

Assess the Differences of Nurses' and Parents' Perception about Family Needs between Governmental and Private Hospitals

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Abstract: Family centered care (FCC) is an approach used to caring for children and their families in order to maximize the wellbeing of children patients. Successful implementation of FCC depends mainly on pediatric nurse as she is a core link between the family and the physician. So pediatric nurse should have the ability to identify and meet the family needs.

Aim of the study: was to investigate the differences between nurses' and parents' perception about family needs between governmental and private hospitals.

Method: A quantitative descriptive method was adopted. The study was conducted at both governmental and private hospitals, Alexandria, Egypt. Purposeful sample: all available nurses and parents from the pediatric intensive care units either in government hospital (N= 40 nurses and N= 35 parents) or private hospital (N= 30 for each nurses and parents) at the time of data collection were included in the study.

Tools: Self-reported questionnaire was used to collect required data from both nurses and parents.

Results: The study reveals that the highest mean of nurses' perception about family needs were for the family needs items "to know specific facts concerning the patient's progress", "assurance of best possible care is being given to the patient" and "honest answering of their questions" either in PICU in governmental hospital or private hospital. Regarding the parents' perception about family needs, the present study showed that the highest mean of parents' perception about family needs were for the family needs items "assurance of best possible care is being given to the patient" and "honest answering of their questions" in PICU in governmental hospital or private hospital.

Conclusion: The study concluded that parents' and nurses' perception about family needs either in governmental or private hospital were almost the same with higher mean scores for the majority of needs for nurses of governmental hospital and parents of private hospital.

Recommendation: The principles of application of FCC should be part of nurses' orientation before starting their career in pediatric settings.

Key Words: nurses, parents, perception, family needs.

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I. Background

The illness of children can have a traumatic effect on both families and children. ⁽¹⁾This age group is more vulnerable to crisis arising from disease and hospitalization due to change in health condition and environmental routine. ⁽²⁾ Today, in their efforts to improve health care quality and safety, health care leaders realize the importance of including the perspective of patients and families. Studies and experience show that when health care providers, patients and families work in partnership, the quality and safety of health care rise, costs decrease, and provider and patient satisfaction increase. ⁽³⁾

The American Academy of Pediatrics provides a definition of patient- and family-centered care. In pediatrics, patient- and family-centered care is based on the understanding that the family is the child's primary source of strength and support. Moreover, this approach to care recognizes that the perspectives and information provided by families and children are essential components of high-quality clinical decision-making, and the children and their families are integral partners with the health care team. ^(3,4)

Pediatric care has adopted the philosophy of family-centered care approach (FCC) in order to maximize the wellbeing of pediatric patient. The philosophy is founded on the collaboration of the pediatric nurse and the family to provide and evaluate care. So, pediatric nurse must work with the family to develop the best plan of care for a child. ^(2,5) where, the involvement of the parents in a child's care is the main element of FCC. ^(6,7)

Furthermore, FCC is a concept used to describe the approach to caring for children and their families within health services. ⁽⁴⁾ Whereas care is planned around the whole family not just the individual child and in which all the family members are recognized as care recipients. So, assessing the family needs is an important

component to apply and improve FCC.⁽⁸⁾ In addition, meeting their needs will help them to be more collaborative, and minimizing negative repercussions.⁽⁹⁾ Success of FCC depends on, understanding and empathetic communication between parents and pediatric nurse.⁽⁶⁾ Effective communication is not only critical in caring for pediatric patients, it is also the healthcare provider's primary tool for conveying respect, empathy and compassion to children and their families. Communicating with the pediatric patient and his family presents unique challenges and requires special skills.⁽¹⁰⁾ Moreover, admission to the pediatric intensive care unit (PICU) considers an additional challenge to communicate effectively and provide FCC.⁽¹¹⁾

The PICU setting is an overwhelming time for the child and the family because of the emotional intensity they experience and the medical complexity of the care being given.^(5, 12) Families may experience feelings of uncertainty and fear of poor outcomes. Additional causes of psychological distress in parents include parental role disturbance and poor communication experiences with health care teams.⁽¹²⁾

Where, caring for families is fundamental to pediatric nursing.⁽¹⁾ It is necessary that pediatric nurse broaden their focus of care, from an approach focused on illness to one that includes family, acknowledging for the vulnerability and suffering of the family, as well as its potential and permanent role in the child's life.⁽¹³⁾ True partnership between health professionals especially the nurse and parents is at the core of successful implementation of family-centered care.^(5,6) The needs and expectations of families must match those in the health service. A disconnect between what parents want and expect and what the health service can give them often causes confusion and conflict.⁽⁷⁾

