

NURSING STUDENTS' LEVEL OF KNOWLEDGE ON FAMILY CENTERED CARE

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ABSTRACT

The aim of the study was investigate the nursing students' level of knowledge on family centered care. The study included 172 third year nursing students who were enrolled in pediatric nursing course in Akdeniz University Faculty of Nursing. The data were collected with a Personal Informatin Form and the Family Centered Care Knowledge Form and they were analyzed with number, percentage, and chi-square tests. A majority of students agreed that it is of utmost importance to seek an assent in writing from parents and encourage them to participate in the decision-making processes and care practice. The students expressed their concerns about informing the parents and inviting them to share their anxieties and questions with the nurse. It is suggested to prioritize family centered care to enhance the well-being of the children and their parent and to standardize the care quality in collaboration with the health professionals and the family.

Keywords: Family-centered care, hospitalized children, nursing students.

INTRODUCTION

Family centered care is commonly defined as a specially designed care approach that elaborates a cooperation between care providers and parents by planning, providing, and evaluating care practices accordingly. (Foster, Whitehead & Maybee, 2016; Azuine et al., 2015; Erdeve et al., 2008). The philosophy of family centered care requires the involvement of parents and children as well as the medical team in different steps of the medical care such as planning, practise, and evaluation (Foster, Whitehead & Maybee, 2016; Smith, Swallow & Coyne, 2015). Considering the fact that child's health condition affects the whole family and vice versa, this care approach merely focuses on child's well being and encourages family's active participation in care practices and decision making processes so as to ensure the continuity of family life by bringing out the strengths of family members (Harvey & Ahmann, 2016; Foster, Whitehead & Maybee, 2016; Azuine et al. 2015; Harrison, 2010; Shields, Pratt & Hunter, 2006).

Family centered care aims to protect intimate connections between children and their family, to promote parents' participation in care, to make children feel secure in hospital environment, and to minimize negative influences of hospitalization on children and families (Foster, Whitehead & Maybee, 2016; Aykanat & Gözen, 2014). Hospitalization particularly causes distress for both children and their families (Foster, Whitehead & Maybee, 2016), which eventually results in certain changes in daily activities, roles, and responsibilities of family members (Aykanat & Gözen, 2014). Besides deteriorating family routines, hospitalization process causes anxiety for children and families due to unfamiliar hospital environment, unfamiliar medical equipment. When child's medical care is solely performed by health professionals, parents are practically exempted from child's care causing both children and their families to feel helpless, dysfunctional, and incompetent (Foster, Whitehead &

Maybee, 2016; Aykanat & Gözen 2014). Therefore, the continuity of family relations is a crucial aspect of hospitalization for pediatric patients as well as for health children (Foster, Whitehead & Maybee, 2016; Aykanat & Gözen, 2014), which has been confirmed with the results of several studies (Boztepe & Çavuşoğlu, 2009; Kamerling et al., 2008; Westrup, 2007; Byers et al., 2006).

A review of the studies on family centered care illustrated that Azuine et al. (2015) found that 33.4% of pediatric patients didn't receive a family centered care in the U.S. (Azuine et al., 2015). Kamerling et al. (2008) similarly reported that family centered care provided in pediatric intensive care units ensured relief after anesthesia while decreasing the need for analgesics and improving recovery duration while Byers et al. (2006) and Westrup (2007) noted that infants in family centered care units cried less and demonstrated less emotional stress and pain symptoms (Kamerling et al., 2008; Westrup, 2007; Byers et al., 2006). Dunst, Trivette & Hamby (2007) carried out a meta analysis to investigate the effects of family centered care and found that family centered care was characterized with high levels of self-esteem in families, higher levels of care satisfaction, and better parent-child commitment and positive attitudes (Dunst, Trivette & Hamby, 2007). Byczkowski et al. (2016) conducted with 68 families in a pediatric intensive care unit and concluded that families particularly demanded a family centered care for pain management and a safe care environment (Byczkowski et al., 2016). Boztepe and Çavuşoğlu (2009) further reported that all mothers in the study regarded doctors as the source of information and a majority of mothers consulted with the clinical nurses for further information. They also stated that most mothers were relatively uninformed about the care practices and they weren't included in decision making processes. They finally noted that mothers couldn't communicate with clinical nurses due to their busy schedule to receive satisfactory answers for their questions and share their concerns (Boztepe & Çavuşoğlu, 2009). A number of studies have already been conducted on the active participation of families in their child's care such as staying with them in their room, accompanying them during painful procedures, their need for information about the diagnosis and treatment procedures, and their need for reassurance (Foster, Whitehead & Maybee, 2016; Byczkowski et al., 2016; Smith, Swallow & Coyne, 2015; Azuine et al. 2015). Despite recent evidence on the positive consequences of a family centered care and the parents' level of knowledge, studies on the level of knowledge of medical team have remained insufficient. This study, therefore, was designed to investigate the level of knowledge of student nurses on the family centered care in order to provide data and references for future studies. Additionally, this study aimed to contribute to the development of nursing studies and to guide nursing scholars.

