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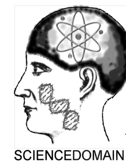

Neglecting the Parent in Neonatal Intensive Care Unit: The Communicational Factors that Increases the Iranian Parents' Stress

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Authors' contributions

This work was carried out in collaboration between all authors. Author HH designed the study, wrote the protocol, and wrote the first draft of the manuscript. Author HH managed the literature searches, analyses of the study performed the spectroscopy analysis and authors MH and MMF managed the supervision process. All authors read and approved the final manuscript.

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ABSTRACT

Many parents confront the NICU environment as medical staffs are busy with the physical aspects of care by ignoring other important needs and omitting physicians' view.

Aim: Identify essential factors in communication process that tend to increase stress among the NICU parents.

The Study Design: Eighteen NICU parents from different hospitals in the city of Isfahan were selected for in-depth interviews. Qualitative content analysis included open coding, categorization

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and abstraction of data.
Results: Data analysis identified stress provoking factors for NICU parents in four categories as confusion in nurse-parent, nurse-physician communication, negligence in physician-parent communication, inappropriate nurse-physician communication, and the medical diagnosis communication process.
Conclusion: Our findings indicated that NICU parent presence was very low. It is necessary for the hospital management and NICU staff to develop communication skills training sessions for less stressful parent experiences in NICU. Moreover, the Ministry of Health should authorize policy development and guidelines to improve relationship between medical staff, physicians, nurses and NICU families aimed at better neonatal outcomes.

Keywords: Parent; communicational factors; stress; NICU; qualitative content analysis.

1. INTRODUCTION

The advances made in NICU have led to an increase in premature and low weight infant's survival [1-3]. Over half a million premature births treatment in the US are accompanied with the parents' involvement in NICU from confinement to discharge [4]. Unfortunately the medical staff becomes so occupied with the physical aspect of its duty that the important phase is either ignored or overlooked [5]. The inflicted emotional stress on the mother affects interaction between mother and infant [6,7].

Effective communications is a vital supportive treatment element in treatment and trough the guidance of stress specialists it would keep the family healthy with reduced stress. After all, in NICU the priority is the survival of the infant that pushes the emotional support to the second plan or ignorance [8]. The NICU nurses play a maxim role in contributing the initial contact between mother and infant [9].

The family center care, in a sense that the family is the axiom of power and support for the infant constitutes the base for care standard in NICU. According to this doctrine respect, providing information, choice of selection, flexibility, providing ability, cooperation and support as well as providing the mother with the opportunity at all levels of becoming involved in providing services is essential [10].

The evidence indicates that stress and nervousness have their unpleasant effects on the infant's growth [11,12]. Many parents visit the NICU of the hospitals and the experts are trying their best to reduce the fear caused by their visits [13].

In the recent years the survival rate of premature and low-weight infants has raised, although the research field in the area of dealing with the issue parenting has not matured yet [14]. The parent support is one of the important responsibilities of the medical team. The awareness of the medical team of the factors that enhance stress among parent in a sense helps them to behave in more efficient manner to confront or reduce the stress of parents, hence the objective of this study.

2. MATERIALS AND PROCEDURES

The inductive analysis was applied in this study that includes open-coding, categorization and abstraction [15]. The data was collected through 22 individual semi-structured interviews with 18 participants-selected based on purposes. The initial group consists of the parents, and the secondary group, of the nurses. The interview began by the researcher after everything was set and coordinated with the medical authorities and the confirmation letters were collected from the participants. The participants were selected from different regions of the city hospitals. The place for interviews was the hospitals or the subject's workplace, home or anywhere else selected by both the parties. An average of 45 minutes was assigned for each interview session and it began with the question "please tell me about the time your infant was admitted?"; afterwards, the interview continued with many probing questions and the data collection went on until the researcher felt data was saturated.

After this stage the data analysis began through open coding. At this stage after repeated in-depth listening to the tapes a perspective view is generated. The interview is transcribed in verbatim, in order to extract the key words that are highlighted for initial coding. In the classification phase the extracted concepts and codes in phase one are grouped based on similarities and differences and eventually the

classes are combined into the main classes according to the correlation among them.

For precision, accuracy of the data, prolonged visits and interviews were given and conducted with the participants by the interviewer and in depth re-reading and reviewing of the inscription that constituted the data was done by the same. For the review of the peers that colleagues views were considered with respect to the accuracy of the codes. For the review of the participants, some of the coded inscriptions were reviewed by the participants and the researcher for the level of consent regarding data coding.

It is worth mentioning that in this study all ethical codes regarding the confidentiality imposed by the medical school of the University of Isfahan have been observed.

