

**CENTRAL UNIVERSITY**  
**SCHOOL OF MEDICINE AND HEALTH SCIENCES**  
**DEPARTMENT OF NURSING**



**ATTITUDE OF NURSES TOWARDS FAMILY INVOLVEMENT IN THE CARE OF**  
**PATIENTS AT KORLE-BU TEACHING HOSPITAL**

**BY**

**COMFORT OPPONG NKANSAH    201801163**

**BENEDICTA ANSAH                    201801164**

**A PROJECT WORK SUBMITTED TO THE CENTRAL UNIVERSITY, NURSING**  
**DEPARTMENT IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR**  
**BACHELOR OF SCIENCE (BSC) DEGREE IN NURSING**

**AUGUST, 2019**

**DECLARATION**

We hereby declare this submission is our own dissertation towards the award of Bachelor of Science degree and is the result of our own original research and that no part of this has been presented for another degree in this or any other university elsewhere.

Candidate's Name: COMFORT OPPONG NKANSAH

Candidate's Signature:.....

Date:.....

Candidate's Name: BENEDICTA ANSAH

Candidate's Signature:.....

Date:.....

Supervisor's Name: EMMANUEL EDAH

Supervisor's Signature:.....

Date:.....

## **DEDICATION**

This research work is dedicated to God for seeing us through the exercise and to all Korle Bu Teaching Hospital health workers especially Nurses.

## **ACKNOWLEDGEMENTS**

We acknowledge God for making this work a reality by His infinite grace.

We are sincerely grateful to the lecturers of the Central University for their contribution and efforts towards making this work a success.

We are sincerely grateful to our supervisor, Emmanuel Edah for his immense contributions, patience, support, and advice throughout this entire process. This experience would have been far more difficult without both of your contributions.

Our thanks also go to our parents and siblings for their ongoing and continuous encouragement, support, and help in achieving our many goals. Without all of them, our aspirations and dreams would never come to fruition.

In addition, we again acknowledge all the nurses at the Korle Bu Teaching Hospital for prioritizing us and out of their busy schedules to be part of this work, but for them this work would have not materialized.

We also acknowledge the authors of the various researches we used and duly referenced in this work.

## TABLE OF CONTENTS

DECLARATION .....	i
DEDICATION .....	ii
ACKNOWLEDGEMENTS .....	iii
TABLE OF CONTENTS .....	iv
LIST OF TABLES .....	vi
LIST OF FIGURES .....	vii
ABSTRACT.....	viii
CHAPTER ONE .....	1
INTRODUCTION .....	1
1.1 BACKGROUND OF THE STUDY .....	1
1.2 PROBLEM STATEMENT .....	4
1.3 PURPOSE OF THE STUDY .....	5
1.4 RESEARCH OBJECTIVES .....	5
1.5 RESEARCH QUESTIONS.....	5
1.6 SIGNIFICANCE OF THE STUDY.....	5
1.7 OPERATIONAL DEFINITIONS.....	6
1.8 LITERATURE REVIEW .....	8
1.8.1 Family Involvement as a Resource in Nursing Care.....	9
1.8.2 Family Involvement as Burden in Nursing Care.....	11
1.8.3 Family as a decision makers and Communication.....	12
1.8.4 Nurse’s Knowledge on the Role of Patient Relatives during Care Giving .....	13
CHAPTER TWO .....	15
METHODOLOGY .....	15
2.0 INTRODUCTION .....	15
2.1 RESEARCH DESIGN .....	15
2.2 RESEARCH SETTING .....	15
2.3 TARGET POPULATION.....	16
2.4 SAMPLING METHOD AND SAMPLE SIZE .....	16
2.4.1 Sampling Technique .....	16
2.4.2 Sample Size.....	17
2.5 DATA COLLECTION TOOL.....	17
2.6 DATA COLLECTION PROCEDURE.....	17

2.7.1 Pretesting of Tool.....	18
2.8 ETHICAL CONSIDERATIONS.....	18
2.9 LIMITATIONS OF THE STUDY.....	19
CHAPTER THREE .....	20
Study Findings and Discussions .....	20
3.0 INTRODUCTION .....	20
3.2.1 Demographic Characteristics of Respondents .....	21
3.3 DISCUSSION.....	30
3.3.1 Knowledge about the roles of patient’s relatives during care giving.....	30
3.3.2 Perceived benefits in involving patient’s relative in care giving.....	30
3.3.3 Attitude of nurses regarding patients’ family involvement in care giving.....	31
3.4 CONCLUSION.....	31
3.5 RECOMMENDATIONS.....	32
REFERENCES .....	34
APPENDIX.....	44

## LIST OF TABLES

Table 3. 1 Roles Patient’s Relatives Can Play During Care Giving.....	25
Table 3. 2 Units Covered .....	26
Table 3. 3 Benefits of Involving Patient’s Relatives in Care Giving.....	27
Table 3. 4 Attitude of Nurses Towards Patients’ Family Involvement In Care Giving .....	28

## **LIST OF FIGURES**

Figure 3. 1 Gender of Respondents.....	21
Figure 3. 2 Age of Respondents.....	21
Figure 3. 3 Rank of Respondents.....	22
Figure 3. 4 Level of Education of Respondents.....	23
Figure 3. 5 Religion of Respondents.....	23
Figure 3. 6 Ethnicity of Respondents.....	24
Figure 3. 7 Key Role Family Plays in Patient Care .....	24
Figure 3. 8 Patient’s Relative Can Perform Some Nursing Duties.....	25



## **ABSTRACT**

Family members experience deep mental, physical and economic suffering during their loved ones' admission at the hospital. Research shows that communication deficits, contradictory information, and lack of support leads to anxiety and depression in family members as well as family dissatisfaction. The positive attitude of nurses towards families is fundamental in facilitating a therapeutic change leading to healing, emotional support and participate in medical decision-making for the family. The study aimed at assessing the attitudes of nurses towards the importance of family involvement in the care process. A descriptive method was adopted for this study. Purposive sampling technique was used in selecting 60 nurses in Korle Bu Teaching Hospital. A structured questionnaire was used to collect data from the respondents. Data was analyzed using Microsoft Excel software version 2013. Results showed that about 61% of nurses had extended knowledge in relative's role played in patient's care. 43% of nurses indicated that patient's family can perform few nursing duties. Majority (57%) of nurses identified at least a benefit of involving patient's relative during care giving. 93% of nurses believed patient's relative involvement helps the patient recover faster. Nurses revealed a favourable attitude towards the importance of including families in nursing care. Nurses generally showed high knowledge and a supportive attitude about the importance of involving families in nursing care.

## **CHAPTER ONE**

### **INTRODUCTION**

This chapter provides background information and an overview of the study. Problem statement, purpose of the study, research question, significance of the study and operational definitions are presented. The outline of other chapters has been included at the end of this chapter.

#### **1.1 BACKGROUND OF THE STUDY**

Family members experience deep mental, physical and economic suffering during their loved ones' admission at the hospital (Van Horn & Kautz, 2007). In many instances' family members feel uninformed and not enough involved in the care planning process until they are requested to make decisions for their loved ones (Lee, Chein & Mackenzie., 2000). Research shows that communication deficits, contradictory information, and lack of support leads to anxiety and depression (Paparrigopoulos et al., 2006; Pochard et al, 2005) in family members as well as family dissatisfaction.

Nurses have the primary responsibility in providing the care needs of the patient, as they are the frontline providers of life-sustaining care (Engström, Engström, & Uusitalo, 2011; Khosravan, Mazlom, Abdollahzade, Jamali, & Mansoorian, 2014). As well as establishing meaningful relationships with patients and their families, which they are well positioned to promote active family involvement (Smeltzer, Bare, Hinkle & Cheever, 2010). Studies have shown that family involvement is an essential part of any individual's health; thus, when a person is admitted to hospital, family participation must continue actively in improving safety, quality, achieve total care and optimum therapeutic surroundings (Knutsson, Enskär & Golsäter , 2017; Engström,

Engström, & Uusitalo, 2011; Oliveira, et al., 2011). Family involvement in patient care have been shown to lessen the family sufferings, strengthen family bonds and be an opportunity to develop a closer more constructive relationship with the patient and family members (Engström, Engström, & Uusitalo, 2011; Oliveira, et al., 2011). Studies have also shown that family members who participant in the care process of their hospitalised relatives revealed that they are able to ask more questions about their conditions to clear doubts, have easier access to information, can take part in the decision-making process, are well-informed, and provide them with some satisfaction and emotional re-assurance (Aronson, Yau, Helfaer, & Morrison, 2009; Boztepe, & Kerimoğlu, 2017; Cameron, Schleien & Morris, 2009).

Empirical studies have established that nurses consider families involvement in patient treatment as a resource in the care process based on collaborative principles, highlighting the importance of establishing a good relationship (Boztepe, & Kerimoğlu 2017; Fernandes, Gomes, Martins, Gomes & Gonçalves, 2015). The positive attitude of nurses towards families is fundamental in facilitating a therapeutic change leading to healing, emotional support and participate in medical decision-making for the family (Sveinbjarnadottir, Svavarsdottir & Saveman, 2011). A study among Portuguese nurses revealed that most of the participants held a positive attitude towards the family and consider their involvement as important in the caring process of their relatives (Oliveira, et al., 2011).

Similar study to evaluate the attitudes of nurses in different hospital settings about the importance of including the family in nursing care established that the nurses maintain a favourable attitude towards the importance of including families in nursing care (Fernandes, et al., 2015). Also, a North American study confirmed that nurse consider family involvement as essential, comforting to patients and believe that, if desired, family members should be allowed to participate

in giving simple hands-on care activities (Fisher et al. 2008). A qualitative study among Turkish paediatric nurses revealed that they should empathize with the family and understand parents' and children's feelings about hospitalization (Boztepe, & Kerimoğlu 2017). While a comparative European study revealed that more experienced nurses were more likely to value the care of the family than the younger and inexperienced nurses were (Benzein et al., 2008).

