

PHILOSOPHY STUDY OF CHILD NURSING SERVICES BASED *FAMILY-CENTERED CARE*

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ABSTRACT

Introduction: Family-centered care (FCC) is currently taking a greater role in health care, due to the increasing empowerment of the parental experience. This literature aims to find out the study of the philosophy of child nursing services based on *Family Centered Care*

Method: The study of this literature through the search of scientific publications ranges from 2017-2022. The databases used are Pubmed, Science Direct, and Proquest. The literature search was conducted according to the topic with four keyword groups based on *Medical Subject Heading* (MeSH) and combined with Boolean operators AND, OR and NOT, keywords Child AND Family AND Centered AND Care.

Result: The study of the philosophy of child nursing services based on *Family Centered Care* is conducted based on the study of ontology, epistemology and axiology. Family-centered care (FCC) is a philosophy that emphasizes partnerships between parents and health care staff. The FCC's basic principles in neonatal intensive care units (NICs) are unlimited parental presence and parental participation, shared responsibility and decision-making about infant hospital care, and open communication between parents and staff. A family-centered treatment approach has benefits such as maintaining a bond between the child and the family, allowing the family to engage in child care, and minimizing the negative effects of hospitalization on the child and family.

Conclusion: FCC is beneficial for nurses in terms of efficiency and effectiveness of time in the care process and increases professional satisfaction. Therefore, the implementation of the FCC is more effective and the satisfaction of clients and families is more increased.

Keywords: Philosophy; *Family-Centered Care*; Nurse

INTRODUCTION

Family-centered care (FCC) is currently taking a greater role in health care, due to the increasing empowerment of the parental experience. Currently, a child's hospitalization is associated with the presence of a parent, without interruption over a 24-hour period. However, in the context of intensive care, the situation is challenging, due to the high complexity of the treatments offered and the reduced hours of family visits that still exist in some NICs. In this area, the FCC involves parents in the participation and administration of their participation, thus contributing both to their training and to the formation of bonds with the child. In order for families to participate in such treatments, it is necessary to promote their empowerment through the establishment of an effective therapeutic relationship with the health team. The role of nurses, due to their continued presence in the NICU, evolved from chair providers to educators in the field of health and mentoring in the primary caregiver training process. Another key element is creating trusted therapeutic relationships where parents feel safe and confident enough to provide quality care to patients. The role of the main caregiver in this unit will facilitate the departure from the hospital to the house after discharge from the hospital.(Gómez-Cantarino et al., 2020)(Hearn et al., 2020)(Warren, 2017)(Umberger et al., 2018)(Baghlani et al., 2019)(Harillo Acevedo et al., 2017)(Franck & O'Brien, 2019a)

Family involvement is one of the underlying pillars of health of FCCs(Harillo Acevedo et al., 2017). According to studies consulted by parents themselves who need

to actively participate in daily routines. They need to be heard, understood, and recognized according to the actual role they play. They should be guided by a health team in this process, so that they overcome the obstacles caused by the result of hospitalization. Nursing plays an important role in listening to the demands, concerns, and fears of families, planning care, meeting their needs and providing the necessary support, with the aim of making the NICU experience as free as possible stress-free. (Wang et al., 2018)(Wang et al., 2018)

The paradigm shift towards more humane care and the fcc's implementation, which promotes the constant presence of parents 24 hours a day, makes it possible to establish partners between caregivers and health teams. Applying this methodology results in decreased anxiety, stress levels, and increased sense of security and control in older people. For neonates, it is a better adaptation to the extrauterine environment, supporting the regulation of vital signs (heart rate, breathing, and temperature) and greater weight gain. (Franck & O'Brien, 2019b)

METHOD

The study of this literature through the search of scientific publications ranges from 2017-2022. The databases used are Pubmed, Science Direct, and Proquest. The literature search was conducted according to the topic with four keyword groups based on *Medical Subject Heading* (MeSH) and combined with Boolean operators AND, OR and NOT, keywords Child AND Family AND Centered AND Care.

