University of Groningen

The importance of families in nursing care

Hagedoorn, Ellen; Paans, Wolter; Jaarsma, Tiny; Keers, Joost C.; van der Schans, Cees P.; Luttik, Marie Louise A.

Published in:
Scandinavian Journal of Caring Sciences

DOI:
[10.1111/scs.12939](https://doi.org/10.1111/scs.12939)

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
2021

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Hagedoorn, E., Paans, W., Jaarsma, T., Keers, J. C., van der Schans, C. P., & Luttik, M. L. A. (2021). The importance of families in nursing care: attitudes of nurses in the Netherlands. *Scandinavian Journal of Caring Sciences*, 35(4), 1207-1215. <https://doi.org/10.1111/scs.12939>

Copyright

Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license. More information can be found on the University of Groningen website: <https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment>.

Take-down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): <http://www.rug.nl/research/portal>. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.

The importance of families in nursing care: attitudes of nurses in the Netherlands

Ellen I. Hagedoorn RN, PhD (Senior Lecturer/Researcher)^{1,2,3,4}, **Wolter Paans** RN, PhD (Professor)^{3,4}, **Tiny Jaarsma** RN, PhD (Professor)⁵, **Joost C. Keers** PhD (Head Research Institute)⁶, **Cees P. van der Schans** PT, CE, PhD (Professor)^{2,7} and **Marie Louise A. Luttik** RN, PhD (Professor)³

¹School of Nursing Groningen, Hanze University of Applied Sciences, Groningen, The Netherlands, ²Research Group Healthy Ageing, Allied Health Care and Nursing, Hanze University of Applied Sciences, Groningen, The Netherlands, ³Research Group Nursing Diagnostics, Hanze University of Applied Sciences, Groningen, The Netherlands, ⁴Department of Critical Care, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands, ⁵Department of Social and Welfare studies (ISV), Linköping University, Linköping, Sweden, ⁶Martini Hospital Groningen, Groningen, The Netherlands and ⁷Department of Rehabilitation Medicine, University Medical Centre, University of Groningen, Groningen, The Netherlands

Scand J Caring Sci. 2021; 35: 1207–1215

The importance of families in nursing care: attitudes of nurses in the Netherlands

Abstract

Introduction: Positive attitudes towards family involvement in nursing care are essential for improving the involvement of and collaboration with patients' families. The aim of this study is to explore nurses' attitudes towards the importance of families in nursing care.

Method: Using a cross-sectional design, hospital and homecare nurses completed the Families Importance to Nursing Care (FINC-NA) scale, Dutch language version, consisting of four subscales. Data were analysed using descriptive statistics and regression analyses.

Results: A total of 426 hospital and homecare nurses were eligible for analysis (mean (SD) age 42 years (13), 93% female). The mean (SD) attitude of nurses was 63.8 (12) (100-point scale) on the FINC-NA. Less than half of the nurses (44%) considered family as a collaboration

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.

Conclusion: This study identifies areas of improvement regarding to nurses' attitudes towards the importance of families in nursing care in order to establish a more family-focused approach in nursing care. Nursing policies should facilitate working with families as part of regular nursing processes. Furthermore, the importance of family involvement in care should be an explicit matter of concern for nursing educational institutions and for policy making within healthcare organisations.

Keywords: family, carers, attitudes, involvement, nursing care.

Submitted 15 October 2019, Accepted 8 November 2020

Introduction

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 (1–3). In their role as informal caregivers, family caregivers play an active role as an advocate and intermediate between nurses and home-dwelling persons when these individuals are admitted to the hospital or

receive care at home (4–6). Another aspect is that serious illness not only affects the patient but, rather, the entire family; the associated stress on their quality of life and health status is well documented (7–9). From a family systems approach, as described by Wright & Leahey (10), 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 (11, 12); patients, families and health professionals should therefore collaborate as partners in care in order to in order to maintain continuity of care as part of the

Correspondence to:

Marie Louise A. Luttik, Hanze University of Applied Sciences, School of Nursing, Research Group Nursing Diagnostics, 9714 CA, Groningen, The Netherlands.
E-mail: m.l.a.luttik@pl.hanze.nl

professional profile (13). Professional nursing standards encompass the patient *and* their family caregivers (14); however, this focus does not appear to be translated to current nursing practice yet (15).