On the contrary, studies have established that nurses have expressed concerns regarding potential negative effects of family involvement in patient care process (Bauer, 2006; Paladelis, Cruickshank, Wainohu, Winskill & Stevens, 2005). Their priority and focus are to the care of the patient, which often leads to ethical challenges of confidentiality regarding family members and patient (Benzein et al., 2008). This challenge among nurses can produce a feeling of overburden and makes them feel that they are exacerbating stress and anxiety for involving patient family members (Boztepe, & Kerimoğlu 2017). They also identified risks to patient and family members' safety which can be a challenge for the nurse in providing more comprehensive level of care. A qualitative research among Australian paediatric nurses found that staff shortages, heavy workloads, and time constraints impacted on their ability to give sufficient time to each family or get them involved in the care of their hospitalised children (Cruickshank, Wainohu, Stevens, Winskill, & Paliadelis, 2005). Among paediatric nurses from Turkey stated that parents seeing their children in critical medical condition is not good for their mental health, become anxious and begins to question their care activities and treatment of which they are afraid of being unable to manage their parent's overreactions (Boztepe, & Kerimoğlu 2017).

Attitudes towards the importance of families' involvement in the care process of patients have previously been studied in various context specific settings and populations especially in western societies as limited or no studies are published in sub Saharan Africa. The findings will

be used to develop clinical practice guidelines for nurses' educational needs, improve the health care delivery system and compassionate care in Ghana.

## **1.2 PROBLEM STATEMENT**

Being admitted to the hospital is a traumatic event for both patient and family. That is why there is the need to involve their families to allay fear and anxiety, decrease their pain and to have adequate information about their condition and the progression of their health. Studies shown that nurses are more likely to involve patient family in the care process when there is a strong patient and family engagement culture, available family resources and a healthy professional practice environment (Boztepe, & Kerimoğlu 2017, Rippen Zimring, Samuels & Denham, 2015).

These studies show overall supportive attitudes toward the importance of families' involvement in nursing care in Ghana. Thus, evidence has shown that family involvement in the administering of care and treatment produces positive benefits, including nurses', patients' and family's satisfaction.

Additionally, Ghana is a diverse and multi-cultural society where nurses are seen as caring professionals who need to be skilled and knowledgeable in all aspects of nursing in order to provide quality patient care. That is why this study aims to explore nurses' attitudes towards patient family involvement; identify if the nurses consider patient family involvement as a burden or a barrier to the care process. . Therefore, this study explores and describes the nurses' attitudes and whether they consider patient family involvement as a burden and barrier to the care process.

### **1.3 PURPOSE OF THE STUDY**

The purpose of the study is to evaluate the attitudes of nurses towards the importance of family involvement in the care process.

### **1.4 RESEARCH OBJECTIVES**

1. Assess nurses' knowledge on the roles of patient's relatives during care giving.
2. Examine nurses' perceived benefits in involving patient's relative in care giving
3. Find out the attitude of nurses regarding patients' family involvement in care giving

### **1.5 RESEARCH QUESTIONS**

The research sought to answer the following research questions:

1. What knowledge do nurses have on the roles of patient's relatives during care giving?
2. What are the nurses' perceived benefits in involving patient's relative in care giving?
3. What is the attitude of nurses regarding patients' family involvement in care giving?

### **1.6 SIGNIFICANCE OF THE STUDY**

According to Benzein, Johansson, and Saveman, (2004) patient family needs to be involved in the efficient delivering and administration of health care. The researcher believes that the findings and recommendations from the current study will be helpful to enhance good and friendly nursing care practices for the patient and family, which in turn will promote holistic nursing care and therapeutic environment. Therefore, first, findings from this study will contribute to the improvement of effective communication between the patient, their family and nurses in attempt

to created opportunities to improve information sharing between these groups. According to Mackie, Mitchell, and Marshall, (2018) information sharing will be an effective tool to promote patient and family participation in patient care and decision-making.

Second, the findings obtained from this study will contribute to the better understanding of how nurses regard their role in achieving positive patient experiences. According to Oliveira, et al., (2011), improving patient and family experience through welcomed and facilitated contribution to the care of a loved one will enhance health administration.

Third, results from this study will contribute to the basic and post basic training of nurses about patient family involvement. It can be included in their curriculum and this will allow the nurses to be flexible and diverse in their care, thus, promoting holistic nursing and therapeutic environment according to Smeltzer, et al. (2010).

Finally, this study will explore and describe nurses' attitudes towards patient family involvement in Korle-bu teaching hospital. Therefore, results from this scientific study will contribute to the knowledge of helping nurses to provide quality patient care that is more dignified and caring. The researchers believe that the findings from the current study will be helpful in developing policies, strategies and guidelines to enhance good nursing care practices for the patient and family, which in turn will promote effective and efficient nursing care. According to de Beer and Moleki (2012) orientation to such policies can guide nurses' knowledge, perceptions and attitudes towards family involvement in the care process.

## **1.7 OPERATIONAL DEFINITIONS**

- **Attitude**

Attitudes are favourable or unfavourable tendencies related to objects, people and events or in relation to some of our qualities and are composed of three components: a cognitive component (thoughts and beliefs), an affective component (feelings and emotions) and a behavioural component (tendencies to react) (Oliveira, et al., 2011). They often the result of experience and they can have a powerful influence on behaviour. Positive attitude and demeanour by nurses can increase the consistency of high performance and guarantee patient satisfaction.

- **Family**

Family” as “a group of individuals with a continuing legal, genetic and/or emotional relationship” (American Academy of Family Physicians, 2009). For the purpose of this study, family members are those involved in care, care planning, and decision-making. To the patient the presence of family constitutes an important source of psychological stability, comfort as well as a source of support for better recovery, (American Academy of Family Physicians, 2009; Bellou & Gerogianni,2007). They can satisfy basic needs of the patient in the hospital largely and acts buffer for patient anxiety (Al-Mutair, Plummer, O’Brien, & Clerehan, 2012). According to Al-Mutair et al., (2012) involving family members in routine daily living activities such as feeding the patient, helping with bathing, linen change, providing pressure and back care and turning the patient. Successful family involvement relies on meaningful collaboration among nurses for optimal health of the patient.

- **Nurse**

For the purpose of the study, a nurse is an individual that has completed their training and education in Ghana, practice under the scope of the health professions regulatory bodies act, 2013 (Act 857).



The nurses are responsible for “the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response” (American Nurses Association, 2015). The nurses need ethical knowledge to conduct their appropriate function to manage situations and to give safe and proper legal and ethical care. (Shahriari, Mohammadi, Abbaszadeh, & Bahrami, 2013).

- **Care**

Care is vitally important in nursing (Gray, 2008). Caring as an interpersonal process considered by expert nursing, interpersonal sensitivity and intimate relationships. Nursing involves both technical or medical aspects and emotional aspects of care. According to Brilowski and Wendler (2005) view emotional and technical aspects to caring, listing attributes to caring as attitudes, actions, relationships, acceptance and variability.

## **1.8 LITERATURE REVIEW**

Nurses in almost all health care contexts meet patient families in their everyday work. Their attitude towards involving them is vitally essential in the treatment and administration of healthcare. The attitude and demeanor of nurses involving them in the process of care significantly affect patients. A nurse is a caregiver, and the positive attitude you portray is infectious when it comes to patients and their families. The patient will feel they are getting compassionate care from an individual who has their best interest in mind. Previous studies about nurses’ attitudes about families consider them as a resource (Benzein, et al., 2004) and can produce a feeling of burden, which either can be a constraining belief for the nurse or can challenge the nurse to provide a more comprehensive level of care (Clarke 2000).

### **1.8.1 Family Involvement as a Resource in Nursing Care.**

Patient and family involvement in care process are considered as active partnerships among health care providers. Research about nurses' attitudes toward the significance of patient families' involvement have previously been studied in various context-specific settings such as paediatric care (Jansson et al., 2001), and, surgical and psychiatric care (Sveinbjarnadotti et al., 2011) and, critical and emergency care (Fulbrook, Albarran, & Latour, 2005), general nursing care (Fisher et al, 2008) and, the nursing students (Saveman, et al., 2005) and, primary health care (Wright, 2002), or community care (Weman, Kihlgren, & Fagerberg, 2003) and, outpatient care (Benzein, Johansson, & Saveman, 2004), lastly, cardiovascular care (Luttik et al., 2016). The findings from these studies show overall supportive attitudes and as a resource toward the importance of families' involvement in nursing care and a part of their work and emphasized that it is significant to establish a good relationship with families. Study among Swedish nurses in primary child health care reported that creating trust, creating a supportive climate, and creating a picture of the family's life situation were crucial for the good relationship between nurses and families (Jansson et al., 2001).

A survey into the experiences and attitudes of European critical care nurses reported that they supported the presence of families during resuscitation situations (Fulbrook, Albarran , & Latour, 2005) and Swedish nurses in psychiatric care revealed that family members were welcome to visit their sick family member, but preferred to care for the patient themselves (Sjöblom, Pejlert, & Asplund, 2005). Whiles a study among Finnish nurses in both hospital and outpatient settings considered patient family involvement in care process vitally essential when organizing continued treatment and establishing a holistic view of the care (Åstedt-Kurki, Paavilainen, Tammentie, & Paunonen-Ilmonen, 2001). However, a study to explore the attitudes of European cardiovascular

nurses towards family involvement in care were found to be positive and important (Luttik, 2017) and similar study conducted among Swedish registered nurses found that they were supportive of towards families' involvement of patient with heart failure (Gusdal, Josefsson, Thors Adolfsson, & Martin, 2017).

