



**Predicting Factors Towards the Attitudes of Family Involvement in Nursing Care among Second-Year Nursing Students in a Selected School of Nursing in Sri Lanka**

\*<sup>1</sup>Dilrukshi, K. T., <sup>2</sup>Amarasekara. T. D.

<sup>1</sup>Faculty of Graduate Studies, Kaatsu International University, Sri Lanka.

<sup>2</sup>Faculty of Allied Health Sciences, University of Sri Jayewardenepura, Sri Lanka.

Email address of the corresponding author- \*tharudilruk17@gmail.com

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**ABSTRACT**

Family involvement is a vital component of patient-centered care. This study aimed to examine the predicting factors towards the attitudes of family involvement in care among second-year Nursing students in a selected School of Nursing in Sri Lanka. A descriptive cross-sectional study was conducted among nursing students (N=237) at the School of Nursing Kalutara. Convenience sampling method was used. A Families' Importance in Nursing Care – Nurses' Attitudes (FINC-NA) scale, which includes four dimensions: family as a conversational partner, a coping resource, a resource in nursing care, and a burden, was used to collect data. The scale's internal consistency was compared and assessed through Cronbach's alpha coefficient of more than 0.7. Both, descriptive and inferential statistics was used. The student nurses have positive attitudes toward family as a resource in nursing care (M= 37.69, SD = 4.62), and as a conversational partner (M=30.96, SD = 3.78). Family as a conversational partner significantly differs for males and females (t = -2.06, p=0.04). Female nursing students have a higher positive attitude toward family as a conversational partner (M=31.06, SD =3.76) than that of male nursing students (M= 29.77, SD = 3.77). According to

the individual significance values of the linear regression model, gender ( $\beta = 3.67$ ,  $t = 2.22$ ,  $p < 0.03$ ) presented a significant effect on the attitude of nursing students towards family involvement in nursing care. Cultural and regional influences on attitudes towards family involvement is still researchable. Further research is needed on this phenomenon.

## 1. INTRODUCTION

Family is a broad term that includes relatives, friends, neighbors, or other individuals significant to the patient (Benzein et al., 2008). Family is the unit of care (Bell, 2009). Family systems are affected when their members experience acute or chronic health problems (Shajan & Snell, 2019). The family might be involved in various supporting roles, such as accompanying the patient to health care appointments and procedures, providing emotional support, planning and care provision (Gusdal et al., 2017), and surrogate (proxy) decision-making (Shajan & Snell, 2019). The involvement of families in care benefits both patients and their families. Family members' involvement as care partners is key to quality nursing care (Astedt-Kurki et al., 2001).

Positive attitudes from nurses to actively involve the family are necessary to deliver a good quality of care in most hospital and healthcare settings. Nurse educators, clinical leaders and managers should facilitate education on the importance of families and active family involvement in patient care in clinical practice and undergraduate education (Hagedoorn et al., 2018). To enhance the family's active involvement, it should focus more on collaboration with families in the hospital setting and improve knowledge of how active family involvement affects patient care. This could lead to an expansion of family nursing in the overall clinical practice in Sri Lanka. Interventions need to be developed, tested, and translated into

practice to change the culture towards a more family-focused approach.

The literature about family involvement includes many mentions of nurses' positive and negative attitudes in this respect. Earlier studies have found that nurses consider families a resource and, sometimes, a challenge (Voltelen et al., 2016). When families are considered a resource, nurses find family involvement as a part of their job and important in delivering good care (Voltelen et al., 2016). In contrast, the literature shows that nurses have high resistance to involving family members in nursing care (Barreto et al., 2018). Less supportive attitudes toward families in nursing care have related to a difference in culture, demanding families, or suffering families (Voltelen et al., 2016). Long working experiences, higher educational level and training in family nursing, work in primary care and/or outpatient clinics and work in a unit with a family approach are the most common variables that affect positive attitudes towards family nursing (Barreto et al., 2022 & Gusdal et al., 2017). In contrast, Blöndal et al. (2014) determined that younger, less experienced nurses in the field (and those without experience) showed no interest in the family's participation in patient care. Hospital policies, guidelines, and the model used for family-centered care integration in the hospital system to facilitate the interaction between healthcare providers and family members (Shibily, 2021) affect the attitudes towards family involvement in nursing care. According to Gusdal et al. (2017), there is a significant association between the male gender and holding significantly less supportive attitudes toward viewing families as a resource in nursing care. In contrast, a study from Swedish nurses found that the female gender held positive attitudes toward family involvement in nursing care (Linnarsson et al., 2015).

Most of the studies have been conducted in other countries to examine the Nurses' attitudes

toward the importance of involving families in nursing care. There are limited studies done on nursing students' attitudes towards family involvement in nursing care. Therefore, it is a timely necessity to examine the Nursing students' attitudes toward family involvement in nursing care in Sri Lankan government Schools of Nursing and compare the outcomes for better nursing education in Sri Lanka. Hence, this study aimed to examine the predicting factors towards student nurses' attitudes regarding family involvement in nursing care in a selected School of Nursing in Sri Lanka. The specific objectives are to determine the level of nursing students' attitudes towards family involvement in nursing care and to identify predicting factors influencing nursing students' attitudes towards family involvement in nursing care.

