



DOI: 10.5505/anatoljfm.2020.98159

Anatol J Family Med 2021;4(2):128–133

Parents' Family-Centered Care Perception and Investigating Factors Affecting Such Perception

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ABSTRACT

Objectives: This study aimed to examine the perception of family-centered care (FCC) and the factors affecting this perception from the perspective of the parents.

Methods: The study design used is descriptive and cross-sectional. The study was carried out in two public hospitals in Bursa and Yalova city centres in Turkey. The universe of the study consists of 240 families whose 0–18-year-old child is hospitalized and stays with the child for at least 3 days between the specified dates.

Results: A total of 240 parents participated in the study and 177 (73.8%) were women. The median value of significance was 26.0 (20.0-34.0) in hospitalized girls and was 28.0 (22.0-33.0) in hospitalized boys ($p=0.019$). The median value of significance dimension for children with chronic disease was 28.0 (22.0-31.0) and 28.0 (20.0-34.0) for those without chronic disease; in the consistency dimension, the median value of children with chronic disease was 22.0 (17.0-27.0) and 24.0 (14.0-31.0) of children without chronic disease ($p=0.049$ and $p<0.001$, respectively). Matching percentage of all items in the scale changes between 68.3-80.5%.

Conclusion: It was determined that nurses make parents feel that the care given to their children is good, but they need to be more supportive as provided to make the parents feel an important place in the care of the child. When FCC is applied in hospitals, the satisfaction level of the child, family, and nurse will increase.

Keywords: Child, family centered nursing, family nursing



Please cite this article as: Avçin E, Can Ş, Yeşil F. Parents' Family-Centered Care Perception and Investigating Factors Affecting Such Perception. Anatol J Family Med 2021;4(2):128–133.

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Received Date: 29.06.2020

Accepted Date: 01.12.2020

Published online: 20.08.2021

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INTRODUCTION

The family is the most important part of the society, and the philosophy behind the family-centered care (FCC) regulates the family's place and influence in a child's entire life.^[1] When applying care and treatment to a healthy or sick child, the child should not be considered as a separate individual from the family. Preventing interruption of this process in hospitalized children is important.^[2]

FCC is a care philosophy that includes family and patient at the center of all healthcare decisions.^[3] In child health nursing, FCC is defined as "holistic care approaches in which the child and the family are handled as a whole from the physical, emotional, social, intellectual, cultural and spiritual aspects".^[4] The purpose of FCC is to cooperate with the family, to get information about the general characteristics of the child and the family, to minimize the reactions of the child-family to the disease and hospitalization, to maximize the child's mental, physical, and psychological potential.^[5]

FCC is a care model based on collaboration and communication between healthcare professionals, patient family, and the patient.^[6] Communication between the family and the healthcare staff at the FCC should be continuous, comprehensive, open, and encouraging.^[7] Accord-

ing to the FCC approach, all family members are considered care recipients, and information sharing is used by the caregiver.^[8] FCC advocates that families should be included in planning, implementation, and evaluation and that they should have a say as much as healthcare professionals in decisions about the health of their children.^[9]

Hospitalization of the child is a stressful process for both the child and his family.^[10] This situation leads to changes in the daily activities, family roles, and duties of the whole family.^[11] Besides changes in the family, the fact that the hospital environment is foreign, encounters with unfamiliar equipment, uncertainty of prognosis, changing roles in the care of the child, and lack of information about how to support and care for their children cause families to experience anxiety.^[5] During the hospitalization process, most of the child's healthcare responsibilities are fulfilled by the healthcare professionals, causing the families to feel helpless in participating in healthcare and feelings of loss of control and inadequacy.^[12] Family taking part in care increases the trust of the family in providing appropriate care to the child after discharge. Additionally, this helps to maintain family relationships and provides many advantageous situations such as the family recognizing their abilities. Handling this situation considering the child has many advantages including reduced stress, increased sense of confidence, and behavioral and emotional recovery.^[13] A study conducted with nurses in Switzerland observed that more experienced nurses were more successful than younger and untalented nurses in terms of adapting the family to care. However, in general, nurses have been found to have a positive attitude toward families.^[14] When the FCC is truly implemented, the length of hospital stay is shortened; therefore, costs are reduced.^[15,16] Moreover, the frequency of visits to the emergency room has decreased.^[17] Thus, while this increased family satisfaction, it also created positive thoughts for the healthcare personnel.^[18] The following With FCC have been observed the satisfaction of the healthcare personnel increases, the care resources are used effectively, the strengths of the family and the child are revealed, the awareness of the families about the necessary care is increased, mutual satisfaction is increased, and the patient's course is improved.^[19,20]

The family's presence and participation in care develop a sense of confidence before discharge. The emotional distress of children who are accompanied by families decreases. It increases the patient's coping capacity during the procedures and positively affects children's adaptation to life after discharge and while in hospital.^[16] Failure to communicate prevents FCC.^[21] In the FCC where the child and the family are considered together, the needs of the patient and their relatives are met using an individualized

and holistic therapeutic approach.

