Effective nurse parent communication: A study of parents' perceptions in the NICU environment.

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Abstract

Objective: This study examined mothers' and fathers' perceptions of effective and ineffective communication by nurses in the Neonatal Intensive Care Unit (NICU) environment, using Communication Accommodation Theory (CAT) as the framework.

Methods: 20 mothers and 13 fathers participated in a semi-structured interview about their perceptions of effective and ineffective communication with nurses when their infant was in the NICU. The interviews were coded for using the CAT strategies.

Results: Descriptions of effective and ineffective communication differed in terms of the strategies mentioned with effective communication about shared management of the interaction and appropriate support and reassurance by nurses. Ineffective communication was more about the interpretability strategy, particularly for fathers, and these interactions were seen as more intergroup. Mothers emphasised more being encouraged as equal partners in the care of their infant.

Conclusion: Effective communication by nurses was accommodative and more interpersonal while ineffective communication was generally under-accommodative and more intergroup.

Practice Implications: The findings provide a framework for communication skills training for nurses that identifies both effective and ineffective communication strategies to use with mothers and fathers.

Keywords: Nurse-parent communication, gender differences, communication skills training

1. Introduction

In Australia preterm births make up 8.2% of annual births [1] with a large percentage of these infants admitted to neonatal intensive care (NICU) or special care nurseries (NSCU). Preterm birth is recognised as disruptive to early parenting and stressful for parents [2-4]. More generally, over 15% of liveborn infants are admitted to NICU or NSCU annually [1]. Thus there is a significant population of parents requiring early intervention in the form of facilitative support from the health professionals caring for their newborns. In this care environment parents rely on health professionals to provide information and other forms of support, yet have the challenge of communicating with multiple care providers. At the same time parents have the further challenge of negotiating with health professionals shared care of their child [5]. Effective communication is an important element of supportive care and yet in this environment may be problematic. In this paper the findings of a study that investigated parents' perceptions of communication with nurses in NICU are discussed as they contribute to developing an understanding of the underpinnings for effective health professional communication in this context.

There is a well accepted need for nursing support to assist parents of ill, hospitalised preterm infants [6,7]. Nurses are in a powerful position to influence parents' ability to cope with stressors and to parent effectively [8-11]. Good quality support for families from health professionals has been found to be associated with less parent stress [12]. However, in the highly technological care environment of neonatal nurseries priority will be assigned to life-saving and stabilising treatments for the infants. Providing psychosocial support and care is more difficult. .

Interpersonal communication is the primary tool used for exchanging information between the health professionals and patients and families [13,14] and for

negotiating care. Nurses, in particular, are a significant source of information and support for parents through this transitional period and nursing communication is highly valued by parents [15,16]. Yet research concerning both nurses' and parents' perceptions of communication in this setting is limited [17], with Barratt [18] more generally arguing investigation is needed into nurses' communication styles and the impact on patient satisfaction.

Nurses' communication with parents in the context of the NICU needs, in particular, to go beyond interpreting clinical information to supporting parents developing a relationship with their infant and caregiving skills [19]. For example, Fenwick et al.[6] demonstrated how nurses' communication patterns may facilitate mothers in their role as mothers, particularly through the important role of chatting and Holditch-Davis and Miles [11] had mothers describing positive experiences of the NICU as involving emotional support and promotion of the parental role. A number of barriers to communication between nurses and parents include inadequate or conflicting information, as well as directing the mother and infant care, and dismissing the mother's rights and skills [10] and actions that made parents question their competence as mothers [11].

Examining the communication perceptions and preferences of parents is important as they may differ from those of the health professionals. For example, Cegala et al.[20] showed how doctors and patients differed in their views of the function of communication with each other with implications for patient satisfaction and health outcomes. Ong et al.[21] similarly point out that while doctors seek to obtain medical information to establish and promote diagnosis and treatments, patients are concerned with obtaining comprehensible information and knowing that

they have been heard and understood. Less is known about how perceptions of nurses and patients or families may differ.

