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Original Article

Parenting the NICU infant: A meta-ethnographic synthesis

Victoria Vazquez¹, Xiaomei Cong^{*}

University of Connecticut School of Nursing, 231 Glenbrook Road, U-4026, Storrs, CT 06269, United States

ARTICLE INFO

Article history:

Received 10 May 2014

Received in revised form

19 June 2014

Accepted 23 June 2014

Available online 21 July 2014

Keywords:

Neonatal intensive care unit

Infant

Parent

Parenting

Meta-synthesis

ABSTRACT

Parenting the infant in the neonatal intensive care unit (NICU) comes with a multitude of unique challenges, and NICU parents are often unprepared and ill equipped for the challenges. Moreover, a gap in the literature still exists concerning a full understanding of the breadth of the process parents of NICU infants undergo from the time of admission to discharge. This study utilized Noblit and Hare's meta-ethnography synthesis method for literature extraction and data analysis to illuminate the NICU parenting process by metaphorically comparing the process to Patricia Benner's novice to expert theory. Fourteen studies including 12 published qualitative research articles and 2 dissertations from the nursing discipline were included in the analysis. Findings illuminated the process of becoming a NICU parent more fully and revealed the most salient and effective facilitators of the process from being a novice and advanced beginner to becoming a competent, proficient, even expert NICU parent. In addition, this paper discusses four influencing factors in a NICU parent's progression: contact with and proximity to their infant, relationship with the nurse, having information, and social support. Nurses must engage with NICU parents in such a way as to maximize the likelihood that these parents will reach at minimum the proficient and at maximum the expert parenting stage by discharge.

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1. Introduction

Roughly 400,000–750,000 newborn infants are admitted to neonatal intensive care units (NICU) per year in the U.S. [7,18]. The risks associated with a NICU admission include cerebral intraventricular hemorrhage, sepsis, gastrointestinal infections, retinopathy of prematurity and lung damage. All of

these conditions potentially lead to neurological and cognitive impairment, developmental delays, cerebral palsy, blindness, chronic lung disease, long-term hospitalizations, and/or death [18]. It is understandable, then, how parents of infants admitted to the NICU face difficulties as well. Studies have shown that the lack of emotional and physical preparation for a NICU admission combined with the overwhelming concern parents have for the comfort, safety and life of their newborn

^{*} Corresponding author. Tel.: +1 860 486 2694 (office); fax: +1 860 486 0001.

E-mail addresses: victoria.vazquez@uconn.edu (V. Vazquez), xiaomei.cong@uconn.edu (X. Cong).

¹ Tel.: +1 860 486 2694 (office); fax: +1 860 486 0001.

Peer review under responsibility of Chinese Nursing Association.

<http://dx.doi.org/10.1016/j.ijnss.2014.06.001>

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results in varying degrees of acute stress disorders and post-traumatic stress disorders [3,14]. What we do not know regarding these NICU parents is how they become parents to their NICU infant in the midst of such difficult circumstances, what the process is, and what facilitates these parents in becoming good and even expert parents to their NICU infant during this emotionally and physically trying time.

Parenting the NICU infant is both a daunting and paramount task for the parents when they face many other challenges in the NICU. Previous systematic review and meta-synthesis research has revealed several important aspects regarding the NICU parenting process [1,19,24]. Thematic and metaphoric examples pertaining to the NICU parenting experience included feelings of stress, separation, depression, lack of control, adapting to risk, preserving the family, a striving to be a real normal mother, from silent vigilance to advocacy, from continuously answering questions through chatting and sharing knowledge, and vacillation between hope and hopelessness. In addition, NICU parenting needs have been identified [9], such as, to receive more accurate information, to be included in decision making about an infant's care, to be able to protect their child, to have access to and contact with their infant, to have individualized care, to be positively perceived by the nurses, and to have a therapeutic relationship with staff. Ref. [9] also reported the ways that nurses could address these parents' needs by providing emotional support, parent empowerment, a welcoming atmosphere with family-friendly unit policies, and parent education with opportunities to practice hands-on care.

While it is evident that previous systematic and meta-synthetic research has revealed some metaphoric patterns regarding NICU parenting, the results were still disconnected with each other, and we do not know how NICU parents develop their parenting knowledge and skills. Not only what the process is but also what connects the themes and metaphors into cohesive progressive stages and what facilitates these parents along this trajectory to be good and even expert parents to their NICU infant are not understood. To investigate this progressive phenomenon of parents becoming parents to a NICU infant, the authors utilized [2] novice to expert nursing theory for the transforming of over-arching themes into metaphors.

Benner's theory (1982) states that, as nurses move through their professional trajectory, they progress through stages starting with the novice stage and culminating at the expert stage, while they gain skills and experience. The *novice* nurse is new to the nursing profession and as such is focused typically on completing tasks but is unable to see the broader picture of patient care. For the *advanced beginner* nurse, this stage is characterized by an increase in technical and cognitive skills. A *competent*, then *proficient* nurse no longer simply focuses on completing tasks for the day but incorporates a larger array of problem solving skills even in new, unfamiliar and increasingly challenging situations. Finally, the *expert* nurse has the confidence to successfully navigate and manage the most challenging of situations while continuing to view the patient in a holistic manner. Using a meta-ethnographic synthesis method, this paper illustrates how Benner's novice

to expert theory is applicable to NICU parents as they progress through similar stages to becoming minimally competent but ideally proficient and expert parents.

Meta-synthesis is a process that systematically reviews and integrates qualitative findings and yields common overarching themes from individual studies. Ethnography is a qualitative research method that involves the description and interpretation of people's cultural behavior [28]. Meta-ethnographic synthesis examines the themes of the patterns of behaviors and customs of a particular population under study, in this case parents of a NICU infant. These themes are transformed into a single interpretive analysis via the use of metaphoric language [29]. This methodology is particularly useful in that it gives a descriptive richness to the phenomenon under investigation that might not be uncovered using alternative methodologies. The goal of this meta-ethnographic synthesis is to provide a framework from which nursing can build upon current awareness and practices to improve quality of delivery of care to our parents of NICU infants.

2. Method

2.1. Procedure

Studies included in this meta-synthesis were retrieved from PsycInfo, ProQuest (unpublished dissertations), Pubmed and CINAHL databases for the years between 2006 and 2012. Search words included *premature infant*, *parents*, *parenting*, *neonatal intensive care*, *NICU*, *qualitative*, *mother*, *father*, *experience*, *preterm*, *preterm birth*. Three inclusion criteria for this meta-synthesis were: 1) qualitative studies, 2) focus on the parenting experience, and 3) participants were parents of a NICU infant. There were no exclusions based on research design or methodology. While a few studies' methodologies did not match their reported research design, if they otherwise met the inclusion criteria, the studies were kept and attention was concentrated on their results. To improve the credibility of the meta-synthesis process and its results, the first author primarily extracted and analyzed the data while two doctoral prepared qualitative researchers validated the results.

2.2. Sample

In the end, 14 studies including 12 published qualitative research articles and 2 dissertations from the nursing discipline were included in the analysis (Table 1). Qualitative designs used in these studies included phenomenology (6), narrative (3), descriptive (2), grounded theory (2), and a case study (1). The total number of parent participants from the 14 studies was $N = 143$, including 107 mothers and 38 fathers who were singleton mothers, fathers and married couples. Parents were 22–45 years of age and of varying race. The infants' gestational ages ranged from 25 weeks to full-term, and their birth weights ranged from ELBW's (extremely low birth weight < 1000 g) to LBW (low birth weight < 2500 g) or greater.

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