



Partnering with families: Is the ED ready?

In a relational milieu such as the emergency department, it is essential for nurses to remain sensitive not only to patients' caring needs, but also to the capacities and vulnerabilities of patients' families as well as families' distinctive views on health and illness [1,2]. The approach to connecting and being present with families based on trust and acceptance has been defined as relational practice [3,4]. Relational practice refers to nurses understanding that families are an embodiment of their socio-political, environmental and economic realities and that their response and actions to health and healing is shaped by this heritage [1,5]. This is an approach ideally constructed in theory but challenging in implementation, especially in an emergency department where nurses are often at a crossroads between fulfilling organizational demands versus practicing relationally with patients and families [6]. Amidst these difficulties, emergency nurses must hold steadfast to the worldview that human existence is about relationships and that relating to families is *therefore* a mandate and not a matter of choice [7].

Our work as nurses involves us closely working with human conditions of joy in births and suffering in illness and death. In this privileged position of sharing in human experiences, we need to adopt a reflexive approach to understand differences and complexities of patients and their families; an approach allowing nurses to utilize resources and develop a culture that facilitates being attuned to patients and their families [8]. This reflexivity enables nurses to confront personal and organizational stereotyping and consciously question practices that inhibit growing relationally. The conundrum for emergency nurses is how to reach out to families in an emergency department dominated by a culture of business ethics. Key questions require answers. For example, will emergency nurses allow themselves to seize opportunities to be present in a relationship? Will emergency nurses, with heavy workloads and high patient turnover, intentionally create a relational space with families so as to understand the contextual factors that impact on the illness of this family?

The emergency department is rife with power differentials between health care professionals, between professionals and patients, and between professionals and families [9]. This is evidenced by family accounts of being powerless and engulfed in the hierarchy of the emergency department. Power imbalances in relationships creates disconnections between people resulting in detachment and disengagement [10]. Being relational means that nurses relinquish their detached objectiveness and expert knowledge stance to engage instead in authentic dialogue with families and patients [11,12].

In choosing to navigate a path of relational practice, emergency nurses must consciously participate in building families resources that impact on their experience of an illness [1]. It is through the relational practice of collaborating with families that the uncertainty and chaos associated with the illness experience maybe transformed into greater self-reliance and growth for the family through interdependence and connections [13,14]. As nurses we need to realize that we cannot live up to the title of relationship builders if we fail to hear the voices of vulnerable families or if we fail to create safe havens that encourage families to feel protected despite their vulnerability.

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