This study was conducted to examine FCC perception and factors affecting this perception in pediatric nurses from a parental perspective.

METHOD

This descriptive study was carried out in public hospitals in Bursa and Yalova city centers between July 1, 2019, and November 31, 2019. The study participants consisted of 240 families that are between the dates specified in the hospitals and meet the study criteria. The study included the parents of children aged 0–18 years in the pediatric wards of the hospitals where the study was conducted and parents who stayed with the child for at least 3 days in the hospital. In the study, all participants who met the criteria without being grouped were informed and were asked to answer a questionnaire. A face-to-face interview was conducted for data collection in pediatrics services between the specified dates. The questionnaire used to collect the data consists of the demographic information form and the Family-Centered Care Scale (FCCS) adapted to Turkish by Altıparmak and Arslan.^[22]

Participant Information Form: This form was prepared by the researchers and the participants were asked about their demographic data including gender of parents, educational background, number of children, the gender of the hospitalized child and employment status.

In addition, the participants were asked "Have your child/children ever been hospitalized?", "Is there someone who helps care for your child and your home while you are in the hospital?", "Do you have a child with a chronic disease?" questions.

FCCS: This scale is the FCCS developed by Curley et al. and adapted to Turkish by Altıparmak and Arslan.^[22,23] The scale consists of two parts as significance and consistency, with seven items. The same questions are included in the significance and consistency sections. The scale consists of questions related to the evaluation of nursing care given during the period of the parents' stay in the hospital. Each item in the scale is scored between 1.0 and 5.0. The total score is between 7 and 35 for both significance and consistency sections. In the significance section of the scale, parents evaluate the significance of care given by nurses. In the consistency section, parents evaluate how much the nurses are interested in childcare. In this study, Cronbach's alpha reliability coefficient of the scale was determined as 0.74 and 0.72 for the significance and consistency sections, respectively.

Determination of Match Percentage: First of all, the importance and consistency score of each item is checked in determining the matching percentage. If the importance score of the same item is the same as the consistency score,

or the consistency score is 1 point higher than the importance score, there is a positive match between the care practices that parents expect from nurses and the care they give to the child. If the consistency score of the item is 2 points or higher than the importance score, or if the consistency score is lower than the importance score, the item cannot be matched. With the percentage of match, parents define the importance of the care provided by the nurses and the degree of their involvement in the child's care.^[22] The questionnaire used within the scope of the study takes approximately 15 min.

Data analysis was conducted using SPSS (Statistical Pack-

age for the Social Sciences) 21.0 package program. To assess normality of data Kolmogorov Smirnov and Shapiro Wilk normality tests were used. Frequency, percentage, median, minimum and maximum values of the data were determined. Mann-Whitney U test and Kruskal Wallis test were used for variables without a normal distribution. A p-value less than 0.05 was considered significant.

RESULTS

A total of 240 parents participated in the study, of which 177 (73.8%) were women. Sociodemographic features of parents and children according to significance and consistency dimensions of FCCS are summarized in Table 1.

Table 1. Sociodemographic features of parents and children according to significance and consistency dimensions of family-centred care scale

