

Adult Attachment Style and Family Presence Preference during Invasive Nursing Procedures

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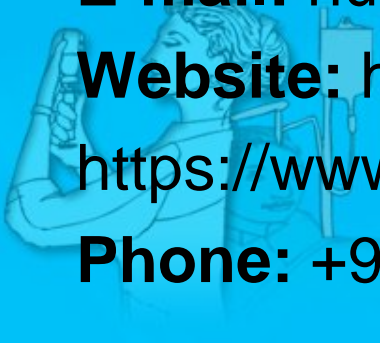
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INTRODUCTION



Family presence

Family presence is defined as the presence of the family in an area where they can have visual or physical contact with the patient during invasive procedures and resuscitation in healthcare institutions.

In many professional healthcare establishments, family presence is recommended during diagnosis, care, and treatment procedures; directives regarding family presence during these procedures have been prepared.



Attachment theory

Attachment is an emotional bond between two individuals based on the expectation that one or both members of the pair will provide care and protection in times of need.

According to attachment theory, early experiences with caregivers are transformed into internal mental representations of attachment during adulthood.



Adult attachment theory

Internal working model of self
(dependence)

Positive
(low dependence)

Negative
(high dependence)

Positive
(low avoidance)

Secure

Comfortable with
intimacy and
autonomy

Preoccupied

Preoccupied with
relationship, high
emotional reactivity

Internal working of
others (avoidance)

Negative
(high avoidance)

Dismissing

Dismissing of
intimacy
Strongly independent

Fearful

Fearful of intimacy
Socially avoidant

Bartholomew's four-category model of adult attachment



METHODS



Purpose

This study was carried out in the descriptive and correlational type to examine the effect of adult attachment styles regarding the fact that the patients prefer their family members/relatives/the people they care to stand by them during invasive nursing procedures.



Research Questions

- What is the patients' demographic and disease variables?
- What is patients' thought about family presence preference during invasive nursing procedures?
- What is patients' attachment style?
- Does patients' attachment style effect patients' family presence preferences?



Population and Sample

This study was conducted from February 2012 to July 2012, in the observation unit of the internal medicine section located in the emergency department of a university hospital in Istanbul. The sample consisted of 76 patients who were selected by random sampling method.



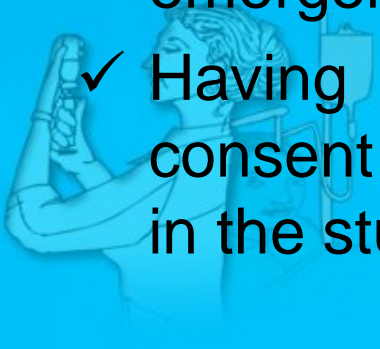
Inclusion and Exclusion Criteria

Inclusion criteria:

- ✓ Being older than 18,
- ✓ Being open to communication and cooperation,
- ✓ Undergoing an invasive nursing procedure during hospitalization in the emergency unit
- ✓ Having given informed consent for participation in the study.

Exclusion criteria:

Those who developed complications during the intervention or were unaccompanied were excluded.



Data Collection Instruments (1)

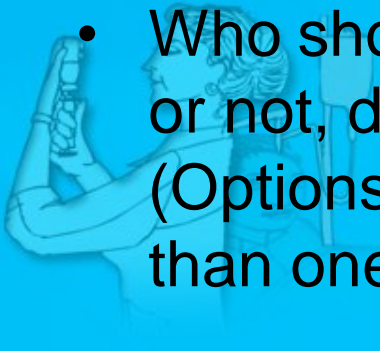
The Patient Information Form: It captured information on socio-demographic variables such as gender, age, marital status, living arrangements, educational status, occupation, and medical diagnosis.



Data Collection Instruments (2)

The Patient Information Form: Questions were found which are given below:

- Would you like your family with you during nursing interventions?
- If your answer is yes, why you would?
- If your answer is no, why you wouldn't?
- Is there anyone especially you want during the process?
- If your answer is yes, who is this person?
- Who should decide that someone have to stay with you or not, during the interventional nursing practises?
(Options: me, my familiar, the nurse, doctor, etc... more than one response can be given.)



Data Collection Instruments (3)

The Relationship Scales Questionnaire (RSQ): It was used to determine patients' attachment style. It has been developed by Griffin and Bartholomew (1994). Validity and reliability of RSQ's Turkish version have been established by Sumer and Gungor in 1999.



