

Clients' Perspective towards Family-centered Care Health Services and Supports

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Keywords:

Clients, Family-centered Care, Health Services.

ABSTRACT

Clients satisfaction were considered the first indicators to the success of health services provided in family-centered care. The purpose of this study is to investigate clients perspective family-centered care of health care services and support in Baghdad/ Iraq. A descriptive cross-sectional study is conducted in Baghdad Province. A cluster samples of 440 clients who review family centered care for the purpose of health services. The instruments underlying the study phenomenon deals with clients socio-demographic characteristics and family centered care sitting questionnaire which include (care sitting related to giving a diagnosis, ongoing care and support, addressing child/youth development, access to records, appointment schedules, feedback on care setting practices and policies, care setting policies to support family-centered and addressing culture and language in care). The reliability of the questionnaire was achieved through a pilot study and then presented to experts to prove its credibility. The data were collected by using interview techniques method and analyzed through the application of descriptive and inferential statistical analysis. Findings show participants age, the mean age for clients' is 39, the age 20-29 years old were recorded the highest percentage among (n=179; 40.7%), female were predominated among clients who reviews family-centered care (n=281; 63.9%), the illiterate clients were records the highest percentage (n=97; 22%), most of reviews health services in terms of vaccines (n=188; 42.7%). The clients who included in the study sample were expressed a poor level of family-centered care health services provided to them 76.1% ($M \pm SD = 12.40 \pm 3.627$). There were significant differences in family-provider partnership health services with regard to clients' education level and types of services were received at p-value <0.05. Family-centered care in terms of health care service provided to the clients and families were still in under poor level. Health directorate decision makers need to be employed based on a quality guidelines in order to improve the health care services in family-centered care.



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1. INTRODUCTION

Family-centered care (FCC) has been increasingly emphasized as an important and necessary element of

family health care services [1]. FCC is conceptualized as a philosophy with a set of guiding principles, as well as a cohort of programs, services, and practices that many hospitals have embraced [2]. Several factors drive the pressing need for family-centered care and support of families, including the increase in the number of family's needs [3]; identification of parental and familial stress and lack of parenting confidence; and gaps in support for families, as identified by parents [4], [5]. We explore the clients perspective family-centered care of health care services and support in Baghdad/ Iraq.

2. METHODOLOGY

A descriptive cross-sectional study is conducted in Baghdad Province. A cluster samples of 440 clients who review family centered care for the purpose of health services. The instruments underlying the study phenomenon deals with clients socio-demographic characteristics and family centered care questionnaire deals with health services.

Content validity: was presented to 5 arbitrators, including professors specialized in nursing science. Arbitrators were requested to provide their views and suggestions on each of the items of the study questionnaire in term of its linguistic appropriateness, its association with the dimension of study variables it was assigned to and its suitability for the study population context.

Data were collected out from clients to verify the reliability of questionnaire, the test was applied to 40 of the study population from outside the sample. Cronbach's alpha was found at 0.92.

Statistical analyses were performed using the SPSS version 20.0 software program (SPSS). The data were normally distributed. One-way analysis of variance to analyze the differences variables according to socio-demographic characteristics. Descriptive data are presented as mean \pm standard deviation for continuous variables and number (%) for categorical variables. A $p < 0.05$ was considered as statistically significant.

3. RESULTS

In table (1) findings show participants age, the mean age for clients' is 39, the age 20-29 years old were recorded the highest percentage among (n=179; 40.7%), followed by those who are aged 50-59 years old (n=81; 18.4%), followed by those who are aged 40-49 years old (n=74; 16.8%), followed by those who are aged ≥ 60 years old (n=55; 12.5%), followed by those who are aged 30-39 years old (n=35; 8.0%), and followed by those who are aged < 20 years old (n=16; 3.6%).

Respect to the gender, the female were predominated among clients who reviews family-centered care (n=281; 63.9%), as compared with those who are male (n=159; 36.1%) (table 1).

In terms of education levels, it is obvious from findings that the illiterate clients were records the highest percentage (n=97; 22%), followed by those who institute and above graduated (n=91; 20.7%), followed by those who are primary school graduated (n=83; 18.9%), followed by those who are able to read and write (n=69; 15.7%), followed by those who are intermediate school graduated (n=51; 11.6%), and followed by those who are secondary school graduated (n=49; 11.1%) (table 1).

Types of health care services related findings, most of reviews health services in terms of vaccines (n=188; 42.7%), followed by those who caring for the expectant mother (n=106; 24.1%), followed by those who are child care (n=68; 15.5%), followed by those who are family planning (n=36; 8.2%), followed by those who are health promotion (n=28; 6.4%), followed by those who are dental health (n=12; 2.7%), and followed by those who are emergencies services (n=2; 0.5%) (table 1).

