

The Relationship Between Parents' Perceptions of Family-Centered Care and Their Health Care Satisfaction

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ABSTRACT

Aim: This study was conducted to determine the relationship between the perceptions of parents whose children are hospitalized about family-centered care provided in the hospital and their health care satisfaction and the factors affecting them.

Methods: This descriptive study was conducted with parents (n=169) of children who were hospitalized in a university hospital in Turkey between May and July 2019. Data were collected with "Child and Family Information Form", "Family-Centered Care Scale" and "PedsQL Health Care Satisfaction Scale". Data were analyzed with descriptive statistics, Mann Whitney U, and Spearman correlation tests.

Results: The mean age of the children was 6.86 ± 5.63 , 51.5% were male, 56.2% were hospitalized before and 88.2% of parents received information about the care and treatment of their children. There was a positive correlation between the parents' Family-Centered Care Scale and PedsQL Health Care Satisfaction Scale scores and between the age of the children and age of the mother and the PedsQL Health Care Satisfaction Scale scores, the number of children and Family-Centered Care Scale scores of parents. A statistically significant difference was found between the child's previous hospitalization and median scores of the Family-Centered Care Scale, and between whether parents receive information about the care and treatment of their children and the median scores of the PedsQL Health Care Satisfaction Scale.

Conclusion: In this study, as the family-centered care that parents expect was met, their health care satisfaction increased. As the age of children and mothers increased, parents' health care satisfaction increased. Health care satisfaction of parents who received information about treatment and care was found higher.

Keywords: family-centered care, patient satisfaction, child, parents

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Introduction

Family-centered care is one of the most dynamic philosophies of child health nursing in the 21st century and it is considered the cornerstone of the health care system globally (1). It is a model of care and it is based on collaboration between healthcare professionals and parents at all procedures of the healthcare system (1,2). The basic components of family-centered care consist of sharing information, respect, family attendance in healthcare, and cooperation (3,4). Family-centered care is a care model that enables the family to be involved in every stage of care and to participate in making decisions about their child's care (5,6), which provides positive results for families and children by meeting the needs of parents and children (7,8). Relationships between parents and the healthcare professional are important in pediatrics because children are generally unable to self-report symptoms or treatment preferences related to developmental stage or health condition (9). Consequently, parents are responsible for communicating on their child's behalf, requiring parental participation in their child's care. Furthermore, parents are frequently responsible for their child's care after discharge, therefore they must be involved in care and choices throughout the child's hospitalization to help in the child's transition back home (10,11).

Health care satisfaction is an important indicator in the evaluation of the healthcare system's quality (12). This satisfaction is affected by the physical characteristics of the institution, the quality of the instruments and equipment, the hygiene of the environment, the comfort of the patient and their parent, respect for the privacy of the patient and their family member, the friendly and kindly approach of the healthcare worker (13). In cases where health care satisfaction cannot be evaluated since patients are children in pediatric clinics, parental satisfaction comes to the fore (13,14).

Family-centered care practice has many positive effects on children, parents, and healthcare professionals (8,15-17). The care which is implemented by the line of the family-centered care

practices; enabling the parent to attendance in the care of their child, strengthen the communication between the parent and healthcare professionals, and accelerates the child's recovery process by minimizing the negative effect of hospitalization on the child and family (8,15,18-21).

Studies have reported that perform of the family-centered care model positively affects the health care satisfaction of the parent (22-24). Nurses play a crucial role in the performance of family-centered care, as they are often healthcare professionals who first communicate with families and spend the most time with children (25). Therefore, this study was conducted to determine the relationship between the perceptions of parents whose children are hospitalized about family-centered care provided in the hospital and their health care satisfaction and the factors affecting them.

Methods

The descriptive study was conducted in Trakya University Health Research and Application Center between May and July 2019 with 169 parents whose children were hospitalized at the pediatric clinics (neonatal intensive care, pediatric intensive care, oncology/hematology, pediatric surgery, and pediatric clinics). The hospital is the largest university hospital in the Thrace Region and has a 68-bed pediatric clinic. Eighty nurses work with these clinics.

