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Running Head: SIGNIFICANCE OF THE PHILOSOPHY OF FAMILY-CENTERED

Significance of the Philosophy of Family-Centered Care in the
Pediatric Clinical Setting

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Significance of the Philosophy of Family-Centered Care in the Pediatric Clinical Setting

The philosophy of family-centered care is “an approach to the planning, delivery, and evaluation of healthcare that is grounded in mutually beneficial partnerships among patients, families and healthcare practitioners” (Children’s Hospital of Philadelphia, 1996-2008). The word “family” refers to “two or more persons who are related in any way-biologically, legally, or emotionally” (Institute for Family-Centered Care). It is patients and families, who define those included in their families, which usually in pediatrics includes parents or guardians.

At the center of the concept of family-centered care in the pediatric clinical setting “is the belief that health care providers and the family are partners, working together to best meet the needs of the child” (Cincinnati Children’s Hospital, 1999-2007). The concept of family-centered care was first established by Shelton, Jeppson, and Johnson in 1987 and included the principles of dignity and respect, information sharing, participation, and collaboration (Shelton, et al, 1987). The philosophy of family-centered care has continued to emerge over the past two decades with various pediatric institutions expanding the core concepts to include areas such as: family strength, choice, support, flexibility, and empowerment into their practice of care (Cincinnati Children’s Hospital, 1999-2007; Children’s Hospital of Philadelphia, 1996-2008).

Significance of Family-Centered Care

Family-centered care is significant in the pediatric clinical setting, because “it is the parents and family members (that) provide the child’s primary strength

and support (on a daily basis)” (Cincinnati Children’s Hospital, 1999-2007). Parents and family members remain the staples of the child’s life regardless of the child’s setting of care. Therefore, they are central to the care of the child in the pediatric clinical setting “as a continuing link to the child’s natural supports” (Institute for Family-Centered Care). This reinforces to both the child and their family the importance of the family in the child’s care. In family-centered care, the family and healthcare team enter into a collaborative partnership focused on the care and needs of the individual child in order to provide quality, comprehensive care. The core concepts of the family-centered care establish its significance and widespread implementation in pediatric clinical settings and institutions. Each concept is based on the principle that the delivery of healthcare consistently honors, empowers and respects the central role of the family by supporting them as the constant in their child’s care” (Children’s Hospital of Philadelphia, 1996-2008).

Family-Centered Core Concepts

Family Strengths: The family is recognized as the constant in the child’s life and as the individuals who are capable of making decisions regarding their child’s care. With this approach to care in the clinical setting, it is the obligation of healthcare providers to “support and empower family members as partners and decision-makers in their child’s care,” helping them to “cope with their child’s illness” (Cincinnati Children’s Hospital, 1999-2007). This concept is significant to pediatric clinical care, because it is child’s family that is responsible for making decisions and in order for families to feel confident in their decisions and in the

care being provided, support is needed on the part of healthcare professionals to include families in all levels of care so that they are empowered to be the constant in their child's life.

Respect: Family-centered care requires “trust and respect” for the families values, beliefs, religion and background (Cincinnati Children's Hospital, 1999-2007). As it is the family who has the authority to make decisions, it is the obligation of healthcare providers to work with the family regarding their knowledge of their child and decisions for choices of care. Respect helps to foster a partnership between families and providers and decreases false judgment of families on the part of providers based on assumptions or misconceptions.

Choice: Providing families with the information that they need in order to make an informed decision about “treatment and/or support” that their child will be receiving, helps families to understand their options and feel more empowered regarding their child's care. Families can feel helpless and powerless at times when they are unable to “fix” their child's condition. Therefore, information and knowledge is key to empowering families to make choices regarding their child's care.

Information Sharing: With family-centered care, healthcare professionals provide families with information regarding their child's medical condition and families provide healthcare professionals with information about their child. The two-way sharing of information helps to build a trusting relationship and “partnership” between families and healthcare providers and enhances the

knowledge of each in order to provide care for the child (Cincinnati Children's Hospital, 1999-2007). Knowledge about a child's behaviors and customs may be helpful for the provider and information about the child's condition may be helpful for family that wants to be actively involved in the child's care.

Support: Support as with family strength involves respecting the decisions that families make, offering comfort as families cope with a child's illness, "meeting the social, developmental, and emotional needs of the child," and helping family members build a foundation of confidence in their ability to care for their child (Cincinnati Children's Hospital, 1999-2007). Support allows families to have increased self-sufficiency and confidence in managing their child's care.

Flexibility: Healthcare professionals must be attuned to the fact that each family has a different personality, life experience, set of values and beliefs, education, religion, and cultures. These factors need to be considered when determining how to approach each of the other core-concepts. It is important not to allow predispose ideas about beliefs, education, values, and culture to dictate the provision of care. Healthcare professionals need to understand that preferences are different for individual families and that it is important to be able to adapt to meet the needs of individual families.

Collaboration: It is both families and healthcare professionals that work together in order to provide care that is in the best interest of the child. Collaboration involves the concept of information sharing as well as respect and choice. The family is considered the staple and decision maker in their child's care, and the healthcare team works with the family to increase understanding,

knowledge, and provides support so families can make informed decisions.

Family-professional partnerships that exhibit “mutual respect for the understanding that each brings to the situation” help in the delivery and receipt of quality care (Children’s Hospital of Philadelphia, 1996-2008).

Empowerment: It is the families “right and authority to care for their children” (Cincinnati Children’s Hospital, 1999-2007). The overarching theme that carries through all of the core concepts of the family-centered care philosophy is “to empower families in the care of their children” (Cincinnati Children’s Hospital, 1999-2007). Empowerment establishes the family as having the central and constant role in the child’s life.

Conclusion

Family-centered care in the pediatric clinical setting is a philosophy that involves dedication, cooperation, adaptation, and education for both healthcare professionals and families. It is an active, two-sided philosophy of care, where healthcare providers and families enter into and build a mutual partnership that leads to enhancing quality, outcomes, and the care experience.

References

- Cincinnati Children's Hospital Medical Center. (1999-2007). Family-centered care: Family-centered care philosophy and core concepts. Retrieved April 14, 2008, from <http://cincinnatichildrens.org/about/fcc/>
- Institute for Family-Centered Care. (n.d.) Frequently asked questions. Retrieved April 14, 2008, from <http://www.familycenteredcare.org/faq.html>
- Shelton, T.L, Jeppson, E.S. & Johnson, B.H. (1987). Family-centered care for children with special needs. Washington DC: Association for the Care of Children's Health. Retrieved April 14, 2008, from www.medscape.com/viewarticle/552356_print
- The Children's Hospital of Philadelphia. (1996-2008). Our philosophy of care; Family leadership in action. Retrieved April 14, 2008, from http://www.chop.edu/pat_care_fam_serv