TITLE

Facilitating transitions. Nursing support for parents during the transfer of preterm infants between neonatal nurseries.

ABSTRACT

Aims and objectives

Transfers between neonatal units are significant transitional experiences for parents of preterm infants. The study aimed to investigate practices that nurses identify as supportive to parents during preterm infants' transfers. It explored the influence of organisational context on practice and what strategies nurses' perceive would help them to provide supportive care.

Background

Parents' experiences of neonatal nurseries, their stressors and needs have been well documented. The powerful position of nurses in influencing parenting experience is also recognised. However, nurses' understanding of the transfer process, their roles in supporting parents through this, and the organisational context influencing practice have not been explored.

Design and methods

A focus group design was used composed of registered nurses from two neonatal units who met for a series of group interviews. A total of 11 registered nurses took part. They explored and critiqued their current practices and then established aims and strategies for practice development. A qualitative content analysis was conducted.

Results

Participants identified validation, empowerment and communication as critical to effective

practice. They identified a range of organisational dynamics, from logistical issues to nursing authority and scope of practice, as these influenced practice. They presented strategies for practice development, including staff education and the development of nurse practitioner roles.

Relevance to clinical practice

This study explores nurses' understanding and insights into transitions for parents of preterm infants. It shows a congruence between nurses' perceptions of parents' experiences and needs and those reported by parents in previous studies. It articulates the way nurses practice in response to these perceptions, and the manner in which organisational dynamics influence their abilty to facilitate transitions. The need to invest in transitions and invest in nurses to facilitate transitions is proposed, ultimately by increasing their clinical authority and autonomy.

INTRODUCTION

The transfer of preterm infants from neonatal intensive care (NICU) to special care nurseries prior to discharge home is a common practice. It is inevitable that there will be movement not only within one organisation but also from tertiary referral hospitals to regional hospitals with special care nurseries. These transfers mark important transitions for babies and their parents and family. Transitional changes have been conceptualised as sigificant life events, patterned in complex and multiple ways, which may be disruptive and transforming (Meleis *et al*. 2000). For parents, the birth of a preterm infant marks a transition, one often shaped by sudden and unexpected events, and the hospitalisation of the newborn in a technologically intensive, clinical environment. The transfer of the infant to a special care nursery further shapes parenting transition. Each of these is a significant event, each changes the course of a family's and a parent's experience (Hawthorne & Killen 2006). Within this complex transition, parents are variously vulnerable as spectators, learners and advocates. Their experience may affect longer-term family function and thus longer-term health and wellbeing.

Transfers also present some unique challenges for nurses to support parents within the available service structures. This paper reports the findings of a study that examined nursing support for parents during transfers between neonatal nurseries.

BACKGROUND

Providing psychosocial care and support for parents is an integral part of family-centred

nursing practice in neonatal nurseries. There are strong intersections between nurses, parents and the care environment in neonatal nurseries which influence parenting stress and support (Miles *et al*. 1999, Fenwick *et al*. 2001a Rowe *et al*. 2005). Good quality support from health professionals for families has been found to be associated with less parenting stress (Whitfield 2003). Nurses are in a powerful position to influence parents' ability to cope with stressors and to parent effectively (Miles *et al*. 1996, Holditch-Davis & Miles 2000, Cox & Bialoskurski 2001, Fenwick *et al*. 2001b, Cescutti-Butler & Galvin 2003). Sharing information and engaging parents as partners in care-giving and decision-making act as supportive mechanisms and are lauded as important principles of family-centred care (Griffin 2006). Yet consistent application of family-focused practices to support parents may present challenges for nurses as priority in neonatal nurseries will be assigned to life-saving and stabilising treatments for the infants (Petersen *et al*. 2004).

