Original Article

Determination of Pediatric Nurses' Attitudes on Family-Centered Care

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Abstract

Purpose: This study was conducted as a descriptive study to determine attitudes of nurses working in pediatric clinics regarding family-centered care.
Material and methods: The study was conducted between May 25 and December 25, 2017 with 304 nurses working in three different hospitals' pediatric clinics. Survey data were obtained by questionnaire of socio-demographic profile of nurses and Parent Participation Attitude Scale (PPAS).
Results: Mean score of parental participation attitude scale of the nurses participating in the survey was determined as 86.43 ± 6.79. It was found that there is no statistically significant difference between the mean scores of parent participation attitude scale and socio-demographic characteristics of the nurses included in the study. Clinics where nurses work and scores of Parent Participation Attitude Scale (PPAS) were found to have a significant difference. When this difference was analyzed, it was determined that nurses working in pediatric intensive care clinic had the lowest score on the parent participation attitude scale.
Conclusion: In this study, Parent Participation Attitude Scale-PPAS scores of nurses working in the pediatric intensive care clinic were found to be low. It is recommended pediatric intensive care nurses to coordinate visits to increase active involvement of family in the care of the child, organize in-service training for the subject, and improve hospital policy to promote family-centered care.

Keywords: Family-centered care, Parent participation, Hospitalized child, nurse

Introduction

The role of family is major in order child to grow as physically, mentally and psychologically healthy and in shaping his behavior. Children grow up in the family, become conscious and are prepared for the community in which they live (Tufekci et al.,2015).The only thing that does not change with the growth and development of the child is the need to benefit from health services (Basbakkal et al., 2010).

Illness of a child can have negative effects on both family and child (Conk 2013). As a consequence of the child's hospitalization, some changes occur in the daily routines of the whole family, their roles and duties within the family. (Yildirim 2008).

It is possible for families to participate in the care of their children in hospital environment by having a good

understanding of hospital environment and having good communication with health care providers. When nurses and doctors start to take care of the child in the hospital, parents lose their sense of control. At this point, concept of Family-Centered Care emerges and nurses share the care of child with their families (Tufekci et al., 2015). According to research results, it was determined that families have the necessity of getting information about health status and course of disease of their children from health care personnel, actively participating in care of their children, accompanying their children during the procedures to be carried out, communicating with health care personnel easily and orientating themselves to the service. "Family-centered care" practices have been developed to provide the most appropriate health services to family and children and to fulfill their needs (Aykanat et al.2014). İn this approach, family is the primary unit of care (Dur et al., 2016).

Family-Centered Care philosophy involves including the family in planning, implementing and evaluating of care and accepting that family has the right to speak as much as health care personnel (Peterson, Cohen, Parsons 2004). The aim of Family-Centered Care is to cooperate with the family, protect bond between child and family, provide participation of the family in child's care, minimize child's and parents' reaction to illness and hospitalization, make the child feel safe in the hospital environment, prevent negative effects which occur on the ground of hospitalization on child and maximize the mental, physical and psychological potential of the child (Hockenberry et al., 2009).

Family-centered care practices increase regaining the sense of control lost in child care, strengthening communication between parents and health care personnel (Dur et al., 2016), positively affect mother-child mental health and increase parents' satisfaction (Atay et al., 2011). When we look at the situation in our country on family-centered care, it can be observed that there is no standard procedure for families to stay in the hospital with their children and there are differences about practices between hospitals. (Boztepe et al., 2009). Therefore, opinions of pediatric nurses working in different hospitals in province are very important for family-centered care.

This study was conducted as a descriptive study to determine the attitudes and behaviors of nurses working in pediatric clinics of the state hospital, training research hospital and university hospital in Bursa.

Material and methods

The population and sample of the study consisted of pediatric clinic nurses working in Uludag University Medical Faculty Health Application and Research Hospital, Health Sciences University Bursa High Specialty Training and Research Hospital and Dortcelik Children's Hospital in Bursa province between 25 May and 25 December 2017. 418 nurses were selected as population, 304 nurses who agreed to participate in were taken to study.

