

From Parental Involvement to a Partnership With Families in Newborn Care: An Improvement Project Using the Bottom-Up Approach

DOI: 10.14434/do.v16i1.35774

Simeone N¹, Bestetti G², Soldati C³, Fabbri F¹, Papa I¹, Grandi S¹, China MC¹, Lazzari S¹, Montesi A¹, Ancora G¹¹NICU, Infermi Hospital, Rimini, Ausl Romagna, Italy, ²Research Institute on Health and Practice (IRIS), Milan, Italy, ³NICU Parents'association "La Prima Coccola, ODV", Rimini, Italy

European Standards of Care¹ state that infant and family-centred developmental care is defined as a partnership between parents and healthcare professionals. This relationship includes shared responsibility for infant care, collaboration, open information sharing, and joint decision-making. Improving healthcare professional skills to support parental involvement during newborn care is highly recommended.

Aims

Design an improvement project to: Improve the skills of NICU staff to establish a collaborative relationship with parents, support professionals in their relationship with parents, and encourage organizational transformations that facilitate and support the process.

Methods

A multi-professional group (NIDCAP Professionals, psychologist, pedagogue, unit leadership), in collaboration with parents' representatives, designed the project that included the following phases:

- Discussion within multi-professional focus groups on current values and strengths of staff in providing assistance in collaboration with parents ("where do we start from", "what not to lose along the way"); future goals and organizational changes required to facilitate the process.
- Un-structured interviews with parents of discharged newborns, conducted by an experienced sociologist, to gather parents' experiences, needs, and suggestions that could help the staff establish a more effective partnership.
- Feedback to the staff about the main topics emerged from the focus group discussion and from interviews with parents.

Scores on the Empathic Questionnaire,² before and after project implementation, were used as indicators.

Results

The main topic that emerged from the focus groups was that doctors and nurses shared awareness about the importance of family-centered care; moreover, both shared the value of cooperation and mutual support. Poor continuity in family care was identified as a contributing factor to compassion fatigue and misunderstanding between parents and staff,

possibly reducing the opportunity for a real partnership with families.

Twelve parents were interviewed. The need for continuity of care in newborns and family assistance was expressed by all parents, while only some of them would have wanted a more extensive involvement during their baby's care in critical situations.

Discussion of the above topics led the staff to create two multi-professional working groups: the first dedicated to the implementation of organizational changes and the second aimed at designing simulation scenarios to be used during educational courses. The first group defined and implemented a primary nurse model; the second organized a simulation training using role-playing with the aim to increase sensitivity and communication skills in the NICU staff.

Statistically, the Empathic median scores were not significantly different before (63 families) and after (27 families) the implementation of the project and reached in both cases the maximum value of six. Analyzing the percentage of the maximum score in the items of the domain "parental participation" we observed a trend toward greater satisfaction in the items "We were encouraged to stay close to our child" and "Nurses helped us to build the emotional bonding with our son".

Relevance to NIDCAP

Parents' involvement in infant care is the highest and most challenging goal of the NIDCAP approach. This goal can best be achieved by listening to and involving parents not only in baby care, but also in its organization; furthermore, a participatory approach from the staff could improve the implementation of the NIDCAP approach.

Conclusions

This project starts from both parents' and staff's points of view, under expert supervision. Insights within focus groups helped us to reinforce the idea of the importance of individualized care, in a new organizational framework of care continuity. Moreover, education by simulation training was organized to increase staff competencies in sensitive communication.

References

1. EFCNI, *European Standards of Care for Newborn Health*
2. Latour JM, Duijvenvoorden HJ, Hazelzet JA, van Goudoever JB. Development and validation of a neonatal intensive care parent satisfaction instrument. *Pediatr Crit Care Med*. 2012 Sep;13(5):554-9