Promotion of Family Integrity in the Acute Care Setting: A Review of the Literature

By: Elizabeth Van Horn and Donald Kautz

Abstract:
The acute illness of 1 family member can negatively affect all family members and lead to the disruption of family functioning and integrity. During the patient's hospitalization, nurses are in a key position to support family members, maintain family integrity, and ready them for assuming the role of caretaker during the patient's recovery and management of health at home. This article reviews current research findings that provide empirical support for activities that promote family integrity. Strategies for nurses to support family members during the hospitalization of an adult family member and suggestions for future research are provided. Keywords: Families; Family integrity; Visitation; Information

Article:
Families are integrated systems in which events affecting 1 member affect the whole. The acute illness of 1 family member can then negatively affect all family members and can lead to the disruption of family functioning and integrity. The family is the social unit whereby the health and illness of its members are managed.[1]

Acute illness requiring hospitalization is a stressful event for both individuals and family members. Hospitalization due to acute illness can have negative effects on family members including emotional distress,[2] psychological disturbances,[3] and altered family roles and functioning.[4] Poor family functioning during the illness experience can in turn negatively affect patient outcomes.[5,6] Thus, provision of care to family members is of vital importance.

Recommendations from the Commissioned Report by the Committee on Health and Behavior: Research, Practice, and Policy include the development of family interventions to improve disease management and health among all family members.[7] Committee suggestions for research include the development and testing of family interventions to minimize possible hostility within the family or toward the staff, reduce stress, and promote conflict management among family members; instill a sense of family cohesiveness, teamwork, and closeness; and promote mutually supportive family interactions.

Research on family members has consistently indicated that visitation is important to families, especially during acute illness. Family presence in the acute care setting provides nurses with opportunities to work with family members to support and promote family integrity. In recent years, the move toward open visiting policies and increased family visitation has resulted in increased presence of family members at the bedside. Support of families early during the patient's illness is especially important with chronic diseases, in which management of disease states can last months or years, often with exacerbations or progression of illness.

During the patient's hospitalization, nurses are in a key position to support family members, maintain family integrity, and ready them for assuming the role of caretaker during the patient's recovery and management of

health at home. In working with families, nurses can initiate several strategies. This article reviews the literature on strategies for nurses to support family members and promote family integrity during the hospitalization of an adult family member.

The organizing framework used for the article is the Nursing Intervention Classification (NIC) "Family Integrity Promotion," which is 1 of 12 NICs in the Lifespan Care class of interventions to facilitate family functioning and promote the health and welfare of all family members throughout the life span. "Family Integrity Promotion" is defined as "promotion of family cohesion and unity."8(p366) Multiple interventions, labeled NIC activities, are listed for each NIC, to provide direction to care nurses in the clinical setting. An examination of the current research findings that provide empirical support for several of the NIC activities for Family Integrity Promotion was conducted, and those findings will be presented here.

Studies reviewed were limited to those that included family members of hospitalized adults, most in intensive care units (ICUs). Specific interventions applicable to the acute illness setting examined in this article include the following: (1) provide for family visitation; (2) provide family members with information on the patient's condition regularly, according to patient's preference; (3) provide for care of patient by family members, as appropriate; and (4) determine guilt the family may feel and assist the family to resolve feelings of guilt.8(p366)

According to the Nursing Outcomes Classification "Family Functioning," specific indicators of family functioning that are relevant to the experience of illness of a family member include the following activities: "cares for dependent members, allocates responsibilities among members, accepts change and new ideas, adapts to unexpected crises, obtains adequate resources to meet family member needs, involves members in problem solving, involves members in conflict resolution, and members support and help one another."9(p272)

PROVIDE FOR FAMILY VISITATION

In a review of research on families of critically ill patients, Leske 10 confirmed that family members exhibit similar and predictable needs surrounding the illness experience. The need to remain near the patient is a priority. De Jong and Beatty 11 asked 84 family members to rate the importance of a variety of nursing interventions designed to meet the needs of family members and the frequency with which nurses provided these interventions. Provision of information was identified as the most important type of intervention followed by liberal visitation. Families reported that facilitating visitation was the intervention most frequently provided by nurses.

Studies have revealed the benefit of family visitation both to family members and patients. For example, one study of critical care patients and their family members 12 examined attitudes and satisfaction about restrictive and liberal visitation. Under the restrictive visitation policy, a large majority of patients, family members, and multidisciplinary staff desired increased visiting hours. After visiting hours were increased, satisfaction with the policy increased significantly for family members and patients, although staff satisfaction did not change. Other benefits of increased visitation included increased family involvement with patient care, increased family communication with nurses, and greatly decreased number of complaints from families.