The stresses of parenting infants in neonatal nurseries are well-recognised; however, there is only a limited body of research focused specifically on parenting experiences associated with transfers between neonatal nurseries. Research in the 1990s investigating parents' experiences of transfers between neonatal units determined that preparation is a key to helping parents (Dodds-Azzopardi & Chapman 1995, Slattery *et al.* 1998). The quality of information-sharing affected parents'stress associated with transfers (Dodds-Azzopardi & Chapman 1995, Gibbins & Chapman 1996). The quality of communication between units, and concerns about changes in staffing and care between units, were also found to affect parents' epxeriences (Dodds-Azzopardi & Chapman 1995, Gibbins & Chapman 1996, Slattery *et al*. 1998).

More recently, a British study examined the way health professionals and parents share information and infant care in neonatal units. The researchers developed a qualitative description of issues surrounding transfer (Hawthorne & Killen 2006). The importance of parents' perceptions of changes in care level related to transfers was identified, confirming earlier studies. In addition, the findings identified the ongoing loss and disruption experienced by parents, but also showed their sense of hope and gain associated with moving. The authors recommended the need for transfer planning that explicitly accommodates the emotional needs of families and which helps parents to feel included.

Little research has been conducted into how parents are supported by nurses during transfers or, for that matter, nurses' understanding of parents' experiences during these changes. In paediatric care, in the context of transfer of children from paediatric intensive care to general wards, one intervention study (Bouvé *et al*. 1999) demonstrated a positive relationship between a structured preparation for parents and parents' anxiety levels prior to their chid's transfer, supporting the importance of preparation. The intervention used a combination of written information and verbal preparaton. Paul *et al.* (2004) showed the positive influence of adult patient and relatives' experience of transfer associated with a purpose-developed information booklet. With regard to neonatal transfer, the use of a resource manual for use by health professionals to help prepare parents for their infant's transfer has been reported (Lofgren 1999). Information about the receiving units and a welcome letter were collated for use in the referring units. Unfortunately, evaluation data

for this strategy are not available.

Organisational factors and dynamics that influence supportive, family-centred care in neonatal nurseries and transfers are implicit in the literature, but have received little specific attention. However, organisational policies, communication and team-functioning have been shown to be important for work practices generally (Ashkanasy *et al*. 2000), in nursing (Clarke *et al*. 2002), and in neonatal nurseries (Wilson *et al*. 2005). Given that transfers are accompanied by changes in staff, patient-staff ratios, care protocols, as well as changes for parents as they attempt to parent their newborn and organise other family contingencies (Slattery *et al*. 1998; Rowe *et al*. 2005), the area needs further investigation.

THE STUDY

The aim of the study was to examine nurses' perceptions of their practice associated with supporting parents of preterm infants during transfers between neonatal nurseries within and between hospitals. The study aimed to facilitate a critical and collaborative investigation of the following questions in order to promote practice development:

1. In what ways do nurses support parents of preterm infants during transfers within neonatal nurseries?
2. How does the organisation influence nursing support for parents of preterm infants during transitions within neonatal nurseries?

3. How can effective practices be developed in this healthcare situation?

Participants

The participants were level I and II RNs working in neonatal nurseries in public hospitals in South East Queensland, Australia. RNs from two units were invited to participate. The first comprises the neonatal nurseries in one of three tertiary referral hospitals in Queensland and includes 30 neonatal intensive care beds and 35 special care nursery beds. Over 1000 infants are admitted to the neonatal nurseries in this facility each year, with over 400 being transferred between the intensive care and special care nurseries, and 350 transferred to special care nurseries in regional facilities. The second is a regional neonatal special care nursery in a regional, district hospital service in South East Queensland. This hospital has a 12 bed special care nursery. Regular transfers are received into this special care nursery from the tertiary referral hospital.

A self-selected convenience sample of seven RNs from the tertiary hospital and four RNs from the regional hospital were recruited to participate in the project. All participants had an interest in the topic and were working a minimum of 20 hours/week in neonatal nurseries, either NICU or special care. The number of participants was judged to be adequate based on a recognised benchmark for effective group process and data quality in focus group interviews: that is, six to12 participants and a moderator, with seven to eight being popular (Bernard 2000).

