

# Family Engagement in Patient Care in Acute Care Settings

## -A Comparison between the U.S. and Japan Using the QFIFE-

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### Background and purpose

- Family-centered care is a global standard in an acute care setting.
- Measures and policies to promoting family engagement in patient care are required.
- However, there are issues in their implementation in Japan.

The purpose of this study was to compare the factors that promote family engagement in intensive care units (ICUs) in Japan and the United States (U.S.), since the rules and environments for family engagement are different between these countries.

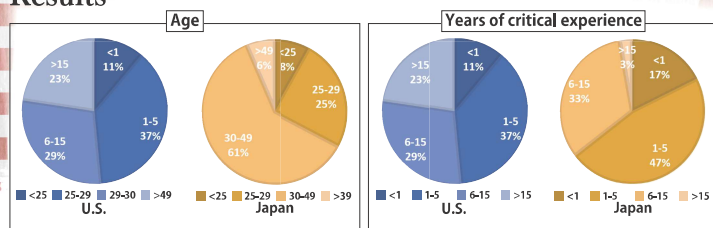
### Methods

- A web-based questionnaire survey was administered to critical care nurses using the Questionnaire on Factors that Influence Family Engagement (QFIFE). Comparisons of descriptive statistics and correlations were made between Japan and the U.S.
- Data on family engagement by nurses in the U.S. were extracted from a previous study (Hetland et al., 2017). This study was approved by the institutional review board of the University of Hyogo.

### The Questionnaire on Factors that Influence Family Engagement (QFIFE)

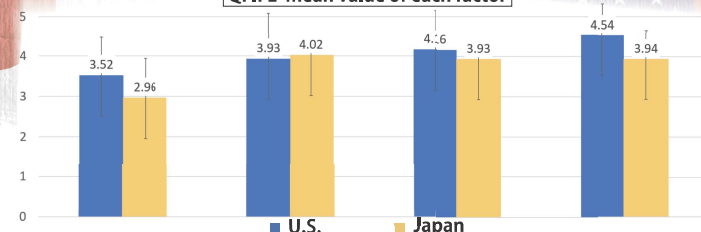
- The QFIFE is a questionnaire used to assess factors that promote family participation in patient care.
- It consists of 15 items with four subscales: ICU environment (items 1-5), patient acuity (items 6-7), nurses' workflow (8-10), and nurses' attitudes toward family caregivers' participation in care (11-15).
- The items are scored on a 6-point Likert scale.
- A high mean score represents an increased magnitude of the influence of the perceived facilitators on family engagement in patient care (items 6-10 were reverse coded).

### Results



**Participants:** The number of critical care nurses who participated in this study in Japan was 250 and that in the U.S. was 433.

QFIFE mean value of each factor



In the U.S., the scores on nurses' attitudes were higher, indicating that it was a facilitating factor for family participation in patient care. In Japan, however, the scores on patient status were higher.

### QFIFE Mean value of each item

Item	Mean(SD)	
	U.S.	Japan
<b>ICU environment</b>		
1 My unit is physically set up in a way that makes it possible to involve family caregivers in patient care.	4.24(1.26)	3.32(1.33)
2 My unit is adequately staffed to allow me time to involve family caregivers in patient care.	3.66(1.29)	2.94(1.32)
3 My unit has established written policies for involving family caregivers in patient care.	2.66(1.30)	2.88(1.26)
4 My unit supports family caregivers' presence during procedures (e.g., resuscitation, line placement).	3.29(1.43)	2.41(1.34)
5 There is a designated space and resources for families who wish to remain with their loved ones in the ICU.	3.77(1.58)	3.23(1.25)
<b>Patient acuity</b>		
6 Family caregivers of patients who are hemodynamically unstable should be excluded from participating in patient care.	3.60(1.34)	4.79(0.76)
7 Patients on life-sustaining treatments should not have family caregivers involved in patient care.	4.26(1.21)	3.25(0.67)
<b>Nurses' workflow</b>		
8 Allowing family caregivers to assist in patient care interrupts my work.	3.91(1.16)	3.64(1.23)
9 My clinical performance will be affected by the presence of family caregivers in the room while I am providing patient care.	4.45(1.24)	3.09(0.45)
10 I'm too busy to incorporate family caregivers in patient care.	4.12(1.26)	5.04(0.21)
<b>Nurses' attitudes</b>		
11 Allowing family caregivers to assist in patient care could help me more accurately assess distressing symptoms in my patients.	4.14(1.11)	3.76(0.99)
12 Allowing family caregivers to assist in daily patient care could improve the caregivers' levels of stress, anxiety, and fear.	4.75(0.88)	4.20(0.96)
13 I think that family caregivers who are involved in patient care are better able to make care decisions for their loved ones.	4.79(0.92)	4.06(0.92)
14 I think involving family caregivers in patient care improves patient safety.	4.29(1.10)	3.51(1.03)
15 I think involving family caregivers in patient care improves overall quality of care.	4.74(0.95)	4.17(1.05)

### ICU environment

The scores in the U.S. were higher  
→ This indicates that, in comparison, the ICU environment in Japan is less conducive to collaboration with family members.

### Patient acuity

The scores in Japan were higher  
→ However, the scores were reversed between Japan and the U.S. for family cooperation for hemodynamically unstable patients and for patients requiring life-prolonging treatment (end-of-life).

### Nurses' workflow

The scores in the U.S. were higher  
→ Family involvement in the ICU is expected to be physician-led. In addition, the scores on family collaboration were lower in Japan, as patient safety was the priority.

### Nurses' attitudes

The scores in the U.S. were higher  
→ According to the detailed items, the nurses in Japan being busier may have had an impact on family cooperation.

### Conclusions and implications

To promote family care coordination in ICUs in Japan, it is necessary to pay attention to the family by scheduling nurses' duties appropriately and ensuring patient safety, considering the department's environment, patient's physical condition, and differences in the ICU environment and rules between Japan and the U.S.

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