THE UNIVERSITY OF ZAMBIA

SCHOOL OF MEDICINE

DEPARTMENT OF POST BASIC NURISNG



# A STUDY TO ASSESS THE INVOLVEMENT OF FAMILY MEMBERS IN THE CARE OF HOSPITALISED PATIENTS.

BY

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**DECLARATION**

I hereby declare that the work presented in the study for the Degree of Bachelor of Science in Nursing has not been presented either wholly or in part for any other Degree and is not being currently submitted for any other academic qualification.

SIGNED: _____ DATE: 28/1/99

CANDIDATE

APPROVED: _____ DATE: 28/1/99

SUPERVISING LECTURER

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**STATEMENT**

I hereby certify that this study is entirely the outcome of my own independent investigation. The various sources to which I am greatly indebted are gratefully and clearly acknowledged in the text and in the references.

SIGNED: _____ DATE: _____

CANDIDATE

## DEDICATION

Affectionately dedicated to my husband, Mr Zulu N.K., my mother, Mrs T. Daka, my brothers, Joseph, Nelson, Babu, Enelani and to my sister Margaret.

## ACKNOWLEDGEMENT

This study was made possible through the assistance of many people, without them it would not have been possible.

I would like to express my sincere gratitude to my sponsors the Government of the Republic of Zambia, through the Directorate of Human Resource Development for the Scholarship which enabled me to study for the Bachelor of Science Degree in Nursing and to undertake this study.

My thanks go to Mrs P. Ndele for her tireless supervision, guidance and constructive comments through out the period of this study. Thanks to Mrs Jumbe and Mr Ndubai the lectures in Nursing Research who introduced me to Nursing Research. My sincere gratitude goes to the Head of Department Ms. E. Lambwe and Mrs Ngoma for their encouragement.

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**ABSTRACT**

The study was conducted at St. Francis Hospital in Katete District, Eastern Province.

The title of the study is to assess the involvement of family members in the care of the hospitalised patients. Some of its objectives were :

- To find out to what extent the family members participate in the care of the hospitalised patients.
- To find out the problems the family members encounter while taking care of their patients.

The literature review was based on the importance and role of family members and also on what is expected of nurses in order to ease the involvement of family members in patient care.

Fifty (50) family members who were looking after the hospitalised patients were sampled using simple random sampling method.

Data was collected using structured interview schedule and was analysed manually. The finding were presented in tabular form.

The findings revealed that all the respondents (50) 100% were involved in patient care although some family members were not oriented to the ward and did not receive explanation on the activities they participated in. They were not supervised nor assisted. 19 (38) of the family members stated that they got involved in patient care because they felt that it was part of their responsibility. The study results also revealed that there was no proper demarcation between roles of nurses and the relatives as the latter group was doing almost everything for the patient.

Some recommendations are that there is need for nurses to have in service courses periodically in which they have to be reminded of the basic principles of Nursing such as orientation of patients and relatives and communication. Nurses should be able to educate the family members on the patient care they are not conversant with and be able to assist them in the care when their services are required. The General Nursing Council of Zambia should come up with a list of activities that family members can participate in while looking after the hospitalised patients.

# CHAPTER 1

## INTRODUCTION

### 1.1 BACK GROUND INFORMATION

Zambia is a landlocked Southern African country lying between 8 and 18 degrees latitude South, and 22 and 34 degrees longitude East. It covers an area of 752,612 square kilometers and is situated on the great plateau of Central Africa with altitude ranging 1,000 to 1,300 meters.

In 1991 Zambia reverted to Multiparty democracy after almost 20 years of one party rule. The current National President is Mr F. T. J. Chiluba.

Demographically the Zambian population is characterised by high growth rates. According to a report given in the Programme Review and Strategy Development Report (1996), the population increased from 3.5 million in 1963 to 5.7 million in 1980; 7.8 million in 1990 and to an estimated 9.4 million in 1995. The rate growth has always been high and was estimated as 2.7 percent per annum in the 1980 - 1990 intercensal period.

Administratively the Country is divided into 9 provinces i.e. Central, Copperbelt, Luapula, Lusaka, Northern, Northwestern, Southern, Western and Eastern. The provinces are further divided into 61 districts. Each Province is headed by a Deputy

Minister. Within this districts are various tribes which altogether add up to 72. These tribes share many similarities though there are some considerable diversities in beliefs and Practices.

Katete is one of the Zambian Districts and is situated in the centre of Eastern Province. It has 3 regional chiefs namely Kawaza, Kathumba and Mbangombe. Being a rural area it is typically organised in to villages which are led by head men. The traditional authority is vested in chieftaincies covering a group of villages of common tribes. Katete's predominant language is chewa. Demographically Katete District has a population of 170,000 of which mostly are subsistence farmers and small traders. (St. Francis Hospital Annual Report 1995).

St Francis Hospital is along Great East Road, 500km from the Capital Lusaka and 125 km from Malawi border. The hospital is jointly managed by a Board with Anglican and Catholic members. It has developed into a General Hospital with the bed capacity of 360 beds. The hospital manages medical, surgical, paediatric and obstetric cases which come from all parts of Eastern Province and from other parts of the country as it acts as a referral hospital.

In 1991, Zambia opted to decentralise her health services through the National Health Reforms. Ministry of Health had to redefine the new standards of health care system which has to ensure effective and costive delivery health services. These services aim

at rendering cost effective health services to which every Zambian has equal access.

With the introduction of National Health reforms, Central Board of Health was created. The country was then divided into four Health Regions i.e. South West, South East, North Central and North West Regions. Within these regions are 61 District Health Management Boards and Hospital Boards. Although the Health Reforms are not fully implemented, they aim at empowering the Districts with leadership, accountability and partnership capabilities.

In conjunction with Primary health care, the National Health Reforms put emphasis on community participation and prevention of disease, unlike the old health system which put emphasis on curative measures. However due to inadequate resources, preventive diseases are still rampant such that patients still over crowd the hospitals. During hospitalisation people from community come to participate in the care of their relatives.

Illness is a source of great concern to the family. It causes considerable discomfort and anxiety in a family. This is made worse when one has been admitted to the hospital whereby the patient suffers acute separation anxiety from being away from the rest of the family. Hospitalisation in most cases causes the patient to be fearful, he is afraid of the unknown and harbours a number of misconceptions about the hospital. The state of anxiety is not only experienced by the patient but by the family

members as well. This explains why most family members would want to be with their patients in the hospital.

Zambia being an African country where the Social Organisation is based on the extended family, the ties and feelings for one another are very strong. This is evidenced when one is ill, as every member of the family would want to show concern by participating in the care. Some members would only participate in the care during visiting hours, whilst others especially the very close ones would volunteer to be at the bed side and share the joint responsibility of caring for the patient with the hospital staff.

Family members play a major role in patient care by providing psychological, spiritual, social, physical, emotional and economical support. All these are the basic needs which can influence the outcome of the patients' hospitalisation.

Dolan et al (1978) states that "Caring for the sick emerged at the inception of the history of humanity and has been essential for the on going sustenance of the human race. Whenever one was unwell, the family members especially the women used to take care of the sick in the homes. The women who were particularly concerned with the provision of healthy environment, shared the responsibility with the neighbours." This applies to our country. In Zambia caring for the sick is as old as the human race. In the past when there were no hospitals, relatives and neighbours used to look after

the sick. This trend has continued up to date. During visiting hours, relatives and neighbours came in large numbers to see sick people.

Brunner and Suddarth (1975) define Nursing as " a service devoted to the prevention and relief of Human suffering." The prevention and relief of human suffering can be achieved by the trained nurses or any human being who has a caring heart. A good example of a person who managed to take good care of the sick without undergoing formal training was the pioneer of Nursing, Florence Nightingale who rendered nursing care to her relatives and friends in the home set up.

Roper et al (1987) states "In the Western World, until the end of the last century, Family members or domestic staff usually nursed the sick in their own homes." The family members are the oldest and most used health care providers in the world.

In Africa, relatives participation in the care was seen even when people did not have the previledge of having hospitals. Family members could take their sick relatives to Traditional Healers and could be with them until they recovered. With the introduction of hospitals, patients when coming to the hospital are accompanied by their relatives. In the rural areas, the situation is exaggerated as the relatives come in big numbers. Being Africans we cannot run away from this trend as our ties go beyond that of a nuclear family but goes on to include the extended type of family.

In support with the concept of relatives involvement in patient care, Riel, P. Callista R. (1980) describe orem self care model which was conceptualised by Dorothea Orem. This model encourages the patient as an individual to carry out his own actions in a sequential pattern which should contribute to heman structural intergrity. For the patient to participate in this way, he has to be taught and this teaching is inclusive of the relatives who should assist the patient.

In Zambia many hospitals are built in such a way that they have a provision for relatives' shelter. In the realisation of the importance or relatives participation in health care, St. Francis Hospital which in the Eastern Province has a shelter called "Chada" where patients' relatives lodge whilst waiting for their patients. Some relatives are allowed to stay at the bed side.

The involvement of family members in the patient care and decision making plays a major role in the recovery of patients. The nurse as a sole care provider should appreciate the presence of relatives and they should be given adequate support so that they are not discouraged. As co-care providers it is the nurses responsibility to orient and teach the relatives on how they can best participate in patient care. The responsibilities can be delineated and expectations of both relatives and nurses be well clarified to avoid overlap or a mix up in the roles.

## 1.2 STATEMENT OF THE PROBLEM.

The subject under study concerns the involvement of family members in the care of hospitalised patients. Although Primary Health care concept emphasises the prevention of diseases at the community level, Zambia has not reached this standard due to poor economic status; as such there are many people who come to the hospital affected with different diseases.

Experience and observations have shown that most patients, when they come for admission come with their family members who participate in the care. The extent to which family members participate varies from one place to another.

