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)
It is important that nurses:

✓ Involve family members on behalf of the continuity of care of the patient \(\text{(Lowson, et al., 2013; Bridges, Flatley, & Meyer, 2010)}\)

✓ Collaborate with family members as partners in care \(\text{(Lindhardt, Rahm Hallberg, & Poulsen, 2008)}\)
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)

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 promotors 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

(5 response categories from ‘strongly disagree’ to ‘strongly agree’)

(Lindhardt, Nyberg, & Rahm Hallberg, 2008)
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’)


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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

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

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### Results

**FINC-NA**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Range</th>
<th>Mean sum score</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FamOR</td>
<td>5 - 20</td>
<td>13</td>
<td>3.2 (.64)</td>
</tr>
<tr>
<td>FamB*</td>
<td>5 - 20</td>
<td>16</td>
<td>3.9 (.64)</td>
</tr>
<tr>
<td>FamCP</td>
<td>8 - 40</td>
<td>27</td>
<td>3.3 (.53)</td>
</tr>
<tr>
<td>FamRNC</td>
<td>10 - 50</td>
<td>36</td>
<td>3.6 (.50)</td>
</tr>
<tr>
<td>FINC total</td>
<td>26-130</td>
<td>91</td>
<td>3.5 (.42)</td>
</tr>
</tbody>
</table>

* Scale was reversed

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Results: promotors & barriers of collaboration

I have sufficient knowledge for good collaboration with families
I have opportunities to care for patients in line with own values
I have enough knowledge of the patients that I discharge
I feel confident when I collaborate with family members
I miss knowledge about how to work with families*

*Item is reversed
## Results: Promotors & Barriers of Collaboration

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

* Items are reversed
Promotors & Barriers associated with nurses’ attitudes

I feel confident when I collaborate with family members

I have sufficient knowledge to create good collaboration with families

Department gives high priority to collaboration with families

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

* Spearman’s rank correlation

<table>
<thead>
<tr>
<th>Correlation</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>.424</td>
<td>&lt;.000</td>
</tr>
<tr>
<td>.379</td>
<td>&lt;.000</td>
</tr>
<tr>
<td>.288</td>
<td>&lt;.000</td>
</tr>
<tr>
<td>.269</td>
<td>&lt;.000</td>
</tr>
</tbody>
</table>
Promoters & Barriers associated with nurses’ attitudes

<table>
<thead>
<tr>
<th>Description</th>
<th>Correlation</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have enough knowledge of the patients that I discharge</td>
<td>.145</td>
<td>.022</td>
</tr>
<tr>
<td>I have the opportunity to care for patients in line with own values</td>
<td>.137</td>
<td>.030</td>
</tr>
<tr>
<td>I miss knowledge about how to work with families**</td>
<td>.131</td>
<td>.039</td>
</tr>
</tbody>
</table>

* Spearmans’ rank correlation
** Reversed
Discussion

Promoters 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

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Thank you for your attention