Of the 11 participating nurses, ten provided some information about themselves. In order to protect their anonymity, only general details are provided. Five participants were under 40 years of age with the rest aged 40-49. Six participants were hospital trained for their first RN qualification, while the remaining five held degrees. All had additional certificate or tertiary qualifications in a range of nursing specialities. They were experienced RNs (nine had over ten years experience) and most were experienced neonatal nurses, all but one having at least two years experience in this practice area.

Ethics

Ethical clearance for the project was provided by the Human Research Ethics Committee (HREC) for each hospital and also by Griffith University HREC. Information sessions were conducted for nurses in participating hospitals and participants provided written consent before taking part.

Procedures

Data were qualitative, generated in a series of focus groups conducted with the two groups of participants. In each focus group, one of the researchers acted as moderator with the second as notetaker. With the intention of critical exploration, each group interview was moderated so that the interaction was a facilitated discussion, guided by introductory, framing and focal questions, and allowing flexible time allocation (Morgan 2002). See table 1 for examples of the focus group interview questions. Further, the

interviews with each group were iterative, in that summary data from any one group interview informed discussion in successive interviews. This also provided a method of member-checking by the participants. All focus groups were digitally audio-recorded.
<insert table 1 here>

Three interviews were conducted with the tertiary hospital group over a period of six weeks. Each interview lasted 50-70 minutes. In the first interview, participants provided rich description of the neonatal intensive care and special care environments and described practices surrounding the transfer of infants from NICU to the special care or regional special care nurseries. In the second interview, participants provided a critical reflection on the strengths and weaknesses of their practices associated with transfer, based on their sensitised appraisal from the first interview, and observation in the period between the two interviews. In the third interview, they were provided with a summary of the content of the previous interviews on which to draw, itemised practice strengths, and established aims and strategies for further practice development. Participants were provided with a summary of these deliberations and invited to comment and continue their involvement in further project development.

Two interviews were conducted with the regional hospital group, with a three week gap between the interviews (it was not possible to timetable three interviews at this facility). Each interview lasted 60 minutes. In the first interview, participants described and discussed transfer processes and parenting support. In the second interview, a verbal summary of key points was presented for the participants to reflect on. They then

proceeded to itemise practice strengths and established aims and strategies for further practice development. Participants were provided with a summary of the content of the two interviews, invited to comment and to continue their involvement in further project development.

Analysis

A number of steps were used to manage the data and conduct analysis and to establish a decision-making trail. Prior to analysis, transcripts were checked against the original recordings. Initial collation of content was conducted, concurrent to data collection. Descriptive content analysis was conducted after data collection was completed by one investigator and checked by the second. Figure 1 sets out the data management and analysis steps.

<Insert Figure 1 here>

FINDINGS

The findings presented are derived from the dialogue and subsequent content analysis, and are organised in three subheadings corresponding to each of the research questions. These were: nurses' objectives underpinning effective parenting support; their perception of how organisational dynamics influenced their efforts to support parents; and, strategies for developing practice to enhance support. Each data illustration is identified by indicating whether it was from a tertiary hospital (tert) or regional hospital (reg) group

interview, the interview number and the line numbers.

1. Objectives for effective parenting support

One participant from the regional receiving special care unit summarised transfer as it might be viewed through a parent's eyes:

> "...a most common concern would be the stepdown from the NICU to the special care nursery, and I think when it's within the one institution, it's probably a bit easier; but to get in that taxi or ambulance, I mean, and to drive to the bush out here to (XX town) and then to see our nursery... it must be a bit of a shock to the parents because there's not the noise of the bells and whistles and the ventilators and the neonatologists being around and the white coats." (reg, 1, 93+)

The rationale for transfers and back-transfers was articulated:

> "We do a lot of back-transfers and getting parents back is because that's their home-base, that's where their family are. We're trying to get them out so that they are closer to home, have more family support, less travel, less expense and we know how important that is for their family unit to get back to."
> "Re-establish that family routine."
> "Like a milestone." (tert, 3, 28+)

