

RESEARCH ARTICLE (ORIGINAL) 

Factors associated with nurses' attitudes toward the family involvement in nursing care

Fatores associados às atitudes dos enfermeiros quanto à importância da família nos cuidados de enfermagem

Factores asociados a las actitudes de los enfermeros respecto a la importancia de la familia en los cuidados de enfermería

Mónica Ferreira ¹
 <https://orcid.org/0000-0002-4390-1787>
Teresa Kraus ^{2,3,4}
 <https://orcid.org/0000-0002-3756-3478>

¹ Arnaldo Sampaio Health Care Center, ACES Pinhal Litoral, Leiria, Portugal

² Polytechnic Institute of Leiria, School of Health, Center of Innovative Care and Health Technology (ciTechCare), Leiria, Portugal

³ Health Sciences Research Unit: Nursing (UICISA: E), Nursing School of Coimbra (ESEnFC), Coimbra, Portugal

⁴ Nursing School of Porto, Center for Health Technology and Services Research (CINTESIS), Porto, Portugal

Abstract

Background: Family involvement in care increases health gains, and multiple factors influence nurses' attitudes toward family involvement.

Objective: To identify nurses' attitudes toward family involvement in care and determine the association between nurses' attitudes and their age, education level, years in the profession, professional category, purpose in life, and symptoms of depression/anxiety.

Methodology: Cross-sectional, descriptive-correlational study, carried out 317 nurses from a hospital center in the central region of Portugal. Nurses answered a sociodemographic questionnaire and completed the Families' Importance in Nursing Care-Nurses' Attitudes scale, the Mental Health Inventory, and the Purpose in Life Test.

Results: Most participants reported supportive attitudes toward family involvement in care. The correlations between the variable under study and the associated factors were consistent with the expected.

Conclusion: Most participants have supportive attitudes toward family involvement in care. Older nurses, with higher education levels, more years in the profession, higher professional category, a higher sense of purpose in life, and fewer symptoms of depression/anxiety attach more importance to family involvement in nursing care.

Keywords: nurses; family; attitude; purpose in life; mental health

Resumo

Enquadramento: A participação da família nos cuidados potencia ganhos em saúde, sendo a atitude dos enfermeiros, influenciada por múltiplos fatores.

Objetivo: Conhecer as atitudes dos enfermeiros quanto à importância atribuída à integração das famílias nos cuidados e determinar a relação entre essas atitudes e a idade, habilitações académicas, tempo na carreira, categoria profissional, sentido de vida e sintomatologia depressiva/ansiosa dos enfermeiros.

Metodologia: Estudo transversal, descritivo-correlacional, realizado com 317 enfermeiros de um Centro Hospitalar da Região Centro de Portugal. Aplicou-se um questionário sociodemográfico, a escala Importância das Famílias nos Cuidados de Enfermagem-Atitudes dos Enfermeiros, o Inventário da Saúde Mental e a Escala dos Objetivos de Vida.

Resultados: A maioria dos participantes documenta atitudes integrativas, sendo as correlações da variável em estudo com os fatores associados, coerentes com o esperado.

Conclusão: Apesar da maioria dos enfermeiros documentar atitudes inclusivas da família, são os mais velhos, com mais habilitações e tempo na carreira, detentores de categoria profissional mais elevada, com maior extensão de sentido de vida e menor sintomatologia depressiva/ansiosa que mais priorizam o envolvimento da família nos cuidados.

Palavras chave: enfermeiros; família; atitude; sentido de vida; saúde mental

Resumen

Marco contextual: La participación de la familia en los cuidados optimiza los beneficios para la salud y la actitud de los enfermeros hacia esta participación se ve influida por múltiples factores

Objetivo: Identificar las actitudes de los enfermeros con respecto a la importancia que conceden a la integración de las familias en los cuidados y determinar la relación entre las actitudes de los enfermeros y su edad, titulación académica, tiempo en la profesión, categoría profesional, sentido de la vida y sintomatología depresiva/ansiedad.

