

FAMILY-CENTRED CARE:

The Theory-Practice Gap

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FAMILY-CENTRED CARE

Family-Centred Care (FCC) is a philosophy of care used in children's healthcare and utilised in many health care settings around the world.¹ Children's health care and the concept of FCC have been evolving since the 1950's. Before this time the concepts of FCC and the principles it represents were unheard and unvoiced.² Parents were not seen as an important part of a child's stay in hospital.

It is thought that World War II brought about social change and a turning point in the attitudes towards children's care in hospital. Suffering and grief from separation increased concern for the psychology of both adults and children.³ Psychologist John Bowlby and social worker James Robertson helped to steer research on the effects of parental separation for the ill child. The pair influenced the publication of the Platt Report in 1959, also known as The Ministry of Health Report, *The Welfare of Children in Hospital*; which made recommendations for a more humanitarian approach to children's healthcare.

IDENTIFYING THE GAP

The theoretical foundations of FCC are well documented and feature in literature spanning decades. However, it is possible that the implementation of theories and key principles is not straightforward. The aim of the research presented here was to identify and examine a theory-practice gap, demonstrated in the literature by a lack of evidence relating FCC to improved health outcomes. Is FCC merely an ideal, given lip service in documents and policies, but lacking in evidence?²

This possible gap has been critically examined with an emphasis on nursing practice, using perspectives of nurses, families and children in the literature. This has identified challenges in the application of FCC and also possible ways forward for children's nursing and health care.

PERSPECTIVES

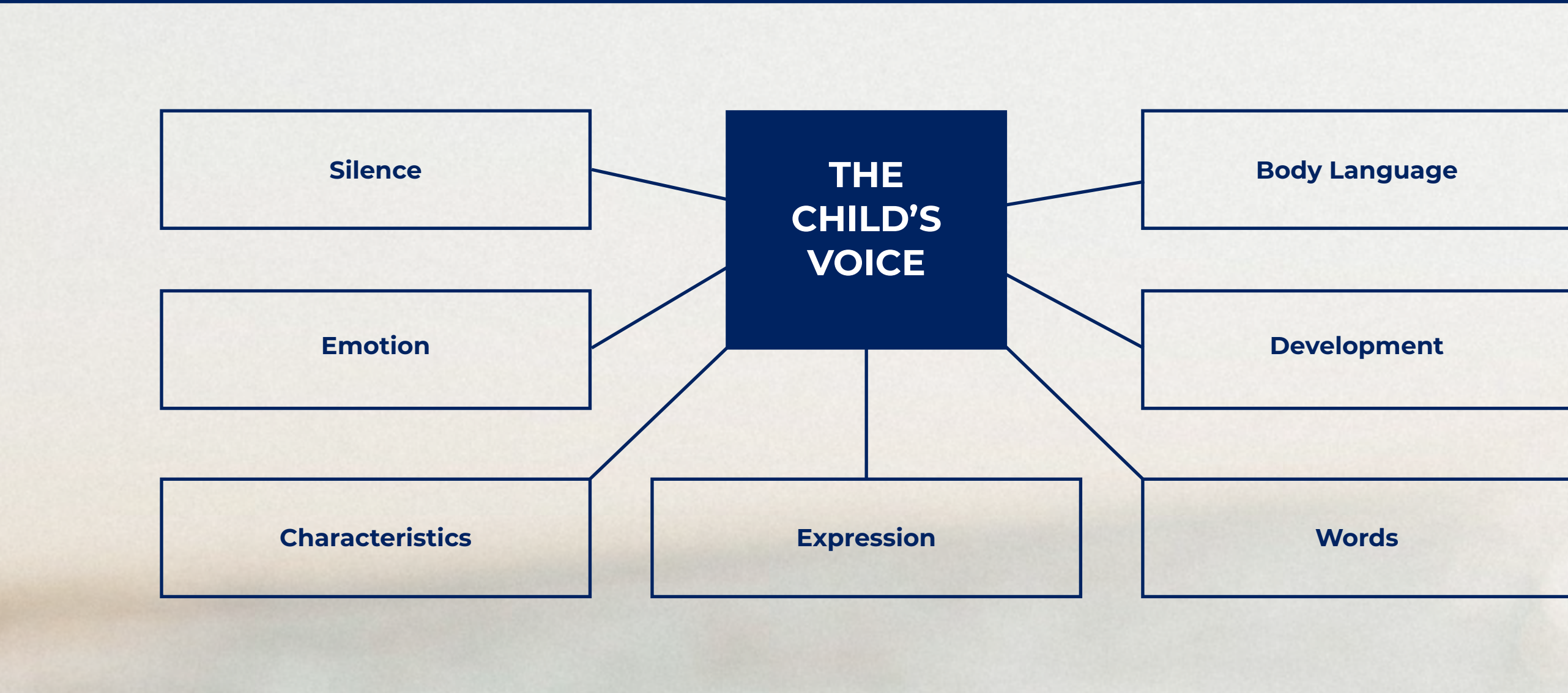
The diagram presented here shows the common themes regarding perceived challenges to the application of FCC in children's health care. When related to theory and key principles, these challenges highlight a theory-practice gap. However, the children's perspectives are not linked as strongly to these common themes. Children identified different challenges to FCC and even contradicted the opinions of the nurses and families.⁴



