Involving Family Systems in Critical Care Nursing
Challenges and Opportunities

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The literature indicates that involvement of families in critical care settings is effective in meeting the needs of families and patients during a medical crisis. This article presents basic concepts from family systems theory, including cultural considerations useful in developing nursing care plans that integrate family involvement in the care of critically ill patients.

Keywords: Families, Family members, Family stressors, Needs of family members

Families of critically ill patients experience emotional challenges that are manifested differently by each family system, often producing disruptions in the family systems’ work and recreational, social, and emotional life routines. Families respond to and perceive the hospitalization of a critically ill family member as a crisis and exhibit crisis-like behaviors that include initial confusion, shock, and intense fear. Throughout the hospitalization, family members may experience other feelings ranging from anxiety and anger to sadness and resignation. Initially, many families, feeling extremely vulnerable and powerless, are anxious to obtain information on the family member’s condition while also exhibiting hovering behavior around the patient and the nursing care area. During the initial phase of any crisis, the family system seeks to regain its homeostatic balance and return to previous levels of functioning. It is during this phase of the crisis that the family system may be more amenable to support, recommendations, and directions from critical care nurses.

How families cope with the critical care hospitalization of a loved one depends on the family’s unique balance of strengths and limitations, including patterns of communication, problem-solving skills, degree of cohesion within the family, interfacing with the external world, and conflict resolution abilities. Families with a good balance of these skills are able to confront a member’s medical crisis in a less stressful manner, whereas other families require more assistance from critical care nursing staff and others in their environment to handle the stress. The literature identifies important needs of family members during this time, which include obtaining information, honesty, caring, access to the patient, and support.

Despite the importance of holistic nursing, schools of nursing do not always include family interventions as part of the curriculum. Furthermore, continuing education for hospital-based nurses tends to vary in content and quality, and it may not be easily accessed. The lack of training on understanding and engaging families on critical care units, when combined with other factors such as multiple nursing responsibilities and nursing shortages across the country, may not allow the critical care nurse to appropriately assess, engage, and involve the family system. Critical care nurses have historically focused mainly on the individual patient and his/her illness. Inclusion of the family can actually improve the outcome of the patient; therefore, involving the family should be a part of the patient focus.
Family Systems in Critical Care

The challenges for the critical care nurse are to (1) understand how the medical crisis affects family functioning and dynamics, (2) understand the emotional intensity often experienced by families, and (3) determine the appropriate level of family involvement in the patient’s holistic care during the hospitalization. However, to understand families and assess the appropriate level of family involvement, the critical care nurse must have an understanding of basic family system concepts that help explain how families function in general and how they relate to others during this stressful time.

This article identifies basic concepts in family systems theory that critical care nurses can use in understanding and involving families of critically ill patients. The authors will also provide specific considerations for involving families in the critical care patient’s treatment process and address how cultural values and beliefs influence how families communicate with nursing professionals. By understanding family dynamics and involving families in care planning, critical care nurses can engage families as effective partners in enhancing patient medical and nursing care.

APPLYING HOLISTIC THEORY TO FAMILIES IN CRITICAL CARE SETTINGS

The value of applying concepts from family systems theory to critical care nursing can best be appreciated if the critical care nurse adheres to a holistic approach to nursing care and integrates crisis theory. Both of these concepts are vital to understanding the family and helping them cope with and move through the hospitalization of a loved one. Although nursing has traditionally focused on the whole person, focus was given to the concepts of nurturance and holistic nursing during the 1980s and 1990s. Wright and Leahey developed a family systems nursing (FSN) framework as a way to understand the value of the nurse-family relationship in patient care. The FSN framework encompasses 3 major tenets that must exist within this framework: (1) families also bring their own expertise, knowledge, and skills; (2) a reciprocal relationship must exist between the nurse and the family; and (3) there is no hierarchy in the nurse-family relationship. These concepts have been used by nurses to view all aspects of a patient’s life as important. Critical care nurses are encouraged to integrate the patient’s emotional, nutritional, spiritual, and religious aspects in patient interventions.

During recent years, holistic nursing has become widely known and recognized as important in the healthcare process. This type of nursing specifically involves caring for the total patient and recognizes that other systems, such as the family, may influence the patient’s progress during the hospital stay. This focus requires that nurses recognize the important interactional relationship between the critically ill patient, the patient’s culture, and the family system.