A further issue to consider is gender differences in health professional communication. In the context of the present study mothers and fathers may differ in their perceptions of what constitutes effective or ineffective communication with nurses. Research shows that mothers and fathers differ in their experience of having a premature infant [22] and there are differences in the support needs of mothers and fathers in this setting [23]. Jackson et al. [24] found that mothers in the NICU environment felt a need to participate and have some control over the care of their infant whereas fathers expressed confidence in delegating care of their infant to nurses. In summary, this research suggests that mothers and fathers of preterm infants in hospital may have differing expectations as to what is effective and ineffective communication. More generally, research has shown that women and men differ in some respects in both their communicative behaviour and their perceptions of behaviour [25]. The current study compared the perceptions of mothers and fathers of communication by nurses in the NICU environment.

From this literature it is clear that in this difficult environment there are factors that act to enhance or impede the quality of communication and its helpfulness to parents. Examining parents' perceptions of communication with nurses, particularly aspects they find effective or ineffective serves to improve overall understanding of elements of parent nurse communication. In this study Communication Accommodation Theory (CAT), an intergroup theory of communication, was used as a systematic framework to describe and understand parents' perceptions of parent nurse communication, by acknowledging, in particular, the importance of both interpersonal and intergroup factors in parent nurse communication, as well as the

central role of perceptions and attributions in the communication process. Health communication has been criticised for often being atheoretical [26]. Beck et al. [27] found that over 75% of health communication studies did not include a theoretical framework, although this is changing. A further criticism of health communication research is that it has ignored the intergroup nature of health practitioner-client communication. Watson and Gallois [26] argue that communication between health practitioners and clients and their families is essentially an intergroup encounter involving differences in power and authority that may be emphasised more or less. CAT is an appropriate framework that addresses both these criticisms.

Communication Accommodation Theory uses a social psychological framework to explain the cognitive and affective processes underlying changes to individuals' communicative behaviour [28]. Thus CAT seeks to not just describe the communicative behaviour of individuals but also to explain the motivations underlying individuals' behaviour. An underlying assumption of CAT is that not only is referential information (facts, ideas and emotions) being exchanged during conversation, but also interactants are addressing their interpersonal and intergroup relationship [29]. CAT proposes that speakers within a communication exchange are motivated to use different communication strategies that allow them to develop or maintain their personal (unique characteristics irrespective of cultural or social groups) or social identities [28]. When people are communicating, different identities may become more salient for individuals at different times [26] such that an interaction may be more intergroup or more interpersonal.

CAT describes a number of communication strategies that interactants may use to reduce or increase social distance. These are approximation, interpretability, emotional expression, face-related strategies, discourse management and interpersonal

control [28]. Approximation refers to changes in verbal or nonverbal behaviour to become more or less like the other interactant, in order to reduce or accentuate social distance. Interpretability refers to the way speakers adapt their behaviour to make it more understandable or not to the other interactant. In the NICU environment this could include how technical language is used and the extent to which understanding of parents is checked. Discourse management is about how the management of the interaction is shared and the extent to which interactants facilitate their partners' contribution to the interaction through sharing topic selection and turn-taking. Interpersonal control is about the roles that interactants are able to enact in an interaction. Thus nurses may attempt to keep themselves and parents in a particular role, such as nurse or parent, or may instead try to establish a common role as carers of the infant or make the interaction more interpersonal by finding areas of commonality. Face is about the public self-image of people and has two aspects, positive face and negative face. Positive face takes into account a person's need to be liked and have their wishes understood and appreciated, where negative face takes into account a person's need for independence, or freedom from imposition [30]. Finally, emotional expression involves the interactant responding to the emotional or relational needs of the other person and includes expressions of reassurance, care and warmth.

CAT then uses the term accommodative stance to refer to the process where interactants use these strategies to adapt their communicative behaviour in order to appropriately move towards or respond to the needs of the other person (accommodating) or to be distinct from, or inappropriately move towards the needs of, their speech partner (non-accommodating) [28]. Non-accommodation includes both under-accommodation, where a speaker maintains (or accentuates differences in)

his or her own behaviour and discourse with insufficient movement toward the behaviour or conversational needs of others and over-accommodation, where a speaker goes beyond the style necessary with patronising or ingratiating moves, typically to a stereotype of the other person's group [31]. For example, a nurse may oversimplify her or his speech when talking about the infant's medical care. Overall, accommodation is generally evaluated more positively than non-accommodation [28] and is rated as more effective in an organizational context [32]. Thus it was expected that parents would describe effective communication as being accommodative and ineffective communication as non-accommodative. An accommodative approach is consistent with "patient centred" care which influences parent's perceptions of their children's health care and parent satisfaction [33, 34]. However, Street [14] argues that patients may have a preference for some complementarity in interactions with a doctor, where there is greater control or dominance by the doctor for some strategies while accommodating on others. Other research on health provider-client communication suggests that while patients may desire high levels of information exchange they may not wish to share decision-making [21], again suggesting a preference for accommodation on some strategies and non-accommodation on other strategies. It is unclear if this also applies to nurse-parent interactions.

