
Essay

Philosophy of Family Center Care (FCC) in Child Nursing

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Abstract: Family-Centered Care (FCC) as a philosophy is defined as a care provider that emphasizes and involves the important role of the family. However, there are several obstacles in implementing family center care for children where parents have different perceptions from health workers. Parents are angry when they are involved in a job they consider to be a nurse's job and the attitude of nurses prevents parents from participating. This difference in perception causes the implementation of Family Center Care (FCC) has not been carried out optimally, this has an impact on discomfort during treatment. Along with the not yet optimal implementation of family center care when providing care to children, further discussion is needed regarding the philosophy of child nursing with a family center care approach. The reasons for the importance of implementing family center care include building a collaborative system, focusing on family strengths and resources.

Keywords: philosophy; family-centered care; nurse; child

1. Introduction

Family-Centered Care (FCC) as a philosophy is defined as a care provider that emphasizes and involves the important role of the family, not only focusing on sick children but also healthy children.(Phiri *et al.*, 2022). In the FCC concept, family members are considered as someone who has the ability and competence to provide care. Family is an important element in child care considering that children are part of the family, in nursing children must know the family as a place to live or as a constant in the child's life (Phiri, Chan and Wong, 2020). Family as a place where children will grow and develop, develop their potential. The function of health care by the family must be maintained both in healthy children and when children are sick because the family plays an important role for the health and well-being of children.

Family Centered Care (FCC) is a nursing theory that uses an approach in providing care for children and their families, not only for an individual but for all family members who are considered as recipients of care. Nursing theory aims to provide an overview of a phenomenon followed by the explanation of the relationship between these phenomena which leads to a nursing intervention. , socio-cultural and spiritual) and the essence of nursing that forms the basic framework in nursing practice (Aini Nur, 2018).

The focus of care with the FCC approach is family involvement and participation with the aim of making the family independent and increasing the ability to care for sick family members. (Fabanjo and Loihala, 2017). However, there are several obstacles in implementing family center care for children where parents have different perceptions from health workers. Parents are angry when they are involved in a job they consider to be a nurse's job and the attitude of nurses prevents parents from participating. (Coyne *et al.*, 2011). This difference in perception causes the implementation of Family Center Care (FCC) has not been carried out optimally, this has an impact on discomfort during treatment.



The family as the core of the implementation of family center care, especially in the context of care for newborns in the intensive care room. (NICU). (H. Denoual, M. Dargentas, S. Roudaut, R. Balez, 2016). There are psychological, emotional and child development impacts when there is a separation from parents. The results showed that there was a negative impact related to separation from parents during hospitalization.(Mirlashari *et al.*, 2020)

The implementation of FCC is influenced by several factors, including the knowledge, attitudes and skills of the staff, the design of the physical space and the availability of parental support. (Judith S.GoodingBA, 2011). One of the core concepts of FCC is known as Enabling, which means enabling the involvement or participation of families in child care both in the community and in hospitals by creating opportunities and means for family members to display their abilities and competencies in meeting the needs of children and family. (Smith, 2018). Although FCC is an ideal concept in the care of sick children, in practice it is difficult to implement. The reasons why the FCC is difficult to implement include: parents are angry when they are involved in a job that they consider to be a nurse's job and the attitude of nurses that prevents parents from participating. A previous qualitative study identified family-centered care as the ideal care (Mirlashari *et al.*, 2020)philosophy; however, its implementation into practice is very challenging and problematic, this is due to organizational and managerial factors. (Prasopkittikun, Srchantaranit and Chunyasing, 2020). Along with differences in perceptions in the implementation of family center care when providing care to children, further discussion is needed regarding the philosophy of child nursing with a family center care approach, where nurses must understand and advocate for nine elements of the philosophy of care in the form of: family as constant collaboration, parents /professional, information sharing with family, family strength and individuality, parent-to-parent support, child support. and family development needs, emotional and financial support, health care delivery system design, and staff support. (Hockenberry, M. J., Wilson, D., & Rodgers, 2017)

2. Philosophy of Pediatric Nursing

Child nursing is a belief or view that nurses have in providing nursing services to children that focus on family (family centered care), prevention of trauma (atramatic care), and case management. In the world of pediatric nursing, nurses need to understand, considering that there are several different principles in the application of care because children are not miniature adults but as unique individuals. (Hockenberry, M.J.,Wilson, D.,& Rodgers, 2017). As a nurse in providing child nursing services, you must be able to facilitate families in various forms of health services, either in the form of direct nursing actions or providing health education to children.

