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Exploration of Nurse/Social Worker ICU Family Support Group Intervention Satisfying Family Members' Needs

Julie Benbenishty1*, Dvora Kirshbaum-Moriah2 and Chaya Harel2

[1]Hadassah Hebrew University Medical Center, Ein Kerem, Jerusalem Israel

[2]ICU Hadassah Hebrew University Medical Center, Jerusalem Israel

***Corresponding author:** Julie Benbenishty, Academic Consultant, Hadassah Hebrew University Medical Center, PO-Box 12000, Ein Keremm Jerusalem Israel

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Abstract

Background: Family members of intensive care unit (ICU) patients are legitimate recipients of nursing care. There is a lack of interventional nursing strategies providing family support while in ICU.

Objective: To demonstrate that a nurse led family support group is tool to fulfill family members' needs.

Methods: A prospective convenience sample of family members volunteering participation in nurse/social worker led support group. To validate the intervention on family members' needs, The Critical Care Family needs Inventory was distributed to participants in support group.

Results: 100 relatives participated in the study; Out of the 45 family needs, 21 needs were statistically significantly fulfilled by participation family support group intervention. The findings demonstrated that support group most significantly affected Support and Assurance categories.

Conclusion: Using support group as interventional technique is unique way to build additional avenues of communication, trust, and respect while fulfilling family members essential needs while their loved one is in intensive care.

Introduction

Family members of Intensive Care Unit (ICU) patients are legitimate recipients of nursing care. Family-Centered Care is accepted worldwide as a quality indicator to advance patient care [1]. Providing holistic intensive care including families has been endorsed to improve safety and quality [2]. If family's needs are met, they are more likely to cope better during and beyond ICU [3]. ICU Family members needs have been clearly identified and validated using the Critical Care Family Needs Inventory tool (CCFNI) [4,5]. Using factor analysis, the 45 needs on the CCFNI have been grouped into five subscales. They are the need for (a) assurance, 7 items (b) proximity, 6 items (c) information, 14 items (d) comfort, 9 items and (e) support , 9 items (8) Family needs have been studied and results reported [6-8] analysis identifying distinguishing elements of satisfaction, usually in one family member. The findings suggest that families want truthful, comprehensible, and timely information; less restricting visiting hour policies; and some way to guarantee that skilled and compassionate people [6-8] care for their loved one. In a published systematic review examining randomized, controlled trials of interventions to improving communications it was found that ICU staffs are capable of implementing interventions effectively, recommending that constant programs targeted at family communication may be the most important element of successfully meeting family needs [9].

The Society of Critical Care Medicine/American College of Critical Care Medicine created recommendations for family support; based on studies describing long-term psychological consequences of family members of critically ill patients [4]. From 66 references of low level of evidence, the following guidelines were published. The ICU staff should receive educational resources to assess and cope with family needs to reduce family stress. The family should receive frequent clearly understandable updates from consistent ICU team members. The ICU staff should provide varied information formats (e.g., verbal, written, and video). Families should be encouraged to partake in patient care as culturally appropriate in cases in which they are comfortable doing so [4]. The guideline [9] was reviewed by the Royal College of Nursing in Australia and further adopted for practice there [10]. The authors commented that one weakness of the guideline was that families [9] did not validate it.

Social support is one resource that can influence fulfilling family's need and their adaptation to the stress of serious illness and reduce adverse effects [11]. In the ICU setting physicians nurses, and social workers, have the task of managing support to relatives of patients who are gravely ill. One-way to enrich social support for the goal of fulfilling family's' needs could be nurses providing a platform for a support group while families are in ICU [11].

There is a lack rigorous, large-scale evaluation of interventional strategies which nurses undertake providing a platform for family support while hospitalized in the ICU [10]. A few recent published studies discuss family and ICU team communication interventions in a private setting to satisfy family needs [12], however, no published papers were found regarding using family support groups as a strategy for providing psychosocial care to families of sick ICU patients while hospitalized.

The most all-inclusive investigation of support groups found that the foremost motive for involvement in groups of any kind was the experience of physical illness [13].

