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Contextual Barriers to the Successful Implementation of Family-Centered Practice in Mental Health Care: A Hong Kong Study

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A B S T R A C T

This article presents findings from an exploratory study to identify nurses' perspectives on factors that hinder the implementation of family-centered practice in mental health settings in Hong Kong. Thirty-four nurses participated in the study by completing the pre- and post-questionnaires. Ten nurses were invited to participate in focus group and case interviews. The analysis identified knowledge–practice gap, role of psychiatric nurses, professional identity of psychiatric nurses, and management support as negatively affecting the nurses in implementing a family-centered approach to mental health care. Suggestions about facilitating the implementation of the family-centered approach into clinical practice are offered.

Family-centered practice acknowledges the patient and family as the experts on themselves and involves families as collaborative partners in all aspects of services and decisions about care (Allen & Petr, 1996). Benefits and positive outcomes of a family-centered approach to care are evident in the literature reviewed (Espe-Sherwindt, 2008; Mackean et al., 2012). There is a global movement among educators, researchers and practitioners to accentuate the significance of teaching family-centered practice and to implement family-centered practice in the health care system (Svavardottir, 2008). Despite the noticeable progress in the knowledge development of relational practice within the nursing field, the transfer of this useful knowledge to clinical practice with families is still very difficult, if not impossible (Bell, 2008; Duhamel, 2010; Hanson, 2005). The sustainability of new practices beyond the initial introduction period continues to present a challenge to many countries worldwide which advocate the adoption of a family-centered approach. This is also a challenge for a Chinese society such as Hong Kong.

Psychiatric nursing care is focused primarily on the individual, the illness and drug treatment because the educational models taught in the psychiatric nurse education curriculum are mainly adapted from the west and individually focused (Simpson, Yeung, Kwan, & Wu, 2006). In addition, the biomedical model is prevalent in the health care system in Hong Kong (Yip, 2004) and has a major influence on nursing. However, the need for a family-centered approach to care has been recognized recently (Wong & Ma, 2013). The Hospital Authority and Castle Peak Hospital (mental hospital) initiated a family nursing project in 2002. The training has a promising outcome: there have been significant changes in nurses' attitudes, knowledge, and skills in relation to the attainment of a systemic and strengths-based perspective in working with families with relatives suffering from mental illness (Simpson et al., 2006). What has happened in the 10 years since the training and implementation of family-centered practice started?

MENTAL HEALTH CARE IN HONG KONG

The Hong Kong Special Administrative Region (HKSAR) covers 1,054 square kilometers of land and has a population of 7.8 million people. HKSAR is a former British colony, whose sovereignty was returned to the People's Republic of China in 1997. The majority of mental health care is provided by the public sector through the Hospital Authority, a statutory body that manages all public hospitals, specialist outpatient clinics, and general outpatient clinics in Hong Kong (Hospital Authority, 2011). Although family-centered practice is common in western countries, mental health services in Hong Kong are still primarily biomedical-oriented, characterized by diagnosis and medical treatment. A holistic model of care is lacking, as evidenced by the ignorance of the needs of the patients and their families. Hong Kong has not yet incorporated a systemic and family-oriented approach in mental health care (Wong & Ma, 2013).

HISTORICAL DEVELOPMENT OF FAMILY-CENTERED PRACTICE

In Hong Kong, family-centered practice has been receiving increased attention only since 2002. Some psychiatric nurses started to be aware of the influence of the family in relation to the illness and recognized a need for a family-centered approach to nursing care. They lobbied the nursing administration to invite Peggy Simpson, an overseas expert in nursing and family therapy, to offer family nursing training for psychiatric nurses. With the support of the higher management, including the hospital chief executive and the nursing administration of Castle Peak Hospital, training was approved, and

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funding was obtained. A total of 110 psychiatric nurses who worked in various mental health care settings participated in the seminars, workshops, and/or supervision from 2002 to 2007.

The early 2000s were marked by importing western family-centered models in addition to the traditional individually oriented approach (Simpson et al., 2006). The nursing field recruited the expertise and resources of overseas trainers to promote family-centered practice. These trainers were invited to offer training in Hong Kong, and interest in family-centered care among psychiatric nurses was aroused. Nursing practitioners were becoming more aware of the importance of the family context that affects the health and illness of individual clients and recognizes that a family approach to the problems presented by psychiatric patients can be more useful than centering efforts on dealing with the signs, symptoms, and individual (Wong & Ma, 2013). The main components of the family-centered approach include: perceiving the family as the unit of care, being aware of the impact of illness on the family, believing in the strengths and resources in the family, having a dynamic understanding of the interplay between the symptoms and the immediate social context, and being sensitive to partnership with families (Bell, 2011; Coyne, O'Neill, Murphy, Costello, & O'Shea, 2011; Wright & Leahey, 2005).

