

# Nurses Perspective and Attitude on Family Centered Care



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## Abstract

Family-centered care (FCC) is a way of caring for children and their families within health care services which ensures that care is planned around the whole family. The main objective of the study was to identify the perspective, attitude and its influence on care practices of staff nurses regarding family-centered care. The research design adopted for the study was an exploratory descriptive design. To assess the nurse's perspective and practice regarding FCC, a self-administered rating scale was used, and to assess the attitude, a standardized scale FINC-NA (Family importance in nursing care Attitude) was used. The findings show that majority (41%) of the staff nurses had neutral response whereas 27% had negative response towards FCC, regarding their practice towards implementation was found to be average (52%) and only 5% had good practice. Majority (50%) of staff nurses had neutral attitude towards family centered care. Individual responses reveal that due to lack of time, change in shifts and excessive works are some of the major factors that influence the successful implementation of family centered care in NICU.

**Key words:** Family centered care, NICU, Perspective, Attitude

## Background

Over the last 30 years, there have been dramatic changes in parents responsibility for providing and coordinating the care of their ill infant (Johnson B.H, 2004)<sup>1</sup>. The family is acknowledged as experts in the care of their child and their knowledge and skills are respected. It is believed that a warm, intimate and continuous relationship with the mother is essential for the mental health of the infant and young child. Families of chronically ill infants have extensive and complex responsibilities for the illness-related care of their infant at home or in the hospital. The escalating numbers of chronically ill infants and families who are assuming the primary burden of coordinating their infant's care have contributed to the demand for new approaches in the health care system (Cook & Mitchell, 2014)<sup>2</sup>.

Family-centered care (FCC) is a way of caring for children and their families within health services which

ensures that care is planned around the whole family. There are four principles from the institute for patient and family centered. The principles are **1 Respect and dignity:** people are treated with respect and dignity. The expertise, preferences and culture of each individual and family are valued. **2 Communication:** health care providers communicate and share complete and unbiased information with patients and families in ways that are useful and supportive. **3 Strength building: individuals and families** build on their strength by participating in experiences that enhance control and independence. **4 Collaboration across all providers:** collaboration among patient, their families, other community care givers and health care providers occurs in policy and programme development and professional education. (Pratt J, 2006).<sup>3</sup>

FCC has evolved within patient facilities over the past quarter-century. It is now well-accepted that pediatric care should be provided within the context of families,

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with parents considered essential partners in their children's care (Curley M., Meyer E, Scoppettuolo, L, McGann, E, Trainor, B, Rachwal, C, et.al 2012)<sup>4</sup>.

Family- centered care can improve patient outcome, increase patient and family satisfaction, build on child and family strength, increase professional satisfaction, decrease health care costs and lead to more effective use of health care resources (American Academy of Paediatrics)<sup>5</sup>.

### **Need of the Study & Literature Review**

FCC practices in an NICU are unique in several respects. Generally, an infant is admitted to a NICU prior to the baby's family having the chance to become acquainted to the newborn. Nurses in the NICU, however are often established in their practice and may manage and control the way families interact with their babies. Registered nurses represent by far the greatest percentage of the healthcare team in a NICU setting. Nurses have sustained and intimate contact with the families of infant's throughout their stay in the NICU. At any point of time at least one nurse is directly involved in the care of each infant and their family. It is this close and sustained contact with families that makes the role of nursing in FCC pivotal to the overall delivery of care in the NICU. (Trajkovski, Schmied, Vickers & Jackson, 2012)<sup>6</sup>.

Nurses play a major role in the care of infants who are admitted in NICU. Nurses must work with the family to develop the best plan of care for the infant. During the clinical posting in NICU the investigator found that there is less interaction between staff nurses and parents. Time spent with the parents is also not seen as a legitimate activity and is not recorded as such. Investigator also noticed that when the infant suffers from life threatening illness, nurses provides diminutive advice and psychological support to the family members. Thus the investigator thought of doing a study to assess the nurse's perspective, attitude and practice related to family- centered care. The findings will help the health workers to develop interventions that promote family-centre care and developmentally supportive care. There

is a great need to implement FCC so as to improve the quality of care.

