



Determination of the healthcare satisfaction of the parents staying in the hospital with their children diagnosed COVID-19 towards family-centered care

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Abstract

To determine the healthcare satisfaction of the parents staying in the hospital with their children diagnosed Covid-19 towards family-centered care and to determine the relationship between them. This was a descriptive, correlational and cross-sectional type study. Data were collected in a pediatric outpatient clinic of a university hospital between March-June 2021. The universe of the study consisted of 141 parents, and the calculated sample size was 59. The study was completed with 64 parents. Data of the study were collected in the light of literature by using Sociodemographic Information Form, The Family-Centered Care Scale and The Pediatric Quality of Life Healthcare Satisfaction Inventory. Data were analyzed by SPSS 21 statistical package program. The ethics approval was taken from the clinical research ethics committee of the relevant university. The mean score of the parents from the Family-Centered Care Scale was 60.58 ± 8.77 , the mean PedsQL Healthcare Satisfaction Inventory score of the parents was found to be 71.75 ± 24.21 . A positive and moderate level of correlation was found between the Family-Centered Care Scale and PedsQL Healthcare Satisfaction Inventory and their subscales. It was found that nurses helped families and children to feel well cared for; however, they did not get the opinions of the family at a sufficient level while planning care. In the study, the healthcare satisfaction of the parents was at an adequate level. Besides, it was determined that the opinions of parents regarding family-centered care positively affected their satisfaction.

Keywords: Covid-19, family-centered care, healthcare satisfaction, nursing

1. Introduction

Coronavirus disease (COVID-19), that was detected in December 2019, was announced as a pandemic by World Health Organization (WHO). This global epidemic has influenced whole world in a short time (1-3, 4). While the symptoms of Covid-19 infection, which is also seen in children, have been reported as fever and dry cough, the disease was reported to progress to ARDS or multiorgan failure in pediatric cases in a recent study (5). It was also reported that clinical symptoms were more severe among children under six years old compared to older ones and this situation led to the extension of the treatment process and made the process more difficult (6).

Supporting the parents of hospitalized children is an important aspect of nursing care. Supportive care behaviors of the nurses can be accounted as listening and empathy, informing and making explanations, encouraging the family about the child's care and giving trust, confirming, providing attention and value, maintaining integrity, making suggestions, and guiding in solving existing problems (7). Therefore, providing nursing care to the child and his/her family as a whole including physical, emotional, social, and spiritual aspects is the essence of philosophy under family-centered care (8, 9). Besides experiencing intense stress and fear about the health conditions of their children, parents also expect their needs such as taking

good care of their children, being in a safe environment, trusting healthcare professionals, and getting informed to be met (9-11).

Opinions of the parents are crucial for the evaluation of the outcomes of healthcare services given to pediatric patients (8, 9, 12,13). Family-centered care has been indicated to affect the efficient use of healthcare services provided, the health conditions of the individuals, and access to care in a positive way (14-16). Moreover, family support is important in the health services given in the field of pediatrics in terms of shortening the hospitalization time which is one of the significant quality indicators and ensuring patient safety (17). In this context, this study was carried out to determine the healthcare satisfaction of the parents staying in the hospital besides their children diagnosed with Covid-19 towards family-centered care and to determine the relationship between them. Answers were sought for the following questions:

- What is the level of attitudes among the parents towards family-centered care?
- What is the level of healthcare satisfaction among the parents?
- Is there a relationship between the attitudes of parents

towards family-centered care and their healthcare satisfaction?

2. Materials and Methods

2.1. Type of the study

This was a descriptive, correlational and cross-sectional type study.

2.2. The sample and universe of the study

Data were collected in a pediatric outpatient clinic of a university hospital between March-June 2021. The inclusion criteria of the study were hospitalization and discharge of the child from the hospital due to Covid-19 or MIS-C diagnosis and the parent taking care of the child should be literate and open to communication. The universe of the study was composed of parents of the children who were hospitalized due to Covid-19 or Multisystem Inflammatory Syndrome associated with Covid-19 (MIS-C) and came to the outpatient clinic one week after their discharge from the hospital between the indicated dates. The incidence of Covid-19 was determined as 4% among the children in the study by Karacan et al. (2020) in Turkey (18). Considering the incidence of Covid-19 among children, the sample size was calculated. The universe of the study consisted of 141 parents whose children were hospitalized and treated in the pediatric infection service of a university hospital between indicated dates, and the calculated sample size was 59. The study was completed with 64 parents. 2.2.1. The Chronic Venous Insufficiency Quality of Life Questionnaire (CIVIQ)

