

Attitudes of Nursing Staff towards Family Involvement in Patient's Care at Acute Care Units

Nursing Staff
towards Family
Involvement in
Patient's Care

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ABSTRACT

Objective: To explore nurses' attitudes toward family participation and collaboration in the care of hospitalized adult patients. Additionally, it sought to identify any correlations between these attitudes and the nurses' socio-demographic characteristics.

Study Design: A descriptive study

Place and Duration of Study: This study was conducted at the Intensive Care Units at Hilla Teaching Hospital and Imam Sadiq Hospital, Babylon Province from 1st January 2023 to 1st April 2023.

Methods: A descriptive study was carried out using a non-probability convenience sample consisting of 100 nurses employed in intensive care units at Hilla Teaching Hospital and Imam Sadiq Hospital, Babylon Province. Data were collected and divided in two main parts: the first section covered demographic characteristics, while the second included a 16-item scale assessing nurses' perceptions regarding family participation in patient's care. Responses were recorded using a three-point Likert scale (Agree, Neutral, Disagree).

Results: Majority of nurses (58%) was aged between 20 and 25 years, 60% were female with 66% held a college degree in nursing. Additionally, 56% were married, 80% had five years of clinical experience, and 75% resided in urban areas.

Conclusion: Nurses generally maintained a neutral stance toward the involvement of families in patient care within the ICU setting and a significant correlation between nurses' perspectives and various demographic factors, including their age, educational background, years of clinical experience, and area of residence.

Key Words: Attitudes, Nurses, Patient care, Acute care units

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INTRODUCTION

Intensive care units (ICUs) are inherently challenging environments, often placing considerable emotional strain on both patients and their families. Actively involving family members in the care process has been linked to notable improvements in patient outcomes and overall care quality. Given their pivotal role in providing direct and continuous care, nurses are uniquely positioned to encourage and support such involvement.

Nevertheless, the nature and effectiveness of nurse-family interactions largely depend on nurses' personal attitudes toward the participation of families in patient care.¹

When families take an active role in patient education and caregiving, they gain a clearer understanding of the patient's health status, allowing them to play a more meaningful role in the recovery journey. This involvement becomes especially important for elderly patients or individuals who are unable to manage their care independently. In these situations, family members often provide essential support with daily care tasks and help ensure that treatment plans, including medication schedules, are followed correctly. Such engagement can significantly enhance recovery speed and improve overall health outcomes.²

Nurses are increasingly faced with complex clinical situations that require active engagement with patients' families, who are now recognized as vital partners in the healthcare process. Delivering high-quality care in such settings hinges on effective communication, collaborative teamwork, and shared decision-making-competencies that continue to evolve as core aspects of professional nursing practice.³ Given that nurses,

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among other healthcare providers, tend to offer episodic or support-based care, family members need to take on a more central role in caregiving. This collaborative model that brings together patients, families, and clinicians plays a vital role in continuity and coordination of care.^{4,5}

Interacting with family members in the intensive care unit may be particularly challenging, as both parties often experience increased emotional distress, varied responsibilities, and risks for caregiver burnout. As the patient's caregivers, family members become inextricably linked with the seriousness of the illness, even suffering some themselves in the form of adverse psychological impacts that can include post-traumatic stress disorder (PTSD), anxiety, depression, or prolonged grief-conditions that together comprise post-intensive care syndrome-family (PICS-F). The prevalence of such outcomes among caregivers varies considerably, with studies reporting depression rates from 4% to 94%, anxiety from 2% to 80%, and PTSD from 3% to 62%. Despite these difficulties, families remain essential partners in the care process, offering emotional reassurance and actively participating in clinical decisions. The number of stressors in the ICU that add to families' emotional strain, such as the fear and anxiety that come with not knowing what the patient's outcome will be, the upheaval of their daily routines, the unfamiliar and often intimidating medical setting, and the overwhelming emotional toll it all takes.⁶⁻⁷

METHODS

The descriptive study was used a non-probability convenience sampling method to select participants. It involved 100 nurses working in the intensive care units of Hilla Teaching Hospital and Imam Sadiq Hospital in Babylon Province from 1st January 2023 to 1st April 2023. Before data collection began, all ICU nurses who took part were fully informed about the study's purpose, procedures, and expected benefits, and each gave their written consent to participate. To protect participants' confidentiality, questionnaires were completed anonymously, and assurances were given that all collected data would be handled exclusively for research purposes, with strict adherence to privacy and data protection standards throughout the study.

The data collection tool was a structured questionnaire developed by the researchers specifically to assess the study variables. The design of the instrument was guided by a comprehensive review of relevant literature and previous related research studies. The questionnaire consisted of two parts: assessment of nurses' attitudes toward family involvement in nursing care: This section includes Sixteen items measured in three point (Agree, Neutral, Disagree). Socio-demographic characteristics: This part evaluates six variables, including educational qualification, marital status gender, age, years of

experience, and place of residence. Data analysis was conducted using SPSS-24.