### **Problem statement**

An exploratory study to assess the perspective, attitude and practices of staff nurses working in NICU on family centered care and its influence on their care practices at selected hospitals of Indore

### **Objectives**

- To identify the perspective of staff nurses regarding FCC
- To assess the attitude of staff nurses regarding FCC
- To examine the practices of staff nurses on FCC
- To find out the association between perspective and selected socio demographic variables.
- To find the association between attitude and selected socio demographic variable

### **Hypotheses**

**H<sub>1</sub>:** There is a significant association between nurses perspective and selected socio demographic variable at the level  $p \leq 0.05$

**H<sub>2</sub>:** There is a significant association between nurses attitude and selected socio demographic variable at the level  $p \leq 0.05$

**H<sub>3</sub>:** There is a significant association between nurses practice and selected socio demographic variable at the level  $p \leq 0.05$

### **Methodology**

**Research Design:** Exploratory descriptive research design was used to assess the attitude, perspective and practice of nurses related to FCC.

**Setting:** The study was conducted in the NICU's of Choithram Hospital and research centre ,Chacha Nehru Bal Chilkitsalaya ,Greater Kailash Hospital and Research Centre, Christian Mission Hospital and Synergy Hospital and research centre .

**Population:** Population for the study were staff nurses working in NICU unit

**Sample and sample size:** The samples comprised of 100 staff nurses working in NICUs.

**Sampling technique:** A Non-probability, purposive sampling technique was used to select the sample.

**Inclusion criteria:** Registered nurses working in NICU with more than 3 months of experience.

**Tool:** The tool used in the study were:-

**Section A:** Socio Demographic data: consist of 5 items for obtaining information about socio demographic factor such as age, professional qualification, total year of professional experience, total experience in NICU and any exposure to in-service education in FCC.

**Section B:** Self administered rating scale to assess the nurse's perspective regarding family- centered care: Tool consists of 15 items and it is divided in four dimensions:

- Family approach
- Access to information
- Care and treatment
- Parental participation

**Section C:** FINC-NA (Family importance in nursing care Attitude): A standardized rating scale consists of 15 items and it is divided into 3 domains.

- I Family as a Resource in Nursing Care
- II Family as a Conversational Partner
- III Family as a Burden

**Section D:** Self structured rating scale to assess the nurse's practice regarding FCC. Tool consists of 15 items and it is divided in four dimensions\*:-

**\*Note.** The statements under each dimension given below are different from those of perspective scale.

- Family approach
- Access to information

- Care and treatment
- Parental participation

**Validity and Reliability:** The prepared tool was given to 7 experts from the field of child health for getting their opinion to utilize the tool for the current study. FINC-NA rating scale is a standardized tool developed by **Benzein, Johansson, Arestedt, Berg, and Saveman (2008)** and modified by **Saveman et al. (2011)** to explore nurses' attitudes about providing care to families. The evaluation of the scale's accuracy ranged from 0.49 to 0.90 (Cronbach's alpha of 0.87), for the three dimensions, indicating good inter-correlation and homogeneity of the items composing it. To assess the perspective and practice of staff nurses on FCC a self structured rating scale was developed. The tools were tested for reliability on split half method. The reliability was calculated using Karl Pearson correlation coefficient for the rating scale. Perspective tool was shown to have good inter rater reliability of (r=0.84) and in practice tool the rating scales has shown good reliability of (r=0.82).

**Conceptual Framework:** In this study investigator used modified and merged Peplua's Interpersonal model and family centre care model.

**Procedure for Data Collection:** The final data collection was scheduled from 28<sup>th</sup> April to 1<sup>st</sup> June 2015. A total of 100 samples were selected from various hospitals of Indore. Written permission was obtained from the administrative authorities of the hospitals prior to the data collection. Non probability purposive sampling was used and subjects who fulfill the inclusion criteria were selected from the setting. The purpose of the study and method of data collection was explained to the samples. Written consent was taken from the respondents before collection of data.