CIVIQ was used to assess quality of life in chronic venous insufficiency which consists of 20 items. It has been established that this disease-specific questionnaire is valid and highly reproducible with great internal coordination and high responsiveness rate. It has also been established that it is a precious tool in both clinical practice and trials for evaluating improvement in patients' HRQoL. It includes subsections fields about pain, physical, physiological and social. The score for each item was in between 1–5 (18).

2.3. Data collection instruments

Data of the study were collected in the light of literature by using Sociodemographic Information Form which was prepared by the researcher, The Family-Centered Care Scale (FCCS) and The Pediatric Quality of Life (PEDSQL) Healthcare Satisfaction Inventory.

Sociodemographic information form

This form was generated by the researchers and composed of 10 questions including sociodemographic characteristics of the children and parents (age and sex of the child, age and sex of the parent, education status, income status, family type), previous hospitalization experience of the child, presence of any chronic disease and hospitalization time.

The family-centered care scale

This scale was developed by Curley et al. (2013) to determine parents' experiences regarding family-centered nursing care and the validity and reliability study of its Turkish version was

conducted by Altıparmak and Arslan (2016). The scale is composed of two parts including "importance" and "consistency" and 7 items. The total score of this 5-point Likert-type scale is between 7-35. Parents assess how important the care given by nurses in the important part and how much interest nurses show in the child's care is assessed in the consistency part. The scores of importance and consistency are combined under a single score and this score is expressed as a percentage of the match. A high percentage of matches indicates that nurses take care of parents and good care is given to the child. On the other hand, a low score means that nurses do not take care of the parents adequately and they do not allocate sufficient time for the child's care. Cronbach alpha reliability coefficient of the scale is 0.79 (8). In this study, it was found as 0.91.

The pediatric quality of life (pedsq)

Healthcare Satisfaction Inventory: This inventory was developed by Varni (2000) to determine the healthcare satisfaction of parents and the validity and reliability study of its Turkish version was conducted by Ulus and Kublay (2012). The questions included in the scale measure satisfaction from medical care services and psychosocial satisfaction. The scale includes 6 subscales (information, inclusion of family, communication, technical skills, emotional needs, and overall satisfaction) and 25 items. The questions of this 5-point Likert type scale are graded as "0: never, 1:sometimes, 2:often, 3:almost always, 4: always". The score that can be taken from the scale varies between 0-100. Healthcare satisfaction increases as the scores are increased. Cronbach Alpha coefficient of the scale, which is calculated by Ulus and Kublay (2012), is 0.96 (9). Cronbach Alpha coefficient was determined as 0.97 in this study.

2.4. Data collection

Parents were informed before starting to collect data, and their consent was taken. Data were collected from the individuals who came for control examination one week after discharge through face-to-face interview technique as compliant with pandemic conditions.

2.5. Assessment of data

Data were analyzed by SPSS 21 (Statistical Package for Social Science for Windows) statistical package program. Kolmogorov-Smirnov test was used to test the normality assumption of data. Descriptive statistics and correlation analysis (Pearson correlation analysis) were used to analyze data. The results were analyzed within a confidence interval of 95% and a significance level of $p < 0.05$.

2.6. Ethical aspect of the study

An ethics approval was taken from the clinical research ethics committee of the relevant university (OMÜ/KAEEK NO:2021/120, application date:03.16.2021) and institutional permission was obtained from the university hospital where the study would be conducted to collect data. Written permissions were taken from the authors to use the scales. Parents were

informed about the purpose of the study, their questions were answered and their verbal consents were taken. The study was carried out in compliance with the principles of the Helsinki Declaration.

3. Results

The mean age of the parents included in the study was 37.14 ± 7.47 years old; 92.2% were females and 87.5% were mothers. It was determined that 28.1% of the parents were elementary/secondary school graduates and 67.2% were

unemployed. Moreover, 71.9% of the families had a core family, 37.5% were living in the county and 53.1% had income equal to the expenses.

