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Experiences of neonatal nurses and parents working collaboratively to enhance family centred care: The destiny phase of an appreciative inquiry project



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Summary

Aim: The aim of this paper is to report on the process and experiences of neonatal nurses and parents who worked collaboratively in an appreciative inquiry (AI) project to enhance family centred care (FCC) in the neonatal unit with a focus on the destiny phase.

Background: The concept of FCC is internationally recognised as an ideal way of caring for hospitalised children however, research suggests health professionals experience difficulties integrating FCC principles into daily practice. A fundamental principle of FCC is the need to develop respectful partnerships between health professionals and parents of infants requiring neonatal care. AI offers a positive, strength based, participatory approach that promotes organisational learning and positive organisational change. AI facilitates change from the ground up and lends itself to building effective sustainable partnerships and collaborations.

Design: Qualitative interpretive approach.

Methods: Two focus groups (4 neonatal nurses in the first group and 2 neonatal nurses, 1 physiotherapist and 1 occupational therapist in the second) and four individual face-to-face interviews

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were conducted (2 neonatal nurses and 2 parents of infants previously discharged from the neonatal unit) (total $n = 12$). Data were analysed using thematic analysis.

Results: Data analysis revealed four key themes: 'creating a physical and mental space', 'building and maintaining momentum', 'ongoing organisational support' and 'continuing collaborations'.

Conclusion: Parents and health care professionals worked collaboratively to facilitate FCC.

Implications for future practice/research: AI provides a framework that enables parent–nurse collaboration needed to develop action plans that can form the catalyst for organisational change in health care research and practice.

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1. Introduction

Family centred care (FCC) principles resonate with many policy initiatives that focus on 'patient led' health care and the drive to consider patients in the context of their family (Staniszewska et al., 2012). Over the past few decades, policy directives for services have called for increased collaboration across health, social and independent sectors including community involvement such as parent representative organisations (Australia's National Health and Hospital Reform Commission, 2009). Neonatal units have shifted from restrictive hospital policies that previously excluded families, to policies that place parents and the family at the centre of care. Increased emphasis has been placed on the need to recognise individual needs of families and position parents as partners in the care of their infant (Coyne & Cowley, 2007). The aim of this paper is to report on the process and experiences of neonatal nurses and parents who worked collaboratively in an appreciative inquiry (AI) project to enhance family centred care in the neonatal unit. This paper will focus on the destiny phase which is the last phase of the reiterative cyclical process known as the AI, 4D cycle.

2. Background

FCC is reported in the literature as a philosophy (Franck & Callery, 2004), a paradigm (Hall, 2005), a model of care (Shields, Pratt, & Hunter, 2007), or referred to as a practice theory (Hutchfield, 1999). Current literature positions FCC as a highly abstract concept that is yet to reach its developmental maturity (Mikkelsen & Frederiksen, 2011; Staniszewska et al., 2012). The underlying philosophy of FCC recognises and embraces the whole family when planning care for the individual/child/infant (Institute for Patient and Family Centred Care, 2012; Trajkovski, Schmied, Vickers, & Jackson, 2012). Developing respectful partnerships between parents and health care professionals is considered a core principle of FCC (Institute for Patient and Family Centred Care, 2012; Shields, Pratt, & Hunter, 2006). The notion of partnership in care implies mutual dependency and shared responsibility in caring for the neonate. Information is shared (Gallant, Beaulieu, & Carnevale, 2002), care is negotiated (Casey, 2008; Coyne, 1995) and skills and competence are acknowledged and utilised (Wiggins, 2008). These measures ultimately result in shared responsibility for care of

the neonate and family and enhance informed collaborative decision making (Bidmead & Cowley, 2005; Hook, 2006).

Working in partnerships can be challenging and is reported to have both positive and negative consequences (Mikkelsen & Frederiksen, 2011). Coyne and Cowley (2006) found supporting and facilitating parental participation was difficult for nurses, and while parents were keen to participate, parents struggled to identify what nurses expected from them. Poor role negotiation, lack of information and unclear instructions are identified as barriers (Blower & Morgan, 2000; Coyne, 1995; Halstrom & Runeson, 2001). However, when working successfully with families, the reported benefits are significant. These include improved overall health outcomes for the infant resulting in fewer behavioural stress cues, increased breast feeding rates, reduced length of stay and more knowledgeable, empowered and confident parents (Bidmead & Cowley, 2005; Byers et al., 2006; Forsythe, 1998; Furman, Minich, & Hack, 2002; Gooding et al., 2011; Hook, 2006; Van Riper, 2001).

Strengthening consumer engagement, increasing community participation, building health literacy and empowering consumers in decision-making is a key focus of new national and international health reforms (Australia's National Health and Hospital Reform Commission, 2009; North America's Department of Health and Human Services Affordable Care Act, 2010; United Kingdom's Department of Health and National Health Services Corporate Plan, 2012). These imperatives highlight the need for increased partnerships and collaborations within and across sectors and community groups. Partnerships need to occur at an individual, service, network and a systems level, and include key elements such as sharing of information, consultation, involvement, collaboration and empowerment. Working together to build effective partnerships and collaborations between neonatal nurses and parents is required to better implement FCC principles within a neonatal intensive care unit (NICU) environment.

3. Method

An AI methodology was chosen for this project as it offered a theoretical and participatory framework that allowed specific needs and aims to be addressed within the context of the organisation being reviewed (Cooperrider, Whitney, & Stavros, 2008; Cooperrider & Whitney, 1999). AI draws on action research, organisational change and innovative

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