THE EFFECTIVENESS OF ADVANCED PEDIATRIC FAMILY NURSING PRACTICE

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One of the most difficult experiences in life for families is when a child is diagnosed with a chronic illness.

Burden of the illness places a great demand on parents.

Parents need support on an advanced level.
BACKGROUND

Nurses can contribute to soften sufferings and facilitate change to health problems.

Family level intervention increases parents’ perceptions for support and helps them better manage illness experience.

(Kamban and Svavarsdottir, 2013; Konradsdottir and Svavarsdottir, 2011, 2013; Svavarsdottir, Sigurdardottir and Tryggvdottir, 2014)
The purpose of this study was to measure the benefits of The Family Strength Oriented Therapeutic Conversation intervention (FAM-SOTC) offered by advanced practice nurses for parents of children and adolescents with newly diagnosed juvenile idiopathic arthritis, epilepsy, diabetes and ADHD with sleep disturbance.
GUIDING FRAMEWORKS

• The Calgary Family Assessment Model (CFAM)
• The Calgary Family Intervention Model (CFIM)
• Illness Beliefs Model
INSTRUMENTS

• The Icelandic - Family Perceived Support Questionnaire (ICE - FPSQ)
• The PedsQL™-Family Impact Module
• PedsQL™ - Health Care Satisfaction Generic Module
• The Icelandic Family Intervention Beliefs Questionnaires (ICE - FIBQ)
• Demographics and Child-Health Variables
METHOD/SAMPLE

• A quasi-experimental pretest/posttest design

• Participants: Parents (N= 38) of children with newly diagnosed:
  - Juvenile Idiopathic Arthritis
  - Epilepsy
  - Diabetes
  - ADHD and sleep disorder

• Data collected March 2015-December 2016
THE FAM-SOTC INTERVENTION
FIRST SESSION

- Family assessment
- Main concerns explored by using therapeutic questions
- Suffering acknowledged
- Emotional responses normalized
- Families strengths indicated
- Resourced indentified, information and advice offered
THE FAM-SOTC INTERVENTION
SECOND SESSION

• Revision made
• Parents encouraged to talk about change in daily life by using therapeutic questions
• Concerns and strengths acknowledge
• Resources discussed, information and advice offered
## RESULTS

Table 1

<table>
<thead>
<tr>
<th>Perceived Family Support</th>
<th>Before the FAM-SOTC intervention</th>
<th>After two sessions of FAM-SOTC intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>Mean</td>
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<tr>
<td>Perceived Family Support (total)</td>
<td>30</td>
<td>33,17</td>
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<tr>
<td>Cognitive Support</td>
<td>33</td>
<td>14,36</td>
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<tr>
<td>Emotional Support</td>
<td>30</td>
<td>19,71</td>
</tr>
</tbody>
</table>

Perceived family support before and after two sessions of FAM-SOTC
RESULTS

Perceived family support

- Perceived Family Support (total) *p*=0.00
- Cognitive Support *p*=0.000
- Emotional Support *p*=0.000

- Before the FAM-SOTC intervention
- After two sessions of FAM-SOTC intervention
RESULTS

Illness Beliefs

BEFORE THE FAM-SOTC INTERVENTION

AFTER TWO SESSIONS OF FAM-SOTC

p = 0.004
RESULTS

Quality of life - total score

BEFORE THE FAM-SOTC INTERVENTION  AFTER TWO SESSIONS OF FAM-SOTC
65.26  72.43

p = 0.001
## RESULTS

### Quality of life score before and after two sessions of FAM-SOTC

<table>
<thead>
<tr>
<th>Family Quality of Life</th>
<th>Before the FAM-SOTC intervention</th>
<th>After the FAM-SOTC intervention</th>
<th>t-value</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>Mean</td>
<td>SD</td>
<td>df</td>
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<tr>
<td>Physical</td>
<td>38</td>
<td>59,56</td>
<td>26,61</td>
<td>37</td>
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<tr>
<td>Emotional</td>
<td>37</td>
<td>66,49</td>
<td>22,23</td>
<td>36</td>
</tr>
<tr>
<td>Social</td>
<td>38</td>
<td>73,52</td>
<td>24,98</td>
<td>37</td>
</tr>
<tr>
<td>Cognitive</td>
<td>38</td>
<td>68,19</td>
<td>28,26</td>
<td>37</td>
</tr>
<tr>
<td>Communication</td>
<td>37</td>
<td>70,27</td>
<td>24,96</td>
<td>36</td>
</tr>
<tr>
<td>Worry</td>
<td>38</td>
<td>52,76</td>
<td>23,56</td>
<td>37</td>
</tr>
<tr>
<td>Daily Activities</td>
<td>38</td>
<td>63,38</td>
<td>31,63</td>
<td>37</td>
</tr>
<tr>
<td>Family Communication</td>
<td>38</td>
<td>71,18</td>
<td>23,49</td>
<td>37</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>65,26</td>
<td>21,8</td>
<td>37</td>
</tr>
</tbody>
</table>
RESULTS

Quality of life

- Physical: p=0.001
- Emotional: p=0.041
- Communication: p=0.011
- Worry: p=0.000
- Family Communication: p=0.021

Before the FAM-SOTC intervention vs. After two sessions of FAM-SOTC
CONCLUSION

Family Strength Oriented Therapeutic Conversation (FAM-SOTC) is promising

- Increased quality of life
- Increased support
  - Cognitive
  - Emotionally
- Positive change in Illness beliefs

Considerate and well prepared nursing interventions focusing on family strengths makes a difference!