Support for the parents whose child is in Neonatal Intensive Care Unit (NICU).

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Degree Thesis in Health Care and Social Welfare, Vaasa

Education: Nurse, Bachelor of Health Care

Vaasa / 2015

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Title: Support for the parents whose child is in Neonatal Intensive Care Unit (NICU).

Date: 4.11.2015 Number of pages: 29 Appendices: 2

Summary

The time when a neonate is coming to the intensive care unit is one of the most stressful times for the parents. Lack of information, new environment and uncertainty about the child's future make them more stressed and psychologically fragile. Working with families during this time is a complex process that is including different factors, methods and has a big impact on the quality of care to both neonate and parents.

The goal of this work is to find out with use of a literature review, what newly done researches tell about the different ways of the parental support provided by nurses during the time, when they are having their newborn child in the neonatal intensive care unit. At the same time was applied theory of suffering created by J. Morse (2001) to see how the ways of support could vary from one to another type of parental suffering.

The results from the literature review were formed into two categories: empowerment and nurse- parent interaction. At the same time, they contain 4 sub-categories that describe more in detail these two phenomena.

The data gathered indicated that the process of the parental support is not a split into diverse parts, but presented as a complex structure that in combination would lead to an optimal result. Both empowerment and interactions among nurses and parents are affecting each other equally. Moreover, each category could be applied to the different type of emotional and psychological suffering, which provides better care to the families.

Language: English Key words: Nursing; Parental Support; NICU, Empowerment, Nurse- Parent interactions

1. Introduction

The history of the Neonatal Intensive Care Units (NICU) began in 1930 in the United Kingdom where the first Special Care Baby Unit was opened. During that time all the parents were viewed as potential diseases carriers that could negatively affect the mortality rate of the newborns from infection (Boxwell G., 2010, 41). It is important to mention that these precautions were rational due to the fact that antibiotics for the open use did not exist yet. Parents were allowed to see the baby through the glass barrier in other room and often were not permitted to touch their children until the day of discharge from the hospital (Boxwell G., 2010, 41).

The time of revolution in the parental support development in neonatal intensive care units began in 1970 when increasing numbers of the researches have been made about infant bonding with the mother. Later, from 1980th was more and more discussed an importance of the breastfeeding and mother support. Furthermore, in the 1990th were developed family-centered care approach and developmental approach that were targeted to improve well-being of the families during the period of stay at NICU (Boxwell G., 2010, 42-43).
Despite of the successful social development in the neonatal intensive care and encourage of the active participation of both parents in infant care, still, the admission of the newborn child to the intensive care is one of the most difficult and dramatic time of their lives. Throughout the whole period of stay in the ICU, parents often feel very uncertain about the outcomes of the treatment and care, concern, shock and depression (Ward K., 2001, 283), furthermore it could lead to the development of an acute stress disorder (ASD) and that could lead, as a result, to posttraumatic stress disorder (PTSD) (Cleveland L. M., 2008, 666). While all the concentration is on the child's life saving, it is important to remember about both emotional and physical conditions of the parents and implement all the possible agents for family support and coping with this situation.

2. Aim of the Study and Problem Definition

The aim of the study is to describe, with new research made by review of the recent articles, different ways nurses can provide support to parents during the time when their child is in the neonatal intensive care unit in different countries.

There were two questions to be answered by this literature review: 1) What kind of feelings parents are experiencing while having the child in NICU and 2) how nurses can support the family during the period of neonatal intensive care according to the information published in the recent researches? Better understanding of these two questions would give a big improvement into the nursing work and care provided to both neonate and parents.

3. Theoretical Background

The time when an emergency situation appears with a newborn child often calls "the first 'Golden Minutes' of life", because exactly from these minutes begins the struggling for the child's life. When we are talking about the newborn infants it is extremely important to know that during that period even small changes in their conditions could lead to irremediable consequences and the result would mostly depend on the actions of the medical team, and how fast and correct they were performed (Hansmann G., 2009, XV.)

3.1. NICU

Neonatal intensive care unit could be defined as a branch of the hospital where is provided intensive care for neonates who are premature, seriously ill or not fully developed babies (Oxford Dictionary of Nursing, 2008, 256). Without high quality assessment and continuous monitoring of the condition, the lives of these infants would be in danger. There are list of indications for the admission to the NICU that includes immaturity (before 37 weeks) , very low birth weight, respiratory disorders and cardiac disorders, malformations and many other conditions threatening child's life (Hansmann G., 2009, 179). Almost always under the risk come multiples infants, for instance twins or triplets.

