THE UNKNOWN KEY IN HOSPITALIZATION: NURSE AND PATIENTS PERSPECTIVE ON FAMILY ENGAGEMENT

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ABSTRACT

The purpose of this study is to determine the patients and nurse's perspective about the presence of family engagement during hospitalization. This cross-sectional study was conducted from 2011 till 2012. The sample consisted of 200 patients and 52 nurses at the 22 ABAN hospital of Lahijan city of Iran. Data were collected using a questionnaire that comprised of two parts. The first part was about demographic information and the other part consisted of three area, including communication, decision for treatment and patient care and voluntary care work. To assess the validity and reliability of the questionnaire content validity and test re test method were used. The results showed that all of the groups agreed with the presence of family bedside patients. The most disputable difference about the family participation in treatment affairs was during the time of patients' round (p=0.001). Patients and nurses' opinions about family presence during the time of round and participation in decision making and care were varied. Assessment of nurses and patients' view about the presence of family engagement to patients, families, and the health care staff is vital in helping to establish evidence-based guidelines. The policies and guidelines about the family presence during the time of hospitalization needs to be edited and reformed.

***Key words**: Hospitalization, Family, Bedside patient, family care-centered, opinion of patient and nurse, patient companion.*

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Introduction

The ultimate goal of health systems in the country is to improve the quality of patient care and to satisfy them. The patients and their family's satisfaction is guaranteed[1].

Patient and family engagement creates an environment in which clinicians, hospital staff, patients, and families work together as partners to improve the quality and safety of care[2]. Family and hospital staff can improve the patients care with working as partners. Strong hospital leadership is essential for creating and sustaining a supportive environment for patient and family engagement[1].

The philosophy encourages healthcare providers to involve family members as well as patients in developing the treatment plan. Families contribute information that affords more comprehensive clinical decision making while improving staff satisfaction[3,4]. The quality of patient care improve with right decision making[5]. Health care organizations, to build trust and honest communication with patients and understand and value the cultural, spiritual and strive each patient. Zahiri and colleagues in their study on the necessity of customer patient-centered focus[6]. Because the basic needs of the family can stay in hospital patient satisfaction in large-scale needs. In addition, families can reduce patient stress by encour-

aging the patient to communicate effectively with medical members[7] Hospitalization can disrupt the family system, It should be planned in such a way that the health care community understanding of nursing care and should not be regarded as a bad memory[8]. Families often in the first few days of hospital admission, may suffer heavy emotional crises, and nurses often see the devastating effects of disease on other family members[9].

Various studies shows major activities that families can do to patients during hospitalization include: Maintain communication with family and relatives, encouraging the patient, psychological support, expressed concern about stressor, participate in the treatment process, program participate in patient care planning, assist in the implementation of a care. Lee LY and Lau YL in his studies with the patient's family members had access to one of the ten most important needs of families, were identified along beside the patient. In this regard, a significant relationship between the prioritization of needs and frequently see patients who appeared to close[10].

Rabi Siahkali received in their study, no patient appointment, affected in their anxiety[11]. The results of Lee and Lau also revealed: Frequent meetings with relatives, significantly compared to the other requirements of stringent. High priority at present is to educate families to take responsibility for care, this reduces the costs of hospitalization and increased quality of life for patients and their families is dynamic, Patients and their families to make decisions about care, nursing and even dismissed questions about diagnostic procedures and treatment, will participate in the care process[10].

Lagstein Oded study about family participation in patient care rounds showed that 78% of patients, 83% of families, 56% of nurses and 55% of physicians had a great desire to attend family in rounds, 71% of nurses and 85% of physicians felt that engaging families is an important aspect of the treatment process[12]. Since the strategic decision to reduce costs and increase efficiency of hospital administrators is essential[13]. The healthcare organizations determine of relevant policies and methods of patient and family participation in all aspects of nursing care and support.

Management, clinical staff and others to develop and advance such policies and procedures are involved. Thus, the organization, to ensure that all employees are aware of the interaction and care of patients throughout the organization to comply with the law, policies and methods to expand and it applies[5]

To prevent limitations in thinking, judgment and the world through the eye of the functional needs of clients, families, care providers and managers to be seen. In addition to proper planning of health services, it is necessary to survey the different views in order to reassess and revise policies and the policies to be able to the health care available offer, also it seems at 22 Aban hospital of Lahijan the presence of patient's family at bedside mostly is a problem for nurses and management department, for this reason and to know the really perspective of patients and nurses of 22 Aban hospital of Lahijan city, Iran the researchers decided to do a study with purpose of “survey the patients and nurse’s perspective about the presence of family engagement during hospitalization, 2010 -2011”.