Parents are empowered through a FCC structured process to participate in their infant's care as members of the multidisciplinary team and not standing on the sideline. This approach might lead both to stronger bonding, attachment, and taking responsibility for the long-term care of the infant and to improved outcomes for infants and their families.⁽¹⁴⁾

While the philosophy of FCC is considered the gold standard of care in pediatrics because of many benefits as a means of achieving better health outcomes, greater family satisfaction, and reduced health costs.^(3,10) There are several challenges to its implementation, especially in the PICU setting. One of these challenges is the ability of the pediatric nurse to identify and meet the family needs.⁽¹⁵⁾ Unfortunately pediatric nurse may focus her attention to child's physical illness and the concept related to parent's needs are frequently neglected. Despite the importance of this issue, limited research has been conducted on the concept of parents and health providers taking care of hospitalized children in developing countries.

Finally, FCC cannot deliver on its promises unless greater understanding and support for FCC are achieved by health care providers especially the pediatric nurse who is a central asset linking a child and his family and a physician.^(7, 16) The provided care should be consistent with the needs, and desires of child's family.^(15, 17) So, the aim of this study was to compare the perceptions of needs held by parents of hospitalized children with those held by the nursing staff caring for them at private and governmental hospitals.

Aim of the Study is to assess the differences between nurses' and parents' perception about family needs between governmental and private hospitals

The study is intended to answer the following research questions

1. Are there differences in nurses' perception about family needs between governmental and private hospitals?
2. Are there differences in parents' perception about family needs between governmental and private hospitals?

II. Materials and Methods

Research Design:

This research is designed as a quantitative research survey which is descriptive and comparative in nature as this research describes the family needs from nurses and parents' perceptions and assesses the differences in their perception between governmental and private hospitals.

Setting:

The study was conducted in pediatric intensive care units in governmental hospital and private hospital in Alexandria, Egypt. (Alexandria children university hospital and Andalusia hospital)

Subjects and Sampling

The study included 40 nurses (all nurses) and 35 parents (either fathers or mothers) from governmental hospital and 30 nurses (all nurses) and 30 parents (either fathers or mothers) from private hospital.

- Non-probability convenient sampling technique was used as all available nurses and parents from the pediatric intensive care units either in governmental or private hospital at the time of data collection were invited to participate in the study. Nurses with less than 6 months of experiences in working with pediatric patients were excluded. Data was collected through two months February and March 2019.

Tools

Self-reported questionnaire was used. It consists of 2 parts; first part includes the general information of participants. Second part includes family needs inventory which consists of forty-five (45) items to elicit participants' responses against the listed items. These statements are related to family needs derived from the Critical Care Family Needs Inventory (CCFNI) a tool developed by Jane Leske (Leske, 1986). The tool consists of 45 items, using a 4-point Likert scale, 1 for not important, 2 for slightly important, 3 for important and 4 for very important (Dharmalingam et al 2016).⁽¹⁸⁾ The original English version was translated to Arabic version by Alnajjar and Elarousy (2017) and De Beer and et al (2017).^(8, 19) The Arabic version was used for nurses and parents. Validity was tested by faculty staff members and subjected to a pilot test to test for its validity by 5 nurses and 5 parents and excluded from the study. No modifications were needed. The reliability of the tool was 0.920 using Cronbach's Alpha.

Methods:

- An official approval for conducting the study was obtained from the faculty of nursing and the hospital administrative personnel of both hospitals after explaining the aim of the study to collect the necessary data.
- Content validity of the tools was done by five experts in the pediatric nursing field and the needed modifications were done.
- A pilot study was carried out on 5 nurses and 5 parents to test the applicability of the tools and it was excluded from the study.

Data Analysis

Data were fed to the computer and analyzed using IBM SPSS software package version 20.0. (Armonk, NY: IBM Corp) Qualitative data were described using number and percent. Quantitative data were described using mean, standard deviation. Significance of the obtained results was judged at the 5% level. **Student t-test** was used for normally distributed quantitative variables, to compare between two studied groups.

Ethical considerations were considered all over the study phases as following:

Permission from the hospital Directors was obtained after submission of a letter explaining the purpose of the study attached with the questionnaire. The researchers provided a clear explanation about the nature of the study to all participants and their rights to withdraw at any time. Acceptance to participate in the study was ensured by signing the informed consent. Confidentiality was ensured.

