Nurse’s Perspective in the Implementation of Family Centered Care in PICU NICU

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ABSTRACT

Implementation of Family Centered Care (FCC) in pediatric critical care has many obstacles and challenges, so the role of nurses as facilitators and enforcers of rules is difficult in implementing FCC. The purpose of this study was to determine the perspective of nurses in the application of FCC in NICU PICU . The study was conducted in January-February 2022 in PICU NICU at Dr Kariadi Hospital Semarang with a quantitative descriptive design method and a consecutive sampling technique of 52 samples. The results showed that the nurse's perspective in the implementation of FCC in NICU PICU was 90.4% good. The element of sharing information with parents is 100% good, the element of hearing parental voice is good 98%, the element of making decisions with parents is good 96%, the element of individual communication is good 94%, and the element of negotiating roles is good 63%. FCC in critical care children prioritizes partnerships between parents and health workers, where the role of parents can be negotiated in the implementation of FCC according to the clinical condition of the child and the characteristics of the parents. Nurses are expected to improve skills during resuscitation so that the implementation of FCC in the role negotiation elements can be carried out properly.

Kata Kunci: *FCC, nurse's perspective, NICU PICU*

ABSTRAK

Implementasi Family Centered Care (FCC) dalam keperawatan kritis anak mempunyai banyak hambatan dan tantangan, sehingga peran perawat sebagai fasilitator dan penegak aturan kesulitan dalam pengimplementasian FCC. Tujuan dari penelitian ini adalah untuk mengetahui perspektif perawat dalam penerapan FCC di PICU NICU. Penelitian dilakukan pada bulan Januari-Februari 2022 di PICU NICU RSUP Dr Kariadi Semarang dengan metode kuantitatif, desain deskriptif dan teknik consecutive sampling sebanyak 52 sampel. Hasil penelitian menunjukkan bahwa perspektif perawat dalam penerapan FCC di PICU NICU adalah baik 90,4 %. Elemen berbagi informasi dengan orang tua baik 100%, elemen mendengar keluhan dan menjawab pertanyaan orang tua baik 98%, elemen membuat keputusan dengan orang tua baik 96%, elemen komunikasi individual baik 94%, dan elemen negosiasi peran baik 63%. Family Centered Care (FCC) dalam keperawatan anak kritis mengedepankan kemitraan antara orang tua dan petugas kesehatan, dimana peran orang tua dapat dinegosiasikan dalam pengimplementasian FCC sesuai dengan kondisi klinis anak dan karakteristik orang tua. Perawat diharapkan dapat meningkatkan keterampilan saat tindakan resusitasi sehingga pengimplementasian FCC pada elemen negosiasi peran dapat terlaksana dengan baik.

Kata Kunci: *FCC, Perspektif perawat, NICU PICU*

INTRODUCTION

Pediatric Intensive Care Unit (PICU) and Neonatal Intensive Care Unit (NICU) are separate facilities designed for patients 0-18 years old who experience medical disorders, trauma surgery, or other life-threatening conditions, comprehensive observation and specialized care (Latief et al., 2016). Child care in the NICU PICU is generally more complex, including the use of ventilator-assisted breathing apparatus, use of inotropic and sedative drugs, close hemodynamic monitoring, the level of total dependence, fulfillment of enteral and parenteral nutrition, to near-death care.

Children with medical complexity have a higher risk of prolonged length of stay and NICU/PICU mortality, that's why NICU/PICU is a highly stressful environment to most parents. The intensive care setting is a busy and frightening place dominated by sick children, medical personnel, advanced medical equipments, bright lights and shrill monitors. Initially, parents experience extreme levels of anxiety that approach near-panic level, followed by a reduction of anxiety in the following days (Yulianawati & Mariyam, 2019). One of the greatest stressors for parents in the PICU is the alteration or loss of the parental role, including physical separation, limited opportunities to care for the child, and no longer being the independent, primary decision maker in charge of the child's care.