Furthermore, a national sample of critical care nurses in the United States to examine involvement of family caregivers in the care of critically ill patients shown that nurses had a positive attitude towards patient family members and do not view their engagement as a hindrance to their clinical performance (Hetland, Hickman McAndrew, & Daly, 2017). Similarly, Saudi Arabian nurses had positive attitude towards family involvement during resuscitation or other invasive procedures concerning their loved ones in intensive care unit (Al Mutair, Plummer, Paul O'Brien, & Clerehan, 2014). While a study among South American nurses working in paediatric and maternal-child unit shown supportive attitude regarding the importance of involving families in the care process were shown among North American (Angelo et al., 2014). They are of the opinion that when it comes to child hospitalization, the involvement of parents in care is an important indicator of quality of care given (Angelo et al., 2014).

On the contrary, empirical evidence shows that some nurses attitudes are less supportive or they act with inhibiting behaviours towards families because they sometimes feel controlled by them, for example, they may ask family members to leave the bedside of the patient during procedures or nursing activities (Benzein et al., 2008). For instance, a study of British nurse in the intensive care unit found that the desire to protect and shield the patient from increased risk restricted both adult family members and children's access to the unit (Clarke, 2000). Similarly, families were not invited to participate in the care of patients in intensive care among Swedish

nurses (Söderström, Benzein, Saveman, 2003). The nurses are of the opinion that the patient requires their medical and technical care which is vitally essential than involving the patient family which will take much time from their duty. Ryan and Scullion (2000) found that Irish nurses working in nursing homes were reluctant to trust family carers, especially in situations where care involved an element of risk. Among Finnish nurses working in nursing homes revealed that patient family lack the required skills and understanding to take good care of their loved ones on admission (Hertzberg et al., 2003).

### **1.8.2 Family Involvement as Burden in Nursing Care**

Nurses have expressed concerns that complicate or serve as barrier to their interaction with patient families in the care process. They are of the opinion that family involvement could create a burden and source of anxiety for the patient and the nurse. According to Oliveira et al., (2011), nurses reported several factors that they consider families as a burden, for example, *“the presence of family members holds me back in my work, I don’t have time to take care of families, the presence of family members makes me feel that they are checking up on me, the presence of family members makes me feel stressed overlap the beliefs.”* Whiles among Finnish nurses stated that perceived stressful work situation, and their belief that presence of patient families complicated the work (Åstedt-Kurki et al., 2001). Angelo et al. (2014) reported that nurses do not have time to care for families and that they become are barrier during procedures or nursing activities.

A study among nurses working in intensive care unit revealed that poor staffing, inadequate time to involve families and a lack of perceived support from colleagues and unit leaders, were source of major barriers to involving patient families (Hetland et al., 2017). A study among Australian critical care nurses established that loud and aggressive relatives creates stress and

patients right to privacy are the barriers restricting family involvement (McConnell, & Moroney, 2015). Also studies to explore family presence among critical care nurses from Turkey (Badir & Sepit 2007), Germany (Koberich et al. 2010) and Saudi Arabia (Al-Mutair et al. 2012) revealed that family members if present becomes a barrier during the resuscitation suggesting that family members witnessing resuscitation was a traumatic and stressful experience. Wright & Leahey (2009) found that nurses view themselves as too busy to involve patient family members and on the conviction that the family negatively influences their work. Another study revealed that concerns about emotional wellbeing and mental state of patient family members was found to be a barrier in their involvement in the health care process (Duran, Oman, Abel, Koziel, & Szymanski, 2007). Similarly, Boztepe, & Kerimoğlu (2017) found that during painful or invasive procedures such as cardio resuscitation nurses working in family-centered care stated that family should not stay with the patient or see them dying or their death because it is not good for their mental health.

Benzein et al. (2008) and Agard & Maindal (2009), established that more experienced nurses are more likely to value the patient family involvement than younger and inexperienced nurses.

### **1.8.3 Family as a decision makers and Communication**

The nurses regard the family as an important source of information as they have critical role to play in sharing relevant information regarding patient's wishes or values (Roger, & Sadek, 2016). The patient does not have decision-making capabilities because of their ailing health or the effect of treatments. Families have access to knowledge that could improve the patient's care and could make decision on their behalf. A systematic review of 124 studies to evaluate processes that shape patient and family involvement established that decision making about the health of their loved, effective communication and assurance needs about the health status of the patient contribute to effective care (Olding, et al., 2015). Effective communication with patient family

members was found to be associated with decreased length of stay, family satisfaction improvement and psychological wellbeing (Roger, & Sadek, 2016). Whiles, Hetland et al (2017), established that nurses' decision to allow families involvement to assist to assist in patient care could help with symptom assessment and improve patient safety, decision-making, and overall quality of care as well as improve families' levels of stress, anxiety, and fear.

On the contrary, a study to evaluate family satisfaction with critical care found that patient families felt uninformed and not enough involved in clinical decision making and day-to-day care of their loved ones (Heyland et al., 2002). Also, a study among psychiatry nurses from Sweden consider communication with the family as a burden.

#### **1.8.4 Nurse's Knowledge on the Role of Patient Relatives during Care Giving**

Nurses understanding of the role and involvement of relatives in patient care contribute to an increase in positive interactions between patients, relatives and nurses and also enhance safety in hospital environments (Kirk, Glendinning, & Callery, 2005). However, nurse oftentimes feel patient family are untrained to provide care, they have limited or inadequate knowledge to deliver proper care, and they sometimes offer little or no guidance to the patient family (McConnell & Moroney, 2015)

A study to assess the role relatives play in the care of patients in medical settings in Australia and Saudi Arabia established that lack of structure or guidelines and the organisational objectives that encourage partnerships with patients and their relatives was unclear, and this created confusion and misunderstanding for nurses to involve patient family (Alshahrani, Magarey, & Kitson, 2018). A qualitative study to explored paediatric nurses' perceptions of how they include and involve parents in the care of hospitalised children found that lack of knowledge,

guidance and poor communication among nurses on involving patient family members in the care process as a major challenge (Paliadelis et al., [2005](#)). Another study found that nurses' knowledge on patient family involvement in the care process was limited because they did not trust the families and claimed that families had little or no say regarding the care of the patient, as this was a task for the nursing staff (Ryan & Scullion, 2000)

## **CHAPTER TWO**

### **METHODOLOGY**

#### **2.0 INTRODUCTION**

This research study explores and describes attitudes of nurses towards family Involvement in the care of patients. Discussion of the methodology and research design will be presented in this chapter. The chapter will also focus on the research setting, study population, sampling process, data collection, data analysis and ethical consideration.

#### **2.1 RESEARCH DESIGN**

The research design is the general plan of how to be able to answer the research questions. This includes specifying the sources from which data will be collected, how one intends to collect and analyse these, as well as identifying possible constraints such as access to data, time and location (Saunders, Lewis & Thornhill, 2012).

The study employs quantitative cross sectional approach which considers numerical data and statistical analysis. Quantitative method is used to describe new phenomena. The quantitative designs mainly used in nursing research are experimental, quasi- experimental and survey. The questionnaire survey used in this research is designed to obtain data from representative sample of nursing practitioners. It is appropriate for descriptive studies. It helps to produce reliable and meaningful results that can be compared. (Moule & Goodman, 2009).

#### **2.2 RESEARCH SETTING**

The study was conducted in the Korle bu Teaching Hospital located in Accra. Korle-Bu Teaching Hospital (KBTH) is the premier health-care facility in [Ghana](#) established in October 9, 1923. It is



the only public [tertiary hospital](#) in the southern part of the country. It is a [teaching hospital](#) affiliated with the medical school of the [University of Ghana](#). The Hospital has 2,000 beds and 17 clinical and diagnostic Departments/Units. It has an average daily attendance of 1,500 patients and about 250 patient admissions. Clinical and diagnostic departments of the Hospital include Medicine, Child Health, Obstetrics and Gynaecology, Pathology, Laboratories, Radiology, Anaesthesia, Surgery, Polyclinic, Accident Centre and the Surgical/Medical Emergency as well as Pharmacy. Other Departments includes, Pharmacy, Finance, Engineering, General Administration.

## **2.3 TARGET POPULATION**

The study targeted nurses in Korle Bu Teaching Hospital.

### **2.3.1 Inclusion criteria**

- Nurses working at the wards.

### **2.3.2 Exclusion criteria**

- Nurses not working at the wards.

## **2.4 SAMPLING METHOD AND SAMPLE SIZE**

### **2.4.1 Sampling Technique**

Sampling is the process of obtaining the specific subjects from the specific population in order to represent that population. Non probability purposive sampling was used in this study. This is because the complete population cannot be accessed at one particular point in time. However, the researchers adhered to the inclusion criteria and ensured that data was collected from all the nursing units in the medical department of KBTH.

### **2.4.2 Sample Size**

The researcher adopted purposive sampling technique in gathering data. A sample size of 60 from a total population of 100 was chosen. The subjects were selected from the raw sample frame irrespective of their ranks, age, and sex following no order. It was perceived that not all of the respondent in the sample size might voluntarily participate in the study.

### **2.5 DATA COLLECTION TOOL**

A structured questionnaire was developed and used for data collection. The questionnaire was divided into four section A to D. Section A contains the demographic characteristics of respondents, B contains nurses' knowledge on the roles of patient's relatives during care giving, C comprises of nurses' perceived benefits in involving patient's relative in care giving and D attitude of nurses regarding patients' family involvement in care giving.