III. Results

Table 1 portrays the sociodemographic characteristics of nurses in governmental and private hospitals. It was found that half of nurses in governmental hospital their years of experience in PICU were more than 15 years. While, one quarter of them equally had either less than 5 years of experience or between 5-15 years. As regards their level of education more than half of the studied nurses had bachelor degree. On the other hands, nurses at private hospital 66.7% of them had between 5-15 years of experience, 33.3% of them had less than 5 years of experience. Regarding their level of education 70% of them had diploma degree. Furthermore no one of the studied nurses in both governmental and private hospitals has attended any conference or workshop about family needs.

Table (1): Sociodemographic Characteristics of Nurses in Governmental and Private Hospitals

Sociodemographic Characteristics	Governmental Hospital (n = 40)		Private Hospital (n = 30)		Total (n = 70)	
	No.	%	No.	%	No.	%
Years of Experience						
<5	10	25.0	10	33.3	20	28.6
5 - <15	10	25.0	20	66.7	30	42.9
≥15	20	50.0	0	0.0	20	28.6
Min. - Max.	1.0 - 29.0		1.0 - 14.0		1.0 - 29.0	
Mean ± SD.	13.60 ± 8.52		5.90 ± 3.61		10.30 ± 7.82	
Level of Education						
Diploma	18	45.0	21	70.0	39	55.7
Bachelor	22	55.0	9	30.0	31	44.3
Attend lecture/Workshop/ Conference about family need						
No	40	100.0	30	100.0	70	100.0
Yes	0	0.0	0	0.0	0	0.0

Table 2 illustrates sociodemographic characteristics of parents in governmental and private hospitals. It was clear that the level of education for parents at governmental hospital was secondary education for more than one third of them and reads and writes for 31.4%. More than half of the participants were mothers. In addition, 45.7% of the studied parents had 3 children or more. The hospitalized child was the second child for more than one third of them. More than three quarters of the studied parents had no previous PICU hospitalization experience. While, parents at private hospital, nearly three quarters of them had university education. The mothers were 60% of the participants, more than half of the studied parents had two children. The hospitalized child was the first child for 56.7% of them. In addition, 80% of the studied parents had no previous PICU hospitalization experience.

Table (2): Sociodemographic Characteristics of Parents in Governmental and Private Hospitals

Sociodemographic Characteristics	Governmental Hospital (n = 35)		Private Hospital (n = 30)		Total (n = 65)	
	No.	%	No.	%	No.	%
The relationship with the hospitalized patient						
Mother	19	54.3	18	60.0	37	56.9
Father	16	45.7	12	40.0	28	43.1
Level of Education						
Illiterate	6	17.1	0	0.0	6	9.2
Read and write	11	31.4	0	0.0	11	16.9
Secondary education	13	37.1	8	26.7	21	32.3
University education	5	14.3	22	73.3	27	41.5
No. of Children						
1	6	17.1	14	46.7	20	30.8
2	13	37.1	16	53.3	29	44.6
≥3	16	45.7	0	0.0	16	24.6
Min. – Max.	1.0 – 7.0		1.0 – 2.0		1.0 – 7.0	
Mean ± SD.	2.91 ± 1.80		1.53 ± 0.51		2.28 ± 1.53	
Child's Order						
First	8	22.9	17	56.7	25	38.5
Second	13	37.1	13	43.3	26	40.0
Third	8	22.9	0	0.0	8	12.3
More than third	6	17.1	0	0.0	6	9.2
Previous PICU Hospitalization experience						
Yes	8	22.9	6	20.0	14	21.5
No	27	77.1	24	80.0	51	78.5

Concerning the highest mean scores for nurses' and parents' perception about family needs in governmental hospital PICU. **Table 3** shows that the highest means for nurses' perception about the family needs in PICU were "To know specific facts concerning the patient's progress", followed by "To feel always with hope" then "To know why things were done for the patient", then "To have questions answered honestly" and "To know the expected outcome". As regards parents' perception for their needs in PICU. It was found that the highest means were "To be assured that the best care possible is being given to the patient" (3.63 ± 0.49) followed by "To have questions answered honestly" (3.51 ± 0.51), "To begin the visit on time" (3.51 ± 0.61), "To feel accepted by the hospital staff" (3.43 ± 0.65) and "To feel that the hospital personnel care about the patient" (3.37 ± 0.49).

