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How is Family Centered Care Perceived by Healthcare Providers from Different Countries? An International Comparison Study

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Purpose: Family-centered care (FCC) is a healthcare delivery model in which planning care for a child incorporates the entire family. The purpose of this study was to describe and compare how healthcare providers from three countries with varied cultural and healthcare systems perceive the concept FCC by measuring attitudes, and to psychometrically identify a measure that would reflect "family-centeredness."
Design and Methods: The Working with Families questionnaire, translated when appropriate, was used to capture participants' perceptions of caring for hospitalized children and their parents from pediatric healthcare providers in the United States, Australia and Turkey (n = 476).
Results: The results indicated significantly more positive attitudes reported for working with children than parents for all countries and individual score differences across countries: the U.S. and Turkey child scores were significantly higher than Australia, whereas the U.S. and Australia parent scores were both significantly higher than Turkey.
Conclusions: Perceptions of working with families were different for nurses from the three countries that call for a clearer understanding about perceptions in relation to delivery systems. Further analyses revealed FCS scores to be significantly different between nurses and physicians and significantly correlated with age, number of children and education.
Practice Implications: The results of this study add to our understanding of influences on practice from different countries and healthcare systems. The FCS score may be useful to determine baseline beliefs and ascertain effectiveness of interventions designed to improve FCC implementation.

WHEN A CHILD is admitted to the hospital, that child becomes immersed in the busy environment of loud noises, equipment, strangers, and noxious stimuli. The parent is often equally immersed in this frightening world that is foreign and unpleasant, with the additional stress of worrying due to the uncertainty of the child's illness. Pediatric healthcare providers choose this place to work and are tuned into the needs of children, generally by choice, and by their desire to do what is in the child's best interest. The child's parent may not always been seen as an ally or partner in situations where they may not know what's best, at least

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for the clinical situation presented. Although nurses and other healthcare providers may agree that family-centered concepts are important in the care of children, they may not truly understand the core concepts, and even if they do, they may find it frustrating to overcome organizational challenges and roadblocks to sustain a culture of family centeredness (Moretz & Abraham, 2012). Implementing family centered care in hospitals today requires commitment of the providers and support from the organization.

It is common for parents across countries to be involved in the care of their children and wanting to be an integral part of the child's hospital experience. However, several international studies suggest that there are different underlying reasons when parents assume some participation roles when their children are hospitalized. For example, parents of children in hospitals in high-income countries are acknowledged as expert in the care of their child while health professionals act as consultants, encouraging open and honest dialogue (Hutchfield, 1999). Parents of children in low-resource countries have differing cultural constructions and influences related to their ability to contribute to decision making or to stay with their children (Shields, 2002). In both the developed and developing countries, parents-as-parents by their nature feel compelled to "parent" the child at some level – even in hospitals. Similarly, health providers, including nurses, feel compelled and are obligated by their jobs to be the care providers for the child in the hospital. These well-meaning beliefs may collide particularly when competing interests are involved.

Additionally, the health care environments, systems of care, healthcare providers' attitudes and family configurations may challenge how sick children receive care in hospitals today. These characteristics may differ by cultural context, that is, based on the underlying beliefs about professional responsibilities of those providing care and interactions with those receiving care. Whether or not these underlying beliefs differ by culture or are rooted in different national values about health care rights and government support is not known. Perhaps countries with national health services guaranteed to its citizens provide environments that differ in staff attitudes from countries where health care is supported but not universally delivered? And perhaps perspectives from Western medicine and health delivery models differ from Middle Eastern perspectives? Identifying if there are national differences would be useful to understanding underlying attitudes related to the implementation of FCC.

Review of Literature

Family Centered Care (FCC) is an approach to the planning, delivery and evaluation of services grounded in mutually beneficial partnerships among providers, patients and families (Abraham & Moretz, 2012). The implementation of family centered care as a model of care delivery is lauded and challenged in the literature for a variety of reasons (Institute for Patient-and Family-Centered Care, 2011; Jolley & Shields, 2009; Shields, 2010). Family centeredness and FCC works when parents and key caregivers are engaged as partners in their child's care and in routine clinical encounters. Partnerships with parents require the "explicit choice to encourage families and patients to actively participate in care and decision-making [and]…to work collaboratively with families to develop and change policies and practices so that [these] initiatives are sustained over time" (Moretz & Abraham, 2012, p. 106). In a review of qualitative studies (Shields, Pratt, & Hunter, 2006) and two subsequent Cochrane systematic reviews, authors concluded that there was limited evidence meeting a sufficient quality score of FCC effectiveness and difficulties in the execution of family centeredness as conceptualized (Shields, Zhou, Prat et al., 2012; Watts et al., 2014).

If FCC is to be used effectively in practice, families and health professionals need to collaborate and work as equal partners toward planning care (Marshall, Fleming, Gillibrand, & Carter, 2002). There should be shared decision making related to what and how roles and responsibilities are expected, and parent participation is key. In FCC, parents need to be able to negotiate with health professionals what this participation will involve and to negotiate new roles for themselves in sharing care of their sick child. Parents should, clearly, be involved in the decision-making process (Hallstrom & Elander, 2004). However, research suggests that a lack of effective communication, professional expectations and issues of power and control often inhibit open and mutual negotiation between families and health professionals, particularly nurses (Corlett & Twycross, 2006). In a qualitative metasynthesis by Foster, Whitehead, Maybee, and Cullens (2013), it was evident that the "individual cultures in hospitals helped create and reinforce the context of parental needs and satisfaction, and how communication, information, and relationships were interconnecting factors that helped maintain the experience for the parent, hospitalized child, or health care provider…The synergy of communication, information, and relationships helped shape and facilitate the PICU journey for parents, hospitalized children, and health care providers" (p. 460).

Transforming an organization into one that truly embraces FCC is dependent on the knowledge, commitment and attitudes of healthcare providers. Many FCC dedicated pediatric hospitals such as St. Jude's Children's Research Hospital and Seattle Children's Hospital have explicitly stated their commitment to partnering with parents in the care of children and have become champions for overcoming the barriers (Moretz & Abraham, 2012). Major pediatric organizations including the American Academy of Pediatrics, Maternal and Child Health Bureau, and National Association of Children's Hospitals and Related Institutions (NACHRI) have voiced strong support of FCC as the "gold standard" in pediatric care (Abraham & Moretz, 2012). Pediatric nursing organizations such as the Society for Pediatric Nursing (SPN) have also produced documents supporting FCC available for their members on their website. The benefits of FCC and the larger concepts of Patient