PROVIDING PROFESSIONAL SUPPORTS TO HELP FAMILIES SUCCESSFULLY TRANSITION INTO THE PEDIATRIC INTENSIVE CARE UNIT (PICU)

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10 Reasons Why Taiwan Should Be The Next Country You Visit
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- Master of Nursing Science in 1986, PhD of Health Promotion and Education in 1999.
- Pediatric nurse for thirty four years.
- Studying children and adolescents with chronic or critical illness for more than twenty-three years.
- Developing family interviewing for ten years for empowering families through the critical period.
- 2014 Award of Professional contribution in Taiwan; International Nurse Researcher, Hall of Fame, STTI in Hong Kong.
Introduction

Critical illness in children is a life changing event for the child, their parents, caregivers and wider family.

- The admission to pediatric intensive care unit (PICU) means the child experiences critical illness and produces acute psychophysiological distress for both children and parents that throwing the family into crisis (Berube, Fothergill-Bourbonnais, Thomas, & Moreau, 2014; Stickney, Ziniel, Brett, & Truog, 2014).

- This traumatic effects continues post-discharge as the family attempt to recover from their critical transition experience (Colville & Pierce, 2012; Nelson & Gold, 2012) and damages their health condition (Brooten et al., 2016).
The PICU families presented that a family life event included physical, psychological and social recovery journey in individual family’s context (Atkins, Colville, & John, 2012).

- Systematic review of previous qualitative and quantitative studies indicated that parents of children in PICU perceived seriously stress (Rothstein, 1980), lack of information, limited involvement (Vasli, Dehghan-Nayeri, Borim-Nezhad, & Vedadhir, 2015), and disconnected professional supports (Macdonald, Liben, Carnevale, & Cohen, 2012; Majdalani, Doumit, & Ramp; Rahi, 2014; Mattsson, Arman, Castren, & Forsner, 2014).
Family-Centered Care

- Paradigm shift from patient-centered care (PCC) into family-centered care (FCC) in PICU to promote communication, concern, compassion, closeness, and flexibility is the challenge for the nurses and physicians (Riley, White, Graham, & Alexandrov, 2014).

The clinicians have to reflect the dominance and paternalism in PICU and to close the knowledge gap for paradigm shift from patient-centered to family-centered care.
PURPOSES

• To identify the individualized needs of families of children in the Pediatric Intensive Care Unit (PICU) and to support parents through individualized family interviews and PICU parents' information handbook by a mixed method.
METHODS:

• We designed a mixed method for the families have a child stayed in the Pediatric Intensive Care Unit (PICU) at a children's hospital in Taiwan.

• The randomized control trial and in-depth interviews were conducted parallel.

• Outcome measures included the Critical Care Family Needs Inventory, acute stress scale, hospital anxiety/depression, and family function which were assessed while hospitalization in the first 24 hours, discharged and follow-up in three months.

• The parents in the experimental group have received an individualized family interview for 45 to 60 minutes and providing a PICU parent information handbook with detail information about the PICU.

• The parents in the comparison group only received the PICU parents' information handbook.
RESULTS:

• We recruited 62 parents and child dyads for quantitative data collection, and 12 families were interviewed (Only 52 family members of children with critical illness were completed questionnaire, because of dying and relocation).

• No statistically significant sub-scale differences in survey responses of parents and children among experimental and comparison groups.
BETTER MENTAL HEALTH & FAMILY FUNCTION

- Parents have severe acute stress, anxiety, and depression while their children hospitalized in PICU, and reduced were after discharge (P< 0.01) and three-month follow-up.

- The parents in the experimental group have better mental health (P<0.05) and family function (P< 0.001) by General Estimated Equation (GEE) analysis.
THE RESILIENCY OF THE SUFFERED FAMILIES

• We identified three themes of this critical condition of families:
  • *Intimate sadness surrounding the whole families,*
  • *Looking forward to any resources from the social network,*
  • *Stabilized the family process and function.*
CONCLUSION

• This mixed-methods study identified that families of PICU children have urgent needs to stabilized families’ homeostasis. The nurse-led family interview could help the families' successful transition during critical PICU experiences.