RESULTS AND DISCUSSIONS

1. *Family Centered Care* Based Ontology Study of Child Nursing Services

A child nurse is a health professional who has the closest relationship with children and families. Therefore, they are in a key position in creating change and difference aimed at making family-centered care in hospitals. Both families and health professionals require families to play an active role in the care of hospitalized children; however, families do not participate in the care of their children adequately. (Kucuk Alemdar et al., 2018a) The family is an integral part of the child's life, thus, if a child suffers from an illness and requires hospitalization, the child and family are the main focus in the treatment process. This is what distinguishes the child's nursing process from nursing in general. (Henny, 2016). Hospitalization is a process that requires the child to stay and be hospitalized and must undergo therapy and treatment until his return home (Purmailani, 2014). Hospitalization stress can cause children to experience short-term and long-term negative effects generally in the form of attacking behavior, lethargy, fear, sleep disorders, especially for children under seventeen years of age (Hockenberry, 2011).

Family-centered care (FCC) is a philosophy that emphasizes partnerships between parents and health care staff. The FCC's basic principles in neonatal intensive care units (NICs) are unlimited parental presence and parental participation, shared responsibility and decision-making about infant hospital care, and open communication between parents and staff. Family-centered care is very beneficial for parents and babies, families are understood to be the main source of support for babies. Parents of premature babies experience feelings of stress and an inability to care, due to the loss of ideal conditions, for the performance of their role as the primary caregiver. Family-centered treatments can be applied across all age groups and all

clinics. However, this model of care is very important in pediatric services because children rely on family members in meeting their self-care and needs. Family-centered care is an approach that accepts family cultural differences and considers the needs of not only children, but also all family members. It is a model of care that provides cooperation between parents and health professionals and approaches for children and their families as a whole physical, emotional, social, cultural and religious. Respect, cooperation, and support form the basis of a family-centered philosophy of care. Understanding of family-centered care provides positive outcomes for families. Family-centered care meets the needs and expectations of determined parents in the best possible way. A family-centered philosophy of care is based on granting authority and responsibility to the family in the care process.(Toivonen et al., 2019)(Palma I et al., 2017)(Kucuk Alemdar et al., 2018b)(Kucuk Alemdar et al., 2018b)

Family-centered care (FCC) is a way of caring for children and their families in healthcare to ensure that care is planned throughout the family, not just sick children (Al-Motlaq & Shields, 2017). At the FCC, family members are recognized as primary care providers and care recipients (Shields, 2015).

The concept of family centered care was originally developed in developed countries, because parental involvement is the main source of strength and child support to meet the needs of family centered care is the most important thing in child hospitalization that requires children to stay and be hospitalized and must undergo treatment until their return home. The FCC is an approach to health care planning, implementation, and evaluation based on mutually beneficial partnerships between patients, families, and health care providers. It is understood that families play an

important role in ensuring the health and well-being of patients of all ages (American Academy of Pediatrics, 2016). In the aspect of family center care there are two important concepts, namely the concept of enabling and empowering. The concept of enabling, considering that the family has a share in the care given. Nurses must involve families in providing care to meet the needs of children and families in general. In the empowering concept, nurses can involve families in terms of decision making on the actions to be taken. Family involvement is needed considering that children always need parents when in the hospital. In addition, family relationships with health workers while the child is in the hospital are also very necessary. Facilitation of children with family by nurses can help the child's healing process, so that the needs of safety and comfort for the family and child can be considered (Henny, 2016)

2. **Epistemological Study of *Family Centered Care-Based Child Nursing Services***

In the application of the concept of family centered care must involve parents in the provision of nursing care. To establish a communication and cooperation between health workers and families for the smooth implementation of family centered care, nurses must be able to involve parents by explaining the importance of family involvement in child care to reduce the effects of hospitalization on children. (Kucuk Alemdar et al., 2018b)

In family-centered patient care, patients and families determine how they will participate in care and decision-making. FCC as a standard practice that can produce high-quality service. The FCC provides care based on mutual trust, collaboration or

partnership that works closely with families with regard to aspects (bio, psycho, socio, and spiritual) of respect for diversity and recognizing family is the source in a child's life (American Academy of Pediatrics, 2016). The application of FCC in hospitals, especially in developed countries, has been well standardized and for developing countries such as Indonesia has not been well standardized and in its application is not easy because many of the health workers, especially nurses, do not understand the FCC concept. The era of globalization as it is today nurses are required to be more skilled and increase knowledge in various fields. The FCC's application has several principles: caring for patients together with family and how to care for patients during the healing process, for example during hospitalization and outpatientization, Improving in service-centered.