### **2.6 DATA COLLECTION PROCEDURE**

The quality of data collected must be mindful of when undertaking a research since it's a critical aspect of the study which ensures accuracy of the data. The researcher employed both interview-administered and self-administered questionnaire for the data collection. The questionnaire composed of close ended questions. Questionnaires were filled through an interviewer who asked the questions enshrined within the questionnaire to the respondents. However, most of the respondent preferred to fill the questionnaires themselves. The researcher ensured that the right amount of time was used to collect the data from each respondent.

### **2.7 VALIDITY AND RELIABILITY OF THE STUDY**

The accuracy and consistency of survey/questionnaire forms a significant aspect of research methodology which are known as validity and reliability (Hamed, 2016). Reliability concerns the

extent to which a measurement of a phenomenon provides stable and consistent result (Carmines and Zeller, 1979). Validity explains how well the collected data covers the actual area of investigation (Ghauri and Gronhaug, 2005). A content validity was employed where by experts in the field of research were consulted to reassess the various variables contained by the questionnaire to ensure a good and accurate measure for which the study is being undertaken. Based on judgement made by the experts, the tool stands.

### **2.7.1 Pretesting of Tool**

Pre-testing of questionnaires is an essential step in the survey development process. The need to pretest a questionnaire provides the most direct evidence for the validity and reliability of the questionnaire data. A sample of 10 respondents from the target population was selected and the questionnaire was administered to them for responses. In the course of the pretesting, the ability of the questionnaire to meet the stated objectives was evaluated as well as the ability of a respondent to understand and interpret the questions in a way in which the research intended. Pretesting outcome indicated questionnaire is fit for the purpose of the study.

## **2.8 ETHICAL CONSIDERATIONS**

The Ghana health service reviewed and ethically approved the study procedures and measures, and permission to conduct the study at Korle Bu Teaching Hospital. The researchers together administered self-administered questionnaires. The nurses were duly informed the purpose of the research, the study procedures, risk involved and benefits of the study. The informed consent emphasized that the participation in the study was voluntary all response to the questionnaire would remain confidential. The student consented their willingness to participate in the study.

## **2.9 LIMITATIONS OF THE STUDY**

We had small sample which may not be representative enough in a rarely studied context. Participants of the study were only nurses, employing other stakeholders such as family members and patients in order to get their experiences on the involvement of care process in-depth understanding of the phenomenon studied as family members and patients.

## **CHAPTER THREE**

### **STUDY FINDINGS AND DISCUSSIONS**

#### **3.0 INTRODUCTION**

This chapter covers the analysis of data collected from respondents. It analyses the data from the respondents regarding the attitude of nurses regarding family involvement in the care of patients at the Korle-Bu Teaching Hospital. The data was coded and entered into Microsoft excel for the analysis of the data. The results were presented below in the form of Tables, Pie charts, Bar charts and Histograms. Descriptive statistics was used to present the demographic characteristics of respondents.

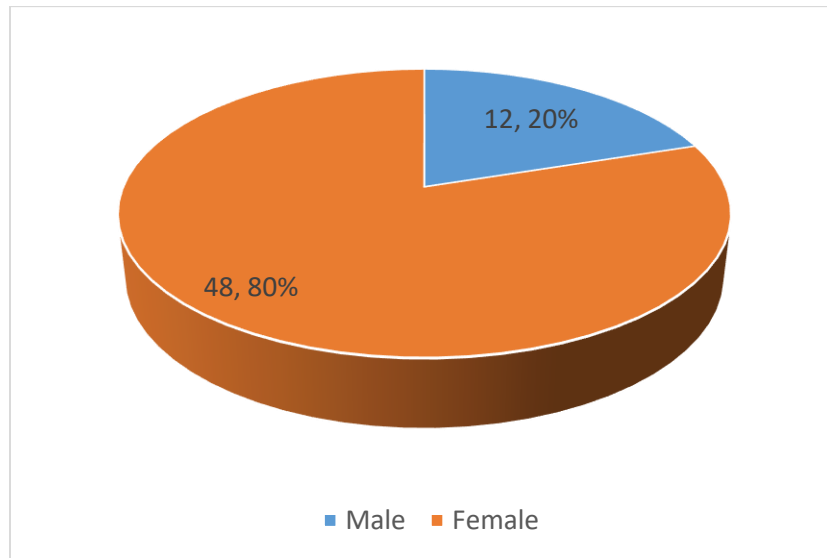
#### **3.1 APPROACH TO DATA ANALYSIS**

Data analysis was based on the stated objects of the research work. Demographical characteristics of the respondents were firstly described followed by analysis under each object as the research intends to ascertain.

## 3.2 FINDINGS

### 3.2.1 Demographic Characteristics of Respondents

**Figure 3. 1 Gender of Respondents**



As shown in figure 1 above, most of the respondents 48 (80%) were females and 12 (20%) were males.

**Figure 3. 2 Age of Respondents**

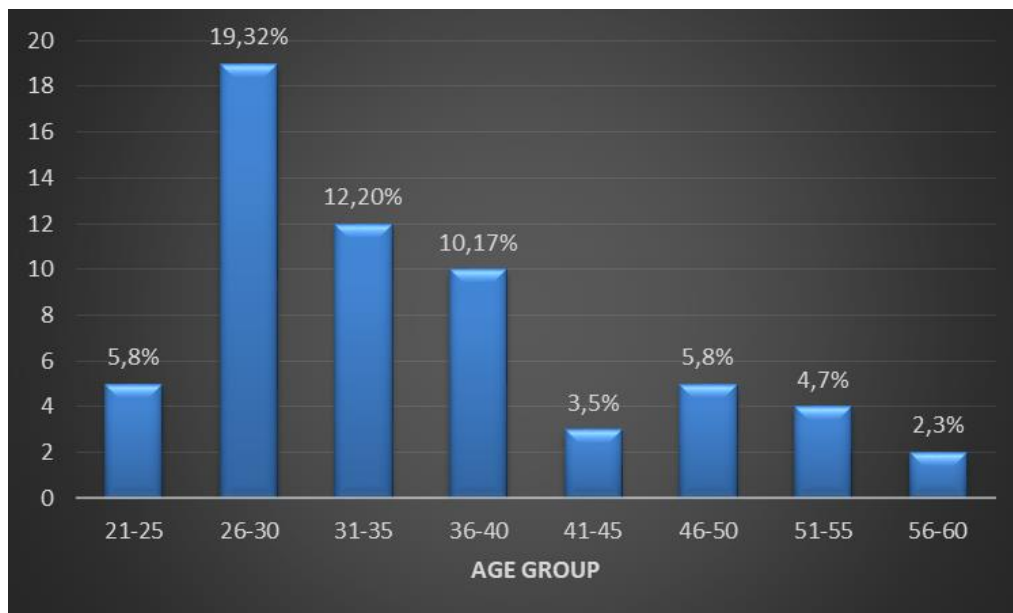
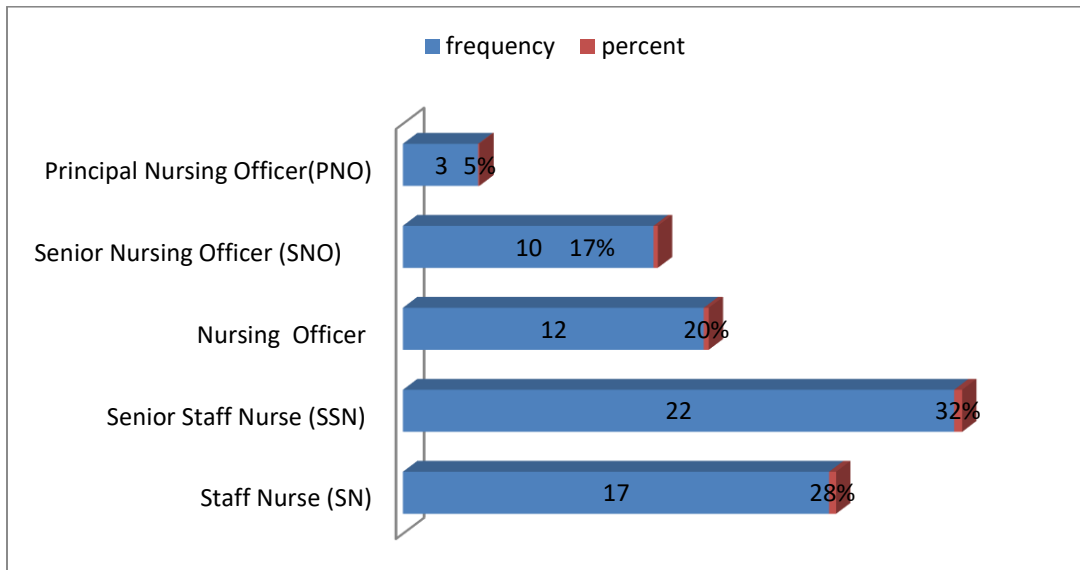


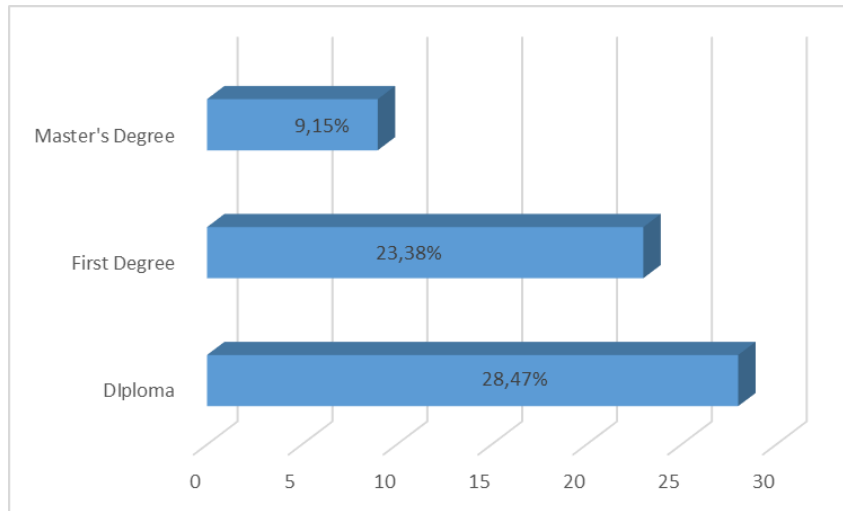
Figure 3.2 depicts the age distribution of the respondents, 5(8%) were 21-25 years, 19(32%) were 26-30years, 12(20%) were 31-35years, 10(17%) were 36-40years, 3(5%) were 41-45 years, 58 were 46-50 years, 4(7%) were 51-55 years and 2(3%) were 56- 55 years

**Figure 3. 3 Rank of Respondents**



The above bar graph indicates the respective ranks of respondents. 17(28%) were staff nurses, 22(32%) were senior staff nurses, 12(20%) were nursing officers, 10(17%) were Senior Nursing Officers and 3(5%) were Principal Nursing Officer.