RESULTS

Most nurses (58%) were aged between 20 and 25 years. Females comprised the larger share of the sample, representing 60% of respondents. In terms of education, the majority (66%) held a bachelor's degree. More than half of the participants (56%) were married. Regarding work experience, 80% reported having up to five years of professional practice. Lastly, a significant portion of the sample (75%) resided in urban areas (Table 1).

The ICU nurses' attitudes toward family involvement in patient care, generally neutral overall attitude among the participants. Positive attitudes were observed for items 1, 2, 7, 9, 10, 11, and 12. Items 3, 4, 6, 14, 15, and 16 received neutral mean scores, indicating uncertainty or ambivalence. In contrast, negative attitudes were identified for items 5, 8, and 13 (Table 2).

Table No.1: Demographical information of the patients (n=100)

Variable	No.	%
Age (years)		
20-25	58	58.0
26-30	36	36.0
31-35	4	4.0
35-40	2	2.0
Gender		
Male	40	40.0
Female	60	60.0
Marital status		
Single	43	43.0
Married	56	56.0
Divorce	1	1.0
Educational status		
Diploma	31	31.0
Bachelor's	66	66.0
Postgraduate	3	3.0
Residency		
Urban	75	75.0
Rural	25	25.0
Experience (years)		
<5	80	80.0
6-10	17	17.0
11-15	1	1.0
16-20	2	2.0

The statistically significant relationship between nurses' attitudes with several demographic characteristics, namely age, educational attainment, years of experience, and place of residence (p≤0.05). No significant association was found with gender. Specifically, age was significantly related to attitudes (p=0.05), with the most positive attitudes reported

among nurses aged 20–25 years. Furthermore, a significant association was identified between nurses’ educational level and their attitudes ($p = 0.04$), where those holding a bachelor’s degree exhibited more favorable views toward family involvement. The study found a strong link between nurses’ attitudes and their

years of experience ($p=0.012$), with those having five years or less of experience expressing more positive views. Additionally, where the nurses lived also played a significant role ($p=0.038$), as those residing in urban areas tended to be more supportive of involving families in patient care (Table 3, Fig. 1).

Table No. 2: Distribution of ICU Nurses’ Attitudes toward family Involvement in patient care

Items		No.	%	Mean±SD	Level
Maintaining a positive relationship with the patient’s family enhances my job satisfaction	Disagree	16	16.0	2.44±0.756	Positive
	Neutral	24	24.0		
	Agree	60	60.0		
I encourage the patient’s family to actively participate in the patient’s care	Disagree	16	16.0	2.54±0.758	Positive
	Neutral	14	14.0		
	Agree	70	70.0		
The presence of the patient’s family is significant to me as a nurse	Disagree	25	25.0	2.19±0.813	Neutral
	Neutral	31	31.0		
	Agree	44	44.0		
Having the patient’s family present provides me with a sense of security	Disagree	47	47.0	1.73±0.777	Neutral
	Neutral	33	33.0		
	Agree	20	20.0		
The presence of the patient’s family helps to reduce my workload	Disagree	52	52.0	1.66±0.768	Negative
	Neutral	30	30.0		
	Agree	18	18.0		
The patient’s family should play an active role in planning the patient’s care	Disagree	19	19.0	2.32±0.777	Neutral
	Neutral	30	30.0		
	Agree	51	51.0		
The involvement of the patient’s family is important for the family members themselves	Disagree	14	14.0	2.47±0.723	Positive
	Neutral	25	25.0		
	Agree	61	61.0		
Engaging with the patient’s family makes me feel that I am being helpful	Disagree	54	54.0	1.69±0.825	Negative
	Neutral	23	23.0		
	Agree	23	23.0		
I communicate with the patient’s family when the patient is first admitted to my care	Disagree	10	10.0	2.65±0.657	Positive
	Neutral	15	15.0		
	Agree	75	75.0		
I provide updates to the patient’s family regarding the patient’s condition at the end of the care period	Disagree	13	13.0	2.53±0.717	Positive
	Neutral	21	21.0		
	Agree	66	66.0		
I communicate with the patient’s family when there is a deterioration or change in the patient’s condition	Disagree	15	15.0	2.54±.0744	Positive
	Neutral	16	16.0		
	Agree	69	69.0		
The presence of the patient’s family sometimes interferes with my ability to perform my duties	Disagree	50	50.0	1.67±0.753	Negative
	Neutral	33	33.0		
	Agree	17	17.0		
I often lack sufficient time to provide support to the patient’s family	Disagree	17	17.0	2.27±0.737	Negative
	Neutral	39	39.0		
	Agree	44	44.0		
The presence of the patient’s family can make me feel as though my work is being evaluated	Disagree	31	31.0	2.15±0.689	Neutral
	Neutral	23	23.0		
	Agree	46	46.0		
The presence of the patient’s family makes me feel anxious or uneasy	Disagree	42	42.0	1.90±0.859	Neutral
	Neutral	26	26.0		
	Agree	32	32.0		
General mean and standard deviation	-	-	-	2.20±0.766	Neutral

