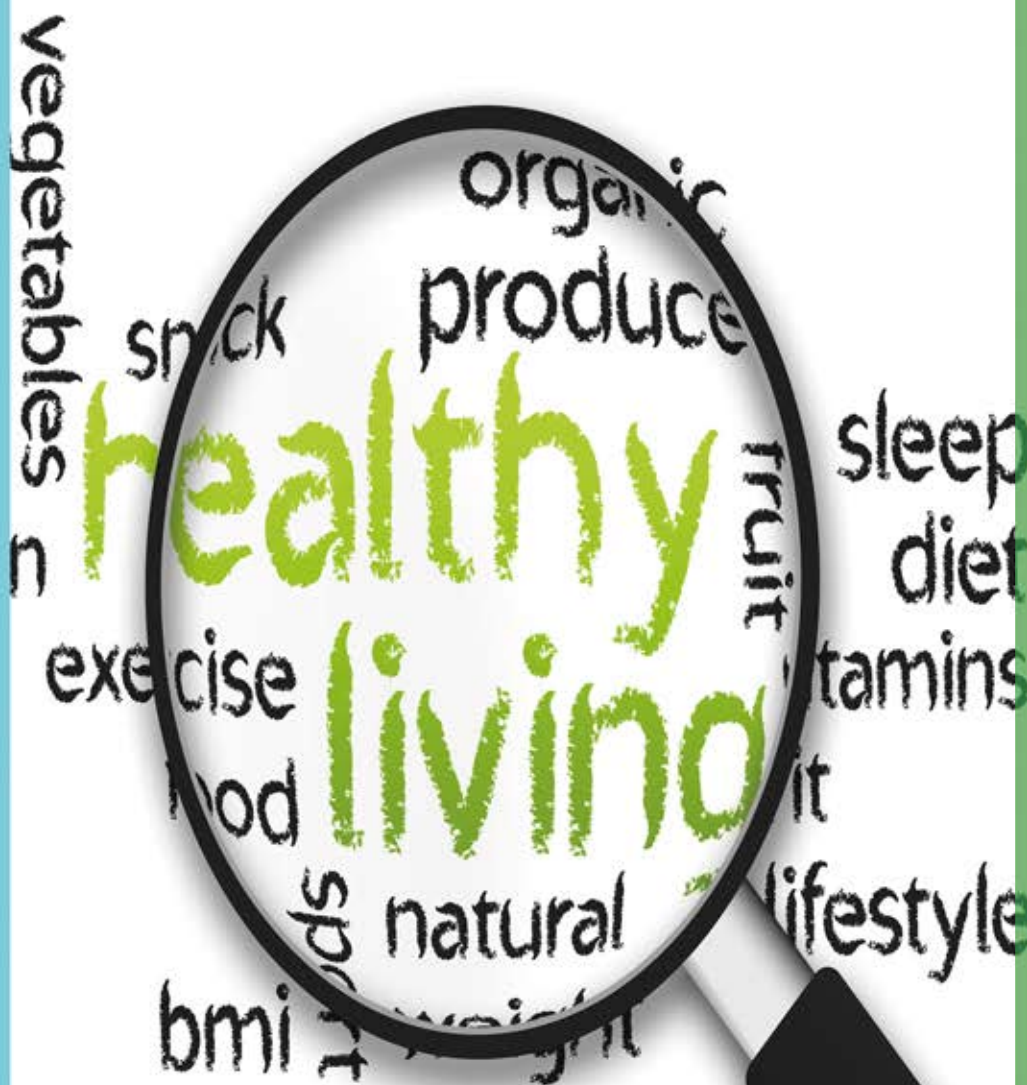




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The Comparison of Nurses and Families' Viewpoint of Family-centered Caring in Khalkhal Hospital, 2017