APPLYING CRISIS THEORY TO UNDERSTANDING FAMILIES IN CRITICAL CARE SETTINGS

Entrusted to ensure that each member develops optimally and is cared for, family systems have a powerful effect on individuals. Regardless of how well a family provides for its members, the effects of that system on an individual are long lasting and often influence personality development, morals, behaviors, and views of the world. Family members usually rally around a member in trouble, as in the case of a critically ill patient. If nurses are to follow a holistic nursing approach, then understanding the family’s experiences toward the patient’s hospitalization and the interactions between the patient and the family system is important.

The effect of family member illness on family systems is not new to nursing. Nurses recognize that the families of critically ill patients react to the hospitalization of a family member as a crisis and consequently go through the traditional phases of crisis intervention. Crisis theory asserts that individuals are on a lifelong and continuous search to maintain a stable emotional equilibrium that is often in constant conflict with internal and external pressures. When the equilibrium balance is disrupted, such as in the case of hospitalization, the individual resorts to previously successful coping skills, ego mechanisms, and support systems. During the hospitalization, critically ill patients may be deprived of their main support—the family.

Individual family members who are at different stages of development and life cycles are also affected by the hospitalization of a family member. As expected in crisis theory, a family’s reactions to the medical crisis change over the course of the hospitalization. One study assessed differences over a period of weeks in families’ stress reactions and found that after several weeks of coping with a medical crisis, they showed less stress levels. Initially, the hospitalization of...
a loved one resulted in family members wishing to spend more time with the loved one. However, after 3 to 4 days, family members began engaging in external activities and spending less time with the patient. The researchers stressed that an intensive crisis intervention approach should first be considered with families of critically ill members. Inherent in many crisis situations is a loss of usual coping skills combined with anxiety, a sense of hopelessness, and despair. Restoring a family’s homeostatic functioning requires that hope is instilled, and the family be actively involved in acquiring new coping skills to work through the critically ill patients’ medical crisis.

FAMILY STRESS AND CRITICAL ILLNESS
Families of the critically ill reflect great diversity in race, ethnicity, and socioeconomic status. Yet, family members of the critically ill have commonalities, the most obvious being the experience of coping with the stress that results from having a critically ill family member. In these situations, most families experience and describe stress as extraordinarily high. Anxiety resulting from stress manifests itself in a variety of ways, affects all body systems, and includes responses such as muscular tension, headaches, backache, stiff neck, increased heart rate, decreased gastrointestinal function, dry mouth, moist hands and feet, and a decline in the ability to learn. Anxiety can also result in changes in sleep, exercise, and eating patterns. Given the impact of stress, it is not uncommon to observe family members of critically ill patients develop their own physical and medical problems that often require medical attention or at times increase additional anxiety within the patient and the family. Families of the critically ill may be at high risk for posttraumatic stress disorder.

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LOWERING FAMILY STRESS AND INCREASING FAMILY INVOLVEMENT
Meeting basic family needs may lower the level of stress in the family members. Two major tasks can help lower family stress and ensure that families are involved. The first, providing ongoing information to families, becomes an important priority throughout the medical treatment process. For example, structured communication in the form of a daily telephone call to update the family was found to lower family stress. Other strategies include (1) the family meeting with the same person each day, (2) involving the family in patient rounds, (3) providing information frequently and in terms the family can understand, and (4) helping the family understand the patient’s prognosis.

Involving families in the care of a member is another way to lower family stress. Research shows an increase in family satisfaction when the family is included as part of the patient care team. Involving families by keeping communication open has been found to lower length of stay and hospital costs as well. Family involvement in various patient care tasks may help reduce the sense of powerlessness experienced by the family members.

It is important throughout the medical crisis to assess and meet the needs of families of critically ill patients. Critical care nurses are in an ideal position to assist families because they are continuously at the bedside and serve as the mediator between the patient, family, and all other healthcare professionals. Nurses can assess and recognize the importance of family strengths and needs while providing stress management for the patient and the family system.

