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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. 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.

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

Research Design & 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. 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.

Biography

Prof Isabel Coetzee is a senior lecturer at University of Pretoria for past 19 years involved in the education and training of pre-graduate and post-graduate students. Her area of clinical expertise is Critical Care Nursing Science.. She has supervised post-graduate scholars to completion a total of 30 Masters and 1 PhD students.. Currently she is supervising 15 Masters and 7 PhD students. She is an external examiner at several national and international universities, has examined 30 Masters dissertations and 9 PhD thesis. Prof I Coetzee has presented at various National and International Conferences relating Critical Care, Higher education and Practice development aspects. She has 18 published article in National and International Journals and is a co-researcher in a International Practice development research project with NRF Funding. She is a Fellow of the Academia of Nursing in South African (FANSA), as well as the South African representative of the World Federation for Critical care nurses (WFCCN). She is a recipient of the Critical Care Society of South Africa's Presidents' Nursing Award for outstanding contribution to Critical Care in South Africa.

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