2.1 The Findings

Based on the data analysis the 4 related factors, confusion in nurse parent communication, negligence of the physician from communication with parents, inappropriate physician-nurse communication, the diagnostic process of the physician that advance the stress among parents are categorized and expressed in Table1.

2.2 Confusion in Nurse Parent Communication

This category consists of four sub-categories: Harsh response, immorality, refraining mother from visiting the infant and contradictory between nurses reports by the nurse.

The nurse in NICU has an important role. The NICU is usually very crowded and the care-takers are in constant move. The parent need to know about their infant's status but unfortunately the nurses are not trained enough to face this situation properly and this is why the contacts are usually irrational between the parties.

A 28 year old father says

> "The nurse told my wife to get out and this is two days that she does not calm down", [f2].

A 20 year old mother says

> "Some nurses are more immoral than others; they did not let me see the infant. I wonder why this is so", [m4].

The nurses here are as busy as bees, they know one thing "take care of the infant" and this makes them tired so much that they do not even see or hear the parents.

A 38 year old nurse with 13 years of experience says

> "I and my colleagues are so busy, preoccupied and overworked that we could not respond to the parent questions. We really need one person for this task. When we say 'we do not know' the parent get annoyed; this behavior is natural" [n4].

A 30 year old father says

"I do not understand "medical science", you hear conflicting answers from the medical staff in charge, one says the infant will survive, while the other says it would not, one says the

Table 1. Neglecting the parent in neonatal intensive care unit

Main categories	Subcategories
1-Confusion in nurse parent understanding	1-1 Harsh response
	1-2 Not feeling what parent feels
	1-3 Immorality
	1-4 Refraining mother from visiting the infant
	1-5 Contradictory reports by the nurse
2- Negligence of the physician from communication with parent	2-1 Discouraging the parents
	2-2 Disrespect towards the parent
	2-3 Using complex medical terms
3-Inappropriate physician-nurse communication	3-1 Disrespect towards the nurse
	3-2 Disbelieve toward, the nurse by the physicians
4- The diagnostic process of the physician	4-1 Late diagnosis
	4-2 lack of diagnosis
	4-3 Inconsistency in diagnosis
	4-4 Wrong diagnosis

problem is with the mother, the other says they themselves have cut the sack out, anyhow there is no consistency in their answers" [f4].

2.3 Negligence of the Physician from Communication with Parent

This category consists of three sub-categories: discouraging the parents, disrespect towards the parent and using complex medical terms.

The discouraging words and lack of sympathy is one of the main factors that give way to stress in parents. Many parents have doubts on the physician's discouraging statements.

A 28 year old mother says the physician told her

> "Do not be very hopeful, cases like these are tricky, you do not know whether they would recover or not. You should not be happy, you could not count on their becoming better or worse, sometimes the worse cases end up cured and the best cases end up in death" [m6].

The parents need to talk to physicians but they think the physicians are too proud of them and feel superior to the parent; therefore, they do not pay any attention to the parent. This lack of interest in parent leads to dissatisfaction towards the physicians.

A 43 year old mother says

> "I stared at the physician so he would look at me as a valuable being worth talking to, but he even did not notice my presence for even greeting him and asking a question; the desire for asking about my infant's condition was killing me" [m1].

A 38 year old nurse with 13 years of experience says

> "…I really do not know their status and pride in a sense might fuel this kind of contact with parents…" [n4].

A 41 year old father says

> "I do not like to say who is good or bad, but I am dissatisfied from Dr. B. I count on doctors and I accept more from them, but when they show up every one is afraid of them" [f1].

Even in presence of the physicians and the parent at the infant's bed the medical terms and expressions used were more ambiguous than clarifying for the parent. The parent complained that they do not understand the physician's wording and this adds to their stress.

A 28 year old father says

> "…We are looking for a convincing answer in an ordinary wording not in a scientific language" [f2].

Regarding the same issue a 43 year old mother present at the infant's bed says

> "I begged the physicians and the nurse not to use the scientific terms because I am not educated enough to understand them. These are understood by you. Speak to us in an ordinary and simple way. All I need is to know how my infant is and what is happening to him. These sophisticated words are good for you" [m1].

2.4 Inappropriate Physician-nurse Communication

This category contains two sub-categories: disrespect towards the nurse and disbelieve toward, the nurse by the physicians.

The physician-nurse stressful behavior is directly transferred to the parent where the stress of the latter is increased.

A 38 year old nurse with 13 years of experience says

> "In fact, any stress inflicted on me by the physician is transferred to the parent by me. All physicians are almost the same. One shouts, one is full of stress himself, it seems they bring stress to NICU as they enter even though they look calm. We are squeezed between physicians and parent emotional conduct, but we do not forget our main task that is to treat the infants" [n4].

How can a stressful contact between the physician and the nurse be without a negative effect on the nurse's performance, something that would naturally concern the parent?