ASSESSING THE FAMILY SYSTEM’S LEVEL OF INVOLVEMENT
Family members need to be assessed individually to determine what their capabilities and desires are regarding participation in care, so that nursing interventions can be adapted accordingly. Some individuals are overwhelmed by the monitors and equipment at the critical care bedside and are afraid of making a serious error. They will not want to participate directly in the care. However, an individual in this situation may be able to obtain needed information, bring personal items from home for the patient, or provide something else indirectly contributing to patient care. Another person may want to participate in bathing the patient. Although care must be given to avoid misunderstandings, a careful evaluation of each individual will promote the participation of family members in patient care.

Families are complex systems with their own set of rules, norms, values, and skills that are also affected by the interrelationships within the system, relationships with others in the external environment, developmental crises, and members’ role. Consequently, no 2 families are the same nor do they perceive and cope with medical crises in the same way. To make matters more complicated, family systems are usually in flux, always changing depending on the developmental changes and medical and other psychosocial stressors that their members experience.
It is important to understand that when families arrive in critical care units, they come with specific and unique strengths, limitations, characteristics, challenges, and skills. Family systems also have various contextual factors, situations, dynamics, and other issues separate from the medical crisis that are already in progress. For this reason, it is especially important that the critical care nurse be aware of the challenges present throughout each family life cycle that may determine or influence how family members react or involve themselves in the patient’s care. Including family life cycle information in the assessment process will help the critical nurse (1) identify the challenges that the family is experiencing, (2) understand how these challenges are impacted by the family member’s illness, and (3) determine the appropriate level of involvement for each family system.

**FAMILY SYSTEMS CONCEPTS USEFUL IN CRITICAL CARE NURSING**

**Family Life Cycles**

Families, like individuals, seem to move through a succession of life cycle stages throughout their development. At each stage, the family masters specific tasks needed to successfully advance to the next developmental level and for the optimal growth of the family system and each individual family member. Conflicts and stressors often arise when families transition between stages and when families are unsuccessful in navigating through a specific developmental stage. Families should be assessed as to where they stand in the family life cycle and whether a difficult transition may influence the systems’ level of involvement in patient care. A closer examination of the family’s life cycles reveals that there are 3 phases in most family systems: (1) coupling, (2) expansion, and (3) contraction.

The coupling phase includes the newly launched single adult child and the coupling of 2 single adults. The family life cycle begins with the adult child leaving home and establishing a sense of self-independence from the family of origin. The establishment of independence involves creating a niche in one’s community and peer group and starting a career path for financial security. Difficulties with this phase can lead to adult children having trouble differentiating from their family of origin and becoming financially and emotionally stable on their own, which in turn affects the whole family. Nursing care professionals may see adult children moving in and out of the family system, resulting in fluctuating levels of member involvement throughout the patient’s stay. If the patient is part of a newly established couple, nurses may witness conflicts between the remaining member of that couple and the families of origin.

The second phase of the family life cycle is termed the **expansion phase** because it involves an increase in the family size with the addition of children. This involves changes as the children age and different stressors such as parental and financial responsibilities. The needs of family members at this stage of life may be different from other family members at various stages in the life cycle.

The third phase of the family life cycle is termed **contraction** during which family size begins to decrease until it again consists of only the couple. This involves the launching of adult children who will create their own families and independent lives. During contraction, the couple must also deal with their own aging parents. For example, if the patient is an aging parent, the family may need to prepare themselves for the feelings of loss and abandonment that result from the death of a loved one. If the aging parent is a surviving spouse, the family system will often rally around that individual with additional support and emotional protection. The couple must cope with their own old age, and the adult children must cope with changing roles as they begin to provide a support system for both their aging parents and their own developing families.

**Contemporary Trends in Family Systems**

Carter and McGoldrick have expanded the family life cycle to be more inclusive of contemporary trends in families. Divorce and remarriage require additional stages and developmental tasks to master to restabilize and prepare the family for future stages. Families coping with divorce and remarriage may exhibit higher levels of conflict, as individuals who typically do not interact with each other may come together in reaction to the patient’s medical crisis and care. Critical care nurses should be aware that nursing and medical care decisions that involve families may be more difficult to reach if major differences or conflicts still exist between divorced or remarried family members. Critical care nurses have good opportunities to involve other professionals such...
as social workers, who can help family members resolve or put aside differences so that optimal levels of family involvement in patient care can be reached.