Table No. 3: The relationship between nurses’ attitudes toward family involvement in nursing care and their socio-demographic characteristics

Parameter	Chi-Square Value	DF	Significance	Interpretation
Age	56.000	66	0.055	Significant (S)
Gender	32.274	22	0.073	Not Significant (NS)
Educational Status	82.565	66	0.040	Significant (S)
Years of Experience	42.025	66	0.012	Highly Significant (HS)
Residency	62.019 ^a	44	0.038	Significant (S)

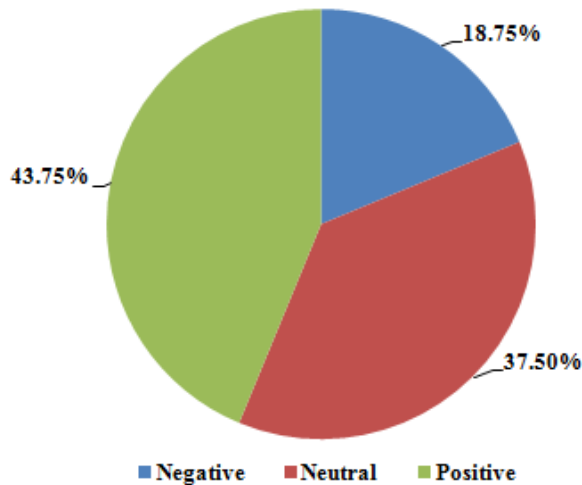


Figure No. 1: General overview of ICU nurses’ perspectives on family participation in patient care

DISCUSSION

The results of this study show that most participants were between 20 and 25 years old. This aligns with findings from Imanipour and Kiwanuka⁸, where 62% of participants were aged 22 to 30. In contrast, studies by Hagedoorn et al⁴ and Halperin et al⁹ reported an average participant age of 42. This difference may reflect a tendency in ICU staffing to favor younger nurses, especially those holding bachelor’s degrees.

When it comes to gender, the majority of participants in the study were female, making up 60% of the sample. This is in line with findings from Halperin et al⁹ and Mason et al¹⁰, and likely reflects a broader trend in which women are more likely than men to enter nursing and healthcare professions.

In terms of marital status, 56% of the participants were married, which is consistent with the findings reported by Halperin et al⁹ and Mason et al.¹⁰ Moreover, 66% of the participants held a bachelor's degree in nursing, reinforcing the observations of Mason et al¹⁰ and Luttik et al³, who highlighted that ICU nurses are generally chosen for their strong academic backgrounds and clinical expertise.

When it comes to ICU experience, the majority of nurses (80%) had fewer than five years of practice, aligning with the findings of Imanipour and Kiwanuka.⁸ This study also revealed that nurses generally held

neutral attitudes toward involving families in patient care - similar to the results reported by Cranley² and Luttik et al.³ In contrast, other research by Shibily et al¹¹, Omran et al¹² and Kleinpell et al¹³ indicated that nurses tend to have more positive views on family involvement.

The study also revealed notable links between nurses' attitudes and several demographic factors, such as age (especially among those aged 20-25), education level, years of experience (under five years), and living in urban areas ($p \leq 0.05$). Gender, on the other hand, showed no significant association. These findings align with those of Shibily et al¹¹, who similarly found no meaningful connection between gender and attitudes. However, other research, including studies by Hagedoorn et al⁴ and Shamali et al¹⁴, identified gender as a significant factor influencing nurses' perspectives. The study also found that nurses with higher levels of education tended to express more positive attitudes - a result that aligns with the findings of Luttik et al³ and Shamali et al.¹⁴ Interestingly, younger nurses (aged 20–25) were more likely to hold favorable views on family involvement in care, supporting the observations of Sampaio et al¹⁵, who reported that younger nurses often show more positive attitudes than their older counterparts. This contrasts with earlier research, which generally links older age and greater experience with more positive attitudes findings that differ from those of the current study.

CONCLUSION

Nurses generally hold a neutral attitude toward family involvement in nursing care additionally, significant differences in nurses’ attitudes were observed based on age, educational level, years of experience, and place of residence.

Author’s Contribution:

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Agreement to accountable for all aspects of work:	All the above authors

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