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Pediatric Nursing Care that is Family-Centered: Current State of Science

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Introduction

The successful implementation of family nursing practices is poorly understood. This scoping review provides a map of the current understanding of how evidence-informed family nursing practices are implemented across settings and populations. 24 publications, published between 2010 and 2020, were identified through a comprehensive search using CINAHL, Indexed at and Medline. We found that nurses' experience of implementation was one of disruption, learning and adapting to new practices. Although the implementation had benefits for both the families and the individual, evidence-informed family nursing practices were only partially and inconsistently incorporated into care delivery. Uptake was influenced by a variety of contextual factors, with team and organizational barriers dominating. The combination of dissemination-educational strategies and capacity-building strategies may improve the quality of family care and enable family nursing practice skills, according to our preliminary findings of low quality. To acquire additional information regarding efficient implementation, more in-depth research is required. The expanding body of knowledge in family nursing should be utilized in future implementation endeavors and implementation strategies should be tailored to contextual barriers.

Description

In her comprehensive proposal for improving the delivery of health care services to children and families, Florence Blake provided the earliest description of the numerous components of family-centered pediatric nursing care. The proposal addressed the relationship between children and their families as well as the physical and psychosocial needs of children and families. Blake emphasized that nurses must make an intentional effort to build a relationship with parents that helps them understand the needs of parents and children when it comes to coping with illness and hospitalization. Although Blake recognized other aspects of health care that would need to be addressed in order for the successful adoption of this new philosophy, his primary focus was on the significant changes that needed to be made in the philosophy and practice of educating pediatric nurses. The provision of home care services for sick children who could safely be cared for at home, as well as education for staff nurses and other hospital personnel, were among these. These included changes in hospital practices so that parents could stay with their hospitalized child and take care of him or her. Many of the current components of FCC were included in Blake's proposal for care, such as providing information to children and families, recognizing the uniqueness of each family, caring for the child within the context of their development, facilitating parent participation in care, identifying and supporting family strengths and designing health care that is flexible and responsive to families.

A wide range of benign and malignant diseases, including thyroid disease, are common surgical conditions. At the moment, thyroid cancer is the solid tumor that grows the fastest. Thyroid disease can be treated with medication, radionuclide therapy, or surgery. Thyroid surgery can be performed either openly or through an endoscope. Thyroid surgery, on the other hand, has the same internal requirements and quality control standards regardless of the method used, such as the appearance of the incision, functional protection, quick recovery and favorable prognosis. The idea of accelerated rehabilitation surgery is now being used in a variety of specialized surgeries. Its use in colorectal surgery has received the most attention in general surgery, but its use in thyroid surgery has received relatively little attention. This topic maximizes the concept of accelerated rehabilitation surgery from a variety of perspectives, including hospital admission, preoperative preparation, surgical operation, anesthesia management, postoperative analgesia and postoperative care, under the guidance of family philosophy. In addition, this paper objectively analyzes and evaluates the application value of accelerated rehabilitation surgery concepts and methods in thyroid surgery and compares them to conventional approaches.

In the years to come, nurse leaders, nurses and nurse educators will face new obstacles brought on by the pandemic. The clinical sequela of COVID-19 and its effects on the health and lives of those who survived the disease have only recently been discovered. Long-term COVID symptoms have been reported worldwide following acute COVID-19. However, the nature, frequency and etiology of these symptoms are still poorly understood. Patients who were hospitalized and are currently being followed post-Covid have reported more than 60 physical and psychological symptoms so far. In addition to decreased pulmonary function, there have been reports of weakness, general malaise, fatigue, difficulty concentrating, breathlessness and decreased quality of life. Patients and their families face difficulties as a result of these symptoms. Long-term COVID also puts a lot of pressure on patients and their families because it is known to be relapsing-remitting, with periods of improvement and flare-ups of symptoms. Not only is it a concern for the patient but also for the patient's family if work can be resumed; Interest groups must advocate for social assurances and security coverage that are not yet in place. In the outpatient clinic, the observation group is treated with an antithyroid drug, an adjuvant and life treatment to improve nutrition. Based on this, the intervention group receives family nursing intervention. The following are the nursing measures: After leaving the outpatient clinic, patients must be followed up on at home for approximately three months and nursing staff must be familiar with the patient's home environment. It is essential to assist families in developing their capacity to deal with illnesses, to provide emotional support, to obtain support from family members and to assist families in helping patients comply with treatment [1-5].

Conclusion

At the same time, patients should be told to get in touch with other people who have hyperthyroidism nearby and build a good relationship of mutual support. The disease tracking card will be sent out once a month starting around the sixth month to learn about the patient's compliance behavior and issues with disease control so that specific guidance and assistance can be provided. It is essential to telephone the patient periodically to inquire about the patient's compliance status. It is necessary to gently explain and repeat explanations simultaneously in order to increase patients' knowledge of medical advice and their recall of it. The control group does not receive any assistance with home care.

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Conflict of Interest

No conflict of interest.

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