

Promotors & Barriers of collaboration associated with nurses' attitudes towards families

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Background

Family members have considerable influence on health and self-care abilities of older people experiencing chronic diseases

(Wu, et al., 2012; Gallagher, Luttik, & Jaarsma, 2011; Hartmann, Bazner, Wild, & Eisler, 2010)

Background

It is important that nurses:

- ✓ Involve family members on behalf of the continuity of care of the patient *(Lowson, et al., 2013; Bridges, Flatley, & Meyer, 2010)*
- ✓ Collaborate with family members as partners in care *(Lindhardt, Rahm Hallberg, & Poulsen, 2008)*

Background

Quality of collaboration between nurses and family members depends on:

- Nurses' attitudes (values) and competencies
- Family members attitudes (prior experience)
- Contextual factors (organisation of care & time pressure)

Lindhardt, T., Rahm Hallberg, I., & Poulsen, I. (2008). Nurses' experience of collaboration with relatives of frail elderly patients in acute hospital wards: A qualitative study. International Journal of Nursing Studies, 668-681

Background

Nurses with negative attitudes towards families are more likely to minimize family members' involvement in nursing care

(Rahmqvist, Benzein, & Årestedt, 2014). (Benzein, Johansson, Årestedt & Saveman, 2008).

Research question

Which promoters and barriers of collaboration are associated with hospital nurses' attitudes towards the importance of families in nursing care?

Method

Online survey

Population: 403 hospital nurses in The Netherlands

Setting: 4 hospitals



15 hospital wards: Cardiology (3); Internal medicine (3); Pulmonary (4);
Neurology (4) & Geriatrics (1)

Primary variables

Promotors & Barriers of collaboration

- Knowledge of patients
- Supportive manager
- Training opportunities
- High priority given to collaboration with families
- Opportunity to care according to own values
- Sufficient time to communicate
- Sufficient knowledge to create collaboration
- Feeling self-assured to collaborate



(Lindhardt, Nyberg, & Rahm Hallberg, 2008)

(5 response categories from 'strongly disagree' to 'strongly agree')

Primary variables

Nurses' attitudes towards family involvement in nursing care

with Family Importance in Nursing Care – Nurses' attitudes (FINC-NA) Translated in Dutch

Four subscales: Family as its own resource; as a conversational partner; as a resource in nursing care; as a burden

(5 response categories from 'strongly disagree' to 'strongly agree')

Saveman, B.-I., Benzein, E., Engström, Å., & Årestedt, K. (2011). Refinement and psychometric reevaluation of the instrument: families' importance in nursing care - nurses' attitudes. *Journal of Family Nursing*, 312–329

Method

Data collection

Online survey in 'Survey Monkey'

All nurses working on participating hospital units

Work E-mail address with personal link



Non-responders: automatic reminder after 1 and 2 weeks

Results

403 nurses

Response 258 (64%)

>20% missing values /subscale removed

249 questionnaires valid for analysis

Nurse characteristics

		<i>M (SD)</i>
Age		39 (12)
Work experience in years		16 (11)
		<i>N (%)</i>
Gender	Female	232 (93)
Policy on family involvement present	No	140 (56)
Training in family nursing	No	217 (87)
Informal caregiving experience	Yes	156 (63)
Level of nursing education	LPN	142 (57)
	BSN	101 (41)
	Masters	6 (2)

Results

FINC-NA

	Range	Mean sum score	Mean (SD)
FamOR	5 - 20	13	3.2 (.64)
FamB*	5 - 20	16	3.9 (.64)
FamCP	8 - 40	27	3.3 (.53)
FamRNC	10 - 50	36	3.6 (.50)
FINC total	26-130	91	3.5 (.42)

* Scale was reversed

Results: promoters & barriers of collaboration

	<i>Mean (SD)</i>
I have sufficient knowledge for good collaboration with families	4.0 (.8)
I have opportunities to care for patients in line with own values	3.8 (.8)
I have enough knowledge of the patients that I discharge	3.8 (.9)
I feel confident when I collaborate with family members	3.6 (.9)
I miss knowledge about how to work with families*	3.6 (1)

*Item is reversed

Results: Promotors & Barriers of Collaboration

	Mean (SD)
Department gives high priority to collaboration with families	3.1 (.9)
It happens that I tell families that I still not know enough about the patient	2.7 (1)*
My manager asks how involvement of families in care is going	2.1 (.9)
It happens that I have less time than needed to talk with families	2.1 (.9)*
We are offered training to better learn to work with families	1.9 (1)

* Items are reversed

Promotors & Barriers associated with nurses' attitudes

I feel confident when I collaborate with family members

Correlation
coefficient*

.424 <.000

I have sufficient knowledge to create good collaboration
with families

.379 <.000

Department gives high priority to collaboration with
families

.288 <.000

My manager asks how involvement of families in patient
care is going

.269 <.000

*Spearman's rank correlation

Promotors & Barriers associated with nurses' attitudes

	Correlation coefficient*	P-value
I have enough knowledge of the patients that I discharge	.145	.022
I have the opportunity to care for patients in line with own values	.137	.030
I miss knowledge about how to work with families**	.131	.039

* Spearman's' rank correlation

** Reversed

Discussion

Promotors and Barriers of collaboration have moderate to mostly weak associations with nurses' attitudes towards importance in nursing care

In light of theory on quality of collaboration:

- Nurses' attitudes and competencies
- Family members attitudes (prior experience)
- Contextual factors (organisation of care & time pressure)

Implications

- ✓ Nurses' competencies: self-confidence
- ✓ Organizational aspects: managerial attention

Further research

Measure family members' experiences of collaboration with nurses in the hospital

*Thank you for your
attention*



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Themes & Topics

- Supportive technologies
- Family care over lifespan
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