3. Principles of Pediatric Nursing

Guidelines in understanding philosophy in pediatric nursing. Nurses must be able to understand it, considering that there are several different principles in the application of care, including, children are not miniature adults but as unique individuals which means that they should not view children from physical size as adults but children as unique individuals who have pattern of growth and development towards the maturation process.(Hockenberry, M. J., Wilson, D., & Rodgers, 2017). Children as unique individuals and have needs that are in accordance with their stage of development, these needs include physiological needs such as nutrition, fluids, activity, elimination, rest, sleep and others. And psychological needs, such as social and spiritual.(Hidayat, 2005).

Child nursing services are oriented towards preventing disease and improving health status, not just treating sick people. Pediatric nursing is a health discipline that focuses on the welfare of children so that nurses are comprehensively responsible for providing nursing care for children. Child nursing practice includes contracts with children and families to prevent, assess, intervene, and improve the welfare of life by using nursing processes that are in accordance with moral and legal aspects.(Hockenberry, J.M.

& Wilson, 2007). The purpose of child and adolescent nursing is to promote healthy maturation or maturity for children and adolescents as biopsychosocial and spiritual beings in the context of family and society. Seventh, in the future, the tendency of pediatric nursing will focus on the science of growth and development because it will study aspects of children's lives.

4. Philosophy of Family Centre Care in Child Nursing

4.1. Ontology Study of Family Centre Care (FCC)

Family-Centered Care is defined by the Association for the Care of Children's Health as a philosophy in which care givers emphasize and involve the important role of the family, family support will build strength, help to make the best choices, and promote normal patterns that exist in their daily lives during childhood, sick and recoveringn. (Mirlashari *et al.*, 2020). In the world of pediatric nursing, nurses need to understand and remember that there are several different principles in the application of care because children are not miniature adults but as unique individuals. (Hidayat, 2005). In contrast to health services for adults or the elderly. Nursing services for children must pay attention to the physical structure of the child, which is physically not fully mature and is still in the process of growth. So that treatment must be carried out by health workers who really master the science of nursing in children.

The results of previous studies show that parent-professional collaboration is one of the lowest scoring elements in the practice and perception domain of the questionnaire. However, qualitative data is different from this. Interview results show that nurses are aware of the importance of involving families in providing care and working in collaboration with them. The practice observed by the participants indicated that they tried to involve the family in care by allocating some tasks to them such as cleaning, medicine or eating. (Alabdulaziz, Moss and Copnell, 2017). Information sharing also has little value in nursing practice; however, responses to the questionnaire indicated that they considered it important. During observation nurses were noted to have had limited and superficial communication with patients and their families. Mainly, to socialize with them and ask about any pain. Nurses avoid sharing information with family and patients. In interviews, they indicated that they did not have the authority to share information regarding illness and treatment plans. In addition, nurses also have difficulty communicating with families because of language barriers that hinder their ability to provide information to families.(Auerbach *et al.*, 2021). The nurses' responses in the interviews showed clearly that they were not confident in their knowledge. There are those who claim that it is better for the family to receive information from the assigned doctor because they know everything related to the case. (Dennis *et al.*, 2017). Others indicated that they did not have up-to-date information about the patient's condition and therefore better not to share information that could be misleading or untrue. Some nurses stated that it was not part of the nurse's job to provide any information to the family or discuss it with them(Alabdulaziz, Moss and Copnell, 2017)

The concept of family-centered care (FCC) has been recognized as an approach that considers and plans care that involves the whole family, rather than the individual child. (Smith, 2018). Family Centre Care , healthcare providers work in partnership with families, recognizing that the family is a constant in a child's life (Coyne, Holmström and Söderbäck, 2018). FCC is widely regarded as a model of optimal nursing care delivery in hospital and non-hospital settings (Hengeveld *et al.*, 2021)