The aim of the study reported here was to examine the perceptions of parents of premature infants of their communication with nurses, specifically communication they identified as effective or ineffective, using the Communication Accommodation Theory strategies to determine

- (a) What CAT strategies and what accommodative stances are associated with effective and ineffective communication?

- (b) How do mothers and fathers differ in their perceptions of the CAT strategies associated with effective and ineffective communication?

2. Methods

2.1 Participants

Participants were the mothers and fathers of preterm babies. They were recruited from a tertiary referral hospital in Brisbane, Australia after ethics approval for the study was approved by the Research Ethics Committees of the university and participating hospital. The babies were admitted to the NICU following birth and were then transferred to the Neonatal Special Care Unit (NSCU). Parent inclusion criteria were based on the baby's status. At the time of recruitment the baby had to be in NSCU, require no assistance with mechanical ventilation, have been on enteral feeds of at least 60mls/kg/day, have no central venous lines insitu and be judged to be medically stable by nursing staff, with no significant episodes of apnoeas or bradycardias for a period of at least 48 hours. This ensured for ethical reasons that parents were interviewed when their baby was stable and hence parents were not distressed. Babies had been hospitalized for at least one week prior to the interviews.

Twenty mothers and 13 fathers were interviewed for this study. To avoid the potential for dependency in the data mothers and fathers were not from the same couples. Participants ranged in age from 21 to 41 years old (Mother M= 28 years and father M = 30 years). Twenty participants resided in Brisbane and 13 were from outside Brisbane (both regional and rural centres). Twenty seven participants had a single birth and six had twins. This was the first birth for 14 mothers and ten fathers and a subsequent birth for six mothers and three fathers. The sample represents approximately 65% of the parents approached to participate in the study.

2.2 Procedure

A semi-structured interview was conducted with each parent individually. Parents were initially approached by staff, who introduced the study. Eligible and interested parents were given introductory materials prior to meeting the researcher. An interview time was then organised with parents who agreed to participate. After parents gave consent interviews were conducted in a private office in the NSCU. Each interview was audiotaped. In each interview the parent was asked to answer two questions. First, to describe an effective or good interaction and second, an ineffective or not so good interaction they had with nursing staff whilst in the NICU environment. The questions were guided in order to do no more than provide a focal point, i.e., effective or ineffective, for parents' reflections on their experience. Each parent was, if necessary, then asked to give specific detailed examples of both the effective and the ineffective communication interactions (i.e., to describe what the nurse said or did during the interaction). Parents' descriptions included the behaviour of the nurse and could also include the responses of parents, their thoughts and feelings about the interaction and their beliefs about the motivation of the nurses. All participants were able to describe both effective and ineffective interactions. Interviews lasted no longer than 20 minutes to minimise the time parents were away from their child.

2.3 Analysis

The interviews were analysed quantitatively using content analysis [35]. A coding scheme was developed for each of the six strategies based on CAT and previous studies by Gardner and Jones [32] and Watson and Gallois [36]. Each description of effective or ineffective communication for each participant was then content coded. Each description was coded as to whether it mentioned each particular strategy and as to whether it was accommodative, under-accommodative or over-

accommodative. Thus for some participants a description mentioned only one strategy (rarely), for others up to five strategies. Table 1 provides a description of the coding scheme. Thirty percent of the data was coded by a second coder with interrater reliability of .82 using Cohen's kappa.

INSERT TABLE 1 ABOUT HERE

3. Results

The percentage of mothers and fathers mentioning each strategy was calculated and is presented in Table 2, including whether it was accommodation, under-accommodation or over-accommodation. Overall the most frequently mentioned strategies were interpretability (78.8% of participants mentioned), emotional expression (74.2% of participants mentioned) and discourse management (65.2% of participants mentioned). Effective communication was generally accommodative and ineffective communication was either most frequently under-accommodative or alternately over-accommodative.

