

NURSES PERCEPTION, ATTITUDE OF FAMILY INVOLVEMENT IN PATIENTS CARE AND IN-PATIENT RECOVERY

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Abstract

Family involvement in in-patient care is the focus of care in the hospital and at home. Improved hospital performance, increasing staff satisfaction, decreasing costs, and improving in-patient outcomes can be achieved by family involvement in patient's care. The study assesses nurses' perception and attitude to family involvement in the care of in-patient in Lagos, Nigeria. A descriptive design was adopted for this study and a multistage sampling technique was used in selecting 290 respondents who participated in the study. The instrument used for this study is a self-developed questionnaire with four sections. Reliability of the instrument was $r = 0.75$. Data were analyzed with Statistical Package for Social Sciences (SPSS), version 22. Descriptive statistics was presented in tables and charts while chi-square was used for inferential statistics at a significant level of $p = 0.05$. The demographic characteristics showed that the mean age of participants was 33.55 ± 1.74 years, 51.5% are BN. Sc certified nurses. The result of this study shows that the respondents have negative perception and attitude toward family involvement in the care of in-patient. Lastly the findings of this study reveal that there is a statistically significant association between perception and the attitude towards family involvement of in-patient care with $p = 0.029$. There is no statistically significant association between gender and attitude towards family involvement with $p = 0.336$. Nurses should be more sensitive towards the need for family involvement in the care of in-patients. This will ensure family satisfaction with the care of loved ones and preparing them for continuing with care of the patients at home following discharge.

Keywords: Nurses, Perception, Attitude, Family Involvement.

Introduction

The family plays an important role in the well being of members in health and illness. Family Systems Theory describes the family as an interdependent, interactive system whose whole is greater than the sum of its parts (Bowen, 2017). There is growing evidence supporting the relationship between family care and patient outcomes (Buck, Harkness, Wion, Carroll, Cosman, Kaasalainen, et al 2015). Agency for Healthcare Research and Quality (2018); Cowling, 2015) provide evidence-based resources that show how hospital staff can work as partners with patients and families to improve quality and safety. The attitude which the nurses portray either negatively or positively plays a major role in the care of the patients on their ward. The attitude can further be improved upon by explaining the importance of families and the vital role and impact which the family as a whole has over each of their members both in health and sickness.

According to Cowling, (2015), when family members are informed about patient's care, the plan will be executed more smoothly to the satisfaction of all. Oftentimes, a member of the family becomes an ally in the delivering of care and supports patient improvement through reassurance in areas such as nutrition, emotional support, pain management and transition to discharge. When nurses work closely with patients' families, they realize that they need the help of patient's family care as they deal with the patient's illness. More so, care does not stop once the patient leaves the hospital. It is significant to educate in-patient family

members on how to care for their loved ones once they recover at home. Nurses have unique access to a patient's family members from their position at the bedside. By providing information and support to family members, nurses can minimize the family's anxiety about delivering care, gain their support and achieve positive responses in the patient (Agency for Healthcare Research and Quality, 2018).

Research shows that family care givers play a major role in at-home care, specifically in follow-up care and care transitions. Heath (2016) observes that caregivers and families help drive accountable nursing care. Their performance is as a patient support system, and not just emotionally, but through reinforcing care and treatment plans. The level of nurses' knowledge also affects nurse's attitude in family participation within Lagos. There is need for the reorientation of the family system theory which is one source of influence for positive outcomes from family participation in in-patients care (Irinoye, Ogunfowokan and Olaogun. 2006). Therefore, if nurses embrace family involvement in their respective wards, it could have benefits such as: helping to reduce the stress for patient's who require dependent care, help improve communication between the nurses, patients and their families and improve the health of the patient satisfactorily.

When communicating with the family, there is a need to establish a point of contact with the family to relay information with the rest of the family and friends;

review information regarding the hospital procedures, visiting hours, important contacts and their phone numbers; be aware of what you are saying, but also how you are saying it; speak in a gentle tone of voice, using their names and the name of the patient; try to form a connection in order to build a sense of trust; reflect on the type of family you are talking to; provide realistic expectations; take time to listen if one cannot answer their questions (Boyle 2015).