METHOD

The Study Design

This study was designed as a descriptive study to investigate the level of knowledge of student nurses on the family centered care.

Study Universe and Sample

The study universe was composed of all third year students (236 students) in Akdeniz University Nursing Faculty in 2015-2016 academic year. As all students in the study universe were included in the study, no sampling method was utilized. The study data were obtained from 172 students who currently attended the school and consented to participate in the study.

Data Collection Tools

The study data were collected with a Personal Information Form and a Family Centered Care Information Form. The Personal Information Form was developed by the researchers and it included 7 items which inquired age, sex, family type, current residence, and their intention to become a pediatric nurse or a parent. The Family Centered Care Information Form was also developed by the researchers in line with the recent literature. The form included 13 items. Two experts were consulted about the validity of both forms and the forms were revised in light of their suggestions.

Collecting Data

The study data were collected between 2016 February-March. The participant students were informed about the purpose of the study and the confidentiality of the study data before delivering the forms. The forms were given to students who consented to participate and who were present at school at that day and they were collected back 30 minutes later. The study data were obtained from 172 student nurses in total.

Data Analysis

The study data were analyzed with SPSS 20.0. The demographic characteristics of student nurses and their level of knowledge were analyzed with frequency, percentage, and arithmetic mean tests. The correlation between their level of knowledge on family centered care and their demographic characteristics were analyzed with a chi-square test. The results were evaluated with a significance level of 0.05.

FINDINGS

Table 1: Descriptive Characteristics of Student Nurses (n=172)

Descriptive Characteristics	n	%
Sex		
Female	126	73.3
Male	46	26.7
Age		
20-21 years old	133	77.4
22-23 years old	37	21.5
24 and older	2	1.1
Family Type		
Nuclear	134	77.9
Large	33	19.2
Divorced or Single Parent	5	2.9
Current Residence		
Family	40	23.3
Dormitory	82	47.7
Friends or Alone	50	29
Childrearing Attitude		
Democratic	119	69.5
Excessive discipline, authoritarian	13	7.5
Flexible	11	6.3
Over protective	16	9.2
Inconsistent	13	7.5
Intention to Become a Pediatric Nurse		
Yes	100	58.1
No	71	41.3
I don't know	1	0.6
Intention to Become a Parent		
Yes	144	83.1
No	28	16.9

The analysis of the descriptive characteristics indicated that 73.5% of the participants were female and 77.4% of them were aged between 20-21 years old. It was further noted that 77.9% of the student nurses had a nuclear family. It was also noted that 47.7% of the participants were staying at dormitories. The results further showed that 69.5% of the students had a democratic family and that

more than half of the students (58.1%) wanted to become a pediatric nurse and a majority of them (83.1%) wanted to have a child (Table 1).

