Frontiers of Nursing • 12(2) • 2025
DOI: 10.2478/FON-2025-0019

sciendo

Frontiers of **Nursing**

A scoping review of the perceptions and practices of pediatric nurses' toward family-centered care

Review

Haytham Mohammad Al-Oran[a,*], Mahmoud Ayed Al-Frejat[b]

[a]*Department of Child Health Nursing, Mu'tah University, Al-Karak 61710, Jordan*
[b]*Department of Quality Control and Infection, Ministry of Health-Tafila Directorate 66110, Jordan*

Received: 19 July 2024; Accepted: 6 September 2024; Published: 20 June 2025

Abstract: **Objective:** This article employs a scoping review methodology, integrates knowledge and information about current pediatric nurses' practices and perceptions regarding family-centered care in pediatric settings.
Methods: Published articles were retrieved from databases including EBSCO host, PubMed, Springer, Science Direct, Ovid, and CINAHL between 2013 and 2023.
Results: The finding shows a better understanding of pediatric nurses' perceptions of family-centered care in association with their clinical settings. However, the evidence indicates that integrating family-centered care components into health care services is difficult and confusing to nurses and is often not implemented in a clinical setting. As evidenced by this review, studies have consistently reported similar results; family-centered care was a good perception and understood by pediatric nurses as a concept but inconsistently used in a daily practice setting.
Conclusions: This scoping review is the first phase in promoting a strategic plan to provide educational interventions for pediatric nurses to implement family-centered care in their daily practice settings. It's necessary to recognize pediatric nurses' perceptions and practices concerning family-centered care to provide optimal healthcare services in pediatric settings.

Keywords: *family-centered care • pediatric nurses • pediatric nurse perception • pediatric nurse practices*

1. Introduction

Family-centered care (FCC) is described as a method of providing care for children and their families within the context of health services, which ensure that healthcare is designed not only for the child but also for all family members who are identified as care recipients.[1,2] FCC is conceptualized by 8 basic elements. These include: (1) "recognizing the family is a constant in the child's life"; (2) "facilitating parents/professional collaboration"; (3) "recognizing family strengths and individuality"; (4) "sharing unbiased and complete information with parents"; (5) encouraging and facilitating parent-to-parent support"; (6) "understanding and incorporating the development needs of infants, children, and adolescents and their families"; (7) "implementing appropriate

How to cite this article: Al-Oran HM, Al-Frejat MA. A scoping review of the perceptions and practices of pediatric nurses' toward family-centered care. *Front Nurs*. 2025;2:177–184.

**Corresponding author.*
E-mail: haitham.oran@mutah.edu.jo (H. -M. Al-Oran).

policies and programs that are comprehensive"; and (8) "assuring that the design of the healthcare delivery system is flexible, accessible, and responsive to family needs."[3]

In the context of families and their hospitalized children, the FCC approach is widely accepted as the gold standard for pediatric healthcare settings.[4–6] Given that, FCC is an approach to healthcare that emphasizes understanding pediatric patients within the context of their families and encourages parental participation in child-related decision-making.[2,7]

Accordingly, for maximizing pediatric patients' well-being, pediatric care has integrated the FCC approaches'philosophy.[1,8] In other words, the philosophy is based on nurses and families collaborating to plan, implement, and evaluate care for a child in the hospital.[1,8,9] Invariably, FCC is best characterized as a model of care for children and their parents within the field of healthcare services, which ensure that care is arranged with and around the whole family rather than only the particular child.[10,11] Arguably, FCC generally views the family as the focus of care, rather than the individual hospitalized child.

More importantly, FCC interventions for ill children and their families have obvious advantages.[5,11] FCC is thought to enhance health outcomes and parent satisfaction, promote family awareness of the need for treatment, and build on the strengths of the family and the child, resulting in efficient use of healthcare resources and improving staff satisfaction.[12–15] As a result, FCC is expected to establish the optimal environment for interaction between nurses, families, and children. In addition, a child's adaptation to the hospital is facilitated by the unique and remarkable relationship between the family and the nurse, which also helps to reduce stress, anxiety, and fear when the child is admitted to the hospital.[13,15]

In more recent times, the issue of pediatric nurses' perceptions and practices regarding FCC has received considerable critical attention.[8,9,12,16–21] In the literature, there are considerable variations between how nursing practices and their perceptions of FCC. Despite the need for FCC being accepted, the evidence consistently indicates that it is challenging to implement FCC in daily practice settings. The evidence also shows that pediatric nurses may have enough understanding of FCC but have difficulty in applying that information to practice.[8,9,12,16–22] To date, no review has been published on pediatric nurses' perceptions and practices regarding FCC in pediatric settings. Therefore, this review is an attempt to investigate and map the evidence available related to pediatric nurses' perceptions and practices about FCC in pediatric settings.