Family involvement in in-patient care leads to improved outcomes from psychological therapies and pharmacological treatments, shorter inpatient stays and quality care for patients. It relieves the stress of decision-making on the healthcare team and improves team work for the health care professionals. Also, it improves health literacy and self-management in families.

Objectives of the study

- i. To assess nurses perception of family involvement in the care of in-patient.
- ii. Assess the nurses’ attitude towards family involvement in the care of in-patient in Lagos.

Hypotheses

- 1. There is no statistically significant relationship between respondents’ perception and attitude of family involvement in in- patient care.
- 2. There is no statistically significant relationship between gender and attitude of respondents towards family involvement in in-patient care.

Methodology

A descriptive design was adopted for this study. University Teaching Hospital, (LUTH) and Lagos State University Teaching Hospital (LASUTH) were the settings for the study. The two hospitals currently have a staff strength of 1250 nurses and average number of nurses per ward was sixteen as of the time of study. The hospitals have surgical, medical, Orthopaedic, Paediatrics, Obstetrics/ gynaecology and intensive care units that takes care of in-patients and both male and female nurses with more than six months of working experience from the units. Sample size of 290 nurses was determined from the total population of 1250 nurses using Taro Yamane formula, a multistage sampling technique was used for this study.

The two teaching hospitals in Lagos state were purposively selected in the first stage, simple random sampling was used to select 10 in-patient wards each from the two teaching hospitals in the second stage and lastly, convenience sampling was used to select 290 respondents that took part in the study. The instrument used for this study is a self-structured questionnaire with four sections. Face and content validity of the instrument was carried out by experts and reliability of the questionnaire was ensured through pilot study, which yielded coefficient score of 0.75. Descriptive statistics were presented in tables and charts while chi-square was used for inferential statistics at a significant level of $p = 0.05$. Data was administered to eligible participants after obtaining ethical approval from The Health Research and Ethical Committees of LUTH by explaining to them the objectives of the study. Respondents were also briefed on the purpose of the study before they were asked to complete the questionnaire.

Results

A total of 290 questionnaires are completed and returned which represents 96.6% respondents. Table 1 shows that 34.5% of the respondents are within the age of 20-29, 41% are within the age of 30-39, 16.9% are within the age of 40-49 while 7.6% are 50 and above. With the Mean±SD age of 34.75±8.19 years. Majority (93.1) are females while 6.9% are males. Also 24.5% of the respondents have diploma, (48.3%) have B.N.Sc, 18.9% have M.Sc, while 8.3% have other qualifications. 31% of the respondents are clinical nurses, 22.4% are midwives, 18.6% are intensive care nurses, 13.8% are Pediatric nurses, 7.6% are perioperative nurses, 4.5% are Orthopaedic nurses while 2.1% are emergency nurses. On years of experience 24.1% have 0-5years, 26.9% have 6-10 years, 20.7% have 11-15 years, 13.8% have 16-20 years while 13.1% have 21 years and above. The mean of years of experience is 15.34±1.84 years, 23.1% of the respondents are NO 1, 18.9% are NO 2, 16.2% are SNO, 17.9% are PNO, 16.9% are ACNO, 3.1% are CNO while 2.5% are ADNS. In summary, the demographic characteristics of respondents show that majority are within the ages of 30-39 and 20-29, female with BNSc certificate. Majority of the respondents are clinical nurses with 6 to 10years of experience and their professional rank is NO1

Table 1: Socio-Demographic profile of respondent

Variables		N	%
Age (Years) Mean±SD = 34.75±8.19	20-29	100	34.5
	30-39	119	41
	40-49	49	16.9
	50 and above	22	7.6
	Total	290	100
Gender	Male	20	6.9
	Female	270	93.1
	Total	290	100
Level of education	Diploma	71	24.5
	B.N.Sc	140	48.3

