

IMPLEMENTATION OF FAMILY CENTERED CARE (FCC) BY HEALTH PERSONNEL

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IMPLEMENTATION OF FAMILY CENTERED CARE (FCC) BY HEALTH PERSONNEL

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Abstract

Background: The role of the family in system theory is as a caregiver. Families in patient care apply the concept of Family Centered Care. The application of Family Centered Care can increase the knowledge and attitudes of families in caring for patients in hospitals. The FCC model for caregivers who care for clients has never been done in the Work Area of the Boja I Health Center.

Objectives: The research objective is to determine the level of implementation of Family Centered Care.

Methods: The research method uses a descriptive study. The number of samples is 100 respondents. The sampling technique uses accidental sampling. The data collection tool uses family centered care questionnaire sheet. The research analysis used univariate analysis in the form of a frequency distribution.

Results: The results of the research on the application of family centered care in the good category were 71 respondents (71%), and in the moderate category there were 29 respondents (29%).

Conclusion: From the results of the study stated that nurses have involved families in nursing care, where families participate in making decisions about expertise plans, providing recovery support and helping patients not to be anxious. The conclusion obtained is that the application of family centered care is in the good category

Keywords: Family Centered Care, Caregiver, Chronic Disease

INTRODUCTION

Chronic disease is a disease with sedentary characteristics, causing disability in sufferers and healing requires treatment over a long period of time (Lubkin & Larsen, 2006). Therefore, the health care system for chronic clients has changed by shortening the hospital stay and switching to home care. Research

conducted by Moalasi et, all (2013) states that there is a 44% reduction in costs for clients who are treated at home compared to the cost of hospital care.

Treatment carried out at home certainly involves the family as a caregiver for sick family members. Family involvement in care is applied in family centered care nursing care with health education, coaching, and peer-

education approaches. Application of Family Centered Care to increase family knowledge and attitudes in caring for clients who are hospitalized.

Caregivers have a big role in accompanying clients on a daily basis. In order for the role of the caregiver to be optimal, an appropriate approach is needed to increase this ability. One model that can be applied to caregivers is family centered care (FCC). Creasy's research (2014), found that the FCC is a collaborative model that encourages collaboration and partnership between patients, families, and health services. The FCC model has the advantage of increasing caregiver involvement, assessing ability to handle new roles, and facilitating caregivers to access needed information (Creasy, 2014).

The results of interviews from the researcher's visit to 15 caregivers said that in providing care clients at home experienced difficulties. Caregivers said they did not understand the roles and tasks they had to carry out, so they were less skilled in caring for clients. Caregivers said they had never been provided with the basic ways of caring for clients at home, besides that caregivers were also not independent in making decisions to deal with problems that arise during home care.

Phenomena in the field of caregivers dealing with disease complications and medical problems related to emergency conditions during home care. The FCC model for caregivers who care for clients has never been done in the Work Area of the Boja I Health Center. Families have not obtained the information needed to care for patients at home. So researchers want to know the level of application of the FCC.

Objective: The research objective is to determine the level of implementation of Family Centered Care.

METHODS

Study Design

The research method used is a descriptive study.

Setting

The research was conducted in the Boja I Public Health Center in December 2020

Research Subject

The population in the research was the patient's family in the Boja I Health Center area. The number of samples was 100 respondents. The sampling technique used is accidental sampling.

Instruments

The data collection tool used was a family centered care questionnaire sheet.

Determination of the results of the description of the application of family centered care used 3 categories, namely good, enough, less. The score category is determined based on the number of valid question items as many as 40 items with 4 answer choices, namely always, often, rarely, and never. So from the results of the calculations, a category description of the implementation of family centered care was created by the researcher.

Participant research with a score (36-71) was declared lacking in implementing the FCC, research participants with a score (72-107) were considered sufficient in carrying out the FCC, and scores (108-160) stated that the participant research had performed the FCC well.

Data Analysis

The research analysis used univariate analysis in the form of a frequency distribution with SPSS version X was used to analyze the data.

Ethical Consideration

The research ethics that have been carried out are asking for informed consent from respondents, not including the identity of the respondent, maintaining the confidentiality of the respondent and what will be reported on the results of the research, namely age, gender, education, occupation, application of the FCC, the research was conducted in the area of the Boja I health center, the researcher made sure

that the research did not have harmful side effects because it only distributed 5 questionnaires. The research was conducted in the area of the Boja I Health Center, the researchers ensured that the research did not have harmful side effects because it only distributed questionnaires.

