The perception of partnership between parents of premature infants and nurses in neonatal intensive care units: a systematic review protocol

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Review question/objective: The objective of this review is to identify how parents of premature infants in neonatal intensive care units (NICUs) and nurses perceive their partnership.

The review questions are: how do parents of premature infants and nurses perceive their partnership during hospitalization in NICUs? What barriers and facilitators to partnership can be identified?

Keywords Collaborative nurse/parent relationship; nurse-parent relationship; nurse-family partnership; parent-nurse relationship

Background

Worldwide, an estimated 15 million infants are born too early every year.¹,² The number of infants born prematurely has been increasing internationally during the last 10 years,² and, fortunately, the progression of medical technology has optimized the survival of extremely preterm infants.³ Preterm is defined as infants born alive before 37 weeks of pregnancy are completed. There are sub-categories of preterm birth based on gestational age: extremely preterm (<28 weeks), very preterm (28 to <32 weeks) and moderate-to-late preterm (32 to <37 weeks).⁴

All infants in need of medical treatment are admitted to neonatal intensive care units (NICUs). Both infants and their families are considered as being in need of care during their admission. The infants need medical treatment, while the parents need support in handling their full range of emotions, as while feeling happiness after giving birth to a living baby they may also experience constant fear for the infant, his/her survival and later complications or handicaps.⁵

A fundamental part of being a parent is taking responsibility for the infant’s health and wellbeing, and the strong emotional bond between the parent and the infant makes the parents’ presence and active participation necessary. The focus of care has changed accordingly, from patient-centered care, focus almost solely on the infant, to a family-centered care (FCC) approach, including parents, siblings and significant others.⁶,⁷ Today, FCC⁸-¹³ is recognized as a frame of reference for care and treatment in NICUs.¹⁴-¹⁸ FCC is based upon dignity and respect, communication and sharing of unbiased information and shared responsibility, as well as partnership between healthcare professionals and families of patients.¹³,¹⁹,²⁰

This partnership presents a significant challenge as it involves complex interpersonal relationships and interactions between nurses and parents/families, in which nurses and parents come to the relationship with their own assumptions and propositions.²¹ Therefore, it is relevant to examine partnership, and understand how to achieve a successful partnership between nurses and parents in NICU.

A partnership exists “when there is a relationship between two or more people that have a shared goal”.²²(p.677) If this is not articulated, the goal between the nurses and parents remains unshared and unnegotiated and a successful partnership will not be achieved. For successful partnership, nurses must be able to respect parents’ perspectives.⁶,²³–²⁵
To facilitate the establishment of collaborative, effective relationships between nurses and families in NICUs, nurses need to understand that the infant and family is unique and develop an equal and respectful partnership in delivering the highest quality of care. However, in a partnership, parents must also determine their level of involvement in negotiation with nurses. According to Hutchfield, there is a hierarchical relationship between involvement, participation and partnership. However, partnership does not mean that parents will substitute nurses in providing the nursing care, but that the healthcare providers acknowledge parents’ equal status as care-givers. Fegran et al. found partnership between parents and nurses developed in three phases: (1) the acute critical phase in which the parents are involved, (2) the stabilizing phase in which the parents participate, and (3) the discharge phase when the relationship is comparable to partnership. This development of the parent-nurse relationship is a process ranging from closeness to detachment. Thus, the degree of partnership is up to the nurses, but partnership, as parent-led care with nurses serving as consultants, is difficult to achieve during hospitalization in an NICU. A partnership, with parental presence involvement, characterized by open communication and shared decision-making, requires a change in roles and attitudes of the NICU staff. Parents do not always know how to partner with nurses and what they can expect in the cooperation, and parents’ need for communication is not always met by the NICU staff. Cooperation, collaboration and negotiated care are not always evident in the care provided to prematurely born children and their families. Nurses can act as an important connection between parents and their infant. In a review, nurses’ communication styles were found to be a critical factor in the establishment of the nurse-parent relationship. Therefore, there is a need for the identification of possible barriers and facilitators to a successful partnership.

Relationships between nurses and parents in NICUs are complex and easily influenced by multiple factors, including the infant’s medical status, parent and family relationships, and the perceived importance of cultural or religious practices and philosophies for the family. It is unknown as to what factors the nurses and parents perceive as important in their reciprocal relationship, whether they experience a shared negotiated goal and how they identify and speak about the relationship and partnership. Therefore, what act as barriers or facilitators in a successful partnership between nurses and parents in NICUs, is unknown. Such knowledge would be useful in the development of strategies to strengthen the nurse-parent partnership and thereby facilitate the achievement of successful implementation of FCC in NICUs and potentially improve neonatal care and outcomes.

Preliminary searching of PubMed, PROSPERO, the JBI Database of Systematic Reviews and Implementation Reports and the Cochrane Database of Systematic Reviews, has located no systematic review about this topic. Aligned with the development of the NICUs and the FCC approach, only studies published after 2000 are relevant and useful for evaluation of clinical practice today.

Inclusion criteria

Types of participants
This review will consider studies that include parents of premature infants (babies born alive before 37 weeks of pregnancy are completed), up to one year old, during hospitalization in NICUs and nurses in NICUs.

Phenomena of interest
This review will consider studies that investigate partnership from the perspective of nurses and parents of premature infants in the NICU. This will include what barriers and facilitators to a successful partnership can be identified.