The unstable condition of the child and the regulation of visiting hours, increase the anxiety and confusion of parents in care, parents feel separation from the child, entrusting the care and care completely to the nurse. Families with children who are treated in intensive care have a high level of anxiety, namely 96.8% say they are worried about the condition of the child being treated, and 100% are afraid of losing family members (Husna & Sari, 2018).

One of the philosophies of pediatric nursing is Family Centered Care (Putri & Iskandar, 2021). Nurses and patients' families have similarities in assessing the priority needs of families when accompanying children in the PICU. These needs are the need for assurance of treatment outcomes, the need for information, and the need to always be close to the patient (Apriyanti & Adawiyah, 2018). The priority needs of parents in the NICU are reassurance, information, closeness, support, and comfort. The needs of parents when the child is cared for are more focused on the welfare of the baby.

The priority needs of parents in the NICU are reassurance, information, closeness, support, and comfort. The needs of parents when the child is cared for are more focused on the welfare of the baby. Identification of parental needs can lead nurses to integrate the needs of parents into Family Centered Care (FCC) so that parents can meet their needs, get satisfaction, and improve the baby's quality of life (Hendrawati et al., 2018).

The application of FCC can be applied to the maximum in the PICU. The implementation of FCC in the PICU requires balancing actions that support, among others, intensive care policies related to scheduling visiting hours and the transformation of care from open spaces to closed rooms (Coats et al., 2018). The implementation of FCC in the NICU includes family care, family participation, collaboration, family value and dignity, and knowledge transformation (Ramezani et al., n.d.). FCC in the PICU has 5 elements, namely sharing information with parents, listening to complaints and answering parents' questions, making decisions with parents, individual communication, and negotiating roles (Richards et al., 2018).

Preliminary studies show that the implementation of Family Centered Care (FCC) in the PICU NICU of Dr Kariadi Hospital has not been implemented optimally, parents are less active in making decisions when caring for children, the information provided about the child's condition is not clear, and parents are less regarded as child care team. This will cause discomfort and dissatisfaction of parents in the service. The purpose of this study was to determine the perspective of nurses in implementing Family Centered Care (FCC) in the NICU PICU.

METHOD

Participant characteristics and research design

The design of this study quantitative descriptive. The variable of this research is the nurse's perspective in implementing Family Centered Care in the NICU PICU room. Inclusion criteria including diploma education at least 2 years of work, Nurse education without a minimum of work, early adulthood (26-35 years), female, not on leave, and willing to be respondents.

Sample

There are 55 nurses in this area. Sampling with consecutive sampling technique. Total respondents were 52 nurses.

Measures and covariates

The research was conducted during September 2021-February 2022 in the NICU PICU room, Dr Kariadi Hospital, Semarang. Collecting data using a questionnaire to describe the perspective of nurses in the application of FCC in the PICU NICU that has been made by the researcher. The questionnaire consisted of 18 closed-ended statements which included 4 questions sharing information with parents, 6 questions listening to parents' opinions and complaints, 4 questions making decisions with parents, 2 individual communication questions and 2 role negotiation questions. The validity test of the questionnaire showed the r-count results from 0.470 to 0.858 and the reliability test showed the results from 0.896 to 0.913 and the total reliability coefficient was 0.907.

Data collection was carried out after obtaining a research permit from Dr Kariadi Hospital. The researcher made a time contract before meeting with the research subject, the time of data collection was adjusted to the work shift of the research subject: morning, afternoon, and evening. The researcher explained the purpose, benefits of the research, and explained the procedure for filling out the questionnaire. The researcher accompanied the respondents in answering the questionnaire, the time allocation needed was between 10-15 minutes.

Ethical approval for this study was obtained from the Ethical Review Board of the Health Research Ethics Committee of Dr Kariadi Hospital Semarang (Reference Number 1005/EC/KEPK-RSDK/2022).

Data analysis

Data were analyzed univariately. The research results will be grouped into 3 categories, namely good, sufficient, and less based on the normal curve distribution with the standard deviation formula (Azwar, 2007).

