How Caring Attitudes and Patient-Family Centered Care Beliefs of Critical Care Registered Nurses Influence Family Members’ Perceptions of Patient-Family Centered Care

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Objectives

- Learners will be able to briefly describe the purpose and background of the study.
- Learners will be able to briefly describe the study design.
- Learners will be able to discuss the findings and limitations of the study.
- Learners will be able to list two implications for professional nursing practice.
In the United States, it is estimated that over 5 million patients are admitted annually to critical care units (Society of Critical Care Medicine, 2005).

When patients and their families enter into critical care areas they may be experiencing feelings of anxiety, hopelessness, distress, fear, and uncertainty (Davidson, 2009).

Patients and families in Critical Care areas may encounter barriers that are unique to the care area.

If interactions between a nurse and a family member are reliant upon caring, and caring is altered, a breakdown in patient and family centered care principles may occur.

Consequences of decreased caring and noncompliance with patient-family centered care principles can result in families having poor perceptions of patient family centered care, increased emotional distress for families, and unmet needs of family members (Davidson, 2009).
Significance

- Admission to critical care units is often a sudden, unexpected event that can result in adverse effects on family members (Van Horn & Dautz, 2007).
- Research shows that communication deficits, contradictory information, and lack of support leads to anxiety and depression in family members as well as family dissatisfaction (Fumis et al., 2008; Bailey et al., 2010; Paparrigopoulos et al., 2005; Pochard et al, 2006).
  - There is very little research examining the relationship between nurses’ caring attitudes and perceptions of patient-family centered care principles and the families’ perceptions of family centered care.
- Research will provide further knowledge in understanding the dynamics in creating and maintaining a patient family centered care environment in critical care units.
The purpose of this study was to examine the relationships between critical care nurses’ caring attitudes and patient-family centered care (PFCC) beliefs and family members’ perceptions of patient-family centered care.

**Research Questions**

1. What is the relationship between caring attitudes and PFCC beliefs of critical care nurses?
2. What is the relationship between critical care nurses’ age, race/ethnicity, years licensed, years in critical care nursing, highest nursing degree, certification and caring attitudes?
3. What is the relationship between critical care nurses’ age, race/ethnicity, years licensed, years in critical care nursing, highest nursing degree, and certification and PFCC beliefs?
4. What is the relationship between critical care nursing units’ caring attitudes and PFCC beliefs and family members’ perceptions of PFCC?
Theoretical/Conceptual Framework
Swanson’s Theory of Caring (1991, 1993) & the Patient-Family Centered Care Philosophy (Frampton et al., 2008)
Literature Review: Caring

- Literature shows that often, the perceptions of needs and caring are often incongruent between the nurses that provide care and the family members that are the recipients of care (Papastavrou et al., 2011; Papastavrou et al., 2012).
  - Several characteristics have been associated with positive perceptions of caring (Cluckey et al., 2009; Hayes et al., 2010)
    - interpreting and explaining information, voice tone, eye contact and attitude, being a capable and competent care provider, taking the time to be wholly present and engaged, and providing physical comfort to families
  - Research supports that increased perception of caring behaviors have a positive relationship to patient and family satisfaction (Palese et al., 2011)
  - Research also supports that family members feel that technological caring behaviors that ensure the patient’s physiological stability takes precedence over all other caring behaviors (O’Connell & Landers, 2008).
There is still a pervasive theme of critical care units not adhering to the philosophy of patient-family centered care (Omari, 2009; Mitchell et al., 2009).

Factors that influence nurses’ hesitation to implement PFCC include a sense of loss of control, drifting away from traditional practices, and interference with daily activities (Abraham & Moretz, 2012).

Research supports that family members of critical care patients have specific needs that must be met in order to assist the family members in coping and dealing with the admission of their loved ones to critical care (Davidson, 2009; Hinkle et al., 2009).

- 1) support, 2) comfort, 3) information, 4) proximity to the patient, and 5) assurance.

Research supports that partnering with family members to provide fundamental care to patients significantly improves family members’ perceptions of PFCC (Mitchell et al., 2009).
Methods

- Descriptive, cross-sectional, predictive research design
  - Describe the relationships between nurses’ caring attitudes and PFCC beliefs and family members’ perceptions of PFCC
  - Examine the relationships between nurses’ demographic variables (age, race/ethnicity, years licensed, years in critical care nursing, highest nursing degree, certification) and nurses’ caring attitudes and PFCC beliefs
A convenience sample of critical care nurses and family members was recruited from a healthcare organization in southeastern United States.

