



# Concept Analysis of Family-Centered Care of Hospitalized Pediatric Patients☆

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## ABSTRACT

**Aim:** The purpose of this concept analysis is to provide a background of family-centered care of the hospitalized pediatric patient, clarify its components, and validate its significance to nursing practice and research.

**Background:** The concept of family-centered care in the hospital environment has been discussed in the literature for over 60 years, yet its principles remain unclear and poorly implemented. Further analysis of this concept is warranted and has the potential to promote its integration into current nursing practice by increasing awareness and clarifying the essential attributes.

**Data sources:** A systematic review of the literature yielded thousands of resources which were narrowed to a comprehensive list of 37 sources rich in valuable and applicable content.

**Review methods:** This analysis utilized the 8-step methodology of concept analysis described by Walker and Avant.

**Findings:** The majority of research investigating the concept of family-centered care and the hospitalized pediatric patient found was focused on defining family-centered care and surveying both families and nurses on their understanding of the concept. Little research was found exploring the relationship of family-centered care with patient and family outcomes, or patient and family satisfaction.

**Conclusion:** Family-centered care of the pediatric patient in the hospital environment remains an abstract concept. It is recommended as a cornerstone of modern nursing practice, yet nurses report they lack sufficient education regarding its operationalization into practice. Elucidation of characteristics coupled with education regarding principles of the concept has the potential to augment further integration of family-centered care in the hospital environment.

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## Introduction

Family-centered care is a philosophy of care that places the patient and family at the center of all health care decisions (Butler, Copnell, & Willetts, 2013; Harrison, 2010). It is an interdisciplinary framework for care, utilized within health care by disciplines such as nursing and medicine. Family-centered care begins by recognizing that each family and patient are unique and respects their distinctiveness from others (Frazier, Frazier, & Warren, 2010; Malusky, 2005; Shields, 2010; Society of Pediatric Nurses, 2003). Family-centered care promotes the respect of the values, perspectives, and choices of patients and their families and incorporates those choices into the plan of care (Epstein, Fiscella, Lesser, & Stange, 2010; Institute for Patient- and Family-Centered Care [IPFCC], n.d.; Kuo et al., 2011). It also promotes true collaboration, partnership development, and information sharing between

patients, families, and members of the health care team (IPFCC, n.d.; Harrison, 2010; Mikkelsen & Frederiksen, 2011). Family-centered care has great versatility and can be applied to a multitude of health care settings including the care of both pediatric and adult patients.

Historically, pediatric nursing and medicine have championed the evolution of family-centered care and its application to the healthcare environment (Dokken, Parent, & Ahmann, 2015). However, healthcare providers caring for adult patients have also subscribed to the integration of patient- and family-centered care (Rollins, 2014; Soury-Lavergne et al., 2011). Resources were found that included the concept of family-centered care with the adult inpatient hospital environment, however, this concept analysis will focus on family-centered care of hospitalized pediatric patients.

The concept of family-centered care, while described since the mid-twentieth century, remains equivocal within health care today. To best appreciate the significance of utilizing a family-centered framework within nursing practice, it is crucial to educate nurses at all levels about the roots and development of family-centered care. The purpose of this concept analysis is to clarify the concept of family-centered care, expand upon the knowledge base, encourage communication

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within the nursing community, and positively influence the operationalization of family-centered care into current nursing practice. To accomplish this goal, this concept analysis will address the historical evolution of family-centered care, demonstrate its characteristics using model cases and visual representation, and identify the significance and implications of family-centered care in current nursing practice. While family-centered care can be applied to a myriad of healthcare settings, this concept analysis will concentrate on family-centered care of pediatric patients in the hospital setting.

## Methodology

Concept analyses are intended to comprehensively elucidate the elements of a concept of interest, define its characteristics, assess its function and organization, and expand the body of knowledge regarding that concept (Rodger & Knafl, 2000; Walker & Avant, 2005). This concept analysis of family-centered care in the hospital environment was guided by the methodology described by Walker and Avant (2005). This method of concept analysis contains 8 steps which begin by selection of the concept to be examined and identification of the purpose of the analysis (Walker & Avant, 2005). Subsequent steps of this method identify the uses and qualities of the concept, develop model, borderline, and contrary cases to best exemplify the concept, recognize antecedents and consequences of the concept, and ultimately define “empirical referents” (Walker & Avant, 2005, p.73). Empirical referents “are classes or categories of actual phenomena that by their existence or presence demonstrate the occurrence of the concept itself.” (Walker & Avant, 2005, p.73). This methodology best fit the objectives of this concept analysis.