Metodología: Estudio transversal, descriptivo-correlacional, que se realizó con 317 enfermeros de un centro hospitalario de la Región Centro de Portugal. Los participantes respondieron a un cuestionario sociodemográfico, a la escala "La Importancia de la Familia en los Cuidados de Enfermería-Actitudes de los Enfermeros", al "Inventario de Salud Mental" y a la "Escala de los Objetivos de Vida".

Resultados: La mayoría de los participantes documentan actitudes integradoras de la familia hacia el cuidado y el resultado de las correlaciones de la variable objeto de estudio con los factores asociados es coherente con lo esperado.

Conclusión: La mayoría de los participantes mostraron actitudes integradoras hacia la familia en los cuidados de enfermería, y fueron los enfermeros de mayor edad, con más titulación y tiempo en la profesión, mayor categoría profesional, mayores extensiones del sentido de vida y menores índices de sintomatología depresiva/ansiedad los que atribuyeron más importancia a la familia en los cuidados de enfermería.

Palabras clave: enfermeros; familia; actitud; sentido de la vida; salud mental

Corresponding author

Mónica da Silva Ferreira

E-mail: moniquitaferreira.11@gmail.com

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Introduction

Family involvement in care involves changes in care organization and the relationships between health teams, patients, and their families to create a therapeutic and meaningful interpersonal process (Figueiredo, 2012). These changes require professionals, especially nurses, to value and involve families as partners in care (Wright & Leahey, 2011). Thus, the following objectives were set out for this study: to identify nurses' attitudes toward family involvement in care and to determine the association between nurses' attitudes toward the importance of family involvement in care and their age, education level, years in the profession, professional category, purpose in life, and symptoms of depression/anxiety.

Background

More than care inherent to normative crises, nurses' attention focuses mainly on circumstantial, sometimes unpredictable, accidental, and unexpected crises caused by disease events that require an immediate response from the patient/family/nurse triad. Although nurses recognize a growing involvement of families in care, they continue to organize care with a focus on the individual and seeing family members as companions (Wright & Leahey, 2011; Oliveira et al., 2011). Nurses' attitudes toward family members also influence the quality of clinical practice. Studies have reported that the importance and value assigned by nurses to families influence the success of nursing care (Østergaard et al., 2020).

This transition requires political and philosophical changes in healthcare institutions to change nurses' attitudes (Monteiro, 2010). This study was conducted in this health/illness transition process in a hospital setting. Nurses' supportive attitudes toward family involvement in clinical settings increase families' empowerment and functional capacity (Wright & Leahey, 2011; Oliveira et al., 2011). Moreover, the competence for proactive unconditional care, (CoCIP), a highly subjective noetic variable associated with personal development, involves the discovery of a purpose in life through the choice of solid values that promote the ability to trust (patience), persevere (resilience), hope, adaptive coping, and mental health (Barros, 2014; Kraus et al., 2014).

Studies in hospital settings indicate that most nurses have positive attitudes toward family involvement in nursing care (Alves, 2011; Fernandes et al., 2015; Francisco, 2017; Rodrigues, 2013). Concerning the factors associated with this attitude, Benzein et al. (2008) concluded that older nurses, those with more years of professional experience, and those working in pediatric wards have a more positive attitude toward family involvement in care than those working in care units and caring for acute patients. Another study found that the professional title and postgraduate/master's degrees improved nurses' attitudes toward family involvement in care (Rodrigues, 2013). However, in a surgical hospital setting, Blondal et al. (2014) found that the demographic variables of

age and working experience were significant factors influencing nurses' attitudes toward family involvement in care. Fernandes et al. (2015) found that nurses working in obstetric wards are, on average, more understanding of the involvement of families in care than those working in the emergency department.

Francisco (2017) revealed that nurses' academic qualifications, professional category, and emotional competence are crucial factors for supporting family involvement in care. However, other studies found controversial results. Rodrigues (2013) and Fernandes et al. (2015) found no statistically significant mean differences between nurses' attitudes and the variables of gender, age, education level, working experience, type of department, and experience of serious illness in their own family.

Research question

What are nurses' attitudes toward the importance of family involvement in nursing care? What is the association between nurses' attitudes toward the importance of family involvement in nursing care and their age, education level, years in the profession, professional category, purpose in life, and symptoms of depression/anxiety?

