University of the Western Cape

Nurses' attitudes towards family importance in psychiatric care in a selected psychiatric hospital in the Western Cape Province.

Course: MNursing (Structured)

(Advanced Psychiatric Nursing)

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Abstract

Background: The family is regarded as a valued resource in the psychiatric care of mental health care users to promote recovery. However, nurses working in psychiatric care have varying attitudes about the importance of the family in the care of the mental health care user.

Aim: The purpose of this study was to describe nurses' attitudes towards the family's importance in psychiatric care in a selected psychiatric hospital in the Western Cape Province.

Methodology: A quantitative descriptive survey study was conducted using a self-administered questionnaire which included the Family Importance in Nursing Care- Nurses' Attitude (FINC-NA) scale. The setting was the biggest psychiatric hospital in the Western Cape which employs approximately 488 mental health nurses in different wards. Using all- inclusive sampling, data was collected self-administered paper-based and captured u sing the Statistical Package for the Social sciences version 28 (SPSS v28). Data analysis was done by analyzing the subsections of the scale using descriptive statistics.

Results: A total of 272 respondents completed the questionnaire (response rate of 55%). Overall respondents had positive attitudes towards the involvement of families in psychiatric care, with significant positive ratings for *Family as a resource in nursing care* and *Family as a conversational partner in psychiatric care* (3.22, ±0.48 and 3.21, ±0.49 respectively). *Family as its own resource* was rated significantly lower (3.08/4 ± 0.50). *Family as a Burden* was rated the lowest subsection, with family not viewed as a burden (1.85, ±0.68).

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Ethics: The study was approved by the UWC Biomedical Research Ethics Committee, and the Western Cape Department of Health and the Hospital Review Board. Principles of autonomy, beneficence and justice were applied. Written consent were obtained from all the participants, all information were gathered confidentiality and anonymity was applied.

Conclusion: Overall the respondents had positive attitudes towards the importance of the family in psychiatric care.

Keywords

Attitudes; Family; Family as a resource in nursing care; Family as a conversational partner in nursing care; Family as a burden in nursing care.

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Abbreviations

MHCU	Mental Health Care User
SPSS	Statistical Package for Social Sciences
UWC	University of the Western Cape
SANC	South African Nursing Council
DOH	Department of Health
FINC-NA	Family Importance in Nursing Care-Nurses' Attitude questionnaire
Fam-RNC	Family as a resource in nursing care
Fam-CP	Family as a conversational partner
Fam-B	Family as a burden
Fam-OR	Family as its own resource

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Declaration

I, Abuyile Wilson Xaso, declare that the research study titled **Nurses' attitudes towards the family's importance in psychiatric care in a selected psychiatric hospital in the Western Cape Province** is my original work, and this mini dissertation has not been previously submitted for examination or to any other institution. All the information I obtained and paraphrased from existing sources has been acknowledged by means of citation and full referencing.

Abuyile Wilson Xaso

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Firstly, I would like to give thanks and gratitude to the **God of Mount Zion** for giving me wisdom, courage, and strength throughout my academic journey. Without HIS GRACE, I would not have made it this far. Kea leboga **Kgomo**.

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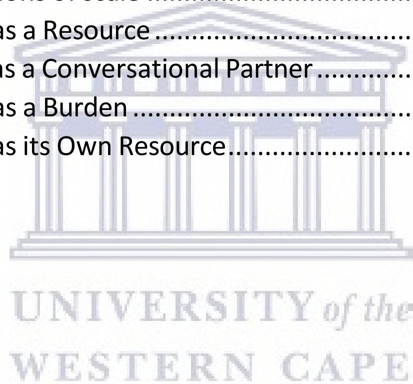
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CHAPTER 1:

ORIENTATION TO THE STUDY

1. Introduction

Families of mental health care users (MHCUs), often experience the dual stress of having a family member with a psychiatric diagnosis and having to share in the feelings of stigmatization and rejection (Sveinbjarnardottir, Svavarsdottir, & Saveman, 2011), which MHCUs often experience from health professionals and the public (Sun, Fan, Nie, Zhang, Hungs, He & Rosenbeck, 2014). Notwithstanding the importance of supporting families of MHCUs, the involvement of the family in psychiatric care can promote recovery for the person who is suffering from a mental illness and the family is regarded as a valued source of information in the treatment process (Sjöblom, Pejlert, & Asplund, 2005).

The promotion and facilitation of family-focused care practices is mostly the responsibility of nurses (Mackie, Marshall, & Mitchell, 2018). However, nurses' perspectives and attitudes on families of MHCUs may facilitate or inhibit family involvement in care (Mackie et al., 2018; Sun et al., 2014). The nurse's perspective, often based on personal traits, on the significance of family in the care process, can influence the relationships and involvement of families (Cranley et al., 2022).

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An essential prerequisite for welcoming and including families in nursing care is having a supportive attitude to encourage facilitating behaviors between nurses and families (Cranley et al., 2022). Benzein, Johansson, Årestedt, Berg and Saveman (2008) indicated that there has been a number of studies about the perspective of nurses' about families of patients, with some research showing that nurses generally have good sentiments toward the role of families in nursing care (Blöndal et al., 2014), leading to better communication, relationships,

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and outcomes (Cranley et al., 2022). However, less supportive attitudes may result in negative feelings among family members, such as feeling excluded and less empowered to participate in care (Cranley et al., 2022, Alfaro Díaz, Esandi Larramendi, Gutiérrez-Alemán, & Canga-Armayor, 2019). Some negative attitudes of support for involving families in nursing care were found among older nurses, nurses who have had more time in the profession, and who have had no prior exposure to the field of Family Nursing (Angelo, Cruz, Mekitarian, dos Santos, Martinho, & Martins, 2014). However, there have been some recorded challenges with involving families in nursing care due to lack of time and not being skilled in therapeutic conversations with families (Angelo et al., 2014).

Though numerous studies have been conducted internationally to describe nurses' perspectives on the value of family in psychiatric nursing care (Cranley et al., 2022), no published research on nurses' perceptions of the value of families in psychiatric care in South Africa were found. In this study, the term "family" is used broadly to refer to people who are important to the patient, such as friends, neighbors, and family members. Involving families in the care process is crucial for delivering family- and patient-centered care and ensuring the best possible patient outcomes (Cranley et al., 2022).

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2. Background

The family is the basic unit of care in society and involving family members as partners in nursing care is essential to delivering high-quality patient care (Cranley et al., 2022). The social network, especially friendships, of MHCUs can break down (Ewertzon, Lützén, Svensson, & Andershed, 2010), though close family members usually maintain their contact (Ewertzon et al., 2010). MHCUs, and especially MHCUs with severe mental illnesses such as schizophrenia,

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often receive considerable support, including care, from their families (Ness, Borg, Semb, & Topor, 2016; Gavois, Rdm, Lecturer, & Fridlund., 2006). Family members may take on a variety of supportive activities, including attending the patient to medical visits and treatments, offering emotional support, giving care, making decisions (Cranley et al., 2022), and being personal assistants (Ness et al., 2016).

The involvement of family in psychiatric nursing care is believed to improve the quality of health care (Blomqvist & Ziegert, 2011), with evidence showing that family involvement in nursing care has benefits for both the patient and the family (Mackie, Marshall, Mitchell, & Ireland, 2018). Partnerships with the family can enable the provision of holistic nursing care (Mackie et al., 2018). This is often referred to as *Patient-and-Family-Centred-Care approaches* with the underlying premise that the integration of patients and families in nursing care promotes self-determination and patient comfort (Mackie et al., 2018). Through this approach, cultural and emotional needs of patients are treated with dignity and respect (Mackie et al., 2018). In this approach, the family is viewed as source of support as they believe that the social and emotional support provided by family to acute ill patients helps to reduce emotional vulnerability of patients and improves their sense of well-being (Mackie et al., 2018). Separate to the therapeutic role where nurses regard family involvement in psychiatric nursing care as important to promote recovery, the family is also regarded as a resource in psychiatric nursing care as family members can provide important information about the MHCU (Benzein, Johansson, Årestedt, & Saveman, 2008).

It is thus important to form therapeutic relationships with the families (Benzein et al., 2008), so as to reduce the family burden and that it enhances the recovery of a person suffering from severe mental illness (Sjöblom et al., 2005). However, nurses frequently face difficulties or

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dilemmas when providing family support (Hsiao & Tsai, 2015). Firstly, family members of MHCUs frequently face accumulating demands and may go through a range of emotions (Hsiao, Lu, & Tsai, 2019), including worry, fear, uncertainty, and depression (Alfaro Díaz et al., 2019). Additionally, frequent hospital visits interrupts family life, affecting the relationships and overall health of the family (Alfaro Díaz et al., 2019). To involve the families of MHCUs in nursing care, nurses must also care for both for the patient and family, needing to balance the needs of both parties (Angelo et al., 2014), and the demands of MHCUs are frequently put first at the expense of the significance of families (Hsiao & Tsai, 2015). This may result in a feeling that families are viewed as an additional burden, which could prevent nurses involving families constructively in the planning of nursing care (Alfaro Díaz et al., 2019).

Secondly, negative attitudes may also be a challenge and may be related to beliefs that the MCHU's family should have little to no input into care and that their presence may negatively affect nurses' performance (Alfaro Díaz et al., 2019). This may be due to a lack of understanding and expertise in family-centered approaches, a lack of training and lack of time which are all obstacles for family care involvement (Angelo et al., 2014).

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Because of these factors, the importance of the family in nursing care in mental health services is not routinely recognized (Hsiao & Tsai, 2015). This study describes nurses' attitudes towards the family's importance in psychiatric nursing care in a selected psychiatric hospital in the Western Cape Province. Knowing how nurses view the role of families in nursing care could help create educational initiatives or interventions that encourage teamwork and partnerships in care, as well as organizational or policy changes that incorporate families in care (Cranley et al., 2022).

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3. Problem statement

Family involvement in psychiatric nursing care is important as it promotes recovery for MHCUs and is believed to reduce the family burden (Ewertzon et al., 2018). However, families often feel that they are not consulted in the planning process of care for their loved ones (Ewertzon et al., 2010). This involvement of family members in nursing care is influenced by the attitudes and willingness of nurses and other health care workers in psychiatry (Hörberg, Benzein, Erlingsson, & Syrén, 2015).

Internationally, various studies have described nurses' attitudes towards the importance of family in psychiatric care. A study in China demonstrated that positive attitudes towards the involvement of families in psychiatric care, resulted in improved community-based treatments and social reintegration for psychiatric patients (Sun et al., 2014). Similarly, Swedish nurses who reported positive attitudes towards families, encouraged therapeutic conversations with families (Sveinbjarnardottir et al., 2011).

