

Quantitative study - other

Nurses should be empowered to be proactively involved in family decision meetings on intensive care unit patient care decisions

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Commentary on: Pecanac K, King B. Nurse-Family Communication During and After Family Meetings in the Intensive Care Unit. *J Nurs Scholarsh* 2019;51:129–37

Implications for practice and research

- ▶ Nurses should be included in the family meeting in an active role to discuss the patient's condition.
- ▶ Education sessions can be arranged for nurses before involving them in the family communication process. This will improve their knowledge of, attitude to and involvement in their role in the family discussion session.

Context

Nurses are important members of the intensive care unit (ICU) team and evidence suggests that they should participate in the ICU family discussion by sharing information about the patient's condition, advocating for the patient's wishes, and helping patients and patients' families understand the care plan. ICU family discussion is highly recommended to address the concerns of patients and patients' families and explain the plan of care.¹

Methods

The purpose of the study was to explore nurse–family communication during and after family meetings.² It was a cross-sectional, observational study, where 36 family meetings were audio-recorded (24-bed general ICU and a 12-bed burn ICU) from January 2015 to December 2015, at a community hospital in an urban midwestern US city. Only families of intubated adults over the age of 18 years old who spoke English, were eligible for the study. Conversation analysis was applied to data, along with the turn-allocation technique, which is confirmed by experts for ensuring integrity.²

Findings

The average patient's age was 64.7 years; 60% were black and 40% were white. The results showed that about 27% of treatment decisions

were decided on during the family meeting. However, most of the family meetings consisted of 4–26 participants, where an average of 4.6 healthcare professionals and 5.3 family or friends joined each meeting. Nurses were absent during most of the meetings (58%). During 10 (28%) of the family discussions, nurses spoke with a self-selected turn which were interrupting physician or family members, responding to the questions, finishing their statements and asking a question. Most of the nurses' turns were short and aimed to give more clarification to the patient's family members. However, when the nurses were selected to speak, they often asked yes or no questions, which are questions designed for minimal response. Another important finding of this research was the nurse's response received from patients' families after the meeting. After the meeting, an offer was made for nurses to provide the patients' family members clarification and gestures of empathy; the family members denied these offers.

Commentary

This study focused on the current nurse's role in the family meeting. Family meetings providing a forum for nurses to advocate for patients and members of the family. Nurses could play multiple, vital roles throughout, and after family meetings. The current study found that nurses felt underestimated and under-empowered to contribute effectively throughout family meetings. Family meetings must be multidisciplinary, including ICU doctors and nurses in addition to the family members of the patients. Interdisciplinary collaboration is a core aspect of good critical care, and enhanced communication among nurses and doctors in ICU has been associated with better patient outcomes. Poor communication and collaboration among healthcare professionals (nurses and doctors) of the ICU interdisciplinary team are the major barrier to successful ICU family meetings. To overcome this, nurses need to more actively speak out in family meetings by expressing their opinions and the wants and needs of patients and family members, listening and clarifying information.³ Nurses' expectations of their role in family meetings may pose an important constraint to the nurses' full involvement in these meetings.

The importance of the study to future empowerment of nurses to participate in conversations is to develop a specialty role for the nurse. An active, meaningful approach needs to be taken to involve nurses in family meetings with an active and effective participation for better ICU care. Nurses often discuss the patient's status or recent assessment with the family. Therefore, continuous education sessions with all members of the healthcare team are important to support nurses in sharing their expertise to assist families in the decision-making process.

Competing interests None declared.

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