The samples were provided with three self administered rating scale to assess their perspective, attitude and practice related to family centre care in NICU. Each scale had 15 items and the sample had to tick their response. Data collection was followed by teaching and discussion on Family centered care by investigator .

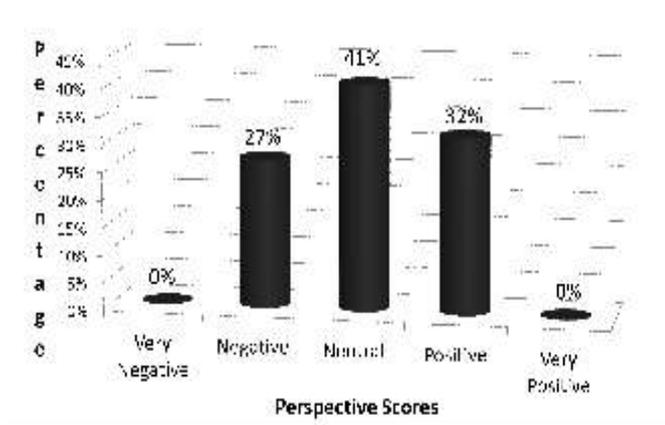
The investigator terminated the data collection by thanking hospital authorities and samples for their valuable cooperation and participation

## Findings

### Section I: Socio-Demographic Variables

Regarding age of staff nurses, 49(49%) were between the age group of 20-25 years, 26(26%) of them belonged to the age group of 26-30 years and 25(25%) were in age group 31-35years. In relation to professional qualification, more than half 52(52%) of them were GNMs, 35(35%) were B.Sc. (N) and only 13(13%) were Post B.Sc. Nurses. Regarding professional experience of staff nurses, most of them 46(46%) had 1-5 years experience, whereas 30(30%) had experience between 6-10 years and only 24(24%) had less than 1 year experience. None of them had experience more than 10 years. As regards the experience in NICU, 42(42%) had NICU experience between 1-5years, 31(31%) had experience less than 1 year and only 27(27%) had NICU experience between 6-10 years. None of them 100(100%) were ever exposed to in-service education related to family centered care.

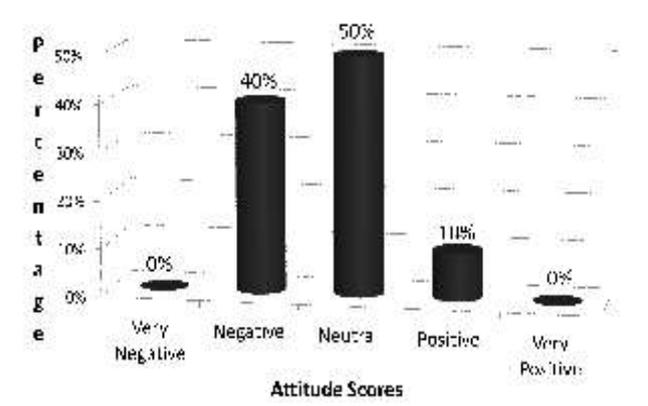
### Section II: Nurse's Perspective Regarding Family Centre Care



**Figure 1: Cylindrical diagram showing perspective score**

Data in figure1 depicts that nearly half 41(41%) of the staff nurses perspective regarding FCC was neutral, 32(32%) had positive perspective and one-fourth 27(27%) had negative perspective.

### Section III: Attitude of Staff Nurses Regarding Family Centre Care



**Figure 2: Cylindrical diagram showing attitude score**

Figure 2 depict that 50(50%) staff nurses had neutral attitude, 40(40%) had negative and 10(10%) had positive attitude towards family centered care.

### Section IV: Practice Score of Staff Nurses regarding FCC

**Table No. 1: Frequency and percentage of staff nurses practice score N=100**

Grade	Scoring	Frequency	Percentage
Poor	0-10	43	43%
Average	11-20	52	52%
Good	21-30	5	5%

Data presented in table no.1 shows out of 100 staff nurses 52(52%) had average practice, 43(43%) had poor and only 5(5%) had good practice related to family centre care.