The mean age of the children was found to be 8.42 ± 5.89 years old, and 51.6% were females. It was also determined that 57.8% of the children had a history of previous hospitalization, 12.5% had a chronic disease, 85.9% were hospitalized due to Covid-19, and hospitalization time was 7.28 ± 2.64 days (Table 1).

Table 1. Descriptive characteristics of the parents and their children (n:64)

$\bar{X} \pm Sd$ (Min-Max)			
Parental age: 37.14 ± 7.47 (21-59)			
Child's age: 8.42 ± 5.89 (1-17)			
Hospitalization time (days): 7.28 ± 2.64 (4-20)			
		Number (n)	Percentage (%)
Sex of the parent	Female	59	92.2
	Male	5	7.8
Parental trait	Mother	56	87.5
	Father	5	7.8
	Other	3	4.7
Education status	Elementary school	18	28.1
	Secondary school	18	28.1
	High school	14	21.9
	University	14	21.9
Employment status of the parent	Unemployed	43	67.2
	Employed	21	32.8
Family type	Core	46	71.9
	Patriarchal	18	28.1
Living place	City	22	34.4
	County	24	37.5
	Village	18	28.1
Income status	Income less than expenses	13	20.3
	Income equal to the expenses	34	53.1
	Income more than expenses	17	26.6
Sex of the child	Female	33	51.6
	Male	31	48.4
Diagnosis of the child	Covid-19	55	85.9
	Covid-19+MIS-C	9	14.1
Child's experience of the previous hospitalization	Yes	37	57.8
	No	27	42.2
Presence of any chronic disease	Yes	8	12.5
	No	56	87.5

Descriptive statistics and matching rates of the scores given to the family-centered care scale were given in Table 2. While

item 7 had the highest matching rate (56.3%), item 3 was found to have the lowest matching rate (48.4%) (Table 2).

Table 2. Descriptive statistics and matching rates of the family-centered care scale

Family-Centered Care Scale Items	Importance Level		Consistency Level		Match	
	Min-Max	$\bar{X} \pm Sd$	Min-Max	$\bar{X} \pm Sd$	n	%
Nurses help me to feel welcomed.	3-5	4.78 ± 0.51	1-5	4.05 ± 0.93	33	51.6
Nurses help me to feel important in my child's care.	3-5	4.88 ± 0.37	1-5	4.05 ± 0.98	32	51.6
Nurses treat me as a valued team member when planning my child's nursing care.	1-5	4.56 ± 0.88	1-5	3.84 ± 1.11	33	48.4
Nurses give explanations about the nursing care they provide.	2-5	4.61 ± 0.80	1-5	3.81 ± 1.12	33	50.0
Nurses explain about changes I could expect in my child's condition.	1-5	4.67 ± 0.81	1-5	3.83 ± 1.14	34	53.1
Nurses help my child to feel well cared for.	2-5	4.78 ± 0.60	1-5	3.94 ± 1.11	34	54.7
Nurses help me to feel well cared for.	2-5	4.80 ± 0.56	1-5	3.98 ± 1.10	35	56.3

The mean score of the parents from the Family-Centered Care Scale (FCCS) was 60.58 ± 8.77 , and their mean scores were 33.08 ± 3.49 in importance and 27.50 ± 7.03 in the consistency subscales. In the study, the mean PedsQL Healthcare Satisfaction Inventory score of the parents was found to be 71.75 ± 24.21 ; and their mean scores were 14.40 ± 4.88 in information, 11.20 ± 4.14 in the inclusion of

family, 14.15 ± 5.14 in communication, 11.42 ± 4.36 in technical skills, 11.14 ± 4.39 in emotional needs, and 9.42 ± 2.92 in overall satisfaction subscales (Table 3). A positive and moderate level of correlation was found between the Family-Centered Care Scale and PedsQL Healthcare Satisfaction Inventory and their subscales (Table 4).

