

Nurses' Attitudes Regarding the Importance of Families in Nursing Care During Hospitalization

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ABSTRACT

The significance of family involvement in patient care during hospitalization has been widely recognized, yet the attitudes of nurses towards this involvement remain varied. This study aims to explore nurses' attitudes towards the importance of families in nursing care during hospitalization. Utilizing a cross-sectional survey methodology, data were collected from 44 nurses using the Families' Importance in Nursing Care–Nurses' Attitudes (FINC-NA) scale. The results reveal that the majority of nurses demonstrate supportive attitudes towards family involvement. Specifically, family as a resource in nursing care (Fam-RNC) (55%), Families as conversational partners (Fam-CP) (68%), nurses perceived families as a burden (Fam-B) (52%), and regarded the family as its own resource (Fam-OR) (52%). This supportive stance is crucial for fostering a collaborative care environment that enhances patient outcomes. Further research is recommended to address the perceived burdens and to develop strategies that optimize family-nurse interactions, ultimately benefiting patient care.

Keywords: family involvement, FINC-NA, nursing care.

INTRODUCTION

Family integration in nursing care has been acknowledged for decades as an essential element of patient-centered care. Over the

past decades family presence in hospital settings has become more prevalent, and an increasing body of evidence demonstrates improved patient outcomes, overall care experience, and patient satisfaction when families are involved [1]. The attitudes of nurses towards family involvement are an important element for its successful creation, and hence nurses have a central role in promoting family involvement.

Family-centered care is a comprehensive approach that recognizes the crucial role of families in a patient's health and well-being. The nursing care process involves family members in a positive way, recognizing them as integral partners instead of just visitors [2]. Family participation can lead to better communication, emotional support, and better compliance with treatment plans, which are vital for the recovery and well-being of hospitalized patients [3].

The attitudes of nurses have a significant impact on family involvement, as they shape implementation practices in clinical environments. Active engagement with families can be achieved by having optimistic dispositions, while pessimistic ones may lead to opposition or limited participation [4]. Understanding these attitudes is essential for designing approaches that foster broader care, which in turn increases patient outcomes and contentment [1].

Patient and family engagement plays a significant role in healthcare, as indicated

by patient-centered care (PCC) policies. Policies and guidance from different health organizations highlight the need for supportive attitudes among healthcare providers, advocating for the inclusion of families in care processes (Institute for Patient- and Family-Centered Care, 2021). Nevertheless, there are still hurdles to address in terms of integrating family-centered practices uniformly across various hospital settings [2].

The COVID-19 pandemic has highlighted the vital importance of family participation in patient care, especially in hospitals where visitation restrictions have been a significant hurdle. Nurses have had to find their way across these intricacies by weighing infection control protocols against the necessity for retaining connections with families [5]. This unique situation highlights the importance of comprehending and dealing with nurses' attitudes towards family involvement in an intricate and context-dependent approach.

Studies have shown that nurses' attitudes towards family involvement are influenced by various factors, including personal beliefs, professional experiences, and organizational culture [6]. These attitudes can be positively shaped by training and education on family-centered care, as well as institutional support [7]. The purpose of this study is to explore how nurses' attitudes can be more aligned with the goals of family-centered care by examining these factors.

The significance of family involvement in nursing care is well-known, but nurses' attitudes and perceptions are the key to integrating these practices successfully. The purpose of this research is to explore these attitudes in the context of hospitalized care and highlight the challenges and opportunities in promoting family-centered care, which will ultimately result in better patient outcomes and more holistic healthcare practices.

METHOD

This study employs a descriptive cross-sectional design to investigate nurses' attitudes about the importance of families in nursing care during hospitalization. A quantitative approach was utilized to gather data from practicing nurses using a validated survey instrument.

Sample

The study sample consisted of 45 registered nurses employed in a time D hospital setting. Inclusion criteria required participants to have at least one year of experience in direct patient care. Exclusion criteria included nurses in administrative roles without direct patient contact.