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No published studies in South Africa on nurses' attitudes towards the importance of families in psychiatry nursing care could be found. Therefore, this study aims to describe nurses working a psychiatric facility in the Western Cape's attitudes towards the importance of family in psychiatric care.

4. The Study

4.1. Aim

The purpose of the study is to describe nurses' attitudes towards the family's importance in psychiatric care in a selected psychiatric hospital in the Western Cape Province.

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4.2. Objectives

1. To describe nurses' attitudes towards the family as a resource in psychiatric care.
2. To describe nurses' attitudes towards the family as conversational partner in psychiatric care.
3. To describe nurses' attitudes towards the family as a burden in psychiatric care.
4. To describe nurses' attitudes on the family as its 'own resource' in psychiatric care.

4.3. Definitions

Table 1: Operational definitions

Term	Definition
Attitude	Attitude as a concept, refers to an evaluation of a psychological object captured in dimensions such as good–bad and likable–dislikable (Blöndal et al., 2014). *Operational definition:* how nurses' feel and think about family's importance in psychiatric care as measured by the Family Importance in Nursing Care-Nurses' Attitude (FINC) questionnaire (Benzein et al., 2008)
Family	For the purpose of this study family is defined and used in an extended sense that allows family members who are related by blood and those who are significant to the person to be defined as family (Sjöblom et al., 2005).
Family as a resource in nursing care (FAM-RNC)	*Operational definition:* How positive nurses are toward family presence and their involvement in care as a resource as measured by the Family Importance in Nursing Care-Nurses' Attitude (FINC) questionnaire (Benzein et al., 2008)
Family as a conversational partner in nursing care (FAM-CP)	*Operational definition:* Acknowledging the family communication and conversations between nurses and families as measured by the Family Importance in Nursing Care-Nurses' Attitude (FINC) questionnaire (Benzein et al., 2008))
Family as a burden in nursing care (FAM-B)	*Operational definition:* Expressing negative attitudes toward families and viewing the family a burden as measured by the Family Importance in Nursing Care-Nurses' Attitude (FINC) questionnaire (Benzein et al., 2008)
Family as its own resource in nursing care (FAM-OR)	*Operational definition:* Families' own coping and being an 'own resource' as measured by the Family Importance in Nursing Care-Nurses' Attitude (FINC) questionnaire (Benzein et al., 2008)

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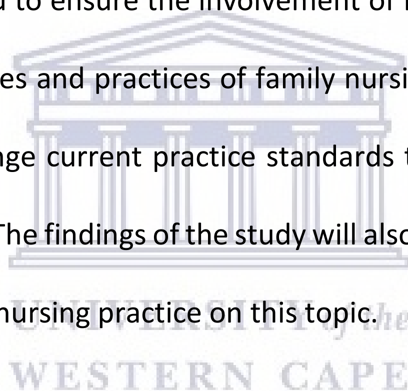
Term	Definition
Nurse working in psychiatric care	*Operational definition:* A nurse is defined as any person(s) registered or enrolled by the South African Nursing Council (SANC). For this study, nurse working in psychiatric care is any classification of nurse working in psychiatric hospital. This includes Enrolled Nurse Assistants, Enrolled Nurse, Registered Nurse, Advance Psychiatric Nurse Practitioner
Psychiatric care	*Operational definition:* Psychiatric care refers to psychiatric nursing care and may be used interchangeably with psychiatric nursing care in the text of the Thesis.

4.4. Significance of the study

The results of the study may contribute to the awareness of the attitudes of nurses about the importance of family care and this will enable education programmes and policies in the selected hospital be considered to ensure the involvement of families in the care of MHCUs. Exposing nurses to the principles and practices of family nursing can improve their capacity to cope with families and change current practice standards to ones that are more family-centered (Angelo et al., 2014). The findings of the study will also add on existing literature and in order to ultimately improve nursing practice on this topic.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5. Layout of the Thesis

CHAPTER ONE: This chapter includes an overview of the study: introduction, background, problem statement, aim, objectives, definition of key concepts, significance of study, outline of the chapters and a summary of the chapter.

CHAPTER TWO: This chapter provides an overview of the literature on nurses' attitudes towards the family's importance in psychiatric care.

CHAPTER THREE: This chapter describes the research methodology that was used to investigate the research problem. The chapter further discusses in detail, the research design, population, sampling, data collection, data analysis and ethical considerations.

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CHAPTER FOUR: This chapter presents the findings of the study in line with the objectives of this study.

CHAPTER FIVE: This chapter discusses in-depth the findings of the study regarding nurses' attitudes towards the family's importance in psychiatric care in the context of available literature.

CHAPTER SIX: This chapter provides an overall summary of the study. The recommendation of the researcher and study limitations are briefly discussed, and the study conclusion presented.

6. Summary

Chapter one highlighted the aim of study, objectives, significance of the study and the overall layout of all six chapters .

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Chapter 2:

Literature review

1. Introduction

This chapter summarises the literature surrounding nurses' views towards the importance involvement of family in psychiatric care. It includes a discussion on the impact of mental illness on families, family centred care and the role of the family in psychiatric nursing care (with a specific focus on the family as a resource in nursing care, family as conversational partner, family as a burden and family as its own resource), nursing attitudes and challenges towards the involvement of the family and how it is affected by different factors.

2. Families and mental illness

A study by Sjöblom et al. (2005) found that nurses reported that families experienced the following behaviors if a family member has a mental illness, namely: ***Shame***: Nurses reported that many families feel embarrassed about family members, may hide them from friends and the society (Sjöblom et al., 2005). ***Loyalty to family member***: Being loyal to a family member may result in the family getting in the way of nurses when providing care, often due to a lack of trust in the care of nursing staff (Sjöblom et al., 2005). ***Isolation and need for support***: Families may distance themselves from the ill family member, especially if they have had a hard time in caring for the person over a long period of time (Sjöblom et al., 2005). Consequently, this may result in both the family member with mental illness and the family may be isolated and in need of support (Sjöblom et al., 2005). ***Attachment***: As family members often take the responsibility of ensuring that the daily basic needs of the MHCU is met, the admission may

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experience a break in attachment which may be frustrating (Sjöblom et al., 2005). ***Powerlessness***: Family members often feel powerless as they do not know what to do when a family member is mentally ill, especially the fact that procedures must be followed before the patient is admitted (Sjöblom et al., 2005).

3. The role of the family in psychiatric care

3.1. Patient and family-centred care

Patient family- centred care is an approach where the patient's experience is intrinsically. connected with the empowerment and engagement of patients and families in all aspects of care (Vermoch & Bunting, 2010). This approach advocates improving patient experience by viewing every care experience through the eyes of the patient and family and adhering to the following strategies to ensure a patient and family- centred care culture: Leadership, treating patients and families with dignity and respect, information sharing between health care workers and families and patients, participation, and collaboration in care planning (Vermoch & Bunting, 2010).

3.2. Patient and family-centred care in psychiatric care

Involving the family in care will potentially result in the patients' recovery and a patient and family- centred approach is central in psychiatric care (Williams, 2014). Patient and family-centred care within mental health has the potential to create a culture that values and includes patients and families, which in turn results in autonomy, self-confidence, and empowerment (Williams, 2014). A qualitative meta-synthesis on Patient and Family-Centred Care revealed three major elements: (1) family and patient engagement on an emotional

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and social level; (2) patients and family's empowerment as part of the care process; and (3) patients and families experienced care as effective at addressing their individual needs (Allen, Scarinci & Hickson, 2018).

3.3. Forms of family involvement in psychiatric care

In psychiatric care the involvement of family members is vital in the recovery of the person who has a mental illness (Ewertzon et al., 2010). Involvement of family members in psychiatric care, enables the MHCU to receive support, the nurses to receive important information and it enables family members to participate in the care (Ewertzon et al., 2018). Consequently, this may reduce the burden to the family (Sjöblom et al., 2005). Ewertzon et al., (2010) further argues that family involvement in psychiatric care depends on how the family members experience the nurses' approach with reports of feelings of alienation due to lack of time to share their knowledge and experiences and the lack of respect and poor communication (Ewertzon et al., 2010).

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Involving the family may be done in the following areas of nursing care: decision making, provision of health care information their loved ones' mental health progress (Williams, 2014). Benzein et al., (2008) identified the role of the family as the following: (a) family as a resource in nursing care (Fam-RNC); (b) as a conversational partner (Fam-CP) (c) family as a burden (Fam-B)) and (d) family as its own resource (Fam-OR).

3.3.1. Family as a resource

Viewing families as a resource refers to focusing on a positive attitude towards families and valuing their presence in nursing care (Benzein et al., 2008). A study in Sweden have shown that nurses report that they receive a lot of useful knowledge from families and that the

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presence of family members provides a feeling of security and eases workload (Østergaard et al., 2020).

3.3.2. Family as a conversational partner

Viewing families as conversational partners refers to focusing on the importance of engaging with the patient's family members and having a dialogue with them (Benzein et al., 2008). This included inviting family members to speak about changes in the patient's condition and inviting family members to actively take part in the patient's care (Østergaard et al., 2020). Studies have shown that nurses' positive attitude towards the importance of family in psychiatric care is demonstrated by an appreciation for the family as a conversational partner (Sveinbjarnardottir et al., 2011). Family members have valued information about the patient, their involvement promotes recovery and enables the family to become its own resource (Sveinbjarnardottir et al., 2011).

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3.3.3. Family as a burden

Viewing families as a burden refers to focusing on negative statements about the family (Benzein et al., 2008). Viewing the family as a burden relates to not having time to take care of families and the fact that the presence of family members causes stress (Østergaard et al., 2020). This may also be due to nurses who may find themselves in loyalty conflict where they have to be loyal both to the patient and the family (Sveinbjarnardottir et al., 2011). One study reported that nurses' felt that communicating with the family was a burden as they do not have time to talk to families (Sveinbjarnardottir et al., 2011).

3.3.4. Family as its own resource

Viewing families as their own resource refers to focusing on acknowledging families as having their own resources for coping (Benzein et al., 2008). This involves considering family

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members as cooperating partners and themselves as a resource which would enable family members to cope with situations by themselves (Østergaard et al., 2020).

4. Nursing attitudes towards family involvement in psychiatric care

Attitudes are 'likes' and 'dislikes' (Blöndal et al., 2014), which in this context relate to how nurses' feel and think about family's importance in psychiatric care. In the past, little was known about the nurses' perspectives on the value of families in psychiatric facilities (Reed, F., & Fitzgerald, L., 2005; Sjöblom et al., 2005). However, this has changed with researchers finding it important to determine and describe nurses' attitudes towards the importance of family in psychiatric care (Sveinbjarnardottir et al., 2011). To examine and understand attitudes towards the involvement of families in psychiatric care, it is also important to understand the nurses' attitudes towards mental illness and MHCUs.

