



OPTIMIZATION OF THE ROLE AND FUNCTION OF WARD MANAGER IN THE DEVELOPMENT OF THE FAMILY MEETING INNOVATION PROGRAM IN THE INTENSIVE CARE UNIT

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ABSTRACT

Hospitalization in the ICU has an impact on families, making it essential to meet the needs of families in the care of patients in the ICU. Caring for patients in the Intensive Care Unit (ICU) requires family support and involves various health disciplines, including the active role of the head nurse. The head nurse can facilitate all parties to be involved in patient management, one of which is through family meetings. (family meeting). A family meeting is an important forum to discuss the patient's condition, prognosis, and care preferences, to listen to the family's concerns, and to make decisions about appropriate treatment goals. Objective to enhance family satisfaction in patient care in the ICU through the development of an innovative family meeting program. Using the case report method in managing care in the ICU through stages of data collection, problem identification, discussion, and determining alternative solutions. Utilizing fishbone analysis to find the root cause of the problem. Once the problem is identified, the next steps include prioritizing the issues, developing a plan of action, implementing it, and conducting evaluations along with follow-up plans. The development of the family meeting innovation program with the establishment of guidelines for the implementation of family meetings, Standard Operating Procedures (SOP), and documentation formats for family meetings. The implementation of family meetings serves as a programmed communication medium between families and caregiving professionals, thereby enhancing the satisfaction of patient families.

Keywords: family meeting; head nurse; intensive care unit

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INTRODUCTION

Intensive Care Unit (ICU) is a special care unit designed to care for patients with life-threatening medical conditions and requiring intensive care. *Intensive care unit* (ICU) is a part of a hospital that is independent (installation under the director of service), with special staff and special equipment intended for observation, care and therapy of patients suffering from diseases with dubious prognosis (Kepmenkes RI no. 1778, 2010). The critical care unit is a multidisciplinary environment consisting of specialist doctors, nurses, physiotherapists, pharmacists and nutritionists. (Clancy and Johnson., 2023). Patients treated in the ICU often face complicated and complex situations, both physically and emotionally. In general, ICU patients are in severe condition, experiencing sedation, attached to various devices, unable to communicate and make decisions for themselves (Setiyarini., et al 2019; Schwartz et al., 2022). This patient's condition can cause anxiety and worry for the family. Families experience negative impacts when their relatives are in the ICU, more than 50% of ICU patients' families experience significant stress due to the patient's illness (Piscitello., 2019). Patient relatives show symptoms of high distress with 57% experiencing traumatic stress,

70%-80% experiencing anxiety and depression in addition to physical and emotional. (Mercadante et al., 2018).

Doctors often meet with patients and families to provide information, answer questions, clarify goals, treatment preferences, and obtain patient and family consent (Glajchen et al., 2022). Such meetings often require follow-up or calls to answer questions from family members who may not have attended the initial meeting. This is because the meeting was not conducted with prior planning and agreement with the family so that the family did not have the opportunity to prepare for the discussion. Unplanned meetings can lead to family dissatisfaction and increase family anxiety. The development of the patient's disease can be conveyed by doctors and nursing teams through communication media. Structured communication with the family can reduce the family's psychological stress and improve the family's understanding of patient care (Piscitello., 2019; Widera et al., 2020). Patients and families stated that communication between nurses and doctors in critical care is an important aspect in the care of critical patients (Ahluwalia., 2016). Patients will need family support when facing complex situations in care. The family has an important role in providing care support to patients (Piscitello., 2019). The family is often a strong source of emotional and spiritual support for patients. They have knowledge about the patient, their medical history, *preferences*, values, and spiritual needs. Therefore, involving the family in the care process and decision-making regarding management is crucial in the holistic care process for patients.