**Figure 3. 4 Level of Education of Respondents**



The above chart (Figure 3.4), the level of education of respondents were 28(47%) of diploma nurses, 23(38%) of first degree nurses and 9(15%) of master's degree nurses.

**Figure 3. 5 Religion of Respondents**

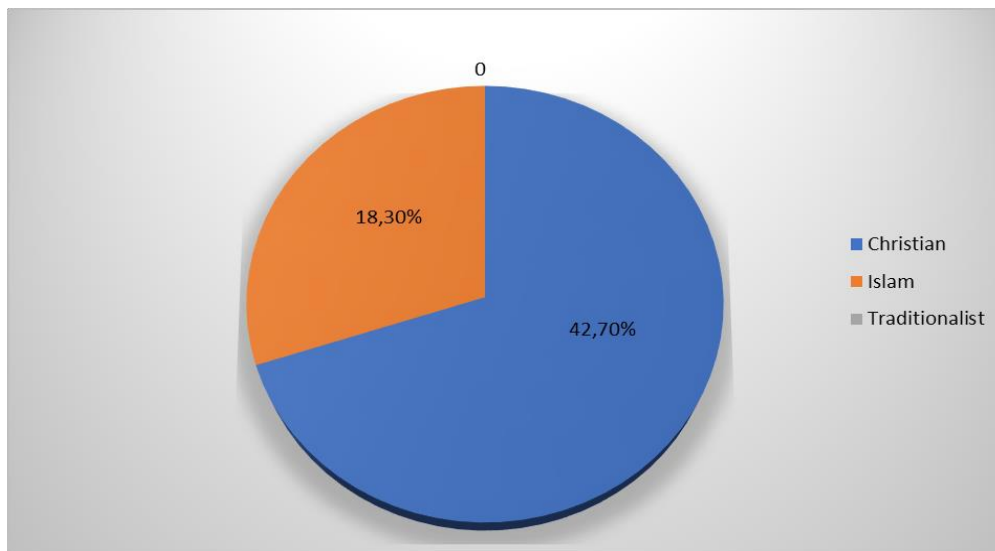
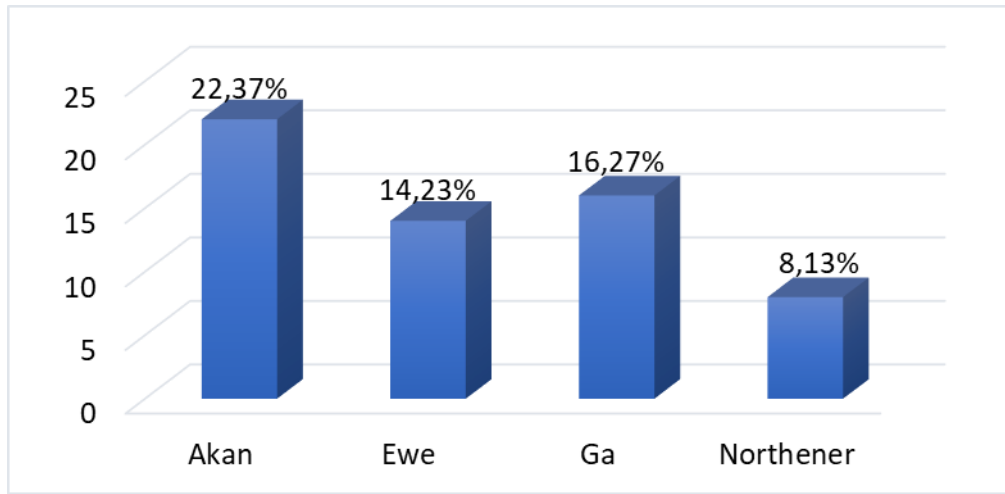


Figure 3.5 depicts a pie chart that shows the various religious affiliation of the respondents. Majority of respondents (42; 70%) were Christians and 12(30%) were Muslims.



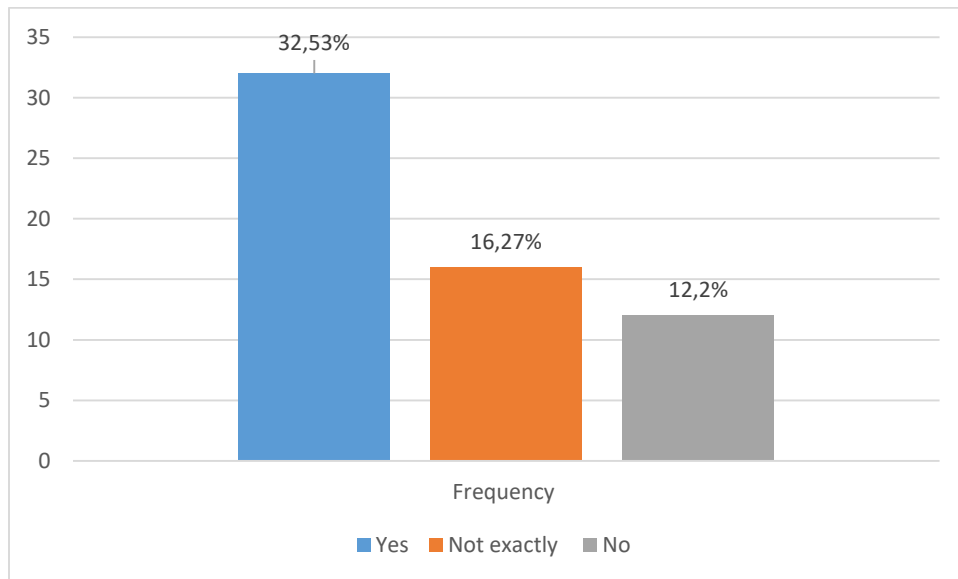
**Figure 3. 6 Ethnicity of Respondents**



The above column chart (Figure 3.6) accounts for the ethnicity of respondents. 22 respondents which represents 37% of the total respondents were Akans, 14(23%) were Ewes, 16(27%) were Gas and 8(13%) which was the least were Northerners.

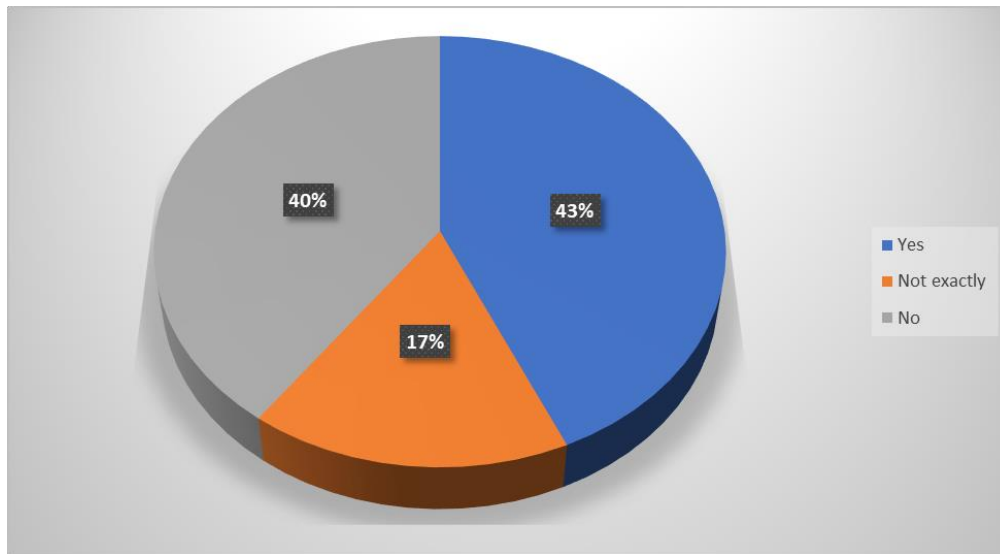
**SECTION B: NURSES' KNOWLEDGE ON THE ROLES OF PATIENT'S RELATIVES DURING CARE GIVING**

**Figure 3. 7 Key Role Family Plays in Patient Care**



As shown in the figure 3.7 above, Out of the total of 60 respondents, 32(53%) had their families playing key roles in their care whereas 16(27%) of them could not really attest to their relatives assisting in the care of patient.

**Figure 3. 8 Patient’s Relative Can Perform Some Nursing Duties**



As shown in the figure 3.8 above, 43% of nurses believed patient’s family can perform nursing duties, 40% of the respondents could not really attest to that. 17% indicated that families cannot perform nursing duties during patient care.