Questionnaires of socio-demographic characteristics of the nurses and the Parent Participation Attitude Scale (PPAS) were used to collect the necessary data in the study. This questionnaire includes 9 questions, which are prepared by the researcher in the context of the literature, about socio-demographic characteristics such as age, marital status, and characteristics of clinics in which nurses work.

The data of the study were collected on the basis of volunteerism after 23.05.2017 dated and 2017-8 / 2 decision numbered approval of Uludag University Faculty of Medicine Clinical Research Ethics Committee and the written permission of the patients were obtained. By taking verbal permission from the participants, the nurses who agreed to participate in the survey were taken for sample.

The data of study were acquired by using SPSS statistical software package. The

data were assessed as number, percentage, mean, standard deviation and median, and the Shapiro Wilk (Kruskal-Wallis) Test was used in order to research suitability of the data for normal distribution. Unpaired t-test was used in the analysis of the data with normal distribution in the intergroup comparisons. Significance level of statistical data was accepted as <0.05.

Parent Participation Attitude Scale-PPAS

This scale was first developed in 1967 by Seidl and Pillitteri to measure the attitudes of nurses on the involvement of parents in the care of their hospitalized children .The scale was revised by Gill in (1985, 1993). İnternal consistency reliability of the scale was determined as 0.74. Reliability and validity of the study was provided in 2008 by Yildirim Ozbodur (Yildirim, 2008) in order this scale to be used in Turkey and internal consistency reliability was 0.67 for the total scale.

In the scale, the questions 1, 4, 5, 6, 8, 9, 10, 11, 13, 15, 17, 18, and 22 are reverse. This scale is a 5-point Likert scale with 24 items. One gives 1 point for strongly disagree, 2 points for disagree, 3 points for undecided, 4 points for agree, and 5 points for strongly agree. The lowest score to be obtained from the scale is 24, the highest score is 120. Highness of the score obtained indicates an acceptable attitude to parent participation.

Results

According to Table 1, 57,9% of the nurses who were in the scope of research were found to be married and 48,4% have children. İt was determined that nurses' average age was 32, 2 ± 6,4, average length of employment was 10,1 ± 6,7 and the average year they have spent working in pediatric clinics was 6,6 ± 4,7. When we look at the educational background of the nurses in our research, 6,6% had master's degree, 69,1% bachelor's degree, 20,4% associate degree and 3,9% were graduated from vocational high school of health. İt was determined that 28% of the nurses worked in the internal medicine clinics, 26.3% in the pediatric intensive care unit and 22% in the neonatal intensive care unit. Nurses included in the study were found to have no statistically significant difference in terms of their descriptive characteristics (p>0.05). (Table 1.)

It was found that internal medicine clinic got the highest score from Parent Participation Attitude Scale among internal medicine clinic, neonatal intensive care and other clinics in which the study was conducted, and child intensive care clinic got the lowest score. Nurses working in neonatal intensive care support parental involvement more than nurses working in pediatric intensive care. Clinics in which nurses participating in the study work and parent participation attitude scale scores were found to have a statistically significant difference. This difference results from the nurses working in the child intensive care clinic (p <0,05).

Discussion

In the study, demographic factors such as age, marital status, parental status, education level, clinical position, length of employment in nursing profession and length of employment in pediatric clinics were found to have no effect on parent participation attitudes. In the study of Daneman et al., demographic factors such as age, lenght of employment, marital status and parental status did not affect the attitudes of the nurses (Daneman et al., 2003). Chen did not find a significant difference between marital status, parental status, previous hospital experiences of children, education levels, and overall score averages when studying nurses' attitudes on parent participation (Chen, 2005). Dogan did a research in order to determine opinions and expectations of nurses, doctors and parents about parent participation in the care of the hospitalized child (Dogan, 2010).

