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**INTERVENTIONS THAT PROMOTE THE INCREASE
OF FAMILY SATISFACTION IN THE ICU:
AN INTEGRATIVE REVIEW**

**INTERVENÇÕES QUE PROMOVEM O INCREMENTO
DA SATISFAÇÃO DA FAMÍLIA EM UCI:
REVISÃO INTEGRATIVA**

**INTERVENCIONES QUE PROMUEVEN EL AUMENTO
DE LA SATISFACCIÓN FAMILIAR EN UCI:
UNA REVISIÓN INTEGRADORA**

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ABSTRACT

Introduction: User satisfaction is a driving force for healthcare organizations to improve their services. However, due to the clinical condition of people admitted to the Intensive Care Unit (ICU), family satisfaction is usually the focus for these organizations. Knowing this, it is thus important to understand which best practices conducted by the healthcare team, can increase the satisfaction of family members. Our objective was to identify the best available evidence on which interventions can increase the satisfaction of the family of the person admitted to the ICU.

Methods: An integrative literature review according to the methodology of the Joanna Briggs Institute. The B-on, PubMed, EBSCOHost and SciELO databases were used and the search limiting inclusion criteria were applied primary articles published between 2016 and 2021; reviewed by specialists; with full text in Portuguese or English.

Results: Four quasi-experimental non-randomized studies and one randomized control study were included. The results showed that there are interventions that increase the satisfaction of the family of the person admitted to the ICU.

Conclusion: The level of satisfaction of families can be increased through the implementation of strategies to improve the quality of communication between the healthcare team and the family. Examples of these strategies are multidisciplinary, initiative-taking, regular, and structured communication with the family through family conferences, educational interventions, information leaflets, and SMS. The allocation of nurses to the ICU with increased competence in Family Nursing is also one of the strategies with a positive impact on family satisfaction.

Keywords: Family; Patient Care Team; Personal Satisfaction; Intensive Care Unit.

RESUMO

Introdução: A satisfação dos utentes é uma força motriz para que as organizações de saúde aprimorem os seus serviços. No entanto, dada a condição clínica das pessoas internadas em Unidades de Cuidados Intensivos (UCI), a satisfação familiar impõe-se como o principal foco dessas organizações. Revela-se, assim, importante compreender as melhores práticas levadas a cabo pela equipa de saúde, que aumentam a satisfação dos familiares. O nosso objetivo foi identificar as melhores evidências disponíveis sobre as intervenções que incrementam a satisfação da família da pessoa internada em UCI.

Métodos: Revisão integrativa da literatura segundo a metodologia do Joanna Briggs Institute. Recorreu-se às bases de dados B-on, PubMed, EBSCOHost e SciELO e foram aplicados os critérios de inclusão limitadores de pesquisa: artigos primários publicados entre 2016 e 2021; revistos por especialistas; com texto integral em português ou inglês.

Resultados: Incluídos quatro estudos quase experimentais não randomizados e um estudo de controlo randomizado. Os resultados demonstraram que existem intervenções da equipa de saúde que incrementam a satisfação da família da pessoa internada em UCI.

Conclusão: O nível de satisfação das famílias pode ser aumentado através da implementação de estratégias de melhoria da qualidade da comunicação entre a equipa de saúde e a família. São exemplos dessas estratégias, a comunicação multidisciplinar, proativa, regular e estruturada com a família por meio de conferências familiares, intervenções de carácter educacional, folhetos informativos e SMS. A alocação de enfermeiros na Unidade de Cuidados Intensivos, com competência acrescida em enfermagem familiar, também constitui uma das estratégias com impacto positivo na satisfação familiar.

Palavras-chave: Equipa de Saúde; Família; Satisfação; Unidade de Terapia Intensiva.

RESUMEN

Introducción: La satisfacción del usuario es un motor para que las organizaciones sanitarias mejoren sus servicios. Sin embargo, dada la condición clínica de las personas hospitalizadas en UCI, la satisfacción familiar se impone como el eje principal de estas organizaciones. Por tanto, es importante conocer las mejores prácticas realizadas por el equipo de salud, que aumentan la satisfacción de los familiares. Nuestro objetivo era identificar la mejor evidencia disponible acerca de intervenciones que aumenten la satisfacción de la familia de la persona ingresada en UCI.

Método: Se trata de una Revisión Integradora de la Literatura según la metodología del Instituto Joanna Briggs. Se utilizaron las bases de datos B-on, PubMed, EBSCOHost y SciELO y se aplicaron los criterios de inclusión limitantes de búsqueda: artículos primarios publicados entre 2016 y 2021; revisado por especialistas; con texto completo en portugués o inglés.

