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Attitudes of Intensive Care Units Nurses Regarding Family Involvement in Patient's Care

Graduation project

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

((يَا أَيُّهَا النَّاسُ قَدْ جَاءَتْكُمْ مَوْعِظَةٌ مِّن رَّبِّكُمْ وَشِفَاءٌ لِّمَا فِي الصُّدُورِ وَهُدًى وَرَحْمَةٌ لِّلْمُؤْمِنِينَ))

صِدْقَ اللَّهِ الْعَظِيمِ

الإهداء

الحمد لله الذي ما انتهى درب

ولا ختم جهد ولا سعي الا بفضلته

اهدي هذا البحث المتواضع

إلى من كلفه الله بالهبة والوقار.. إلى من علمني العطاء بدون انتظار.. إلى من أحمل
أسمه بكل افتخار.. والدي العزيز

إلى ملاكي في الحياة.. إلى معنى الحب وإلى معنى الحنان والتفاني.. إلى بسمة الحياة
وسر الوجود .. إلى من كان دعائها سر نجاحي وحنانها بلسم جراحي إلى أعلى
الحياب.. امي الحبيبة

إلى المساند والداعم والكف الذي أتكى عليه عندما تقرر الحياة أن تميل بي ..
أخي العزيز

إلى من تجعل الحياة أجمل بوجودها، إلى من يزين قلبي ببسماتها .. اختي العزيزة
إلى كل من قدم لي دعماً ولو كان مجرد كلمة..

شكر وتقدير

الشكر والثناء لله عز وجل اولا على نعمة الصبر والقوة على انجاز العمل، فَلَلهُ الحمد على هذه النعم .لا بد لنا ونحن نخطو خطواتنا الأخيرة في الحياة الجامعية من وقفة تعود الى أعوام قضيناها في رحاب الجامعة مع أساتذتنا الكرام الذين قدموا لنا الكثير باذلين جهودا كبيرة في بناء جيل الغد.. وبكل ما تعلمتُه من كلماتِ الشكرِ والثناءِ، وبكل ما ورد من كلمات تقدير في علوم اللغة العربية، اتقدم بالشكر والتقدير الى مشرفي الفاضل (الدكتور امير صلاح الدين) الذي تفضل بإشرافه على هذا البحث ولكل ما قدمه لي من دعم وتوجيه وإرشاد لإتمام هذا العمل على ما هو عليه فلهُ أسمى عبارات الثناء والتقدير .وسوف أدعو الله العظيم أن يجعل كل جهودك المضنية في ميزان حسناتك ، وأن يجعلك دائما دكتورا معطاءً ومتميزاً

Abstract

Background: nursing is being conceptualized as focusing on the whole family as the unit of care. From this perspective, It is thus important that nurses not only focus on the patient but on patients and their families simultaneously. Since support from health professionals, such as nurses, is almost always temporary and additional In nature, it is Important for family caregivers to be Involved in the nursing care; patients, families and health professionals should therefore collaborate as partners in care in order to maintain continuity of care

Objectives: The purpose of the study to assess the nursing attitudes toward involvement of family in nursing care, also aimed to find out the relationship between nursing attitudes toward family involvement in nursing care with their socio-demographic characteristics.

Methodology: A descriptive study design using a convenience sample of (N:100) healthcare professionals working in ICUs through the period from of 15th October 2022 to 1st April 2023 . Nurses attitudes toward importance in nursing care scale (16 items) was used to answer the study questions

Results: The results of the study indicate that nurses has neutral attitudes toward family involvement in nursing care. Bachelor degree nurses and nurses who have less than 5 years of experience, and who live in urban area have positive attitude toward family involvement in nursing care.

Conclusion and Recommendation: Despite the difference in gender , male and female nurses have the same level of attitudes toward family involvement in nursing care. Difference in their ages, educational levels, years of experience, and residency affect their level of attitudes toward family involvement in nursing care. Nurses who live in urban area have

positive attitude more than those who live in rural area. Young nurses with bachelor's degree, and those with 5 years of experience or less have positive attitudes toward family involvement in nursing care. Therefore, it is recommended that the found of families is very Important in the care and recovery of patients admitted to intensive care units. Nurses working in Intensive care settings should be engaged In programs to increase their attitudes toward family involvement in nursing care especially those with older age, and those with diploma. Researchers recommend further studies targeting this subject and comparing the results with different healthcare settings.

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Chapter One
Introduction

Chapter One

1.1 Introduction

The need for intensive care units (ICU) and survival from critical illnesses are increasing. This is partly attributed to advances in intensive care, and the gradual expansion of ICU capacity to meet demand for intensive care. Consequently, as the number of patients requiring treatment in ICU increases, a proportional number of family members will experience the journey of admission of a family member in ICU. Critical illnesses or injuries have substantial impact on the whole family. Illness of a family member influences the whole family's health, perceptions and behaviors in various ways. Family plays an essential role in the care and recovery of patients admitted to intensive care units (ICUs). The ICU is a stressful environment for both patients and their families. Family nursing interventions that nurses can use in ICU include nurse-family meetings health promoting conversations with families and ICU family diaries. This calls for more demands on nurses to utilize family nursing practices in all care settings (Kiwanuka and Imanipour, 2020).

When the patient's family is involved in the patient's education and care, they will be better able to understand the patient's condition and assist in a speedy and successful recovery. While patients, especially older patients or children, may not be able to care for themselves fully, consistently or effectively, the patient's family can come to their side and help them take the necessary steps to eventually reach recovery. Concerned family members can constantly help patients perform necessary treatment or take their prescribed medications on time (Cranelly et al., 2022). In many cases, healthcare professionals do involve families in their care for patients, which is beneficial and necessary, but the other side of the coin is generally forgotten; how is this family doing? What is the effect of caring for a family member's health and well-being, and what do they need to continue to fulfill their role? These are

questions that genuinely need to be delved into for nurses to become competent to optimally support families. Nurses in clinical practice are increasingly confronted with complex care situations in which they deal directly with families who are held jointly responsible for the care of their family members. Excellent communication, optimal cooperation, and shared decision-making are crucial. This requires different and new competencies from nurses (Luttik, 2020).