The attitude that nurses hold towards the role and importance of families in the care of their patients is of crucial importance and a starting point in the implementation of a more family-focused approach in nursing care (16). It is evident that nurses consider a good relationship with families as important (17–20); however, some nurses are also hesitant to consider the whole family as the unit of nursing care and to actively involve families in the care for their patients (18–21). The involvement of and collaboration with families in nursing care depends significantly on nurses' attitudes towards the role and importance of families in patient care (22). Attitude, as a concept, is defined as 'an evaluation of a psychological object captured in dimensions such as good vs. bad or likeable vs. dislikeable' (23). Earlier studies have shown that nurses holding positive attitudes towards the importance of family in nursing care are more likely to involve families in the care for their patients (24–26).

Nurses' attitudes towards the importance of family in nursing care have been studied in various patient populations and healthcare settings (24, 27, 28). Attitudes towards families might differ among healthcare settings with those of home care nurses being more positive compared to nurses working in a hospital setting (22, 29). Nurses with a higher educational level and more years of work experience also demonstrate attitudes that are more positive towards families (27, 28, 30). Nurses' knowledge about existing policy in the organisation regarding family involvement is also known to positively influence their attitudes (22, 29).

There is an increasing awareness in health care regarding the importance of family caregivers in providing care for home-dwelling persons in societies such as the Dutch (31). A previous study found differences of nurses' attitudes across European countries (30) which demonstrated the importance of country specific information. However, in the Netherlands, nurses' attitudes had not yet been measured. Therefore, the aim of the study was to describe their attitudes towards the importance of families in nursing care and to investigate the contribution of professional and demographic characteristics to these attitudes. Insight into nurses' attitudes towards families is necessary in order to establish adequate policy, strategies and targeted interventions to improve family involvement in nursing care.

Methods

Design

A cross-sectional design was used, and data were aggregated with an online survey among nurses in 15 wards

of four general hospitals and one home healthcare organisation in the northern part of the Netherlands.

Sample and setting

In order to measure nurses' attitudes, first the Dutch version of the FINC-NA instrument was validated in a nursing population of 1211 nurses, 403 hospital and 808 home healthcare nurses and nursing aids (32). Participating hospital wards were cardiology (3), internal medicine (3), pulmonology (4), neurology (4) and one geriatric nursing ward. The home healthcare organisation self-selected nurses from a region in the Netherlands to participate in the study.

For this study, the data of 426 hospital and home care nurses who had earned at least an associate degree level 4 (a four-year course at a community college, including technical nursing interventions), a bachelor degree or master degree in nursing were included for analysis (32). In the Netherlands, nursing aids only work in home health care or nursing homes and not in hospitals and, therefore, were excluded from this study. In addition, the level of education and nursing activities between nursing aids and nurses differs significantly (33).

Measurements

To measure nurses' attitudes, the Dutch version of the Families' Importance in Nursing Care-Nurses' Attitudes (FINC-NA) was used which was translated from Swedish into Dutch by two independent professional translators using the bidirectional translation method and validated in a previous study (32). The FINC-NA consists of 26 items divided into four subscales: *Family as its own resource* (Fam-OR) referring to families' own resources for coping (four items); *Family as a burden* (Fam-B) referring to statements of experiencing family as a burden (four items); *Family as a conversational partner* (FAM-CP) referring to the acknowledgement of the patients' family members as conversational partners (eight items) and *Family as a resource in nursing care* (Fam-RNC) referring to the acknowledgement of families' involvement in nursing care (ten items) (32). Internal consistencies of the instrument are good with Cronbach's alphas ranging between 0.88 and 0.90 for the entire instrument (26, 32, 34). The FINC-NA uses a five-point Likert scale (Strongly agree, Agree, not Agree/not Disagree, Disagree and Strongly Disagree). The item scores range from 5 to 1 with scores ranging from 26 to 130 for the whole instrument. The higher the score, the more supportive the nurses' attitudes are towards families in nursing care. The four 'negatively' formulated items of the subscale family as a burden were subsequently reversed to facilitate data analysis.

Nurses' characteristics

The survey comprised a set of questions regarding demographic and professional characteristics such as age, gender, years of work experience, highest level of education in nursing, knowledge of existing policy on families in the organisation, training in family nursing and experience as an informal caregiver of a critical ill family member.