The head of the ICU care room has a strategic role in developing nursing service programs and patient management. The head of the room is also responsible for managing human resources, service facilities and the care process. The head of the room as a manager plays an important role in improving the quality of nursing services (Sembiring and Tampubolon, 2022). The head of the room has a central capacity to build communication with professional caregivers and the patient's family in order to facilitate optimal service for the patient. One important aspect in managing patients in the ICU is communication with the patient's family, which can be done through *family meeting activities*. *Family meeting* is a meeting session involving the medical care team, patient, and family to discuss the patient's medical condition, prognosis, treatment plan, and decision making. This meeting provides an opportunity for the family to express their concerns, questions, and preferences and to participate in planning the patient's care and discharge. Family meeting, as a discussion forum for the care team with the family regarding the patient's condition, prognosis, completing medical data, and making more appropriate decisions. (Piscitello et al. 2020; Walter et al. 2019; Gay et al. 2012). Family meetings in the ICU reduce family stress and improve care that is consistent with expressed wishes. Family meetings in the ICU care process can increase family satisfaction, reduce anxiety levels, and improve understanding of the patient's condition (Heyland et al., 2018). *Family meetings* that are conducted proactively and structured in intensive care units to share information about the patient's illness and for families to ask questions and express their perspectives on their illness can reduce anxiety, depression and post-traumatic stress in patients and families. (Heyland et al., 2018; Widera et al., 2020) Scheduled and structured *family meetings* with patients can improve patient experience and satisfaction, improve psychological outcomes and can make the right decisions (Gambhir., 2021; Widera et al., 2020).

The ICU treatment room at X Hospital in Depok City has not developed a family meeting program as one of the interventions in patient care. This is because it does not yet have supporting instruments to implement *family meetings* and there has been no study on family meetings before. The results of interviews with nurses explained that when conveying the patient's progress, the patient's family will be called to the treatment room to be given an

explanation of the patient's condition. The patient's family will be called to the treatment room via *WhatsApp messages* using *the iPad* available in the treatment room. The nurse said that the form of intervention that is scheduled and involves all professional caregivers in conveying the patient's progress to the patient's family has not been determined. So that the delivery of information to the patient's family is carried out at any time when needed.

The communication pattern is built in one direction from the doctor and nurse to the patient's family in terms of conveying information on the patient's progress and medical management as well as requesting approval from the family for medical actions to be taken. Information on the patient's progress conveyed by the nurse is a concern for the patient's family. Meanwhile, communication between the care team and the patient's family is only carried out if there is new information on the patient's progress or to obtain the family's approval for a particular action for the patient. The patient's family stated that they were always waiting for information on the patient's health progress and experienced anxiety while accompanying the patient during treatment. The head of the room as *the first line manager* has a strategic role in developing nursing care strategies for patients. In relation to this, the head of the room needs to develop patient management methods in an effort to increase satisfaction with the service. Family meeting is one of *the evidence base practices* that has a positive impact on nursing services so that this study was conducted to examine the potential for developing the family meeting innovation program. The aim of this research is to improve patient and family services in the ICU by strengthening the role and management function of the head of the room in developing an innovative family meeting program.

METHOD

This study uses a *case report analysis method* on ICU nursing care management with an analysis of the implementation of the role and function of the head of the room. The implementation of the study was carried out through the stages of data collection, data analysis and problem identification, making plans in the form of a *plan of action (PoA)*, implementation and evaluation. Data collection was carried out by observation, unstructured interviews using interview guidelines based on the role and function of nursing management starting from planning, organizing, manpower, direction and control to the head of the room as well as filling out questionnaires and interviews with nurses in the ICU room. The next step is to analyze the data and identify the problems, then score them to determine the priority of the problems with the nurses, team leaders, room heads and CCM. Furthermore, the researcher identified the priority of the problems with a *fishbone diagram* to find the root of the problem. The next step is to prepare a Plan of Action, implementation and evaluation as well as a follow-up plan. The preparation of the PoA uses the Planning Organizing Staffing Actuating and Controlling (POSAC) approach. Implementation begins with the preparation of draft guidelines, SOPs and documentation formats based on literature studies which are then discussed with the room head and CCM, then socialization, implementation and evaluation are carried out. The activities were carried out in the ICU room of a hospital in the city of Depok from April 22 to May 24, 2024.