- With a power of .80, an α value of .05, and an effect size of 0.25, 100 critical care nurses and 100 family members were needed for the sample.

**Registered Nurse Inclusion Criteria**
1. Registered nurse employed at the organization and works in a critical care unit and provides care to patients
2. Able to speak and read English
3. Willingness to participate and complete the study questionnaires

**Family Member Inclusion Criteria**
1. A family member/guardian of a patient in a critical care unit,
2. Able to speak and read English
3. Willingness to participate and complete the study questionnaires,
4. Has been utilizing the waiting room for ≥ 24 hours
5. 18 years of age or older.
Data Collection Procedures

- **Nurses:** an empty envelope, a consent form, a demographic questionnaire, the Caring Efficacy scale, and the Critical Care Family Needs Inventory questionnaire
- **Family Members:** an empty envelope, a cover letter consent form, a demographic questionnaire, and the Needs Met Inventory questionnaire
- **Follow Emory Healthcare Policy on recruitment of nurses for research study**
Instruments

- **Demographic Questionnaire**
  - RNs: 9 questions
  - Family Members: 6 questions

- **Caring Efficacy Scale**: 30 questions (RNs) (Coates, 1997)
  - Likert Scale: strongly disagree (-3) to strongly agree (+3).
  - Content, construct, & concurrent validity established
  - Cronbach’s alpha reliability coefficient: 0.85 - 0.88
  - Items average to obtain mean score

- **Critical Care Family Needs Inventory**: 45 questions (RNs) (Leske, 1997)
  - Likert Scale: not important (1) to very important (4)
  - Content & construct validity established
  - Cronbach’s alpha coefficients: 0.88 - 0.98
  - All items added together to obtain a total score

- **Needs Met Inventory**: 45 questions (Family Members) (Warren, 1993)
  - Likert Scale: never met (1) to usually met (4)
  - Cronbach’s alpha reliability coefficients: 0.92 - 0.93
  - All items added together to obtain a total score
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Results

- Q1: Examined the relationship between caring attitudes and PFCC beliefs of nurses
  - A statistically significant relationship was not found between caring attitudes and PFCC beliefs of critical care nurses, $r(103) = 0.179, p = .071$. Nurses' caring attitudes were not associated with PFCC beliefs.

- Q2: Examined the relationship between nurses' demographic predictor variables (age, race/ethnicity, years licensed, years in critical care nursing, highest nursing degree, certification) and caring attitudes
  - Simultaneous multiple regression results indicated that the overall model did not significantly predict the dependent variable, caring attitudes. $R^2 = .056, R^2 adj = -.009, F(88,94) = .862, p = .526$. 
Results continued...

- **Q3:** Examined the relationship between nurses’ demographic predictor variables (age, race/ethnicity, years licensed, years in critical care nursing, highest nursing degree, certification) and PFCC beliefs
  - Simultaneous multiple regression results indicated that the overall model did not significantly predict the dependent variable, patient family centered care beliefs. $R^2 = .092$, $R^2_{adj} = .030$, $F(88,94) = 1.489$, $p = .191$.

- **Q4:** Examined the relationship between nursing units’ caring attitudes and PFCC beliefs and family members’ perceptions of PFCC
  - A statistically significant relationship was not found between the critical care nursing units’ caring attitudes and family members perceptions of PFCC, $r(66) = -.055$, $p = .663$.
  - No relationship was found between critical care nursing units’ PFCC beliefs and family members perceptions of PFCC, $r(66) = -.065$, $p = .607$. 
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<td>To know the expected outcome</td>
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<td>.48</td>
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<td>To talk about the possibility of the patient’s death</td>
<td>3.43</td>
<td>.82</td>
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<td>To be called at home about changes in the patient’s condition</td>
<td>3.67</td>
<td>.57</td>
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<tr>
<td>To visit at any time</td>
<td>3.22</td>
<td>.91</td>
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<tr>
<td>To have a place to be alone while in the hospital</td>
<td>2.85</td>
<td>.92</td>
</tr>
<tr>
<td>To have another person with the family member when visiting the critical care unit</td>
<td>2.70</td>
<td>.96</td>
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Discussion

