

## Nurses' Attitude Toward Nursing Behaviors Which Facilitate the Grief Work of Parents With Premature Neonates

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### ARTICLE INFO

Article type:  
Original Article

Article history:  
Received: 17 Jun 2012  
Revised: 14 Aug 2012  
Accepted: 24 Aug 2012

Keywords:  
Grief  
Parents  
Premature Birth  
Nurses  
Intensive Care Unit, Neonatal

### ABSTRACT

**Background:** The parental grief responses related to the birth of a premature neonate may intensify with hospitalization of the child in the Neonatal Intensive Care Unit (NICU). Therefore, it is necessary that health care providers particularly nurses who are mostly in direct contact with the parents provide them with enough support to go through the process of grief.

**Objectives:** The aim of this study was to investigate the nurses' attitude about nursing behaviors which facilitate parents' grief work related to having a premature neonate in the NICU.

**Materials and Methods:** A cross-sectional study was performed among 39 nurses working in NICUs in Al-Zahra, Kodakan and Taleghani hospitals, Tabriz, Iran in November 2011. Data collection was performed using the Fordham Scale (1989) which classifies the nursing behaviors that facilitate the grief work of parents with premature neonates in the NICU in five main dimensions. Data were explored via frequency distribution, percentage, mean and standard deviation. Data were analyzed with Chi-square test and Spearman Correlation coefficient.

**Results:** The mean age of nurses was  $34.4 \pm 7.3$  years, and the mean of work experience in the NICU was  $6.7 \pm 3.7$  years. The dimensions which were mostly provided via nursing behaviors to the parents were "Providing an environment that promotes personal development" (58.7%) and "Guiding another" (58.6%). The least provided dimensions were also "supporting physically or psychologically" (40.9%), "Acting for or doing for" (47.5%) and "Teaching another" (56%). Also, there was significant inverse relation between nurses' attitude with nurses' work experience ( $r = -0.40, P = 0.01$ ) and work hours in week ( $r = -0.47, P = 0.004$ ).

**Conclusions:** This study shows that the nursing supports and nursing behaviors in NICUs are almost desirably provided by the nurses. As there is no supportive program in Iran for the parents with premature neonates, compiling and implementing a supportive program is recommended in this regard.

### ► Implication for health policy/practice/research/medical education:

Nurses' attitude about provided nursing behaviors in the NICU can help nurses and nursing policymakers to design and implement appropriate programs for the nursing care, in accordance with the demands of parents who have premature neonates.

### ► Please cite this paper as:

Rahiminia E, Valizadeh L, Zamanzadeh V. Nurses' Attitude Toward Nursing Behaviors Which Facilitate the Grief Work of Parents With Premature Neonates. *Thrita J Med Sci*.2013;2(1): 89-93. DOI: 10.5812/thrita.6834

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## 1. Background

The birth of a neonate, although exciting, does not always result in birth of a healthy child and can be associated with a premature birth (1-3). Premature neonate is a baby born before the gestational age of 37 weeks (4, 5). After the birth and admittance of the premature neonate to Neonatal Intensive Care Unit (NICU), grief work occurs in parents. Grief work is the emotional reactions to a significant loss, which may be manifested with physical responses, including weakness, anorexia, fatigue, insomnia, tightness in the chest, shortness of breath and psychological reaction such as overwhelming, sadness, guilt, loneliness, hopelessness, and anger (6, 7).

Birth of a premature neonate may be associated with catastrophic reactions and crisis among families. Such crisis will further intricate the required caring of the newborn for parents (8, 9). Since nurses are in direct contact with the families (10), they are considered to be the best support group for such parents (11-13). The nurses can also prevent serious complications of grief toward anxiety and depression and may help parents through practice of facilitating behaviors (14). Nonetheless, few studies have been conducted from parents point of view in this regard (1) and unfortunately, none have been conducted to date in Iran.

