Journal Of Environmental Sciences And Technology

Volume No: 02 Issue No: 02 (2023)

The Influence of Family Involvement on the Quality of Care for Aged Adults: A Comparative Study

Omolara Oluseun Juba[1], Cardiff Metropolitan University, United Kingdom,Email:omolarajuba@gmail.com
Abimbola O. Olumide[2],Middlesex University London,Email: Abimbolakomolafe668@yahoo.com
Olaide Azeez[3] ,Obafemi Awolowo University, Nigeria,Email: olaiderihanatuazeez@gmail.com

Abstract:
The growing number of older persons around the world has made quality elderly care more important. This is mainly because elderly care requires close family involvement and it has the greatest say on most of what goes into eldercare. This study also focuses on a contextualized conclusion with the above literature, considering elderly care in home / domiciliary setting comparing and consolidating findings from nursing homes or similar organizational contexts like assisted living facilities. Using a mixed-methods research design (quantitative data derived from surveys, in combination with qualitative insights obtained through long and exhaustive interviews with the caregivers/family members). It assesses key quality of care outcomes, including the physical health status and mental well-being among users as received from a range of modeling techniques. We examine how these standards and criteria vary with the extent of involvement by family. The research also discusses with specific examples the barriers and benefits of family involvement in care, as well as nuances including how often patients are visited by their families, familial relationships, culture among other factors. Variances. Early returns indicate that when a family is actively involved in care, it greatly improves the delivery process and measurable outcomes most notably for emotional support & patient advocacy. Yet even with the usage of this technology, home care realized more benefits compare to other health care environments. It also points to areas where family involvement can, in some occasions, hinder care delivery when differing expectations are present between other families and professional caregivers. This study extends current work by comparing family involvement across multiple care contexts to inform the future development of policy and healthcare programs aimed at supporting families. Results highlight the importance of developing interventions to promote successful collaboration between families and professional carers in their provision of care for older people. These best practices finally extend to proposed solutions for increasing family engagement in caring processes within each care setting, based on the unique challenges and opportunities set forth by this manuscript.

1.0 Introduction

The worldwide demographic trend to an increasing proportion of aged individuals poses new and urgent challenges for healthcare systems globally. With the population of older adults continuing to grow, so does the necessity for level-of-quality care services designed especially with their unique needs in mind. Increasingly, the need for family members as caregivers and advocates of their aging loved ones is also a key component in this tapestry. This research illuminated the

Journal Of Environmental Sciences And Technology

Volume No: 02 Issue No: 02 (2023)

important role family plays in health care settings and moved us toward understanding how it influences quality of care across disparate locations.

Even though studies have investigated the benefits of family engagement within certain settings, overall there remains an incomplete image as to when it should be utilized across varied contexts. This study fills in this gap by comparing family involvement on quality of care outcomes between 3 different types of settings: in-home, nursing home (NH), and assisted living facilities. This study will do so, by comparing across multiple care settings to explore similarities and differences in the ways that family involvement influences experiences of care.

This qualitative study uses a mixed-methods approach to identify structural and interpersonal challenges, describes their relative importance and interplay according to the experiences of caregivers as well as other family members. In doing so, the model proposed enables detailed examination of family involvement and quality as well as its relationship to context-specific factors in individual care settings. Therefore, this study aimed to increase our understanding of the complexity surrounding family involvement in aged care in order to provide evidence intended for the formulation of more targeted policies that will ultimately support improved health outcomes and well-being among older adults.

2.0 Literature Review

Increased Importance of Family Involvement in Aged Care

An increase in life expectancy throughout the world means a growing proportion of elderly individuals causing huge strain on healthcare systems to provide proper care for this demographic. Traditionally, family members have been significant in the support of older people and this is vital as we are not just dealing with an ageing population but a new demographic shift. Many studies have shown the significant benefits of more family involvement in older adults' life for a number of well-being domains such as physical health, mental health and QOL).

Retirement Village Family Engagement

Family involvement in aged care has been well-supported by an extensive body of literature that highlights the numerous benefits involved. There has been documented evidence that active involvement by the family can foster:

Better Medication Adherence: With full involvement of their family, seniors are more likely to follow a medication schedule and get regular heath checkups from experienced healthcare center which will filter out physical health benefits for them. This emphasises the agency and importance of families in care.

