

## **CHAPTER -1**

### **FOUNDATIONS OF PEDIATRIC NURSING: DEVELOPMENTAL AND FAMILY – CENTERED CARE**

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#### **Abstract**

Family-centered care (FCC) in paediatric nursing focuses on the important role families play in their child's health and well-being. This approach treats families as active partners in care, making sure their values, beliefs, and strengths are included in treatment plans. Involving families in their child's care leads to better health outcomes, so it's essential for paediatric nurses to support and involve families throughout the care process. Focus on the child through the family centered care is the magic that creates major change in health and well-being. A key part of FCC is the nurse's presence, which helps build strong, trusting relationships through good communication. These connections improve the physical, emotional, and social well-being of both the child and their family by creating a supportive and understanding environment. Adding more care through the process of FCC is the key for early discharge. Although research shows a link between FCC and positive nursing

relationships, more studies are needed to provide stronger evidence and improve family nursing care. Healthcare teams are also working together more than ever, recognizing that collaboration among professionals leads to better care for children. This teamwork has led to better health outcomes and strengthened the role of paediatric nurses as advocates for children's health. Skilled nurse will influence the family to be the part of care and planned treatment. FCC not only improves medical results but also builds a stronger partnership between healthcare providers and families. Family involvement is seen as essential for meeting a child's needs and supporting the family as a whole. Providing family-centered care means recognizing that families are a constant part of a child's life, relationships shape children's well-being, and involving families in care leads to better outcomes for the child. FCC is the vital psychological support for the child.

**Keywords:** FCC; Family centred care; collaboration; paediatric; paediatric nursing; interprofessional.

## **1.1 INTRODUCTION**

Paediatric nursing is a specialized field within the nursing profession that focuses on the healthcare needs of infants, children, and adolescents. This area of practice goes beyond the provision of clinical care, encompassing the emotional, developmental, and psychosocial needs of young patients. At its core, paediatric nursing is anchored in two foundational concepts: developmental care and family-centered care. These principles are essential in creating a therapeutic and supportive environment for both the child and their family. Developmentally appropriate care recognizes that children are not miniature adults. They experience illness, hospitalization, and recovery in ways that are profoundly influenced by their stage of physical, emotional, cognitive, and social development. Paediatric nurses must be knowledgeable about normal growth and developmental milestones in order to tailor care that meets the unique needs of each child. Developmental care aims to preserve the child's normal routine as much as possible and promote a

sense of security and well-being during their healthcare experience. Family-centered care (FCC) is based on the understanding that the family is the constant in a child's life, while healthcare providers may change across different settings and over time. This approach emphasizes collaboration between families and healthcare professionals to ensure care is responsive to the needs, values, and preferences of the family.

Family-centered care recognizes the strengths and contributions of families and promotes a partnership that leads to better health outcomes, reduced anxiety, and improved satisfaction with care. Incorporating both developmental and family-centered care into paediatric nursing practice is critical for delivering holistic, compassionate, and effective care. Paediatric nurses serve as advocates, educators, and caregivers, ensuring that children receive care that is respectful, individualized, and empowering. Mastery of these foundational principles enables nurses to provide the highest standard of care in diverse paediatric settings. The foundations of paediatric nursing lie in understanding the unique developmental needs of children and embracing the critical role of the family in the child's care. By integrating developmental and family-centered care, paediatric nurses can create a supportive and healing environment that respects the dignity of every child and family they serve. These principles not only improve the quality of care but also strengthen the relationship between healthcare providers and families, laying the groundwork for positive long-term outcomes.

Paediatric nursing education has transformed over the past five decades. This evolution encompasses changes in education, health care, and societal viewpoint regarding the care of children. The positive occurrences are changes in nursing curricula to include expanding technology and using simulations in teaching, as well as the integration of evidence-based practice, to stay up to date on the latest and best paediatric care. There has been a greater emphasis on interprofessional collaboration, recognizing the importance of interprofessional teams in providing comprehensive care to paediatric patients. These changes have resulted in improved outcomes for children and families, and have elevated the role of paediatric nurses as advocates for paediatric health

