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NURSES' VIEWS ON PATIENT- AND FAMILY-CENTERED CARE IN PERI-OPERATIVE CONTEXTS

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Abstract
In the middle of the 1950s, the phrase "patient-centered medicine" was first used in medical literature. Additionally, in 1988, the Picker Institute created the concept of patient- and family-centered care, which refers to care that is tied to both patients and families. With a heavy emphasis on the needs of patients, fresh perspectives have been used to construct and explain the interactions and partnerships between patients, their families, and healthcare practitioners. The purpose of this study was to investigate the ways in which hospitalized adult patients' families collaborate and participate in their care. The purpose of the study was to respond to the following inquiry: How are family collaboration and participation in care implemented by nurses, patients, and families?

Key words: nurse, patient, family, care, peri-operative.

Introduction

In the middle of the 1950s, the phrase "patient-centered medicine" was first used in medical literature. Additionally, in 1988, the Picker Institute created the concept of patient- and family-centered care, which refers to care that is tied to both patients and families. With a heavy emphasis on the needs of patients, fresh perspectives have been used to construct and explain the interactions and partnerships between patients, their families, and healthcare practitioners [1].

In patient- and family-centered care, the patient is treated as an active participant in the treatment process rather than as the passive object of interventions and disease-oriented medicine. Stated

differently, collaborative, mutually-power-sharing partnerships incorporating the "whole-person" attitude are necessary for patient- and family-centered care. This idea has been referred to by a number of interchangeable words, including person-centered care, patient-centered care, resident-centered care, client-centered care, and family-centered care [1].

From pediatric and maternal-child settings to adult and geriatric healthcare facilities, the patient- and family-centered care approach is gaining traction and has been strongly supported in a variety of healthcare contexts and patient demographics. Interventions in patient- and family-centered care are not new, but they have received more attention lately. According to Barbosa et al. (2015), these interventions have shown to be a successful way to raise patient satisfaction levels and enhance the quality of treatment received by patients and their families. However, because to the massive volume of data being generated by primary research, academics interested in the impacts of patient- and family-centered care are being overtaken by differing definitions, scopes, demographics, and interventions of patient- and family-centered care [1].

Figure (1) Patient centered care model [1].

Family-centered care (FCC) is a healthcare paradigm that encourages parents to participate in their children's decision-making by emphasizing understanding patients within the framework of their families. According to the FCC, families should be included in the planning, carrying out, and assessing of care, and their views should be given equal weight with those of the medical professionals in their child's treatment [2].

The Institute of Medicine (IOM) recognized the value of patient-centered care in its 2003 report on health professions education, emphasizing that providing patient-centered care is the major core skill that should be the focus of health professionals' education. This underlined how crucial it is to deliver healthcare services in line with patients' needs and preferences [5].

It is impossible to overestimate the significance of effective communication in nurse-patient clinical interactions as "research has shown that communication processes are essential to more accurate patient reporting and disclosure. Positive results in the healthcare system and patient-centered care need effective clinical communication between nurses and patients [5].

Aim of the study

The purpose of this study was to investigate the ways in which hospitalized adult patients' families collaborate and participate in their care. The purpose of the study was to respond to the following inquiry: How are family collaboration and participation in care implemented by nurses, patients, and families?

Literature review

In general, the implementation of patient- and Family-Centered Care (PFCC) in the peri-operative setting was seen as a cooperative effort involving nurses, patients, and their families in addition to management. Additionally, Nurses, patients, and families may communicate crucial information that would improve peri-operative care by putting PFCC into practice. The study's findings emphasized that patients and their families may benefit from PFCC by receiving courteous and dignified treatment, and that they may be in a better position to take on more responsibility and give support for the health and well-being of their patients [3].

These conceptualizations of PFCC are in general in line with a study that described PFCC and included four main ideas. These ideas include nurses treating patients and their families with dignity and respect, making sure that information is shared between nurses and patients, enhancing patient and family engagement and fostering good communication between nurses, patients, and families throughout care [3].

The consensus among nurses was that the most crucial elements of family-centered treatment were individuality and family strengths. Given that parents were the primary carers and had the most intimate knowledge of their children, the nurses recognized the value of parents in providing medical and nursing care. The nurses felt that every family had unique qualities, especially when it came to being prepared to care for the sick children [4].

The delivery of basic care and the caliber of clinical practice are influenced by the attitudes and beliefs of nurses. According to clinicians who use the patient- and family-centered care (PFCC) approach, it is better for patients to feel comfortable and have autonomy when they and their families are included as partners in their care. Giving patients help in a dignified, respectful manner that considers their unique cultural and emotional requirements is referred to as "fundamental care." This strategy aligns with the Institute for Patient- and Family-Centered Care's PFCC concept. The broad spectrum of care procedures that integrate the relational, psychological, and physical aspects of care are reflected in fundamental care. Neglecting patients' basic medical needs while they are in an acute hospital setting has been linked to subpar treatment and can result in unfavorable patient outcomes [6].

