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Opinions of nurses working in NICU about family centered care

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Abstract

The approach of family-centered care has benefits like maintaining the bonds between child and family, allowing family to involve in child's care, and minimizing the negative effects of hospitalization on child and family. This descriptive study was conducted for the purpose of determining the views of nurses working in Neonatal Intensive Care Unit (NICU) about family-centered care. The population of the study consisted of 53 nurses working in NICU of four hospitals between 1 April and 30 June 2015. In the study, Introductory Information Form and Parent Participation Attitude Scale (PPAS) were used as the data collection tools. In the study, it was determined that 75.4% of the nurses had knowledge about family-centered care, 52.8% paid attention to applying family-centered care, and 60% of the nurses who neglected family-centered care stated that excessive work load posed an obstacle in applying family-centered care. PPAS mean score of the nurses was determined as 84.30 ± 5.56 . There was a statistically significant difference between the educational level of nurses, status of having knowledge about family-centered care and PPAS scores ($p < 0.05$). It was observed that as the educational level of nurses, who worked in the most important position in providing family-centered care in NICU, increased and their knowledge about the issue increased, their attitudes advanced positively. In accordance with this result; it is important for hospital administrations to establish policies regarding family-centered care and for nurses to take an active role in this issue. It is recommended to organize in-service training programs to develop the therapeutic communication between nurses and parents.

Keywords: NICU, family centered care, parental participation, nurse

Introduction

Based on involving family in every stage of care; family-centered care can be applied in all age groups and all clinics. However, this care model is very important in pediatric services because children are dependent on family members in meeting their self-care and needs [1]. Family-centered care is an approach that accepts cultural difference of family and considers the needs of not only children, but also all family members. It is a care model that provides a cooperation between parents and healthcare professionals and approaches to children and their families as a physical, emotional, social, cultural and religious whole. Respect, cooperation, and support form the basis of the philosophy of family-centered care [1-6]. The understanding of family-centered care provides positive outcomes to families. Family-centered care meets the specified needs and expectations of parents in the best way(7). The philosophy of family-centered care is based on giving authority and responsibility to families in the care process. It is very important to meet the expectations of parents so that they will

Involvement of parents in the care process allows them to establish accept and adapt to their new roles and cope with anxiety (1,7,8). a more positive relationship with healthcare personnel, decreases anxiety level, supports the development of hospital programs and policies, increases satisfaction and problem solving skill, and develops the sense of sufficiency and confidence in child care. As well as hospital policies; attitudes and opinions of healthcare personnel are important in inclusion of parents in this process [1,7,9-11].

It is required to make regulations in health and hospital policies in order to apply family-centered care. In this context, pediatric nurses should play an active role in forming health and hospital policies in order for parents to stay together with their children at the hospital [12-14]. Nurses should participate in studies aimed at emphasizing the importance of family-centered care and applying it, and reflect the results of new evidence-based studies in accordance with the role of researcher [13-16]. Based on these information; this descriptive study, which would form a basis for evidence-based training programs that would positively affect the opinions of neonatal nurses about family participation in neonatal intensive care unit, was conducted for the purpose of evaluating attitudes of NICU nurses toward the role of parents in infant care.

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Material and Methods

The population and sample of the study consisted of NICU nurses from four hospitals in Samsun, Giresun and Kars province in Turkey between 1 April and 30 June 2015. No sample selection method was used in the study and all 53 nurses who were reached between the aforementioned dates and agreed to participate in the study voluntarily were included in the study.

In the study, Information Form and Parent Participation Attitude Scale-PPAS were used as data collection tools.

Information Form: This form contains questions prepared by the researchers concerning socio-demographic characteristics of nurses, such as age, marital status, as well as characteristics related to clinics where they work.

Parent Participation Attitude Scale-PPAS: The scale was developed in 1967 by Seidl and Pillitteri for the first time in order to measure the attitudes of nurses toward the involvement of parents in the care of their hospitalized children. The scale was revised by Gill in 1985 and 1990 [17]. Internal consistency reliability of the scale was determined as 0.74. Reliability and validity study of the scale in Turkey was conducted by Yıldırım Özbodur in 2008 [1] and the total internal consistency reliability of the scale was determined as 0.67. In the scale, the questions 1, 4, 5, 6, 8, 9, 10, 11, 13, 15, 17, 18, and 22 are reverse. This scale is a 5-point Likert scale with 24 items (1 point for strongly disagree, 2 points for disagree, 3 points for undecided, 4 points for agree, and 5 points for strongly agree). While the lowest score to be obtained from the scale is 24, the highest score is 120. Highness of the total score obtained from the scale signifies an attitude toward accepting parent participation.

Data assessment was conducted by using the SPSS for Windows 18.0 statistical program. The data were assessed by using number, percentage, mean, standard deviation and Mann Whitney U and

Kruskal Wallis tests and the significance level was accepted as $p < 0.05$.

Necessary permissions were obtained from relevant institutions in order to conduct the study. Nurses who would participate in the study were informed about the purpose of the study and requirements. The requirement of informed consent was fulfilled as an ethical principle. As they were required to give their answers voluntarily, a particular attention was paid to selecting voluntary nurses for the study and informing them that they were free to participate in the study.

Results

All of nurses who were included in the study were women, 69.8% had bachelor's degree, 54.7% were single and 79.2% had no children. It was determined that nurses had an age average of 28.30 ± 3.44 and an average occupational experience duration of 6.62 ± 3.91 years. When examining the opinions of nurses, who participated in the study, about family-centered care; 75.4% of them stated that they were informed about the issue and 52.8% paid a particular attention to applying family-centered care. On the other hand, 60% of nurses who neglected family-centered care stated that excessive work load posed a barrier to the application of family-centered care (Table 1).