Table (3): The Highest Mean Scores for Nurses' and Parents' Perception about Family Needs in Governmental Hospital PICU (n=75)

Family Needs	Nurses (n = 40)		Family Needs	Parents (n = 35)	
	Mean ± SD.	Rank		Mean ± SD.	Rank
To know specific facts concerning the patient's progress	3.65 ± 0.48	1	To be assured that the best care possible is being given to the patient.	3.63 ± 0.49	1
To feel always with hope	3.60 ± 0.50	2	To have questions answered honestly.	3.51 ± 0.51	2
To know why things were done for the patient.	3.55 ± 0.50	3	To begin the visit on time	3.51 ± 0.61	2
To have questions answered honestly.	3.50 ± 0.51	4	To feel accepted by the hospital staff	3.43 ± 0.65	4
To know the expected outcome.	3.45 ± 0.88	5	To feel that the hospital personnel care about the patient	3.37 ± 0.49	5
To be assured that the best care possible is being given to the patient.	3.45 ± 0.50	5	To know specific facts concerning the patient's progress	3.29 ± 0.62	6
To have someone caring for patient health	3.45 ± 0.68	5	To talk to the doctor every day.	3.26 ± 0.78	7

To see the patient frequently	3.45 ± 0.75	5	To have someone caring for patient health	3.20 ± 0.41	8
To feel that the hospital personnel care about the patient	3.40 ± 0.67	9	To see the patient frequently	3.20 ± 0.53	8
To talk to the doctor every day.	3.35 ± 0.66	10	To have explanations given that are understandable	3.14 ± 0.55	10

Table 4 reveals the lowest mean scores for nurses', and parents' perception about family needs in governmental hospital PICU. Forty Nurses participated in the current study, The lowest means of their perception about family needs in the PICU were "Talk to the same nurse everyday", (1.85 ± 0.86), "To be alone at any time" (2.15 ± 1.08), "To have someone for religious support" (2.15 ± 0.98) and "To visit at any time" (2.20 ± 0.94). Regarding the parents' perception for their needs in the PICU, the lowest mean scores were as follows "To be alone at any time" (1.43 ± 0.50), "To have a good quality food within hospital" (1.46 ± 0.51), "Talk to the same nurse every day" (1.46 ± 0.82) and "To feel it is alright to cry" (1.51 ± 0.92).

Table (4): The Lowest Mean Scores for Nurses', and Parents' Perception about Family Needs in Governmental Hospital PICU (n=75)

Family Needs	Nurses (n = 40)		Family Needs	Parents (n = 35)	
	Mean ± SD.	Rank		Mean ± SD.	Rank
Talk to the same nurse every day	1.85± 0.86	1	To be alone at any time.	1.43± 0.50	1
To be alone at any time.	2.15± 1.08	2	To have a good quality food within hospital	1.46± 0.51	2
To have someone for religious support	2.15± 0.98	2	Talk to the same nurse every day	1.46± 0.82	2
To visit at any time	2.20± 0.94	4	To feel it is alright to cry	1.51± 0.92	4
Presence of religious man to visit the patient	2.35± 1.03	5	To talk about the possibility of the patient's death	1.63± 0.97	5
To be called at home about changes in the patient's condition	2.35± 0.80	5	To be sure about leaving the hospital for a period of time	1.66± 0.76	6
To have a place to be alone in the hospital	2.45± 0.99	7	To be told about someone to help with family problems.	1.83± 0.71	7
To be told about someone to help with family problems.	2.45± 1.04	7	To have instructions about what to do beside patient' bed	1.91± 0.78	8
To know who hospital personnel can give information.	2.60± 1.08	9	Presence of religious man to visit the patient	1.97± 0.92	9
To have comfortable furniture in the waiting room	2.60± 1.08	9	To talk about feelings about what has happened	2.0± 1.08	10

Comparison between nurses' and parents' perception of the family needs in governmental hospital PICU is presented in **table 5**. It was found that nurses' perception about the need to know specific facts concerning the patient's progress higher than parents and the differences were statistically significant (t=2.851, p=0.006). Meanwhile, "To have someone caring for patient health", "To see the patient frequently" and "To feel that the hospital personnel care about the patient" were perceived by nurses more than parents but the differences were statistically not significant. Furthermore, "To be told about someone to help with family problems", "To be alone at any time" and "Talk to the same nurse every day", were perceived by the nurses more than the parents and the differences were statistically significant (t=3.065, p=0.003, t=3.796, p<0.001, t=2.015, p=0.048 respectively)

Table (5): Comparison between Nurses' and Parents' Perception of the Family Needs in Governmental Hospital PICU (n=75)

Family Needs	Nurses (n = 40)	Parents (n = 35)	t	p
	Mean ± SD.	Mean ± SD.		
The highest mean scores of family needs				
To know specific facts concerning the patient's progress	3.65 ± 0.48	3.29 ± 0.62	2.851*	0.006*
To have questions answered honestly.	3.50 ± 0.51	3.51 ± 0.51	0.122	0.903
To be assured that the best care possible is being given to the patient.	3.45 ± 0.50	3.63 ± 0.49	1.551	0.125
To have someone caring for patient health	3.45 ± 0.68	3.20 ± 0.41	1.965	0.054
To see the patient frequently	3.45 ± 0.75	3.20 ± 0.53	1.681	0.097

