

Evaluation Of Family Centered Care İn The Pediatric Service Pediatri Servisinde Aile Merkezli Bakımın Değerlendirmesi

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ABSTRACT

OBJECTİVE:

Family-centered care is the basic care philosophy in pediatric nursing. Family-centered care has positive contributions to children, family and health care workers. Therefore, it is important to determine the level of application of family-centered care in pediatric clinics. The aim of this study was to evaluate family centered care in pediatric clinics.

METHOD:

This study is descriptive. The parents of the children in general pediatrics, pediatric surgery and pediatric intensive care units in Necmettin Erbakan University Meram Medical Faculty Hospital constituted the universe of the study. The sample size for this study was calculated with the formula $N=t^2*\alpha^2/d^2$ ($N=1.96^2*16.98^2/1.5^2$) and found 108 people. Data were collected by using the Child and Family Information Form and the Family-Centered Care Assessment Scale (AMRS). Data were collected by the researcher between 22 July-23 September 2019 by face-to-face interviews with parents who volunteered to participate in the study. Obtained data were analyzed by number, percentage, mean, standard deviation, independent samples t test, variance analysis, Tukey HSD test. Significance level was accepted as $p < 0.05$.

RESULTS:

The mean score of the parents of the children in pediatric clinics was 92.97 ± 11.74 (4.42 ± 0.55). The mean score of support subscale was 43.19 ± 6.47 (4.31 ± 0.64), the mean score of cooperation sub-dimension was 36.71 ± 4.61 (4.58 ± 0.57), and the mean score of respect sub-dimension was 13.06 ± 2.21 (4.35 ± 0.74). Parents' education, age and so on. characteristics, child's gender, duration of diagnosis, number of hospitalizations and so on. It was observed that such features did not affect the parents FCCAS scores. FCCAS and all subscales of the Clinical parents of children hospitalized for longer than a week mean scores were significantly lower ($p < 0.05$). FCCAS total scores and subscale score of the co-working parents was significantly higher ($p < 0.05$).

CONCLUSION:

Based on these results, it can be stated that parents evaluate family centered care provided in pediatric clinics at a good level. The lowest subscale in the evaluation of family-centered care was noted as "support.. In particular, it may be recommended to support and meet the needs of the parents in terms of family-centered care of children with extended hospitalizations.

Key Words: Child, Parent, Family-centered care, Child Clinics, Nurse

Öz

AMAÇ:

Aile merkezli bakım pediatri hemşireliğinde temel bakım felsefesidir. Aile merkezli bakımın çocuk, aile ve sağlık çalışanlarına olumlu katkıları bulunmaktadır. Bu nedenle pediatri kliniklerinde aile merkezli bakımın uygulanma düzeyinin belirlenmesi önemlidir. Bu çalışma pediatri kliniklerinde sunulan aile merkezli bakımının değerlendirilmesi amaçlandı.

YÖNTEM:

Bu çalışma tanımlayıcı tiptedir. Necmettin Erbakan Üniversitesi Meram Tıp Fakültesi Hastanesinde genel pediatri, çocuk cerrahi ve çocuk yoğun bakım servislerinde yatan çocukların ebeveynleri çalışmanın evrenini oluşturdu. Bu çalışma için örnek büyüklüğü $N=t^2*\alpha^2/d^2$ formülü ile ($N=(1.96^2*16.98^2)/1.5^2$) hesaplandı ve 108 kişi bulundu. Verilerin toplanmasında çocuk ve aile bilgi formu ve Aile Merkezli Bakımı Değerlendirme Ölçeği (AMBDÖ) kullanıldı. Veriler araştırmacı tarafından 22 Temmuz-23 Eylül 2019 tarihleri arasında, araştırmaya katılmaya gönüllü ebeveynler ile yüz yüze görüşülerek toplandı. Elde edilen veriler sayı, yüzde, ortalama, standart sapma, bağımsız gruplarda t testi, varyans analizi, Tukey HSD testi ile analiz edildi. Anlamlılık düzeyi $p<0.05$ olarak kabul edildi.

