INTRODUCTION/TEORETICAL FRAMEWORK

BACKGROUND
Family-Centered care (FCC) is a model used in pediatric healthcare delivery that supports a collaborative approach to planning care for a child that incorporates the family. Although widely accepted as important to optimize outcomes for children and families, questions remain whether there has been effective implementation of this model in practice.

PURPOSE
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.

THEORETICAL FRAMEWORK
Family-Centered Care 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 the child’s well-being and views both child and family as the care unit. In recent debates in the literature, arguments have emerged that challenge the model, proposing that the child should be the center of Child Centered Care (CCC) (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 nurses in hospitals and other settings.

A global consensus study (Al Motaq et al., 2018) has identified clusters of items that represent the essence of FCC by pediatric and maternal child health experts around the world. These can set the framework for developing measures to assess FCC and its impact on delivery of care.

METHODS

SAMPLE
A national sample from the membership of the U.S. Society of Pediatric Nurses was recruited.

PROCEDURE
A web-based survey using SurveyMonkey® was sent through the SPN organization to all members who met the criteria of direct care positions.

INSTRUMENT DEPLOYMENT AND RESPONSES
A survey that used descriptor statements of FCC developed with a modified Delphi method (Al Motaq et al., 2018) was distributed electronically to members of the Society of Pediatric Nurses.

Survey respondents
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-type scale. Items were assessed and omitted if data did not support inclusion.

INSTRUMENT RELIABILITY
The nurses' personal responses and their rating 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 in each of the two datasets: 1. Philosophy of FCC, 2. Implementation of FCC, and 3. Environment Variations of FCC.

INSTRUMENT ANALYSIS
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