**Vertical and Horizontal Stressors Experienced By Families**

Another important concept in family systems theories is the identification of vertical and horizontal stressors that affect the family system’s levels of functioning. Vertical stressors include patterns that are passed down through generations and include family patterns, myths, and general emotional baggage inherent and visible in every family system’s developmental cycle. Medical crises as do other life stressors tend to ignite or reactivate old family baggage related to unresolved conflicts, anger, and issues of abandonment. Therefore, it is very likely that families of critically ill patients will arrive with this baggage in hand creating additional challenges for nursing staff. Horizontal stressors occur as the family moves forward through time and include many predictable life cycle transitions (marriage, childbirth, etc) as well as unexpected external stressors (war, untimely death, chronic illness, etc). Any of these stressors may affect the nuclear or extended family system, either in a positive or negative way. Critical care nurses must always be aware of the societal context influencing family systems. For example, terrorist events such as the one on September 11th or the Iraqi war will heighten family anxieties and can create additional stressors from family losses directly related to these incidents. It is equally important to recognize that some stressors faced by families may sometimes result in positive changes and growth experiences. For example, there are many cases where old family conflicts are resolved as family members find their support for the critically ill patient more important and reaffirming than their differences. Conflicts within the family are inevitable, but they do help form the family identity over time. However, some families are stagnant and faced with the unpredictability of a medical crisis; they may lack longer term vision and are overwhelmed and immobilized by their feelings.

**Family Boundaries**

Although the differences between family systems are evident, there are also common features and patterns among families that will help the critical care nurse assess and understand a specific family. According to systems theory, the family is a set (or system) of relationships that are connected, and the overall family system has a responsibility for taking care of its individual members. This system also has structure or boundaries that must be protected to ensure optimal functioning. To maintain a homeostatic balance and avoid the system’s isolation and alienation from other helpful individuals or resources, the family’s outer boundaries must be fluid enough to allow other positive and helpful resources into the system. By the same token, the family must protect its internal boundaries that may be prescribed by age or role. For example, parents in a family must protect children from assuming the parental role, and other extended family members living in a family must allow the parental unit to function as such. If boundaries are permeated too much, the family system’s integrity may be negatively affected.

Critical care nurses should keep in mind that a medical stressor resulting in the hospitalization of a family member may affect the family members’ role assignments. For example, a family member may believe that it is his/her role to protect and care for family members, including the patient, and may perceive the nurses’ role as intrusive. In some families, an elder family member may be expected to assume primary responsibility for medical decisions. In other cases, the critically ill patient may hold a major family role such as that of breadwinner, and the family may be thrown into financial crisis. At times, critical care nurses may need to rely on referrals to other hospital professionals such as social workers, who may be able to assist the family with everyday living needs. It is important to note that the family’s need for respect and confidentiality during difficult financial times should be considered. Understanding and validating how the family views the role held by the patient and encouraging the family to find someone else to fill that role will ease the stress experienced by both the patient and the family system and will help the family view the nurse as a family advocate.

**CULTURAL AND DIVERSITY CONSIDERATIONS**

Cultural identity, rituals, values and behaviors are all important aspects of family systems and influence how families will communicate with health professionals. Although it is not the intention of this article to provide an extensive review of these important cultural components, the authors wish to identify a few considerations when working with diverse family systems. Across the United States and internationally, healthcare providers work with diverse family configurations that include single-parent families, extended families, and gay- or lesbian-headed families. Recognition of family diversity is important when critical care nurses assess and consider family involvement in the patient’s care. For example, many minority ethnic individuals throughout the
world have extended family members as part of an immediate household or interact with and depend on extended family members. Specifically recognizing that extended family members function as support systems for children needing healthcare, the critical care nurse needs to account for extended family member involvement when engaging the family system. In Chinese families, roles are clearly delineated, and because the family system sees itself as responsible for its own members, problems are managed by the immediate and extended family members. This type of family structure may present challenges for the critical nurse assessing the family because he/she may not have access to important health information about the family system’s problems. In the case of children, the lack of access to needed health information may jeopardize accessing services because the Asian family may not share information with healthcare providers who are perceived as outsiders.

