

Implementation of the Family-Centered Care Model During Invasive Actions of Giving Injections and Installing Infusions Children's Nurses

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Abstract

The aim of implementing Community Service is the implementation of the Family Centered Care Model in the Children's Inpatient Room using invasive injections and infusions at Dr Soetomo Hospital, Surabaya. This community service was carried out at the Children's Inpatient Installation at Dr. RSUD. Soetomo Surabaya consists of 4 rooms. The rooms are the sleeping room, Nakula Sadewa room, Bona 1 room, and Bona 2 room with a total of 92 nurses. The four rooms are children's inpatient rooms that provide low-care nursing care so services with an integrated family-oriented care (FCC) system have not yet been established. The method used in this community service is to involve the family, each nurse will carry out invasive procedures on children with stages of preparation, implementation, and reporting. Implementation results Almost all patient respondents received family-centered care in the good category, 85 people (92.4%). Meanwhile, there were only 7 patients who underwent family-centered care in the sufficient category (7.6%). This shows that patients and nurses at IRNA Children's Hospital Dr. Soetomo Surabaya have implemented a family-centered care system in nursing care and health services.

A. Introduction

The concept of family-centered care (FCC) is a philosophy of care that recognizes the family as a permanent figure in a child's life and the main source of strength and support (Bastani et al., 2015; Paraszczuk et al., 2021). The FCC emphasizes collaboration between health professionals and families in making decisions and providing care for children. Implementing family-centered care requires collaboration between nurses and patient parents, with a holistic approach and philosophy to preventing hospitalization (Alligood, 2017; Coyne et al., 2018). However, in the process of implementing Family Centered Care, there are still parents of patients who are less cooperative in being invited to work together in providing care for their children, which causes a work environment that is not conducive (Abedini et al., 2020). This community service is carried out at RSUD Dr. Soetomo Surabaya. Dr. Hospital Soetomo is a class A teaching hospital with JCI accreditation in 2023 and SNARS in 2022. RSUD Dr. Soetomo is a hospital belonging to East Java Province which is located in the city of Surabaya and is a reference for the Eastern Indonesia region. Dr. Hospital Soetomo was founded on October 29 1938 and is currently located on Jl. Major General Prof. Moestopo No 6-8 Surabaya, East Java with a land area of 163,875 square meters with a bed capacity of 1,714 beds in 2022. Dr. Hospital Soetomo is a referral hospital in eastern Indonesia with a bed capacity of 146 low-care pediatric patients. However, the number of pediatric nurses is only 96 nurses in low-care pediatric inpatient wards. Implementation of Family Centered Care in the children's room at RSUD Dr. Soetomo has been carried out with cases of complex childhood illnesses that cause nurses to have high work stress. Based on service complaint data during 2022, there were 10 complaints in pediatric inpatient services. Apart from

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that, the caring evaluation data in the children's room is still below 100%, the sleeping room is 93.1%, the NASA room is 96.2%, the first room is 95.6%, and the second room is 96.8%. Due to this, this problem became the basis for researchers interested in examining the influence of the implementation of Family Centered Care on caring for pediatric nurses at RSUD Dr. Soetomo Surabaya. This community service was carried out at the Children's Inpatient Installation at Dr. RSUD. Soetomo Surabaya consists of 4 rooms. These rooms are the sleeping room, Nakula Sadewa room, Bona 1 room, and Bona 2 room. The four rooms are children's inpatient rooms which provide low-care nursing care so services with an integrated family care system (FCC) have not yet been established. The aim of implementing Community Service is the implementation of the Family Centered Care Model in the Children's Inpatient Room using invasive injections and infusions at Dr Soetomo Hospital, Surabaya.

B. Methods

This community service was carried out at the Children's Inpatient Installation at Dr. RSUD. Soetomo Surabaya consists of 4 rooms. The rooms are the sleeping room, Nakula Sadewa room, Bona 1 room, and Bona 2 room with a total of 92 nurses. The four rooms are children's inpatient rooms that provide low-care nursing care so services with an integrated family-oriented care (FCC) system have not yet been established. Stages of Community Service with the Family Centered Care (FCC) Model for Pediatric Nurses Community service with the FCC model in pediatric nursing can be carried out through several stages, namely: 1. Preparation Stage with a. form a community service team consisting of pediatric nurses, FCC experts, and students, b. Determining community service objectives clearly and measurably, c. Create a community service plan that is made in detail, including the methods to be used, targets, and timeline, d. Finding funding sources: Funding sources for community service must be sought, such as from the government, non-profit organizations, or sponsors. 2. Implementation Stage with a. Carrying out education: Education about FCC must be given to target communities, such as mothers, fathers, and child care providers, b. Carrying out training: Training about FCC must be given to health workers, such as nurses, doctors, and midwives, c. Carrying out interventions: FCC interventions must be carried out with children and families, such as providing counseling, health education, and emotional support, d. Carrying out monitoring and evaluation: Monitoring and evaluation must be carried out periodically to assess the effectiveness of community service programs. 3. Reporting stage, a. Education about the importance of FCC in child care, b. Training on how to provide FCC care to families, c. Providing counseling and emotional support to children and families who are facing chronic illnesses, d. Developing health education programs on various topics related to children's health (Krajnc & Berčan, 2020).

