

# THE CONTRIBUTION OF FAMILY IN THE CARE OF PATIENT IN THE HOSPITAL.

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**Abstract:** Family has a significant role in hospital treatment of patients, since it can provide effective psychological and emotional support to patients undergoing treatment to hospital. Additionally, the above role of family is not only significant for adults but also for children and pregnant women, who need their husbands during their childbirth. Consequently, the medical and nursing staff needs to maintain a continuous contact with parents and relatives of patients, and provide them with the

appropriate information concerning the condition of their patient and the progress of the therapeutic programme. This can make them capable of providing effective psychological support to their patient.

**Key words:** hospitalized patients, patients care, family, hospital visiting hours

## INTRODUCTION

Family is called a team of individuals that are connected with bonds of marriage, blood and adoption, and interact between each other<sup>1, 2</sup>. Additionally, family can include a wider social team, which is constituted from two or more individuals who live in the same space, have common sentimental bonds, aims and objectives, and fulfill interdependent activities<sup>3</sup>.

The presence of family constitutes an important source of psychological stability for the patient, as well as a source of support for better recovery, since it helps him to maintain a contact with his house and his friends. Moreover, the role of family, friends, and relatives is of vital importance for the maintenance of quality of life in hospitalized patients with chronic problems. This, because family can satisfy basic needs of the patient in the hospital to a large extent. Additionally, family can help him decrease his stress, while it can encourage him to correspond effectively in the therapeutic form he follows<sup>4,5</sup>. At the same time, family can direct the patient in order to participate in self - care activities and effectively face any complications of his illness<sup>6,7</sup>.

## 2. DEVELOPMENT OF VISITING REGULATIONS IN THE HOSPITAL

Up to first fourth of the 20th century, health care of family was almost provided in the house. Relatives, friends, and traditional health professional used to provide the man with technical, sentimental and intellectual support from his birth until his death<sup>8</sup>.

After the First World War, health care presented some significant changes. The use of vaccines was being extended more and more, while the use of sulphonamides, in combination with the improved techniques of disinfection and sterilization, announced in advance a new season for health care, which was completed with the discovery of antibiotics. These changes influenced the way of provision of health care. As a result of this, the provision of health care was moved from the house to the hospital.

After the Second World War, all the explosive developments in medicine and technology contributed significantly in growth of safety feelings about hospital. For this reason, it was observed an increased attendance of patients into the hospital<sup>9</sup>.

In the old days, relatives' visits in their hospitalized patients were only allowed with the permission of the Director of each hospital. Then, relatives' visits were allowed only one time a week. Some years later, visits increased to three times a week. The responsibility for the control of visiting hours had been assigned to the medical and nursing staff, which used to give family the permission for a visit according to the severity of patient's condition<sup>10</sup>.

## **2.1. Visiting in pediatric clinics**

Visiting hours in hospitalized children was applied by the first years, as in adult patients. The perception of limited visiting hours was being existed for enough decades. A report of Platt in 1959 introduced the strategy of free visiting hours for the parents of hospitalized children. Then, any first degree relatives had the permission to visit their patients in the hospital<sup>11</sup>.

The reaction of nursing and medical staff to the above decision was hard, but afterwards, it became acceptable. Moreover, it was supported the necessity of presence of parents during their children's hospitalization, because parents constitute the main source of sentimental support for them. Consequently, separation constitutes the biggest threat for children. The above need was supported by all the Administrations of hospitals, which provided parents with essential comforts and facilitations in order to stay in the hospital<sup>12</sup>.

A hospitalized child considers that it is threatened, since it is in an unfamiliar environment, far away from its parents and its favorite persons. Additionally, it suffers from many painful interventions, which limit its autonomy. Specifically, the child in the hospital is afraid about any wounds and pain that can feel<sup>13</sup>. For this reason, presence of family to the hospitalized child is of vast importance.

In a recent study, investigating Nurses' perceptions about the importance of parental participation in their hospitalized child's physical and psychological care, more than 80% of Nurses considered parental participation as very important in the cover of child's physical needs. Additionally, more than 70% of Nurses considered that the ability of parents to participate in their hospitalized child's psychological support was equally important<sup>14</sup>. In a similar study, investigating the desire of parents to support their children during some difficult pediatric procedures, 74.6% of parents wished to support their child, stating that the child will be more collaborative if it feels the safety of its parents<sup>15</sup>. Moreover, when parents are near their child, they can comprehend and effectively cover its physical and psychological needs<sup>16</sup>.

## **2.2. Visiting in Maternity clinics**

After the changes in the visiting hours in pediatric clinics, the idea of presence of spouses in childbirths rooms was followed. The aim of presence of the spouse is the provision of psychological support to his wife. Research studies have shown that presence of the spouse during the process of childbirth decreases significantly the duration of childbirth and hypoxia of embryo. In a similar study, it had been found that the support of spouses to their wives during childbirth, contributes to a better interpersonal communication between each other<sup>11</sup>.

### **2.3. Free visiting hours**

Social changes that happened during the decades of 1950 and 1960, affected considerably the existing regulations of visiting hours. Decisions of hospital administrations, which excluded patient's family, were disputed. Then, it was grown a movement for consumer's protection, while patients' and relatives' desires were taken into account, which resulted in the change in visiting regulations<sup>10</sup>.

In a research study concerning the programs of visiting hours, which was conducted in the United States, in 125 hospitals, was found that 40% of hospitals had permission for visiting hours for almost all the day. In the United Kingdom, 404 hospitals were investigated, where it was found that the 1/3 of them had free visiting hours<sup>17</sup>.