Family-centered care practices in the hospital where the research was conducted: In the hospital where the study was conducted, The Institute for Patient- and Family-Centered Care (IPFCC) recommendation's four-step which are respect and dignity, information sharing, participation in care and decision-making, and collaboration between patients, families, and the healthcare team are implemented for caring of the children by the healthcare professionals (26). On the other hand, some healthcare practices related to patient and family-centered can be different according to the clinics. Health professionals provide care by being aware of the importance of parents in their children's lives and respecting the individual differences of the child and family within the scope of

the family-centered care model in pediatric clinics. Information on the care and treatment of the child is constantly shared with the families, and parents are included in the decision-making processes in the care and treatment of the child. In all applications, it is ensured that parents are with their children and that parents accompany their children in pediatric clinics (except for neonatal and pediatric intensive care units). In neonatal and pediatric intensive care units, parents visit their children during visiting hours, and they are provided to participate in baby/child care practices (breastfeeding, feeding and diaper care, etc.).

The population of the study consisted of the parents of children who are 0-18 age group and were hospitalized in Trakya University Health Research and Application Center pediatric clinics for at least 3 days for any reason. The purposeful sampling method was used in the study and the sample size was determined by a computer program (G-Power 3.1 version). In the study, a correlation of 0.30 was predicted between the parents' scores of the "Family-Centered Care Scale" (FCSS) and "PedsQL Health Care Satisfaction Scale" (PHCSS), and the required sample number was determined as 138 people in the calculation made with 0.95 power and 0.05 α error value. Considering the data drop-out rate in the study, the sample size was increased by 20% and the final sample size was calculated as 169 parents.

Inclusion criteria of the study were having a child aged 0-18, staying in the hospital for at least 3 days for any reason, accompanying the child during the hospitalization, volunteering to participate in the study, and literacy in Turkish.

Data were collected with the "Child and Family Information Form", FCSS, and PHCSS.

Child and Family Information Form: The form consisted of the research team in line with the literature (23,24,27-29). The form consists of a total of 17 questions. Eight questions are related to sociodemographic and hospitalization-related characteristics of the children (child's age, gender, hospitalization day, hospital experience, presence of chronic disease, accompanying parent, parents' information about the child's care and treatment,

parental participation in care and treatment decisions of the child status); nine questions are related sociodemographic characteristics of the parents (age of the mother and father, educational level and work status, number of children, family structure and income status).

Family-Centered Care Scale (FCCS): The scale was developed by Curley et al. (30) and Turkish validity and reliability were performed by Altıparmak and Arslan (29). The scale, which consists of 7 items in total, has two parts as "Importance" and "Consistency", and both parts include the same scale items. The scale items are intended for parents and include questions about the evaluation of nursing care within the scope of family-centered care. Scale items are scored from 1 to 5, and the total score is a minimum of 7 and a maximum of 35 for both parts. The "Consistency" section score can also be used without the "Importance" section score. The high score of the "Consistency" shows that nurses working in pediatric clinics meet parents' family-centered care expected (29). In this study, only the median score of the "Consistency" is used. In the original study of the scale, for the "Consistency" section Cronbach Alpha coefficient was 0.90 (29), for this present study Cronbach Alpha coefficient was 0.93.

PedsQL Health Care Satisfaction Scale (PHCSS): The scale was developed by Varni (31) and Turkish validity and reliability were performed by Ulus and Kublay (32). The scale, consisting of 25 items, purpose to evaluate parents' satisfaction regarding the medical treatment/care services and psychosocial care. Scale includes 6 sub-dimensions: "Information", "Inclusion of Family", "Communication", "Technical Skills", "Emotional Needs" and "General Satisfaction". A 5-point Likert response scale is used for each item (0=never, 1=often, 2=always, 3=almost often, 4=always) and a non-applicable alternative is inserted for subjects if the item is not appropriate for them (when scored, 'not applicable' will be considered lacking value in the scoring manual). Items are converted to a linear scale of 0-100 (0=0, 1=25, 2=50, 3=75, 4=100) with higher scores reflecting higher satisfaction. High scores from the scale indicate that

the health care satisfaction levels of the parents have increased. In the original study of the scale, the Cronbach Alpha coefficient was 0.96 (31), for this present study Cronbach Alpha coefficient was 0.97.

