

Family-Centered Care for Pediatric Patients

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Abstract

Family-centered care aims to preserve the bonds between the child and the family, to ensure the participation of the family in the child's care, to ensure that the child feels safe in the hospital environment, and to prevent the negative effects of hospitalization on the child and the family. It is an approach used. This approach accelerates the healing process of children and prevents hospitalization from causing stress and anxiety for both the child and the family. In addition, children of families. Participating in the treatment process prevents loss of control over children, increases their self-confidence and makes it easier for children to care for them after hospital and discharge. The purpose of this book chapter is to explain the importance of the family center on child health.

Nurses among healthcare professionals will care for the child better than the parents sick children until the 1960s with the idea They were deprived of their parents (Alsop-Shiel et.al., 2001;Darbyshire ,1993). After 1961-78, mothers support in providing care has been started (3). However, health policies change and family-centered care evidence-based for implementation there was a need for studies (Kuo ve ark., 2012).

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The child family institution, which is the basic building block of society grows up, becomes conscious and prepares for society. The child's physical, mental, physiological and as a psychologically healthy individual in upbringing and health behavior The family plays a huge role in shaping the situation. Family and family members throughout one's life relations between them are interrupted at different intensities continues without interruption. To hospital communication with family for children in bed continuity is important (Aykanat ve Gözen, 2014).

Russell et al. (2014) in their study, premature families whose babies are in intensive care. The problems they experienced were questioned and the families. They cannot provide adequate interaction with their babies, breastfeeding is discontinued, parents are separated from their babies. They are worried about their health because they are far away. They could not get enough information from their staff and they experienced difficulties in communicating was determined (Russell et.al., 2014). In this context, families to meet their needs, to best meet their expectations to provide appropriate service, to ensure that the child and his/her family healing process by reducing anxiety "family-centered care" to accelerate applications have been developed (Cooper et.al., 2007).

With family-centered care health policies programs, facility design, and patient, family, between physicians and other healthcare professionals. A healthcare that shapes daily interaction expresses his approach (American Academy of Pediatrics Committee on Hospital Care, 2003). In other words, family-centered care health decisions as a partnership approach in taking has been defined (Kuo ve ark., 2012). The purpose of family-centered care whereas; maintaining bonds between the child and the family. Ensuring the family's participation in the child's care. The child feels safe in the hospital environment to make one feel, to be hospitalized negative effects on the child and family is to prevent (Aykanat ve Gözen, 2014).

1. Family-Centered Care for Child Health Positive Aspects

Parental presence and involvement in care in the hospital social, psychological and physical health of the child as it positively affects parents' its presence reduces separation anxiety and helps the child. It also increases the feeling of confidence (Boztepe, 2009). Byers and friends with 114 preterm babies and their parents in their study, family-centered care. Preterm babies in the applied group cry less, have lower stress levels and to a lesser extent analgesic. They found that they have needs (Byers et.al., 2006). Melnyk and Feinstein's (2001) participating in the child's care in the hospital may

be seen in the child after discharge. They examined the effect of behavioral change. In their study, their parents were involved in care. After discharge from hospital in children negative behavioral changes. They found that it decreased significantly. In their study, O'Brien et al. (2015) families of babies in the neonatal unit prepared a training program and family-centered applied maintenance. Feeding babies there is an increase in speed and weight gain, and there is an increase in family found that anxiety levels decreased has.

2. Family-Centered Care from the Family Perspective Positive Apects

Children getting sick and being hospitalized It is a situation that disrupts family processes. Family members regarding the child's recovery concerns, unfamiliarity of the hospital environment, encountering scary vehicles they do not recognize, themselves in the care of the child according to the nurse. Feeling less important, the child's illness feeling guilty about other family members at home concern for members' lives, child in hospital such as the economic difficulties they experience due to being reasons may cause family members to experience stress, anxiety and may cause them to experience depression (Davidson, 2009; Çavuşoğlu, 2004).

