



ORIGINAL ARTICLE

A short form of the neonatal intensive care unit family needs inventory^{☆,☆☆}



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KEYWORDS

Neonatal intensive care units;
Needs assessment;
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Abstract

Objective: The identification of parental needs in Neonatal Intensive Care Units is essential to design and implement family-centered care. This article aims to validate the Neonatal Intensive Care Units Family Needs Inventory for the Portuguese population, and to propose a Short Form. **Methods:** A linguistic adaptation of the Neonatal Intensive Care Units Family Needs Inventory, a self-report scale with 56-items, was performed. The instrument was administered to 211 parents of infants hospitalized in all level III Neonatal Intensive Care Units in the North of Portugal, 15–22 days after admission (July of 2013–June of 2014). The number of items needed to achieve reliability close to 0.8 was calculated using by the Spearman–Brown formula. The global goodness of fit of the scale was evaluated using the comparative fit index. Construct validity was assessed through association of each dimension score with socio-demographic and obstetric characteristics.

Results: Exploratory factor analysis revealed two dimensions, one focused on parents' needs and another on the infant's needs. To compose the Short Form Inventory, items with ceiling effect were eliminated and 22 items were submitted to confirmatory analysis, which supported the existence of two dimensions (CFI = 0.925). The Short Form showed a high degree of reliability ($\alpha \geq 0.76$). Less educated and older parents more frequently attributed a significantly higher importance to parent-centered needs, while parents of multiples revealed a tendency to value infant-centered needs.

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PALAVRAS-CHAVE

Unidade de Cuidados Intensivos Neonatais; Avaliação de necessidades; Pais; Estudos de validação como assunto

Conclusions: The Short Form of the Neonatal Intensive Care Units Family Needs Inventory is a brief, simple, and valid instrument with a high degree of reliability. Further studies are needed to explore associations with practices of family-centered care.

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Versão curta do inventário de necessidades da família na unidade de cuidados intensivos neonatais

Resumo

Objetivo: A identificação de necessidades parentais em Unidades de Cuidados Intensivos Neonatais (UCINs) é essencial para planejar e implementar cuidados centrados na família. Este artigo pretende validar o Inventário de Necessidades da Família em UCIN na população portuguesa e propor uma Versão Curta do mesmo.

Metodologia: Foi realizada uma adaptação linguística do Inventário de Necessidades da Família na UCIN, uma escala de autorrelato com 56 itens. O instrumento foi aplicado a 211 pais de bebês internados em todas as UCINs de nível III no Norte de Portugal 15 a 22 dias após a internação (julho de 2013-junho de 2014). O número de itens necessários para atingir uma confiabilidade próxima a 0,8 foi calculado pela fórmula de Spearman-Brown. A adequação global da escala foi avaliada pelo índice de ajuste comparativo (CFI). A validade de construto foi avaliada através da associação do score de cada dimensão com características sociodemográficas e obstétricas.

Resultados: A análise fatorial exploratória revelou duas dimensões, uma focada nas necessidades dos pais e outra, nas necessidades do bebê. Para compor a Versão Curta do Inventário, os itens com efeito teto foram eliminados, e 22 itens foram submetidos a análise confirmatória, que sustentou a existência de duas dimensões (CFI = 0,925). A Versão Curta apresentou alto grau de confiabilidade ($\alpha \geq 0,76$). Pais mais velhos e com menor escolaridade atribuíram, mais frequentemente, maior importância à subescala de necessidades centradas nos pais enquanto os pais de gêmeos revelaram uma tendência de valorizar as necessidades centradas nos bebês.

Conclusões: A Versão Curta do Inventário de Necessidades da Família em UCIN é um instrumento breve, simples e válido com alto grau de confiabilidade. São necessários estudos adicionais para explorar as associações com práticas de cuidados centrados na família.

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Introduction

The improvement in the quality of antenatal and neonatal care led to a decrease in perinatal mortality and morbidity in the last three decades,¹ but prematurity is still the worldwide leading direct cause of neonatal death and short- and long-term morbidity.² The hospitalization of a newborn in a neonatal intensive care unit (NICU) constitutes a disruptive life event with impact on family health.^{3,4} During the hospitalization period, parents need to assume new roles under adverse conditions,⁵ such as physical separation from the child, structured and controlled opportunities of interaction, difficulties in feeling part of the infant's care, and fear for his/her survival and future development, while also experiencing feelings of hope, love, and happiness.^{3,6,7} Parents have reported the importance of obtaining information and guidance,⁸ trusting in the healthcare team,⁹ and experiencing support from staff members and from his/her partner.^{9,10}

Family-centered care, defined as provision of care that is respectful of and responsive to parents preferences, needs, and values, is essential for a successful

design and implementation of evidence-based practices in NICU.¹¹ Therefore, the identification of parental needs may contribute for diminishing the risk for the development of parental stress and several psychopathological symptoms.^{9,12}

The NICU Family Needs Inventory is a reliable self-report instrument to assess the parents' needs during an infant's hospitalization in NICU.¹³ To listen to parents is particularly important in a context where healthcare professionals and parents tend to identify different parental needs.¹⁴ To the best of the authors' knowledge, the NICU Family Needs Inventory is the only scale specifically designed and validated for the NICU setting, but its utility for health research, as well as for counseling and clinical practice, is limited by its length (56-items). A shorter version of the Inventory, brief and easy to administrate, but also valid and with a high degree of reliability, would actively contribute to the identification of the specific needs of each family, and for their inclusion in health care, while lessening the intrusion and ensuring the ethical principles of respect for autonomy, non-maleficence, beneficence, and justice.¹⁵

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