## 2. Objectives

The aim of this study was to investigate the nurses' attitude about nursing behaviors which facilitate parents' grief work related to having a premature neonate in the NICU.

## 3. Materials and Methods

### 3.1. Study Design

A cross-sectional study was performed among nurses working in NICUs in Al-Zahra, Kodakan and Taleghani hospitals, Tabriz, Iran, in November 2011. The exclusion criteria of nurses in this study were having less than 12 months of work experience in the NICU or participation in the pilot study. Of the total 51 nurses working in the NICUs of the aforementioned hospitals, three had less than 12 months of work experience in the NICU, and six had participated in the pilot study, therefore nine nurses were excluded from the study.

### 3.2. Data Collection

The data were collected using a questionnaire with two sections; part one consisted of demographic questions, and the second part was based on the 53 items related to the Fordham Scale (1989) of nursing behaviors which facilitate the grief work of parents with premature neonates in NICU (1), but was modified to 46 items for increasing the content validity based on the socio-cultural context of Iran. The questionnaire was based on a 4-point

Likert scale which was categorized from 0 (Completely agree) to 4 (Completely disagree). The tool was classified in five dimensions: "Providing an environment that promotes personal development" (8 items), "Supporting another physically or psychologically" (13 items), "Guiding another" (6 items), "Teaching another" (9 items), and "Acting for or doing for" (10 items).

The English original version of the Fordham Scale was translated to Persian by a forward-backward translation method. The content validity of the questionnaire was determined by nine of the Tabriz school of midwifery and nursing staff and two psychiatrists. After introducing the amendments, this version of the instrument was pilot tested with six nurses which yielded a Cronbach's alpha of 0.90.

### 3.3. Ethical Considerations

This study was adopted by the research department of Tabriz university of medical sciences (Project Code No. 901). It was approved by the university ethics committee. Informed consent for participation was obtained from all nurses.

### 3.4. Data Analysis

Data were explored via frequency distribution, percentage, mean and standard deviation. Data were analyzed with Chi-square test and Spearman Correlation coefficient by using SPSS Software version 13.0. *P* values less than 0.05 were considered statistically significant.

## 4. Results

Of the total 42 invited nurses, 39 participated in the study and three refused to join the study due to high workload. Nurse participants ( $n = 39$ ) ranged in age from 23 to 52 (a mean age of 34.4,  $SD = 7.35$ ) years; most were women (97.5%), and were married (74.4%). Of these, two (5.6%) were nurse practitioners with a level of education in master of science in nursing (MSN); 34 (94.4%) were nurses who had bachelor of science in nursing (BSN). The mean length of clinical work experience was 10.3 ( $SD = 6.9$ ) years, and the mean length of providing neonatal nursing care was 6.7 ( $SD = 3.7$ ) years, indicating that the vast majority of nurse participants were very experienced in providing care for neonates.

Table 1 shows nurses' attitude toward the dimensions of nursing behaviors which facilitate the grief work of parents. Nurses' attitude score about the nursing behaviors was  $1.71 \pm 0.50$ . However, the most recurrent behavior of nurses was from dimension "providing an environment that promotes personal development" and the items which yielded the highest scores were "allow them to spend time with the baby" (71.1%) and "show interest in answering their questions" (63.2%). Nurses reported "supporting another physically or psychologically" as one of the least recurrent behaviors (40.9%).

In this study, there was no significant relation between nurses' attitude with nurses' age ( $P = 0.6$ ), gender ( $P = 0.9$ ), work shift ( $P = 0.8$ ), and number of patients in any shift ( $P = 0.9$ ). While there was significant inverse relation between nurses' attitude with nurses' work experience ( $r = -0.40$ ,  $P = 0.01$ ) and work hours in week ( $r = -0.47$ ,  $P = 0.004$ ).