Although the literature supports the benefits of liberal visitation for family members, the effects on patient care and nursing burden must also be considered. Family members require attention, information, and assurance. Anxious family members who require support and repeated information can be draining to work with and can draw nurses' time and attention away from patient care. Thus, although family needs are important, a balance must be maintained between the needs of the patient, family, and nurse. Finding this balance can be especially difficult when caring for a critically ill or unstable patient, which heightens the anxiety of all involved. In these instances, nurses need to draw on the support of their team members, the charge nurse, or family liaison or support services to ensure quality care to both patients and families.

Despite the intense care required by many critically ill patients, nurses are generally supportive of family visitation. However, a survey of nursing staff attitudes toward family visitation in a neurosurgery ICU found that respondents believed that the effects of visitation on patients were dependent on both patient and family factors.13 Families who were supportive, calm, and reassuring to patients were considered beneficial; family members who agitated or aggravated the patient or who exhibited high levels of anxiety were considered detrimental to patients, as reflected in patient physiologic responses that could be harmful to the patient's condition (eg, increased blood pressure, heart rate, and intracranial pressure). Some nurses also expressed concerns about the effects of extended visitation on patients' and family members' ability to obtain adequate rest, especially if visitation through the night was permitted.13

Another study of nurses' perceptions of the effects of open visitation on patients, family members, and nurses surveyed 46 intensive care nurses in Spain. The researchers found that nurses' beliefs about the effects of visiting were generally positive.14 Almost all the nurses surveyed agreed that family members provide emotional support to patients, minimize patient boredom, and increase the patient's will to live, and most agreed that family visitation provides an atmosphere that supports healing. However, more than half of the nurses felt that visits depleted patients' energy and contributed to physiologic changes including hypertension and tachycardia. All the nurses surveyed agreed that the effects of visitation on the patient depended on the characteristics of both the patient and the family.

Nurses also felt that visitation had several benefits for family members.14 Most reported that open visiting increased family member satisfaction; decreased anxiety; and provided more information, knowledge, support, and assurance from the nursing staff. Nurses did not think that open visitation was exhausting for family members, or obligated them to be constantly present at the bedside, or caused them to neglect the needs of other family members. Thus, open visitation was not considered detrimental to the maintenance of family integrity.

When asked about the effects of open visitation on nurses, most of these nurses reported that although open visitation created greater physical and psychological burdens for the nurses, it also produced valuable information on the patient and increased nurses' professional satisfaction. Nurses did not find that increased time spent with family members resulted in less time for patient care.14 Thus, the research supports the views that open visitation, when monitored and used judiciously, can benefit both patients and family members.

Specific strategies that nurses can implement to engage families at the bedside, meet their needs for information, and promote family closeness during an acute illness event are briefly described below.

PROVIDE FAMILY MEMBERS WITH INFORMATION

The need for information has always been one of the most important needs identified by family members. Provision of information about the patient's condition is rated as the most important nursing intervention and the one most frequently used by family members.11 Providing patient information to family members has several important effects, including decreasing anxiety and enabling family members to make informed decisions about the patient's care.10 Family presence in the ICU provides healthcare professionals an opportunity to give this information.

One study of the effects of a structured program for providing information to families of ICU patients was conducted in Hong Kong with 66 family members of ICU patients.15,16 The researchers provided 2 information sessions during the first 2 days of hospitalization that were tailored to assess family needs. The most important needs family members identified were information on the patient's progress, patient care, expected outcomes, and information on what family members could do at the bedside. Family members who received the educational sessions experienced significantly less anxiety and greater satisfaction after the intervention than the control group.

Decreasing anxiety and improving satisfaction are 2 ways to support family members and aid in the maintenance of family functioning. When family members are able to manage their own negative emotions, such as anxiety, anger, and fear, in response to the acute illness of a family member, they are more able to attend to the needs of other family members and support each other in managing stressors.

Medland and Ferrans 17 tested a simple structured communication program in the ICU that included a family discussion with the care nurse 24 hours after patient admission, an educational pamphlet, and a daily telephone call from the nurse to update the family on the patient status and answer questions. Family members in the intervention group were asked to limit their calls to the ICU. Control group family members received usual care and were not asked to limit calls. The intervention group placed significantly fewer calls to the ICU and nevertheless rated the degree to which their informational needs were met and their satisfaction with the care provided similar to the control group. The researchers concluded that structuring family communication methods can successfully decrease the family communication workload of the nurse and still meet family members' need for information on patient care.

