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# Family-centred care & partnership-in-care: a concept synthesis

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## **Background**

- Effective collaboration between nurses & families is fundamental to care delivery
- Evidence suggests many parents perceive that:
  - They are not supported in their role as manager for their child's long-term condition
  - Their expertise & contribution to care are not valued
- Family-centred care & partnership-in-care offer ways to facilitate parents' involvement:
  - Yet, there is poor implementation in practice

## Models of patient-professional collaboration

#### Family centred-care

Value family as constant, with strengths & individuality Information sharing & facilitate collaboration Design care in response to family needs Provide support & encourage family-to-family support

#### Partnership in care

Negotiation of roles
Equality in patient-professional relationship
Reciprocal shared responsibility for care
Accurate, relevant & comprehensive information provision
Facilitate decision-making

## Rationale & aim

Challenges for researchers & practitioners in relation to models of patient-centred care include:

CLARITY of CONCEPTS

Developing quality research underpinning models of care / evaluating their effectiveness

Usefulness of models in terms of operationalising & embedding them in practice

THEORETICAL UNDERPINNING

## Concept synthesis: aim & method

Explore family-centred care & partnership-in-care models in novel way to identify shared:

#### **Antecedents**

(or challenges)

#### **Attributes**

(key components)

central to embedding these models into every-day practice

Research published in peerreviewed English language journals 1999 - April 2014 that met pre-determined criteria were identified from Scopus, CINAHL & BNI data-bases

Key elements of the familycentred care framework developed by Shelton & colleagues framed the study

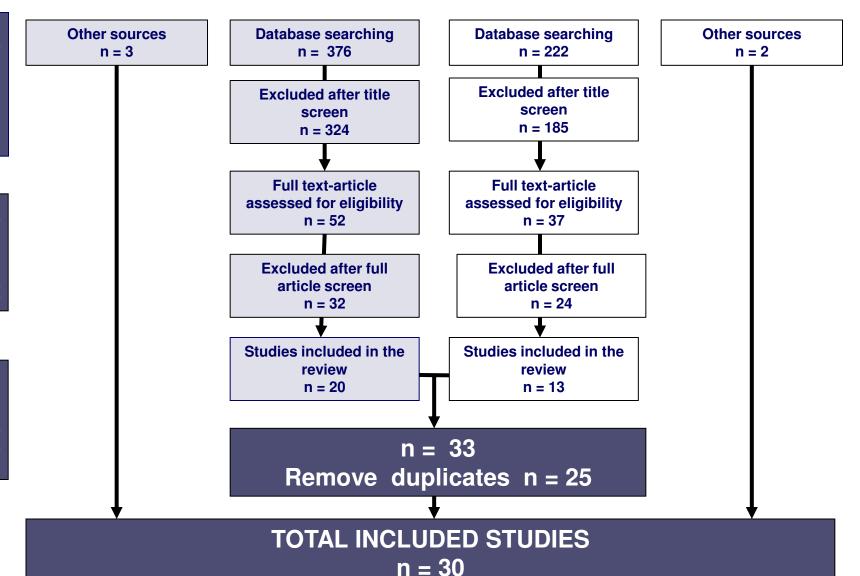
## **Embedding family-centred care into practice**

- Family is a constant in child's life
- Parent-professional collaboration facilitated
- Ethnic, cultural, socioeconomic & diversity of families respected
- Family strengths & individuality respected
- Complete & unbiased information sharing

- Family-to-family support & networking encouraged & facilitated
- Healthcare practices respond to child & family developmental needs
- Policies & practices provide families with emotional & financial support
- Flexible design of health care services

#### **FAMILY-CENTRED CARE**

#### **PARTNERSHIP** in CARE



## **Key findings**

#### Critical review of 30 studies:

- Fairly evenly divided between exploratory research & questionnaire surveys
- Studies represented range of settings:
  - community health services, hospitals, schools, social care settings & captured both acute & long-term conditions
- Despite differences in designs, participant groups & settings, there were similarities across study findings

## **Shared antecedents**

Unclear roles & boundaries

 Entrenched professional practices & attitudes towards working with families

• Lack of organisational / managerial guidelines or policies supporting the implementation of patient-centred care

Theory-practice gap exists

## **Shared attributes**

Valuing parents' knowledge & experiences

Supporting parents in their role as care giver

Incorporating parents expertise into care delivery

# Alternative framework for involving parents in their child's care

## PARENT-PROFESSIONAL COLLABORATION FRAMEWORK FOR INVOLVEMENT

- Parents knowledge & experiences of child & child's condition is recognised & valued
- Health professional must support parents role as main care giver
- Parents expertise should be incorporating into clinical & psychosocial care

Framework for involving parents in care of a child with			
long-term condition			
Domain	Valuing parents' knowledge & experiences	Supporting parents in their role as care giver	Incorporating parents' expertise into clinical & psychosocial care
Collaborative processes	Developing effective parent-professional relationships	Negotiating with parents preferred level of support	Ensuring transparency of participatory processes
Actions	<ul> <li>Elicit &amp; respond to parents' concerns</li> <li>Establishing rapport - develop a trusting relationship through clear communication, learning about family context, active listening &amp; share parents' experiences</li> </ul>	<ul> <li>Mutual information exchange</li> <li>Establish parents' contribution to child's clinical care &amp; desired level of involvement</li> <li>Share decisions with parents &amp; other professionals; collaborate when planning care</li> </ul>	<ul> <li>Involving parents in diagnosis &amp; treatment decisions</li> <li>Facilitate parents to express their opinions about care decisions</li> <li>Incorporate parents' knowledge of child &amp; care experiences in assessment, planning, delivery &amp; evaluation of care</li> </ul>

## Key messages

- Family-centred care & partnership-in-care are well established; yet implementation into everyday practice remains problematic
- Promoting & facilitating the child, young person & family's involvement in the care requires nurses to work collaboratively with the family
- This resulting framework is offered as a guide for professionals who want to promote & facilitate parents' involvement in the care of children with long-term conditions across health-care contexts



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