4.2. Epistemological Study of Family Centre Care

In the family center care process we need to recognize the strengths and weaknesses that exist in the family. For example, family-centered care may be more appropriate in the context of providing neonatal care. The focus of care is the patient in this case is the child, meaning to see each person as an individual with his own perspective, to understand his needs and wants, and to promote involvement and participation. (Coyne, Holmström and

Söderbäck, 2018). In addition, it is important to know which approach to apply in different situations so that quality care is possible for each person, child and family. (Dennis *et al.*, 2017). The reason for doing Family-Centered Care is to build a collaboration system rather than control. Focus on family strengths and resources rather than family weaknesses. Recognizing the ability of families to care for children like a professional.(Hockenberry, J.M. & Wilson, 2007). Empowering families. Increase more sharing of information with patients, families and service providers. Creating flexible and non-rigid programs. (Hockenberry, J.M. & Wilson, 2007; Phiri, Chan and Wong, 2020).

In the practice of Family-Centered Care, the patient's quality of life is improved by taking into account the stage of growth and development of the child during hospitalization. There are differences in providing nursing services between adults and children as the target. The difference can be seen from the physical structure, where physically the child has organs that are not fully mature. For example, the composition of bone in children is mostly cartilage, while in adults it is hard bone. Physiological processes also experience differences, children's ability to form anti-inflammatory substances is not perfect so that their immune systems are still vulnerable and susceptible to disease. In the cognitive aspect, children's thinking abilities and responses to past experiences are very different from adults, unpleasant experiences during treatment will be recorded as a trauma, so nursing services must minimize the traumatic impact of children. The pediatric nurse will focus on the family (family center care) and avoid the risk of trauma (atraumatic care). Family center care or care that focuses on the family is the most important element in providing care or nursing to children in the family.

While the FCC is mostly applied specifically to the pediatric area it is recognized that children are not only patients in pediatric units but in hospital care. In a study of the application of adult-trained perioperative nurses to family-centered care, it was found that nurses generally agreed with the involvement of parents in the care of children in the perioperative setting. This was done to help relieve the stress of child hospitalization..(Dennis *et al.*, 2017). Study participants reported a lack of training and experience in caring for children. Similarly, in a study of nurses in mixed pediatric and adult intensive care units, working with families of children was found to be particularly challenging with physical, cultural and institutional factors impacting the ability of nurses to provide appropriate care. (Butler, Willetts, & Copnell , 2015).

The care of children in the emergency department requires care providers to effectively manage an acute health crisis, quickly develop a therapeutic relationship with the family and work effectively as a team.(Auerbach *et al.*, 2021). It has been suggested that the implementation of FCC in the emergency department can increase parental satisfaction and involvement in decision-making, as well as family presence during the procedure (Auerbach *et al.*, 2021). A qualitative study attempted to explore the dimensions of the FCC. These findings reveal eight main dimensions that can be used to measure it, namely: emotional support, coordination, gaining and respecting and involving patients and families in treatment decisions, timely and caring in care, information, communication and counselling, pain management, safe environment. and focus on children.(McKenna, Shimoinaba and Copnell, 2022)

4.3. Axiological Study of Family Centre Care

The application of Family-Centered Care is beneficial in child care by facilitating the adaptive process in children who are hospitalized with their families. Communication between parents and service providers will increase, so that satisfaction with services is formed from parents who feel more confident, and competent in providing care for their children. Increasing financial and quality care outcomes is also an advantage of Family-Centered Care by avoiding more money for care payments if there is collaboration between families and service providers in child care. There are several policies that can be applied with a family center care approach while the child is being treated in a hospital, including:

1. Visiting Hours

The same perception between families and health care providers who consider the family as the main source of strength and support for children, so the policy regarding visiting hours, permission to accompany children during treatment must be adjusted to the concept of Family-Centered Care. In the concept of Family-Centered Care, the family is seen as a constant element while the presence of the health profession fluctuates. It is very appropriate if the child can be accompanied for 24 hours by parents. The time of visit for children needs to be regulated by policy makers in the hospital wisely, visits for parents should not be limited. The thing to note is that family visits to the nursing room pay attention to aseptic principles by washing hands before and after visits, wearing special clothes for special rooms in order to minimize nosocomial infections..

2. Maintain the child's freedom to move

Restraints for intravenous insertion in cooperative children are not required. This will give the child freedom to move, facilitate wheelchairs for children who have difficulty walking, so that they can move around the room under supervision. Physical examinations that require restraint, such as ear examination with otoscopy, may involve the parent holding the child in position. The presence of parents will minimize anxiety, and this nurse respects the rights of children.

