Nurturing staff to nurture families: Strategies to provide education, systems building and reflection
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“... hospitals should consider the need to nurse the nurse to bolster well-being of the staff and ultimately facilitate the nurturing of families” Roberta Cricco-Lizza 2014
What is expected of us: the under-recognised demands of emotional labor (Cricco-Lizza 2014, Wigert 2014, Cleveland 2008)).

- A warm welcome at all times
- Permanent “happy face”
- Controlled emotions
- Cultural sensitivity
- Clear and personal communication
- Attentive listeners
- A human being

- Partnership with parents
- Support parenting roles
- Promote parent-baby interaction
- Constancy
- Cope with challenging behaviour

Nurses expend labor to control emotions and to present to babies and parents a work persona of competence and composed professionalism (Cricco-Lizza 2014)
What happens to us?
Stress, burnout and compassion fatigue.
(Profit 2014, Boyle 2011)

- Tired
- Sad, depressed
- Angry
- Apathetic
- Sleep disturbance
- Moral distress
- Health problems

- Absenteeism
- Unable to keep up and change
- Poor work life balance; impact on families
- High staff turnover
- Low job satisfaction

Burnout related to conflict within work setting
Compassion fatigue related to interpersonal intensity
Impact of burnout / compassion fatigue on patient care

- Poor safety culture
- Higher rates of error
- Suboptimal care e.g. increased risk of infection
- Parent dissatisfaction
- Complaints and law suits
- Difficulty achieving quality improvements

Profit 2014, Prins et al 2009, Rochefort and Clarke 2010
Parent support is an important component of interventions for pre-term infants

- 11/18 studies had outcomes for parents (2/18 fathers)
- Positive effects on anxiety, depressive symptoms and self efficacy
- Interventions with psychosocial support had better outcomes.
- Parenting education - positive effect on anxiety.
- Parenting education alone did not reduce stress. Parent support component did have an effect.

Four influencing factors in a NICU parent's progression:

1. contact with and proximity to their infant,
2. relationship with the nurse,
3. having information,
4. social support.


“Nurses must engage with NICU parents in such a way as to maximize the likelihood that these parents will reach at minimum the proficient and at maximum the expert parenting stage by discharge”.
CLOSINESS AND CONNECTION

Closeness

Flacking R et al for the SCENE group 2012, Closeness and separation in neonatal intensive care, Acta Paed

Emotional connection

Hane A et al Family Nurture Intervention improves the quality of maternal caregiving in the neonatal intensive care unit : Evidence from a RCT. J. Dev. Behav. Pediatr. 2015
STRATEGIES
for nurturing staff and building resilience.

Self maintenance
Systems organisation
Education
Reflection (? and mindfulness)
1. SELF MAINTENANCE: “responsible selfishness”  
(Jones 2005)

- Work-life balance
- Exercise
- Diet
- Distractions
- Diary/journal
- Meditation
- Massage
Connect
Learn
(Be) Active
Notice
Give back
Eat well
Relax
Sleep
(Phillip Hammond)

Does your institution support self-maintenance: good food, health services, fitness support, child care?
1. Understand triggers
2. Review methods for coping
3. Caregiver plans for self treatment
4. Resources for addressing compassion fatigue
5. Teach effective self-soothing
6. Teach grounding and containment skills
7. Enhance proficiency in self care and boundary setting
8. Video- dialogue techniques for self supervision
9. Self administered, self care planning

Accelerated Recovery Program (ARP) (Gentry et al 2000)
2. SYSTEMS ORGANISATION.

- Policies – compatibility with family centred philosophy.
- Attitudes to FCDC. Being allowed to deliver good quality care.
- Ratio of senior staff (Turner 2014)
- Rostering
- Group size - magic number: 150 (Dunbar 1992)
- Equal opportunities (Williamson 1992)

Constant organisational change (influenced by competition, technology, legal/regulatory constraints) is EXHAUSTING (Cricco-Lizza 2014)
Policies don’t implement themselves.

- Evidence based guidelines
- 4 units: Change team
- 2 units: FACILITATOR
- Change activities
- Focus groups.
# Action Research on Relationship Centred Care (ARRC) Project, Sheffield (Skene)

<table>
<thead>
<tr>
<th>Exploration</th>
<th>Intervention cycles x 3</th>
<th>Evaluation</th>
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</table>
| - Parent and staff surveys  
- Parent and staff focus groups  
- Baseline data | - Planning  
- Acting  
- Observation  
- Re-planning | - Parent and staff focus groups  
- Parent and staff interviews  
- Compare with baseline data |
3. ENVIRONMENT:

Space to help parents interact with their baby

Space to talk to parents privately

(Wigert 2014, Turner et al 2014)

Impact of single room design on staff:
• Increased workload and isolation
• Increased satisfaction from benefits to infants and families.

