



THE BENEFITS OF NURSE-LED SUPPORT GROUPS FOR PATIENTS AND FAMILIES

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Abstract

The COVID-19 pandemic has worsened the effects of a patient being admitted to critical care facilities, resulting in families experiencing a greater number of psychological problems compared to prior years. Therefore, it is important for nurses and other clinicians to stay updated on treatments that provide assistance to the relatives of critical care patients. The objective is to provide empirical data on the efficacy of family interventions led by nurses in adult critical care environments and their impact on family outcomes. The search included a thorough examination of pertinent databases such as PubMed, Scopus, as well as the Cochrane Library. Additionally, citations in relevant papers were scrutinized. The study included research on the effects of nurse-led interventions in adult critical care settings, examining family outcomes. Both qualitative and quantitative approaches were considered, allowing for the inclusion of results from either approach in the mixed method synthesis. The assessment of the article's quality was conducted by three writers using the critical evaluation methods provided by the Joanna Briggs Institute.

The categories exhibited variation in terms of their constituent parts, mode of delivery, and the resulting effects on families. Nurse-led therapies, such as educational interventions using digital storytelling, a packaged approach, informative nursing services, and nurse-driven emotional support, yielded modest to moderate enhancements in family outcomes. The two included studies that examined family visits in the ICU found that this technique had no significant impact on family outcomes. The variations in the intervention components, instruments, and results assessed in this analysis demonstrate the wide range of family requirements, and the existence of several treatments that have previously been devised to enhance family well-being in critical care environments. Based on the data, it is indicated that family outcomes may be enhanced by multidisciplinary nurse-led interventions.

Keywords: Critical care, Family-centered care, Family effects, Nursing action, Review.

1. Introduction



The admission of a patient to the Intensive Care Unit (ICU) often causes significant emotional, financial, and social anguish for both the patient and their family (Al-Mutair et al., 2014; Imanipour et al., 2019). The encounter may impact the well-being of the patient or their family members by inducing feelings of anxiety, despair, intricate mourning, post-traumatic stress disorder (PTSD), and Post-Intensive Care Syndrome-Family (PICS-F). Petrinec and Martin (2018) found that 45.8% of family decision-makers had anxiety, 25% experienced depression, and 11.1% suffered PICS-F when a family member was brought to the ICU.

In a similar manner, Alfheim et al. (2019) showed that when being admitted, as many as 54% of family members undergo signs of post-traumatic stress disorder (PTSD). The relatives of patients in the Intensive Care Unit (ICU) have several requirements, such as access to information, the ability to visit the ICU at convenient times, and the desire for optimism and reassurance (Jacob et al., 2016). Furthermore, the COVID-19 epidemic has exacerbated the emotional challenges experienced by the family of critically sick patients. Azoulay et al. (2020) outlined the challenges posed by the pandemic in providing support to families of critically ill patients. These challenges include the suspension of family visits in intensive care units (ICUs), hospital staff's hesitancy to share limited personal protective equipment with family members of ICU patients, and the stress experienced by clinicians, which may hinder their ability to support the family members of ICU patients. A thorough examination of the existing evidence on treatments with family outcomes as the main focus is justified. This mixed method systematic review intended to provide a comprehensive description of nurse-led family interventions and their results in adult critical care settings.

The existing recommendations and published research, including reviews and meta-analyses, outline many treatments aimed at the family members of patients in the intensive care unit (Davidson et al., 2016; Goldfarb et al., 2017; Lee et al., 2019; Mackie et al., 2018; Zante et al., 2020). The clinical practice guidelines for family-centered care in the ICU include implementing interventions that involve the presence of family members in the ICU, providing support to families, facilitating communication, consulting with particular members of the ICU team, and addressing operational and environmental concerns (Davidson et al., 2017). Nevertheless, these guidelines provide insufficient advice, and the authors contend that more evidence of family-oriented treatments is necessary.