- Simultaneous multiple regression results indicated that the predictor variables (age, race/ethnicity, years licensed, years in critical care nursing, highest nursing degree, certification) did not significantly predict caring attitudes or PFCC beliefs, existing literature supports otherwise.
  - Hayes et al. (2010) and Suliman et al. (2009) conducted studies that identified statistically significant relationships between gender, ethnicity, and level of education when compared to respondents’ reporting their perceived level of importance of carative factors.
- A statistically significant relationship was not found between caring attitudes and PFCC beliefs of critical care nurses.
  - There is little research that has been conducted to evaluate the relationship between caring and PFCC beliefs
  - However, Swanson’s Theory of Caring (Swanson, 1991; 1993) strongly supports the caring aspect of nursing and the residual effects on the recipients of care.
- Although a statistically significant relationship was not found between caring attitudes and PFCC beliefs, valuable information has been extrapolated from the data about critical care families’ needs and CC nurses’ beliefs about PFCC principles.
Discussion

- The top five most important needs as identified by the nurse participants have been previously identified in other research studies as five of the ten top needs as identified by family members (Nelson & Plost, 2009; Omari, 2009)
  - To have questions answered honestly, To have explanations given that are understandable, To be assured that the best care possible is being given the patient, To feel that the hospital personnel care about the patient, To know the expected outcome

- The top six needs as identified by family members being met more often also supported in the literature (Cluckey et al., 2009; Davidson, 2009)
  - To have the waiting room near the patient, To see the patient frequently, To visit at any time, To talk to the nurse every day, To have another person with the family member when visiting the critical care unit, To have friends nearby for support.

- Incongruence between nurses’ rating of important family member needs and family members’ rating for level of needs met also supported in the literature (Papastavrou et al., 2011; Papastavrou et al., 2012).
Limitations

- Small sample size of family members
  - May have led to the non-significant findings in this study
- Inability to link family perceptions to specific nurses who provided care
- Research conducted in only one healthcare organization
- Nurses may have communicated while filling out the questionnaires which may have influenced their responses to the questionnaires
- Cross sectional design for data collection
Implications for Nursing Practice

- It is evident that perceptions do not necessarily match the current practice
- Research shows that communication deficits, contradictory information, and lack of support leads to anxiety and depression (Paparrigopoulos et al., 2005; Pochard et al, 2006) in family members as well as family dissatisfaction (Fumis et al., 2008; Bailey et al., 2010)
- The need to create relationships with the very people nurses do business with is tantamount
- This is a call for an increased sense of both personal and professional commitment and responsibility to the people that nurses care for
Implications for Nursing Education

- There is still a gap somewhere between the knowledge of impact of caring and patient-family centered care, the practice of these principles, and the perception of these principles.
- Increased knowledge of the relationships between nurses’ caring attitudes and patient-family centered care beliefs and family members’ perceptions of patient-family centered care is required.
- It is imperative that nurses truly acknowledge that their personal values and attitudes influence the interactions that they have with their patients and their families (Agard & Maandal, 2009).
- Further education is needed:
  - PFC 101: Dignity and Respect offered by the Institute for Healthcare Improvement
  - Advancing the Practice of Patient-and Family-Centered Geriatric Care offered by the Institute for Patient-and Family-Centered Care
  - Strategies for Leadership: Patient-and Family-Centered Care offered by the American Hospital Association
  - Continuing education journal articles and peer-reviewed research articles.
Future Research in Nursing

- Further research on this topic should aim to recruit a larger sample size
  - Statistically significant
  - Higher generalizability
- Future research to include multiple organizations
  - Difference in organizational cultures
- Recommend continued research in varying areas of care
  - Assess varying beliefs and attitudes
Conclusion

- Nurses perceived themselves as highly caring both within the domain of providing direct patient care and providing patient family centered care.
- Nurses also reported moderately high beliefs about patient family centered care principles.
- Family members reported only moderate levels of patient family centered care needs being met.
- It is the responsibility of the nursing profession to bridge the gap that exists to ensure that we provide care in a way that addresses the multitude of needs of patients and families in a way that is safe, caring, and respectful.
Questions

- Questions?
References

- Davidson, J. (2009). Family-centered care: Meeting the needs of patients' families and helping families adapt to critical illness. Critical Care Nurse, 29(3), 28-35. doi:10.4037/ccn2009611


• Omari, R. H. (2009). Perceived and unmet needs of adult Jordanian family members of patients in ICUs. *Journal of Nursing Scholarship, 41*(1), 28-34.


