

Contents lists available at ScienceDirect

Journal of Pediatric Nursing



Parents' experiences of Family Centred Care practices



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ARTICLE INFO

Article history: Received 9 April 2018 Revised 5 June 2018 Accepted 23 June 2018 Available online xxxx

Keywords: Family Centred Care Children Parents Western Australia FCC scale

ABSTRACT

Purpose: The aim of this study was to gain knowledge and understanding of how parents experience Family Centred Care (FCC) using a relatively new tool, and to identify aspects of FCC practice for further development. *Design and Methods:* A cross-sectional study involving a convenience sample of 48 parents of hospitalised children completed a seven-item instrument that measures importance and consistency associated with the core aspects of FCC practice, in addition to an open-ended question about what does FCC mean to parent.

Results: Eighty-five percent of parents reported positive experiences of receiving FCC practice from nurses, with lower consistency reported in parents' feelings of being seen as important in their child's care, feeling valued as a team member, or well cared for by nurses. Parents definition of FCC were concise and involved informal expressions such as allowing parents to stay with their hospitalised child, and family inclusion in child's care and care for the whole family.

Conclusions: Although recent FCC debate represent the 'unit of care' in FCC as 'a child within the family context', parents' perspectival view of FCC places themselves as care recipient with a strong understanding of the ideals of partnership-in-care.

Practice Implications: Nurses and service providers can use current findings to promote the consistent application of Family Centred Care in their everyday practice, and to recognise current barriers to the effective implementation of Family Centred Care in nursing practice.

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Introduction

Family-centred care (FCC) is a central pillar of modern paediatric care that recognises the family's role and experience in the delivery of care. According to Shields (2010), family-centred care is based on the

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assumption that 'caring for children and their families within health services is planned around the whole family, not just the individual child/ person and in which all the family members are recognised as care recipients', (Shields, 2010, p. 2629). Another assumption inherent in FCC is a commitment to including family members in delivery of the child's treatment (Kuo et al., 2012), and a commitment to involving parents as co-decision makers in their child's care and treatment (Carmen, Teal, & Guzzetta, 2008). Such nurse-parent collaborations or partnership in care supports the evolution of parents and nurses toward greater competency in their own roles (Curley, Hunsberger, & Harris, 2013). The partnership model developed by Anne Casey in the early 1990s, known as partnership-in-care, proposed that parents have a right to be with their child at all times, and contribute to decisions made on the care of their child. Casey (1988) proposed a partnership between nurses and the parents to meet the child's needs, as well as to provide a philosophical framework for nurses in their practice. This model then evolved dramatically, resulting in the evolution of FCC model of care (Jolley & Shields, 2009).

Nursing literature has long acknowledged the central role of FCC in delivering better outcomes for both children and their families than outcomes achieved through the traditional medical model (Goldfarb et al., 2010). Family-centred care has benefits in terms of improving health and well-being, improved satisfaction, greater efficiency and better communication (Kuhlthau et al., 2011). Barriers to implementing FCC practice include a lack of knowledge in relation to understanding FCC, skills for clarifying and negotiating parental and professional roles, and available resources and time (Foster, Whitehead, & Patricia Maybee, 2010). Major confusion surrounds the underlying rationale of FCC, as well as what it requires and implies (Uniacke, Browne, & Shields, 2018). To efficiently practice FCC, health professionals need to be clearer about what FCC requires and about the clinical practice implications of decisions based upon FCC.

Family-centred care has undergone much critique, in particular in relation to increased concerns about the impact of parent participation on parents' welfare and nurse's workloads (Coyne & Cowley, 2007), parents' abilities to perform care to necessary standards (Abdelkader, Arabiat, Holmes, & Hamdan-Mansour, 2016; Paliadelis, Cruickshank, Wainohu, Winskill, & Stevens, 2005), its broad interpretation (Uniacke et al., 2018), and its applicability as a model of health care delivery (Foster et al., 2010; Shields, 2010).

In previous studies that reported on nurses' perceptions of FCC practices, the design of the health care system was perceived as a major barrier to FCC practice (Coyne, Murphy, Costello, O'Neill, & Donnellan, 2013). In the context of these challenges, the element of partnership in care between nurses and parents was often perceived as the least necessary FCC element (Bruce et al., 2002; Caty, Larocque, & Koren, 2001; Coyne et al., 2013; Petersen, Cohen, & Parsons, 2004). This finding is distinct to Coyne (1995) which suggested that parents perceived partnership-in care as a non-negotiable part of parenthood and intrinsically necessary for the child's well-being. As considerable discrepancies remain between the perception and practices of FCC, the purpose of this study was to gain knowledge and understanding of how parents in a paediatric health facility in Australia experience FCC during their child's hospitalisation, and to identify aspects of FCC practice for further development.

Methods

Procedure and Participants

Data were collected in 2017 at one paediatric ward in Western Australia. Ethics approval was obtained (IRB # 1609) as part of another larger study on assessing needs of school-aged children, parents, and staff during a hospital admission. Eligibility criteria for participants included: 1) being a parent resident with a child in the ward, and 2) having a basic command of the English language, and signed consent. All participants were invited to participate by the research assistant, and were given an information sheet, consent form and a paper version or electronic device to complete the Family-Centered Care Scale, and open-ended questions on what FCC meant to them.

Measures

The Family-Centered Care Scale

The Family-Centered Care Scale (FCCS) measures a parent's experience of nursing care that embodies core principles of FCC (Curley et al., 2013). The FCCS includes a seven-item instrument that focuses on nurses' actions that are aligned with the core attributes of mutuality, or activities to engage parents of hospitalised children (Table 1).

The FCCS consisted of two parts: (1) the importance of each action/ item (Importance of FCC Statements) and (2) the fulfilment of the need/ or consistency with which nurses provide the type of care identified as important to parents throughout their child's hospital stay. Responses use five-point Likert scales ranging from (1) not at all important/consistent to (5) very important/consistent. The FCCS has good content and internal validity, as well as internal consistency reliability with Cronbach's alphas for the FCCS scales of 0.70 for importance and 0.90

Table 1

FCC's statements listed in the Family-Centered Care scale. Source: http://www.marthaaqcurley.com/uploads/8/9/8/6/8986925/fccs_scale.pdf.

	FCCS scale											
		Section A: How important is it for nurse to do this?					Section B: How consistently do nurses do this?					
Statements about nurses		Not at all important		Ve	Very important			Not at all consistent			Very consistent	
1.	Nurses help me feel welcomed.	0	0	р	0	0	0	0	0	0	0	
2.	Nurses help me feel important in my child's care.	0	0	ρ	0	0	0	0	0	0	0	
3.	Nurses treat me as a valued team member when planning my child's nursing care.	0	0	р	0	0	0	0	0	0	0	
4.	Nurses give explanations about the nursing care they provide.	0	0	ρ	0	0	0	0	0	0	0	
5.	Nurses explain about changes I could expect in my child's condition.	0	0	p	0	0	0	0	0	0	0	
6.	Nurses help my child to feel well cared for.	0	0	ρ	0	0	0	0	0	0	0	
7.	Nurses help me to feel well care for.	0	0	р	0	0	0	0	0	0	0	

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