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Latour, Jos M.; Coombs, Maureen

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## **Family-Centred Care in ICU: Moving the evidence forward - A Call for Papers**

Jos M. Latour <sup>a</sup>; Maureen Coombs <sup>b</sup>

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<sup>a</sup> School of Nursing and Midwifery, Faculty of Health and Human Sciences,  
University of Plymouth, 3 Portland Villas, Room 101, Drake Circus, Plymouth PL4  
8AA, United Kingdom; E-mail address [jos.latour@plymouth.ac.uk](mailto:jos.latour@plymouth.ac.uk)

<sup>b</sup> Graduate School of Nursing, Midwifery and Health, Victoria University of  
Wellington, Level 7 Clinical Services Block, Wellington Regional Hospital, Riddiford  
Street, Newtown, Wellington 6021, New Zealand; E-mail address  
[Maureen.Coombs@vuw.ac.nz](mailto:Maureen.Coombs@vuw.ac.nz)

### **Corresponding Author**

Jos M. Latour

School of Nursing and Midwifery, Faculty of Health and Human Sciences,  
University of Plymouth, 3 Portland Villas, Room 101, Drake Circus, Plymouth PL4  
8AA, United Kingdom; Email: [jos.latour@plymouth.ac.uk](mailto:jos.latour@plymouth.ac.uk)

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When working in intensive care, it does not take long to realise that intensive care nursing is not just about operating technology and managing medical treatments. Nor is it solely about providing physical and psychological support for the critically ill patient. Intensive and critical care nursing is also caring for, and caring about, families. Whether you are passionate about it, or are challenged by it, caring for families in critical care is an important and at times, undervalued part of the intensive and critical care nurse's role. There is no doubt that caring for a critically ill patient is increasingly complex and exacting in the current clinical environment. Moreover, a distressed and anxious family member can add to the nurse's responsibility at the bedside. And yet, it is important to remember that in skilfully managing such situations, involving family members in bedside care can positively impact on patient outcome (Lynn, 2014).

Over recent years we have begun to understand more about the experiences of family members in intensive care, and the impact on families of having a family member with a critical illness. For example, it has long been recognised that family members in intensive care units (ICU) are also recipients of care (Crunden, 2010). Families often experience conflicting demands at the bedside that include: providing presence at the bedside; acting as a patient protector and coach; providing facilitation between patient, health care staff and other family members; acting as historian for the patient; and providing voluntary caregiving (McAdam et al., 2008). It is the very functioning across these areas, at a time of witnessing critical illness in others, that carries its own burden.

The impact on family members whilst being in intensive care is significant. Many family members experience psychological symptoms including post-traumatic stress, anxiety, and depression during, and after, the critical illness episode (Lautrette et al., 2007; Davidson et al., 2012). With evidence that clinician-led, family-centred communication and decision-making strategies can positively impact on families (Azoulay et al., 2005; Lautrette et al., 2007; Gries et al., 2010), there is a clear mandate for all healthcare professionals working in intensive care settings to consider how to improve the delivery of family-centred care.

On a practical level therefore, how can family-centred care be integrated into practice? Recommendations have been made about what this may look like and how this can be delivered. Numerous family-centred strategies have been described including use of: open information sharing and communication with family members (Ladak et al., 2013); family involvement in non-technical care (Garrouste-Orgeas et al., 2010); and use of flexible and open visitation policies (Giannini et al., 2014). Valuable and aspirational family-centred activities, for example, family-led research have also been proposed (Gill et al., 2016). However, we must not forget that it is sometimes the small yet vital acts of care that count for families. This can include 'simple' behaviours around the initial greeting and receiving of families in intensive care, and determining how, and to whom, patient information is to be shared.

Whilst discussion about family-centred approaches is visible in professional and academic journals, the need to develop a more rigorous evidence base about family-centred care in intensive care has been highlighted in several European research priority setting studies undertaken with adult, paediatric and neonatal critical care

nurses (Blackwood et al., 2011, Tume et al., 2014, Wielenga et al., 2015). Therefore, it is heartening to note the increasing numbers of descriptive, correlational and experimental research papers reporting on family members in intensive care in recent years.

However, despite family-centred care being established as a key research priority, there has been less focus on the systematic testing of interventions. Evaluation of family-centred interventions remains limited. Indeed, this lack of evidence was particularly noted in the recent Society of Critical Care Medicine 'Guidelines of Family-centred Care in Neonatal, Paediatric, and Adult ICUs' (Davidson et al., 2017). Despite making 23 recommendations based on 238 studies, the multi-national interdisciplinary taskforce concluded that more research was needed to identify the effectiveness of family-centred care interventions.

Family-centred care, where the patient is seen as part of a family system, necessitates that partnership and care is afforded to all stakeholders. This concept is integral to intensive care practice, and is becoming an essential part of health care delivery across all care settings (World Health Organisation, 2013; National Health Service England, 2014; Australian College of Critical Care Nurses, 2015). We know that it remains difficult to implement and embed family-centred care practices in intensive care settings (Butler et al., 2013). Yet, we have hopefully have long moved from a time where 'unofficial closure' mechanisms such as a lack of chairs and unsubstantiated requests for families to leave the bedside (Giganti, 1998), were used by health care professionals with families.

We wish to draw attention to placing families at the centre of care and to recognise the importance of supporting family members. Therefore, the journal *Intensive and Critical Care Nursing* is producing a Special Issue that will focus on family-centred care in all critical care settings, including adult ICU, Paediatric Intensive Care and Neonatal Intensive Care. This editorial is a Call for Papers related to research studies, systematic reviews, practice development projects, case studies, or commentary on family-centred care. We welcome contributions from all clinicians and researchers in the field of all critical and intensive care settings. The journal *Intensive and Critical Care Nursing* is read in over 90 countries providing an ideal international dissemination platform.

The closing date for submissions for the Special Issue is 31<sup>st</sup> January 2018. Please contact the Publisher, Sarah Davies, ([s.davies@elsevier.com](mailto:s.davies@elsevier.com)) with any queries. Papers should be submitted by selecting the option Special Issue: Family-Centred Care from the online submission system at [www.elsevier.com/elsevier/jrnl/iccn](http://www.elsevier.com/elsevier/jrnl/iccn) . Papers should follow the same format as regular papers submitted to the journal - full guidance on the preparation of papers for submission can be found at <http://bit.ly/2tAbdhd>

All papers will be subject to the standard double-blind peer review and editorial processes of the journal. Given the multidisciplinary nature of family-centred care, papers submitted from authors across healthcare disciplines will be particularly welcomed. We look forward to receiving a wide range of submissions for the Special Issue thereby facilitating the sharing of developments and disseminating research relating to family-centred care in intensive and critical care.

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