RESULT

The ICU room has the potential to carry out optimal care interventions involving families through family meetings. However, based on the analysis of the assessment results, several root problems were found, including knowledge about family meetings not being understood by all nurses, where 47.8% of nurses did not understand the role of nurses in implementing family meetings and 43.4% of nurses did not understand the role of families in family meeting activities. The results of the care management assessment found that there were no guidelines and standard operating procedures for implementing *family meetings* as well as instruments

and documentation formats. The head of the room has not considered *family meetings* as one of the methods applied in providing nursing care services to patients so that coordination with professional care providers (PPA) has not been carried out. Nurses as health workers who provide comprehensive care and help meet the basic needs of patients will have a significant impact on *family meetings*. They have understood the patient's care process and treatment program where this is needed as a source of information on the development of care and treatment in *family meetings*. The results of the problem analysis found that the development of innovation in *family meeting care* as part of nursing care management for critical patients in the ICU was not optimal. In relation to this, the output produced to support the optimization of family meeting implementation is the family meeting implementation guidelines, Standard Operating Procedures, family meeting implementation measurement instruments and family meeting implementation documentation formats. Problem analysis using a fishbone diagram is shown in Figure 1 below.

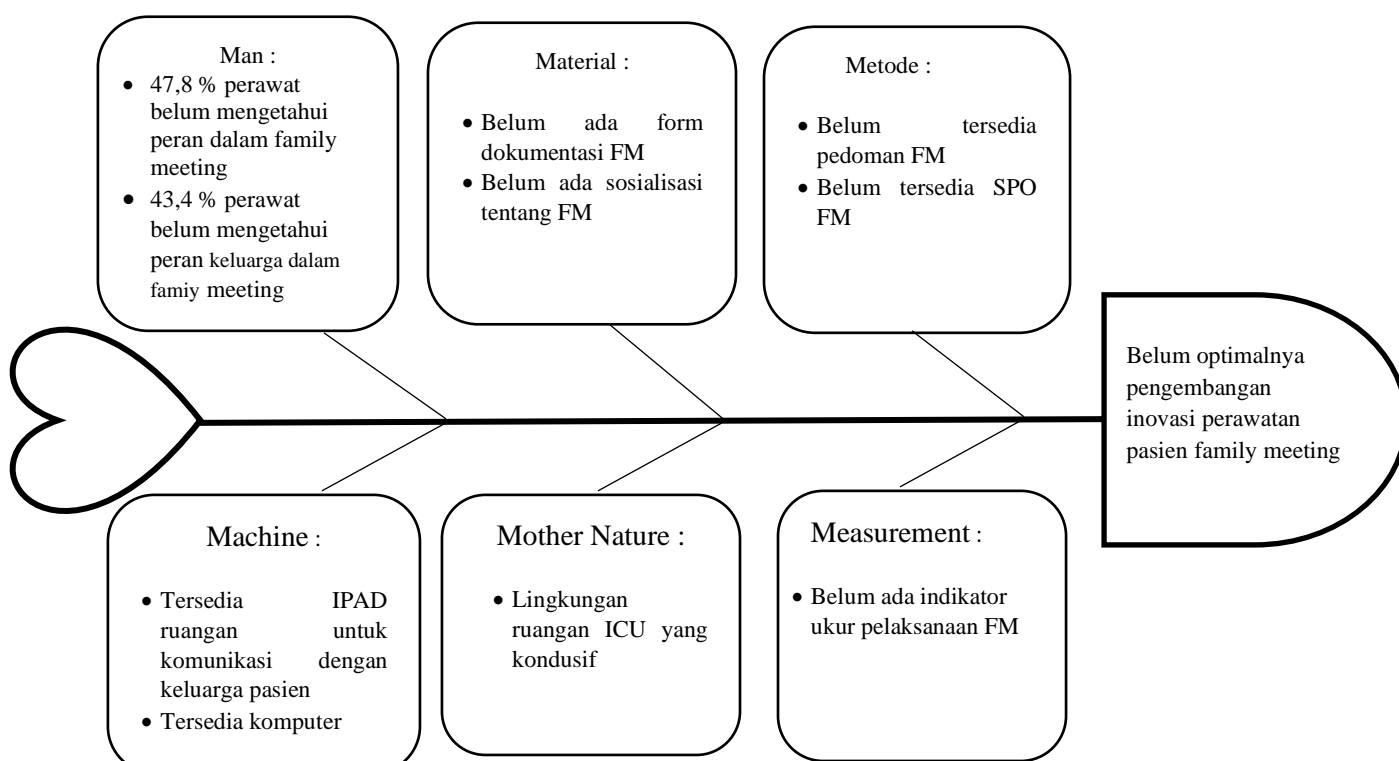


Figure 1. Analysis of the study results using a *fishbone diagram*

Fishbone analysis are then used as the basis for compiling the *Plan of Action* (PoA) until implementation. Implementation involves active participation from implementing nurses, team leaders and room heads as well as the CCM of the ICU room. The strategy in compiling the document is carried out through the stages of *Planning, Organizing, Staffing, Actuating and Controlling* (POSAC) by collaborating and coordinating with the head of the room and the CCM of the ICU room. Implementation of the results is carried out using the POSAC management function approach.

Planning stage is carried out by creating a draft format for documenting family meeting activities, designing the creation of SOPs and creating draft guidelines for implementing family meetings which are carried out with *literature studies*. The *organizing stage* coordinates with the head of the room and the Clinical Care Manager (CCM) to improve the drafting process. The draft document that has been prepared based on the literature study is then submitted to the CCM for coordination to improve the format. The results of the

coordination and input from the CCM become a reference in preparing the documentation format, SOP format and guidelines for implementing family meetings.

