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Research Article

Factors Related to the Implementation of Family Center Care in Critical Nursing Rooms at Karawang Hospital

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Abstract

Aims: Nursing Services strive to provide a source of support for the patient's family by implementing the Family Centered Care model in critical care rooms, focusing on providing family-centered nursing care services has not been fully applied in hospitals optimally.

Objective: To Analyze the factors related to the implementation of family center care in critical nursing rooms at the Karawang district hospital.

Methods: The research is a quantitative research with a correlational analytic descriptive research design with a cross-sectional design and the sample used is total sampling. The independent variables include Knowledge, Attitudes Behavior and Facilities, while the dependent variable is Implementation of Family Center Care. Data analysis used univariate median tests, standard deviation or frequency, while bivariate tests used chi square and multivariate tests used logistic regression tests.

Results: The results showed that the average implementation of Family Center Care was 64.00%, with the lowest implementation being 23% and the highest being 65%. From the bivariate results it was found that half of the respondents had good knowledge (57.4%), and more than half of the respondents had a supportive attitude (57.4%), complete facilities (68.5%), and good behavior (53.7%). The results of the logistic regression analysis showed that the implementation of Family Center Care by nurses in the critical care room was influenced by the most dominant factor, namely attitude, with a p-value (0.000) less than (0.05).

Conclusion: In the study is that the implementation of Family Center Care by nurses in the Critical Care Room at Karawang Hospital is influenced by the attitude of the nurse, where from the supportive attitude of the nurse it can encourage the behavior of nurses towards the implementation of Family Center Care in the Critical Care Room at Karawang Hospital. With the implementation of Family Center Care properly, it will improve the quality nursing services.

Keywords:

Critical Care Room, Family Center Care, Implementation, Intensive Care Unit, Nurses

INTRODUCTION

The Intensive Care Unit (ICU) is a hospital ward with specialized staff and equipment to care for patients with critical illnesses, injuries or life-threatening complications.

Intensive Care Unit (ICU) patients are often in a life-threatening condition, either consciously or unaware of the severity of their condition, or have no recollection of being in the ICU. Until recently, the care provided in the intensive care unit (ICU)

was focused on the patient, with special focus on physiological needs (1).

More than 5 million patients are treated annually in Intensive Care Units (ICU) in the US, and approximately 55,000 critically ill patients are admitted each day and require advanced care such as the use of mechanical ventilation, administration of drugs using syringe pump, invasive monitoring, and observation of nursing and intensive care physicians (2). The Intensive Care Unit (ICU) is an important part of hospital disease management. The Intensive Care Unit (ICU) is staffed by multidisciplinary medicine, with critical anesthesiology as the coordinator and playing a key role. Intensive Care Unit (ICU) Nursing Requires Excellent Overall Service Quality. Good maintenance management, adequate tools and skilled staff skills. The focus of the Intensive Care Unit (ICU) care is critical care that is life threatening, such as severe trauma, major postoperative surgery and critical complications of various diseases (3).

Critical patients are patients who are physiologically unstable, so they experience a complex hypermetabolic response to trauma, pain experienced which can change the body's metabolism, hormonal, immunological and nutritional homeostasis (4). Critically ill patients who are treated in the Intensive Care Unit (ICU) room mostly experience multi-organ failure and require technological support in patient management (5). Patients admitted to the Intensive Care Unit (ICU) treatment room generally vary, namely elective patients after major surgery, emergency patients due to major trauma, stress due to trauma, injury, surgery, sepsis or respiratory failure. This situation can lead to an increase in metabolism and catabolism which can result in malnutrition (4).

Various critical patient conditions can be installed with various monitoring and life support tools such as mechanical ventilation, drugs to support patient survival, postoperative patients and

decreased awareness status both physiological and sedation programs are challenges for nurses to mobilize critical patients. The complexity of the therapy program and monitoring of critical patients requires nurses to be able to continue to focus on stabilizing respiration, circulation and other physiological status to maintain the patient's life. Patient care in the Intensive Care Unit (ICU) room has an impact on patients and will also have an impact on the families who care for them (6). therefore the need for intensive treatment of the stabilization of the patient's condition. In addition to physical problems that need to be considered also psychosocial and spiritual health problems.