2. Methods

The scoping review approach is particularly helpful when examining an extensively covered subject to map the literature thoroughly and find main concepts and evidence, or identify research gaps. Scoping reviews, unlike systematic reviews or meta-analyses, do not even narrow the review criteria or require a quality appraisal. The authors adopted the scoping review process proposed by Arksey and O'Malley.[23] Arksey and O'Malley[23] categorized the 5 steps of the scoping review that are outlined below.

2.1. Step 1: identify the research question

This scoping review focused on attempting to answer the following research question: what is the level of pediatric nurses' perceptions and practices about FCC in pediatric settings?

2.2. Step 2: identifying the relevant studies

The chosen databases were selected with keywords as part of the literature search. Medical databases such as EBSCO host, PubMed, Springer, Science Direct, Ovid, and CINAHL were searched to identify the literature on this topic. The following four steps constitute the search process: (1) identifying the problem related to the research questions, (2) performing a literature search, (3) reviewing the article to determine themes, and (4) organizing and critically analyzing the themes. The following search terms were used as keywords: "pediatric nurses," "nurse perception," "and nurses practices," and "family-centered care." A combination of "pediatric nurses" OR "nurses" AND "nurses perception," AND "nurses practices" AND "family-centered care" was used as the advanced search terms. Figure 1 illustrates the flowchart of the search process for articles. The relevant articles were thoroughly read, analyzed, and notes were taken to provide a summary of the main ideas, the aim of the study, the methodology, the study's tools, and the key findings. A total of 725 articles were found using the search strategy (91 from CINAHL, 103 from Springer, 101 from Science Direct, 99 from Ovid, 133 from PubMed, and 198 from EBSCO host). However, 593 of them were excluded due to irrelevance to this review. Meanwhile, 39 articles were duplicates. As a result, 10 articles were identified as pertinent to the scoping review.

2.3. Step 3: study selection

Inclusion criteria were: (1) published in the English language between 2013 and 2023; (2) examined nurses'

