

The Role of Family-Centered Care in Pediatrics

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DESCRIPTION

Family-centered care in pediatrics is a holistic approach to healthcare that recognizes the family as an essential unit in a child's health, development, and well-being. Unlike traditional models of care that primarily focus on the patient as an individual, this approach emphasizes collaboration between healthcare providers, children, and their families. It is based on the understanding that children do not exist in isolation and that their physical, emotional, and social development is deeply influenced by their home environment [1].

At its core, family-centered care is built on principles such as respect, information sharing, participation, and collaboration. Respect involves acknowledging the unique values, beliefs, and cultural backgrounds of each family. In pediatric settings, this is particularly important because families come from diverse cultural and socioeconomic contexts that influence health behaviors and decision-making [2].

Information sharing is another critical component of family-centered care. Parents and caregivers are often the primary decision-makers for children, especially in early childhood, and require clear, accurate, and timely information about diagnoses, treatment options, and prognosis. Effective communication helps reduce anxiety and enables families to make informed decisions about their child's care. In modern pediatric practice, clinicians are increasingly using simplified explanations, visual aids, and digital tools to improve understanding. Transparent communication also helps build trust, which is essential for long-term adherence to treatment plans [3].

Participation refers to the active involvement of families in the care process. In pediatric care settings, this may include participation in hospital rounds, decision-making meetings, and daily care activities such as feeding, hygiene, and comfort measures. In neonatal intensive care units, for example, parents are often encouraged to engage in kangaroo care and other bonding activities that promote both emotional attachment and physiological stability in infants. Studies have shown that when families are actively involved in care, children experience reduced anxiety, faster recovery and improved overall outcome [4].

Participation also helps parents develop confidence in managing their child's health conditions at home [5].

Collaboration extends the concept of participation by fostering a true partnership between healthcare providers and families. In this model, families are not passive recipients of care but active members of the healthcare team. Clinicians, nurses, therapists, and social workers work together with families to develop individualized care plans that reflect both medical needs and family preferences. This collaborative approach is particularly important in managing chronic pediatric conditions such as asthma, diabetes, and developmental disorders, where long-term care and lifestyle adjustments are required [6].

The benefits of family-centered care in pediatrics are extensive and well-documented. One of the most significant advantages is improved clinical outcomes. Children whose families are actively involved in care tend to have better adherence to treatment plans, fewer hospital readmissions, and improved disease control. Emotional support from family members also contributes to faster recovery and reduced psychological stress during hospitalization. In addition, family-centered care enhances patient safety by ensuring that parents are well-informed about medications, procedures, and potential complications [7].

Another important benefit is the improvement in psychological well-being for both children and their families. Hospitalization and chronic illness can be highly stressful experiences, leading to anxiety, fear, and emotional distress. When families are included in the care process, they feel more in control and better equipped to cope with challenges. Children, in turn, feel more secure when their parents are present and involved in their care. This emotional stability plays a crucial role in overall healing and development [8].

Family-centered care also contributes to better communication and reduced conflict between healthcare providers and families. Misunderstandings often arise in clinical settings due to differences in expectations, medical knowledge, and emotional stress. By promoting open dialogue and mutual respect, this approach helps minimize conflicts and build stronger therapeutic relationships. It also encourages shared decision-

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Received: 01-Jan-2026, Manuscript No. CPOA-26-41897; **Editor assigned:** 04-Jan-2026, PreQC No. CPOA-26-41897 (PQ); **Reviewed:** 18-Jan-2026, QC No. CPOA-26-41897; **Revised:** 25-Jan-2026, Manuscript No. CPOA-26-41897 (R); **Published:** 01-Feb-2026, DOI: 10.35841/2572-0775.26.10.329

Citation: Sharma A (2026). The Role of Family-Centered Care in Pediatrics. Clin Pediatr. 10:329.

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making, ensuring that treatment plans align with both medical evidence and family values.

Despite its many advantages, implementing family-centered care can present challenges in clinical practice. One of the main barriers is time constraints faced by healthcare professionals in busy hospital settings. Engaging families in detailed discussions and shared decision-making requires additional time and effort. Another challenge is variability in family dynamics, as not all families are equally prepared or willing to participate in care. Some may prefer a more traditional, physician-directed approach, while others may lack the knowledge or confidence to engage actively [9].