INSERT TABLE 2 ABOUT HERE

For effective communication discourse management and emotional expression were the most frequently mentioned strategies. The emphasis of parents' comments about discourse management was on nurses asking questions, and encouraging parents to ask questions, as well as chatting, talking about general things as well as their baby. In terms of emotional expression parents talked frequently about nurses who were caring or reassuring, who showed warmth and empathy. For ineffective communication interpretability was the most frequently mentioned strategy. This included inconsistent information or where nurses didn't check parents' understanding or allow questions about information.

Fisher's exact test was used to test for differences in the strategies mentioned as effective and ineffective communication, given the small and unequal sized samples [37]. There were a number of significant differences between effective and ineffective communication. Discourse management ($p < .001$) and positive face ($p < .05$) were mentioned more frequently in descriptions of effective communication than in descriptions of ineffective communication. Parents described as effective nurses who encouraged parents to ask questions as well as encouraging parents with the handling of their infant. In contrast, interpersonal control ($p < .01$) and negative face strategies ($p < .001$) were mentioned more frequently in descriptions of ineffective communication. This included comments about being spoken down to or treated as if they were silly, being scolded, nurses who treated parents as irrelevant or just another parent, in other words, interactions that were very intergroup.

Further chi square analyses were then conducted to compare how frequently mothers and fathers mentioned each strategy. There were a number of significant differences between mothers and fathers. Mothers mentioned positive face and interpersonal control more when talking about effective communication than did fathers ($p < .05$ and $p < .01$ respectively) and negative face and interpersonal control more when describing ineffective communication ($p < .05$ for both). Mothers valued being treated as an equal and being given positive feedback about their parenting. Fathers mentioned more the interpretability strategy when describing ineffective communication than did mothers, with all fathers mentioning this strategy. There was a particular emphasis by fathers on the stress of receiving conflicting information.

4. Discussion and Conclusion

4.1 Discussion

The present study examined mothers and fathers' perceptions of effective and ineffective communication with nurses in the NICU environment. Overall, effective communication was accommodative and ineffective communication mostly under-accommodative. There was no evidence of a preference for complementarity that has been found for doctor-patient communication. Parents regarded nurse communication as more effective when nurses made the interaction more equal (vs emphasizing intergroup or interpersonal differences), where nurses adapt to the behaviour or conversational needs of parents [31] Parents mentioned different strategies when describing effective communication with nurses than when describing ineffective communication. This is important as it gives further support to the contention that ineffective communication is not simply the opposite of effective communication [32], which has implications for communication skills training and for research that focuses solely on effective communication. The most frequently mentioned strategies for effective communication were discourse management and emotional expression, highlighting the importance for parents of communication that is both nurturing and shares the exchange of information. Parents valued communication that was two-way and involved informal chatting as well as more formal discussions. The importance of the relational aspects of communication cannot be underestimated. Such communication considers the emotional impact on parents of the communication [20]. Previous research has emphasised the importance of communication based criteria to patient satisfaction with care. For example, Van Riper [38] showed that family centred approaches, where communication based criteria are valued, improve parent satisfaction in NICU. Health professionals prioritise clinical or technical criteria. The results of the current study emphasise the importance to parents of communication

that provides information and is also reassuring and respectful. This approach shares elements of a “patient-centred” style [34]

Ineffective communication was generally about under-accommodation (maintaining their behaviour or discourse rather than adjusting to parents’ behaviour or needs)_by nurses rather than over-accommodation. Many of the interactions described were consistent with the inhibitory nursing actions Fenwick et al. [10] described. Interpretability was the most frequently mentioned ineffective communication strategy. Parents were most concerned about information being conflicting, confusing, vague or indirect and simply getting enough information. Beisecker and Beisecker [39] highlighted the importance of information giving by doctors with the vast majority of patients wanting to be informed. They found that doctors overestimated how much information they were providing. Yet the amount of information given to patients can be seriously lacking [40]. The current study highlights that not only do parents simply want lots of information they also want consistent information. Inconsistent information sharing is a widely reported problem in the literature [10, 41]. The findings of the present study revealed that fathers, in particular, identified vague or indirect communication or inadequate explanation about their babies as ineffective communication. Direct and clear communication enables parents to know their child [5].