### Section V-(a): Association between staff nurses perspective and selected socio demographic variable.

It was observed that there is significant association of perspective with total professional experience and total NICU experience at the level  $p \leq 0.05$  df 4 and there is no significant association between perspective and selected demographic variable like age, professional qualification and exposure to in-service education. Hence H1 was accepted for total years of professional experience and

experience in NICU.

#### **Section V-(b): Association between staff nurses attitude and selected socio demographic variable.**

It was observed that there is there is significant association of attitude with total professional experience and total NICU experience at the level  $p \leq 0.05$  df 4 and no significant association were found between attitude and selected demographic variable like age, professional qualification and exposure to in-service education. Hence, H2 was also accepted for total years of professional experience and experience in NICU.

#### **Section V-(c): Association between staff nurses practice and selected socio demographic variable**

It was observed that there is there is significant association of practice with total professional experience and total NICU experience at the level  $p \leq 0.05$  df 4 and no significant association between practice and selected demographic variable like age, professional qualification and exposure to in-service education. Hence, H3 was also accepted for total years of professional experience and experience in NICU.

### **Discussion**

#### **Analysis of perspective, attitude and practice score of staff nurses related to family centre care:**

Perspective score of staff nurses related to family centre care.

The result of data analysis of the present study depicts that majority 41(41%) of staff nurses had neutral perspective, it may be so because they aren't completely aware about family centre care and its importance. According to them a proper protocol has to be set up for its proper implementations. Only 32% had positive perspective while 27% had negative perspective related to family centered care.

On the basis of the findings nurse's perspective towards family centered care was unbiased and to a certain extent they believe that it's the right of the family member to know and participate in infants care. Yet, 27% had negative

perspective because they think that involving the family member in delivering care will lead to more time consumption, may increase their work load and overall there are chances for spreading infection.

The above findings were supported by a study conducted by **Penny Paliadelis (2004)**<sup>7</sup> to explore the perceptions of pediatric nurses that how they include and involve parents in the care of hospitalized children in two regional area health services of, Australia. This qualitative study was done on 14 nurses. The result of the study suggested that how participants either allocated tasks to parents or retained them and identifies barriers and constraints to the implementation of family-centered care.

**Conclusions:** Together these findings suggest that while nurses endorse the concept of family-centered care, the implementation into practice they find it as more problematic.

#### **Attitude score of staff nurses related to family centre care.**

The result of data analysis of the present study depicts that majority 50(50%) of staff nurses had neutral attitude, 40% had negative attitude while only 10% had positive attitude related to family centered care. Half of the nurses had neutral attitude but 40% had negative attitude towards family centered care. The reason for this could be that as is the present trend in India, most of the nurse's do not believe family as a resource in nursing care. Majority of them do not consider family as a conversational partner that is they don't invite family members during the planning and discussing the care management of infants. Most of the nurses consider family as a burden as their presence makes them feel stressed and sometimes hold them back in their work.

Similar findings are obtained in the study done by **Duran et al., (2007)**<sup>8</sup> on assessing beliefs and attitude of clinicians and nurses towards family presence. A total of 202 healthcare providers responded, which included physicians, nurses, and respiratory therapists. Findings of the study showed that healthcare providers had an average attitude related to family presence. The mean

score of nurses ( $x = 2.79$ ,  $SD = 0.38$ ) was more than of the physicians ( $x = 2.37$ ,  $SD = 0.47$ ).

#### **Practice score of staff nurses related to family centre care:**

The result of data analysis of the present study depicts that majority 52(52%) of staff nurses had average practice score, 43(43%) had poor practice score while only 5(5%) had good practice. Hence we can make inference that majority of nurses were acquainted with family centre care but sometimes face hindrances during its practice. But as per the opinion of the staff nurses they are providing the best care within the available facility to an extent possible to them and they said that this can be modified if they get adequate staff and appropriate protocol to follow FCC.

#### **Association between staff nurses perspective and selected demographic variable.**

Result shows that there was significant association between nurse's perspective with total professional experience and total NICU experience with the chi square value 11.56 and 17.80 respectively. The df value was 4 and table value 9.49 at the level of  $p \leq 0.05$ . and therefore H1 was accepted.