and wellness. Historically, hospitalized children in the early half of the 20th century were cared for exclusively by health professionals, and visitation by parents was either extremely restricted (Frank, 1952) or completely prohibited (Alsop-Shields & Mohay, 2001). Attitudes and practice began to change in the 1950s and 1960s largely due to the work of Bowlby (1953), who demonstrated serious emotional, psychological, and developmental consequences of separation between mother and child, and to the work of progress. Participation of families in child care is considered essential for meeting children's needs and for the well-being of the whole family. Giving family- centered care means that the care provided by professionals includes both the knowledge and the belief that: family is a permanent part of children's lives; children affect and are affected by those with whom they have relationships; and when families are included in the process of care, children will be better cared for. In this context, nurses' attitudes toward individuals and families reflect the importance given to the family system in the care process, defining the type of relationship that will be established among the parts. Having a supportive attitude is an important precondition to inviting and engaging families in nursing care, and such attitudes can foster facilitating behaviours between nurses and families.

## **1.2 OBJECTIVES**

<b>OBJECTIVE NUMBER</b>	<b>OBJECTIVE NAME</b>
1	To recognize that the family is the constant in the child's Health and wellbeing
2	To facilitate of other support systems of health care team in child's Health and wellbeing
3	To show the importance of FCC in child's Health and wellbeing
4	To demonstrate how nursing presence, skill & research can be applied in FCC,

### **1.2.1 Recognizing the Family as the Constant in the Child's Health and Well-being.**

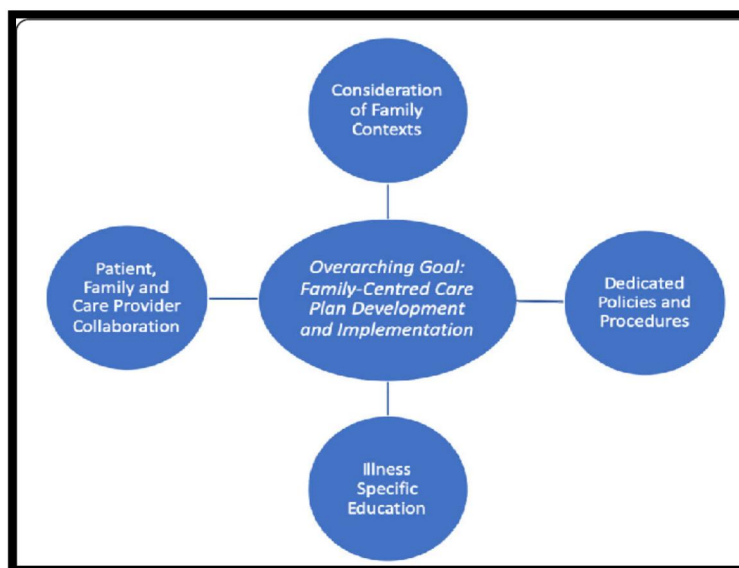
The family plays a pivotal role in shaping a child's health, well-being, and overall development. Unlike healthcare professionals who may come and go throughout a child's life, the family remains the one constant presence. This enduring relationship forms the foundation of Family-Centered Care (FCC), a healthcare approach that prioritizes collaboration and partnership between healthcare providers and families.

ASPECT	DESCRIPTION
Emotional and Social Support	Families provide love, comfort, and security, which are essential for a child's emotional and psychological development. Positive family interactions build resilience and coping mechanisms, promoting mental well-being.
Advocacy and Decision-Making:	Families are the primary advocates for their children, making crucial healthcare and lifestyle decisions. Engaging families in care planning ensures that decisions align with the child's and family's values and preferences
Consistency in Care	While healthcare professionals may change over time, family members offer consistent, familiar support. This consistency reduces anxiety in children and contributes to their sense of safety and stability.
Health Education and Monitoring	Families are integral in monitoring a child's health, recognizing symptoms, and ensuring adherence to treatment plans. Educating families empowers them to make informed choices and actively participate in care.
Cultural and Personal Context:	Families bring cultural perspectives that influence healthcare practices and preferences. Respecting and integrating these perspectives leads to more personalized and effective care.