There are statistically significant differences between nurses' attitudes toward the importance of family involvement in nursing care and their age, education level, years in the profession, professional category, purpose in life, and symptoms of depression/anxiety.

Methodology

Considering the nature of this issue and the theoretical framework, a cross-sectional, descriptive-correlational design was used. The study was conducted in a hospital center in the central region of Portugal. The inclusion criteria were nurses working in the emergency department, multipurpose acute care unit, outpatient consultations, outpatient surgery, and day hospital, who signed the informed consent form. A non-probability, intentional, and accidental sampling technique was used. The signed informed consent forms and the completed questionnaires were placed in a box with a slot. Of the 530 questionnaires distributed, 322 (60.8%) were returned. Five of these questionnaires were excluded because they were not correctly completed, obtaining a total sample of 317 questionnaires (59.8%). Data were collected between March and April 2019 through a three-part questionnaire. The first part referred to the participants' sociodemographic and professional characteristics, namely gender, age, marital status, education level, professional category, years in the profession, and department where they worked. The second part assessed the sense of purpose in life, through the Portuguese version of the Purpose in Life Test (PIL-R), and well-being, through the Portuguese version of the Mental Health Inventory-5 (MHI-5). The third part includes the Portuguese version of the Families' Importance in Nursing Care - Nurses Attitudes (FINC-NA).

The Portuguese version of the PIL-R consists of two factors: Factor 1 - experiential dimension, and Factor 2 - existential dimension (Peralta & Silva, 2006). It uses a Likert-type scale with seven options ranging from *strongly disagree* (1 point) to *strongly agree* (7 points), with scores ranging from 20 to 140 points. Scores of 113 and above are associated with a high sense of purpose in life, characterized by feelings of existential accomplishment and personal fulfillment; scores 92-112 indicate a moderate sense of purpose in life adequate to the context of reality; scores of 91 and below suggest a low sense of purpose in life (Peralta & Silva, 2006).

The Portuguese version of the MHI-5 consists of five items grouped in two dimensions: Psychological distress and Well-Being, with a 6-point Likert scale ranging from *Never* (1 point) to *Always* (6 points). The results are transformed into a score from 0 to 100 using the following algorithm:

$$\text{New score} = \frac{\text{raw score} - \text{lowest possible score}}{\text{score range}} \times 100$$

The range is calculated by subtracting the lowest possible score from the highest possible score. Cut-off points of 52 and 60 points are considered for severe and moderate symptoms, respectively (Pais-Ribeiro, 2011).

The Portuguese version of the FINC-NA (Oliveira et al., 2011) consists of 26 items and three dimensions: family as a conversational partner and coping resource; family as a resource in nursing care; and family as a burden. Items are rated on a 4-point Likert-type scale, ranging from *strongly disagree* (1 point) to *strongly agree* (4 points). The total score ranges from 26 to 104 points, with higher scores indicating more supportive attitudes among nurses. Cronbach's alpha coefficients were calculated to determine the internal consistency of the versions of the PIL-R,

(0.79), MHI-5 (0.87), and FINC-NA (0.91) used in this study.

Data were statistically analyzed using IBM-SPSS software (Statistical Package for the Social Sciences), version 25.0. Given the sample size and based on the Central Limit Theorem, parametric tests were applied, namely the Student's *t*-test and ANOVA. For the multiple comparison of means Bonferroni's post-hoc test was used. Statistically significant differences were found if $p < .05$.

All ethical assumptions in the Declaration of Helsinki were observed in this study, including the favorable opinion of the hospital center's Ethics Committee (Ref. CE - no. 11/19).

Results

Table 1 shows that the sample consisted mostly of women (86.4%), with a mean age of 42 ± 10 years, married (59.3%), with a 4-year undergraduate degree (55.3%), the professional category of nurse (47.0%), and a mean number of years in the profession of 19 ± 10 . On average, they had a moderate sense of purpose in life in total PIL-R, with most participants (53%) having a high sense of purpose in life. For the total of the converted MHI-5, an average well-being score of 66.92 ± 17.34 points was found, suggesting the absence of relevant symptoms; however, more than a quarter of the participants (30.9%) had moderate to severe symptoms of depression/anxiety. As for the FINC-NA total score and its dimensions, the sample had, on average, more supportive attitudes toward family involvement in care and acknowledged the family as a conversational partner and coping resource.