Table 2: The Level of Knowledge on the Family Centered Care and Parental Participation in Care Practices (n=172)

	n	%
The Level of Knowledge on the Family Centered Care		
Yes	144	83.7
No	28	16.3
The pediatric patient should be attended		
Yes	170	98.8
No	2	1.2
Who should attend child in the hospital ?		
Mother	151	87.8
Mother - Father both	21	12.2
The family should consent in writing before medical procedures		
Yes	150	87.2
No	12	7.0
I don't know	10	5.8
The family should be involved in decision making processes		
Yes	160	93.0
No	7	4.1
I don't know	5	2.9
The family should participate in decisions concerning the medical care of their child		
Yes	140	81.4
No	25	14.5
I don't know	7	4.1
Nurses should involve parents in care practices		
Yes	149	86.6
No	20	11.6
I don't know	3	1.7
Nurses should encourage the parents to participate in care practices		
Yes	162	94.2
No	9	5.2
I don't know	1	0.6

The study findings illustrated that a majority of student nurses (83.7%) were familiar with family centered care. The student nurses in the study also agreed that pediatric patients should be attended by a family member (% 98.8), and especially by their mothers (87.8%). Moreover, most of the students believed that a consent in writing should be sought from the parents before medical procedures (87.2%) and that parents should actively participate in their child's care (93.0%) and decision making processes in their treatment (81.4%). Finally, the participant student nurses stated that parents should be involved in child's care (86.6%) and they should be encouraged to participate (94.2%) (Table 2).

Table 3: The Correlation between the Level of Knowledge of Student Nurses and Informing Parents (n=172)

	n	%
The clinic should be introduced to the parents during the admission of child		
Yes	166	96.5
No	4	2.3
I don't know	2	1.2
Nurses should inform the parents about child's care		
Yes	163	94.8
No	5	2.9
I don't know	4	2.3
Parents should share their concerns about the care with the clinical nurses		
Yes	160	93.0
No	5	2.9
I don't know	7	4.1
The parents should ask questions about child's care and treatment to the nurses		
Yes	161	93.6
No	5	2.9
I don't know	6	3.5
The parents should ask questions about child's care and treatment to the doctors		
Yes	160	93.0
No	7	4.1
I don't know	5	2.9

As shown in Table 3, the majority of student nurses suggested that the parents should be introduced to the clinic during the admission of child into the clinic (96.5%), the parents should be informed about the care practices (94.8%), the parents should ask questions to nurses (93.6%) and doctors (93.0%) about child's care, and they should share their concerns with the medical team (93.0%).

Table 4: The Correlation between Level of Knowledge and Sex (n=172)

	Level of Knowledge on Family Centered Care			X ²	p
	Yes	No	Total		
Female	106 % 84.1	20 % 15.9	126 % 100	1.057	0.811
Male	38 % 82.6	8 % 17.4	46 % 100		
Total	144	28	172		

*p<0.05

The students' level of knowledge on family centered care was analyzed in relation to sex (Table 4) and it was found that there was no statistically significant difference in regard to sex (X²=1.057, p=0.811).

Table 5: The Correlation between Intention to become a Parent and The Level of Knowledge on Family Centered Care (n=172)

	The Level of Knowledge on Family Centered Care			X ²	p
	Yes	No	Total		
Those who have an intention to become a parent	124	19	143	5.572	0.018*
	% 86.7	% 13.3	% 100		
Those who don't	20	9	29		
	% 69.0	% 31.0	% 100		
Total	144	28	172		

*p<0.05

The students' level of knowledge was analyzed in relation to the intention to become a parent (Table 5) and it was noted that the student nurses who had an intention to become a parent in future (86.7%) had statistically higher levels of knowledge on family centered care in comparison with those who didn't ($X^2=1.057$, $p=0.018$).