- Boosts Mental Health: Family involvement plays a huge impact on emotional and social support thus reducing the instance of loneliness, isolation and rootlessness that can be common in seniors (Marquis et al., 2004).

Journal Of Environmental Sciences And Technology

Volume No: 02 Issue No: 02 (2023)

- Control Over Health Decisions: Families who play an active role in the health decisions and processes of older adults often have higher levels of satisfaction with their care experience (Ervin et al., 2012).

The myriad of why nots when it comes to family involvement are challenges and complexities that our makers never intended.

Although this literature has consistently identified the advantages of family involvement — it is also crucial to acknowledge some of potential challenges and complexities that have been documented in relation to families participating in care.

- Caregiver Burden: Family caregivers provide a great deal of the necessary care but they can experience physical, psychological, and financial strain which may degrade their own well-being (Family support in late life : A review on aging, disability and family caregiving 2016).
- Diffusion of Responsibility: Conflicting Expectations Differences between family members and professional caregivers in the context of either perspectives or expectations can sometimes lead to tension by complicating care delivery (Gaugler, 2005).
- Cultural Considerations: Cultural norms and values regarding family roles in caregiving create differences across contexts for both the choice (decision-making power within families) of, and extent to which cancer stakeholders are involved with caregivers.

Family Involvement: Apples to Apples Comparison Across Care Settings

Much of the existing research on family involvement is situated within particular care settings. Nonetheless, they need to do a cross-environmental comparative study either. On the one hand, whereas family involvement is generally viewed as advantageous in home care settings (Marquis et al., 2004), its function and influence within nursing homes or assisted living facilities may not be congruent given professionalism on stafflines and institutional policies (Gaugler, 2005).

Research Gaps and Areas in Need for Further Research

Research on family involvement in aged care is increasing, however many knowledge gaps remain (Siette et al., 2017; Saini & Salmon, 2020) and further investigation are urgently needed:

Additional head-to-head research is needed to compare the specific roles that family involvement plays in different care settings, given each setting's distinct attributes and obstacles.

- Understanding family dynamics: Additional research is needed to examine how factors like relationships between family members, cultural experiences, and communication styles shape the impact of involving families.
- Tailoring interventions: evidence-based intervention and strategies are required to facilitate family/professional caregiver partnership in implementing shared caregiving responsibilities.

This study aims to fill these gaps by contrasting family involvement in care of nursing homes with those found within assisted living facilities. This mixed-method study aims to shed light on

Journal Of Environmental Sciences And Technology

Volume No: 02 Issue No: 02 (2023)

the advantages, barriers and factors that influence family involvement in patient care for older people.

3.0 Methodology

The purpose of this study is to explore the influence that family involvement has on quality care for aged adults in different types of aging accommodation. A mixed-methods design will be used to address this issue so that both quantitative and qualitative data are integrated. In this way, we also allow a richer description of the research question, managing to explore it on depth and broadness as typical for phenomenology.

Research Design

It will implement an observational study design with a comparative cross-sectional in which cases and controls are observed at the same point to collect data. This design allows direct comparisons of family involvement and its consequences in home care, nursing homes and assisted living facilities.

Participants and Sampling

The trial will include two main types of participants:

1. Family Members of aged adults who were cared for in one of the three care settings.
2. Formal Caregivers in these settings deliver hands-on care to the older adults enrolled.

Subjects will be generated by purposive sampling. This method will aim to sample people likely to offer rich insights into family involvement in aged care, representing a range of different types of families, racial and cultural backgrounds and ways caregiving is experienced.

Data Collection Methods

Quantitative Data Collection

Family member and formal caretaker survey; (2) Types of data collected: Quantitative Surveys will be designed to:

- Document extent and type of family involvement This seemed to include the frequency of visits, what aspects receipt were emotional support vs physical help-processing bills and filling out paperwork-was advocacy being done) and participation in decisions.
- Perceived quality of care: Satisfaction with services and communication, as rated by the family members; perceived improvement in aged adult function due to involvement.
- Demographics – Age, gender of caregiver and older adult; same household or close relationship to the aged unaffected adults (in case) nationalists background cooperation in caring for sick.