Staffing stage, the researcher coordinates with the head of the room regarding the involvement of CCM, team leader and nurses in *family meeting activities*. *Actuating stage*, is the implementation stage where socialization is carried out about *family meetings* targeting ICU nurses, then providing direction on family meeting implementation strategies. This is done to increase nurses' knowledge about family meetings, including implementation guidelines, SOPs and documentation in nursing records. Furthermore, the implementation of family meetings involves the families of patients being treated. The implementation of family meetings can be carried out by involving CCM, head of the room, team leader and implementing nurses.

Controlling stage is monitoring the suitability of the implementation of family meetings with the standard operating procedures that have been prepared. The results of the implementation of family meetings are evaluated by providing a questionnaire to assess family satisfaction with family meeting activities. In connection with this program being carried out for the first time, the family expressed their happiness and satisfaction with the implementation of family meetings that had been carried out. The results of interviews with families stated that activities with a planned agenda would provide an opportunity for families to prepare questions regarding the development of the patient's condition.

DISCUSSION

The head of the room as a nursing manager has a strategic role in working with a team of professional caregivers to provide excellent nursing care to critical patients in the ICU. The head of the room can optimize the role and function of the manager starting from planning the development of innovations in care. Various nursing innovations can be developed in an effort to improve the quality of service and patient and family satisfaction. Care for patients in the ICU is a complex service and involves various health workers, patients and families. This situation requires effective communication, both between professional caregivers and between professional caregivers and families and patients. The head of the room has the role and function of a manager in supporting effective communication in the room (Saragih and Novieastrari., 2022).

Communication and education are one of the accreditation standards that serve as guidelines for the interaction between health workers and patients and families. Based on standard 7 communication and education in KMK No. 1128 of 2022, professional caregivers are able to provide education effectively. Effective communication and education will help patients understand and participate in decision-making related to the treatment they are undergoing. Patients treated in the ICU are generally in a state of decreased consciousness so that they need family as a substitute in making decisions (Widera et al., 2020; Gay et al., 2012; Mercadante et al., 2018). One form of communication that can meet the need for information delivery from the professional team of caregivers to patients and families is through *family meetings*.