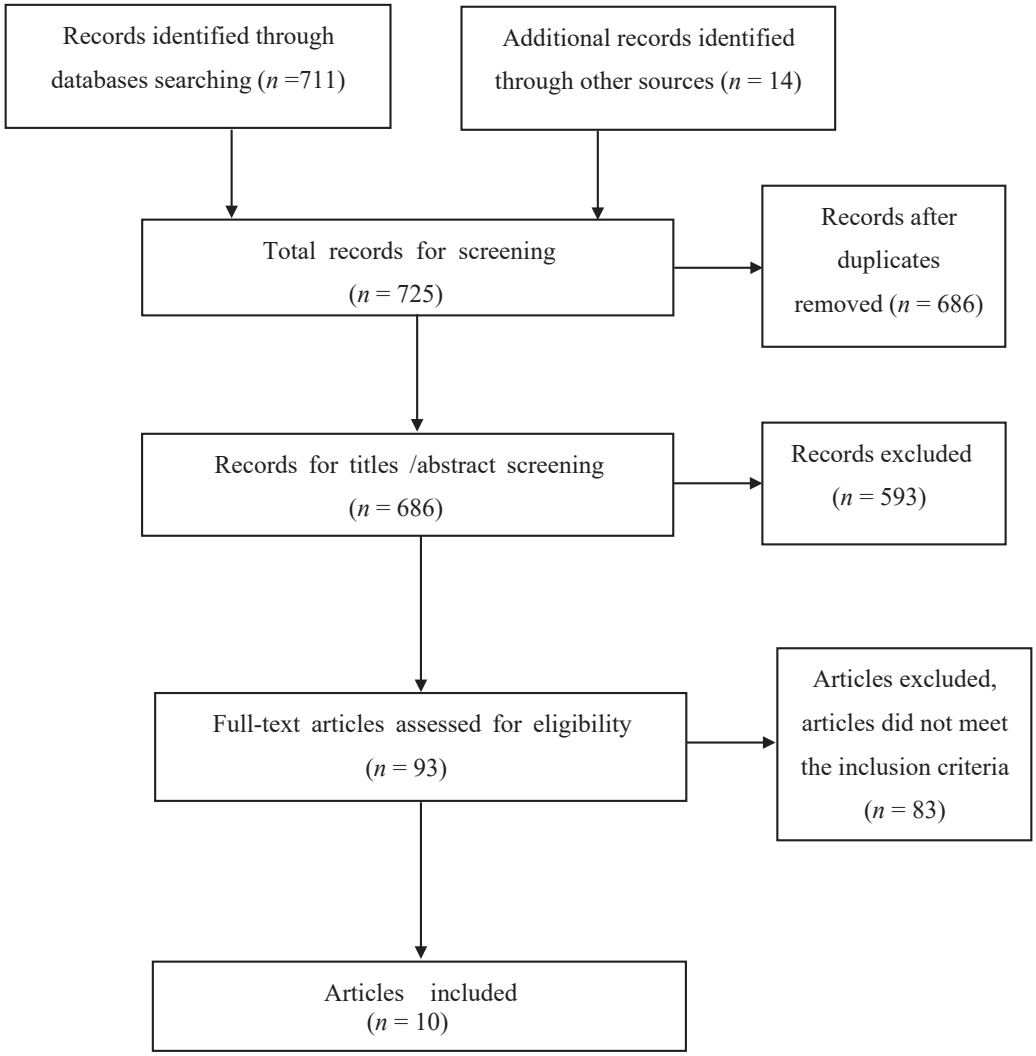

Figure 1. PRISMA flowchart of search process.

perception, nurses' practices, and FCC, at least one or both were set as the study objectives; and (3) both quantitative and qualitative methods. Case reports and letters were excluded.

2.4. Step 4: charting the data

The adapted JBI template was used to synthesize methodological characteristics.[24] The study's details were charted (e.g., author(s), year, country, study aim, study design, study characteristics, study instruments, and key findings).

2.5. Step 5: collating, summarizing, and reporting the data

In this scoping review, all articles that were published between 2013 and 2023 were included.

3. Results

Table 1 provides the details of the following: author(s), year, setting, study aim, study design, study characteristics, study instruments, and main key findings.

4. Discussion

To the author's knowledge, this scoping review is the first attempt that evaluate up-to-date evidence on pediatric nurses' perceptions and practices toward FCC in pediatric settings. Table 1 shows articles that provided outcome data on nurses' perceptions and practices regarding FCC. Results from the review found that pediatric nurses had a modest positive perception of and comprehended the FCC principles; however, it was inconsistently applied in a clinical area.

Author(s), year, country	Study aim	Study design	Study characteristics	Study instruments	Key findings
Coyne et al. (2013)[9], Ireland	Investigated pediatric nurses' perceptions and practices toward FCC	Cross-sectional design	250 nurses working in pediatrics' unit	FCC questionnaire-revised (Bruce and Ritchie, 1997)	Indicating the highest response perception than practices toward FCC. "Recognizing family individuality" was rated the highest score. "Parent-to-parent support" and "Design of healthcare system" were rated the lowest scores.
Gill et al. (2014)[18], Australia	Examined perceptions of nurses regarding FCC	Cross-sectional design	519 nurses who are working in pediatric hospital	Perceptions of FCC-staff (Shields and Tanner, 2004)	Indicating a modest response to nurses' perception of FCC. "Respect" was rated the highest score. "Support" was rated the lowest score.
Alabdulaziz et al. (2017)[12], Saudi Arabia	Assessed nurses' perceptions and practices regarding FCC	Mixed methods (quantitative and qualitative)	Quantitative phase: 219 nurses working in the pediatric units Qualitative phase: 14 nurses working in the pediatric units	FCC questionnaire-revised (Bruce and Ritchie, 1997) Semi-structured interviews	Scores for perception were significantly higher than their scores for practice regarding FCC. In addition, these results were supported by the observation data. "Recognition of family individuality" was rated highest in both perception and practice, while "Family as a constant" received the lowest rank on both perception and practice.
Okunola et al. (2017)[8], Nigeria	Examined nurses' perceptions of FCC	Cross-sectional design	176 nurses who have been working for more than 6 months in the pediatric units	Modified FCC scale (Curley, Hunsberger and Harris, 2013)	Indicating a most positive response perception toward FCC. "Parents are given detail explanations about changes they could be expected from their condition" was rated the highest score. Whereas "Parents are allowed to request how they want to participate in child care" was rated with the lowest scores.
Dall'Oglio et al. (2018)[16], Italy	Assessed healthcare providers' perceptions and practices regarding FCC	Cross-sectional design	455 healthcare providers working in inpatient clinical wards	FCC questionnaire-revised (Bruce and Ritchie, 1997)	Reported highest scores of perception than practices toward FCC. "Emotional support for staff" was rated the highest score. While, "Recognizing family individuality" was rated the lowest score.
Jung and Jung (2018)[19], Korea	Explore and describe healthcare providers' perceptions of the FCC	Qualitative descriptive method	56 pediatric healthcare providers	Individual interviews using open-ended questions	The participants reported that the concept of FCC has been incompletely implemented. Furthermore, respecting a child's family, taking care of a child with the child's family, sharing information about children, supporting a child's family, and a child's family participating in child care were identified in the participants' experiences with families.
Done et al. (2020)[17], Sri Lanka	Investigated nurses' perceptions toward FCC	Mixed-methods design	Quantitative phase: 157 nurses working in the pediatric hospital Qualitative phase: 18 nurses working in the pediatric hospital	Nurses' perceptions and performance of FCC (developed by Done et al., 2020)	Quantitative phase: The mean score for overall perceptions of FCC was modest. "Family participation" was rated the highest score. "Collaboration" was rated the lowest score. Qualitative phase: Participants expected FCC to establish mutual trust between healthcare staff and parents, thereby ultimately contributing to better health outcomes for children.

