

# Family Nursing Practice in Acute Care Psychiatry

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LIGHTS OF HOPE

Lights of Hope

St. Paul Hospital

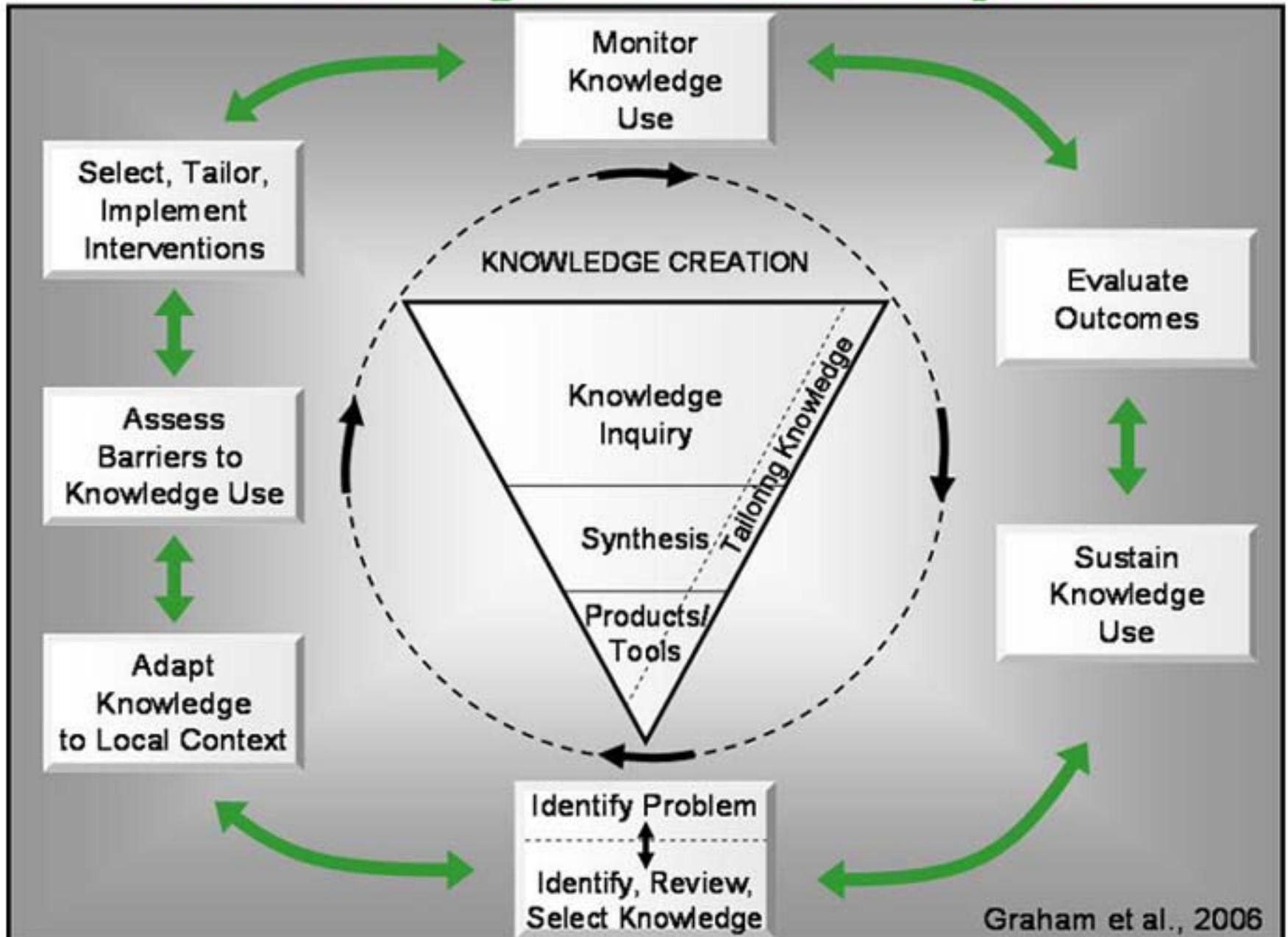
# Learning Objectives

- To describe the knowledge translation framework
- To discuss the knowledge to action process in establishing family nursing practice in acute care psychiatry
- To describe family and staff nurse perceptions of family nursing practice following an education intervention

# Knowledge Translation

Knowledge Translation is a dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge to improve health, provide more effective health services and strengthen the healthcare system. (CIHR 2009)

# Knowledge-to-Action Cycle



# Identify Problem

## ■ Families and Acute Care Psychiatry

- Historically, the individual was the unit of care and health policy did not endorse a family care approach
- ~1970 the deinstitutionalization movement forced families to take a more active role in caring for relatives with a mental illness
- Confusion about the definition of family nursing/family focused care and levels of family involvement (Rose et al.2004)
- Inconsistency in staff knowledge, skill and confidence in family nursing practice
- Families believe that lengthy and intensive interventions are not necessary nor desired to address their concerns (Rose, 2004)

