

# Family Center Care Management for Outpatients in the New Era

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## Abstract

**Introduction:** Hospitalization can generally occur in sick children, requiring the child to stay in the hospital to undergo therapy and treatment until discharge back home. Patient and family-centered care (PFCC) or Family Care Centered is an approach to planning, implementing, and evaluating health care based on mutual benefits.

**Objective:** The study aimed to examine the effect of Family Center Care management on Outpatients in the New Era **Method:** The research was applied using a pre-experimental design method with a pre-posttest. The sample of the study was 45 patients who were taken from a medical and rehabilitation clinic in the Yogyakarta area.

**Results:** Results: The data analysis using a paired sample T-test with an average FCC pretest score of 78.313 and an average FCC post-test score of 79,980. The test results showed a p-value of 0.004. It was indicated that the FCC program affected the patient's recovery.

**Recommendation:** This study provides a recommendation that it is important for family center care support to be provided by health workers to sick family members so that they can accelerate the healing process

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**Keywords:** Management, Family Center Care, Patient.

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## INTRODUCTION

Children are a gift or gift from the almighty to parents, so in this case, children need adults and the surrounding environment to fulfill all facilities in meeting basic needs until children learn to be independent. Parents feel that their children are the most important part of their lives, so when something makes the child cry or feel sick, and all experiences interfere with the child's life, the parents also feel anxious or stressed (1).

Hospitalization, in general, can occur in sick children, requiring the child to stay in the hospital to undergo therapy and treatment until discharged home. During the treatment process, various events experienced by the child trigger the child to record all the experiences of trauma and anxiety experienced. The cause of stress and trauma experienced by children and their families is hospitalization which forces the child to be separated from his family, which the child feels safe, affectionate, and pleasant and turns into an environment that can traumatize him and feel pain (2).

The incidence of childhood illness in Indonesia reaches more than 45% of the total child population in Indonesia. The increase in hospitalization for children according to Central Statistics Agency (BPS) data in 2018, the number of hospitalizations or hospitalizations for children in Indonesia increased by 13% compared to 2017 (3).

The importance of role of the family, especially parents, when the child is hospitalized is expected to be able to provide a sense of security, comfort and love, and strong motivation to the child so that the child will feel more ready to accept all medical and other nursing actions. Empowerment is a social process that recognizes, promotes, and improves one's abilities to meet their needs, solve problems, and mobilize the resources needed to control their life (4).

According to (5), the treatment carried out by each parent is different, influenced by several factors, including socio-economic status, mother's age, education, perception, child's age, gender, and the number of toddlers in the family. Parents who are aware of their child's health prefer to take their child to the hospital, but some take the

child to the Puskesmas, and also, parents who do not pay much attention to their child's health are left alone.

Patient and family-centered care (PFCC) or Family Care Centered is an approach to planning, implementing, and evaluating health care based on mutual benefits (6). During this pandemic, sick children are advised to self-isolate with caregivers, and the community also asks adults to stay at home and not travel.

Children who experience pain and hospitalization stress display aggressive behavioral reactions, such as biting, kicking, kicking, and even running out of the room. This can interfere with children's emotional development in the long term, especially gross motor development (7)

Family-centered care is the most important thing in child hospitalization, requiring the child to stay and be treated in the hospital and undergo treatment until he returns home (8).

Children who are sick cause anxiety for the family (9). Examination for the family and treatment cause pain for the child. Anxiety experienced by the patient's parents is related to the lack of information about the child's illness and medical procedures, ignorance of hospital regulations, and fear of asking (10).

Parents need information in easy-to-understand language and expect an explanation from the healthcare team regarding the child's condition and support to adapt to the child's needs (11). Family-centered care has proven beneficial for patients, families, and health workers (12). This family involvement can provide positive outcomes for families and children by meeting the needs of parents and children. As the center of care, the family actively accompanies the patient for twenty-four hours and knows the treatment plan (13). Health workers, including nurses, play an important role in the success of family-centered care: pediatric nurse communication skills, clinical competence, caring behavior, and decision control.

According to the 2012 AAP On Hospital Care Committee (14), family-centered care is beneficial. The benefits of family-centered care are: Improving treatment outcomes and improving the quality of family-centered care, which is associated with a

significant decrease in the number of visits to children in an emergency. Based on this, it is necessary to know how to provide information on family empowerment management in caring for sick children or sick adults to the community to carry out family assistance activities. During the pandemic, family support is important so that sick families can get healing support from their families and local health workers.

## OBJECTIVE

The study aimed to know the influence of the effect of Knowing the impact of Family Center Care management on children's Outpatients in the New Era.

## METHODS

### Design

The research was applied using a quasi-experimental design method with pre-post-tests. The sample of the study was 45 patients who were taken from a medical and rehabilitation clinic in the Yogyakarta area.

### Sample, Sample size, sampling technique

The sample in this study were children who were sick or outpatients in the Special Region of Yogyakarta that met the inclusion criteria: patients who seek treatment at the medical clinic and are accompanied by their families, patients who are willing to be used as research respondents, pediatric patients who seek treatment at the clinic are grouped in ages 4-6 years, 7 -9 years and 10-17 years.

The sample size to determine the effect of protein is calculated by the formula according to Lemeshow et al. (1997):

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

### Description

$Z\alpha$  = alpha standard deviation

P = the proportion of the studied variable categories

$Q = 1 - P$

d = precision

It can be determined the number of samples as follows:

$Z\alpha = 1.96$

$P = 0.88$  (Kamper *et al.*,2009)

$Q = 1 - 0.88 = 0.12$

d = 0.1

$n = \frac{1.96^2 \cdot 0.88 \cdot 0.12}{0.1^2} = 40.56 = 41$  sampel. The

minimum sample is 41 patients. In this study, there were 45 patients in the group

The sampling technique in this study used a purposive sample technique

## The instrument for data collection

The data collection in this research is through a research instrument that uses the form of a family center care assessment module. This form is a form of reflection assessed by parents regarding the attitude of family support to a sick child. Parents give a score for the family center care activities/actions that have been carried out. The family fills out an assessment score from 10 to 100.