Neonatal Units has 3 different levels according to the condition of the patient, however only the 2nd and the 3rd levels are included into the NICU and can be defined as a specialized care for the newborn or premature seriously ill child with use of the required special equipment (British Association of Perinatal Medicine, 2001, 2- 3).

During the period of being admitted to the NICU mother and child should not be separated for a long period of time (Hansmann G., 2009, 179). Boxwell G. (2010, 45) found, that basically the conversion to motherhood is a complicated period of time for every woman,

however following NICU admission would have severe impact on the process of becoming a mother. It would be affected and worsened by an inability to make a bonding with the baby, a feel of guilt from not meeting own expectations of giving birth to healthy child, etc. On this basis, it can be presumed further strong problems in the formation of the healthy relationship between a child and his/ her mother that could be associated with socio- emotional challenges in the future.

The working with parents in the neonatal intensive care is a complex process that is including in itself several components, for example, family- centered care, empowerment of the parents and interactions between nurse and family including the support provided by nurses (Aldridge, 2005, 42-43). All of these has huge impact on the quality of care to both neonate and parents, and improves health care system generally.

3.2. Family-centered care

Family-centered care is described by Brown W., Pearl L. F., Carrasco N. (1991, 51) as a caring philosophy that determines role of the parents that they are taking in child's treatment, respects and encourages their actions. The main goal of this concept is to support roles of the parents as caregivers and building open and trusting relationships between nurses and family.

Apart from the child's condition, nurses should also take care of the family members' needs, their mental and physical well- being, provide an education that would helping them to adjust to the situation and take control of it. Moreover, it is very important to include parents into the creation of the care plan and decision making process which would improve care provided to the neonate (Ramezani T., Shirazi Z. H., Sarvestani R. S., Moattari M., 2014).

3.3. Empowerment

As long as we know that the newborns do not have any ability to decide their treatment, the advocates and the representors become parents and medical professionals. However, even though the importance of the parents involving into the process of making decisions is great, often they are excluded from the treatment process. It would affect the process of bonding, increase risk of development depression, or even neglecting own child (Herbst A., Maree C., 2006, 4). Empowerment could be defined as providing as much parental involvement into the infant's treatment as possible (Herbst A., Maree C., 2006, 6). Outcomes from it would be seen a sense of control of the treatment and own life, ability to cope with the situations, positive outcomes in care provided to the child (Scott A. P., Matthews A., Corbally M., 2003, 14). Yet, the requirements of the parents regarding the child's care are quite unpredictable for the majority of nurses and the empowerment is not a routine in NICU care (Herbst A., Maree C., 2006, 6).

There were identified several factors that is affecting empowerment of the parents, their cooperation and perception of the infant's treatment. Firstly, the information should be provided before the admission into the NICU, preferably in both verbal and written form. It should be done in every case, where is the risk factors, for making this a bit easier for the parents and reducing anxiety during the admission. One of the good examples is the COPE program. COPE or Creating Opportunities for Parent Empowerment is a combination of CDs and workbook that is providing parents an educational information about behavioral characteristics and needs of premature babies, the basic care, it shows the ways how to improve an interaction between parents and infant (Melnyk B.M, 2012).

Another factor is the acquaintance with staff that is taking care of the neonate. It would help parents to build the trust and rely on their decisions. Every action in the infant's treatment should be reported to the parents, it should be discussed and agreed, all the information about changes in the condition, investigations made, and outcomes should be provided without a request from them. Parents should take part into the treatment, to be taught how to take care of own child, however their roles should be very clear. For example, encourage them to make more visits with skin-to-skin contacts, feeding and cleaning assistance, etc. (Herbst A., Maree C., 2006, 8-10).

Both of these concepts - empowerment and family-centered care, are including very strong interaction between both parents and nurses, open communication between them and as a sum form support for the family needed at that moment.

4. Previous research.

The technology and the ways of providing care for the child in neonatal intensive care improved rapidly. It is difficult to imagine that just 10 years ago we did not have that technology that we have now. However, not only the technology makes the care of the infant successful, one of the biggest roles plays the participation of the parents in the process.