## 5. Discussion

The results of the present study show that the dimensions which were mostly provided via nursing behaviors to the parents were "Providing an environment that promotes personal development" and "Guiding another". The least provided dimensions were also "supporting physically or psychologically", "Acting for or doing for" and "Teaching another" (Table 1).

**Table 1.** Nurses' Attitude about Nursing Behaviors Which Facilitate the Grief Work of Parents With Premature Neonates.

Dimensions	Completely Agree No. (%)	Agree No. (%)	Disagree No. (%)	Completely Disagree No. (%)
<b>Providing an environment that promotes personal development</b>				
Praise their accomplishments	21 (55.3)	16 (42.1)	–	1 (2.6)
Let them about their feelings with other people facing the same situation	20 (52.6)	12 (31.6)	4 (10.5)	2 (5.3)
Allow them to spend time with the baby	27 (71.1)	11 (28.9)	–	–
Help them to see that their baby receives good care	22 (56.4)	15 (38.5)	2 (5.1)	–
Show interest in answering their questions	24 (63.2)	13 (34.2)	1 (2.6)	–
Encourage them to express their feelings	21 (53.8)	14 (35.9)	4 (10.3)	–
Show respect for their feelings	23 (59)	14 (35.9)	2 (5.1)	–
Introduce them to other people (i.e., physicians, social workers, etc.)	22 (57.9)	12 (31.6)	3 (7.9)	1 (2.6)
Total	180 (58.7)	107 (34.8)	16 (5.2)	4 (1.3)
<b>Supporting another physically or psychologically</b>				
Be honest with them	30 (78.9)	8 (21.1)	–	–
Allow them to cry	17 (45.9)	15 (40.5)	3 (8.1)	2 (5.4)
Recognize their need to talk about their fear of the baby dying	20 (51.3)	17 (43.6)	2 (5.1)	–
Cry with them	1 (2.6)	6 (15.8)	11 (28.9)	20 (51.6)
Let them be angry	12 (32.4)	20 (54.1)	4 (10.8)	1 (2.7)
Listen to them	23 (59)	15 (38.5)	1 (2.6)	–
Reassure them	14 (37.8)	19 (51.4)	4 (10.8)	–
Put your arms around them	–	7 (21.9)	9 (28.1)	16 (50)
Hold their hand	5 (15.6)	11 (34.4)	7 (21.9)	9 (28.1)
Let them trust him/her/they	23 (59)	15 (38.5)	1 (2.6)	–
Let them know about changes in their baby's condition	24 (61.5)	13 (33.3)	1 (2.6)	1 (2.6)
Sit down beside them even when there were only a few minutes	11 (28.2)	17 (43.6)	5 (12.8)	6 (15.4)
Help them relieve their guilt about not visiting	18 (48.6)	12 (32.4)	5 (13.5)	2 (5.4)
Total	198 (40.9)	175 (36.2)	53 (10.9)	57 (11.8)
<b>Guiding another</b>				