Positive and trustworthy therapy interactions promote basic treatment in hospitals. Among all healthcare workers, nurses spend the most time providing direct patient care, which puts them in a unique position to develop therapeutic relationships with patients and their families. Nurses must build connections that enable patients and their families to take an active role in the care process in order to apply PFCC techniques and so advance the provision of basic care [6].

The nurses made it very apparent that assessing patients was their main priority rather than including family members in the care process. The unit's speedy assessment goal and the global emphasis on hospitals identifying and responding to clinical deterioration may have had an impact on nurses' decision to concentrate on patient evaluations [6].

In perioperative settings, patient and family involvement can impact the course of patients' conditions and enhance the standard of care, both of which increase nurses' job satisfaction. Family members of patients are therefore crucial in actively participating in and working with basic care activities that integrate the physical, psycho-social, and relational aspects of care that nurses typically deliver. [7].

Basic care entails attending to particular needs such as basic dressings, mobility needs such as early mobilization and head-of-bed elevation, nutritional needs such as promoting oral intake or assisting with feeding, oral hygiene, urination, shaving, hair styling, and bathing, as well as social needs such as companionship during hospital stays. Thus, family engagement may drastically lessen nurses' workloads. Due to their physical closeness, families can provide basic safety precautions, which helps to reduce patient falls. These are additional advantages of family engagement. Families are also present during surgical rounds to offer critical information that helps the multidisciplinary team make better treatment decisions and expedite the patient's recovery. In addition, nurses have the chance to observe family members' actions and guide and train them to gain new information and abilities in carrying out these fundamental tasks [7].

Role of nurses in pre-operation

The responsible nurse and the appointment nurse completed confirming the patient's surgery date and prepared the health education materials prior to admission to ensure the operation proceeded well. When the elderly patients were brought to the hospital, the responsible nurse made the effort to remind the bed doctor to deliver surgery orders, nursing orders, and medication orders on time [8].

Nurses' understanding of PFCC in the peri-operative context

According to the results of the current study, successful PFCC implementation in the peri-operative setting appears to need good communication between nurses, patients, and families. This exchange of information makes it easier to record relevant data that might be used to improve the care process. Similar studies have shown that effective communication with patients and their families enhances the documentation of important information obtained for them, which is necessary to plan for the best possible care outcomes for patients and families [7].

In the previous studies, efficient information sharing among nurses, patients, and families was highlighted as essential to PFCC practices in the peri-operative setting because it enables patients and families to build self-care plans that will lead to independence after discharge. These results are consistent with earlier research that showed nurses need to collaborate with patients and families to customize self-management care techniques based on the individual needs and preferences of the patient and family [7].

One of the main strategies for patient- and family-centered care that was included in 12 reviews was patient empowerment. For these types of interventions, medical personnel must inform the patient about their personal health status and provide the required proactive assistance to encourage the patient's capacity and accountability for managing their own illness. Patients were able to execute self-care and disease management activities both throughout their hospital stay and after they were discharged, demonstrating the effectiveness of this intervention in encouraging and motivating the patient to actively participate in their treatment process. This is crucial for all patients, and numerous studies have used this intervention for patients with cardiovascular disease or risk factors, as well as patients recovering from orthopedic and coronary artery bypass graft surgeries [9].

Collaboration between nurses, patients and families

Prior research has demonstrated how much nurses appreciated the ability of families to supply specialized patient information. Interview data corroborated this, showing that nurses understood families could offer more privileged and in-depth information about a relative's health and preferences. In order to give patients prompt, secure, and customized care, nurses exploited the information that families shared. One nurse was seen, for instance, having a phone conversation with the patient's wife. The majority of the nurses on the ward showed that they appreciated the special knowledge that families could offer since it allowed them to customize the treatment that they gave to patients; this was thought to be especially crucial for patients who had cognitive impairments. [10].

Families were seen to have a strong urge to speak with nurses throughout the observation periods if they thought their relative was in any kind of trouble. Family members were seen interacting with nurses on multiple occasions to help their relatives manage their discomfort [10].
In most cases, family carers are the ones who are most aware of the patient's eating, drinking, and daily activity preferences. Other research also shown that after an elderly person living at home was admitted to the hospital, carers had little control over decisions about care activities [11].

Collaboration can be facilitated by recognizing and appreciating the role of family carers. It is noteworthy that despite the same number of carers were satisfied with their overall influence, two thirds of them rate their actual amount of influence on decisions as poor. Because they anticipate having less power when their relative is admitted to the hospital and because they view the hospital as the province of nurses, family carers may be content with their level of influence over decisions because they have adjusted to the hospital system [11].

The quality and continuity of care for the elderly can be better monitored when nurses recognize and make use of these carers' experience in negotiating patients' care plans. This allows for more individualized care. Additional aspects of collaboration pertain to nurses who proactively engage family carers in information exchange and cooperative decision-making procedures [11].