To feel that the hospital personnel care about the patient	3.40 ± 0.67	3.37 ± 0.49	0.212	0.833
The lowest mean scores of family needs				
Talk to the same nurse every day	1.85 ± 0.86	1.46 ± 0.82	2.015*	0.048*
To be alone at any time.	2.15 ± 1.08	1.43 ± 0.50	3.796*	<0.001*
Presence of religious man to visit the patient	2.35 ± 1.03	1.97 ± 0.92	1.681	0.097
To be told about someone to help with family problems.	2.45 ± 1.04	1.83 ± 0.71	3.065*	0.003*

t: Student t-test

p: p value for comparing between the studied groups

*: Statistically significant at $p \leq 0.05$

Table 6 points out the highest mean scores for nurses' and parents' perception about family needs in private hospital PICU. It was found that "To be assured that the best care possible is being given to the patient", followed by "To have questions answered honestly", then "To have someone to help with financial problems" were the highest means for nurses' perceptions about family needs. On the other hand, the parents' perceptions about their need in PICU were scored as "To be assured that the best care possible is being given to the patient", "To have questions answered honestly", "To receive information about the patient at least once a day" and "To have waiting room near to the patient" ($4.0 \pm 0.0, 3.87 \pm 0.35, 3.83 \pm 0.38$ and 3.83 ± 0.38 respectively).

Table (6): The Highest Mean Scores for Nurses' and Parents' Perception about Family Needs in Private Hospital PICU (n=60)

Family Needs	Nurses (n = 30)		Family Needs	Parents (n = 30)	
	Mean ± SD.	Rank		Mean ± SD.	Rank
To be assured that the best care possible is being given to the patient.	3.63 ± 0.49	1	To be assured that the best care possible is being given to the patient.	4.0 ± 0.0	1
To have questions answered honestly.	3.40 ± 0.56	2	To have questions answered honestly	3.87 ± 0.35	2
To have someone to help with financial problems	3.37 ± 0.67	3	To receive information about the patient at least once a day	3.83 ± 0.38	3
To know specific facts concerning the patient's progress	3.30 ± 0.60	4	To have waiting room near to the patient	3.83 ± 0.38	3
To see the patient frequently	3.30 ± 0.60	4	To have someone caring for patient health	3.80 ± 0.41	5
To have waiting room near to the patient	3.30 ± 0.60	4	To have explanations given that are understandable	3.77 ± 0.50	6
To know the expected outcome.	3.27 ± 0.45	7	To feel that the hospital personnel care about the patient	3.73 ± 0.45	7
To know how the patient is being treated medically	3.27 ± 0.83	7	To see the patient frequently	3.70 ± 0.47	8
To begin the visit on time	3.23 ± 0.50	9	To know specific facts concerning the patient's progress	3.63 ± 0.56	9
To feel that the hospital Personnel care about the patient	3.23 ± 0.57	9	To begin the visit on time	3.60 ± 0.50	10

Regarding the lowest mean scores for nurses' and parents' perception about family needs in private hospital PICU. **Table 7** represents the lowest mean scores for nurses' perception about family needs "To know plan for transportation of patient, to help with the patient's physical care, To talk about the possibility of the patient's death, presence of religious man to visit the patient" and to be sure about leaving the hospital for a period of time" were the lowest mean scores ($1.53 \pm 0.51, 1.67 \pm 0.48, 1.70 \pm 0.60, 1.77 \pm 0.43$ and 1.77 ± 0.57 respectively). While, "To have a phone near to waiting room, presence of religious man to visit the patient, to have explanations of the environment before going into the critical care unit for the first time and To talk about the possibility of the patient's death" were the lowest mean scores for parents' perception about their needs inside the PICU.

Table (7): The Lowest Mean Scores for Nurses' and Parents' Perception about Family Needs in Private Hospital PICU (n=60)