	n (%)	Significance	p	Consistency	p
Gender					
Female	177 (73.8)	28.0 (21.0-33.0)	0.081*	24.0 (15.0-31.0)	0.810*
Male	63 (26.2)	28.0 (23.0-31.0)		23.0 (16.0-28.0)	
Education status					
Primary school	7 (2.9)	29.0 (27.0-31.0)	0.675 [†]	23.0 (22.0-25.0)	0.396 [†]
Middle school	27 (11.3)	28.0 (22.0-34.0)		24.0 (17.0-29.0)	
High school	104 (43.3)	28.0 (20.0-33.0)		24.0 (15.0-31.0)	
University and postgraduate	102 (42.5)	28.0 (21.0-33.0)		23.0 (14.0-29.0)	
Employment status					
Yes	96 (40.0)	28.0 (20.0-34.0)	0.061*	24.0 (14.0-30.0)	0.305*
No	144 (60.0)	28.0 (22.0-33.0)		23.0 (15.0-31.0)	
Gender of child					
Girl	126 (52.5)	26.0 (20.0-34.0)	0.019*	24.0 (14.0-30.0)	0.272*
Boy	114 (47.5)	28.0 (22.0-33.0)		23.0 (15.0-31.0)	
Number of children					
1 child	86 (35.8)	28.0 (20.0-33.0)	0.298 [†]	23.0 (16.0-30.0)	0.011 [†]
2 children	76 (31.7)	28.0 (22.0-33.0)		24.0 (14.0-28.0)	
3 children	57 (23.8)	28.0 (21.0-34.0)		24.0 (15.0-30.0)	
4 children	21 (8.7)	28.0 (23.0-31.0)		23.0 (16.0-31.0)	
Does the child have chronic disease?					
Yes	61 (25.4)	28.0 (22.0-31.0)	0.049*	22.0 (17.0-27.0)	<0.001*
No	179 (74.6)	28.0 (20.0-34.0)		24.0 (14.0-31.0)	
Have you ever been hospitalized?					
Very often	8 (3.3)	26.5 (22.0-31.0)	0.032 [†]	24.0 (20.0-25.0)	0.012 [†]
Intermittent	58 (24.2)	28.0 (22.0-31.0)		23.0 (17.0-31.0)	
Several times	59 (24.6)	28.0 (23.0-31.0)		25.0 (17.0-30.0)	
No	115 (47.9)	29.0 (20.0-34.0)		23.0 (16.0-30.0)	
Is there any helping home care while you are at the hospital?					
Yes	104 (43.3)	28.0 (22.0-31.0)	0.063*	24.0 (17.0-31.0)	0.697*
No	136 (56.7)	29.0 (20.0-34.0)		23.0 (14.0-30.0)	

Data are presented as median (minimum-maximum).

*Mann-Whitney U test, [†]Kruskal-Wallis test.

In the matching part of the scale, the match percentage of all items changes between 68.3-80.5%. Significance and consistency dimensions of FCCS and matching ratio are summarized in Table 2.

DISCUSSION

FCC practices provide various benefits with effects such as compliance with treatment, rapid recovery, and stress reduction for both children and parents. This study, it was aimed to evaluate the nursing care given to parents during their stay in the hospital in terms of parents and children in evaluating FCC.

When the findings from the study were examined, there was no significant association between the personal characteristics of parents and their perception of FCCS. Similar to the research finding, the study conducted by Boztepe and Cavusoglu found that there is no statistically significant difference between mothers' ability to share their concerns about the care and treatment of their children with nurses based on age and educational level.^[24] In another study conducted by Arabiat et al., it was shown that the socio-demographic characteristics of the parents did not significantly affect their FCC experiences.^[25] Contrary to the findings obtained from the studies, in another study conducted by Okunolo et al. in Nigeria, it was determined that the age and education levels of the parents affect their perceptions of FCC.^[26] The reason why this situation differs from the findings obtained from the research is that it may result from cultural changes. In another study conducted by Evans, it was shown that while the applied education increased the knowledge of parents about FCC, it did not create a statistically significant difference in FCC perceptions.^[27]

In the study, when the relationship between the descriptive characteristics of children and the significance and consistency dimensions of FCCS was examined, a significant difference was found between the gender of the child, the birth order of hospitalized children, the presence of

chronic diseases, and the frequency of hospitalization. In the study, while the significance and consistency scores of the parents who have male children were found to be high, it was observed that the first child received high scores in the consistency sections according to the birth order of the hospitalized children. These results made us think that situations such as family structure, having a first child, and the number of children may affect the perception of parentage.^[28,29] In a study conducted by Taşdelen, it was determined that the significance of address the needs of parents whose children are hospitalized is not related to the age, illness, and duration of hospitalization of the sick child.^[30]

The study found that parents with or without the chronic disease had a higher emphasis on FCC, but the care they take was lower. Chronic diseases can have negative effects on the development of children in the period of development. Chronic diseases that leave constant and permanent disabilities require long-term observation, control, and care increases the duty of care to the parents of the sick child.^[31] However, similar to the findings of the study, compared to children with less severe illnesses, parents who have children with serious diseases, reported significantly lower consistency/fulfilment scores for nursing care.^[25]

In the study, it was observed that according to as the frequency of hospitalization of the child increased, the significance is given to FCC also increased. As the frequency of hospitalization of the child increases, the child will steer away from his/ her home, leaving his/her daily life, siblings, friends, and the environment where he/she feels safe.^[32] It was determined that as the frequency of hospitalization of children increased, the significance and consistency of FCC increased.

