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Commentary

Bridging the gap: Transforming psychiatric nursing attitudes toward family involvement to improve inpatient and post-discharge outcomes

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Abstract

Despite global recognition of the benefits of family involvement in psychiatric care, the attitudes of mental health professionals—particularly nursing staff—remain ambivalent and inconsistent. This article analyzes current findings on nurses' attitudes toward family involvement and integrates international literature to propose strategies for reshaping these perceptions to optimize treatment outcomes during and after hospitalization. Emphasis is placed on the integration of education, experiential learning, institutional policy reform, and cultural sensitivity. Recommendations are offered for promoting therapeutic collaboration, improving continuity of care, and reducing relapse and rehospitalization rates.

Keywords: Psychiatric nursing, Family involvement, Mental health care, Inpatient psychiatry, Attitudes, Continuity of care

Introduction

The role of the family in caring for individuals with psychiatric disorders has undergone a significant transformation in recent decades. Historically, mental illness was viewed primarily through psychoanalytic or individualistic lenses, often portraying families as aggravating factors rather than partners in recovery [1]. As a result, families were excluded from clinical decision-making, left out of treatment planning, and unsupported in their caregiving roles. This exclusion disrupted continuity of care and increased stigma and emotional burden within family systems [2].

In contrast, contemporary psychiatric approaches recognize families as integral to the therapeutic environment. The World Health Organization's *Mental Health Action Plan 2013–2030* highlights the importance of strengthening community and family involvement to improve mental health services [3]. There is now broad consensus that family involvement enhances treatment adherence, reduces hospitalizations, and facilitates reintegration into the community [4,5]. Studies show that when families actively participate in treatment, both clinical outcomes and caregiver satisfaction improve significantly [6].

While the theoretical value of family involvement is widely acknowledged, its practical implementation in psychiatric care remains inconsistent. Nursing staff, who form the core of inpatient treatment teams, are uniquely positioned to either facilitate or hinder such involvement. According to Khatib & Khatib [1], nurse's attitudes vary considerably and are influenced by factors such as age, professional experience, and institutional culture. Experienced nurses and those with personal exposure to mental illness in their families tend to hold more supportive views, whereas younger or less experienced staff may be skeptical or view families as burdensome [1,4,5].

Key barriers include a lack of formal training, time constraints, high workload, and ethical uncertainties regarding confidentiality [2,6]. Additionally, families are sometimes perceived as disruptive or as lacking the knowledge necessary to contribute meaningfully to care [7]. Nonetheless, research suggests these barriers can be addressed through multi-systemic approaches targeting change at both the individual and organizational levels.

Evidence Linking Family Involvement to Treatment Outcomes

Numerous studies provide clear evidence of the clinical benefits of family involvement in psychiatric care:

- **Improved clinical outcomes**: Family psychoeducation has been shown to significantly reduce relapse rates and enhance treatment adherence among patients with schizophrenia and bipolar disorder [4].
- **Smoother community transition**: Involving families in discharge planning leads to more successful transitions and lowers the risk of early rehospitalization [10].
- **Empowerment of family caregivers**: Engagement provides families with tools and knowledge to support recovery, improving their psychological well-being and treatment satisfaction [6].
- **Reduction in stigma and isolation**: Open communication with families can reduce shame, strengthen family cohesion, and contribute to the normalization of psychiatric disorders [2].

This article builds on the findings of Khatib & Khatib [1] by integrating international literature and presenting actionable strategies for changing nursing staff attitudes and practices. It focuses on the cognitive, emotional, institutional, and cultural factors that influence professional attitudes and examines their impact on treatment outcomes—particularly during the transition from inpatient to community care.

Strategies for Changing Attitudes and Practice

Education and training

Targeted educational interventions have been shown to significantly improve nurses' attitudes toward family involvement [1,4,5]. Effective training must go beyond theoretical lectures to include practical, simulation-based components that build skills in managing family dynamics, maintaining confidentiality, and fostering collaborative communication. Approaches such as simulation-based training, ethical case discussions, and interprofessional workshops have proven especially effective [1]. Recommended training features include:

- Simulated family interactions in safe learning environments
- Ethical modules addressing the balance between patient privacy and family rights
- Interdisciplinary workshops that develop shared family engagement protocols

Ongoing education should also incorporate outcome measurement, experiential learning, and reflective practice. Khatib & Khatib [7] found that positive, direct experiences with families have a greater impact on attitude change than formal instruction. Reflective practices—such as post-family meeting discussions, peer supervision, and narrative writing—enhance emotional processing, empathy, and sustained shifts in perspective [12].

