Annotated Bibliography

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ANNOTATED BIBLIOGRAPHY

Lantz, P., Hohman, K., & Hutchings, V. (2012). Family-centered care and children with serious

 health care needs: A review of the conceptual and empirical literature for Ronald McDonald

 House Charities. George Washington University Department of Health Policy and School of

 Public Health and Health Services. 1-3, 29. Doi: Ocbab6c66c7ee6ae152e1178e449024ec2.pdf

This paper focused on the results of family-centered care in clinical settings and the psychosocial outcomes with this style of care. The authors focused on the Ronald McDonald House Charity specifically for this document. They highlighted on several positive outcome of having parents or other family members staying within close- proximity to the hospitalized child. Some of the main areas discussed were the parents ability to play a more active role in their child’s healthcare which also leads to more positive attitudes with the experience of the child’s care, the reduction of parental stress and anxiety and even a reduction of post-partum depression, and the positive benefits for the children being treated. (Lance, Hohman, and Hutchings, 2012, pg.1). The children had a reported reduction in stress, fear, and anxiety and improved sleeping patterns. There was also a reported shortened length of stay for infants who were able to have the parental bonding due to access of the parent to NICU. The paper showed many benefits of implementing family-centered care into the current hospital infrastructure. The paper also highlighted on the economic stressors of having a critically ill child and the impact that may have on a family. The financial stressors intensify with the length of the child’s illness. If the parent is unable to afford lodging near the hospital, they are sometimes forced to sleeping in the child’s hospital room. This proves for interrupted sleep for both the child and the parent. The summary of the paper showed a lot of support suggesting the benefits of family-centered care for child illness. It was stated that more empirical data be gathered specifically on the Ronald McDonald House Charities connected with family-centered care. The correlation was strong between the two findings.

Bellou, P., & Gerogianni, K.G. (2020). The contribution of family in the care of patient in the

 hospital. Health Science Journal. Retrieved at: [www.hsj.gr/medicine](http://www.hsj.gr/medicine).

This journal focused on the presence of family in the psychological stability of a patient in recovery and how family presence provides a source of support for better recovery. The authors stated how the role of family, friends, and relatives are of vital importance for the maintenance of the quality of life in hospitalized patients with severe and chronic illnesses. The conclusion was based on the family being able to satisfy the patient’s basic needs of encouragement to follow through therapeutic directives from doctors and other hospital staff. It was also stated that family may help with self-care activities that may help the patient in basic care needs. The journal suggested that when an illness developed within a family system that it has a direct effect on all the system. The degree to which a family is affected may be determined by the entrusting roles of the members within the family, the emotional support to the members of the family, and the financial stability of the family. This appears to be a reoccurring theme within family-centered care and is also stated in the mission statement of the Ronald McDonald House Charities as the purpose of providing the charity house.

Wittenberg, E., Saada, A., & Prosser, L. (2014). How illness affects family members: a qualitative

 interview survey. Harvard school of public health. Doi: 10.1007/s40271-013-0030-3

This was an abstract that was focused on telephone interviews that were made concerning 49 individuals whose relatives had any of five listed chronic health conditions. The conditions were not relative to solely pediatric patients but showed how chronic conditions of patients affect other family members. The major effect was expressed on the member’s emotional health and was called a psychological spillover. This spillover affected many areas of the family members’ lives including aspects of health, their daily functioning, sense of security, spirituality, normal capabilities, and other areas. A majority of the people interviewed were caregivers of the patients. Interestingly enough, there was an expressed heightened attention to self-care from the caregivers as they attended to the care of their family members. It seems as if they realized the stress of caregiving and how it could affect their own health and well being and the importance of taking care of themselves. Some of the other noted symptoms of caregiving were effects on work performance on the job, effects on finances, decreased social activities, confinement to home, loss and even sadness and depression. One of the goals of the Ronald McDonald Charity House is to provide a chance for parents of an ill child to get away from the hospital for rest and refreshment. They also offer different programs to help the parents deal with the stress involved with a chronically ill child. Self-care for a caregiver was largely highlighted in this study and is also promoted at the RMCH.

