A DECADE OF CHANGE:

THE DEVELOPMENT OF FAMILY CENTERED CARE IN A NEONATAL INTENSIVE CARE UNIT

Denise Anne Kinross

RN, CM, B Nurs (UNE), Master of Clinical Nursing (Syd).

This thesis is submitted in fulfillment of
the requirements of the degree of
Master in Nursing
University of Technology
SYDNEY NSW

January 2006

CERTIFICATE OF AUTHORSHIP/ORIGINALITY

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. I certify that all information sources and literature used are indicated in the thesis.

Signature of Candidate

Production Note:
Signature removed prior to publication.

ACKNOWLEDGEMENTS

I wish to thank many people for their support and encouragement while completing this thesis.

Firstly, Dr Virginia Schmied my principal supervisor for all her patience, advice, information, constructive comments, and assistance over the past three years, and Dr Margaret Cooke my co-supervisor for all her assistance with editing, comments, suggestions, help and patience. That this thesis has been completed is mostly due to you both with your ongoing enthusiasm and encouragement.

To my colleagues in the Neonatal Intensive Care Unit thank you for participating in this study, and for your support and friendship, it is appreciated. I would also like to thank my colleagues in John Hunter Children's Hospital for their help and assistance.

To my friends who have provided support and understanding thank you for all your assistance.

Finally, I would like to thank my family who has supported me all my life they provide love, encouragement and unconditional acceptance. They supply me with many things, including enjoyment, fun and laughter, entertainment and even some-one to wash the car, thank you all.

TABLE OF CONTENTS

	Page /s
ABSTRACT	vii
INTRODUCTION	1
Definition of terms used in the thesis	6
Structure of the thesis	7
Chapter One	
LITERATURE REVIEW	9
Parent Participation in Care	9
History of parent participation in care	9
Defining family centered care (FCC)	11
Family centered care in the neonatal unit	13
Barriers to family centered care in the neonatal unit	15
Achieving Change in Practice	17
Culture and change	18
Staff attitude and behaviour	19
Leadership / role of the change agent	20
Implementing change	21
Change strategies	22
Diffusion of Innovation	22
1. Properties or perceptions of the innovation	22
2. Characteristics of the people who adopt the innovation or fail to adopt	24
3. Contextual factors, involving communication, incentives, leadership, and management	25
Securing individual behaviour change	26
Conclusion	27
Chapter Two	
METHODOLOGY	**29**
Introduction	**29**
Case study Methodology	29
Aim of the research	32
Objectives	32
Setting and background	32
Data Collection	34
Reports and publications	34
Interviews	36
Interview sample	*38*
Mother baby care project interviews	38
Case study interviews	39
Focus groups	40
Field notes	42
Ethical considerations	42
Data analysis	43
Conclusion	45

Chapter Three
THE DEVELOPMENT OF FAMILY CENTERED CARE PHILOSOPHY AND PRACTICES IN NICU **46**
Introduction 46
Detailed description of projects 49
1. Pilot program in paediatric ward to implement shared care 49
2. Shared care implemented in the Level 2 nursery 52
3. Shared care project: Investigation of parent's understanding and perceptions 53
4. Survey of nursing staff's attitude towards parent's participation in the care of their child while in hospital 55
5. NICU Level 2 nursery site for research 59
6. Action research project to improve the practice of family centered care in the Level 2 nursery 62
7. Mother baby care pilot project 65
Conclusion 72

Chapter Four
THEMATIC ANALYSIS OF THE PROCESS OF CHANGE **73**
Introduction 73
'The Journey' achieving Change in Practice 74
'now it's a two sided conversation' 74
'changing the whole culture' 75
Change strategies – what works 79
Set in their ways – readiness for change 83
Factors associated with the adoption of family centered care 84
Nurses' perceptions of their role and attitude 84
'the baby comes first' 84
'who owns the baby' 86
'it should be equal' 88
'letting go' 89
'boundaries' 90
Nurses clinical judgment skills 91
Confidence and competence of nurses 93
Skills required by nurses to facilitate parent involvement in The care of their infant 96
'Building a relationship' 97
Communication skills 98
'link to all other services 98
Environment of the nursery 99
Workload 100
Conclusion 101