Material and methods

Study sample and methods

This study was a descriptive cross sectional study which was conducted in 2010 till 2011. Research area was 22 Aban hospital at Lahijan city, Iran. In this study we have two study groups: First, patients include 200 patients and Second group, nurse include: 40 nurses and 12 head nurse and supervisor those were selected with simple randomize sampling method. Importance and nature of the study were described to them. They were assured of confidentiality, and after giving informed consent, they were enrolled to the study.

Instrument

A questionnaire which used for data collection consisted two parts: First part, demographic information were included: age, sex, marital status, educational level, department of hospitalization, length of hospitalization, prior hospitalizations, having a combined ratio associated with the disease and Second part the 17 options in three domains: Nurse and patients perspective on family engagement on communication, Nurse and patients perspective on family engagement on decision for treatment and patient care and to perspective on family engagement on Implementation of voluntary Patient care and providing welfare facilities, providing specific questions regarding the effect. Questionnaire was based on literature review and a setting got idea similar Abedi, Bellou and Bandari et al, scoring was based on the Likert scale. The

necessary criteria for using attended was a Likert scale from zero (completely "opposed), one (opposing), two (relatively" opposed), three (relatively “compliant), four (agree) and five (totally” agree) is measured. To assess the validity of the questionnaire content validity method was used[14, 15, 16]. Thus the preparation of the questionnaire at the discretion of Biostatistics, this questionnaire was send for 12 university faculty members and confirmed receipt of the necessary information was used. To calculate reliability of the questionnaire the test re-test were used about 10 people and inside the correlation coefficient (ICC) 80% was estimated. Levels of internal consistency by Cronbach’s alpha was calculated to 86%.

Inclusive criteria

Patients selected for the study include those who were at least 2 days experience of hospitalization in adult medical and surgical ward.

Conscious, oriented to time, person, place and stable patient.

Age 14 years old and above.

Both male and female gender.

The patient was notified about the purpose of the study, the right to refuse to

Participate in the study, and anonymity and confidentiality of the information gathered

Patients have different education levels or illiterate. These patients were interviewed when they were in good situation In addition to patient care areas, nurses with at least six months experience in a medical ward head nurse and supervisors participated. The required permissions were obtained through the appropriate channels.

Exclusive criteria

Patient with less than 2 days experiences of hospitalization, patients with unconsciousness to time, person and place

Age under 14 years old. Nurses with less than 6 months experiences.

Statistical analysis

Data collected using SPSS 19 software using descriptive statistics (mean, standard deviation and ANOVA) for each variable were analyzed.

Results

There were 200 patients, 40 nurse, 12 head nurse and supervisor included and analyzed in this survey. The obtained findings showed that more than half of patients were female (54%). The majority of them were older than 41-60 years (50%), 57.5% were married, about graduation, 43.5% were diploma, and near the half of the patients studied (71%) had previous experience of hospitalization. The major percent of relative stay with patient was daughter (23.5%), the most of patient had low income (48.5%). The majority of patients (92%) had health insurance, in the most of them the type of insurance was rural or others. All the nurses were bachelor degree and from 12 nursing manager, one of them was in a master’s level and others were bachelor degree. The results of this study showed that patients, nurses and head nurse view agree about the presence of family engagement during hospitalization. Patients, nurses, head nurse and supervisor, respectively 64%, 69% and 55% were agree with presence of attendant with patient (Table 1).

Table 1: Frequency distribution of demographic characteristics of patients hospitalized in Lahijan 22 Aban hospital

Figures	Frequency	Percent
Sex:		
Male	92	46%
Female	108	54%
Age Groups:		
Lower than 40	44	22%
41-60	100	50%
Upper than 60	56	28%
The long of hospitalization:		
<48 hours	83	41.5%
>48-72 hours	117	58.5%
Job status:		
House wife	25	12.5%
Labor	36	18%
Un employed	32	16%
Student	33	16.5%
Retired	24	12%
Farmer	32	16%
Staff	18	9%
Marital status:		
Married	115	57.5%
Un married	85	42.5%
Sufficient condition for economic:		
Yes	128	64%
No	56	28%
No comment	16	8%
Education:		
Illiterate	12	6%
Primary school	15	7.5%
Secondary school	56	28%
Diploma	87	43.5%
After diploma	20	10%
Bachelor	8	4%
Master	2	1%
Attendant:		
Mother	35	17.5%
Daughter	47	23.5%
Son	25	12.5%
Sister	62	31%
Brother	16	8%
Friend and other relative	15	7.5%
Do you agree of family engagement during hospitalization?		
Patient	128	65%
Nurse	27	69%
Nurse manager	6	55%

Most controversial in the study groups with regard to participation in clinical decision making, caring presence was associated with the physician round($p<0.001$).