When the study examined the matching section between the important and consistency sections of the averages of the answers to each question of the FCCS, the matching rate of all substances was found to be between 68.5-80.5%. In the study, while the question with the highest match was "Nurs-

Table 2. Significance and consistency dimensions of family-centred care scale and matching ratio

Statements	Match	Significance	Consistency
Nurses help me feel welcomed (n=180)	180 (75.0)	4.0 (1.0-5.0)	4.0 (1.0-5.0)
Nurses help me feel important in my child's care (n=163)	163 (68.3)	4.0 (1.0-5.0)	3.0 (1.0-5.0)
Nurses see me as a member of the health team (n=165)	165 (69.0)	4.0 (1.0-5.0)	3.0 (1.0-5.0)
Nurses give information about the care of my child (n=172)	172 (72.0)	4.0 (1.0-5.0)	4.0 (1.0-5.0)
Nurses make an explanation of the changes that may occur in my child's situation (n=164)	164 (68.5)	4.0 (1.0-5.0)	3.0 (1.0-5.0)
Nurses make my child feel that they give good care of my child (n=192)	192 (80.2)	4.0 (1.0-5.0)	4.0 (1.0-5.0)
Nurses make me feel that they give good care of my child (n=193)	193 (80.5)	4.0 (1.0-5.0)	4.0 (1.0-5.0)

Data are presented as n(%) and median (minimum-maximum).

es make me feel that they give good care of my child" the question with the lowest match was "Nurses help me feel important in my child's care". The high percentage of matches indicates that nurses take care of the parents and give their children good care. The low percentage of matches was it means that nurses do not pay enough attention to the parents and do not spend enough time the care of the child.^[22] In Garlı and Çınar's study, the matching percentage was found between 70-88.9%.^[33] Similar to the result obtained from our research, the highest match was found in the question "Nurses make me feel that they give good care of my child". Differently the research, the lowest match was found in the question of "Nurses make an explanation of the changes that may occur in my child's situation". In the studies of Altıparmak and Arslan, it is seen that the matching rates are higher (between 93% and 95%) than our study.^[22] These results show that families' satisfaction levels in nursing are quite high and that the philosophy of FCC is important in nursing practices. It was thought that the different results obtained could be due to differences in the sample and the hospitals where the study was carried out.

CONCLUSION

In the study, it is seen that the factors such as the gender of the child, the birth order of the hospitalized child, the presence of chronic disease, and the frequency of hospitalization were found to affect FCC. Looking at the matching percentages, it was determined that nurses make parents feel that the care given to their children is good, but they should be more supportive as provided to make the parents feel an important place in the care of the child.

It is important to implement principles such as information sharing, participation, collaboration, autonomy, and respect in supporting FCC. Thus, supporting FCC in nursing care practices will improve patient safety and quality of care. For this reason, it is thought that the results obtained from the research will guide the support of FCC approaches in the field of practice.

Disclosures

Peer-review: Externally peer-reviewed.

Conflict of Interest: The authors have no conflicts of interest to disclose.

Funding: Financial support has not been received.

Ethics Committee Approval: The study was approved by the Bursa Uludağ University Faculty of Medicine Ethics Committee of Non-Interventional Research (Approval date: Sept 15, 2019, and Approval number: 2011-KAEK-26/245) and the provincial directorate of health. The surveys were conducted to families on a voluntary basis. The purpose of the study was explained to the

participants, and the "Informed Volunteer Consent Form" was signed and obtained from the parents who agreed to participate and comply with the study criteria.

Authorship Contributions: Concept – E.A., Ş.C.; Design – E.A., Ş.C.; Supervision – Ş.C.; Materials – E.A., Ş.C.; Data collection &/or processing E.A., Ş.C., F.Y.–; Analysis and/or interpretation – E.A.; Literature search – Ş.C.; Writing – E.A., Ş.C.; Critical review – F.Y.

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