Resultados: Se incluyeron cuatro estudios cuasiexperimentales, no aleatorios y un estudio de control aleatorio. Los resultados mostraron que existen intervenciones del equipo de salud que aumentan la satisfacción de la familia de la persona hospitalizada en la UCI.

Conclusión: El nivel de satisfacción de las familias puede ser alto mediante la implementación de estrategias para mejorar la calidad de la comunicación entre el equipo de salud y la familia. Ejemplos de estas estrategias son la comunicación multidisciplinar con la fami-

lia, de forma proactiva, regular y estructurada a través de conferencias familiares, intervenciones educativas, folletos informativos y SMS. La asignación, de enfermeros, en la UCI, con mayor competencia en Enfermería de la Familia, es también una de las estrategias con impacto positivo en la satisfacción familiar.

Descriptores: Familia; Grupo de Atención al Paciente; Satisfacción Personal; Unidad de Cuidados Intensivos.

INTRODUCTION

Quality in health is a broad concept that covers the provision of effective, safe, consumer-centered care that consider the available resources and achieves the support and satisfaction of citizens⁽¹⁻²⁾. It is undeniable that the evaluation of health services is significant for demonstrating the effectiveness of care provided, in any context of care, and its operationalization is possible, through clinical guidance standards, clinical audits and indicators⁽¹⁾.

A quality indicator in the health sector can be defined as a measurable, evidence-based parameter that allows to obtain objective measures of a phenomenon, to evaluate the structure, processes and health outcomes, and whose monitoring allows the identification of problems and the development of the necessary improvements⁽³⁾.

User satisfaction is one of the quality indicators (result indicator) of significant importance for assessing the quality of care provided in Intensive Care Units (ICU). This is evaluated through satisfaction surveys, to identify the perspectives and needs of users, in relation to the services provided and, at the same time, to collect proposals for improvement, with the purpose of serving them better and better⁽⁴⁾. Since customer satisfaction is one of the categories of descriptive statements of quality of nurses' professional practice⁽⁵⁾, their evaluation is imposed as a goal in itself.

Assessing the satisfaction of the person hospitalized in ICU is a complex task, since 20% of users admitted to ICU do not survive, and the others are often unable to recall and evaluate their experience⁽⁶⁾. So, in assessing the quality of care provided in the ICU, the needs and satisfaction of the family are necessary to be considered⁽⁷⁾.

We assume family as a "social unit or a collective whole, composed of members connected through consanguinity, emotional affinity or legal kinship, including people who are important to the user. The social unit constituted by the family is seen as something beyond individuals and their blood relationship, kinship, emotional or legal relationship,

including people who are important to the client⁽⁸⁾. The investigation has recognized the importance of identifying the needs of the family during such a difficult experience, such as the internment of one of its elements in a ICU, to mitigate the effects of this crisis. The first study that explored the needs of family members, authored by Molter⁽⁹⁾, led to the development of the Intensive Care Family Needs Inventory, which categorizes the family's needs into five domains: information, safety, proximity, comfort and support. Interventions conducted by health professionals, which aim to improve the involvement of families during critical illness, can respond to the needs of families, facilitate well-being and increase their satisfaction and, therefore, need to be promoted and strengthened, particularly in intensive care services, as recognized in two reviews^(10,11).

In this sense, it is important to gather evidence about strategies and interventions that improve the satisfaction of family members, regarding the care perceived in the ICU. To this end, an integrative literature review was developed, which is a research method used in evidence-based practice to provide a broader understanding of a given phenomenon. It is a structured and organized method that allows gathering and synthesizing results on a theme or question⁽¹²⁾.

The starting point of this integrative review took shape through the formulation of the issue, which must be clearly defined. According to Joanna Briggs Institute (JBI)⁽¹³⁾, the formulation of the question should be conducted using the PICO methodology, to ensure that the starting question is clear and presents the key aspects, so that the answer to it is correct. According to the same text, the components of the question in PICO format are: "P = Problem/Patient/Population I = Intervention C = Control/Comparison/Context O = Outcome"⁽¹³⁾, so our question is "What are the interventions of the health team that promote the increase of the satisfaction of the family of the person hospitalized in ICU?", in which P = Health Team, I = Interventions of the Health Team; C = Intensive Care Unit; O = Satisfaction of the Family of the Person Hospitalized in ICU.

We aim to identify the best available evidence on interventions that increase the satisfaction of the family of the person hospitalized in ICU.

METHODS

After the formulation of the research question and considering the JBI methodology⁽¹³⁾, it is now important to define the inclusion and exclusion criteria for the research of the studies.