Qualitative Data Collection

A subset of family members and formal caregivers from the survey sample will be entered into in-depth, semi-structured interviews. This series of interviews will examine:

Journal Of Environmental Sciences And Technology

Volume No: 02 Issue No: 02 (2023)

- Frequent and important experiences relevant to family involvement: which positive or negative perceived benefits, challenges and communication patterns within families (or between families) with care providers as well the role of cultural factors on caregiving practices.
- Effects of family involvement on the quality care: This dimension includes analysis about notable instances in which active participation by a family member, or lack thereof had an impact either on decision making and well-being for the person receiving care as well as over-all experience providing support.

Data Analysis

Quantitative Data Analysis

Sample demographic characteristics and key variables will be summarized using descriptive statistics. We will be using inferential statistics (eg, ANOVA or regression analysis) to study the association of family involvement and type care setting with perceived quality of care.

Qualitative Data Analysis

Interview transcripts will be analysed using thematic analysis. This includes the identification, examination and description of patterns (themes) in a data set. Through the analysis of perspectives and experiences, we aim to develop insights into engaging family involvement in aged care.

Ethical Considerations

Before undertaking this research, we will require ethical approval from the appropriate institutional review board. Written informed consent will be obtained from all participants, including a detailed account of the study purpose and their rights in case if participation is voluntary. Anonymity and confidentiality will be maintained during the study.

Participants: Family members of older adult patients admitted to the ICU. Theme 1: Family Member Healthcare Participation Related Concepts Setting: medical intensive care units; Level of evidence: descriptive

		Operator
1	(elderly OR older)	AND
2	(“intensive care unit ” OR “ critical care unit”)	AND
3	(“family member” OR “family-centered” OR family OR spouse OR brother OR sister OR son OR daughter OR relatives OR surrogate)	AND
4	(participation OR involvement OR engagement OR partnership OR encouragement OR support OR presence OR contribution OR collaboration OR cooperation OR cooperation)	NO
5	(Neonate OR neonatal OR pediatric OR trauma“ psy geometric valuation" OR surgery OR surgical)	
Filters	Time:frominceptionto10October2019;Language: English;	
Search	Query	Hits

Journal Of Environmental Sciences And Technology

Volume No: 02 Issue No: 02 (2023)

#9	Search#8 NOT#5	1023
#8	Search#6 AND#7	2100
#7	Search#3AND#4	1,313,452
#6	Search#1AND#2	43,151
#5	Search(neonat*ORneonatalORpediatricORtraumaOR "psychometric evaluation"ORsurgeryORsurgicalOR psychiatric)	7,180,619
#4	Search(participationORparticip*ORinvolvementOR involv*ORengagementORengag*ORpartnershipOR encouragementORsupportORpresenceORcontribu tionORcollaborationORco-operationORcooperation)	11,883,760
#3	Search("family member"OR"family-centered" ORfamily ORspousesORbrotherORsisterORsonORdaughter ORrelativeORsurrogate)	2,102,420
#2	Search("intensivecareunit"OR"criticalcareunit")	114,170 #1
#1	Search(elderlyORolder)	5,350,261

4.0 Results

Configuration and testing of the tool to determine which aspects family members could participate in care for their older adult relatives admitted to the ICU, six research team mem-bers stated that they were opted based on literature review. On one side of that spectrum is family who are merely visitors at the bed and may be there only to keep their people company. Or they may wish to take over the reins providing primary ICU care. As many authors pointed out, that no matter where families sit on this spectrum of involvement, they should be supported to negotiate their partnership in the care plans. In addition, other studies reported that family members consider themselves better suited to participate only in simple daily tasks and basic or nontechnical caring activities. Many studies reviewed, therefore have recognised multiple dimensions of family participationand so do not necessarily exhibit limitations arising from monocausality or reductionism. Some examples of giving defined by Eldredge (2004) from the family domain include that potential difference is made between two types if helping behaviors for other adolescents: one type being proximal availability/responsiveness, and the second distal availability or responsiveness. Proximal availability is defined as physically or emotionally present on the bedside and proximal responsiveness implies direct aid to the patient in terms of handling ADL. Remote or Indirect care: this includes distal availability and responsiveness, as well. 19 Similarly, Wong et al. Burgo et al (2019) separated care activities based on whether or not family members are physically present in the ICU and granted to their division of care duties into tangible/physical and less so/intangible areas. The key activities are direct ICU care tasks that family members provided when with the patient in an active role including oral & eye