Hammond F. (1995) carried out a pilot study in Finland on the involvement of family members in the care of patients within the intensive care environment. He stated that "family members spent alot of time at their relatives bedside, most of them up to several hours a day, in that their daily routines at home were very much also affected." He went on to say "the most important way in which the hospital staff supported the families, was to keep them informed about patients' care and treatment." However this was not possible as they were problems and short comings in terms of family orientation. Hammonds sample consisted of 70% family members

and only 1/3 of family members felt that the nursing staff were seriously interested in familys' welfare, only 1/4 had been told what they could do in the hospital. About 1/2 of the family members needed to meet nurses and get support from them. The oldest respondents needed more help from the nursing staff in terms of information.

From Hammond's abstract, one finds out that in as much as the family members would want to participate in the care, they lack encouragement and information. This is not an exception of the Zambian situation. It is unfortunate that the investigator has not come across a study that has been done in Zambia to back this fact. However, the investigator has observed that poor communication between nursing staff and family members is the major problem. From the day of admission, the relatives do not get oriented to the geography of the ward and to the ward routine and this leaves them in the world of uncertainty and this increases their state of anxiety. If they are fortunate the other family members whom they have found on the ward are the ones who will take the responsibility of orienting them.

"The family being the oldest and most used health care service in the world, should be incorporated in the care of the hospitalised patients" Roper. et al (1987). This could be achieved if they were supported and encouraged through a mutual relationship founded on open communication with the nursing staff. What is being observed is that these family members do not even know what they are expected to do and what they are not supposed to do when looking after the sick relatives.

"Responsibilities can be delineated and expectations of both relatives and nurses can be clarified" Waechster and Blake (1976).This could be achieved through the nurses having good attitude towards the family members and discuss with them what is expected of them whilst in the hospital Waechester and Blake encourage planned meeting for the relatives and staff which they say enhances communication and provide support for the over whelmed relatives.

Lack of information from staff is experienced by nearly every member of the family who is looking after the patient, though the most affected ones are the elderly and the less previledged such as the illiterate and poor in society. This can be supported by the incident the researcher encountered in one of the wards recently. A mother was blamed by a nurse for having administered the anti-Tuberculosis drug to her son. She was given the drug by a certain nurse who did not explain to her that the child was required to submit sputum through gastric lavage before he could have the drugs. In the end the sputum could not be collected on that day; not because the mother was at fault, but because nurses could not explain the procedure to her.

Another incident was when an elderly woman in a surgical ward carried out a wound dressing on her son. The woman did not observe sterile techniques when dressing the wound because she had no knowledge on wound dressing and there was no nurse to supervise the procedure. This is a good example of relatives who do not know their role and their limits of their participation in the care of the sick relatives. This entails

a 'mix up' in the roles of the nursing staff and the relatives. Ideally one expects that all sterile procedures in the hospital are to be done by trained personnel and not by patients' relatives.

Although family members get involved in patient care, the majority do not have the knowledge on the type of disease their patient is suffering from; and as a result some tend to contract some infectious diseases. For example if the patient being looked after is suffering from Pulmonary Tuberculosis, the relatives, due to lack of knowledge on the mode of transmission will not take precaution on how she can protect herself from contracting the disease.

Although it is being encouraged that family members should be involved in the care of the patients, the problem that has emerged is that the nursing staff have relaxed in their duties. They leave most of the duties to be carried out by the relatives especially those who are always at the bed side. In the ward situation, an observer notices that from early hours of the morning a nurse will give oral drugs to the relative at the bed side who in turn should administer it to the patient. Without waiting to ensure that the patient has taken the drugs, the nurse just signs for it on the drug chart and off she goes. After the drug round, the relative is asked to remove the dressing from the patient's wound and to give him a bath without being supervised. If the patient is on naso gastric tube feeding, the relative who does not even know the precaution to take, will be asked to feed the patient. If such duties are being carried out by a relative

what then is the role of a nurse?

Whilst some family members may take a keen interest in looking after their sick relatives, there are some factors that influence their involvement in the care, These are given as follows:

- Attitude of the Nursing staff: if the nurses in the ward have negative attitude which could be assessed by them not looking after the patients as expected, this will directly force the relatives to actively participate in the care because there will be a deficity in patient care. If there is a nurse who explains most of the things to the relatives and encourage them to participate, the relatives will be motivated to participate in the care.
- Staff Situation: At present, most hospitals in Zambia are faced with staff shortage, and this has some impact on the care of the patients. The few nurses who are available may not manage to render the expected care to the patients. As a result the family members may have to come in to assist in the care.
- Type of illness: Some chronic illness such aa Diabetes Mellitus will require the relatives to be involved in the care from the beginning so that even when the patient is discharged, they will continue with the care, such as giving him a proper diet and giving him the prescribed medication. It is not uncommon to find out that even this category of relatives is not adequately prepared for its role.
- Hospital Policy: In Zambia we are previledged that most of the hospitals do

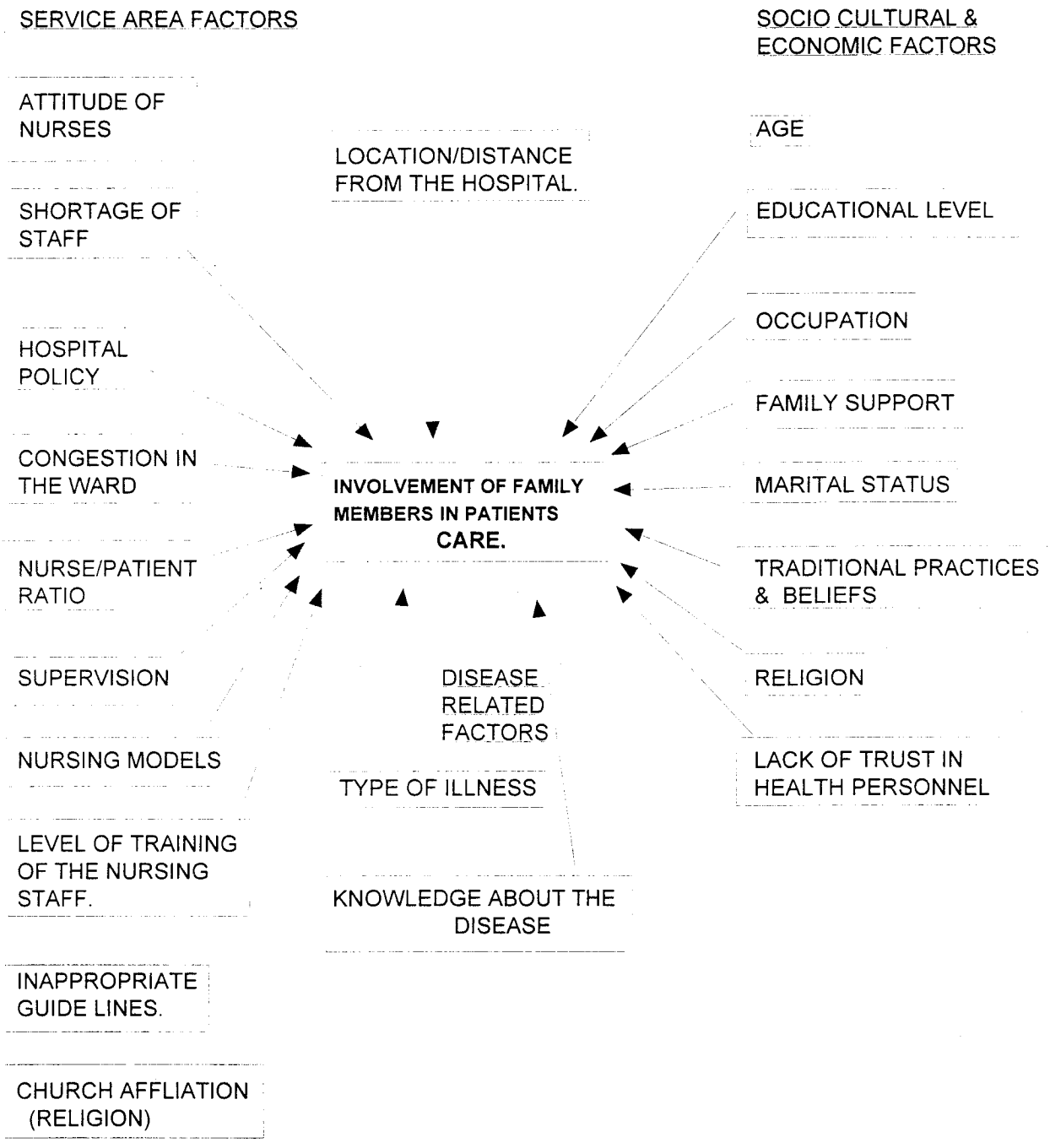
allow the relatives to be at the bedside of the patients when the patient is critically ill or when the patient is a child. The relatives therefore do participate in the care either periodically or through out the patients stay in the hospital. Hospitals sometimes have shelters for the relatives to lodge in whilst looking after their patients.

- Congestion in the Ward: Increase in the number of patients in a ward that surpasses the capabilities of the available nurses, will force the relatives to be involved in the care of patients.
- Supervision: In a ward where there is no proper supervision of nurses by their superiors, the care being rendered to the patients is usually not satisfactory. As a result patients relatives get involved in an attempt to fill the gap in the care.
- Nursing models like orems self care model argues for the involvement of patients family members in care through nursing process. This model emphasises not only on the value of self care but also on the value of caring for dependents. Not withstanding the nurse and relatives are expected to work as a team.
- Level of training of the Nursing Staff: Nurses who have improved on their basic knowledge by attending some Post Basic courses such as Midwifery, Paediatric, Theatre Nursing have been found to offer quality patient care. This in turn satisfies both the patients and their relatives. The latter will therefore require to participate in patient care to a lesser extent.

