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Parents' Eperience of Communication with PICU Nurses in Saudi Arabia

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I. Introduction

Communication is a primary and imperative building block of nursing, and according to Dunn (2005, quoted in Kalunga, 2016) communication is the process of exchanging knowledge and feelings between people, verbally or nonverbally, for a shared understanding and meaning. Communication assists in the performance of accurate, consistent, and easy nursing work, ensuring both the satisfaction of the patient and the protection of the health professional. As described in Boynton (2016, p. 2), communication is an important element of the nurses' job to appraise, plan, apply, and document care; it contributes to every cooperation between nurses, physicians, and administrators, as well as between these health care workers and the patients and their families. Nursing is a caring profession, and essentially, a nurse's primary role is to create an effective and harmonious relationship with the patient. Upon admission, barring mental health issues or other cognitive disabilities in the patient that prevent such, the effective nurse will communicate properly with said patient (NISA et al., 2019). The way nurses interact with patients and their families is fundamental to the delivery of nursing care. For example, when a child is admitted, the health providers expect the parent or primary caregiver to be involved in the treatment of the child and work collaboratively with the nurses; the success of this partnership depends on interpersonal contact with a view to defining shared objectives (Crawford, 2014). Thus, as a child health care provider, the nurse must relate to both the child who is a patient and the parents or caregivers of the child (Crawford, 2014).

Effective communication is a key aspect of nursing career. Communication is the process of conveying and interpreting the meaning of a message, and a nurse makes an intimate journey with the client and their family, from the miracle of birth to the mystery of death; therapeutic communication needs to be developed for this journey (Nisa et al., 2019). This research is significant because successful nursing care relies on efficient communication between the nurse, patient and parent in order to fulfill the needs of the patient and to provide a good quality of care that leads to positive outcomes; if the communication process breaks down due to any issue, it can lead to medical error and other safety incidents (Nisa et al., 2019).

Background

Acute disease requiring hospitalisation is considered to be a stressful situation that may have negative effects on the family, including emotional distress and altered roles and functioning of the family; poor family functioning throughout illness can negatively impact patient outcomes (Alnajjar and Elarousy, 2017). The family-centered care strategy acknowledges that the family has the greatest effect on the health and well-being of a child. Health care providers must promote, respect, and enhance the competence of the family. Such goals can be accomplished through the establishment of a collaboration strategy (Alnajjar and Elarousy, 2017). The implementation of family-centred care results in high-quality service for all children, improves satisfaction of patients, family, and health care providers, enhances family strengths, and makes more efficient use of resources (Alnajjar and Elarousy, 2017). Health care practitioners should understand that caring for the child extends to the family and its needs in terms of improving said care ((Alnajjar and Elarousy, 2017). Studies suggest that there is a lack of contact between nurses and parents in pediatric wards (Aein et al., 2008; Manongi et al., 2009; Sharkey et al., 2016, quoted in Valizadeh et al., 2017). Parents indicate that professional contact and information received by nurses are insufficient (Sharkey et al., 2016, Quoted in Valizadeh et al., 2017). And state that nurses are deficient in providing details about the child and their treatment to parents (Aein et al., 2008, cited in Valizadeh et al., 2017). According to Giambra et al. (2014), the provision of accurate information and involvement in decision-making have a major effect on nurse-to-parent contact. Parents may feel marginalized

and distant from the nurse because of the dynamics of power and the feeling that nurses may not have enough time to communicate (Aein et al., 2008, cited in Valizadeh et al., 2017).

The current research will focus on the challenges in parents' experience of communication with PICU nurses in the Saudi Arabian health system and show that the barriers in communication between patients and nurses impact the parents of the patients adversely.

The barriers between nurses, patients, and parents are multifaceted. According to Albagawi (2014), communication amongst nurses and patients is the most significant in offering quality health care findings. Barriers in communications amongst nurses and patients emerge because of an intricate number of personal, cultural, gendered, occupational, and organizational administration influences (Albagawi, 2014). Interaction between the orator, the subject, and the environment sets the efficacy of communication (Albagawi, 2014). And structural, personal, and environmental barriers create ineffectual communication paths (Park and Song, 2005, quoted in Albagawi, 2014, p.1). Nurses face additional difficulties in communication during conditions of critical and emergency care, and changed states of consciousness, disabilities, pain, and emotional and stressed cases all increase the probability of sending or receiving mistaken and insufficient information (Albagawi, 2014).