## Data Collection Process

This research was conducted through data collection activities in collaboration with Notokusumo Clinic Yogyakarta. Nurses and researchers educate families who have experienced sick children.

The intervention component includes education on the following matters: health care providers in maintaining patient affection, providing clear information on health workers, family attitudes in providing care to patients, disease prevention, proper nutrition for family members, and family participation in peer groups. Support groups and also in information engagement regarding care and illness in children

Family-center care research is carried out through family-center care education for families, and nurses provide support; the intervention is carried out 2 times, namely at the beginning of the meeting, and monitoring/evaluation is carried out when the client has recovered. Families were asked to fill out scores on the family center care management questionnaire before and after the family center care education was conducted.

## Data Analysis

The results of this study were analyzed using the Paired Sample t-test. The

assumption of normality and homogeneity have been conducted before using the parametric statistic.

### Ethical Consideration

This research activity was carried out through informed consent to parents, and permission for ethical clearance with the number 2.04/KEPK/SSG/III/2022 was issued by the Health Research Ethics Committee of Surya Global Stikes Yogyakarta. In addition, this research has obtained a research permit from Stikes Notokusumo Yogyakarta.

## RESULT

### Sex

Table 1. Table of Characteristics of Respondents

| No | Gender | N  | Percentage |
|----|--------|----|------------|
| 1  | Male   | 26 | 57.7 %     |
| 2  | Female | 19 | 42.2 %     |
|    | N      | 45 | 100 %      |

Based on the table, it is known that the gender majority of children are male, namely 57.7%.

### Parents' Education Background.

Table 2. Parents Education Background

| Level Education           | N  | Percentage |
|---------------------------|----|------------|
| High School Graduate      | 32 | 72.1 %     |
| Secondary Graduate        | 10 | 22.2 %     |
| Higher Education Graduate | 3  | 6.6 %      |
| Amount                    | 45 | 100 %      |

### Age

Table 3. Table of Respondent Age Distribution

| No | Age Distribution | N  | Percentage |
|----|------------------|----|------------|
| 1  | 4-6 years        | 21 | 46,6%      |
| 2  | 7-9 years        | 9  | 20 %       |
| 3  | 10 -17 years     | 15 | 30 %       |
|    | Amount           | 45 | 100 %      |

Based on the table, it is known that the age distribution is mostly 4-6 years old, namely 21 respondents or 46.6%. Based on the results of the normality test above, the different test was carried out with the Paired sample T-Test. Paired test results can be seen in the table below:

Table 3. Table Sample Result of T-Test

| Variable | Mean | Std. Deviation | P |
|----------|------|----------------|---|
|----------|------|----------------|---|

|           |        |       |       |
|-----------|--------|-------|-------|
| Pre-test  | 78.313 | 7.310 | 0.004 |
| Post-test | 79.980 | 7.991 |       |

Based on the results of the analysis above, it is concluded that "There is a difference in the mean score of Family Center Care between Pre and Post. The post mean (79,980±7,310) was higher than Pre (78,313±7,310). Thus the educational treatment about family center care affects increasing family-center care for families.

## DISCUSSION

Family-centered care emphasizes the importance of family involvement in helping to care for children during hospitalization. Increase professional satisfaction. Reducing health care costs since the implementation of the family-centered care model has decreased the average cost of child care per month from 6,000 USD to 4,100 USD (15).

Family Centered Care is an innovative approach to planning, performing, and evaluating nursing actions based on the benefits of the relationship between nurses and families, namely parents (16). Family Centered Care also aims to minimize trauma during child care in the hospital and increase independence so that an increase in quality of life can be achieved (17)

The Family Centered Care approach does not only focus on nursing care to children as clients or individuals with biological, psychological, social, and spiritual needs (bio-psycho-spiritual) but also involves the family as a constant and inseparable part of the child's life (18)

The application of family center care can also be carried out in hospitals. In implementing Patient and Family Centered Care, hospital care must involve all aspects of the hospital (19). They start from leaders, doctors, and nurses, to non-medical staff. Strategies that can be implemented in the implementation of Patient and Family Centered Care are Organization Level: Leadership Training Providing rewards and incentives.

Training for quality improvement (20) System Level: Public education and patient involvement, Patient-centered reporting and assessment system Completion of accreditation requirements and other

certificates (21). The results showed an effect of family center care education on increasing the role of family center care in the family.

This study is in line with research conducted, which states that family-center care is carried out on patients with heart failure, which is beneficial for improving the lifestyle of patients and families (22). Research conducted by (23) shows that in patients with diabetes mellitus. There is a significant difference between before and after intervention regarding family center care activities on the dimensions of general health, physical function, social function, 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 mentoring 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 (24), Medical, nursing, or social work students who are excluded from clinical rotations may be able to provide skilled support while advancing their education and skills. In addition, the health care system should take advantage of partnerships with community organizations to collaboratively assist family members, especially in caring for sick children. Support for sick families can also be done psychologically by religious leaders. During the covid pandemic, support can be done online (virtually) or with a limited number of meetings.

In applying Family Centered Care as a holistic approach and philosophy in pediatric nursing. Nurses as professionals who need to involve parents in child care. The role of nurses in implementing Family Centered Care is as partners and facilitators in child care in hospitals(25). Researchers provide advice to researchers, and the next activity is the facilitation of response or feedback to patients who have completed treatment with a health evaluation form provided by health providers.

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