Carrier, C. (2013). Study concludes that the Ronald McDonald House Program helps children

 heal faster and cope better. Retrieved at: <https://www.globalnewswire.com/news-release/2013>

 07/23/1064335.

This is an online news article that discussed findings from a study found in the journal of the American Psychological Association under Families, Systems, and Health. The findings concluded that families who stayed together at the Ronald McDonald Charity House believed their ability to stay nearby helped their child spend less time in the hospital. This was found true even for those families with seriously-ill children. The study was funded by the UniHealth Foundation and the Ronald McDonald House Charities. The findings were based on 2,000 surveys that were completed over a three-year period. It was also based on the RMCHs in Southern California. The parents believed that there is a clinical benefit to their sick child when the parents are accommodated near the child’s hospital. The parents also stated how the RMCH helped to alleviate the financial burden of finding housing near the hospital and how the charity also helped to offset other financial pressures. It seems to be a popular trend of incorporating family-centered care for children and their families especially when the child needs extended hospital care. The article also encouraged hospitals to evaluate the impact of overnight accommodation for families to be within close proximity of the hospital and the effect it has on the child’s recovery. Another thing stated in the article was the fact that the families staying at the charity houses received psychosocial support from other families staying there that were going through similar circumstances.

Family-centered care and the pediatrician’s role. (2003, September). Committee on hospital care.

 American Academy of Pediatrics. 3-6. Doi: <https://doi.org/10.1542/peds.112.3.691>

This was an abstract provided by the American Academy of Pediatrics that defined family-centered care, gave a history of family-centered care, and listed core principles of family-centered care. It then listed expected outcomes of this type of patient care. The article expressed that in family-centered care there is a collaboration among the patients, their families, their physicians and nurses and other professionals. This working together in turn helps for the planning and delivery of the health care, the evaluation of the health care, and even the education of the health care professionals. There should also be a mutual respect for each child and his or her family along with other aspects of care involved in building on strengths of the child and family and honoring socioeconomic diversity and other perceptions that may hinder care. The article stated that the family presence during health care procedures helped to decrease anxiety for both the child and the parents. There was a marked decrease in recovery time for most procedures and parents were better prepared for future procedures. There was also a noted benefit effect on the mental health status of parents of children with chronic illness when they became involved in the child’s treatment. This article stated that pediatricians should consider working with the families in decision making and information sharing in all health care settings. There should also be a more efficient and effective use of professional time and health care resources which may decrease unnecessary hospital stays with increase of at-home care awareness. This article was relative to my evaluation in that it clearly defined family-centered care which is a focal point of the RMHC.

Franck, L., Ferguson, D., Fryda, S., & Rubin, N. The child and family hospital experience: Is it

 influenced by family accommodation? (2015, April 8). 1-4, 13-15.

 Doi: <https://doi.org/10.1177/558715579667>

This was a medical care research and review article that studied mainly inpatient pediatric patients and neonatal intensive care infants and how their recovery was affected by close proximity to their parents during hospitalization. The study stated that families that stayed at the Ronald McDonald House reported more positive overall hospital experience outcomes than those who did not. Recently, patient and family health care experiences have been recognized as important indicators of the quality of health care received. This important information of patient satisfaction had been gathered through surveys and ask questions concerning nurse and doctor communication, the responsiveness of staff, respect for patient’s preferences, information made available to the patients, and other aspects observed by the patients and the patient’s families. Some of these surveys may be found at the Consumer Assessment of Healthcare Providers and Systems (CAHPS). (Franck, Deron, Fryda, and Rubin, 2015, pg 2). It was also stated in this article that excellent pediatric care must be family and child centered. The study included families that stayed in their own homes as well as a relative or friend’s home, those who stayed and the Ronald McDonald House, and those who stayed in other accommodations like a hotel room or a room provided by the hospital. The RMH reported higher positive scores than the other types of accommodation especially in the criteria of helpfulness of accommodation questioning. The study also listed the benefits of families who faced logistical and financial challenges in staying near their sick child during treatment while staying at the charity house. The article stated that if health services are to be designed with the intent of more patient and family involvement there should be more focus on the obstacles preventing this involvement including financial burdens and proximity issues. The RMCH mission statement states the purpose of providing the lodging and the benefits that aid in the recovery process of the child by addressing both of these issues.