	M.Sc	55	18.9	
	Others	24	8.3	
	Total	290	100	
Specialty	Clinical Nurse	90	31	
	Midwifery	65	22.4	
	Intensive care Nurse	54	18.6	
	Paediatric Nurse	40	13.8	
	Perioperative Nurse	22	7.6	
	Orthopedic Nurse	13	4.5	
	Emergency	6	2.1	
	Total	290	100	
	Years of experience	0-5	70	24.1
		6-10	78	26.9
11-15		60	20.7	
16-20		40	13.8	
21 and above		38	13.1	
Professional rank	Missing	4	1.4	
	Total	290	100	
	NO 1	67	23.1	
	NO 2	55	18.9	
	SNO	47	16.2	
	PNO	52	17.9	
	ACNO	49	16.9	
	CNO	9	3.1	
	ADNS	7	2.5	
	Missing	4	1.4	
Total	290	100		

Key: BNSc; Bachelor of Nursing Science RN; Registered Nurse MSc; Master of Science N.O; Nursing Officer C.N.O; Chief Nursing Officer

Objective one

To assess nurses' perception of family involvement in the care of in-patient.

Table 2 shows that 42.3% of the participants agree that it is important to find out patients' family members on admission, 37.2% disagree while 20.5% have no idea. Only 32% of the respondents agree that relationship between in-patient's families gives security, 37% disagree while 31% have no idea. Also 42% agree that the presence of family members during care is important to nurses, 39% disagree while 19% have no idea. 67% agree that the presence of family members gives security, 24% disagree while 9% have no idea. 37% agree that the presence of family members eases nurse's workload,

37% disagree while 26% have no idea. Also 46% agree that family members should take part in planning care, 24% disagree while 29% have no idea. 36% of the respondents agree that the presence of family members eases their burden, 36% disagree while 28% have no idea. 35% agree that getting involved with patient families make nurse useful, 33% disagree while 32% have no idea. 68% of the respondents agree that Nurses gain knowledge from patients' family, 14% disagree while 18% have no idea. 14% agree that it is important to spend time with patients' family, 16% disagree while 70% have no idea. In conclusion, the nurses' perception of family involvement in the care of in-patient overall is negative (38%),

Table 2: Nurses Perception of Family Involvement in Patient Care

Variables	Yes (%)	No (%)	No idea (%)
Fine out patient's family members on admission	123(42.3)	108(37.2)	59(20.5)
Relationship with in-patient family gives security	93(32)	107(37)	90(31)
Presence of family members during care is important to nurses	122(42)	113(39)	55(19)
Presence of family members gives security	195(67)	70(24)	25(9)
Presence of family members eases nurses workload	107(37)	107(37)	75(26)
Patient's family should participate in planning care	133(46)	70(24)	84(29)
Presence of family members eases nurses' burden	104(36)	104(36)	82(28)
Involvement with patient family make nurses useful	102(35)	95(33)	93(32)
Nurses gain knowledge from patients' family	198(68)	41(14)	51(18)
Spending time with patient's family is important	41(14)	46(16)	203(70)
TOTAL	38%	30%	32%

Objective two

To assess the nurses’ attitude towards family involvement in the care of in-patient in Lagos. Table 3: reveals that 32% of the respondents agree that to save time they discuss with the patient family members first, 37% disagree while 31% have no idea. 26% agree that they invite family members to take part in planning patients care, 37% disagree while 37% have no idea. Also 46% agree that they ask family members to take part in discussions from the very first contact, when a patient come into their care, 24% disagree while 29% have no idea. 12% of the respondents agree to inviting family members for conversation after care, 14% disagree while 74% have no idea. 13% of the respondents agree to

inviting family members in patient care, 20% disagree while 67% have no idea. 9% of the respondents agree to inviting family members to speak about changes in patient, 24% disagree while 67% have no idea. Also 42.3% of the respondents agree that making sure that family members cope well during care, 37.3% disagree while 20.5% have no idea. 36% of the respondents agree to not having time for in-patient family members, 36% disagree while 28% have no idea. 59% of the respondents agree to being stressed when family members are around patient 13% disagree while 28% have no idea. Overall, the respondents’ attitude toward family involvement in-patient care in Lagos is negative.