About patient educating with attendant with the purpose of better understanding of doctor education during the physician round were statistical difference (p<0.001) (Table 2).

The relationship of attendant with the patient has been diverse and includes close relatives and friends. It is too much apparent from the data that close family members usually accompany patients during hospitalization .In Iran family member are to connected together and have time to take care of the patient even they get off to keep the relatives closer to the patient[17,18].

Table 2: Study results related Nurse and patients perspective on family engagement on communication

Variable of perspective on family engagement	Patient	Nurse	Nurse manager	P Value
To Help to tell and explain the problem	4.8± 0.5	4.15± 0.18	4.56±0.35	0.18
Emotional psychological support Sympathy, Reduce stress	4.46±0.22	4.72±0.02	4.87±0.03	0.11
The help to transfer of the patient told in simple language	4.2±0.44	4.16±0.55	4.55±0.15	0.14
presence at the round	4.22±0.06	2.7±1.18	2.33±1.01	0.001
Encourage the patient to talk related to disease	4.21±0.75	4.16±0.43	4.45±0.39	0.12
To help translate and understand the language and dialect	3.92±0.43	3.85±0.93	4.22±0.36	0.09
Benchmark calculations based on a 5-0 Likert scalethe mean values were calculated				

Table 3: Study results related to the Nurse and patients perspective on family engagement on decision for treatment and patient care

Variable perspective on family engagement	Nurse manager	Nurse	Patient	P.Value
Participation of the patient's family on treatment and health decision	0.71± 0.31	2.06± 1.68	3.6 ± 0.15	0.01
Contribute to implementation of treatment care	1.12 ± 1.09	1.86 ±2.06	3.64 ± 0.15	0.001
Participation during medical examinations and measures	2.63± 1.01	2.68± 1.32	4.85 ± 0.05	0.001
Benchmark calculations based on a 5-0 Likert scale, the mean values were calculated				

Table 4: Study results related to perspective on family engagement on Implementation of voluntary Patient care and providing welfare facilities.

Variable of perspective on family engagement	Nurse Manager	Nurse	Patient	P.Value
Procurement of drugs and equipment required	4.56 ± 0.35	4.8± 0.05	4.15 ± 0.18	0.18
Help in performing excretory needs	3.2± 1.05	3.55± 0.85	3.4± 0.35	0.14
Move up and help transport the patient	3.8 ± 1.05	4.22± 0.36	3.91 ± 1.16	0.09
Get help on nutritional needs	3.10±0.35	3.20±0.05	3.55±0.85	0.4
Benchmark calculations based on a 5-0 Likert scale, the mean values were calculated.				

In relation to the provision of psychological support by the bedside, with all three groups agreed with this role. The study results about family engagement on decision making for treatment and care of patients showed significant differences (p<0.001) between the views of patients, nurses, head nurse were found (Table 3).

The results of study about family engagement for supplying voluntary care facilities showed that all three groups associated with the presence of clinical agreement (Table 4).

Discussion

We have collected very useful information from patients, nurses and nurse managers, about family engagement during hospitalization. The sample size has been limited to one hospital, for this reason generalization of the results to the rest of the population is not possible.

According to this study results, all groups (patients and nurse) were agree with keeping the attendant near the patient. But only in visiting time or in bedside rounds, the nurses, head nurses and supervisor are against the patient's view, so patients were agree to attendant presence on physician visit but nurses were not agree to presence of patient attendant at visiting time. In other all groups were agreed about the role of attendant in explain the problem, The help to transfer of the patient sentences in simple language, encourage the patient to talk related to disease but nurse group wasn't agree with family engagement during the round, while Some of the identified studies supported the idea that communication is improved when families are present also during the round[19, 20].