C. Result and Discussion

This community service was carried out at the Children's Inpatient Installation at Dr. RSUD. Soetomo Surabaya consists of 4 rooms. These rooms are the sleeping room, Nakula Sadewa room, Bona 1 room, and Bona 2 room. The four rooms are children's inpatient rooms which provide low-care nursing care so that services are formed with an integrated family care (FCC) system. The number of nurses is 92 people.



Figure 1. Preparation Stage for the Family-Centered Care (FCC) Model



Figure 2. Initial implementation stage with direct explanation to the patient's mother



Figure 3. Evaluation stage of the implementation of infusion installation in children



Figure 4. The reporting stage after the infusion action is carried out by the nurse

Implementation of infusion installation before the family-centered care (FCC) system method

Implementation of Family Centered Care in the children's room at RSUD Dr. Soetomo has been carried out with cases of complex childhood illnesses that cause nurses to have high work stress. Based on service complaint data during 2022, there were 10 complaints in pediatric inpatient services. Apart from that, the caring evaluation data in the children's room is still below 100%, the sleeping room is 93.1%, the NASA room is 96.2%, the first room is 95.6%, and the second room is 96.8%. Due to this, this problem became the basis for researchers interested in examining the influence of the implementation of Family Centered Care on caring for pediatric nurses at RSUD Dr. Soetomo Surabaya. This community service was carried

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Implementation of infusion installation after the family-centered care (FCC) system method

Almost all patient respondents received family-centered care in the good category, 85 people (92.4%). Meanwhile, there were only 7 patients who received family-centered care in the sufficient category (7.6%). It can be concluded that patients and nurses at IRNA Children's Hospital Dr. Soetomo Surabaya have implemented a family-centered care system in nursing care well in health services.

The implementation of family-centered care is an approach to planning, delivering, and evaluating health services that are based on a mutually beneficial partnership between health service providers, patients, and families (Bastani et al., 2015). The application of family-centered care in child care in hospitals is based on the understanding that the family is the main source of strength and support needed by children (Franck et al., 2022). The implementation of family-centered care includes respect for children and families, flexibility in organizational policies and practice procedures, providing complete and honest information, providing formal and informal support for children and families, collaborating with patients and families, and developing the individual strengths of children and families (Franck et al., 2019).

The implementation of family-centered care in inpatient care for children requires support from the patient's family and child nurses. Family-centered care can be provided through health education and ongoing assistance from initial hospital admission to preparation for returning home (Krajnc & Berčan, 2020). Factors for the success of implementing family-centered care in pediatric nurses are influenced by age, gender, level of education, and length of work. Meanwhile, for the patient's family, family-centered care is implemented based on age, occupation, and length of treatment days (Baydin, 2022; Lv, 2019). The implementation of family-centered care is influenced by the role of the patient's family. In the patient's family, family-centered care is implemented based on age, occupation, and length of treatment days. Many families of patients over 30 years of age have good implementation of family-centered care. Apart from that, some of the jobs as housewives have a good implementation of family-centered care. Almost half of patients undergo treatment days for 1-5 days. In line with research, the success of implementing family-centered care is influenced by age, occupation, and length of care. Parents aged 31-40 years have emotional maturity and maturity in thinking so that parents can provide good care and respond well when their child is hospitalized. Parents with housewife jobs have free time to take care of and focus on the treatment of their children who are being treated, thus helping in the process of implementing family-centered care (Deepika et al., 2020; Durongritichai, 2020).

Apart from that, the implementation of family-centered care is influenced by the role of pediatric nurses in hospitals. Factors for the success of implementing family-centered care in pediatric nurses are influenced by age, gender, level of education, and length of work (Silalahi et al., 2021). The application of family-centered care in this category is quite often found in nurses aged 21-25 years and who have worked for 1-7 years. The implementation of family-centered care in the good category is mostly owned by nurses with a bachelor's degree in nursing and female (Maria, 2021; Phiri, 2022).

D. Conclusion

Implementation of family-centered care in the children's room at RSUD Dr. Soetomo overall is in a good category. Pediatric nurses can increase knowledge and understanding regarding the application of family-centered care in providing nursing care so that collaboration with the patient's family can be optimal. This will of course have an impact on the treatment process which the patient feels will be more satisfying.

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