Aug 18th, 10:00 AM - 11:30 AM

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Perceptions of Stress in Parents of Preterm Infants in the NICU

Master’s Entry into Nursing Practice 2017, DePaul University

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Background

Unexpected maternal or fetal complications occur in about 20% of women during pregnancy (Morey & Gregory, 2012). Major complications often require infant admission to the neonatal intensive care unit (NICU), which can last several weeks to months depending on the severity of the condition. This can lead to psychological distress in parents who are already in distress over their babies’ condition. The NICU environment involves invasive clinical procedures, frequent handling of their infant, and increased levels of auditory and visual stimulation. This can subject parents to psychological distress in addition to stress felt about their infant’s health and survival, disability risks, and disruption in their families and everyday life (Woodward et al., 2014). All of these factors can contribute to prolonged stress and coping in the parents of infants long after discharge from the NICU. Researchers have integrated into this literature review.

Purpose

The purpose of this literature review is to focus on parental perceptions of stress of premature infants as well as the negative effects on the psychological well-being of the parents.

Methods

Design

This study examined the impact of perceptions of stress in parents of preterm infants while in the NICU through an integrative literature review, which allows for a comprehensive evaluation of the strength of evidence concerning a phenomenon of concern. This lets the researchers critically appraise the strength and quality of each study, the implications of the knowledge, and identify gaps of knowledge for the purpose of developing new studies (Groene, Burns, & Gray, 2013). An integrative literature review is also useful in healthcare as the synthesis of qualitative and quantitative studies presents the opportunity in making informed decisions relating to the particular topic or phenomenon (Whitemore & Kraft, 2005).

Literature Search Strategies

Computerized search strategies were utilized in the following databases: ProQuest Nursing & Allied Health Source, PsycINFO, and PubMed. These databases were chosen due to their relevance to the nursing and psychology fields. Different combinations of various search terms were used such as stress, distress, stressors, perceptions, NICU, neonatal intensive care unit, nursing, parents, maternal, paternal, preterm infants, mental health, psychological effects, and mental health outcomes.

Data Analysis and Synthesis

Articles and studies were assessed for relevance and rigor to the phenomenon. This was done by coupling articles by field of study for the literature review: nursing and psychology. Articles grouped in the nursing discipline focused on answering the research question: What are the perceptions of stress experienced by parents of preterm infants while in the NICU environment? Articles grouped in the psychology discipline focused on answering the research question: What are the negative mental health outcomes associated with high perceptions of stress in parents of preterm infants? A total of 20 articles were retrieved for review, and a final total of 10 articles have been integrated into this literature review.

Findings

Perceptions of stress:

• Environmental factors. A major source of stress includes the NICU environment, specifically the beeps coming from monitors, bright lights, and chemical odors (Turan, Başbakklär, & Özbek, 2008).

• Infant’s appearance and behavior. High stress levels were also experienced for their infant’s appearance and behavior with many mothers reporting distress at how fragile or weak their infant looked (Turan, 2008).

• Alteration of parental role. Loss of their expected or desired role as a parent stems from not being able to perform normal acts such as feeding, which could lead to feelings of helplessness and frustration (Turan, 2008).

• Lack of staff support. 22% of mothers and 19% of fathers described receiving little to no support for their loss in parental role from the nurses, and felt that nurses did not include them in discussions where decisions were made (Tandberg et al., 2013).

Negative mental health outcomes:

• Post-traumatic symptoms. More than 50% of mothers who experienced the NICU are at risk for PTSD (Morey & Gregory, 2012). The majority (66.6%) of preterm infant mothers report symptoms such as elevated arousal, avoidance, and re-experiencing (Morey & Gregory, 2012). They also experienced emotional responses such as guilt, defensiveness, and loss of control. These symptoms stayed elevated in mothers after 14 months of preterm birth versus mothers who delivered at full-term (Kantrowitz-Gordon, Altman & Vandermusse, 2016).

• Depression and anxiety. Fathers displayed depressive symptoms, in which 13% of fathers had increased depression scores two years after preterm birth (Turan-Gordon et al., 2016). A mother’s depression after NICU admission has been associated with a negative perception of her child’s social abilities (Kantrowitz-Gordon et al., 2016). Families of full-term babies are shown to have lower stress, anxiety, and better family functioning than those of pre-term babies (Kantrowitz-Gordon et al., 2016).

Discussion

This literature review was able to find various sources about the perceptions of stress felt by parents of preterm infants in the NICU. These stressors significantly impact the mental health of the parents during and after discharge. Examples of negative mental health outcomes include PTSD, anxiety, and depression. These stressors can be improved upon by various strategies and techniques applied by NICU nurses. Effective communication and support from nurses are seen as interventions that can alleviate the demands felt by parents. Other recommendations include behavioral interventions programs for parents to promote interaction between their and their infants. Identifying and implementing effective programs can be beneficial to parents in generating more successful outcomes while in the NICU.

Nursing Implications

Nurses can play a crucial part for parents facing stressful and challenging times in the NICU. Nurses are familiar faces to NICU parents and often observe the difficult obstacles that parents experience. There is a lack of scientific evidence on possible nursing interventions and education that can help parents better adapt to this new stressful situation and environment. Therefore, recognizing these perceptions of stress is the stepping stone to identifying methods that nurses can apply to lower stress levels in parents. NICU nurses can also provide additional support and socialization when they need nurses are communicative and encouraging in participation in their infant’s care (Cleveland, 2009). A recommendation of education programs for nurses to improve their empathetic communication skills and promote mutual decision-making in order to help parents regain a sense of control in regards to their infant was widespread in the literature.

Conclusion

Parents have various stressful perceptions when in the NICU with their premature infant. NICU nurses can address these concerns and feelings with empathetic communication skills and being aware of the importance of incorporating the parents as much as possible in their infant’s care. By addressing these concerns and negative perceptions of the NICU environment, NICU nurses can provide an opportunity for parents to overcome these stressful demands and maintain healthy mental health outcomes during and after discharge.

References