- Religion: If a nurse is affiliated to some religion, she will have some good principles which will influence her behaviour and performance. For example a christian nurse have love for others and so even in her care towards patients will be good and the relatives will find less need for them to participate in patient care as the nurses will be able to do most of the work.
- Age of the Patient: In a case where a child is sick, parents will get more involved in the care since children are more attached to their parents and so they would need their presence at all times. The elderly patients meanwhile will require relatives to assist nurses with their care.
- Family Support: In the families where there is unity and love, family involvement in the care may be more pronounced than in the families where ties are not strong.
- Traditional Practices: There are some traditional practices that can not be done away with even when the patient is in the hospital. For example a patient who is married would need be shaved by his/her spouse.

The points discussed above are some of the factors that influence the involvement of family members in patient care. The purposes of this study are therefore to identify factors that influence the involvement of relatives in patients care, to find out how far they get involved and to find out what nurses really do when they are on the wards at St. Francis Hospital in Katete. It is hoped that the findings of this study will answer such questions and in turn improve quality of the patient care in our hospitals.

## DIAGRAM OF ANALYSIS OF FACTORS INFLUENCING INVOLVEMENT OF FAMILY MEMBERS IN PATIENT CARE



## VARIABLES AND CUT OFF POINTS

### DEPENDENT VARIABLES

INVOLVEMENT OF RELATIVES IN PATIENT CARE:

**INVOLVEMENT** - When the relatives look after the patient and participate in the activities that are being carried out on the patient.

**NON INVOLVEMENT** - When the patient is entirely being looked after by nurses only.

### INDEPENDENT VARIABLES

**POSITIVE/GOOD ATTITUDE** - When a nurse is cheerful to both the patient and his relatives, explains things and carries out nursing care on the patient.

**NEGATIVE/POOR ATTITUDE** - When the nurse ignores the relatives and is unfriendly to both the patient and relatives, rarely carries out her nursing duties on the patient.

### STAFF SITUATION

**ADEQUATE** - Currently, when in the ward there is a nurse/patient ratio of 1:10; or in a ward of 60 patients, there are 6 nurses on duty.

**INADEQUATE** - When in the ward there is a nurse/patient ratio of less than 1:10 for example of 1:20.

### SUPERVISION

**CLOSE SUPERVISION:** When in the ward at each shift the nurses have an In-Charge or a crew leader to whom they are accountable and who checks on what they are doing.

**LACK OF SUPERVISION:** When nurses work without anybody to check on what they are doing.

## 1.3 JUSTIFICATION OF THE STUDY

With the observations made in the statement of the problem, one finds out that there are a lot of factors that lead to the involvement of family members in the care of the hospitalised patients. These factors seem to be a great force in the involvement of relatives in the care of patients which therefore suggests that participation of relatives in the care should be promoted. How ever, very few studies in Zambia have been done to address this area. The researcher feels that by finding out the extent to which the family members should get involved, might minimise the conflicts in the roles of the nurse practioner and the relatives; which in turn may motivate the latter group to participate freely in patient care.

The researcher also feels that through asking the family members the type of activities they would want to participate in whilst caring for their patients, would address their uncertainties in patient care.

It is hoped that the research findings will bring harmony between the nurses and the patient's family members as the latter group will know how far they should go in caring for the sick.

## 1.5 HYPOTHESIS

i. Negative attitude of nurses towards patient care, leads to relatives to become involved in the care of patients.

ii. The more severe the illness is, the more involved are the relatives in patient care.

iii. Family members become more involved in patient care if it is the young or elderly person who is sick.

## 1.6 OBJECTIVES

### GENERAL OBJECTIVE

i. To assess the involvement of family members in the care of hospitalised patients.

### SPECIFIC OBJECTIVES

i. To find out to what extent the family members participate in the care of the hospitalised patients.

ii. To determine the attitude of family members towards their involvement in the care of hospitalised patients.

iii. To find out the problems the family members encounter while taking care of their patients.

iv. To assess the relationship that exists between the nursing staff and family members especially in terms of communication.

v. To assess the level of knowledge the family members have on the diseases

their patients are suffering from.

vi. To determine to what extent other factors influence the involvement of the family in patients care.

## 1.7 OPERATIONAL DEFINITIONS

Hospitalisation: This is a period during which an individual is admitted in the hospital for treatment.

Family Members: A group of people related to one another, couples and their children or children who are associated with the patient.

Involvement: To take part or to be concerned with.

Patient: An individual who is ill or is undergoing treatment.

Care: Attention or assistance being given to the patient in order to meet the activities of daily living and enhance his recovery.

Nurse: Someone who has undergone two or three year Nurse Training Programme and is able to provide services that are essential or helpful in the restoration of health.

# CHAPTER 2

## LITERATURE REVIEW

The purpose of this literature review is to assess the involvement of family members in the care of the hospitalised patients.

Illness is a source of great concern to the family. It causes considerable discomfort and anxiety to the family. Passos and Beland (1975) writes that illness involving hospitalisation is usually regarded as an extremely disruptive situation by the patient and his family, the patient is therefore expected to experience fear and anxiety. Marlow (1965) supports the fact and says the situation is worse in children, as the group seems to suffer most from the emotional trauma of separation from a mother figure. Younger children show more signs of distress when their mothers leave them in the hospital. Children as much are likely to cry when the mother goes home. They are very much influenced by their mothers reaction to the separation. As a solution to such discomforts like distress, anxiety etc, Striker (1977) says, during any hospitalisation whether short term or long term, it is important to include the family. During the hospitalisation of a person who will be disabled, the inclusion of the family becomes even more essential.

Dolan et al (1978) point out that caring for the sick emerged with the inception of the history of human and has been essential for the on going sustenance of the human

race. When ever one was unwell, the family members especially the women used to take care of the sick. In support of Dolan's sentiments, Turmen (1993) reminds us of the importance of the family, by saying that from dawn of human history, the family has been at the heart of human development. The family is the first emotional and social support mechanism we experience; our first teacher, our health care provider ~~which~~ should be considered at all times and in all situations.

Potter et al (1989) states that, the family members despite many challenges, remain the central institution in society. Although family members today may be geographically further from each other than in the past, and may be living in non traditional families, family ties remain strong. The influence of the family is important and this must always be considered when the patient has been admitted as each member of the family has an impact on each others health practices and status. Family members need to be incorporated in the care whenever possible because the family environment significantly influences health out come.

Logan (1986) says that we have long recognised the capacity of the family to buffer its members from stress and anxiety, to serve as a source of strength and comfort, to promote and sustain the health of its members as well as to care for them in illness. We have come to emphasise the family as the unit of care through out our practice and have focussed health care measures on the entire family even if an individual family member initiates the family contact.

Passos and Beland (1975) outline that in other cultures, support is provided by one or more of the members of the family, going to the hospital with a patient and staying at the hospital until the patient is well. The family members may cook his meals and provide for his personal care. One of the greatest values of this practice derives from the fact that the patient shifts his concern for his welfare to his family. They are there, they will be responsible. They will take care of him. Naturally, family members depend on each other even in the absence of disease, this dependence is even more when one is sick.

In which ever type of illness, relatives need to be involved in the care. This is supportive by Campbell (1973) who says that just as the relatives of the patient play an important part in getting the mental cases well, so they do with other cases. This is particularly true for mothers of ill children who are normally most reluctant to be parted from the child, and indeed will only consent to the child's admission on the condition that they can stay in the hospital as well.

In order to let the family members be in the hospital as well, adequate facilities must be available for them to reside at or near the hospital. Advantage can then be taken of their presence for teaching in e.g. feeding and management of the patient. Whaley (1989) writes that prospective of Paediatric Nursing directs the focus on the emphasis of a child and family centred approach, rather than a disease centred approach to nursing of infants and children. A historical over view of a child health care in United

States is given to serve as a basis for understanding the changes that have occurred in Paediatrics. The paediatric nurse is reviewed as a person who can work effectively with infants and children and who can help create the kind of conditions in which parents can function more effectively in child care. Whaley therefore states that "no matter where paediatric nurses practice, their primary concern is welfare of the child and family."

According to Marlow (1965), the family may be more in need of the nurses sympathetic, understanding, permissive guidance than an actually ill child is of her emotional support. In order to understand how to help the family members, the nurse should be willing to learn from them. She needs to know not only their weakness but also their strengths and make most of them in the care the patient receives. The involvement of family members in the care, makes the nurse understand the patients behaviour well, as the family members are likely to explain a lot of things about their patient to the nurse. This helps the nurse to learn and know how to handle the patient. Marlow further says that when the family members are involved in the care, it gives them emotional relief.

Just as the family members are able to explain a lot of facts to the nurse about the patient, the nurse as well can teach them many procedures and way of caring for the patient; which they will need to know when the patient is eventually taken home. In order to achieve this, there should be a good relationship between the nurse, patients and their

relatives. To enhance this kind of relationship, Campbell says that the practioners should be able to speak to them in their own language. The establishment of good relations with patients and their relatives will help in the healing of an individual.

Smith et al (1982) says that the influence of the family can also affect the client's recovery. In many cases the clients strongest support system is the family. To be an effective support system, the family must be informed. Knowledge of the clients problem, type of surgery proposed and recovery rate to mention but a few, will allow the family to provide support. The knowledgeable family can reinforce e.g. preoperative teaching for each other and the client. Providing the client and clients family with information about the clients environment is the nurses responsibility. As more people assume the role of consumers of health care, including the client in care and caring for himself or herself promotes a sense of responsibility, independence and self respect.