# Context for care

- There were 3 psychiatric in-patient units at St. Paul's Hospital
- A 4<sup>th</sup> new unit was funded
- The new unit was designated to pilot formalized family-focused care

# Family needs and experiences

- Mental illness often changes families lives and relationships forever
  - family stress “burden”—need to adjust coping strategies or devise new ones
- Families’ participation is fundamental in order for them to see the challenge as a meaningful experience
- Families need skills for care, family cohesion, networking with families, crisis support, financial support and respite care
- Families appreciate a strengths based focus and the language of hope and recovery

( Clarke & Winsor, 2010; Nordby et al, 2010, Marshall et al 2009;Ward-Griffin et al, 2005, WHO 2001)

# Adapting Knowledge to Local Context

- Learning needs and experience of nurses
  - Family Nursing Practice Scale (FNPS pre-test )
- Clinical context
  - pilot unit, motivated staff, program support
- Resources for family nursing
  - Participation of recovered individuals who experienced mental illness, families of individuals with mental illness
  - clinical nurse specialist with expertise in family systems nursing

# Nurse's perceptions of barriers to knowledge use

- Individual, not family, is the focus of care
- Lack of time
- Family expectations unrealistic
  - Recovery process and involvement in care
- Characteristics of families
  - Patients don't identify anybody as family
  - Conflicting opinions and decisions
- Relational practice
  - Ethical concerns around privacy and confidentiality
  - Biases nurses have about the level of family involvement and care
  - Perceived lack of control by families may lead to hostility towards staff
- System support/resources
  - Educational material
  - Consistency in leadership and educational support

# Interventions

## ■ 3 Day Educational Program

- Family and patient experience of mental illness and the care system

- Structured lecture

- Theoretical foundations

**Relational practice**

**Family Systems nursing assessment**

**Family systems nursing interventions**

**15 minute interview**

( Wright & Leahey,2009; Doane & Varcoe, 2005)

- Experiential learning activities

- Genogram & ecomap

- Circular questions

- Commendations

(Moules & Tapp, 2003)

## ■ On going seminar & demonstration/ supervised practice

# Identifying and Measuring Outcomes

- Family Nursing Practice Scale FNPS ( Simpson & Tarrant, 2006)  
Pre-test Post-test 6-12 months ( matched pairs N=10)  
Likert scale/open ended questions  
Critical appraisal of family nursing practice/reciprocity in the nurse family relationship (relational practice)
- Family Feedback Questionnaire (survey/open ended questions)  
offered to families on discharge during the 12 months ( N=16 returned)  
questionnaire focused on relational practice,[ ie did the staff listen to the family members opinions and act on their concerns, to what extent were they satisfied with their involvement in the care planning]
- Staff Focus Groups ( participatory action/ co-operative inquiry)  
staff reflections on family feedback (6 and 12 months)

# Monitoring Knowledge Use

- Genogram / ecomap integrated into documentation systems
  - Chart audits
  - Ongoing supervision and education with staff
  - Now they are consistently completed as part of the initial assessment
- Family feedback
  - Track the trend over 12 months
  - Availability , approachability, listening and acting on family opinions and concerns, mutuality in decision making , facilitating families sense of confidence and control, ability to manage symptoms and degree to which families needs were met.
- Staff focus groups
  - Staff reflected on the family responses and changed their own practice, made policy recommendations and suggested ongoing education and practice support for family nursing

# Evaluating Outcomes

## ■ Family feedback

“My time with the staff showed me how knowledgeable they are, how deeply they care about patients, that they see the patients as individuals. They really helped me understand how I could help and support the patient.”

(quote from family member that best captured the themes from the family feedback questionnaire)

# Changes in Family Nursing Practice

## ■ Practice appraisal

- Confidence
- Satisfaction
- Knowledge
- Skill
- Involving families in care planning
- Consulting family in planning interventions