4.1. Nursing attitudes towards mental illness and MHCUs

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Al-Awadhi, Atawneh, Alalyan, Shahid, Al-Alkhadhari, & Zahid (2017) investigated nurses' attitudes towards patients with mental illness in a general hospital in Kuwait and found high levels of discrimination and stigma by health care professionals in Kuwait. The authors reported that stigma and discrimination towards MHCUs may result in seeking alternate healers for assistance (Al-Awadhi et al., 2017). Similarly, Sahile, Yitayih, Yeshanew, Ayelegne, & Mihiretu (2019) investigated primary health care nurses' attitudes towards people with severe mental disorders in Addis Ababa, Ethiopia and found that negative attitudes and discriminatory behaviours of health professionals were the major obstacle in the psychiatric care system (Sahile et al., 2019).

An older study in 2004, postulated that attitudes are formed based on the information obtained by nurses before any exposure to those with mental illness (Jackson & Francis,

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2004). Similarly, a survey in South Africa found that personal characteristics of mental health nurses, including the educational level attained, the number of years of experience and the professional qualifications obtained, may have an impact on attitudes nurses have toward patients (SANC, 2020). Similar findings were made in an older study conducted in rural Australia, where the authors discovered that while there was dislike and fear, receiving assistance and knowledge led to increasing comfort (Reed & Fitzgerald, 2005).

4.2. Nursing attitudes towards family involvement

Nurses' attitudes may promote or hinder family involvement in nursing care (Mackie et al., 2018). Positive attitudes towards mental illness will both help the families and the nursing staff to change and work towards family-oriented care approach (Sjöblom et al., 2005). The literature reports that nurses' who have experienced serious mental illness in their own families and have more experience in psychiatric care these nurses' show more positive attitudes towards family involvement compared to the inexperienced new nurses (Ewertzon et al., 2010). Nurses with positive attitudes are more likely to involve families in the care of MHCUs and nurses with negatives attitudes are less likely to involve families in nursing care (Blöndal et al., 2014). Studies in other health areas such as patients with heart failure also showed that nurses were supportive towards involving patients. (Gusdal, Josefsson, Thors Adolfsson, & Martin, 2017).

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5. Challenges experienced by nurses towards family involvement.

Several factors may contribute to nurses not involving the family in the care of the MCHUs. Firstly, these may include a lack of resources at organizational level, lack the knowledge and skills and a lack of mentoring for supervision when working with families (Korhonen,

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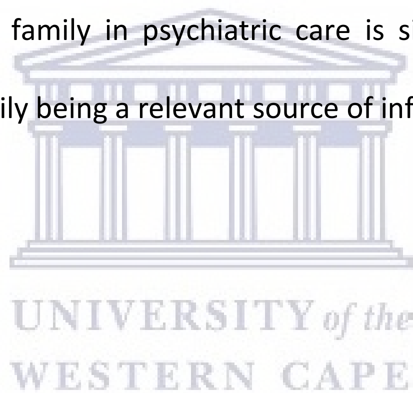
Vehviläinen-Julkunen, & Pietilä, 2008). Secondly, negative attitudes, stigma associated with mental illness, lack of communication with families and the unavailability of families and their fears were also identified as barriers (Korhonen et al., 2008). A third major issue is the long-term hospitalisation of MHCUs receiving treatment at mental hospitals rather than at home, presenting a challenge to engage with the family and may contribute to the negative recovery of the patients (Hinkelman & Granello, 2003).

6. Summary

The literature review chapter dealt with the role of the family in mental health care and reviewed factors that affect how nurses interact with the mentally ill, their communities and their families. Involvement of family in psychiatric care is significant as it promotes the recovery of the MHCU and family being a relevant source of information for nurses.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CHAPTER 3:

METHODOLODY

1. Introduction

The research methodology applied to conduct this study is presented in this chapter. This includes the research approach, research design, research setting, population, sample, data collection method, the instrument utilized, the data collection and analysis processes, and ethical issues.

2. Research Approach

A quantitative research approach has been used in this study to describe nurses' attitudes towards the family's importance in psychiatric care. A quantitative research approach is a systematic and objective investigation using numerical data from a sample or population to generalize the findings (Polit & Beck, 2014). In a quantitative approach, data is gathered by the researcher using questionnaires.

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3. Research Design

Burns, Grove, & Gray (2011) describes a research design as a 'blueprint for conducting a study and that the design must be specific to a study'. A survey is a nonexperimental design that can be classified further as descriptive, exploratory, and comparative (LoBiondo-Wood & Haber, 2018). A quantitative descriptive survey study design was used with a self-administered questionnaire for this study. The goal of the descriptive survey study design is to learn more about the characteristics of a particular field of study using variables such as attitudes, facts or opinions collected using questionnaires (Burns et al., 2011). As the aim of this study is to describe nurses' attitudes towards the family's importance in psychiatric care,

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a descriptive survey study design was chosen as a most effective method (LoBiondo-Wood & Haber, 2018).

4. Research Setting

A research setting is described as a specific location or locations where data for a particular study are gathered (Brink, Van der Walt & Van Rensburg, 2012). In the Western Cape there are four psychiatric hospitals. The study selected one hospital with a total bed capacity of 722 beds. This hospital is the biggest in the province and employs 488 nurses of all categories. This setting is selected for its diversity of psychiatric units thereby enabling the inclusion of nurses in different kinds of psychiatric care, e.g. Child and Adolescent, acute and long-term, long-term forensic and Intellectual Disability.

5. Population and sample

All elements (people, things, or substances) that meet the requirements to be included in a study are collectively referred to as the population (Burns et al., 2011). A sample is a portion of the population that is chosen for a certain study (Burns et al., 2011).

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5.1. Population

The population was all 488 nurses employed at the selected psychiatric hospital in the Western Cape, South Africa. The population included all categories nurses namely, Enrolled Nurse Assistance, Enrolled Nurse, Registered Nurse/Professional nurse, Advance Psychiatric Nurse Practitioner.

5.2. Sampling

According to Brink et al. (2012), a sample is a subset of the largest set, a part or percentage of the whole, or a set chosen by the researcher for inclusion in a study. An all-inclusive

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sampling is when the researcher includes the entire set of individuals or elements who meet the inclusion criteria (Burns et al., 2011). Though all-inclusive sample collection was selected, it was calculated that a sample of 269 would be adequate (using a population of 488, 4% error and 95% confidence intervals).

5.3. Inclusion criteria

The inclusion criterium was any category of nurses working at the selected psychiatric hospital in the Western Cape who was willing and available to participate in the study. The categories include Enrolled Nurse Assistance, Enrolled Nurse, Registered Nurse/Professional Nurse, and Advance Psychiatric Nurse Practitioner. No exclusion criteria were applied.

6. Data collection

Burns et al. (2011), defined data collection as the systematic, correct gathering of information relevant to the research question, specific objectives, or the study's research aim.

7. Data collection Instrument

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According to Brink et al. (2012), an instrument is a tool used to gather data for a research project. A self-administered questionnaire was used which included a well validated standardized scale, the Family Importance in Nursing Care-Nurses' Attitude (FINC-NA) scale was used for this study to collect data (Benzein et al., 2008). The language of instruction was English because it is widely used in the setting. Information gathered between November 2021 and May 2022. The questionnaire included 2 sections:

- Section A: Demographics with 5 items to collect demographic information. Gender, Age, work experience, experience of serious mental illness in own family and qualification**.**
- Section B: The Nursing Care-Nurses' Attitude (FINC-NA) scale with 4 sub-sections: the Family as a resource in nursing care (Fam-RNC) with 10 items (α = .800); family as a

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conversational partner (Fam-CP) with 8 items (α = .780); family as a burden (Fam-B) with 4 items (α = .690); and finally, family as its own resource (Fam-OR), consisting of 4 items that relate to the families' own coping system as well as support from nurses (α = .70) (Benzein et al., 2008). The responses in the scale are based on a four-option Likert scale varying from completely agree (score 4) to completely disagree (score 1). The total score of the tool ranges from 26 (minimum) to 130 (maximum) with higher scores reflecting more positive attitudes of nurses towards family importance in care (Benzein, et al., 2008). Scores for the Fam-B subscale were reverse scored before analysis was recommended (Benzein et al., 2008). The tool has good psychometric properties with an internal constancy of α =.864 to .88 (Benzein et al., 2008; Imanipour & Kiwanuka, 2020)

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7.1. Validity

The ability of an instrument to measure the variable that it is designed to measure is referred to as validity (Brink et al., 2012). Face validity tests whether the instrument appears to be assessing the key questions (LoBiondo-Wood & Haber, 2018). In this study, the instrument's content was viewed by the research supervisor, a mental health nurse, who has assessed whether it seems to reflect the idea the researcher was trying to measure and face validity was accepted (LoBiondo-Wood & Haber, 2018). The term "content validity" refers to the assessment of how accurately the instrument employed represents all the variables being measured (Brink et al., 2012). Content validity is shown in Table 2

7.2. Reliability – internal consistency

In terms of reliability, the ability of the informants to be consistent, stable, and repeatable as well as that of the researcher to gather and record information accurately are both important (Brink et al., 2012). Reliability of the scale has been found to be reliable to measure nurses'

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attitudes regarding the importance of families in nursing care. One aspect of reliability, i.e. internal consistency was reported as good with Cronbach's alpha =.88 for the total instrument and .69 to .80 for the four subscales (Benzein et al., 2008). In this study, internal consistency was also measured by the Cronbach's Alpha (α=.931) and the subsection alphas are reported in Table 2.

Table 2: Content Validity and Reliability

Objectives	Questionnaire	Cronbach's alpha (α)
To describe nurses' attitudes towards the importance of families in psychiatric care.	6-15	.894
To describe nurses' attitudes towards the family as conversational partner in psychiatric care.	16-23	.908
To describe nurses' attitudes towards the family as a burden in psychiatric care.	24-27	.894*
To describe nurses' attitudes on the family as its own resource in the psychiatric care.	28-31	.810

*Burden items reversed

7.3. Reliability - Pretest

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The pre-test is intended to ascertain whether the instrument is well-written, devoid of significant biases, and appropriate for the type of information, according to Brink et al. (2012). A pretest was not conducted as no negative feedback on questionnaire was received on the initial administration.

8. Data collection process

Permission letters to conduct the study from UWC Biomedical Research Ethics Committee (BMREC), Western Cape Department of Health (D0H) and the Hospital Review Board were obtained first. The researcher then requested permission from the unit manager of the wards over the phone or via email. When the unit managers gave permission, The study's researcher intended for both daytime and nighttime shift nurses to know about

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the study. The researcher went to present the study on different shifts, this enabled nurses to receive information about the study and to ask questions related to the study. Then nurses that were willing to participate were enrolled and collected data between November 2021 and May 2022. The questionnaires, information sheets, and informed consent forms were handed out to the respondents and the researcher adhered to all requirements as per COVID-19 situation protocols required by the facility. A box that was protected and secured were left outside the nursing station with a clear label survey questionnaires so that it is secured.