Family meeting is a meeting conducted as a documented discussion between professional caregivers and the patient's family (Kennedy et al. 2022). The family as the closest person to the patient is the decision maker for the care undergone by the patient. Family meetings provide an opportunity for the family to obtain complete information about the patient's medical condition (Walter et al. 2019). The study stated that the family contributed 24%

(Drago et al, 2022) of the total dialogue in the meeting and asked 18 questions at each meeting while the nurse spoke 28% during the meeting (Pecanac and King., 2019).

The head of the room as a manager plays a role in improving effective communication with the patient's family and professional patient care providers. Nursing care management in the ICU room not only focuses on patient care but also involves the family (Mercadante, et al. 2018), family meetings are considered the best in care involving patients and families (Glajchen et al. 2022). The implementation of family meetings can be carried out with the support of nurses and other health workers. Nurses play a role in facilitating communication between doctors and patient families during *family meetings* (Pecanac and King., 2019). The implementation of *family meetings* is carried out with the aim of improving effective communication between health workers, patients and families, providing comprehensive information, involving families in decision-making and providing emotional support for families (Widera et al., 2020; Glajchen et al., 2022). Family meetings are ideally carried out in a planned, timely and goal-oriented manner and involve families in joint discussions to discuss issues that are important to patients. (Gambhir et ., 2021).

The results of the study showed that 47.8% of nurses did not understand the role of nurses in implementing family meetings and 43.4% of nurses did not understand the role of families in family meeting activities. This was intervened through socialization consisting of an introduction to family meetings, an explanation of implementation guidelines, standard operating procedures and documentation in care records. Socialization can have an impact on people, organizations and professions where the results of the socialization can be in the form of an understanding of the goals to be achieved from the program being delivered. (Moradi et al., 2017). Socialization is expected to have a positive impact on nurses in supporting the implementation of family meetings. Implementation of family meetings is a new intervention that can have an impact on changes in the system that requires commitment and cooperation from the entire team of professional caregivers. Changes in a system require commitment and consistency from the implementers of the system. (Pohan, Gayatri, Hidayati., 2018). Nursing managers are in a prime position in enforcing standard operating procedure policies and organizational climate (Saragih and Novieastasri., 2022). The head of the room plays a role in improving coordination and communication between teams in dealing with change.

The concept of change used in this innovation development activity refers to the concept of a change model developed by Kurt Lewin . This concept has several stages of change, namely the *Unfreezing, Movement, and Refreezing stages* (Marquis & Huston , 2017) . At the *unfreezing* stage The parties involved start from nurses, team leaders , heads space, *Clinical Care Manager* and researcher do identification of problems, analysis problem, And prioritize the problems obtained. Next, at the *movement* stage , the creation of *plan of action* together which also involves nurses, team leaders, room heads and CCM. At the *refreezing* stage , the head of the room, *Clinical Care Manager*, Team Leader and implementing nurses began to implement the family meeting innovation program and maintained it as one of the care methods for ICU patients by involving the family.

CONCLUSION

Communication and education are one of the accreditation standards that serve as guidelines in the interaction between health workers and patients and families . The head of the room as *the first line manager* has a strategic role in improving the quality of critical patient care. For this reason, efforts are needed in the form of service development innovations that involve professional caregivers and family empowerment. Family empowerment in critical patient nursing care management is one of the implementations that can be carried out in the form of

family meetings . The results of the identification of problems related to nursing care management in the ICU room are that the development of family meeting innovation programs is not optimal, including the readiness of guidelines, SOPs and instruments, as well as documentation sheets as evidence of recording and reporting the implementation of family meetings. This is a concern as one of the efforts in critical patient care. Family meetings are the right means to facilitate professional education for caregivers to families. The patient's family has a communication medium to get emotional support and support in making the right decisions about patient care. This has an impact on improving the quality of patient care by fulfilling patient and family satisfaction.

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