A national survey of registered nurses’ practice and perceptions of family-centered care practices in children’s units in Ireland.

Professor Imelda Coyne
Research team

- Professor. Imelda Coyne (Principal Investigator), Professor in Children’s Nursing, Trinity College Dublin
- Ms Maryanne Murphy, Lecturer in Children’s Nursing, Trinity College Dublin
- Ms. Colleen O Neill, Lecturer in Children’s Nursing, Dublin City University, Dublin
- Mr. Thomas Costello, Research Assistant, Dublin City University, Dublin
- Ms. Rita O Shea, Director of Nursing, Children’s University Hospital, Temple Street, Dublin
Current evidence on FCC

- Unclear definitions and inconsistent implementation remain despite FCC being encouraged since 1959 (Franck and Callery, 2004)
- The effectiveness of FCC has not been measured (Shields et al, 2007, Cochrane Review)
- Research spanning 40 years indicate that nurses have difficulty negotiating parents participation
- Lack of guidelines for children’s nurses in clinical practice
- Nurses lack skills in communication, conflict management, and role negotiation (Brown & Ritchie, 1989; Callery & Smith, 1991)
- No clear evidence of parent/professional collaboration (Bruce & Ritchie, 1997; Bruce et al, 2002)
Rationale for the study

- Conflicting views on FCC continue to abound, with lack of agreement on the reasons why FCC continues to be problematic.
- While family-centred care has been extensively studied in UK, USA, Canada, Australia, and Scandinavia, there is limited evidence on the practice of family-centred care in Ireland.
- Needed to capture a broad sample of nurses who care for children in a variety of clinical settings across Ireland.
- This study is part of a programme of research which includes a qualitative grounded theory study on FCC.
Aim of study

- To examine nurses’ practices and perceptions of family-centered care in Ireland.
- We used descriptive survey technique.
- Data was collected using the Family-Centered Care Questionnaire-Revised, (Bruce and Ritchie, 1997) from a sample of nurses (n=750) from 3 children's hospitals and 4 children units in Ireland.
- 250 nurses participated in the study.
- Data analysed with aid of SPSS.
Inclusion Criteria:
- Qualified children’s nurses and
- Nurses with a permanent position, working in children’s units who are not registered children’s nurses.

Exclusion Criteria:
- Student nurses
- Agency nurses will be excluded due to their short duration on a children’s ward.
Some demographics

- 14 males and 236 females
- 114 nurses aged from 31-40 years
- 88 nurses less than 30 years
- Staff nurses largest group (n=162)
- 114 nurses degree qualified and 15 with Masters
- 183 with RSCN/RCN qualification
- 205 Irish with (27 Indian, 12 Filipino, 6 UK)
- 106 nurses with 5-15 years experience
- 76 more than 15 years experience
- 113 from medical/surgical units
Family-Centered Care Questionnaire-Revised (Bruce and Ritchie, 1997)

- The items in the questionnaire were based on the family-centered care framework proposed by Shelton et al. (1987).
- The questionnaire directed nurses to self-report on a 5-point Likert scale which activities they perceived to be necessary for family-centered care (necessary practice) and which activities they believed to be currently present in their practice (current practice).
Example from FCC-R questionnaire

<table>
<thead>
<tr>
<th>Current Practice</th>
<th>Necessary Practice</th>
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<tbody>
<tr>
<td><strong>1. Staff encourage parents and siblings to come and go any time that meets the family's needs</strong></td>
<td>SA A N D SD</td>
</tr>
<tr>
<td><strong>2. Staff work with families to determine the level of participation that suits the family's needs best.</strong></td>
<td>SA A N D SD</td>
</tr>
<tr>
<td><strong>3. Staff work with families to determine the level of decision making that suits the family's needs best</strong></td>
<td>SA A N D SD</td>
</tr>
</tbody>
</table>
Scales on the questionnaire

- Family is the constant
- Parent and professional collaboration
- Family individuality
- Sharing information with parents
- Parent-to-parent support
- Developmental needs
- Emotional and financial support for families
- Design of the healthcare system
- Emotional support for staff
Paired Samples t-test

- The differences between the nurses mean scores on their current and necessary practice were tested for statistical significance using paired samples t-tests.

- The paired-samples t-tests indicated that there was a statistical difference between the nurses’ current and necessary practice of family-centered care.

- The difference was significant at the p < .05 between all the scales on the nurses’ current and necessary practice in the family-centered care questionnaire except for ‘Parent and professional collaboration’.
The differences between nurses’ current and necessary practices were:

- Family is the constant
- Recognising family individuality
- Sharing information
- Developmental needs of the family
- Parent-to-parent support
- Emotional and financial support for families
- Emotional support for staff
- Design of the healthcare system
Further analysis

- There were no significant difference in the nurses scores on the FCC-R based on their:
  - Academic qualifications
  - Length of time in children’s nursing
  - Grade of staff
  - Area of practice
  - Gender
Results

- The results indicate that the nurses perceived that they performed all elements of family-centred care significantly less in their current practice than they believed necessary.
- Although nurses demonstrated good knowledge/understanding of family-centred care, they also reported that they did not always incorporate this knowledge into their practice.
- Similar to previous research findings.
Qualitative data obtained

- The questionnaire contained 47 items plus two open questions to allow for comments and suggestions. The two open questions were:
  - In your own words identify what family centred care is?
  - What is needed to enhance family-centred care?
Summary of qual data

- Nurses have a very good understanding of FCC and there were consistencies among the definitions supplied.
- The central characteristics were identified as: participation in care, partnership, collaboration, working with family and holistic care.
- Nurses appeared to hold a very positive view of FCC and were able to identify many benefits for both children and families.
What is FCC?

- **FCC** to me is about involving the child, their siblings and parents, grandparents and families as a unit in the child’s care ensuring they’re needs are met holistically, spiritually and psychologically (226)

- Holistic nursing care for the family. Parents, siblings and other relevant individuals in the child’s life are involved to the extent they wish to be involved and also receive psychological and social care themselves if required or wanted (164)
But

- ‘FCC is often unrealistic given the severity of some children’s condition. It is often hard to involve parents in direct care (192)’.
- Parents should define the limits or boundaries and not the expectations of staff should be considered. Not all parents want to be totally physically involved and care should ultimately dictated by parents and carers on the advice given by nursing and medical staff (153)’.
Recommendations

1. Recognising family individuality and Sharing information
   - Accurate assessment of parents’ wishes for involvement and negotiate care accordingly
   - Using an assessment framework for all admissions.
   - Assessments should be ongoing especially for admissions lasting more that 3 days
   - Findings ways to deliver key information on roles, expectations and facilities that avoids unnecessary duplication.
   - Documenting the information exchange and agreed roles.

2. Hospital and ward facilities
   - Provision of adequate resources
   - Design of paediatric units
   - Parent’s advisory committee
3. Support for staff

- Need for skills in communication, interviewing, interpersonal relationships, counselling, family dynamics, conflict management and clarifying health professionals roles.
- Curriculum in children's nursing programmes must keep pace with the challenges that impact on family-centred care (single parents, financial pressures, dual earners etc)
- In service education should focus on skill development rather than attitude shift or knowledge development.
- Attention needs to focus on organisational and managerial issues which impact on nurses' practices (short staffing, cramped space, lack of IT support, inadequate documentation, lack of psychosocial support for nurses)
Conclusion

The development of a true collaborative relationship between healthcare providers and parents is characterised by trust and open communication, which in turn enables a negotiation of the roles that each person is able to play at any particular point in time.
References

References

Thank you for your time and attention

- Any questions?