Ethical considerations

The medical ethics committees of the organisations involved granted permission to conduct the study as described. Prior to the beginning of the study, nurses were informed about its purpose and data processing through the weekly email newsletter and written information provided by the researcher to the nursing wards. Nurses voluntarily participated in it and provided their consent for participation and publication of the results before completing the online survey. Responses were received anonymously and, therefore, could not be traced back to any individual person.

Procedure

The FINC-NA instrument was transferred into a licensed web application of Survey Monkey (35). An invitation containing a personalised link to the survey was sent to all nurses working in the participating hospital wards and homecare organisations using their work e-mail addresses. After 2 or 4 weeks, a reminder was automatically sent to all e-mail addresses in the event that no response had yet been received. The web application had the ability to automatically send reminders after an established period of time to all e-mail addresses that had not yet responded. This process was blinded for all persons, including the researcher.

Data analysis

Data were entered into SPSS version 24.0 (36). Descriptive statistics were used to detail the characteristics of the study population and responses to the FINC-NA questionnaire on (sub)scale and item levels. Because the subscales consisted of an unequal number of questions (See Table 3), all of the four subscales were transformed to a 100-point scale in order to better interpret the differences in attitudes per subscale and, subsequently, to increase the readability of these results. Multivariate linear regression analyses were performed to identify the individual contribution of the demographic, organisational and professional factors to the FINC-NA total score and subscale scores. The variables' age and years of work experience

appeared to be highly correlated (Spearman's rho 0.85, $p < 0.00$). In order to avoid collinearity, only years of work experience were entered in the regression models. The regression analysis was performed using the Backward method, and outcome parameters were expressed in Beta, the standardised version of b -values. These values are easier to compare because they are not dependent on the units of measurement of the different parameters but are measured in standard deviation units (37). The p -level for statistical significance was set at 0.05.

Results

A total of 249 hospital nurses and 177 homecare nurses were eligible for analysis, as is given in Fig. 1. Only four (0.9%) respondents had one missing item at random; therefore, these missing items were replaced by the series mean (38, 39). Table 1 depicts nurses' demographic and professional characteristics. The average (SD) age was 42 (13), and 93% of the nurses were female. Most nurses (85%) stated that they had not had any specific education in family care.

Nurses' attitudes towards the importance of families in nursing care

As shown in Table 2, the mean (SD) score on the total FINC-NA scale was 84.6 (11.5) on the theoretical range of 26 to 130 and was 63.8 (12.0) when converted to a 100-point scale. The mean scores (SD) of nurses' attitudes towards families as conversational partners and as their own resources of 59 (14.9) and 60 (18), respectively, were less positive compared to families as resource in nursing care. Nurses' responses were relatively positive towards families as a burden which was reflected by the mean (SD) score of 73.9 (17.0) on the reversed Burden subscale.

In Table 3, the percentages of responses and mean scores of the subscales of the FINC-NA are provided. The items of the subscale 'family as own resource' show that 44% of the nurses consider family members as co-operating partners and 46% of the nurses encourage families to use their own resources in order to cope with their situation, with mean item scores of 3.3 and 3.6, respectively. Over half (57%) of the nurses consider themselves as a resource for families for coping with the care situation (mean item score 3.3).

Items of the subscale 'family as a conversational partner' show that most nurses (82%) strongly agreed with the statement 'it is important to find out who belongs to the family', and 81% strongly agreed to the statement 'I invite family members to speak about changes in the patient's condition' with mean item scores of 4.3 and 4.2, respectively. Furthermore, a minority of nurses

Figure 1 Flowchart of eligible respondents.

(36%) actively invites family members for discussion at the beginning of the care period, invites families when planning care (20%) or invites families to take an active role in patients' care (26%) with mean item scores of 3.0, 2.7 and 2.9, respectively (See Table 3).

Table 3 also indicates that, within the subscales 'family as a resource in nursing care', most nurses (strongly) agreed (84%) with the statement 'a good relationship with family members gives me job satisfaction', and 78% (strongly) agreed with the statement 'it is important to spend time with families' with mean item scores of 4.3 and 4.0, respectively. A total of 66% of nurses supported the statement, 'I gain a lot of worthwhile knowledge from families which I can use in my work', but only 37% of nurses agreed that 'family members should be invited to actively take part in planning patient care' with mean item scores of 3.8 and 3.1, respectively. A minority (13%) of nurses (strongly) agreed with the statement 'the presence of family members gives me a feeling of security' (mean item score 2.7). Most nurses did not perceive family as a burden in

nursing care with mean item scores varying from 3.8 to 4.1. (Table 3).