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Abstract

Introduction: The health is a family- and patient-pivoted system. Families are the elemental source of caring that provides the financial, emotional support, and hygienic services for their patient's relatives and the nurses as a basic individual in the curing team which remedying their patient interfere directly. The present study is with the aim of the comparison of nurses and families' viewpoint toward family-based caring. **Methods:** The present study is conducted a descriptive-analytic study that was carried out in 2015 on the nurses, and the main companion of the admitted patients occupied nurses in Khalkhal Emam Khomeini Hospital whit sampling method. The utilized instruments were the researcher-made questionnaire. After gathering data, they were analyzed by the SPSS 18 version. **Results:** The mean and the standard deviation grade of the nurses and the companions' viewpoint of family-pivoted caring are 46.04 ± 7.59 and 38.63 ± 8.86 , respectively. In addition, the comparison of the grade of nurses and companions' viewpoint indicates that there is a significant statistical difference between two groups ($P = 0.001$). **Conclusion:** The viewpoint of the studied nurses and families toward the family-centered caring are about in the average and weak level. By considering to the increasing tendency of curative services from the curer-pivoted approach toward the family-pivoted services sound that the reinforcement of the attitude and the viewpoint as two main axis of caring, family-pivoted caring, companion, nurses, and family.

Keywords: Families, family-centered, nurses

INTRODUCTION

The health is a family- and patient-pivoted object.^[1] Family is a fundamental element of the society, the elemental source of the caring, the financial, emotional support, and the hygienic services for their patient's relatives and they are responsible for presenting the proper and suitable hygienic caring to the patient and his/her relatives^[2,3] and interfere in their patient's caring directly and interfere in their patient's caring directly^[4] he illness of one of the members of family distracts all members of family and change the style of their living.^[5] The obtained progresses in the field of removing the hygienic problems, the family caring are replaced instead of caring institutions.^[6] By rotation of caring from hospital to the society, the need for the presence of the caring-giver relatives is increased.^[7] The family-centered caring is a creative approach for planning, performing, and assessing the hygienic caring that is constructed on the basis of the reciprocal useful cooperation's among the patients, families, and the hygienic curers.^[8-10] The

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In the family-pivoted model, every patient and their families constitute a unit of caring. The family-centered caring's are

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a hygienic caring way that from the philosophies of hygienic caring, programmers, the simplicity of the policies and plans, the daily interactions of patients, families and doctors, and other hygienic personnel's. In addition, the results of the accomplished investigations in the around health promotion are indicating the important role of the family in preventing and caring the patients.^[11] In family-centered service, the power, abilities, and the needs of all members of the family are considered. The patients' in dependency are reinforced, family-based caring are supported, and finally, the family's choice, patient and opinions, and their cultural fields are respected.^[13] The role of the nurse in the field of family-based caring is, determining and describing the concepts, and providing the information for the decision-making process.^[11] In addition, the nurse has the main role in presenting the family-based caring's, by creating reciprocal interaction and relationship with the members of family and the positive changes in the family and exploiting of every person's power and ability in the members of family.^[10,12] The purpose of the nurse's intervention in the family-centered caring is promoting the abilities of the members of family in the specific domains to overcome the existing obstacles in the hygienic and healthy fields because without promoting their abilities, achieving to the purpose of cooperation between nurse and family by responsibility, and collaboration is not possible and they will not be able to overcome the obstacles. The nurse guides the families in solving the problems, provides the practical caring services, and inspiring them a kind of feeling of acceptance by the subtle listening to the members of family's anxieties and their opinions, which it gives a positive feeling to the nurse, too.^[9,11,14] In spite of the personnel's awareness of the importance of the family-centered caring, there is still evidence based on the existence of problems in caring planning for the family among the personnel that some parts are for the lack of the perception of families' needs and other parts are for the lack of the awareness of the element of the family-pivoted caring and the way of its performance.^[15] In Akbarbegloo *et al.* from the nurses' viewpoint, the verbal and emotional caring have the most presenting supports in family-pivoted caring.^[16] Dalvand in his review study said that the intervention of family in deciding, cooperation, and reciprocal relationship (the family and the curer), reciprocal respect, the acceptance of families' choice, supporting of families, partaking them in the private information, the flexibility of presenting service and trying in enabling the families as the main essence of the family-based approach.^[7] The result of the Begjani *et al.* studies demonstrated that from the nurses' viewpoint, the bedridden children's parents have the most important too; the cooperation in caring 96.7%, to the respect to the respect 96% and to the educational information support 94%.^[17] The family-centered caring is very important due to that cause to promote the hygienic and to improve the quality of life, to increase the patients and family's satisfaction, and to decrease the duration of hospitalization.^[18,19] Hence, by considering that the family and nurse are two main axis of family-pivoted approach and accomplishing of every kind of intervention is needed the awareness of the available situation and since all of the accomplished studies in this field were on

the bedridden children's parents. So far have not accomplished and study that survey, the viewpoint of the bedridden patients' family in hospital and compare in with the nurses' viewpoint, therefore, the present study was accomplished with the purpose of comparing the nurses' and families' viewpoint of the family-pivoted caring.