Cultural differences can also influence the effectiveness of family-centered care. In some cultures, medical decisions are traditionally made by senior family members or community leaders rather than parents alone. Healthcare providers must navigate these dynamics sensitively while ensuring that the child's best interests remain the primary focus. Language barriers and health literacy levels can further complicate communication, requiring the use of interpreters or culturally adapted educational materials [10].

Technological advancements have played a significant role in supporting family-centered care in pediatrics. Telemedicine platforms allow families to stay connected with healthcare providers, even from remote locations. Electronic health records enable parents to access their child's medical information more easily, promoting transparency and engagement. Mobile health applications also provide tools for tracking symptoms, medication schedules, and developmental milestones, empowering families to take an active role in care management.

Education and training of healthcare professionals are essential for the successful implementation of family-centered care. Medical and nursing curricula increasingly emphasize communication skills, empathy, and teamwork. Simulation-based training and workshops help clinicians develop the skills needed to engage effectively with families in emotionally charged situations. Institutional policies that support family presence during rounds and procedures further reinforce approach [11].

CONCLUSION

Family-centered care is a fundamental component of modern pediatric practice that enhances both clinical and emotional outcomes for children and their families. By emphasizing respect, information sharing, participation, and collaboration, it creates a supportive environment that fosters healing and development. Although challenges exist in its implementation, the benefits far outweigh the limitations. As healthcare systems continue to evolve, strengthening family-centered care practices will remain essential in ensuring high-quality, compassionate, and effective pediatric healthcare.

REFERENCES

1. Merikangas KR, He JP, Burstein M, Swanson SA, Avenevoli S, Cui L, Benjet C, et al. Lifetime prevalence of mental disorders in US adolescents: Results from the National Comorbidity Survey Replication-Adolescent Supplement (NCS-A). *J Am Acad Child Adolesc Psychiatry*. 2010;49(10):980-989.
2. Figueiredo AR, Pereira A, Frias F, Rodrigues LM, Diogo P. Applications of artificial intelligence in emotion recognition in pediatrics health care: Scoping review. *J Pediatr Nurs*. 2026;85:593-606.
3. Smith C, Glodowski CR, Leiva H, Brenner AT, Wright ST, Golin CE, et al. Interventions to promote pediatric shared decision-making and child engagement in primary care: A systematic review. *Acad Pediatr*. 2026:103166.
4. Bal C, Yeung F, Cho R, Smith JN. An intervention addressing secondary traumatic stress during a child abuse pediatrics rotation for residents: A qualitative study. *Child Abuse Negl*. 2026;175:107984.
5. Dickson CA, Ergun-Longmire B, Greydanus DE, Eke R, Giedeman B, Nickson NM, et al. Health equity in pediatrics: Current concepts for the care of children in the 21st century (Dis Mon). *Dis Mon*. 2024;70(3):101631
6. Smith JN, Azzopardi C, Zhang K, Yesmin T, Cory E, Singh AM, et al. Trends in physical abuse and neglect referrals to a child abuse pediatrics program in Toronto, Canada during COVID: A time series analysis. *Child Abuse Negl*. 2026;175:108004.
7. Hoyt CR, King AA. The pediatric clinician's assessment of school readiness for children with sickle cell disease: Applying the American society of hematology and American academy of pediatrics guidelines. *Pediatr Clin N or th Am*. 2026;73(1):11-27 .
8. Bruton L, Spewak M, Grage J, Mass J, Foster C, McBride ME. Creation of a novel longitudinal pediatrics resident curricular program addressing the medical and social needs of children with medical complexity. *J Pediatr*. 2026:114751.
9. Kamath N, Bjornstad E, Mashanga P, Obiagwu P, van Zwieten A, Pais P. Inequities in pediatric nephrology: Disparities in children's kidney health and access to care. *Adv Kidney Dis Health*. 2026;32(3):266-278.
10. Shah PE, Chang R, Hoyme HE. The evaluation and care of children with suspected fetal alcohol spectrum disorders in the pediatric medical home: The importance of therapeutic alliance, longitudinal surveillance and trauma-informed care. *Curr Probl Pediatr Adolesc Health Care*. 2026:101912.
11. Ruffini C, Pacei M, Terrosi V, Agostini I, Bonistalli R, Confalonieri F, et al. Inventing a story in the context of hospital pediatrics: Strategies and experiences of hospitalized children. *J Pediatr Nurs*. 2026;88:512-523.