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ABSTRACT

FEASIBILITY OF A PROPOSED MIDRANGE THEORY FOR FAMILY SUPPORT

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Aims: This IRB approved study represents the first step in testing feasibility of administering, and family acceptance of, a bundle of interventions designed to support family members of mechanically ventilated adults. The interventions are proposed within a proposed mid-range nursing theory entitled *facilitated sensemaking* (FS). **Rationale:** The FS theory is derived first from Roy's adaptation model. The quality of family compensation to health crises may lead to complete or incomplete adaptation. The proposed FS theory is secondarily derived from Weick's business theory of organizational sensemaking which explains that people need to make sense of new situations and that actions during crisis may help form the understanding of the experience. The FS theory provides a prescriptive bundle of interventions to assist the family in compensation to the crisis of critical illness and provides them with actions to take during crisis. Family members of Intensive Care Unit patients may develop anxiety, depression, and/or post-traumatic stress syndrome. Approaches to prevention of these health problems are not well defined. It is proposed that the interventions in the FS theory may minimize the adverse psychological effects imposed by critical illness. Before testing outcomes of preventive measures, it was important to evaluate which interventions the family would accept, use, and value. **Methods:** The investigator designed a bundle of interventions to a) make sense of the situation: coaching families on how to obtain information and interpret surroundings, and b) make sense of their new role: coaching on how to participate in care and use a visiting kit of supplies. Following consent, participants met with the investigator at the bedside for three visits and then asked to complete an adapted Critical Care Family Needs Inventory (aCCFNI) and program evaluation. Content validity and reliability ($\alpha = .92$) of the original CCFNI have been previously reported. The adapted CCFNI has been previously used containing scores for both *needs met* and also *importance of the need*, yet reliability of the adaptation has not been reported. **Results:** Family members of 30 patients consented to participate, 22 completed surveys. aCCFNI reliability was high ($\alpha = .96$). Content validity: family members supported the importance of the items on the tool. The importance of informational needs was confirmed. A score was calculated indicating family member's perception of how well each need was met, then weighted by importance to identify performance improvement opportunities for use by clinical managers. Program evaluation confirmed that family members approve of this format of support and found the interventions helpful. Personal care supplies (e.g., lotion, lip balm) were universally well received. Forty-two referrals to ancillary service were made. Operational issues to improve services were identified. The interventions took 17 minutes nursing time per day, longer if needs were met and shorter if needs were not met. **Implications:** The results of the aCCFNI are helpful in evaluating unit-based need for change. Next steps would be to further test the FS theory to determine the impact on health outcomes.