METHODS

The present research is a cross-sectional, descriptive-analytic study which was approved by the research committee of Khalkhal Medical sciences. This study conducted on the nurses' and the main companions of the admitted patients in different wards of Emam Khomeini Hospital in Khalkhal Township. For sampling among the nurses' group, census method was utilized and all of the practitioner nurses were entered for studying, and simple random sampling method was used in the family group. For determining the amount of the sample in the family group, Kokeran's formula was utilized of that on the basis of it was obtained the amount of sampling of 250 people. The inclusion criteria were patient's families and having reading and writing skills for families. Exclusion criteria were unwilling to participate in this study health workers working at Emam Khomeini Hospital in khalkhal. The utilized instruments were two distinct the researcher-made questionnaires related to the nurses and companions. Every questionnaire had two parts of the demographic features of the participants in the study and the second part is include the questions for surveying the nurses' and families' viewpoint of the family-based caring. Every questionnaires are containing 19 questions that the questions of every questionnaires are regulated five choices on the basis of Likert's scale (from completely agree to completely disagree and on the basis of begin positive and negative of the question is graded from 1 to 5, and the domain of the acquirable grades are from 19 to 95. The face validity of the questionnaire was provided using the opinions of the faculty members of university and the nurses' managers and the content's validity was surveyed with the content validity ratio and content validity index, and the reliability was calculated with the 0.8 by Cronbach's alpha. After gaining their approval and consent form, the questionnaires were distributed among nurses and families in the mentioned units. After gathering data, they were analyzed by the use of SPSS- 13 (SPSS Inc., Chicago, IL., USA). At first, the normality of data was surveyed using Kolmogorov-Smirnov test then was utilized of the descriptive statistics for determining the frequency and the percentage of demographic features the nurses and families' viewpoint, also was used of independent *t*-test for comparing the nurses and families' viewpoint by considering the significant level <0.05.

RESULTS

The mean and the standard deviation of the nurses and the participant companions' age in this study were, respectively, 29.18 ± 9.91 and 29.22 ± 5.80 . The majority of nurses were female (76.6%) 95 people, married (54.03%) 67 people with the Bachelor of Science degree (97.58%) 121 people, and

also by considering the employment condition (38.70%) 48 people of nurses were the project team. Furthermore, in the companions group (72.95%) 143 people female, (33.67%) 66 people under the diploma degree and (45.40%) 89 people were housekeeper. Demographic data is shown in Table 1. On the basis of present study, the mean and the standard deviation of the nurses and the companion's score of family-pivoted caring are, respectively, 46.04 ± 7.59 and 38.63 ± 8.86 . By considering to the sum score of the instrument in the present study are 95. The nurses' viewpoint is in the average level and the families' viewpoint toward the family-pivoted caring are in the weak level. The mean score of the families' viewpoint is about 8 score < the mean score of the nurses' viewpoint. In addition, the comparison of the mean score of the nurses' and companion's viewpoint from the family-based caring on the basis of the *t*-test demonstrated that there is a significant statistical difference among two groups ($P = 0.001$) [Table 2].

DISCUSSION

The limited studies were carried out in this field in Iran since all of the accomplished studies were been on the children's parents or the nurses in babies and infants wards, so there is no comprehensive information for comparing the obtained results but in both similarly accomplished studies were seen the similar results in Iran. The finding of the present study demonstrated that the nurses' viewpoint of the family-based caring were in the average level and the families' viewpoint was weak level. In the study of Akbarbegloo, the greatest and the most important presented supports to the parents who have the bedridden ungrow baby in neonatal intensive care unit (NICU) were in related to two domains of qualitative and emotional caring of the family-based caring.^[16] The results of the study of Begjani *et al.* indicated that >90% of parents have emphasized on the importance of the family-based caring and its elements.^[17] The findings of the above studies correspond with the results of the present study. Mayumi *et al.* in his study in Tokyo demonstrated that helping to the members of the family is a kind of nurses supporting that is associated to the relations among the individual, therefore, the improvement of the communication behaviors with the members of the family will cause to increase the nurses' social skills and finally will cause to increase the quality of the family-pivoted caring.^[20] Paver and Ferank in a review study in the field of participating the parents in caring of the admitted infants stated that "the nurses usually had a good attitude for participating the parents in caring. However, due to the obtained limitations from the professional rules, nurses are unwilling in delivering some of the usual daily responsibilities."^[21] Mitchell in his study indicated that the intervention of the family-pivoted caring increases the perception of the members the family from the respect, cooperation, and support.^[8] In the study of Akbarbegloo *et al.* from the mother's viewpoint, the most presented supports to the bedridden babies in the NICU ward are related to the instrument cares. On the basis of the results of his study, there is not a significant statistical among the dimensions of the nurses' support