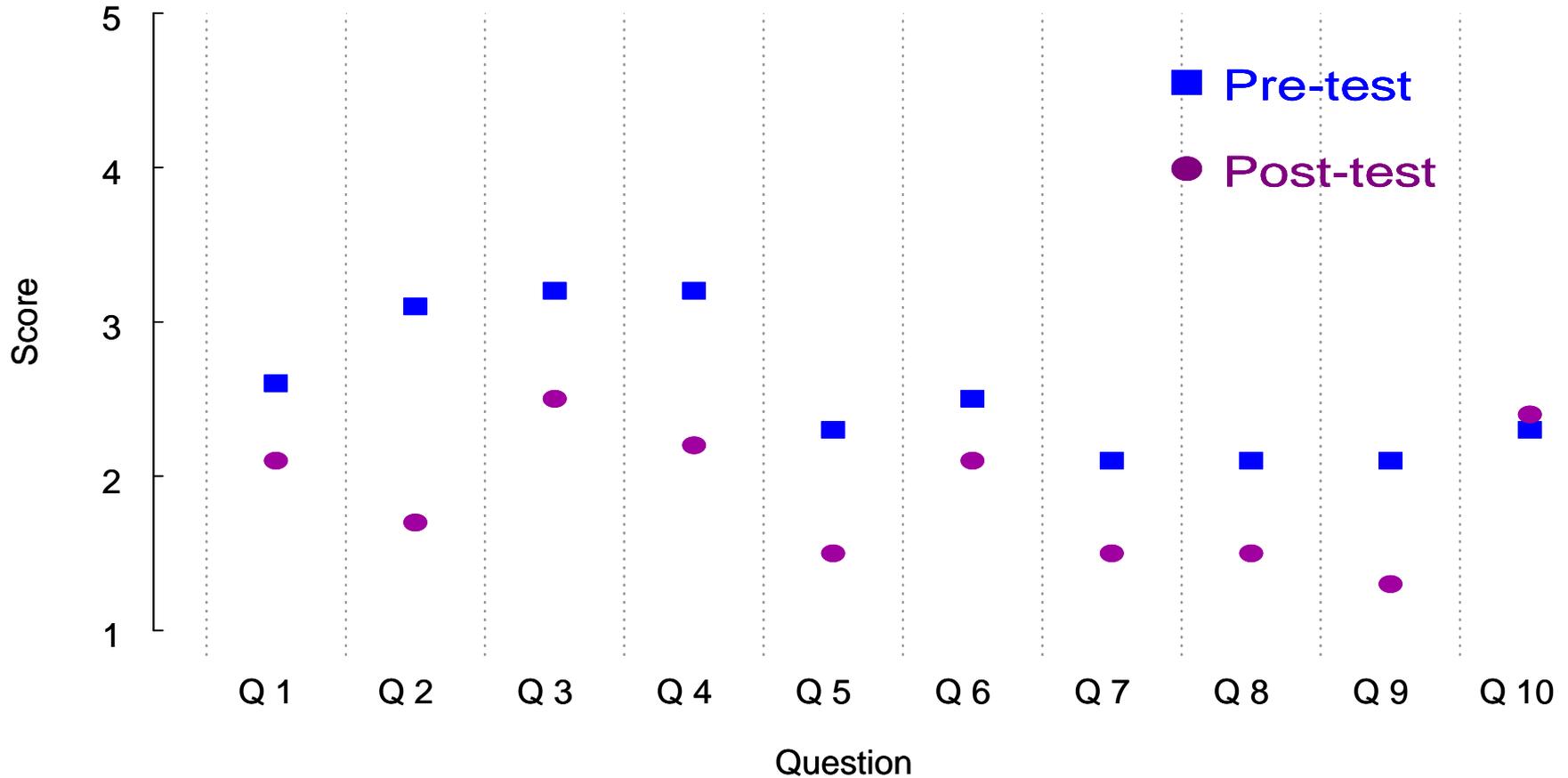
## ■ Relational - family/nurse relationship

- Approachability
- Promoting participation, choice to meet needs
- Time with families rewarding
- Avoiding own bias when collecting, interpreting and communicating data about patients and families bias

## ■ Drawbacks, advantages, changes in thinking, implementing, involving families in practice

# Changes in Family Nursing Practice (FNPS)

## Mean Scores by Question



The most significant improvements were level of satisfaction with family nursing and skill in working with the family system

# Changes in thinking about nursing practice

- “the patient is part of a family and not just an individual”
- “ It is not as difficult as I thought it would be to involve them in setting goals and care planning...not as time-consuming as I thought ”
- “ I understand the value of the families ideas and insight and I don't have all the answers about the ill member.”
- “I used to think of families as challenging...but now I am eager to involve them in patient care...the relationship is more collaborative”

# Changes in implementing nursing practice

- Doing family focused assessments within 24 hours of admission ( genogram/ecomap)
- Including families in the treatment and discharge planning
- Ask families “How are they doing, how do they think the patient is doing, do they have any concerns”
- Having conversations with the family both with and without the patient
- “invited the family to tell the story of the patient’s illness impact on the family as a whole”
- “using the family as a resource to provide the best care”

# Knowledge Use Sustainment

## ■ Clinical Practice

- Staff orient and mentor casual and new staff to family focused care
- Nursing leaders encourage and facilitate staff to include families in care

## ■ Staff Education (Advanced Family Nursing Skills)

- seminars and supervised practice
- observation and participation in family therapy sessions with CNS

# Knowledge Use Sustainment



## ■ New initiatives

- family support group
- patient and family advisory group
- a systematic discharge plan to include family

# Conclusion

- “This is the first place where family is a big focus” (a newly graduated nurse)



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