

## Original Research Article

# Family experience in implementing family center care for sick children in the special region of Yogyakarta

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**Received:** 24 March 2023

**Revised:** 17 April 2023

**Accepted:** 19 October 2023

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## ABSTRACT

**Background:** The family plays an important role in the hospitalization of children. Patient and family centered care (PFCC) or family care centered is an approach to planning, implementing, and evaluating health care that is based on mutual benefits. This study aims to knowing the experience of families in implementing family center care for sick children in the bantul area, special region of Yogyakarta.

**Methods:** The research was implemented using the mixed method. The quantitative design was carried out using a pre-experimental design model with a pre-post-test and a qualitative method. The study sample consisted of 41 patients taken from a medical and rehabilitation clinic in the Yogyakarta area. A sample of 10 patients to examine the experiences of patients who experience pain.

**Results:** The results of data analysis using the paired sample t test with the average FCC pretest score is 78.313, and the average FCC post test score is 79.980. The test results showed a p value of 0.00. Patient experience in family center care which includes giving affection, information about how to care for patients and providing nutrition to patients. Health workers can carry out periodic monitoring related to family center care activities so that families can meet the needs of children, especially when children are sick.

**Conclusions:** Family center care program had effect on patient recovery.

**Keywords:** Family experience, Family center care, Sick children

## INTRODUCTION

Children are a gift or gift from the Almighty to parents so that in this case the child really needs adults and the surrounding environment to fulfill all facilities in meeting basic needs until the child learns independently. Parents feel that children are the most important part of their lives so that when something happens that makes children cry, feels sick, and experiences that interfere with children's lives, parents also feel anxious or stressed.<sup>1</sup>

Hospitalization in general can occur in sick children which require the child to stay in the hospital for therapy and care

until returning home. During the treatment process, various events experienced by children trigger children to record all experiences of trauma and anxiety they experience. The cause of stress and trauma experienced by children and their families is hospitalization, which forces children to be separated from their families, where children feel safe, loving, and pleasant, turning into an environment that can traumatize them and make them feel pain.<sup>2</sup>

The importance of the role of the family, especially parents when the child is hospitalized, is expected to be able to provide a sense of security, comfort and affection as well

as strong motivation for the child so that the child will feel more prepared to accept all medical and other nursing actions. Empowerment is a social process carried out by recognizing, promoting, and increasing one's abilities with the aim of meeting their needs, solving their own problems and mobilizing the resources needed to control their lives.<sup>3</sup>

According to Arief et al, the treatment of each parent is different which is influenced by several factors including socioeconomic status, mother's age, mother's education, parents' perceptions, child's age, child's gender, number of children under five in the family.<sup>4</sup> Parents who are aware of their children's health prefer to take their children to the hospital, but there are also parents who take them to the health center and parents who don't pay much attention to their children's health, and are left alone.

Patient and family-centered care (PFCC) or family care centered is an approach to planning, implementing, and evaluating health care that is based on mutual benefits.<sup>5</sup> Family centered care emphasizes the importance of family involvement in helping care for children during hospitalization. During this pandemic, children who are sick are advised to carry out independent isolation together with caregivers, as well as adults who are also asked by the community to stay at home and not travel.

The presence of parents or family during the treatment process will reduce the anxiety felt by the child. enhance child and family experience Increase child and family satisfaction. Builds the strength of children and families, has the effect of increasing children's recovery, promotes development and enhances children's and family bonds. Increase professional satisfaction. Reducing health care costs, since the adoption of the family-centered care model, has reduced the average cost of child care per child per month, from USD 6,000 to USD 4,100.<sup>12</sup> Family -centered care is also carried out for premature babies, it is reported that it can reduce parents ' stress levels, and can increase children 's body resistance and weight.<sup>24</sup>

Based on this, it is important to know how to provide family empowerment management information in caring for sick children or adults who experience illness. This research also contributes to the vision and mission of the institution, especially in developing knowledge of chronic diseases in the community. This research is meaningful in providing support to families who are sick, so they can carry out their usual activities, especially in providing assistance to carry out family assistance activities.

