

# The Experiences of Professionals Regarding Involvement of Parents in Neonatal Pain Management

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## ABSTRACT

**Objective:** To explore the experiences of health care professionals related to parent involvement during painful procedures carried out on their infants and to describe contextual facilitators and barriers that influence parent involvement during evidence-based, nonpharmacologic pain relief.

**Design:** Qualitative study with focus group interviews.

**Setting:** Two Level III and one Level II NICUs in the German-speaking part of Switzerland.

**Participants:** Convenience sample of 17 NICU nurses and six neonatologists.

**Methods:** Three interprofessional focus group interviews were conducted. Data were analyzed by thematic analysis.

**Results:** Contextual factors among professionals, such as know-how and communication skills regarding neonatal pain management; reflective and collaborative practice; and an attitude of partnership with parents and organizational resources, such as time and staffing, promoted a working atmosphere in which it was “possible to talk about neonatal pain” with parents. Within this context, parents could be successfully involved in their infant’s pain management. In contrast, lack of the aforementioned contextual factors, including an attitude of paternalism toward parents, resulted in a working atmosphere in which professionals “kept silent about pain” and hindered parent involvement during painful procedures.

**Conclusion:** The work culture and organizational features of a NICU facilitate or hinder parent involvement in neonatal pain management. Facilitators and barriers should be identified from the individual, team, and system perspectives. Facilitation of parent-centered pain management in infants should be promoted by the organization.

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Infants in a NICU are subjected to a substantial amount of procedural pain related to their medical and nursing care (Carbajal et al. 2008; Cignacco et al., 2009; Roofthoof, Simons, Kanwaljeet, Tibboel, & van Dijk, 2014). Procedure-related infant pain is a significant source of emotional distress for parents of NICU infants (Franck, Cox, Allen, & Winter, 2004; Gale, Franck, Kools, & Lynch, 2004). There is now strong evidence that parent involvement in pain care has benefits for parents and infants. Parent involvement was shown to reduce stressful experiences for parents (Axelin, Salanterä, & Lehtonen, 2006; Franck, Oulton, & Bruce, 2012; Nyqvist & Engvall, 2009), and care from mothers led to lower stress and pain levels in infants (Lester et al., 2014). As a consequence, in addition to communicating a desire for more information and increased involvement in their infants’ pain care,

parents want to take over more responsibility for care than previously assumed by professionals (Axelin, Lehtonen, Pelander, & Salanterä, 2010; Franck et al., 2012; Holditch-Davis et al., 2013; Lester et al., 2014). Franck et al. (2011) reported that parents of preterm infants who were given written and verbal input on evidence-based pain care to increase their involvement assumed more active roles in pain management than the control group.

## Parent Involvement in Nonpharmacologic Pain Care

Nonpharmacologic pain care such as nonnutritive sucking; containment strategies such as swaddling, facilitated tucking, and skin-to skin contact (Johnston et al., 2014); and administration of oral sucrose (Stevens, Yamada, Lee, &

## Involving parents in pain-relieving interventions for their infants can lead to stressful experiences for professionals and parents, particularly if medical procedures fail.

Ohlsson, 2013) or glucose effectively alleviate infant pain during acutely painful procedures (Cignacco et al., 2009; Gao et al., 2015). These pain-relieving interventions also allow staff to actively involve parents in pain care in a NICU and have the potential to further parent-infant attachment (Axelin et al., 2010; Holditch et al., 2013; Rennick et al., 2011). Health care professionals' attitudes and beliefs play an important role in the successful implementation of parent involvement in infant pain care (Axelin et al., 2015; Meijers et al., 2006; Rycroft-Malone et al., 2013). Despite extant evidence, the active involvement of parents in infant pain care has not yet been fully implemented into clinical practice (Axelin et al., 2010; Feeley, Waitzer, Sherrard, Boisvert, & Zekowitz, 2013; Franck et al., 2011; Johnston, Barrington, Taddio, Carbajal, & Filion, 2011). Translation of research into clinical practice depends on various factors (Cummings, Hutchinson, Scott, Norton, & Estabrooks, 2010; Meijers et al., 2006), which are described in the conceptual framework of Promoting Action on Research Implementation in Health Services (PARIHS; Kitson, Harvey, & McCormack, 1998).

### Factors Influencing the Implementation of Nonpharmacologic Pain Care

The PARIHS framework describes the complex interplay of evidence, context, and facilitation that influences research use (Rycroft-Malone, 2004). In this study, context is understood as the environment or setting of a NICU in which pain management is performed (Rycroft-Malone et al., 2002). A culture of collaboration and support for evidence-based practice facilitates the successful implementation of evidence-based pain management practices in a NICU (Latimer, Johnston, Ritchie, Clarke, & Gilin, 2009; Stevens et al., 2011). This culture includes collaboration between nurses and physicians during painful procedures (Latimer et al., 2009; Stevens et al., 2011) and a family-centered approach that allows collaboration with parents based on a partnership (Gooding et al., 2011). Nurses play a prominent role in successful implementation of this collaborative approach, because their professional readiness to share control over infant

pain management with parents impedes or enables parental participation (Axelin et al., 2015; Rycroft-Malone et al., 2013). The presence and use of nonpharmacologic pain management guidelines and opportunities for personal professional development (Latimer et al., 2009; Meijers et al., 2006; Stevens et al., 2011) are essential.

Conversely, barriers to the implementation of evidence-based pain management include obstacles to the autonomous decision making of health care professionals and inconsistent pain management practice across the team (Cignacco et al., 2008; Franck et al., 2012; Guedj et al., 2014; Stevens et al., 2011). Additional barriers may include complexity in care delivery related to the condition of the preterm infant, such as gestational age (Franck et al., 2012; Latimer et al., 2009; Stevens et al., 2011). Missing organizational resources such as understaffing and limited space within the NICU are also barriers to the implementation of evidence-based pain relief.

There is limited evidence on how health professionals experience parent involvement during painful procedures for their infant and how these experiences interplay with contextual factors. The aim of this study was to explore the experiences of nurses and physicians concerning the involvement of parents in pain care and to describe the contextual factors in NICUs that enhance or hinder parent involvement in infant pain care.

### Method

#### Design

Thematic analysis offers a flexible qualitative approach to capture experiences of health professionals and what is important to them in their clinical practice (Braun & Clarke, 2006). The method was chosen to explore nurses' and physicians' experiences of involving parents during painful procedures (Creswell, 2009). In December 2012, two of the authors (K.M.R. and E.C.) conducted one 90-minute focus group interview (FGI) with nurses and physicians in each of three NICUs. E.C. served as an observer and facilitator, writing down observations. An interview guide (see Table 1) developed by four of the authors helped to direct the discussion in the FGIs (Halcomb, Gholizadeh, DiGiacomo, Philips, & Davidson, 2007; Krueger & Casey, 2009). Initially, the participants were asked to share their experiences with neonatal pain management and with involving parents during

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