Critical patients can also experience psychosocial and spiritual disorders, so that support is needed for psychological, social and spiritual needs. In the process of meeting these needs the involvement of the family in providing and meeting the patient's needs. Nursing services seek to provide a source of support from the patient's family by implementing the Family Centered Care (FCC) model in critical care rooms. Family Centered Care (FCC) is a new paradigm in health services that places patients and families as the focus of providing nursing care (7).

According to the Institute for Patient-Family Centered Care Patient and family centered care is an approach to planning, delivering and evaluating health services based on mutually beneficial partnerships between service providers, patients and families. Family Centered Care (FCC) or family-centered care is also a philosophy of care that involves the family, recognizing family as a part of the patient's life. Family Centered Care (FCC) can be in the form of support for individuals in respecting, encouraging and increasing the strengths and competencies of families to be able to participate in providing support in patient care (8).

The concept of Family Centered Care (FCC) is a philosophy in pediatric nursing, Family

Centered Care (FCC) can be applied in critical care where the patient is also part of a family member who recognizes the role of the family as an important part while in care (Hokenberry, 2011). The role of the family as a partner for nurses is to determine the fulfillment of patient needs in the form of family-centered nursing care (9). With the implementation of Family Centered Care (FCC) we believe in individual support, respect, encourage and increase the strength and competence of the family. Family centered care is described as a partnership approach to health care decision making. As a philosophy of care, family centered care has been recognized by many medical personnel and health care systems (10)

Beesley and Brown (11) state that the patient's family is a person who has both legal and genetic ties so that in the patient's view the presence of a family member can be a moral support and can reduce the psychological impact on both the patient and the family. Where there are several aspects of concern in Family Centered Care (FCC) which involve families in the implementation of Family Centered Care (FCC). Family involvement in Family Centered Care (FCC) nursing rounds, patient-centered visits, presence during action procedures, making decisions in determining the best care for the family being cared for (12,13). of this has advantages for patients, among others, patients and families become the center in nursing services and service activities, so that the delivery of services will be more effective with the right people and the right time, and can improve the continuity of care and integration of professional health workers in provide patient services.

The implementation of Family Centered Care FCC in hospitals, especially in developed countries, is well standardized and in developing countries like Indonesia it is not well standardized and its application is not easy because many health workers, especially nurses, do not

understand the concept of Family Centered Care FCC, especially in critical care room.

This condition causes nursing care in Indonesia to often get stuck in routine activities at the hospital. In contrast to developed countries, the concept of Family Centered Care (FCC) has been well implemented and standardized in every hospital (9). In applying the concept of Family Centered Care (FCC) the family must be involved in providing nursing care. To build communication and cooperation between health workers and families for the smooth implementation of Family Centered Care (FCC), nurses must be able to involve families by explaining the importance of family involvement in providing nursing care. as we know family support is very important for patients with critical conditions where patients need psychological and spiritual support to provide motivation in the patient's healing process. In the current era of globalization, nurses are required to be more skilled and increase their knowledge in various fields. The implementation of FCC Family Centered Care has several principles, namely: caring for patients together with their families and how to care for patients during the healing process, for example during inpatient and outpatient care, Improving family-centered services, managing the hospital together how do we involve family in hospital management (14).

This will increase patient and family autonomy in health care and improve continuity in care. However, it is not yet fully understood and can be implemented that family partnerships are an important component of patient care in the Intensive Care Unit (ICU). This need will be implicit and cannot be expressed by the family because of worry and high levels of stressors which result in families not being able to express it (15). As a nurse who treats patients in all aspects, nurses should be able to see this need. So that the interventions provided can be comprehensive and support the success of



the therapy of the patient being treated. Family Centered Care (FCC) as a patient care approach involving families has long been developed (16) However, the development and implementation of this FCC in Indonesia has not been carried out optimally. Even though Family Centered Care (FCC) is also included in the gold standard in the Hospital Accreditation Standards (SNARS) in Indonesia.