9. Data analysis

The information was captured and cleaned using the Statistical Package for the Social sciences version 28 (SPSS v28). The response rate was calculated and presented by nurse category. The demographic data was described using descriptive statistics. The FINC-NA was scored using the instrument instructions with Scores for the Family as a Burden subscale were reversed before analyzing as recommended (Benzein et al., 2008). Total score for the instrument ranges from 26 to 130, where higher numbers indicate more positive attitudes (Benzein et al., 2008). For the domains, 95% Confidence Intervals were calculated. Associations between demographics and FINC-NA scores were calculated using Kruskal-Wallis Independent Samples (K) tests and Mann-Whitney U Tests (U) due to the data not being normally distributed

10. Ethical considerations

The study was approved by the UWC Biomedical Research Ethics Committee (BMREC), reference BM20/10/5. The approval letter was then sent to the Western Cape Department of Health (D0H) and the Hospital Review Board of the selected hospital to ask for permission to conduct the study. The Western Cape DOH and the Hospital Review Board gave permission letters to continue with

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the study. The researcher then contacted unit managers of the wards via an electronic mail to ask for permission to present the study. After permission was granted, the researcher presented the study for both day and night duty nurses as these nurses rotate throughout the year enabling all of them to interact with families. An informed consent form including study details, potential hazards, and expectations was provided to respondents before participating to the study.

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3.9.1 Informed consent

According to Brink et al. (2012), It is crucial for the researcher to ensure that the respondent is not forced. Respondents were informed that involvement on the study is voluntary, and they were given consent forms to give informed consent. However, they were notified that they have the right to withdraw at any point of the study without having to give explanation of their withdrawal.

10.1. Confidentiality and Anonymity

Confidentiality and anonymity was ensured by making sure that there is no confidential information that is shared with other parties for example personal information, the respondent's identification was kept anonymous, and all hard copies of data is locked away for security reasons for a period of 5 years. The respondent's identification on the informed consent were coded in numbers to maintain strict confidentiality.

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10.2. Ethical principle of respect for persons

Individuals have the right to self-determination since they are independent (Brink et al., 2012). In this study respondents had the right to choose to or not to participate as informed consent was handed out. The researcher did not buy any gifts to win or to force respondents to participate in this study. The researcher applied the principles of autonomy and treated the respondents with respect and dignity.

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10.3. Ethical principle of beneficence

Respondents have a right to safety against discomfort and harm, whether they be spiritual, emotional, physical, psychological, social, or legal (Brink et al., 2012). To prevent harm to the respondents the researcher provided enough information about the study and the procedures that were followed. This information enabled respondents to be aware of any possible risks before they participated in the study and made them aware that they might withdraw from the study at any time when they desired. In this way the researcher ensured the respondents were safe from any form discomfort or harm. However, the counseling services at the University of the Western Cape were available to assist if any discomfort or harm took place.

10.4. Ethical principle of justice.

Respondents were fairly chosen by the researcher based on the research problem, not because they were simply available or manipulable (Brink et al., 2012). Confidentiality concerns were considered and implemented as agreed with respondents that codes will be used instead of identification information. This has allowed the respondents to trust the researcher with their personal information.

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11. Summary

The aim of this study was to describe nurses' attitudes towards the family's importance in psychiatric care. This chapter discussed the processes applied in this study namely, research approach, research design, research setting, population, sample, data collection method, reliability, validity of the instrument utilized, data analysis, and ethical issues pertaining to the study.

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CHAPTER FOUR:

RESULTS

1. Introduction

This chapter entails the findings of data that was collected between November 2021 and May 2022, regarding nurses' attitudes towards family importance in psychiatric care in a selected psychiatric hospital in the Western Cape Province. The socio-demographic variables of respondents are outlined in this chapter as well as the main objectives of that study as follows:

1. To describe nurses' attitudes towards the importance of families as a resource in psychiatric care.
2. To describe nurses' attitudes towards the family as conversational partner in psychiatric care.
3. To describe nurses' attitudes towards the family as a burden in psychiatric care.
4. To describe nurses' attitudes on the family as its 'own resource' in psychiatric care.

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2. Sample realization

The hospital is the biggest in the province and employs a total of 488 nurses of all categories. An all-inclusive sampling was employed as these nurses represent the total population of nurses working at this selected psychiatric hospital in the Western Cape. A total of 488 questionnaires were given to the nurses in the different units. A total of 272

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questionnaires were completed with no missing data and submitted to the questionnaire boxes, resulting in a response rate of 55%.

3. Demographics of respondents

Over half of the respondents were female (157, 57.7%) with 115 male respondents (42.3%). The average age was 37.9 (10.18) years with an average of 9.9 (±9.17) years of work experience. In terms of professional nurse categories: most of the respondents were enrolled as assistant nurses (127, 46.7%), followed by 65 (23.9%) registered nurse/professional nurses', and 44 (16.2%) enrolled nurses. Only 36 (13.2%) of the respondents were advanced psychiatric nurse practitioners (Table 3). In terms of experience with mental illness in their own families, 195 (71.7%) of the respondents reported that they had no experience of serious mental illness in their own family and just over a quarter 75, (27.6%) have had experience of serious mental illness in their own family (Table 3).

Table 3: Demographics of respondents

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Items	Outcome
Gender	
Female	157 (57.7%)
Male	115 (42.3%)
Age (m, sd)	37.9 (±10.18)
Work Experience (years) (m, sd)	9.9 (±9.17)
Experience of serious mental illness in own family	
Yes	75 (27.6%)
Qualification	
Enrolled assistant nurse	127 (46.7%)
Registered nurse/Professional nurse	65 (23.9%)
Enrolled nurse	44 (16.2%)
Advanced psychiatric nurse practitioner	36 (13.2%)

m=mean and sd=standard deviation

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4. Overall attitudes to importance of family involvement in psychiatric care

The total score of the tool ranges from 26 (minimum) to 130 (maximum) with higher scores reflecting more positive attitudes of nurses towards family importance in care (Benzein, et al., 2008). The respondents had an average attitude score of 82.86 (±10.46, median 82, [95%CI 81.57 – 84.15]). Note – FAM-B items were reversed for total score. No significant differences in the total FAM score across categories of demographic variables were found.

5. Attitudes towards the importance of families in psychiatric care.

Attitudes towards the importance of families in psychiatric care was measured in terms of four subsections: 1) The family as a resource in psychiatric care (FAM-RNC); 2) Family as a conversational partner (FAM-CP); 3) Family as a burden (FAM-B); and 4) Family as its own resource (FAM-OR). Please note abbreviations are from the original tool.

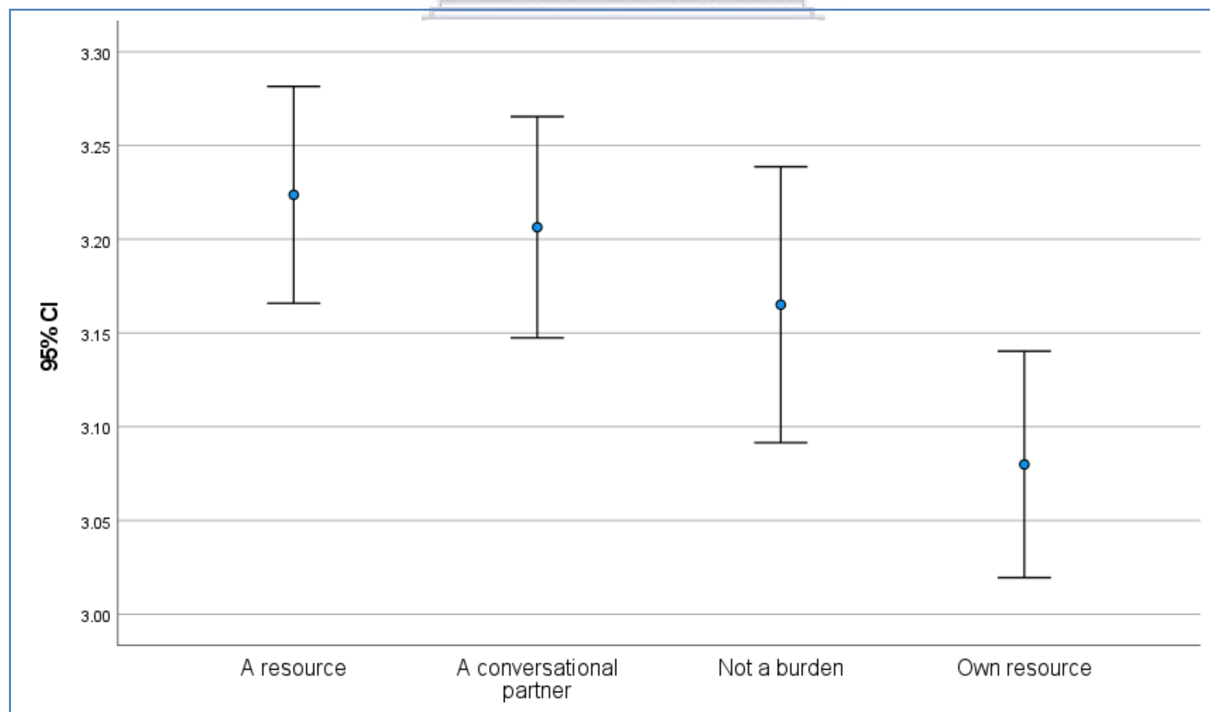

Figure 1: Mean ratings for subsections of scale

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Overall respondents rated the *Family as a resource in nursing care* (FAM-RNC) and *Family as a conversational partner in psychiatric care* (FAM-CP) with higher mean scores (3.22, ±0.48 and 3.21, ±0.49) respectively*. Family as its own resource* (FAM-OR) was rated significantly lower with an average score of 3.08 (±.50) (Figure 1 and Table 4). There were no significant differences in the ratings of the sub-sections. *Family as a Burden* was rated the lowest as it was a negative sub-section with an average rating of 1.85 (±0.68), which was significantly lower than the other sub-sections, but when reversed was the third highest rated sub-section with an average of 3.17 (±0.62) (Table 4).

Table 4: Importance of families in psychiatric care

Positive Sub-section	**Mean(sd) [95% CI]**
Family as a resource in nursing	3.22 (±0.48) [3.16-3.28]
Family as a conversational partner	3.21 (±0.49) [3.15-3.26]
Family as (NOT) a burden in psychiatric care	3.16 (±0.62) [3.09-3.24]
Family as its own resource in psychiatric care	3.08 (±0.50) [3.02-3.14]
Negative Sub-section	
Family as a burden in psychiatric care	1.85 (±0.68) [1.77-1.93]

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5.1. The family as a resource in psychiatric care (FAM-RNC).