**Fig - 1 Key Aspects of the Family's Role in Child Health and Well-being**

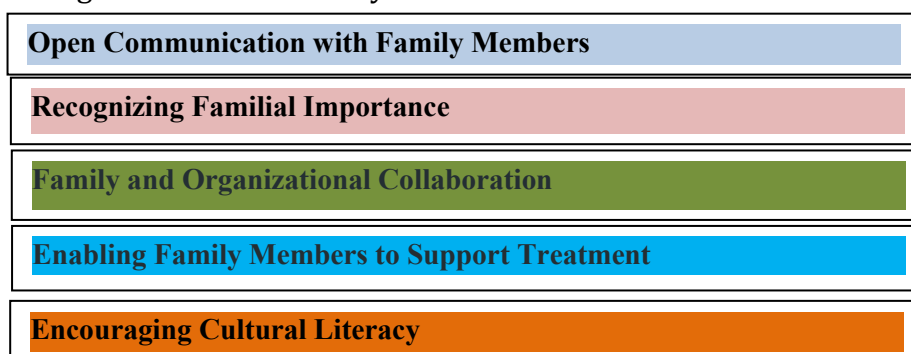
Recognizing the family as a constant in a child's life is essential for delivering holistic, effective healthcare. Healthcare professionals must foster partnerships with families, acknowledging their insights and perspectives as invaluable contributions to the care process. In the study of Byers et al (2006) done with 114 preterm babies and their parents; it was found out that those babies to whom family centered care was provided cried less, their stress levels were lower and they needed analgesics less. In the study of Melnyk and Feinstein (2001) conducted to examine the effect of parent participation in children's hospital care upon behavioural changes that may be seen in children after hospital discharge; it was identified that negative behavioural changes decreased clearly after hospital discharge among the children whose parents participated in hospital care. Kamerling et al (2008) reported that family centered care given at intensive care units after anaesthesia resulted in positive benefits in children's comfort, analgesics need and shortening recovery period. In line with these studies; care given with family centered care principles reduced children's anxiety levels, supported their hospital adaptation more, helped children undergo less pain and provided a faster recovery period and early hospital discharge. In the study of Cooper et al (2007) conducted to determine the benefit of implementation of family centered care at neonatal intensive care units; it was pointed out that implementation of family centered care was effective upon increasing commitment between babies and their families, enhancing baby-care skills of families and having enough knowledge about the health status of babies. Erdevi et al (2008) indicated that rate of re-hospitalization of the babies whose mothers participated in the care of the babies treated at neonatal intensive care units reduced twice because they demonstrated more improved care skills as compared with those mothers who did not participate in the care. In a meta-analysis study done by Dunst et al (2007) in which the effect of family centered care was examined; they found that family centered care was a model that increased family's self-sufficiency perception, their care satisfaction and affected parent-child commitment and parent-child behaviours positively. In accordance with the studies done; it is understood that family centered care is a care model that

enhances family's care skills and satisfaction, raises their self-sufficiency feelings and reduces family's stress because they have sufficient level of knowledge about their children's health status



**Fig 2.** Family centered care plan development and implementation

Developing effective family-centered care strategies is a layered process consisting of five essential family-centered care principles. Each principle is designed to cultivate trust and collaboration among the health care provider, the patient, and the patient's family. This trust is central to realizing the benefits of family-centered care.



**Fig - 3** Nursing Principles for Family-Centered Care in Paediatrics

## **Open Communication with Family Members**

Open communication in paediatric and neonatal wards leads to improved patient and familial satisfaction. These outcomes improve patient safety and stakeholder candidness. When clinical errors occur, a relationship built with open communication plays a critical role in how stakeholders perceive the event. Family-centered paediatric practitioners share information and encourage patient participation during treatment while maintaining privacy rights, especially among children with disabilities, and respecting children's ability to make appropriate decisions. When conducting research, family-centered paediatricians defer to the views of patients and their family members on project participation and information sharing. Communication also improves performance among medical personnel. Patient- and family-centered care started to emerge in the 1950s. Family-centered care in paediatrics is particularly relevant for families raising children with special needs, as well as low-income, minority, and uninsured families. The doctrine reduces incurred costs and improves the experience realized by patients and family members. By keeping family members present during treatment, paediatricians decrease family members' apprehension and create a supportive setting for them, while encouraging patient interaction and promoting a healing environment.