Similar findings were obtained in the exploratory study conducted by **Twibell (2008)**<sup>9</sup>, on family presence at NICU to explore the views of nurses. Two instruments were created to measure the variables. The Family Presence Risk-Benefit Scale (26 items) was used to measure nurses' perceptions of family presence. The Family Presence Self-confidence Scale (17 items) was used to measure nurses' self-confidence Results related to the Family Presence Self-confidence Scale showed that certified nurse's ( $p \leq .001$ ) and members of professional organizations ( $p \leq .001$ ) perceived greater self-confidence than did non-certified nurses. Scores varied significantly between nurses who had number of years of experience and nurses who invited fewer than five times (mean = 3.93), and nurses who invited family presence 5 times or more (mean = 4.43), with higher scores reflecting more times family presence had been

invited. These finding showed the more times nurses invited family presence, the greater their self-confidence

#### **Association between staff nurses attitude and selected demographic variables.**

Result shows that there was significant association between nurse's attitude with total professional experience and total NICU experience with the chi square value 16.86 and 11.27 respectively. The df value was 4 and table value 9.49 at the level of  $p \leq 0.05$ . Therefore, H2 was accepted.

The above findings were supported by a study conducted by **Afkar Ragab Mohammed, Soheir Abd-Rabou Mohammed and Laila Younis Abu Salem(2013)**<sup>10</sup> to assess the attitude of nurses related to presence of mothers during invasive nursing procedures. In relation to mothers' attitude regarding their presence during invasive nursing procedures performed for their hospitalized children, the majority (85%) of mothers preferred the presence next to their child during any of the nursing procedures. Mothers cannot see their child in pain during nursing procedures as replied by 73% of mothers. On the other hand, 61% and 66% respectively of mothers agreed that, their child cried more and feel restless if they are present during the painful nursing procedures, 79% of nurses who participated in the present study viewed that, the presence of the mother during nursing procedures generally hinder their work as a nurse. Three quarters of nurses (75%) reported their agreement; there is no need for the presence of the mother during invasive nursing procedures because the child cries more. On the same context, 71% of nurses thought that, the child usually becomes restless while the mother is present during invasive nursing procedures. Furthermore, 82% of nurses agreed that some mothers cannot afford to see their child during invasive nursing procedures. The mean of the nurses' years of experience in caring for pediatric patients was  $11.31 \pm 8.46$ . In addition, there were statistically significant correlations between the pediatric nurses' general attitude and their age, educational qualification, and years of experience in

caring for hospitalized children ( $p \geq 0.05$ ). Pediatric nurses with more years of experience and with higher educational qualification had more positive attitude toward the presence of mothers during invasive nursing procedures performed for their children.

#### **Association between staff nurses practice and selected demographic variables.**

Result shows that there was significant association between nurse's practice with total professional experience and total NICU experience with the chi square value 45.01 and 12.99 respectively. The df value was 4 and table value 9.49 at the level of  $p \leq 0.05$ . Therefore H3 was accepted.

The investigator regrets to state that no recent studies could be found to support or negate these findings.

#### **Conclusion**

The philosophy of family centered care was founded on the collaboration of the family, nurses and hospital staff to plan, provide, and evaluate care. The present study explored the perspective, attitude and practice of family centered care among staff nurses working in NICU. Majority of the staff nurses had (41%) neutral response towards family centered care also the practice towards implementation of FCC was found to be average. Individual responses reveal that lack of time, change in shifts and excessive works are some of the major factors that affect the implementation of family centre care in NICU. The attitude of the staff nurses towards family centered care was also neutral in 50%. The presence of family members makes the staff stressed and also delays their work. Most of the individual responses did consider family as a conversational partner in nursing care.

A lot more needs to be done. A proper protocol has to be made for the successful implementation of family centre care in NICU. The presence of the family during health related procedures can significantly reduce parent's anxiety. Decreased anxiety from the family decreases the stress on healthcare workers, positively affecting their ability to provide treatment. In essence the nurse must

attend to both the needs of the family and child in order to maximize a child's outcomes.

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