



Family – professional partnership a core principle of family centered care in the neonatal intensive care unit: Review of literature

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Abstract

The concept of Family Centred Care (FCC) has been recognised globally as an ideal way of caring for high risk hospitalised neonates. FCC operates to support families as they join in the care of their infant in the Neonatal Intensive Care Unit (NICU). Research suggests that while parents desire to participate in the care of their neonates, health professionals experience difficulties in integrating them. Therefore, the aim of this literature review is to discuss parental-professional partnership as one of the core principles of family centred care (FCC) in the NICU. Literature search was conducted in order to identify publications in peer reviewed journals that related to FCC and NICU. A total of 70 articles were retrieved and applying present criteria, 31 were selected as they were relevant to FCC in NICU, parent- professional partnership and its benefits in NICU, and principles of FCC. The key concepts identified as being central to parent-professional partnership in literature included parent-professional interaction, information sharing and benefits of family professional interaction. The results of the reviewed studies revealed that parent-professional partnership was beneficial to parents and neonates as it reduced anxiety and length of hospital stay. It is also clear that staff find difficulties in implementing this partnership in caring for the neonates. It is evident from the literature review that where FCC has been implemented, it has positive outcomes related to both parents and staffs has been recorded in terms of reduction in the levels of stress and improvement in overall wellbeing.

Keywords: Family centred care model, Neonatal intensive care unit, Parent-professional partnership, Stress.

INTRODUCTION

Families caring for critically ill neonates in the intensive care unit have been found to be at risk of emotional and psychological distress (Musabirema, 2015). Davidson et al. (2012) suggested that the level of anxiety and distress experienced by families may be influenced by the interactions they experience while visiting their family member in Intensive Care Unit. It is also influenced by interpersonal relationship developed with health care staff and the process by which information is communicated. The families need support from nursing staff for them to cope with their situation. In the quest to provide care to the families of critically ill neonates, and reduce stress and anxiety a family centred care model has been developed. It is a paradigm, care model, philosophy or theory that is being increasingly emphasized as an important element in improving outcomes of care in the NICU (Hall, 2005; Shields et al., 2007). However, fundamental misunderstandings still exist in definition

of FCC, implementation strategy and determining family centeredness of care. Literature positions FCC as a highly abstract concept that is yet to reach its developmental maturity (Mikkelsen and Frederiksen, 2011; Staniszewska et al., 2012). A consensus regarding the definition of FCC practices and actions has eluded the proponents of FCC, although considerable agreement has been achieved on the principles (Kuo et al., 2012).

Gooding et al. (2011), conceptualised FCC as a philosophy with a set of guiding principles, a cohort of programs, services and principles that many hospitals have embraced. The American academy (2003), has defined FCC as an approach to medical care rooted in the belief that optimal health outcomes are achieved when patients' family members play an active role in providing emotional, social and developmental support. This and a lack of consensus have contributed to the current challenges in arriving at a common definition. The diversity in the societal context within which family care is

applied adds to the complexity and lack of consensus on what should be the common definition of FCC.

According to Ballweg (2001) FCC is a medical concept and golden standard in NICU while for Manning (2012), it is a team oriented and multi-disciplinary approach which involves families in breastfeeding, kangaroo care, care planning and limitless presence beside their neonates. In addition, it enables family members to take care of their neonates with fewer expenses. Cockcroft (2012), emphasises that the delivery of effective FCC requires sensitivity and understanding as parents are the most important part of a baby's caregiving team. Factors crucial to successful FCC have been documented and include parent-infant contact, parent inclusion in hands on care, and welcoming, supportive, family friendly environment (Redshaw and Hamilton, 2010). Others include the design, use of resources and physical environment of the NICU with comfort, privacy and space providing significant issues for carers.

Therefore, this literature review sought to understand the parental-professional partnership as one of the core principles of FCC and its benefits in reducing stress among parents and improving neonatal outcomes and will facilitate gaining of an in-depth understanding of the family-professional partnership as a principle of family centred care in the neonatal intensive care unit.

METHODS

Search Strategy

Family professional partnership in the context of FCC was assessed through review of literature. Five search engines were used to identify medical, nursing and neonatal literature. As such, Science Direct, Pub Med, BioMed Central, Cochrane library, EBSCO Host and HINARI were the sources of the literature included in this paper.