Table 3. Descriptive statistics of the scores given to the Family-Centered Care Scale and PedsQL Healthcare Satisfaction Inventory

Total Scores of the Scales and subscales	$\bar{X} \pm Sd$	Min-Max
Family-Centered Care Scale Matching Rates	60.58 ± 8.77	34-70
Family-Centered Care Importance	33.08 ± 3.49	19-35
Family-Centered Care Consistency	27.50 ± 7.03	7-35
PedsQL Healthcare Satisfaction Inventory Total	71.75 ± 24.21	23-100
Information subscale	14.40 ± 4.88	3-20
Inclusion of family subscale	11.20 ± 4.14	2-16
Communication subscale	14.15 ± 5.14	4-20
Technical skills subscale	11.42 ± 4.36	3-16
Emotional needs subscale	11.14 ± 4.39	2-16
Overall satisfaction subscale	9.42 ± 2.92	1-12

\bar{X} : Mean; Sd: Standard deviation; Min.: Minimum; Max.: Maximum

Table 4. The Correlations Between Family-Centered Care Scale (FCCS) and PedsQL Healthcare Satisfaction Inventory

	r	p
FCCS Total- PedsQL HCSI Total	0.606	0.000
FCCS Total- PedsQL HCSI- Information	0.457	0.000
FCCS Total- PedsQL HCSI- Inclusion of Family	0.535	0.000
FCCS Total- PedsQL HCSI- Communication	0.627	0.000
FCCS Total- PedsQL HCSI- Technical Skills	0.630	0.000
FCCS Total- PedsQL HCSI- Emotional Needs	0.574	0.000
FCCS Total- PedsQL HCSI- Overall Satisfaction	0.591	0.000

r: Pearson correlation test; $r=0,00-0,25$ very weak, $r=0,26-0,49$ weak, $r=0,50-0,69$ moderate, $r=0,70-0,89$ high, $r=0,90-1,00$ very high; $p<0.001$)

4. Discussion

In the study, it was determined that importance and consistency matching rates in the family-centered care scale ranged between 48.4% and 56.3%. It was also seen that the item as 'Nurses help me to feel well cared for' had the highest and the item as 'Nurses treat me as a valued team member when planning my child's nursing care' had the lowest matching rates (Table 2). Among the previous studies, Arabiat et al. (2018) found the highest matching rate in the item as 'Nurses help me to feel well cared for' as similar to this study (19). In the study by Garli and Cinar (2020), it was determined that nurses helped the child and the family to feel well cared for, but they did not explain the changes that might be expected in the child's condition at an adequate level (20). Moreover, Gunay et al. (2017) found that parents mostly had expectations such as having training about the disease of their children, its treatment, the procedures performed, and care at home at the end of discussions made for family-centered care in the pediatric oncology clinic (21). Accordingly, it may be concluded that nurses do not get the opinions of parents at a sufficient level while planning care although care given to the pediatric patients by the nurses are evaluated positively by the parents. This suggests that nurses might not prefer to include parents in the care process due to the strict isolation measures during the pandemic, their excess workload, and the intense stress they experienced during this period.

Healthcare satisfaction levels of the parents were found to be high in the study (Table 3). Similarly, the healthcare satisfaction of the parents was found to be at a high level in some previous studies (9, 22, 23). Uysal and Cirlak (2014) carried out a study with parents of children with an acute health problem and found expectation and satisfaction levels of the families for nursing care at a high level (24). In the study by Ghadery-Sefat et al. (2016), it was found that supportive nursing care given to the mothers in the neonatal intensive care unit positively affected their care satisfaction through mother-infant bonding (25). Parents' satisfaction with the care services provided by nurses during the Covid-19 pandemic points out the effect of family-centered care they provide. Moreover, the importance given to the safety of patients and employees by the hospital management during the pandemic might have been effective.

When the relationship between family-centered care and healthcare satisfaction was examined in the study, a positive and moderate level correlation was found (Table 4). In the performed studies, family-centered care was determined to affect parent satisfaction positively (14-16, 26, 27). In the experimental study by Rostami et al. (2015), family-centered care practice was found to enhance parent satisfaction (28). In a study carried out with mothers of premature infants, positive effects of family-centered care were observed on the mother's satisfaction and readmission of the newborn (16). Furthermore,

the study by Crespo et al. (2016) which was conducted with the parents of children with the oncological disease showed that parents experienced less care burden when they perceived the health service provided as family-centered; and this affected life quality and life satisfaction of the parents more positively (29). This circumstance suggests that family-centered care, which nurses provide to parents in the context of their educative roles (information, inclusion in the care and giving a say, etc.), is effective in meeting the requirements of the parents and thus, parents' satisfaction is positively influenced by the care service they are provided.