Family present in bedside rounds to improve the relationship between the family and the physicians, and the family's perception of teamwork[21,22]. The study conducted by Santiago et al., (2014) explores the attitudes and perceptions of multidisciplinary staff members. The study revealed also significant differences between groups concerning the opportunity to propose family members to participate in bedside rounds; among them, the more experienced nurses expressed the greatest reservation to their presence, while most doctors, Health Discipline (HD) and managers agreed to it. We cannot neglect the fact that, after rounds, nurses are often alone when confronted with the questions and doubts of patients' families[4, 12, 23].

It was interested that in the area of providing emotional support from the family at the bedside, all two groups were in agreement with presence of a family member at the bedside. The results of the present study is in agreement with some study in order to improve communication with the patient's family. The Patient and family engagement in health care cause patient safety, performance improvement committees ,and disclosing medical errors[12, 24]. It is this understanding that must be verified by the physician and who can then take advantage of this situation[25].

The major important result is related to statistical significant difference between patient and nurse perspective in family engagement on decision for treatment and patient care, in this study patients agreed that their family have Participation on treatment and health decision, implementation of treatment care, medical examinations and measures. This again highlights the desire on the part of the patient to be involved their attendant in patient care. In our study did not examine the views of doctors and maybe, one of the reasons of disagreement with the patient during treatment care, medical examinations, be contrary to the views of doctors and nurses. This finding also corroborates the findings of other studies so in Lag stein study, nurses and physicians, the presence of interfering factors associated with the patient at the time of the visit, staff were seen prolonged duration of regards worried. In addition, 64 percent of nurses and 66 percent of doctors believed that the presence of family for another patient who is admitted to the chamber during the same round is problematic, in Abebi et al study also we same result[12, 15]. Research studies of nurses has shown that many nurses believe that, lack of time, lack of training, knowledge and support to families with complex problems such as crowding of factors, lack of guidance and lack of clarity about responsibilities, for fear of conflict with physicians to disclose information, lack of emotional support, lack of internal discipline for nurses to accept the advice of the factors discouraging participation in family decision-patient medical treatment. Novice nurses as well as technical skills, study, knowledge, accuracy and speed in the implementation of the care plan are not sufficient, the unstable state of interaction with families who are faced with a problem. Feeling of uncertainty and discomfort with family members at the bedside of patients, especially those who closely monitor the performance of nurses, is other reasons for disagreement with the family of care during treatment[11]. But, The results of O'Connor and her colleagues studies, shows whether family members were present or not, the researchers found no differences in the thoroughness of the exams performed and the amount of time in which the medical teams carried out lifesaving procedures[26].

However, the data from our study show that attendant on the voluntary care facilities supplying all two groups agreed. But it is considerable that the nurse's perspective on family engagement is limited to accompany and facilitate on Implementation of voluntary Patient care and providing welfare facilities.

A similar study conducted by Qidwai and his partners included the patient attendant's views regarding their role in doctor-patient consultation. That their role is limited to accompany and facilitate the patients' visit to their physicians, shows the very strong desire that exists among them to have a role in the consultation and patient treatment[27].

Johnson's study confirmed this point that family centered care partners, families not be seen as a visitors, but as a stronger sympathetic to them as partners in the planning process since the adoption of integrated care, transmission, and clearance participate in the implementation of patient care. Examples of the way in today's increasingly growing family-centered care in hospitals, health systems, itinerant medicine is emerging. So that patients and their families are encouragement and support as an essential member of the health care team in all phases of care[25]. Brigitte S. Cypress reported, family presence at the bedside as a method to optimize patient care[28]. Assessment of nurses and patients' view about the importance and

benefits of family presence is vital in helping to establish evidence-based guidelines. Future directions of study include assessing the effect of the companion on the physician- patient relationship. From other view in today's health care market and hospital competition to absorb more clients , hospital bench marking speaking first and one of most important factors in hospitals bench marking is patients' satisfaction of hospitals care services also some studies shown that one of important factors in patients' satisfaction is the patients' interest to family attendant in bedside but in other hand almost it is seem that nurses and nurse managers are agree with presence of family for primary care and disagree with family presence at physician visit time, while some other studies shown that not only family presences isn't problem but also if they learn about attendant , they can so much helpful of course in patient emotional support and translate and transfer information from physician and nurse to patient and from patient to nurse that it also can decrease nurse work load. The policies and guidelines about the family presence during the time of hospitalization needs to be edited and reformed and this study's results can help nurse and nurse managers and hospital to modify some policy related to family attendant and as a result decrease nurse workload and other hand increase patients satisfaction about hospital services.

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