



It is Time we Become Child Centered at all Children's Hospitals

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In the Pediatric Intensive Care Unit (PICU) family- and child-centered care does not have the same prepared tools to rely on as, for example, neonatal care. In neonatal care the parents are quickly involved in the child's care. The caring philosophy NIDCAP (Newborn individualized Developmental Care and Assessment Program) and SFS-Situation adapted family co-operation, are both adapted for the child and for the parents. Both these "utensils" are based on individualizing the nursing care from a family-centered perspective. However, the same prepared tools or tools are not available from a child-centered care perspective, which gives the child a disadvantage and every act of involvement rests upon the nurse's knowledge and ability to vindicate such child centered care in the caring situation [1]. According to the United Nations Convention on Children's Rights [2], the child's best interest needs to be put first-hand when health and medical care is given to children. The idea is that the child should be in the center. The focus is thus moved from a family-centered perspective, to a child-centered perspective.

Within the PICU, one could to a greater extent benefit from the frame of a family-centered perspective, which gives structure and organization benefits in the neonatal care. The older the child becomes, the more natural it becomes to consider a child-centered perspective.

To do so one can lean on the UN Children's Convention [2], which emphasizes "that children, regardless of age, have the right to have a relative with them during the hospital stay", accepting the family's presence as a natural part of the nursing process. In family-centered care, the focus is shifted from the newborn's illness, to seeing the child in their context, their family and the environment. The purpose is for the parents to be involved in the child's care and nursing in order to promote the child's social and emotional development, but also to strengthen the parental role [3]. An open department for the parents means that the family can stay around the

clock with their child and continuously participate in the nursing. It can mean that the caregivers are given a place to rest and sleep close to the child [4]. Alternatively, it can mean a smooth operating nursing approach, deriving from the child's needs as a person and human being. The latter is a prerequisite to meet both the child's and the family's needs in the PICU context [1,4]. It also proposes to ask for the child's personal view; not the parents view on what they believe the child prefers [5].

Involving the parents in the child's care, as well as caregivers contributing with parental support, is a process that is developed during the care period. In the beginning, some parents may experience the care of the child as overwhelming. In the first instance, it is therefore important that the healthcare staff actively encourage the parents to attend and physically contact the child [6]. The process for the parents' takeover of the child's care takes place at an individual pace and looks different. Some parents want to carry out most of the care independently, while others need more time. Factors such as family background, culture, cognitive ability, education, life situation and crisis reaction are important in the process. Involving the parents in assessment, planning implementation and evaluation of the child care helps the parents get some control over the situation and can make their own decisions [7].

Now it is the time to take the participation child-centered care further and truly earn the designation a Children's hospital. We do have the scientific tools to measure family- and child-centered care, so there are no excuses to wait. May I propose your department to start with implementing Shier's [8] participation staircase consisting of five levels containing various issues that can help the care staff's approach and, in addition, support the child in its room for maneuver. The tool is designed to be used practically in the caring situations, with the goal of involving children. Many factors, however, affect how children are involved. Making children

involved in decisions that concern them is not the same as always being able to get what they want, but it is important to always consider the child's right to participation, in order to be able to comply with the content of the Convention on Children [8]. It is a tool that is easy to use as each step contains a specific question which allow the nursing staff to identify the current situation of the child's participation. The idea is that individuals or organizations can engage differently in the "empowerment " process [8]. Each step begins with the level of participation "openings" aimed at a healthcare professional being committed and open to work in a special way. The next step is "opportunities", which means that the healthcare staff are now open to work in a special way and thus also have the opportunity to work in a special way. Among other things, it is about being able to assist with resources such as working hours, skills and knowledge, in order to approach established tasks. Last the level of participation "obligations" means that healthcare professionals have agreed on a policy that they must work for. The healthcare staff thus have an obligation to work according to a special way that enables children's participation. It is a journey to take together, nurses and physicians, at the PICU if we are serious in our attempt to really become child centered in our departments. Before the children are met and treated as the most important participants in their own sickness, we should be careful with calling us a children's hospital.

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