## METHODS

### Design

This research is a type of mixed method research, namely quantitative and qualitative. With a pre-experimental design, namely providing education to parents about the importance of the role of parents and families in accompanying children when they are sick. And the

qualitative method is carried out by conducting in-depth interviews related to family center care provided by parents to children.

### Place of research

This research was conducted on patients in the Special Region of Yogyakarta at July to August 2022.

### Sample

The sample size to determine the effect of protein is calculated by the formula.<sup>9</sup>

$$n = \frac{Z\alpha^2 \times P \times Q}{d^2}$$

Based on research according to Kamper et al, the proportion is 88%, so the sample size formula above, the number of samples can be determined as follows:  $Z\alpha=1.96$ ,  $P=0.88$  (Kamper et al),  $Q=1-0.88=0.12$ , and  $d=0.1$

$$n = \frac{1.96^2 \times 0.88 \times 0.12}{0.1^2} = 40.56 = 41 \text{ sampel}$$

The minimum sample is 41 patients for the treatment group. This study was conducted on 45 patients who came from patients in the Special Region of Yogyakarta.

The inclusion criteria are as follows pediatric patients aged 3-5 years, patients who are actively running integrated service post activities, pediatric patients who are sick or are recovering from illness, patient is willing to participate in educational program.

The exclusion criteria are that parents do not allow children who have mental retardation or special needs into the research program.

The qualitative data collection was carried out by collecting data on parents who take care of children by prioritizing family center care, totaling 8 people.

### Data analysis

Research data were analyzed using the paired sample t test for quantitative data and qualitative data. The results of this study were analyzed using the paired sample t test.

### Research ethics

This study used a research permit from Stikes Notokusumo Yogyakarta and also received approval from the LPPM Ethics Commission for the Surya Global College of Health Sciences Yogyakarta with No 2.04/KEPK/SSG/III/2022. Parents also gave informed consent to the course of this study.

**Research path**

This research activity was carried out through the following procedures, namely the researcher carried out the research permit process and arranged ethical clearance and selected the research sample. The researcher conducted a pretest, namely asking questions. Respondents will be given a module containing instructions for providing support for family center care. Especially when the child is sick.

Researchers provide education about family center care and pretest using family center care guidance which includes elements of giving affection, how to do care, techniques for caring for sick patients, disease prevention, environmental modification, seeking information/help, peer groups to get healing, giving nutrition, information involvement, provision of proper nutrition, family participation in information, and active or less active family cooperation. Respondents answered these questions and were given a score of 0 to 100 points. The questionnaire has been tested for validity and reliability with the results of a Cronbach alpha coefficient >0.7. Validity and reliability tests for qualitative questions have been carried out validity and reliability tests based on relevant theme content. After evaluating the family center care post-test activities, qualitative data collection was carried out, namely by taking a sample of 7 respondents to conduct in-depth interviews regarding experience with family center care. Elements of this experience include giving affection, giving information or how to care for sick children and providing nutrition to children as support for the recovery of sick patients.

**RESULTS**

**Sex**

Based on Table 1, it shows that the majority of respondents are boys, 57.7%.

**Table 1: Respondent characteristics.**

S. no.	Sex	n	Percentage
1	Boy	26	57.7
2	Girl	19	42.2
	n	45	100

**Age**

Based on Table 2, it is known that the largest age distribution is children aged 4-6 years y=21 children or 46.6%.

Based on Table 3, it can be concluded that there are differences between before and after family center care management. with an average post value of 79.88 (79.980±7.310) which is higher than the pre value (78.313±7.310). Thus it was concluded that the family

center care program had an impact on increasing family center care in families.

In this study, qualitative interviews were also conducted to support the available data. The questions included the main points of family center care, especially the experiences of parents who carried out family center care activities for children. The main questions asked in this qualitative question include how to give parental affection to children, information or methods of giving and caring for children, and providing nutrition to children who are sick.