3. Setting the child's activity schedule

Make a schedule agreement between children and parents while in the hospital. The schedule is made according to activities while at home, for example bath time, eating, playing and also resting time. This schedule arrangement aims to improve self-control and facilitate adaptation to activities during treatment.

4. Minimize injury and pain

Each child has a different perception and pain threshold, this is influenced by the cognitive development of children who are in the pre-operational stage. The principle of action in children is atraumatic care. The existence of special procedures for treatment in the children's room that distinguishes it from adults will minimize the child's fear, for example carrying out procedures with playing activities first. The nurse before taking action, should ask the child's perception of the action to be taken. The act of injecting is perceived by the child to make blood flow out. The nurse needs to explain to the child that after the injection is complete and the injection site is covered with a plaster, the blood will stop coming out.

5. Minimize the impact of separation

The principle of family centered care fully supports the involvement of families in child care, starting from the initial admission to the hospital until being declared cured. Involving parents in child care will provide a positive experience for families to care for children, understand children's reactions during illness and take anticipatory actions in the future.

6. Child Special Assessment and Physical Examination Room

The availability of a special room for assessment and physical examination for children is intended to ensure the privacy of parents, so that parents do not worry that the information will be heard by others. Confidentiality of information is maintained by health workers. In addition, related to the concept of atraumatic care and hospitalization, the child care room needs to be decorated (Room's setting, color, pictures) to increase the child's sense of comfort and the action room must be able to reduce the child's anxiety. It is also necessary to have a play room and various kinds of games (Toys in pediatric room) to support and stimulate growth and development, reduce stranger anxiety, fear of pain, and hospitalization..

The results of previous studies indicate that family-centered care can be an appropriate approach for children with Spinal muscular atrophy Type 1 because once a child is diagnosed, the family is required to make complex medical decisions regarding treatment,

palliative care, and symptom management that will determine the course of the disease. child's life. In addition, given the complexity of the disease course, parents also report the need for a consistent team of care givers which is an inherent concept of the FCC.(Murrell *et al.*, 2018) The results of another qualitative study stated that the application of FCC is very beneficial for families with children suffering from spinal muscular atrophy type 1 because chronic diseases experienced by children will have an impact on the whole family., (Al., 2017).

FCC is important in maintaining a focus of involvement on the family during child care. Successful implementation of FCC is most often observed when families interact with other families who have the same case in children. Meanwhile, the use of FCC is lacking in terms of the ability of families to communicate with service providers. Families experience higher levels of stress when the FCC principles are not met, suggesting that the FCC principles are critical to positive family experiences. (Al., 2018). FCC practices focus on patient and patient family involvement, patient and family centered communication, and interventions to improve care, support, and participation of families in care. An optimal FCC requires ongoing efforts to address healthcare disparities, encourage balanced patient and family involvement, and humanize the ICU environment for patients, families, and healthcare professionals.(Secunda and Kruser, 2022). There are several concepts that must be considered in the application of family center care, including: (Paraszczuk *et al.*, 2021):

1. Dignity and honor

In providing nursing care must always listen to and respect the views and preferences of the patient. Knowledge, values, beliefs and cultural background of patients and families are factors that must be considered when providing care.

2. Sharing Information

As a service provider, nurses must be able to communicate and convey useful information for patients and families correctly and impartially to patients and families. Patients and families receive timely, complete, accurate information in order to participate in care and decision making.

3. Participation

The importance of involvement between patients and families in providing care and making decisions in accordance with the agreements that have been made.

4. Collaboration

Patients and families are also included in the basic components of collaboration. Nurses collaborate with patients and families in policy making and program development, implementation and evaluation, health facility design and professional education especially in the delivery of care.

5. Conclusion

The implementation of nursing care or the implementation of nursing in children needs to apply a Family center care approach so that the nursing care provided can improve the quality of health services, especially for children and families. The reasons for the importance of implementing family center care include building a collaborative system, focusing on family strengths and resources, acknowledging the expertise and ability of families in caring for children, empowering families, sharing information with patients, families and service providers, creating flexible programs and not stiff.

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