1.2 The importance of study

Family caregivers are providing most of the informal care for home-dwelling persons and have considerable influence on the health, well-being and self-care of these individuals. In their role as informal caregivers, family caregivers play an active role as an advocate and inter-mediate between nurses and home-dwelling persons when these individuals are admitted to the hospital or receive care at home. Another aspect is that serious illness not only affects the patient but also the entire family. Partner, and 37% of nurses stated that families should be invited to actively participate in planning patient care. The nurses' attitudes were explained by years of work experience in nursing, work setting and existing policy regarding families in patient care. nursing is being conceptualised as focusing on the whole family as the unit of care. From this perspective, it is thus important that nurses not only focus on the patient but on patients and their families simultaneously. Since support from health professionals, such as nurses, is almost always temporary and additional in nature, it is important for family caregivers to be involved in the nursing care; patients, families and health professionals should therefore collaborate as partners in care in order to maintain continuity of care (Hagedoorn et.al, 2021).

The approach to family members in ICUs can be complex, including aspects of co-suffering, potential roles or burden. As immediate social contacts of the patients, family members often suffer from critical illness too, and are at

high risk for anxiety, depression, post-traumatic stress disorder (PTSD) or complicated grief, known as post-intensive care syndrome-family (PICS-F). The prevalence of long-term sequelae in family caregivers ranges from 4% to 94% for depression, 2% to 80% for anxiety, and 3% to 62% for PTSD. Family members can be seen as part of the team, can offer support to patients and staff and play an important part in the decision-making process. Recent studies have identified several stressors present in an ICU environment such as fear of unknown consequences, routine disruption, unfamiliarity with the environment and emotional upheavals (Brauchle et al., 2020).

1.3 Objectives of the study

- 1- To identify the socio-demographic characteristics of the study sample
- 2- To assess the nursing attitudes toward involvement of family in nursing care.
- 3- To find out the relationship between nursing attitudes toward family involvement in nursing care with their socio- demographic characteristics



Chapter Two
Methodology

Chapter Two

Methodology

This chapter presents the research process and design which were used in this study ; it includes the research design, administrative arrangements, the setting of the study, the sample of the study, the study instrument, the rating and scoring system, the validity of the questionnaire ,the method of data collection and statistical data analysis

2.1 :Design of the Study

To achieve the aims of the study, descriptive design was used throughout the present study to assess" Attitudes of Intensive care unit nurses regarding family involvement in nursing care" from the period of 15 th October 2022 to 1 st April 2023.

2.2:Setting of the Study

In order to obtain valid and comprehensive data, The current study was conducted in Babylon province at Imam Sadiq and Hilla Teaching hospital.

2.3: Ethical Considerations

Nurses were asked for a voluntary participation. After nurses agree to be a part of the study, they were informed about the purpose, benefits, and procedures of the study. To maintain nurses' confidentiality, they were received anonymously questionnaire and informed that their information would be used for research purpose only.

2.4: Sample of the study

A non-probability "convenience" sample had been consisted of (100) nurses of both gender have been selected to obtained represent and accurate data of both gender of nurses that attending in Imam Sadiq and Hilla Teaching hospitals.

2.5: The Study Instrument

A questionnaire is adopted and developed after completing literature review and review the articles which were related to this field (Fernandes, et.al., 2015). The final study instrument consists of two parts:

Part I: Demographic Information

This part was presented in a demographic data sheet which was comprised of different items which included socio-demographic data sheets consisting of many items categorized as general information about participants such as: (gender, age, marital status, education qualification, years of experience, and residence)

Part II: Nurse attitudes towards Family Involvement in nursing care

It was adopted and developed from related literature, which composed of (16) items measured in 3- point (Agree, Neutral, Disagree).

2.6. Validity of the Questionnaire

The validity of the questionnaire means making sure that it will measure what it was prepared to measure, as is meant by honesty (the questionnaire's inclusion of all the elements that must be included in the analysis on the one hand, and the clarity of its paragraphs and vocabulary on the other, so that it is understandable to everyone who uses it.

In order to test the validity of the questionnaire, the instrument was presented to 15 experts in different fields to make it more valid. Experts were requested to provide their views and suggestions on each of the items of the study questionnaire in term of its linguistic appropriateness, its association with the dimension of study variables it was assigned to and its suitability for the study population context.

The experts responses indicated that minor changes should be done to some items and it's were made according to their suggestions , then the final draft was completed to be ready for conducting the study.

2.7 :Rating Scores

In order to statistically analyze the score rating includes the following:

For nurses attitudes toward family involvement in nursing care

1× For disagree responses

2× for neutral responses

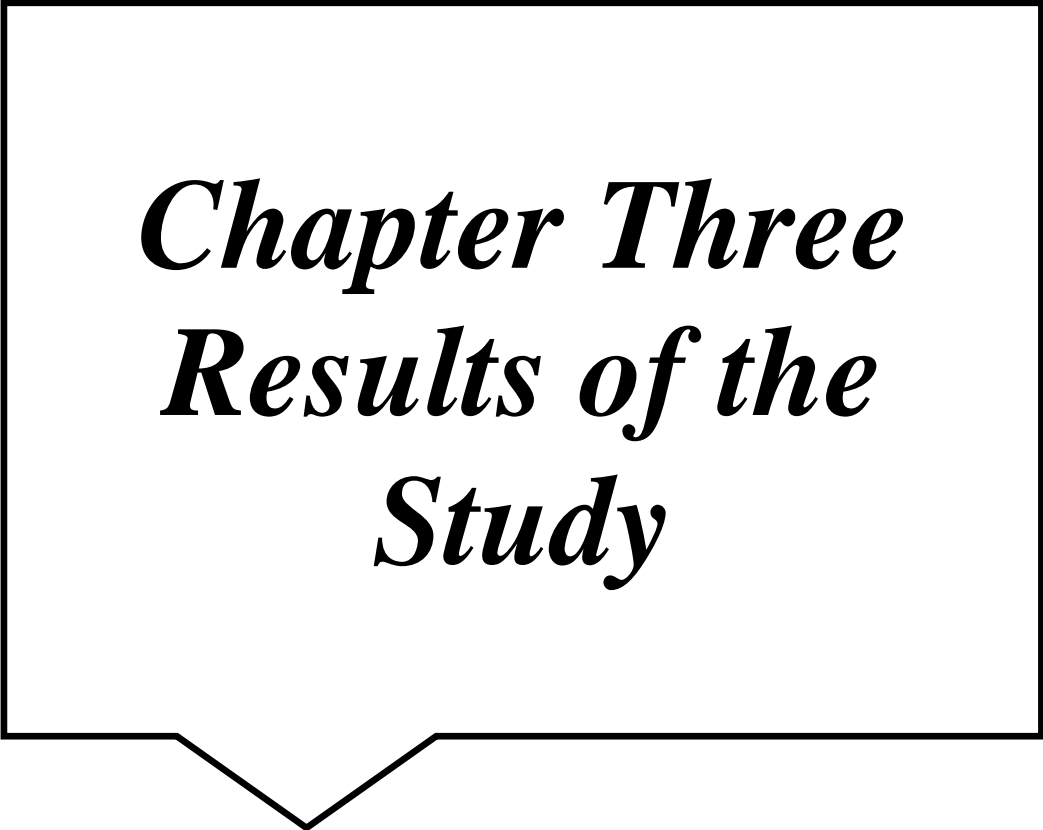
3 × for agree responses

2.8: Data Collection

Data were collected by utilizing the adopted and developed questionnaire and by means of self-report technique in the intensive care unit of "Imam Sadiq and Hilla Teaching Hospital" by using of Arabic version of the questionnaire to achieve the subjects of the study. The data collection process had been carried out from Dec 12th 2022 until Dec 21th 2022. Each nurse had to take approximately (4_6) minutes to respond.

2.9: Statistical Analysis

The data of the present study are analyzed through the usage of statistical package of social sciences (SPSS) version 24.



Chapter Three
Results of the
Study

Chapter Three

Results of the Study

The finding of data analysis systematically in figures and tables, which are corresponded with the objectives of the study as follows:

3.1 Table1 : Distribution related demographical characteristics

Variables		Frequency	Percent
Age	20-25	58	58%
	26-30	36	36%
	31-35	4	4%
	35-40	2	2%
	Total	100	100%
Gender	male	40	40%
	female	60	60%
	Total	100	100%
Marital status	single	43	43%
	married	56	56%
	divorce	1	1%
	Total	100	100%
Educational status	diploma	31	31%
	Bachelor's	66	66%
	post graduate	3	3%
	Total	100	100%
Residency	urban	75	75%
	rural	25	25%
	Total	100	100%
Years of Experience	5 years or less	80	80%
	6-10	17	17%
	11-15	1	1%
	16-20	2	2%

This table demonstrated the demographical characteristics of the study sample, the results recorded that the most of the study sample (58 %) were between the age group (20-25)years old, regarding to gender most of the participants (60%) were female, related to educational status most of study sample 66(66.0) were bachelor's , with regard to marital status this table show that the most participants (56%) were married. According to years of experience, most of the participants (80.%) has 5 years

of experience, regarding to residency, most of the participants (75%) were lives in urban areas.

3.2 Table 2: Distribution of intensive care unit nurses' attitudes about family participation in patient care

Items		Frequency	Percent	Mean	St .deviation	Level
The good relationship with the patient's family gives me job satisfaction	disagree	16	16%	2.44	.756	Positive
	neutral	24	24%			
	agree	60	60%			
	Total	100	100%			
I invite the patient's family to take an active role in the patient's care	disagree	16	16%	2.54	.758	Positive
	neutral	14	14%			
	agree	70	70%			
	Total	100	100%			
The presence of the patient's family is important to me as a nurse	disagree	25	25%	2.19	.813	Neutral
	neutral	31	31%			
	agree	44	44%			
	Total	100	100%			
The presence of the patient's family gives me a sense of security	disagree	47	47%	1.73	.777	Neutral
	neutral	33	33%			
	agree	20	20%			
	Total	100	100%			
The presence of the patient's family eases my workload	disagree	52	52%	1.66	.768	Negative
	neutral	30	30%			
	agree	18	18%			
	Total	100	100%			
The patient's family must take an active role in planning the patient's care	disagree	19	19%	2.32	.777	Neutral
	neutral	30	30%			
	agree	51	51%			
	Total	100	100%			
The presence of the patient's family is important for the family members themselves	disagree	14	14%	2.47	.731	Positive
	neutral	25	25%			
	agree	61	61%			
	Total	100	100%			
Being involved with the patient's family makes me feel helpful	disagree	54	54%	1.69	.825	Negative
	neutral	23	23%			
	agree	23	23%			
	Total	100	100%			

The information I gain from the patient's family is important and useful in my work with him	disagree	13	13%	2.55	.716	Positive
	neutral	19	19%			
	agree	68	68%			
I discuss the patient's family when the patient first comes into my care	disagree	10	10%	2.65	.657	Positive
	neutral	15	15.0			
	agree	75	75.0			
	Total	100	100.0			
I discuss with the patient's family about the condition of their patients at the end of the care period	disagree	13	13.0	2.53	.717	Positive
	neutral	21	21.0			
	agree	66	66.0			
	Total	100	100.0			
I discuss the patient's family when their patient's health condition deteriorates or changes	disagree	15	15.0	2.54	.744	Positive
	neutral	16	16.0			
	agree	69	69.0			
	Total	100	100.0			
The presence of the patient's family hinders me in my work	disagree	50	50.0	1.67	.753	Negative
	neutral	33	33.0			
	agree	17	17.0			
	Total	100	100.0			
I do not have enough time to support the patient's family	disagree	17	17.0	2.27	.737	Negative
	neutral	39	39.0			
	agree	44	44.0			
	Total	100	100.0			
The presence of the patient's family makes me feel like they are testing me	disagree	31	31.0	2.15	.869	Neutral
	neutral	23	23.0			
	agree	46	46.0			
	Total	100	100.0			
Having the patient's family makes me nervous	disagree	42	42.0	1.90	.859	Neutral
	neutral	26	26.0			
	agree	32	32.0			
	Total	100	100.0			
General mean and standard deviation	2.206	0.766	Neutral			