Factors contributing to positive attitudes

As shown in Table 4, the different models illustrate a small but significant relationship between nurses' attitudes and years of work experience as a nurse ($\text{Beta} = 0.204$, $p < 0.001$) and the presence (or absence) of policy regarding families ($\text{Beta} = -0.154$, $p = 0.001$), work setting (hospital vs. home care) ($\text{Beta} = 0.130$, $p = 0.007$) and the highest level of nursing education ($\text{Beta} = 0.101$, $p = 0.036$). Almost all of the scales indicated years of work experience to be of significant value for the model except for the model regarding the Fam-RNC. Although the explained variance of the model regarding subscale FAM-B is very low (4%), experiencing family as a burden appears to be primarily related to nurses' years of work experience ($B = 0.167$, $p < 0.05$). With regard to the Fam-RNC, the female gender also appears to be significant for nurses' attitudes ($B = -0.098$, $p = 0.046$). The subscale Fam-OR

Table 1 Nurses' characteristics (N = 426)

	Mean (SD)
Age	42 (13)
Years of work experience	18.8 (12.4)
	N (%)
Gender	
Female	398 (93)
Male	28 (7)
Informal caregiving experience	
Yes	280 (66)
No	146 (34)
Highest level of nursing education in nursing	
Associate degree ^a	253 (60)
Bachelor degree	150 (36)
Master degree	15 (4)
Training in family nursing	
Yes	64 (15)
No	362 (85)
Work setting	
Hospital	249 (59)
Homecare	177 (41)
Policy present on families	
Yes	188 (44)
No	238 (56)

^aAssociate degree level 4 (a 4-year course at a community college, including technical nursing interventions).

Table 2 FINC-NA total scale and subscale scores

(Sub)scale(s)	Range	Mean (SD) Raw score	Mean (SD) 100-point range ^a
Fam-OR	4–20	13.6 (2.7)	60.0 (18.0)
Fam-CP	8–40	26.9 (4.8)	59.0 (14.9)
Fam-RNC	10–50	28.3 (4.6)	65.5 (13.1)
Fam-B ^b	4–20	15.8 (2.7)	73.9 (17.0)
FINC-NA (total)	26–130	84.6 (11.5)	63.8 (12.0)

^aBased on a 100-point scale.

^bScale was reversed.

showed the highest proportion of explained variance (20%); nurses' attitudes within this scale were explained by years of work experience ($B = 0.195$, $p < 0.001$), work setting ($B = 0.34$, $p < 0.001$) and policy ($B = -0.108$, $p = 0.015$). The variables 'continuing training in family care' and 'informal caregiving experience with an ill relative' did not seem to be of influence on nurses' attitudes towards family importance in nursing care.

Discussion

This study is the first to describe nurses' attitudes towards the importance of families in nursing care in the

Netherlands. Results indicate that nurses' attitudes are moderately positive with a mean (SD) total score of 63.8 (12) (on a 100-point score) on the FINC-NA. Differences in nurses' attitudes in this study were mainly explained by the existence of policy regarding families in nursing care and years of work experience in nursing. The mean total score on the FINC-NA of this study falls within the outcomes of other studies (25, 26, 34, 40, 41), as do the results of the mean scores on the subscales, although it seems that Dutch nurses experience families as being less of a burden and also less as a resource in nursing care (25, 26, 34, 40, 41).

Consistent with other studies (7, 18, 21), there seems to be a discrepancy between nurses' attitudes and their actual behaviour; 82% of the nurses (strongly) agree with the statement that it is important to determine who belongs to the patient's family; however, only 45% of these nurses agree with the statement, 'I always find out who belongs to the family'. Although it is assumed that positive attitudes are associated with a corresponding positive behaviour towards family involvement, this is not automatically valid. A positive attitude towards the role and importance of family is an important prerequisite in establishing a family systems approach in nursing care. However, future research should also take knowledge and skills, as part of competence, into consideration in order to obtain a comprehensive overview of nurses' ability and willingness to involve families in the nursing care and to apply a family systems approach by considering the whole family as the unit of care (10, 42).