Inclusion and Exclusion Criteria

Having in mind the PICO strategy to support the construction of the research issue, we include, as to the type of participants, all articles with health professionals; regarding the type of intervention of interest, we included articles that contained interventions/strategies/methods/care that promoted increased family satisfaction; regarding the context, we included studies conducted in ICU; regarding the type of results, we included the articles that evaluated the results with a validated tool that measured the satisfaction of family members of people hospitalized in ICU; regarding the type of studies, we include primary studies, which may be of quantitative or qualitative components. Only studies published in Portuguese and English, with full text available were considered for this integrative literature review. In turn, the exclusion criteria were the non-relationship between the title and the abstract with the theme (which did not include the population of the context mentioned and those that did not include strategies to increase family satisfaction), studies aimed at the neonatal population, or pediatric population and all types of non-primary studies. After full reading, articles that did not answer the research question and without adequate methodology were excluded.

Research and Identification Strategy of Studies

For the realization of this Integrative Review, a research was conducted in databases of recognized scientific character. The research took place during the month of March 2021 in the Databases B-on (Library of Online Knowledge), PubMed (National Library of Medicine); EBSCOHost and SciELO (Scientific Electronic Library Online) and the vocabulary indexed to the databases, based on the descriptors in Health Sciences, was considered. The research was conducted according to Boolean operators, with the following combination: family satisfaction AND interventions or strategies or practices or methods or care AND ICU or critical care unit or critical care or critical patient or intensive care NOT neonate or neonatal, premature, newborn, or infant or child or pediatric. Whenever the databases provided research limiting factors, these were selected, being the ones adopted, the date of publication of the articles between 2016 and 2021 and review by experts. It was also adopted as an expander “to apply equivalent subjects”.

Thus, from the research conducted, 380 articles were obtained that after the removal of duplicate articles (63 articles), we had 317 articles. 303 were removed by reading the title and abstract, including 14 articles. Of these, after the analysis of the full text, 9 articles were excluded because they did not present relevant conclusions to answer the research question, so the final sample was 5 articles.

All the descriptors were used in the B-on database, but we chose to define the search with the keywords “family satisfaction” and “ICU or critical care unit or critical care or critical patient or intensive care” in the “title” location field. All the limiters and expanders mentioned were used, obtaining after reading titles, abstracts and finally, full texts, a total of 4 articles⁽¹⁴⁻¹⁷⁾.

In the EBSCOhost database, we selected CINAHL (Cumulative Index of Nursing and Allied Health Literature), MEDLINE (Medical Literature Analysis and Retrieval System Online) and Nursing Health Comprehensive to conduct our research. The same form of research used in B-on was adopted, and no article was selected.

In the PubMed database, the same descriptors were used without any location field specification, with two limiters, the date of publication between 2016 and 2021 and articles with full text available. From this research, 215 articles were obtained that, after reading and consequent exclusions from titles, abstracts and finally, full texts, an article was selected to integrate this integrative review⁽¹⁸⁾.

In the SciELO database, the search was conducted with the same descriptors, defining only the descriptor “family satisfaction” with additional specification of the “title” location field. After reading the titles and abstracts, no article was selected.

Fig. 1⁷ describes the entire selection process of the articles reported above.

Evaluation of the Methodological Quality of the Studies

The objective of this evaluation is to determine the methodological quality of a study and to what extent a study addressed the possibility of bias in its conception, conduct and analysis⁽¹³⁾. All studies selected for this review were submitted to methodological validation, prior to their inclusion in the integrative review. To this end, we used the standardized critical assessment instruments of the Joanna Briggs Institute – Critical Appraisal Checklist for Quasi-experimental Studies⁽¹⁹⁾ and Critical Appraisal Checklist for Randomized Controlled Trials⁽²⁰⁾, whose critical evaluation results are presented, respectively, through Table 1⁷ and 2⁷.

After methodological evaluation, it was induced that all studies had a high methodological quality and, therefore, none of the articles were excluded.

RESULTS

The data extracted for the review were carefully selected according to their relevance, given the focus of the review, the objectives/question of the review and the inclusion criteria. Thus, it is possible to highlight all the relevant data of the selected articles, with the ultimate purpose of concluding: which strategies promote an increase in the satisfaction of the family of the person hospitalized in ICU.

The information related to each article selected for this integrative review is presented in Table 3⁷ and organized in general information (title, authors, year and country where the study is conducted), study characteristics (methodological approach, objective, interventions, time and type of participants) and their results. For the treatment of bibliographic data, there was justice, integrity, impartiality and respect for the original authors of the publications that composed this review.

DISCUSSION

This integrative review of the literature aimed to determine that specific interventions conducted by the health team increase the level of satisfaction of family members of people hospitalized in ICU. When analyzing the publications related to the theme in question, it was identified that there is a great diversity of studies that focus on the assessment of family satisfaction, but there are few studies focused on the analysis of the correlation between specific interventions developed in ICU and the impact of these studies on the level of family satisfaction.

