Enhancing pediatric patient outcomes: The role of family-centered nursing care in chronic illness management.

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Introduction

Managing chronic illnesses in pediatric patients presents unique challenges that extend beyond clinical treatment. Children often experience physical, emotional, and social difficulties due to their condition, while their families navigate the complexities of caregiving, financial strain, and emotional stress. Family-centered nursing care has emerged as a cornerstone of effective pediatric chronic illness management, recognizing the integral role of families in improving outcomes for young patients [1].

Family-centered care (FCC) is a collaborative approach that prioritizes the partnership between healthcare providers, patients, and their families. It emphasizes respect for the family's role in decision-making, open communication, and shared goal-setting. For children with chronic illnesses, this approach addresses not only the medical needs of the child but also the holistic well-being of the entire family unit [2].

Children with chronic illnesses often rely on their families for physical, emotional, and logistical support. Parents or caregivers manage complex treatment regimens, monitor symptoms, and advocate for their child's needs within the healthcare system. The stress of these responsibilities can lead to caregiver burnout, which in turn affects the child's well-being. FCC helps alleviate this burden by empowering families with knowledge, resources, and emotional support [3].

Nurses collaborate with families to develop personalized care plans that align with the child's medical needs and the family's values and preferences. This partnership fosters trust and ensures that families feel heard and respected. Providing families with clear, accurate information about the child's condition, treatment options, and prognosis empowers them to make informed decisions [4].

Education also includes teaching parents how to manage medical equipment, administer medications, and recognize warning signs. FCC requires an understanding of cultural, social, and economic factors that influence family dynamics and decision-making. Nurses must adapt their care to respect diverse values and practices. Chronic illnesses can take a toll on both the child and their family. Nurses play a critical role in addressing emotional challenges, offering counseling resources, and fostering resilience [5]. For pediatric patients with diabetes, FCC involves teaching families how to monitor blood glucose levels, administer insulin, and plan meals. Nurses work closely with families to create routines that minimize disruptions to the child's daily life. By involving parents and even siblings in diabetes education, the entire family becomes better equipped to support the child's health [6].

Effective asthma management requires meticulous attention to triggers, medication adherence, and symptom monitoring. Nurses educate families about action plans for asthma attacks and provide tools such as peak flow meters to track lung function. By fostering open communication, families are empowered to advocate for their child in school or other environments where asthma triggers may be present [7].

Cystic fibrosis (CF) demands rigorous treatment regimens, including airway clearance therapies, medications, and nutritional support. FCC involves teaching families how to perform therapies at home, reducing the need for frequent hospital visits. Emotional support is equally important, as CF can be isolating for both the child and their caregivers [8].

Research shows that FCC improves outcomes for pediatric patients with chronic illnesses. These benefits include: Families who feel supported and informed are more likely to follow treatment regimens consistently, leading to better disease management. FCC reduces anxiety and depression in both children and their families by addressing emotional needs and fostering a sense of control. Open dialogue between families and healthcare providers minimizes misunderstandings and builds trust. Families report greater satisfaction with healthcare services when they are treated as active partners in their child's care [9].

Despite its benefits, FCC is not without challenges. Time constraints, inadequate staffing, and a lack of training in FCC principles can hinder its implementation. Cultural and language barriers may also complicate communication. Addressing these challenges requires systemic changes, including policy reforms, staff education, and the integration of FCC into healthcare protocols [10].

Conclusion

Family-centered nursing care transforms the management of chronic illnesses in pediatric patients by placing families at

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the heart of the healthcare process. Through collaboration, education, and empathy, this approach enhances both medical outcomes and the overall quality of life for children and their families. By embracing FCC, healthcare providers can ensure that pediatric patients receive care that is not only effective but also compassionate and empowering. As the healthcare landscape evolves, FCC remains a vital framework for delivering holistic and impactful care to children with chronic illnesses.

References

- 1. Al Khalaileh MA, Bond E, Alasad JA. Jordanian nurses' perceptions of their preparedness for disaster management. Int Emerg Nurs. 2012; 20(1):14-23.
- Arbon P, Bobrowski C, Zeitz K, et al. Australian nurses volunteering for the Sumatra-Andaman earthquake and tsunami of 2004: A review of experience and analysis of data collected by the Tsunami Volunteer Hotline. Aust Emerg Nurs J. 2006; 9(4):171-8.
- Baack S, Alfred D. Nurses' preparedness and perceived competence in managing disasters. J Nurs Scholarsh. 2013; 45(3):281-7.
- 4. Chaput CJ, Deluhery MR, Stake CE, et al. Disaster

training for prehospital providers. Prehosp Emerg Care. 2007; 11(4):458-65.

- Duong K. Disaster education and training of emergency nurses in South Australia. Aust Emerg Nurs J. 2009; 12(3):86-92.
- Fung OW, Loke AY, Lai CK. Disaster preparedness among Hong Kong nurses. J Adv Nurs. 2008; 62(6):698-703.
- Jiang L, He HG, Zhou WG, et al. Knowledge, attitudes and competence in nursing practice of typhoon disaster relief work among C hinese nurses: a questionnaire survey. Int J Nurs Pract. 2015; 21(1):60-9.
- Lim GH, Lim BL, Vasu A. Survey of factors affecting health care workers' perception towards institutional and individual disaster preparedness. Prehosp Disaster Med. 2013; 28(4):353-8.
- Mehta S. Disaster and mass casualty management in a hospital: how well are we prepared?. J Postgrad Med. 2006; 52(2):89.
- Melnikov S, Itzhaki M, Kagan I. Israeli nurses' intention to report for work in an emergency or disaster. J Nurs Scholarsh. 2014; 46(2):134-42.