The results of this study appear to indicate that Dutch nurses do not seem to perceive families as important in nursing care, considering that the mean total scores of the subscales 'Family as a Conversational Partner', 'Family as their Own Resource' and 'Family as a Resource in Nursing Care' are 59, 60 and 65.5 (based on 100-point scale), respectively. Inviting family for a conversation at the beginning or at the end of nursing care was considered as important by only 36 and 35% of the nurses, respectively. Furthermore, only 45% of the participating nurses stated that they ask family caregivers how to support them. These aspects in the attitude of nurses towards the importance of family in their nursing care specifically seem to be evaluated as 'dislikeable' indicating nursing care that does not seem to focus on either family involvement nor on supporting families in their caregiving role (23). In the context of a rapidly changing society and the healthcare system in the Netherlands and in other western societies in which it is expected that patients increasingly rely on the support of family caregivers for dealing with their health challenges, these findings can be considered as worrisome.

In accordance with other studies, this study also indicates that homecare nurses demonstrate a more positive attitude compared to hospital nurses on the total FINC-

Table 3 Percentages of responses and mean values of nurses' responses

Subscales and items	Percentages of responses (%)		
	(strongly) disagree ^a	(strongly) agree ^b	Mean (SD)
Family as its own resource			
I encourage families to use their own resources so that they have the optimal possibilities to cope with situations by themselves	18	46	3.3 (0.96)
I see myself as a resource for families so that they can cope as well as possible with their situation	12	57	3.6 (0.94)
I consider family members as co-operating partners	18	44	3.3 (0.96)
I ask families how I can support them	21	45	3.3 (1.0)
Family as a conversational partner			
I invite family members to have a conversation at the end of the care period	33	35	3.0 (1.2)
I ask family members to take part in discussions from the very first contact when a patient comes into my care	36	36	3.0 (1.2)
I always find out what family members a patient has	25	45	3.3 (1.1)
I invite family members to speak about changes in the patient's condition	3	81	4.2 (0.86)
I invite family members to speak when planning care	43	20	2.7 (1.0)
It is important to find out what family members a patient has	5	82	4.3 (0.89)
I invite family members to actively take part in the patient's care	36	26	2.9 (1.0)
Discussion with family members during first care contact saves time in my future work	16	51	3.4 (0.94)
Family as a resource in nursing care			
The presence of family members eases my workload	13	32	3.2 (0.76)
The presence of family members gives me a feeling of security	39	13	2.7 (0.93)
The presence of family members is important to me as a nurse	7	67	3.8 (0.88)
Family members should be invited to actively take part in the patient's nursing care	10	51	3.6 (0.91)
Family members should be invited to actively take part in planning patient care	25	37	3.1 (1.0)
A good relationship with family members gives me job satisfaction	2	84	4.3 (0.78)
Getting involved with families gives me a feeling of being useful	5	68	3.8 (0.87)
I gain a lot of worthwhile knowledge from families which I can use in my work	8	66	3.8 (0.92)
The presence of family members is important for the family members themselves	5	68	3.8 (0.81)
It is important to spend time with families	3	78	4.0 (0.77)
Family as a burden ^c			
The presence of family members makes me feel that they are checking up on me	68	10	3.8 (0.96)
The presence of family members makes me feel stressed	76	4	4.1 (0.89)
The presence of family members holds me back in my work	83	6	3.9 (0.87)
I don't have time to take care of families	67	7	3.9 (0.97)

^aStrongly disagree concern nurses' responses of a 1 or 2.^bStrongly agree concern nurses' responses of a 4 or 5.^cScale was reversed.

NA scale and the subscale family as its own resource (22, 29, 41). As homecare nurses care for persons within the individuals' own living environments, they may find it more logical to consider the patient and their social network as relevant in their nursing care. In the hospital, the patient and families may adhere to the system of the hospital (43), requiring a more active approach towards families in involving them as part of the quality and continuity of patient care.

The results of this study also show that the presence of policy within organisations regarding families appears to be a factor influencing attitudes of nurses, as was also found in other studies (22, 29). As more than half of the

nurses (56%) indicate that, to their knowledge, this policy is not present, this seems to be an area in which additional attention must be paid. In general, it can be stated that (written) policy and consensus among staff on the role of families and how to involve them in patient care is crucial in terms of implementing high quality patient care. Nurses and nursing organisations, therefore, should take responsibility for contributing to the development of organisational policies that are aimed at families' active involvement in order to support the implementation of a family systems approach in health care (16).

