Perspective of Nurses and Parents Regarding Family Centered Care (FCC) Among Pediatric Patients in Tertiary Care Hospitals, Peshawar

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Abstract:

BACKGROUND: Family-centered care (FFC) is modern and an accepted approach to take care of children and their parents or families in hospital. It is an approach whereby hospital staff (for example, doctors, nurses, technicians etc.) and families work together to take care of ill children.
AIM OF THE STUDY: This research activity aims to compare the perspective and perceptions of family-centered care (FCC) by hospital staff (i.e. nurse) and parents of hospitalized children

in 3 tertiary pediatric hospitals of Peshawar, Khyber Pakhtunkhwa, Pakistan.
METHODS: A quantitative and cross-sectional research design has been utilized to investigate the perspective and perceptions of family-centered care (FCC). Universal sampling technique has been adopted to select 120 nurses and 170 parents from the population of interest. The information has been collected through questionnaire designed by Finnella Gill and her colleagues in an Australian study to study the perspective and perceptions of family-centered care (FCC). The collected information has been analyzed in tabular form including frequencies, percentage, mean an digraphs.
RESULTS: Findings shows that staff mean score is higher for the majority of indicators/statements when compared to parent mean score. Its means that staff has a better perception regarding family-centered care (FCC) in 3 tertiary pediatric hospitals of Peshawar, Khyber Pakhtunkhwa, Pakistan. Efforts are needed to improve the level of satisfaction of parents regarding family-centered care (FCC) in 3 tertiary pediatric hospitals of Peshawar, Khyber Pakhtunkhwa, Pakistan.

1.1 Background of the Study

Family is a basic structural and functional unit of any given society. It plays a pivotal role in continuation of generation, taking care of the newborn, their socialization, and provides the new born with socio-economic and psychological care (Macionis, 2011; Kendall, 2007). Family being an important aspect of human life has various impacts on children and it is widely recognized fact that family is pivotal in maximizing a child's potentials (Khan et al., 2017).

Family centered care (FCC) is an eminent dimension of a modern health care system. In words of Los Angeles Children Care Hospital it refers to:

„a partnership between families and clinicians. It's a collaborative relationship. It helps families set the goals for their child's treatment and recovery"

Family is the basic entity of a society and family-centered care is considered as an essential component that is globally used for providing care among children and families in both hospital and community settings. Pediatric patient's care and their family involvement can be integrated together to bring improvement in the quality of life among pediatric patients. Study suggested that in European countries like the United Kingdom and Ireland pediatric patients and their families should be given highest priority during care. Family must be involved during the provision of all the health services provided to their children (Foster, Whitehead and Maybee, 2010). Children are totally dependent on their families for their needs and cannot take their decisions on their own. Family centered care would be an approach towards caring for children and their families within the health care delivery system to ensure planned care around the whole family. By following the same approach both the children and their families could be benefitted and respected by the health services (Stuart and Melling, 2014). As family is an important aspect of the social setup therefore prior decision concerning a child's care parents must be up-to-date. The role of the nurse involves the exchange of complete and unbiased information between the family and health care team (Perry, Hockenberry, Lowdermilk and Wilson, 2013). Family is the crucial and decisive figure in order to maximize the comfort of pediatric patients, therefore, why significance of their involvement must be explored in terms of planning better care for them and their children. Nurses can play a vital role in providing standard care to the children in the presence of their families (Harrison, 2010; Ibilola et al., 2017).

1.1.1. Evidence from Statistics: Child Mortality and Morbidity in Pakistan

A report presented by UNICEF in 2018 reveals that Pakistan has the worst newborn mortality rate throughout the world. For instance, 1 out of 22 newborn babies dies in Pakistan. When compared to Japan the risk decreases to 1 out of 111; representing a huge difference. The preeminent factors behind such statistics with regard to Pakistan are poor nutrition; shortage of properly trained medical personnel; lack of health facilities for children; lack of awareness, as well as illiteracy. Further, according to UNICEF Data 25 out of 100 children dies under five years in Pakistan; and, mentioned the same reasons mentioned including poor nutrition; shortage of properly trained medical personnel; lack of health facilities for children; lack of awareness; as well as illiteracy contributing to such high child mortality (UNICEF, 2018). Furthermore, The Nation published an article about child mortality which revealed that about 60% of world's 5.9 million children died before age of five among which the majority belonged to Asian and African states. And, unfortunately, Pakistan is at the top in the list of South Asian states. Prevalence of various diseases e.g. premature birth, pneumonia, diarrhea, malaria and malnutrition are core causes of higher child mortality rates in Pakistan. For instance, pneumonia alone kills approximately 90,000 children in Pakistan annually aging under five (Fatima, 2017).