MS (negative attitude =1-1.6, neutral attitude = 1.7-2.3, positive attitude = 2.4-3)

This table demonstrated the intensive care unit nurses' attitudes about family involvement in patient care. The results recorded that the positive attitude level related to items (1.2.7.9.10,11 and 12) and neutral mean score

related to items (3,4,6,14,15, and 16),also recorded negative level related to item (5,8, and 13) and the general level is neutral .

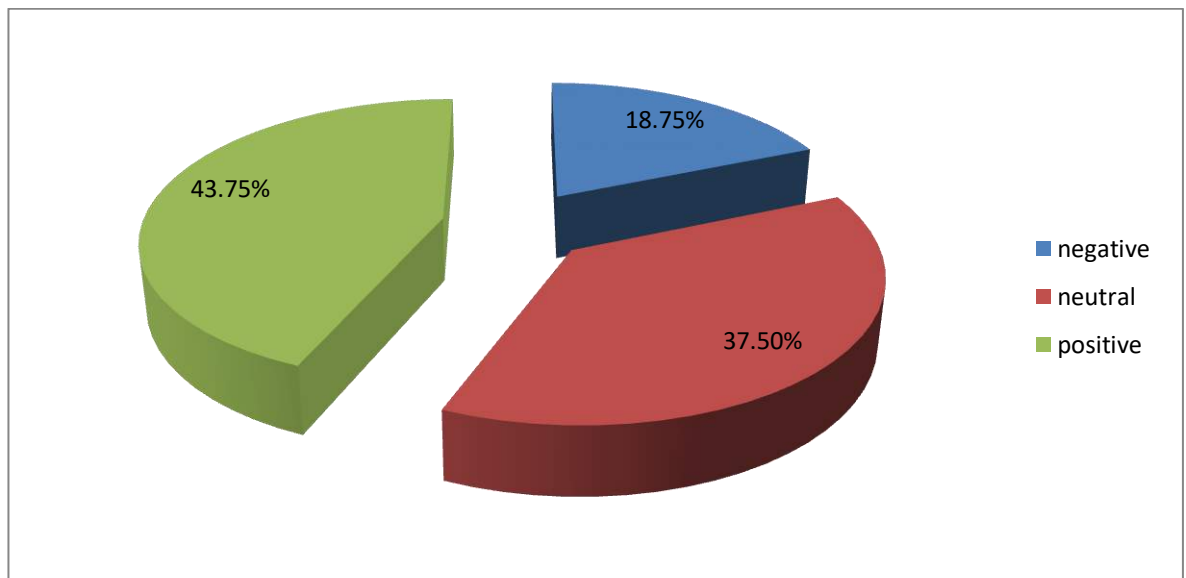


Figure 1: Overall of nurses' attitudes about family participation in patient care

3.3 Table 3: The relationship between nurses attitudes toward family involvement in nursing care with their socio- demographic characteristics

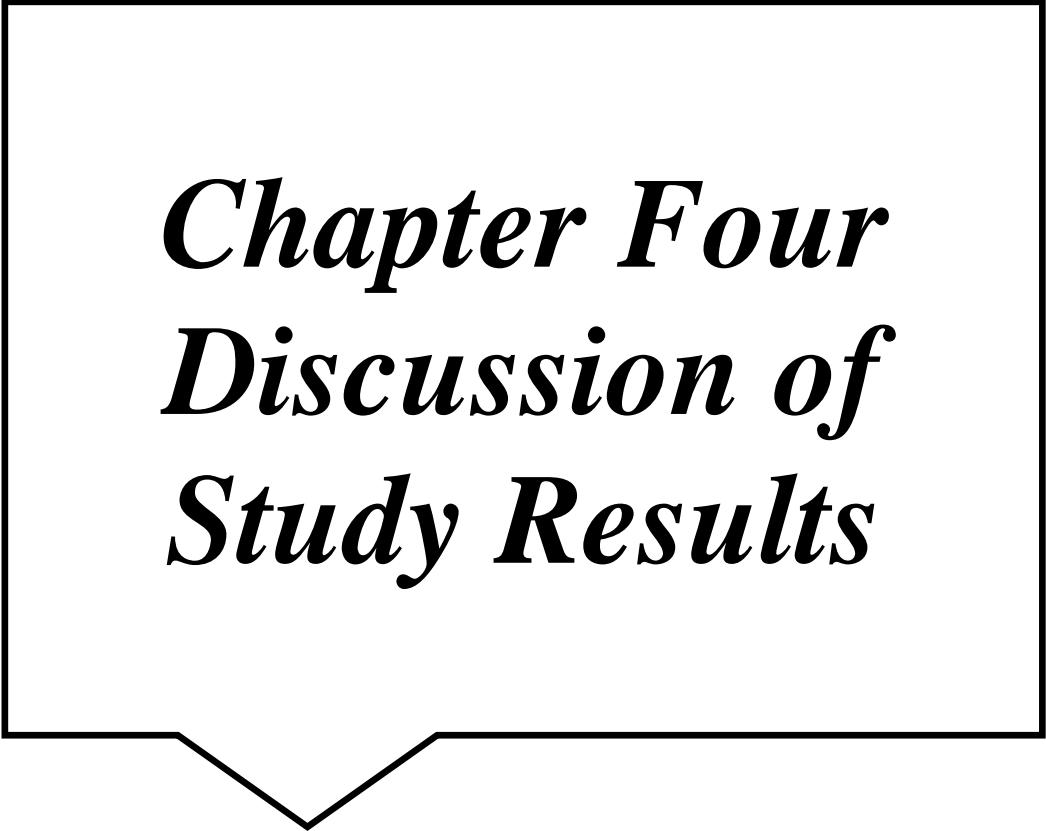
No	Parameters	Chi square value	DF	Significance
1	Level of attitude	56.000 ^a	66	.055
	Age			
2	Level of attitude	32.274 ^a	22	.073
	Gender			
3	Level of attitude	82.565 ^a	66	.040
	Educational status			
4	Level of attitude	42.025 ^a	66	.012
	Years of experience			
5	Level of attitude	62.019 ^a	44	.038
	Residency			