The limitations of the study were its conduction in a single university hospital, having access only to the parents who came back for control after discharge from the hospital, and interpretation of the results based on parents' statements.

In conclusion, this study which was carried out to determine the relationship between family-centered care given to Covid-19 positive pediatric patients and healthcare satisfaction of their parents, it was found that nurses helped families and children to feel well cared for; however, they did not get the opinions of the family at a sufficient level while planning care. It was concluded in the study that the healthcare satisfaction of the parents was at an adequate level. Besides, it was determined that the opinions of parents regarding family-centered care positively affected their satisfaction.

Since family-centered care is important under the strict isolation conditions taken during the pandemic, nurses are recommended to maintain continuity of family-centered care services in the hospitals and to give more importance to the inclusion of parents in the care. Also, it is suggested to emphasize the subjects such as providing emotional support, healthy communication, empathy, and stress management during in-service training organized for the nurses in the hospitals to pursue continuity of communication and trust-based cooperation between the nurses and parents. Moreover, it is recommended to evaluate satisfaction levels of nurses and parents at regular intervals for the assessment of healthcare satisfaction and care given and to take measures for this in line with hospital quality standards during this period.

Conflict of interest

None to declare.

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None to declare.

References

- Dong Y, Mo X, Hu Y, Qi X, Jiang F, Jiang Z, Tong S. Epidemiological characteristics of 2143 pediatric patients with 2019 coronavirus disease in China. *Pediatrics*. 2020. doi: 0.1542/peds.2020-0702.
- Hong H, Wang Y, Chung HT, Chen CJ. Clinical characteristics of novel coronavirus disease 2019 (COVID-19) in newborns, infants and children. *Pediatrics & Neonatology*. 2020; 61(2):131-132. doi: 10.1016/j.pedneo.2020.03.001.
- Ludvigsson JF. Systematic review of COVID-19 in children shows milder cases and a better prognosis than adults. *Acta paediatrica*. 2020;109(6):1088-1095.
- World Health Organization (WHO). Q&A on COVID-19, pregnancy, childbirth and breastfeeding. 18 Mart 2020. (Erişim Tarihi: 21.04.2020). <https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-pregnancy-childbirth-and-breastfeeding>
- Ravikumar N, Nallasamy K, Bansal A, Angurana SK, Basavaraja GV, Sundaram M, et al. Intensive care chapter of Indian academy of pediatrics. Novel coronavirus 2019 (2019-ncov) infection: part 1-preparedness and management in the pediatric intensive care unit in resource-limited settings. *Indian Pediatrics*. 2020; 57: 324-334.
- Cruz AT, Zeichner SL. COVID-19 in children: initial characterization of the pediatric disease. *Pediatrics*. 2020;145(6).
- Niela-Vilén H, Axelin A, Salanterä S, Melender HL. InternetBased Peer Support For Parents: A Systematic Integrative Review. *International Journal of Nursing Studies*. 2014;51: 1524-37.
- Altıparmak D, Taş Arslan F. The Adaptation of Family Centred Care Scale to Turkish a Validity and Reliability Study. *J Pediatr Res*. 2016; 3(2): 97-103.
- Ulus B, & Kublay G. Turkish adaptation of the PEDSQL healthcare parent satisfaction scale. *Acıbadem Üniversitesi Sağlık Bilimleri Dergisi*. 2012; 1(3):44-50.
- Lee SJ, Ward KP, Chang OD, Downing KM. Parenting activities and the transition to home-based education during the COVID-19 pandemic. *Children and Youth Services Review*. 2021; 122: 105585.
- Yuan R, Xu QH, Xia CC, Lou CY, Xie Z, Ge QM, Shao Y. Psychological status of parents of hospitalized children during the COVID-19 epidemic in China. *Psychiatry Research*. 2020; 288: 112953.
- Jönsson L, Lundqvist P, Tiberg I, Hallström I. Type 1 diabetes – impact on children and parents at diagnosis and 1 year subsequent to the child's diagnosis. *Scand J Caring Sci*. 2020; 29:126–35.
- Tiberg I, Katarina SC, Carlsson A, Hallstrom I. Children diagnosed with type 1 diabetes: a randomized controlled trial comparing hospital versus home-based care. *Acta Paediatr*. 2012; 101: 1069–73.
- Seliner B, Latal B, Spirig R. When children with profound multiple disabilities are hospitalized: A cross-sectional survey of parental burden of care, quality of life of parents and their hospitalized children, and satisfaction with family-centered care. *Journal for Specialists in Pediatric Nursing*. 2016;21(3):147–157. doi:10.1111/jspn.12150
- Bastani F, Abadi TA, Haghani H. Effect of family-centered care on improving parental satisfaction and reducing readmission among premature infants: a randomized controlled trial. *J Clin Diagn Res*. 2015; 9(1): SC04–SC08.
- Tsironi S, Koulierakis G. Factors affecting parents' satisfaction with pediatric wards. *Jpn J Nurs Sci*. (2019) 16:212–20. 10.1111/jjns.12239
- Sigurdardottir AO, Garwick AW, Svavarsdottir EK. The importance of family support in pediatrics and its impact on healthcare satisfaction. *Scandinavian journal of caring sciences*. 2017; 31(2): 241-252.
- Karacan A., Zehra, K. U. R. T., Öztürk, M. H., Gündüz, Y., Ateş, Ö. F. Frequency of COVID 19 infection in the child age group and thoracic computerized tomography findings. *Journal of Biotechnology and Strategic Health Research*, 4(3), 262-265.
- Arabi D, Whitehead L, Foster M, Shields L, Harris L. Parents' experiences of family-centered care practices. *Journal of Pediatric*