Table 1: Demographic characteristics of nurses and families participated in the study

Variable	n (%)
Nurse	
Age (mean±SD)	29.22±5.80
Gender	
Male	29 (23.4)
Female	95 (76.6)
Status married	
Single	57 (45.96)
Married	67 (54.03)
The employment condition	
Formal	15 (12.09)
Contractual	8 (6.45)
Contract	45 (36.29)
Projective	48 (38.70)
Education Statuses	
Bachelor	3 (2.41)
Masters	121 (97.58)
Family	
Age (mean±SD)	29.18±9.91
Gender	
Male	52 (26.53)
Female	143 (72.95)
Education	
Below diploma	66 (33.67)
Diploma	52 (53.06)
Associate degree	29 (14.79)
Bachelor	45 (22.95)
Masters	4 (2.0)
Job	
Employee	19 (9.69)
Self-employed	60 (30.61)
Housewife	89 (45.40)
Unemployed	28 (14.28)

SD: Standard deviation

Table 2: The comparison of the nurses and the companion's viewpoint of the family-pivoted caring

Group	Mean±SD	The result of the independent <i>t</i> -test (<i>t</i> , <i>df</i> , <i>P</i>)
Nurses	46.04±7.59	-7.68, 318, 0.001
Companion	38.63±8.86	

SD: Standard deviation

from the mother's and families' viewpoint.^[22] Also in the present study, there is not a significant statistical difference among the families and nurses' viewpoint from the family-pivoted care. Namnabati in his study knew that doing the family-based care is the cause of the employment's stress in nurses, and for his reason, the nurses are unwilling for doing it in the clinical environment^[23] according to the findings of the present study. Valizadeh in his study wrote that the curative hygienic curers in spite of the fact that toward the parents' right for participating in the curative caring programmers of the bedridden babies in the hospital and be useful of this cooperation for babies, parents,

and the family, they have the positive and appropriate attitude, but this cooperation are just permitted for doing the daily life duties, and the baby's emotional support and toward the parent's cooperation in other necessary cases such as the cooperation or the present of the parents in doing the specialized activities of the employees, they have a negative or neutral attitude.^[24] This is while that in the present study, the mean score of the nurses' viewpoint is in the average level. Azizi in his study had reported that in spite of the nurses' awareness from the effect of the families' presence in the patient's bed as a part of the family-pivoted caring, due to the existing anxieties in related with the caring quality of patient, doing cares by the presence of the family, and the cultural obstacles of the caring nature perception from the family, they do not have the positive attitude to it^[25] that correspond to some extend with the findings of the present study. Agrad *et al.* the lack of the clinical nurses' support from the managers had reported as the nurses' anxieties for interaction with families.^[26] In addition, Mirlashari *et al.* in their studies that were surveyed the family-pivoted caring obstacles from the nurses' viewpoint in the babies ward, the lack of the preparedness of the babies ward, the lack of the parent's tendency, and the lack of the legal boundaries for the amount of the parent's iterance in caring proposed them as the problems of the family-pivoted care.^[27] By considering to the limitation of the variety of the bedridden wards just in only one hospital in the city, therefore, there is not any possibility for accessing to the families with different kinds of illnesses. Hence, the researchers propose that the future studies will accomplish on the families and the nurses with the amount of the sample and the variety of the most illnesses and also is proposed the doing of the qualitative studies that determine the obstacles, the necessary needs and beds for the best and the most practicability of the family-pivoted approach.

CONCLUSION

The findings of the present study demonstrated that the Iranian nurses and families' viewpoint toward the family-based caring is not favorable. Therefore, by considering to the increasing tendency of curative services from the curer-based approach toward the family-based services seem. That the reinforcement of the attitude and the viewpoint from the two main axis caring's, family, and nurse are necessary.

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Conflicts of interest

There are no conflicts of interest.

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