The search was confined to reports of research published in peer reviewed journals. Studies were selected for review on the following basis: articles in English, the article was on family centred care in neonatal intensive care, admitted neonates in neonatal intensive care, professional/parent's partnership and the method and data collection included either qualitative or quantitative. There were no restrictions in terms of setting where they study was conducted. The literature review was comprehensive and included articles from the Medical, Nursing, Neonatology spanning from 2000 to 2017.

RESULTS

A total of 70 articles were identified in the literature and out of these only 31 were included on the premise that they met the inclusion criteria (FCC in the neonatal intensive care unit, principles and nurse/parents

interaction in NICU and its benefits). Of the 31 articles included 26 were on nurse/parents partnership while 5 were on principles and evolutions of FCC. Most of these were qualitative studies which concentrated on lived nurses' and parents' experiences and perceptions of FCC, some were randomised control trails and a few were cross sectional surveys.

The research evidence gathered for this review brought out the following key concepts of parent professional partnership; parent-professional interaction, information sharing and benefits of family-professional interaction. This review excluded studies that concentrated on patient-centred care model in adult intensive care and family centred care in paediatric intensive care as they did not meet one of the inclusion criteria of the study being conducted among parents nursing neonates.

DISCUSSION

A number of reviewed publications have highlighted the need and benefits of including parents and family in their child's care. Working together to build effective partnerships and collaborations between neonatal nurses and parents is required to better implement FCC principles within a NICU environment. The parent professional partnership does not need to be explained to parents as they may not have expectations of FCC but they know they want to be with, and care for their child.

This review concentrated on involvement of family in the care of the neonate, being one of the core principles of FCC. Involving parents in the care is the center of the parent-professional interaction in NICU, where parents are not involved in the care the interaction between the two is cut. Trajkovski et al. (2015) indicated that both nurses and parents value the philosophy of FCC.

However, the need for continuing education, collaboration and organisational support is required to effectively implement FCC principles. The other core concepts of FCC include parental involvement in decision making, open and honest communication, collaboration and partnership, mutual respect, safe and developmentally appropriate NICU physical environment and mutual respect (Wigert, 2013).

Parent-Professional Partnership in NICU

A fundamental principle of FCC is the need to develop respectful partnership between health professionals and parents of infants requiring neonatal intensive care (Trajkovski, 2015). Neonatal intensive care units have shifted from restrictive hospital environments that previously excluded families, to policies that place parents and family at the centre of care. Increased emphasis has been placed on the need to recognise individual needs of families and position parents in the care of their neonates

(Bernado et al., 2017). The relationship between family and professionals should be characterized by mutual dependency and shared responsibility for the child’s care.

Family Centred care operates to support families as they join in the care of their infant in the NICU (Gooding et al., 2011). A central component of FCC, supported by the UNICEF baby friendly initiative (WHO/BFHI, 2009) is the involvement of parents in the care of their admitted child. Mother-nurse interaction is a recognised factor in minimizing anxiety as nurses provide psychosocial support to mothers. Mothers need to establish trusting relationships with nurses and health care providers in the NICU as this improves the mother’s competence in care giving of high risk infants. In addition, nurses also have an opportunity to share their observations and knowledge of the infant, provide information about the individual characteristics of the neonate to acquaint the mother with her infant and help diminish anxiety (Wong et al., 2015) (Figure 1).

Information Sharing

The findings of this review are in line with Wong et al. 2015, whose study examined families’ experiences of their interactions with staff and found that interactions revolved around seeking information and becoming informed. Hollywood and Hollywood (2011), emphasised that information sharing could alleviate certain fears for the parents of premature babies admitted in NICU. However, they also found that there were problems with sharing and the way in which information is given. Working in partnership with nurses and parents is very challenging (Mikkelsen and Frederiksen, 2011), the staff that interacted in supportive ways managed due to their communication and interpersonal skills.

Similarly, Coyne and Cowley (2006), asserted that while

parents were willing to participate in the care of their babies, nurses found it difficult to support and facilitate parental participation. One of the most challenging issues highlighted is shared decision making, especially related to invasive and painful treatment options, which needs to be carefully considered and health care outcomes shared with families (Coyne, 2011). The authors asserted that family-professional partnership can only succeed if each member involved respects the skills and expertise the other partners bring to the relationship. This can be achieved if both partner fundamentally trust each other’s actions and motivations; communication be open, and decisions are made together, with a willingness to negotiate as needed. Concurrently, families are often dealing with the crisis of having a sick infant, something they did not plan for during the joys of pregnancy, and developing trusting relationships with a new group of caregivers (Baker et al., 2010). This makes it more difficult for parents to identify what is expected of them in this partnership.

