

Qualitative Study

Explore Parent's Perception Regarding Role of Nurse as an Educator in an Intensive Care Unit Punjab Pakistan: A Qualitative Study

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ABSTRACT

Background: The neonatal intensive care unit (NICU) environment is highly stressful for both neonates and their family caregivers. The quality of interaction between caregivers and medical staff can significantly influence caregiver trust and satisfaction, which are crucial for the effective care and recovery of the neonate.

Objective: This study aims to assess the perceptions of family caregivers regarding the role of nurses as educators in a NICU in Punjab, Pakistan, focusing on the communication strategies employed by nurses and the support infrastructure available to caregivers.

Methods: This qualitative study involved semi-structured interviews with 14 family caregivers of neonates hospitalized in the Allama Iqbal Teaching Hospital's NICU. Participants were selected based on their intensive involvement in the care of their hospitalized newborns. Data were analyzed using content analysis to explore the themes related to nursing care quality as perceived by the caregivers.

Results: Caregivers generally perceived the nursing care as excellent, noting particularly the professionalism and empathy of the nursing staff. However, issues such as inadequate hospital infrastructure, particularly sleeping facilities for caregivers, and occasional lapses in communication and caregiving flexibility were identified as areas needing improvement. The study also highlighted the critical role of timely and accurate information provided to caregivers in reducing anxiety and enhancing their involvement in the care process.

Conclusion: Effective communication and adequate support infrastructure are essential in enhancing caregiver trust and satisfaction in the NICU setting. Improving these areas can significantly impact the recovery and well-being of both neonates and their families.

Keywords: Neonatal Intensive Care Unit, Nursing Education, Family Caregivers, Patient Communication, Healthcare Infrastructure, Qualitative Study

INTRODUCTION

In the delicate phase of infancy, a child undergoes several physiological adaptations necessary for survival outside the womb (1). The birth of a healthy child is often viewed as a divine blessing, imbuing parents with a profound sense of joy; conversely, the birth of a sick child can precipitate severe psychological distress, as parents grapple with intense emotions ranging from helplessness to fear about the infant's survival and potential long-term disabilities (2, 3). The advancement of medical technologies and a deeper understanding of neonatal physiology have significantly improved the survival rates of infants born prematurely or with congenital anomalies. Consequently, these infants often require prolonged hospitalizations in neonatal intensive care units (NICUs), which extends the emotional and psychological strain on their parents (4-6).

Globally, preterm birth is a pressing health issue, with around 15 million incidents reported annually and approximately one in ten infants born before their due date (7). The extended separation between mothers and their infants during hospital stays has been shown to elicit a spectrum of psychological distress, including heightened anxiety and depression (8, 9, 10). Additionally, parental stress in the NICU is exacerbated by the unsettling appearance and behavior of the newborns, coupled with significant alterations

in parental roles (11). It is crucial for families to be involved in formulating the care plans for their infants, recognizing the unique needs of each child (12). Despite technological progress reducing NICU mortality rates and potentially shortening hospital stays, these advancements may inadvertently increase parental anxiety, particularly concerning early discharges (13).

The role of mothers in the post-discharge care of their infants is pivotal; hence, ensuring that parents, especially mothers, are adequately prepared is essential for the continued care at home (14). Training in communication skills and readiness for discharge can significantly boost a mother's confidence in her caregiving abilities and dispel prevalent myths surrounding infant care (15,16). Nurses, as graduates of an independent branch of medical science, are integral to the healthcare delivery team, assuming diverse roles in prevention, management, care, treatment, education, research, and rehabilitation (17, 18). The educational role of nurses is particularly vital in critical care settings, where effective patient and family education can accelerate recovery processes and reduce the likelihood of readmission (19, 20).

This study aims to explore the perspectives of parents regarding the educational role of nurses in a NICU setting in Punjab, Pakistan. By understanding how effectively nurses are perceived to fulfill their educational duties, interventions can be designed to enhance this aspect of nursing care, thereby potentially reducing the frequency of rehospitalizations due to inadequate care at home (21). This qualitative evaluation seeks to not only assess the current state of nursing education in the NICU but also to identify areas where further training or resources are needed to optimize the support provided to parents during such a critical period of their child's life.

MATERIAL AND METHODS

This exploratory, descriptive, and qualitative study was conducted at the Allama Iqbal Teaching Hospital Neonatology Unit in southern Punjab, which equally prioritizes teaching, research, extension, and healthcare services. The qualitative approach utilized in this research is known for its adaptability and holistic nature, aiming to understand phenomena in their entirety and identify the most relevant aspects of the phenomena under study (7). This methodological choice is particularly suited to exploratory studies like the present one, which seeks to delve into the nuances of the experiences of family caregivers in a neonatal intensive care setting, thereby allowing for an in-depth exploration of the specific realities they encounter (8).