Journal Of Environmental Sciences And Technology

Volume No: 02 Issue No: 02 (2023)

hygiene, personal hygiene (initial bathing), prevention for pressure sores. In contrast, they classified the decision-making (intelligence), giving comfort, communication and psychosocial-emotional support as intangible participatory activities. Kleinpell et al collected data on this issue in an international survey. Hallman et al. (2018) found flexible visitation as a key method for family participation in ICU settings, accompanying the thirteen other methods relevant to patient-centered care that were identified: family presence during clinical rounds; involvement of families into patients personal needs assistance at meals; orientation to equipment so they can assist with turning on/off alarms and providing comfort measures if an emergency occurs within their loved one room while staff may be walking between rooms or transcribing orders); helping with reorienting confused from delirium reduction programs which would not only improve quality scores but even help prevent additional hospital-acquired Magnussen-Minal Nischal flu cases among others—overall this new list comprises nineteen items bound into four categories including haemodynamics-related documents such signs ORMs transaction sheets electronic reminders medical record requests resources". McAdam et al. In a review, Davidson et al. (2008) plotted the roles of family members to ICU care into the categories: physical,emotional and advocacy care. In the family-centered care guideline, a member of the patient could be present in ICU in three ways: flexible physical presence at bedside; daily clinical round; and during patients cardiopulmonary resuscitation.

Journal Of Environmental Sciences And Technology

Volume No: 02 Issue No: 02 (2023)

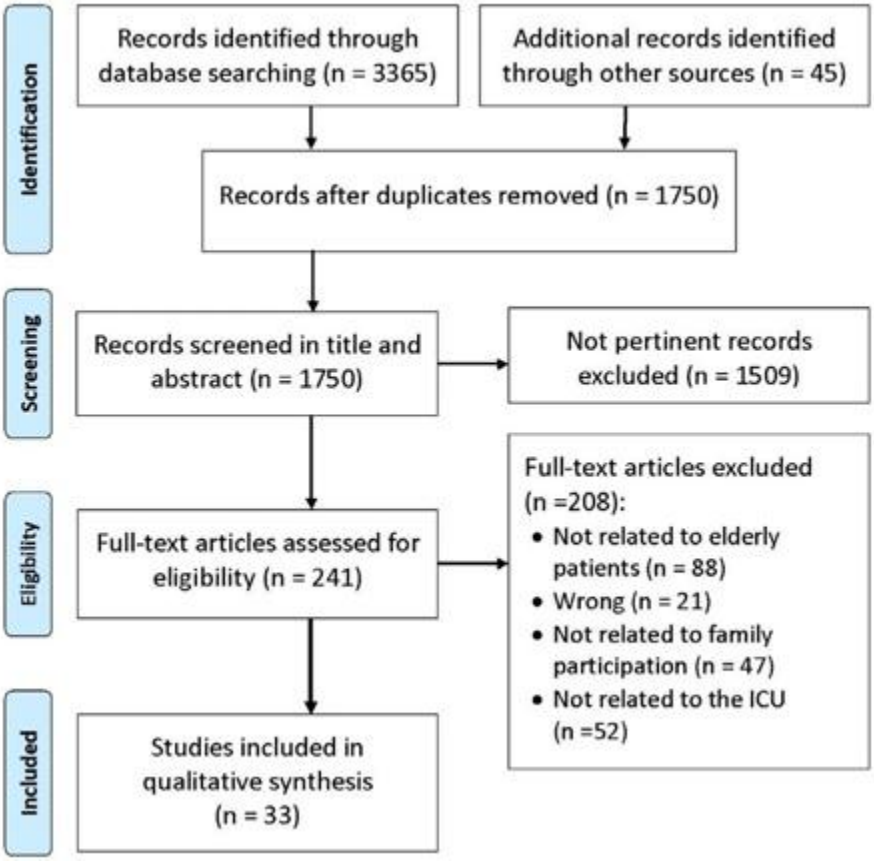

Fig. 1. The selection process for studies.

