

ABSTRACT

Introduction: Family-centred care (FCC) is concerned with the professional support accorded to a sick child and his family in an interactive system with healthcare providers. The philosophy and principles of the approach have made it to be identified as “best practice” in pediatric hospitals. Modalities on how the approach can be implemented and actualized in the Kenyan set up have not been explored.

Purpose of the study: The overall goal of the study was to develop a framework for the contextualization of FCC in management of hospitalized children in Kenya.

Methodology: A descriptive cross sectional study using mixed methods was carried out in two phases at Kenyatta National Teaching and Referral Hospital and Gertrude’s Children’s Hospital, Kenya. The study population included healthcare providers, parents of hospitalized children and lecturers. The sample size for nurses and parents who participated in the study was calculated using Fisher’s formula and this was a total of 301 respondents comprising 160 parents’ and 141 nurses. The other respondents were purposively selected. Multi-stage stratified random sampling was used in selecting the respondents from each category. Data were collected by use of questionnaires and interview and focused group discussion guides. Quantitative data were analyzed by use of descriptive statistics aided by the Statistical Package for Social Scientists (SPSS) programme. Significance testing was done by use of Chi Square, independent t-test, logistic and multiple regressions at 95% significance level. Qualitative data were analyzed using content analysis, were organized in themes and sub-themes.

Results: On family involvement in decision making, 54.6% of the parents were actively involved whereas 45.6% were passively involved. The healthcare providers mainly involved the hospitalized child’s parents in carrying out daily routines (68.8%, n=99). The healthcare provider’s parental status exhibited a statistically significant association with parental involvement ($\chi^2=3.916$, $P<0.038$). There was a statistically significant association between the healthcare providers’ knowledge of FCC and the level of parental involvement in decision making ($\chi^2=0.444$, $P<0.001$). The results further reveal that the parent’s level of education and the institution of admission have a statistically significant association with their involvement in decision making ($\chi^2 = 17.13$, $P= 0.021$ and $\chi^2 = 15.01$ and $P <0.001$ respectively). On accompaniment of hospitalized children during procedures, both the healthcare providers and the parents acknowledged that it is important.

The study established that visiting of the hospitalized child by family members especially children is severely restricted particularly in the Teaching and Referral Hospital. Despite this, however, majority of the healthcare providers and the parents acknowledged the importance of the hospitalized children being visited by other children. The results indicate that 63.2% of the healthcare providers have heard about FCC and 74.7% (n=68) of them did practice it. The study

further established that there were no documented policy guidelines in the two institutions on how the healthcare providers should work together with the sick child's family in the care of the hospitalized child.

Results of this study indicate that the healthcare providers face various challenges including difficult working conditions, delays from other members of the healthcare team, communication problems because of language barriers, large number of patients, the disease itself and parental ignorance among others. The pediatric nurses in their effort to practice FCC, experience challenges including lack of support, staffing and time limitations and parental ignorance.

Concerning the perspectives of partnership in care, both the healthcare providers and the parents explained that it entails the two parties working together in planning, implementing and evaluating care for the hospitalized child. This, the study established can be achieved through training and sensitization, review, establishment and documentation of childcare policies and implementation guidelines, improving of the work environment and attitude change both in the healthcare providers and the parents.

Conclusion: The study concluded that low level of knowledge of FCC by the stakeholders involved in the care of the hospitalized child is the main hindering factor in partnership establishment. It further concluded that with training and sensitization, FCC can be implemented using the evolved framework.