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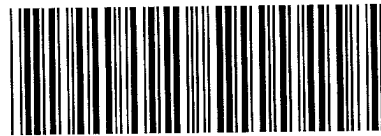
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Perceptions of Parent and Nurse Relationships and Attitudes of Parental Participation in Caring for Infants in the NICU

By Deborah I. Frank, PhD, ARNP,
Stacey D. Paredes and John Curtin, MS

When a child is admitted into the Neonatal Intensive Care Unit, parents are bombarded with technology and medical decisions that require physicians' and nurses' knowledge and expertise. Once this admission process is complete, parents begin to recover from the unexpected birth experience and attempt to determine their role function within the NICU. This period of recovery and role determination allows parents to participate in the care and decision making for their NICU infant. The purpose of this research was to examine the extent to which nurses' and parents' share similar perceptions regarding the nurse/parent relationship in caring for the NICU infant. Attitudes of parental participation in the care of these hospitalized infants were also examined.

The model utilized in this study is a systems framework proposed by Norris & Hoyer (1993). This framework was formulated using concepts from King's (1981) theory of goal attainment and literature on parenting within the NICU. The framework for parenting represents the changes from admission to discharge in the NICU. According to the framework, admission represents a time when the infant is mostly under the care of nurses and physicians due to the crisis period and critical nature of the infant's health. As parents adjust to their new role of parents of a hospitalized infant, movement should begin toward transaction, where parents and nurses are beginning to communicate and mutually set goals toward the child's care. The period of discharge represents a time when the nurse begins to relinquish all power of caretaking and decision-making to the parents. At this time, the roles of nurse and parent no longer overlap as caregivers.

The design for this study was a differential design that utilized 2 pre-existing groups, nurses and parents. The study focused on a comparison of perceptions of the parent/nurse relationship and attitudes of parental participation in the NICU between these two groups. Convenience samples were obtained and consisted of 25 parents of NICU infants and 35 nurses from a regional NICU.

The tool utilized for data collection was developed by the researcher following a review of the literature and modified after two previously used pediatric questionnaires, Gill's (1990) PPQ (report in CHC, Fall, 1993) which addresses attitudes of nurses regarding parent participation and Brown & Ritchie's (1990) questionnaire which addresses pediatric nurse perceptions of nurse/parent relationships. Gill's (1990) PPQ was modified from the Parent Participation Attitude Scale devised by Seidl & Pillitteri (1967).

Four research objectives directed this study and relate to the nurse/parent questionnaires. These objectives were to compare parent/nurse perceptions of nurse role regarding responsibility toward parents, nurse comfort and preparedness in meeting the emotional needs

of parents, satisfaction of their relationships in the hospital setting, and to compare attitudes of nurses and parents regarding extent to which parents participate in the NICU.

With regard to objective one, results of data analysis indicate a significant statistical difference regarding the priority parents place on nurses' responsibility toward parents. Parents scored significantly higher on the priority rating which may indicate several contributing factors. First, parents may place a higher priority on nurse responsibility toward them than the nurses perceive. Second, nurses may underrate the impact their caregiving has on parents in the NICU.

Findings related to objective two indicate that parents feel nurses are more comfortable and prepared in meeting the emotional needs of parents than the nurses

feel that they are. Nurses underrating themselves as to the impact they have on NICU parents may be a contributing factor. As for the third objective, findings indicate that parents are more satisfied with parent/nurse relationships than the nurses are. Factors involved include different perceptions of this satisfaction among parents and nurses, no true definition of "satisfactory relationship", the possibility of nurses feeling it is just part of their job to deliver uncompromised parental care, and again, nurses underrating themselves.

Findings related to the fourth research objective indicate that the nurses support parent participation and that parents do want to participate in their child's care. Significant statistical differences were

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Nurse Attorney Notes

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the answer is yes. The potential for patient harm is low, the complexity of the task is minimal, the predictability of the outcome has been well established, the reasonable potential for a rapid change in the medical status of a patient in this situation is low, the level of interaction required or communication available with the patient is minimal, and the delegation of this task promote efficacious use of personnel resources available. In this situation, administration of rectal suppositories for bowel evacuation is part of the normal assignments of the UAP. The licensed nurse and institution must still assure that the UAP has been satisfactorily trained in this task, such as through an orientation/demonstration program. The delegator must specifically communicate to the UAP the expected or desired out-

come, the limits of the UAP's authority, the time frame for accomplishment of the task. The delegator must also verify the UAP's understanding of the assignment and instructions, and monitor the appropriate accomplishment of the task.