Data Analysis

Statistical Package for the Social Sciences (SPSS) 22.0 for Windows program was used for statistical analysis of a total of 76. Descriptive statistics (i.e., frequency, percentages, means, and standard deviations) were also calculated. The Independent Samples Test was used to compare the parametric data. The results were assessed at a 95% confidence interval; the significance threshold for primary analyses was set at 0.05.



Ethical Aspects of the Study

Ethical approval was obtained from the Human Research Ethics Committee of the affiliate university and permission to conduct the study was obtained from the concerned authorities at the study site. Written informed consent was obtained from all the participants.



RESULTS



Table. Distribution of demographic and disease variables of the patients (N=76)

Demographic and disease variables		n (%)
Gender	Female	43 (56.6)
	Male	33 (43.4)
Age categories	18-31	26 (34,2)
	32-45	8 (10,5)
	46-59	18 (23,7)
	60-↑	24 (31,6)
Age (Min-Max)		(19-89)
Mean±SS		47.83±18.88
Marital status	Married	50 (65,8)
	Single / Widowed / Divorced	26 (34,2)
Having children	Yes	50 (65,8)
	No	26 (34,2)
Lived with	Alone	9 (11,8)
	Family	43 (56,6)
	Only spouse	15 (19,7)
	Relative	4 (5,3)
	Friend	5 (6,6)

Table. Distribution of demographic and disease variables of the patients (N=76)

Demographic and disease variables		n (%)
Educational status	Illiterate	9 (11,8)
	Literate	10 (13,2)
	Primary school	14 (18,4)
	Secondary school	21 (27,6)
	Higher education and above	22 (28,9)
Occupation	Not working	23 (30,3)
	State official	28 (36,8)
	Worker	6 (7,9)
	Freelancer	5 (6,6)
	Retired	14 (18,4)
Social security	General health insurance	71 (93,4)
	Green cards	5 (6,6)



Participants' demographic and disease characteristics are shown in Table. It was found that 56.6% (n=43) of the patients were female, the age average was 47.83 (SD=18.88), 65.8% (n=50) of them were married, 65.8% (n=50) of them had children, and 56.6% (n=43) of them were living with their families, 28.9% (n=22) of them had university or higher education, 36.8% (n=28) of them were state official, and 93.4% (n=71) of them had general health insurance and the remaining 6.6% (n=5) of them had green cards.

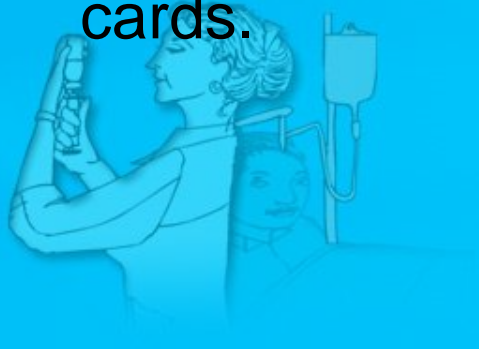


Table. Distribution of thought about the patients' family presence preference during invasive nursing procedures

Thoughts about patients' family presence preference during invasive nursing procedures	n (%)
Requesting family during the invasive nursing procedures	
Yes	43 (56,6)
No	33 (43,4)
The reason why family is requested	
The patients who don't want their family (preference is no)	33 (43,4)
They become a support and help to me	20 (26,3)
I feel comfortable, safe, and makes me	10 (13,2)
My pain decreases	1 (1,3)
My fear/anxiety decreases	8 (10,5)
They witness to procedures	2 (2,6)
No reason	2 (2,6)
The reason why family is not requested	
The patients who want their family (preference is yes)	43 (56,6)
It does not matter/not necessary	19 (25,0)
My family worries/gets upset	5 (6,6)
I don't want make them see me during procedure/I get angry	8 (10,5)
I trust nurses	1 (1,3)

Table. Distribution of thought about the patients' family presence preference during invasive nursing procedures

Thoughts about patients' family presence preference during invasive nursing procedures	n (%)
The presence of the person who is significantly requested by patient during procedure	
Yes	39 (51,3)
No	37 (48,7)
The person who is significantly requested by patient during procedure	
Who responses no	37 (48,7)
The parents	5 (6,6)
His/her children/child	9 (11,8)
Spouse	20 (26,3)
Brother/sister	3 (3,9)
Relative/friend	2 (2,6)
The person who prefers who should stay with patient during procedure	
Me (the patient)	58 (76,3)
The family	26 (34,2)
The nurse	15 (19,7)
The doctor	8 (10,5)

Thoughts about the patients' family presence preference during invasive nursing procedures are shown in Table. 56.6% (n=43) of the patients said that they preferred their relatives to stand by them during invasive nursing procedures. 51.3% (n=39) of the individuals gave yes answer to the question of "Is there someone you would like him/her to stand by your especially during the intervention?". When they were asked to identify the person they want to stand by them, mother/father, child, spouse, sibling, relatives and friends were preferred. 76.3% (n=58) of the patients gave the answer of "me" to the question of who should make the decision of status of the presence of a relative during invasive nursing procedures.