To counterbalance the change and disruption parents experienced with the transfers of

their infants, a number of practice objectives or goals were identified and discussed. Together with continuity, validation and empowerment repeatedly came up as a goal to strive for:

> "...I think the whole crux of the issue is the empowerment of parents..."(tert, 3, 28+)

and:

> "One of my aims...is just acknowledging that we understand what they're saying; we understand that they're nervous about it, and it has, they've got trepidation, that there are fears associated with it, but that's perfectly normal 'cos it's something new." (tert, 3, 28+)

Validating parents' place and experience was described as a permission process:

> "So you need to instill permission. So you need to guide that permision process for people when they're out of control and they're not sure what is okay or what not." (tert, 2, 138+)

An important support objective was related to information and preparation as a means to orientating and re-orientating parents to the process, as well as increasing their participation:

> "Orientating them to what's going to happen, to what to expect."
>
> "...from the very beginning, from admission that they know that that's the process

we’re going to use.”

AND

“Just involving them as much as possible.”

“Not just being moved on.” (tert, 1, 233+)

To achieve these objectives, the importance of communication was stressed in the interviews with both the tertiary and regional groups. The tertiary hospital group made the following comments in their third interview:

“A large component of this whole thing is the communication aspects of it...”

“You know communicating with parents on up-and-coming events was very important thing but actually seeing lots of comments written down [here in the summary provided prior to the third interview]... yeah, it is a really important thing, and we probably do need to get it right, right from the beginning.”

“Another part of continuity of care.” (tert, 3, 5+)

Communication was described as a source of both weakness and strength in helping support parents:

“It’s an interpretation of the situation, the environment...”

“It’s the non-verbal cues that I think are really important as well....be open and receptive in your manner, encourage kind of questions, take the time to listen, initiate conversation and encourage parents to participate in whatever way they

possibly can within the whole process.” (tert,3, 5+)

Complex organisational dynamics influenced practice and shaped participants’ perceptions of what were achievable practice goals.

2. Organisational dynamics

The participants’ dialogue revealed much about organisational factors and dynamics as they influenced the transfer process and, by association, parents’ experiences and nurses’ ability to provide consistent and effective support. Participants were asked to describe a good transfer and the responses were diverse and, at times, entertaining, while exposing numerous frustrations with organisational dynamics:

“The ambulance turning up on time.”

“Finding a baby at the other end that actually meets the story you’ve been told.”

”Being given some information.”

"The cot’s ready and there’s staff.”

and finally,

“It's that time thing.” (reg, 1, 191+ & 230+) .

The ability to be supportive was was all about “the little things” ” (ter, 3, 5+), (an expression that came up on more than one occasion), and how these compensate for organisational inefficiencies which “can create great angst in these families”. These

amounted to having the time to meet the objectives set out in the previous section.

The unpredictability of transfers and back-transfers was a major factor that frustrated nurses' efforts to prepare and re-orientate parents both in the exit from, and intake to, nurseries. Transfers were sometimes not only unpredictable in their timing but also rushed. Participants identified infant readiness and clinical status and bed needs as the main determinants for the timing of transfers:

> "It doesn't look like the baby's going to be transferred today and ten minutes later you ring them (parents) back - the baby's going in an hour, so there's this kind of mad rush."(tert, 2, 14+)

Participants suggested that social or family factors and parent participation and readiness were not given close consideration or factored into the process (at least not formally), which potentially led to lack of trust. If rushed, participants perceived an impact on parents. They may be:

> "...wary of unknown staff" and would engage in "comparing NICU and special care staff." (tert, 1, 150+)

In turn, this linked with the importance of communication and continuity, and there were clear tensions with workloads, priorities and maintaining supportive, parent-focused communication:

"...they're not the priority when we're busy." (tert, 3, 5+)

The nurses created a bridge. They attempted to shuffle the contingencies and fill in, mediating the organisational complexity of transfering babies between units and between hospitals, as well as supporting parents during this process. Overall, their conversation suggested that organisational dynamics could significantly influence parents' experiences. Important dynamics they identified can be summarised as: the rapid changes in bed needs; coordination of clinical resources; available staffing and skills mix; and, nursing authority and autonomy regarding information-sharing and decision-making.

