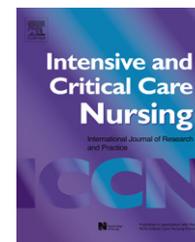




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ORIGINAL ARTICLE

A pre–post evaluation of the Adler/Sheiner Programme (ASP): A nursing informational programme to support families and nurses in an intensive care unit (ICU)

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KEYWORDS

Critical care nursing;
Nurse workload;
Nursing intervention;
ICU environment;
Nurse performance
obstacles;
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Summary

Background: ICU nurses often report that timely informational and supportive resources would ease distress for clients and providers alike.

Objectives: This pilot study was aimed to explore the role of a comprehensive information and support programme in enhancing the work environment, task performance and reducing emotional distress amongst ICU nurses.

Research methodology/design: Through a mixed quantitative and qualitative design, nurses were invited to complete self-report questionnaires ($n=25$) and to participate in focus groups ($n=7$) prior to (T1) and 6 weeks after the implementation of the supportive programme (T2).

Results: Measures of physical and mental effort were found to be significantly lower ($t=2.45$, $p=0.02$) at post test (T2). Statistical trends towards significance were observed for higher performance satisfaction ($t=1.70$, $p=0.10$) and lower emotional distress ($t=2.00$, $p=0.06$) at T2. Focus group data revealed that nurses felt more supported in their work, had more satisfaction with work tasks accomplished and felt more emotionally supported with the programme being in place.

Conclusions: Preliminary data from this pilot study suggest that a comprehensive information and support programme designed to support nurses in the ICU can enhance well being and workplace related factors. Work is currently underway to document the program's impact on family members in the ICU. Future studies should document further how and when similar programme contribute to enhance the workplace for other ICU staff.

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Introduction

Patient admission to an Intensive Care Unit (ICU) is often sudden and acute with little preparatory time for all involved (i.e. patient, family members as well as health care personnel). For patients and their families, an ICU admission

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is a stressful event that can be fraught with psychological distress, uncertainty and emotional turmoil (Auerbach et al., 2005; Hickman and Douglas, 2010; Jamerson et al., 1996; Mendonca and Warren, 1998; Paul and Rattray, 2008) with up to 80% of family members of ICU patients developing anxiety, depression and/or a post-traumatic stress response related to their experience (Azoulay et al., 2005; Hickman and Douglas, 2010; Tedstone and Tarrier, 2003). For nurses, the complex and chaotic ICU environment leads to stress, heavy workload and additional occupational obstacles that can significantly affect their work performance and job satisfaction (Gurses and Carayon, 2007; Malacrida et al., 1991). In particular, family needs have been documented to be significantly demanding for ICU nurses (Gurses and Carayon, 2007).

Family needs in the ICU

Since the seminal work carried out by Molter (1979), the needs of family members of ICU patients have been studied extensively (Paul and Rattray, 2008; Verhaeghe et al., 2005). Five domains of family needs are repeatedly being documented: (1) needs for assurance, (2) comfort, (3) support, (4) proximity and (5) information (Leske, 1991). Even though information needs have been identified as the most significant by ICU family members (Auerbach et al., 2005; Browning and Warren, 2006; Chien et al., 2006; Delva et al., 2002; Mendonca and Warren, 1998; Verhaeghe et al., 2005), studies consistently report informational support to be one of the least satisfying aspects of care received (Auerbach et al., 2005; Rukholm et al., 1991; Sabbagh, 2006). Nurses in the critical care setting often are charged with the responsibility of meeting family needs, but in the fast-paced environment, family-related issues are identified by nurses as significant obstacles to optimal task performance (Gurses and Carayon, 2007).

Nurses in the ICU

Nurses practising in the ICU are seen as minute-to-minute critical health care professionals. They provide direct interventions and coordinate many aspects of ICU care delivery. These nurses often face the challenge of keeping communication channels open not only amongst family members but also amongst each other, physicians, social workers and other team members. Because hospital ICUs are characteristically stressful environments with high turnover and tense work climate, significant obstacles to task performance are frequently reported by caring personnel (Gurses and Carayon, 2007; Topf and Dillon, 1988). In such extreme emotional work environments, the paucity of structured programme may weaken the ICU workforce (Alameddine et al., 2009). Nurses, for instance, often report job dissatisfaction and burnout, which negatively affect quality of care (Aiken et al., 2001; McHugh et al., 2011). In addition, advances in ICU technology and training can contribute to perceptions that instrumental tasks take precedence over communication and comprehensiveness of care (Soderstrom et al., 2003).

Recent work suggests that, family-related issues (e.g., family psychosocial needs, care informational needs,

multiple calls from family members to inquire about patient's health status) are amongst the most common performance obstacles reported by ICU nurses (Gurses and Carayon, 2007, 2009). Innovative and timely programmes are desperately required to address more effectively the multidimensional needs of ICU family members, which in turn, would serve to reduce work-related stressors reported by ICU personnel, particularly nurses. A comprehensive informational and support resource that is readily available may act as a significant contributor (Soderstrom et al., 2003) to reduce obstacles to performance often encountered by nurses in the ICU.

The Adler/Sheiner Programme

In the fall of 2005, a novel information and support programme for ICU patients, family members and nurses, the Adler/Sheiner Programme (ASP) was first piloted in a large university affiliated hospital in Montreal, Quebec, Canada. This programme uses principles of Interactive Health Communication (IHC), defined as, "the use of technologies to gain access to health information and support" (Loiselle and Dubois, 2003), complemented by the presence of a full-time Clinical Nurse Specialist (CNS) with training at the Master's level and working with a comprehensive, person-centred nursing care approach. The ASP is designed to assist patients and families to better understand and cope with the crisis of hospitalisation in the ICU, by providing informational and psychosocial support and acting as an informational and communication resource for nurses. In doing so, it offers support to both nurses and clients (Sabbagh, 2006). Specific structural elements of the programme include a comprehensive library, inviting family-centred rooms that enhance privacy and comfort when communicating with family members, information technology tools (e.g., computer terminals, web-based applications online brochures, etc.) in the ICU and the presence of a full time experienced CNS. The CNS is trained to complement ICU team efforts to ensure that families understand and are comfortable with directions and care information provided by the interdisciplinary team. These are key ingredients to more active and satisfying engagement in care and informed decision making (when appropriate) of close family members. Furthermore, the CNS provides support to team members and family members through the provision of timely information and directives (e.g., pertaining to health status changes, care plans and prognosis). In this way, time required for ICU nurses to communicate key/current information such as health status changes with families may be optimised, thereby lessening workload demands.

Due to maternity leave of the CNS, the programme had to come to a halt for approximately 6 months (February 2007 to July 2007), making it timely to conduct a programme evaluation prior to resuming its functions in July, 2007.

Methods

Purpose

The present feasibility study involved pre (T1) and post (T2) self-report measures as well as the conduct of focus

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