In addition, parents mentioned more interpersonal control and negative face when describing ineffective communication. Thus ineffective communication, compared to effective communication, was more about nurses who were overly formal, who didn’t treat parents as equals and who were demanding or ordered parents. This finding is consistent with those of Fenwick et al. [10]. Yet parents also spoke about the importance of nurses “being professional” creating a tightrope for

nurses to balance. Mothers, in particular, were concerned with face issues and being treated as equal partners when describing both effective and ineffective communication. The emphasis was on nurses being polite and respectful and showing an interest in them, together with treating them as equals. Mothers seemed more concerned than fathers that the relationship with nurses was a collaborative one, where they were working as partners with nurses in the care of their infants, a more interpersonal relationship rather than intergroup. Again, this finding is consistent with previous research in terms of the concerns and needs expressed by mothers [5,10,38]. This contrasts to Lupton and Fenwick's [5] finding that nurses see their role as 'educating' parents and as 'protectors' of the infants, a very intergroup perspective. Jackson et al. [24] found that mothers in the NICU environment felt a need to participate and have some control over the care of their infant whereas fathers expressed confidence in delegating care of their infant to nurses. These findings are consistent with more general research finding that women are more relationship oriented and men more task oriented [42]. Yet the differences between mothers and fathers should not be over-emphasised, as there were many similarities in their descriptions.

The present study was limited to a single site with a small number of mothers and fathers. It is important to look at other hospitals with differing nursing practices. It is also important to examine whether these findings generalise to other health practitioners. The potential influence of characteristics of parents, such as educational level or parental anxiety [33], should also be addressed. The present study only considered the perspective of parents. Nurses' perceptions of effective and ineffective communication in this environment and the fit between nurses and parents' priorities need to be examined. Lupton and Fenwick [5] showed the different ways mothers

and nurses construct what a good mother of a hospitalised infant is. Differences in perceptions of effective communication are likely to reflect these differences, with nurses potentially seeing their role as teaching rather than collaborating. It is also important to understand the motivations that underly the communication strategies nurses use [28], as well as the organisational barriers to communication in NICU's [43]. Finally, the present study examined perceptions of communication. A prospective analysis of communication between parents and nurses should examine the actual CAT strategies nurses and parents use.

4.2 Conclusion

The findings of the present study provide valuable information that can be used for staff development and skills training. Nurses in NICU's operate in a challenging environment with the demands of care of the infant and providing family-centred care. The findings from this study can be used to help nurses to prioritise the communication needs of mothers and fathers.

4.3 Practice implications

“In a busy NICU, learning to communicate with families as true partners in the care of their infant is neither easy nor intuitive” [43, p. 35]. This study provides a description of key features of effective and ineffective communication from the perceptions of parents. It has shown that nurses within the NICU environment can most effectively communicate with parents by listening to parents, asking for input and suggestions from parents, give direct and honest feedback, and maintaining appropriate levels of reassurance. For parents ineffective communication is generally under-accommodative rather than over-accommodative and is more intergroup. Moreover, ineffective communication is not just the opposite of effective communication. Communication skills training needs to focus on both developing the

skills that parents find effective but also increasing awareness of the behaviours that parents find most ineffective. Communication Accommodation Theory may provide a framework that nurses can use to reflect on and guide their communication practices, with a focus on strategies rather than prescribed behaviours. Training also needs to consider the motives and beliefs of nurses as they communicate with parents, including the extent to which they see interactions as intergroup vs interpersonal, as well as the environmental factors influencing nurses.

Nurses also need to develop an increased awareness of adapting their communication style to the differing preferences of mothers and fathers. For mothers the challenge for nurses is to make interactions more interpersonal rather than intergroup. This involves not just communication skills but a reconsideration of the roles that mothers and nurses play in the care of the infant. In contrast, for fathers a lack of concise, accurate and consistent information is more an issue. Strategies for providing such information need to be developed that take account of the multiple care providers in the hospital environment.

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I confirm all patient/personal identifiers have been removed or disguised so the patient/person(s) described are not identifiable and cannot be identified through the details of the story.