Table 1*Sample characterization based on sociodemographic, professional, and health variables*

Variables		<i>n</i>	%	Mean	<i>SD</i>
Gender (<i>n</i> = 301)	Male	41	13.6		
	Female	260	86.4		
Marital status (<i>n</i> = 305)	Married	181	59.3		
	Single	71	23.3		
	De facto relationship	27	8.9		
	Divorced/Separated	25	8.2		
	Widowed	1	0.3		
Age group (<i>n</i> = 315)	25-34 years	98	31.1		
	35-44 years	68	21.6		
	45-54 years	109	34.6		
	55-65 years	40	12.7		
Education level (<i>n</i> = 329)	Undergraduate degree (4 years)	182	55.3		
	Undergraduate degree (3 years)	7	2.1		
	Postgraduate/ Specialization	68	20.7		
	Postgraduate degree	34	10.3		
	Master's degree	38	11.6		
Professional category (<i>n</i> = 317)	Doctorate	0	0.0		
	Nurse	149	47.0		
	Graduate nurse	99	31.2		
	Specialist nurse	61	19.2		
	Head nurse	7	2.2		
Years in the profession (<i>n</i> = 312)	Specialist nurse with management responsibilities	1	0.3		
	1-10 years	90	28.8		
	11-20 years	60	19.2		
	21-30 years	120	38.5		
	31-40 years	42	13.5		
Purpose in life	Experiential dimension			62.83	6.98
	Existential dimension			48.46	7.10
	EOV Total			111.29	12.09
Purpose in life (<i>n</i> = 317)	Low sense	23	7.3		
	Moderate sense	126	39.7		
	High sense	168	53.0		
Mental health	Distress dimension			13.99	2.63
	Well-being dimension			8.06	1.87
	MHI-5 Total			22.05	4.15
	MHI-5 converted			66.92	17.34
Mental health (<i>n</i> = 317)	Severe symptoms	54	17.0		
	Moderate symptoms	44	13.9		
	No relevant symptoms	219	69.1		
FINC-NA	Dimension: Family as a conversational partner and coping resource			36.52	4.91
	Dimension: Family as a resource in nursing care			31.54	3.82
	Dimension: Family as a burden			11.14	2.37
	FINC-NA Total			79.19	9.52

Note. *n* = Number; % = Percentage; FINC-NA = Families' Importance in Nursing Care - Nurses Attitudes; *SD* = Standard deviation.



Table 2 shows that older nurses had, on average, more supportive attitudes in the total scale and in the dimensions Family as a conversational partner and coping resource and Family as a burden ($p < 0.05$). The Bonferroni test revealed significant differences in the overall mean score in the dimen-

sions Family as a conversational partner and coping resource and Family as a burden between the 25-34 age group and the 45-54 ($p < 0.05$) and 55-65 ($p < 0.05$) age groups. This significant difference confirms that age, namely above 45 years, influences supportive attitudes among nurses.

Table 2

Results of the ANOVA test between Age and the FINC-NA scale

Dimension		Mean	Standard deviation	<i>F</i>	<i>p</i>
FINC-NA Total	25-34 years	76.06	8.66	6.224	0.000
	35-44 years	79.19	8.86		
	45-54 years	80.74	9.56		
	55-65 years	82.30	10.61		
Family as a conversational partner and coping resource	25-34 years	35.02	4.31	6.225	0.000
	35-44 years	36.21	4.71		
	45-54 years	37.36	5.12		
	55-65 years	38.30	5.18		
Family as a resource in nursing care	25-34 years	30.98	3.62	1.075	0.360
	35-44 years	32.00	3.63		
	45-54 years	31.61	3.93		
	55-65 years	31.75	4.32		
Family as a burden	25-34 years	10.06	2.21	14.21	0.000
	35-44 years	10.99	2.20		
	45-54 years	11.78	2.17		
	55-65 years	12.25	2.40		

Note. FINC-NA = Families' Importance in Nursing Care - Nurses Attitudes; *F* = ANOVA; *p* = Significance probability.