Table (1): Distribution of Study Sample by their Age Groups

Variables	Classification	Freq.	%
Age /years <i>Mean± SD=39±15.196</i>	<20 years old	16	3.6
	20-29 years old	179	40.7
	30-39 years old	35	8.0
	40-49 years old	74	16.8
	50-59 years old	81	18.4
	≥60 years old	55	12.5
Gender	Male	159	36.1
	Female	281	63.9
Education	Illiterate	97	22.0
	Reads and writes	69	15.7
	Primary school	83	18.9
	Intermediate school	51	11.6
	Secondary school	49	11.1
	Institute and above	91	20.7
Types of health services	Caring for the expectant mother	106	24.1
	Child care	68	15.5
	Health promotion	28	6.4
	Emergencies	2	0.5
	Vaccines	188	42.7
	Family planning	36	8.2
	Dental health	12	2.7

Table (2): Evaluation of Family-centered Care Health Services related to Community Systems of Services and Supports

<i>Does your provider?</i>		<i>M.s.± SD</i>
1	Work with your family to identify needed community-based services?	<i>1.31±0.715</i>
2	Help your family make the first contact with community-based services?	<i>1.24±0.605</i>
3	Follow up to see if your family/child/youth has successfully connected with the service?	<i>1.45±0.833</i>
4	Follow up to see if the service was easy to access?	<i>1.30±0.686</i>
5	Follow up to see if the service was useful?	<i>1.34±0.750</i>
6	Follow up to see if the service was respectful of your family's culture and values?	<i>1.58±0.872</i>
7	As your family circumstances change (changing diagnoses, functional level, child transitions, change in family make up, etc.), does your provider work with your family to review current services and help identify new community-based services you may need?	<i>1.32±0.731</i>
8	Include any community-based services your family uses in the medical record? (Examples include early intervention, Head Start, childcare, community recreation programs, vocational rehab, faith-based activities.)	<i>1.58±0.899</i>
9	Have a staff person that helps your family connect with needed services?	<i>1.24±0.632</i>

In the light of statistical analysis of mean, this table demonstrated that the family-centered care health services related to information and referral and community-based services were poor responses at items of the scale.

Table (3): Overall Community Systems of Services and Supports

Weighted	Freq.	<i>M ± SD</i>
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Poor	335	
Moderate	91	
Good	14	12.40±3.627
Total	440	

M: Mean for total score, SD: Standard Deviation for total score (Poor= 9-14, Moderate= 15-21, Good= 22-27)

The findings of family-centered care health services related to community systems of services and supports at $M \pm SD = 12.40 \pm 3.627$; and according to the study criteria, clients expressed a poor quality of health care related to these services ($n=335$; 76.1%) (Figure 1).

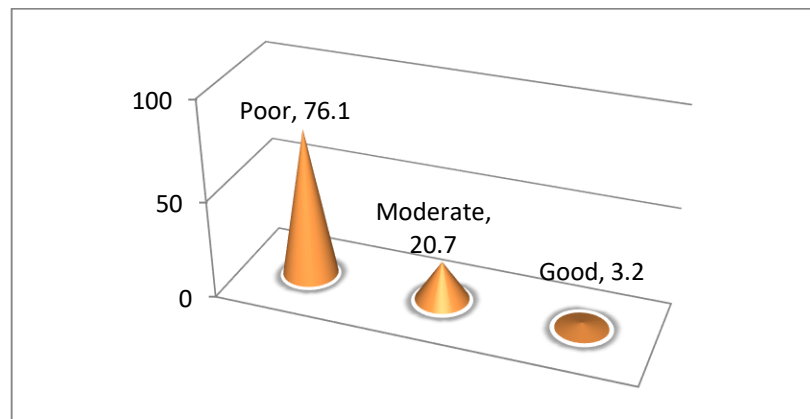


Table (4): Significant Differences between Family-centered Care Health Services and Clients' Age ($n=440$)

Age Variables	Source of variance	Sum of Squares	d.f	Mean Square	F	$p \leq 0.05$
FCC	Between Groups	.459	5	.092	2.092	0.065
	Within Groups	19.030	434	.044		No-sig.
	Total	19.488	439			

Findings indicate that there is no-significant differences in family-centered care health services with regard to clients' age at p -value >0.05 .

Table (5): Significant Differences between Family-centered Care Health Services and Clients' Gender ($n=440$)

	Gender	Mean	S.D	t-value	d.f	$p \leq 0.05$
FCC	Male	1.56	0.2056	0.540	438	0.498
	Female	1.57	0.2137			No-sig.

Findings is demonstrated that there is no-significant differences in family-centered care health services with regard to clients' gender at p -value >0.05 .

