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Question: In parents of NICU patients, how does effective communication influence the confidence of parents at the time of discharge?

Summary: According to research by Labrie et al. in 2021, five aspects of communication contributed to the reduction of anxiety in parents. The aspects noted in this research included coping style, knowledge level, level of participation, parenting style, and overall satisfaction of care. Interaction between parents and providers comes in many forms, such as sharing information about the patient, obtaining consents, and making informed decisions about courses of action. "Parents value language that makes them feel emotionally supported, treated with empathy, and taken seriously" (Labrie et al., 2021.) Information should be shared in a manner that is "clear, accurate, accessible, and timely" (Labrie et al., 2021.) Allowing parents a chance to show their own knowledge and receive confirmation and acknowledgement increases their confidence and willingness to be an active participant in the treatment of their child. Studies also show an improvement in the outcome of parental involvement when parents are allowed to choose their own roles, are given decision-aids, and are included in family-centered rounding, rather than employee only care team centered rounds. Additionally, it is essential that parents are educated on how to care for infants independently immediately at admission and education is reinforced up to the point of discharge. Research compiled by Lorié et al. defined the four primary functions of communication in the NICU as "building/maintaining relationships, exchanging information, (sharing) decision-making, and enabling parent self-management" (Lorié et al., 2021.)" In these four defined areas, gaps were noted. Lapses in any one of the four areas led to notably higher levels of stress in parents. Gaps in communication found in this 2021 study included inadequate support by physicians, disregard of the views of parents, lack of two-sided conversation regarding decisions, and lack of written discharge instructions or information. Furthermore, additional studies such as one performed in 2018 by Palau et al. recognized an increased lapse in communications for more specific patient populations, namely those that faced a language barrier. Palau et al. referred to the care of this group specifically as suboptimal. The group focused on by this study was parents with a Spanish speaking background. Results determined that they "were four times more likely to incorrectly identify their child's diagnosis" when compared to English speaking families. Participants of this study "also self-reported lower understanding of NICU interventions." This disappointing statistic is nowhere near shocking when paired with the additional statistic presented by Palau et al.'s research; parents were only presented updates in their native language 39% of the time (Palau et al., 2018.)

Conclusion: The communication between providers and parents directly correlates to the well-being of parents in the NICU and subsequently their satisfaction with care both during and after a stay in the NICU. Day to day communication is the most pertinent form of communication to increase parental confidence and decrease their worries. Overall, the more we interact with parents, the better they feel. Providers should focus on this aspect of communication most heavily. The stress felt by parents of hospitalized infants is universal but adding the additional weight of a language barrier can only magnify that stress. It is essential that we provide all

parents with accessible information on a frequent basis as often as possible, in written and spoken form in whichever language they will understand best. This is the way we will successfully minimize stress and increase parental confidence during their baby's hospitalization and at the time of discharge.

Works Cited:

Primary Article:

Labrie, N.H.M. *et al.* (2021) "Effects of parent-provider communication during infant hospitalization in the NICU on parents: A systematic review with meta-synthesis and narrative synthesis," *Patient Education and Counseling*, 104(7), pp. 1526–1552. Available at: <https://doi.org/10.1016/j.pec.2021.04.023>.

Secondary Article:

Lorié, E.S. *et al.* (2021) "Parents' needs and perceived gaps in communication with healthcare professionals in the neonatal (intensive) care unit: A qualitative interview study," *Patient Education and Counseling*, 104(7), pp. 1518–1525. Available at: <https://doi.org/10.1016/j.pec.2020.12.007>.

Tertiary Article:

Palau, M.A. *et al.* (2018) "The impact of parental primary language on communication in the Neonatal Intensive Care Unit," *Journal of Perinatology*, 39(2), pp. 307–313. Available at: <https://doi.org/10.1038/s41372-018-0295-4>.