

The Role of Family-Centered Care in Pediatric Nursing: Challenges and Best Practices

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ABSTRACT

Family-centered care (FCC) is a foundational approach in pediatric nursing that emphasizes collaboration, respect, and partnership between healthcare providers, patients, and their families. It recognizes the unique role families play in a child's care and aims to actively involve them in decision-making and caregiving processes. FCC has been shown to improve patient outcomes, enhance family satisfaction, and foster a supportive environment for pediatric patients. This paper explores the principles of FCC, including respect for family roles and values, partnership and collaboration, effective communication, and family empowerment. It also examines the challenges of implementing FCC, such as institutional barriers, provider misconceptions, emotional demands, and cultural or linguistic differences. Finally, the paper highlights best practices for enhancing FCC, including staff training, policy reforms, interdisciplinary collaboration, emotional support for nurses and families, and the use of technology. By addressing these challenges and adhering to evidence-based strategies, healthcare organizations can successfully integrate FCC into pediatric nursing, creating a more inclusive and compassionate care environment that prioritizes the voices and needs of families.

Keywords: FCC, compassionate, healthcare, foundational

INTRODUCTION

Family-centered care (FCC) is a foundational approach in pediatric nursing that emphasizes collaboration between healthcare professionals, patients, and their families. It is rooted in the belief that families play an essential role in a child's care and recovery. The practice of FCC aims to respect the values, preferences, and needs of families while promoting their active involvement in decision-making processes (Coyne, Holmström, & Söderbäck, 2018). FCC has been shown to improve patient outcomes, enhance family satisfaction, and foster a supportive environment for pediatric patients (Harrison, 2010). This article explores the principles of FCC in pediatric nursing, identifies challenges to its implementation, and discusses best practices for improving its adoption.

Principles of Family-Centered Care in Pediatric Nursing

Family-centered care (FCC) is guided by key principles that prioritize respect, collaboration, communication, and empowerment in the relationship between healthcare providers, pediatric patients, and their families. These principles are essential for creating an environment that values the unique role families play in a child's care. By

adhering to these principles, healthcare providers can ensure that families are active participants in decision-making and care processes, leading to improved patient outcomes and family satisfaction.

1. Respect for Family Roles and Values

At the core of FCC is a deep respect for the roles, values, and beliefs of families. Respect involves acknowledging the diversity of family structures, cultural backgrounds, religious practices, and personal preferences. Every family brings a unique perspective to the care process, rooted in their intimate knowledge of their child. Healthcare providers must honor this expertise and treat families as essential members of the care team.

For example, in cultures where extended family members play a significant caregiving role, nurses should involve those family members in discussions and decisions about the child's care. Similarly, some families may prioritize specific religious practices or rituals that need to be accommodated during hospital stays. By respecting these values, healthcare providers not only foster trust but also create a supportive environment where families feel valued and understood.

Respect also involves acknowledging the emotional journey families experience when caring for a sick child. Families often face stress, anxiety, and uncertainty about their child's condition. Nurses must approach families with empathy, recognizing their struggles and providing reassurance. Simple actions, such as addressing family members by name, actively listening to their concerns, and providing a nonjudgmental space for them to express their feelings, can go a long way in building a respectful and supportive relationship.

2. Partnership and Collaboration

Partnership and collaboration are fundamental to FCC, as they emphasize the importance of shared decision-making between healthcare providers and families. In this model, families are not seen as passive recipients of care but as active participants who work alongside the healthcare team to determine the best course of action for their child. This partnership ensures that care is individualized and aligned with the child's and family's needs and preferences.

Effective collaboration begins with engaging families in every aspect of the care process. For instance, during rounds or care planning meetings, families should be invited to share their observations, ask questions, and provide input. Nurses and other healthcare providers can use these opportunities to explain the rationale behind treatment plans and ensure that families are fully informed about their child's condition. This two-way exchange fosters trust and helps families feel more confident in their role as caregivers.