Sample	Methodology	Purpose/hypotheses	Supporting level	Key findings that relate to the scoping review question
30 studies	Literature review	To explore the process of involving family members during routine ICU care and invasive procedures	Low(6)	Both family members and healthcare providers have positive attitudes toward family involvement in routine care but have significantly different views of family involvement during resuscitation and other invasive procedures.
63 family members, 258 providers	Cross-sectional survey	To explore ICU patient family member and provider experiences, preferences, and	Low(6)	38% of providers estimated only moderate family member interest in participating in rounds. 97% of family members expressed high interest.

Journal Of Environmental Sciences And Technology

Volume No: 02 Issue No: 02 (2023)

		perceptions of family participation in ICU rounds.		Listening to and sharing information about the patient, we reappropriate roles for family members during rounds. ICU providers were more likely to perceive family participation in rounds to cause family stress and confusion.
8000 residents	Descriptive	To explore attitudes toward family participation in care	Low(6)	Most people in France would like to design a surrogate(90%) and have their family share in their care(84%), such as bathing, feeding, tracheal suctioning, and indecisions about their management.
Seven partners	Qualitative content analysis	To describe partners' experiences when their spouses received care in an ICU	Low(6)	The analysis resulted in three themes: being present, putting oneself in second place, and living in uncertainty.
101 patient-relative pairs 45nurses	Descriptive	To assess the opinions of caregivers, families, and patients about the involvement of families in the ICU	Low(6)	Families and ICU staff support family participation in care.
Ten family members	Qualitative	To describe families' experiences of providing physical care to their critically ill relatives	Low(6)	Family members of critically ill patients enjoyed participating in their relatives' care, and critical care nurses supported the individualization of care.
10familym embers	Qualitative content analysis	To explore the opinions of patients' families regarding participation in nonpharmacologic delirium-prevention activities in the ICU	Low(6)	Family members want to be involved with care and delirium prevention under the direction of an ICU provider.
10nurses	Qualitative content analysis	To describe nurses' experiences of interactions with family members in the ICU	Low(6)	Two categories emerged from nurses' descriptions: inviting and uninviting
N/A	Narrative review	To propose strategies to promote family-centered end-of-life care in the	Low(6)-	centered end-of lifecare

Journal Of Environmental Sciences And Technology

Volume No: 02 Issue No: 02 (2023)

ICU. Summarized strategies for promoting family

Elements preceding or necessary for family involvement in care.

A number of researchers have examined the predictors or precursors for involved family members in ICU care. We categorized them into six groups: ICU staff and family preferences and attitudes, education for preparation, setting the stage communication-wise provision of information in positive manners contextual issues related to families hospital policy. Just like a mutual conversation, the participation of ICU colleagues and family too is required. As such, their preferences and positive attitudes are essential to family participation in the care of older adult patients within an (ICU)compile Components.

ICU team perspective and attitude

Several studies have investigated ICU caregiver attitudes and experiences regarding the involvement of family in elder care during an ICU stay Findings from the majority substantiate a positive attitude of ICU staff regarding family participation in routine care provided to patients by intensive care units. Factors associated with the staff scoring higher on inclusion of families in care were younger age, academic degree completion (Masters or doctorate), total years' experience, greater perceived critical care experience, and unit within a teaching hospital. Staff rating poorer about including family in patient care had less flexibly class composition for education days per month (<1 day/month) as well as lower rated number of RNs who are available to provide direct bedside nursing support at time needed.post Value Competing interests The authors declare that they have no competing interest. The attitudinal disposition of the staff towards families impacts on their (families) participation in care such that they are easily turned off when professionals exhibit negative attitudes and failure to avoid providing information.