Concerning the education level, the Student's *t*-test (Table 3) showed statistically significant differences ($p < 0.05$) in the

FINC-NA total score and in its dimensions. Participants with postgraduate degrees obtained higher mean scores in all cases.

Table 3

Results of the Student's t-test between the Education level and the FINC-NA scale

		Mean	Standard deviation	<i>t</i>	<i>p</i>
FINC-NA Total	3-year or 4-year undergraduate degrees	77.81	9.20	-3.307	0.001
	Postgraduate, specialization, or master's degrees	81.46	9.75		
Family as a conversational partner and coping resource	3-year or 4-year undergraduate degrees	35.85	4.85	-3.027	0.003
	Post-graduation, specialization, or master's degrees	37.59	4.98		
Family as a resource in nursing care	3-year or 4-year undergraduate degrees	31.09	3.70	-2.658	0.008
	Post-graduation, specialization, or master's degrees	32.27	3.92		
Family as a burden	3-year or 4-year undergraduate degrees	10.87	2.31	-2.652	0.008
	Post-graduation, specialization, or master's degrees	11.61	2.43		

Note. FINC-NA = Families' Importance in Nursing Care - Nurses Attitudes; *t* = Student's *t*-test; *p* = Significance probability.

As for the years in the profession, Table 4 shows statistically significant differences ($p < 0.05$) in all dimensions of the FINC-NA scale, except in the dimension Family as a resource in nursing care. The Bonferroni test revealed significant differences between the group with 1-10 years

in the profession and the groups with 21-30 years and 31-40 years, both with $p < 0.05$. Nurses with more than 21 years in the profession had more supportive attitudes toward family involvement in nursing care.

Table 4*Results of the ANOVA test between the Years in the profession and the FINC-NA scale*

		Mean	Standard deviation	<i>F</i>	<i>p</i>
FINC-NA Total	1-10 years	76.47	8.44	5.838	0.001
	11-20 years	78.43	9.28		
	21-30 years	79.99	9.24		
	31-40 years	83.33	10.78		
Family as a conversational partner and coping resource	1-10 years	35.38	4.24	5.761	0.001
	11-20 years	35.62	4.95		
	21-30 years	36.91	4.98		
	31-40 years	38.76	5.03		
Family as a resource in nursing care	1-10 years	31.04	3.67	1.616	0.186
	11-20 years	31.92	3.64		
	21-30 years	31.34	3.83		
	31-40 years	32.45	4.21		
Family as a burden	1-10 years	10.04	2.20	12.939	0.000
	11-20 years	10.90	2.28		
	21-30 years	11.74	2.17		
	31-40 years	12.12	2.47		

Note. FINC-NA = Families' Importance in Nursing Care - Nurses Attitudes; *F* = ANOVA; *p* = Significance probability.

Table 5 shows that the professional category is associated with nurses' supportive attitudes toward family involvement in care. The Bonferroni test revealed significant differences between specialist nurses, nurses, and graduate

nurses in the total score, in the dimension Family as a conversational partner and coping resource, and in the dimension Family as a resource. Thus, it can be inferred that specialist/head nurses have more supportive attitudes.

Table 5*Results of the ANOVA test between the Professional Category and the FINC-NA scale*

		Mean	Standard deviation	<i>F</i>	<i>p</i>
FINC-NA Total	Nurse	76.58	8.79	20.494	0.000
	Graduate nurse	79.15	8.93		
	Specialist/Head nurse	84.96	9.48		
Family as a conversational partner and coping resource	Nurse	35.30	4.62	15.427	0.000
	Graduate nurse	36.58	4.47		
	Specialist/Head nurse	39.10	5.21		
Family as a resource in nursing care	Nurse	30.98	3.68	11.558	0.000
	Graduate nurse	31.05	3.73		
	Specialist/Head nurse	33.43	3.73		
Family as a burden	Nurse	10.30	2.18	23.527	0.000
	Graduate nurse	11.52	2.26		
	Specialist/Head nurse	12.42	2.25		

Note. FINC-NA = Families' Importance in Nursing Care - Nurses Attitudes; *F* = ANOVA; *p* = Significance probability.