(*Continued*)

Continued

Author(s), year, country	Study aim	Study design	Study characteristics	Study instruments	Key findings
Prasopkittikun et al. (2020)[20], Thailand	Examined pediatric nurses' practices and perceptions of FCC	Mixed-methods study	Quantitative phase: 142 pediatric nurses Qualitative phase: 16 pediatric nurses	FCC questionnaire-revised (Bruce, 2002) Qualitative interviews	Indicated the highest scores of perception than practices toward FCC. "Family strengths and individuality" were rated the highest. While "Parent/professional collaboration" was perceived as the least important element. Qualitative findings revealed that the major reasons for suboptimal implementation included a common perception that FCC is a Western concept, nurses' weak attitudes toward their roles, and a shortage of nurses.
Razeq et al. (2021)[21], Jordan	Investigated nurses' perceptions of FCC	Cross-sectional design	246 nurses working in pediatric units	"Working with families" questionnaire (Aggarwal et al., 2009; Shields et al., 2014)	Indicated the modest perception of FCC.
Al-Oran et al. (2023)[22], Jordan	Assessed the perceptions of nurses regarding FCC	Descriptive cross-sectional study	102 nurses working in pediatric settings	FCC questionnaire-revised (Bruce, 2002)	Revealed the modest perceptions and practices about FCC.

Note: FCC, family-centered care.

Table 1. Summary of included articles.

This scoping review observed that various research designs were employed in reviewed studies. There were six cross-sectional designs,[8,9,16,18,21,22] three studies with mixed method,[12,17,20] and one study was of qualitative method.[19] Regarding study location, one each was carried out in Ireland, Australia, Saudi Arabia, Nigeria, Italy, Korea, Sri Lanka, Thailand, and Jordan. As for the year of publication, one each was published in 2013,[9] 2014,[18] 2021,[21] and 2023.[22] Two studies were published in 2017,[8,12] 2018,[16,19] and 2020.[17,20] Concerning the sample size, all descriptive and mixed studies included relatively large sample sizes. For instance, Coyne et al.[9] (*n* = 250), Gill et al.[18] (*n* = 519), Dall'Oglio et al.[16] (*n* = 455), Okunola et al.[8] (*n* = 176), Razeq et al.[21] (*n* = 264), Al-Oran et al.[22] (n = 102), Alabdulaziz et al.[12] (quantitative phase *n* = 219; qualitative phase *n* = 14), Done et al.[17] (quantitative phase *n* = 157; qualitative phase *n* = 18), Prasopkittikun et al.[20] (quantitative phase *n* = 142; qualitative phase *n* = 16), and a qualitative method by Jung and Jung[19] (*n* = 56). For study participants, seven studies recruited only pediatric nurses who are working in pediatric units,[8,9,12,17,18,20–22] while two studies recruited other pediatric healthcare providers.[16,19] As for the outcomes, assessment perceptions of FCC were performed by five studies.[8,17–19,21] Whereas, both perceptions and practices of FCC were evaluated by five studies.[9,12,16,20,22]

