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Quantitative and Qualitative Analysis of Family-Centered Care From a National Sample of Pediatric Nurses
Veronica D. Feeg, PhD, RN, FAAN¹
Ann Marie M. Paraszczuk, EdD, RNC, IBCLC²
Jennifer Emilie Mannino, PhD²
Cecily Betz, PhD, RN, FAAN³
(1)Division of Nursing, Molloy College, Rockville Centre, NY, USA
(2)Barbara H. Hagan School of Nursing, Molloy College, Rockville Centre, NY, USA
(3)Children's Hospital Los Angeles, USC University Center for Excellence in Developmental Disabilities, Los Angeles, CA, USA

Theoretical Framework:
Family-Centered Care (FCC) is a philosophy according to some scholars (Lewandowski & Tesler, 2003), and a model of care according to others (Shields, Pratt, & Hunter, 2006), that acknowledges the importance of family to supporting and providing for the child’s well-being, and views both child and family as the care unit. The FCC model of care fosters a collaborative and interprofessional approach to health so that the plan of care addresses the care unit, which empowers families to foster better health outcomes. In recent debates in the literature, arguments have emerged that challenge the model, proposing that the child should be considered the center of care as exemplified in the Child Centered Care (CCC) model (Carter, Bray, Dickinson, Edwards & Ford, 2014). Without adequate study, a universally applied definition of FCC is needed to test the proposals that FCC is optimum as a care delivery practice for pediatric nurses who provide care in hospitals and other settings. A global consensus study (Al Motlaq et al., 2018) has identified clusters of items that represent the essence of FCC by pediatric and maternal child experts around the world. These items can assist with the design of the framework for developing measures to assess FCC and its impact on delivery of care.

Purpose:
Family-centered Care (FCC) is a model used in pediatric healthcare delivery that supports a collaborative, interprofessional approach to planning care for a child that incorporates the family. Although widely accepted as important to optimize outcomes for children and families (Kuo, Bird, & Tilford, 2011), questions remain whether there has been effective implementation of this model in practice (Coyne, 2015; Shields, 2010). The purpose of this study was to describe the importance of FCC to pediatric nurses and their view of their institutions’ support of implementation of FCC using a quantitative and qualitative approach. With a psychometric analysis, the factors of FCC can be sorted into its essential components for application in future studies and analyzed qualitatively by clusters of open-ended comments by participants.

Methods:
A survey that used descriptor statements of FCC developed with the modified Delphi method (Al-Motlaq, et al., 2018) was distributed electronically to members of the Society
of Pediatric Nurses. Nurses in direct care positions (N=132) responded to demographic questions and 26 items on the importance of elements of FCC in their care and rated how well their organization supported these elements using a 5 point Likert scale from strongly disagree = 1 to strongly agree = 5. Exploratory factor analyses, reliability, ANOVA and t-tests were performed. All open ended questions were imported into NVivo and sorted by factors identified for a constant comparison analysis of supplemental themes in describing the factors.

Results:
The nurses’ personal responses and their ratings of the institution in which they worked were analyzed separately. The Cronbach alpha was .867 for the nurses’ personal responses and .938 for the nurse-reported institution rating. Factor analyses revealed the same three factors for each of the two data sets for self-report and institutional ratings: Philosophy of FCC, Implementation of FCC and Environment Variations of FCC. There was a significant difference in the total mean scores between nurses’ personal responses and the nurse-reported mean scores for their institutions for all three factors (p = .000), as well as total mean score differences for nurses’ self FCC by nursing education (t=4.39, p<.05) and institution FCC scores between large and small institutions (t=2.00, p<.05), and the factor of FCC institution implementation of FCC (t=3.00, p<.05). The qualitative analysis of the general open-ended comments yielded in-depth explanatory support of the factors, including the need for (a) differentiating what is feasible in the family’s best interest; (b) identifying facilitators of care delivery of FCC; (c) developing strategies to minimize FCC barriers; and (d) optimizing education opportunities.

Conclusion:
This instrument quantified the importance of FCC to pediatric nurses and their rating of their institutions' support of implementation of FCC. The findings of this investigation can be used in forward testing of nurses’ report of their own and their institutional and interprofessional practices of FCC delivery. Through better understanding of pediatric nurses’ and their institutions' commitment to FCC, factors can be addressed to emphasize education and enhance FCC implementations to improve health outcomes. Efforts to develop a FCC designation that specifies best practices and criteria for quality FCC implementation in hospitals should become a goal for universal integration of families as partners in caring for sick children. As the debate continues related to the CCC model, it will be possible to identify measures and test the efficacy of the FCC model and use evidence to determine how it can be implemented in contrast to the CCC.

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Abstract Summary:
This mixed methods study describes importance of Family-Centered Care (FCC) to pediatric nurses and their view of institutional implementation of FCC. Factor analysis yielded three factors; qualitative analysis provided in-depth explanatory support of the factors. This adds to what is known about pediatric nurse and institutional, interprofessional commitment to FCC.

Content Outline:
1. Introduction to the concept of Family Centered Care (FCC)
2. Debate in practice: Lack of evidence, unknown execution, limited measures
3. Questions concerning child focus rather than family focus and interprofessional differences
4. The Study Background: Quantitative and Qualitative Analysis of a Measure
   1. Global perspective from the International Network for Child and Family Centered Care (INNFCC)
   2. Preliminary study background to identify consensus on definition
3. Operationalizing elements from international study to test on a national group

3. Methodology
   1. Quantitative development of survey
   2. National sample of pediatric nurses in the United States (n=132)
   3. Procedures and data collection
   4. Quantitative and qualitative analytical approaches

4. Results
   1. Validity and reliability testing of elements
   2. Factor analysis of elements to 3 quantitative factors to be connected to qualitative comments.
   3. Qualitative analysis of open-ended findings
   4. Triangulation of quantitative and qualitative elements.

5. Discussion
   1. Comparison with other national studies of nurses and other providers.
   2. Projection of how the new measure and key findings can be used in global studies.
   3. Recommendations for interprofessional education on FCC

6. Conclusion
   1. Quantitative and qualitative analyses yielded valid and reliable support for a measure that can be used in planning studies to test implementation and international collaboration of the FCC model.
   2. Combining findings with the newly formed International Network for Child and Family Centered Care