## Data Sources

Multiple databases were searched to obtain information for this concept analysis: CINAHL (Cumulative Index of Nursing and Allied Health Literature), PubMed, and ProQuest: Nursing and Allied Health. Key words used during searches included family-centered care, family-centred care, and family nursing, in combination with hospital setting, hospital environment, and hospital, as well as pediatric patient. References that were written in English or provided English translation were included. Many combinations of key terms yielded results that were too large and abstruse to adequately analyze. For example, the ProQuest search of family-centered care and hospital setting generated 4484 results. The terms family-centered care combined with hospital environment or hospital setting yielded the most applicable results that ranged from 359 to 22 depending on database and were more relevant to this analysis. In order to eliminate references that were not constructive to the analysis, sources with a foci of home care, primary care, or adult patients were excluded. A total of 37 references were found to be rich in content and utilized for the concept analysis.

## Historical and Multi-Disciplinary Backgrounds

Throughout the 1800's, the recognition that sick children required specialized care unlike that of adult patients prompted many large cities across the globe to build children's hospitals attending to the uniqueness of pediatric patients. Initially, mothers were permitted to stay at the bedside of their inpatient child. However, later in the century, with fear of introducing pandemic infections such as measles, typhus, and diphtheria to the hospital environment, the visitation of families of pediatric inpatients was subsequently denied (Davies, 2010). Recommendations from both the nursing and medicine disciplines asserted that children were best removed from presumed unsanitary conditions in their homes, that parents lacked proper recognition of the health care needs of their children, and mothers were ill-equipped to meet the physiologic needs of a sick child (Davies, 2010; Wood, 2008).

For close to a century, this model of care was prevalent in hospitalized pediatric patients. Parents were discouraged if not barred to visit their children during admission. For those who were entitled to brief visits, visitation was often limited to 30 to 60 min per week (Davies, 2010; Jolley & Shields, 2009). The detriment this model of care brought to children was devastating. Accounts by both patients and nurses alike describe children tethered to beds in windowless rooms, deprived of being held or comforted, punished for crying or complaining, and fearful of medical and nursing staff (Davies, 2010; Jolley & Shields, 2009; Wood, 2008; Robertson, J (Producer), 1958a, 1958b).

In the early 20th century, pioneers such as John Bowlby, James Robertson, and Florence Blake began to examine the effects of maternal-child separation during hospitalization. Dr. Bowlby, often referred to as the “father” of family-centered care, began his research examining the effects of the separation of mothers and children during World War II (Davies, 2010). His early research correlated traumatic lack of maternal presence with delinquent behaviors of adolescents (Bowlby, 1951). Bowlby transitioned efforts to investigate the negative effects of the separation of inpatient pediatric patients from their families. Dr. Bowlby's most notable book, *Maternal Care and Mental Health* (1951), describes the long-term mental health effects and difficulty in adaptation by children deprived of maternal affection.

Dr. Bowlby accomplished much of his research on hospitalized children with psychiatric social worker James Robertson. Robertson and his wife produced a film series in 1952 displaying emotionally distraught children in hospitals, confined to beds and cribs, neglected by nursing staff, and crying for their mothers (Robertson, 1952). Once the film series was broadcasted to the public, mothers of hospitalized children began recounting their experiences to the media, depicting the barriers placed by nurses and physicians on their rights to visit their sick children (Davies, 2010). Momentum ensued, thus leading to the establishment of Mother Care for Children in Hospital. This organization transformed into the National Association for the Welfare of Children in Hospital, a highly influential organization who campaigned for the rights of families and their hospitalized children.

Evidence from the research of behaviorists like Bowlby and Robertson helped contribute to the 1959 Ministry of Health's report, *The Welfare of Children in Hospital*, commonly called the Platt Report, named for the committee Chair and President of the Royal College of Surgeons, Sir Harry Platt. Notable recommendations from the Platt Report included open visitation for parents of hospitalized children and the education of nurses caring for sick children on the emotional needs of pediatric patients and their families (Ministry of Health Central Health Services Council, 1959). Similarly, in the United States, the Citizens Committee on Children of New York City encouraged open parental visitation and encouraged hospitals to become more child-friendly (Citizens Committee on Children of New York City, 1995). Recommendations from both committees were initially met with hesitation from the nursing and medicine disciplines. Despite opposition, family-centered care, as it is called today, has slowly become incorporated as a cornerstone of both nursing and medical practice.

In the same decade, Florence Blake, an American pediatric nurse, published a revolutionary book challenging the accepted norms of pediatric nursing practice. Blake (1954) describes factors influencing a child's ability to adjust to both physical and mental health challenges. Specific recommendations included providing a warm caring inpatient environment, including parents in health care decision making, and viewing each pediatric patient as a respected individual (Blake, 1954). Furthermore, Blake (1954) recommended pediatric nurses appreciate the importance of keeping children and mothers together in any health care setting. While terminology has transformed since Blake's publication, her proposals described the core of family-centered nursing care.

In 1987, the Association for the Care of Children's Health (ACCH) published one of the first multidisciplinary definitions of family-centered care. The ACCH established multiple elements of family-centered care which included: recognition that the family, rather than

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