The UNICEF report elucidates that in 2015 about 5,500,000 children were born in Pakistan which constitutes approximately 14,900 children every day. However, approximately 671 children die every day even before reaching their first month (UNIGME, 2017)

In Pakistan more than 20 million people are under five years age (Pakistan Statistical Year Book 2012). Out of total deaths in a year in Pakistan, almost 50% were reported in under 5 years children. Similarly, out of the total sick persons in Pakistan a large proportion, i.e. about 3/5 are contributed by the children. It has been reported that about 550,000 children under five years die in Pakistan from preventable causes including pneumonia, diarrhea, malnutrition, measles, and malaria. Pakistan has been able to reduce the mortality rate for children by 15% since, 1990, but it was still among the countries with high mortality in children (Khan, Hussain, Kazmi and, Javaid, 2009). Acute respiratory infection in 77 (27%) was the leading disease reported; gastroenteritis was reported in 40 (14%); fever in 53 (19%); helminthes in 10 (4%); skin infections 32 (11%); eye infections 28 (10%); ear infections 9 (3%); 34 (12%) were reported as unknown (Mahmood and Arif, 1997).

1.2. Objectives of the Study

To describe the perception of nursing staff towards Family Centered Care for pediatrics in Peshawar

To describe the perception of parents towards Family Centered Care for pediatrics in Peshawar

To compare the perception of staff and parents towards Family Centered Care for pediatrics in Peshawar

1.3. Methodology

This study is quantitative and cross sectional in nature and design. This study has been conducted in Tertiary Care Hospitals including KTH, HMC, LRH Peshawar. In the mentioned hospitals the population for the study included nurses and parents accompanying their sick children. The currently admitted patients in pediatric units LRH-80 KTH-50 & HMC 40=170 was the calculated sample size for the current research activity. A total of 120 Nurses were working in the pediatric units of all the three tertiary care hospitals, and were included in the study (LRH-60, KTH-35 and HMC-25). Thereby, it comprised a total of 390 sample size.

Universal sampling (Census) technique has been utilized for selection of nurses and parents accompanying their sick children. Following are the details of inclusion and exclusion criteria of samples"

Inclusion Criteria:

Nurses having at least 1 year experience have been selected from Pediatric Units of K.T.H, HMC and L.R.H Peshawar.

Exclusion Criteria:

1. Newly appointed Nurses working in Pediatric Units
2. Nurses not willing to participate in the study
3. Nurses working other than pediatric units

Approval has been taken from KMU-ASRB

and the Ethics Board. Permission has been taken from Directors of HMC, KTH, and LRH Peshawar. For this study the data has been collected by an adopted questionnaire (Fenella Gill-Staff Questionnaire) validated with Cronbach's alpha for the reliability for staff 0.71 and parent 0.78, after piloting sample size of 15 nurses and parents reliability for staff nurses 0.73, and for parents 0.72 to know about the perceptions of nurses and parents regarding the family cantered care among pediatric patients.

Data has been analyzed by SPSS Software Version-22 after the collection of complete data. After having proper analysis the data has been presented in the form of graphs, charts, and percentages accordingly. Frequencies and percentages have been calculated for categorical variable and mean and standard deviations have been calculated for continues variable as part of descriptive statistic while the inferential statistic has been used as per requirements.