PPAS mean score of the nurses was determined as 84.30 ± 5.56 .

It was determined that there was a statistically significant difference between educational levels of nurses and status of having knowledge about family-centered care and their PPAS scores ($p < 0.05$). There was no statistically significant difference between the marital status of the nurses, having children, knowledge of family-centered care and applying family-centered care ($p > 0.05$) (Table 2).

Table 1. Nurses' Descriptive and Professional Characteristics

Characteristics	N	%
Age (Mean $\pm$ SD)	28.30 ± 3.44	(min=23, max=39)
Education level		
Associate degree	11	20.8
Bachelor's degree	37	69.8
Master degree	5	9.4
Marital status		
Single	29	54.7
Married	24	45.3
Having children		
Yes	11	20.8
No	42	79.2
Occupational experience duration (Mean $\pm$ SD)	6.62 ± 3.91	(min=1, max=20)
Knowledge of family-centered care		
Yes	40	75.4
No	13	24.6
Applying family-centered care		
Yes	28	52.8
No	25	47.2
The reason for neglecting family-centered care (n = 25)		
Excessive work load	15	60.0
Feeling responsible for the baby	5	20.0
Difficulty in cooperating with parents	5	20.0
Environmental restrictions	3	12.0
Inadequate administrative support	2	8.0
Total	53	100.0

Table 2. Comparison of PPAS Overall Score Averages and Nurses' Descriptive and Professional Characteristics

Characteristics	N	%	X±SD	Test and p
Education level				
Associate degree	11	20.8	80.12±5.89	KW=7.742 p<0.05
Bachelor's degree	37	69.8	83.64±5.50	
Master degree	5	9.4	87.88±2.34	
Marital status				
Single	29	54.7	83.10±4.69	MWU=253.000 p>0.05
Married	24	45.3	85.75±6.25	
Having children				
Yes	11	20.8	85.54±3.61	MWU=162.000 p>0.05
No	42	79.2	83.97±5.96	
Knowledge of family-centered care				
Yes	40	75.4	86.34±6.37	MWU: 106.000 p<0.05
No	13	24.6	80.25±6.84	
Applying family-centered care				
Yes	28	52.8	85.73±5.45	MWU=212.500 p>0.05
No	25	47.2	82.77±7.62	
Total	53	100.0		

Discussion

Pediatric nurses are healthcare professionals who have the closest relationship with children and families. Therefore, they are in a key position in creating change and difference aimed at making the family-centered care in the hospital. Both families and healthcare professionals require families to play an active role in the care of hospitalized children; however, families do not participate in the care of their children adequately [16,17-20]. Petersen et al., associate this condition with the fact that even though nurses who work in the field of pediatrics and other healthcare professionals claim that they support family-centered care, they do not always reflect this on their care [19].

In the studies, it was determined that some factors like working year, marital status and state of being parent affected the attitudes of healthcare professionals. In the present study, on the other hand, it was observed that marital status of nurses and their state of having children did not affect parent participation attitude. In a study conducted by Johnson and Lindschau (1996) using PPAS; it was determined that majority of healthcare professionals displayed an undecided attitude toward parent participation in hospital care. Healthcare professionals who were married with children displayed more positive attitudes toward parent participation [21]. In their study, Petersen et al., (2004) determined that even though nurses considered family-centered care necessary, they did not consistently apply family-centered approach in their practice [19]. In the study of Danemon et al., (2003); it was determined that nurses who were women, had a higher education and worked in special departments displayed a more positive attitude than others and factors like age, working duration, marital status or state of being parent did not affect the attitudes of nurses [17]. In the present study, it was also determined that as educational level of nurses increased, their opinions about family-centered care became more positive and the difference between their educational levels was significant.

In the study conducted by Petersen et al., (2004) to determine how nurses perceived the principles of family-centered care and used it in their practice; nurses indicated that recognizing family individuality, sharing knowledge, and providing emotional and

financial support were among necessary principles for applying family-centered care. Besides, nurses who participated in the study emphasized that the principles of family-centered care were important in practice [19]. In the study conducted by Ward (2001) to determine the needs of parents in neonatal intensive care units; parents stated that their most important requirements were being informed about the treatment plan and procedures applied to their babies [11]. In the study conducted by Daneman et al., (2003) to determine the attitudes of healthcare personnel toward parent participation in the care of their hospitalized children; they determined that healthcare personnel supported parent participation, however, activities that were supposed to be conducted by parents were generally carried out by healthcare personnel and because they required complex healthcare tasks, parents were supported less [17]. When comparing with the study result, PPAS mean score of nurses was determined as (84.30 points), which is similar to previous studies (Table 2). In the study conducted by Dur et al., (2016) to determine attitudes and behaviors of nurses working at public and private hospitals toward family-centered care by using the PPAS scale; they determined the PPAS score as 85.67±6.17 in nurses working at public hospital and 81.88±5.26 in nurses working at private hospital [22]. Results of the present study show a parallelism with the aforementioned study.

Conclusion

It was observed that as educational levels and relevant knowledge of nurses who have the most important position in family-centered care in NICUs increased, their attitudes were affected positively. As a consequence; it is required to increase the number of nurses working in pediatric clinics in order that hospital managements will build protocols including family-centered care, nurses will play an active role in this matter and family-centered care will be conducted healthily. It is recommended to organize in-service training programs in order to develop therapeutic communication between nurses and parents, investigate barriers related to applying family-centered care, and develop policies to solve these problems.

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