Nurse led support groups are practiced in a multitude of clinical settings, as a way to meet family needs [11,14]. Support groups are

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designed to provide information, unique sense of community and unconditional acceptance, in contrast to experiences outside a peer support group where feelings of isolation or even rejection may occur [14]. Rappaport has recommended that collective narratives generated during group meetings form a kind of group account that establishes a social uniqueness, differentiating the "group therapy" from any kind of formal psychotherapy [15]. It is important to note that support groups are not suitable for every person and do not replace private discussions between ICU staff and individual family members. Therefore, participation should be voluntary, and in those cases where individuals sit in the group but do not actively partake in discussion, they should be accepted as members of the group regardless of individual participation [13].

When clinicians facilitate support groups, positive relationships with staff together with other patients' family members can occur because of venting and legitimatizing feelings, sharing experiences and adopting support strategies have been reported in research preformed in long-term care facilities [16]. The support group platform thus provides a unique sense of community and non-judgmental acceptance, which facilitates the adoption of improved coping strategies [16]. The United Kingdom has a well-developed nationwide strategy in the ICU STEPS program [17]. This support group intervention focuses on patients and families who have survived ICU and generally join the group six months' post discharge. The ICU STEPS program is led by ICU nurses however, does not include participation from family during their relative's ICU stay. No papers were found that described or evaluated support groups during adult ICU admission.

A unique perspective, utilizing nurse and social worker-led support groups for family members during ICU hospitalization have not been investigated or reported and may be of value to families. At the current study site ICU, a 14-bed surgical unit; it was thought that practice could be improved by providing more support to family members while their relative was a patient in the ICU.

To legally conduct a support group in the site country, Israel, one must have specific training. The ICU social worker was certified to do this and was enthusiastic to be included. The support group for family members, led by the nursing staff was intended as an adjunct to bedside nursing and continual routine support provided by the ICU team.

Method

The site ICU has a 1:2 nurse -patient ration, each patient has a room to him/herself and most rooms have outside-looking windows. It is a closed unit with specific visiting hours. The family waiting room is a very large area close to, and outside, of the unit equipped with a full kitchen, scenic view and comfortable seating. The family support group sessions occurred in a comfortable room with beverages, chairs arranged in a circle and ambient lighting, physically located close to the ICU. The objective was to create a space where family members felt comfortable and not threatened to enable the development of a trusting environment, a fundamental aspect in family-centered care delivery [18].

Structure of family support group sessions

Each week all staff nurses would verbally invite visiting family members to the one-hour support group session, relating the time and place held. In addition, family members who attended past sessions encouraged new admission patient families to attend.

In most instances, the head nurse and social worker conducted the support group sessions. Few instances occurred where the assistant head nurse substituted when the head nurse was on vacation.

At the start of every support group session the head nurse introduced herself and the social worker. She assured participants that the ICU staff recognized the families' importance and how they were integral to the patient's life and that, they were considered partners in their relative's care. Ground rules of the session were explained. Specifically, participants were told that any patient details were not discussed, and that the focus was on their [i.e. family members'] thoughts, feelings, and perceptions. The nurse leader emphasized before each support group session the importance of maintaining confidentiality and the fact that the project was to be reported in the literature with aggregate data only and with no names used.

The nurse/social worker provided an overview of what was planned for the session and after answering any questions, requested that family participants provide their consent that the topics discussed be documented. No names were documented and all data were confidential.

Participations were informed that participation in the support group was voluntary and that ethical approval was received from the Institutional review board (0329-13) of the hospital.

To provide a context, each family member introduced themselves by name, their relationship to the patient and how long they have been in the ICU.

Based on principles of developing a support group (14) the nurse proceeded to read a poem, lyrics to a song, or short extract from a book with content about crisis. The family members were asked how this resonated with them. It was anticipated that everyone would be able to identify with some element in the passage which would stimulate discussion of their feelings.

After six months of the nurse/social worker led support group sessions, an evaluation of the intervention occurred with the convenience sample of participating family members.