Goldfarb et al. (2017) conducted a study which found that patient- and family-centered care (PFCC) treatments may decrease the duration of an ICU stay by an average of 1.21 days. However, the authors emphasized the need for more evaluation of the efficacy of PFCC interventions in critical care settings. The findings of a study conducted by Lee et al. (2019) have shown that interventions aimed at providing family support lead to enhancements in communication and shared decision-making. Additionally, these interventions result in a decrease in the length of stay (LOS) in the Intensive Care Unit (ICU) and the overall hospital stay for critically ill patients by 0.89 and 3.78 days, respectively. In addition, a recent study found that treatments that encourage family participation in patient care might enhance patient

outcomes in acute care environments (Mackie et al., 2018). The study conducted by Zante et al. (2020) found that end-of-life conferences have the potential to decrease the occurrence of post-traumatic stress disorder (PTSD), anxiety, and depression. However, condolence letters were shown to exacerbate post-intensive care syndrome-family (PICS-F). Nevertheless, the authors emphasized that the current data supporting the favorable impact of family engagement in patient treatment is lacking.

While the existing recommendations (Davidson et al., 2017) and prior reviews (Goldfarb et al., 2017; Lee et al., 2019; Mackie et al., 2018; Zante et al., 2020) have addressed family-centered treatments in adult acute care settings, many parts of these interventions still need clarity. Researchers have expressed concerns over the insufficient evidence on the effectiveness of family-centered therapies. Furthermore, the empirical data on the impact of nurse-led family interventions on family outcomes is inconclusive. Identifying particular nursing aspects that would be useful for adults in the ICU situation becomes difficult due to this. Furthermore, prior evaluations have shown that when assessing the effectiveness of family-centered treatments, objective criteria often rely on either qualitative or quantitative data. Nevertheless, the intricate nature of the demands of family members, which may not be adequately represented by quantitative results alone, may necessitate the use of mixed method techniques to expand the body of data about nurse-led interventions. Therefore, in order to expand the range of evidence supporting nurse-led treatments, it is recommended to use mixed approach evidence synthesis. This also enhances the methodological inclusivity and the availability of evidence that can be used by a broader spectrum of stakeholders (Sandelowski et al., 2013). This indicates a need for a comprehensive evaluation that combines both qualitative and quantitative methods.

The purpose of this review was to identify nurse-led interventions that are based on evidence and can be improved to provide support to the family members of ICU patients. The review focused on the search strategy, inclusion criteria, and methods of analysis that were specifically chosen to achieve this objective. Additionally, the review aimed to describe the outcomes for the family members resulting from these interventions. Nurse-led family interventions are interventions that focus on the entire family or specific individuals within the family. These interventions involve a collaborative and non-hierarchical interaction between the family and healthcare professionals. They are directed and/or delivered by nurses to address a specific need within the family (Eustance et al., 2015).

Healthcare personnel often lack the necessary preparation to incorporate agile methods, such as family-witnessed cardiopulmonary resuscitation, into their clinical practice (Sak-Dankosky et al., 2018). Nevertheless, nurses are in a favorable position to provide care for family members because of their close closeness to families and the significant amount of time they spend with both patients and families. The information presented in this analysis will empower researchers and healthcare organizations to create family-centered treatments that focus on certain significant family results.

The purpose of this study was to provide evidence on family interventions led by nurses and their impact on families in adult critical care settings. The included studies presented evidence of varying quality, ranging from poor to high, on eleven different therapies. These interventions included educational/informational interventions, family presence in ICU care, diaries, communication, and interventions with bundled components. There is significant data indicating that measures linked to the quality of care, such as satisfaction, communication/information exchange, and decision making, have improved after several treatments. Integrating contact with family members into the ICU setting is linked to an increase in the quality of care as reported by the family. In order to promote the health and well-being of families in the ICU, it is important to implement treatments that foster mutual understanding and develop sympathetic and therapeutic interactions. These interventions are frequently the outcome of nurses taking proactive measures to meet the needs of families (Wu et al., 2016). The majority of the evidence, as assessed by study-specific quality rating, is of good quality. Therefore, nurses and other clinicians have the option to choose among several nurse-led treatments that are expected to enhance indicators linked to the quality of care. Additional results included measures of family psychological well-being, such as sadness, stress, coping, and anxiety. While one study (Knapp et al., 2013) shown positive effects on family psychological health indicators, another intervention (White et al., 2018) did not show any improvements. However, it is important to highlight that there is a limited amount of research available on this specific area of family outcomes. There was a lack of research on the relationship between family functioning indicators and cost-related outcomes, such as the duration of stay and cost of ICU admission.