**Table 3. 1 Roles Patient’s Relatives Can Play During Care Giving**

No.	Statements	Frequency	Percent
1	Keep patient company	42	70%
2	Relieve their anxieties through conversations	36	60%
3	Patients open up more when relatives are around	30	50%
4	Can feed patient	45	75%
5	Patients request relatives to change their soiled linen	24	40%
6	Relatives can provide information	15	25%
7	Can assist in bathing the patient and grooming	42	70%
8	Assist in mobilizing patients	28	47%

9	Buy drugs for patients	54	90%
10	Taking patients to do laboratory and radiological investigations	48	80%

Table 3.1 shows the responses of respondent on the roles of patient’s relatives during care giving. 54(90%) of respondents reported that they buy drugs for patients, 48(80%) of respondents reported they take patients to do laboratory and radiological investigations, 45(75%) reported they can feed patient, 42(70%) of the respondents reported they can assist in bathing and grooming of patient, 42(70%) of the respondents reported that they keep patients company, 36(60%) of the respondents reported that they relieve patients anxiety through conversations, 30(50%) of the respondents reported that patients open up more when relatives are around, 28(47%) of the respondents reported that they assist in mobilizing patients, 24(40%) of the respondents reported that patients request them to change their soiled linen and 15(25%) of the respondents reported that they can provide information.

**Table 3. 2 Units Covered**

<b>NO</b>	<b>UNITS</b>	<b>FREQUENCY</b>	<b>PERCENT</b>
1	Surgical	21	35%
2	Medical	16	27%
3	Pediatric	3	5%
4	Maternity	8	13%
5	Accidents and Emergency	12	20%

Table 3.2 shows the responses of respondents on units where they thought patient’s relative involvement will be required. 21(35%) which makes majority of respondents chose surgical,

16(27%) of the respondents chose Medical, 12(20%) of the respondents chose Accident and Emergency, 8(13%) of the respondents chose Maternity, 3(5%) of the respondents chose Pediatric.

**SECTION C: NURSES’ PERCEIVED BENEFITS IN INVOLVING PATIENT’S RELATIVE IN CARE GIVING**

**Table 3. 3 Benefits of Involving Patient’s Relatives in Care Giving**

No.	Statement	Frequency	Percent
1	It helps patient to recover faster	56	93%
2	Nurses can attend to other patients	32	53%
3	They reduce workload of nurses	50	83%
4	Nurses know more about patients’ condition	13	22%
5	It foster good therapeutic nurse-patient relationship	20	33%

Table 3.3 shows the responses of respondents on some benefits of involving patient’s relatives in care giving. Majority of respondents which is 56(93%) reported it helps patients recover faster, 50(83%) of respondents reported that they reduce workload of the patient, 32(53%) of respondents reported that nurses can attend to other patients, 20(33%) of respondents reported that it foster good therapeutic nurse-patient relationship and lastly 13(22%) of respondents reported it helps nurses know more about patient’s condition.

**SECTION D: ATTITUDE OF NURSES REGARDING PATIENTS' FAMILY INVOLVEMENT IN CARE GIVING**

Indicate the extent to which you agree with the statements below. SA= Strongly Agree, A = Agree; D = Disagree and SD = Strongly Disagree

**Table 3. 4 Attitude of Nurses towards Patients' Family Involvement In Care Giving**

No.	Statement	SA	A	D	SD
1	Without patient's relative, nurses cannot perform their functions	2(3%)	4(7%)	14(23%)	40(67%)
2	Involvement of patient's relative during care giving hinders nurses care	23(38%)	7(12%)	12(20%)	18(30%)
3	Patient's relatives interfere with nursing care	16(27%)	5(8%)	17(28%)	22(32%)
4	A good relationship with family members gives me job satisfaction	29(48%)	18(30%)	6(10%)	7(12%)
5	Family members should be invited to take an active part in the patient's care	6(10%)	14(23%)	12(20%)	28(47%)
6	The presence of family members is important to me as a nurse	42(70%)	9(15%)	7(12%)	2(3%)
7	The presence of family members gives me a feeling of security	8(13%)	7(12%)	15(25%)	30(50%)
8	The presence of the family members is important for the family members themselves	25(42%)	16(27%)	9(15%)	10(17)

Table 3.4 shows the extent to which respondents agree with the statements. Under the statement without patient's relatives, nurses cannot perform their functions, 40(67%) of the respondents reported chose Strongly Disagree, 14(23%) of the respondents chose Disagree, 4(7%) of the respondents chose Agree and 2(3%) of the respondents chose Strongly Agree. Under the statement "the involvement of patient's relative during care giving hinders nurses care", 23(38%) Strongly Agreed, 18(30%) of the respondents Strongly Disagreed, 12(20%) of the respondents Disagreed and 7(12%) of the respondents Agreed. 22(32%) of respondents chose strongly Disagree, 17(28%) of the respondents chose Disagree, 16(27%) of the respondents chose Strongly Agree and 5(8%) of the respondents chose Strongly Agree to the statement "patient's relatives interfere with nursing care. For the statement "A good relationship with family members gives me job satisfaction", 29(48%) of the respondents chose Strongly Agree, 18(30%) of the respondents chose Agree, 7(12%) chose Strongly Disagree and 6(10%) chose Disagree. For point 5 of table 3.4, which is family members should be invited to take an active part in the patient's care, 28(47%) of the respondents went for Strongly Disagree, 14(23%) of respondents went for Strongly Agree, 12(20%) of the respondents went for Disagree and 6(10%) of the respondent went for agree. For the statement 'The presence of the family members is important to me as a nurse', 42(70%) of the respondents chose Strongly Agree, 9(15%) of respondents chose Agree, 7(12%) of respondents chose Strongly Disagree whereas 2(3%) of respondents chose Strongly Disagree. 30(50%) of the respondents Strongly Disagreed, 15(25%) Disagreed, 8(13%) Strongly Agreed, and 7(12%) agreed to the statement 'The presence of family members gives me security'. For point 8 of table 4 which says the presence of the family member is important for the family members themselves, 25(42%) of the respondents chose 25(42%), 16(27%) of the respondents chose Strongly Agree, 9(15%) of the respondents chose Disagree and the least 10(17%) of respondents chose Strongly Disagree.

### **3.3 DISCUSSION**

#### **3.3.1 Knowledge about the roles of patient's relatives during care giving.**

Nurses were well knowledgeable about the roles of relatives during patient's care giving. Buying drugs for the patient (90%) was most frequently identified by nurses. This is consistent with a study conducted in Greece which indicated that nurses most frequently identified buying of drugs to patients as role of the patient's relative (Bellou, 2014). This study also indicated that less than half of respondents (25%) believed providing patient's information was role of the relative. This is in converse link with a study in Portugal by Fernandes et al (2015) revealing that more than 50% of health workers believed provision of patient's information by relatives was a role. About 61% of nurses were knowledgeable about the roles of the patient's relative. This is consistent with a study in Greece by Bellou (2014) where more than half of respondents were knowledgeable in the roles of a patient's relative. Knowledge about the roles of patient's relative was generally high among nurses.

#### **3.3.2 Perceived benefits in involving patient's relative in care giving.**

Nurses identified variety of benefits that emanates from the involvement of patient's relatives in care giving. The study indicated that about 96% of nurses believe that involvement of patient relatives helps patients to recover faster. This is consistent with a study in Saudi Arabia revealing that about 58% of health care providers believed there is positive impact on patient's treatment progress when there is the involvement of family members (Al-Murtair et al, 2014). This also sides with a study by Bauer et al (2010) which revealed that health care is improved if family inclusion and education, communication between nurses and family and support are addressed. The study also observed nurses also identified benefits such as being able to attend to other patients, reducing workload on nurses. This is in line with a study conducted by Bhalla et al (2014) in India which

indicates that family members are able to attend to some peculiar needs of the patient such as changing position and helping for back care, cleaning and dressing the patient, administering oral medication. This gives the care provider (nurse) the space to attend to other patients.

### **3.3.3 Attitude of nurses regarding patients' family involvement in care giving**

The findings suggested nurses reveal a favourable attitude towards the importance of including families in nursing care. The nurses consider family as a resource and not a burden. These studies confirm the earlier studies associations between supportive attitudes toward families' involvement conducted in Europe (Boztepe, & Kerimoğlu 2017; Luttik et al 2017). The study revealed that most nurses agreed that they could perform their functions for the patient without the family relative's presence. This is in line with a study conducted in Saudi Arabia where health providers indicated that their functions are not interfered without family relative's presence (Al-Murtair et al, 2014). Also, the study indicated that nurse's good relationship with family members gives me job satisfaction. This is similar to the study by Al-Murtair et al (2014) where health providers believe that the presence of family members impacts positively on the patient's treatment progress. Such an attitude being exhibited by Ghanaian nurse are more likely to foster a facilitating environment for implementing family nursing and improve therapeutic conversation between nurses and families (Benzein et al. 2008; Söderström et al., 2003). If nurses believe family members are important and that a good relationship to families is necessary for providing good nursing care, nurses may be more likely to initiate interactions with families that are inviting (Söderström et al., 2003).

## **3.4 CONCLUSION**

The results of this study show that Ghanaian nurse have a supportive attitude about the importance of involving families in nursing care. Essentially, if nurses hold a favourable attitude,



patient families will be invited to be cooperating/collaborating partners in nursing care. If nurses and families work in partnership, satisfaction in the outcome of care would likely increase. Nursing will be perceived as positive and family members would be satisfied if the nurses felt that they succeeded in creating a trusting relationship despite problems in the Ghana health sector. A trustful relationship influenced not only contact with family members, but also the nursing care for patients.

### **3.5 RECOMMENDATIONS**

Based on the findings from the study, the following recommendations were made for possible implementation by the appropriate bodies.