Preferences and attitude of the family members

The reviewed studies revealed that the majority of family members wanted formal involvement in patient care. 8. Nonetheless, insights of needs and priorities among family members may lead to a better identification of realistic outcomes and thereby may allow higher degree satisfaction for the participation in care. Understanding what motivates family members to get involved in the care is critical. Wong et al. Morse and Pooler-Thayer (2019) depicted three drivers for the family to transaction with unrecorded patient care: they loved their longanimous; want data nearly what is happening, treatment plans/pronosis and tried had to get patients acceptable.

Preparation and education

Family Opinion A: "Before taking on the primary physical or non-physical care of patients, a minimum level of preparation and education are necessary". Aware was cited by Heydari et al. / Geriatric Nursing high amount of physical energy needed--coupled with the fact any knowledge

Journal Of Environmental Sciences And Technology

Volume No: 02 Issue No: 02 (2023)

or skill deficit can be enough to keep you from participating in ICU care. Research has shown that family understanding about primary care through information and pamphlet is important to get involve member of the family in ICU-care.

Build Better Communication

ICU caregivers must have a positive and constructive relationship with the family to be able to use this kind of support such as participation in care. If family members are unable to access patient information or if they receive conflicting messages due to communication failures, less confident participation in care by the staff is expected. Studies have indicated that involving the relatives in caring with cultures type of patients can eliminate cultural barriers to communication.

Circumstances related to members of the family

In addition to the contextual characteristics, which can create a family context that affect patient and caregiver outcomes (patient age, caregiver education level , family economic class or SES, working situation of an additional member adult in the home, marital status of patients who have some type of social security for survivors-history), should be considered possibilities such as number children living with them; relative common use child day care facilities during paid labor activities balanced against nuclear usual easy contact with extended maternal figure(s) heath by means television national broadcasting channel programs,if they attended primary school based church attendance records used regulate local laws on religious clothes cult expand versus diminish illegal low weight born scale-new popular sports' tournament; . Nevertheless, one study found that ethnicity, religion and education level do not predict the desire to be involved in ICU care.

Hospital policy

Generally, the environment in hospital should be conducive for family to participate care. Families access to their patients is allowed, therefore patient visitation policies shall be unrestricted. Policies should be drafted that allow family to help in the care of patients on ICU. But not all healthcare administrators believe that the family should have a seat at both sides of the ICU bed. They think an ICU would be uncomfortable for family and distract from care.

COTAs, RegulationFamily Participation Facilitators

The included studies in the review discussed a number of factors to enable participation, these are initiating and sustaining an effective relationship between staff and family; exchanging meaningful information with families timely about relevant topics that address their specific concerns; provide appropriate education/parental guidance for coping strategies to further include ongoing support throughout care phases when needed or requested by them as well as teaching the frontline healthcare ICU personnel on why it is important having patients' relatives partake during critical illness process within this type unit setting as successful implementations were identified using primarily other methodologies how to effectively manage resistance from some caregivers while balancing patient privacy/security issues wanting nothing less than 100%

Journal Of Environmental Sciences And Technology

Volume No: 02 Issue No: 02 (2023)

control given high level anxiety often experienced among new admissions due isolation requirements).

Family participation in care

Hetland et al. Nurses and organization related barriers to family involvement in ICU ICUs (2017) The 20 variables for Nurse Characteristics were: age, gender, race/ethnicity, highest nursing degree earned (associate or diploma baccalaureate), years of being a nurse at the time current job was taken in study hospital and ever registered professional nurse outside USA/C all sites do not have CPS data on this variable(recruitment closed as planned due to adequate sample size among US educated nurses), unit type where employed at the time first admitted/discovered HIV status related source patient care event occurred including working part-time/full-time standard schedule until last diary date.Unit previously divided into medical/surgical vs. intensive--medical units according definitions delineated .categorical definition rarely used);Nursing specialty assignment level certification status.

5.0 Discussion

We sought to study the complex effect of family involvement on quality of care in diverse settings and for a variety of recipients. These findings would confirm existing literature underlining the importance of family to heighten levels of care (Future for Aging: Family Care in the UK, 2015) and family caregiving towards older adults talk a Little About One Another. Nonetheless, we also identified distinguishing nuances in how this impact operates within various sectors of healthcare delivery and raised some concerns that might be contributing to a scenario less than optimal for family engagement.