The Framework of the Institute for Patient and FamilyCentred Care (IPFCC) consists of four core concepts and nine elements that guide practitioners in FCC implementation (Johnson et al., 1992). The four core concepts are respect and dignity, information sharing, family participation in care, and collaboration (Hill et al., 2018), while the nine elements.

1. Recognition that the family is a constant in the child's life, whereas the service system and personnel in such systems fluctuate.
2. Facilitate parent-professional collaboration at all levels of health care.
3. Recognize family strength and individuality and respect different coping methods.
4. Sharing unbiased and complete information with parents about their child's ongoing care in an appropriate and supportive manner.

5. Encourage parent-to-parent support.
6. Understand and incorporate the developmental needs of infants, children, adolescents, and their families into the health care system.
7. Implement appropriate policies and programs that are comprehensive and provide emotional and financial support to meet family needs.
8. Ensuring the design of healthcare delivery systems is flexible, accessible, and responsive to family needs.
9. Implementation of appropriate policies and programs that are comprehensive and provide emotional support to meet the needs of staff members.

Currently, a child's hospitalization is associated with the presence of a parent, without interruption over a 24-hour period. However, in the context of intensive care, the situation is challenging, due to the high complexity of the treatments offered and the reduced hours of family visits that still exist (Hearn, G, 2020). In order for families to participate in treatment, it is necessary to promote their empowerment through the establishment of effective therapeutic relationships with the health team (Umberger, E, 2018). The role of nurses, due to their continued presence grows from service providers to educators in the field of health and assistance in the process of training parents as primary caregivers (Baghlani, R, 2019). Another key element is creating therapeutic relationships where parents feel safe and confident enough to provide quality care (Harillo, 2017). The role of the primary caregiver in this unit will facilitate departure from the hospital to the house after discharge from the hospital (Franck, L.S., 2019)

Family engagement is one of the underlying pillars of health of FCCs (Roué, J.M, 2017). According to studies, parents themselves need to actively participate in daily routines. They need to be heard, understood, and recognized according to the actual role they play (Wang, L, 2018). They should be guided by a health team in this process, so that they overcome the obstacles caused by hospitalization. Nursing plays an important role in listening to the demands, concerns, and fears of families, planning care, meeting their needs and providing the necessary support, with the aim of making the experience stress-free on the family, Managing hospitals together how we engage families in hospital management (The Royal Children's Hospital, 2017).

The policy in terms of the FCC is that with the clock to go, the family is seen as a source of strength from the child and a constant element and fluctuating health workers. Accompanied by family for 24 hours the child will feel comfortable and provide support to the child. Things that must be considered in visiting hours is to maintain the principle of asepsis and wash hands before and after the visit to minimize children contracting any disease (Potts & Mandelco, 2007).

In addition, pre-hospital counseling should also be given to parents by health workers, related to hospital policies, procedures and regulations before the child is treated. Based on fcc principles, health workers provide clear information rights to clients and families. Respect for children and families, that they have the right to ask questions. The family determines for itself who will take care of and care for the child during the treatment process. Families can make changes to child care as a person who provides support to the child (The Royal Children's Hospital, 2017 To be able to train parents in care, it is necessary that the health team be trained and educated in the FCC

model (Gallegos-Martinez, J,2010). However, there are studies that show that health professionals have acquired competencies to evaluate older people's talents in care. In addition, working together allows nurses to know the needs of families and focus their efforts where parents do not feel ready (Boztepe, H, 2017). Nurses should also provide the necessary support and training, which increases the parents' sense of security and confidence in handling care. Communication is the basis for promoting good relations between the health team and the family. This allows the acquisition of the knowledge and skills necessary for treatment (Campo, A, 2018)