According to the Australian Commission on Safety and Quality in Health Care (ACSQHC) family centered care is an innovative approach to the planning, delivery and evaluation of health services based on mutually beneficial partnerships between health service providers, patients and families. Family Centered Care (FCC) is applied to patients of all age groups and can be practiced in any form of health care (17). After being forgotten for so long, Family Centered Care has now become a serious concern in the delivery of health services. Where at that time the doctor was the captain of the ship who was the center in all matters related to decision making and responsibility in health care to patients. This paradigm shift is aimed at obtaining better health service outcomes, allocating appropriate resources, and achieving greater patient and family satisfaction.

This is possible because Patient and Family Centered Care is an approach that involves patients, patient families and staff in making policies, health programs, facilities obtained, and care programs from day to day (18). In research conducted by (19) Family Centered Care (FCC) is an approach to health services that prioritizes the role of the family in caring for family members who need health care. Several factors can influence the implementation of Family Centered Care, among others. Organizational culture, family involvement, communication, knowledge, attitudes and behavior of health workers, resources including facilities, policies and regulations.

This obstacle is also supported by other studies which state that obstacles in implementing family centered care (FCC)

are caused by factors of nurse knowledge, nurse attitudes, nurse behavior and availability of facilities which result in the provision of health services not being optimal. If family centered care (FCC) is carried out optimally, it can provide quality health services and improve the quality of services in hospitals. Family centered (FCC) can also help in minimizing the occurrence of malpractice, where malpractice is essentially an error in carrying out the profession that arises as a result of obligations that must be carried out by health workers who are not in their duties. Various efforts will be made by health care facilities and health workers to reduce and prevent malpractice. Efforts made include making various standard procedures and other efforts, one of which is implementing Family Centered Care. Research conducted by Johnson, et. All since 2001-2006 in implementing Family Centered Care can reduce malpractice rates by 62% (20,21).

Hospitals as health care facilities have an obligation to serve patients with complete facilities and fast and accurate services. To achieve this, hospital management must be carried out properly (22). The patient care process is dynamic and involves many health practitioners and involves various types of patient care which are expected to result in efficient treatment processes, effective use of human and other resources, and possibly better patient conditions. This of course will support the improvement of the quality of existing health services. Family Centered Care (FCC) is an action in providing opportunities for families to provide services to patients, and 7 out of 10 nurses said that families had been given opportunities to provide services to patients, but not all nurses did it due to various things, such as being busy doing actions another nurse. Meanwhile, according to the confessions of the patient's family, they are only involved in providing care to the patient and are given the opportunity to enter the room only during visiting hours/time. The rest of the family is asked to wait outside the room. Based on

the above phenomenon, it can be seen that the role of Family Centered Care (FCC) in patients at Karawang Hospital has not been implemented optimally. Researchers want to analyze the factors related to the implementation of family center care in the critical nursing room at Karawang District Hospital.

METHODS

This research is a type of quantitative research in the form of analytic descriptive with a cross-sectional research design. The population in this study were 54 nurses working in critical care rooms. The study was approved by the affiliated university's institutional review board. Before taking part in the study, all of the subjects gave their written informed consent. Modification of NICU (Neonatal Intensive Care Unit) Family Need Inventory were used for the research tools. The time and

place of research in this study is September - October 2022 at the Critical Nursing Room (ICU, HCU, CVCU) at the Karawang District General Hospital.

RESULTS

The results of the study divided 54 respondents into 3 categories, namely early adulthood with a total of 17 respondents (31.5%), late adulthood with 34 respondents (63%) and early elderly with 3 respondents (5.6%). The sex of the respondents had almost the same number but with the majority of the respondents' gender being male with a total of 29 respondents (53.7%). education level of the most respondents is D3 Nursing, namely as many as 35 respondents (64.8%). For respondents' length of work in the Critical Care Room at most < 5 years, 34 respondents (63%) (Table 1).

Table 1. Frequency Distribution of Respondents Based on Gender, Education and Years of Service in the Critical Care Room of Karawang District Hospital November 2022 (n=54)

Variable	f	%
Age		
Early Adults 26–35	17	31,5
Late Adults 36–45	34	63
Early Seniors 46–55	3	5,6
Gender		
Man	29	53,7
Woman	25	46,3
Education		
Diploma in Nursing	35	64,8
Bachelor of Nursing	8	14,8
Nurse	11	20,4
Length of Work in the Intensive Room		
<5 years	34	63,0
5-10 years	12	22,2
>10 years	8	14,8

Based on table 2, it shows that the results of observations on 54 respondents found that as many as 29 nurses (53.7%) in the ICU at Karawang District Hospital had implemented Family Center Care properly.

