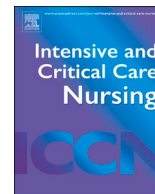




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Letter to the Editor

'Family'-centred care in NICU and PICU – A focus on fathers, siblings, and extended family members – Response to Butler et al.

Dear Editor,

In their letter to the Editor, Butler et al. [1] referenced our article, "Fathers' experiences of nurses' roles and care practices during their preterm infant's stay in the neonatal intensive care unit" [2], as a basis for discussing the importance of supporting all members of a NICU and PICU child's family.

We appreciate the thoughtful commentary from Butler et al. [1] regarding our article and agree with their point that supporting all family members, including siblings and grandparents, is critical to providing holistic family-centered care in both the NICU and PICU settings. While we strongly endorse the importance of a family-centered approach, our study focused on fathers' experiences in the NICU. Therefore, we did not specifically address broader family involvement in detail. As a result, we chose not to emphasize the support of extended family members due to a lack of direct empirical evidence from our study.

As Butler et al. [1] highlighted, involving siblings and extended family members is an essential but still under-researched aspect of pediatric care, particularly in intensive care settings. Indeed, family-centered care emphasizes respect, collaboration, and inclusive support for all family members, and recent studies have underscored the importance of incorporating these principles into care practices to improve the well-being of both the child and the family as a whole. Research shows that while nurses and healthcare providers do recognize the significance of family involvement, the practical application of family-centered care principles in NICUs and PICUs remains inconsistent [3].

We acknowledge the value of exploring diverse cultural definitions of family and how they influence caregiving roles in critical care environments. This aspect is vital for future research to ensure that family-centered care remains adaptive to the needs of different family structures and cultures. Butler et al. point out that cultural context shapes who is involved in care, with some cultures prioritizing the role of extended family, while others may focus more narrowly on parents. This diversity highlights the need for flexibility in healthcare settings to accommodate various family configurations and ensure that care remains truly family-centered. Nonetheless, the aim of our study was to shed some light on the delicate relationship between fathers of severely premature newborns admitted to the NICU and the nurses who look after them. We have identified some critical issues and proposed recommendations to improve communication and interaction between the NICU nurses and the fathers of these vulnerable patients, aiming to support them and empower their role of support for the whole family,

especially for their children [4] and partners [5].

In conclusion, we are grateful for Butler et al.'s engagement with our work and their call for a more comprehensive exploration of family-centered care. While our study focused on fathers, we recognize the importance of broadening the scope of family-centered care to include all family members. We look forward to future research addressing these essential aspects.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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