Two of the studies in the final sample were published in 2016^(14,15), two in 2019^(16,17) and one in 2020⁽¹⁸⁾ and originated in Malaysia, Iran, Israel, Spain and Switzerland. Regarding the research methods used by the authors, the quantitative method predominated and in one⁽¹⁸⁾ the mixed method was used. In three of the integrated studies, the strategies were conducted exclusively by nurses^(14,17,18), one of them by physicians⁽¹⁶⁾ and in the other by the health team⁽¹⁵⁾, without the specification of the professional class. The results of the quality of the interventions implemented were measured in all studies by means of family satisfaction questionnaires.

The analysis of the five studies included in this review reveals a common denominator: the increase in the level of satisfaction of families can be achieved through the implementation of strategies to improve the quality of communication between the health team

and the family. Considering that one of the needs of family members in ICU more prevalent is related to the need for information, that is, understanding the dynamics of the context of care and the clinical condition of the hospitalized person⁽²¹⁻²⁵⁾, all efforts made by the teams in this sense will be positively reflected in the satisfaction of the family.

Once the theme Communication emerged from the five articles analyzed, the strategies evidenced were grouped into 3 subthemes: Content, Form and Frequency of established communication.

Communication Content

According to Navidian⁽¹⁵⁾, family satisfaction increases when the family receives information about the routine, equipment, ICU activities and clinical condition of the hospitalized person. Rodriguez-Huerta⁽¹⁷⁾, show that information on nursing care also has this effect and, according to Sviri⁽¹⁶⁾, satisfaction increases when the family receives information from the physician about the prognosis, therapeutic measures, treatment objectives and expectations of the clinical situation. Additionally, Naef⁽¹⁸⁾ concluded that in addition to the transmission of clinical information about the hospitalized person, the promotion of moments of education about critical disease, its impact on individual and family health and counseling on individual and family coping strategies, also increase family satisfaction.

In the studies by Midega⁽²⁶⁾ and Salins⁽²⁷⁾ it was demonstrated that the increase in satisfaction occurred when the family received clear and accurate information about the diagnosis, causes and consequences of the disease that motivated hospitalization. At the same time, in other investigations, incomplete information on the causes and consequences of the disease has been proven to have determined family dissatisfaction^(27,28).

Form of Communication

A form of structured communication between the health team and the family has a positive effect on the satisfaction of family members of people hospitalized in ICU.

Othman⁽¹⁴⁾ concluded that an information leaflet given to family members at the time of admission contributes to the increase in the quality of communication and the level of family satisfaction. Allied to technological innovation, Rodriguez-Huerta⁽¹⁷⁾ argue that simple and concise text messages (SMS) provided enough information to reassure the family, increase their levels of satisfaction and the quality of nursing care. Also in agreement, Hinkle⁽²⁹⁾, in his review, demonstrated that the provision of clinical information to the family in writing, regardless of the means of communication used, increases their satisfaction. An information leaflet and an electronic website to meet the needs of fami-

ly members were designed by Mistraletti⁽³⁰⁾, to explain in technical but simple terms, what happens during and after an ICU stay, to legitimize emotions such as fear, apprehension and suffering, and to improve cooperation with the family, without increasing the workload of the team. The main results of this study were a better understanding of prognosis and procedures, and decreased anxiety, depression and family dissatisfaction.

A support tool for communication with the family was used by the medical team in Sviri's⁽¹⁶⁾ investigation. This tool guided physicians during the family conference, through a support guide with a well-defined sequence of information related to the clinical condition of the hospitalized person, in which all key subjects were evidenced, and the family's understanding of the information received was validated. Family members had higher levels of satisfaction, not only with ease, but also with consistency of obtaining information.

Similarly, communication with the family in the form of an educational support intervention conducted by a family nurse (nurse with experience in ICU with postgraduate studies in family nursing) increases family satisfaction. According to Naef⁽¹⁸⁾, a family nurse dedicated exclusively to the provision of care to the family who, in an early and initiative-taking way, promotes family conferences and coordinates interactions between family and other health team, provides well-being, comfort, support and recognition, and translates into an increase in family satisfaction. Lee⁽³¹⁾ also demonstrated that family conferences are relevant, since they provide comfort and confidence in relation to health professionals, which translates into an increase in family satisfaction. In the Salins⁽²⁷⁾ review, family conferences, as a form of communication with the family, were related to elevated levels of satisfaction, when they were frequent and considered the needs of the family and a significant explanation about the clinical condition of the hospitalized person. In turn, the short duration of these conferences translated into low levels of satisfaction.