RESULTS AND DISCUSSION

Table 1
Characteristics of Respondents

Variable	Mean	Min	Max	SD	n	%
age	31,4	26	35	2.3	-	-
Length of working	8,2	3	13	2.1	-	-
Education						
Ners	-	-	-	-	25	48
Diploma	-	-	-	-	27	52

Table 2
Nurse's Perspective in the Application of Family Centered Care in the PICU NICU Room, Dr Kariadi Hospital, Semarang

No	Variable	Good n (%)	Enough n (%)	Less n (%)	Total n (%)
1	Nurse's perspective in implementing FCC in PICU NICU	47 (90,4)	5 (9,6)	0 (0)	52 (100)
2	Sharing information with parents	52 (100)	0 (0)	0 (0)	52 (100)
3	Listening to complaints and answering parents' questions	51 (98,1)	1 (1,9)	0 (0)	52 (100)
4	making decisions with parents	50 (96,2)	2 (3,8)	0 (0)	52 (100)
5	individual communication	49 (94,2)	3 (5,8)	0 (0)	52 (100)
6	negotiation role	33 (63,5)	17(32,7)	2 (3,8)	52 (100)

Table 3
Distribution answers questioners of the Nurse Perspective in the Application of FCC in the NICU PICU

FCC elements in PICU NICU	statement	Strongly agree n (%)	Agree n (%)	Doubtful n (%)	Don't agree n (%)	strongly disagree n (%)
Shares information with parents	Nurses use abusive language in communicating with parents	0(0)	0(0)	1 (1,9)	9 (17,3)	42 (80,8)
	Nurses can increase parental trust in nurses by providing information to parents about the child's condition	32(61,5)	20 (38,5)	0(0)	0(0)	0(0)
	Nurses use medical language when communicating with parents	0(0)	0(0)	9 (17,3)	38(73,1)	5 (9,6)
	Nurse delays in providing information to parents regarding the patient's condition	0(0)	0(0)	1 (1,9)	35(67,3)	16(30,8)
Listen to the complaints and answering parents' questions	Nurses distinguish between rich and poor families in providing services	0(0)	0(0)	1 (1,9)	9 (17,3)	42 (80,8)
	Parents can reprimand nurses when they make mistakes in providing care to children	5 (9,6)	39 (75)	7 (13,5)	1 (1,9)	0(0)
	Parents assist nurses in implementing infection prevention while their child is being cared for	28(53,8)	23 (44,2)	1 (1,9)	0(0)	0(0)
	Nurses are patient and considerate in listening to complaints and answering family questions	28(53,8)	23 (44,2)	1 (1,9)	0(0)	0(0)
	Nurses understand the differences in ethnicity, religion and race of each parent	17(32,7)	35 (67,3)	0(0)	0(0)	0(0)
	Parents can provide information about their child's habits before getting sick to the nurse	21(40,4)	29 (55,8)	2 (3,8)	0(0)	0(0)
Make decisions with parents	Nurses provide opportunities for parents to ask questions	27(51,9)	25(48,1)	0(0)	0(0)	0(0)
	Parents are able to participate in decision making even though it is complicated	26(50)	25 (48)	0 (0)	1 (2)	0(0)
	Parents are involved in child care decisions	32(61,5)	19 (36,6)	1 (1,9)	0(0)	0(0)
	Parents know more about the developmental conditions of their children if they are involved in the discussion	11(21,1)	32 (61,5)	7 (13,5)	2 (3,9)	0(0)
individual communication	Nurse communicates with parents according to the ability of parents	8 (15,5)	34 (65,3)	6 (11,5)	4 (7,7)	0(0)
	Nurses understand the differences in the characteristics of each parent	17(32,7)	35 (67,3)	0(0)	0(0)	0(0)
role negotiation	Parents are given the option to wait for their child during resuscitation	3 (5,7)	20 (38,5)	13 (25)	16(30,8)	0(0)
	Parents are seen as members of the child care team	6(11,5)	33(63,5)	9 (17,3)	4 (7,7)	0 (0)

Nurses mostly have a good perspective on the application of FCC in the NICU PICU room. The nurses said that FCC emphasizes the role of parents as active care givers who contribute knowledge, observations and abilities of parents about children in the care plan with nurses. Nurses thing that implementation of FCC in critical care for children cannot be the same for every patient because the preferences of parents and family needs tend to be different. The role of parents as care recipients and

care providers varies depending on the clinical condition and personal characteristics of the family (21).