During this period, a few psychiatric nurses enrolled in the master of marriage and family therapy program at The University of Hong Kong, and two of them became pioneers in applying systemic perspectives in nursing care at Castle Peak Hospital. The enthusiastic few set up a small practicing team at the hospital and began to involve families in assessment and care planning. Family-centered practice had sown its seed, and some positive changes in the functioning of patients and their families resulted (Kwong, 2010). The patients and their families were grateful for the "extra" work done and "unusual" practice offered by the nurses. However, those that were motivated to practice the family-centered approach found themselves in the minority and did not have any power to influence how mental health services should be delivered. They were unable to gain the necessary support from the hospital administrators to make a shift in the nursing practice. Moreover, there was a lack of supervision to help them develop and consolidate this expanded role to work with families. These nursing practitioners were swimming against the current to practice what they thought worked and was useful.

At the beginning of the 2010s, a local trainer (the author) with mental health and family therapy expertise was invited by Hospital Authority and Castle Peak Hospital to conduct intensive training and clinical supervision for psychiatric nurses, aiming to nurture the next generation of trainers and practitioners in mental health nursing. In the beginning, some nurses queried whether the trainer, who lacked nursing qualifications, could truly understand and meet the needs of the nurses. They were also worried that nurses might not welcome someone from another profession as an instructor. However, many were glad that the trainer could conduct the training and supervision without a language barrier. She could speak the local dialect, which was important to help the nurses master the clinical language when seeing families. Local case examples were used in which the nurses could make easy reference to in their daily practice. And live case demonstration was offered so that nurses could see the process of clinical practice. About 90 psychiatric nurses attended the training.

Family-centered practice content has been included in overseas nursing curricula for over two decades (Bell, 2008; Duhamel, 2010; John & Flowers, 2009). Undoubtedly, university education has an important role to play in the development of a particular approach in mental health nursing. In Hong Kong, two universities (The Open University of Hong Kong and The Hong Kong Polytechnic University) offered degree programs in mental health and psychiatric nursing in 2005 and 2009 respectively, to train psychiatric nurses, but the curriculum does not include topics related to work with families, except some brief lectures by a guest speaker. These mental health training programs, greatly influenced by an individual and illness paradigm, continue to use terms and concepts that focus on family pathology and dysfunction; family blame also pervades the textbooks. Interventions are thus directed at the individual without considering the family as the unit of care (Kaas, Lee, & Peitzman, 2003). Practicing nurses identify a lack of family-related content in mental health nursing programs for undergraduate and postgraduate students as one of the great barriers to implement the family-centered approach (Bruce et al., 2002; Hanson, 2005).

We are influenced by the context that we are in, and our practices are shaped by the culture of the service setting. A medical model is the predominant paradigm in mental health care, and it has greatly influenced the policies and definition of mental health practices (Beecher, 2009; Cooklin & Gorell Barnes, 2004). Nurses are working within a medical, individualistic, and patient-centered treatment culture. This context frames the nursing practice, and oftentimes, the family is not a priority in the context of care (Blomqvist & Ziegert, 2011; John & Flowers, 2009; Kaas et al., 2003; Weimand, Sällström, Hall-Lord, & Hedelin, 2013). The predominance of the medical culture in nursing units is another major barrier to the implementation of family-centered practice. It is important to create a culture supportive of family-centered practice if it is to be successfully implemented and sustained (Coyne et al., 2011; Leahey & Svavarsdottir, 2009).

Simpson et al. (2006) investigated the process of planning, implementing, and evaluating a family systems nursing project in Hong Kong. The study demonstrated that a family systems nursing approach is relevant for psychiatric nurses in the mental health care setting. There have been changes in the attitude of the nursing staff from individual-focused to family-oriented, but provision of training is no guarantee of adoption in practice (Jones & Scannell, 2002). It seems that there is value placed on a family-centered approach in mental health care, but the question is whether or not it exists in reality. Is "work with families" an important role of nurses? There is a paucity of information that considers whether or not family-centered practice knowledge can actually be translated into clinical practice in a Chinese context such as Hong Kong. The aim of this paper is to identify the supports and barriers for practicing family-centered practice in mental health settings.

METHOD

A mixed-methods approach (Hanson, Creswell, Clark, Petska, & Creswell, 2005) with both quantitative and qualitative methodology was utilized in the study design to more fully explore the translation of family-centered knowledge into clinical practice. The components of this exploratory study were: (1) quantitative responses from the pre- and post-test instrument; (2) qualitative responses from the pre- and post-test instrument, and (3) qualitative data from focus group and in-depth case interviews. The study took place between December 2012 and April 2013. Ethical approval was granted for the study from the relevant university human research ethics committee.

Quantitative Method

Selection criteria of the samples are: registered psychiatric nurses who completed a 5-day training course on family-centered practice in mental health care with the author in December 2012, and who had experience in working with psychiatric patients. The nursing participants were provided with information about the research project and invited to take part in the study before the training started. It was made clear to them that participation was completely voluntary, and they could withdraw from the study without consequence. This training course aims to help nurses develop knowledge, skill and confidence in their ability to assess and intervene with families experiencing mental illness. Emphasis was on introducing a family-centered and strengths-