Table 1. Descriptive Characteristics of Nurses and Parent Participation Attitude Scale (PPAS) Distribution of Mean Scores

Characteristics	N	%	PPAS	Test
Age	32.22±6.44		86.43 ± 6.79	r= -.012
(min=21-max=51)				p > 0.05
Marital Status				
- Married	176	57.9	86.6 ± 7.1	t= .668
- Single	128	42.1	86.1 ±6.2	p > 0.05
Having children				
- Yes	147	48.4	86.6 ± 7.1	t= .449
- No	157	51.6	86.2 ± 6.4	p > 0.05
Education level				
- Medical Vocational High School	12	3.9	86.08 ± 5.19	$X^2_{K-W=}$ .643
- Associate Degree	62	20.4	85.85 ± 6.36	df=3
- Bachelor's Degree	210	69.1	86.62 ± 6.94	p > 0.05
- Master Degree	20	6.6	86.35 ± 7.72	
Hospital				
- Dortcelik	98	32.2	86.63 ± 6.43	$X^2_{K-W=}$ 3.450
- SUAM	115	37.8	87.06 ± 6.96	df=2
- Yuksek İhtisas	91	29.9	85.40 ± 6.92	p > 0.05
Clinical position				
- Head nurse	21	6.9	88.38 ± 6.77	$X^2_{K-W=}$ 1.432
- Nurse	283	93.1	86.28 ± 6.78	df=1
				p > 0.05
Lenght of employment in nursing profession (min=6 months. max=30 years)	10.09±6.77		86.43 ± 6.79	r= - .009
				p > 0.05
Lenght of employment in pediatric clinics (min=1 month - max=26 years)	6.63±4.74		86.43 ± 6.79	r= .043
				p > 0.05
Clinic				
- Internal Medicine	85	28	87.32 ± 6.38	$X^2_{K-W=}$ 11.159
- Surgical	34	11.2	86.61 ± 7.48	df=4
- Neonatal intensive care	67	22	87.26 ± 6.24	**p < 0.05**
- Pediatric intensive care	80	26.3	84.32 ± 6.78	
- Others	38	12.5	87.21 ± 7.39	
Total	304	100.00		

Table 2: Parent Participation Attitude Scale (PPAS) Mean Score (N=304)

Overall Mean Score	86.43 ± 6.79

Mean PPAS score of the nurses was determined as 86.43 ± 6.79. (Table 2)

İn this research, there was not found any significant relationship between age, gender, educational background, lenght of employment in pediatric clinics, clinic type, if they had training about the term 'family-centered care' during their education or in their postgraduate period or not and overall score average. These findings are in line with the three research findings above.

However, in the study of Alemdar et al. it was determined that as the level of education of nurses and their knowledge about the subject increased, their attitudes towards parents' participation became positive (Alemdar et al., 2017). Shields et al. showed that as the level of education increased, nurses with higher degrees of graduation supported family-centered care (Shields et al., 2015). Besides, it was found that young nurses' parent participation scores were lower (Shields et al., 2015). When results of parent participation scores and demographic factors are compared, differences can be observed. These outcomes may have originated from geographical regions where the studies were conducted, from hospital and country policies, or from different approaches of the nurses to the subject.

Nurses working in internal medicine, surgical, newborn intensive care, and other clinics were found to have higher attitude scores for parent participation than nurses working in the pediatric intensive care clinic. As a matter of characteristics of these clinics, factors that provide the continuity of child and parent interaction are more. Although it is thought that attachment of babies taken to neonatal intensive care in the postpartum period to their mothers can be affected negatively, this difficulty can be overcome by the family-centered care philosophy of the hospitals. İn the studies conducted by Ahn et al., Talipoglu and Esenay, the mother-baby attachment was found to increase in the hospitals where family-centered care was carried out (Ahn et al., 2010; Talipoglu and Esenay, 2012).

The attachment between mother and baby in neonatal intensive care units can be achieved best through the implementation of family-centered care (Ahn et al., 2010).

When we look at parent participation attitude scores with regard to services in which nurses work, it is concluded that pediatric intensive care got the lowest score (84,32 ± 6,78) and there was a statistically significant difference ($p<0,05$) between clinic type and parent participation attitude scores.