To date, family involvement in care has been represented by three dominant theoretical conceptualisations and frameworks including: family as a context; family as unit, and family as a system (Segaric and Hall, 2005; Wright and Leahey, 2000), where family as a context is operationalized in the FCC models of practice. Participants also conceptualised family centred care as the involvement of families in the care of patients. Being able to help the patient with physical care and just touching the patient is beneficial for family members as they derive satisfaction from the process. Allowing them to provide physical and emotional support makes family members feel needed and useful in the care of their patient (Loghmani, 2014).

Benefits of Family Professional Interaction

The review also revealed the benefits of professional interaction. Empowering the parents to be full partners

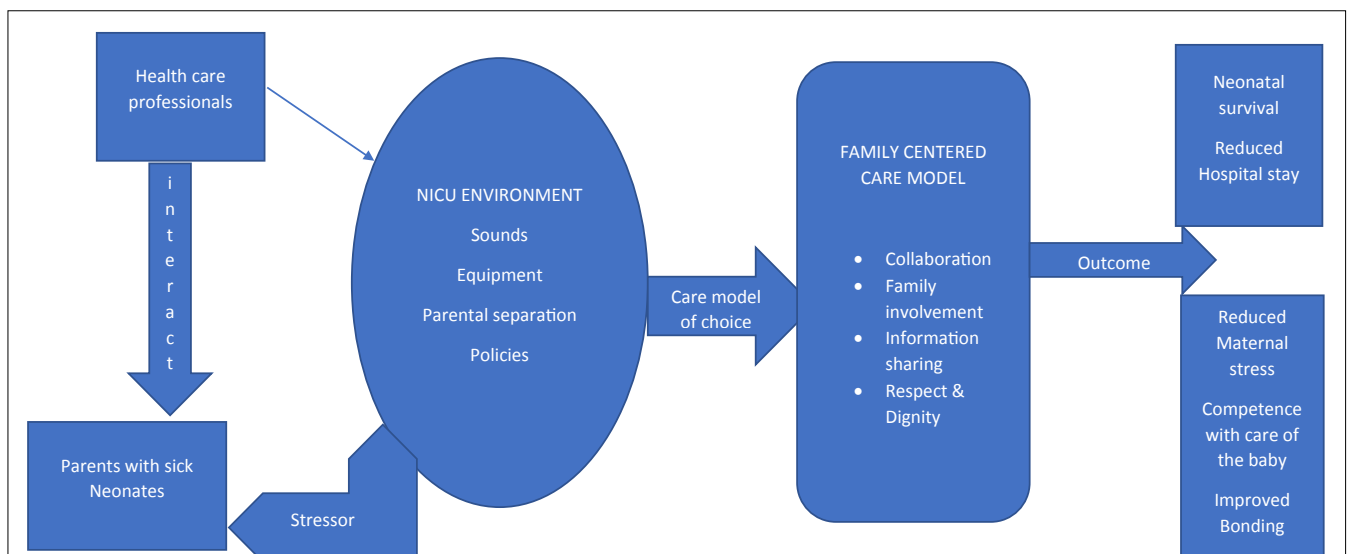


Figure 1. Conceptual framework on Parental – Professional Partnership in NICU

in their infants' care may serve to improve adaptation to the NICU environment, understanding and responding to their infant's needs and foster secure attachment for the infant's lifelong physical and emotional health and wellbeing (American Academy of Paediatric, 2003). The development of an infant's cognitive, social competency and secure attachment are facilitated by a positive mother-infant interaction. This is so because a mother and her infant speak to one another in a unique and continual dynamic way from the time of conception throughout the lifecycle. This language develops through a continuous interplay of sensory cues, some visual, some tactile and some are perceptions which only the mother or infant can sense. Therefore, mothers who feel supported by family members who share care and feeding responsibilities have an improved sense of competence than mothers who feel the full weight of responsibility for their infant (Bernado, 2017).