In assessing family as a resource in psychiatric care, questions were asked using 10 statements of the family as a resource in nursing care. The highest rated statements were: '*A good relationship with family members gives me job satisfaction'* (3.42, ±0.66) and '*The presence of family members is important to me as a nurse'* (3.36, ±0.63). The lowest rated statements were: *'The presence of family members gives me a feeling of security'* (3.12, ±0.74) and '*The presence of family members eases my workload'* (3.00, ±0.79), which was significantly lower than other statements (Figure 2). There were no significant differences between male and

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female respondents, qualifications and whether they have had experience of mental illness in their own family.

Table 5: Family as a resource in nursing

Statement	Mean	Standard deviation
A good relationship with family members gives me job satisfaction	3.42	0.66
The presence of family members is important to me as a nurse	3.36	0.63
Family members should be invited to actively take part in the patient's nursing care	3.36	0.67
The presence of family members is important for the family members themselves	3.12	0.63
It is important to spend time with families	3.22	0.64
Family members should be invited to actively take part in planning patient care	3.18	0.66
I gain a lot of worthwhile knowledge from families which I can use in my work	3.18	0.68
Getting involved with families gives me a feeling of being useful	3.14	0.69
The presence of family members gives me a feeling of security	3.12	0.74
The presence of family members eases my workload	3.00	0.79

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The presence of family members is important for the family members themselves was rated significantly different between the different categories of respondents with Advanced Practice Nurses (APN) rating this statement significantly higher (APN 3.44, ±0.77 vs Professional nurses 3.32, ±0.77 vs ENA 3.25, ±0.47 and ENs 3.20, ±0.68, K=8.82, p=.032). Similarly, *Getting involved with families gives me a feeling of being useful* was rated significantly different between the different groups of respondents with ENs rating this item significantly higher and Professional nurses rating this item significantly lower compared to ENAs and APN (ENs 3.36, ±0.57 vd APN 3.19, ±0.86 vs ENA 3.12, ±0.62 and Professional nurses 2.98, ±0.74, K=8.47, p=.037). No differences in ratings were observed among the items in this sub-section for gender and previous experience of mental illness.

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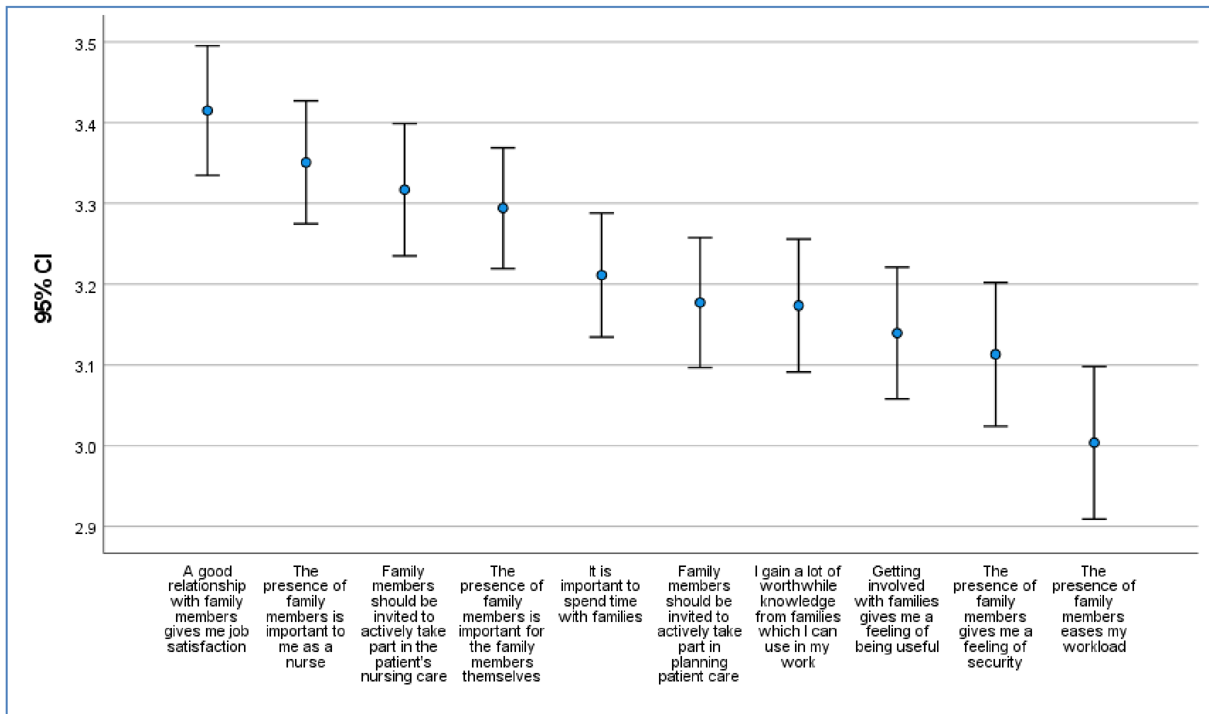

Figure 2: Mean ratings for Family as a Resource

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5.2. The family as conversational partner in psychiatric care

In assessing family as a conversational partner in psychiatric care, questions were asked using eight (8) statements of family as a conversational partner in psychiatric care. The highest rated statements were: *It is important to find out what family members a patient has* (3.38, ±0.58) and *I invite family members to speak about changes in the patient's condition* (3.29, ±0.66) (Table 5 and Figure 3). The lowest rated statements were I *always find out what family members a patient has* (3.11, ±0.65) and I *invite family members to speak when planning care* (3.12, ±0.67) (Table 5 and Figure 3). There were no significant differences between male and female respondents, qualifications and whether they have had experience of mental illness in their own family.

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Table 6: Family as conversational partner

Statement	Mean	Standard deviation
It is important to find out what family members a patient has	3.38	0.58
I invite family members to speak about changes in the patient's condition	3.29	0.66
Discussion with family members during first care contact saves time in my future work	3.23	0.61
I ask family members to take part in discussions from the very first contact, when a patient comes into my care	3.16	0.66
I invite family members to actively take part in the patient's care	3.15	0.63
I invite family members to have a conversation at the end of the care period	3.15	0.63
I invite family members to speak when planning care	3.12	0.67
I always find out what family members a patient has	3.11	0.65

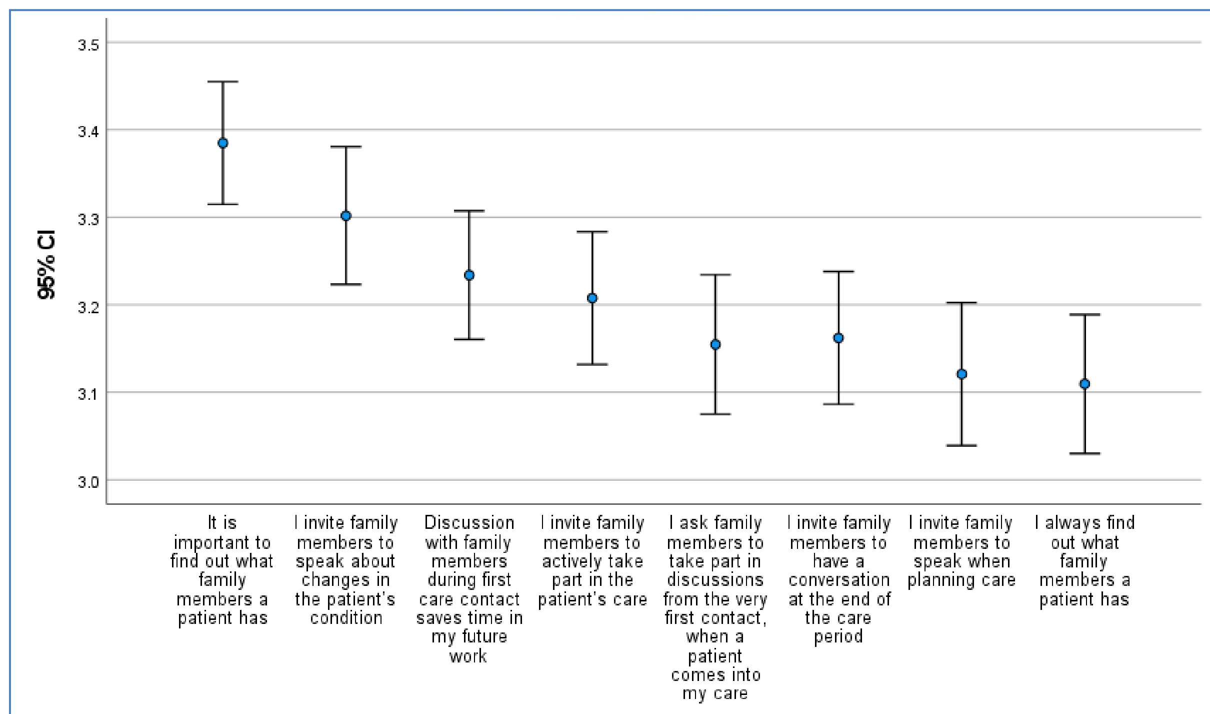

Figure 3: Mean ratings for Family as a Conversational Partner

The statement, I *invite family members to actively take part in the patient's care*, was rated significantly lower by respondents who reported that they had an experience of mental illness in their families compared to those who did not have experience of mental illness in their family (3.07, 0.67 vs 3.25, 0.60, U=2.03, p=.043). No differences in ratings

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were observed among the statements in this sub-section, *Family as a Conversational partner* for gender and qualification.

5.3. Family as a burden in psychiatric care.

In assessing family as a burden in psychiatric care, questions were asked using four (4) statements of family as a burden in psychiatric care. As a negative domain, all these items were rated significantly lower than other items in the other domains. The highest rated statement was: *The presence of family members holds me back in my work* (1.96, ±0.73) and the lowest rated statements was: *I don't have time to take care of families* (1.80, ±0.70) (Table 6 and Figure 4). There were no significant differences between the statements, between male and female respondents, qualifications and whether they have had experience of mental illness in their own family.