(Hagen et al 2015)
AESTHETICS – impact on well-being and confidence in the institution.


- Colour
- Art work
- Lighting
- Daylight
- Views of nature
- References to nature
ENVIRONMENTAL STRESSORS
(White et al 2013, Ulrich 2004),

• Light: bright areas for breaks and work surfaces; light showers for night staff; morning light.

• Sound levels and characteristics - fatigue, errors, communication

• Temperature (Williamson 1993) and ventilation

An environment that is appropriate, safe and healthy for infants, parents, and STAFF
SOCIAL ENVIRONMENT

• Community – “the village effect”
  (Pinker 2014); shared food, book swop, birthdays, events.

• Space to take breaks, to meet, eat, talk, chat, and laugh together

• Culture of mutual assistance and respect (Williamson 1992)

• Psychological support; relationships; moral dilemmas

• Protection e.g. from aggressive behaviour, bullying
RELATIONSHIPS WITHIN THE SYSTEM

• Parents are sensitive to power struggles, difficult relationships and inconsistencies in the system
• Adopt deferential behaviour with staff and anxious surveillance to protect baby.

Transformational leadership (Nielsen et al 2009); Leaders and their followers raise one another to higher levels of morality and motivation: vision, identity, role modelling, strengths and weaknesses.

Management style – visibility, fairness, walk rounds, feedback (Sexton et al 2014).

Good manners – rudeness undermines performance (Riskin et al 2016)

Developmental care team, (Hendricks-Munoz et al 2007).
3. EDUCATION — Recommendations for enhancing psychosocial support of NICU parents through staff education and support. Hall et al 2015, J Perinatol)

- “Normal” responses to infant hospitalisation
- Mood and anxiety disorders
- Family Centred Developmental Care
- Cultural sensitivity with self awareness and flexibility
- Self care
- Competent communications

Focusing on staff training alone is insufficient as it neglects employment practices and issues of management style that contribute to burnout. Hall et al 2015
COMPETENCIES: Relationship based (Warren and Brown 2014)

- Relationship with the Infant
- Relationship with the Family
- Relationships within the system
The most effective way to learn

Rate of transfer into classroom practice following peer coaching

Bush RN, 1984, Effective staff development.
COACHING: what makes it work?

• Job embedded: directly applicable to practice
• Focused on a few highly important strategies
• Intensive (one-to-one) and on-going
• Partnership: equal partner / collaborator with coach
• Dialogue: reflective conversations
• Non-judgemental and confidential
• Respectful, open and honest communication
• Management interest and support
• Voluntary
• Coach needs deep understanding of area of work

Adapted from Knight J, 2009,
Training with COACHING component and improved parent outcomes

- Family Nurture Intervention (Welch 2012, Hane 2015)
<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Country</th>
<th>Impact on parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Als et al.</td>
<td>2003</td>
<td>USA</td>
<td>• Lower family stress and enhanced appreciation of the infant.</td>
</tr>
<tr>
<td>Wielnga et al.</td>
<td>2006</td>
<td>Netherlands</td>
<td>• Parents more satisfied with care given according to NIDCAP than with traditional care.</td>
</tr>
<tr>
<td>Kleberg et al.</td>
<td>2007</td>
<td>Sweden</td>
<td>• Perceived more closeness to their infants than control mothers (p=0.022)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Rated staff’s ability to support them in their role as a mother higher</td>
</tr>
<tr>
<td>Van der Pal et al</td>
<td>2007</td>
<td>Netherlands</td>
<td>• No significant differences were found in confidence, perceived nursing support or parental stress.</td>
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</table>

**Newborn Individualised Developmental Care and Assessment Programme.**
<table>
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<tr>
<th>Author</th>
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<th>Impact on parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rauh et al</td>
<td>1998</td>
<td>USA</td>
<td>Greater satisfaction and confidence with mothering. More favourable perceptions of infant temperament</td>
</tr>
<tr>
<td>Kaaresen et al</td>
<td>2006</td>
<td>Norway</td>
<td>Mothers and fathers in the intervention group reported significant lower scores in child domain, parent domain, and total stress</td>
</tr>
<tr>
<td>Newnham</td>
<td>2009</td>
<td>Australia</td>
<td>Mothers less stressed by their infant at 3 months.</td>
</tr>
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Mother Infant Transaction Programme: staff trained with Brazelton Neonatal Behavioural Assessment Scale.