Frequency of Communication

Increasing the frequency of effective communication is important for families in ICU. A positive effect on family satisfaction can be obtained according to Navidian⁽¹⁵⁾, by demonstrating willingness to receive the family and clarify their doubts continuously. The same authors argue that making information available proactively at any time of the day, even without the family requesting it, promotes the feeling of security, well-being and involvement in care. Naef⁽¹⁸⁾ add that the frequency of communication established with the family must depend on the needs identified, so that this strategy has repercussions on family satisfaction. The suggestions proposed by the authors integrated in this integrati-

ve review are corroborated by Fumis⁽²⁸⁾, who found that family satisfaction was positively associated with a higher frequency of communication with the team, especially with physicians. At the same time, dissatisfaction among some family members was related to the lack of availability of the medical team for regular meetings, evidenced in Karlsson's study⁽³²⁾.

CONCLUSION

The realization of this integrative review adds value to the provision of care, as it recommends strategies that can be applied in the contexts of practice, in addition to family satisfaction.

This review suggests that collaborative intervention between the health team and the family is a key strategy to increase family satisfaction.

Strategies for increasing family satisfaction point to improvements in communication between the team and the families of those hospitalized in ICU. This review reinforces the need for training and continuous training by the entire health team in communication strategies. Along with this, the integration in the ICU of a nurse with increased competence in Family Nursing emerges as a sustained strategy with a positive impact on family satisfaction.

Considering the available evidence, family conferences of an educational nature, with initial discussions on care objectives, physical structure, equipment and activities of the ICU, can help improve family satisfaction. Related to the increase of this indicator, the performance of regular, well-structured, multidisciplinary and initiative-taking family meetings, on diagnosis, prognosis, treatment objectives, nursing care and expectations of the clinical situation, improve the understanding of the family regarding the clinical condition of the patient.

Written communication meets the needs of the family and is also an effective ally to improve family satisfaction, either through information leaflets or through continuous contact with the team through electronic text messages.

As a limitation of this review, it is important to highlight that no article found focused on the Portuguese reality. Some of the articles originate from specific culturally specific countries, so caution should be made when generalizing the findings to other social, economic and cultural contexts.

Implications for Practice

The inclusion of strategies, interventions and family-focused care should receive more attention from health professionals. Hospital administrators need to recognize and provide for the allocation of health professionals with communication skills to support, support, promote coping strategies and increase the satisfaction of the families of people hospitalized in ICU. In this sense, it may also be advantageous to allocated material resources, such as the existence of a direct telephone with the clinical service, facilitating contact between family members and the team, bypassing the telephone exchange of the hospital institution.

It is also emphasized the need for frequent contact with family members, instead of their performance only when an adverse event occurs. One mistake that most institutions make is just notifying the family when an adverse event occurs. It is suggested that family members should not only be notified at these times, but also updated at regular intervals, proactively by the health team, without waiting for the family to require it.

An economic strategy would be to include an educational session for family members, about the ICU in question, its physical structure and dynamics of care delivery, in the form of explanatory video, easy to disseminate, at the time of admission.

Research Suggestions

Although the total number of articles found was considerable, few contained pertinent information to answer the review question, which may be associated with a space still little explored, both internationally and nationally. Thus, it is proposed to verify the increase in family satisfaction, through the applicability of the interventions suggested by these authors, in the Portuguese ICU. On the other hand, it may be advantageous to understand the benefits of the application of these interventions in the multidisciplinary team itself and how this affects the well-being, satisfaction of professionals and interpersonal relationships.

In parallel with the theme of this review, early investigation of care and interventions that promote dissatisfaction and action responsive to complaints demonstrates the commitment of the ICU to quality, which also contributes to a general feeling of satisfaction.

Authors' contributions

Both authors contributed to the elaboration of all phases of the literature review.

All authors read and agreed with the published version of the manuscript.

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INTERVENTIONS THAT PROMOTE THE INCREASE OF FAMILY SATISFACTION IN THE ICU