Collaboration also extends to involving families in the daily care of their child. For example, nurses can teach parents how to administer medications, perform wound care, or assist with feeding and hygiene. By partnering with families in these tasks, healthcare providers empower them to take an active role in their child's recovery and prepare them to manage care at home after discharge.

3. Effective Communication

Communication is the cornerstone of FCC, as it facilitates understanding, trust, and collaboration between families and healthcare providers. Effective communication involves not only conveying information clearly but also ensuring that families feel heard and respected. This requires healthcare providers to use language that is simple, empathetic, and culturally appropriate.

One of the key elements of effective communication is providing families with timely and accurate information about their child's condition, treatment options, and expected outcomes. Families often feel overwhelmed by medical jargon and complex explanations, so nurses must take the time to break down information into manageable pieces. Visual aids, written materials, and demonstrations can also help families better understand medical procedures and care instructions.

In addition to providing information, healthcare providers must actively listen to families. Active listening involves giving families the space to ask questions, voice concerns, and share their observations about their child's condition. Nurses should validate families' feelings and respond to their concerns with empathy and understanding. For example, if a parent expresses fear about a surgical procedure, the nurse can address their concerns by explaining the steps involved, discussing the risks and benefits, and offering emotional support.

Cultural competence is another critical aspect of communication in FCC. Families from diverse cultural or linguistic backgrounds may have unique communication needs, such as requiring an interpreter or preferring certain forms of address. By tailoring communication to meet these needs, healthcare providers can ensure that families feel respected and included in the care process.

4. Family Empowerment

Empowering families is a central tenet of FCC, as it equips them with the knowledge, skills, and confidence they need to actively participate in their child's care. Empowerment begins with education, as families often need guidance on understanding their child's diagnosis, treatment plan, and caregiving responsibilities. Nurses play a crucial role in providing this education, using clear and accessible language to explain medical concepts and procedures.

Empowerment also involves giving families the tools and resources they need to make informed decisions. For example, providing families with written care instructions, access to support groups, or referrals to community

resources can help them navigate the challenges of caring for a sick child. Nurses can also use family-centered rounds to involve families in discussions about the child's care plan, allowing them to ask questions and contribute to decision-making.

Another important aspect of empowerment is building families' confidence in their caregiving abilities. Families may feel intimidated by the medical complexities of their child's condition, especially if they are new to caregiving. Nurses can provide hands-on training, step-by-step instructions, and positive reinforcement to help families feel more comfortable and capable. For instance, a nurse might teach a parent how to administer medication through a feeding tube, offering encouragement and support throughout the process.

Finally, empowerment involves recognizing and celebrating families' contributions to their child's care. Healthcare providers should acknowledge the efforts of families and express appreciation for their dedication. This recognition not only boosts families' confidence but also strengthens the partnership between families and healthcare providers.

Challenges to Implementing Family-Centered Care

While family-centered care (FCC) offers numerous benefits for pediatric patients and their families, its implementation in healthcare settings is not without challenges. These obstacles can arise from institutional policies, healthcare provider attitudes, resource limitations, and the emotional demands placed on families and providers alike. Addressing these barriers is essential to ensuring that FCC is successfully integrated into pediatric nursing practices. Below is an in-depth exploration of the primary challenges to implementing FCC.

1. Institutional Barriers

Institutional structures and policies often present significant barriers to implementing FCC. Many healthcare systems are built around efficiency, cost-effectiveness, and standardized care processes, which may inadvertently deprioritize family involvement. For example, rigid hospital policies, such as restricted visitation hours, can limit families' ability to be present and actively involved in their child's care. Similarly, a lack of private spaces for family interactions or overnight stays can discourage family participation, particularly in high-stress environments like intensive care units.

Resource limitations within institutions also play a substantial role. Many hospitals and clinics face financial and staffing constraints, which can make it difficult to allocate the time and personnel needed for FCC practices. For instance, when nurses are overburdened with large patient caseloads, they may struggle to find the time to engage meaningfully with families. This can lead to care that is task-focused rather than relationship-focused, undermining the principles of FCC.