- Increased parental involvement in infant care.
- Increased interaction with parents.
- The role of the nurse changed from an active caretaker to a facilitator

Axelin et al 2014, Nurses' perspectives on the close collaboration with parents training program in the NICU.
Communication skills

- “Limited conversation” (McCarthy et al 2013)
- Education in use of translators
- Using simple, non-technical, language
- Availability of printed materials – words and pictures
Programme to Enhance Relational and Communication Skills (PERCS-NICU) (Meyer et al 2011 Boston)

- Interdisciplinary workshops (6h): 10-15 participants and 3 facilitators
- Collaborative exercise, educational film, didactic presentation
- Case scenario with actors
- Conversation, feedback, reflection, action plans

RESULTS: questionnaire at 12 m
100% : improved preparation, communication skills and confidence
83%: reduced anxiety
Neonatal Critical Care Communication (NC3) (Boss et al 2013)

• 13 Medical and NNPs
• 3 day retreat
• Didactic overviews (10 key communication skills)
• Facilitated groups with role play (actors)
• Written curriculum (referenced) with 6 modules, which included specific skills such as ask-tell-ask; jargon free language; open ended questions

RESULTS (Surveys before, during and 1 month after)
• Improvement in perceived competence in 10 key skills
• More confident to talk to families
4. REFLECTION
Thinking about who we are, what we do, and who we want to be. Learning from experience.
REFLECTION
Menu of work setting options (Boyle 2011)

- On-site counselling
- Staff support groups
- De-briefing sessions
- Art therapy
- Massage
- Encourage integration of self care plans into performance appraisals
- Talking with the sisterhood” (Cricco-Lizza 2014)
- VERP: Video Enhanced Reflective Practice: video clips of self at work to discuss in supervision
SHARING STORIES
An example from palliative care. (Campion Smith 2011)

- Six 2 hour sessions
- Topics / weekly themes
  - Symptom control
  - Communication
  - Benefits
  - Family issues
  - Ethics
  - Emergencies
  - Organisation of care
- Multidisciplinary groups to share stories on the theme of the day - feedback ideas.
- Fast feedback forms, one-to-one telephone interviews 5 months later.
Modified KIRKPATRICK’S LEVELS OF EVALUATION
(Barr et al 2000)

1. Learners’ reactions
2a. Modification of attitudes and perceptions
2b. Acquisition of knowledge and skills
3. Change in behaviour
4a. Change in organisational practice
4b. Benefits to patients and relatives/carers.

- Technique of listening to others’ experiences and sharing stories was an effective way to cross inter-professional boundaries.
- Evaluation was positive for all domains.
Holding staff who hold parents in the NICU
Psychoanalytic perspectives (Kraemer 2006, Cohen 2003)

- Ambivalence about psychological support (Profit 2014)
- “Clinging to fragmentation of care” - detachment, denial and depersonalisation as coping strategies.
- Seek relief from the draining Intensive contact with families
- Resistant to putting themselves in the parents’ shoes.

Psychotherapists have a powerful role as translators and meaning makers. They can help to structure free-floating chaos and to provide shape and context to wordless anxieties. Kraemer 2006.
SUPPORTING PARENTS TO REFLECT (Underdown 2013)

• Capacity to “mentalise” – interpret behaviour in terms of underlying feelings – important for developing sensitive interactions.

• Parents with low reflective function more likely to misinterpret baby’s behaviour.

• Opportunities for parents to develop perceptions of their baby as a person – likes, dislikes, strengths and sensitivities.
Other opportunities and ways to enhance job satisfaction.

- Seeing the benefits of quality care – audit and feedback
- Visits from children


Boss and Harris on single rooms


• Knight J (2009), Coaching. The key to translating research into practice lies in continuous, job-embedded learning with ongoing support. *Journal of Staff Development* 30 (1): 18-22.
• Kraemer SB, (2006) So the cradle won't fall: Holding the staff who hold the parents in the NICU. *Psychoanalytic Dialogues* 16.2: 149-164.


• Pinker S, The Village Effect


• Williamson S (1993), Job satisfaction and dissatisfaction amongst neonatal nurses, *Midwifery*, **9**:85-95