According to little and Carnevali (1969), health workers have become aware that families are an important factor in patient response to illness and recovery. In retrospect, it seems that we have found only slowly that health care may be given in the presence of family members at many hours of the day and night. Surprisingly enough, we have found that families have not lost their ability to help in caring for the patient just because he has been placed temporarily in a health care institution. Thus it is important to communicate nursing goals in caring for the patient to the

the important others who sometimes substitute for family. If they are going to help, they should know the direction his care is taking. In times of stress and fear, it gives them a sense of being cared about too.

Little and Carnevali (1996) further say that when members of the family are to assume an active role in the patient care, they must know how they can participate appropriately.

"At times the role of family advocate conflicts with other roles of a nurse and this can create tremendous conflicts challenges for the nurse who is dedicated to caring for the family in light of individual need" Whaley (1989). Sharing plans with families often helps them to clarify their role in patient's illness and therapy, thus minimising conflicts of expectations. Sharing aspects of nursing care plan with the family members and allowing them to participate in the care, keeping them abreast of patients problems and achievements and therefore, they feel less fearful about assuming more responsibilities. Communication of the plan of nursing care can channel the contribution toward a common goal.

Gillian (1996) says even with enough staff available, the requirement to assess needs, establish priorities and to plan and to provide care in partnership with patients and families should be considered. Interaction within the ward may also be rendered more straight forward for other health professionals and for patients friends and families.

"If a researcher wanted to single out one element of the holistic approach in patient care and trace its development over years, Family involvement in care might yield some fascinating data. The family involvement in nursing care can do much to alleviate feelings of helplessness. Carrying out the simplest tasks such as mouth care, can give enormous satisfaction. This can be an opportunity to involve the whole family. Thus the family needs be to included wherever possible even in decision making." Jenkins (1992).

In order for family members to participate freely, Whaley 1989 states that nurses should begin to deal effectively with them. For the nurses to achieve this, they should be aware of their own attitude and values regarding a way of life, including health practices. This emphasises a point that even nurses are a product of their own cultural background. Frequently nurses are not aware of their cultural values and how these can influence their thoughts and actions towards patients and relatives.

The family system theory which is derived from general systems theory ie a science of wholeness, encourages family participation in the care in order to maintain interaction among the components of the system which is the family.

"Orems argues for the involvement of the individual's family and significant others in the care, since her model of nursing emphasises not only the value of caring for dependents. Members of the patient's family and significant others may also provide

care. Orems suggests that nurses should evaluate care in terms of the patient's or family's subsequent ability to perform self care" Charmers (1986).

On their own, family members can not participate effectively, to enhance their participation, Dyk (1995) says that nurses must keep in mind their important roles as educators, counsellors through which they can impart their knowledge on the patients and their family members. Emphasis should be that, the nursing care principles should not only be applied in the hospital but also be taught to patients and to those who care for them. Most of the health problems often recur, and it is therefore important for patients and their care givers to know how to deal with them.

According to little (1969), there are questions that have to be addressed which concern the care providers. These are as follows:

i. Does the family believe that medical costs are so long that nurses should do all the patient care?

ii. Are they aware that some aspects of care may be more effective when given by a member of the family?

iii. Do they want to ask questions but dare not?

iv. Do they want to help but doubt the acceptability of it.

A frank discussion of their questions and desires of nursing goals and approaches can attune them to patients needs and give them security in their roles as participants in

the patient's planned care.

Allowing the participation of family members in patient care of hospitalised patient according to Marlow(1965)calls for a "home like setting". Therefore the extent to which nursing care can be given in a home like setting is a question which each hospital decides in the light of physical resources and available personnel.

# CHAPTER 3

## METHODOLOGY

### 3.1 RESEARCH DESIGN.

"Research design is the planning of any scientific research from the first to the last step." Bless et al (1995). The research design is concerned with how data is to be collected including the selection of the sample to be used in the study.

The study is on the assessment of the involvement of family members in the care of the hospitalised patients. In order to carry this study, the researcher proposed to use an exploratory type of research design. Exploratory research is a small scale study of relatively short duration, which is carried out when little is known about a situation or a problem. Exploratory study attempts to describe a phenomenon. The researcher had chosen this type of study as it gives some in sight in the reality of the situation; and explores the dimension of the phenomenon under study.

### 3.2 STUDY SETTING

The study was conducted at St. Francis Hospital in Katete, Eastern Province. This is a General Hospital which acts as a referral hospital for Eastern Province. The hospital has a bed capacity of 360 beds and caters for all types of illnesses. It provides preventive, curative and rehabilitative services.

The study was conducted in five wards: childrens, male and female medical, male and female surgical wards. This is in order to have good representation of patients relatives from these wards.

## 3.3 STUDY POPULATION

Population is defined as "the entire set of objects and events or groups of people which is the object of the research and about which the researcher wants to determine some characteristics" Bliss et al (1995). For the purpose of this study the population comprised any member of the family who was looking after hospitalised patients in the above five mentioned clinical areas.

## 3.4 SAMPLE SIZE

A sample is defined as "a subject of the whole population whose characteristics will be generalised to the population. Bliss et al (1995).

For this study the sample size were 50 respondents because of limited resources such as time and money in form of funding. Ten respondents from each of the five stratified wards were simple randomly selected. The sample size was derived from a sampling frame of the family members whose patients had been in the ward for two days and whose condition warranted them to be still in the wards for about 3 days or more. It was not easy to come up with a quantitative sampling frame that could have been represented in figures due to the dynamic nature of the people under study.

## 3.5 SAMPLING METHODS

To ensure a representative sample from a target population, a stratified simple random sampling method which involves taking certain areas in to section and then taking a random sample from each section was used. The researcher stratified the hospital into wards and these were the strata from which she randomly selected ten respondents from each stratum. The researcher assumed that the method was ideal for the study as each relative with a hospitalised patient in the five selected wards had an equal opportunity of being selected for the study. This was considered in order to reduce sampling bias and therefore ensure accurate generalisation of the study results.

## 3.6 DATA COLLECTION TECHNIQUE AND TOOL.

In order to collect data for a study, structured interview schedule was used, which is "an instrument used to collect or gather data by verbal questioning of the respondents using the written questions and recording the answers" Levine et al (1979).

The advantages of a structured interview are as follows:

- It can be administered to respondents who can not read or write.
- The response rate tends to be high as respondents may find it difficult to refuse to respond.
- It helps over come miscommunication between the interviewer and the

respondents.

- During the interview, the interviewer can also gather some information using observation skills.

## 3.7 CULTURAL AND ETHICAL CONSIDERATIONS

A letter to seek permission for the researcher to conduct the study at St. Francis Hospital was written to Hospital Ethical Committee. The informed consent was sought from the respondents who were assured of anonymity and confidentiality. The respondents were briefed on the purpose of the study and how the findings will be used.

## 3.8 PILOT STUDY / PRE TESTING

"Pilot study is a small preliminary investigation of the same general character as the major study" Msiska (1998). A pilot study was designed to acquaint the investigator with the problem to be corrected in preparation for the research project. It often suggests that some alteration in the proposed main study should be made. In this way it is used for the correction of any errors that have been detected. A pilot study is also used to assess the feasibility of a main research project, the practical possibilities to carry it out, the correctness of concepts, the adequacy of the method and instrument of the measurement.

To allow the researcher to have adequate time in which to correct errors which where detected, the pilot study was conducted two weeks before the main study. The pretesting was done from Paediatric Wing at University Teaching Hospital. Five respondents were randomly selected and interviewed.

After the pilot study was conducted, the researcher did not detect much errors, other than one question which was a repetition of the other and so had to be eliminated.

# CHAPTER 4

## 4.1 DATA ANALYSIS AND PRESENTATION.

The results presented in this chapter were obtained from fifty (50) respondents who were family members of the patients.

The tools which were used in the collection of data were checked and counted to ensure that the researcher had the fifty answered questionnaires. The data collected was checked for completeness and internal consistency and then tallied on a master sheet. Data was analysed manually both quantitatively and qualitatively for the closed and open ended questions respectively.

The results have been presented in frequency tables and were cross tabulated. Analysis is indicated under each table. It was found suitable to use tables because they summarise results in a meaningful way enabling the reader to understand the author's intentions in the study. Cross tabulations are helpful as they show the relationships among the variables from which one can draw meaningful inferences.

Responses from open ended questions were categorised and suitable terms used to bring all related data together for better presentation.

**TABLE 1: DEMOGRAPHIC DATA OF RESPONDENTS.**

| SEX OF RESPONDENTS | | |
|---|---|---|
| SEX | FREQUENCY | PERCENTAGE |
| MALE | 9 | 18 |
| FEMALE | 41 | 82 |
| TOTALS | 50 | 100 |
| **AGE DISTRIBUTION OF RESPONDENTS** | | |
| AGE | FREQUENCY | PERCENTAGE |
| 15-25 YEARS | 18 | 36 |
| 26-35 YEARS | 10 | 20 |
| ABOVE 35 YEARS | 22 | 44 |
| TOTALS | 50 | 100 |
| **MARITAL STATUS OF RESPONDENTS** | | |
| MARITAL STATUS | FREQUENCY | PERCENTAGE |
| SINGLE | 6 | 12 |
| MARRIED | 38 | 76 |
| DIVORCED | 1 | 2 |
| WIDOWED | 5 | 20 |
| TOTALS | 50 | 100 |
| **RESIDENTIAL AREA OF RESPONDENTS** | | |
| RESIDENTIAL AREA | FREQUENCY | PERCENTAGE |
| IN ONE OF THE VILLAGES | 29 | 58 |
| KATETE BOMA | 3 | 6 |
| AT THE FARM | 8 | 16 |
| OUTSIDE KATETE DISTRICT | 10 | 20 |
| TOTALS | 50 | 100 |

| Table continued... | EDUCATIONAL LEVEL | |
|---|---|---|
| EDUCATIONAL LEVEL | FREQUENCY | PERCENTAGE |
| PRIMARY AND BELOW | 36 | 72 |
| JUNIOR SECONDARY | 9 | 18 |
| SENIOR SECONDARY | 3 | 6 |
| COLLEGE | 2 | 4 |
| UNIVERSITY | 0 | 0 |
| TOTALS | 50 | 100 |

| OCCUPATION | | |
|---|---|---|
| OCCUPATION | FREQUENCY | PERCENTAGE |
| SUBSISTENCE FARMER | 38 | 76 |
| SELF EMPLOYED | 8 | 16 |
| HOUSE WIFE | 3 | 6 |
| FORMALLY EMPLOYED | 1 | 2 |
| TOTALS | 50 | 100 |

| RELIGION OF RELATIVES | | |
|---|---|---|
| RELIGION | FREQUENCY | PERCENTAGE |
| CATHOLIC | 21 | 42 |
| RCZ | 14 | 28 |
| PENTECOSTAL | 2 | 4 |
| OTHERS | 13 | 26 |
| TOTALS | 50 | 100 |

This table shows that the majority 41 (82%) of respondents were females, most (22) 44% were above 35 years old. 38 (76%) were married and most of the respondents

(29) 58%lived in the villages. 36 (72%) had primary school education and below with most of them (38) 76% being subsistence farmers and 21 (42%) are Catholics.