- The study recommends that Health Policy formulators and administrators of health institutions in Ghana need to involve patients, family members and nurses when developing clinical related policies. There should not be any barrier towards family involvement in patient care to become partners in order to enhance the therapeutic environment. Orientation to such policies can guide nurses' knowledge, perceptions and experiences of the care process.
- The study recommends integration of family centered care practices to the nursing education programs or their curriculum in nursing institutions in Ghana. Greater emphasis needs to be placed on preparing nursing trainees in specific competencies that are necessary for taking care of patients and their families. According to Sveinbjarnardottir et al. (2011) and Svavarsdottir et al., (2015) established that specific education and training in family nursing significantly reduced burdensome feelings towards involving families in patient care. This will include strategies that facilitates the successful implementation of such

policies. This will allow the nurses to be flexible and diverse in their care, thus, promoting holistic nursing.

## REFERENCES

- Agard A.S. & Maindal H.T. (2009) Interacting with relatives in intensive care unit. Nurse's perceptions of a challenging task. *Nursing in Critical Care* 14, 264–272.
- Al Mutair, A., Plummer, V., Paul O'Brien, A., & Clerehan, R. (2014). Attitudes of healthcare providers towards family involvement and presence in adult critical care units in Saudi Arabia: A quantitative study. *Journal of Clinical Nursing*, 23(5-6), 744-755. doi:10.1111/jocn.12520
- Alshahrani, S., Magarey, J., & Kitson, A. (2018). Relatives' involvement in the care of patients in acute medical wards in two different countries— An ethnographic study. *Journal of Clinical Nursing*, 27(11-12), 2333-2345. doi:10.1111/jocn.14337
- American Academy of Family Physicians. (2009). Definition of family (policy statement). Leawood, KS: Author. Retrieved from <http://www.aafp.org/online/en/home/policy/policies/f/familydefinitionof.html>.
- American Nurses Association. (2015). *Nursing: Scope and standards of practice* (3rd Ed.). Silver Spring, MD: Author.
- Angelo, M., Cruz, A. C., Mekitarian, F. F. P., dos Santos, Carolina Cavalcante Silva, Martinho, Maria Júlia Costa Marques, & Martins, Maria Manuela Ferreira Pereira da Silva. (2014). Nurses' attitudes regarding the importance of families in pediatric nursing care. *Revista Da Escola De Enfermagem*, 48(spe), 74-79. doi:10.1590/S0080-623420140000600011
- Aronson, P. L., Yau, J., Helfaer, M. A., & Morrison, W. (2009). Impact of family presence during pediatric intensive care unit rounds on the family and medical team. *Pediatrics*, 124(4), 1119-1125. doi:10.1542/peds.2009-0369

- Åstedt-Kurki, P., Paavilainen, E., Tammentie, T., & Paunonen-Ilmonen, M. (2001). Interaction between family members and health care providers in an acute care setting in Finland. *Journal of Family Nursing*, 7(4), 371-390. doi:10.1177/107484070100700404
- Badir, A & Sepit, D (2007) Family presence during CPR: a study of the experiences and opinions of Turkish critical care nurses. *International Journal of Nursing Studies* 44, 83– 92.
- Bauer M., (2006) Collaboration and control: nurses' constructions of the role of family in nursing home care. *J Adv Nurs*. 54:45-52.
- Bauer M, Fitzgerald L, Haesler E, et al. (2009) Hospital discharge planning for frail older people and their family. Are we delivering best practice? A review of the evidence. *J Clin Nurs* 18: 2539–2546.
- Bellou, P., & Gerogianni, K. G. (2007). The Contribution of family in the Care of Patient in the hospital. *Health science journal*, (3).
- Benzein, E., Johansson, P., Årestedt, K. F., Saveman, B. (2008) Nurses' attitudes about the importance of families in nursing care: a survey of Swedish nurses. *Journal of Family Nursing* 14, 162–180.
- Benzein, E., Johansson, B., & Saveman, B.-I. (2004). Families in home care—A resource or a burden? District nurses' beliefs. *Journal of Clinical Nursing*, 13, 1-9.
- Boztepe, H., & Kerimoğlu Yıldız, G. (2017). Nurses perceptions of barriers to implementing family-centered care in a pediatric setting: A qualitative study. *Journal for Specialists in Pediatric Nursing*, 22(2), n/a. doi:10.1111/jspn.12175

- Brilowski, G.A. & Wendler, M.C. 2005. An evolutionary concept analysis of caring. *Journal of Advanced Nursing*, 50(6):641–650.
- Cameron, Melissa A., M. D., Schleien, Charles L., M. D, Morris, Marilyn C., D, (2009). Parental presence on pediatric intensive care unit rounds. *Journal of Pediatrics, The*, 155(4), 528.e1. doi:10.1016/j.jpeds.2009.03.035
- Clarke, C. M. (2000). Children visiting family and friends on adult intensive care units: The nurses' perspective. *Journal of Advanced Nursing*, 31(2), 330-338. doi:10.1046/j.1365-2648.2000.01293.x
- Cruickshank, M., Wainohu, D., Stevens, H., Winskill, R., & Paliadelis, P. (2005). Implementing family-centred care: An exploration of the beliefs and practices of paediatric nurses. *Australian Journal of Advanced Nursing, The*, 23(1), 31-6.
- de Beer, J. & Moleki, M. M., (2012). Critical care nurses' perceptions of family witnessed resuscitation in the Kingdom of Saudi Arabia. *African Journal of Nursing and Midwifery*, 14(1): 105-115.
- Duran, C. R., Oman, K. S., Abel, J. J., Koziel, V. M., & Szymanski, D. (2007). Attitudes toward and beliefs about family presence: A survey of healthcare providers, patients' families, and patients. *American Journal of Critical Care*, 16(3), 270-280.
- Engström, B., Engström, Å, & Uusitalo, A., (2011). Relatives' involvement in nursing care: A qualitative study describing critical care nurses' experiences. *Intensive & Critical Care Nursing*, 27(1), 1-9. doi:10.1016/j.iccn.2010.11.004

- Fernandes, C., Gomes, J., Martins, M., Gomes, B., & Gonçalves, L. (2015). The importance of families in nursing care: Nurses' attitudes in the hospital environment. *Revista De Enfermagem Referência, IV Série*(7), 21-30. doi:10.12707/RIV15007
- Fisher, C., Lindhorst, H., Matthews, T., Munroe, D. J., Paulin, D., & Scott, D. (2008). Nursing staff attitudes and behaviours regarding family presence in the hospital setting. *Journal of Advanced Nursing*, 64(6), 615-624. doi:10.1111/j.1365-2648.2008.04828.x
- Finfgeld-Connett, D. (2008). Meta-synthesis of caring in nursing. *Journal of Clinical Nursing*, 17(2):196–204.
- Fossey E, Harvey, C., McDermott, F. & Davidson, L. (2002) Understanding and Evaluating Qualitative Research. *Australian & New Zealand Journal of Psychiatry*, 36, 717-32.
- Frivold, G., Dale, B. and Slattebø, Å. 2015. Family members' experiences of being cared for by nurses and physicians in Norwegian intensive care units: A phenomenological hermeneutical study. *Intensive and Critical Care Nursing*, 31(4): 232-240.
- Fulbrook, P., Albarran J. W., & Latour, J. M. (2005). A European survey of critical care nurses' attitudes and experiences of having family members present during cardiopulmonary resuscitation. *International Journal of Nursing Studies*, 42, 557-568.
- Gray, B. (2009). The emotional labour of nursing – defining and managing emotions in nursing work. *Nurse Education Today*, 29:168–175.
- Gusdal, A. K., Josefsson, K., Thors Adolfsson, E., Martin, L., (2017). Nurses' attitudes toward family importance in heart failure care. *European Journal of Cardiovascular Nursing*, 16(3), 256.

- Hetland, B., Hickman, R., McAndrew, N., & Daly, B. (2017). Factors influencing active family engagement in care among critical care nurses. *AACN Advanced Critical Care*, 28(2), 160-170. doi:10.4037/aacnacc2017118
- Hertzberg A, Ekman S. L., Axelsson, K., (2003) Relatives are a resource, but' registered nurses' views and experiences of relatives of residents in nursing homes. *J Clin Nurse*. 12(3):431-41.
- Heyland, D. K., Rocker, G. M., Dodek, P. M., Kutsogiannis, D. J., Konopad, E., Cook, D. J. O'Callaghan, C. J. (2002). Family satisfaction with care in the intensive care unit: Results of a multiple center study. *Critical Care Medicine*, 30(7), 1413-1418. doi:10.1097/00003246-200207000-00002
- Kader, P. (1997). *Nursing Research: Principles, Process and Issues*. Palgrave Macmillan, New York.
- Khosravan, S., Mazlom, B., Abdollahzade, N., Jamali, Z., & Mansoorian, M. R. (2014). Family participation in the nursing care of the hospitalized patients. *Iranian Red Crescent Medical Journal*, 16(1), e12686. doi:10.5812/ircmj.12868.
- Kirk, S., Glendinning, C., & Callery, P. (2005). Parent or nurse? the experience of being the parent of a technology-dependent child. *Journal of Advanced Nursing*, 51(5), 456-464. doi:10.1111/j.1365-2648.2005.03522.
- Knutsson, S., Enskär, K. & Golsäter, M. (2017). Nurses' experiences of what constitutes the encounter with children visiting a sick parent at an adult ICU. *Intensive and Critical Care*, 39: 9-17.