2. The Effectiveness Of Nurse-Driven Emotional Support And A Family Support

This analysis highlights the effectiveness of nurse-driven emotional support and a family support coordinator in lowering the length of stay (LOS) in the intensive care unit (ICU). Support coordinators may help reduce the misunderstanding caused by the lack of involvement of family members, by clarifying expectations. Hutchison et al. (2016) states that treatments that are well-organized and tailored to certain roles (such as emotional support provided by nurses and assistance for families) improve the target population's comprehension of the intervention and foster trust between the implementer and the target group. This discovery aligns with the findings published by Lee et al. (2019), indicating that protocolized family support treatments lead to a reduction in length of stay (LOS) in the intensive care unit (ICU). This discovery also corroborates the recommendations put out by Davidson et al. (2017), which advocate for communication and the presence of family members in the intensive care unit (ICU). Nevertheless, the available data is insufficient to comprehensively comprehend the effect of nurse-role-specific treatments on length of stay (LOS), thereby emphasizing the early stage of future research in this area.

The study provides evidence of the effect of nurse-led interventions on the cost of staying in the ICU, namely following the implementation of a family support coordinator intervention. There was just one quasi-experimental research (Shelton et al., 2010) that evaluated the cost of

ICU stay, and it was of good quality. Nevertheless, the research lacks sufficient reporting of the cost-measures. Therefore, there is a shortage of research that assess the influence of nursing treatments on this significant outcome.

The research reviewed in this study included a wide range of intervention components aimed at improving family outcomes in adult critical care settings. These factors are connected to the ones mentioned in a previous review conducted by Kynoch et al. (2016). Nevertheless, the empirical evidence about the advantages of family rounds contradicts the recommendations on family-centered ICU care (Davidson et al., 2017). It is crucial to highlight that the results about the impact of family rounds, namely the minimum effect, were drawn from a limited pool of two primary research, namely Jacobowski et al. (2010) and Weber et al. (2018). Moreover, interventions in studies with limited sample numbers might result in a certain level of bias. In order to validate the findings of other researchers, it is imperative that subsequent studies repeat the treatments outlined. The study of family outcomes highlighted actions that might be advantageous for the future development of interventions specifically tailored for the ICU. Although diaries, family meetings, communication, training materials, and professional roles like coordinators have been extensively included into family-based interventional research, it is important to additionally consider new components when creating family interventions for critical care settings.

3. Conclusion

Our analysis indicates that interventions led by nurses result in modest to moderate enhancements in family outcomes. More particular, educational and informational interventions improve family support, increase family satisfaction with treatment, and decrease anxieties among children who attend adult ICUs. Moreover, nurse-led treatments that increased family involvement/presence in care resulted in improvements in treatment procedures, decision-making, and preparedness for discharge. Prior studies have shown inconsistent findings about the efficacy of diaries. Nevertheless, the majority of studies included in this review indicate that diaries enhance family comprehension of the gravity of an illness, provide valuable information, and contribute to the emotional well-being of family members. Interventions that focus on communication improve both confidence and the overall quality of conversation.

Bundled nurse-led interventions provide cost savings and enhance the quality of communication and patient-centeredness of treatment. Finally, it is important to acknowledge that the current data, although convincing, was rather restricted. Therefore, we exercise caution in drawing any definitive conclusions on the efficacy of nurse-led interventions for family members of ICU patients. Therefore, we recommend that the research included in this review provides a strong basis for gathering more data (both qualitative and quantitative) on the effects of nurse-led interventions on family outcomes in critical care settings.

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