Rodwell C. M. (1996, 311) discussed the concept *empowerment* and made a conclusion that at that moment empowerment of the patients and those who are responsible for the patient in case of immaturity or inability to make own decisions, is something that should be introduced into the health care more widely. Nevertheless, the author sees that as an ideology that is not applicable into the practice, and which needs the big improvements and to be more practical. Some of the factors that were affecting the progress of the empowerment concept were not readiness of the health care providers to accept the choice of the clients and low level of autonomy and authority of nurses in the health care system (Rodwell C. M., 1996, 311). Some years later there were an improvement in the system and empowerment slowly started to apply into the health care.

In the year 2002 in wide use was the program "Baby CareLink". The aim of this program was to give an access to the parents to the care process, decision making and observation of the child remote from NICU. It improved not only communication among parents and health care providers, but also provides an education and full reports from the nurses or/ and a physician about the care provided to the neonate (Safran C., 2002, 4). This program was very useful to those families where is more than one child and to the parent who cannot afford to be in the hospital full day due to easy access to the care reports history, online observation of the neonate and the actions that nurses were performed.

Moreover, parents reported the importance of the information provided to them by caregivers. They wanted to view it as an open dialogue that would include a provision of

the factual and complete information about the treatment and possible actions and outcomes from care provided to the child (Conner J. M., Nelson E. C., 1999, 339).

Parental support and *communication* between families and nurses were also discussed very briefly in the early researches.

The anxiety was defined as one of the most prevalent symptom of the parental distress. There were differentiated many factors that affect parental stress level, such as lack of the communication between nurses and parents, worries and doubts about uncertain outcome of the child's treatment, etc. Insufficient communication with parents and limited action for needs of the parents led to the increase of the misunderstanding among nurses and parents and increase of anxiety of the last (Ward K., 2001, 281). Also, apart from the information provided in the verbal form, was agreed that the use of some visual presentations or videos that would facilitate easy understanding, affect beneficially the reduction of the stress level and increase their sense of the situation control (Feldman Reichman S. R., Miller A. C., Gordon R. M., Hendricks-Munoz K. D., 2000, 290).

Gale G. and Frank L. S. (1998, 62) mentioned that since 1980s the progress of the support of the parents and their involvement into the treatment and care planning of the child had the huge progress, and played the vital role in the healthy bonding and, at the same time, development of the neonatal intensive care system. However, the studies showed that parents themselves ranked their needs in support as least important, comparing, for example, with assurance and provision of information about the health status and treatment provided (Ward K., 2001, 283). The explanation of that could be because was not providing a supporting groups for families, however British Association of Perinatal Medicine (2001, 8) listed psychologic support as the one of the services that parents can get at the NICU, as well as the help provided by with social worker, neonatal nurses and staff that support breast- feeding.

5. Theoretical Framework

When touches upon the emotional and psychological stress, can attribute them to one of the manifestations of suffering. It could be defined as a state of severe distress that individuals experience when some crucial aspect of themselves, their being or their existence is threatened (Fry and Johnstone, 2008, 109). For the parents the existence of

their newborn infant is threatened and the fear for the child's life, hopelessness and feeling of being powerless causing even stronger suffering. To get better understanding of the psychological conditions of the parents whose neonate was admitting to neonatal intensive care unit and the ways how to support them in that period, I have chosen a complex theory of suffering created by Janice Morse as a theoretical framework.

"Nurses are the caretakers of suffering."
(Morse J. M., 2001, 47)

Morse identified the two major positions of suffering that would be treated differently according to the type: emotional suppression or, also known as enduring and emotional suffering (Foss B., Nåden D., 2009, 15).

Emotional suppression could be defined as a response to the menace of self- integrity, a blockage of the feelings and emotions, keeping them inside. People with enduring are emotionless and do not show any interest. They are focusing on the things that are happening at the moment, because this would make them to keep going, to survive this period (Morse J. M., 2001, 50). Enduring could be followed by experiencing of 'escapes' from it, such as emotional outburst from time to time which is often seen as a short eruption of anger at nurses, or by concentration at some mind work or at hard physical activities (Morse J. M., 2001, 51). At this stage of suffering support could be expressed by being with the person, by telling that a person is coping well, however any kind of empathy is not appropriate (Morse J. M., 2001, 56).

Nevertheless, the loss of self-control and being terrified would be recognized as an enduring failure and moving to the emotional suffering phase, when comforting actions by nurses, such as expressing comfort, empathy, talks, touch or eye contact with a person could help (Tetrault A., Nyback M.-H., 2010, 7; Morse J. M., 2001, 57).