At family-centered practices, family members serve as the patient's advisers, committee, and task force for promoting the best possible treatment outcome. A supportive environment encourages family members to participate in value-added groups, such as peer networks, quality improvement initiatives, and safety committees. Family-centered value adoption starts at the executive level with appropriate guidance and resource allocation and then proliferates throughout the organization. In the context of family-centered care, collaboration encompasses complementary patient engagement or, if necessary, a guiding voice that encourages patient and family participation in the treatment process.



New mothers commonly seek this kind of professional interaction. Collaboration streamlines treatment and produces optimal health experiences. By combining their assets, beliefs, and capabilities, family members and care providers can make decisions that best serve the needs of the patient. Professional perceptions and attitudes can determine the effectiveness of family-centered care. To deploy the philosophy successfully, paediatric nurses must relinquish some, but not all, control to family members. To facilitate this, nurses must guide family members in caring for, protecting, and making decisions for paediatric patients. While most nurses are aware of the family-centered practice concept, entry-level nursing staff may have difficulty relinquishing partial control to family members. However, experienced nurses typically feel more at ease with the idea, which empowers parents and guardians by enhancing their ability to play an active role in their child's treatment. Cultural identities should be taken into account in planning and delivering treatment. Respect for cultural differences represents a primary tenet in family-centered paediatric care. Staff members who belong to various cultures can help their peers understand different cultural needs. Each family unit also shares distinct cultural beliefs. Children learn their characteristics, heritage, and spirituality from their family members. Paediatric practitioners must identify and learn to relate to people from other cultures to understand the factors that contribute to patient health.

### **1.2.2. Facilitation of other support systems of Health team in child's Health and wellbeing.**

Family-Centered Care (FCC), the health team plays a critical role in collaborating with families to promote a child's health and well-being. Facilitating the involvement of various support systems within the healthcare team ensures that care is comprehensive, holistic, and tailored to the child's unique needs.



**Fig – 4 Paediatric family centered care**

Involves paediatricians, nurses, nutritionists, therapists, social workers, and mental health professionals. Collaboration among team members ensures holistic care by addressing physical, emotional, psychological, and social aspects of health. Regular interdisciplinary meetings enhance communication and coordination, reducing gaps in care. Nurses are often the primary point of contact and serve as caregivers, educators, and advocates. They provide guidance to families on medication management, wound care, nutrition, and daily living activities. Nurses also offer emotional support and connect families to other resources within the healthcare system. Therapists assist in the child's physical rehabilitation, cognitive development, and communication skills. They work alongside families to create home-based routines that continue therapeutic practices. Regular assessments help track progress and adjust interventions as needed. Psychologists,

counsellors, and psychiatrists address the mental and emotional well-being of both the child and family members. They facilitate coping strategies, counselling sessions, and mental health assessments to support long-term well-being. Social workers connect families with community resources, financial assistance, and social services. Care coordinators ensure that families receive integrated and continuous care across different healthcare settings. Educators provide knowledge on disease management, preventive care, and self-care practices. They empower families with the skills needed to manage chronic conditions and promote healthy lifestyles. Facilitating the involvement of various healthcare support systems is vital to promoting comprehensive care. By actively involving a multidisciplinary team, families receive support from multiple perspectives, addressing the child's physical, emotional, mental, and social needs. Effective facilitation fosters collaboration and empowers families to take an active role in managing their child's health. Family-Centered Care (FCC) is an approach that places the family at the core of healthcare planning, decision-making, and delivery. It recognizes that families are the constant presence in a child's life, while healthcare professionals may change over time. FCC enhances the quality of care by fostering collaboration between healthcare providers, children, and their families.

There were isolated examples of practitioners who tried to develop FCC practices in the years between 1920 and 1970. However, these examples were isolated, unrepresentative, and unsustained. In the UK, Sir James Spence established the first mother-and-child unit in 1927 (Spence, 1947, Robertson, 1962), and in the United States, infection as a reason to restrict visiting to children was questioned in the 1940s and 1950s (Citizen's Committee on Children of New York City, 1955, Faust, 1953, Fleury). The changes in the care of children in hospital that saw the evolution of FCC developed largely from the work of two British theorists and investigators, John Bowlby and James Robertson (Bowlby, 1944a, Bowlby, 1944b, Bowlby, 1973, Robertson and Bowlby, 1952, Alsop-Shields and Mohay, 2001). Bowlby and Robertson worked in the Tavistock Institute, a child guidance clinic in London. However, although

