

# Family Centered Care in the Critical Care: Voices of Family Members

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## Introduction

Critically ill patients and their family members experience the critical care unit as an extremely stressful environment. Patients admitted to critical care units are members of a wider patient-family network that functions as a small social network. Family-centered care (FCC) has been described as a partnership approach to health care decision-making. As a philosophy of care, FCC, and the related term patient-centered care (PCC), have been recognized by multiple medical societies, health care systems, state and federal legislative bodies, the Institute of Medicine, and Healthy People 2020 as integral to patient health, satisfaction, and health care quality. FCC, however, is at a crossroads today. Fundamental misunderstandings persist about what FCC is, how to implement FCC, and how to determine the family-centeredness of care. FCC cannot deliver on its promises unless greater understanding and support for FCC are achieved by health care providers. More than anything else, FCC is an attitude change in the way clinical care is delivered, as families-as-partners fundamentally challenge the care paradigm of unilateral responsibility for decision-making. Nursing care should move away from the traditional models of care, where care focuses on the physiological care of patients, to family-centered care, thus recognizing the needs of the families as inseparable from those of the patient.

## Description

Family-centered care is commonly used to describe optimal health care as experienced by families. The term is frequently accompanied by terms such as "partnership," "collaboration," and families as "experts" to describe the process of care delivery. The true story of Adam and his family (all names in this manuscript are changed) demonstrates FCC at its best, with information sharing, partnering, respect, and negotiation leading to a successful outcome in a difficult clinical scenario. By itself, though, the term FCC is non-specific and lends itself to wide interpretation for implementation and measurement. Is FCC simply asking families what they want to do? Is it about family satisfaction, or quality health care? Ironically, such misunderstandings about appropriate processes of care can drive families and providers further apart.

## Aim

To observe current family centered practices in the critical care unit.

## Research design and methods

A qualitative research design was utilized to observe current practices relating family-centered care in the critical care unit. The researcher and critical care nurses observed current family centered practices during visiting hours on day and night duty. The nurses collaboratively analyzed the data using hermeneutic data analysis. Based on the findings strategies were identified to enhance family-centered care in the critical care unit.

## Findings

The study found that the participants wanted healthcare providers to be consistent in their information sharing, not only sharing patient information when the condition changed, on admission and discharge. According to the participants, complete information sharing would promote understanding of the progress; leave them with fewer questions to ask, and make them feel part of the care team. Weekly family meetings should be held with doctors to have face-to-face conversations regarding concerns about their family members' condition and progress.

## Conclusion

Information brochures/leaflets should be readily available for families about the ICU environment, equipment and general rules and regulations that will be important for them as family members. Supporting and involving families in the care of the critically ill family member may improve family satisfaction, reduce complaints and ultimately lead to positive health outcomes for the patient. Healthcare professionals should collaboratively and continuously engage families in care decision making. Consequently such partnership will promote a family-centered care environment in the ICU.

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