Researcher view that the PICU has adopted a family-centered care model, but few know how to make the family a part of care in the PICU. PICU practices and protocols turn children into patients and parents into visitors. Issues such as noise, visits, environment, and privacy favor staff comfort and convenience more than the needs of children and families. Special discussion is needed to overcome these differences in order to truly make the PICU family centered (Mary Ellen Macdonald et al., 2012).

The FCC is a partnership approach to care decision making between families and healthcare providers (Kuo et al., 2012). Patient and Family Centered Care (PFCC) is the foundation for child health care. However, the existence of hospital regulations have an impact on the extent to which PFCC is given, the existence of explicit and implicit rules in pediatric critical care units, making it difficult for families to receive care that pays attention to the needs of children. The rules also hinder nurses from implementing the FCC where the nurse's position is as the enforcer of the rules and the facilitator of the PFCC (12). To maximize this, it is necessary to explore the adaptation of the hospital environment to meet the needs of families better (Baird et al., 2014).

The collaborative works of neonatal nurses and parents to improve FCC is internationally recognized as the ideal way to care for hospitalized children (6). However, healthcare professionals find difficulties to integrate FCC principles into everyday practice (7). A fundamental principle of the FCC is the need to develop respectful partnerships between healthcare professionals and parents of infants in need of neonatal care (15). Appreciative Inquiry offers a positive, strengths-based, participatory approach that encourages positive learning and change. Appreciative Inquiry facilitates bottom-up change and is suitable for building effective partnerships and ongoing collaborations (Trajkovski et al., 2016).

Family-centered care in critically ill children especially infants is known as family care (assessment of the family and its needs and provision of family needs), family participation (participation in care planning, decision making, and delivery of care from routine to specialty), and collaboration (cooperation between professionals and families, family involvement in organizing and implementing treatment plans), respecting the dignity of the family (importance of family differences, recognizing family tendencies), and knowledge transformation (information sharing among health workers) (Larocque et al., 2021).

The information sharing element in this research is good. In this study, most of the nurses strongly disagreed with using abusive language in communicating with parents and strongly agreed to increase parents' trust in nurses by providing information about the child's condition, did not agree to use medical language when communicating with parents, and did not agree to delay in communicating with parents. provide information regarding the patient's condition.

Parents seek honest, clear and complete information. When a child is cared for in a critical room, communication is very important in building trust between nurses and parents, parents want nurses to communicate honestly, inclusively, compassionately, clearly, comprehensively and in a coordinated manner (DeLemos et al., 2010). The main focus of parents when their child is cared for in a critical room is the child's quality of life, making decisions with the medical team, and placing the needs of the child above the needs of the parents (Tessie et al., 2014).

Increasing the understanding of the role of parents in critical rooms can be done in 3 ways, namely attending and participating in child care, forming partnerships with the health care team and providing information about developments and treatment plans as the person who knows the child best so as to

assist parents in parenting during child care. while being treated in the critical room (Ames et al., 2011). Parents have various priorities when it comes to end-of-life care in critical pediatric rooms. These priorities include complete and honest information, ease of communication with staff, coordinated communication, emotional expression and staff support, facilitated parent-child relationships, and religion (Elaine C Meyer et al., 2005). This can give parents peace of mind while the child is being cared for and can reduce anxiety and fear about a poor treatment prognosis (Elaine C Meyer et al., 2005).