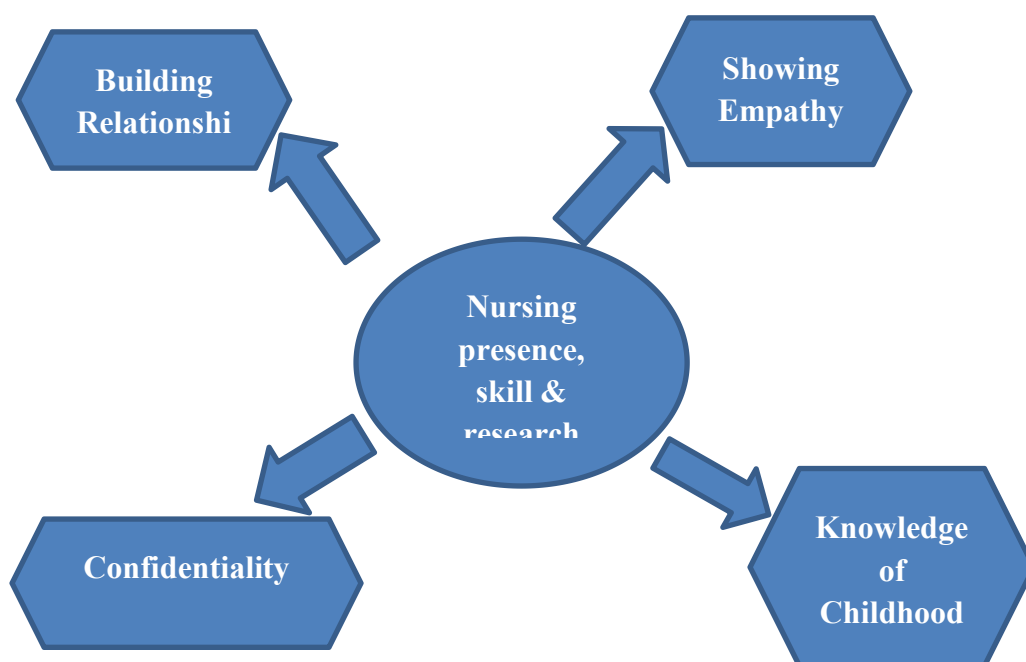
these men were hugely influential, that influence was there only because of citizens' readiness to the Role of Parents in the Evolution of FCC.

Consumers (largely, in this case, parents) have been influential in improving the care for their hospitalized children. The Citizens Committee on Children of New York City (1955) advocated more “child-friendly” hospitals, including allowing parents more access to their children, whereas the British government in 1959 published a report of an inquiry into conditions in children's hospitals, commonly known as the “Platt Report” (Ministry of Health, 1959). British parents who were committed to the FCC. The movement to change the way children was cared for in hospitals had a profound effect on nursing. Initially, nurses were divided in their attitudes. They undertook little research into FCC themselves but relied instead on the theories of Bowlby, 1973, Robertson, 1970. Some nurses were pleased to have parents stay with their children (Fleury et al., 1954), others were not convinced that it was in the best interests of the child (Gofman & Schade, 1957), and some were hostile to the idea.

### **1.2.3. To demonstrate how nursing presence, skill & research can be applied in FCC.**

Nursing presence, characterized by attentiveness, empathy, and a genuine connection, can be applied in Family-Centered Care (FCC) by fostering a supportive and collaborative environment, enhancing communication, and promoting shared decision-making between healthcare providers and families. Nursing presence is the intentional and compassionate engagement of nurses with patients and their families. It involves being physically, emotionally, and psychologically available to meet the family's needs, demonstrating empathy and attentiveness when families share concerns or experiences, Offering comfort and reassurance to both the child and family members, especially during stressful situations. Establishing a rapport that fosters open communication and a sense of security, standing by the family and advocating for their preferences and choices during care planning. Family-centered care

complements the principles of paediatric nursing, and adopting this approach can enhance a paediatric nurse's care delivery strategies. A visit to the doctor's office can be intimidating for children. By developing a trusted relationship with a child and the child's family, a paediatric nurse can provide a much-needed sense of security for both the patient and their family. An empathetic approach can help a patient and their family understand that they are being cared for properly. This can make it easier for the nurse to provide comfort to the patient and their family members during critical or vulnerable times. Paediatric nurses must be mindful of the various changes a child may be going through as they grow. These changes can correlate with other aspects of their development, such as their nutritional needs, adhering to strict patient confidentiality is a core ethical practice in paediatric nursing, allowing nurses to act in the best interests of the patient and their family.