3. Strategies for developing practice to enhance support

After reflecting on their practice as it related to the transfer process and supporting parents, participants were asked to discuss ideas and strategies for developing practices that enhance parenting support. They suggested both short- and longer-term strategies. Some of these were viewed as ideals or a wish list, others as more amenable or possible for development within the current organisational structure. The suggestions related to staff education and development, improving communication between participating units, and increasing nursing authority in decision-making, potentially by developing nurse practitioner roles.

Education and staff development strategies, potentially at least, help to improve nurses' capacity to support parents within the oganisational *status quo*. The third strategy,

extending the authority and autonomy of nursing roles, implies a shift in the *status quo* and changes in organisational characteristics and dynamics. The following dialogue provides further insight into the third item as it was perceived and discussed by participants in the tertiary nursery. It incorporates much of the participants' understanding of the nexus of communication, continuity and authority as facilitators of an effective transfer process and support for parents:

> "'I think we're pretty good at explaining what's going on with their babies and even to the point of reporting tests...where we can't step a certain line is discussing the implications...'
>
> 'They need to hear it from a medical person obviously.'
>
> 'I mean, we have a fair idea but we can't step over that line.'
>
> ...
>
> 'I think in some things nurses are quite autonomous and other things, ...we sort of know our boundaries... unwritten...'
>
> ...
>
> 'It's frustrating...we know there's a test that's been done on a baby... the result could have a huge impact and nobody's gotten around to speaking to the parents about that.'
>
> 'And you feel guilty 'cos you have a trust with them...'
>
> 'You're carrying this silent witness.'
>
> 'But with parenting and moving and changes.. that can be absolutely nurse-orientated.'

‘I actually don’t think that any of our parents realise that the nurses run the units...
‘

‘And I think that sometimes inhibits your ability to communicate well with the family.’” (tert, 2, 222+)

The participants put forward a vision that parenting support might be facilitated by nurses having an increased scope of practice, or other mechanisms to invest more authority in the nursing role. Such changes might increase nurses’ ability to validate parents’ transitional experience and participation and orchestrate the complexities of the changes to the care environment embedded in transfers between nurseries.

DISCUSSION

This study investigated the perceptions of RNs working in neonatnal nurseries about the ways they support parents during the significant transfers of preterm infants from NICU to special care nurseries. The findings highlight a strong interdependence of clinical practice and organisational dynamics. They also highlight everyday tensions between practice ideals and realities, and the ways nurses attempt to negotiate complex pathways for and with the infants and families in their care, and within the existing organisational boundaries. The study is limited in a number of ways: its small scope, limited sites and participant numbers, as well as the self-selection in sampling. Despite these limitations, the study developed collaborative and critical dialogue among expert clinicians and so produced a nursing voice concerning this practice area.

The present study confirms the findings of previous research in the emphasis given to preparation and orientation for parents to be able to increase their participation in care, minimise stress, provide continuity, and to anticipate the next phase in their experience with a preterm infant (Dodds-Azzopardi & Chapman 1995, Gibbins & Chapman 1996, Slattery *et al*. 1998, Griffin 2006, Hawthorne & Killen 2006). Further, the findings of this study articulate a congruence between nurses' perceptions of things that matter to parents with those cited by parents in previous studies investigating their stressors and needs. This is important, as developing helpful nursing practices is contingent on understanding transitional characteristics and conditions (Meleis *et al.* 2000).