1.4. Data Analysis

Table 1: Socio-demographic Information of Nurses

Gender of the Respondents	**Frequency**	**Percentage**
Male	34	28.33
Female	86	71.67
Age of the respondents	**Frequency**	**Percentage**
25 years or below	15	12.5
26-30 years	66	55
31-45 years	34	28.33
46-50 years	05	4.16
Working with neonates	**Frequency**	**Percent**
1-3 years	32	26.7
3-5 years	49	40.8
5-7 years	28	23.3
7 and above years	11	9.2
Total	**120**	**100.0**
Current area of practice in the hospital	**Frequency**	**Percent**
Pediatric Medicine	44	36.7
Pediatric surgery	13	10.8
Pindaric ICU	22	18.3
Nursery	35	29.2
Pindaric surgery	6	5.0
Total	**120**	**100.0**

Table 1 shows that 34 (28.33%) respondents were male while 86 (71.67%) respondents were female. Further, 15 (12.5%) respondents were aged 25 years or below, 66 (55%) respondents were 26-30 years old; 34 (28.33%) respondents were 31-45 years old; 5 (4.16%) respondents were 46-50 years old.Additionally, 32 (26.7 %) respondents had 1-3 years of working experience with neonates; 49 (40.8%) respondents had 3-5 years of working experience with neonates; 28 (23.3%) respondents had 5-7 years of working experience with neonates; 11 (9.2%) respondents had 7 and or more years of working experience with neonates. Further, 44 (36.7%) respondents were related to pediatric medicine; 13 (10.8%) respondents were related to pediatric surgery; 22 (18.3%) respondents were working in Pindaric ICU. 35 (29.2%) respondents working in nursery whereas 6 (5%) respondents were related to Pindaric surgery.

Table 2: Socio-demographic Information of the Parents

Gender of the Respondents	**Frequency**	**Percentage**
Male	107	62.94
Female	63	37.06
Age of the respondents	**Frequency**	**Percentage**
25 years or below	11	6.47
26-30 years	23	13.52
31-45 years	101	59.11
46-50 years	35	20.58

Table 2 shows that 107 (62.94%) respondents were male while 63 (37.06%) respondents were female. Further, 11 (6.47%) respondents were aged 25 years or below; 23 (13.52%) respondents were 26-30 years old; 101 (59.11%) respondents were 31-45 years old; 35 (20.58%) respondents were 46-50 years old.

Table 3: Comparison of parent and staff perceptions comparison by subscale

Comparison of parent and staff perceptions comparison by subscale		
Sub-scale: Respect	**Parents mean**	**Staff mean**
When parents come to the hospita they are made to feel welcome	2.59	3.02
Other members of the child's family are welcome to attend with the child at the hospital4	2.59	3.1
Parents are able to be with their child during procedures	3.02	3.27
Parents can question recommendations about their child's treatment	2.47	3.06
Parents are treated like parents (rather than a visitor) when attending the hospital	2.42	2.94
The child's privacy and confidentiality are respected	2.98	3.11
Sub-scale: Collaboration	**Parents mean**	**Staff mean**
Parents are prepared for discharge/referral to other community services after their child's discharge	2.68	2.53
Parents are given honest information about their child's care	2.66	3.18
Parents are told whom to call after they get home if they need help or reassurance	2.54	2.82
When decisions are being made about their child's care, parents are included	3.01	3.08
Parents are taught what they need to know about the care their child needs	2.95	3.18
Parents are told the name of the doctor in charge of their child's care	2.61	3.54
Parents can understand the written material that has been given to them	2.43	2.11
The family is included in the care of the child	3.14	2.92
Parents are overwhelmed by the information given to them about their child	1.98	2.26
Sub-scale: Support	**Parents mean**	**Staff mean**
Staff are familiar with the child's individual needs	2.81	2.96
Staff listen to parents' concerns	2.52	3.13
Parents see the same staff	2.78	2.35
Staff know who the parents' support people are	2.68	3.16
Staff understand what the parent and their family are going through	3.16	3.32
Note: the mean score is the outcome/mean of 4 level scale ranging from 1-4 i.e. never, sometimes, usually and always.		

The comparative table shows various indicators of FCC and their subscales. The total score was 4 (never, sometimes, usually and always e.g. ranking from 1-4). The first subscale was respect whereby 5 statements were given. First, staff perception scored better (3.02) as compared to parents (2.59) when asked about welcome to the hospital. Second, staff perception scored better (3.14) as compared to parents (2.59) when asked about welcoming other family members to the hospital. Third, staff perception scored better (3.27) as compared to parents (3.02) when asked that parents are able to be with their child during procedures. Fourth, staff perception scored better (3.06) as compared to parents (2.47) when asked that whether parents can question recommendations about their child's treatment. Fifth, staff perception scored better (2.94) as compared to parents (2.42) when asked that parents are treated like parents (rather than a visitor) when attending the hospital. Sixth, staff perception scored better (3.11) as compared to parents (2.98) that the child's privacy and confidentiality are respected. Thereby, staff mean scores better in each statement about the sub-scale respect.