With regard to the type of department, the nurses who showed more supportive attitudes toward family involvement in care worked at the Special Pediatric Care Unit, the psychiatric ward, and the outpatient surgery ward, with higher mean overall scores in the FINC-NA (89.33, 87.75, and 86.33, respectively).

Table 6 shows significant differences in the FINC-NA in all groups of participants, $p < 0.05$. The higher the sense of purpose in life, the higher the mean score on the FINC-NA. Bonferroni's tests confirm statistically significant differences ($p < 0.05$) for a high sense of purpose

in life in the mean score of the total IFCE-AE scale and in the dimensions Family as a conversational partner and a coping resource and Family as a burden. In the dimension Family as a resource in nursing care, significant differences were only found in the scores of the groups with a moderate and a high sense of purpose in life ($p < 0.05$). Considering the mean score of the total FINC-NA scale as more relevant, since it includes more items and aggregates all dimensions, it can be concluded that a high sense of purpose in life leads to more supportive attitudes of family involvement in care.

Table 6*Results of the ANOVA test between the PIL-R and the FINC-NA scale*

		Mean	Standard deviation	<i>F</i>	<i>p</i>
FINC-NA Total	Low sense of purpose in life	75.30	9.26	11.793	0.000
	Moderate sense of purpose in life	76.78	8.33		
	High sense of purpose in life	81.53	9.81		
Family as a conversational partner and coping resource	Low sense of purpose in life	34.30	4.27	7.858	0.000
	Moderate sense of purpose in life	35.64	4.44		
	High sense of purpose in life	37.48	5.13		
Family as a resource in nursing care	Low sense of purpose in life	30.87	4.30	7.652	0.000
	Moderate sense of purpose in life	30.63	3.55		
	High sense of purpose in life	32.31	3.81		
Family as a burden	Low sense of purpose in life	10.13	2.30	12.899	0.000
	Moderate sense of purpose in life	10.51	2.11		
	High sense of purpose in life	11.74	2.41		

Note. FINC-NA = Families' Importance in Nursing Care - Nurses Attitudes; *F* = ANOVA; *p* = Significance probability.

As regards the association between mental health and the importance assigned by nurses to family involvement in nursing care, statistically significant differences were found between the results of the FINC-NA scale and the existence of symptoms of depression/anxiety ($p < 0.05$). Thus, it can be inferred that mental health interferes with the importance assigned by nurses to the family. Nurses with better well-being and fewer symptoms of depression/anxiety have more supportive attitudes

toward family involvement (Table 7). Bonferroni tests show significant differences in all cases only between the group with severe symptoms and the group without relevant symptoms. Participants with severe symptoms obtained statistically significant lower scores on the FINC-NA scale than those without relevant symptoms. Thus, it can be concluded that nurses without symptoms of depression/anxiety have more supportive attitudes toward family involvement.

Table 7

Results of the ANOVA test between Symptoms of depression/anxiety and the FINC-NA scale

		Mean	F	p
FINC-NA Total	Severe symptoms	76.02	4.631	0.010
	Moderate symptoms	78.07		
	No relevant symptoms	80.20		
Family as a conversational partner and coping resource	Severe symptoms	35.09	3.99	0.019
	Moderate symptoms	35.77		
	No relevant symptoms	37.02		
Family as a resource in nursing care	Severe symptoms	30.54	2.294	0.103
	Moderate symptoms	31.57		
	No relevant symptoms	31.78		
Family as a burden	Severe symptoms	10.39	4.817	0.009
	Moderate symptoms	10.73		
	No relevant symptoms	11.40		

Note. FINC-NA = Families' Importance in Nursing Care - Nurses Attitudes; F = ANOVA; p = Significance probability.

Discussion

This discussion will be structured based on the objectives of this study: To identify nurses' attitudes toward the importance of family involvement in nursing care and 2. To determine the association between nurses' attitudes toward the importance of family involvement in nursing care and their age, education level, years in the profession, professional category, purpose in life, and symptoms of depression/anxiety.

