

## The Inpatient Children: Partnership Care and Family-centered Care

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### Editorial

A comprehensive concept of health is considered today, inseparable from the family, even more when it is associated with the child for whom the family is clearly a reference. The child is not considered an independent element. By their human condition and also by their specific characteristics, the child is vulnerable and so is the family's responsibility promoting their development. The family however, is the first and most important social unit where the child seeks balance, where it processes its development, acquires autonomy and develops a sense of belonging [1,2]. In this sense, the family plays a decisive role in achieving more and better health, and it increasingly given responsibility to make decisions about the health practices of its members, particularly the children. Everything that happens with a child affects all family members. So nurses should also pay attention to the family and all care thought to the child should be planned around the family [3,4]. The family-centered care has been adopted for children's nursing and it has been considered by research studies to better the care philosophy in pediatric context [5].

The concept of family-centered care has evolved over time. Supported by theoretical evidence, practice and research, it is the result of the increasing importance and the meaning that has been assigned. However, some studies suggest that the provision and application of this practice had fragilities [6]. Work in partnership with parents may be a way of operationalizing the family-centered cares in pediatric contexts. Some authors give us account of care definition focused on the family, as the "professional support of the child and family through a process of involvement, participation and partnership, grounded by empowering families and negotiation of care" [7]. This concept underlies the working partnership with parents and it is this practice that can best serve the interests of children and families and therefore a practice of care focused on family. In the record of this philosophy underlies the practice of care focused on responses the child and family needs, also sustained by values such as the child's recognition as being vulnerable, appreciation of parents/significant other main care providers, security preservation and child welfare and family and maximizing the potential for growth and development of children [8]. In pediatric care, family always comes as a reference, and its framework today assumed as a factor that enables humanized care [9,10]. As Wernet & Angelo advocate [11], when working on the family registration inclusion in child care, the nurse must be aware and fully open to interactions and must be knowledgeable about family dynamics, the impact of experiences and forms of adaptation. The partnership care is the most important element when considering family-centered care [12]. Lee [13] described it as part of the care spectrum centered on the family, in which multiple interactions tend to happen. This philosophy, apart from supporting the care of the child, recognizes the family as the unit of care [14]. The development of the

family-centered care will be possible through the reconfiguration of new relationships between nurses and family, through the partnership of care in order to promote overall development of the child and family and thus ensure the quality of care. In this way, the paradigm shift requires a focused observation of the family as care object as well.

Such approach based on the interaction leads to an appreciation of mutual health experience influences and helps the family feeling part of the team [15].

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