P. probability ≤ 0.05

This table shows that there is a significant relationship between the level of attitude and demographical characteristics related to (age, educational level, years of experience, and residency) in $P \leq 0.05$, except gender .There is a significant relationship

between nurses' attitudes and age with a p. value of 0.05. The attitude was positive in the age group of (20-25) years.

There is a significant relationship between attitudes and educational status and in the p. value of 0.04. The attitudes were positive especially with bachelor's degree nurses. There is a highly significant relationship between nurses' attitudes and years of experience, the attitude was positive in those with 5 years of experience or less with a p. value of 0.012, also there is a significant relationship between nurses' attitudes toward family involvement in nursing care and their residency. The attitude was positive when the residency is an urban area.



Chapter Four
Discussion of
Study Results

Chapter Four

Results of the nurses attitudes toward family involvement in nursing care are discussed in this chapter. For the purpose of the study, the main findings will be discussed in details under the following headings:

4.1. The Study Sample Demographical Characteristics:

4.1.1 Age

Findings show participants' age, the age group of (20-25) years old was recorded as the highest percentage. This finding is come with the study of (Imanippour and Kiwanuka, 2020). They found that more participants' ages (62%) were from the age group of (22-30) years old. While the present study is incongruent with (Hagedoorn et.al, 2020; Halperin, et.al, 2022). The mean age of participants was 42 years old. This finding comes because the management of intensive care units are choose the younger nurses especially who has bachelor degree.

4.1.2 Gender

In respect to the gender, the female nurses were predominated with the percentage of 60%. This finding is come with the studies done by (Mason, et.al, 2021; Halperin, et.al, 2022). This may remain assigned to that females choose working in the field of health and nursing more than males.

4.1.3 Marital Status

Regarding to marital status, most of the participants (56%) were married. This result is in line with (Mason, et.al, 2021; Halperin, et.al,2021).

4.1.4 Level of Education

Regarding to education qualification, most of the nurses 66% has bachelor degree in nursing. This finding is congruent with the study done by (Mason, et.al, 2021; Luttik, et. al, 2016). This finding comes because of

most of nurses in intensive care were selected to work in this critical units because of their knowledge and skills that they have.

4.1.5 Residence

Regarding to residency, most of the participants (75%) were lives in urban areas. Other studies do not care whether the place of residence is a residence or a countryside, but rather it is concerned with comparison on the basis of different countries and their customs.

4.1.6 Years of experience

The result shows that the most of nurses in intensive care units 80% have less than five years of experience. This study is congruent with (Imanipour and kiwanka, 2020). While the current study is incongruent with (Shamali, et.al, 2020; Barreto, et.al, 2022).

4.2. Intensive care unit nurses' attitudes about family participation in patient care:

Findings revealed assessment of nurses attitudes toward family involvement in nursing care. The result show that the overall attitudes is neutral toward family involvement in nursing care . This result is congruent with the study done by (Luttik, et.al, 2016; Cranley, 2022). While, the study done by (Shibily, et.al, 2021; Omran, et.al, 2015; Imanipour, and kiwanuka, 2020). They revealed that the nurses have positive attitudes toward family involvement in nursing care.

4.3. The relationship between nurses attitudes toward family involvement in nursing care with their socio- demographic characteristics

There is a significant relationship between the level of attitude and demographical characteristics related to (age of (20-25), high educational level, years of experience of less than 5 years , and urban residency)

in $P \leq 0.05$, except gender. Current study is coming in line with (Shibily, et.al, 2021). They found that there is no relationship between nurses attitudes toward family involvement in nursing care and their gender. While the study of (Hagedoorn et.al, 2020; Shamali, et.al, 2022); found that there was significant relation between attitudes and gender. High level of education has significant relationship and leading to positive attitudes in the current study. This finding is come in line with (Luttik, et.al, 2016; Shamali et.al, 2022).. These findings are incongruent with the current study results. Current study shows that the age group of (20-25) have positive attitude toward family involvement in nursing care, this finding is come with the study of (Sampaio, et.al, 2021) who found that younger group had positive attitude in family involvement in nursing care more than older group. Increase years of experience and old age are associated with positive attitude in most previous studies, theses finding are incongruent with current study.



Chapter Five
Conclusions &
Recommendations

Chapter Five

Conclusions and Recommendations

5.1. Conclusions:

In light of the results discussion and their interpretations, our study concludes that:

The recent study aims to assess the nursing attitudes toward involvement of family in nursing care. On the basis of the overall, the current findings revealed that the intensive care units nurses have neutral attitudes toward family involvement in nursing care.

Despite the difference in gender , male and female nurses have the same level of attitudes toward family involvement in nursing care. Difference in their ages, educational levels, years of experience, and residency affect their level of attitudes toward family involvement in nursing care. Nurses who live in urban area have positive attitude more than those who live in rural area. Young nurses with bachelor's degree, and those with 5 years of experience or less have positive attitudes toward family involvement in nursing care.