The data were collected by face-to-face interview method in the patient room when the children and parents were available. Parents were informed about the study's purpose and procedure, and parents who volunteered to participate in the study were asked to fill in the form and scales. The mean time for the parents to answer the forms was 15 minutes.

The Institutional Ethical Committee of the hospital approved the study (approval number: TUTF-BAEK 2019/175, date: 08.04.2019), and Institutional permission of Trakya University Health Research and Application Center (dated 03/05/2019 and numbered E.328160) was obtained. The research was conducted under the Helsinki Declaration. The purpose of the research was explained to the parents before the study. Parents' verbal and written consent was obtained from them. The parents were informed that they should not write names on the forms and that the data obtained would only be used for scientific purposes.

The data were analyzed with SPSS (Statistical Package for Social Sciences) version 24.0 (IBM Statistical Package for Social Sciences Corp.; Armonk, NY, USA) statistical program. The sociodemographic characteristics of the children and parents were evaluated using the number, percentage, mean and standard deviation. To examine the normality of the distribution of the data, the Kolmogorov-Smirnov test was applied. Nonparametric tests were used according to the variance homogeneity results of the scale's mean scores. The relationship between the "Family-Centered Care Scale" and "PedsQL Health Care Satisfaction Scale" scores were evaluated with Spearman correlation analysis. In defining the correlation coefficients were taken as basis; 0.00-0.25=very poor, 0.26-0.49=poor, 0.50-0.69=medium, 0.70-0.89=high, 0.90-1.00=very high correlation (33). Mann-Whitney U test was used to determine the relationships between the descriptive features of the children and parents and the median scores of the

scales. The results were evaluated at a 95% confidence interval and $p < 0.05$ significance level.

Results

The mean age of hospitalized children was 6.86 ± 5.63 years, the mean length of stay was 5.66 ± 5.30 days, 51.5% of children were male, 56.2% of children were previously hospitalized for any reason. It was found that 79.9% of children did not have a chronic disease, and 90.5% were generally accompanied by their mothers during their hospitalization. It was determined that 88.2% of the parents received information about the care and treatment applied to their children, 89.9% of them participated in decision-making processes about the care and treatment of their children (Table 1).

The mean age of mothers was 35.10 ± 7.28 years, the mean age of fathers was 38.92 ± 8.16 years, and the mean number of children of parents was 2.04 ± 0.91 . It was determined that 28.4% of the mothers were primary school graduates, 69.2% of them were not working, 30.2% of the fathers were primary school graduates, and 92.9% of them were working. It was found that 82.3% of the families have nuclear family structure, 62.7% of them were middle-income group (Table 1).

The median scores of the FCSS and PHCSS of the parents were found to be 31.00 (27.00-35.00) and 82.00 (60.50-94.00) respectively. When the PHCSS and sub-dimension median scores were examined; "Information" sub-dimension 75.00 (50.00-95.00), "Inclusion of Family" 81.25 (60.41-100.00), "Communication" 85.00 (60.00-100.00), "Technical Skills" 83.33 (62.50-100.00), "Emotional Needs" 75.00 (50.00-100.00), "General Satisfaction" sub-dimension median score 91.66 (75.00-100.00) was determined.