Instrument

Data were collected using the Families' Importance in Nursing Care–Nurses' Attitudes (FINC-NA) instrument developed by Benzein et al. (2008). The FINC-NA is a validated tool designed to measure nurses' attitudes towards the involvement of families in nursing care. It consists of 26 items rated on a 4-point Likert scale (1 = strongly disagree, 2 = Disagree, 3 = Agree, 4 = strongly agree). The score ranges from 1 to 4 for each item and ranges from 26 to 104 for the whole instrument; the higher the score the more supportive is the nurse's attitudes toward families.

In addition to the total scale, a principal component analysis revealed four factors, which can also be calculated as subscales: family as a resource in nursing care (Fam-RNC), containing 10 items and with a possible score range of 1-40; family as a conversational partner (Fam-CP), containing eight items and with a possible score range of 1-32; family as a burden (Fam-B), containing four items inverted before analysis and with a possible score range of 1-16; and last, family as its own resource (Fam-OR), containing four items with a possible range of 1-16.

Data Collection Procedure

Data collection was conducted over a period of 2 weeks. The survey was distributed to eligible nurses. Participation was voluntary,

and confidentiality was assured. Participants were given detailed instructions on how to complete the survey and were informed that they could withdraw from the study at any time without any consequences.

Data Analysis

Survey responses were analyzed using descriptive. Descriptive statistics (means, frequencies, and percentages) were used to summarize the demographic characteristics of the participants and their responses to the FINC-NA items.

RESULTS

Table 1 displays the percentage frequency distribution of respondent demographic data in type D hospitals in Banda Aceh – Aceh Indonesia.

Table 1. Respondents' Demographic Data (n=44)

Demographic Data	f	%
Ages M±SD; Min-Max	38,16±7,117 25 - 47	
Gender		
Male	11	25
Female	33	75
Educational level		
Nursing Diploma	33	75,0
Bachelor Nurses	11	25,0
Length of time working		
<6 Years	18	40,9
6-10 Years	19	43,2
>10 Years	7	15,9

Table 1. Characteristics of Nurses Related to Attitudes (n=44)

Demographic Data	f	%
FINC NA		
Supportive	24	55
Unsupportive	20	45
FAM RNC		
Supportive	24	55
Unsupportive	20	45
FAM CP		
Supportive	30	68
Unsupportive	14	32
FAM B		
Supportive	23	52
Unsupportive	21	48
FAM OR		
Supportive	23	52
Unsupportive	21	48

The FINC-NA scale showed a predominant supportive attitude among nursing staff when assessing nurses' attitudes on the importance of families in nursing care during hospitalization. Specifically, 55% of nurses exhibited a supportive stance towards families as a resource in nursing care (Fam-RNC), highlighting the perceived value of family involvement in enhancing patient care and recovery. Additionally, 68% of nurses viewed families as conversational partners (Fam-CP), stressing the importance of effective communication and collaboration between nurses and family members to ensure comprehensive patient care. Fam-B showed that 52% of the respondents saw families as a burden, which indicated that they were aware of the potential challenges and additional responsibilities that family involvement could bring. Finally, 52% of nurses viewed families as their own resource (Fam-OR), acknowledging the independent role families play in providing support and care to the hospitalized patients.

DISCUSSION

Families' Importance in Nursing Care– Nurses' Attitudes (FINC-NA)

Over the past few years, healthcare research has focused on the significance of family involvement in nursing care, particularly during hospitalization. According to the findings, 55% of nurses expressed a positive attitude towards family involvement in care, which aligns with previous research that highlights the vital role of family in patient recovery and well-being.

Several factors can account for nurses' supportive attitudes towards family involvement. Family members provide emotional support to patients, which is crucial for their psychological well-being and can improve recovery outcomes [7]. Nurses are often aware that families offer a unique form of comfort and reassurance that is not possible to replicate by healthcare providers alone.

Family members are often tasked with advocating on behalf of patients, making

sure that their needs and preferences are effectively conveyed to the healthcare team [8]. The importance of advocacy lies in complex healthcare settings where patients may feel overwhelmed or unable to voice their concerns. Nurses can enhance their understanding of the patient's history, preferences, and needs by involving family members, which can lead to more effective care plans.

Family as a Resource in Nursing Care (Fam-RNC)

In recent years, nurses have begun to recognize families as a resource in nursing care (Fam-RNC). According to studies, 55% of nurses view families as important partners in patient care [9, 10]. Families provide essential emotional support, which can enhance patient recovery and adherence to treatment plans. Furthermore, they offer practical help, including assisting with daily activities and providing detailed health histories, which can enhance the accuracy of patient assessments and interventions [11-13].