**Fig – 5 The principles of Nursing practice & Skill in FCC**

Nurses spend the most time with patients, making their presence vital for fostering trust and support. Through consistent presence, nurses become a stable and reliable part of the healthcare team, making families feel valued and heard. Nurses possess a wide range of skills that are essential for delivering high-quality, family-centered care. These skills include clinical expertise, communication proficiency, and the ability to educate and empower families.

1. **Clinical Competence:** Administering medications, monitoring vital signs, and performing medical procedures with precision and care.
2. **Communication Skills:** Clearly explaining diagnoses, treatment options, and care plans to families in a way they can understand.
3. **Education and Training:** Teaching families how to manage their child's condition at home, including medication administration and symptom monitoring.
4. **Collaboration and Coordination:** Working with multidisciplinary teams to ensure continuity of care and information sharing. Skilled communication ensures that families are well-informed and comfortable with care decisions. Educating families fosters independence and confidence in managing their child's health outside the hospital setting. Research is fundamental in advancing FCC practices by providing evidence-based insights that enhance patient care. Nurses actively contribute to research by conducting studies, implementing new practices, and evaluating outcome.
5. **Evidence-Based Practice (EBP):** Utilizing research findings to inform clinical decisions and improve care quality.
6. **Family-Centered Care Models:** Investigating new models and interventions to enhance family engagement and satisfaction.
7. **Outcome Evaluation:** Assessing how FCC impacts health outcomes, family satisfaction, and overall well-being.
8. **Quality Improvement Projects:** Identifying gaps in care and implementing changes based on data-driven insights. Integrating research findings into practice enhances the effectiveness of FCC strategies. Continuous evaluation and adaptation of care approaches ensure that family needs are consistently met.

### **1.3 Review of literature**

The foundations of paediatric nursing are deeply rooted in the understanding of child development and the central role of the family in promoting a child's health and well-being. Over the past several decades, developmental care and family-centered care (FCC) have become essential frameworks in paediatric nursing practice. Developmental care focuses on creating a supportive and individualized environment that promotes the physical, emotional, and cognitive development of infants and children, particularly in hospital settings. Als (1986) pioneered this concept through the Skynative Theory of Development, which emphasizes the importance of responding to an infant's behavioural cues to reduce stress and support neurological development. This approach has been widely adopted in neonatal intensive care units (NICUs), where minimizing environmental stressors such as light, noise, and handling, along with encouraging parental bonding through practices like kangaroo care, has been shown to improve developmental outcomes (Altimier & Phillips, 2016).

Nurses play a pivotal role in implementing developmental care, using tools such as the Neonatal Behavioural Assessment Scale (NBAS) and the Ages and Stages Questionnaire (ASQ) to assess and support a child's growth. Research by Glascoe and Marks (2011) highlights the value of early developmental screening and timely interventions in improving long-term health and learning outcomes. Alongside developmental care, the concept of family-centered care has transformed the nurse-family relationship, positioning families as active partners in the child's healthcare journey. According to the Institute for Patient- and Family-Centered Care (IPFCC), FCC is built on principles of respect, information sharing, participation, and collaboration. This model acknowledges the family's central role and encourages their involvement in all aspects of care, from decision-making to daily routines.

Evidence suggests that FCC improves both clinical and psychosocial outcomes. Kuo et al. (2012) found that when families are fully engaged in care, children experience fewer hospital readmissions, while parents report increased satisfaction and emotional resilience. Nurses facilitate this model by creating open communication, respecting cultural values,

and supporting family presence during procedures and hospital stays. Integration of developmental and family-centered care represents a holistic approach to paediatric nursing, where the child's developmental needs and the family's emotional well-being are addressed simultaneously. Melnyk and Fineout-Overholt (2015) note that evidence-based practices rooted in these principles lead to reduced stress, better coping, and enhanced developmental outcomes for children.