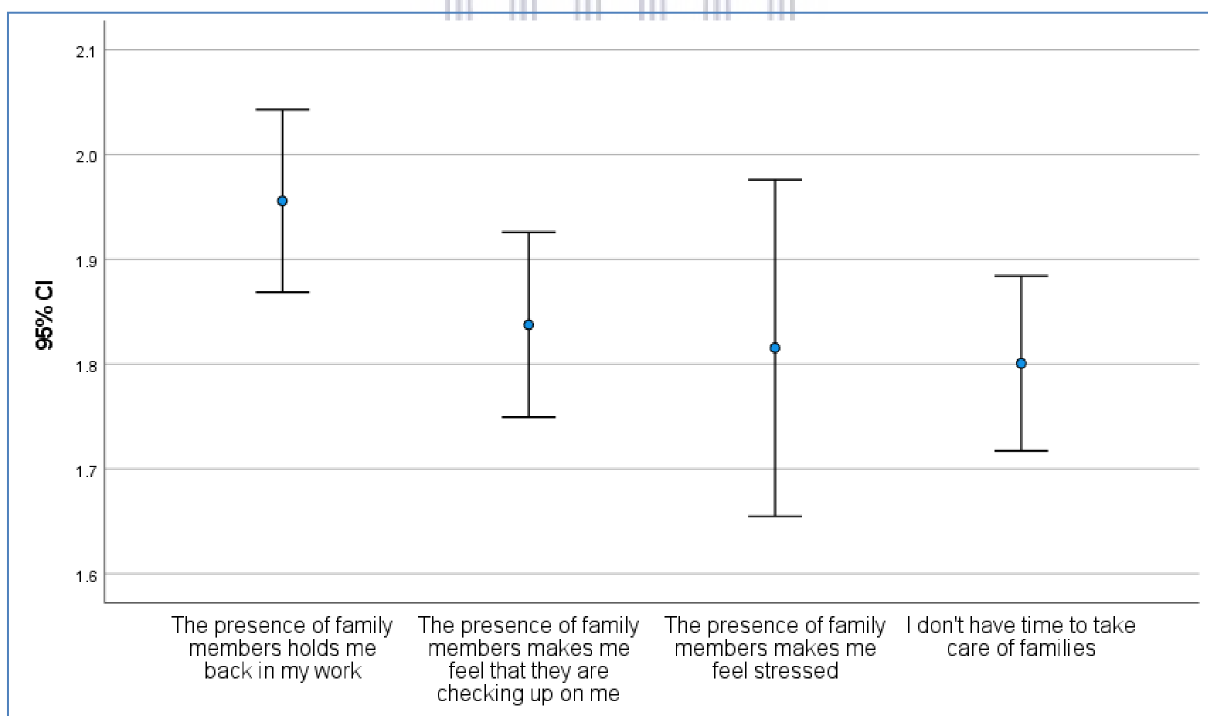

Figure 4: Mean ratings for Family as a Burden

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No differences in ratings were observed among the items in this sub-section, *Family as a burden,* for gender, qualification, and previous experience of mental illness.

Table 7: Family as a burden

Statement	Mean	Standard deviation
The presence of family members holds me back in my work	1.96	0.73
The presence of family members makes me feel that they are checking up on me	1.84	0.74
The presence of family members makes me feel stressed	1.82	1.34
I don't have time to take care of families	1.80	0.70

5.4. Family as its 'own resource' in psychiatric care

In assessing family as its own resource in psychiatric care, questions were asked using four (4) statements of family as its own resource in psychiatric care. The highest rated statements were *I see myself as a resource for families so that they can cope as well as possible with their situation* (3.23, ± 0.56), which was rated significantly higher than the lowest rated two statements, and *I consider family members as cooperating partners* (3.11, ±0.58). The lowest rated statements were *I ask families how I can support them* (3.01, ±0.64) and *I encourage families to use their own resources so that they have the optimal possibilities to cope with situations by themselves* (2.97, ±0.74). There were no significant differences between male and female respondents, qualifications and whether they have had experience of mental illness in their own family (Table 7 and Figure 5).

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Table 8: Family as its own resource

Statement	Mean	Standard deviation
I see myself as a resource for families so that they can cope as well as possible with their situation	3.23	0.56
I consider family members as cooperating partners	3.11	0.58
I ask families how I can support them	3.01	0.64
I encourage families to use their own resources so that they have the optimal possibilities to cope with situations by themselves	2.97	0.74

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No differences in ratings were observed among the items in this sub-section, *Family as a its Own Resource,* for gender, qualification, and previous experience of mental illness.

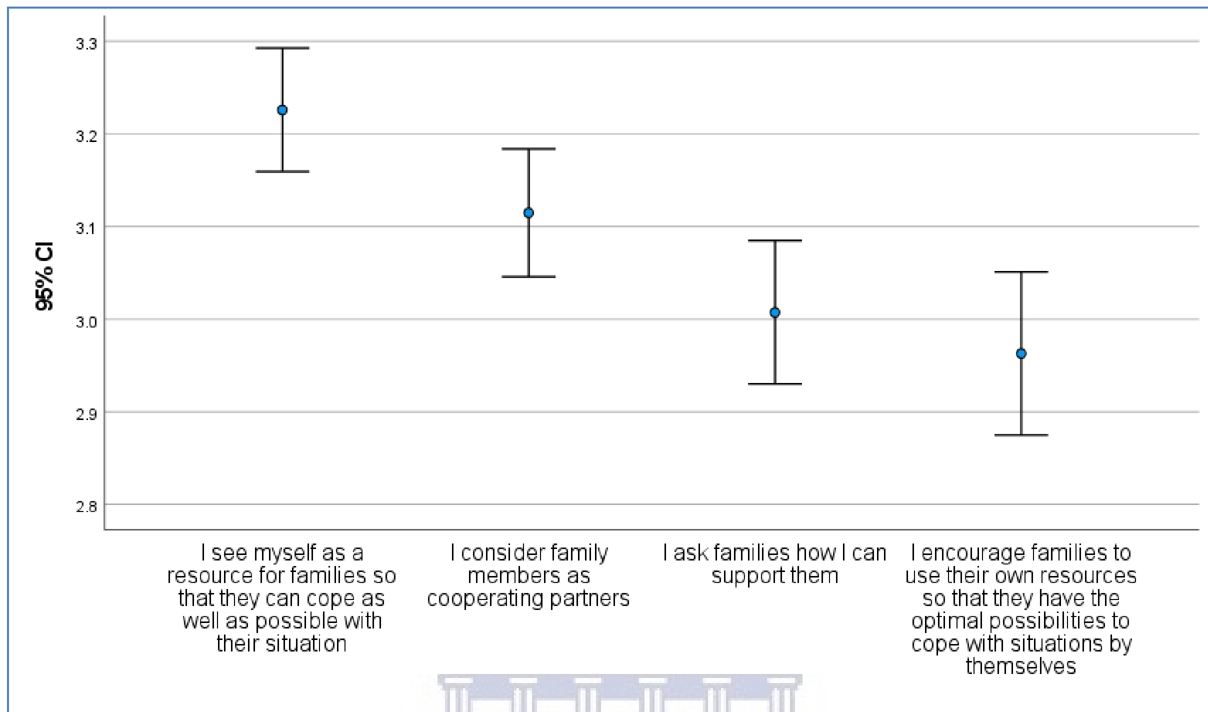
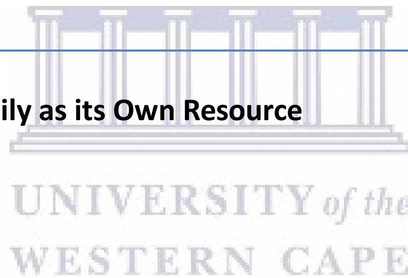


Figure 5: Mean ratings for Family as its Own Resource



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6. Summary

This chapter presented an overview of the respondents, their overall attitudes towards the family importance in psychiatric care. Addressing the objectives of the study, the finding for each objective as measured by a sub-section were presented with Family as a resource rated the highest and family as a burden rated the lowest.

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CHAPTER FIVE:

DISCUSSION OF RESULTS

1. Introduction

This chapter discusses the findings of this study based on the data that was presented in the previous chapter. To provide context, the aim of this study was to describe nurses' attitudes towards the family's importance in psychiatric care in a selected psychiatric hospital in the Western Cape Province. The discussion of the results is based on the following objectives of the study:

1. To describe nurses' attitudes towards the importance of families as a resource in psychiatric care.
2. To describe nurses' attitudes towards the family as conversational partner in psychiatric care.
3. To describe nurses' attitudes towards the family as a burden in psychiatric care.
4. To describe nurses' attitudes on the family as its 'own resource' in psychiatric care.

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2. Overall attitude towards involvement of family in psychiatric care

Positive nurses' attitude towards the importance of involving families in psychiatric care are indicated by higher FINC-NA score (Mackie et al., 2018). Early research previously indicated that nurses valued the importance of family in psychiatric care, and that the information received from family members enhanced their understanding of care (Sjöblom et al., 2005). In this study, the overall score was 82.9 (±10.46), which was slightly lower than the mean score for positive nurses' attitudes towards the involvement of families in ICU care (90.6,

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±14.7) (Imanipour & Kiwanuka, 2020). Like in the Sub-Saharan Africa ICU study, we can conclude that a positive attitude indicates that respondents in this study acknowledged the relevance of supporting the family, having a collaborative relationship with the family, and considering family needs (Imanipour & Kiwanuka, 2020) and the findings are like other studies internationally in psychiatric settings (Sveinbjarnardottir et al., 2011). The family is specifically important in different mental health settings such as in forensic care, where it was found that nurses had positive attitudes towards families, even when families were not included in education and policies (Linnarsson & Benzein, 2014). Nurses working in child and adolescent psychiatric units were also reported to have more positive attitudes towards families, especially as they work in the presence of parents (Sveinbjarnardottir et al., 2011).

These findings in mental health is echoed in general health where findings from studies in critical care showed positive attitudes towards family involvement in routine care (Al Mutair, Plummer, Paul O'Brien, & Clerehan, 2014), with an example of nurses working with patients with heart failure also reported positive attitudes towards family involvement (Gusdal et al., 2017) and other nursing settings (Benzein, et al., 2008; Saveman, Benzein, Engstrom, & Årestedt, 2011; Luttik et al., 2017; Fernandes, Nóbrega, Angelo, Torre, Chaves, 2018; Østergaard et al., 2020).

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Though our study did not find any significant differences in male and female responders, Linnarsson & Benzein (2014), suggested that gender and personal experience with a critically ill family members were found to be characteristics related with a more favorable attitude toward families. This was supported by Blomqvist & Ziegert (2011), who indicated that it may be easier for nurses to connect with families if they have personal experience with mental illness.

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Of the different sub-sections making up the FINC-NA scale, family as a resource and family as a conversational partner were rated as the top two sections, significantly higher than family as its own resource. This finding was different to the findings of Imanipour & Kiwanuka (2020), who found that nurses rated family as its own the resource the highest, followed by family as a conversational partner and family as a resource. The differences may be due to the different nature of the two settings.