Coyne et al.[9] reported that the nurses' overall average scores for perception were significantly higher than their overall average scores for practice, indicating that nurses did not regularly apply the FCC principles in their clinical setting. Participants in other study have reported the same results.[16] Besides that, a mixed-method study conducted by Alabdulaziz et al.[12] indicated that participants evaluated the majority of elements as necessary for FCC; however, they reported that some elements were not frequently applied in their clinical setting. In addition, the qualitative data confirmed these findings and emphasized the areas where nurses' perceptions and practices varied. This result was parallel to that stated in a more recent study.[20,22]

On the other side, Gill et al.[18] examined only the perception of nurses toward FCC; they found that pediatric nurses who are working in pediatric settings reported a positive response to the perception of FCC. This result is supported by Okunola et al.[8] and Razeq et al.[21] The methodological approach taken in the study conducted by Done et al.[17] is a mixed methodology, and they found that the overall perceptions of nurses regarding FCC were modest. In addition, the qualitative findings indicated the importance of the parents in providing care for hospitalized children and implementing FCC elements.

A qualitative study by Jung and Jung[19] found that the FCC model has been incompletely implemented.

Investigations did not assess nurses' perceptions and practices using the same questionnaire. Various tools were utilized in the reviewed studies, including the FCC Questionnaire-Revised,[25] FCC Questionnaire-Revised,[26] Modified FCC Scale,[27] Working with families Questionnaire.[28,29] All these questionnaires are validated psychometrically; nevertheless, using different questionnaires in the review studies makes it challenging to accurately assess nurses' perceptions and practices. Investigations on FCC themes are growing rapidly and the number of instruments used to assess perceptions and practices is currently increasing. As pointed out earlier, the review studies demonstrate that nurses who are working in pediatric settings recognized the importance of each FCC component; however, the nurses incorporate FCC principles in their daily clinical practice. These results highlight the implementation's challenges.

5. Conclusions

FCC has received widespread support in Western and non-Western countries and is associated with better outcomes of care for hospitalized children and their families. A considerable amount of literature has been published on pediatric nurses' perceptions and practices toward FCC in different pediatric units. These studies indicated that FCC is a generally accepted approach to providing healthcare for children and their families, but its implementation in practical clinical settings is still challenging. Establishing the desired level of collaboration between parents and nurses requires ongoing education of nurses regarding the implementation of FCC. To conclude, this scoping review significantly contributes to future research by serving as a key for the development of interventional interventions that are primarily focused on implementing the core components of FCC.

Limitations

Despite the significant findings that have been synthesized in this scoping review, the authors consider that some limitations should be noted. Only studies published in English were thoroughly searched for this review. There might be other research published in different languages that could show evidence for nurses' perception and practice toward FCC. Conclusions were preliminary since there was little research regarding nurses' perceptions and practices of FCC. There was only one qualitative study found in this review that mainly focused on the perceptions of nurses toward FCC.

Recommendations

From the review results, future intervention studies are proposed to educate pediatric nurses about the implementing of FCC in clinical settings. Further research should encourage discussions toward the methods for evaluating and assessing the implementation of FCC in clinical settings. In the future, questionnaires and interview methods can be used together to conduct the research in scientific and practice investigation.

Acknowledgment

We would like to thank the editor and anonymous reviewers. Special thanks to Mutah University.

Ethical approval

Ethical issues are not involved in this paper.

Conflicts of interest

All contributing authors declare no conflicts of interest.

References

1. Al-Motlaq MA, Shields L. Family-centered care as a Western-centric model in developing countries. *Holist Nurs Pract*. 2017;31:343–347.
2. Shields L, Mamun AA, Flood K, Combs S. Measuring family-centred care: working with children and their parents in two second level hospitals in Australia. *Eur J Pers Cent Healthc*. 2014;2:206–211.
3. Institute for Patient and Family-Centered Care. https://www.ipfcc.org/. Accessed September 25, 2022.
4. Himuro N, Miyagishima S, Kozuka N, Tsutsumi H, Mori M. Measurement of family-centered care in the neonatal intensive care unit and professional background. *J Perinatol*. 2015;35:284–289.
5. Ohene LA, Power KJ, Raghu R. Health professionals' perceptions and practice of family centred care for children injured in road traffic accidents: a qualitative study in Ghana. *J Pediatr Nurs*. 2020;53:e49–e56.
6. Wang WL, Feng JY, Wang CJ, Chen JH. The Chinese family-centered care survey for adult intensive care unit: a psychometric study. *Appl Nurs Res*. 2016;29:125–130.