Patients having critical condition and limited parental visit frequency and limited duration of visit are usually cared in pediatric intensive care. Patient care in this department is usually carried out by professional nurses. Therefore, families have less involvement in pediatric intensive care clinics considering internal medicine, surgical clinics, neonatal intensive care clinics, and other clinics. Ozyazicioglu and Tufekci stated that mothers whose babies in neonatal intensive care unit had high levels of anxiety, they were not informed sufficiently about their babies and wanted to spend more time with the baby (Ozyazicioglu and Tufekci 2009). There are limited numbers of studies on satisfaction of parental presence in pediatric intensive care. Stickney et al. found that parents were satisfied with visits to intensive care unit, sitting up with the patient and getting information, but health care providers were hesitant in this subject (Stickney et al., 2014). Health care providers have the consensus that parents might have less

understanding of rounds in respect of format and content. The health care team in the pediatric intensive care unit should learn to adapt this process for parents who want to participate in family-centered care, even if they face additional challenges of providing care to complex and critical patients.

Mean PPAS score of the nurses in the study was determined as 86.43 ± 6.79 (Table 2). In the study of Daneman et al. it was found that nurses working in departments requiring special care showed more positive attitude than the others, in the study Dur et al. conducted in public and private hospitals with nurses working in child health and illness clinics, PPAS score was determined as 85.67 ± 6.17 for nurses working in public hospitals and 81.88 ± 5.26 for nurses working in private hospitals and results are similar when compared to our study (Daneman et al., 2003; Dur et al., 2016). Alemdar et al. conducted a research to determine opinions of nurses working in neonatal intensive care unit and PPAS score was determined as 84.30 ± 5.56 which is in line with our study (Alemdar et al., 2017).

Conclusion

Family and child are inseparable. It is important to consider families with children in medical and nursing approaches. In the study conducted, it was found that there was no significant difference between the mean scores of the demographic data of the nurses and the parent attitude scale. The parent attitude scale scores of the nurses working in child intensive care clinic were found to be low, and there was a significant difference between the clinic type and the mean score. According to the conclusion of this study; it can be recommended nurses working in pediatric intensive care to plan initiatives to increase active participation of families in child's care, arrangement of in-service training programs (therapeutic communication techniques, informing about child and parent rights etc.) and make hospital policies for this issue (meeting the requirements of the parents etc.).

References

Ahn, H.Y, Lee, J,., Shin, H.J., 2010. Kangaroo care on premature infant growth and maternal attachment and post-partum depression in South Korea. J Trop Pediatr. 6(5); 342-4.

Alemdar, D.K., Ozdemir, F.K., Sevinc, Polat., 2017. Opinions of nurses working in NİCU about family centered care.. Received 22 July 2017; Accepted 03 October 2017. Available online 18.12.2017 with doi: 10.5455/medscience.2017.06.8697.

Atay, G., Eras, Z., Ertem, İ., 2011. Cocuk Hastalarin Hastane Yatislari Sirasinda Gelisimlerinin Desteklenmesi (Developmental Support of Children During Their Hospitalizations). Cocuk Dergisi(J Child) 11(1):1-4.

Aykanat B., Gozen D., 2014. Cocuk Sagligi Hemsireliginde Aile Merkezli Bakim Yaklasimi,(Family Centered Care Approach İn Child Health Nursing). Gumushane Universitesi Saglik Bilimleri Dergisi (Gumushane University Journal of Health Sciences) 3(1); 683-69.

Basbakkal Z., Sonmez, S., Celasin, N.S., Esenay, F., 2010. 3-6 Yas Grubu Cocugun Akut Bir Hastalik Nedeniyle Hastaneye Yatisa Karsi Davranissal Tepkilerinin Belirlenmesi(Determination of behavioral reactions of a child of 3-6 ages group to be hospitalized due to an acute illness). Uluslararasi İnsan Bilimleri Dergisi (Journal of Human Sciences). 7(1); 456-468.

Boztepe, H., Cavusoglu, H., 2009. Bir Universite Hastanesindeki Uygulamalarin Aile Merkezli Bakim Yonunden İncelenmesi. Hacettepe Universitesi Saglik Bilimleri Fakultesi Hemsirelik Dergisi 11-24.

Conk, Z.,Basbakkal, Z., 2013. Pediatri Hemsireligi. Akademisyen Tip Kitapevi, Ankara.

Daneman, S., Macaluso, J.,, Guzzetta, E.C., 2003. Healthcare Providers' Attitudes Toward Parent Participation in the Care of the Hospitalized Child. JSPN 2003;8:90-8.