2.1. Family as a resource in nursing care

Family as a resource in psychiatric care is one of the four sub-sections used to measure nurses' attitudes towards the importance of families in psychiatric care. Family as a resource in nursing care refers to the overall positivity of the respondents to involving the family in psychiatric care (Benzein et al., 2008). In this study, this finding was the family as a resource in nursing care had the highest overall rating (3.22, ±0.49) and was rated significantly higher as family as its own resource (3.08, ±0.50) indicating that the respondents highly regarded family as a resource in psychiatric nursing. Like the study by Imanipour & Kiwanuka (2020), this was especially highlighted in the highest rated statements being that good relationships with family members provides job satisfaction, and that the presence of family members are important to the respondents. Sjöblom et al. (2005), also suggested that the information given and received from families is very important in psychiatric care, which is supported in this current study, as the respondents rated the statement about gaining worthwhile knowledge from families highly.

This study found significant differences in some of the statements in the section between respondents from different nurse categories with Advanced practice nurses rating the presence and involvement of the family very highly. These findings may be related to training

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and preparation of different categories of nurses with family nursing being a central part of advanced psychiatric nursing.

2.2. Family as conversational partner in psychiatric care.

Family as a conversational partner in psychiatric care is one of the four sub-sections used to measure nurses' attitudes towards the importance of families in psychiatric care. Family as a conversational partner in nursing care refers to the communication with family members in psychiatric care (Benzein et al., 2008). In this study, this finding was the family as a conversational partner in nursing care had the second highest overall rating (3.21, ±0.49) and was also rated significantly higher as family as its own resource (3.08, ±0.50). According to Sveinbjarnardottir et al. (2011), psychiatric nurses constantly have therapeutic conversations with families and that the purpose of the conversations were to assist and enable families to manage feelings related to psychiatric care. In the literature, nurses acknowledged that the information offered by family members improved the quality of care (Mackie et al., 2018) and Weimand, Sa, & Hedelin (2013), also reported that nurses reported that nurses found it pleasing when families shared their thoughts, feelings, and showed interest on the patient.

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In this study, respondents who had personal experiences of mental illness in their own family, significantly rated the statement on *Inviting family members to actively take part in the patient's care*, lower (p=.043). This is in contrast with other findings which showed that attitudes of nurses toward incorporating families in care are positively impacted by prior experience and that their perspectives on relatives were influenced by their personal and professional experiences (Weimand et al., 2013).

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2.3. Family as its own resource

The family as its own resource in psychiatric care is one of the four sub-sections used to measure nurses' attitudes towards the importance of families in psychiatric care. Family as a as its own resource in nursing care refers to the family's ability to cope (Benzein et al., 2008). To develop this own resource, nurses must offer families instructional details on mental illness, medications, treatment, discharge, and the early warning signs of recurrence (Blomqvist & Ziegert, 2011). In this study, though the overall score was 3.08 out of a possible 4, the respondents viewed the family as its own resource as the lowest positive sub-section, and significantly lower than the other domains. This is in contrast with studies in other fields such as the ICU study by Imanipour & Kiwanuka (2020) who reported a high rating for this sub-section in ICU nursing care. However, the literature does report higher ratings for non-hospital settings in other nursing areas, with nurses who worked in the outpatient and day surgery departments reported to have more supportive views toward the family as its own resource, compared to hospital nurses (Blöndal et al., 2014). Similarly, to earlier findings of Benzein & Johansson (2008), who also reported that hospital nurses reported fewer positive attitudes toward using families as resources in nursing care and perceiving families as their own resources as compared to nurses in primary health care.

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In mental health, studies report that for psychiatric nurses working in child and adolescent settings, and pediatrics were found to had more positive attitudes towards family coping, possibly due to family therapy being a key mental health strategy in child and adolescent care (Sveinbjarnardottir et al., 2011).

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2.4. Family as burden in psychiatric care

Family as a burden, a negative subsection, was rated significantly the lowest of all the subsections, with respondents not viewing the family as a burden, which was similar the Imanipour & Kiwanuka (2020) ICU study. Family as a burden in nursing care is related to the impact on work, feeling being checked up on, the impact of time taken up by families and the presence of family members causes stress (Østergaard et al., 2020). However, in this study the statement *I don't have time to take care of families* had a very low rating of 1.8 (0.70), showing that nurses in this study did not regard family as a burden in psychiatric care.

When nurses view families as demanding, problematic, or communicationally challenging, they may act in ways that limit family participation (Mackie et al., 2018). Previous research found that nurses in psychiatric care frequently have the restrictive belief that they are "too busy" to involve families in their care (Sveinbjarnardottir et al., 2011). Similar to general nursing, longer visiting hours from family members make it challenging for the nurses to monitor and treat the patient, due to the fact that their attention is more on the nurse-patient relationship than the family (Mackie et al., 2018), and that it was difficult for them to care for the families while concentrating on the patient (Weimand et al., 2013).

Though this study found no association between demographics and ratings of family as a burden, other studies have found that the family was more of a burden for nurses with less job experience than for nurses with 7 to 15 years of experience (Blöndal et al., 2014). This may be related to being less able to manage difficult situations, resulting in being less tolerant of dealing with families under pressure (Blöndal et al., 2014).

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3. Summary

The main purpose of this chapter was to discuss the research results in the context of literature. Overall, the study found that the respondents had positive attitudes towards the involvement of the family in psychiatric care, did not view the family as a burden, but had slightly fewer positive views on the family's ability to cope as its own resource.

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CHAPTER SIX:

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS.

1. Introduction

This final chapter provides a summary of the study which aimed to investigate nurses' attitudes towards the importance of involving the family in psychiatric care in a selected psychiatric hospital in the Western Cape Province. A quantitative descriptive survey study was conducted using the Family Importance in Nursing Care-Nurses' Attitude (FINC-NA) questionnaire. This chapter will provide a summary of the results according to the objectives, discuss the limitations of the study, provide recommendations arising from this study and provide a conclusion to the study.

2. Key findings

The aim of the study was to investigate nurses' attitudes towards the importance of involving the family in psychiatric care in a selected psychiatric hospital in the Western Cape Province. Overall, the study found that the respondents had positive attitudes towards the involvement of the family in psychiatric care, supported with low ratings of viewing the family as a burden in psychiatric care.

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2.1. Objective 1: Family as a Resource (FAM-NCR)

Objective one aimed to describe nurses' attitudes towards the importance of families as a resource in psychiatric care. Families as a resource was rated as the highest subsection of the scale to measure the importance of involving families in psychiatric care, indicating a positive view of the family as a key resource in psychiatric care planning.

2.2. Objective 2: Family as a Conversational Partner (FAM-CP)

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Objective two aimed to describe nurses' attitudes towards the family as conversational partners in psychiatric care. Conversations with the family, i.e. viewing the family as a resource, were rated significantly higher than the other sub-sections, and reflects the positive view of communicating with families about the history of the MHCU and the current and future planning of psychiatric care for the MHCU.

2.3. Objective 3: Family as a Burden (FAM-B)

Objective three aimed to describe nurses' attitudes towards the family as a burden in psychiatric care. This negative sub-section was rated low and significantly lower than all other sub-sections of the scale to measure views about involving the family in psychiatric care, supporting the positive view that the respondents had in terms of the role of the family in psychiatric care.

2.4. Objective 4: Family as its Own Resource (FAM-OR)

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The last objective aimed to describe nurses' attitudes on the family as its 'own resource' in psychiatric care, referring to the ability of the family to cope on its own. Though the respondents rated this positively, this was rated significantly lower than the family as a resource and the family as a conversational partner.

3. Limitations of the study

The research study was conducted in only one psychiatric institution in the Western Cape, and results of this study should not be generalized without caution. The author believes that a more refined Family Importance in Nursing Care-Nurses' Attitude (FINC-NA) questionnaire specifically focusing on psychiatric care may yield specific and detailed results. The study

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could also be enhanced by an explorative qualitative investigation to examine this phenomenon in the South African setting.

4. Recommendations

Recommendations arising from this Thesis are provided for three areas: Clinical practice; Education and Research.

4.1. Recommendations for clinical practice

I. Psychiatric hospitals should continue to introduce, adopt, and emphasize family-oriented psychiatric nursing care as part of a holistic model of psychiatric nursing care. This should include orientation and regular in-service updates on family-centred nursing practice in psychiatric care.

II. Specific focus should be given to develop coping in families of MHCUs to enable them to become their own resource. Nurses must offer mental health literacy programmes to families to enable them to be empowered in their support and care of their families.

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4.2. Recommendations for nursing education

III. Educational programmes have been proven to positively affect nurses' attitudes towards family' importance in psychiatric care. Hence family-oriented care educational programmes are recommended for undergraduate nursing training and postgraduate preparation of psychiatric or mental health nurses.

IV. Patient and family- centred nursing care should be a core component and thread in all nursing education preparation.

4.3. Recommendations for Research

V. This study identified a shortage of studies in family involvement in this health setting and in South Africa. It is thus recommended that additional studies should be done in

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this field, including validating this tool in this setting, and expanding the study to broader mental health service facilities in South Africa.

VI. Mixed-method studies, including in depth qualitative studies to explore the experiences of nurses in psychiatric care and the lived experience of families of MHCUs towards family's importance in psychiatric care.

5. Conclusion

The aim of this study was to describe nurses' attitudes towards the family's importance in psychiatric care in a selected psychiatric hospital in the Western Cape Province. The study strong showed that the respondents in this hospital generally have positive attitudes towards family's importance in psychiatric care, the family is viewed as a conversational partner and resource and not a burden but that more work needs to be done to support families in developing as a resource for themselves.

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APPENDICES

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APPENDIX 1:

QUESTIONNAIRE

Please tick in the boxes when answering the 26 questions that are contained in this questionnaire either you strongly disagree, disagree, agree or strongly agree. Once completed please put it in the box provided.

SECTION A: DEMOGRAPHICS

1. Gender

Male	Female

2. Age

3. Work Experience

4. Experience of serious mental illness in own family

Yes	No

5. Qualification

Enrolled Assistance Nurse	Enrolled Nurse	Registered Nurse/ Professional nurse	Advance Psychiatric Nurse Practitioner

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SECTION B: FINC-NA

Family: for the purpose of this study family is defined and used in an extended sense that allows family members who are related by blood and those who are significant to the person to be defined as family (Sjöblom et al., 2005).