Nurse Respecting family concerns
When nurses realized that families felt vulnerable and were worried about their relative's care, they were demonstrating respect for the concerns of family members. As a result, the nurses adjusted how they behaved and spoke in an effort to allay family worries. For instance, when speaking with a patient and family, a nurse by the patient's bedside was seen to alter her body language and voice tone significantly. Afterwards, when the investigator questioned the nurse about what caused the changed [10].

Effective communication between nurses, patients and families
Over time, there has been a significant shift in the meaning of communication in the healthcare industry, particularly in connection to the clinician-patient interaction. In the past, doctors spoke in a paternalistic, authoritarian, and hierarchical manner with patients and their families; but, over time, this has gradually changed to a more collaborative and patient-centered manner [12]

The sharing of information between a patient and their healthcare professional, as well as with their family and carer, is referred to as communication in the healthcare industry. It involves patient decision-making and care planning through two-way oral, written, and nonverbal communication. There is a chance for clarification and comments, and it is customized, transparent, honest, and courteous. Communicating with cultural sensitivity is also necessary while working with the patient and family to make decisions about their care. A clinician's capacity to work with a patient and family may be hampered by a number of obstacles, such as cultural attitudes and values and language limitations. Consequently, family members could feel powerless about their ability to care for their ailing relative and about their role in providing care [12].
In order to facilitate the best possible information exchange between the patient and their informal network, the nurse's role as a collaborator is to establish a rapport with patients and their families, collaborate with them on shared decision-making principles, and assist them in managing their own care. A classification system that offers family-focused diagnoses and interventions, such as establishing rapport, exchanging information, and providing support to families, is available to nurses in addition to this competency framework. These treatments, such as "family support," provide a succinct explanation of the function of the nurse [13].
The nurse's job is to help families understand medical facts and to support them emotionally by communicating with them often, clearly, and sympathetically throughout the day. During a patient's

hospital stay, nurses are in a unique position to collaborate and communicate with the patient's family [13].

Nurse-patient communication in the intensive care unit is sometimes negatively impacted by the therapeutic environment, which includes patient crises and the use of artificial breathing. A mechanical ventilator is one of the largest obstacles to speaking. They are necessary for critically ill patients who are unable to breathe on their own, but they also interfere with speech. As a result, these patients must use other communication techniques, like lip movements and facial expressions, which are very challenging. Through written and nonverbal cues like body language, our participants tried to comprehend the needs of critically ill patients. However, some patients reacted angrily when the aims were not clearly understood, which hampered respiratory treatment and eventually prolonged treatment [14].

Families of patients who are in critical condition worry about their loved one's health and try to save them. In order to effectively detect and address the causes of distress in patients on mechanical breathing, nurses must take this into account while interacting with vulnerable patients and their families [14].

Benefits of patient-and family-centered care in the peri-operative context

Regarding the advantages of PFCC for nurses, the research revealed that this approach will enable them to concentrate more on patients and their families by treating them with decency and respect because they are involved in the treatment process. Patient and Family Centered Care enables nurses to provide individualized care to patients, which enhances their recovery and increases the nurses' satisfaction with their treatment. By adhering to the PFCC procedures, nurses may recognize the patient's individuality, special needs, and preferences. They can then utilize this knowledge to create a patient-centered care plan that will aid in the patient's recuperation and, as a result, boost the nurses' level of satisfaction [15].

Patient and family-related benefits

The greatest way to implement family engagement in basic care is with the help of nurses. Nonetheless, nurses' attitudes and beliefs affected whether or not they adopted a PFCC approach, which encourages the provision of basic healthcare. Our study's conclusions showed that nurses' behaviors are not always in line with healthcare regulations that mandate that health providers follow the PFCC strategy. Moreover, our results validated that nurses' attitudes and beliefs facilitated and impeded family involvement in their relative's treatment. PFCC and family involvement in their loved one's care are essential components of basic nursing care that necessitate open communication, relationship building, and information exchange between nurses and families. Our study's conclusions showed that important variables affect the interactions between nurses and their families [10].

Conclusion

The study concluded by examining the perspectives of nurses in Northern Ghana regarding the idea of PFCC and its applications in the peri-operative setting. The participating nurses were able to explain that the primary objective of PFCC is to offer nursing care to patients through collaboration, communication, and information sharing between nurses, patients, and families—despite the fact that they were not familiar with the idea. Nurses claim that PFCC gives them the opportunity to provide perioperative care to patients and their families with respect and dignity. Thus, by implementing Patient and Family Centered Care, nurses may provide healthcare that considers patients' needs, preferences, and cultural and religious traditions and values. In addition to these advantages, nurses would gain from PFCC procedures in areas including workload reduction, improved surgical results, and decreased post-operative mortality. Simultaneously, patients and their families may get the necessary information to provide basic care as well as a decreased level of dread and anxiety due to

familiarity with the surgical setting. The development of national and regional policies to support PFCC in peri-operative settings may potentially benefit from PFCC practices.

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