Table 2. Frequency Distribution of Family Center Care (FCC) Implementation in the Critical Care Room of Karawang Hospital (n=54)

Variable	f	%
Implementation of Family Center Care		
Less Implementation	25	46,3
Good Implementation	29	53,7

Table 3 shows the results that from 54 respondents, it was found that almost half of the nurses in the Critical Care Room had knowledge related to the Implementation of Family Center Care (FCC) in the Good category, 28 respondents (51.9%). Judging from the attitudes related to the Implementation of Family Center Care (FCC) it shows that most of the nurses in the Critical Care Room have attitudes that support the Implementation of Family Center Care (FCC) as many as 29 respondents (53.7%). For the facilities owned by the critical care room at the Karawang Hospital, most of the respondents stated Complete, 29 respondents (53.7%). In addition, for the Behavior of Nurses in the Critical Care Room, it was found that the majority of respondents had almost balanced behavior, namely 24 respondents (44.4%) had good behavior and 30 respondents (55.6) had poor behavior.

Table 3 Frequency distribution of knowledge, attitudes, facilities, and behavior of nurses in the critical care room at Karawang Hospital on FCC implementation (n=54)

Variable	f	%
Knowledge		
Good	28	51,9
Not enough	26	48,1
Attitude		
Support	29	53,7
Does not support	25	46,3
Facility		
Complete	29	53,7
Incomplete	25	46,3
Behavior		
Good	24	44,4
Not enough	30	55,6

Based on table 4 it can be seen that nurses who have good knowledge of FCC have 6,750 times the chance to implement Family Center Care (FCC) properly than nurses who do not have good knowledge. And at least nurses who have good knowledge are 2.046 times more likely to implement Family Center Care (FCC) properly and as much as possible 22.274 times more likely to be able to implement Family Center Care (FCC) properly.

Table 4. Relationship between Knowledge and Implementation of Family Center Care (FCC)

Knowledge	Implementation of Family Center Care				Total		Odd Ratio
	Not enough		Good		n	%	
	n	%	n	%			
Not enough	18	72	7	28	25	100	6,750
Good	8	27,59	21	72,41	29	100	
Total	26	100	28	100	54	100	

Based on table 5 it can be seen that nurses who have a supportive attitude have 672 times the chance to implement Family Center Care (FCC) properly than nurses who do not have a non-supportive attitude. And at least at least nurses who are supportive are 39.859 times more likely to implement Family Center Care (FCC) properly and as much as possible have a chance of 11329.649 times to be able to implement Family Center Care (FCC) properly.

Table 5. Relationship between Attitudes and Implementation of Family Center Care (FCC)

Attitude	Implementation of Family Center Care				Total		Odd Ratio
	Not enough		Good		n	%	
	n	%	n	%			
Does not support	24	96	1	4	25	100	672
Support	1	3,45	28	96,55	29	100	
Total	25	100	29	100	54	100	

Based on table 6 it can be seen that nurses who are given good facilities have a 3.951 times chance to implement Family Center Care (FCC) properly than nurses who are not given good facilities. And at least at least nurses who are provided with good facilities have a 1.271 times greater chance of implementing Family Center Care (FCC) properly and as much as possible a 12.278 times greater chance of being able to implement Family Center Care (FCC) properly.

Table 6. Crosstab Facilities with Implementation of Family Center Care (FCC)

Facility	Implementation of Family Center Care				Total		Odd Ratio
	Not enough		Good		n	%	
	n	%	n	%			
Incomplete	16	64	9	36	25	100	3,951
Complete	9	31	20	69	29	100	
Total	29	100	25	100	54	100	

Based on table 7 it can be seen that nurses who behave well have 7,600 times the chance to implement Family Center Care (FCC) properly than nurses who do not behave well. And at least at least nurses with good behavior are 2.191 times more likely to implement Family Center Care (FCC) properly and as much as possible 26.359 times more likely to be able to implement Family Center Care (FCC) properly.