A moderately significant correlation was found between the parents' FCSS median scores and PHCSS total and sub-dimension median scores ($r = 0.699$; $p < 0.001$, Table 2). As the parents' median scores of FCSS increased, the total and sub-dimension median scores of PHCSS also increased. Furthermore; a very poor significant correlation was found between the

children's age and the PHCSS total median scores ($r=0.216$; $p=0.005$), "Information" sub-dimension ($r=0.198$; $p=0.010$), "Inclusion of Family" sub-dimension ($r=0.236$; $p=0.002$), "Communication" sub-dimension ($r=0.179$; $p=0.020$), "Technical Skills" sub-

dimension ($r=0.158$; $p=0.040$), "General Satisfaction" sub-dimension ($r=0.185$; $p=0.016$) median scores (Table 2). As the ages of the hospitalized children increased, the PHCSS total and sub-dimension median scores of the parents also increased.

Table 1. Distribution of defining characteristics of children and parents (n=169)

Variables	*Mean±SD/n(%)		Variables	*Mean±SD/n(%)	
Child's age (years)	6.86±5.63		Mother's age (years)	35.10±7.28	
Under 1	26	15.4	Father's age (years)	38.92±8.16	
1-4	48	28.4	Number of children	2.04±0.91	
5-12	53	31.4	1 child	48	28.4
13-18	42	24.8	2 children	78	46.2
Duration of stay (days)	5.66±5.30		3 children and above	43	25.4
1-3	73	43.2	Education level of mother		
4-7	59	34.9	Illiterate	10	5.9
8 and above	37	21.9	Primary school	48	28.4
Gender			Middle school	45	26.6
Girl	82	48.5	High school	39	23.1
Boy	87	51.5	University	27	16.0
Previous hospitalization			Working status of the mother		
Yes	95	56.2	Yes	52	30.8
No	74	43.8	No	117	69.2
Presence of chronic illness			Education level of father		
Yes	34	20.1	Illiterate	3	1.8
No	135	79.9	Primary school	51	30.2
Parent staying in hospital with child			Middle school	41	24.3
Mother	153	90.5	High school	41	24.3
Father	6	3.6	University	33	19.4
Mother and father	10	5.9	Working status of the father		
Parents' state of getting information about the care and treatment of their children			Yes	157	92.9
Yes	150	88.2	No	12	7.1
No	20	11.8	Family type		
Parents' participation in decisions regarding the care and treatment of their children			Nuclear family	139	82.3
Yes	152	89.9	Extended family	21	12.4
No	17	10.1	Broken family	9	5.3
			Family economic situation		
			Low income	44	26.0
			Middle-income	106	62.7
			High income	19	11.3

* Mean±SD/n(%) = Mean ± Standard Deviation / number (percentage).

A very poor significant correlation was found between the mother's age and the "Inclusion of Family" sub-dimension median scores ($r=0.169$; $p=0.020$) and between the number of children of parents and the median scores of FCSS ($r=0.204$; $p=0.008$) (Table 2). It was determined that as the mother's age increased, the median scores of the "Inclusion of Family" sub-dimension increased, and as

the number of children of the parents increased, the median scores of the FCSS increased.

There was a significant difference between the previous hospitalization status of the children and the parents' median scores of the FCSS ($p<0.05$, Table 3). The median scores of the FCSS of the parents whose children were hospitalized before were found to be low.

Table 2. Correlation coefficients and significance levels between parents' FCSS and PHCSS total and sub-dimension scores (n=169)

Variables	FCSS	Age of child	Age of mother	Number of children
FCSS	* r_s	-	0.144	0.074
	p	-	0.061	0.343
PHCSS	* r_s	0.699	0.216	0.113
	p	<0.001	0.005	0.144
Information	* r_s	0.540	0.198	0.148
	p	<0.001	0.010	0.056
Inclusion of Family	* r_s	0.659	0.236	0.169
	p	<0.001	0.002	0.029
Communication	* r_s	0.573	0.179	0.049
	p	<0.001	0.020	0.530
Technical Skills	* r_s	0.630	0.158	0.092
	p	<0.001	0.040	0.238
Emotional Needs	* r_s	0.608	0.147	0.050
	p	<0.001	0.059	0.525
General Satisfaction	* r_s	0.633	0.185	0.121
	p	<0.001	0.016	0.119

* r_s = Spearman Correlation Analysis; FCSS: Family-Centered Care Scale; PHCSS: PedsQL Health Care Satisfaction Scale

A significant difference was found between the parents' status of obtaining information about their

children's care and treatment and the median scores of the PHCSS "Information" sub-dimension ($p < 0.05$, Table 3). The median scores of the "Information" sub-dimension of the parents who received information about the care and treatment of their hospitalized child were found to be high.

