Incorporating Family Centered Care in the NICU: An Integrative Literature Review

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A meta-synthesis literature review was conducted to analyze what FCC interventions nurses effectively incorporate into their practice. All searches were limited to primary sources from peer-reviewed journal articles that were published in the past 10 years in English. All articles were in the NICU setting and incorporated nurses. Articles that centered on FCC in other settings and literature reviews were excluded. Research was analyzed through the viewpoint of Peplau’s theoretical model of Interpersonal Relations in Nursing. Peplau’s theory is based on the idea that nursing is a process, involving a mutual relationship between the nurse and the patient that is rooted in working toward a goal. FCC facilitates establishes trust and a therapeutic relationship, helping the nurse and family unit advance through four stages to effectively meet the set goal.

**Encouraging parent-specific practices:** NICU nurses should encourage and facilitate parents and siblings to participate in kangaroo care, scrapbooking, education groups, parent-to-parent support and to be involved in the care of the patient. Nurses should also provide materials, space, time, and assistance to parents so that their time in the NICU is productive for all members of the family.

**Nurse-Parent Relationships:** The nurse needs to consider the family part of the patient’s care team. This involves establishing a therapeutic relationship, incorporating shared problem solving, and using cautious guidance when the parents are providing care for their infant. The nurse should also schedule specific times the family will be caring for the infant, and always allow access for visitation to help ensure that parents see their babies. Specific Practices: The nurse should use an individualized approach to providing care in the NICU. The parent’s risk of stressors should be evaluated, and the nurse should implement care for the parents. Nurses should strive to move from the role of caregiver to the role of being a facilitator, where they partner with the physicians and parents. Nurses should increase their capacity to communicate infant observations to parents, listen to the parents’ individual remarks, and allow them to voice questions and concerns. Parents should be integrated into the care throughout the infant’s stay. The nurse can also play the parents’ preferred music in the NICU to decrease stress, as it can positively influence the environment of the unit, quality of care, and the infants’ cardiac and respiratory function. If the family is unable to be there, the nurse should provide alternative communication methods such as Skype or Facetime.

**CONCLUSIONS**

A potential limitation of this literature review is the incorporation of studies across all sample sizes and countries. This may affect the validity of findings as country and culture specific research could be further analyzed for differences. In addition, more studies are needed to outline newer FCC practices. Future direction for this research would be to define specific FCC practices based on different cultures and religions. Continued research can focus on what others on the care team, hospital administrators, and staff can do to assist nurses in effectively implementing FCC. This research would further advance FCC implementation and improve quality of care.

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