Data collection and analysis

The data analysis preformed: (1) topics discussed within the support group sessions and (2) the CCFNI results. Demographic data were added and included participants' gender, age, ethnicity and relationship to the patient. The CCFNI is written in English and translation was necessary into Hebrew. Four bi-lingual Hebrew/English speakers contributed to the translation of the CCFNI questionnaire. Two independently conducted forward translations from English to Hebrew and then these were back-translated by the two other independent translators to obtain the final version.

The CCFNI instructions to the participate were to complete each of the 45 items immediately after the conclusion of the support group session. A global item was added to the questionnaire "how important the support group was in fulfilling each individual need". Using SPSS (version23) statistical package, demographic data were calculated using frequencies and proportions. Spearman correlation analysis

Table 1: Gender, age and ethnicity of patients and their family members.

Demographic variables	ICU patients (n= 83)	Family members (n= 89)
Females	46%	61% spouse or daughter, sons and fathers
Mean Age in yrs (SD)	53.3 (22.4)	49.3 (20.6)
Age over 60	57%	50%
Ethnicity • Jewish • Arabic	 71% 29%	 83% 17%

was used to calculate the association of the perception of the family member in how important participation in the support group was in fulfilling the 45 individual needs of the CCFNI. Responses to each item of the tool was assessed for correlation to the added question (#46) "In general how important is it for you in fulfilling your needs to participate in the support group?"

This correlation analysis was used to draw a line of best fit through effectiveness of the family group and family needs.

Results

There were 147 surveys distributed over the six-month period (from January to July 2015) and 100 returned-a response rate of 68%. Participants in the support group were predominantly females (61%), who were either daughters or spouses of hospitalized husbands or fathers. The average age was 49.3 years (SD 20.6); with 83% with Jewish ethnicity and the remainder 17% Arab (Muslim or Christian) (Table 1).

In order to understand the relationship between each CCFNI need and the family support group a correlation analysis was performed. Each question was correlated to the individual question "how important was the support group in fulfilling this need on a scale of 1- not important to 4 very important ".

Mean scores for each subscale:

Assurance=3.5 (sd.763); Proximity=3.4 (sd .761); Information-3.19 (sd .714); Comfort=2.5 (sd .778); Support-3.21 (sd 1.39).

Using T paired Samples Correlation of the means, 21 family needs out of 45 revealed that the family support group was significant intervention that fulfilled family members' needs. In Table 2 each of the 21 questions is displayed showing means, stand deviations, paired differences, correlations and significance (Table 2).

Support, Assurance, Information and Proximity subscales demonstrated the most significant relationship with the nurse/social worker support group fulfilling these needs. Some of the correlation results showed a weak relationship. The support group did not significantly affect Comfort, which included question related to comfortable furniture, having a bathroom close or having a telephone to use.

Discussion

This is the first study of which we are aware where a nurse/social worker led ICU family support group intervention has been reported regarding meeting family members' needs. We applied the support group intervention when ICU nurses identified potentially unmet needs, decided on a change to existing practice and evaluated the innovation. Creating nursing interventions to meet the needs of ICU family members during ICU admissions is a key element of quality care [19]. Previous authors have called for more nursing interventions providing family support [19]. This study's results show promise by demonstrating that a nursing/social worker led support group, in this cohort, helped to fulfill family needs. It is acknowledged that not all ICUs employ social workers to assist in psychosocial support of families; however, others have psychologists who provide emotional, mental and psychological support [12]. There is support for family support groups led entirely by nurses [19] which may prove to be more feasible than the current study where local requirements demanded the inclusion of a social worker.

There are plethora of studies that discuss ICU clinician-family member conferences or meetings [9,11,12]. Primarily these studies have focused on family needs regarding their individual sick relative in relation to various means of communicating information, or eliciting shared decision making regarding their sick relative [12] and not on the family member themselves. A notable exception is the study conducted nearly thirty years ago by Halm who measured family members' anxiety and compared family members' participating in a support group to those supported by direct care nurses at the bed-side who formed the control group [20]. Those participating in the family support group, sharing feelings and experiences in coping with illness, had a significant reduction in state anxiety from pre-measures to post measures ($p<0.05$) whereas the control group did not [20]. There has been a dearth of literature in subsequent decades in this area.