Table 3: Nurses Attitude towards Family Involvement of in Patient Care

Variables	Agreed	Disagreed	No idea
To save time, I discuss with family members first	93(32%)	107(37%)	90(31%)
Invite family members during care planning	75(26%)	107(37%)	107(37%)
Family members take part in decision making	133(46%)	70(24%)	84(29%)
Invite family members for conversation after care	34(12%)	41(14%)	215(74%)
Invite family members in patient care	37(13%)	57(20%)	196(67%)
Invites family members to discuss changes in patient	25(9%)	70(24%)	195(67%)
Ensure that family members cope well during care	123(42.3%)	108(37.2%)	59(20.5%)
Don't have time for in-patient family members	104(36%)	104(36%)	82(28%)
Stressed when family members are around patient	171(59%)	38(13%)	81(28%)
TOTAL	28%	47%	42%

Hypotheses one

There is no statistical relationship between respondents’ knowledge and attitude of family involvement in in- patient care. As presented in Table 4, the null hypothesis is rejected while the alternate hypothesis which states

that there is a statistically significant relationship between perception and attitude of the respondents towards family involvement with a p-value of 0.03 is retained.

Table 4: Association between perception and attitude towards familial involvement

		Attitude		Total	X ²	Df	P-value
		Good	Poor				
Perception	Good	100	160	260	4.76	1	0.03
	Poor	30	0	30			
Total		130	160	290			

Hypothesis two

There is no statistical significant relationship between gender and attitude of respondents towards family involvement in in-patient care. As presented in Table 5, the null hypothesis is rejected while the alternate hypothesis which states

that there is no statistically significant relationship between gender and attitude of the respondents towards family involvement in in-patient care with a p-value of 0.34 is retained.

Table 5: Relationship between gender and attitude of respondents towards family involvement

		Attitude		Total	X ²	Df	P-value
		Good	Poor				
Gender	Male	14	6	20	0.926	1	0.34
	Female	142	128	270			
Total		156	134	290			

Discussion

This study determines nurses' perception and attitude to family involvement in the care of in-patients in Lagos. The result of the socio-demographic characteristics of the study reveals that most of the respondents are within age 30 to 39 with mean age of 34.75 ± 8.19 years. Majority respondents are females with BNSc certificate have 6 to 10 years working experience and are Nursing Officers 1, this is similar with a study by Khosravan, Mazlom, Abdollahzade, Jamali and Mansoorian (2014), majority of the respondents are females 168 (66.4%). This could be related to the saying that caring has its roots from women (Potter and Perry, 2017). The study observes that the respondents have negative perception of family involvement in-patient care. This study does not concur with Bhalla, Suri, Kaur and Kaur (2014), whose respondents have positive perception about patient care.

The current study reveals that the respondents have negative attitude towards family involvement in in-patient care in Lagos. This is similar to the study by Luttik, Goossens, Agren, Jaarsma, Martensson, Thompson, Moons and Stromberg, (2017), where respondents' attitudes towards actively taking part in patient's care are less positive. The result of the hypothesis shows that there is a statistically significant relationship between perception and attitude towards family participation with $p = 0.03$. Also, there is no statistically significant relationship between gender and attitude of the respondents towards family participation with $p = 0.34$.

Conclusion and recommendations

Basic, post-basic, and first-degree nursing curricula focus are limited to family nursing theory is deemed a challenge in developing the knowledge and skills necessary for all practicing nurses to embrace family-focused care in Nigeria. However, more research is necessary in order to explore the cultural and regional differences in the attitudes of nurses towards the involvement of families in in-patient care. Therefore, if the nurses are well orientated about the benefits of family involvement, this will positively influence their perception and attitudes towards the phenomena.

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