Lastly, in this study, years of work experience as a nurse also influenced nurses' attitudes. Nurses with a

Table 4 Linear regression models for the total FINC-NA and subscales

Variable	FINC-NA total		Fam OR		Fam-CP		Fam RNC		Fam-B	
	Beta	p-Value	Beta	p-Value	Beta	p-Value	Beta	p-Value	Beta	p-Value
Gender (0 = female)							−0.098	0.046		
Years of work experience	0.204	<0.001	0.195	<0.001	0.194	<0.001			0.167	0.001
Family member with serious illness ^a (0 = Yes)										
Highest level of nursing education	0.101	0.036								
Continuing training in family care ^b (0 = Yes)										
Work setting (0 = hospital)	0.130	0.007	0.340	<0.001						
Policy present on families ^c (0 = Yes)	−0.154	0.001	−0.108	0.015	−0.170	<0.001	−0.114	0.020		
Model statistics										
F	10.98		33.97		10.04		5.23		5.96	
Significance	<0.001		<0.001		<0.001		0.006		0.001	
R ²	0.096		0.198		0.068		0.025		0.042	

^aDo you have or have had a family member with a serious illness who needs professional care?

^bHave you attended specific training that concerns support or collaboration with families of patients?

^cIs there a general approach to the care of families at your place of work?

limited number of years of work experience had significantly fewer positive attitudes towards the importance of families. This is consistent with other studies (22, 27, 29, 30). Based on the ideas of Benner (44), this is generally explained by the belief that less experienced nurses may still be in the process of learning skills and gaining expertise with a greater focus on their relationship with the patient, physical care and patient safety (41); involving family in the patient's care is of less priority. Nursing education, therefore, has an important role to play; nursing students must develop the competencies to work with families regarding their attitude as well as their knowledge and skills in working with patients and families simultaneously as an integral part of their nursing education (42).

Limitations

The study provides valuable information on nurse's attitudes towards the importance of families in nursing care in the context of an ageing population in the Netherlands. The FINC-NA is a widely used valid instrument that has successfully been employed in a variety of studies. The generalisability of the results might be limited since a convenience sample of nurses of only four general hospitals in the Netherlands, and one homecare organisation was obtained. The fact that this study was based on a self-selected convenience sample of nurses working in hospital and homecare settings may have caused some bias; nonrespondents may represent nurses with less positive attitudes towards the importance of families in nursing care. Furthermore, since the role of family in health care has become an important theme in society, social desirability with regard to self-reporting

questionnaires may have occurred in favour of a greater number of positive attitudes.

Conclusion

This study focused specifically on nurses' attitudes towards the importance of families in nursing care in the Netherlands and was measured with the validated Dutch version of FINC-NA scale. Results show that, in the Dutch context, there is opportunity for improvement, especially regarding the concept of 'families as conversational partner' and 'families as their own resource in nursing care'. Considering the current changes occurring in the Dutch health care system, this improvement in nurses' attitudes is needed in order to establish a more family-focused approach in nursing care. The importance of family involvement in care should be an explicit matter of concern for nursing educational institutions and for policy making within healthcare organisations.

Author contributions

The study was initiated by all authors. EH and MLL were responsible for the data collection. EH, WP and MLL analyzed the data and wrote the initial manuscript. All authors read and approved the final manuscript.

Ethical approval

The medical ethics committees of the organizations involved granted permission to conduct the study.

Funding

No funding was received for this study.