These two stages could occur separately, over the time transformed from one to another or could appear moving back and forth between them (Morse J. M., 2001, 52). 'Self-reformulation' could be the last step and appear by the recognition of the enduring reason and the acceptance of what happened, and person would be able to move forward (Foss B., Nåden D., 2009, 16; Tetrault A., Nyback M.-H., 2010, 7). In other words, the perception of the reasons, acceptance and learning how to deal with this would lead to gaining experience that would be applicable later in life.

6. Methodology

As a method of making this thesis had been used a systematic review of the literature with qualitative content analysis.

Literature review itself is a complex systematic process where should be stated clearly including and excluding criteria of the data (Polit D. F. and Beck C.T., 2008, 108). Using literature review was made a scholarly investigation and analysis of the information from previous researches about the concrete topic, and the summary of the findings (Polit D. F. and Beck C.T., 2008, 108). The systematic review according to O´Leary, Z. (2012, 74) means that a critical survey of the previously made researches published in authoritative research journals was made.

In case of my bachelor thesis, the background was built on the combination of information from journals, however, one part of the background that described NICU structure partly from books and national associations. At the same time, the research was based on the newly done researches made in this area and published only in scientific articles.

Qualitative content analysis had been determined by Polit D. F. and Beck C.T. (2008, 517-518) as a data processing for distinction of the clear themes and similar patterns among them. The main challenge in this process is to organize the data to the small units by coding the data, according to the subject matter they describe and combining them into the groups with similar concepts. Finally, should be created the general description of the subject that would include different points of view out of each article that used that concept (Elo S. & Kyngäs H., 2007, 109-111).

At the first step of the content analysis, all the articles were carefully read and determined whether they are applicable for this work or not. Then the procedure was repeated in order to differentiate the key categories that are connected with parental support in each article. The data was carefully reviewed and a specific information related to the research topic was coded, or in other words given a name. Then, accordingly to the content they contain, those small categories were combined into the sub- categories. This allowed me to combine all the information of the specific topic from different articles, see the similarities in the answers given in articles and show the clear idea about the subject of discussion. After creation of the sub-categories, they were combined to the two main categories of the research, which gave me a possibility to see different sides of one category and make clear summary.

During this process, creation of the sub- categories allowed me to sort the articles into the table of result matrix (Appendix 2). This at the same time, made information more clear

about what was found in the researches (Polit D. F. and Beck C.T., 2008, 121) concerning the main method of the support provided to the families by nurses.

6.1. Criteria of Selection

While making this thesis the qualitative literature search has been used. To specify my search I have narrowed the time limit and chose the articles that were written at the period of 10 years from year 2004 to 2014. Another criteria was the language articles written, all of them are in English, and the content all of them were qualitative. Moreover, the search was narrowed more by usage only articles that were given in full text.

This search was accomplished by using EBSCO Host and PubMed databases.

The search terms used were including different combination of key words "NICU", "Neonate", "Neonatal nursing", "Family support", “Fathers”, "Parental support", "Nurse-parent relationships", "Family- centered care”, “Parental Empowerment”.

During the search 65 hits were identified and only 10 articles were chosen for the research. Some of the articles were found in the Google Scholar, however due to the fact that it is not always providing the full text articles they were found in EBSCO by the title. All the search history is provided as a table in Appendix 1.

6.2. Ethical considerations

When it comes to the human research, it is initially to keep ethical approval no matter if this research is made by questioners and direct contact with participants or based on the published materials (Australian Government, National Health and Medical Research Council, 2014).

Due to the fact that the format of my work does not implicate a direct conversation with parents of patients in NICU, all the information used in my thesis was taken from various written works, articles, books and other informational resources with an open access.

In this case ethical issues arose in the usage of the data materials. All the information used for this work does not violate copyright and other related rights of the authors. The source materials were always accompanied by a source reference, including the name of the author with initials, year of publication, title of the work, name of the journal or a book and additional information related to the publishing.

6.3. Reliability and Validity

According to Polit D. F. and Beck C.T. (2008, 196) reliability could be determined as the reference to how accurate and coherent the data used in the research was. In quantitative research reliability could be acquire the same results while observation of the phenomena more than once (Trochim W.M. K., 2006). However, in case of the qualitative research, this method is not applicable due to the personal factor. There are many measures that applied for determination of the validity and reliability, but cannot be used for qualitative research and obtaining of the averment of its trustworthiness (Noble H.,Smith J., 2015). Nevertheless, there are some criteria that could be applied to determine trustworthiness of the data, such as credibility, transferability, dependability and confirmability (Shenton A. K., 2004, 64).