5.2. Recommendations:

According to the findings and stated conclusions, the following could be recommended for future work:

1. Because the ICU is a stressful environment for both patients and their families, the found of families is very important in the care and recovery of patients admitted to intensive care units. Nurses working in intensive care settings should be engaged in programs to increase their attitudes toward family involvement in nursing care especially those with older age, and those with diploma.
3. Researchers recommend further studies targeting this subject and comparing the results with different healthcare settings.

References

المصادر العربية:

القران الكريم , سورة يونس, الآية (57).

References

(B)

Barreto, M. D. S., Marquete, V. F., Camparoto, C. W., García-Vivar, C., Barbieri-Figueiredo, M. D. C., & Marcon, S. S. (2022). Factors associated with nurses' positive attitudes towards families' involvement in nursing care: A scoping review. *Journal of Clinical Nursing*, 31(23-24), 3338-3349.

(C)

Cranley, L. A., Lam, S. C., Brennenstuhl, S., Kabir, Z. N., Boström, A. M., Leung, A. Y. M., & Konradsen, H. (2022). Nurses' attitudes toward the importance of families in nursing care: A multinational comparative study. *Journal of Family Nursing*, 28(1), 69-82.

(H)

Hagedoorn, E. I., Keers, J. C., Jaarsma, T., van der Schans, C. P., Luttk, M. L. A., & Paans, W. (2020). The association of collaboration between family caregivers and nurses in the hospital and their preparedness for caregiving at home. *Geriatric nursing*, 41(4), 373-380.

Hagedoorn, E. I., Paans, W., Jaarsma, T., Keers, J. C., & van der Schans, C. P. (2021). The importance of families in nursing care: attitudes of nurses in the Netherlands. *Scand J Caring Sci*, 35, 1207-1215.

Halperin, D., Mashiach-Eizenberg, M., Vinarski-Peretz, H., & Idilbi, N. (2022, September). Factors Predicting Older Patients' Family Involvement by Nursing Staff in Hospitals: The View of Hospital Nurses in Israel. In *Healthcare* (Vol. 10, No. 10, p. 1921). MDPI.

(I)

Imanipour, M., & Kiwanuka, F. (2020). Family nursing practice and family importance in care—Attitudes of nurses working in intensive care units. *International Journal of Africa Nursing Sciences*, 13, 100265.

(J)

Jeitziner, M. M., Jenni-Moser, B., Zante, B., Erne, K., Brauchle, M., Moser, S. A., ... & Hoffmann, M. (2023). Family support in intensive care units during COVID-19 visit ban: A multinational Delphi Study during first COVID-19 wave. *Intensive and Critical Care Nursing*, 74, 103308.

(L)

Luttik, M. L. A., Goossens, E., Ågren, S., Jaarsma, T., Mårtensson, J., Thompson, D. R., ... & Undertaking Nursing Interventions Throughout Europe (UNITE) research group. (2017). Attitudes of nurses towards family involvement in the care for patients with cardiovascular diseases. *European Journal of Cardiovascular Nursing*, 16(4), 299-308.

Luttik, M. L. (2020). Family Nursing: The family as the unit of research and care. *European Journal of Cardiovascular Nursing*, 19(8), 660-662.

(M)

Mason, T. M. (1969). Nurse Attitudes: A Descriptive Study of Families' Importance in Inpatient Nursing Care. *Number 5/October 2021*, 25(5), 563-570.

(O)

Omran, S., Ali, N. A., & Alshahrani, H. (2015). Acute care nurses' attitudes toward family presence during cardio-pulmonary resuscitation in the Kingdom of Saudi Arabia. *Clin Nurs Stud*, 3(3), 69-75.

(S)

Shibily, F. M., Aljohani, N. S., Aljefri, Y. M., Almutairi, A. S., Almutairi, W. Z., Alhallafi, M. A., ... & Badr, H. (2021). The perceptions of nurses and nursing students regarding family involvement in the care of hospitalized adult patients. *Nursing Reports*, 11(1), 133-142.

Shamali, M., Esandi Larramendi, N., Østergaard, B., Barbieri_Figueiredo, M., Brødsgaard, A., Canga-Armayor, A., ... & Luttik, M. L. (2022). Nurses' attitudes towards family importance in nursing care across Europe. *Journal of Clinical Nursing*

Sampaio, A. D., de Lima Spagnolo, L. M., Schwartz, E., de Siqueira, H. C. H., de Medeiros, A. C., Schultz, V. G. D. P., & Lise, F. (2021). Nurses' attitudes in family care in the context of primary health care. *Revista de Enfermagem Referência*.



جامعة بابل / كلية التمريض

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

عزيزي الممرض :-

يروم الباحثون الى دراسة (توجهات ممرضي وحدات العناية المركزة حول مشاركة الأسرة في العناية بالمريض) وبما أن مشاركتكم في هذه الدراسة ذات قيمة كبيرة، فالرجاء اختيار الإجابة التي تحدد ما تشعر به بالفعل، علماً أنه لا توجد إجابة صحيحة وأخرى خاطئة، وإنما اجاباتكم تعد صحيحة فقط - طالما تعبر عن حقيقة شعورك تجاه ما تحمله العبارة. لاتضع أكثر من علامة أمام عبارة واحدة مع التأكد من عدم ترك أي عبارة بدون إجابة، علماً ان الاستبانة بدون اسم وسوف نتعامل مع أجابتك بخصوصية وسرية مطلقة وتستعمل الاستبانة لغرض البحث العلمي فقط....