There was no significant difference between the length of hospitalization of the child and the FCSS' median scores and PHCSS' total and sub-dimensions median scores ($p > 0.05$). There was no significant difference between the chronic disease status of the child, the accompanying parents, the parental participation in decisions about their child's care and treatment, and the FCSS' median scores and PHCSS' total and sub-dimensions median scores ($p > 0.05$).

There was no significant difference between the education and employment status of the parents, family type, and income level of the family and the FCSS' median scores and PHCSS' total and sub-dimensions median scores ($p > 0.05$).

Table 3. Comparison of the FCSS' and PHCSS' median scores of parents with some descriptive variables (n=169)

Variables		Yes	No	Test	
		Median (IQR: %25-%75)	Median (IQR: %25-75)	U*	p
Child's Previous Hospitalization	FCSS	29.00 (26.00-35.00)	33.00 (28.00-35.00)	2646.00	0.011
	PHCSS	78.26 (53.00-94.00)	82.84 (63.28-94.00)	3106.50	0.311
	Information	75.00 (50.00-95.00)	75.00 (55.00-95.00)	3131.00	0.427
	Inclusion of Family	81.25 (50.00-100.00)	82.29 (62.50-100.00)	3142.50	0.363
	Communication	75.00 (50.00-100.00)	85.00 (70.00-100.00)	2985.00	0.154
	Technical Skills	81.25 (50.00-100.00)	87.50 (68.75-100.00)	3057.00	0.231
	Emotional Needs	75.00 (43.75-100.00)	75.00 (50.00-93.75)	3229.00	0.874
	General Satisfaction	91.66 (66.66-100.00)	95.83 (75.00-100.00)	3075.00	0.240
Parents' state of getting information about the care and treatment of their children	FCSS	31.00 (27.00-35.00)	28.00 (25.00-33.00)	1170.50	0.212
	PHCSS	82.00 (61.00-94.00)	75.00 (52.27-94.04)	1214.50	0.314
	Information	75.00 (50.00-95.00)	57.50 (32.50-87.50)	957.00	0.046
	Inclusion of Family	83.33 (62.50-100.00)	75.00 (50.00-93.75)	1198.00	0.269
	Communication	85.00 (62.50-100.00)	85.00 (50.00-95.00)	1234.00	0.356
	Technical Skills	83.33 (60.41-100.00)	81.25 (62.50-100.00)	1402.00	0.945
	Emotional Needs	75.00 (50.00-100.00)	75.00 (50.00-93.75)	1275.00	0.595
	General Satisfaction	91.66 (75.00-100.00)	83.33 (66.66-100.00)	1310.50	0.579

U*= Mann Whitney U Test, **Interquartile Range; FCSS: Family-Centered Care Scale; PHCSS: PedsQL Health Care Satisfaction Scale

Discussion

In this study, which was conducted to determine the relationship between the perceptions of parents whose children are hospitalized about family-centered care provided in the hospital and their health care satisfaction and the factors affecting them; the parents'

median score for FCSS was found to be 31.00 (27.00-35.00). In a study conducted to determine the family-centered care experiences of parents, the mean score of the FCSS was found to be 30.78±5.44 similarly (27). In the study of Altıparmak and Arslan, the mean score of FCSS was found to be 31.26±2.82 (29). Since

the score to be obtained from the FCSS is between a minimum of 7 and a maximum of 35, and as the score increases, the condition of meeting the family-centered care expected by the parents' increases, it can be said that the family-centered care expected by the parents in this study is good. The total median score of PHCSS of the parents was determined to be 82.00 (60.50-94.00). In the study conducted by Alemdar and Yilmaz (34) to determine the satisfaction level of the mothers of the children hospitalized, the mean score of PHCSS was found to be 58.60 ± 28.87 . In another study conducted to determine the factors affecting the satisfaction level of mothers in the neonatal intensive care unit, the mean score of PHCSS was found to be 65.66 ± 20.01 (28). Since the score that can be obtained from the PHCSS ranges from a minimum of 0 to a maximum of 100, and the increasing score indicates that parents' satisfaction with health care also increases, it can be said that the health care satisfaction levels of the parents in this study are not low and they are higher than the results of other studies.

