



Puzzling over family presence: Word search at the bedside

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Family presence during hospitalization is a growing trend. Since the Joint Commission began focusing on family-centered care in 2003, nurses have sought strategies for integrating families into inpatient environments. Although family presence at the bedside can yield benefits, nurses report it increases their workload. The time they spend in dialogue with families can delay patient care, creating internal tension for nurses.

Nurses particularly struggle to find effective words when facing three common challenges:

- How can I quickly initiate a relationship with the family so I can move on to patient care?
- What can I say to invite family presence and still protect patient privacy?
- What can I say when the family is displeased with the care their loved one is receiving?

Start the word search: Your first family minute

Whether you're meeting the family of a newly admitted patient or encountering new families at the start of a shift, your first words are crucial. The family makes an initial judgment about a nurse within 60 seconds. Here's how to make every second count:

0 to 10 seconds

Try three simple steps:

- Knock on the patient's door and ask if you can come in.
- Acknowledge and greet the patient by name.
- Smile and make eye contact deliberately with each family member, unless cultural norms discourage eye contact.

10 to 30 seconds

Introduce yourself to each family member and shake hands. Choose an opening phrase that "fits" you, and rely on that phrase consistently. For example: "Hello. I'm Chris. I'm a registered nurse and I'll be caring for your father this morning. I'm glad to meet you." Try to remember each person's name, or give a heads-up that you might need a reminder: "I may have to ask your names again later as we get to know each other more." Or write their names on the communication board, elevating each family member's visibility and importance. With your opening words, you've honored the family by acknowledging their presence and their place of belonging at the bedside.

30 to 40 seconds

Ask the patient how he or she is doing right now and address immediate concerns. While doing this, summarize your qualifications, experience, and any special certifications you have. Speak humbly and factually, not pompously. For example: "I'm glad to be caring for you today. Like many of the nurses on our unit, I'm certified in the care of orthopedic patients." Or: "I'm fortunate to have worked with surgical patients for 6 years, and I hold membership in two nursing organizations."

40 to 60 seconds

Express an interest in establishing a relationship with the family while focusing on the patient's needs: "I want to get to know you a little more." (Resist the urge to interject "but" here.) "Right now, I need to concentrate on assessing how your father is doing. Please feel free to stay in your chairs. After I finish, I'll answer any questions you have." If family members interrupt you during your assessment, gently restate: "I look forward to talking to you as soon as I finish your father's assessment."

Winning strategy: The next 5 minutes

After completing your assessment, speak to the family about your next few moments: "Could I sit down here and talk with you for about 5 minutes? I'd like to hear your questions and set goals for this afternoon." Stating your purpose and how long you'll be sitting helps the patient and family frame expectations. Listen attentively to their concerns, and refrain from documentation during this time.

Introduce other personnel who will be assisting during your shift. To ease patient and family anxiety, "manage up" team members by emphasizing that team members communicate closely with each other. Also mention the physician's skills.

Assess the patient's preferences for family presence and involvement in care: "To the extent you would like, your family can help care for you here in our facility. If you'd like them to help with your personal hygiene or learn to change your dressing, we'll make that happen." Document patient preferences, post signs on the door of the room stating who's invited to come in today, and report preferences during hand-off. Assure the patient that preferences can be changed at any time.

After 5 minutes, you may need to shift your full attention from the family to documentation. Explain to them what's occurring. "The time we've had together is flying by. I'm going to sit here a little longer while I enter information into the medical record. We can continue talking, and although I can't look right at you, I'll be listening." With these words, you've set appropriate boundaries and started an effective relationship with the family while completing your assessment and initial documentation.

Final minute of the first encounter

When you're ready to leave the room, speak to the family using words you've carefully prepared: "Thank you for talking with me. I or another team member will be in to check on Mr. Riggins at about 2 o'clock. I'm glad you're here." Finally, to leave a good impression of your interest and availability, ask: "Is there anything else I can do for you before I go?" Nurses often report that ending a family interaction is hard because families have many needs. (See *What do families need?* by clicking the PDF icon above.) So refine your exit phrases as needed and use those that work consistently.

Rolling through the word list: The next encounters

The next time you enter the patient's room, words should come more easily. Nonetheless, providing patient care while not ignoring the family can be challenging. So instead of rushing in and avoiding eye contact, smile and greet family members briefly as you move quickly to the bedside. "Marcy, Tim, Kevin—I'm back. Hello, Mr. Riggins. I'm going to look over your monitor and change your tubings. Marcy, you look like you have a question, so stand by me while I work. I want to answer it."

Of course, making conversation with the family probably isn't prudent when you're preparing medications. You might state: "I need to stop talking for the next 10 minutes while preparing your father's medications. I want to concentrate."

Gradually, nurses become accustomed to family members and can focus intently with them in the room. Balancing the needs of patients and families is a skill to be learned. At times, you may need to request help from colleagues to meet patients' and families' needs simultaneously. If a commitment to family-centered care is a unit norm, all healthcare team members will mobilize resources when needed.

Hidden words: What about patient privacy?

Dual commitments to patient privacy and family presence can cause tension for nurses. What should you say during bedside report with family present? Ideally, you'll know from previous assessments which family members the patient wants to be present when personal health information (PHI) is shared. To avoid confidentiality breaches, be sure to document designees and communicate this information to colleagues. Writing designated persons' names on the communication board in the patient's room serves as a quick reference for busy nurses.

How should you ask family members to step out of the room when PHI is shared? You might greet family and visitors warmly, then say: "I have a special request for you. Melissa and I are going to update each other now on Mr. Riggins's condition as we change shifts. We'll share some personal information and uncover him for an examination. Could I ask everyone except Mrs. Riggins to step out to our lounge for a few moments? You can come back in shortly." Let the patient and family know that bedside report occurs at every shift change. That way, they can plan accordingly.

If the patient can't decide about family presence, privacy, and PHI release, the designated healthcare power of attorney can make decisions about these matters. If no power of attorney exists, follow state laws to determine the legal decision maker.

Become a word puzzle pro

Word search mastery for effective family interactions is easier when you reject the common attitude that families get in the way—that they take time and resources away from the patient. In fact, when nurses embrace the patient and family as one unit, tensions with families decrease. (See *What do I say when something goes wrong?*)

Communication with families is highly valued because:

- families who are present and engaged in patient care can be crucial in successful discharges and reduced readmissions
- families can improve patient safety during and after hospitalization
- family anxiety declines with honest communication
- families influence patient satisfaction and customer loyalty.

Families are worth a nurse's search for words. Try out phrases; then evaluate their effects, refine them as needed, and share with colleagues. Check with a mentor or ask for a peer review: "Could you listen in this afternoon and see how you think I'm doing with the irate family in room 10? I'd like some honest feedback." Monitor the confidence and competence you're developing.

Horizontal, vertical, diagonal, backward—just as the word-search puzzle master can quickly encircle random letters and make meaningful words emerge, so can a nurse skilled in communication connect patients, families, and healthcare teams in meaningful bonds. Everyone can win from your successful word search.

Visit www.AmericanNurseToday.com for a complete list of references.

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