## 2. MATERIALS AND METHODS

A descriptive cross-sectional study was conducted at the School of Nursing, Kalutara, which was one of the nursing training schools located in the Kalutara district. The population for the study was second-year student nurses, and there are 237 second-year nursing students consisting of both male and female students aged 22-28 (Data Base, SON Kalutara – 2023). A convenience sampling method was used, and the sample size was 237; the total population was taken as the sample. The data collection tool was a two-part questionnaire: Part A and Part B. Part A includes questions designed to collect socio-demographic and work-related data such as gender, age, any other training regarding family nursing and previous experience of having critically ill patients within the family. Part B consists of the Families' Importance in Nursing Care – Nurses' Attitudes (FINC-NA) scale, including four dimensions: family as a resource in nursing care, a conversational partner, a coping resource, and a burden (Benzein et al., 2008). The FINC-NA scale was used with permission from the original

authors. FINC-NA is a Likert-type scale, that has 26 items with five answer options, with a total score ranging from 26 to 130. FINC-NA is constructed as a summated scale, which implies that all responses on the items in each dimension are summed to a total score. Some items were reversed and scored before summed. In addition, it was started using a linear transformation of the scores into a 0-100 scale to make it possible to compare the subscales in within-person designs. The investigator used the following linear transformation to reach this:  $[(\text{Raw scale score} - \text{Lowest possible score}) / \text{possible score range}] \times 100$ . According to the authors' recommendation, using and presenting the original scoring was done to compare results between studies. However, the transformed scores were used as an addition to make comparisons within a person. The instrument was pretested with 20 students, similar to the selected sample. The internal consistency of the FINC-NA scale was compared and assessed through Cronbach's alpha coefficient, obtaining a score of more than 0.7. Both descriptive and inferential analysis were done by using IBM SPSS software version 25. Binary logistic regression analysis was employed to determine and report (Peng, Lee, & Ingersoll, 2002) the variables contributing to the variation in nurses' attitudes towards families' involvement in care in the total FINC-NA scale. One-way ANOVA and standardized mean scores were used to estimate the magnitude of the statistical effect. Ethics clearance was obtained from the relevant authorities.

## 3. RESULTS AND DISCUSSION

The response rate to the questionnaire was 91% (n = 217). The most participants were female (91.2%), and most belonged to the 23 -25 age group (82%). The student nurses have positive attitudes toward family as a resource in nursing care (M= 37.69, SD = 4.62), and as a conversational partner (M=30.96, SD = 3.78), while they have neutral attitudes

toward family as an own resource (M= 15.24, SD=2.28) and family as a care burden (M= 14.44, SD = 2.73). Family as a conversational partner is significantly different for males and females with  $t = -2.06, p=0.04$  at 5% level of significance. Hence, it can be stated that female nursing students have a higher positive attitude toward family as a conversational partner (M= 31.06, SD =3.76) than that of male nursing students (M = 29.77, SD = 3.77). The multivariable analysis was done, to identify predicting factors towards the attitudes of family involvement in Nursing care. The variables included age, gender, having had a seriously ill family member in need of care and having training regarding family nursing. There is no statistically significant difference in any attitudes according to age, having had a seriously ill family member in need of care and having training regarding family nursing (Table 01). According to the individual significance values of the linear regression model, it can be ascertained that only the Gender ( $\beta = 3.67, t = 2.22, p < 0.03$ ) presented a significant effect on the Attitude of nursing students towards family involvement in nursing care at 5% level.

		Fam-RNC	Fam-CP	Fam-OR	Fam-B	Overall Attitude
Gender	T	9.97	-2.06	0.48	-1.78	-1.78
	p-Value	0.333	<b>*0.040</b>	0.63	0.08	0.08
Age	F	0.20	0.93	0.57	0.77	0.49
	p-Value	0.90	0.43	0.64	0.51	0.69
Other Trainings	T	1.002	-0.18	1.39	0.27	0.82
	p-Value	0.32	0.86	0.17	0.79	0.41
Seriously Ill family member	T	0.43	1.19	-0.75	-1.63	0.04
	p-Value	0.67	0.23	0.46	0.10	0.97

Table 01: Independent sample t – test for predicting factors and Attitudes.

The results are similar to those obtained in other studies among nurses (Cranley et al., 2021; Benzein et al., 2008; Linnarsson et al., 2014). According to the authors of the original scale (Benzein et al., 2008), female nurses demonstrate, on average, more favourable attitudes towards families than male nurses. Cranley et al. (2021) found that gender influenced the overall scores in Ontario and Canada. This was largely derived from the Family as a conversational partner subscale. Male nurses were found to have fewer positive attitudes about family as a conversational partner than female nurses. However, the reason why gender differences exist is not clear; these findings may be due to cultural differences or differences between male and female communication styles (Street, 2002).

#### 4. CONCLUSION

Student nurses' attitudes toward family involvement in nursing care is significantly associated with gender. Overall attitude toward family involvement in nursing care is positive among male and female student nurses, who accept family as a resource in nursing care. However, male student nurses are more reluctant to accept family as a conversational partner than female student nurses. Cultural and regional influences on attitudes of family involvement are still researchable. Further research is needed on this phenomenon.

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