Shields, L., Zhou, H., (2011). Family-centered care for hospitalized children aged 0-12 years: A

 systematic review of quasi-experimental studies. Doi: 10.11124/jbisrir-2011-341

The journal article began with an interesting note that in the past it was believed that visits from parents would inhibit effective care of a child. The view has changed and it was determined that children whose parents did not visit them suffered acute emotional trauma that could bleed over into their adolescent years. Psychosocial care for a hospitalized child has been found of much importance and helps aid in the recovery process of the child. The implementation of family-centered care should be based on the length of stay in the hospital and the degree of illness the child has. It should be educating both the families involved and the professional staff. The article also mentioned how family support interventions should be implemented especially flexible charging methods for poor families and referrals to other hospitals and other community services. The article also noted that facilitating parent-to-parent support systems has proven beneficial. One of the aspects of the RMHC that I found interesting was the internal support systems available from the staff, volunteers, and other families staying at the house.

Klawetter, S., Greenfield, J., Speer, S., Brown, K., & Hwang, S. (2019). An integrative review:

 Maternal engagement in the neonatal intensive care unit and health outcomes for U.S.-born

 preterm infants and their parents. 1-3, 12, 15. Doi: 10.3934/publichealth.2019.2.160

This article was focused on the importance of family engagement in the neonatal intensive care unit for both the mother and the child. Preterm infants may end up spending prolonged periods of time in the hospital and the quantity and quality of time the infant’s mother can spend with the child has proven to be a very important factor during this critical period of the infant’s care. The importance of the mother-child relationship is based on if the mother breastfeeds, the bonding experience between the mother and child, the pregnancy, delivery, and postpartum symptoms. Many positive neurobehavioral outcomes were noted among the preterm infants who were exposed to their mothers for certain lengths of time. There were mixed findings regarding the effect of maternal engagement with the preterm infant and the infant’s length of stay in the NICU. This article was relevant to the RMHC due to the purpose of the charity house and the charity houses’ location which is directly across from Children’s Hospital of the King’s Daughters.

Gupta, R., Wit, M., & McKeown, D. (2007, August 29). The impact of poverty on the current

 and future health status of children. Doi: 10.1093/pch/12.8.667

This article studied the relationship of income with child development during the early years of life. It was based on a study done in Canada and noted that children with greater material resources had more secure living conditions and a greater range of opportunities. The article also showed a link between family income and the health affects of poverty on children. These children living in low-income families have been noted to have worse health outcomes than other children. There seemed to be an increase in asthma, obesity, and general injuries requiring hospitalization from the economically disadvantaged families. The article seemed to stress that early childhood development is a critical time where adequate health care services should be made available to all children. Canada has a universal health care system where cost of care is less of an issue than in other countries. There was also an emphasis on education for the lower-income families regarding healthy lifestyles and other health related topic. The RMHC is available to families that have been approved by the department of social services to stay at the charity house. Typically the families staying at the RMCH cannot afford lodging close to the hospital and otherwise would have to commute back and forth to see their hospitalized child.

Health, income, & poverty: Where we are & what could help. (2018, October). Health policy

 brief. Retrieved at: [www.healthaffairs.org/briefs](http://www.healthaffairs.org/briefs)

This article also focused on the link between income and health. An important fact was noted in this article that the United States has the largest amount of income-based disparities in the world. The article also seemed to imply that economic stability plays a major role in a child’s emotional and mental health well-being. Low-income Americans face greater barriers in accessing medical care. There seemed to be a link between low-income families and increased tobacco use, increased obesity, lower education on healthy lifestyle awareness, and even a higher mortality rate. There was also an increase in risk of chronic disease among lower-income families. A number of policy proposals were discussed to alleviate the trend including early childhood education, housing mobility initiatives, and direct financial assistance for low-income families to assist with health care expenses. The Ronald McDonald Charity House is free for families that qualify. The housing helps to decrease the financial burden of having a child who is hospitalized by offering no cost boarding for the child’s family. It may not solve the problem of affordable health care, but it is a step towards the solution.