7. Results

Provision of support to the families in neonatal intensive care unit is a complex process that could be viewed from different sides. For an optimal result nurses should take in consideration every aspect, uniqueness of every parent and based on their strong sides and psychological condition build a supportive care programs. It was differentiated four sub-categories that were combined and formed 2 main categories: empowerment and interactions between nurse and parents.

Categories	Empowerment		Interactions	
Sub-categories	Provision of the Information	Encouragement/ Incentive to participation	Emotional Support	Relationship Building

7.1. Empowerment

There is a big discussion about either it should be only parents or the whole family including other relatives. However, there is an agreement that family should be involved and the most productive time is while performing some tasks together. By giving an opportunities to the parents to take care more of their child nurses provide education to them, preparation for a care after NICU. (Trajkovski S., Schmied V., Vickers M., Jackson D., 2012, 2481).

Empowerment itself includes 2 sub- categories: *provision of the information* and *encouragement, incentive to participate* in care and treatment provided to the neonate.

Provision of information.

Several authors made an accent on the importance for families to receive information that would describe them the situation and actions of the health care professionals while their child is on treatment. Verbal communication between nurses and parents, and provision of full, open, authentic and regular information about further care of the neonate, would beneficially affect not only their psychological status, but also a communication and level of connection with a child (Maliheh K., Seyedeh M. M., 2013, 116; Trajkovski S., et. al., 2012, 2480). Parents are valuing the companionship and chatting with nurses, because it helps to decrease tension, anxiety, doubtfulness and, moreover, promoting the feeling of a control over the situation (Lam J., Spence K., Halliday R., 2007, 24; Kearvell H., Grant J., 2010, 79). It was highlighted that while reporting the condition of the neonate or giving an explanation of the care actions, it is extremely important for nurses to be available and to use an understandable terminology (Reis, M. D., Rempel, G. R., Scott, S. D., Brady-Fryer, B. A., and Van Aerde, J., 2010, 679-680; Mok, E., Sui F. L., 2006, 731). Furthermore, depending on the emotional status of the parents and hospitalisation stage they would receive more specific and detailed information. For example, when families passed the stage of passive observation and started to participate more. As the most effective method of administering the information was defined verbal, however Lam J., et. al. (2007, 23) also asserted that written form would have a positive result.

Encouragement/ Incentive to participation

While admission to the ward, parents were expecting nurses to guide them and involve in participation in child's care. Careful guidance and providing of the education to the parents, while evaluating their ability to perform care and encouraging to participate according to their progress into the care of the child are highly important and regularly practicing at NICU (Reis, M. D., et Al., 2010, 679-680). At the moment when it is clear for nurses that parents are able to perform some care actions independently, they give an opportunity to be active in the care process.

There are several programs for training, while the most effective is “HUG” program. Help-Understanding- Guidance or “HUG” was described by Maliheh K. and Seyedeh M. M.

(2013, 115) as a highly effective education program for parents who are experiencing having their preterm baby in intensive care. It provides the basic information about behavior of the newborn child and shows how to prevent basic needs problems, or how to evaluate and determine reasons of crying, and is also a good guidance for attachment improving. Due to the convenient format (DVD) "HUG" is presenting an optimal guidance for fathers who are not able to be at the hospital same amount of time as mothers do (Maliheh K., Seyedeh M. M., 2013, 115- 116).

Parents need to have a possibility to be closer to the neonate, spend some time with him/ her alone, to take a participation, to feel that it is their child (Wigert H., Johansson R., Berg M., Hellström A. L., 2006, 38-39). Family- centered care is aimed to encourage the parents to take a part in the care planned and given to their child, and it also contributes focus on bonding. Even simple tasks like a touch or performing basic hygiene for an infant is already determined as participation in caring process (Zimmerman K. and Bauersachs C., 2012, 52). However, the provision of family centered care has a straight relation with an experience nurses have. By Trajkovski S. et al. (2012, 2484) was mentioned that nurses who has less experience are focusing only on the neonate and his/ her needs, whereas nurses with a high level of experience in working in NICU would pay attention not only on child, but also on the family as a whole. From that could be made a conclusion that only with experience would be clear understanding what every family needs, in what emotional status parents are and what kind of approach should be used.