Table (6): Significant Differences between Family-centered Care Health Services and Clients' Education ($n=440$)

Education Variables	Source of variance	Sum of Squares	d.f	Mean Square	F	$p \leq 0.05$
FCC	Between Groups	.805	5	.161	3.742	0.003
	Within Groups	18.683	434	.043		Sig.
	Total	19.488	439			

Findings indicate that there were significant differences in family-centered care health services with regard

to clients' education level at p-value <0.05.

Table (7): Significant Differences between Family-centered Care Health Services and Types of Health services (n=440)

Health services	Source of variance	Sum of Squares	d.f	Mean Square	F	$p \leq 0.05$
FCC	Between Groups	.562	6	.094	2.145	0.047 Sig.
	Within Groups	18.926	433	.044		
	Total	19.488	439			

d.f: Degree of freedom, F: F-statistic, Sig: Significance

Findings indicate that there were significant differences in family-centered care health services with regard to types of health services at p-value <0.05.

4. DISCUSSION

Findings show participants age, the mean age for clients' is 39, the age 20-29 years old were recorded the highest percentage among, followed by those who are aged 50-59 years old, followed by those who are aged 40-49 years old, followed by those who are aged ≥ 60 years old, followed by those who are aged 30-39 years old, and followed by those who are aged <20 years old. This findings come with findings of Mohammad (2020), who find that most of reviewers for family centered care were from the age 20-40 years due to those age groups most common use those services [6].

Respect to the gender, the female were predominated among clients who reviews family-centered care, as compared with those who are male. Women, as they relate to their children, use these services more male. In light of this results a study of [6] the results indicate that the majority of those reviewing to primary health care centers is female (61%) [7]. These results come a long with study of in Jubail City, Saudi Arabia. Their findings indicate that the two-third of the study sample is male (73.5%) and the remaining is female [8]. Women are most common use family centered care for the purpose of vaccination and antenatal care [9].

In terms of education levels, it is obvious from findings that the illiterate clients were records the highest percentage, followed by those who institute and above graduated, followed by those who are primary school graduated, followed by those who are able to read and write, followed by those who are intermediate school graduated, and followed by those who are secondary school graduated. Most of the groups with a high level of education review the private sectors of health services. These results consisting with [9] has studied patient satisfaction with primary health care services in Qassim Province, Saudia Arabia. A cross-sectional study design which is conducted on (1360) subjects who have attended primary health care centers in Qassim province. They are selected randomly using systematic random sample, and the data are collected by well trained investigators. Their findings indicate that most of the sample are illiterates (not able to read and write) [10].

Types of health care services related findings, most of reviews health services in terms of vaccines, followed by those who caring for the expectant mother, followed by those who are child care, followed by those who are family planning, followed by those who are health promotion, followed by those who are dental health, and followed by those who are emergencies services. These results come consistent with the study of [10] who indicate that (89%) of the respondents are reviewed for vaccination and treatment services provided at primary health care centers in comparison to other health care facilities. Concerning gender, the results constitute (70%) of the sample which is female and within age group of (20-29) years young adults [11].

4.1 Family-centered Care Health Services related to Community Systems of Services and Supports

According to the total mean of scores, findings show that the (70.5%) of clients expressed a poor quality of family-centered care health services at $M \pm SD = 152.29 \pm 20.437$ (table 3, figure 1). This results come in line with, who evaluate the family health care services in province of Kirkuk. The overall community system deals with services were poor level and not applied due to standards not applied and that family health services need more evaluation and monitoring [12]. Also, these results come in line with, who stated in their study that most of consumers dissatisfaction with primary health care services in Babylon Governorate/ Iraq [13].

4.2 Differences in Family-centered Care Health Services with regards Clients' Socio-demographic Characteristics

Findings indicate that there is no-significant differences in family-centered care health services with regard to clients' age at $p\text{-value} > 0.05$. This results agree with who find there were no significant differences in age groups with regarding health services provided in family centered care [14]. Also, there is no-significant differences in family-centered care health services with regard to clients' gender at $p\text{-value} > 0.05$. This results agree with who find there were no significant differences in male and female with regarding health services provided in family centered care. Because they same use those services especially during COVID-19 [15]. Findings indicate that there were significant differences in family-centered care health services with regard to clients' education level at $p\text{-value} < 0.05$. Because the evaluation was from the reviewers, so we find differences according to the educational level. This findings is supported by, the education level play an importance roles in evaluation of family health care services [16]. As well as, there were significant differences in family-centered care health services with regard to types of health services at $p\text{-value} < 0.05$. This results agree with who find there were significant differences in clients satisfaction with regarding health services provided Babylon health care centers, according to the difference of those services from one unit to another in the same health center [17].

5. CONCLUSIONS

Family-centered care in terms of health care service provided to the clients and families were still in under poor level. Health directorate decision makers need to be employed based on a quality guidelines in order to improve the health care services in family-centered care.

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