

Tips in The Development of Family Central Care

Emine GEÇKİL*

* Necmettin Erbakan University Faculty of Nursing, Konya, Turkey

INTRODUCTION

It began to be accepted in the 19th century when children were not miniatures of adults, but had unique physical, psychological, cognitive and spiritual developmental processes and needs. This perspective led to the understanding that children should be treated differently than adults, and this understanding led to the opening of children's hospitals. In these hospitals, mothers were initially allowed to stay with their sick children, but families were banned from visiting and worried about the spread of infections, and this perspective continued for nearly a century (Smith 2018, Yılmaz and Gözen 2019). These events continued until the Second World War. The father of the Family Centered Care (FCC) Bowlby has revealed the devastating effects of hospitalization on children, apart from their families (Yılmaz and Gözen 2019). Dr. Bowlby and Robertson's paper led to the establishment of a "maternal care organization for hospitalized children" in the UK and the preparation of the Platt Report in 1959. The Platt report includes admission of pediatric patients to the hospital with their mothers, allowing parents to visit their in-patient children, providing play opportunities, and training nurses to meet the emotional needs of children and their families (Shields and Tanner 2004). "Family-centered care, which Western medicine sees as something new and different, is in fact a deep-rooted value in cultures like us that place strong emphasis on family ties and networks (Igel and Lenner 2016). We see that the concept of patient and family centered care is used more frequently. Patient and family-centered care is a collaborative approach between health professionals, patients, and families in planning, delivering and evaluating health care (Johnson and Abraham 2012). Patient and family-centered care emphasizes cooperation not only for children, but also for people of all ages in the whole care setting. This cooperation is not only related to care, but also includes quality development, research, policy-making, training of health workers, design of health care facilities and safety issues (IPFCC, 2019). In patient and family-centered care, there is no concept of "doing for patients or families", but instead of "doing with patients and families."

In pediatric nursing, the importance of the primary caregiver role of the family in meeting the physical, cognitive, psychosocial, spiritual and developmental needs of the child and increasing the health and welfare of the child is increasingly recognized. The FCC provides a holistic approach to patient care, including psychological, spiritual, cultural and emotional dimensions. This term also recognizes the role of family members of the patient in the planning and implementation of home care. Family-centered care is beneficial not only for children but also for all (Clay and Parsh 2016). Implementation of FCC improves patient outcomes, contributes to faster recovery, reduces the number of patients coming back to the emergency room, reduces costs, and increases employee satisfaction (Clay and Parsh 2016, Öztürk, Ayar 2019). The FCC involves family involvement in care and decisions and allows the use of autonomy. In this sense, the FCC is a rising value that contributes to the ethically defensible service provided (Igel and Lenner 2016). The FCC has been listed as a "ten rules for redesigning health care to improve quality in the US by the Institute of Medical (IOM) Health Care Quality Institute (Clay and Parsh 2016).

TIPS IN THE DEVELOPMENT OF FCC

The first step in the development of FCC is to identify and reduce the factors that prevent it. Nurses lack of knowledge and understanding of FCC, lack of workforce, health professionals believe that families do not want to participate in decisions, lack of support from corporate

administrations, lack of guidance for families' duties and responsibilities in hospitals, communication barriers between employees and families (such as differences in language, culture, etc.). These situations constitute obstacles for the implementation of the FCC (Yılmaz, Gözen 2019, Güdücü Tüfekçi and Kara 2019, Taş Arslan and Özkan 2019).

Communication and Cooperation: Although pediatric nurses are the main advocates of the FCC, paternalistic attitudes and lack of cooperation with parents remain (Uhl et al. 2013). Recognizing the importance of the role of family members in health care, establishing and supporting good and safe relationships with patients and their families, clarifying how the strengths and weaknesses of families affect health care, including patients' own health decisions needs to be better informed about treatment options and improved access to information (Clay and Parsh 2016, Khajeh et al. 2017). Parents' ability to participate in care is influenced by their communication with the health care team, especially nurses (Uhl et al. 2013). The patient and family members should be involved in the care discussions and the creation of records. Empowering parents in collaboration with them can contribute to the development of FCC practices (Uhl et al. 2013). Asking if they want to participate in the care and being invited to cooperate will contribute to the development of the FCC as it expresses such a right. Supporting the patient and his / her family to increase health literacy and providing clear information is important for the development of FCC. In order to support the development of FCC, IOM recommended that the patient be treated individually, respecting the values and culture, giving discharge training, informing patients about their rights, explaining dietary restrictions affecting treatment, and informing patients and loved ones (IOM 2001). Language and cultural differences need to be taken into account when providing information and making clinical decisions. Although parental participation in doctor and nurse visits is controversial, it can contribute to the development of FCC because it provides a true source of information, acceptance, and the opportunity to seek advice (Uhl et al. 2013). Only health professionals who accept the importance of their loved ones in patients' health / illness experiences can try to work with patients and their families. Therefore, the inclusion of concepts such as FCC and its principles, cooperation, holistic care and support resources in the education and training curricula of health professionals may increase the applicability of FCC (Simith 2018, Güdücü Tüfekçi and Kara 2019). It is also important that hospitals and health care institutions address these concepts in in-service training programs (Khajeh et al. 2017). It is recommended that FCC applications should be required in order for hospitals to be included in some programs such as Baby Friendly, Family Friendly, Mother Friendly, Magnet hospitals (eg American Nurses Credentialing Center necessitates FCC applications of hospitals to become Magnet Hospital). It is important that hospitals and health institutions provide literature, guidelines and policies for better implementation of FCC in their institutions, that hospital environments are designed in accordance with FCC and that they provide the necessary budget for all these (Khajeh et al. 2017). In the hospital, family, sibling visit scope and hours are flexible, providing physical facilities (kitchen, bathroom, religious places of worship, etc.) to meet the needs of the attendant. regulations will contribute to the development of FCC (Güdücü Tüfekçi and Kara 2019, Öztürk and Ayar 2019, Taş Arslan and Özkan 2019).

Continuous evaluation of FCC applications offered in institutions and hospitals will contribute to the development of FCC (Öztürk and Ayar 2019, Taş Arslan and Özkan 2019). There are limitations in the assessment of FCC in the hospital setting and in other health care providers. The evaluation of the FCC should include a variety of perspectives in terms of children, family and employees (Taş Arslan and Özkan 2019). In this sense, measurement tools were developed to evaluate patient and parent perspectives (Taş Arsan et al. 2019, Yıldız and Geçkil 2019) and nurse view vaccines (Kara 2019). It is important to have sufficient number and quality of nurses and other human resources in the institution in order to ensure the principles of FCC (Khajeh et al. 2017).

Accepting that the FCC can no longer be used not only for pediatrics but also for patients of all ages and in any health care institution may contribute to the development of FCC.

CONCLUSION

Pediatric nurses are the best advocates of FCC, and also play a key role in the implementation and development of FCC. Identifying barriers to FCC implementation, developing and evaluating applications are critical.

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