In this study, it was found that as expected family-centered care practices of parents are met, their health care satisfaction also increases (Table 2). In other words, as parents whose children were hospitalized received family-centered care, their satisfaction increased. Similarly, in a study, it was reported that increasing family-centered care practices increased the health care satisfaction of parents (24). In another experimental study, the effects of the preparation program which was attended by the child and his family in the preoperative period were examined and the health care satisfaction levels of the parents in the experimental group were found to be higher than the control group (35). Similarly, there are studies in the literature showing that family-centered care practices increase the health care satisfaction levels of parents (22,23,36-39). Similar to other studies in literature, in this study, family-centered care received by parents whose children are hospitalized affected their satisfaction with health care. In line with this finding, it is seen that the adoption of the family-centered care model by health professionals, especially nurses, who work in pediatric clinics may increase family-centered

care practices.

In the current study, as the age of the hospitalized child increased, the health care satisfaction of the parents increased (Table 2). Similarly, in a study, it was reported that parents with children aged 7 and over have higher health care satisfaction than parents with children aged 7 and below (24). This finding can be attributed to the decrease in parents' need for healthcare personnel as the age of children increases and their dependence on their parents on their children decreases. In this study, as the age of the mothers increased, their health care satisfaction increased in the "Inclusion of Family" dimension (Table 2). In a similar study, it was found that mothers aged 36 and over had higher health care satisfaction levels than mothers in other age groups (24).

It was found that as the number of children increases, the family-centered care expected by parents is being met more (Table 2). In parallel with our research findings, it was reported in a study that family-centered care expected by parents with more than one child was being met more than parents with one child (27). In another study, it was determined that parents with 3 or more children had higher health care satisfaction than those with 1 or 2 children (24). It was thought that the expectations of parents with more than one child from healthcare personnel decreased due to their experiences, and therefore the family-centered care they expected was met more.

The family-centered care practices expected by the parents of children who had no previous hospital experience were being met more than those with hospital experience (Table 3). In contrast to our research findings, it was determined in a study that children's previous hospitalization did not affect the family-centered care practices expected by parents (27). In the literature, it is stated that health care satisfaction is associated with experiences of health systems, and family-centered care is reflected in the practices of service providers (40). In this direction; the reason why parents of children who were not hospitalized before are more meeting with the family-centered care they expect may be that changing family center care expectations depending on the experiences

of parents of children with hospital experience.

In this study, parents who received information about the care and treatment of their children had higher health care satisfaction in the "Information" sub-dimension than those who did not receive information (Table 3). Similarly, it was stated that parents who were informed about the diagnosis, treatment, and care of their child had higher health care satisfaction (23). In another study, it was reported that informing mothers about the health services provided to their children increased their health care satisfaction levels (24). One of the basic components of family-centered care philosophy is sharing information with the family (41). In this study, higher health care satisfaction levels of parents who receive information about the care and treatment of their children support the finding that the family-centered care model increases the satisfaction levels of parents in pediatric

clinics.

Conclusion

In this study, it was concluded that family-centered care practices in pediatric clinics are effective in increasing parents' health care satisfaction. The number of children of the parents and the previous hospitalization of the child affected the expectations of the parents about the family-centered care. The age of the hospitalized child and the mother, parents' state of getting information about the treatment and care of their children affected the health care satisfaction of the parents. It is recommended that nurses working in pediatric clinics should be educated about family-centered care, support family-centered care practices, and nurses take into account the factors affecting parental health care satisfaction while providing care to children and families.

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