DISCUSSION AND CONCLUSION

Discussion

This study was designed to investigate the students' level of knowledge on family centered care. Family centered care heavily relies on a strong communication and cooperation between parents and health professionals. The better communication and cooperation are, the higher levels of life quality and care satisfaction children and their parents can attain (Azouine et al., 2015; Smith, Swallow & Coyne, 2015). Cruickshank et al. (2005) conducted a study to assess the attitudes and opinions of pediatric nurses about family centered care practices and family centered care in general. They reported that many nurses considered that parents had certain tasks and responsibilities such as helping their children to carry out self-care requirements like nutrition or excretion, spending their free time together, or soothing them when required. However, the nurses in the study also stated that parents should also undertake certain care responsibilities like administering oral medication (Cruickshank et al., 2005). Erdevi et al. (2008) found that mothers who participated in care practices of their infants in newborn intensive care units had better care skills than those who didn't take part in their infant's care, which resulted in two times less rehospitalization for the former (Erdevi et al., 2008). Cooper et al. (2007) similarly reported that family centered care practices in newborn intensive care units deliberately ensured improved commitment between mothers and their babies, enhanced care skills, and better communication with health professionals (Cooper et al., 2007). Melnyk and Feinstein (2001) stated that pediatric patients whose parents had participated in care practices in the hospital demonstrated significantly less negative behaviors after discharge (Melnyk & Feinstein, 2001). The results of this particular study indicated that a majority of students were familiar with family centered care and they supported that pediatric patients should be attended by parents, especially by their mothers. It was also suggested that most of the participants agreed to obtain a consent in writing from parents before medical procedures and parents should be actively involved in care practices and decision making processes. In addition, the student nurses in the study considered that it was imperative for parents to participate in their child's care and the parents should be encouraged accordingly. Pediatric nurses are often closest to children and their parents in the hospital environment. Therefore, they play a key role in creating an incentive and change towards a family centered care in medical institutions (Boztepe & Çavuşoğlu, 2009). Consequently, the results of the study are considered to inspire hope for the future of nursing profession to have students already familiar with family centered care.

Boztepe and Çavuşoğlu (2009) conducted a study with 81 mothers in a university hospital and found that all mothers regarded doctors as the major source of information while only 80.2% of these mothers consulted with nurses with further information. They also reported that 41.5% of the

participant mothers complained about lack of information and being excluded from decision making processes. The mothers also stated that they couldn't receive satisfactory answers for their questions from nurses and share their concerns. It was further argued that parents had lower levels of anxiety when properly informed by health professionals (Boztepe & Çavuşoğlu, 2009). In a similar study carried out by Tosun and Tüfekçi (2015), most of the mothers were found to be involved in decision making processes and they were asked for a consent in writing for the medical procedures whereas 15% of the participants mothers weren't involved in care practices including decision making procedures and they weren't asked for permission before medical procedures. It was also noted that 10% of the mothers in the study weren't allowed to attend their children during care practices (Tosun & Güdücü-Tüfekçi, 2015). In this study, a majority of the student nurses believed that the clinic should be introduced to the parents during the admission, the parents should be informed about their child's care, the parents should be able to ask questions to doctors and nurses about care, and they should share their concerns with the health professionals.

Family centered care can be defined as a philosophy of care that emphasizes the significance of parents in assuring child's health and well-being (Öztürk & Ayar, 2014). Family centered care enhances family's self-esteem and care satisfaction while promoting parent-child commitment and positive attitudes (Smith, Swallow & Coyne, 2015; Azuine et al., 2015; Dunst, Trivette & Hamby, 2007; Cooper et al., 2007). Today, the key to a successful pediatric nursing care is to maintain the continuity of family routines for both children and parents (Öztürk & Ayar 2014). Family centered care practices are especially recommended for providing optimum care services to respond to the needs and expectations of parents and to improve recovery by reducing the anxiety of children and parents. The efficacy of family centered care has been confirmed with several studies that family centered care enhances care skills and care satisfaction of parents, improves self-esteem, facilitates better communication with health professionals (Foster, Whitehead & Maybee, 2016; Byczkowski et al. 2016; Cooper et al., 2007; Dunst, Trivette & Hamby, 2007). It has also been pointed out that family centered care helps to decrease anxiety, relieve pain, and improve recovery with early discharge for children (Boztepe & Çavuşoğlu, 2009; Kamerling et al., 2008; Westrup, 2007; Byers et al., 2006). The study results further affirmed that family centered care has far reaching positive influences on children and their parents and therefore it is urgently required to be comprehensively discussed and elaborated for further practice. It is of utmost importance for hospital managements to implement regulations to establish a family centered care, inform parents, and exhort and inspire nurses for active participation.

Conclusion

In light of the study results, it was concluded that the student nurses were highly familiar with family centered care. Additionally, the student nurses who intended to become a parent in future had significantly higher levels of knowledge in comparison with those who didn't according to the analysis of demographic data.

Family centered care is based on a constant and objective flow of information about child's care to parents, which is supposed to enable parents to participate in decision making processes. Family centered care also allows parents to stand by their children during medical procedures including painful. Therefore, family centered care is strongly recommended to provide the best care service to cover the needs and expectations of parents and to improve recovery by reducing the anxiety of children and parents.

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