Nonetheless, in spite of the fact that nurses encourage parents to take a part in the care, they have a dilemma, how to maintain the balance between a control over the situation from their side and involvement of the parents, finding an optimal golden middle in this teamwork (Trajkovski S. et al, 2012, 2482-83).

7.2. Nurse- parent interactions

An ability of the nurses to work with the parents, to build trustful relationships with them is the key in the neonatal care that shows the quality of the care provided. As the sub-categories of the interactions among nurses and parents were distinguished *relationships building* and *emotional support* of the families.

Building relationships

It is difficult to underestimate the importance of the family in neonatal treatment, because more time nurses are taking care of the infants, more important becomes to get to know the parents of the child, their personalities and wishes, to build trustful relationships with them. An absence of choice they must leave their newborn with nurses, with people who they do not know, so it is important to make them trust us as professionals to take care of their child.

Reis at al. (2010, 679) views a relationships between nurses at NICU and families as negotiated partnership. This phenomenon is a combination between engagement, careful guidance and presence. It was mentioned that mothers are having a high need of sharing their feelings and trustful relationships with nurses would lead to increase of self- esteem and confidence (Obeidat H. M., Bond E. A., Callister L. C., 2009, 27; Kearvell H., Grant J., 2010, 79).
By getting to know each parent separately and family as a whole, understanding that they are unique as personalities, nurses are taking into consideration their strong sides and weaknesses, that can be seen in the further care of the child would make a support program more effective and treatment more productive (Fegran L., Helseth S., 2009, 670). In the research made by Trajkovski S. at al. (2012, 2481) one of the nurses responded:

> *"Not everyone has the same skills, they (parents) all bring their individual expertise...talents...To provide the best care."*
> (Trajkovski S. at al., 2012, 2481)

Emotional support.

By several authors underlined that an emotional status of the families at the admission to neonatal intensive care unit is very unstable and fragile. Parents feel powerless, exclusion

from care and separation from their child, feeling of being useless, due to professionality and skillfulness of the nurses, guilt and anxiety due to the fact that her child was admitted to the intensive care (Wigert H., at al., 2009, 26).

However, the fact that parents and nurses would be great amount of time at the NICU, that would unalterably lead to emotional closeness that could be reached by honesty, acknowledgement of the experience and respect of the parents, and collaboration (Fegran L., Helseth S., 2009, 670- 671). It is essential for nurses to be present there for them and not to ignore their needs of emotional support, to listen and empathize

.

"...I knew they were really there to listen, although not able to solve the problem."

(Mok, E., Sui F. L., 2006, 732).

The feeling of being a mother, to bond with a child played an essential role during the period of admission. (Mok, E., Sui F. L., 2006, 732). Moreover, encouragement and psychological support, letting know that they are doing a good job (Lam J., Spence K., Halliday R., 2007, 24) are leading to the increase of confidence, knowledge and control over the situation, in other words, moving from passive role to acting and at the same time decreasing level of anxiety (Kearvell H., Grant J., 2010, 78-79; Obeidat H. M., et. Al., 2009, 25-26). As soon as the level of participation in care increasing and parenting begins, the need of the family care also would rise (Obeidat H. M., et. al., 2009, 26).

Nurses were considered as "the source of strength" by parents (Mok, E., Sui F. L., 2006, 732) and played the great role in their coping and overcoming such emotionally difficult period in neonatal intensive care unit.

8. Interpretation of results

Neonatal Intensive Care environment is something absolutely different to the other wards in the hospital. The moment when parents are arriving there for the first time they are experiencing immersion to absolutely strange, unfamiliar, medical professional world. Their fear for the life of their newborn is so great that an ability to think rationally decreases and the nurses there are playing the great role in their support and education.

The review of the literature that was used for this study showed 4 sub-categories that authors highlighted the most. Those sub-categories were combined and resulted in the two main categories: Nurse-parents interaction that involved building trustful relationships and

emotional support; and empowerment that contains provision of information and encouragement parents to actions. All of these categories are equally affecting each other and making the whole picture of the support of the parents in NICU provided by nurses. This allowed me to answer both of the research questions: to see the different ways of support provided and also what kind of feelings parents experiencing during child's hospitalization to the neonatal intensive care unit, and achieve the aim of the study.