The study involved 14 family caregivers of infants hospitalized in the neonatology unit during the first half of 2021. Participants were included based on their role as primary caregivers providing round-the-clock care to the hospitalized newborns and having been in this role for more than seven days, which ensured they had sufficient experience and exposure to evaluate the quality of nursing care. Exclusion criteria included caregivers who provided less than seven days of care, non-family caregivers, or those who only occasionally cared for the newborn during hospitalization. Prior to participation, all caregivers were informed about the study's objectives and procedures and provided their written informed consent.

Data collection was performed through semi-structured interviews, which were designed to facilitate detailed discussions on the caregivers' perceptions of the nursing care provided. These interviews aimed to capture precise details about the caregivers' experiences without imposing any interpretations or deductions on the responses (10-13). Interviews were scheduled and conducted at convenient times for the participants during the designated data collection period.

The data gathered from these interviews underwent a rigorous content analysis process as outlined by Bardin (2011), which involved several stages: pre-analysis, material exploration, processing of findings, and interpretation. In the pre-analysis phase, initial ideas were systematically organized to guide the subsequent analytical procedures. Material exploration then entailed the detailed examination, deconstruction, and categorization of the data collected. Finally, the findings were processed and interpreted to derive meaningful insights into the educational role of nurses from the perspective of family caregivers in the NICU setting. This analytical approach facilitated a thorough understanding of the underlying themes and patterns in the caregiver narratives, providing a robust foundation for discussing the study's findings in relation to existing literature and practice.

RESULTS

The perceptions of nursing care by family caregivers in the intensive care unit emerged distinctly in the study. Family caregivers overwhelmingly reported positive experiences, describing the care received as excellent. One caregiver remarked, "It was excellent. This place seemed perfect to me" (F7), while another emphasized the constant quality of care, stating, "This is a great place for him, in my opinion. It's always excellent in my opinion since he always ends up in the hospital to do laundry. There is a bed there always" (F2). Many appreciated the professionalism and the personal touch nurses brought to their roles, as one caregiver noted, "They see that the youngster is well-cared for, that professionals introduce themselves, and that the help being given is generally excellent. Both my son and I have had excellent care since coming here. Here, everything is excellent." (F12). However, not all feedback was entirely positive. Some caregivers pointed out areas for improvement, particularly in speed and flexibility of care, "They may be a

little bit speedier, in my opinion. I do ask for help occasionally, but it takes some time. She occasionally convulses, and they remain there conversing at the nursing station. The doctor does not prepare medication; yet, they do not prescribe it either." (F1).

Caregivers also expressed dissatisfaction with some nursing practices that seemed rushed or insensitive, "An additional nurse had applied enough serum the day before, so when the nurse arrived to provide medication in the serum, he felt nothing. However, the nurse added serum this morning as well—I believe less serum—after I informed her that the other had added it in a different way. The boy would scream in anguish, but it would only hurt a little, she later informed me." (F4) Concerns about hygiene and disturbances were also highlighted, "I observed that she entered this room from another and brought unclean hands. This is really important to everyone, but I witnessed her doing it." (F4); "I occasionally wake up while sleeping, [...]. What if she needs to spend a few days here? She doesn't sleep well, thus we become exhausted." (F8).

Despite these criticisms, the overall sentiment was that the nursing staff were considerate and eager to accommodate needs, "I have no grievances. In fact, I believe it to be excellent. They have a lot of consideration. Every request I made and every question I had was swiftly fulfilled. The majority of them arrive rather kindly, eager to assist and inquisitive." (F6). This was reinforced by the perception that the therapeutic process was prioritized correctly, "We continue. I'm content that our son is receiving excellent care and is improving." (F12). Caregivers appreciated being kept informed and involved in their child's care, "They always update me on their activities. They go over every step in detail. I was allowed to stay with him. And let me know how I may assist." (F5). Yet, there were still voices of concern over not being adequately involved or informed, "They don't always respect their father's viewpoint" (F4), and "It would actually be better to clarify what is going on with the kids and the exams they will take" (F6).

Family caregivers also expressed dissatisfaction with the physical setup of the wards, which they felt hindered proper rest and recuperation, "Since many mothers come in every day to remain in intensive care unit, I believe that we should have a family restroom. Don't leave. They get weary, anxious about the youngster, and mistreat everyone in the vicinity. I believe a location to relax would be beneficial." (F3). This study thus highlights the generally positive perceptions of nursing care among family caregivers while also noting significant areas for improvement, particularly in communication, responsiveness, and facility accommodations.