Family Needs	Nurses (n = 30)		Family Needs	Parents (n = 30)	
	Mean ± SD.	Rank		Mean ± SD.	Rank
To know plan for transportation of patient	1.53 ± 0.51	1	To have a phone near to waiting room	1.67 ± 0.61	1
To help with the patient's physical care	1.67 ± 0.48	2	Presence of religious man to visit the patient	1.83 ± 0.53	2
To talk about the possibility of the patient's death	1.70 ± 0.60	3	To have explanations of the environment before going into the critical care unit for the first time	1.87 ± 0.51	3
Presence of religious man to visit the patient	1.77 ± 0.43	4	To talk about the possibility of the patient's death	1.87 ± 0.94	3
To be sure about leaving the hospital for a period of time	1.77 ± 0.57	4	To have instructions about what to do beside bed	2.10 ± 0.61	5
To have another person with you when visiting the critical care unit	1.97 ± 0.72	6	To feel it is alright to cry.	2.10 ± 0.88	5
To feel it is alright to cry.	1.97 ± 0.41	6	To know plan for transportation of patient	2.10 ± 0.96	5
To have someone for religious support	1.97 ± 0.32	6	To have someone for religious support	2.13 ± 0.35	8
Talk to the same nurse every day.	2.07 ± 0.69	9	Talk to the same nurse every day	2.17 ± 0.83	9
To be alone at any time.	2.17 ± 0.65	10	To talk about feelings about what has happened	2.23 ± 0.77	10

Comparison between nurses' and parents' perception of the family needs in private hospital PICU is presented in **table 8**. It was found that parents' perception about the need to be assured that the best care possible is being given to the patient and to have questions answered honestly higher than nurses and differences were statistically significant ($t=4.097, p<0.001$ and $t=3.868, p<0.001$ respectively). In addition, they perceived the need to know specific facts concerning the patient's progress, to see the patient frequently, to have waiting room near to the patient and to begin the visit on time more than nurses and the differences were statistically significant ($t=2.240, p=0.029, t=2.896, p=0.005, t=4.136, p<0.001$ and $t=2.834, p=0.006$ respectively). Furthermore, the need to feel that the hospital personnel care about the patient and to know plan for transportation of patient were perceived by parents more than nurses and differences were statistically significant ($t=3.779, p<0.001$ and $t=2.859, p=0.006$ respectively). Moreover, other family needs as to talk to the same nurse every day, to have someone for religious support, to feel it is alright to cry, to talk about the possibility of the patient's death and presence of religious man to visit the patient were perceived by parents higher than nurses but the differences were not statistically significant.

Table (8): Comparison between Nurses', and Parents' Perception of the Family Needs In Private Hospital PICU (n=60)

Family Needs	Nurses (n = 30)	Parents (n = 30)	t	p
	Mean ± SD.	Mean ± SD.		
The highest mean scores				
To be assured that the best care possible is being given to the patient.	3.63 ± 0.49	4.0 ± 0.0	4.097*	<0.001*
To have questions answered honestly.	3.40 ± 0.56	3.87 ± 0.35	3.868*	<0.001*
To know specific facts concerning the patient's progress	3.30 ± 0.60	3.63 ± 0.56	2.240*	0.029*
To see the patient frequently	3.30 ± 0.60	3.70 ± 0.47	2.896*	0.005*
To have waiting room near to the patient	3.30 ± 0.60	3.83 ± 0.38	4.136*	<0.001*
To begin the visit on time	3.23 ± 0.50	3.60 ± 0.50	2.834*	0.006*
To feel that the hospital personnel care about the patient	3.23 ± 0.57	3.73 ± 0.45	3.779*	<0.001*
The lowest mean scores				
To know plan for transportation of patient	1.53 ± 0.51	2.10 ± 0.96	2.859*	0.006*
To talk about the possibility of the patient's death	1.70 ± 0.60	1.87 ± 0.94	0.822	0.415
Presence of religious man to visit the patient	1.77 ± 0.43	1.83 ± 0.53	0.535	0.595
To feel it is alright to cry.	1.97 ± 0.41	2.10 ± 0.88	0.748	0.459
To have someone for religious support	1.97 ± 0.32	2.13 ± 0.35	1.938	0.057
To talk to the same nurse every day	2.07 ± 0.69	2.17 ± 0.83	0.506	0.615

t: Student t-test

p: p value for comparing between the studied groups

*: Statistically significant at $p \leq 0.05$

Table 9 shows comparison between the governmental and the private hospitals according to nurses' perception of the family needs in the PICU. Forty nurses from governmental hospital participated in the current

study. They perceived the family need as to know specific facts concerning the patient's progress and presence of religious man to visit the patient higher than nurses at private hospital and the differences were statistically significant ($t=2.713, p=0.008$ and $t=3.235, p=0.002$ respectively). Moreover nurses at governmental hospital reported family needs as to have questions answered honestly, to know the expected outcome, to see the patient frequently and to feel that the hospital personnel care about the patient higher than nurses at private hospital but the differences were statistically not significant. On the other hand, thirty nurses at private hospital participated in the present study. They perceived family needs as to be assured that the best care possible is being given to the patient and to talk to the same nurse every day higher than nurses at governmental hospital but the differences were statistically not significant.