References

- 1 Chen YC, Chang LC, Liu CY, Ho YF, Weng SC, Tsai TI. The roles of social support and health literacy in self-management among patients with chronic kidney disease. *J Nurs Schol arsh* 2018; 50: 265–75.
- 2 McCabe N, Dunbar SB, Butler J, Higgins M, Book W, Reilly C. Antecedents of self-care in adults with congenital heart defects. *Int J Cardiol* 2015; 201: 610–5.
- 3 Neumann D, Lamprecht J, Robinski M, Mau W, Girndt M. Social relationships and their impact on health-related outcomes in peritoneal versus haemodialysis patients: a prospective cohort study. *Nephrol Dial Transplant* 2018; 33: 1235–44.
- 4 Bragstad L, Kirkevold M, Hofoss D, Foss C. Informal caregivers' participation when older adults in Norway are discharged from the hospital. *Health Soc Care Community* 2014; 22: 155–68.
- 5 Lindhardt T, Bolmsjo I, Hallberg I. Standing guard-being a relative to a hospitalised, elderly person. *J Aging Stud* 2006; 20: 133–49.
- 6 Popejoy LL. Complexity of family caregiving and discharge planning. *J Fam Nurs* 2011; 17: 61–81.
- 7 Söderström IM, Benzein E, Saveman BI. Nurses' experiences of interaction with family members in intensive care units. *Scand J Caring Sci* 2013; 17: 185–92.
- 8 Schulz R, Sherwood P. Physical and mental health effects of family caregiving. *Am J Nurs* 2008; 108: 23–27.
- 9 Schulz R, Beach SR, Hebert RS, Martire LM, Monin JK, Tompkins CA, Albert S. Spousal suffering and partner's depression and cardiovascular disease: the cardiovascular health study. *Am J Geriatr Psychiatry* 2009; 17: 246–54.
- 10 Wright LM, Leahey M. *Nurses and Families – A Guide to Family Assessment and Intervention*. 2013, F.A. Davis Company, Philadelphia, PA.
- 11 Bridges J, Flatley M, Meyer J. Older people's and relatives' experiences in acute care settings: Systematic review and synthesis of qualitative studies. *Int J Nurs Stud* 2010; 47: 89–107.
- 12 Lowson E, Hanratty B, Holmes L, Addington-Hall J, Grande G, Payne S, Seymour J. From 'conductor' to 'second fiddle': older adult care recipients' perspectives on transitions in family caring at hospital admission. *Int J Nurs Stud* 2013; 50: 1197–205.
- 13 Leahey M, Harper-Jacques S. Family nurse relationships: core assumptions and clinical implications. *J Fam Nurs* 1996; 2: 133–57.
- 14 International Council of Nurses. *Position Statement: Scope of Nursing Practice*. 2018, International Council of Nurses. Retrieved from https://www.icn.ch/sites/default/files/inline-files/B07_Scope_Nsg_Practice.pdf (last accessed 4 March 2020)
- 15 Hagedoorn EI, Paans W, Jaarsma T, Keers J, van der Schans C, Luttk MLA. Aspects of caregiving as addressed in planned discussions between nurses, patients with chronic diseases and family caregivers: a qualitative content analysis. *BMC Nurs* 2017; 16: 37.
- 16 MacKean GL, Thurston WE, Scott CM. Bridging the divide between families and health professionals' perspectives on family-centred care. *Health Expect* 2015; 8: 74–85.
- 17 Åstedt-Kurki P, Paavilainen E, Tamentie T, Paunonen-Ilmonen M. Interaction between adult patients' family members and nursing staff on a hospital ward. *Scand J Caring Sci* 2001a; 15: 142–50.
- 18 Åstedt-Kurki P, Paavilainen E, Tamentie T, Paunonen-Ilmonen M. Interaction between family members and health care providers in an acute care setting in Finland. *J Fam Nurs* 2001b; 7: 371–90.
- 19 Hertzberg A, Ekman SL, Axelsson K. Relatives are a resource, but: Registered Nurses' views and experiences of relatives of residents in nursing homes. *J Clin Nurs* 2003; 12: 431–41.
- 20 Benzein E, Johansson B, Saveman BI. Families in home care - a resource or a burden? District nurses' beliefs. *J Clin Nurs* 2004; 13: 867–75.
- 21 Lindhardt T, Rahm Hallberg I, Poulsen I. Nurses' experience of collaboration with relatives of frail elderly patients in acute hospital wards: a qualitative study. *Int J Nurs Stud* 2008; 668–81.
- 22 Benzein E, Johansson P, Årestedt K, Saveman B. Nurses' attitudes about the importance of families in nursing care: a survey of Swedish nurses. *J Fam Nurs* 2008; 14: 162–80.
- 23 Ajzen I. Nature and operation of attitudes. *Annu Rev Psychol* 2001; 52: 27–58.
- 24 Fisher C, Lindhorst H, Matthews T, Munroe DJ, Paulin D, Scott D. Nursing staff attitudes and behaviours regarding family presence in the hospital setting. *J Advanc Nurs* 2008; 64: 615–24.
- 25 Hsiao C-Y, Tsai Y-F. Factors associated with the perception of family nursing practice among mental health nurses in Taiwan. *J Fam Nurs* 2015; 21: 508–28.
- 26 Linnarsson J, Benzein E, Årestedt K. Nurses' views of forensic care in emergency departments and their attitudes, and involvement of family members. *J Clin Nurs* 2015; 24: 266–74.
- 27 Sveinbjarnardóttir EK, Svavarsdóttir EK, Saveman BI. Nurses attitudes towards the importance of families in psychiatric care following an educational and training intervention program. *J Psychiatr Ment Health Nurs* 2011; 18: 895–903.
- 28 Hallgrímsdóttir EM. Caring for families in A&E departments: Scottish and Icelandic nurses' opinions and experiences. *Accid Emerg Nurs* 2004; 12: 114–20.
- 29 Gusdal AK, Josefsson K, Thors Adolfsson E, Martin L. Nurses' attitudes toward family importance in heart failure care. *Eur J Cardiovasc Nurs* 2017; 16: 256–66.
- 30 Luttk MLA, Goosens E, Ågren S, Jaarsma T, Mårtensson J, Thompson DR, Strömberg A. Attitudes of nurses towards family involvement in the care for patients with. *Eur J Cardiovasc Nurs* 2017; 16: 299–308.
- 31 Luttk ML, Paans W. New kid on the block: family nursing initiatives in