Given the stressors of the acute care environment, family members often have difficulty processing complex or emotionally difficult information, and they may need repeated information. To help families of acute head injury patients in the neurological ICU, the second author implemented an intervention to assist them to understand levels of patient responsiveness after head injury. Families were given a handout that explained in lay language how to perform a Glasgow Coma Scale rating.18 They were told that improvement in patient movement and awareness would occur in a stepwise fashion, and they were encouraged to use this tool to rate the patient's Glasgow Coma level each time they visited the patient.

The tool helped families understand and accept the long process to independent functioning that many of these patients require. They continued to assess where on the continuum of function their family member currently was, and how far the patient had to progress to function independently. Families responded by inquiring about rehabilitation services and mobilizing for a long recovery earlier during the patient's hospitalization.

Not all families interpreted the scale correctly: some rated patient responsiveness much higher on the scale than patient responses indicated. This helped staff see that these family members needed to maintain uncertainty and denial in order to cope, and thus, emotional support, rather than education of the family, became the focus of their care.

After staff adopted this family tool, they voiced a need to learn more about rehabilitation services so they could correctly advise families. This led to an exchange project in which ICU and rehabilitation nurses spent a day shadowing each other to learn more about their respective areas. Soon, nurses in the 2 units were calling each other directly about issues. Thus, the education effort had wide-ranging consequences for patients, families, and healthcare personnel.

Families always need to understand patient progress and predict outcomes. Nurses use prognostic indicators daily to chart patient progress and predict how a patient is going to do today, tomorrow, and over the next few days. Families can also be taught about these measures, and to use the information obtained by nurses to help monitor patient progress and anticipate outcomes. For example, they could be taught about ventilator settings during long-term ventilator weaning for respiratory distress, serum creatinine levels and urine output in renal failure, and cardiac output and blood pressure in cardiac or septic shock. Research is needed, however, to determine whether teaching families about these indicators promotes family integrity and to identify which families would most benefit from this intervention.

PROVIDE FOR CARE OF PATIENT BY FAMILY MEMBERS

Provision of patient care by family members promotes family integrity through the direct physical interactions of family members. In addition, providing care in the hospital can help to prepare family members for patient care that they may need to continue after the patient is discharged. In a survey of intensive care visitation, Roland and colleagues 12 found that 85% of the patients and 72% of the nurses surveyed preferred allowing family members to perform some patient care.

Only a few studies have examined the effects of provision of care to the hospitalized patient by family members on patients and family members. In a study with 49 caregivers of a hospitalized elderly family member, Li and colleagues 19 tested a nursing intervention designed to aid the family members in providing care. The results revealed benefits for patients and family members both during hospitalization and after discharge. Patients who received the family care intervention had fewer depressive symptoms during hospitalization, less confusion, and less incontinence than a control group. Family members experienced better relationships with the patient during hospitalization and more role rewards after discharge. Family caregivers also reported more knowledge about their elderly family member's healthcare needs, expected behaviors, and potential complications.

Eldredge 20 examined goals and helping behaviors of 88 spouses of ICU patients. All reported performing some care for the patient in the ICU, and a large majority expressed a desire to continue to assist the patient after transfer from the ICU to the hospital floor unit. Spousal care was nontechnical and included presence at the bedside, conversing with the patient and offering encouragement, touching, assisting with daily care, and notifying the nurse of patient needs. Most spouses reported that caregiving activities helped them feel positive and productive. However, 11% said that helping at the bedside increased their feelings of apprehension or helplessness.

These findings suggest that participation in patient care should be based on family members' preferences. In addition, before discharge, families who are reluctant to provide patient care may need referral services to help them obtain additional nursing support in the home because the burden of patient care on an unprepared or unwilling family can further stress the family and negatively impact the health of the patient and family integrity.

Azoulay and colleagues 21 conducted a survey of family members of patients in 78 ICUs in France, asking about their desires to perform advanced patient care including feeding, bathing, and tracheal suctioning. Although most nurses (88%) thought participation in patient care activities should be offered to family members, only 33% of the family members wanted to participate in patient care. However, the majority of those who did participate in patient care said that it supported their relationship with the patient and their desire to help the patient. Concerns about lack of training, patient harm, and infection were expressed by nurses and patients as potential barriers to family participation in care.

As an alternative to traditional family provision of care to patients, Jansen and Schmitt 22 have suggested family provision of complementary and alternative therapies. Therapeutic modalities that family members can engage in include centering, guided imagery, hand and foot massage, therapeutic touch, and techniques of healing touch. Family members might also benefit from these complementary and alternative therapies. Some of the techniques, however, require instruction or training, as well as an open mind toward nontraditional healing and relaxation techniques. In the critical care environment, family members may be too stressed to undertake these activities; however, they could be useful in prolonged ICU stays or after transfer to less acute care. Further research is needed to determine the responsiveness of families to these therapies and their utility for patients and family members in the acute care setting.