Evidence shows that families can collaboratively contribute to nursing care, leading to improved patient outcomes [14]. Family-centered care practices often become part of the practice of nurses who see families as resources, leading to improved communication and more comprehensive care strategies. This approach not only benefits the patient but also empowers families, making them feel valued and respected in the care process [12].

However, integrating families into the care process requires effective communication and clear boundaries to ensure that their involvement is constructive [15, 16]. Nurses are required to have the skills to handle family dynamics and navigate potential conflicts. Family-centered care training programs can improve nurses' ability to effectively leverage family involvement, leading to better patient care [17].

Family as a Conversational Partner (Fam-CP)

The concept of family as a conversational partner (Fam-CP) underscores the importance of dialogue between nurses and family members. This view is supported by 68% of nurses, indicating that effective communication is crucial for nursing care [18]. Family members frequently possess valuable insight into the patient's preferences, behaviours, and history, which can be used to make care decisions and make sure that the patient's voice is heard even when they are unable to communicate [19].

Engaging families as conversational partners fosters a collaborative environment where information flows freely and transparently [20]. This collaboration can lead to better-informed clinical decisions, tailored care plans, and enhanced trust between the healthcare team and the family. Nurses who adopt this approach often report higher satisfaction levels, as they feel more connected to the patient's overall well-being [21].

Nevertheless, there are challenges in maintaining open communication with families. Time constraints, language barriers, and varying levels of health literacy can impede effective dialogue [5]. To address these challenges, healthcare institutions should implement policies that promote family inclusion, such as designated family meeting times and the use of interpreters when necessary. Training nurses in communication skills and cultural competence is also essential to maximize the benefits of family involvement [22].

Family as a Burden (Fam-B)

Many nurses appreciate the role families play. A significant 52% see families as burdens, in specific situations. This perception can arise from factors like family members, unrealistic expectations and conflicts with care procedures. These dynamics can add stress to nurses who must juggle family demands with their duties and patient care priorities.

Seeing families as burdens can affect the quality-of-care nurses provide. It can lead to burnout, job satisfaction. Impact their ability to offer compassionate and patient centered care. To address these issues, it's vital to support nurses with counselling services and effective workload management strategies to handle challenging family interactions.

Despite the difficulties posed by viewing families as burdens it's important to note that this perspective is not universal and often depends on the situation. Educating families, about hospital protocols and managing expectations realistically can help alleviate some of the challenges perceived by nurses. Fostering dialogue and fostering a culture of respect can turn challenging interactions into collaborations that serve the best interests of both the patient and the healthcare staff [23].

Family as Its Own Resource (Fam-OR)

The notion of the family as its own resource (Fam-OR) reflects the idea that families possess inherent strengths and capabilities that can support patient care. With 52% of nurses endorsing this view, it highlights the potential for families to contribute positively to the care environment through their resilience and resourcefulness [24]. Families often bring unique knowledge and skills that can complement the professional care provided by nurses [25].

Recognizing families as their own resource encourages a strengths-based approach in nursing care. This perspective shifts the focus from seeing families solely as recipients of care to acknowledging their active role in the healing process [21]. Nurses who adopt this mindset are more likely to engage families in care planning and decision-making, fostering a collaborative and supportive care environment [22].

To fully harness the potential of families as their own resource, healthcare systems must create an inclusive environment that values family contributions [17]. Providing education and resources to families, such as training on caregiving techniques and access to support groups, can enhance their ability

to support the patient effectively. Additionally, fostering a culture of mutual respect and collaboration between nurses and families can lead to better care outcomes and a more positive healthcare experience for all involved [21].

CONCLUSION

This study's findings highlight the significance of family involvement in nursing care during hospitalization, with 55% of nurses exhibiting supportive attitudes. Although this is encouraging, more needs to be done to improve the integration of family-centered care practices in healthcare settings. Healthcare providers can fully realize the benefits of family involvement by addressing barriers and promoting interdisciplinary collaboration, which ultimately leads to improved patient outcomes and satisfaction.

Declaration by Authors

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