Table 7. Relationship between Behavior and Implementation of Family Center Care (FCC)

Behavior	Implementation of Family Center Care				Total		Odd Ratio
	Not enough		Good		n	%	
	n	%	n	%			
Not Good	20	80	5	20	25	100	7,600
Good	10	34,48	19	65,52	29	100	
Total	30	100	24	100	54	100	

DISCUSSION

Based on the results of this study, the implementation of Family Center Care (FCC) has been implemented by nurses in the Critical care room at Karawang Hospital by 64.00%. This shows that not all nurses in the critical care room at Karawang Hospital can implement Family Center Care (FCC). Based on research conducted by (23) implementation of Family Center Care (FCC) that is not optimal can occur due to several obstacles, such as the regulation that parents are only allowed to enter during visiting hours. Before identifying these obstacles, the focus of the researchers in this study was to find out what factors influenced the implementation of Family Center Care (FCC) by nurses in the critical care room at Karawang Hospital. This is also supported by the dimensions of the instrument which are classified as having the lowest average implementation of Family Center Care (FCC) on the dimensions of presence in resuscitation and action processes.

Based on research (11) states that the presence of family members can also help redirect patients who are confused or delirious. If the family is not directly involved, for example during a procedure or resuscitation, they may still be able to participate by being present. Being present during the procedure may be especially important for family members of patients who do not survive much longer. Some patients experience fear associated with the Intensive Care Unit (ICU) procedure with the presence of the family that can calm the patient and provide support in dealing with fear and anxiety. This is also supported by research (24). Support from the family is able to encourage patients to The patient does not feel alone in dealing with the condition of the disease. Because family support is one of the psychological supporting factors for patients.

These results prove that the implementation of Family Center Care (FCC) in the Critical Care Room at

Karawang Hospital has not been maximally carried out by nurses because there may be several obstacles that must be analyzed further. The first factor that is considered to influence the implementation of Family Center Care (FCC) is the knowledge factor, because the knowledge of a nurse can influence the nurse's behavior in providing ongoing assistance and providing health education so that care is based on the knowledge aspect (25).

The majority of nurses in the Critical Care Room at Karawang Hospital have good knowledge of Family Center Care (FCC), namely 28 nurses out of a total of 54 nurses (51.9%). These results are still far behind compared to data from ICU nurses at Santo Yusup Hospital, (26) described in their research that the knowledge of ICU nurses at Santo Yusup Hospital regarding Family Center Care (FCC) has reached 87.5% of 63 nurses.

The next factor that is considered to influence Family Center Care (FCC) is the attitude of nurses towards Family Center Care (FCC). The results showed that nurses at Karawang Hospital had a good attitude towards Family Center Care (FCC), only 25 nurses out of a total of 54 nurses (46.3%) had an unsupportive attitude towards Family Center Care (FCC). This amount of data is the same as the data obtained from knowledge data, where the number of nurses who have good knowledge about Family Center Care (FCC) is the same as the number of nurses who have good attitudes towards Family Center Care (FCC). This is in line with research conducted by (27), the results of their research show that knowledge about Family Center Care (FCC) has a relationship with the attitude shown by nurses.

CONCLUSION

Implementation of Family Center Care (FCC) by nurses in the Karawang Hospital Critical Care Room is 64.0%. This means that the implementation of Family Center Care (FCC) in the Hospital Critical Care

Room has been implemented properly. The majority of nurses in the Karawang Hospital Critical Care Room have good knowledge (57.4%), have a good attitude (57.4%), get good facilities (68.5%) and have good behavior (53.7%). These results make it clear that the factors that are considered related to the implementation of Family Center Care (FCC) are also still far from 100% so it is only natural that the implementation of Family Center Care (FCC) in the Critical Care Room of Karawang Hospital still needs to be maximized. There is a significant relationship between the knowledge possessed by nurses, the attitudes practiced by nurses, the facilities provided by nurses and the behavior of nurses towards the implementation of Family Center Care (FCC) in the Critical Care Room at Karawang Hospital. With these results, these factors are factors that need to be improved if you want to maximize the implementation of Family Center Care (FCC).

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