

Do family members belong in ICU during procedures? Study finds clinicians mixed on practice

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Do family members of loved ones who are critically ill and being treated in an intensive care unit at a hospital belong there when clinicians are performing bedside procedures? New study finds many critical care clinicians have conflicting feelings about the practice. Credit: Intermountain Healthcare

Do family members of loved ones who are critically ill and being treated in an intensive care unit at a hospital belong there when clinicians are performing bedside procedures? A new study from Intermountain Healthcare researchers finds many critical care clinicians have conflicting feelings about the practice.

Intermountain Healthcare's Center for Humanizing Critical Care at Intermountain Medical Center in Salt Lake City has been working to promote a new culture of inclusion surrounding ICU procedures. They say it makes sense that when a loved one is in [critical condition](#), [family members](#) want the option to be by their bedside. That's especially true in the ICU, even when the patient is undergoing invasive procedures.

While the [standard practice](#) in many ICUs across the nation is to ask family members to stay in a waiting room while a procedure is performed, a growing number of clinicians are supportive of changing that practice to allow family members to remain in the room. However, the new study found many other clinicians still have mixed feeling about changing the practice.

"We found many [critical care](#) physicians are already allowing family into the ICU during procedures, which is great because it likely benefits almost everyone," said lead author Sarah J. Beesley, MD, MS, clinical researcher at Intermountain's Center for Humanizing Critical Care. "But there are still concerns about this practice, which we have identified and want to address."

In the study, researchers surveyed 125 critical care clinicians across 14 Intermountain Healthcare hospitals in Utah over a two-week period as part of a quality improvement project designed to understand and improve patient and family experience in the ICU.

Researchers asked clinicians if they invite family to be present for procedures like central line placement, arterial line placement, and intubation—which happen routinely in the ICU, said Dr. Beesley.

They found 38 percent of clinicians invite family members into the ICU during these times, and of these, 90 percent say family presence during procedures is a generally positive experience.

However, 35 percent of clinicians were somewhat or strongly unlikely to invite family to a patient's bedside during procedures because of concerns about sterility, distraction, trainee education, or legal permissibility. Addressing how to alleviate these concerns is the next project the Center for Humanizing Critical plans to tackle.

Dr. Beesley presented findings from the study at the American Thoracic Society annual international conference in Dallas, on May 20, 2019.

In previous research done by Dr. Beesley and others, family access to their loved ones while in the ICU has generally been increasing, and for the better. They found greater access increases family engagement, improves patient and family satisfaction, and decreases psychological distress in patients and with family members.

"That's why knowing why some critical care clinicians are still opposed to it is so important," she said. "Clinicians who do allow greater [family](#) access find it to be a safe and satisfying situation, and we want to work to understand the nearly 60 percent of clinicians who aren't allowing it right now," she said. "If there's not a reason to exclude families, they should be invited to be a part of what their loved one is experiencing."

Provided by Intermountain Medical Center

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