BULGULAR:

Pediatri kliniklerinde yatan çocukların ebeveynlerinin AMBDÖ puan ortalaması 92.97 ± 11.74 (4.42 ± 0.55) olarak bulundu. AMBDÖ'nin destek alt boyutu puan ortalaması 43.19 ± 6.47 (4.31 ± 0.64), işbirliği alt boyut puan ortalaması 36.71 ± 4.61 (4.58 ± 0.57), saygı alt boyut puan ortalaması 13.06 ± 2.21 (4.35 ± 0.74) olduğu saptandı. Ebeveynlerin eğitim, yaş vb. özellikleri, çocuğun cinsiyet, tanı süresi, hastaneye yatış sayısı vb. gibi özelliklerin ebeveynlerin AMBDÖ puanlarını etkilemediği görüldü. Klinikte bir haftadan daha uzun süre yatan çocukların ebeveynlerinin AMBDÖ ve tüm alt boyutları puan ortalamaları düşük bulundu ($p<0.05$). Çalışan ebeveynlerin AMBDÖ toplam puan ve işbirliği alt boyutu puan ortalamaları yüksek bulundu ($p<0.05$).

SONUÇ:

Bu sonuçlar doğrultusunda, ebeveynlerin pediatri kliniklerde sunulan aile merkezli bakımı iyi düzeyde değerlendirdiği ifade edilebilir. Aile merkezli bakımın değerlendirilmesinde en düşük puanlanan alt boyutun "destek" olduğu dikkati çekti. Özellikle hastanede yatış süresi uzayan çocukların ebeveynlerinin aile merkezli bakım yönünden desteklenmesi ve gereksinimlerinin karşılanması önerilebilir.

Anahtar Kelimeler: Çocuk, Ebeveyn, Aile merkezli bakım, Çocuk Klinikleri, Hemşire

INTRODUCTION

Family-centered care is the care approach that best meets the needs and expectations of parents and children in a hospital setting (1,2). The care given by family-centered care principles to reduce children's anxiety levels, which improves the fit to the hospital, because it helps children to suffer less, to accelerate the healing process and is reported to contribute to early discharge (3,4,5). In addition, family-centered care improves the knowledge of parents about their children, the development of their skills in caring for the child, having a say in care and adaptation (6). For this reason, effective implementation of family-centered care is important in the care of children and their families. The aim of this study was to evaluate the nursing care offered in pediatric clinics in terms of family centered care.

MATERIALS AND METHODS

This research; descriptive type. The study was held between 22 July and 23 September 2019 with parents of children in general pediatrics, pediatric surgery and pediatric intensive care units in Necmettin Erbakan University Meram Medical Faculty Hospital. $N=t^2*\alpha^2/d^2$ formula was used to determine the sample size if the number of individuals in the universe is unknown. In this study, Taş Arslan et al. (2019) ($N=(1.96^2*16.98^2)/1.5^2$) and 108 people were found. The parents of the children in the pediatric ward of Meram Medical Faculty, the parents who accompany the hospitalized child for at least three days, the parents who volunteered to participate in the study, and the parents who can read and write Turkish were included in the study. Parents with diagnosed mental and mental problems and parents who had children in emergency and neonatal intensive care units were not included in the study. Data were collected using a child and family information form and a family-centered care assessment scale (FCCAS). In the child and family information form, age, marital status, duration of diagnosis, etc. questions. The FCCAS is used to evaluate family-centered care offered by pediatric clinics by parents Taş Arslan et al. (2019). The scale consists of three sub-dimensions and 21 items: “support”, “cooperation” and “respect”. The scale is 5-point Likert type and the lowest score is 21 and the highest score is 105. The increase in the scale score shows that the level of family-centered care is high. In order to conduct the research, the ethical committee permission was obtained from Meram Medical Faculty Hospital's Ethics Committee for Drug and Non-Medical Device Research, the permission of the institution from the related university hospital and verbal consent was obtained from the parents who participated in the study.

RESULTS

The majority of the parents who participated in the study were individuals aged 31 years and over with the role of the mother. The majority of the children in the study were male and were hospitalized for 1 week (Table 1).