Bernado et al., 2017, conducted a prospective cohort study in which the parents were allocated in two cohorts: the FCC cohort and the NFCC cohort. In line with the present study, they found that parents who were in the FCC cohort were more satisfied and less stressed than those in a non FCC group. It was further noted that the infants in the FCC group showed increased body weight after 60 days of hospital stay than the infants in the other cohort. The findings of their study show the benefits of FCC to both mother and baby. Similarly, Gooding et al. (2011) study revealed that FCC improves overall health outcomes of both mother and baby, reduces length of hospital stay, and improves the parents' knowledge and confidence. In the same vein the American Academy of Paediatrics, 2003, indicates that family presence during health care procedures decreases anxiety and that when parents are prepared they do not prolong the procedure or make the provider more anxious.

Although the delivery of FCC parents can feel supported to grow in confidence caring for their baby; this will ultimately help them to be better prepared when taking their baby home (Walmsley et al., 2016). If the premature baby does not survive, FCC can ensure that the short time parents have with their baby is as positive as possible. Supporting parents at this time will impact on their emotional well-being and help them foster lasting memories (Cockcroft, 2011).

Therefore partnership between families and their children's medical providers are essential to ensuring quality health care. Morrison and Gullon-Rivera (2017) revealed that providing educational and emotional resources to siblings, including the use of effective approaches is an integral part of assuring high quality services under the FCC approach. Wells (2011), reported similar results and indicated that families partner with providers to make

decisions about their individual children and to improve health care practices, programs and policies that affect all children.

The families' experiences of their interactions in intensive care have the potential to enhance or minimise anxiety (Wong et al., 2015). Blom et al., 2015 suggested that family needs are met by their experiences, interactions and relationships with staff such as communication of information. Despite this some health professionals still find it difficult to integrate FCC principles into daily practice.

Family centred Care is based on the understanding that the family is the child's primary source of strength and support and their perspective are important in decision making (American Academy of Paediatric, 2003). Family centred practitioners are keenly aware that health care experiences can enhance the parent's confidence in their roles and overtime increase the competence of children and young adults to take responsibility for their own health care.

The FCC concept is still evolving and as a result, evidence concerning its effectiveness in improving outcomes for children is limited. However, limited, the extant evidence as reported by Kuhlthau et al. (2011) supports the value of FCC in improving outcomes of children and families. Indeed, developing a sound evidence base for FCC is an important goal in its own right. FCC assures the health and wellbeing of children and their families through a respectful family professional partnership. It honours the strengths, cultures, traditions and expertise that everyone brings to this relationship. It is the standard of practice which results in high quality services. This definition applies to all children and their families and all health care practitioners, including paediatrics, family physicians, nurses, social workers and other allied health (Arango, 2011).

FCC interventions are associated with reduced symptoms, improved physical and mental health and functional status. Providing FCC means that the clinician incorporates into caregiving the knowledge and conviction that family is the constant in children's lives; children are affected by and affect those with whom they have relationships; and by including families in care processes, children will receive higher quality care (Tondi, 2010). Interactions can either constrain or facilitate a parent's ability to take up their role as carer and feel connected to their baby (Fenwick et al., 2001). If communication is not effective parents will miss vital information (McGrath, 2005), which may impact on their ability to take part in decisions and discussions. Information that is: inadequate, vague, conflicting, didactic or lacking in negotiation acts as a barrier to FCC (Fenwick et al., 2001; Reid et al., 2007; Jones et al., 2007).

Study Limitations

Although this review has brought out key concepts of family professional interaction in FCC, conducting a comprehensive review was challenging, because of its many elements and wide variety of terms used with the literature databases for the FCC approach, for example (patient centred care, family involvement). The lack of consensus on the definition of FCC could have led to other studies and those phrased as mentioned earlier being left as the key search terms missed them as they could have same principles but phrased differently from FCC. The review also did not include all studies of FCC as some did not meet the criteria for this review especially on age of the sick infant. Most of the reviewed literature was qualitative studies which were conducted in the developed countries where the value and type of interaction between staff and family could be different with developing countries...

CONCLUSION

FCC aims to help families cope with associated anxiety and it also aims to promote their wellbeing. When parents and professionals work successfully together and build effective partnerships and collaborations the reported benefits are significant. These include confidence and competence in caring for the baby. FCC has been identified with a decreased length of hospital stay, enhanced infant-parent attachment and improvement long term outcomes for the baby. However, adopting FCC as a practice model is not without challenges. Changes in clinical training and continuing education programs devoted to FCC are needed.

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