When studies on this subject are examined, Davidson et al. (2017) suggested that family-centered care anxiety of patients and their relatives reduces the healing process of patients. Schepp (1991) with mothers who stay with their children in the hospital. In his study, mothers were asked about child care and providing information about treatment, decision making during the treatment process and mothers' involvement in the care of their children. It was determined that it reduced their anxiety.

Family-centered care practices include parents and effective communication between healthcare personnel requires it to be. Families and healthcare personnel. As communication increases, mutual trust increases the feeling develops. At the same time, family-centered through care practices, families' children regaining the feeling of loss of control in one's care. It is ensured that they win (Boztepe, 2009). Evans (1994) in the study, parents' participation in care not only for children but also for parents determined that it is useful.

Dunst et al.'s (2007) family-centered meta-analysis examining the effect of care in their studies, family-centered care which increases the sense of competence increasing parent-child satisfaction commitment and behavior in a positive way. It has an impressive maintenance model. Has been stated.

Cooper et al (2007) family-centered care and neonatal intensive care. To determine the benefits of implementation in units in their study for the purpose of family-centered care practices of families with their babies commitment and baby care improving skills and helping families. Adequate information about the baby's health status. It is also effective to have they determined.

The Role of the Nurse in Family-Centered Care

A strong and strong relationship based on the love between family and child. supportive relationship is the most important support for the child is the source. Therefore, the family's child. Involvement in every phase of care is necessary. From conception onwards, the child is constantly family's beliefs, values, traditions, he grows up with his attitudes and practices (Teksöz and Ocakçı, 2014). Family where one or more of its members live. Any dysfunction can negatively impact the family as a whole. will affect.

The pediatric nurse is the family's only the problem, regardless of the situation. A holistic evaluation takes into consideration the individual with he wouldn't have done it (Teksöz and Ocakçı, 2014). Therefore, family-centered ability to carry out maintenance practices for parents to care for the child in hospital. It is important to support them to participate. Additionally, the nurse encourages parents to practice care. Be ready to participate in their care while preparing should evaluate whether it is not. In this process nurse education and consultancy roles guidance and guidance to parents using must have a supportive attitude (Boztepe, 2009).

Nurse while implementing family-centered care a traumatic care applications should use. Atraumatic care, health therapeutic guidelines by staff including, children's diseases improving and sustaining their lives effects on both children and their families minimizing physical and psychological stress. The aim is to provide care. Atraumatic care in practice ; massage to reduce pain application, the child's inner. Some things, such as enabling him/her to express his/her world techniques are used. Thus, the family and the child. Problems that may occur due to hospitalization can be reduced (Teksöz, 2014; Ocakçı ve Yiğen, 2014).

To implement family-centered care regulations in health and hospital policies. It is also necessary to do. Therefore, children's health nurses, parents with their children in the hospital health and hospital services so that they can stay together active role in the formulation of policies should take it (Aykanat ve Gözen, 2011). In two different studies (Boztepe and Çavuşoğlu 2009; Kuzlu, Kalıncı and Topan 2011) family-centered their

efforts regarding the maintenance. In studies, nurses' workload is mostly. He left the care of the child to the families because of have determined. However, family-centered. The main purpose of care is to provide all care for the child not to leave the burden to the mother, but to maintaining the child relationship, the child's physical and to ensure emotional comfort (Christian, 2016).

As a result, family-centered care in pediatrics while defined as "best practice", pediatric. Its application in the environment is low. It has been proven by studies (Christian, 2016). However, Makworo et al. (2016) and Dur et al. (2007) in their study with pediatric nurses to implement family-centered care. It was determined that they were willing to undergo it. However, inadequacy of policies, hospitals unavailability, patient population, parents' ignorance and nurses' families. Patients' responsibilities when participating in care problems such as experiencing anxiety due to nurses to implement family-centered care. It creates an obstacle to the passage of (Ocakçı, 2006). For this reason, nurses family by collaborating with healthcare professionals necessary to implement centered care, active participation in studies and family nursing centered care principles. It is of great importance that they reflect on their practices. Bears.

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