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The Importance of Family Centered Care and Assessment

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Abstract

Development and protection of children's health is important for the promotion and protection of public health. Primary responsibility for the development and protection of public health is in the family then the health care team members and the social environment. Hospitalization of a child is a stressful process both for the child and the family. In the literature, requirements of families are reported about staying with their children at hospital during hospitalization, taking active role in caring for their children and being informed for the health condition of the child, diagnosis and treatment tests. Therefore, family centered care is suggested for accelerating child's recovery process with decreased child's and families anxiety and providing the most convenient health service for expectations and needs of families in the hospital environment. Family centered care philosophy is based on recognition of the family's central role in the child's life and providing active participation of the family for health related decisions about their children. To effectively practice family centered care, nurses must be clear and consistent in their understanding and practices about the care of children and their families. Child Health Nurses need valid and reliable measurement tools to show their perceptions and practices regarding family centered care. In the literature, Family Centered Care Questionnaire, Family Centered Care Survey and Measure of Processes of Care for Service Providers were found to assess family centered care applications. However, the studies showing status of family centered care model in our country and studies introduce this measurement tools are very limited. Introduction and use of this measurement tools is very important for the quality of care given by nurses.

Keywords: family centered care, child health nurses, assessment.

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1. Definition of Family Centered Care

Family centered care –accepted as a care philosophy in pediatric nursing- is based on the belief that child health affects family's health and vice versa, thus family continuity in child's life should be recognized, strong dimensions of family should be supported as a result of active family participation in decision-making related with child's care and health [10].

2. Benefits of Family Centered Care

In the study of Byers et al (2006) done with 114 preterm babies and their parents; it was found out that those babies to whom family centered care was provided cried less, their stress levels were lower and they needed analgesics less [3]. In the study of Melnyk and Feinstein (2001) conducted to examine the effect of parent participation in children's hospital care upon behavioral changes that may be seen in children after hospital discharge; it was identified that negative behavioral changes decreased clearly after hospital discharge among the children whose parents participated in hospital care [8]. Kamerling et al (2008) reported that family centered care given at intensive care units after anesthesia resulted in positive benefits in children's comfort, analgesics need and shortening recovery period [7]. In line with these studies; care given with family centered care principles reduced children's anxiety levels, supported their hospital adaptation more, helped children undergo less pain and provided a faster recovery period and early hospital discharge.

In the study of Cooper et al (2007) conducted to determine the benefit of implementation of family centered care at neonatal intensive care units; it was pointed out that implementation of family centered care was effective upon increasing commitment between babies and their families, enhancing baby-care skills of families and having enough knowledge about the health status of babies [4]. Erdeve et al (2008) indicated that rate of re-hospitalization of the babies whose mothers participated in the care of the babies treated at neonatal intensive care units reduced twice because they demonstrated more improved care skills as compared with those mothers who did not participate in the care [6]. In a meta-analysis study done by Dunst et al (2007) in which the effect of family centered care was examined; they found that family centered care was a model that increased family's self-sufficiency perception, their care satisfaction and affected parent-child commitment and parent-child behaviors positively [5]. In accordance with the studies done; it is understood that family centered care is a care model that enhances family's care skills and satisfaction, raises their self-sufficiency feelings and reduces family's stress because they have sufficient level of knowledge about their children's health status.

3. Roles of the Nurses in the Implementation of Family Centered Care

The foundation of family centered care lies in getting a good family history. While the children are interviewed; their ages, families' characteristics and status should be taken into consideration and communication should be made at the best time [9].

Pediatric nurses play educative roles for the families about children's care. It is important that the education be continued from hospital admission to hospital discharge. Nurses should make sure about the fact that families have acquired and used the necessary knowledge and skills about children's care correctly. They should prepare the families for the home care of the children by making families participate in the care at the hospital and controlling the effectiveness of the education given. Therefore; practices of family centered care require nurses to use their educative and guide roles more actively [13].