Gill, K.M. 1993. Health professionals attitudes toward parent participa-tion in hospitalized children's care. Children's Heath Care, 22, 257–271.

Dogan, B., 2010. Yuksek Lisans Tezi; "Hastanede Yatan Cocugun Bakimina Ebeveynlerin Katilimi Konusunda

Hemsirelerin, Doktorlarin ve Ebeveynlerin Gorusleri ve Beklentileri" (The Opinions And Expectations Of Nurses, Physicians And Parents On The Participation Of Parents İn The Care Of The Hospitalized Child) Baskent Universitesi Saglik Bilimleri Enstitusu Hemsirelik Anabilim Dali, Tez(Master thesis) Yoneticisi; Doc. Dr. Firdevs Erdemir. Ankara.

Dur, S., Gozen, D., Bilgin M., 2016. Devlet ve Ozel Hastanedeki Hemsirelerin Aile Merkezli Bakima İliskin Tutum ve Davranislari (Attitudes and Behavior of Nurses in State and Private Hospitals with Respect to Family-Centered Care). J Curr Pediatr 14:1-9.

Hockenberry, M.J (Ed.), Wilson D (Ed.), Sanders J., 2009. Impact Of Hospitalization On The Child And Family: Wong's Essentials Of Pediatric Nursing. 8th Edition. Mosby İnc, Philadelphia. P: 658-686.

Hockenberry, J.M., Wilson, D., Winkelstein, M.L., Kline, N.E., 2003. Wong's Nursing Care of İnfants and Children. 7th ed. Elsevier Press .p.39.

Peterson, M., Cohen, J., Parsons, V., 2004. Family centered care: Do we practice what wep reach ? Journal of Obstetric Gynecologic and Neonatal Nursing. 33 (4):421-7.

Shields, L., Faan F, Cavusoglu H., Pars H., Mamun A.A., 2015. Measuring family-centred care: working with children and their parents in a Turkish hospital. European Journal for Person Centered Healthcare Vol 3 İssue 3 pp 327-333.

Stickney, CA., Ziniel Sİ, Brett MS, Truog RD., 2014. Family participation during intensive care unit rounds: attitudes and experiences of parents and healthcare providers in a tertiary pediatric intensive care unit. J Pediatr. 164(2):402-6.e1-4.

Talipoglu, Y., Esenay Fİ., 2010. Aile merkezli bakimin maternal baglanma duzeyi ile iliskisinin incelenmesi.(Examination of the relationship between maternal attachment level and family-centered care) Mersin Universitesi Saglik Bilimleri Enstitusu (Yuksek lisans Tezi)(Master Thesis).

Ozyazicioglu, N., Tufekci, F.G., 2009. Yenidogan yogun bakim unitesinde bebekleri bakim alan annelerin kaygi ve umutsuzluk duzeylerini etkileyen faktorlerin incelenmesi (İnvestigation of Factors the Effects in Hopelessness and State-Trait Anxiety of Mothers who Care Their Baby in Neonatal İntensive Care Unit (NİCU). Ataturk Universitesi Hemsirelik Yuksekokulu Dergisi, 12(4): 66-73.

Yildirim Ozbodur. S., 2008. Ebeveyn Katilimi Tutum Olcegi'nin Turkiye'deki gecerlik guvenirlik calismasi (A Validity And Reliability Study Of Parent Participation Attitude Scale İn Turkey) Yuksek Lisans Tezi (Master Thesis). Dokuz Eylul Universitesi.

Tosun, A., Tufekci, F.G., 2015. Cocuk Kliniklerinde Aile Merkezli Bakim Uygulamalarinin İncelenmesi (The Examination of Family Centered Care Practices in Pediatric Clinics). Anadolu Hemsirelik ve Saglik Bilimleri Dergisi (Journal of Anatolia Nursing and Health Sciences). 18(2): 131-139.

Wen-Lin, Chen., 2005. Nurses' and Parents' Attitudes Toward Pain Management and Parental Participation in Postoperative Care of Children. Graduate Thesis. Queensland University.

Whitfield, M.F., 2003. Psychological effects of intensive care on infants and families after discharge. Semin Neonatol. 8: 185-193.