For this reason, Dracup proposes the establishment of a written agreement, with which all the patients, family, and nurses will decide jointly about the number, the time and the duration of a visit. Nurses, in collaboration with the patient and his family, will decide about the frequency of visits, which need to cover the particular needs of patients. However, visiting hours should be carefully programmed, without visitors coming in inappropriate hours<sup>17</sup>.

### **3. THE FAMILY ROLE DURING PATIENT'S HOSPITALIZATION**

Family has been already described as an integral system. So, illness of a member can threaten the system. The result of threat of this system can include fear, distress, feeling of weakness, and lack of hope, which can lead to physical and emotional exhaustion. For this reason, each intervention that decreases the effect of these pressures, benefits family<sup>18</sup>.

The reciprocal effect takes place because family is a social system, which is constituted by individuals interacting with each other. Thus, any change in the system influences its stability<sup>19</sup>. Since family constitutes a system, illness of a member of the system has a direct effect on all the system. Moreover, the way that the system reacts has a direct effect on the member that suffers<sup>20</sup>. Consequently, the more effectively the system functions, the better its members are adapted<sup>3</sup>. For this reason, all the members of family need to adapt to various problems of patients, in order to provide them with effective psychological and emotional support<sup>21</sup>. The degree that family is affected by illness of one of its members depends on:

- The entrusting of roles in the family.
- The emotional support to the members of family.
- The stability of financial statement of family.

Presence of family during patients' hospitalization is strengthened by the perception of holistic care. Nursing, as science and art, supports the idea of an anthropocentric and holistic care. Consequently, there is a need for continuous interaction between nurses and family, for the achievement of holistic care<sup>22</sup>.

#### **3.1. Activities of family during patient's hospitalization**

Patients, visitors, nurses and doctors have expressed common opinions concerning the positive contribution of family on the care of patient in the hospital. Visitors themselves wish to undertake the role of animator, supervisor, tutor, fellow, and actor. Moreover, as it mentioned above, family constitutes an important source of psychological and emotional support for hospitalized patients<sup>22</sup>. The most important activities family can carry out during hospitalization of one of its members are as follows:

- Maintenance of patient's communication with family and relatives.
- Patient's encouragement<sup>23</sup>.
- Patient's emotional and psychological support<sup>24</sup>.
- Representation of the patient and informing him about subjects concerning him.
- Collaboration during therapeutic process.
- Participation in the planning of patient's care.
- Participation in the provision of patient's care, such as help during meals, individual hygiene, change of sheets and blankets, massage of the body, placement of thermometer, rising patient from the bed, help him during medical examinations, patient's protection from accidents and other dangers<sup>25</sup>.

### **3.2. Needs of family during patient's care**

]Patient's hospitalization is not a pleasant thing for any individual in family, since it can cause crisis in family due to dysfunction and instability. At the same time, patients whose families present decreased resistance do not respond sufficiently in the application of therapeutic care<sup>26</sup>. In order a crisis to get avoided in family, it is important to estimate all the needs of family, which has been categorized as follows: needs of knowledge, emotional needs, and personal needs.

#### **a. Needs of knowledge**

It has been observed that many families have inadequate knowledge concerning the provision of effective care to their patients<sup>27</sup>. Needs of knowledge are related to information concerning the progress of patient's condition, the treatment, the program of nursing care, and the general care provided in the hospital. For this reason, information provided by health professionals needs to be reliable and sincere, while it is required a frequent repetition of them, so that relatives can comprehend it. The major needs of knowledge, essential to family, are as follows:

- Their daily informing from the doctor about the progress of patient's condition.
- Their informing about the diagnostic and therapeutic program.
- Their informing about illness prognosis.
- Their informing about the program of nursing care.
- Their familiarization with the staff caring for the patient.
- Their informing about any changes, which may occur when they are absent from the hospital.
- Their communication with the nurse who is responsible for their patient.
- Their informing about the environment where their patient is hospitalized.
- The assurance that the best possible care is provided to their patient.
- The provision of sincere answers and comprehensible explanations about patient's condition<sup>18</sup>.

#### **b. Emotional needs of family**

Emotional needs of family aim at the improvement of the therapeutic program, the communication with the nursing and medical staff, and the participation in patient's care. Specifically, parents and relatives wish:

- To be near their patient during hospitalization.
- To express their feelings to nursing and medical staff.
- To feel that they are acceptable from nursing and medical staff.
- To feel that there is a hope for patient's recovery.
- To feel that staff concerns about their patient.
- To receive the appropriate education in order to help their patient in the hospital.

- To participate in their patient's care <sup>18</sup>.

### **c. Personal needs of family**

According to relative studies, personal needs of family have the smallest interest. Personal needs are focused on the facilities that should be disposed in a hospital. More specifically, many members of families remaining in the hospital, considered waiting rooms, rooms for stay, and spaces for food, as very essential. Moreover, it would be essential to exist a person in the hospital who will cover their own needs<sup>18</sup>.

## **CONCLUSION**

Conclusively, participation of family in patients' care in the hospital is of vast importance. Additionally, participation of parents in their child's care in the hospital is considered as equally important, as also presence of spouses in the room of childbirth. Participation of family in the hospital will be effective if parents and relatives are adequately informed about patients' condition and appropriately educated by medical and nursing staff, in order to provide their patients with effective psychological support.

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