This study obtained 79.2 points for the total FINC-NA score, confirming that nurses have supportive attitudes toward family involvement in nursing care. Fernandes et al. (2015) also found similar results. Other studies conducted in hospital settings also showed indicators of supportive attitudes but with slightly lower mean scores (Alves, 2011; Francisco, 2017; Rodrigues, 2013). In Iceland, Blondal et al. (2014) found a mean score very similar to the present study (79.3 points). In Brazil, Ângelo et al. (2014) found a higher total mean score (82 points). This study found that age is a significant factor influencing nurses' attitudes, with older nurses assigning more importance to family involvement in care. This result is corroborated by Frade et al. (2021) and Blondal et al. (2014) but refuted by Ângelo et al. (2014), with older nurses showing less supportive attitudes.

With regard to education level, nurses with postgraduate/

specialization, postgraduate, and master's degrees assign greater importance to family involvement in care. Although this position is confirmed by Rodrigues (2013), Fernandes et al. (2015) denied the association between nurses' attitudes and academic degrees.

The years in the profession are also an influencing factor, with nurses with more years of professional experience showing more supportive attitudes. Frade et al. (2021) corroborates this association. This result can be explained by the fact that nurses with fewer years of professional experience focus their activity on patients and not on families (Blondal et al., 2014). A shorter professional experience may condition health gains, particularly if the family is seen as the context of care (Silva et al., 2013). In turn, Ângelo et al. (2014) found opposite results, showing that nurses with fewer years in the profession have more supportive attitudes toward family involvement in care. The results of this study indicate that being a specialist/head nurse is a positive factor associated with nurses' attitudes. This association is corroborated by Rodrigues (2013) and Francisco (2017) and refuted by Alves (2011) and Fernandes et al. (2015).

Concerning the department where nurses work, on average, nurses working in the special pediatric care unit, psychiatry ward, and outpatient surgery revealed more supportive attitudes, while nurses working in surgery, emergency department, and pneumology/gastroentero-

logy wards had less supportive attitudes. The fact that nurses working in surgery and emergency services had lower mean scores may be explained by the complexity and demands of these settings, as it happens in emergency care units (Benzein et al., 2008).

Blondal et al. (2014) corroborates that participants working in the outpatient surgery unit show more supportive attitudes than those working in the inpatient surgery. Fernandes et al. (2018) conducted a study on mental health that corroborates nurses' supportive attitudes in psychiatric settings.

Moreover, a high sense of purpose in life and good mental health also promote supportive attitudes, reinforcing the importance of developing the CoCIP to discover a purpose in life and use adaptive coping strategies in each context (Barros, 2014; Kraus et al., 2021).

Other studies have investigated the influence of subjective factors on nurses' mental health and supportive attitudes. Alves (2011) examined the association between nurses' conflict management styles and supportive attitudes, revealing that using conflict management styles that imply compromise on both sides and/or require negotiation through effective communication promotes cooperation and collaboration and increases family involvement. Francisco (2017) also found that more empathic nurses assign more importance to family involvement in care. Nurses' attitudes toward families in care can reduce suffering, help re-establish communication networks, promote personal development, and enhance health gains.

These results must be carefully interpreted due to some limitations: using a non-probability intentional and accidental sample does not ensure the representativeness of the population; using a non-experimental and cross-sectional design weakens the conclusions, namely about the association between the variables and nurses' attitudes.

Conclusion

This study concluded that nurses are predisposed to involving families in the care process and sensitive to patients' needs. Older nurses, those with higher academic qualifications, more years in the profession, a higher professional category, a higher sense of purpose in life, and better mental health had more supportive attitudes. This study is a pioneer work that analyzes nurses' attitudes toward the importance of family involvement in care in hospital settings. The reflection on how nurses' personal development interferes with the quality of the relationship with the families revealed that the purpose in life and the CoCIP are modifiable determinants of the quality of clinical practice. Thus, this study recommends the development of this competence in basic and specialized training, as well as the replication of this study in other clinical settings to confirm the results.

Author contributions

Conceptualization: Ferreira, M., Kraus, T.

Data curation: Ferreira, M., Kraus, T.

Methodology: Ferreira, M., Kraus, T.

Writing – original draft: Ferreira, M., Kraus, T.

Writing – review and editing: Ferreira, M., Kraus, T.

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