Nurses in communicating with parents do not use medical language, speak politely and in words that are easily understood by parents so that parents understand more about the information conveyed, parents are rarely involved in decision making, most decisions are based on a medical perspective, without listening parents opinion (Halal et al., 2013). A more effective way of conveying information to parents when a child is being treated in a critical room is to involve parents in the nursing round.

The purpose of parents being present during nursing rounds is to help parents reach an understanding of the child's condition and treatment plans, can convey about the child's condition, can ask questions, and so that maximum implementation is well balanced with increased communication outside the nursing round and personal discussions with parents in a team for pediatric care plan (Stickney et al., 2014).

The nurse's perspective in implementing FCC in the NICU PICU on the elements of listening to complaints and answering questions from parents in this study is good. In this study, most nurses strongly disagreed to differentiate between rich and poor families in providing services, agreed that parents could reprimand nurses when they made mistakes in providing care to children, strongly agreed that parents helped nurses in implementing infection prevention when their children were being cared for, very agree that nurses are patient and considerate in listening to parents' complaints, most agree that nurses understand the differences in ethnicity, religion and race of each parent, agree that parents can provide information about their child's habits before being sick.

Comprehensive communication between parents and health workers, especially nurses when children are cared for in critical rooms, includes informational communication, relational communication, and family coping communication. This can be well established if the communication is continuous with each other so that parents' concerns about the child's condition are reduced and minimize errors in providing care (Franco A Carnevale et al., 2016). Interpersonal that nurses must have to increase parental satisfaction and improve the therapeutic relationship between nurses and parents when children are cared for in critical rooms, namely caring for children sincerely, respecting parents' knowledge about children, providing mental support for parents, appropriate body language, thoroughness, responding well to complaints, accountability, willingness to accept questions, and empathy with children's condition(Orioles et al., 2013). The quality of communication between medical personnel and parents when children are cared for in critical rooms can be carried out well with the support (29). These supports include elements of decision-making with parents, a balance between the words of health workers and families, and uncomplicated medical personnel. However, health workers often speak in larger or more dominant quantities, so that families find it difficult to convey complaints, concerns, and desired information (Cleave et al., 2014).

The nurse's perspective in the application of FCC in the NICU PICU on the elements of making decisions with parents in this study showed a good category. In this study, most nurses strongly agreed to give parents the opportunity to ask questions, agreed that parents participated in decision making even though it was difficult, strongly agreed that parents were involved in making child care decisions, agreed that parents would know more about the condition of their child's development if they were involved in the discussion.

This is consistent with the results of other studies which say that parents try hard to actively participate in decision making regardless of the emotional pressure on the child's condition, parents do this by asking for clarification, offering preferences, reacting to the proposed decision. Parents are able to play an active role in decision making, parents' biggest concern is about the condition of their child who is sick or suffering (Vos et al., 2015).

The roles of nurses in end-of-life care decisions include 1) supporting families in addressing family needs such as emotional, spiritual, environmental, relational, and informational in an indirect way, 2) family advocates, namely helping families articulate their views and need for health professionals, 3) information provider i.e. providing parents with medical information, identifying decisions or explaining available options, and explaining parental understanding, 4) general care coordinator i.e. helping to facilitate interactions between health care professionals in the PICU, among health care professionals from different subspecialty teams, and between health care professionals and parents, 5) Decision makers i.e. making or directly influencing pre-determined action plans, 6) coordinators i.e. organizing and carrying out functions that occur directly before, during, and after camp Asian, 7) Develop a trusting relationship with parents (Michelson et al., 2013).

Doctors, nurses and parents personally experience stress in the decision-making process when a child is admitted to a critical care unit. Physicians struggle with the burden and responsibility of decision-making, nurses struggle with feelings about decisions about patients and parents, parents struggle with parental dependence. on doctors and nurses to provide care to the child and try to understand what is happening to the child. Doctors and nurses are also pressured by legal barriers, so helpful forms of communication between health workers and parents should be considered in changing education and practice to improve the quality of critical child care (Franco A Carnevale et al., 2011)(Kahveci et al., 2014).