ADDRESS FAMILY FEELINGS OF GUILT
Family members of acutely ill patients often experience feelings of guilt or anger in response to circumstances

that are out of their control. These emotions can manifest as anger toward healthcare personnel and dissatisfaction with care. Chien and colleagues,[15] for example, found that family members of ICU patients rated the need to discuss negative feelings as 1 of their 10 most important needs. Similarly, Browning and Warren [23] found that this need was one of the most important unmet family needs during the first 24 to 36 hours after patient admission to the ICU. Although these emotions are challenging, it is important for nurses to provide an empathetic environment in which families can express negative emotions and support them in processing the acute illness event affecting their family. When these emotions are not adequately expressed and managed, family members may be unable to support each other.

Despite the evidence that families experience guilt associated with an acutely ill family member, no research has tested nursing interventions to aid families in beginning to resolve their feelings of guilt during the acute illness event. Intensive care unit nurses focus on the critical needs of their patients, and they may not be able or willing to engage families in discussions about guilt, or they may not perceive this aspect of family care as relevant to their work. However, families who suffer from intense emotions, including guilt and anger surrounding the hospitalization of a family member, may be at high risk for altered family functioning. Their inability to effectively cope with the acute illness and hospitalization can manifest as dissatisfaction or inappropriate behavior, and they may require additional support resources. Development and testing of nursing interventions to aid family members to effectively manage negative emotional states and to adopt effective coping strategies are thus important.

Facilitation of forgiveness is a key intervention to assist families to relieve guilt and anger. Facilitating forgiveness has been a topic of faith literature for centuries, and nurses are beginning to address it as a nursing intervention. "Forgiveness facilitation," "Grief work facilitation," and "Guilt work facilitation" are 3 of the current NICs.[8] In a review of the literature on forgiveness, Festa and Tuck [24] concluded that forgiveness may allow for family reconciliation and the mitigation of disease. However, the timing for approaching families must be considered. Scales and inventories to measure forgiveness are available, but additional research is needed to develop and test nursing interventions to aid families in forgiveness.

CONCLUSIONS

The nursing interventions presented here-allowing families to visit, giving them information, offering them some way to help care for the patient, and helping them resolve guilt and promote forgiveness-are effective means of promoting family integrity during an acute illness event. They can also be used to support families through hospitalization, rehabilitation, and recovery at home.

An excellent example of integration of these strategies is provided by Marks and Daggett [25] in a critical pathway for family members of patients with traumatic brain injury. The pathway begins on the day of admission and continues through preparation for discharge. The aspects of family care addressed by the pathway include health information management, emotional support, involvement in care, encouragement of self-care, professional support, and community support.[25(p87)] Providing visitation and information and facilitating family participation in patient care are included in the pathway. Family assessment of needs is also included in each phase of the patient's hospitalization. Although this clinical pathway is structured to meet the family needs of a specific patient population, it provides an excellent framework for adaptation to other patient populations.

Future research on promoting family integrity needs to use reliable and valid measures of family integrity during the stressful stages of managing illness within the family. These instruments also need to be sensitive to the effects of nursing interventions to promote family integrity and functioning. The Nursing Outcomes Classification "Family Functioning" provides a means of empirically measuring family outcomes as it contains 19 indicators of effective family functioning, each with a 5-point Likert response scale ranging from "never demonstrated" to "consistently demonstrated."[9(p272)] As family care continues to gain importance, the family

needs to become the object of interventions, and family outcomes should take precedence over individual outcomes. To determine the effectiveness of strategies to promote family integrity, longitudinal research should examine outcomes of family nursing interventions after patient discharge.

In addition to research on family outcomes, research is needed on the effects of integrating family interventions in the acute care settings on nurses and the work environment. Initial research may focus on nurse responsiveness to providing family-oriented interventions at the bedside. Further research should examine the effects of integrating family interventions into ICU care on nurses' job satisfaction, the ICU environment, staff retention, and patient outcomes.

Ultimately, the acute illness experience for families, nurses, and patients will be improved through a therapeutic approach to families that improves family satisfaction with care and assists families in managing stressful emotions and maintaining family integrity. Family care can be burdensome for critical care nurses, whose primary objective is to provide intense care to critically ill patients. However, helping families to more effectively manage the acute illness of a family member can prove beneficial for the family, the patient, and the nursing staff.

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