



Parents' experiences of caring for preterm infants after discharge from Neonatal Intensive Care Unit: A meta-synthesis of the literature

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Abstract The difficulties of caring for preterm infants and associated psychological stress incurred by parents of preterm infants admitted to Neonatal Intensive Care Unit (NICU) have been well established. However, much less is known about parents' experiences of caring for preterm infant at home after NICU discharge. This study synthesized qualitative studies on this phenomenon. Nine categories were obtained from 12 qualitative studies and grouped into three syntheses – (1) support improves confidence in care; (2) dealing with challenges of caring for preterm infant; (3) overprotective parenting. Parents' experiences of caring for preterm infants post-NICU discharge is constructed as a process that requires support to improve caring confidence, a process that deals with the challenges of caring for preterm infants after discharge and complicated by overprotective parenting. Thus, NICU nurses must endeavour to provide appropriate support for parents in order to increase their caring confidence after discharge.

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Table 1 Inclusion and exclusion criteria.

Inclusion criteria of primary studies	Exclusion criteria of primary studies
1. Qualitative studies	Quantitative studies
2. Studies exploring the experiences of parents	Studies exploring the experiences of health workers and grandparents
3. Studies exploring the parental experiences after discharge	Studies exploring the parental experiences while on admission or during transition to home
4. Studies published in English	Studies published in other languages other than English
5. Studies that explored the short-term concerns and experiences-preterm infant age 0–18 months	Studies that explored the experiences of parents long-term experiences (2–3 years after the birth of the preterm infants)

Introduction

Preterm birth is the delivery of a baby before 37th week of gestation and is the leading cause of neonatal mortality (Blencowe et al., 2012). Diagnosis of preterm labour, birth of preterm infant, the usual subsequent admission to Neonatal Intensive Care Unit (NICU) and caring for the 'early' baby at home pose a lot of stress to parents (Holditch-Davis and Miles, 2000; Lindberg and Öhrling, 2008). Largely, nursing research around this topic has focused on the parental experiences of caring for preterm infants in NICU; two systematic reviews of the experiences of parents in NICU have been undertaken (Aagaard and Hall, 2008; Obeidat et al., 2009). Findings of these reviews suggest that parents undergo great deal of stress in NICU despite the presence of healthcare workers. The reviews did not, however, consider what happens to parents after NICU discharge. There is paucity of research investigating parents' experience of caring for preterm infants after discharge from NICU where they are the sole caregivers, and to date, there is no contemporary published meta-synthesis of this evidence.

In relation to the transition of parents from NICU to home with their baby, a number of primary qualitative studies have been conducted (Griffin and Pickler, 2011; Murdoch and Franck, 2012; Souza et al., 2010; Jackson et al., 2003; Reyna et al., 2006). Given that reviews of this nature are extremely useful for informing evidence-based practice (Crowther and Cook, 2007), there is the need to conduct meta-synthesis of available evidence on parental experience of caring for preterm infants post-NICU discharge; it is anticipated that findings of such review would inform neonatal nurses about the needs of parents in this group, and enable them to provide support that facilitates a successful and confident uptake of the

parental carer role after leaving the safety and security of NICU.

Swartz (2005) conducted a meta-synthesis using 10 qualitative studies to explore experience of parenting preterm infants after discharge. Although, Swartz's work does provide insight into the concerns of parents of preterm infants after discharge, this work is a decade old and since evidence based practice should be based on current relevant evidence (Sackett et al., 1996), there is the need to synthesize more recent research on this phenomenon in order to provide a contemporaneous understanding and inform nursing practice.

Method

This review was based on Joanna Briggs Institute (JBI) approach to systematic reviews (Joanna Briggs Institute, 2011). The Qualitative Assessment and Review Instrument (QARI) data management software for facilitating meta-synthesis was used to manage data from included studies. Findings (F) from included studies were extracted, categorised and aggregated to form synthesis.

Search was conducted in MEDLINE, CINAHL, PsychINFO, PubMed and Google Scholar using search terms-preterm, premature, parent, father, mother, discharge, post-discharge, NICU. References lists of included studies were also searched for relevant studies. The search was limited to qualitative studies published in English language between 1990 and April, 2015 to maintain a contemporary approach (see Table 1).

The search yielded 12 studies which met inclusion criteria (Table 2). The studies were independently assessed and aggregating decisions made by three authors (EA, SB and DS)¹ and any differences

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