The articles that were used for this work showed, that the authors while describing the phenomena of the parental empowerment and interaction, their emotional status and the way how to alleviate their stress, used identical phrases, terminology and ideas. The opinion in all areas was similar to each other, which allowed me to conclude an absence of new, fundamental changes in family support in neonatal intensive care unit.
Also, it was significant to see how one or another category would be utilized for the different emotional status of parents at neonatal intensive care unit that were described in the theory of suffering by Morse J. M. (2001). It was determined by Fegran L., Helseth S. (2009, 670- 671) that by considering the uniqueness of every family and its members, nurses should recognize their strengths and weaknesses for achievement of the maximum result in their involvement to the care process. Depending on whether it is emotional suppression or emotional suffering, nurses would see what area for support would be more useful in one or another situation.

The most considered sub- categories were encouragement and provision of information.
Before the new millennium began, empowerment of the parents was viewed as something what to be strived to, an ideology that was hardly applicable in real life due to different circumstances. Since year 2002 were introduced to the wide use some programs that helped to control the way care provided and educated parents distantly. Nowadays, encouragement as a part of empowerment was considered as a positive incentive to action, participation in care provided. Wigert H., et. al. (2006, 38-39), Zimmerman K. and Bauersachs C. (2012, 52) and Trajkovski S., et. al. (2012, 2481) had the same point of view about empowerment. In their works was mentioned that educating parents and encouraging them to take participation in child's care would have a great impact not only on the level of care, but also their relation with a child, and this prepares them to the further care after the hospital at home.

Because in the enduring parents keep emotions inside and need to be focused at one thing at the time, participating in treatment and performing some actions would make them to

keep going and not to become reserved. Carefully evaluated parental emotional state nurses are giving them an opportunity to participate in care process (Reis, M. D., at Al., 2010, 680). Some of the parents responded that nurses pushed them to do something, for example to hold a baby or change a diaper from day to day. Even though they were scared, stressed and nervous, nurses let them know that they are doing good and that made parents to relax a bit and feel better (Reis, M. D., et. al., 2010, 680).

An importance of the information provision was mentioned quite clearly in old researches as well as in recently published. The full provision of information about the current health status of the child and interventions that were made or would be performed is a compulsory task of the nurses, no matter how busy they are. People who are not associated with the medicine in the everyday life, not perceive professional terminology and experiencing even more stress when hear it. It was highlighted by Mok, E. and Sui F. L. (2006, 731) that, while explaining medical conditions or treatment to the parents, it is extremely important to use an understandable terminology that would not confuse them even more. This, at the same time, is affecting the communication level between nurses and parents, and would affect as a result relationships building. Parents have the right to know the condition of their child and treatment provided, because they are advocating and taking full responsibility for a minor child. That means that in both cases, when parents are experiencing emotional suffering or enduring, it is important for them to receive the complete information.

Emotional support was reviewed shortly by some authors in new articles as well as in old, and described it as a communication with the parents, being available and present for them, comforting. This strategy is the most useful in case of the emotional suffering, when empathy and comforting talks would help to cope with a situation. However, for some of the nurses it is complicated to keep the distance between emotions of the parents and not being overinvolved into their experiences while close communication (Fegran L., Helseth S., 2009, 672).

9. Conclusion

The purpose of this bachelor thesis was to clarify, to see the variety of the ways of the parental support by nurses at the NICU. Moreover, it is also should correspond the standards of the qualitative research. It should be reliable, accurate and be applicable in the real life.

In order to evaluate trustworthiness, or in other word, quality of this work, was used the framework created by Lincoln and Guba (Polit D. F. and Beck C.T., 2008, 196), which was presented as a combination of four criteria:

Credibility is shown as a confidence in the veracity of the results and *dependability*, which at the same time, displays the constancy, consistency and stability of the data used.

Transferability is presenting how the results are applicable in different situations and wards.

And finally, *conformability* shows how neutral and objective the information presented is (Polit D. F. and Beck C.T., 2010, 492; Cohen D., Crabtree B., 2006).

This study could be considered as dependable, because the information represented in the used articles did not showed significant changes over the period of ten years. At the same time, due to the evaluation of the scientific data by means of qualitative analysis, coding of the categories, their comparison and creation of the sub-categories, was reached the criteria of credibility. The results of the ways of support presented in this work could be applicable not only in the neonatal intensive care unit, but also in different settings and situations where healthcare is provided to the children. These proved transferability and utility of the study.