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RESULTS

Characteristics of Respondents

Table 1. Characteristic of respondent

Characteristic of Respondents	(f)	(%)
Male	23	23
Female	77	77
Married	93	93
Single	7	7
Government employees	2	2
Laborer	2	2
Self-employed	43	43
Housewife	52	52
Doesn't work	1	1
Elementary school	33	33
Junior high school	21	21
Senior High School	31	31
College	13	13
No school	2	2
Total	100	100

Most of the respondents were female with a frequency of 77%, the characteristics of being married were the most married with a frequency of 93%, the characteristics of working were mostly housewives with a frequency of 52%, and most of them had elementary school education with a frequency of 33%.

The waiting age of patients in the 23 study is a minimum-maximum 21-74 years. Based on the results of the analysis, it was found that the average number of respondents 24, the most aged with a mean value of 42.65. The results of this study are different from the results of Erlinda's research (2015) where the age range for treating sick families is at least 20-35. This is also supported by Ozyazicioglu's research (2018) where the age range for caring for sick families is 32.22 on average with a minimum-maximum value of 21-51 years.

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The results showed that the majority of respondents were women with a frequency of 77%. In line with Afifah's research (2010) the frequency of women was 77.92% and most of the respondents did not have a job or were housewives with a frequency of 61.04%. This shows that women have an important role in terms of parenting, especially when one of the family members suffers from an illness.

The results showed that the majority of respondents had elementary school education with a frequency of 33% and high school with a frequency of 31%. A guidance that a person gets toward goals and development in a quality and quality life is called education. In line with Yeni's research, Novayelinda & Karim (2014) states that the higher the formal education, the easier it is for a person to receive information and make use of existing health services to improve his quality of life.

The results of this study indicate that the majority of respondents work as housewives with a frequency of 52%. Yulianti (2009) shows that the busier the family, the longer the healing day due to the lack of family attention. Researchers assume that families who work as IRT have a greater chance of being beside the patient and receiving the information needed while in the hospital.

Table 2. Implementation of family centered care

Variabel	(f)	(%)
Not enough	0	0
Currently	29	29
Good	71	71
Total	100	100

Based on Table 2, the results of the application of the FCC in the good category with a frequency of 71%, and the application of FCC in the medium category with a frequency of 29%.

Based on the research results, most FCC applications are in the good category with a frequency of 71%, and the application of the FCC is in the moderate category with a frequency of 29%. This is in line with Natsya's

research (2019) that the behavior of nurses regarding the application of FCC administration is mostly in the good category with a frequency of 60%. Research conducted by Nurlaila (2015) explains that the application of FCC in treatment plans most respondents answered in the good category because nurses have involved respondents in making treatment plan decisions and have understood their role as the first person in supporting recovery and are able to work together with nurses for treatment actions what the family can do, such as being responsive, helps calm the patient when the nurse takes action.

The FCC concept defines partnership and collaboration as being medically sound about decisions that best suit the needs, strengths, values, and abilities of all involved and are made jointly by healthcare workers and families. This is supported by Komiske's theory (2005) Family centered care provides support to services so that patients will not be nervous when they go to the hospital. In addition, the family acts as a partner in caring for sick families. Nurses act as educators to form an open communication system through increasing family knowledge and understanding about patient care and providing information in every action taken.

In cases of chronic diseases that require long-term care with family participation as a determinant of treatment success. Treatment of chronic diseases in patients requires full family empowerment both while in the hospital and further care at home (Krisnana, 2012).

Even though the implementation of the FCC has obtained good results, there are several items that received a rating of 0 (never) carried out including; Caregivers are supported by nurses to educate patients while undergoing treatment at home 23 respondents, nurses ask caregivers to make decisions about nursing actions to be given to patients 22 respondents, nurses facilitate patients to read guidebooks while undergoing treatment at home 28 respondents. The same thing with research by Rusli & Apriana (2014) regarding medical services for inpatients, showing that medical

staff inpatients are not very responsive to the problems experienced by patients. It is supported by Sari's research (2017) that if patients and families receive poor treatment, then patients and families will perceive all health workers as unprofessional. Conversely, if patients and families feel accepted, nurses and other staff can begin to form therapeutic relationships with patients and families.

CONCLUSION

An overview of the implementation of the FCC was obtained from the results of the application of the good category of FCC by 71 respondents (71%), and the application of the medium category of FCC was 29 respondents (29%).

SUGGESTIONS

The results of this study provide information that the implementation of the FCC is in the good category. It is hoped that health workers will carry it out regularly. This study can be continued with a quantitative or mix-method study to determine the level of application of FCC to patients and families.

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AUTHOR CONTRIBUTION

Ratnasari: Main researcher

Dwi Fitriyanti: Researcher

ORCID

Ratnasari: none

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