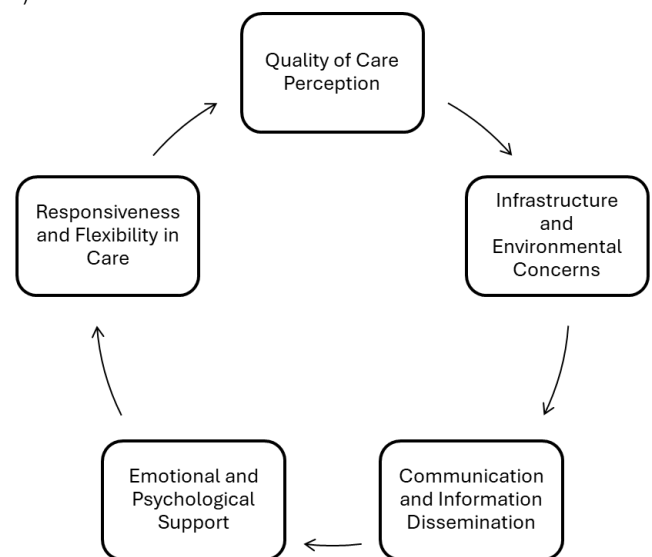


Figure 1 Thematic Summary of Findings

DISCUSSION

The importance of trust in the medical staff by the family of hospitalized neonates cannot be understated, particularly in the intensive care unit where efficient and dialogical relationships not only strengthen connections with the child but also help families and caregivers develop trust in the care team (3). This trust evolves as caregivers observe the prompt and adequate care provided to the neonates, which in turn enhances their confidence in their own caregiving abilities. Furthermore, staff availability was identified as a crucial factor in fostering satisfaction with the support offered in the unit (2).

However, the study also highlighted significant shortcomings in the current care setup, particularly concerning the physical infrastructure of the hospital. One pervasive issue was the lack of adequate sleeping arrangements for accompanying family members, which is essential for their mental and physical well-being and consequently, the recovery of the child (8, 9). This deficiency in infrastructure not only disrupts the rest of the caregivers but also adds to their stress, especially when they are already burdened by the child's illness and the overwhelming hospital environment (10).

The dissemination of information to caregivers about the neonate's health and required care procedures is another critical area that impacts caregiver autonomy and anxiety. Being well-informed enables caregivers to actively participate in the care process, thus reducing their anxiety and allowing them to exercise more control over the situation (11). It is imperative that nurses regularly update caregivers on the state of the hospitalized child, adhering to ethical and legal standards that advocate for the rights of caregivers and aim to humanize the care provided (12).

Despite these challenges, family support emerged as a vital component of the caregiving process. When family members are involved, caregivers are better able to focus on the needs of the hospitalized child, finding significant comfort in their presence (3). This aspect of care is particularly important when caregivers face emotional hardships, as the family can provide a network of support

and alleviate feelings of isolation (4). Nonetheless, when family support is lacking, it is crucial for the nursing staff to step in and fill this void, offering emotional support and ensuring the caregiver's comfort and safety.

The study has underscored the necessity for sensitivity in addition to technical skill within the healthcare team to recognize and alleviate the emotional distress associated with hospital stays (15). Effective communication, accountability, dedication, and shared experiences are integral to the humanization of care, fostering a collaborative environment where the family actively participates in the caregiving process (12).

In light of these findings, several recommendations can be made. First, hospital administration should consider improving the physical infrastructure to provide better accommodations for family caregivers to rest and recuperate alongside their hospitalized children. Second, training programs should be enhanced to equip nursing staff with the skills necessary to effectively communicate and provide emotional support to families, ensuring they are integral participants in the care process. Lastly, a systematic approach to regularly update caregivers on the care procedures and status of the child should be implemented, which would likely alleviate caregiver anxiety and improve overall satisfaction with the care provided.

The limitations of this study include the small sample size and the single-center design, which may not fully represent the diversity of experiences across different regions or hospital settings. Future research should aim to include a larger, more diverse population to generalize the findings and explore variations in caregiver experiences across different socio-economic and cultural contexts.

CONCLUSION

The study highlights the significant role that trust and communication between family caregivers and medical staff play in the neonatal intensive care unit setting. Effective communication and adequate hospital infrastructure, such as proper sleeping arrangements for family members, are critical in reducing caregiver stress and improving the care experience. By enhancing emotional support and ensuring caregivers are well-informed and involved in the care process, healthcare providers can improve caregiver satisfaction and outcomes for neonates. The findings underscore the need for healthcare settings to invest in both the physical infrastructure and training programs that prioritize empathetic, informative, and supportive interactions between staff and families, thus fostering an environment conducive to the recovery and well-being of both neonates and their caregivers.

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