INCREASING FAMILY SYSTEMS AWARENESS AMONG CRITICAL CARE NURSES

Involving the family in patient care results in benefits to both patient and family. However, a major challenge in rapidly moving, high-stress critical care units is assessing the family system’s strengths and limitations while also developing a rapport with the family members. In addition, high patient caseloads and multiple responsibilities make it challenging for critical care nurses who already feel overworked to learn about and apply concepts from family systems theory. Nurses initially learn how to provide care through an accredited nursing education program, but including family systems theories as a part of an introduction to family care will provide a foundation that can be expanded on as the novice nurse selects a specialty. Continuing education is required to maintain a nursing license, and offerings related to assisting families with an understanding of family systems theories can be included as part of staff development.

CONCLUSIONS

Critical care nurses have important roles in the care of critically ill patients. Despite the multitude of daily responsibilities, critical care nurses are the professionals who do and will continue to interact most with families of critically ill patients. Families are complicated systems that often have a powerful effect on patients and exhibit crisis reactions to the hospitalization of a loved one. The literature highlights the importance and benefits of involving families in the healthcare of both child and adult patients. To better understand ways that nurses can involve families in the patient care process, it is important that the critical care nurse be open to learning about family life cycles, family boundaries, and other family concepts discussed in this article. Without training in these areas, nurses will not be able to engage, assess, or determine the appropriate level of family involvement in the nursing care of critically ill patients. Involving families in the patient care process is a “win-win” situation for the patient, the nursing staff, the family, and the hospital administrators, who wish to provide optimal healthcare while improving relationships with consumers.

Recognition of family diversity is important when critical care nurses assess and consider family involvement in the patient’s care.

Diversity in languages spoken by families such as Hispanic/Latino and Asian families is another important factor for the critical nurse to consider with diverse families. When families in a hospital setting communicate in another language other than the dominant language, it is not intended to be dismissive of the staff but rather a more comforting way for families to express feelings related to the patient’s illness.

How minority or ethnic groups use and interact with institutions outside of their cultures is important because it affects the trust and relationship developed between the family and the critical care nurse. The more trust a family system has in the critical care staff members, the easier it is for the nurse to engage the family, obtain the necessary information, and involve the family in the patients’ care. An example of the challenges that patients and families experience when seeking medical health from outside institutions is given by Baker and Daigle, who studied how the members of Canada’s aboriginal population describe their hospitalization experiences. In this study, patients describe feeling misunderstood based on cultural differences between themselves and their nursing caretakers. Of major importance was the dichotomy between the patients’ world and the hospital staff’s culture. Another important finding was the patient’s expectation that all members of their families, regardless of family size, be included when hospital staff was presenting treatment information. Patients quickly realized that large families and other rituals such as “praying in our native language” were not understood by the nonaboriginal staff or other patients and left the patients feeling demeaned.
Although it is important to integrate more family-focused nursing interventions in the nursing curriculum and increase the continuing education opportunities for critical nurses, it is equally important for individual nurses to consider the following:

1. Seek out training in holistic and FSN.
2. Begin to view families as helpful, resourceful systems that can bring strengths and resources to a critical care situation.
3. Take the time to engage and assess each family system's dynamics, patterns, needs, and resources.
4. Assess the relationship between the patient and the family to make determinations on the patient’s needs for comfort and support from the family. In some instances, nurses may determine if a family systems' involvement may bring more anxiety to the critical care patient.
5. Assess the family system to determine how the system can be involved in the patient care process.
6. Provide the family system with specific information, support, and empathy throughout the patient’s hospitalization.
7. Establish a reciprocal relationship that will allow for the development of a nurse-family partnership working on the needs of the patient. This includes listening to families and hearing their needs.
8. Learn self-awareness and how that might influence your interactions with families on the critical care unit. If the nurse’s personal family issues are influencing the interactions between the patient’s family and the nurse, consider obtaining support from supervisors and colleagues on how to cope with this.

There is no question that involving families in the patient care process on a critical care unit can be a win-win situation for the patient, the family, and the nursing staff. Family involvement will not only provide comfort to the patient and possibly improve the patient’s health but may also provide additional support to an already busy and committed nursing staff. In this age of consumer awareness, the family (consumer) will be more satisfied, stress will be lowered, and health outcomes for families and patients will improve.

References


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