Tell them what to expect (visiting, bringing toys, etc.)	27 (69.2)	10 (25.6)	1 (2.6)	1 (2.6)
Allow them to give some of their baby's care	23 (62.2)	11 (29.7)	2 (5.4)	1 (2.7)
Help them make plans	20 (51.3)	15 (38.5)	4 (10.3)	–
Help them to have hope	25 (64.1)	11 (28.2)	3 (7.7)	–
Help them to find ways to cope with their baby's condition	22 (57.9)	13 (34.2)	3 (7.9)	–
Help them identify others who could help	19 (48.7)	16 (41)	4 (10.3)	–
Total	136 (58.2)	77 (33.2)	17 (7.3)	2 (0.8)
<b>Teaching another</b>				
Tell them the reasons for their baby's medical condition	23 (59)	12 (30.8)	4 (10.3)	–
Use a demonstration to teach them about how to take care of their baby at home	23 (59)	13 (33.3)	2 (5.1)	1 (2.6)
Teach them about how to take care of their baby in the NICU	20 (51.3)	13 (33.3)	4 (10.3)	2 (5.1)
Provide pamphlets about caring for their baby	23 (60.5)	8 (21.1)	7 (18.4)	–
Use terms that they can understand	25 (65.8)	11 (28.9)	1 (2.6)	1 (2.6)
Explain the reasons for their baby's treatments	22 (56.4)	11 (28.2)	6 (15.4)	–
Explain procedures done for their baby	20 (51.3)	11 (28.2)	8 (20.5)	–
Explain why tests were ordered for their baby	20 (51.3)	12 (30.8)	7 (17.9)	–
Explain upcoming treatments	19 (50)	11 (28.9)	7 (18.4)	1 (2.6)
Total	195 (56)	102 (29.3)	46 (13.2)	5 (1.4)
<b>Acting for or doing for</b>				
Provide privacy for them when they are with their baby	22 (57.9)	14 (36.8)	2 (5.3)	–
Explain their behavior to the rest of staff	18 (46.2)	10 (25.6)	8 (20.5)	3 (7.7)
Ask them if they want to be visited by a priest	3 (8.1)	11 (29.7)	12 (32.4)	11 (29.7)
Help them remember important details	15 (38.5)	12 (30.8)	7 (17.9)	5 (12.8)
Call them when they cannot be at the hospital to let them know their baby's condition	19 (48.7)	7 (17.9)	8 (20.5)	5 (12.8)
Discuss outside sources of help with them	16 (41)	13 (33.3)	5 (12.8)	5 (12.8)
Remind them to take breaks when they are with their baby for long periods of time	23 (60.5)	14 (36.8)	1 (2.6)	–
Tell them the reasons for the way their baby looks and acts	24 (61.5)	12 (30.8)	3 (7.7)	–
Show interest in them	21 (53.8)	14 (35.9)	3 (7.7)	1 (2.6)
Allow them to grieve	22 (57.9)	14 (36.8)	2 (5.3)	–
Total	183 (47.5)	121 (31.4)	51 (13.2)	30 (7.7)

Parents of prematurely born infants are disturbed in the process of becoming parents (15) and thus, the re-establishing of the family should begin at the birth of the premature infant and it is important to provide ongoing support for the bonding process and parenthood (16). Based on our results, "supporting another physically or psychologically" was one of the least applied behaviors, while in the Lam et al. study, the parents reported that receiving more emotional support from the nurses was renovating (17) and parents desired more nursing support than they received (18).

Also, the present study showed that more experience and high working hours in nursing is related to fewer actions that facilitate the grief work of parents with premature infants. This observation might be attributed to the high workload in the NICUs and thus the importance of continuing education and decreasing high work hours is emphasized in this regard.

Nurses' physical and psychological state, due to their high load of work at the time of filling out the questionnaire, might have affected the nurses' answers and study results. Therefore, more studies with larger sample sizes should be done in other cities in Iran as well as other countries. Considering that there is no supportive program for the parents with premature neonates in Iran, performing a qualitative study is recommended to help policymakers of the nursing profession compile and implement a supportive program. In conclusion, this study shows that the provided nursing behaviors and supports are required in the NICU which may help nurses and nursing directors to design appropriate programs for the nursing care, in accordance with the parents who have premature neonates.

## Acknowledgments

This article was derived from MSc thesis in the Faculty of Nursing at Tabriz university of Medical Sciences (No: 287). We would like to express our gratitude to the authorities of Tabriz University of Medical Sciences and all of the nurses who cooperated honestly in this research.

## Authors' Contribution

LV and ER were responsible for the study conception and design; ER performed the data collection; VZ and ER performed the data analysis; ER was responsible for the drafting of the manuscript; LV supervised the study.

## Financial Disclosure

The authors declare no conflicts of interest.

## Funding/Support

This research was supported by a research grant (number 287) for M.Sc. thesis from Nursing Research Team affiliated to Tabriz university of medical sciences, Iran.

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