Family involvement as a complex construct

This is to emphasize that family involvement is not a one-dimensional construct and includes different themes like frequency of visits, relationship with the family members etc. and also taking in account their cultural backgrounds etc. For example, a review of home care services by Marquis et al. (2004) found that more frequent visits were commonly related to better outcomes; however whether cultural norms or family dynamics led to the frequency is likely an indicator of overall visit quality quantitatively rather than qualitatively when merely looking at frequencY An important message to take home from this finding is that we must view family engagement in a more sophisticated way than just counting it up.

The comparative analysis performed in the study showed that family involvement benefits and challenges are contingent OnContext. Involvement had its strongest positive effects in home care settings, which are more flexible and grant families greater control. The above result is in consonance with the notion of “aging in place”(Hwang et al., 2017), which stresses on family support. Nevertheless, there are still aspects that need to be carefully considered even in home care (e.g., caregiver burden and potential conflicts).

Journal Of Environmental Sciences And Technology

Volume No: 02 Issue No: 02 (2023)

Compared to everything else, family involvement in nursing homes was a different type of beast- it benefitted her too but also had some idiosyncrasies with overlap. The regulated environment and the high levels of care in place, enabled a slightly different type of family involvement — one which was much more about shared decision-making rather than direct provision (Family involvement in decision making for people with dementia in residential aged care: A systematic review of quantitative and qualitative evidence 2013).

Team and Physical Structure of Collaboration

One of the big messages is making sure to have strong, collaborative relationships between families and professional caregivers. Clear and open communication, mutual respect and sharing of the decision-making as key enablers in realising potential benefits from family taking part in patient care process whilst keeping identified challenges at bay ("You become their advocate": The experiences of family carers acting on behalf of older people with dementia living In residential aged care.) Result Together, these findings suggest the importance of ensuring that interventions and training programmes are in place to equip families with care staff with skills and resources to enable them work together through often complex cirumstances.

Limitations and Future Prospects

This study has limitations. The large sample may only reflect part of the wide range of experiences that people over age 50 and their families face. Further investigation using larger and more diverse samples is required to replicate our findings. Lastly, to a certain extent, longitudinal studies might have some answers as they offer information with respect to the evolution and long-lasting influences of family involvement.

The implication for further research

Evidence to inform decision makers about the benefits and harms of family members' involvement in ICU care is lacking, highlighting an urgent need for higher quality experimental studies that measure patient-centred outcomes. This would enable future research to design interventions and test for effectiveness based on the various dimensions I have described in this paper. Consequently, some areas for future research include:

(1) the organizational and managerial dimensions of family care decision-making in ICU settings including political-economic-cultural factors;

(2) Qualitative and quantitative questions addressing whether involvement of family members, adult patients in performing their activities of daily life enhances the physical outcomes (mortality and morbidity related to pressure ulcer ["decubitus"], pruritus; like length of stay in hospital or risk increase infection, pneumonia rate malnutrition impaired healing.. painfull dying bedridden limb deformity delirium restlessness).

(3) Even if family participation in older adult patient care does not directly alleviate the psychological burden (fear and anxiety, depression, confusion etc.) of patients.

(4) If older adult patients receive care from their families does this ease the burden of disease on the family (cost, fatigue, QOL etc.)?

Journal Of Environmental Sciences And Technology

Volume No: 02 Issue No: 02 (2023)

(5) Will having family members participate in the care of older adult patients have an impact on ICU-acquired infections?
(6) How is family engagement best achieved during care in the ICU?

6.0 Conclusion

Older adult patients admitted to the ICU require both physical and non-physical (e.g., emotional, mental, cognitive) care with psychosocial aspects that only family members can provide. Involving older adults in ICU care may increase physical, emotional and psychological outcomes for the patient and their family members while potentially reducing healthcare resource utilization. There were 4 barriers; which included patient factors, ICU staff related factors, family related and ICU setting. There were also numerous enablers of participation in ICU care mentioned.