الجزء الأول: المعلومات الاجتماعية والديموغرافية

1.العمر سنة

2.الجنس :- ذكر انثى

3.الحالة الاجتماعية :-

أعزب متزوج مُطلق ارمل

4.التحصيل الدراسي:-

دبلوم بكالوريوس حاصل على شهادة عليا

5. سنوات الخبرة :- سنة

6. السكن :- ريف مدينة

الجزء الثاني : توجهات ممرضي وحدات العناية المركزة حول مشاركة الأسرة في العناية بالمريض

1- العلاقة الجيدة مع عائلة المريض تمنحني الرضا الوظيفي	وافق	لا اوافق	محايد
2- أدعو عائلة المريض للقيام بدور فعال في رعاية المريض	وافق	لا اوافق	محايد
3- حضور عائلة المريض مهم بالنسبة لي كمرض	وافق	لا اوافق	محايد
4 - وجود عائلة المريض يمنحني شعورًا بالأمان	وافق	لا اوافق	محايد
5- وجود عائلة المريض يخفف عبء عملي	وافق	لا اوافق	محايد
6- يجب أن يقوم عائلة المريض بدور فعال في التخطيط لرعاية المرضى	وافق	لا اوافق	محايد
7- حضور عائلة المريض مهم لأفراد الأسرة أنفسهم	وافق	لا اوافق	محايد
8- الانخراط مع عائلة المريض يمنحني شعورًا بأنني مفيد	وافق	لا اوافق	محايد
9- المعلومات التي أكتسبها من عائلة المريض مهمة وتفيدني في عملي معه	وافق	لا اوافق	محايد
10- أناقش عائلة المريض عندما يأتي المريض لأول مرة في رعايتي	وافق	لا اوافق	محايد
11- أناقش عائلة المريض عن حالة مرضاهم في نهاية فترة الرعاية	وافق	لا اوافق	محايد
12- أناقش عائلة المريض عندما تتدهور او تتغير حالة مريضهم الصحية	وافق	لا اوافق	محايد
13- وجود عائلة المريض يعيقني في عملي	وافق	لا اوافق	محايد
14- ليس لدي الوقت الكافي لتقديم الدعم لعائلة المريض	وافق	لا اوافق	محايد
15- وجود عائلة المريض يجعلني أشعر أنهم يختبرونني	وافق	لا اوافق	محايد
16- وجود عائلة المريض يجعلني أشعر بالتوتر	وافق	لا اوافق	محايد

Dear nurse

The information issued about you will be strictly confidential and will only be used for the purpose of scientific research only.. So you can express your opinion with all seriousness and credibility.

Part I: Socio-demographic Information

1. Age years

2. Gender

Male

Female

3. Marital status

Single

Married

Divorced

Widower

4. Education Qualification

Diploma

Bachelor's


Master and above

5. Years of Experience years

6. Residence City Rural

Part II: Nurses' attitudes towards Family Importance in nursing care

List	Paragraph	Agree	Neutral	Disagree
1	The good relationship with the patient's family gives me job satisfaction			
2	I invite the patient's family to play an active role in the patient's care			
3	The presence of the patient's family is important to me as a nurse			
4	The presence of the patient's family gives me a sense of security			
5	The presence of the patient's family eases my workload			
6	The patient's family must play an active role in planning patient care			
7	The presence of the patient's family is important for the family members themselves			
8	Being involved with the patient's family makes me feel useful			
9	The information I gained from the patient's family is important and useful to me in my work with him			
10	I discuss the patient's family when the patient first comes into my care			
11	I discuss the patient's family about the condition of their patients at the end of the care period			
12	I discuss the patient's family when their patient's health condition deteriorates or changes			
13	The presence of the patient's family hinders me in my work			
14	I don't have enough time to support the patient's family			
15	The presence of the patient's family makes me feel that they are testing me			
16	The presence of the patient's family makes me nervous			

Ministry of Health	جمهورية العراق	وزارة الصحة
Babylon Health Directorate		دائرة صحة بابل
Imam Sadiq General Hospital		مستشفى الإمام الصادق (ع)
		شعبة الموارد المالية والامارية
		وحدة الموارد البشرية
		العدد:
		التاريخ: 2022/12/12

إلى/ جامعة بابل/ كلية التمريض

م/ تسهيل مهمة

تحية طبية

إشارة الى كتاب مركز التدريب و التطوير ذي العدد ١٧٤٥ في ٢٠٢٢/١٢/٨ لامانع لدينا من تسهيل مهمة الطالبة (بشرى عايد طالب) لاتمام بحثها في مستشفانا قدر تعلق الامر بنا وحسب الضوابط على ان لا تتحمل مستشفانا اي تبعات مالية او قانونية.

للتفضل بالاطلاع مع الاحترام

لصيد لاسي
مدير مستشفى الإمام الصادق (ع) الطبي
٢٠٢٢/١٢/١٢

دائرة صحة بابل
مستشفى الإمام الصادق (ع)
القسم الطبي
٢٠٢٢/١٢/١٢

نسخة منه الى

- مكتب مدير المستشفى
- معاون المدير لشؤون التمريض
- وحدة التدريب و البحوث

جمهورية العراق	
Ministry Of Health Babylon Health Directorat Email : babiltraining@gmail.com	
وزارة الصحة دائرة صحة محافظة بابل المدير العام مركز التدريب والتنمية البشرية وحدة إدارة البحوث	
العدد: ١٥ التاريخ: ٢٠٢٢ / ١٠ / ١٥	

إلى / مستشفى الأمام الصادق (ع)
 مستشفى الحلة التعليمي

م / تسهيل مهمة

تحية طبية ...
 إشارة إلى كتاب جامعه بابل / كلية التمريض / شعبة الشؤون العلمية ذي العدد ٤٥٠٣ في
 ٢٠٢٢/١٢/٦ ...
 تسهيل مهمة الطلبة المدرجة أسمائهم أدناه من الجامعة أنفا لإجراء بحث التخرج الموسوم
 والخاص بالتخرج بعنوان :-

(Attitudes of intensive care unit nursing regarding family involvement in patient care)

للتفضل بالاطلاع وتسهيل مهمة الموما إليهم وحسب الضوابط والإمكانيات على أن لا تتحمل
 مؤسساتكم أية تبعات مادية وقانونية....

