



# Negotiating Care in the Special Care Nursery: Parents' and Nurses' Perceptions of Nurse–Parent Communication<sup>1</sup>

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**Objective:** Nursing staff are an important source of support for parents of a hospitalized preterm infant. This study aimed to describe parents' and nurses' perceptions of communicating with each other in the context of the special care nursery.

**Method:** A qualitative descriptive design was employed. Thirty two parents with a newborn admitted to one of two special care nurseries in Queensland, Australia participated, and 12 nurses participated in semi-structured interviews. Thematic analysis was used to analyze the interviews.

**Results:** Nurses and parents focused on similar topics, but their perceptions differed. Provision of information and enabling parenting were central to effective communication, supported by an appropriate interpersonal style by nurses. Parents described difficulties accessing or engaging nurses. Managing enforcement of policies was a specific area of difficulty for both parents and nurses.

**Conclusion:** The findings indicated a tension between providing family-centered care that is individualized and based on family needs and roles, and adhering to systemic nursery policies.

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PRETERM BIRTH (<37 WEEKS gestation) accounts for between 5% to 18% of all births worldwide (Howson, Kinney, & Lawn, 2012) and approximately 7.4% of births in Australia (Li, McNally, Hilder, & Sullivan, 2011). The birth of a preterm infant and admission to the neonatal nursery therefore affects a significant number of families. For parents the experience of giving birth, often very unexpectedly, and the subsequent forced separation from their newborn is a stressful time that is commonly described as an 'emotional rollercoaster' (Davis et al., 2003; Sheeran, Jones, & Rowe, 2013; Whitfield, 2003). The experience can have long-term psychological conse-

quences for women. For example depression and anxiety are higher in this group of vulnerable mothers (Doucette & Pinelli, 2004; Miles, Holditch-Davis, Schwartz, & Scher, 2007). Research suggests that mothers of preterm infants report reduced confidence in their ability to parent (Hess, Teti, & Hussey-Gardner, 2004; McGrath, Boukydis, & Lester, 1993). In addition mood disorders affect maternal responsiveness and are associated with poor child development (Eshel, Daelmans, Cabral de Mello, & Martines, 2006; Lee, Holditch-Davis, & Miles, 2007). Less is known about how fathers cope, as they are under-represented in the research (Carter, Mulder, Bartram, & Darlow, 2005; Doucette & Pinelli, 2004). Rowe and Jones (2010) reported however that while fathers experienced less stress than mothers, they were less optimistic, and appraised themselves more harshly, in terms of parenting confidence.

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The support parents receive from health care professionals, especially nurses, is critical in parents' experiences in the nursery environment (Reis, Rempel, Scott, Brady-Fryer, & Van Aerde, 2010). Some time ago Miles (2003) argued that neonatal nurses were best placed to provide support to parents of hospitalized newborns as they are the group most likely to come into daily contact with parents. The work of Kowalski, Leef, Mackley, Spear, and Paul (2006) supports this assumption. In their survey study they found that parents identify nurses as "the best source of information about their baby" and "the person who spent the most time explaining the baby's condition" (p. 46) with 86% of parents stating they felt less worried after speaking to the nurse. Similarly, Boucher, Brazal, Graham-Certosini, Carnaghan-Sherrard, and Feeley (2011) identified that parents valued a neonatal nurse's ability to provide information, encourage participation in care activities and support breastfeeding. Indeed, these aspects of a nurse's work have been associated with a reduction in the likelihood that a woman with a baby admitted to the neonatal intensive care unit will suffer perinatal depression (Bicking & Moore, 2012). So it is not surprising that the relationship parents share with neonatal nurses is considered critical in determining a parent's satisfaction with their experience in the nursery environment (Reis et al., 2010).

How care is negotiated between parents and nurses, during the newborn's admission to the neonatal nursery, is said to be a reflection of the unit's philosophy. Over the last 20 years there has been a substantial body of work advocating for the adoption of a family-centered care approach (see, for example, Gooding et al., 2011; Griffin, 2006). Family-centered care means putting the family at the center of care and recognizing and valuing the unique contribution parents and/or families make in life of the infant (Bruce & Ritchie, 1997; Griffin, 2006; Newton, 2000). Parents are considered best placed to care for infants, in collaboration with health professionals. There remains evidence however that many neonatal intensive care units struggle to enact these principles (Gooding et al., 2011; Griffin, 2006).

Pridham (2006) argued that there was still a need to further investigate the communication between parents and professionals in the neonatal care environment, in particular, how the "qualities of interaction" (p. 134) between the parents and nurses influences parental expectations and needs. Subsequently, Jones, Woodhouse, and Rowe (2007) found that parents valued 2-way communication that they perceived as informal and was both nurturing and informative. Like the earlier work of Fenwick, Barclay, and Schmied (2001a, 2001b) these authors also found that parents expected nurses to interact in a way that was polite and respectful and treated them as equal partners within the interaction. More recently, Guillaume et al. (2013) confirmed that parents valued communication that was both informative but also delivered in a caring manner. There has, however, been limited research examining nurses' perceptions of communication with parents. The work of Fenwick et al. (2001a), while primarily focused on women's experiences of mothering in the nursery, did examine nurses' perspectives. Juxtaposing their data sets they were able to

identify that nurses, like mothers, recognized the importance of using social interaction such as chatting to establish a positive relationship with parents and enhance subsequent communication. However, to date, research has typically focused on the perceptions of parents, with little research from the perspective of nurses, meaning we have a limited understanding of whether nurses and parents have a shared notion of communication, as well as what may or may not be effective. What research does exist suggests that there may be differences in the perceptions of nurses and parents with regard to the roles of each within the nursery environment and the meaning ascribed to various actions and interactions in which nurses and parents engage (Hurst, 2001; Lupton & Fenwick, 2001). The aim of this study was therefore to explore and describe parents' and nurses' perceptions of what constitutes effective communication in the nursery environment.

## Method

A qualitative experiential approach was used in this study, where the focus is on participants' interpretations of their experiences (Braun & Clarke, 2013). Semi-structured interviews were used to elicit detailed descriptions of effective and ineffective communication in the nursery.

## Study Settings

Two hospitals in Queensland participated in the study. The first was a tertiary neonatal unit in a tertiary referral hospital in metropolitan Brisbane with 69 beds, admitting approximately 1500 babies per year. The second was a level 2 unit in a regional hospital in Queensland with 20 beds, admitting approximately 550 babies per year.

## Participants

Participants were parents of preterm infants admitted to the neonatal special care nursery (SCN) and nurses working in the nursery.

## Parents

In total 32 parents participated. Fifteen mothers and five fathers were recruited from the tertiary service. Four fathers were partners of the women who also participated. The fifth father's partner did not participate in the study. The remaining 12 parents were women with preterm infants admitted to the regional unit. Parents were eligible to participate if they were over 18 years of age, had no ongoing health concerns and had a medically stable, preterm infant (less than 37 weeks gestation) hospitalized who had spent at least 48 hours in the SCN. Parents were, however, generally interviewed close to their infant's discharge.

## Nurses

Twelve nurses (11 female and 1 male) were recruited from the tertiary hospital. All nurses were midwives or neonatal nurses with a minimum of 3 years of training. Nurses were eligible to participate if they were full-time or

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