

Perceptions and Practices of Family-Centred Care: Testing an Educational Intervention

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Problem: Family-Centred Care (FCC), has been proposed as a superior delivery system for care of childbearing and childrearing families. Benefits of FCC for families include: increased parental confidence and empowerment, continuity of care, and satisfaction with care. Benefits to providers and organizations include: efficient use of resources, improved interdisciplinary communication, and increased job satisfaction. This study expands on previous work by addressing the perceptions of parents and care providers and by testing an educational intervention based on FCC for staff.

Objectives: (a) To examine health professionals= /support staff=s and parents= perceptions regarding the importance and occurrence of the elements of FCC and (b) To develop, implement, and test an educational intervention regarding FCC for health professionals and support staff.

Methods: This three-phased intervention study used a quasi experimental pretest-post test design to test the effectiveness of a comprehensive educational intervention. Prior to implementing the intervention on the maternity and pediatric units of an eastern Canadian general hospital, staff and parents from both units completed self-report questionnaires regarding their perceptions of FCC. The sample included 69 care providers (69 pre & 51 post) and 300 parents (150 pre & 150 post). The educational intervention was implemented over a two year period. Following the educational intervention, providers and parents completed the same instruments used in Phase One.

Results: There were no significant differences overall in staff perceptions regarding the occurrence or importance of the elements of FCC in practice; however, the parent groups in Phase Three reported that the care received was significantly more family-centered following the intervention. There were, however, significant improvements in staff perceptions of specific elements of FCC such as: the unit creates a positive, welcoming environment; the unit philosophy conveys commitment to FCC; continuing education enhances staff-family collaboration; women are able to labour, give birth, and recover in the same room; the family is the key decision maker; staff inquire about family's desired level of participation, etc. Staff also identified numerous facilitators and barriers of implementing FCC.

Conclusion: The educational intervention appeared to improve the delivery of FCC according to parents on the maternity and pediatric units. There are a number of facilitators and barriers when implementing this practice, and change is a slow process so it is important to have buy-in from staff before beginning.

Dissemination: The results of this study have been presented at a national AWHONN conference and to a number of local groups such as the PEI Reproductive Care Program Joint Planning Committee, the maternity and pediatric staff, the Provincial Maternity Care Quality Assurance Team, and at Nursing Research Day. We are currently preparing articles for publication to Pediatric Nursing and MCN journals. We also use the results of this study in teaching our students.