**Table 2: Table of respondent age distribution.**

S. no.	Age distribution (years)	Amount	Percentage
1	4-6	21	46.6
2	7-9	9	20
3	10-17	15	30
	Amount	45	100

**Table 3: Sample result of t-test.**

Variables	Mean	Standard deviation	P
F Pre	78.313	7.310	0,004
F Post	79.980	7.991	

**Table 4: Giving affection.**

S. no.	Giving affection classification
1	"....I give love to my child to serve my child when he is sick..."
2	".... It's just me who gives a lot of direct love, my husband is busy at work and comes home at night, so my child complains a lot to me "
3	"...the love that I give is accompanying him when he is sick, hugging, comforting, and taking care of my child's health."
4	"...my child doesn't want to be paid too much attention now he is very independent even when he is sick he tries to carry out his personal activities independently..."
5	"..... I give love to my child both when he is healthy and when he is sick, and if I prepare all the needs of my child and his needs during illness"
6	".....I love my child but when I'm sick I still make time not to work and look after my child"
7	".... I am busy working at the moment so I rarely pay attention to my child, I only serve my child when he is sick."

**Giving affection**

Giving affection given by parents, relatives in the family environment.

**Table 5: Table of information on giving/how to treat.**

S. no.	Information on giving/how to treat
1	"... I treat my sick child using traditional methods, namely using herbal medicine and I use telon oil from my mother."
2	"....if my child is sick, I always take him to the family doctor so that he can be treated immediately and activities can be done"
3	"...I have medicines at home for supplies and as anticipation when my child is sick."
4	"... I got information regarding my child's treatment from internet media and from the Hallo doc application, so far this has been very helpful.."
5	".... My maid is currently helping me in taking care of my child when she is sick, she always reminds me when things happen that I don't understand."
6	"..... I take care of my child by asking the midwife who is around my house for advice, she always gives advice on the treatment process when my child is sick"
7	"...I got information on giving and how to deal with pain in my child by consulting a doctor"

**Table 6: Providing nutrition.**

S. no.	Providing nutrition
1	" I give food that contains lots of protein and energy for my child when he is sick "
2	"...I don't have many choices when my child is sick, I follow what my child wants to eat"
3	"... the nutrition and food consumed by my child when my child is sick is more varied, he wants a variety of foods and in small quantities"
4	"... my child must be waited on when eating and the types of food he likes are only rice and chicken, I find it difficult asking him to consume vegetables"
5	"....I tried to make a variety of foods, but my child refused and only wanted certain foods"
6	"...foods that are nutritious only want to be consumed when they are healthy, when my child is sick he only wants to eat chicken porridge and milk."
7	"... since he was 2 years old until now he is 6 years old, my child can only eat mushy food, but solid food can only be done by eating fried chicken. If you eat vegetables, you have to cook them until they are soft."

The following is the answer from the informant regarding the affection given by the family to a sick child.

**Information on giving/how to treat**

Information on giving or how to treat is a way of care given by parents to children who are sick, the following is the result of interviews with respondents regarding information on giving/how to care.

**Providing nutrition**

Provision of nutrition is the nutritional content provided by parents, especially mothers when feeding children who are sick. The following is the result of an interview from Nutrition provided by the mother and the types of nutrition that are often consumed by children. The results of the interview are illustrated in the following Table 6.

**DISCUSSION**

Family centered care emphasizes the importance of family involvement in helping care for children while in hospital. The presence of parents or family during the treatment process will reduce the anxiety felt by the child. enhance child and family experience Increase child and family satisfaction. Building the strength of children and families, has the effect of increasing children's recovery, enhancing development and increasing bonding between children and families. Increase professional satisfaction. Reducing health care costs, since the adoption of a family-centered care model, has resulted in a decrease in the average cost of child care per child per month from USD 6,000 to USD 4,100.<sup>15</sup>

The results showed that there was an effect of family center care education on increasing the role of family center care in the family. Research conducted by Tanaem et al showed that in people with diabetes mellitus.<sup>8</sup> There were significant differences between before and after the intervention of family center care activities on the dimensions of general health, physical functioning, social functioning, emotional problems, vitality and physical problems as well as the total quality of life score.