Despite the documented benefits, barriers to full implementation still exist. Nurses often face challenges such as limited training in developmental care, high patient workloads, and institutional resistance to change. Bruce and Ritchie (1997) emphasized that organizational culture, staffing support, and ongoing professional development are crucial for sustaining these practices. Additionally, differences in cultural beliefs about parenting and illness can complicate the delivery of family-centered care, making it essential for nurses to develop cultural competence and communication skills. To fully embed these models in paediatric care, hospitals must invest in nurse education, family support programs, and policies that prioritize family presence and individualized developmental care.

In the developmental and family-centered care are fundamental to high-quality paediatric nursing. These approaches not only support optimal child development but also empower families and strengthen the nurse-family partnership. As healthcare systems continue to evolve, integrating these principles through research, policy, and practice will be essential in shaping the future of paediatric nursing. Integrating FCC and DC in neonatal care enhances neurodevelopmental outcomes and reduces hospitalization for high-risk neonates compared to standard care. Implementing relationship-based, developmentally supportive models is critical for optimizing outcomes in this vulnerable population.

Family-centered care (FCC) is a model of care provision that sees a patient's loved ones as essential partners to the health care team and positively influences the psychological safety of patients and loved ones. **Objectives:** This review aims to present an overview of impactful publications, authors, institutions, journals, countries, fields of application



and trends of FCC in the 21<sup>st</sup> century as well as suggestions on further research. **Methods:** The Web of Science Database was searched for publications on FCC between January 2000 and December 2023. After screening for duplicates, VOS Viewer and Cite Space were used to analyse and visualize the data. **Results:** Scientific interest in FCC has grown and resulted in the scientific output of 4,836 publications originating from 103 different countries. Based on the frequent author keywords, FCC was of greatest interest in neonatology and paediatrics, nursing, critical and intensive care, end-of-life and palliative care, and patient-related outcomes. The recent research hotspots are “patient engagement,” “qualitative study,” and “health literacy.” **Conclusion:** FCC has gained recognition and spread from the paediatric to the adult palliative, intensive, end-of-life and geriatric care settings. This is a very reassuring development since adults, especially when older, want and need the assistance of their social support systems. Recent research directions include the involvement of patients in the development of FCC strategies, health literacy interventions and the uptake of telemedicine solutions.

**Results** Before implementation, most nursing staff felt implementation of family centred care was not feasible (87.5%) and more than half of nursing staff either strongly agreed or agreed with each of the negative statements regarding the practice of family centred care indicating a generally negative perception. After implementation there was improvement in nursing staff perception of family centred care, however the majority still doubted the continued feasibility of this practice (68.8%). Qualitative discussions with caregivers demonstrated that caregivers whose babies received family centered care were less distressed and more satisfied during the period of admission than those who received routine care. Family centered care improved the experiences of caregivers in the unit. Nursing staff also demonstrated a better understanding of the benefits of family centered care after it was implemented. Concerns regarding understaffing and the unit being too small to accommodate caregivers and staff at the same time need to be addressed. There is need to integrate family centered care into hospital policy.

## **1.4 CONCLUSION**

Developmental and family-centered care (FCC) is a well-rounded approach to paediatric nursing that highlights how important family involvement is in a child's growth and healthcare. By including the family's values, strengths, and opinions in the care process, FCC creates a supportive team environment that benefits both the child's health and the family's ability to cope and adapt. This approach recognizes that a child's development is deeply shaped by their family and social surroundings, making teamwork between healthcare providers and families essential for the best outcomes. A key part of FCC is the nurse's presence, which helps build trust and open communication between families and healthcare teams. This strong connection leads to better emotional, social, and medical outcomes and ensures that care is personalized to fit each child and family's needs. Involving families as active partners not only increases their engagement but also strengthens their ability to support the child's growth and healing. Although research shows FCC has many benefits, more studies are needed to confirm its effectiveness and expand its use in different healthcare settings. By focusing on developmental and family-centered care, healthcare systems can create compassionate, inclusive environments where families are valued as essential partners in a child's care and development.

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