



Nurses' understanding about the delivery of family centred care in the neonatal unit

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Abstract *Aim:* To study neonatal nurses' attitudes to the following themes within the context of Family Centred Care (FCC): general understanding, training and experience.

Method: A qualitative approach was used. Audiotaped interviews were conducted with seven nurses with varied experience of delivering FCC.

Results: Nurses identified key areas related to the delivery of FCC. They also described a lack of confidence, associated with less experience, as having an impact on the capacity to provide it. None of the nurses interviewed had received specific training with regard to this area of practice and all felt more could be done to improve nurse education in this area.

Conclusion: This study highlights deficiencies in the training and experience of nurses in the delivery of FCC. Further research and development within this field is required with the aim of improving educational opportunities and resources for both junior and senior staff.

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Introduction

Parenting has been described as the most important public health issue in society (Hoghugh, 1988). Within the neonatal unit, the need to provide support to those who are experiencing parenting under difficult circumstances is central.

The implications for families of premature and sick infants include physical and emotional separation and alienation from their baby; this subsequently strains the early parent–infant bonding process and can put parents under enormous strain (Broedsgaard and Wagner, 2005). Such families have also been identified as being at increased risk of divorce, and of suffering severe family distress and financial problems (Carter et al., 2005).

FCC may be defined as placing the needs of the individual infant in the context of the family;

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thereby redefining the relationship between the parents and caregivers (Davis et al., 2003; Heerman et al., 2005). A FCC approach to neonatal nursing benefits parents as it allows them to become better informed and more closely involved in the care of their child and as a result they become more confident and competent (Franck and Spencer, 2003; Peterson et al., 2004). The benefits of FCC include improved satisfaction with care, decreased parental stress, increased parental comfort and competence with post-discharge care, improved success with breastfeeding, shortened hospital lengths of stay, decreased readmissions post-discharge, and increased staff satisfaction (Saunders et al., 2003).

Many studies have focused on the parents' experience of the neonatal unit, both from the perspective of their feelings towards their babies and the staff that are caring for them (Bialoskurski et al., 2002; Heerman et al., 2005; Hall, 2005; Cescutti-Butler and Galvin, 2003; Franck et al., 2005). However, few studies have focused on nurses' understanding of what the philosophy of FCC is and how to provide it. Those studies that have looked at the relationship between nurses and parents on NICU have highlighted how the attitude of the care provider towards the family is pivotal in the provision of FCC (Laurie, 1995; Saunders et al., 2003). The provision of optimal FCC would therefore seem to depend upon the perceptions of both families and staff.

Studies suggest that neonatal nurses are less likely to implement the tenets of FCC compared to paediatric nurses; possible reasons for this include too little time in the working day, lack of sufficient training, and the stress for nursing staff of delivering FCC (Peterson et al., 2004). There may also be attitudinal issues surrounding the relevance or practicalities of delivering FCC. The purpose of this study is to direct attention towards the nurses who are expected to deliver FCC and investigate their attitudes towards it. Through better understanding of how well nurses feel able to provide FCC and the difficulties that they may experience, action can be taken to develop training and support services.

Method

The aim of the study was to address the variation in attitudes in nurses to FCC from differing backgrounds. In this study the purposive sampling method was used as it is consistent with the need to select participants who match the focus of the study. One of the aims of the study was to address the

variation in attitudes in nurses from differing backgrounds regarding both training and experience. Purposive sampling was suitable as this allowed for a selected mix of nursing staff to participate in the study, based on the identified variables under consideration. Seven nurses were interviewed from a staff of 60; these were selected from each of the following groups:

1. Nurses who had no training in neonatal care (Group A).
2. Nurses who had completed the specialised neonatal training course within the last two years (Group B).
3. Nurses who had completed the specialised neonatal training course and have had at least two years post-course experience (Group C).

Each member of staff on the unit was placed in one of the above categories by the principal researcher. The total recruitment period was two months during which time 12 nurses responded to the invitation for interview. From this number six were nurses who filled the criteria for having experience of more than two years post-neonatal training; five were nurses with less than two years post-neonatal training and one was a nurse who had yet to undertake neonatal training. The first three nurses from each of the two groups who had received training and the nurse who had not received training were invited to interview. The amount of nursing experience in NICU ranged from 6 months to 18 years. The average time spent working in the NICU by those interviewed was seven years.

Semi-structured interviews were selected as a means of data collection because they are well suited for the exploration of perceptions and opinions of respondents regarding complex and sensitive issues. Prior to undertaking each interview, written consent was obtained and the interviews were conducted in an off-site location. The basic structure of the interview was built around three broad themes with reference to FCC: general understanding, experience and training. The participants were asked the same questions within a flexible framework, the open nature of the questions aimed to encourage depth and allow concepts to emerge. All the interviews were audio taped and lasted on average 45 min.

Immediately after each interview brief notes were made by the interviewer to capture general impressions, detail interesting points made and to augment the audiotapes and place the experiences described in the context of each individual interview. The audiotaped interviews and written notes

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