THE CHILD'S VOICE & FAMILY-CENTRED CARE

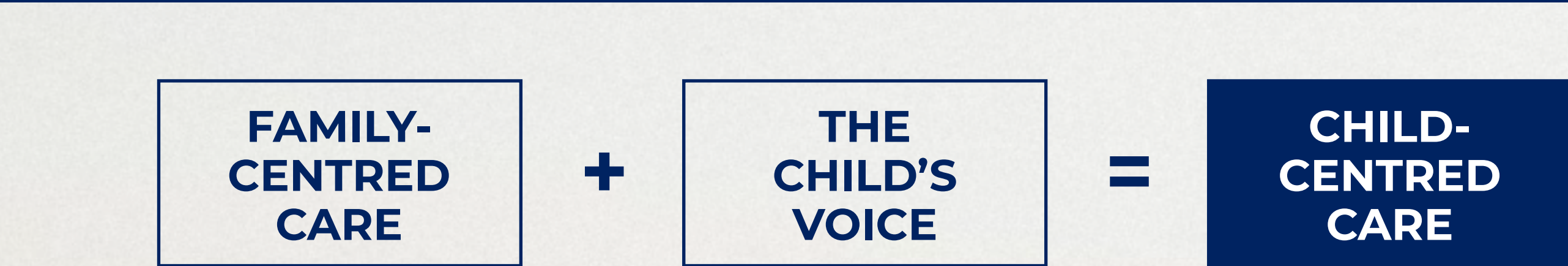
The Child's Voice can be defined as, the transparent transmission of thoughts and feelings from the child's inner world to the outer world.⁵

To combat the theory-practice gap in FCC, work needs to be done to recognise and understand the multi-dimensional child's voice and therefore the needs of the child. This is in keeping with a set of rights published in 1989: The United Nations Convention on the Rights of the Child.⁶ The articles in this publication highlight the importance of the child's voice and acknowledge the need for improvement in recognising the expression of children's thoughts and feelings.



WHERE TO FROM HERE?

Examining the perspectives of those involved in FCC has identified common perceived challenges to its application in child healthcare; aspects such as attitudes, communication and role identification may be starting points for improved practice. Ultimately, change in practice will need to involve the recognition and understanding of the multi-dimensional child's voice. To achieve this, children's healthcare and nursing may involve a shift from a family-centred model, to a child-centred model.^{7 8}



RECOMMENDATIONS

- Education:
 - The multi-dimensional child's voice
 - Children's rights
 - Social environments
- Further research on the needs of children in hospital
- Identifying important aspects of FCC to be incorporated into a child-centred model.

FOOTNOTES

¹ Harrison, T. M. (2010). Family-centered pediatric nursing care: State of the science. *Journal of Pediatric Nursing*, 25(5), 335-343.

² Shields, L. (2010). Questioning family-centred care. *Journal of Clinical Nursing*, 19(17-18), 2629-2638.

³ Jolley, J., & Shields, L. (2009). The evolution of family-centered care. *Journal of Pediatric Nursing*, 24(2), 164-170.

⁴ Gray, A. (2015). Family-centred care in children's nursing - Perspectives, challenges and the child's voice: A critical literature review. Pg, 15-38.

⁵ McPherson, G., & Thorne, S. (2000). Children's voices: Can we hear them? *Journal of Pediatric Nursing*, 15(1), 22-29.

⁶ UNICEF UK (2015). A Summary of the UN convention on the rights of the child. Retrieved from http://www.unicef.org.uk/Documents/Publicationpdfs/UNCRC_summary.pdf

⁷ Franck, L. S., & Callery, P. (2004). Re-thinking family-centred care across the continuum of children's healthcare. *Child: Care, Health and Development*, 30(3), 265-277.

⁸ Söderbäck, M., Coyne, I., & Harder, M. (2011). The importance of including both a child perspective and the child's perspective within health care settings to provide truly childcentred care. *Journal of Child Health Care*, 15(2), 99-106.