Therefore, concrete measures can be proposed for development, to contribute to the empowerment of the FCC:

- (1) Regarding the participation of parents in these units, it will be easier to encourage multidisciplinary clinical sessions, with the active participation of both health professionals responsible for formal care and the elderly;
- (2) Likewise, hospital opening hours should be put together for 24 hours, and it should even be encouraged that one parent spends the night in the NICU with their children;
- (3) To approach parent training, it is important to promote learning courses where learning is facilitated from basic to more complex care, delivered by professionals who integrate teams. Such training will bring benefits to the PN, as it will contribute to the joint participation of health professionals and families, avoiding readmission;

Humanization proposals, and these necessary modifications, should be addressed from nursing management, so that they are heard by the hospital management area.

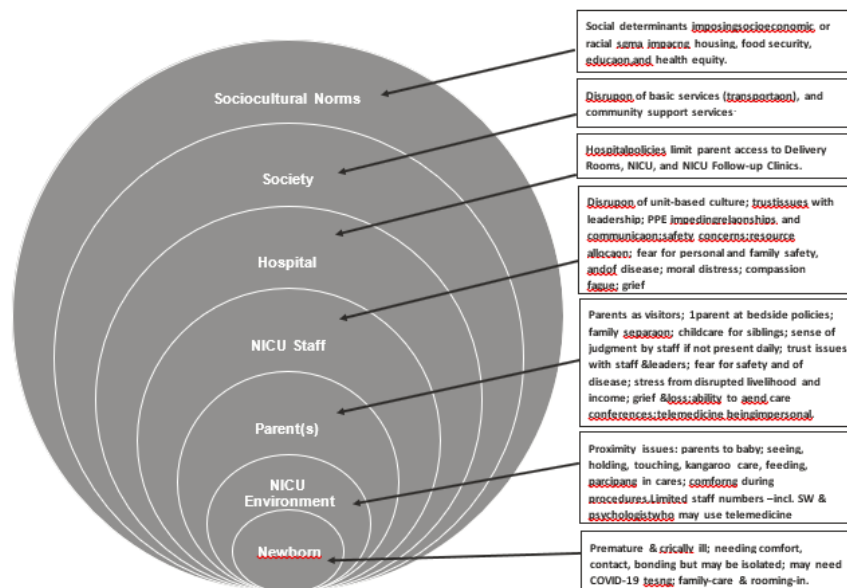


Fig. 1 Family-centered care determinants in COVID-19 times.
Neonatal family-centered care in a pandemic

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(Carter et al., 2021)

3. Axiological Study of Child Nursing Services Based on Family Center Care

The FCC's implementation increases parental involvement in care, supports family attachment by integrating them into health teams and, in turn, empowers them to achieve more humane attention. A family-centered treatment approach has benefits such as maintaining a bond between the child and the family, allowing the family to engage in child care, and minimizing the negative effects of hospitalization on the child and family. (Gómez-Cantarino et al., 2020.) (Kucuk Alemdar et al., 2018b)

The paradigm shift towards more humane care and the FCC's implementation, which promotes the constant presence of parents 24 hours a day, makes it possible to establish

partners between caregivers and health teams. Applying this method results in decreased anxiety, stress levels, and increased sense of security and control in older people. For neonates, it is a better adaptation to the extrauterine environment, supporting the regulation of vital signs (heart rate, breathing, and temperature) and greater weight gain. The continued presence of parents facilitates and promotes breastfeeding. Increased parental presence and participation in infant care have led to better developmental outcomes of infants, decreased parental anxiety and depression and resulted in more confident and knowledgeable parents.(Franck & O'Brien, 2019b)(Toivonen et al., 2019).