The outcome of this work has answered the research questions and, also accomplished the aim of the study, thus it reached the goal of the whole process of the creation of this study.

The experience of making this study gave me the better understanding of the complexity of the research process. Due to the fact that there were made not much researches about this specific topic, it was quite complicated to make a data collection, also an absence of the majority old published articles in the databases perplexed the creation of the background for this work.

Even though the results presented responded to the questions of interest, in my opinion it was just scratch on the surface, due to the fact that the information was gained from small number of countries: USA, Australia, Canada, Norway, Sweden and Iran. For better understanding of the whole process should be performed further studies by not only literature review, but also direct interviews with nurses and parents.

10. Discussion

Both of the categories, empowerment and nurse-parent interactions, are closely connected and affecting each other. Without good communication between nurses and parents, the level of provided information would be decreased. Moreover, poor empowerment would lead to exclusion from the care process of their child that would affect bonding and care in the period after discharge. Due to stress and fragile emotional state, it is important to establish a good relationship with parents that would beneficially affect their education, improve self-esteem and confidence that could be only reached by emotional support and good communication.

Finally, this research shows that the process of the parental support is not a split into diverse parts, but presented as a complex structure that in combination would lead to an optimal result.

My interest in making this bachelor thesis about this specific topic was made because of the fact that it was not discussed in the pediatric course in NOVIA University of Applied Science at degree program in Nursing. We have got little knowledge about the communication with people who are advocating and responsible for the neonate. I would assume that this research would be eligible for the later nursing students as well as to nurses who are already working in neonatal intensive care units. For the students it will provide information about the parental reactions in the critical situations, as long as it is difficult to get via practice experience during the studies. Additionally, for nursing practitioners it would help to form and clarify the ways of supporting family members that is playing one of the main roles in nurse- client relationship.

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Appendix 1.

Searching strategy

Date	Database	Search Words	Limits	Hits, Selections	Articles
11.12.14	EBSCO Host	Parents in NICU	2004-2014	17 hits, 3 selected	Fegran L., Helseth S. (2009); Obeidat H. M., Bond E. A.,Callister L. C. (2009) Wigert H., Johansson R., Berg M., Hellström A. L. (2006)
11.12.14	EBSCO Host	Nurse/Parent Relationships in the NICU	Full text	1 hit, 1 selected	Reis M. D., Rempel G. R., Scott S. D., Brady-Fryer B. A., Van Aerde J. (2010)
15.05.15	EBSCO Host	Parental support AND family-centered care AND neonatal intensive care unit	1994-2014	6 hits, 1 selected	Trajkovski S., Schmied V., Vickers M., Jackson D. (2012)
15.05.15	EBSCO	Family	2009-2014	12 hits, 1	Kearvell H.,

	Host	support in NICU AND neonatal nursing		selected	Grant J. (2010)
16.05.15	EBSCO Host	Neonatal intensive care units AND fathers AND support	Full text, 2005-2013	11 hits, 1 selected	Maliheh K., Seyedeh M. M. (2013);
16.05.15	EBSCO Host	Parents support in Neonatal Intensive Care Unit	Full text, 2005-2015	12 hits, 2 selected	Lam J., Spence K., Halliday R. (2007); Mok, E., Sui F. L. (2006)
17.05.15	EBSCO Host	NICU AND Parents AND Family AND Support AND Family-centered care	Full text, 2004-2014	6 hits, 1 selected	Zimmerman K., Bauersachs C. (2012)

Appendix 2.

Result matrix

Author (-s)	Year	Building relationships	Providing information	Emotional support	Encouragement to action
Fegran L., Helseth S.	2009	X		X	X
Obeidat H. M., Bond E. A.,Callister L. C.	2009		X	X	X
Reis M. D., Rempel G. R., Scott S. D., Brady-Fryer B. A., Van Aerde J.	2010		X		X
Wigert H., Johansson R., Berg M., Hellström A. L.	2006		X		X
Trajkovski S., Schmied V., Vickers M., Jackson D.	2012	X	X	X	X
Kearvell H., Grant J.	2010	X		X	X

Zimmerman K. and Bauersachs C. (2012)	2012				X
Maliheh K., Seyedeh M. M.	2013		X		
Mok, E., Sui F. L.	2006	X	X	X	X
Lam J., Spence K., Halliday R.	2007	X	X		