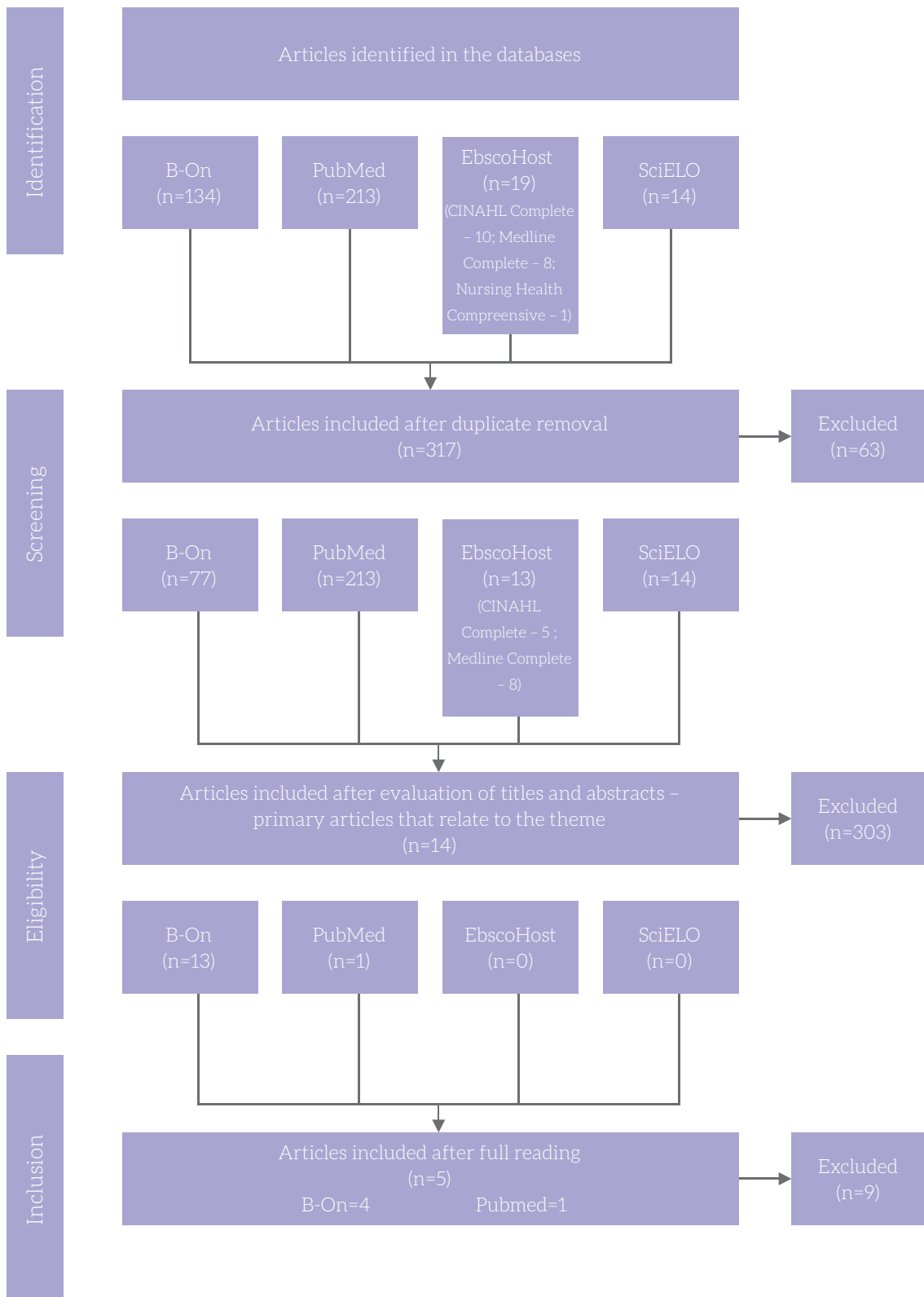


Figure 1 - Flowchart of the article selection process.⁵

Table 1 – Results of the critical evaluation of quasi-experimental studies⁽¹⁹⁾.^κ

| Article | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 |
|--|----|----|----|----|----|----|----|----|----|
| Othman; Subramanian; Mohd Ali; Hassan; Haque ⁽¹⁴⁾ | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Navidian; Rezaei; Payan ⁽¹⁵⁾ | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Sviri, Geva; VanHeerden; Romain; Rawhi; Abutbul <i>et al</i> ⁽¹⁶⁾ | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Naef; Von Felten; Petry; Ernst; Massarotto ⁽¹⁸⁾ | Y | Y | Y | Y | Y | Y | Y | Y | Y |

Subtitle: Q – questions; Y – yes; N – no; NA – not applicable; NE – non-explicit.

Table 2 – Results of critical evaluation of experimental studies⁽²⁰⁾.^κ

| Article | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 | Q13 |
|---|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|
| Rodríguez-Huerta; Alvarez-Pol; Fernández-Catalán; Fernández-Vadillo; Martín-Rodríguez; Quicios-Dorado ⁽¹⁷⁾ | Y | Y | Y | N | Y | Y | Y | Y | Y | Y | Y | Y | Y |

Subtitle: Q – questions; Y – yes; N – no; NA – not applicable; NE – non-explicit.