- Nursing. 2018; 42: 39–44.
20. Garlı E., Çınar N. Identifying the experiences of the parents, whose children are inpatient about the family-centered nursing care. *EGE Journal of Nursing Faculty*. 2020; 36(1), 35-44.
 21. Günay U, Polat S. Assessment of family-centered care training provided at pediatric oncology clinic: views of doctors and nurses. *Bozok Tıp Dergisi*. 2017; 7(1): 12-21.
 22. Aslanabadi S, Shahbazi SH. Mothers' satisfaction with nursing care in a Children's Hospital. *Iran J. Nurs*. 2014; 26: 61–70.
 23. Kruszecka-Krówka A, Smoleń E, Cepuch G, Piskorz-Ogórek K, Perek M, Gniadek A. Determinants of Parental Satisfaction with Nursing Care in Paediatric Wards—A Preliminary Report. *International Journal of Environmental Research and Public Health*. 2019; 16(10): 1774. doi:10.3390/ijerph16101774.
 24. Uysal G, Cirlak A. The expectations related to nursing and the satisfaction levels of the parents of the children who have acute health problems. *Procedia Soc. Behav. Sci*. 2014; 152: 435–439.
 25. Ghadery-Sefat A, Abdeyazdan Z, Badiée Z, Zargham-Boroujeni A. Relationship between parent–infant attachment and parental satisfaction with supportive nursing care *Iran J Nurs Midwifery Res*. 2016; 21(1): 71–76.
 26. Yılmaz ÖE, Gözen D. The importance of family-centered care in pediatric nursing and the value in improving care quality. Geçkil E, editör. *Family-Centered Care at a Pediatric Nursing*. 1. Ed. Ankara: Turkish Clinics; 2019.
 27. Terp K, Weis J, Lundqvist P. Parents' views of family-centered care at a pediatric intensive care unit—a qualitative study. *Front Pediatr*. 2021; 9: 725040. doi: 10.3389/fped.2021.725040
 28. Rostami F, Syed Hassan ST, Yaghmai F, Binti Ismaeil S, Bin Suandi T. Effects of family-centered care on the satisfaction of parents of children hospitalized in pediatric wards in a pediatric ward in Chaloos in 2012. *Electron Physician*. 2015; 7(2): 1078-84.
 29. Crespo C, Santos S, Tavares A, Salvador Á. “Care that matters”: Family-centered care, caregiving burden, and adaptation in parents of children with cancer. *Families, Systems, & Health*. 2006; 34(1): 31–40. <https://doi.org/10.1037/fsh0000166>.