction in the often frightening intensive care environment

• Knowledge of barriers and enablers is likely to assist in the practice of involving relatives in ICU patient care
References

References