- Koberich, S, Kaltwasser, A, Rothaug, O & Albarran, J., (2010) Family witnessed resuscitation - experience and attitudes of German intensive care nurses. *British Association of Critical Care Nurses* 5, 241– 250.
- Lee, I. Y. M., Chien, & Mackenzie, A. E. (2000). Needs of families with a relative in a critical care unit in hong kong. *Journal of Clinical Nursing*, 9(1), 46-54. doi:10.1046/j.1365-2702.2000.00315.x
- Loghmani, L., Borhani, F. & Abbaszadeh, A. (2014). Factors affecting the nurse- patients' family communication in intensive care unit of Kerman: a qualitative study. *Journal of Caring Sciences*, 3(1): 67-82
- Luttik, M., Goossens, E., Ågren, S., Jaarsma, T., Mårtensson, J., Thompson, D. R., Hälsöskolan. (2017). Attitudes of nurses towards family involvement in the care for patients with cardiovascular diseases. *European Journal of Cardiovascular Nursing*, 16(4), 299-308. doi:10.1177/1474515116663143
- Mackie, B. R., Mitchell, M., & Marshall, P. A. (2018). The impact of interventions that promote family involvement in care on adult acute-care wards: An integrative review. *Collegian*, 25(1), 131-140. doi:10.1016/j.colegn.2017.01.006
- McConnell, B., & Moroney, T. (2015). Involving relatives in ICU patient care: Critical care nursing challenges. *Journal of Clinical Nursing*, 24(7-8), 991-998. doi:10.1111/jocn.12755
- Malhotra, N. K. (2004). *Marketing Research: An applied orientation* (4th edition). Upper Saddle River: Prentice Hall



- March, Y.S.C. & Bosch, S.J. (2013). Environmental affordances: designing for family presence and involvement in patient care. *Health Environments Research and Design Journal*, 6(4): 53-75
- Mays, N., & Pope, C. (1996). Rigour in Qualitative Research. In: Mays, N., & Pope, C. (Eds.). *Qualitative Research in Healthcare*. London: British Medical Journal Publishing
- Moule, P. & Goodman, M. 2009. *Nursing Research. An Introduction*. SAGE. Oliver's Yard. London, GBR.
- Olding, M., McMillan, S. E., Reeves, S., Schmitt, M. H., Puntillo, K., & Kitto, S. (2016). Patient and family involvement in adult critical and intensive care settings: A scoping review. *Health Expectations*, 19(6), 1183-1202. doi:10.1111/hex.12402
- Oliveira, Palmira da Conceição M., Fernandes, H. I. V., Vilar, Ana Isabel S P., Figueiredo, Maria Henriqueta de J S., Ferreira, Maria Margarida Silva R S., Martinho, Maria Júlia C M., . . . Martins, Maria Manuela Ferreira P da S. (2011). Attitudes of nurses towards families: Validation of the scale families' importance in nursing care-nurses' attitudes. *Revista Da Escola De Enfermagem Da U S P*, 45(6), 1331.
- Paliadelis, P., Cruickshank, M., Wainohu, D., Winskill, R., & Stevens, H. ( 2005). Implementing family-centred care: An exploration of the beliefs and practices of paediatric nurses. *Australian Journal of Advanced Nursing*, 23, 31– 36.
- Paparrigopoulos, T., Melissaki, A., Efthymiou, A., Tsekou, H., Vadala, C., Kribeni, G., .Pavlou, E., Soldatos, C. (2006). Short-term psychological impact on family members of intensive care unit patients. *Journal of Psychosomatic Research*, 61(5), 719-722. doi:10.1016/j.jpsychores.2006.05.013

- Paladelis P, Cruickshank M, Wainohu D, Winskill R, Stevens H. Implementing family-centered care: an exploration of beliefs and paediatric nurses. *Aust J Adv Nurs*. 2005; 23(1):31-6.
- Pochard, F., Darmon, M., Fassier, T., Bollaert, P., Cheval, C., Coloigner, M., . . . French FAMIREA study group. (2005). Symptoms of anxiety and depression in family members of intensive care unit patients before discharge or death. A prospective multicenter study. *Journal of Critical Care*, 20(1), 90-96. doi:10.1016/j.jcrc.2004.11.004
- Polit, D.F. and Beck, C.T. 2010. *Essentials of nursing research: appraising evidence for nursing practice*. 7th ed. Philadelphia, PA: Lippincott Williams and Wilkins.
- Rippin, A.S., Zimring, C., Samuels, O. & Denham, M.E. (2015). Finding a middle ground: exploring the impact of patient-and-family-centred design on nurse-family interactions in the neuro ICU. *Health Environments Research and Design Journal*, 9(1): 80-98.
- Roger, C., Sadek, B., (2016). Communication with patient's families in the intensive care unit: Do we really meet their needs? *Anaesthesia Critical Care & Pain Medicine*, 35(3), 179-181. doi:10.1016/j.accpm.2016.04.001
- Ryan, A., & Scullion, H. (2000). Family and staff perceptions of the role of families in nursing home. *Journal of Advanced Nursing*, 32, 626-634.
- Saunders, M., Lewis, P., & Thornhill, A. (2012). *Research methods for business students* (6th edition). Essex: Pearson Education Limited.
- Saveman, B., Måhlén, C. D., & Benzein, E. G., (2005). Nursing students' beliefs about families in nursing care. *Nurse Education Today*, 25(6), 480-486. doi:10.1016/j.nedt.2005.05.002

- Saveman B. I.( 2010) Family nursing research for practice: the Swedish perspective. *J Fam Nurs*;16:26—44.
- Shahriari, M., Mohammadi, E., Abbaszadeh, A., & Bahrami, M. (2013). Nursing ethical values and definitions: A literature review. *Iranian Journal of Nursing and Midwifery Research*, 18(1), 1.
- Sjöblom, L., Pejler, A., & Asplund, K. (2005). Nurses' view of the family in psychiatric care. *Journal of Clinical Nursing*, 14(5), 562-569. doi:10.1111/j.1365-2702.2004.01087.x
- Smeltzer, S.C., Bare, B.G., Hinkle, J.L. & Cheever, K.H. 2010. *Brunner and Suddarth's textbook of medical-surgical nursing*. Philadelphia, PA: Lippincott, Williams and Wilkins.
- Söderström, I., Benzein, E., Saveman, B., (2003). Nurses' experiences of interactions with family members in intensive care units. *Scandinavian Journal of Caring Sciences*, 17(2), 185-192. doi:10.1046/j.1471-6712.2003.00222.x
- Sveinbjarnadottir, E. K., Svavarsdottir, E. K., & Saveman, B., (2011). Nurses attitudes towards the importance of families in psychiatric care following an educational and training intervention program. *Journal of Psychiatric and Mental Health Nursing*, 18(10), 895-903. doi:10.1111/j.1365-2850.2011.01744.x
- Svavarsdottir, E. K., Sigurdardottir, A. O., Konradsdottir, E., Stefansdottir, A., Sveinbjarnardottir, E. K., Ketilsdottir, A., . . . Guðmundsdottir, H. (2015). The process of translating family nursing knowledge into clinical practice. *Journal of Nursing Scholarship*, 47(1), 5-15. doi:10.1111/jnu.12108

Van Horn E, Kautz D., (2007). Promotion of family integrity in the acute setting: a review of the literature. *Dimens Crit Care Nurse* 26:101—7.

[Bhalla A.](#), [Suri V.](#), [Kaur P.](#), [Kaur S.](#), (2014). Involvement of the family members in caring of patients an acute care setting.

Al Mutair, A., Plummer, V., Paul O'Brien, A., Clerehan, R. (2014). Attitudes of healthcare providers towards family involvement and presence in adult critical care units in Saudi Arabia: A quantitative study. *Journal of Clinical Nursing*, 23(5-6), 744-755.

**APPENDIX**  
**QUESTIONNAIRE**

We are students of Central University conducting a research entitled “Attitudes of Nurses towards Family Involvement in the Care of Patients at Korle-Bu Teaching Hospital”. You are required to answer some few questions on this questionnaire. You can withdraw from the study and you can stop answering any questions that you are uncomfortable with at any time you want. In the study, any answer you gave will be treated with utmost confidentiality and in addition your name, address or any information that identifies you will not be used.

Please tick (✓) the box provided beside the option that best suit your preference.

**SECTION A: DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS**

1. Gender: Male [ ] Female [ ]
2. Age (in years): 21 - 25 [ ] 26 – 30 [ ] 31 – 35 [ ] 36 – 40  
41 – 45 [ ] 46 – 50 [ ] 51 – 55 [ ] 56 – 60 [ ]
3. Rank Staff Nurse (SN) [ ] Senior Staff Nurse (SSN) [ ] Nursing Officer  
[ ] Senior Nursing Officer [ ] Principal Nursing Officer [ ]
4. Level of education: Diploma [ ] First degree [ ] Masters’ degree [ ]
5. Religion: Christian [ ] Islam [ ] Traditionalist [ ]
6. Ethnicity: Akan [ ] Ewe [ ] Ga [ ] Northerner [ ]

**SECTION B: NURSES’ KNOWLEDGE ON THE ROLES OF PATIENT’S RELATIVES DURING CARE GIVING**

7. Patient’s family play key roles in patient’s care  
Yes [ ] Not exactly [ ] No [ ]



**SECTION D: ATTITUDE OF NURSES REGARDING PATIENTS' FAMILY INVOLVEMENT IN CARE GIVING**

Indicate the extent to which you agree with the statements below. SA= Strongly Agree, A = Agree; D = Disagree and SD = Strongly Disagree

No.	Statement	SA	A	D	SD
1	Without patient's relative, nurses cannot perform their functions				
2	Involvement of patient's relative during care giving hinders nurses care				
3	Patient's relatives interfere with nursing care				
4	A good relationship with family members gives me job satisfaction				
5	Family members should be invited to take an active part in the patients' care				
6	The presence of family members is important to me as a nurse				
7	The presence of family members gives me a feeling of security				
8	The presence of the family members is important for the family members themselves				