Welch et al. showed that FCC intervention significantly improved maternal and infant long-term outcomes across neurobehavioral, psychological and physiological domains. Parental involvement in the care process allows them to build acceptance and adapt to their new roles and cope with anxiety, more positive relationships with health workers, reduce anxiety levels, support the development of hospital programs and policies, improve satisfaction and problem-solving skills, and develop a sense of adequacy(Kucuk Alemdar et al., 2018b). Improvements in the regulation of vital signs and family empowerment (parents, grandparents, uncles/aunts, and legal guardians) represented the highest initial increase, relative to the NICU in which the model was implanted, reducing primary caregiver anxiety and facilitating the transition to home.

Therefore, it has been found that the role of nurse, at first, requires more intervention time, the role is to take care of the patient and train the family. Later, the role of health professionals decreased, as the family became the main provider of care (Simphronio Balbino, F, 2016). In addition, interventions made by parents, in relation

to the care of their PN, have been shown to strengthen their confidence and autonomy. They even achieved their empowerment in neonatal care (Nyqvist, K.H,2019), this is evident in a revised study that encouraging parental involvement by health professionals improves parental-filial selectors, which is critical for physical, mental, emotional, and social development. The increase in the rate of breastfeeding stands out, which leads to weight gain . Similarly, lower rates of nosocomial infection. In addition, lower mortality rates and neurological involvement have been noted. It has also been proven that older people have lower stress levels due to the knowledge gained. In fact, they themselves consider that this has an indirect influence on the growth, development and recovery of their children (Sannino, P.;;, 2016)

The benefits of the concept of _family centered care according to research from the Academy of Pediatrics (2003) include: building cooperation between nurses and parents to improve the health and development of each child, improving clinical decision-making, making and developing follow-up care plans in collaboration with families, increasing understanding of the strengths that families have, the use of health service resources and health workers' time and labor time. Health and time professionals are more efficient and effective, competitive health care marketing competition, increase professional satisfaction, and increase the satisfaction of children and families for health services received. The application of the concept of Family centered care in providing child nursing care can provide satisfaction for hospitals and health workers (nurses) and also provide benefits for families (Amencan Academy of Pedlatnc, 2012). In the implementation of the FCC has its own satisfaction for children and families because of the health services provided so that nurses can collaborate with

families in providing nursing care to children. This is in accordance with research conducted by Nurlaila et al in 2015 and Anafrin Yugistyowati in 2016 which said that the FCC can assist nurses in providing nursing care to children so as to increase client satisfaction in hospitals.

CONCLUSIONS

Family-centered care (FCC) is a philosophy that emphasizes partnerships between parents and health care staff. The FCC's basic principles are unlimited parental presence and parental participation, shared responsibility and decision-making about infant hospital care, and open communication between parents and nurses. FCC is beneficial for nurses in terms of efficiency and effectiveness of time in the treatment process and increases professional satisfaction. Therefore, the implementation of the FCC is more effective and the satisfaction of clients and families is more increased.

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CONFLICT OF INTEREST

None

REFERENCE

American Academy of Pediatrics. [Online]. Quoted (2016) Oct. Available from:

<http://v.Tvw.aap.org>.

Baghlani, R., Hosseini, M.-B., Safaiyan, A., Alizadeh, M., & Arshadi-Bostanabad, M. (2019). Perception and knowledge of neonatal intensive care unit nurses about newborns' individual developmental care programs and assessments: A