Chapter Five
NEONATAL NURSE'S PERCEPTION OF FACTORS THAT IMPACT ON INVOLVING PARENTS IN THEIR INFANTS CARE **103**
Introduction 103
Factors that impact on neonatal nurses involving parents in their infant's care 103
Nurses clinical judgement skills 106
Parent's characteristics 109
Infant's condition 110
The nurses perceptions of role and attitude 111
Nurses skills 113

The environment 116
Conclusion 117

Chapter Six
ACHIEVING SUSTAINABLE CHANGE IN PRACTICE 119
Introduction 119
Change strategies 119
Achieving change in clinical practice 120
Change takes time 120
The perceived attributes of the innovation 122
Communication 123
Written material 124
Policies and procedures 125
Face to face communication 125
Engagement strategies 126
The change agent and opinion leaders 126
The culture and social system of NICU 128
Changing culture and practice 130
Resources for change 131
Maintenance strategies 132
Limitations of the study 133
Implications of research on clinical practice in NICU 134
Conclusion 136

Appendix 1
Interview questions 137

Appendix 2
Research flyer 139

Appendix 3
Information sheet and consent form 140

Appendix 4
Focus group questions 143

References 145

ABSTRACT

This thesis is about change in nursing practice in a neonatal nursery. It examines the process of change as the development of a family centered care (FCC) philosophy and practices are integrated into the nursing care within the Neonatal Intensive Care Unit (NICU) over a ten-year period.

This is a qualitative study that uses case study methodology to examine and analyse the context and processes involved in achieving change in neonatal nurseries. The data used for the case study included, reports and publications from previous research projects relating to the development of a FCC philosophy in the NICU, interviews and focus groups held in 2001-2002 and in 2004-2005. A staged thematic analysis and confirmation process was used for the analysis.

The data analysis and themes developed from the data indicate there has been change in practice over time in the involvement of parents in the care of their infant in the NICU. There is evidence that many of the nurses have moved from an expert framework to a framework in which a two-sided conversation between nurses and parents should and often does occur. The change is not complete as it an ongoing and dynamic process and the nurses recognised further ongoing issues relating to control, 'ownership' and resistance to change.

The diffusion of innovation theory provided an appropriate framework to think about a change in nursing practice over time. It provides a structured approach to describing change in practice with emphasis on communication networks. The roles of opinion leaders and change agents are integral to the diffusion process.

The neonatal nurses who participated in the study identified other useful strategies that assist in the change process. They specifically identified the importance of ongoing education, including, less didactic methods of teaching and learning, such as role modelling, mentoring, feedback, reflection and discussion of relevant experiences; policies and procedures to support the change, engagement and participation of staff through group development processes and summaries of written research evidence.

The change to a FCC philosophy and practices in the NICU is an ongoing journey that has taken considerable time. The rate of acceptance of FCC as an innovation in practice has been effected by a number of factors. These include, the readiness of the nursing staff to change, the attitudes and role perceptions of nurses and parents about their boundaries of care and responsibilities for the wellbeing of the infant, the lack of consistency and shared understandings in the clinical judgment and decision making process, and the nurses skills to engage and enable parents in parenting their child in a relatively foreign and 'hostile' environment such as the nursery.

The implications for clinical practice include the recognition of the necessity for maintenance strategies to be developed in the NICU to ensure practice remains at the same level and does not slip back, a possible strategy could include clinical supervision or reflective practice groups. In addition, it is apparent that there is a need to continue to work towards integration of FCC philosophy and practices into the clinical practice of all nursing staff. The establishment of a working group of interested staff to continue the development of FCC philosophy and practices and to develop strategies to overcome any remaining barriers may be appropriate. Finally, education needs to continue covering topics such as Kangaroo Care (KC), FCC philosophy and practices, and communication skills.