Staff attitudes to Family Centred Care

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Family-Centred Care Study Day
Supporters of Families and Babies
Castleford, West Yorkshire
What is family centred care?

+ Family-centred care is a way of caring for children and their families within health services which ensures that care is planned around the whole family, not just the individual child/person, and in which all the family members are recognized as care recipients (Shields et al, 2007)
Benefits

Involving families in the care of children is beneficial for all concerned

- **Child/infant** - less anxious, reduced pain, recover quicker, reduced hospital visits
- **Parents** – empowerment, self-efficacy, satisfaction, decreased stress
- **Health professionals** – increased job satisfaction, less stress
- **Health system** - more cost effective, prevent readmissions
Background

- Effective collaboration is fundamental to care delivery
- Evidence suggests many parents perceive that their expertise & contribution to care are not valued
- Family-centred care is about facilitating and supporting parents’ involvement but there are problems with implementation
Principles of FCC

- Recognising family strengths and promoting parent/professional collaboration
- Flexible provision of health care
- Sharing information with families
- Respecting cultural diversity
- Respecting family coping methods
- Respecting family coping methods and individuality
Difficulty with FCC

+ While FCC is central to children’s healthcare globally, it has not been implemented effectively.
+ Research spanning 40 years suggest that nurses have difficulty negotiating parents involvement.
+ Entrenched professional practices & attitudes towards working with families.
+ Unclear roles and boundaries.
+ Effectiveness never been measured.
Nurses have difficulty with FCC

- want to keep control/power
- threatened by parents’ participation
- lack trust in parents’ competence
- lack skills in communication & role negotiation
- lack skills in conflict management
- do not view the needs of the family as their responsibility
- poor understanding of the family’s perspective
- need more education on FCC
- lack sufficient time for families
What does family-centered care mean to nurses?

+ Family-Centered Care Questionnaire-Revised, (Bruce and Ritchie, 1997) administered to nurses (n=750) working in 3 children's hospitals and 4 children units

+ Response rate was moderate at 33% (N= 250), which somewhat limits the ability to generalise findings.

+ In your own words what does FCC mean to you?

+ What is needed to enhance FCC in practice?
<table>
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<th>What FCC means to nurses</th>
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<td>‘FCC is the holistic care of the sick child involving his primary carers and extended family as much as possible’.</td>
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<td>‘FCC means including the whole family in the child’s care. Family to be involved in the negotiations, plan of treatment and discuss and negotiate their degree of participation in relation to the child’s care/treatment and all decision making’.</td>
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<td>‘FCC improves and enhances clinical outcomes for children with complex needs and provides more support for the families as they deal with the challenges and joy of nursing their child’.</td>
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<td>‘A system of care where the child and their family are at the centre with the experience of the multidisciplinary team available and in practice to provide the necessary information, care and support for them as needed’.</td>
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While we greatly depend on parents to care for their children while in hospital, we need to improve their facilities particularly for parents who have spent many sleepless nights as their ability to cope due to sleep deprivation is greatly reduced.

Financial costs to the family during a long term illness when one parent has to stop working can be a huge burden i.e. transport costs alone... Full time middle income families seem to fair worst... Costs of transport, accommodation.

Communication is ‘huge’; have to inform parents of every aspect of child’s care and empower them to be involved as much as possible.

To enhance FCC we need education for all staff. We need to teach new staff the concept of FCC. Role models on the ward are in the best position to do this.
What are the challenges nurses face?

‘Nurses especially should learn to pass control of the infant to the family as I feel nurses like to remain in control and until this is done, FCC will not be enhanced.’

‘Huge staff turnover has major impact on FCC. Working with limited resources, facilities and supportive personnel can mean that FCC is not always given a priority it should within our working day.’

‘FCC is often unrealistic given the severity of some children’s condition. It is often hard to involve parents in direct care.’

‘FCC is suffering as staff shortages mean there is less time available for communication, parent empowerment and development of trust.’
Does this apply to NICU?
FCC in NICU

- Parents and nurses rarely discussed the process of involvement (Fegran et al, 2008)
- Different perceptions about role expectations (Paredes & Frank, 2000)
- Attitude of the nurses towards the family is pivotal (Saunders et al, 2003)
- Lack of training and staff shortages (Higman & Shaw, 2008)
- Parents find staff-parent communication stressful (Franck et al, 2005)
- Neonatal nurses less likely to implement FCC compared to paediatric nurses (Peterson et al, 2004)
**Nurses concerns**
- Unit congestion
- Being watched
- Order & routine
- Safety issues
- Access
- Limited resources

**Parents concerns**
- Unsure of role & boundaries
- Lacking information
- Continuity of care
- Communication issues
- Lack of input into care
- Privacy for breast-feeding
- Lack of inclusion of fathers
- Need for space to store belongings
- Hygiene needs
- Lack of parent–team discussions
What do nurses want?

- Better staffing levels
  - Ensure adequate staff-patient ratio

- More skills training in communication, negotiating, and conflict resolution
  - Education should focus on skill development rather than knowledge
  - Provide training in communication, interviewing, interpersonal relationships, counselling, family dynamics, conflict skills

- More support for FCC from all in the healthcare team

- More support from management
  - Embed the vision and philosophy of care into performance appraisals, hiring of new personnel
  - Ensure emotional support for staff

- Clear documentation and guidelines
  - Ensure documentation/guidelines reflects FCC

- Better facilities for families
What is important to parents?

- Knowing what to expect
- Receiving information and discussing how they can help
- Knowing what caring activities they can perform for their child (boundaries!)
- Knowing that healthcare professionals are there to support them
- Knowing that their child/infant will be cared for in their absence
Supporting families is essential

- Assess parents’ wishes for involvement and negotiate care accordingly
- Assessments should be ongoing as parents preferences can alter
- Support families in their preferred roles
- Sharing information with families
- Valuing parents knowledge and expertise
- Providing guidance and help
- Establishing a relationship of trust
- Assess family context and support systems and provide support
- Establish parents advisory committee
What you can do to help

+ Challenge the ‘blame the professional’ perspective
+ Document all the interventions used to support parents
+ Document all the communication
+ Explore problems from an interdisciplinary focus
+ Voice issues as a management problem not a personal coping issues
The development of a true collaborative relationship between nurses 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.
Questions for you to reflect on

+ Where do you stand philosophically, personally & professionally?
+ How do you think your practice measures up against the ‘regulatory ideal’?
+ How do you think ‘your’ families experience FCC?
+ Is FCC a good thing? If so, for who?
Thank you for listening

+ Questions welcomed

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References