Institutional policy and organizational support

Organizational culture plays a pivotal role in normalizing family involvement. Mental health institutions should implement family-centered policies with clear protocols for information sharing, consent, and family integration in treatment planning. Supportive infrastructures—such as work allocation models with designated family meeting times, dedicated liaison roles, and protected scheduling—can reduce logistical barriers and demonstrate institutional commitment [2,6].

Khatib & Khatib [1] emphasize that without parallel efforts to shape team norms and offer reflective supervision, policies alone may be ineffective. Ambiguous policies may invite inconsistent application and even avoidance. Therefore, clear guidelines must be reinforced through team culture and leadership support.

Addressing workload and operational constraints

Concerns about workload and time constraints must be acknowledged and proactively managed. Institutions can streamline documentation processes, reorganize responsibilities, and incorporate family meetings into existing workflows [1]. Solutions include:

- Allocating specific time slots for family engagement
- Integrating family work into standard shift duties
- Creating team structures that support routine family involvement

Barreto *et al.* [6] highlight that structural support—such as designated family-focused roles and protected time—can mitigate operational pressures and promote a culture of inclusion.

Cultural competence

In multicultural care environments, cultural awareness is essential for effective family integration. Family roles, expectations, and communication styles vary widely across cultures. Nursing staff must respect these differences and avoid imposing dominant norms. Key strategies include:

- Identifying and honoring diverse family roles
- Adapting communication approaches based on cultural context
- Partnering with interpreters and community organizations

Khatib & Khatib [1] found that nurses in Israel demonstrated high cultural flexibility—an approach that could serve as a model for other systems. Barreto *et al.* [6] and Aass *et al.* [2] further emphasize that institutions must adopt culturally responsive practices that align with the values of both families and healthcare providers.

Managerial and Clinical Implications

Synergy between training and practice

- Education and institutional policy must reinforce each other. Training programs alone are insufficient without supportive organizational policies. For example, ethical training on confidentiality must be backed by clear institutional protocols that empower nurses to involve families responsibly.

- Experiential learning and reflective practice (3.1) only result in behavioral change if embedded within a workplace culture that values and expects family collaboration.

Infrastructure and policy alignment

- Institutional support must address operational constraints (e.g., time, workload). For instance, policy reforms encouraging family engagement must include structural solutions like designated roles and scheduled time for family meetings to avoid overburdening staff.
- Ambiguous or unfunded policies are ineffective unless aligned with operational practices.

Cultural flexibility across systems

- Cultural competence is not just a training module (3.4); it needs to permeate every level of care—education, policies, and team dynamics.
- For example, training (3.1) must teach culturally adapted communication, and institutions (3.2) should provide access to interpreters and multicultural liaison roles.

Leadership and reflective supervision as cross-cutting enablers

- All four areas emphasize the role of leadership and supervision. Change is most sustainable when team leaders' model inclusive attitudes, supervise reflective practices, and ensure policies are lived values rather than just documents.

Post-hospitalization implications

Family involvement during hospitalization lays the foundation for successful post-discharge outcomes. Nurses who actively engage families can:

- Reduce the risk of medication nonadherence [1]
- Facilitate linkage to community services [2,6]
- Equip families to detect early signs of relapse [4,5]

Thus, family engagement should not be viewed as an optional or preparatory activity. It is a vital component of sustained recovery and continuity of care.

Recommendations

- Integrate family-centered care into nursing licensure requirements and ongoing professional development.
- Develop reflective programs to help nursing staff examine their attitudes and improve communication with families.
- Appoint dedicated family liaison roles as integral members of inpatient teams.
- Embed policies into practice through targeted training, structured supervision, and outcome evaluation.
- Fund qualitative and integrative research to assess the long-term impact of inclusive family practices.

Summary and Call to Action for Systemic Change

The shift from exclusion to full partnership in psychiatric care requires more than updated clinical guidelines—it demands a transformation in professional perceptions and organizational culture. Mental health systems must adopt a comprehensive approach that includes reflective education, supportive institutional policies, and cultural sensitivity. Psychiatric nurses should be equipped to view families as vital allies in the recovery process.

As demonstrated by Khatib & Khatib [1], changing nurses' attitudes toward family involvement is not only possible but essential for achieving sustainable improvements in care. Through experiential learning, cultural competence, reflective practices, and organizational support, mental health systems can bridge the gap between scientific evidence and daily clinical practice—ultimately honoring the lived experiences of patients, families, and caregivers alike.

Conflicts of Interest Statement

The authors report no conflicts of interest pertaining to this work.

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