Further, another sub-scale was collaboration. In this connection, parents mean (e.g. 2.68) was higher as compared to staff mean (2.53) with re-

gard to the statement that parents are prepared for discharge/referral to other community services after their child's discharge. Staff mean (3.18) scored better from parents mean that is 2.66 in answer to the statement that parents are given honest information about their child's care. Again staffs mean is higher (i.e. 2.82) as compared to parents score that is 2.54 for the statement that parents are told whom to call after they get home if they need help or reassurance. Staff mean (3.08) scores higher than parents mean which is 3.01 with regard to the statement that when decisions are being made about their child's care, parents are included. Similarly, staff mean (3.18) scores higher than parents mean which is 2.95 for the statement that parents are taught what they need to know about the care their child needs. Again, staff mean (i.e. 3.54) scores higher than parents mean (2.61) for the statement that parents are told the name of the doctor in charge of their child's care. However, staff mean score (2.11) is low when compared to parents mean score that is 2.43 with regard to the statement that parents can understand the written material that has been given to them. The mean score of staff that is 2.92 score low to parent's mean score that 3.14 for the statement that the family is included in the care of the child. Lastly, staff mean (e.g. 2.26) scores higher to that of parent mean score which is 1.98 with regard to the statement that parents are overwhelmed by the information given to them about their child.

Furthermore, another sub-scale was support. In this context, first, staff mean (2.96) score higher to that of parent mean that is 2.81 with regard to the statement that staff are familiar with the child's individual needs. Second, staff mean (i.e. 3.13) score higher to that of parent mean that is 2.52 with regard to the statement that staff listen to parents' concerns. Third, staff mean score that is 2.35 is low to that of parents mean score (e.g. 2.78) with for the statement that parents see the same staff. Fourth, staff mean (i.e. 3.16) score higher to that of parent mean that is 2.68 with regard to the statement that Staff know who the parents' support people are. Fifth, staff mean (for instance 3.32) score higher to that of parent mean that is 3.16 with regard to the statement that staff understand what the parent and their family are going through.

Table 4: Pair T-test for comparing staff and nurses perception towards FCC

			Confidence interval of the difference				
Pairs	**Mean**	**Mean Difference**	**Lower**	**Upper**	**T**	**Df**	**Sig. (2-tailed)**
Pair 1 When parents come to the hospital they are made to feel welcome	2.82	-.43	-.023	.311	2.179	19	.044
Pair 2 Other members of the child's family are welcome to attend with the child at hospital	2.86	-.55	-.519	-.231	2.854	19	.020
Pair 3 Parents are able to be with their child during procedures	3.14	-.25	-.457	-.042	1.453	19	.163
Pair 4 Parents can question recommendations about their child's treatment	2.77	-.47	.490	.820	-3.559	19	.003

Pair 5 Parents are treated like parents (rather than visitor) when attending at hospital	2.68	-.42	.070	.490	1.000	19	.058
Pair 6 Child's privacy/ confidentiality are respected	3.04	-.13	-.579	-.121	3.199	19	.007
Pair 7 Parents are prepared for discharge/ referral to other community services after the child's discharge	2.60	0.15	.080	.520	1.000	19	.62
Pair 8 Parents are given honest information about their child's care	2.92	-.52	.018	.422	1.453	19	.000
Pair 9 Parents are told whom to call after they get home if they need help or reassurance	2.68	-.28	-.235	.039	5.940	19	.001
Pair 10 When decisions are being made about their child's care, parents are included	3.045	-.07	.083	.170	7.550	19	.000
Pair 11 Parents are taught what they need to know about the care their child needs	3.06	-.13	.008	.392	-4.819	19	.000
Pair 12 Parents are told the name of the doctor in charge of their child's care	3.12	-.93	.080	.520	13.077	19	0.001
Pair 13 Parents can understand the written material that has been given to them	2.27	.32	-.044	.244	2.517	19	.022
Pair 14 The family is included in the care of the child	3.03	.22	-.635	-.165	2.517	19	.048
Pair 15 Parents are overwhelmed by the information given to them about their child	2.12	-.28	-.045	.214	2.517	19	.000
Pair 16 Staff are familiar with the child's individual needs	2.88	-.15	.221	.478	2.179	19	.042
Pair 17 Staff listen to parents' concerns	2.78	-.63	-.055	.155	2.179	19	.013