Pediatric nurse should support participation of the parents in children care, help them understand diagnosis and treatment modalities given to the children, let them ask questions and be honest and

clear about the health status and prognosis of children's health condition in line with advocate role on behalf of the parents. Besides; pediatric nurse should make arrangements in care plan in a way for mothers to meet their own needs because they cannot meet their own needs if they themselves perform all of the physical care of the children at the hospital [1].

Families' beliefs, values and attitudes about health and their health practices directly affect the children since birth. Therefore; nurses should assess the children and their families to whom they will provide care holistically, should be aware of families' weak and strong points, check their coping methods and help the families cope with [1, 9]. Nurses should take part in the studies to be done on the importance and implementation of family centered care, put the new results of the evidence-based studies in practice using their researcher roles, employ an objective measurement tool reliability and validity of which have been tested in terms of family-centered care and play an active role in establishing health and hospital policies accordingly [1].

4. Measurement Instruments Used in the Assessment of Family Centered Care

4.1. Family Centered Care Questionnaire-Revised-FCCQ-R

Family Centered Care Questionnaire Revised (FCCQ-R) was the revised version of Family Centered Care Questionnaire-FCCQ designed by Bruce in 1993 and finalized by Bruce and Ritchie in 1997 [2]. The questionnaire was developed in order to determine opinions and practices of health care workers about family centered care. It consists of 45 items distributed over nine subscales. These nine subscales represent the eight elements of family centered care principles defined by ACCH. Responses are marked on a 5-point Likert Scale (1.strongly disagree to 5.strongly agree). The questionnaire designed to assess health care workers' opinions/perceptions and practices were clustered into two different scales: 1.Perception/Necessary Scale and 2. Practice/Current Scale. All of the participants are supposed to evaluate each item in terms of perceptions and practices. Total possible score is 225. Validity and reliability tests of the questionnaire were performed. Internal consistency of the questionnaire was 0.90 for total scale, and it was noted that the questionnaire was highly reliable. Test-retest reliability ranged between 0.60 and 0.80 and it was concluded that the questionnaire was a valid and reliable instrument to measure perceptions/opinions and practices of health care workers about family centered care [2].

4.2. Family Centered Care Survey

Family Centered Care Survey was developed by Linda Shields and Ann Tanner in 2004 and the survey has two different forms for health personnel and families (Form A and Form B). Family Centered Care Survey is a four point Likert type instrument (1 point: Never, 2 point: sometimes, 3 point: Generally, 4 point: always) composed of 20 items measuring the effect of family centered care upon the hospitalized children. For the assessment of the instrument, general mean scores of each item are used. The possible highest score is 80 while the possible lowest score is 4. 20 items are grouped into 3 subscales of respect, collaboration and support and mean scores are calculated. Validity and reliability tests of the survey were performed. In the original survey; Cronbach internal consistency was Cronbach α = 0.72 for parents and α = 0.79 for health personnel. The difference between this survey and FCCQ is that family centered practices are scored by both health personnel and parents [11].

4.3. Measure of Processes of Care for Service Providers -MPOC-SP

The instrument was developed in 2001 to determine the extent to which the services and practices the pediatric personnel provide are family-centered [12]. The scale items have a 5-point Likert format and the instrument is composed of 27 items. Construct validity of the scale was assessed with factor analyses and as the result of the analyses; the scale was clustered into 4 subscales/factors. These subscales are Showing Interpersonal Sensitivity (10 items), Providing General Information (5 items), Communicating Specific Information about the Child (3 items) and Treating People Respectfully (9 items). Internal consistency coefficients of each subscale were 0.86, 0.88, 0.76 and 0.84; respectively. In the test-retest reliability analyses; reliability coefficients were 0.81 and 0.99; respectively [12].

5. Conclusion and Recommendations

Family centered care is one of the most dynamic philosophies of pediatrics and has been one of the essential points of pediatric nursing in 21st century. Although benefits of family centered care have been proved with studies; there is a need for measurement instruments validity and reliability of which have been proved and that show to what extent family centered care model has been used in our country. Therefore; it is very important to adapt the above mentioned instruments into Turkish society and to share the results in order to increase the quality of care.

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