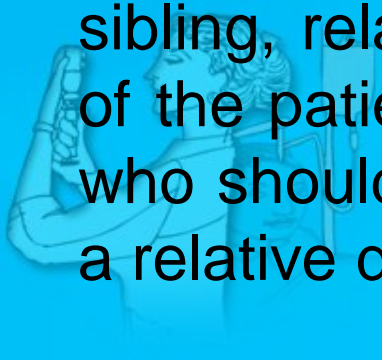


Table. The patients' attachment styles scores according to RSQ *

Attachment styles	Min. – Max.	Means±SD
Fearful	1,50-4,25	3,02±0,63
Dismissing	2,40-4,80	3,57±0,57
Preoccupied	2,00-4,50	2,87±0,50
Secure	1,40-4,60	2,79±0,66

* Range 1-5



When the point averages of adult attachment styles of the patients, who were included within the scope of the research, were examined, it was seen to be (potential point distribution is between 1-5 in all styles) 3.57 in dismissing, 3.02 (SD=0.63) in fearful, 2.87 (SD=0.50) in preoccupied, 2.79 (SD=0.66) in secure (Table).



Table. The patients' family presence preference according to attachment styles scores

Attachment styles	Family presence preference	Means \pm SD	t	p
Fearful	Yes	3,11 \pm 0,65	1,532	0,130
	No	2,89 \pm 0,60		
Dismissing	Yes	3,52 \pm 0,58	-0,816	0,417
	No	3,63 \pm 0,57		
Preoccupied	Yes	2,93 \pm 0,50	1,244	0,217
	No	2,79 \pm 0,48		
Secure	Yes	2,71 \pm 0,75	-1,260	0,212
	No	2,91 \pm 0,51		

It was determined that the patients' adult attachment styles did not affect the status of demanding someone beside them during invasive nursing procedures ($p>0.05$; Table).



DISCUSSION



A study shown that both anxious and avoidant dimensions of attachment were associated with health risk behaviors (Ahrens, Ciechanowski, & Katon, 2012).



Service users with more preoccupied attachment styles may find it particularly difficult to form positive attachments to services undergoing frequent change (Catty et al., 2012).



Attachment style is significantly associated with diabetes self-management and outcomes (Ciechanowski et al., 2004).



It was found associations between psychological attachment anxiety on smoking and higher number of session use, independent of disease severity, which was more pronounced for women (Graetz et al., 2013).



Attachment insecurity may be a risk factor for inadequate cervical screening and screening barriers (Hill & Gick, 2013).



Patients' attachment styles (fearful, preoccupied, and dismissing) and intensive care experience were significantly correlated (Kaya, 2012).



CONCLUSION AND SUGGESTIONS



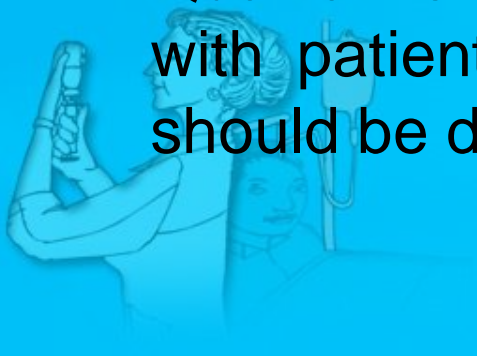
Conclusion

This study empirically shows that the patients' attachment style did not influence patients' family presence preference during invasive nursing procedures.



Suggestions

- The preference of being with family should be made by patients during the invasive nursing procedures. If there is no hurdle during these procedures, the family should be with the patient. If the patient doesn't want his/her family during process, the family should be left according to the patient's decision.
- The studies about this subject should be repeated in different units.
- Qualitative studies about presence of patients' family with patient during the interventional nursing practises should be done.



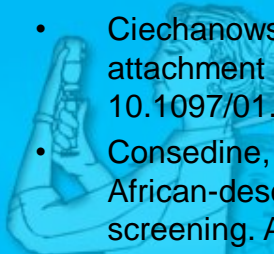
Strengths / Limitations

In this study, numbers of the samples are low. In the other way, the results can be generalised on the clinic where study is done.



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Question - Contribute

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