A 41 year old father says

> "…but when the physicians shows up, all nurses are scared of him -when we were students our fear from teacher was justified for the good of us, but here in the practical world this fear from physician has negative

> effect on the nurse and who may do wrong because they perform under stress" [f1].

2.5 The Diagnostic Process of the Physician

This category consists of four sub-categories: Late diagnosis, lack of diagnosis, inconsistency in diagnosis, wrong diagnosis.

One of the facts that add to the parent's stress is the late diagnosis due to lack of skilled specialists at the first round of diagnosis.

A 28 year old father says

> "…yesterday we were told to take ECO(Electrocardiography), while at hospital C they told us there is nothing wrong with his heart. Yesterday after 10-12 days the infant was subjected to ECO. They told us this has made the condition worse" [f2].

The specific case of the infant called for specialized tests-diagnosis but very often the causes are not revealed even by these tests.

A 24 year old mother says

> "In the hospital I suggested to the physician to put the infant in the [incubator set], they ignored me. If they had done so the condition would have improved by now" [m3].

Another mother, 20 year old says

> "The physician told me "possible of seizure" they have not told me yet whether there is seizure or not; has it occurred before or after birth. When I insist, they guide me out. Should I know what is wrong with my infant or not? No one answers." [m4].

The parent's stress rises when they hear that the diagnosis was wrong.

A 43 year old mother says

> "…I say, why they announce the results before they confirm it, this makes us more scared…" [m1].

3. DISCUSSION

The results of this study indicate that the nurse-parent communication has not been at par and majority of parent complained about the nurse's talking "tone" and behavior. Mc Grath, in 2008 announced that the medical staff is the bridge between the infant and the parent. Parent trust their infant on the nurses. Only thing that parent do is to seek for new information about the infant's condition and mostly ask about the discharge during their visits to NICU [16].

According to results obtaining in this study, nurses do not devote enough time to respond to parent and this leads to more stress. The results from Mok and Leung [17] indicated that when the parents talk to nurses their stress is reduced and according to the answers by nurses they conclude that the best is being offered to their infant's treatment [17]. Bioloskurski et al. (2002) found that providing accurate information to the parent is one of the most important responsibilities of the nurses, since the parent are not aware or informed about the phenomenon at hand [18]. Fenwick et al. [19 claimed that nurse-mother talk leads a kind of training for the mother to improve for care taking practices regarding the infant [19].

This study revealed that irrational relation from nurses' side increases the parent stress. Cleveland [20] found that the medical team must assist the parent in NICU; the communication therapy between these two is a priority. The nurse should provide for such an atmosphere so the parent can contribute the most and feel comfortable in NICU [20]. Here it is also found that initial information does not satisfy the parent. Casarini [21] stated that the relatives of the infant who have no prior experience from what goes on in NICU show irregular stress. The openness of the medical team with the parent is essential, like a private talk in a separate space with the parent will help a lot. This measure leads to a mutual understanding between nurse and parent [21]. But our results indicate just the opposite. This means more training is needed in this field of human conduct.

Our findings provide that the irrational relation of physician-parent raises the stress level in the parents. Sudia-Rubinsone (2000) stated that the physicians and the nurses in NICU must establish a reasonable relation with the parent regarding the transmission of reliable information [22].

Hummel [23] has found that the parent describe the situation in NICU as being non-supportive: late response to questions, unwilling answering as if unwanted, giving wrong information, hiding from parent and using medical/technical language [23].

It is found here that the medical team did not have good relation with the parent. According to Parker [24] there exist some hidden problems in the role of nurse and medical team at NICU. Their knowledge and answers in supporting the infant's parent in special occasions is of necessity [24]. Smith [14] believed that parent involvement in infant care taking has favorite consequences [14]. Treyvaud et al. [25] claimed that disturbance in family conduct and parent stress was directly related to the infant's situation in NICU [25]. Latour et al. [26] showed that family center care does reduce stress and increase self confidence in the parents. Therefore evaluation of parent needs leads to medical team service promotion for the betterment of both the infant-parent condition [26].

4. CONCLUSION

The data analysis indicates that the presence of parent in NICU of the hospitals is very low. With respect to importance of the family center care and the fact that supporting the parent is one of the essential responsibilities of the medical team, hence the awareness of the team from the stress promoting factors and recognizing their causes will balance the nurse-infant and nurse-parent relation. It is necessary for the hospital authorities and NICU managers to prioritize the training and communicational skills among the medical team to develop better corresponding conditions among physician-nurse-parent relations. The policy makers at Ministry of Heath should emphasis on this issue(family center care) and introduce proper measures to overcome this important emotionally disturbing phenomenon for the good of the medical system and the patients, parent, for our purposes the NICU atmosphere.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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