

RESEARCH COMMENTARY DEPARTMENT

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Translational Research – The Value of Family-Centered Care for Improving the Quality of Care for Children and their Families



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Family-centered care has been recommended to improve the quality of care and health outcomes of children and their families (american academy of pediatrics, 2003; american nurses association, national association of pediatric nurse practitioners, & society of pediatric nurses, 2008). indeed, the evidence supports that creating partnerships with parents through family-centered care leads to improved health outcomes and quality of care for children with chronic conditions and physical disabilities, as well as children with special healthcare needs (christian, 2010, 2011a; denboba, mpherson, kenney, strickland, & newacheck, 2006; king, king, rosenbaum, & goffin, 1999; murphy & christian, 2007). moreover, without family-centered care, the quality of care for children with chronic conditions and physical disabilities is compromised (murphy & christian, 2007). however, in a state of the science review, harrison (2010) noted that there remains a lack of family-centered care in pediatric nursing.

Translation of evidence from research into pediatric nursing practice guides improvements in quality of care, resulting in improved health outcomes for children and their families (Hockenberry & Wilson, 2011; Melnyk & Fineout-Overholt, 2014; Polit & Beck, 2012); and this evidence provides new intervention strategies for children and their families (Christian, 2011b, 2013, 2014). In this issue of the *Journal of Pediatric Nursing*, 10 articles present a broad range and scope of topics focused on improving the health of children, adolescents, and their families, as well as pediatric nursing practice through a variety of methods with samples from eight countries. More

specifically, in this issue a systematic review identifies the state of knowledge translation strategies to promote the use of research evidence in child health practice settings. Four articles highlight evidence reflecting the value of family-centered care delivery models for children and their families throughout the world as demonstrated by: (a) an international comparison study of perceptions about family-centered care by healthcare providers in the Australia, Turkey, and the United States (U.S.); (b) an integrative review of the international literature on family-centered care for critically-ill children in Australia, Ireland, Thailand, and the U.S.; (c) interactions between children and pediatric nurses in an emergency department in Sweden; and (d) the support needs and preferences of low-income children and their families in Canada. Additionally, three articles present evidence about (a) the quality and intensity of nursing care needs of children with complex medical conditions in long-term care facilities through instrument development in the U.S.; (b) the determinants of quality of care of adolescents and young adults with chronic conditions in Ireland; and (c) factors that influence Israeli Muslim Arab parents' intention to vaccinate their children against influenza. Another two articles focus on adolescents by identifying the predictors of physical activity among adolescents in Canada, and describing the perceptions of U.S. adolescent males with respect to the use of avatars to represent body image.

These 10 articles provide evidence of the broad range and scope of pediatric nursing practice throughout the

Family-centered care is essential for improving the quality of care for children and their families, yet challenges remain worldwide.

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world, presenting a range of topics focused the value of family-centered care, as well as evidence to improve the health of children, adolescents, and their families:

- A systematic review of the literature was conducted to examine the multidisciplinary research evidence of knowledge translation interventions into practice by healthcare professionals in child health settings (Albrecht, Archibald, Snelgrove-Clarke, & Scott, 2016). A search of the literature (English language) published from 1985 to 2011 yielded 21 studies that met the inclusion criteria and were focused on interventions implemented in child health settings measuring outcomes of change at the professional/process, patient, and/or economic level. Of these, there were 13 randomized controlled trials (RCTs), two controlled clinical trials (CCT), and six controlled before-after studies (CBA). Methodological quality of the studies was evaluated with two studies classified as strong, eight as moderate, and 11 as weak. Only three studies ranked as strong to moderate quality demonstrated effective interventions. Of the studies with consistent outcome effects, six of the eight studies demonstrated statistically significant positive effects through single knowledge translational interventions. It was noteworthy that in two of the single intervention studies, the use of reminders was found to be effective in changing healthcare professional behaviors. Taken together, the findings of this review indicate the poor quality of research focused on knowledge translation interventions among pediatric healthcare professionals across child health settings.
- Perceptions of family-centered care (FCC) healthcare delivery model were explored among pediatric healthcare professionals [$N = 476$; nurses (55.5%), physicians (32.6%), and other healthcare providers (11.9%)] from three countries, United States (U.S.) ($n = 154$), Australia ($n = 117$), and Turkey ($n = 205$), using a comparative non-experimental design (Feeg et al., 2016). Pediatric healthcare professionals had more positive attitudes toward working with hospitalized children than working with their parents, and these differences were statistically significant ($p < .000$). Attitudes of healthcare professionals from the U.S. and Australia were similar about working with parents, and their attitudes about FCC were significantly more positive as compared to those from Turkey. Although perceptions of FCC in hospitals ranged across the three countries within various healthcare systems, there was a notable discrepancy between healthcare professionals' attitudes about working with children and working with parents. Healthcare professionals preferred working with children, and these attitudes did not reflect models of FCC.
- An integrative review of international literature published in English was conducted to explore models of care delivery for families of children hospitalized for acute, unexpected sudden critical illness in Australia, Ireland, Thailand, and the United States (Curtis, Foster, Mitchell, & Van, 2016). A systematic search of three electronic databases for the literature published from 1988 to 2015 yielded 13 studies that met the inclusion criteria. Although a variety of models of care was employed, no studies described using a holistic family-centered care (FCC) model of care delivery. However, each study used one to two aspects of FCC, such as involving parents in decision-making (four studies), including parents in rounds (six studies), letting parents provide some of the care (one study), providing parents with written and verbal information when the child was transferred from PICU to the ward (one study), and providing mothers with written information at discharge (one study). The use of some aspects of FCC models of care delivery for hospitalized critically ill children was associated with reduced parental anxiety, increased satisfaction with care, and improved communication between parents and healthcare providers.
- A descriptive qualitative pilot study of pediatric nurses ($N = 7$) in the emergency department (ED) was conducted to describe interactions between nurses and children (3 to 6 years of age) who received emergency care in southern Sweden (Mansson, Grahn, & Olsson, 2016). Semi-structured interviews were conducted with nurses and analyzed through content analysis. Three main themes emerged from the interactions between children and pediatric nurses: (a) fundamentals for being able to create a good encounter; (b) nurse's adaptations when encountering children; and (c) limitations associated with child and family-centered care in the ED. Nurse participants described the importance of nurses creating time to listen to children and their parents in the ED and allowing children to participate in their care to facilitate encounters. For more effective communication and interactions with children in the ED, nurses need to recognize that parents provide the critical link between the nurse and child.
- A sequential, exploratory mixed-methods design study was employed in Ireland to identify determinants of quality of care for adolescents and young adults with cystic fibrosis (CF) (Al-Yateem, Docherty, & Rossiter, 2016). Phase I – The qualitative phase of the study used in-depth interviews to explore the perceptions of adolescents and young adults with CF ($n = 25$; 14 female and 11 male; 15 to 20 years) about the quality of their healthcare experiences. Four main determinants for quality of healthcare and service components were identified: (a) provision of adolescent-friendly information relative to all aspects of living with a chronic condition such as CF; (b) services that facilitate and encourage independence; (c) services characterized by structure with the capacity to be dynamic and responsive; and (d) healthcare professionals knowledgeable and skilled in adolescent-specific issues. Phase II – The quantitative data from the in-depth interviews in Phase 1

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