Pair 18 Parents see the same staff	3.06	.43	-.044	.244	1.453	19	.001
Pair 19 Staff know who the parents' support people are	2.92	-.48	-.519	-.154	2.179	19	.075
Pair 20 Staff understand what the parent and their family are going through	3.24	-.16	-.034	.144	2.517	19	.000

The first pair is parental perception towards FCC while the second pair represents the perception of nurses towards FCC. The mean is the total mean value of the perception of parents as well as nurses while the mean difference represents the difference of means from parents to nurses perception towards FCC. Further, T value represents the value of t-test while the significance is (+-) 0.05. Values in between -0.05 and 0.05 are significant whereas higher or lower then that are insignificant.

1.5 Discussion

Family centered care (FCC) is one of the eminent aspects of the modern health care system. Its history traces back to the very beginning of 19th century whereby a first hospital to care exclusively for children was the L'Hopital Des Enfants-Malades was established in Paris. Later in the mid 19th century, the practice of family centered care became quite common in United States. However, the proper practice of modern family centered care introduced in United States whereby children were accompanied by parents in surgeries, stayed with children in hospital as well as other family members visited to them. In the mid 1980s pediatricians, researchers as well as policymakers heard from families that how they care for children at home and what can be the importance of family in child health, diagnosis as well as treatment, and the benefits of joint decision-making. In 1989 the MCHB changed its mission to read:

"Provide and promote family-centered, community-based, coordinated care for children with special health care needs and to facilitate the development of community-based systems of services for such children and their families.

With regard to pediatrics care, FCC is pivotal to the modern health care system. Parental and staff (e.g. nurses, doctors and other hospital staff) perception about FCC varies and is an important of topic of debate in current medical sciences. This study focuses on parental and perception of nurses towards FCC in pediatric care centers in Peshawar including Lady Reading Hospital Peshawar, Hayat Abad Medical Complex Peshawar and Khyber Teaching Hospital Peshawar whereby staff and parents accompanying their admitted children were sampled to know about their perception about FCC.

Findings show that parental and staff perception and perspective about FCC varies in the hospitals of Lady Reading Hospital Peshawar, Hayat Abad Medical Complex Peshawar and Khyber Teaching Hospital Peshawar. In explanation, respondents were questioned through a questionnaire designed by Fenella Gill having three components/scales named as respect, collaboration and support. In terms of respect, there were 6 subscales: among these sub-scales the staff mean score was better from the mean score of parents. The subscale were welcoming parents to hospital; welcoming other family members of children to hospital; parents accompanying children during procedures question recommendations about their child's treatment; treating parents like parents; respect for child privacy and confidentiality. In terms of collaboration there were 9 subscales. Among these subscale staff mean score was higher for 6 statements. These statements included giving honest information about their child's care to parents; telling parents whom to call for reassurance; including parents in taking decision regarding child; telling parents about the needs of children; telling parents about the doctor in-charge. Besides, the subscales where parental mean score was higher includes preparing parents for discharge/referral to other community services after their child's discharge; parents being able to understand the written material given to them; inclusion of parents in taking care of children.

In context of support there were five subscales: among these the staff mean score was higher for 4 statements including familiarity of staff with children individual needs; staff listening to parents' concerns. Knowledge of staff about supporting people and realization of staff that what the parent and their family are going through. In addition, for only one statement the parent mean score is high and that is parents seeing the same staff.

Conclusion

It is evident that staff perception about family centered care (FCC) is much better when compared to perception of parents about family centered care (FCC). Staff perceives that family centered care (FCC) of pediatrics provides better services in terms of support, collaboration and respect. However, much work is needed to satisfy the parents with regard to family centered care (FCC) of pediatric units of sampled hospitals in Peshawar, Pakistan.

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