The mean score of the parents of the children in pediatric clinics was 92.97 ± 11.74 (4.42 ± 0.55). Parents' education, age and so on. characteristics, child's gender, duration of diagnosis, number of hospitalizations and so on. It was observed that such features did not affect the parents' AES scores. Parents of children who were hospitalized for more than one week in the clinic were found to have low mean scores on the subscale and all subscales ($p < 0.05$). The mean scores of the total scores of the parents and the subscales of cooperation were found to be high ($p < 0.05$) (Table 1).

Table 1: Comparison of socio-demographic characteristics of parents and children and mean scores of the scale and its sub-dimensions

	n(%)	FCCAS total score Mean±SD	Support total score Mean±SD	Collaboration total score Mean±SD	Respect total score Mean±SD
Total		92.97±11.74 (4.42±0.55)	43.19±6.47 (4.31±0.64)	36.71±4.61 (4.58±0.57)	13.06±2.21 (4.35±0.74)
Parents of the child					
Mother	99(91.7%)	92.70±12.10	43.06±6.60	36.61±4.72	13.03±2.29
Others	9(8.3)	95.88±6.29	44.66±4.89	37.77±3.11	13.44±1.66
t */p		-1.312/.210	-.710/.479	-.721/.472	-.527/.599
Parent's age					
18-30 age	49(45.4%)	91.91±11.46	42.38±6.51	36.61±4.14	12.91±2.26

31 years and older	59(54.6)	93.84±12.0 0	43.86±6.43	36.79±5.00	13.18±2.24
t */p		-0.849/.398	-1.181/.240	-.206/.837	-.615/.540
Parent's working status					
Working ^a	10(9.3)	97.90±5.66	45.20±3.96	38.70±1.56	14.00±1.76
Not working ^b	98(90.7)	92.46±12.1 0	42.98±6.66	36.51±4.77	12.96±2.27
t */p		2.504/.022 a>b	1.028/.306	3.166/.003 a>b	1.387/.168
Gender of the child					
Male	63(58.3)	93,96±11,3 6	43,85±6,04	37,03±4,69	13,07±2,22
Female	45(41.7)	91,57±12,2 4	42,26±7,00	36,26±4,50	13,04±2,30
t */p		1.043/.299	1.261/.210	.848/.398	.079/.937
Week of hospitalization					
1 week ^a	63(58.3)	96.46±10.3 7	45.17±5.89	37.80±3.76	13.47±2.00
More than 1 week ^b	45(41.7)	88.08±11.9 1	40.42±6.30	35.17±5.25	12.48±2.45
t */p		3,885/.000 a>b	4.014/.000 a>b	3.032/.003 a>b	2.295/.024 a>b

DISCUSSION

In this study, family centered care was evaluated according to the opinions of 108 inpatients in pediatric clinics. The mean score of the parents of the children in pediatric clinics was 92.97 ± 11.74 (4.42 ± 0.55). This result shows that family-centered care in pediatric clinics is at the desired level. In one study, it was stated that 75.4% of the nurses had knowledge about family-centered care and the application of family-centered care in the clinic was 52.8% (7). In the study of Tosun and Güdücü Tüfekci (2015) it was stated that family-centered care was not at the desired level (8).

In our study, it was found that the mean subscale score of the co-operation was 36.71 ± 4.61 , the mean score of respect sub-dimension was 13.06 ± 2.21 , and the mean score of support subscale was 43.19 ± 6.47 . According to this result, the highest mean score is in cooperation and the lowest score is in support subscale. In the study of Aksu and Yiğit (2019), it was stated that the average score of the nurses' family centered care questionnaire was 64.3 ± 7.7 . The highest mean score (28.8 ± 3.9) was from the cooperation subgroup and the lowest mean score (16.1 ± 2.4) was in the support subscale (9).

Parents of children who were hospitalized for more than one week in the clinic were found to have low mean scores on all of the sub-dimensions of the scale. This situation stems from the fact that the hospital stay for a long time causes further family, social, physical and psychological abuse.

RESULT

In the study conducted to evaluate family centered care practices in pediatric clinics, it was found that family centered care practices were at the desired level. In the evaluation of family-centered care, the highest cooperation and the lowest support subscale are scored.

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