**TABLE 2: RESPONDENTS RELATIONSHIP WITH THE PATIENT BEING LOOKED AFTER.**

| RELATIONSHIP | FREQUENCY | PERCENTAGE |
|---|---|---|
| PARENT | 4 | 8 |
| OFF SPRING | 25 | 50 |
| OTHERS | 21 | 42 |
| TOTALS | 50 | 100 |

The table shows that 25 (50%) respondents were looking after their off spring while (4) 8% were looking after their parents.

**TABLE 3: DIAGNOSIS OF THE PATIENT BEING LOOKED AFTER AS TOLD BY ATTENDING RELATIVE.**

| DIAGNOSIS | FREQUENCY | PERCENTAGE |
|---|---|---|
| MEDICAL CONDITION | 28 | 56 |
| SURGICAL CONDITION | 22 | 44 |
| TOTALS | 50 | 100 |

The majority 28 (56%) of the respondents stated that the patients they were looking after suffered from medical conditions.

**TABLE 4: PERIOD THAT THE PATIENT HAS BEEN IN HOSPITAL.**

| PERIOD | FREQUENCY | PERCENTAGE |
|---|---|---|
| 1 WEEK AND LESS | 35 | 70 |
| 2 - 4 WEEKS | 13 | 26 |
| MORE THAN 4 WEEKS | 2 | 4 |
| TOTALS | 50 | 100 |

The table shows that the majority of patients 35 (70%) were in the hospital up to a week with 13 (26%) for 2-4 weeks.

**TABLE 5: CONDITION OF PATIENT AS TOLD BY A RELATIVE**

| CONDITION | FREQUENCY | PERCENTAGE |
|---|---|---|
| VERY SICK | 31 | 62 |
| SICK | 19 | 38 |
| IMPROVING | 0 | 0 |
| TOTALS | 50 | 100 |

Majority of respondents 31 (62%) were looking after very sick patients with nobody improving.

**TABLE 6: WHETHER RELATIVES HAVE BEEN FORMALLY INFORMED ABOUT THE PATIENTS DIAGNOSIS.**

| INFORMED | FREQUENCY | PERCENTAGE |
|---|---|---|
| YES | 41 | 82 |
| NO | 9 | 18 |
| TOTALS | 50 | 100 |

The majority 41 (82%) of the respondents stated that they were informed about their patients diagnosis and the remaining 9 (18%) stated that they were not informed.

**TABLE 7: SOURCE OF INFORMATION.**

| SOURCE | FREQUENCY | PERCENTAGE |
|---|---|---|
| DOCTORS | 34 | 73 |
| NURSES | 7 | 27 |
| TOTALS | 41 | 100 |

Out of 41 respondents who were informed, the majority 34 (73%) were informed, by the doctors and the remaining 7 (27%) by the nurses.

**TABLE 8: WHETHER RELATIVE WAS ORIENTED TO THE WARD**

| ORIENTED | FREQUENCY | PERCENTAGE |
|---|---|---|
| YES | 41 | 82 |
| NO | 9 | 18 |
| TOTALS | 50 | 100 |

Majority of respondents 41 (82%) were oriented to the ward while 9 (18%) were not.

**TABLE 9: THE ONE WHO ORIENTED THE RELATIVE.**

| ORIENTED | FREQUENCY | PERCENTAGE |
|---|---|---|
| NURSE | 12 | 29 |
| MAID | 2 | 5 |
| PATIENT | 0 | 0 |
| A FELLOW RELATIVE | 27 | 66 |
| TOTALS | 41 | 100 |

The table shows that out of the 41 respondents who were oriented, the majority 27 (66%) were oriented by their fellow relatives while 12 (29%) were oriented by the nurses and 2 (5%) by the maids.

**TABLE 10: PLACE WHERE THE RELATIVES SPENT NIGHTS.**

| PLACE | FREQUENCY | PERCENTAGE |
|---|---|---|
| WARD | 47 | 94 |
| CHADA SHELTER | 1 | 2 |
| AT HOME | 2 | 4 |
| TOTALS | 50 | 100 |

The table shows that out of 50 respondents, the majority 47 (94%) spent their nights in the ward.

**TABLE 11: ATTITUDE OF NURSES TOWARDS PATIENTS.**

| ATTITUDE | FREQUENCY | PERCENTAGE |
|---|---|---|
| POSITIVE | 39 | 78 |
| NEGATIVE | 11 | 22 |
| TOTALS | 50 | 100 |

The majority 39 (78%) of respondents stated that nurses had positive attitude towards their patients. The remaining 11 (22%) stated that it was negative.

**TABLE 12: ATTITUDE (REACTION) OF NURSES TOWARDS PATIENT'S RELATIVES.**

| ATTITUDE (REACTION) | FREQUENCY | KNOWLEDGE |
|---|---|---|
| TREAT ME KINDLY | 38 | 76 |
| THEY IGNORE ME | 8 | 16 |
| ARE RUDE AND HARSH | 4 | 8 |
| TOTALS | 50 | 100 |

The majority 38 (76%) of respondents stated that they were treated kindly by the nurses with 8 (16%) and 4 (8%) who were ignored and treated rudely respectively.

**TABLE 13: WHETHER RELATIVES ARE INVOLVED IN PATIENT CARE.**

| INVOLVED | FREQUENCY | PERCENTAGE |
|---|---|---|
| YES | 50 | 100 |
| NO | 0 | 0 |
| TOTALS | 50 | 100 |

The table shows that all the respondents 50 (100%) were involved in patient care.

**TABLE 14: WHETHER THE RELATIVES RECEIVE EXPLANATION FROM NURSES ON THE CARE THEY PARTICIPATE IN.**

| EXPLAINED TO | FREQUENCY | PERCENTAGE |
|---|---|---|
| YES | 27 | 54 |
| NO | 23 | 46 |
| TOTAL | 50 | 100 |

The majority 27 (54%) of the respondents were explained to by the nurses on the care they participated in.

**TABLE 15: WHETHER NURSES ASSIST RELATIVES WHEN THEY PARTICIPATE IN THE CARE .**

| ASSISTED | FREQUENCY | PERCENTAGE |
|---|---|---|
| YES | 17 | 34 |
| NO | 33 | 66 |
| TOTAL | 50 | 100 |

The majority 33 (66%) of the respondents were not assisted by nurses when they participated in the care.

**TABLE 16: WHETHER RELATIVES ARE SUPERVISED BY NURSES.**

| SUPERVISED | FREQUENCY | PERCENTAGE |
|---|---|---|
| YES | 17 | 34 |
| NO | 33 | 66 |
| TOTAL | 50 | 100 |

The majority 33 (66%) of the respondents were not supervised by the nurses when they participated in patient care.

**TABLE 17: TIME THAT RELATIVES GET INVOLVED IN THE CARE.**

| TIME | FREQUENCY | PERCENTAGE |
|---|---|---|
| VISITING HOURS | | |
| NIGHT TIMES | | |
| DAY TIMES | 3 | 6 |
| DAY & NIGHT | 47 | 94 |
| TOTAL | 50 | 100 |

Out of 50 respondents, the majority 47 (94%) were involved in patient care during day and at night.

**TABLE 18: WHETHER RELATIVES LIKE TO PARTICIPATE IN PATIENT CARE.**

| LIKE | FREQUENCY | PERCENTAGE |
|---|---|---|
| YES | 30 | 60 |
| NO | 20 | 40 |
| TOTAL | 50 | 100 |

The majority 30 (60%) of respondents liked to participate in patient care while the remaining 20 (40%) did not.

**TABLE 19: REASONS WHY RELATIVES WHO LIKE TO PARTICIPATE GET INVOLVED IN THE CARE.**

| REASONS | FREQUENCY | PERCENTAGE |
|---|---|---|
| I FEEL IT IS MY RESPONSIBILITY | 19 | 63 |
| I WANT TO HELP NURSES | 2 | 7 |
| NURSES ASK ME TO ASSIST | 8 | 27 |
| NURSES DON'T GIVE MY PATIENT GOOD CARE | 1 | 3 |
| TOTAL | 30 | 100 |

The majority of respondents 19 (63%) stated that it was their responsibility to participate in relatives care while 8 (27%) were asked by nurses to do so.

**TABLE 20: WHAT NURSES DO WHEN RELATIVES ARE GIVING CARE TO THE PATIENTS.**

| WHAT NURSES DO | FREQUENCY | PERCENTAGE |
|---|---|---|
| CARRY OUT OTHER WARD ACTIVITIES | 36 | 72 |
| SIT AT SISTERS DESK | 11 | 22 |
| WALK AROUND | 0 | 0 |
| I AM NOT SURE | 3 | 6 |
| TOTAL | 50 | 100 |

The majority 36 (72%) of the respondents stated that nurses were carrying out other ward activities when they were taking care of their relatives, while 11 (22%) stated that nurses sat at the sisters desk.