Table 3 – Data extraction. →^κ

| Article Title/Authors Year/Country | Methodological approach | Objective | Interventions / Time period | Participants | Results |
|---|----------------------------|---|---|--|--|
| <p>The Effect of Information Booklets on Family Members' Satisfaction with Decision Making in an Intensive Care Unit of Malaysia⁽¹⁴⁾</p> <p>Hamidah Othman; Pathmawathi Subramanian; Noor Mohd Ali; Haszalina Hassan; Mainul Haque.</p> <p>2016 Malaysia</p> | Quasi-experimental study | Assess the effect of package leaflets on the satisfaction of critically ill family members in an intensive care unit. | <p>Intervention Group received an information leaflet while the control group received routine information.</p> <p>Both groups were submitted to a pre-intervention satisfaction assessment questionnaire and a post-intervention.</p> <p>October 2012 to January 2013.</p> | <p>Intervention Group: 42 relatives of critically ill patients in ICU.</p> <p>Control group: 42 relatives of critically ill patients in ICU.</p> | <p>Family members who received the package leaflet had a significant increase in their level of satisfaction compared to the group that received the user information.</p> <p>A communication program structured as an information leaflet contributes to the increased quality of communication and the level of family satisfaction.</p> |

Table 3 – Data extraction.↔↵

| Article Title/Authors Year/Country | Methodological approach | Objective | Interventions / Time period | Participants | Results |
|---|---------------------------------|---|---|---|---|
| <p>Effectiveness of educational-supportive intervention in satisfaction of Iranian family members of intensive care unit patients⁽¹⁵⁾</p> <p>Ali Navidian; Jahangir Rezaei; Hossainali Payan.</p> <p>2016 Iran</p> | <p>Quasi-experimental study</p> | <p>Determine the effect of a supportive educational intervention on the satisfaction of Iranian family members of ICU patients.</p> | <p>Intervention Group was submitted to a multidimensional educational support intervention. In a first session he received information about the ICU routine, activities and equipment. In a second session, 60 minutes, the patient's clinical conditions, symptoms and nature of the disease were discussed, and all questions of family members were answered. A third session was devoted to clarifications clinical procedures conducted by the various members of the health team. After this session, all changes patients' clinics were transmitted via short message (SMS) for a period of 5 days. Family members were encouraged to visit patients without...</p> | <p>Intervention Group: 70 relatives of critically ill patients in ICU. Control group: 70 relatives of critically ill patients in ICU.</p> | <p>The intervention applied increased the level of satisfaction of the family members of the intervention group, in a notorious way, in three aspects: satisfaction with the performance of the team, feeling of comfort and with the decision-making process.</p> <p>Familiarizing family members with the work dynamics of the ICU and the equipment inserted in it, informing them about the patient's condition, providing information based on the needs of the family can increase the level of satisfaction of the patient.</p> <p>Design and execute programs of support interventions in the routine of the nursing team, with emphasis on the presentation of accurate and timely information focused on the necessary treatment and procedures, providing continuous contact of the team with family members can increase the satisfaction of these.</p> |

Table 3 – Data extraction.↔↵

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| <p>Effectiveness of educational-supportive intervention in satisfaction of Iranian family members of intensive care unit patients⁽¹⁵⁾</p> <p>Ali Navidian; Jahangir Rezaei; Hossainali Payan.</p> <p>2016 Iran</p> | <p>Quasi-experimental study</p> | <p>Determine the effect of a supportive educational intervention on the satisfaction of Iranian family members of ICU patients.</p> | <p>...restriction and to clarify any doubts regarding the SMS they received.</p> <p>The Control Group has not undergone any specific intervention.</p> <p>Both groups were submitted to a pre-intervention satisfaction assessment questionnaire and a post-intervention.</p> <p>Summer 2015.</p> | <p>Intervention Group: 70 relatives of critically ill patients in ICU.</p> <p>Control group: 70 relatives of critically ill patients in ICU.</p> | <p>The intervention applied increased the level of satisfaction of the family members of the intervention group, in a notorious way, in three aspects: satisfaction with the performance of the team, feeling of comfort and with the decision-making process.</p> <p>Familiarizing family members with the work dynamics of the ICU and the equipment inserted in it, informing them about the patient's condition, providing information based on the needs of the family can increase the level of satisfaction of the patient.</p> <p>Design and execute programs of support interventions in the routine of the nursing team, with emphasis on the presentation of accurate and timely information focused on the necessary treatment and procedures, providing continuous contact of the team with family members can increase the satisfaction of these.</p> |