... مع الاحترام .
 كمدبر مركز التدريب والتنمية البشرية
 محمد عبد الله عجرش
 ٢٠٢٢ / ١ / ١٥

وزارة الصحة
 دائرة صحة بابل
 مركز التدريب والتنمية البشرية

محمد عبد الله عجرش
 كمدبر مركز التدريب والتنمية البشرية
 ٢٠٢٢ / ١ / ١٥

الأسماء :-
 ١- بشري عايد طالب
 ٢- بنين خليل ابراهيم
 ٣- بنين سنعان دلي

عبدالله عبدالمجيد
 ٢٠٢٢ / ١ / ١٥

نسخة منه الى:

مركز التدريب والتنمية البشرية / وحدة إدارة البحوث مع الأوليات .

قائمة بأسماء السادة خبراء التحكيم
على استمارة الاستبيان

ت	اسم الخبير	اللقب العلمي	الشهادة	محل العمل
1.	د. سحر أدهم علي	استاذ	دكتوراه تمريض البالغين	كلية التمريض /جامعة بابل
2.	د. سلمى كاظم جهاد	أستاذ	دكتوراه تمريض صحة المجتمع	كلية التمريض /جامعة بابل
3.	د. وفاء محمد أمين	أستاذ مساعد	دكتوراه تمريض النسائية والتوليد	كلية التمريض /جامعة بابل
4.	د. علي أحمد كاظم	مدرس	دكتوراه تمريض الصحة النفسية والعقلية	كلية التمريض /جامعة بابل
5.	د. محمد طالب عبد	مدرس	دكتوراه تمريض الأطفال	كلية التمريض /جامعة بابل
6.	د. مريم عبد الكريم لعبيبي	مدرس	دكتوراه تمريض النسائية والتوليد	كلية التمريض /جامعة بابل
7.	م.م علي فاضل عبيد	مدرس مساعد	ماجستير تمريض الأطفال	كلية التمريض /جامعة بابل
8.	م.م زينب عبد الأمير	مدرس مساعد	ماجستير تمريض النسائية والتوليد	كلية التمريض /جامعة بابل
9.	م.م مها أحمد كاظم	مدرس مساعد	ماجستير تمريض الأطفال	كلية التمريض /جامعة بابل
10.	م.م زمن أحمد حريفش	مدرس مساعد	ماجستير تمريض الصحة النفسية والعقلية	كلية التمريض /جامعة بابل

الخلاصة

الخلفية: لكي يكون تقديم الرعاية بأفضل شكل، فمن المهم رعاية المريض وأسرته ومشاركتهم في تقديم العناية لمريضهم. من هذا المنظور ، من المهم إذن ألا يركز الممرضين على المريض فحسب ، بل على المرضى وعائلاتهم في وقت واحد. نظرًا لأن الدعم من المهنيين الصحيين ، مثل الممرضين ، يكون مؤقتًا ، فمن المهم مشاركة عائلة المريض في الرعاية التمريضية ؛ لذلك يجب على المرضى والأسر والمهنيين الصحيين التعاون كشركاء في الرعاية من أجل الحفاظ على استمرارية الرعاية.

الأهداف: تهدف الدراسة إلى تقييم اتجاهات الممرضين تجاه مشاركة الأسرة في الرعاية التمريضية ، كما تهدف إلى معرفة العلاقة بين توجهات الممرضين تجاه مشاركة الأسرة في الرعاية التمريضية وخصائصها الاجتماعية والديموغرافية.

المنهجية: تصميم دراسة وصفية باستخدام عينة متكونة من (100) مشارك من الممرضين الذين يعملون في وحدات العناية المركزة في مستشفيات مدينة الحلة خلال المدة من 15 أكتوبر 2022 إلى 1 أبريل 2023. تم استخدام مقياس توجهات الممرضين تجاه مشاركة الأسرة في العناية بالمريض (16 فقرة) للإجابة على أسئلة الدراسة.

النتائج: تشير نتائج الدراسة إلى أن الممرضين لديهم توجه بمستوى متوسط تجاه مشاركة الأسرة في العناية بالمريض. الممرضات والممرضات الحاصلون على درجة البكالوريوس الذين لديهم أقل من 5 سنوات من الخبرة ، والذين يعيشون في المناطق الحضرية لديهم توجهات إيجابية تجاه مشاركة الأسرة في الرعاية التمريضية.

الاستنتاج والتوصيات: على الرغم من الاختلاف في الجنس ، فإن الممرضين لديهم نفس المستوى من التوجه تجاه مشاركة الأسرة في الرعاية التمريضية. تؤثر الاختلافات في أعمارهم ، والمستويات التعليمية ، وسنوات الخبرة ، والإقامة على مستوى توجههم تجاه مشاركة الأسرة في الرعاية التمريضية. الممرضين الذين يعيشون في المناطق الريفية. الممرضين الشباب الحاصلين على درجة البكالوريوس ، أولئك الذين لديهم خبرة 5 سنوات أو أقل لديهم توجهات إيجابية تجاه مشاركة الأسرة في الرعاية التمريضية. توصي هذه الدراسة بأن يكون تواجد العائلات مهمًا جدًا في رعاية وتعافي المرضى الراقدين في وحدات العناية المركزة ، يجب أن يشارك الممرضين العاملين في أماكن الرعاية المركزة في برامج لزيادة توجهاتهم تجاه مشاركة الأسرة في الرعاية التمريضية ، خاصة أولئك الذين هم أكبر سنًا ، والذين لديهم دبلوم. يوصي الباحثون بإجراء مزيد من الدراسات التي تستهدف هذا الموضوع ومقارنة النتائج مع وحدات المستشفى الأخرى.



وزارة التعليم العالي والبحث العلمي

جامعة بابل

كلية التمريض

توجهات ممرضي وحدات العناية المركزة حول مشاركة الأسرة في العناية بالمريض

تقدمت به الطالبات

بشرى عايد طالب

بنين خليل ابراهيم

بنين سلمان ديلي

هو جزء من متطلبات نيل شهادة البكالوريوس في علوم التمريض

جامعة بابل

بإشراف الدكتور

أمير صلاح الدين

شوال ١٤٤٥ هـ

نيسان ٢٠٢٣ م