- the Netherlands. *J Fam Nurs* 2018; 24: 303–6.
- 32 Hagedoorn EI, Paans W, Jaarsma T, Keers JC, van der Schans CP, Luttik ML, Krijnen WP. Translation and psychometric evaluation of the Dutch families importance in nursing care – nurses’ attitudes scale based on the generalized partial credit model. *J Fam Nurs* 2018; 24: 538–62.
 - 33 Mistianen P, Kroezen M, Triemstra M, Francke AL. *Verpleegkundigen en verzorgenden in Internationaal perspectief- A Nurse is Not a Nurse*. 2011, Nivel, Utrecht, The Netherlands. <https://www.nivel.nl/sites/default/files/bestanden/rapport-verpleging-verzorging-internationaal-perspectief.pdf>.
 - 34 Saveman BI, Benzein EG, Engström ÅH, Årestedt K. Refinement and psychometric reevaluation of the instrument: families’ importance in nursing care – nurses attitudes. *J Fam Nurs* 2011; 17: 312–29.
 - 35 SurveyMonkey Inc. *Web Application SurveyMonkey*. 2015, SurveyMonkey Inc., San Mateo, CA. www.surveymonkey.com
 - 36 IBM Corp. *IBM SPSS Statistics Version 24.0*. 2016, IBM Corp, Armonk, NY.
 - 37 Field A. *Discovering Statistics Using IBM SPSS Statistics*, 4th edn. 2014, Sage, London.
 - 38 Streiner D, Norman GR, Cairney J. *Health Measurement Scales a Practical Guide to Their Development and Use*, 5th edn. 2015, Oxford University Press, Oxford.
 - 39 Downey RG, King CV. Missing data in Likert ratings: a comparison of replacement methods. *J Gen Psychol* 1998; 125: 175–91.
 - 40 Benzein E, Johansson P, Årestedt KF, Berg A, Saveman BI. Families’ importance in nursing care: nurses’ attitudes – an instrument development. *J Fam Nurs* 2008; 14: 97–117.
 - 41 Blöndal K, Zoëga S, Hafsteinsdóttir JE, Olafsdóttir O, Thorvardardóttir AB, Hafsteinsdóttir SA, Sveinsdóttir H. Attitudes of registered nurses and licenced practical nurses about the importance of families in surgical hospital units. *J Fam Nurs* 2014; 20: 355–75.
 - 42 Bélanger L, Bourbonnais A, Bernier R, Benoit M. Communication between nurses and family caregivers of hospitalised older persons: a literature review. *J Clin Nurs*. 2016; 26: 609–19.
 - 43 Allen D. Negotiating the role of expert carers on an adult hospital ward. *Sociol health Illn* 2000; 149–71.
 - 44 Benner P. *From Novice to Expert: Excellence and Power in Clinical Nursing*. 2000, Addison-Wesley, Menlo Park, CA.