



Original Article

Impact of a health education tool on enhancing communication between health providers and parents of neonates in intensive care in Egypt

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Abstract

Background: Admission of an infant to the neonatal intensive care unit (NICU) is a stressful experience for parents. Parents' education improves knowledge and satisfaction. The purpose of this study was to evaluate the influence of using a family information guide about the NICU as a communication intervention between the healthcare providers and parents having their infants in the unit.

Methods: An interventional study was conducted among 100 fathers with their neonates inside the NICU-Kasr Al Ainy Teaching Hospital, Cairo, Egypt. The study passed through three stages: pre-intervention, intervention using a family information guide, and post-intervention.

Results: After using the guide, fathers showed significant improvement in their knowledge, with a change in their feelings towards the admission of their neonates to the NICU.

Conclusion: Providing sufficient information and increasing awareness of parents about the NICU in the form of a written guide is an effective way of improving communication between healthcare providers and parents.

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Keywords: communication; information guide; neonatal intensive care unit; satisfaction

1. Introduction

The neonatal intensive care unit (NICU) is a specialized unit providing medical treatment and nursing care after birth for infants born prematurely or with congenital defects.¹ Admission of an infant to the NICU increases parents' emotional stress, but attentive communication between parents and NICU staff has a significant effect on family adaptation to such stress.² Communication between the healthcare provider and the patients is important for the patients' experience of the healthcare service as well as for the outcome of care.³ Despite growing awareness of

the importance of good communication in healthcare settings, considerable problems such as misinformation, lack of information, and lack of responsiveness are still among the problems most often reported in surveys about patient satisfaction.⁴ Taking a family-centered approach regarding parent–provider communication may improve parent satisfaction. Many factors contribute to the parents' satisfaction in the NICU. These include assurance, emotional support, communication, provision of clear information about their infants, as well as involving the family in healthcare through providing them with appropriate health education. It is important for healthcare professionals to understand the parental experience when infants are admitted to the NICU, to meet the parents' needs and concerns and enhance their satisfaction, which will promote the quality of care in the NICU.⁵ Parents' anxiety is reduced when they can read about commonly occurring symptoms and how to cope best with such episodes themselves. It is considered that a combination of written health

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education material with personal individual instructions would make families benefit more from health intervention with the purpose of reducing the parents' anxiety and influencing their illness behavior in a desirable direction. Patient information may be either verbal or written. Health researchers suggest that written information reinforces verbal information and should be part of a planned educational program.⁶

Therefore, the purpose of the present study was to evaluate the influence of using a family information guide about the NICU as a communication intervention between the healthcare providers and parents with infants in the NICU, through assessing the improvement in parents' knowledge and changes in their feelings after using the guide. Better communication will eventually improve parents' satisfaction and promote the quality of care in the NICU.

2. Methods

2.1. Study setting and participants

The study was conducted in the NICU at Kasr Al Ainy Teaching Hospital, Cairo, Egypt, for a period of 6 months from March 2014 to August 2014. The study included 100 parents (represented by the father of the family) who had their infants in the NICU. To be included in the study, infants in the NICU had to be the first baby for the parents to be admitted to such a unit and should be newly admitted to the NICU (not transferred from another NICU). Also, the use of the guide had to be in the first 2 days after admission. Cases of congenital anomalies and surgical cases were excluded. All participants provided verbal consent to participate in the study.

2.2. Study design

The study was an interventional study in three stages. Pre-interventional stage: each father who met the study criteria was given a pre-interventional questionnaire and asked to answer it. Interventional stage: a family information guide was distributed to each father to read and understand the information. Post-interventional evaluation stage: the father received a post-interventional questionnaire that was identical to the pre-interventional one to assess his knowledge about the NICU after using the family information guide, and was asked to answer it.

2.3. Sample size determination

A pilot study was conducted on 30 parents prior to the study. It helped in confirming the reliability and validity of the questionnaire and in determination of the sample size. Type I error (α) was set to be 0.05 with a power of 80%. According to these settings and results of the pilot study, it was found that the adequate sample size was 93 participants. So, we decided to conduct the study on 100 participants. Sample size calculation was performed using PS Power and Sample Size Calculations version 3 (William D. Dupont and W. Dale Plummer, Jr.

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2.4. Pre structured questionnaire

The development of the questionnaire was based on a review of the literature, interviews with parents, and consultation with an expert group of health professionals. This process was designed to ensure content validity. A literature search was undertaken, using PubMed. The keywords used were “parent feelings”, “questionnaire”, and “knowledge about NICU”.⁷

The final questionnaire included 19 questions in Arabic. Eighteen questions were asked to the parent to rate a specific item on a 4-point Likert scale; strongly disagree, disagree (No), agree (Yes), and strongly agree (Sure). One question at the end was an open-ended question. Two types of questionnaires were developed: a pre-interventional questionnaire that also contained questions about sociodemographic data such as age, sex, educational level, and residency. The post-interventional questionnaire contained the same questions as the pre-interventional one, with additional questions to assess the power of the guide as a visual/written tool. Survey questions were grouped under the following headings: feelings of the fathers at the time of admission, knowledge about the NICU, knowledge about neonatal care inside the unit and follow-up, and knowledge about the guide. Face to face interview was selected to administer the questionnaire.

2.5. Family information guide

The guide was designed in a simple way to be used easily by the parents. It contained simple information in Arabic about the NICU and answers to questions commonly asked by parents, such as: safety of the baby, feeding in the NICU, medical care, investigations, various types of equipment, and the importance of follow-up after discharge. It also contained colored pictures about the field of the NICU.

2.6. Statistical analysis

Statistical analysis was performed using PASW Statistics version 18.0 (SPSS Inc., Chicago, IL, USA). Qualitative data were presented as frequencies and percentages. McNemar's χ^2 test was used for comparisons between responses before and after using the guide. Quantitative data were presented as means and standard deviations. The significance level was set at $p < 0.05$. Kruskal–Wallis test was used to study the associations between improvements in scores of different questions and demographic data. Mann–Whitney U test was used for pair-wise comparisons when the Kruskal–Wallis test was significant.

The multi-item scales measuring all constructs (constructs of the present study were: feelings of the parents, knowledge about the NICU, and knowledge about neonatal care inside the unit) were checked for reliability by determining Cronbach α ,

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