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Healthcare Professionals' Views on Parental Participation in the Neonatal Intensive Care Units

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ABSTRACT

Purpose: To examine the associations between age, gender, and profession in relation to the perceived importance of parental participation in Neonatal Intensive Care Units.
Design and Methods: A quantitative cross-sectional design was used. Participants were recruited consecutively from all 40 existing NICU units in Sweden. A total of 443 healthcare professionals (372 nurses and 71 physicians) participated in the study. Participants completed the Swedish version of the Empowerment of Parents in the Intensive Care–Neonatology (EMPATHIC-N) questionnaire. Data were analyzed using multiple regression analyses.
Results: The findings indicated that profession and age, but not gender, had an overall perceived importance on how nurses and physicians rated specific aspects of parental participation in NICUs.
Conclusions: Being a nurse, compared to a physician, was associated with an increase in overall perceived importance of parental participation in NICUs. These differences may affect and may be crucial for how parents take a part in the care of their infant and also for how they adapt to the parental role.
Practice Implications: Nurses and physicians require education and training that support parental participation based on age and their different roles, rather than simply conveying information about the technical medical aspects of NICU care. For a sustainable outcome all team members should be invited to discuss cases from their perspectives.

Background

Hospitalization of an infant in the Neonatal Intensive Care Unit (NICU) is a stressful experience for parents. For example, this stress is related to an unfamiliar environment, lack of control over the care of their infant and ineffective communication between professionals and parents (Feeley et al., 2011; Gooding et al., 2011; Heinemann, Hellström-Westas, & Hedberg Nyqvist, 2013). A collaborative approach between professionals and parents is essential to support transition to the parent role in the NICU (Axelin et al., 2015). For a sustainable outcome, it is important to understand differences in attitude between nurses and physicians regarding parental participation.

Family-centered care (FCC) can be conceptualized as a respectful partnership between professionals and parents (Gooding et al., 2011; Shields, Pratt, & Hunter, 2006). Early family support from nurses and physicians is viewed as an integral element of this approach (Cooper et al., 2007). Parental participation could be seen as a concept contained within FCC (Coyne, Murphy, Costello, O'Neill, & Donnellan, 2013). Taking an active part in the care of their infant in a NICU will help parents maintain a feeling of control over the situation, thus strengthening their parental identity (Wigert, Hellström, & Berg, 2008). Research has shown that active participation in care promotes bonding between the parent and infant, and reduces the parent's psychological stress and worry about the infant (Wigert, Berg, & Hellström, 2010). Additionally, this approach facilitates parental participation in decision-making associated with the infant's care and treatment and enhances parents' confidence in preparation for discharge (Dellenmark Blom & Wigert, 2014; Franck & Axelin, 2013). Although there is available research about parental participation (Butt, McGrath, Samra, & Gupta, 2013), there remains an existing gap between knowledge and practice (Butt et al., 2013; Gooding et al., 2011; Latour et al., 2011; Latour, Hazelzet, Duivenvoorden, & van Goudoever, 2010). Latour et al. (2010) emphasize that nurses are more oriented toward work organization and professional attitudes than toward parents' information needs and participation. Factors such as a non-family friendly environment (Heinemann et al., 2013; Wigert et al., 2010), poor communication (Wigert et al., 2010; Wigert, Blom Dellenmark, & Bry, 2013), uncertainty about parent and nurse roles, and a lack of management combined with

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heavy workloads (Heinemann et al., 2013) result in disorganized or inconsistent ways of implementing active parental participation in infant care. Furthermore, organizational barriers such as health system design, restrictive hospital/unit policies, and a lack of education have also been reported as contributing factors (Coyne et al., 2013; Petersen, Cohen, & Parsons, 2004; Trajkovski, Schmied, Vickers, & Jackson, 2012). Previously, most nurse and physician education focuses on infant care, while excluding active parental participation (Battikha, Carvalho, & Kopelman, 2014; Trajkovski et al., 2012). Nowadays, Swedish nursing education include teaching of support to patients and their relatives, to promote their participation in health care. Even in Swedish medical education, students are taught to allow patients and their relatives to participate in treatment and decision making. Consequently, to effectively address these future education needs, it is necessary to attain evidence-based knowledge about different perspectives (i.e., parents', physicians', and nurses') concerning parental participation in infant care.

