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The impact of interventions that promote family involvement in care on adult acute-care wards: An integrative review

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ABSTRACT

Background: Healthcare that involves patients and their families in care has been recommended to improve patient safety and quality. With limited direction on care partnerships for adult acute care patients, their families and healthcare teams, there is a need for a review of interventions that have been used to promote family in patient care within adult acute care wards.

Aim: The aim of this integrative review was to describe interventions that have been used to promote family involvement in patient care within adult acute care wards.

Method: Electronic databases of Cumulative Index of Nursing and Allied Health Literature (CINAHL), Cochrane, PubMed, and PsycINFO were searched between 1994 and 2016 using key search terms and word variations 'family involvement', 'family nursing', 'family centred care', 'family interventions', 'family therapies'. Additional literature was sourced from reference lists of relevant original publications. The Mixed Methods Appraisal Tool and Template for Intervention Description and Replication informed study and intervention assessment.

Findings: Eleven single centered studies were included with interventions designed to improve functional capacity, cognitive function, and communication. Nurses were involved in intervention delivery for six of the 11 interventions. Outcomes of interest included patient outcomes (n=8) and intervention acceptability and feasibility (n=3). Improved patient outcomes were reported for seven studies. Intervention design and implementation were generally poorly described.

Conclusion: Interventions designed to promote family in patient care on adult acute care wards improved patient outcomes in some instances, however, methodological limitations confound the evidence base for family involvement having a direct and positive impact on patient outcomes. Allowing patients and family members to partner in intervention design may enhance uptake and improve outcomes. Process and economic evaluations should also be included in future studies to allow assessment of clinical feasibility.

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1. Introduction

Healthcare that allows patients and their families to partner and collaborate in care has been recommended to improve patient safety and quality (Berger, Flickinger, Pfoh, Martinez, & Dy, 2014; Calvert, Minford, Platt, & Chatfield, 2015; Feo & Kitson, 2016). There is growing recognition that families form an integral part

of the life and wellbeing of patients who are at their most vulnerable when they are ill (Black, Boore, & Parahoo, 2011; Brady et al., 2015; DiGioia, Greenhouse, & Levison, 2007). Both patient and family involvement in care can be achieved through the adoption of the Patient and Family Centred Care (PFCC) approach. PFCC is a philosophy of healthcare delivery that is grounded in mutually beneficial partnerships (Bass, 2012; Bell, 2009). PFCC emphasizes collaborating with patients of all ages and their families, at all levels of care and in all healthcare settings. Further, PFCC acknowledges that families are essential to patients' health and wellbeing and are allies for quality and safety within the healthcare system (Conway

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et al., 2006). Family support also helps overcome feelings of vulnerability in hospitalized patients (Lolaty, Bagheri-Nesami, Shorofi, Golzarodi, & Charati, 2014; Mitchell & Chaboyer, 2010) who transition more efficiently through the healthcare system when their families are involved in decision-making (Bérubé et al., 2014). The benefits of families partnering in care have led to a growing international emphasis for health services to plan, deliver and evaluate care using the PFCC approach (Johnson et al., 2008; McTavish & Phillips, 2014). For several years, the Joint Commission International (JCI) has advocated for healthcare professionals to form partnerships with patients and their families and involve them in care planning and decision-making by incorporating this into their accreditation standards for hospitals (JCI, 2013). Despite its growing appeal to health policy makers, uptake of PFCC practices in adult acute-care wards has been slow (Berger et al., 2014).

While the concept of PFCC is broadly inclusive, much of the literature describing PFCC has been conducted in clinical contexts where patients are unable to advocate for themselves such as those found within pediatric, critical care and mental health areas (Huffines et al., 2013; McNeil, 2012; Mitchell & Chaboyer, 2010; Van Voorhis & Willis, 2009). The clinical benefits that have been identified through a family partnership approach in these settings include decreased mortality (Meterko, Wright, Hai, Lowy, & Cleary, 2010), reduced hospital length of stay (DiGioia et al., 2007), improved adherence to treatment regimens (Rukstele & Gagnon, 2013), and decreased readmission rates (Boulding, Glickman, Manary, Schulman, & Staelin, 2011).