The current study is unique in that it introduced a nurse/social worker led family support group, for the sole purpose of fulfilling needs of family members and not as a research project. The findings demonstrated that Support and Assurance subscales were the most relevantly prevalent, significantly affected by the support group; with Information and Proximity although significant, and were fewer in number. These results suggest that, along with nurses and physicians providing support for families that other family members coping with similar feelings, and challenges, hopes and despair are an additional, important source of support and assurance.

The content discussed in these support groups has been published elsewhere [21]. In summary, family members felt that the support group intervention is a useful technique in reaching as many families as possible; the group dynamics and advice from experienced family members to newcomers through Support groups collectively have a larger information pool than any individual within the group, which enables broad support to participants. Although managing the logistics of forming and providing support group facilitation should not be underestimated, this study suggests it is worthy of further consideration within the ICU community.

Table 2: Mean and standard deviation for the paired differences, T Test Correlations and significance.

Item	N	Paired differences; Mean (SD)	Correlation T value (P value).	Sub scale
To have explanations of the environment before going into the critical care unit for the first time	100	-.056 3.81 (0.744)	0.369 (<.001)	Support
To have a religious leader visit	93	-1.277 3.49 (1.119)	0.327 (0.003)	
To feel it is alright to cry	94	-.798 3.81 (1.119)	0.293 (0.007)	
To talk about feelings about what has happened	95	-0.705 3.64(0.886)	0.406 (<.001)	
To be told about other people that could help with problems	97	-0.299 3.87 (0.966)	0.227 (0.035)	
To be alone at any time	96	-0.616 3.02(2.823)	-.308 (0.004)	
To be told about religious services	92	-1.390 2.84 (1.119)	.333 (.002)	
To know why things were done for the patient	98	0.25 2.37 (0.731)	.332 (0.002)	Information
To know why things were done for the patient	96	0.27 3.67 (0.653)	.392 (<.001)	
To know about the types of staff members taking care of the patient	100	-0.011 2.81 (0.746)	.445 (<.001)	
To know how the patient is being treated medically	100	0.284 3.57 (0.726)	.475 (<.001)	
To be assured that the best care possible is being given to the patient	100	0.348 2.79 (0.693)	.366 (<.001)	Assurance
To have explanations given that are understandable	97	0.115 3.71 (0.799)	.343 (<.001)	
To talk to the doctor every day	100	0.258 3.76 (0.716)	.344 (0.001)	
To have questions answered honestly	100	0.315 3.54 (0.717)	.313 (0.003)	
To feel that the hospital personnel care about the patient	100	0.386 3.82 (0.668)	.402 (<.001)	
To know specific facts about the patient's progress	100	-0.299 3.90 (0.966)	.316 (0.003)	
To be told about transfer plans while they are being made	100	0.159 2.95 (.786)	.317 (.003)	Proximity
To receive information about the patient at least once a day	100	0.261 3.81 (0.735)	.309 (0.003)	
To see the patient frequently	97	0.092 2.83 (0.816)	.267 (0.012)	
To have the waiting room near the patient	98	0.000 3.28 (0.788)	.384 (<.001)	

Limitations

This is a single center study. As participation was voluntary, it may be that those volunteering to participate are those who would seek support in any case and those family members who did not participate may have had quite different experiences.

Conclusion

Using support groups facilitated by a nurse and social worker provided a unique strategy to build additional avenues of communication, trust, and respect while meeting a large number of ICU family members' needs.

As a resource in holistic caring, we can use avenues such as support groups to create and allow additional resources for families to other families. By demonstrating and providing a safe platform for families to meet, ventilate feelings, share coping mechanisms and legitimize what they are feeling, we open new frontiers of ways to better meet the needs of ICU families.

What is known about the subject?

- Nurse are a resource to provide support for families of ICU patients.
- Support groups are one of the ways that provides support for people sharing a common problem.
- Nurses can create support groups as a platform for family support.

What this paper contributes

- Nurse led support groups are a valid platform providing support to ICU families.
- Offering a support group to ICU families while their loved one is hospitalized is a feasible intervention.
- Nurse led support group may have Significant impact on ICU families.
- This is the first known paper measuring influence of nurse led support group on ICU families.

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