Parental involvement in caregiving includes Kangaroo mother care (KMC), a method defined as early prolonged and continuous skin-to-skin contact between parents and the preterm newborn (Nyqvist et al., 2010). With KMC, professionals are in a unique position to influence bonding between parents and preterm newborns, and this method positively affects both partners in the dyad (Blomqvist, Rubertsson, Kylberg, Jöreskog, & Nyqvist, 2012; Duhn, 2010). However, nurses believed they would lose control because of limited access to the infant and would not be able to provide adequate care (Kymre, 2014; Mörelius & Andersson, 2015). That said, research highlights the importance of developing organizational strategies that facilitate neonatal nurses' knowledge of when to shift from the "doing" role to the "supporting and guiding" role (Franck & Axelin, 2013; Nyqvist & Engvall, 2009). Consequently, developing parental partnerships is considered an important element in the nursing role, and it should evolve over time (Trajkovski et al., 2012). Moreover, supporting the parent's participation in their infant's care may enhance parent's self-esteem and self-efficacy when preparing for discharge and the transition from the NICU to home (Dellenmark Blom & Wigert, 2014; Heinemann et al., 2013).

The quality of patient care is dependent on physician and nurse performance. Current research indicates that professionals' attitudes affect patient or parent willingness to accept advice or participate in care (Lantz, 2013; Stoilkova-Hartmann, Janssen, Franssen, Spruit, & Wouters, 2015; Trajkovski et al., 2012), as well as the shared decision-making process (Heldal & Steinsbekk, 2009). However, it appears nurses have more positive attitudes about the FCC philosophy, even while they experience difficulties in practice because of organizational and environmental conditions (Coyne et al., 2013). Historically, the medical profession has made decisions in a paternalistic way regarding infant care. Patient-centered care requires shared decision-making, in which both parents and healthcare professionals play an active part (Aarthun & Akerjordet, 2014; Davidsson et al., 2007). Consequently, in order to develop neonatal care, it is important to explore whether there exist differences between nurse and physician attitudes concerning parental participation in the NICU, and whether they are related to occupational or individual interpretations of unclear available guidelines.

Purpose of the Study

Greater knowledge of the similarities and differences in NICU professionals' perceptions of support type and frequency is needed for the development of support systems that are well matched to parents' individual needs. The current research is part of a larger study that aims to explore differences and similarities between the opinions of parents, NICU professionals, and managers associated with NICU-related issues. The specific purpose of the present study is to examine the associations between age, gender, and profession in relation to the perceived importance of parental participation in Neonatal Intensive Care Units.

Methods

Study Design and Sampling Procedure

This study used a quantitative cross-sectional design to analyze the effects of gender, age, and profession on how NICU professionals (physicians and nurses) perceive the importance of parental participation in the NICU.

The study was conducted in Sweden. Since there is currently no central index of all NICU professionals in Sweden, the respondents were approached utilizing an indirect method. In particular, using a census strategy, we contacted all 40 unit managers (typically neonatal care managers) and all 29 division managers (typically pediatric division managers) at NICUs in Sweden via e-mail and telephone.

All managers were asked to forward individualized links to an anonymous web-based questionnaire to all active nurses and physicians at their NICU. About 58% of managers (19 out of 29 division managers, and 21 out of 40 unit managers) agreed to participate, 25% declined participation, and 17% did not respond despite several telephone and e-mail reminders/requests. Hence, it was not possible to perform a direct assessment of manager or participant non-response, but it could be mentioned that 29 of the 40 units were represented in the sample. On the basis of phone conversations with individual managers, we estimate that approximately 60% to 65% of the professionals who received the questionnaire chose to participate. In addition, the managers who forwarded the questionnaire represented a realistic mix of NICU units in terms of size as well as level of care complexity, and the proportion of physician and nurse respondents in our sample was similar to that of previous research (Latour et al., 2010).

Measures

The questionnaire was a Swedish version of the Empowerment of Parents in the Intensive Care–Neonatology (EMPATHIC-N), which was developed and validated in earlier research (Latour et al., 2010). In addition to the usual demographic questions, the EMPATHIC-N consists of 92 items, divided into five different domains (parental participation, information provided to parents, treatment and care, organization of work, and professional attitude), that include statements about general neonatal care issues. More specific respondent information, for example, the regarding their specialist orientations or internal training was not collected. Participants rated their responses on a 6-point Likert-type scale, ranging from "completely unimportant" to "extremely important." A professional translator converted the questionnaire items into Swedish. Additionally, the authors modified the translated version to account for specific terminology used in Swedish NICUs, and this was then verified by the professional translator. In order to avoid possible item order effects (Lavrakas, 2008), we presented the items in a random order, rather than having them sorted over the different domains.

In the original study (Latour et al., 2010), the items pertaining to general neonatal care issues were divided into five domains of roughly equal size. As indicated in our objective, this paper reports the results of a detailed analysis of the parental participation domain, which includes 14 items. Hence, this study is based on a subset of the entire data set that was collected. Results from a broad analysis of the entire data set have been published previously (see Lantz & Ottosson, 2014). Since there is no relationship per se between the questionnaire's domains, its validity as a whole can be extended to the individual domains. The Cronbach's alpha of the parental participation domain was 0.902, which is close to the corresponding value in Latour et al. (2010). Hence, we regard the questionnaire to be a reliable tool for use in this study.

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