Family as a resource in nursing care (Fam-RNC)	**Strongly disagree**	**Disagree**	**Strongly agree**	**Agree**
6. A good relationship with family members gives me job satisfaction				
7. Family members should be invited to actively take part in the patient's nursing care				
8. The presence of family members is important to me as a nurse				
9. The presence of family members gives me a feeling of security				
10. The presence of family members eases my workload				
11. Family members should be invited to actively take part in planning patient care				
12. The presence of family members is important for the family members themselves				
13. Getting involved with families gives me a feeling of being useful				
14. I gain a lot of worthwhile knowledge from families which I can use in my work				

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15. It is important to spend time with families				
Family as conversational partner (Fam-CP)	**Strongly disagree**	**Disagree**	**Strongly agree**	**Agree**
16. It is important to find out what family members a patient has				
17. I always find out what family members a patient has				
18. I ask family members to take part in discussions from the very first contact, when a patient comes into my care				
19. Discussion with family members during first care contact saves time in my future work				
20. I invite family members to have a conversation at the end of the care period				
21. I invite family members to actively take part in the patient's care				
22. I invite family members to speak about changes in the patient's condition				
23. I invite family members to speak when planning care				
Family as a burden (Fam-B)	**Strongly disagree**	**Disagree**	**Strongly agree**	**Agree**
24. The presence of family members holds me back in my work				
25. I don't have time to take care of families				
26. he presence of family members makes me feel that they are checking up on me				
27. The presence of family members makes me feel stressed				

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Family as its own resource (Fam-OR)	Strongly disagree	Disagree	Strongly agree	Agree
28. I ask families how I can support them				
29. I encourage families to use their own resources so that they have the optimal possibilities to cope with situations by themselves				
30. I consider family members as cooperating partners				
31. I see myself as a resource for families so that they can cope as well as possible with their situation				

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APPENDIX 2:

INFORMATION SHEET

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Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9593482 Fax:

E-mail: 3205903@myuwc.ac.za

INFORMATION SHEET

Project Title: Nurses' attitudes towards family importance in psychiatric care in a selected psychiatric hospital in the Western Cape Province.

What is this study about?

This is a research project being conducted by Abuyile Wilson Xaso at the University of the Western Cape. We are inviting you to participate in this research project because you are a nurse working in a psychiatric hospital in the Western Cape Province. The purpose of this research project is to describe nurses' attitudes towards the importance of families in psychiatric care.

What will I be asked to do if I agree to participate?

You will be asked to complete a questionnaire with 26 questions by rating these questions as strongly disagree, disagree, agree or strongly agree. Once completed please put it in the box that will provided in the nursing station marked questionnaires/survey. Their questionnaire has section A for demographic data and section B with four main headings: Family as a resource in nursing care with 10 questions, Family as a conversational partner with 8 questions, Family as a burden with 4 questions and Family as its own resource with 4 questions.

Would my participation in this study be kept confidential?

The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity, the surveys are anonymous and will not contain information that may personally identify you". Your name will not be included on the surveys and other collected data and only the researcher will have access to the identification key.

To ensure your confidentiality, once the questionnaires are completed, they will be locked in a secured cabinet and codes will be used to identify the participants. Only the researcher will have access to the codes by having a secured password for computer files.If we write a report or article about this research project, your identity will be protected.

What are the risks of this research?

There may be some risks from participating in this research study. All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about nurses' attitudes towards family importance in psychiatric care. We hope that,

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in the future, other people might benefit from this study through improved understanding of nurses' attitudes towards family importance in psychiatric care as the results of the study will provide awareness and knowledge to nurses and unit managers.

Do I have to be in this research and may I stop participating at any time?
Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?
This research is being conducted by Abuyile Wilson Xaso from the School of Nursing *at* the University of the Western Cape. If you have any questions about the research study itself, please contact Abuyile Wilson Xaso at: 3205903@myuwc.ac.za cell. 0818536542
Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

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BMREC/HSSREC
Research Development Office,
Tel: 021 959 4111
email: research-ethics@uwc.ac.za

This research has been approved by the University of the Western Cape's Biomedical Research Ethics Committee
(REFERENCE NUMBER:)

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APPENDIX 3:

CONSENT

UNIVERSITY OF THE WESTERN CAPE

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CONSENT FORM

Title of Research Project: Nurses' attitudes towards family importance in psychiatric care in a selected psychiatric hospital in the Western Cape Province.

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name.................................

Participant's signature.......................................

Date...........................

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APPENDIX 4:

ETHICS CERTIFICATE

UNIVERSITY *of the* WESTERN CAPE

11 January 2021

Mr AW Xaso
School of Nursing
Faculty of Community and Health Sciences

Ethics Reference Number: BM20/10/5

Project Title: Nurses' attitudes towards family importance in psychiatric care in a selected psychiatric hospital in the Western Cape Province.

Approval Period: 20 November 2020 – 20 November 2023

I hereby certify that the Biomedical Science Research Ethics Committee of the University of the Western Cape approved the scientific methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report annually by 30 November for the duration of the project.

Permission to conduct the study must be submitted to BMREC for record-keeping.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

Director: Research Development
University of the Western Cape
Private Bag X 17
Bellville 7535
Republic of South Africa
Tel: +27 21 959 4111
Email: research-ethics@uwc.ac.za

NHREC Registration Number: BMREC-130416-050

FROM HOPE TO ACTION THROUGH KNOWLEDGE.

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APPENDIX 5:

WESTERN CAPE DOH ETHICS APPROVAL

DIRECTORATE: GENERAL SPECIALISED AND EMERGENCY SERVICES

REFERENCE: Research Committee

ENQUIRIES: Ms Nadine Jacobs

02 November 2021

Lentegeur Hospital Research Committee

Lentegeur Hospital
Highlands Drive
Mitchells Plain
7785

Dear Mr Abuyile Xaso (WC 202106 034)

Thank you for your submission to the Research and Ethics Committee at Lentegeur Hospital. We note that your proposed study was approved by the University of the Western Cape.

UNIVERSITY of the
WESTERN CAPE

This serves to confirm that your research project titled "Nurses' attitudes towards family importance in psychiatric care in selected psychiatric hospitals in the Western Cape Province" has been granted approval by the hospital Research Ethics Committee for the period November 2021 -November 2022.

You would be required to submit a progress and final report to the hospital for our record of research conducted at the facility.

Dr L. Phahladira
Chair-Research Ethics Committee

Highlands Driver Mitchells Plain, 7785 Private Bag X4 tee: +27 21 370 fax:
+27 21 371 7359 Mitchells Plain. 7785

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APPENDIX 5:

WESTERN CAPE DOH LETTER OF PERMISSION

Abuyile Wilson Xaso

Student no: 3205903

Cell: 0818536542

Dear: Dr Swarts

Request for permission to conduct research on nurses' at Lentegeur psychiatric hospital.

My name is Abuyile Wilson Xaso, and I am a Masters student at the University of the Western Cape (UWC). The research that I would like to conduct for my Masters mini thesis is about describing nurses' attitudes towards family importance in psychiatric care. This project will be under the supervision of Prof J Chipps (UWC).

I am hereby seeking your consent to approach nurses' working at your facility to be participants on the study.

I have provided you with a copy of my proposal, information sheets and consent forms. Permission letter from the UWC Biomedical Research Ethics Committee is provided.

Once the study is completed a copy will be shared with the hospital. If you have any queries do not hesitate to contact me at 3205903@myuwc.ac.za

Kind regards

Abuyile Wilson Xaso

University of the Western Cape

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WESTERN CAPE

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APPENDIX 6:

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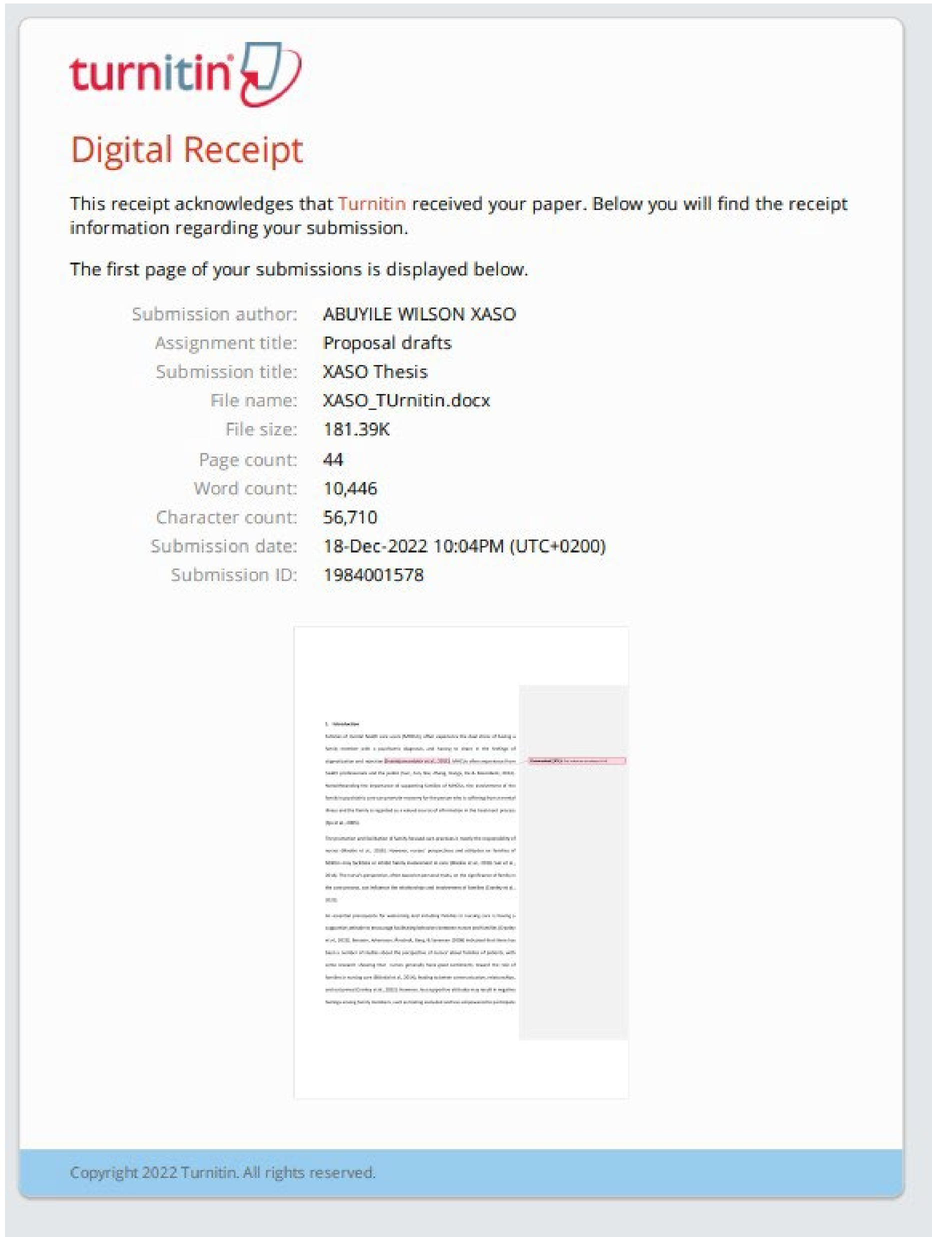

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