Moreover, some institutions may lack the infrastructure or organizational culture to fully support FCC. For example, healthcare facilities may not provide adequate training for staff on how to involve families in care processes, or they may fail to integrate FCC principles into their core mission and policies. Without explicit support from leadership, FCC initiatives may be inconsistently applied or viewed as secondary to medical care.

2. Misconceptions and Resistance Among Healthcare Providers

Healthcare providers' misconceptions about FCC can also present challenges. Some providers mistakenly believe that FCC requires families to assume professional responsibilities or perform tasks typically handled by nurses, such as administering medications or monitoring vital signs. This misconception can lead to resistance, as providers may fear that FCC will increase their workload or compromise patient safety.

In addition, some nurses and physicians may feel that involving families in care will slow down decision-making or create conflicts. For example, a nurse may worry that families will challenge medical recommendations or demand treatments that are not evidence-based. These concerns can lead providers to adopt a more paternalistic approach, where decisions are made without fully involving the family. Such attitudes undermine the collaborative partnership that FCC seeks to establish.

Another source of resistance is the perception that FCC detracts from the nurse-patient relationship. Some nurses may feel that involving families excessively could interfere with their ability to focus on the child's care or build a therapeutic bond with the patient. However, this perspective overlooks the fact that FCC strengthens the nurse-patient-family triad, ultimately benefiting all parties involved.

3. Emotional and Psychological Demands

The emotional and psychological demands of FCC can be challenging for both families and healthcare providers. For families, the stress of having a critically ill child can be overwhelming. They may struggle to balance their caregiving responsibilities with their own emotional needs, work obligations, and family dynamics. Parents in particular may feel anxiety, guilt, or helplessness, which can affect their ability to engage fully in their child's care.

For healthcare providers, FCC introduces added emotional complexity. Nurses and other providers must navigate the delicate balance of supporting families emotionally while maintaining their professional responsibilities. This can lead to compassion fatigue, burnout, and emotional exhaustion, especially in high-intensity pediatric settings. For instance, a nurse may find it emotionally draining to provide continuous reassurance to a family coping with a child's life-threatening illness.

The emotional toll can also arise from conflicts between families and healthcare providers. Families may have unrealistic expectations about their child's prognosis or treatment options, leading to tension and frustration. Nurses must often act as mediators in these situations, which can add to their stress. Additionally, providers may feel unprepared to handle the emotional needs of grieving or distraught families, further complicating the implementation of FCC.

4. Cultural and Linguistic Barriers

Cultural and linguistic differences between families and healthcare providers can pose significant challenges to FCC. Families from diverse cultural backgrounds may have varying beliefs about health, illness, and the role of healthcare providers. For example, some cultures may place higher value on the authority of medical professionals, leading families to defer decision-making rather than actively participate in care. Conversely, other cultures may prioritize family involvement in all aspects of care, which may conflict with providers' expectations or institutional norms.

Language barriers are another significant obstacle. Families with limited proficiency in the healthcare provider's language may find it difficult to understand medical terminology, ask questions, or express their preferences. Without access to trained interpreters, these families may feel excluded from care discussions, undermining the principles of FCC. Miscommunication due to language barriers can also lead to misunderstandings about treatment plans, further complicating care delivery.

Healthcare providers may also lack cultural competence, which is the ability to understand and respect diverse cultural perspectives. Without proper training in cultural competence, providers may unintentionally dismiss or overlook the values and preferences of families from different backgrounds. This can lead to feelings of alienation and mistrust, making it difficult to establish a collaborative partnership.

5. Lack of Training and Support for Nurses

Nurses are often at the forefront of implementing FCC, yet many report feeling unprepared or unsupported in this role. A lack of formal training in FCC principles, communication techniques, and family engagement strategies can leave nurses unsure of how to involve families effectively. For example, a nurse may struggle to facilitate a family-centered discussion during rounds if they have not received guidance on how to balance medical priorities with family input.

Additionally, nurses may feel unsupported by their institutions when attempting to practice FCC. Without clear policies, resources, or leadership support, nurses may find it difficult to prioritize family involvement amid competing demands. For instance, if a hospital prioritizes task completion and efficiency over relationship-building, nurses may feel pressured to focus on clinical duties at the expense of FCC.