The nurse's perspective in implementing FCC in the NICU PICU on individual communication elements is good. In this study, most nurses agreed that nurses communicated with parents according to their abilities, nurses mostly understood the differences in the characteristics of each parent. Parents are the decision makers when their children are cared for, but some parents want health workers to make decisions, some parents are more satisfied with good communication and experience when their children are cared for in a critical room and some parents want to participate in decision making when their children are treated in critical room (Franco A Carnevale et al., 2007).

Parents want to be a good person when their child is cared for in a critical room. Parents do 3 things, among others, seek meaning to express and enforce their role as parents by providing love, comfort and attention, creating security and privacy for the family, and taking responsibility for what happens to their children. The ability of parents to fulfill the role of a dying child in a critical room depends on experience. Health services must respect and facilitate parents for this, so that parents feel they have given the best for their children while being treated in critical rooms (McGraw et al., 2012).

Parents' experiences when children are cared for in critical rooms are different, these differences can be seen from the professional attitude of health workers, coordination of care in hospitals, emotional intensity, information management, environmental factors, and parental participatio (Latour et al., 2010). Parental stressors when children are cared for in critical rooms are the role of disturbed parents, concern for children, the environment, friends, and siblings. The parent's coping strategy when the child is in a critical room is that the nurse thinks about the condition of the patient and parents, the care given to others, getting the support of others, the care provided by the nurse, and the care environment (F. A. Carnevale, 1990).

Parents' experiences when children are cared for in critical rooms with high levels of disability can be seen from basic information about child care, integrating and bridging various services, different

roles of parents at home and in critical units, draining energy and emotions, high-risk learning environment, heterogeneity within the group, lack of conformity in the nursing model. Communication between parents of health workers and children who are treated in critical rooms requires quality communication to improve the nursing care provided (Graham et al., 2009).

The results of this study indicate that the nurse's perspective in the application of FCC in the NICU PICU on the element of role negotiation is good. In this study, most nurses agreed that parents were given the choice to wait for their children during resuscitation, agreed that parents were seen as the child care team.

Medical personnel allow parents to stay while resuscitation is determined by what the nurse's goals are as implementation priorities, namely efficiency as a form of family-centered care (Jefferson & Paterson, 2001). Deciding to wait or leave while resuscitation measures are important for parents. Parents choose to be present during resuscitation, this is done because the fear of their child's death is greater than witnessing resuscitation, parents will also be more depressed if they do not witness resuscitation, support during resuscitation is best provided by experienced nurses (Maxton, 2008).

The experiences of parents during end-of-life care for their children while being treated in critical rooms are the loss of parental roles, lack of physical intimacy with children, ambivalence about end-of-life care decisions, and reclamation of the death process. Efforts to improve nursing care to be of higher quality by integrating medical priorities and the needs of parents in maintaining roles and relationships with children. The most important thing according to parents is that the relationship between parents and children is still facilitated while being treated in a critical room and at the end of life (Lamiani et al., 2013).

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CONCLUSION & SUGGESTION

The nurse's perspective in implementing Family Centered Care (FCC) in the NICU PICU room of DR Kariadi Hospital seen from the five elements of Family Centered Care in the PICU Room shows that all respondents have a good perspective on the element of sharing information with parents, most of the respondents have a good perspective on the listening element. complaints and answers to parents' questions, most of the respondents have a good perspective on the element of making decisions with parents, most of the respondents have a good perspective on the individual communication element, and most of the respondents have a good perspective on the role negotiation element. The nurse's perspective in the application of Family Centered Care (FCC) in the PICU NICU DR Kariadi Hospital on the element of role negotiation shows that the perspective is lacking. Researchers suggests that nurses need to improve their perspective on the elements of role negotiation. The next researcher is expected to be able to examine the factors that influence the nurses' poor perspective on family centered care on the role negotiation element.

Conflict of Interest

No conflicts of interest.

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