Table 3 – Data extraction.↔↵

| Article Title/Authors Year/Country | Methodological approach | Objective | Interventions / Time period | Participants | Results |
|---|---------------------------------|---|--|---|--|
| <p>Implementation of a structured communication tool improves family satisfaction and expectations in the intensive care unit⁽¹⁶⁾</p> <p>Sigal Sviri; Dekel Geva; Peter vanHeerden; Marc Romain; Hashem Rawhi; Avraham Abutbul; Efrat Orenbuch-Harroch; Netta Bentur.</p> <p>2019 Israel</p> | <p>Quasi-experimental study</p> | <p>Assess whether the implementation of a structured communication tool compared to common communication practices leads to greater satisfaction of family members regarding the assistance received.</p> | <p>Control group received information through common communication practices while the intervention group received information through a structured communication tool.</p> <p>Both groups were submitted to a pre-intervention satisfaction assessment questionnaire and a post-intervention.</p> <p>From January 2017 to January 2018.</p> | <p>Intervention Group: 40 relatives of critically ill patients in ICU. Control group: 40 relatives of critically ill patients in ICU.</p> | <p>The level of satisfaction in the intervention group was higher than in the control group.</p> <p>A higher level of satisfaction is related to the ease of obtaining information and the consistency of information transmitted by the team through a structured communication tool.</p> |

Table 3 – Data extraction.↔↵

| Article Title/Authors Year/Country | Methodological approach | Objective | Interventions / Time period | Participants | Results |
|---|-------------------------|---|---|--|---|
| <p>An informative nursing intervention for families of patients admitted to the intensive care unit regarding the satisfaction of their needs: The INFOUCI study⁽¹⁷⁾</p> <p>María Dolores Rodríguez-Huerta; María Álvarez-Pol; Marta Luz Fernández-Catalán; Rebeca Fernández-Vadillo; María Martín-Rodríguez; Begoña Quicios-Dorado; Ana Díez-Fernández.</p> <p>2019 Spain</p> | Experimental study | Assess whether an informative intervention of nurses through a short message (SMS) improved the satisfaction of the families of patients with experience in intensive care. | <p>Intervention group received information regarding the nursing care that the patient received, through a short text message (SMS). The Control Group has received information in a common way.</p> <p>Control group: Received information in a usual way and did not receive information by SMS.</p> <p>Both groups were submitted to a post-intervention satisfaction assessment questionnaire</p> <p>From March 1 to June 28, 2018.</p> | <p>Intervention Group: 34 relatives of critically ill patients in ICU.</p> <p>Control group: 36 relatives of critically ill patients in ICU.</p> | <p>The support provided to family members, through information on nursing care provided by nurses by SMS, increased the satisfaction of their needs and, by extension, the perceived quality of care in the ICU.</p> <p>Most of the intervention group considered the information received by SMS as useful, although 88% reported that this communication strategy is more beneficial for family members who cannot go to the hospital.</p> <p>The transmission of information via SMS proved to be a viable and effective resource, allowing to keep family members informed and did not involve a significant increase in the workload of professionals.</p> |

Table 3 – Data extraction.↔↵

| Article Title/Authors Year/Country | Methodological approach | Objective | Interventions / Time period | Participants | Results |
|---|---------------------------------|--|--|--|--|
| <p>Impact of a nurse-led family support intervention on family members' satisfaction with intensive care and psychological wellbeing: A mixed methods evaluation⁽¹⁸⁾</p> <p>Rahel Naef; Stefanie von Felten; Heidi Petry; Jutta Ernst; Paola Massarotto.</p> <p>2020 Switzerland</p> | <p>Quasi-experimental study</p> | <p>Assess the effect of a nurse-led support intervention on family members' satisfaction, well-being and psychological distress.</p> | <p>The Intervention Group was submitted to a support intervention that consisted of being accompanied by an Advanced Practice Nurse (EPA). The EPA held a family reunion in the first 72 hours after admission; regularly monitored family members; promoted interprofessional family meetings as needed; at discharge, she held a family meeting and made a follow-up phone call 1 week after discharge or 6 weeks after the patient's death.</p> <p>The number of intervention contacts based on family needs, course, length of patient stay in ICU, and availability of EPA.</p> <p>Control Group received information in a usual way.</p> | <p>Intervention Group: 75 relatives of critically ill patients in ICU. Control group: 139 relatives of critically ill patients in ICU.</p> | <p>The intervention group showed higher levels of satisfaction compared to the control group.</p> <p>A combined intervention between multidisciplinary family support with a specific family nursing function, which includes family nursing therapeutic interventions and activities that promote family interaction and communication with the ICU team over time, increases the level of family satisfaction.</p> <p>The early and initiative-taking onset of a family support intervention is crucial to be experienced as beneficial for family well-being and satisfaction with care.</p> <p>The family members who received the intervention reported feeling supported, well-informed and with greater capacity to adapt to the situation of critical illness of the patient or loss and mourning.</p> |

Table 3 – Data extraction.^{←↵}

| Article Title/Authors Year/Country | Methodological approach | Objective | Interventions / Time period | Participants | Results |
|---|---------------------------------|--|--|--|--|
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