The absence of emotional support for nurses further exacerbates these challenges. Nurses who experience compassion fatigue or burnout may find it difficult to provide the emotional energy required for FCC. Institutions that fail to address these issues risk creating a workforce that is disengaged or resistant to family-centered practices.

6. Logistical and Practical Challenges

Finally, logistical and practical issues can hinder the implementation of FCC. For example, hospitals with limited physical space may struggle to accommodate family members at the bedside or provide private areas for family discussions. Similarly, scheduling conflicts can prevent families from attending care planning meetings or rounds, especially if they have other responsibilities such as work or childcare.

The use of technology can also present both opportunities and challenges. While tools like telehealth and patient portals can enhance communication, they may not be accessible to all families due to technological literacy or lack of resources. These disparities can create inequities in how FCC is implemented across different patient populations.

Best Practices for Enhancing Family-Centered Care

Implementing family-centered care (FCC) in pediatric nursing requires deliberate strategies and practices that prioritize collaboration, communication, and respect between healthcare providers, patients, and families. While many challenges hinder the full integration of FCC, adopting evidence-based best practices can help overcome these barriers and create a supportive environment for families. These practices include staff training, policy reforms, cultivating interdisciplinary teamwork, emotional support for healthcare providers, and leveraging technology to improve communication and access. Below is an in-depth discussion of these best practices.

1. Education and Training

One of the most critical components of enhancing FCC is providing education and training for healthcare providers. Nurses and other healthcare professionals often lack formal instruction in FCC principles, making it challenging to integrate family-centered approaches into practice. Training programs should focus on the core skills of FCC, including effective communication, cultural competence, active listening, and shared decision-making.

Simulation-based training can be particularly effective in preparing nurses to navigate complex family dynamics. For instance, role-playing scenarios that involve discussing sensitive topics, such as a poor prognosis

or a challenging treatment plan, can help nurses develop confidence and empathy in their interactions with families. Additionally, training should emphasize the importance of viewing families as equal partners in care, helping providers move away from paternalistic approaches to more collaborative ones.

Healthcare organizations can also implement mentorship programs where experienced nurses who excel in FCC guide and support less experienced staff. This peer-to-peer learning model allows for the practical application of FCC principles and fosters a culture of continuous improvement in family-centered practices.

2. Policy Reforms and Institutional Support

Hospital and clinic policies play a significant role in shaping the implementation of FCC. To enhance family-centered care, institutions should review and revise policies that may inadvertently hinder family involvement. For example, flexible visitation policies that allow family members to be present at any time, including overnight stays, can make it easier for families to participate in their child's care. Similarly, creating family-friendly spaces, such as play areas for siblings or private rooms for consultations, can improve the overall experience for families.

Institutional guidelines should explicitly incorporate FCC principles into standard operating procedures. For instance, care plans and daily rounds can include structured opportunities for family input. Hospitals should also establish metrics to evaluate the success of FCC initiatives, such as family satisfaction surveys, patient outcomes, and provider feedback. These metrics can help identify areas for improvement and ensure accountability.

Leadership support is essential for driving policy changes and fostering a culture of FCC. Hospital administrators and managers must prioritize FCC by allocating resources, such as hiring additional staff or providing funding for family education programs. Without institutional support, efforts to implement FCC may be inconsistent or unsustainable.

3. Interdisciplinary Collaboration

Family-centered care requires seamless collaboration among all members of the healthcare team, including nurses, physicians, social workers, therapists, and other professionals. Interdisciplinary collaboration ensures that families receive holistic care that addresses not only the child's medical needs but also their emotional, social, and psychological well-being.

One effective practice is conducting interdisciplinary rounds that involve families in discussions about the care plan. During these rounds, each member of the care team can provide input while also listening to the family's perspectives, concerns, and preferences. This approach fosters a sense of partnership and ensures that care decisions are informed by a comprehensive understanding of the child's needs.