Context
This review will consider studies within the context of the NICU in hospitals.

Types of studies
This review will consider studies that focus on qualitative data including, but not limited to, designs such as phenomenology, grounded theory, ethnography, action research and feminist research.

The review will include studies focusing upon partnership between nurses and parents as well as parent’s experiences of care in NICUs, which includes parent’s discussion about their experiences of partnership.

The barriers and facilitators to a successful partnership will be identified by the participants.
and authors of the included studies as well as the authors of the systematic review, after performing the meta-synthesis.

Search strategy
The search strategy aims to find both published and unpublished studies. A three-step search strategy will be utilized in this review. An initial limited search of PubMed (Medline) and CINAHL will be undertaken followed by analysis of the text words contained in the title and abstract, and of the index terms used to describe article. A second search using all identified keywords and index terms will then be undertaken across all included databases. Third, the reference list of all identified reports and articles will be searched for additional studies. Studies published in English, Danish, Norwegian and Swedish will be considered for inclusion in this review. All non-English findings and illustrations will be presented in native language and also their direct translation into English. Studies published since 2000 will be considered for inclusion in this review, as they reflect current clinical practice. Studies in which the restricted visiting hours are abolished or reduced with unrestricted presence of parents and other relatives in the NICU would thereby provide new terms of partnership between NICU parents and nurses.

The authors of primary studies will be contacted if missing information.

The databases to be searched include the following: PubMed (Medline), CINAHL, SveMed, Scopus, PsycInfo, Embase, Rex.

The search for unpublished studies will include the following: MedNar, ProQuest, Sigle, Open Grey, Google, relevant homepages e.g. patient and family centered care, handsearch reference lists.

Initial keywords to be used will be: Partnership, Partnering, Partner*, Parental participation, Nurse-family partnership, Partnership with parents, Parent-nurse relationship, Nurse-parent relationship, Collaborative nurse/parent relationship, Complex interactions, Form relationship, Effective relationship, Nursing attitudes to parents participation, Care by parents, Family-centred care.

AND

Parent*, Mother*, Father*, Health care providers, Health care professional*, Staff, Nurses, Caregivers

AND

Neonatal, Neonatal care, Neonatal intensive care unit, NICU, Neonatal nursing, neonatology.

Assessment of methodological quality
Papers selected for retrieval will be assessed by two independent reviewers for methodological validity prior to inclusion in the review using standardized critical appraisal instruments from the Joanna Briggs Institute Qualitative Assessment and Review Instrument (JBI-QARI) (Appendix I). Any disagreements that arise between the reviewers will be resolved through discussion or with a third reviewer.

Data extraction
Data will be extracted from papers included in the review using the standardized data extraction tool from JBI-QARI (Appendix II). The data extracted will include specific details about the populations and study methods, and phenomena of interest of significance to the review question and specific objective.

Data synthesis
Qualitative research findings will, where possible, be pooled using JBI-QARI. This will involve the aggregation or synthesis of findings to generate a set of statements that represent that aggregation, through assembling the findings rated according to their quality, and categorizing these findings on the basis of similarity in meaning. These categories are then subjected to a meta-synthesis to produce a single comprehensive set of synthesized findings that can be used as a basis for evidence-based practice. Where textual pooling is not possible the findings will be presented in narrative form.

The extraction will focus on the two review questions about perceptions as well as barriers/facilitators. Data will be synthesized separately for nurses and parents, respectively. Then in the meta-synthesis, the perceptions for partnership from both nurses and parents will be combined as being two sides of a reciprocal relationship. Also barriers and facilitators to partnership will be identified for nurses and parents, respectively. The validity of each study will be considered by the reviewer according to the three levels of credibility incorporated into the QARI software. The findings from each included study will be documented in accordance to the reviewers’ rules for setting up categories, and how to assign findings to categories and how to aggregate categories into synthesized findings. The documentation and the rationale for the decisions will be
documented in the systematic review report as required by JBI-QARI.

References

Appendix I: Appraisal instrument

**JBI QARI Critical Appraisal Checklist for Interpretive & Critical Research**

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<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unclear</th>
<th>Not Applicable</th>
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<td>1. Is there congruity between the stated philosophical perspective and the research methodology?</td>
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<td>2. Is there congruity between the research methodology and the research question or objectives?</td>
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<td>3. Is there congruity between the research methodology and the methods used to collect data?</td>
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<td>6. Is there a statement locating the researcher culturally or theoretically?</td>
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<td>7. Is the influence of the researcher on the research, and vice versa, addressed?</td>
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<td>8. Are participants, and their voices, adequately represented?</td>
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<td>9. Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body?</td>
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<td>10. Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?</td>
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Overall appraisal: [ ] Include [ ] Exclude [ ] Seek further info. [ ]

Comments (Including reason for exclusion)
Appendix II: Data extraction instrument

**JBI QARI Data Extraction Form for Interpretive & Critical Research**

Reviewer  | Date  
Author  | Year  
Journal  | Record Number  

**Study Description**

Methodology

Method

Phenomena of interest

Setting

Geographical

Cultural

Participants

Data analysis

Authors Conclusions

Comments

Complete  | Yes □  | No □
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<tr>
<th>Findings</th>
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Extraction of findings complete  
Yes ☐  No ☐