**TABLE 21: WHETHER RELATIVES FEEL NURSES DO THE WORK THEY ARE EMPLOYED FOR.**

| DO NURSES DO THEIR WORK | FREQUENCY | PERCENTAGE |
|---|---|---|
| YES | 26 | 52 |
| NO | 24 | 48 |
| TOTAL | 50 | 100 |

The majority 26 (52%) of the respondents felt that nurses were doing the work they were employed for and the remaining 24 (48%) stated that nurses were not doing the work they were employed for.

**TABLE 22: SEVERITY OF ILLNESS IN RELATION TO WHERE RELATIVES SPEND NIGHTS**

| SEVERITY OF ILLNESS | WHERE RELATIVES SPEND NIGHTS | | | TOTAL |
|---|---|---|---|---|
| | IN THE WARD | CHADA SHELTER | HOME | |
| VERY SICK | 31 (62%) | | | 31 (62%) |
| SICK | 16 (32%) | 1 (2%) | 2 (4%) | 19 (38%) |
| IMPROVING | | | | |
| TOTALS | 47 (94%) | 1 (2%) | 2 (4%) | 50 (100%) |

Out of 47 (94%), relatives who spent the nights in the ward, the majority 31 (62%) were looking after very sick patients.

**TABLE 23: NURSES ATTITUDE TOWARDS RELATIVES IN RELATION TO RELATIVES BEING ORIENTED.**

| NURSES ATTITUDES TOWARDS RELATIVES | WHETHER RELATIVES WERE ORIENTED | | TOTALS | |
|---|---|---|---|---|
| | YES | NO | | |
| THEY TREAT ME KINDLY | 33 (66%) | 6 (12%) | 39 | (78%) |
| THEY IGNORE ME | 7 (14%) | 1 (2%) | 8 | (16%) |
| OTHER (RUDE HARSH) | 2 (4%) | 1 (2%) | 3 | (6%) |
| TOTALS | 42 (84%) | 8 (16%) | 50 | (100%) |

Out of 42 (84%) relatives who were oriented, the majority 33 (66%) said nurses treated them kindly.

**TABLE 24: RELATIVES WHO WERE ORIENTED TO THE WARD IN RELATION TO THE ONE WHO ORIENTED THEM.**

| WHETHER RELATIVE WERE ORIENTED | THE ONE WHO ORIENTED THE RELATIVES | | | | TOTALS |
|---|---|---|---|---|---|
| | NURSE | MAID | PATIENT | FELLOW RELATIVE | |
| YES | 16 (39%) | 2 (5%) | - | 23 (56%) | 41 (100%) |
| TOTALS | 16 (39%) | 2 (5%) | - | 23 (56%) | 41 (100%) |

The table shows that out of (41) respondents who were oriented, the majority (23) 56% were oriented by fellow relatives with (16) 39% who were oriented by the nurses.

**TABLE 25: NURSES ATTITUDE TOWARDS RELATIVES IN RELATION TO WHETHER RELATIVES RECEIVE ANY EXPLANATION FROM NURSES ON THE CARE THEY GIVE TO PATIENTS.**

| NURSES ATTITUDE TOWARDS RELATIVES | WHETHER NURSES EXPLAIN TO RELATIVES | | TOTALS |
|---|---|---|---|
| | YES | NO | |
| THEY TREAT ME KINDLY | 24 (48%) | 14 (28%) | 38 (76%) |
| THEY IGNORE ME | 1 (2%) | 7 (14%) | 8 (16%) |
| OTHER (RUDE HARSH) | 1 (2%) | 3 (6%) | 4 (8%) |
| TOTALS | 26 (52%) | 24 (48%) | 50 (100%) |

This table shows that out of 26 (52%), relatives who received explanation from nurses on patient care, the majority 24 (48%) said nurses treated them kindly.

**TABLE 26: NURSES ATTITUDE TOWARDS PATIENT CARE IN RELATION TO TIME THAT RELATIVES GET INVOLVED IN PATIENT CARE.**

| NURSES ATTITUDE TOWARDS PATIENTS | TIME THAT RELATIVES GET INVOLVED IN CARE | | | | TOTALS |
|---|---|---|---|---|---|
| | DURING VISITING HOURS | DURING NIGHT | DURING DAY | DAY & NIGHT | |
| GOOD | | | 2 (4%) | 37 (74%) | 39 (78%) |
| POOR | | | 1 (2%) | 10 (20%) | 11 (22%) |
| TOTALS | | | 3 (6%) | 47 (94%) | 50 (100%) |

The table shows that out of the 47 (94%) relatives who took care of the patient during day and night, the majority 37 (74%) said nurses had good attitude towards their patients.

**TABLE 27: TYPE OF ILLNESS IN RELATION TO RELATIVES LIKING TO PARTICIPATE IN PATIENT CARE**

| TYPE OF ILLNESS | WHETHER RELATIVES LIKE TO PARTICIPATE IN PATIENT CARE | | TOTALS | |
|---|---|---|---|---|
| | YES | NO | | |
| MEDICAL | 21 (42%) | 11 (22%) | 32 | (64%) |
| SURGICAL | 9 (18%) | 9 (18%) | 18 | (36%) |
| TOTAL | 30 (60%) | 20 (40%) | 50 | (100%) |

The table shows that out of 30 (60%) relatives who liked to participate in patient care, the majority 21 (42%) looked after patients suffering from medical conditions.

**TABLE 28: WHAT NURSES DO WHEN RELATIVES PARTICIPATE IN PATIENT CARE IN RELATION TO WHETHER RELATIVES FEEL NURSES DO THE WORK THEY ARE EMPLOYED FOR.**

| WHAT NURSES DO | WHETHER RELATIVES FEEL NURSES DO THE WORK THEY ARE EMPLOYED FOR | | TOTALS |
|---|---|---|---|
| | YES | NO | |
| CARRY OUT OTHER WARD ACTIVITIES | 27 (54%) | 9 (18%) | 36 (76%) |
| THEY SIT AT SISTERS DESK | 1 (2%) | 10 (20%) | 11 (22%) |
| THEY WALK AROUND | | | |
| OTHERS (I DON'T KNOW WHAT THEY DO) | 1 (2%) | 2 (4%) | 3 (6%) |
| TOTALS | 29 (58%) | 21 (42%) | 50 (100%) |

The table shows that out of 29 (58%) relatives who agreed that nurses do the work they are employed for, majority 27 (54%) said that during the time they participate in patient care nurses carry out other ward activities.

## 4.2 DISCUSSION OF FINDINGS

The results of the study are based on the analysis of the responses obtained from fifty (50) family members of patients. The aim of the study was to assess the involvement of family members in the care of the hospitalised patients. The data was collected using structured interview schedule.

In Zambian culture, it is not unusual to see the patient accompanied by the relatives when coming to the hospital. Passos et al (1975) supports this idea by stating that "in other cultures, support is provided by one or more members of the family going to the hospital and staying at the hospital until the patient is well." While in the hospital, the family members do participate in patient care. The discussion of the research findings will therefore provide some highlights on how far the family members do participate in patient care.

During the study it was observed that most of the critically ill patients had relatives by their bed side who were looking after them. The study results revealed that the majority (41) 82% of the respondents were females, most of them (22) 44% were above 35 years old and of which (38) 76% were married women. Women have always been seen to be in the forefront in taking care of the sick. Dolan et al (1978) states that "caring for the sick emerged at the inception of the history of humanity and when everyone was unwell, family members especially the women used to take

care of the sick in the homes." The trend has continued and this explains why even at present times women are seen to be the ones with a caring heart.

The majority (36) 72% of the respondents had primary school education and below. This can be attributed to the fact that the study was conducted in rural areas where most of the people do not have adequate finances to support their children in school; and schools are also few and sometimes inaccessible in that a number of children fail to progress. With such an educational background, coupled with a fact that katete is a rural area, it was no wonder that most of the respondents (38) 76% were engaged in subsistence farming.

Most of the respondents (32) 64% were looking after their offsprings of which majority of the (28) 56% suffered from medical conditions, the very young ones, suffered from malnutrition and malaria. This could be due to inadequate knowledge on how these diseases can be prevented since the lowly educated people tend to have problems with the assimilation of information during health education. The parents had to take care of the children as they have more needs which can be adequately met by the parents. The older group of the offspring suffered from Pulmonary Tuberculosis which is debilitating illness which calls for special attention that can only be achieved by the family members.

The study results showed that, majority of the respondents (41) 82% were oriented

to the ward and were also informed about the diagnosis of their patients. This was a positive finding because for the family members to participate in patient care, they need this knowledge. Orientation will make the family members to be familiar with the ward and to some extent it helps to expel the fears and uncertainties which they could be harbouring. The knowledge about the patients diagnosis, guides the family members on how to take care of patients and the precaution they can take while looking after the patients. It was found that out of the (41) 82% relatives who were oriented, the majority (23) 56% were oriented by those relatives who were looking after other patients. This was unfortunate as it showed that the nurses were neglecting one of their most important duties and leaving it for the relatives who were not very familiar with the ward. Such nurses did not realise that orientation which is expected to be given on admission is very essential as it lays the foundation for future interaction with nursing staff and new comers (relatives and patients). Orientation if carried out properly creates a good impression of the hospital staff and it helps in the development of good rapport between the staff and the relatives for the rest of their stay in the hospital.