Table (9): Comparison between Governmental and Private Hospitals According to nurses' Perception of the Family Needs in PICU (n= 70)

Family Needs	Governmental hospital (n = 40)	Private hospital (n = 30)	t	p
	Mean ± SD.	Mean ± SD.		
The highest mean scores				
To know specific facts concerning the patient's progress	3.65 ± 0.48	3.30 ± 0.60	2.713*	0.008*
To have questions answered honestly	3.50 ± 0.51	3.40 ± 0.56	0.779	0.439
To be assured that the best care possible is being given to the patient	3.45 ± 0.50	3.63 ± 0.49	1.524	0.132
To know the expected outcome	3.45 ± 0.88	3.27 ± 0.45	1.139	0.259
To see the patient frequently	3.45 ± 0.75	3.30 ± 0.60	0.903	0.370
To feel that the hospital personnel care about the patient	3.40 ± 0.67	3.23 ± 0.57	1.096	0.277
The lowest mean scores				
To talk to the same nurse every day	1.85 ± 0.86	2.07 ± 0.69	1.129	0.263
To be alone at any time.	2.15 ± 1.08	2.17 ± 0.65	0.080	0.936
To have someone for religious support	2.15 ± 0.98	1.97 ± 0.32	1.112	0.272
Presence of religious man to visit the patient	2.35 ± 1.03	1.77 ± 0.43	3.235*	0.002*

t: Student t-test

p: p value for comparing between the studied groups

*: Statistically significant at $p \leq 0.05$

Table 10 reveals comparison between the governmental and the private hospitals according to parents' perception of the family needs in PICU. It was clear that parents at private hospital perceived their needs as to be assured that the best care possible is being given to the patient, to have questions answered honestly, to feel that the hospital personnel care about the patient and to know specific facts concerning the patient's progress higher than parents at governmental hospital and the differences were statistically significant ($t=4.482, p<0.001, t=3.310, p=0.002, t=3.081, p=0.003$ and $t=2.358, p=0.021$ respectively). Furthermore, parents at private hospital reported their needs as to have someone caring for patient health, to see the patient frequently and to have explanations given that are understandable, to talk to the same nurse every day, to feel it is alright to cry more than parents at governmental hospital and the differences were statistically significant ($t=5.935, p<0.001, t=4.000, p<0.001, t=4.737, p<0.001, t=3.458, p=0.001$ and $t=2.605, p=0.01$ respectively). While parent's needs as to begin the visit on time, To talk about feelings about what has happened, to have instructions about what to do beside bed and To talk about the possibility of the patient's death were perceived by parents at private hospital more than parents at governmental hospital and the differences were not statistically significant.

Table (10): Comparison between Governmental and Private Hospitals According to Parents' Perception of the Family Needs in PICU (n=65)

Family Needs	Governmental hospital (n = 35)	Private hospital (n = 30)	t	p
	Mean ± SD.	Mean ± SD.		
The highest mean scores				
To be assured that the best care possible is being given to the patient	3.63 ± 0.49	4.0 ± 0.0	4.482*	<0.001*
To have questions answered honestly	3.51 ± 0.51	3.87 ± 0.35	3.310*	0.002*
To begin the visit on time	3.51 ± 0.61	3.60 ± 0.50	0.612	0.543
To feel that the hospital personnel care about the patient	3.37 ± 0.49	3.73 ± 0.45	3.081*	0.003*
To know specific facts concerning the patient's progress	3.29 ± 0.62	3.63 ± 0.56	2.358*	0.021*
To have someone caring for patient health	3.20 ± 0.41	3.80 ± 0.41	5.935*	<0.001*
To see the patient frequently	3.20 ± 0.53	3.70 ± 0.47	4.000*	<0.001*

To have explanations given that are understandable	3.14 ± 0.55	3.77 ± 0.50	4.737*	<0.001*
The lowest mean scores				
To talk to the same nurse every day	1.46 ± 0.82	2.17 ± 0.83	3.458*	0.001*
To feel it is alright to cry	1.51 ± 0.92	2.10 ± 0.88	2.605*	0.011*
To talk about the possibility of the patient's death	1.63 ± 0.97	1.87 ± 0.94	1.00	0.321
To have instructions about what to do beside bed	1.91 ± 0.78	2.10 ± 0.61	1.057	0.295
Presence of religious man to visit the patient	1.97 ± 0.92	1.83 ± 0.53	0.723	0.472
To talk about feelings about what has happened	2.0 ± 1.08	2.23 ± 0.77	1.008	0.317