Healthcare providers should also work together to coordinate resources for families. For example, a social worker might connect a family with financial assistance programs, while a nurse educates the family on managing medical equipment at home. By leveraging the expertise of the entire care team, providers can address the diverse needs of families more effectively.

4. Emotional Support for Nurses and Families

Providing family-centered care can be emotionally demanding for both families and healthcare providers. Supporting the emotional well-being of nurses and other care team members is essential to sustaining FCC practices. Compassion fatigue and burnout are common among pediatric nurses, especially in high-stress environments such as intensive care units. Institutions can address these challenges by offering peer support groups, counseling services, and wellness programs that promote resilience and self-care.

Mindfulness training and stress management workshops can also help nurses cope with the emotional demands of FCC. For instance, mindfulness practices can improve nurses' ability to stay present and empathetic during emotionally charged interactions with families. Recognizing and celebrating nurses' contributions to FCC, such as through awards or acknowledgment programs, can further boost morale and job satisfaction.

In addition to supporting nurses, healthcare providers must also prioritize the emotional needs of families. Families often experience stress, fear, and uncertainty when their child is hospitalized or undergoing treatment. Providing access to psychosocial support services, such as counseling or support groups, can help families cope with these challenges. Nurses can also offer emotional reassurance by actively listening to families, validating their feelings, and providing encouragement.

5. Leveraging Technology to Improve Communication

Technology plays a vital role in enhancing FCC by improving communication and access to information. Tools such as patient portals, telehealth platforms, and mobile apps can help families stay informed and engaged in their child's care. For example, patient portals allow families to access real-time updates on their child's condition, view test results, and communicate with the care team. These tools empower families to make informed decisions and stay connected, even if they cannot be physically present at the hospital.

Telehealth platforms have become particularly valuable in recent years, especially during the COVID-19 pandemic, when physical distancing measures limited in-person interactions. Telehealth enables families to participate in virtual consultations, care planning meetings, and follow-up appointments, ensuring that they

remain active participants in their child's care. For families in rural or underserved areas, telehealth can also bridge the gap by providing access to specialists and resources that may not be available locally.

However, it is essential to address potential barriers to technology adoption, such as lack of internet access or technological literacy, to ensure equitable implementation of FCC practices. Healthcare organizations should provide families with training and support to use these tools effectively.

6. Cultural Competence and Inclusivity

Cultural competence is an essential component of FCC, as families come from diverse backgrounds with unique beliefs, values, and preferences. Healthcare providers must strive to understand and respect these differences to build trust and foster collaboration. For example, some families may prioritize traditional healing practices alongside medical treatments, while others may have specific dietary restrictions or religious observances that need to be accommodated during hospitalization.

To enhance cultural competence, healthcare organizations can provide training for staff on cultural awareness and sensitivity. Additionally, employing interpreters and cultural mediators can help bridge language and cultural gaps, ensuring that all families feel respected and included in the care process.

Inclusivity also involves recognizing and accommodating diverse family structures, such as single-parent households, same-sex couples, or families with nontraditional caregiving arrangements. By tailoring care to meet the needs of each family, healthcare providers can create a more supportive and inclusive environment.

CONCLUSION

Family-centered care (FCC) is a transformative approach in pediatric nursing that emphasizes collaboration, respect, and empowerment in care delivery. By placing families at the core of the decision-making process, FCC improves patient outcomes, fosters trust, and enhances the overall care experience for children and their families. While challenges such as institutional barriers, provider misconceptions, and emotional demands can hinder its implementation, evidence-based best practices—such as staff education, policy reforms, interdisciplinary collaboration, emotional support, and the use of technology—can help overcome these obstacles.

Ultimately, FCC is not just a set of principles but a philosophy that reshapes the traditional dynamics of healthcare by recognizing families as essential partners in care. As healthcare systems continue to evolve, the integration of FCC will remain vital in ensuring that the voices, values, and needs of families are prioritized. Through sustained efforts to address challenges and enhance FCC practices, pediatric nurses and healthcare organizations can create a more compassionate, inclusive, and effective care environment for children and their families.

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