In the transition theory developed by Meleis and colleagues (2000), preparation is identified as a facilitating practice, along with providing information, role modelling, and providing professional and familial support. Some of these processes will have been engaged in as part of clinical care in NICU but may be unsettled in the transfer process. Thus preparation, information-sharing, orientating and re-orientating parents, enacted with clinical skill, are central, facilitative and supportive practices. In the present study, communication was identified as the key clinical skill needed to enact such supportive practices.

Further, a strong commitment to empowering or enabling parents as an important practice objective was identified, while at the same time ways in which this is tempered was shown. Other studies have demonstrated the challenges to this important aspect of

family-centred care. Wilson *et al.* (2005) studied the culture of practice in neonatal special care. They identified tensions between empowering and owning, continuity and discontinuity, enabling and busyness, in the organisational dynamics in this workplace.

The findings of the current study also highlighted the interplay of clinical practice and organisational dynamics. In previous studies examining transfer, clinical practice has been reported in isolation from organisational factors, although it is implicit in some (Slattery *et al.* 1998; Hawthorne & Killen 2006). The data in this study give the impression that, while practice skills can be tweaked and resources developed and improved, the focus and interests of the organisation drive activity. Thus, significant practice development to support parenting is linked not only with an organisation's clinical focus, staffing levels and workload but also with the capacity of nursing roles. Increasing the scope, authority and autonomy of nursing roles within the organisation would enhance the reality of family-centred care. This strategy is consistent with strategies that have been investigated in adult settings, where liaison and outreach nurses have been trialled (Chaboyer *et al*. 2005). However, we suggest that the vision of the nurses, to develop nurse practitioner roles, goes further, suggesting a change to the *status quo* and re-direction of services.

CONCLUSION

Providing pscyhosocial care and support has been identified as an area of need for further research and clinical development (National Health and Medical Research Council (NHMRC) 2002). This research will help to build an evidence-base for critiquing,

confirming and developing nursing practices that support parents and enhance their ability to cope and care for their preterm infants. Further research is needed into interventions that enhance parenting preparation for, and participation in, the transfer process. Evaluations of current strategies need to be undertaken and reported. Family adjustment during changes from high acuity care, to special care and then through discharge and beyond, needs further investigation to provide baseline data for effective practice development.

This study highlights the importance of investing in transfers as a significant focus of family-centred care and the importance of considering the interplay between organisational dynamics and clinical practice in any practice development initiatives. This an important focus for neonatal nursing, as promoting activities that demonstrate high quality, family-orientated care and facilitate positive transitional outcomes for parents may help minimise complex short- and long-term morbidities and family dysfunction associated with parenting stressors encountered in neonatal nurseries.

CONTRIBUTIONS

Study Design: JR LJ

Data Collection and Analysis: JR LJ

Manuscript Preparation: JR LJ

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Table 1 Focus group question examples

Interview number	Type of question	example
Ist	Introductory	Could you each tell me your name, what your current job here is and what you think the best part of your job is?
	Framing	Could you give me a picture of the baby and family in intensive care/special care?
	Focal	Could you describe what happens with a transfer? What goes on?
		What's a good transfer of a baby from your unit?
		What do you think are the priorities when a baby is to be transferred between units/back-transferred?
2nd	Framing	We'd like to ask today first about things you may have noticed in your practice/unit since the last interview.
	Focal	What strategies do you use to work on any of the priorities you identified?
		How do you reflect on the communication issues raised in previous interview?
3rd	Framing	Do you have any comments about the summary from the previous interviews we sent to you?
	Focal	Overall, what are the things you believe you are doing well?
		What would be your major aims and what is your ability to

develop or support them?

Figure 1.

1. Each interview transcribed verbatim
2. Transcripts checked against recordings for accuracy and completeness
3. Each transcript numbered so that text segments can be extracted and then located/re-located in original context and related to the question-generating specific dialogue
4. Transcribed data collated and summarised and returned to participants for member-checking and for iteration/reflection
5. Descriptive content analysis:

    Label responses to each each introductory, framing and focal question in each transcript

    Within each and across transcripts examine and collate data labelled similarly to develop categories

    Collate categories – responses to research questions