- multicenter study. *Iranian Journal of Nursing and Midwifery Research*, 24(2), 113. https://doi.org/10.4103/ijnmr.IJNMR_54_18
- Carter, B. S., Willis, T., & Knackstedt, A. (2021). Family-centered neonatal care in the pandemic. *Journal of Perinatology*, 41, 1177–1179. <https://doi.org/10.1038/s41372-021-00976-0>
- Franck, L. S., & O'Brien, K. (2019a). Evolution of family-centered care: From supporting parental-provided interventions to the family's integrated model of care. *Birth Defect Research*, 111(15), 1044–1059. <https://doi.org/10.1002/bdr2.1521>
- Franck, L. S., & O'Brien, K. (2019b). Evolution of family-centered care: From supporting parental-provided interventions to the family's integrated model of care. *Birth Defect Research*, 111(15), 1044–1059. <https://doi.org/10.1002/bdr2.1521>
- Gómez-Cantarino, S., García-Valdivieso, I., Moncunill-Martínez, E., Yáñez-Araque, B., Idoia, M., & Gurrutxaga, U. (2020). *Developing a Family-Centered Care Model in a Neonatal Intensive Care Unit (NICU): A New Vision for Managing Health Care* <https://doi.org/10.3390/ijerph17197197>.
- Harillo Acevedo, F. D., Rico Bcerra, J. I., & López Martínez, Á. (2017). La filosofía de los cuidados centrados en el desarrollo del recién nacido prematuro (NIDCAP): una revisión de la literatura. *Enfermería Global*, 16(4), 577. <https://doi.org/10.6018/eglobal.16.4.263721>
- Hearn, G., Clarkson, G., & Day, M. (2020). The role of the NICU in Father Involvement, Beliefs, and Beliefs. *Advances in Neonatal Care*, 20 (1), 80-89. <https://doi.org/10.1097/ANC.0000000000000665>
- Hockenberry, M.J. & Wilson, D., 2011, *Wong's Infant and Child Care*, 9th edition, Missouri: Elseiver.
- Kucuk Alemdar, D., Kardas Ozdemir, F., & Polat, S. (2018a). Opinions of nurses working in the NICU about family-centered care. *Medical Sciences*, 7(1), 93–99. <https://doi.org/10.5455/medscience.2017.06.8697>

- Kucuk Alemdar, D., Kardas Ozdemir, F., & Polat, S. (2018b). Opinions of nurses working in the NICU about family-centered care. *Medical Sciences*, 7(1), 93–99. <https://doi.org/10.5455/medscience.2017.06.8697>
- Palma I, E., von Wussow K, F., Morales B, I., Cifuentes R, J., & Ambiado T, S. (2017). Estrés en padres de recién nacidos hospitalizados en una unidad de paciente crítico neonatal. *Revista Chilena de Pediatría*, 88(3), 332–339. <https://doi.org/10.4067/S0370-41062017000300004>
- Purmailani. (2014). The effect of the family centered care approach on reducing the anxiety of toddler patients at Emanuel Klampok Banjarnegara Hospital. *Journal unversstas muhamadiyah purwokerto*.
- Roué, J.M.; Kuhn, P.; Maestro Lopez, M.; Maastrup, R.A.; Mitanchez, D.; Westrup, B.; Sizun, J. Eight principles for patient-centered, family-centered care for newborns in neonatal intensive care units. *Arch. Dis. Child. Neonatal Fetus Ed.* 2017, 102, 364-368. [CrossRef]
- Royal Children's Hospital. [Online]. [quoted (2017). January 4. Available from: [http://www.rch.org.au/policy/public/Patient and Family Centred Care/](http://www.rch.org.au/policy/public/Patient%20and%20Family%20Centred%20Care/).
- Toivonen, M., Lehtonen, L., Ahlqvist-Björkroth, S., & Axelin, A. (2019). *The key factors supporting the implementation of a training program for family-centered neonatal care - a qualitative study* <https://doi.org/10.1186/s12913-019-4256-1>.
- Umberger, E., Canvasser, J., & Hall, S. L. (2018). Increase the engagement and empowerment of NICU parents. *Pediatric Surgery Seminar*, 27(1), 19–24. <https://doi.org/10.1053/j.sempedsurg.2017.11.004>
- Wang, L., He, J. L., & Fei, S. L. (2018). The Needs Felt by Parents of Premature Babies in the NICU. *Western Journal of Nursing Research*, 40(5), 688–700. <https://doi.org/10.1177/0193945916683679>

Warren. (2017). *Family and Infant Neurodevelopmental Education: an innovative educational pathway for neonatal health care professionals*. *Baby*.

Umberger, E.; Canvasser, J.; Hall, S.L. Enhancing involvement and empowerment of NICU parents. *Semin. Pediatr. Surg.* 2018, 27, 19—24. [CrossRef]