7. Boztepe H, Kerimoğlu Yıldız G. Nurses perceptions of barriers to implementing family-centered care in a pediatric setting: a qualitative study. *J Spec Pediatr Nurs*. 2017;22:e12175.
8. Okunola I, Olaogun AA, Adereti SC, Bankole A, Oyibocha E, Ajao O. Peadiatric parents and nurses perception of family-centered nursing care in Southwest Nigeria. *Int J Caring Sci*. 2017;10:67–75.
9. Coyne I, Murphy M, Costello T, O'Neill C, Donnellan C. A survey of nurses' practices and perceptions of family-centered care in Ireland. *J Fam Nurs*. 2013;19:469–488.
10. Smyth W, Abernethy G, Jessup M, Douglas T, Shields L, AREST-CF. Family-centred care in cystic fibrosis: a pilot study in North Queensland, Australia. *Nurs Open*. 2017;4:168–173.
11. Uniacke S, Browne TK, Shields L. How should we understand family-centred care? *J Child Health Care*. 2018;22:460–469.
12. Alabdulaziz H, Moss C, Copnell B. Paediatric nurses' perceptions and practices of family-centred care in Saudi hospitals: a mixed methods study. *Int J Nurs Stud*. 2017;69:66–77.
13. Matziou V, Manesi V, Vlachioti E, et al. Evaluating how paediatric nurses perceive the family-centred model of care and its use in daily practice. *Br J Nurs*. 2018;27:810–816.
14. Vasli P. Translation, cross-cultural adaptation, and psychometric testing of perception of family-centered care measurement questionnaires in the hospitalized children in Iran. *J Pediatr Nurs*. 2018;43:e26–e34.
15. Farokhzadian J, Forouzi MA, Sheikhbardsiri H. Mothers and nurses' perceptions of the family-centered care barriers in pediatric departments of an educational hospital in Iran. *J Child Adolesc Psych Nurs*. 2021;34:219–224.
16. Dall'Oglio I, Di Furia M, Tiozzo E, et al. Allied Health Professionals Research Group. Practices and perceptions of family centered care among healthcare providers: a cross-sectional study in a pediatric hospital. *J Pediatr Nurs*. 2018;43:e18–e25.
17. Done RD, Oh J, Im M, Park J. Pediatric nurses' perspectives on family-centered care in Sri Lanka: a mixed-methods study. *Child Health Nurs Res*. 2020;26:72.
18. Gill FJ, Pascoe E, Monterosso L, et al. Parent and staff perceptions of family-centered care in two Australian children's hospitals. *Eur J Pers Cent Healthc*. 2014;1(2)
19. Jung SY, Jung SY. Health care providers' perceptions of family-centered care in pediatrics. *Child Health Nurs Res*. 2018;24:465–474.
20. Prasopkittikun T, Srichantaranit A, Chunyasing S. Thai nurses' perceptions and practices of family-centered care: the implementation gap. *Int J Nurs Sci*. 2020;7:74–80.
21. Razeq NM, Arabiat DH, Shields L. Nurses' perceptions and attitudes toward family-centered care in acute pediatric care settings in Jordan. *J Pediatr Nurs*. 2021;61:207–212.
22. Al-Oran H, Ahmad AS, Alsaraireh F, Mahasneh D. A cross-sectional study of pediatric nurses' perceptions and practices of family-centered care in governmental pediatric setting. *J Compr Pediatr*. 2023;14:e136807.
23. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol*. 2005;8:19–32.
24. JBI Reviewer's Manual. Data Extraction. https://wiki.joannabriggs.org/display/MANUAL/11.2.7+Data+extraction. 2020. Accessed September 25, 2019.
25. Bruce B, Ritchie J. Nurses' practices and perceptions of family-centered care. *J Pediatr Nurs*. 1997;12:214–222.
26. Bruce B, Letourneau N, Ritchie J, Larocque S, Dennis C, Elliott MR. A multisite study of health professionals' perceptions and practices of family-centered care. *J Fam Nurs*. 2002;8:408–429.
27. Curley MA, Hunsberger M, Harris SK. Psychometric evaluation of the family-centered care scale for pediatric acute care nursing. *Nurs Res*. 2013;62:160–168.
28. Aggarwal S, Chadha P, Kalia S, Richardson S, Winterbottom L, Shields L. Perceptions of family-centred care: a UK pilot study of the shields and tanner questionnaires. *Neonatal Paediatr Child Health Nurs*. 2009;12:25–29.
29. Shields L, Tanner A. Pilot study of a tool to investigate perceptions of family-centered care in different care settings. *Pediatr Nurs*. 2004;30:189–197.