Despite the nurses not taking keen interest in orienting the relatives, all the relatives who were interviewed (50) 100% got involved in patient care. Potter et al (1989) state that "Family members need to be incorporated in the care, because the family environment significantly influences health outcome." To facilitate this cooperation, explanation of where the relatives can find the equipment to use and what they

should do must be done by the nurses. Fortunately, the majority (27) 54% of the respondents said that nurses were able to offer some explanation on the activities they were participating in. The 54% who were explained to, were able to participate in patient care with some understanding. The remaining 46% did not receive any explanation on what they were participating in. Dyk (1995) states that "for family members to participate effectively in patient care, nurses must keep in mind their important roles of educating and counselling, through which they can impart their knowledge on the patients and family members." Nurses should therefore have a responsibility of explaining to every family member who gets involved in patient care.

The study results revealed that (33) 66% of relatives who participated in patient care, were neither assisted nor supervised by the nurses. This was regardless of a procedure the relative was conducting. During the interview, a certain relative who was looking after an unconscious patient narrated how he could turn the patient and feed the patient through the nasogastric tube on her own. Lack of assistance and supervision from nurses pose a danger to the patient as the family member is not a trained personnel to be left to carry out procedures on patients on her own. An excuse of shortage of staff can be given as a reason for nurses not supervising and assisting the relatives, but suppose the patients were on their own without their relatives how were the few available nurses going to manage? Some procedures such as turning the patient are tiring which should not be done by an individual. Nurses should

appreciate the presence, assistance and effort that the relatives put in by making themselves available when the relatives need them. In addition to not being assisted when taking care of patients, (47) 94% of the relatives who looked after very sick patients, were involved in patient care both during day and at night. This showed that there was no time that they rested physically and emotionally which could endanger their health.

Despite the fact that most of the relatives were neither assisted nor supervised (19) 63% of the relatives stated they liked to participate in patient care: some reasons which were given for participating in patient care were that they felt it was their responsibility, some said because the nurses were not able to do everything for their patients. The strong family ties that exist in Zambian families have much influence on relatives participation in the care that other external factors such as nurse attitude seems to have no much influence. In this study the majority (39) 78% and (38) 76% said nurses had positive attitude towards their patients and themselves respectively. This therefore entails the attitude of nurses has less or no influence on the involvement of the relatives in patient care. This could be because the interest of the family members lies in the well being of the patient. However when the respondents were asked to qualify what they meant by nurses having positive attitude, they said because nurses were able to give their patients some medicines. Such an answer shows how little expectations the relatives had from the nurses. This to some extent could be attributed to the fact that the research was conducted among the lowly

educated and less exposed people who had less knowledge and usually do not expect much from people.

The (11) 22% of the respondents stated that nurses had negative attitude had such reasons as nurses were rude and when called to attend to patients they could sometimes ignore or if at all they attended to the patient they were in a hurry and had little concern for the psychological aspect of the patient.

The study revealed that the family members that participated in patient care carried out a variety of activities such as bed making, bathing, turning, feeding the patient, giving the patient urinal bed pan and sputum mugs taking the patient for an X-ray, cleaning the wound of a patient and giving the patient some oral medication. When asked whether they liked to carry out all the mentioned activities, majority of them said they did not, with the reason that they felt they were carrying out the nurse's duties. From what the family members said it seemed as though relatives were doing almost everything for the patient and it also showed that there was no a clear demarcation between the roles of the nurse and the family members. Waechter et al (1976) wrote that "parents need to be oriented to how they can best participate, responsibilities can be delineated and expectations of them and the nurses can be clarified." This is very important as it helps to avoid conflicts in the roles as Whaley (1989) stated that "at times the roles of family advocate conflicts with other roles of the nurse and this can create tremendous conflicts and challenges between the two

groups." It is therefore very important to create role demarcation in order to avoid disharmony that can be created between relatives and the nurses which in turn can have a negative impact on the patient as he can not receive the expected quality nursing care. However, from results of this study, there was no role demarcation that is why the family members were doing more than what was expected of them such as conducting a wound dressing. This could be attributed to less time that nurses took in communicating with the relatives and also due to little or improper orientation as to what nurses expected from patient relatives.

The majority of the family members stated that if they were given a choice, they would only participate in such activities as feeding, bathing and talking to the patient as they were conversant with these activities. It therefore follows that even though the relatives participated in all the aforementioned activities, not all of them were pleased. This could be due to the fact that not all the relatives were oriented and not all of them had nurses explain to them what they were expected to do.

The majority (26) 52% of the family members felt that nurses were doing the work they were employed to do while the remaining (24) 48% of the respondents felt that the nurses were not doing the work they were employed for. The former group of relatives said they felt they were doing almost everything for their hospitalised patients while the nurses carried out other ward activities such as writing reports. Some relatives stated that while they were busy taking care of their patients, nurses

could be seen seated at the sisters desk. Most of the family members stated that they would like to see nurses, apart from giving medication, carry out all other activities that would make their patients recover, such as being cheerful and talking to the patients.

Almost all the respondents felt that to ease their participation in patient care nurses should orient them to the ward when they come so that they know their surroundings. They also stated that nurses ought to communicate to them, explain what is expected of them while they are looking after their patients. On the activities where they were not conversant with, nurses needed to teach them. They also said they needed to be assisted in procedures such as turning the patient. The relatives also made a mention of the need for good relationship between the nurses and themselves as one of the important factors that could make them feel free in the ward and in turn ease their burden in patient care.

## 4.3 IMPLICATIONS TO HEALTH SYSTEM

The study findings have shown that there is inadequate orientation, explanation and assistance of the family members by the nurses. There is therefore need for the nurses to be reminded of the importance of all these aspects of nursing by their superiors in order to ease the burden of family members in patient care.

Family members don't seem to have guidelines in what they can do on their patients. To alleviate this, nurses need to assess the abilities of the family members and to explain what is expected of them. Nurses should also examine their roles and what their job description entails. Only after they have reconciled their roles will they be able to supervise the participation of relatives in patient care.

## 4.4 CONCLUSION

The importance of the involvement of the family members in patient care, can not be over emphasised. In the Zambian culture whenever one member of the family is unwell, the family members would want to show their concern starting from the time when the patient is at home, up to when the patient is brought to the hospital for admission.

Most of the family members, especially those with critically ill patients, sacrifice their time by being in the ward with the aim of looking after their relatives. In the ward the family members do participate in a variety of activities. They carry out these activities on their patients regardless of whether the nurses have a positive or negative attitude, since their concern is patients' well being. The majority of the respondents who were involved in patient care were looking after the young ones. This is because children need special attention from their parents.

The study results have shown that some of the relatives who participated in patient care were not oriented to the ward, did not receive any explanation on what they were doing, and some were neither supervised nor assisted. To ease and facilitate the participation of the family members in patient care, it is important that these aspects which have been neglected be carried by the nurses.

It has been found that the family members who were taking care of the critically ill patients, where involved in patient care both during day and night. In as much as the patient appreciates the presence of the family members, let not the family members carry out almost all the activities on the patient as this is tiring and can endanger their health. Every human being needs a balance between activity and relaxation in order to maintain homeostasis. Nurses are therefore urged to play a very active role in patient care.

There has been an observation that there is no delineation between the roles of relatives and the nurses, which is a negative finding. Nurses should be seen to have a time with the family members in which the family members are briefed on what is expected of them during the time they are taking care of their patients.

It is therefore hoped that the findings of this study shall help to bring about the improvement in patient care through proper and supervised participation of the family members in the care.

## 4.5 RECOMMENDATIONS

1. Nurses should have inservice courses periodically in which they have to be reminded of the basic principles of Nursing such as orientation of patients and relatives and communication.
2. The hospital should have a policy of orienting every patient and relative that come for admission in the ward.
3. Nurses should create a good relationship with patient's relatives to make them participate freely in patient care.
4. Nurses should be able to educate the family members on the activities they are not conversant with and be able to assist them in various activities.
5. The General Nursing Council of Zambia should come up with a list of activities that the family members can participate in while looking after the hospitalised patients.
6. The Government should work on improving nurses salaries and conditions of service to alleviate staff shortage in hospitals and to motivate them.
7. A similar study should be done on a larger scale in order for the findings to be generalised at a National level.

## 4.6 LIMITATION OF THE STUDY

1. Time in which to carry out the study was not adequate.
2. Funding from sponsors was not adequate.
3. The sample size was small. This was due to less time and inadequate funding.

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# INTERVIEW SCHEDULE.

Questionnaire N$^{o}$ : _____
Place of Interview: ST FRANCIS HOSPITAL.
Date of Interview : _____

## INVOLVEMENT OF FAMILY MEMBERS IN PATIENT CARE.

## INSTRUCTIONS FOR THE INTERVIEWER.

1. Introduce yourself to the respondent.
2. Explain the purpose of the study.
3. Tell the respondent that responses will be treated confidentially.
4. Do not write the name of the respondent.
5. Please, ensure that all questions are answered.
6. Thank the respondents at the end of the interview.
7. The responses to the indicated by putting a tick in the box or writing the expanded responses in the space provided.