Family centered care is carried out by several parties including nurses, doctors, families, and health workers in supporting the family centered service process. In this study, researchers also involved students, especially in the process of assisting sick children during home care. Respondents stated that they were happy and comfortable when there were health workers who helped care for sick family members. According to Lemeshow, medical, nursing, or social work students excluded from clinical rotations may be able to provide skilled support while advancing their own education and skills.<sup>9</sup>

In addition, the health care system should utilize partnerships with community organizations to collaboratively assist family members especially in the care of sick children. Support for sick families can also be carried out psychologically by religious leaders. During

the COVID pandemic, support can be done online (virtual) or with a limited number of meetings.

Researchers provide suggestions to researchers and the next activity is to facilitate responses or feedback to patients who have completed treatment with health evaluation forms provided by health workers. In family center care, the focus is not only on fulfilling the value of nursing care, but also on fulfilling spiritual, psychological, social and spiritual needs. Family is part of the child's life.<sup>18</sup> The implementation of family center care can be carried out in a hospital or in a home environment which includes all aspects of the needs of the hospital.<sup>19</sup> Family center care actions are carried out by doctors, nurses and also medical staff, as well as carried out by families.<sup>20</sup> The results of this study show that family center care education activities have an impact on increasing family center care support in families. Family center care is part of the culture that is inherent in the culture of a country in a country, especially in Indonesia, which has a culture of tolerance and a high sense of kinship. These results are also consistent with research on diabetes mellitus which shows that family center care has an impact on quality of life, both physical, psychological, emotional problems, and vitality in patients with diabetes mellitus.

Based on Tanaem et al, doctors, nurses or social workers also work together in order to look after sick children.<sup>21</sup> Information on the knowledge of sick children is obtained from various sources in order to increase parents' knowledge in caring for and managing sick children.

The results of this qualitative research show that the experience of family care centers shows that of the seven informants, especially parents, they are able to give love to their children. The results of this study are in accordance with research conducted by Purbasari et al which states that the involvement of parents and family center care activities in services is realized by providing health education, active communication in the form of parental participation in baby-related rounds and parents providing active care for infants including feeding, bathing, dressing, carrying and kangaroo care which had previously been given education and training by nurses.<sup>22,26</sup>

Family experience related to how to care for children stated that the majority of families cared for children in cooperation with local health workers, besides that it was also done with previous experience related to caring for sick children. According to Gomez-Cantarino stated that family center care is beneficial, the relationship between health workers and families is getting closer so that it increases family understanding in caring for children, especially in dealing with sick children.<sup>23</sup>

## CONCLUSION

Families experienced in the impactful process of caring for sick children in the Yogyakarta area.

## Recommendations

Family center care activities can still be carried out by the family and monitored by health workers so that the child's health condition is maintained, especially mental, social and psychological health. Health workers can provide positive reinforcement to parents who have successfully carried out family center care activities and their children have recovered from their illness.

The limitation of this study is that health workers in the process of collecting data did not observe children's responses in detail. It is best to pay attention to the child's response and the physical condition of the sick child, especially the physical assessment of the child.

## ACKNOWLEDGEMENTS

Authors would like to thank the Institute for Research and Community Service, Yogyakarta Notokusumo High School of Health Sciences, which has provided funding so that this research activity can run smoothly. They would also like to thank the respondents who are willing to cooperate in this research program, especially the respondents who are in Bantul Regency, DIY.

*Funding: No funding sources*

*Conflict of interest: None declared*

*Ethical approval: The study was approved by the Institutional Ethics Committee*

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**Cite this article as:** Adi GS, Pratiwi E, Prihatin ESWD, Priliana WK. Family experience in implementing family center care for sick children in the special region of Yogyakarta. *Int J Res Med Sci* 2023;11:4008-13.