t: Student t-test

p: p value for comparing between the studied groups

*: Statistically significant at $p \leq 0.05$

IV. Discussion

Family centered care is a partnership approach between the family and health care providers with the goal of providing high quality of care for hospitalized child and improving overall patient and family experiences.⁽²⁰⁾ Sharing complete and unbiased information about the child's health status on a continuous basis and responding to the child and family developmental needs as well as modifying hospital policies and practices that provide families with the needed support are principles of family centered care.⁽²¹⁾ So, the current study intended to answer the following research question: are there differences in nurses' and parents' perception about family needs between governmental and private hospitals? To know if there are differences in the needs and expectations between families who receive the free medical care (governmental hospital) and the families who pay for all medical services (private hospital). This will help in responding to the child and family needs and applying family centered care in pediatric intensive care units because ineffective implementation of FCC within the pediatric intensive care unit can result in poor outcomes for both the child and parent.

The results revealed that none of nurses in both hospitals attended any lecture or training about family centered care or family needs. Although the undergraduate curriculum specifically pediatric nursing course integrates the family needs in dealing with pediatric patients but it is not enough to enable them implementing FCC effectively. This is supported by a qualitative study by Trajkovski et al (2012) on neonatal nurses' perspectives on family-centered care who concluded that nurses need ongoing guidance and further education to assist them in delivering family centered care effectively.⁽²²⁾ In addition, a study by Brysiewicz and Bhengu(2010), the participants reported that they use their own experiences in dealing with family needs as there is a lack of training about family needs.⁽²³⁾

Regarding the nurses' perception about family needs, the study results revealed that the highest mean of nurses' perception about family needs were for the family needs items "to know specific facts concerning the patient's progress", "assurance of best possible care is being given to the patient" and "honest answering of their questions" for nurses working in PICU either in governmental hospital or private hospital as presented in table 9. This indicated that the nurses recognized the importance of family needs regardless the type of hospital. Although the priorities of family needs are almost the same regardless the hospital but surprisingly, the nurses in governmental hospital gave higher mean scores for the majority of needs than in private hospital. This may be attributed to the years of experiences and education of nurses in governmental hospital compared with those in private hospital as half of the nurses in governmental hospital have experiences 15 years and more while none of nurses in the private hospital have the same years of experiences. Also, education level of nurses in the governmental hospital is higher than those from private hospital as illustrated in table 1.

Regarding the parents' perception about family needs, the current study showed that the highest mean of parents' perception about family needs were for the family needs items "assurance of best possible care is being given to the patient" and "honest answering of their questions" for parents with admitted child either in PICU in governmental hospital or private hospital as presented in table 10. This result reflected that the parents' priorities for their needs are the same either they pay for the medical services or not. The same priorities of family needs are represented by Saudi parents in study done by Alnajjar and Elarousy (2017), although the Saudi parents gave higher mean scores⁽⁸⁾ Providing and sharing the information with the parent by honest answering of their questions is one of the FCC principles.⁽¹⁷⁾ Applying the principles of FCC will decrease the parents stress and anxiety as reported by Antunes and Diogo (2017).⁽²⁴⁾

Although the priorities of family needs are almost the same either by parents in governmental or private hospital but the parents in private hospital gave higher mean scores for the same needs and the differences were statistically significant for majority of them. Furthermore, the mean scores of family needs items "to know specific facts concerning the patient's progress" and "to have explanation given that are understandable" are higher among parents from private hospital than parents in governmental hospital and the differences were statistically significant as presented in table 10. These results could be justified by the great expectations from

the parents in private hospital in addition about three quarter of parents in private hospital have higher education compared with lowest percent of parents in the governmental hospital. Moreover, the parents in private hospital have either one or two children compared with near half of parent in governmental hospital having three children and more as illustrated in table 2.

The resultsofcurrent study revealed that the lowest mean of parents' perception about family needs were for the family needs items "To talk about the possibility of the patient's death"and "Presence of religious man to visit the patient" this could be explained by the nature of being Muslim or Christian and they will find the needed support from religious people in mosquesor a church not in the hospital.Besides to Egyptian's nature which is having faith in God who controls their fate and destiny.

V. Conclusion

The study concluded that the nurses' perception about family needs either in governmental or private hospital were almost the same with higher mean scores for the majority of needs for nurses of governmental hospital. On the other hands, the parents' priorities for their needs are the same either in governmental or private hospital with higher mean scores for parents of private hospital.

VI. Recommendations

The principles of application of FCC should be included in curricula for nurses and should be part of nurses' orientation before starting their career in pediatric settings. In addition, Continuing training and education with FCC best evidences should be provided pediatric nurses to ensure that the concept of FCC incorporated with pediatric nursing practice.

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