## SECTION A. DEMOGRAPHIC DATA.

1. What is your sex?

   (a) Male [ ]

   (b) Female [ ]

2. What is your age range?

   (a) 15-25 [ ]

   (b) 26-35 [ ]

   (c) Above 35 [ ]

3. What is your marital status?

   (a) Single [ ]

   (b) Married [ ]

   (c) Separated [ ]

   (d) Divorced [ ]

   (e) Widowed [ ]

4. Where do you live? _____

5. How far did you go in school?

   (a) Primary level and below [ ]

   (b) Junior Secondary School level [ ]

   (c) Senior Secondary School level [ ]

   (d) College level [ ]

   (e) University level [ ]

6. What is your occupation? _____

7. What is your religion?

(a) Catholic [ ]

(b) Reformed Church in Zambia [ ]

(c) Pentecostal [ ]

(d) Any other specify _____

## SECTION B : INVOLVEMENT

8. Have you ever looked after a Patient in the hospital before?

(a) Yes [ ]

(b) No [ ]

9. If the answer to Question 8 is Yes, How long ago was that?

(a) One week ago [ ]

(b) One month ago [ ]

(c) One year ago [ ]

(d) Any other, specify _____

10. What was your relative suffering from?

_____

11. What is the relationship between you and the patient you are looking after now?

(a) Mother [ ]

(b) Father [ ]

(c) Son [ ]

(d) Daughter [ ]

(e) Any other specify _____

12. What is the patient you are looking after suffering from? _____

13. For how long has the patient been in the hospital? _____

14. How is your patients condition?

(a) Very sick [ ]

(b) Sick [ ]

(c) Improving [ ]

15. Have you been told what your patient is suffering from?

(a) Yes [ ]

(b) No [ ]

16. If the answer to question 15 is Yes, who informed you?

(a) The Doctor [ ]

(b) The Nurse [ ]

(c) Any other, specify _____

17. The First day you came in the ward, were you taken round so that you know your surroundings?

(a) Yes [ ]

(b) No [ ]

18. If the answer to question 17 is yes, who took you round?

(a) The Nurse [ ]

(b) The Maid [ ]

(c) Another Patient [ ]

(d) Any other, specify _____

19. During this time that you are looking after your patient where do you stay and spend your nights?

(a) In the ward [ ]

(b) At "Chada" Shelter [ ]

(c) At home [ ]

(d) Any other, specify _____

20. What is the attitude of nurses towards your patient?

(a) Good [ ]

(b) Poor [ ]

21. Please explain your answer to question 20 _____

_____

22. What is the attitude of nurses towards you?

(a) They treat me kindly. [ ]

(b) They ignore me [ ]

(c) Any other specify _____

23. Are you involved in the care that is given to your patient?

(a) Yes [ ]

(b) No [ ]

24. If the answer to question 24 is Yes, which activities are you involved in?

(a) Making beds. [ ]

(b) Bathing the patient. [ ]

(c) Turning the patient. [ ]

(d) Feeding the patient. [ ]

(e) Giving the patient a urinal. [ ]

(f) Giving the patient a bed pan. [ ]

(g) Giving the patient a sputum mug. [ ]

(h) Taking the patient for x-ray. [ ]

(i) Cleaning the patient's wound. [ ]

(j) Giving the patient oral medication. [ ]

25. If the answer to question 24 is no, why are you not involved in the care of your relative?

_____

26. What activities would like to be involved in when caring for your patient _

_____

27. In any activities that you carry out on your patient, does the nurse explain to you what to do?

(a) Yes [ ]

(b) No [ ]

28. Are you assisted by in the nurse in the activities that you carry out on your patient?

(a) Yes [ ]

(b) No [ ]

29. Does the nurse supervise you when you are carrying out activities on your relative?

(a) Yes [ ]

(b) No [ ]

30. When do you get involved in the care of your patient?

(a) During visiting hours [ ]

(b) During night times [ ]

(c) During day times [ ]

(d) Through out the day and night [ ]

31. Do you as a relative like to participate in the care of your patient?

(a) Yes [ ]

(b) No [ ]

32. If the answer to Question 31 is No, give reasons _____

_____

33. If the answer to Question 31 is Yes, What are the reasons why you involve yourself in the care of your relative who is hospitalised?

(a) I feel I am responsible [ ]

(b) I want to help the nurses [ ]

(c) Nurses ask me to get involved [ ]

(d) Any other, specify _____

34. When you are carrying out activities on your patient, What do nurses do?

(a) They carry out other ward activities. [ ]

(b) They sit at the sisters desk. [ ]

(c) They walk around the ward. [ ]

(d) Other specify _____

35. Do you feel that nurses are doing the work they are employed for?

(a) Yes [ ]

(b) No [ ]

36. If the answer to Question 35 is No, please explain the reason_____

_____

37. What would you like to see nurses do for your hospitalised patient? _____

_____

38. What would you like to see the nurses do that can ease your participation in the care of the hospitalised patient? _____

_____

**THANK YOU.**

UNIVERSITY OF ZAMBIA,
SCHOOL OF MEDICINE,
DEPT. OF POST BASIC
NURSING,
P. O. BOX 50110,
**LUSAKA.**

THE RESPONDENT (PATIENT RELATIVE),
ST. FRANCIS HOSPITAL,
PRIVATE BAG 11,
**KATETE.**

Dear Respondent,

I am a fourth year student, pursuing a degree course in Nursing at the University of Zambia.

As part of the course requirement, I have to carry out a research study. The topic of my study is "ASSESSING THE INVOLVEMENT OF FAMILY MEMBERS IN THE CARE OF HOSPITALISED PATIENTS".

For me to gather the required information, I will need you as a relative to the patient, to participate in the interview. The interview will take about 20 minutes.

You are free to answer all or some questions of your choice. The information that will be collected will be just used for its intended purpose which is to improve patients care by promoting harmony between the roles of nurses and the patient's relatives. Confidentiality and Anonymity will be maintained through out the study.

If you are willing to participate, please sign or put a thumb print against your questionnaire number on the next page after reading the statement.

## CONSENT TO PARTICIPATE.

I have read the above statement and have understood. I am willing to participate in the interview.

QUESTIONNAIRE NO SIGNATURE/THUMB PRINT DATE

# THE UNIVERSITY OF ZAMBIA
## SCHOOL OF MEDICINE

Telephone: 252641
211440 (UTH) 254824 (Pre-Clinical) Ridgeway Campus
Telegrams: UNZA, LUSAKA
Telex: UNZALU ZA 44370
Fax: + 260-1-250753

P.O. Box 50110
Lusaka, Zambia

Your Ref:

Our Ref:

8th May, 1998

Dear Sir/Madam,

This is to introduce....GRATIAS MWALE....., a Fourth Year BSC (Nursing) Student in the Department of Post Basic Nursing, School of Medicine, University of Zambia. The student is undertaking a Research Study in partial fulfilment of the above mentioned degree.

The Research Programm for study is...TO ASSESS THE KNOWLEDGE OF CANCER PATIENTS ON THE SIDE EFFECTS OF RADIOTHERAPY AT UTH (RADIOTHERAPY UNIT)

We shall be most grateful if you could access the student to information on the subject or clients and any other assistance the student may require.

Yours faithfully

Lydia Jumbe
**COURSE CO-ORDINATOR**
**DEPARTMENT OF POST BASIC NURSING**

# University Teaching Hospital
## (Board of Management)

P/Bag RW
Lusaka, Zambi
Tel: 227709-2
Fax: 25030
Telex: ZA 4029


*Our Ref:*

*Your Ref:*

1st July, 1998.

Getrude Mwale
UNZA
School of Medicine
Department of Post Basic Nursing
P.O. Box 50110
LUSAKA.

Dear Madam,

RE: PERMISSION TO UNDERTAKE A RESEARCH STUDY

The UTH Board of Management has granted you permission to persue your research - To assess the involvement of family members in the care of hospitalized patients (Pilot Study at Paediatric Wing).

Yours faithfully,

A.M. Malewa (MS)
A/DIRECTOR OF NURSING

AMM/mmk.

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## SCHOOL OF MEDICINE

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Fax: + 260-1-250753

P.O. Box 50110
Lusaka, Zambia

Your Ref:

Our Ref:

8th May, 1998

Dear Sir/Madam,

This is to introduce.....GERTRUDE MWALE ZULU....., a Fourth Year BSC (Nursing) Student in the Department of Post Basic Nursing, School of Medicine, University of Zambia. The student is undertaking a Research Study in partial fulfilment of the above mentioned degree.

The Research Programm for study is....."TO ASSESS THE INVOLVEMENT OF FAMILY MEMBERS IN THE CARE OF HOSPITALIZED PATIENTS"

We shall be most grateful if you could access the student to information on the subject or clients and any other assistance the student may require.

Yours faithfully

Lydia Jumbe
**COURSE CO-ORDINATOR**
**DEPARTMENT OF POST BASIC NURSING**

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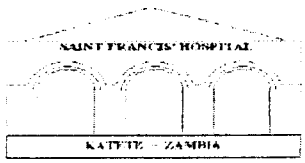
Nurse Advisor




**ST FRANCIS' HOSPITAL**
**PRIVATE BAG 11**
**KATETE, Zambia**

Telephone : 062 52210 / 52344
Telephone/Fax : 062 52278
*Email : stfrhosp@zamnet.zm*

1948 = 50 YEARS OF SERVICE = 1998

1st July 1998

Mrs Gertrude Mwale
UNZA
Department of Post Basic Nursing
PO Box 50110
LUSAKA

Dear Gertrude

I refer to your request to carry out your study on assessing the involvement of family members in the care of hospitalised patients at our hspital.

Before a definitive answer can be given, we would like you to submit your study protocol, in order to enable us to form an opinion on the scientific and ethical backgrounds.

Yours sincerely,

Nursing Advisor
St. Francis Hospital
Private Bag 11
Katete

M C Seya (Mrs)
**Nurse Adviser**

JOINT ANGLICAN/CATHOLIC MANAGEMENT BOARD

**H A Heij**, MD PhD
Medical Superintendent
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1948 = 50 YEARS OF SERVICE = 1998

25 September 1998

Mrs Gertrude Mwale
UNZA, Depart. of Post Basic Nursing
PO Box 50110
LUSAKA

Dear Gertrude

Having studied your scientific and ethical background with regard to the study you want to carry out here, I am glad to inform you on behalf of the Hospital Management that your request has been granted.

We wish you all the success as you carry out your study.

Yours sincerely

MSeya

M C Seya (Mrs)
**Nurse Adviser**

cc: Senior Medical Supt SFH