The potential for patients and families to partner with healthcare professionals and become involved in care within hospitals is significant (National Health Service Confederation, 2014). Shared decision-making between the patient and their family, and the healthcare team is just one way partnership can be achieved (Carman et al., 2013). For this to work effectively, the roles and capacity of those within the care partnership must be clearly established at the start of the relationship (Baas, 2012). Limited direction on care partnerships for adult acute care patients, their families and healthcare teams is available thus we rely on research examining family involvement in other settings (Berger et al., 2014). There is a beginning body of work addressing family involvement and partnerships in acute care areas, and from this work we can better understand family participation in the context of acutely ill hospitalized adults. In this article, we endeavor to better understand the benefits of family participation in adult hospital wards through an integrative review of research which reports interventions aimed at promoting family involvement in their relatives care.

2. Aim

This paper reports the findings of an integrative review which provides a synthesis and critique of existing research relating to interventions that have been used to promote family involvement in patient care within adult acute care wards. Specifically for each intervention we sought to uncover: (1) What was the aim of the intervention? (2) How was the intervention implemented? and (3) What patient outcomes were achieved?

3. Methods

3.1. Design

An integrative review, guided by the framework described by Whittemore and Knafel (2005), was conducted to allow synthesis of literature from differing methodological backgrounds (Williams, 2012). This framework enhanced rigor as it directed the literature

Table 1
 Search terms used in the databases.

Database	Search terms and Limiters
PubMed	(((((("family involvement"[Title/Abstract]) NOT "mental health"[Title/Abstract]) NOT "palliative"[Title/Abstract]) NOT "child"[Title/Abstract])) NOT "cancer"), ((family nursing) AND participation in care) AND "family centred care") NOT "intensive care, AND nursing interventions)
CINAHL plus with Full text	S1 AB family nursing NOT emergenc* NOT child* S2 MH "Family Nursing" AND MH "Family Centered Care" S3 Family cent* AND carers AND consumer AND family nursing NOT palliative care NOT child* NOT mental health S4 family nursing AND intervention Limiters for all searches in CINAHL Abstract Available; Published Date: 19940101-20160101; English Language; Peer Reviewed; Inpatients; Age Groups: Adult: 19–44 years, Middle Aged: 45–64 years, Aged: 65+ years, Aged, 80 and over.
Cochrane	Family nursing, family centered care, family interventions; family therapies/Abstract Online Publication Date from Jan 1994 to Jan 2016 (Word variations have been searched)
Psych Info	"Family member" in Abstract (Word variations have been searched), family centered care.mp. [mp = title, abstract, heading word, table of contents, key concepts, original title, tests & measures]

Table 2
 Inclusion and exclusion criteria.

Inclusion	Exclusion
Research on patient and/or family-centred care	Critical Care Units
Intervention with a focus on promoting family in patient care	Mental health patients
In-patient hospital setting	Maternity patients
Adult acute care wards	Paediatric patients
Years of publication: 1994–2016	Out-patients
Publication language: English	Grey literature
	proceedings'
	Duplicate publications

search, data collection, data extraction, data synthesis and presentation of findings.

3.2. Search strategies

The phenomena of interest for this review were PFCC interventions in the context of adult patients in acute care wards where the patients were capable of participating in their own care. Studies were excluded where the focus was on patients highly dependent on care such as children and those within an intensive care unit, mental health unit, maternity ward, palliative care, or emergency department (ED). 'Grey literature' was also excluded.

A systematic search was conducted of the literature published between January 1994 and January 2016, with the use of the following databases: Cumulative Index of Nursing and Allied Health Literature (CINAHL), Cochrane, PubMed, and PsycINFO using the search terms detailed in Table 1. This time frame was chosen because evidence regarding this topic appeared to emerge in the mid-1990s. Duplicates were removed before abstract review. A title and abstract review of 874 articles was undertaken with reference to the inclusion/exclusion criteria (Table 2). Titles and abstracts which met inclusion criteria were then reviewed in full. Fig. 1 describes the process of study identification and screening, with 11 articles identified for this review.

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