Consider the same task but a different situation: The institution is an acute coronary care unit in a large hospital. The patient has recently suffered a myocardial infarction and continues to have rhythm disturbances. He has had several episodes of nausea and vomiting and now has a fever for which the physician has ordered a rectal suppository. He is anxious and fears death is impending. In this fact situation, although the complexity of the task remains minimal, the unpredictability of outcome and potential for a rapid deterioration in the medical status of the patient are high.

Communication and interaction with this patient will require nursing judgment and evaluation. In this situation, the dele-

gation of this task to a UAP would be inappropriate.

Inappropriate delegation to and supervision of UAPs may subject licensed nurses to professional discipline or civil liability for professional malpractice. Institutions may be subject to agency review and civil liability for the inappropriate delegation and supervision of their employees. Institutions have an independent duty to promote safety and quality of care by appropriate orientation and training of their employee supervisors and delegates. Understanding and incorporating the delegation process is essential to professional practice. □

References

- Florida Administrative Code 59S-14.001-.003
- Florida AGO 081-59
- Florida Statutes Chapters 455, 464
- National Council of State Boards of Nursing, Inc., Chicago, Illinois.

"Delegation: Concepts and Decision-Making Process" (1995).

The information presented by The Tampa Bay Chapter of the American Association of Nurse Attorneys is intended as an overview of selected legal topics and should not be construed as legal advice.

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Parent and Nurse Relationships

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found among 3 of the 7 parent participation questions. These questions addressed informing parents of positive changes in infant health status, parents giving medications in the NICU, and infant feedings. The four remaining questions did reflect high priority rankings by both parents and nurses which indicates to the researcher that nurses and parents both support parent participation in the NICU and wish to communicate and set goals regarding infant care.

One of the most significant findings relating to parental care in the NICU was that parents expressed a high desire to be notified of positive changes with their infants. This suggests that parents cherish hope and want to be involved in their child's progress. Parents' desires to be supported in this way reflect their participation in the communication process leading to transactions and goal attainment. Nurses may not always realize the impact of communicating positive changes. This is an important area of education for the NICU nurses.

Results of the study indicate that parents and nurses do perceive their relationships in the NICU as satisfactory and that they rank parent participation as a high priority in infant care. Results reveal that parents are successfully reaching the stage of transaction, the stage between admission and discharge, where parents and nurses communicate and mutually set goals related to infant care. Congruent findings between parents and nurses support parents' active role in mutual goal setting in the NICU. Findings support the framework for parenting (Norris & Hoyer, 1993) which is based on King's (1981) theory of goal attainment. Practice implications for primary and advanced practice nurses include the importance of recognizing parental needs, perceptions, and abilities when caring for these families.

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Stacey D. Paredes is a Masters Degree Candidate in Family Nurse Practitioner Track at Florida State University. John Curtin, MS is a Doctoral Candidate in Clinical Psychology at Florida State University. □

ATTENTION!! North Dakota Nurses Association Mobilizes Flood Relief Efforts

The North Dakota Nurses Association is initiating a fund raising campaign to provide financial assistance to Registered Nurses in the state that were impacted by the recent flooding. Financial contributions can be sent to: North Dakota Nurses Association, 549 Airport Road Bismarck, ND 58504-6107. These contributions are tax deductible.

It is important that we support our colleagues who were affected by the flood. We received so much assistance from the other state nurses association when we mobilized our relief efforts after Hurricane Andrew and now it is our turn to help. □

Call for Retired Nursing Award

The Council on Retired Nurses has established an award to recognize a retired RN who promotes the professional image of nursing by outstanding volunteer work.

Eligibility - the nominee must be a retired RN and recommended by an FNA member. The volunteer work must be health related and done within Florida during the past 2 years. □

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The nominating member, the service consumer and the volunteer organization must write letters of recommendation and submit to the Chairman of Retired Nurses - Attention: Margaret Gascoyne, RN. Deadline July 14, 1997.

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