There are three stages of obstacles in nursing communication: personal, professional, and administrative (Albagawi, 2014). Personal obstacles are produced by the personality of the nurse, while professionally associated obstacles include the gender, age, culture, religion, and character of the nurse. These professional obstacles influence nursing in terms of learning skills. Administrative challenges, meanwhile, typically stem from the regulatory system (Albagawi, 2014).

The first stage of obstacle, personal challenges, include gender, psychological condition, age, and language. These challenges face local and foreign nurses when they come into contact with patients; individuals vary greatly in beliefs, perceptions, and knowledge, causing differences in nursing workplaces. Specific evaluations of job-related conditions by nurses may not always be in accordance with their prospects, and barriers to nurse contact are often affected by patient-specific properties (Albagawi, 2014). Which may include sensory impairment and environmental problems, including personality or illness, along with psychological obstacles (Finke, Light, and Kitko (2008, citen in Albagawi, 2014, p,23)

Gender bias and gender-based norms can prohibit workers from being openly assertive or questioning opinions in various cultural clusters (Albagawi, 2014). A phenomenological research in Iceland that sampled eleven registered nurses from seven countries demonstrated the centrality of language to personal and professional well-being, and how language and culture were inseparable entities were. This European-based research found that gender was perceived as a concern in communication (Magnusdottir, 2005, quoted in Albagawi, 2014, p.23). In another study related to gender and nursing communication, Bowen and Early (2002), in the Middle East, illustrated that a male nurse has no authority to handle a female patient, while female nurses may handle men; furthermore, the fact that most physicians were men, while most nurses were women, had a negative effect on a successful communication, resulting in a subtle tension between the sexes (Bowen and Early (2002, cited in Albagawi, 2014, p.23).

Personal psychological obstacles in nursing communication emerge from the expectations, values, behaviors, and knowledge of nurses. Qualities such as flexibility in communication patterns are seen as crucial for nursing to meet the sever health care environment challenges. Because they are inherent to a personality, psychological obstacles are difficult to overcome (Albagawi, 2014).

In addition to gender and psychological barriers, generation gaps (i.e., age-related differences) impede successful contact. For instance, in a case where an older patient is treated by a younger nurse, although the two come within the same ethnic culture, their social contexts and environments do not enable them to interact efficiently (Cortis (2000, quoted in Albagawi, 2014, p.24)

A final personal obstacle to communication is that of language. language gaps impede a nurse's ability to effectively care for their patient. In Saudi Arabia, a nurse's language can vary from that of the regional Saudi patients for which they care, putting at risk ability to efficiently communicate (Albagawi, 2014). When the nurse and the patient speak different languages, the risk of sending the incorrect message increasing (Albagawi (2014). This idea was supported by a focused ethnography research performed in the public hospitals in southern Spain. Through semi-structured interviews with thirty-two nurses, the researchers in that study discovered that improper pronunciation and the use of the figurative language could confuse both the patient and the nurse. In addition, they found that patients with low education rates and abilites often encounter difficulties and interpreting the nurses' knowledge and treatment. A patient's use of slang was also found as a possible break in communication, specifically in acute care (Del Pino, Soriano, nad, Higginbottom, 2013, cited in Albagawi, 2014, p.25).

The second stage of obstacles to effective communication is that of professional obstacles. These obstacle, both globally and in the Middle East, involve the educational history of nurses, their roles, and the impact of leadership on nursing and patient contact (Albagawi, 2014). The goal of nursing education is to apprehend nursing skills and interpersonal communication, but nursing education has disregarded

communication skills for patient with special needs, including those with disabilities of voice, hearing, or vision (Albagawi, 2014). Research in Australia studies the experience of patients with cerebral paralysis and advanced communication needs and found substantial miscommunication. The researchers reported that a lack of knowledge and skill-based education impedes successful communication, which contributes to inadequate treatment (Balandin et al., (2007, quoted in Albagawi, 2014, p.26). With respect to nurse and patient contact and professional roles, a qualitative analysis using face-to-face interviews of first-line nurse leaders in two U.S. hospitals observed inadequate communication related to the contradictory complexity of the duties performed by nursing or clinical teams (Marx (2013, cited in Albagawi, 2014, p.27). For most instances, responding to a hospital crisis involves a collective effort from both the doctors and the nursing providers. This does not, however, mean that what is stipulated is being achieved. The physician carries out the function to some degree of execution and leaves the rest to the nurse. In order to respond emergencies, decisions on nursing care must be taken in a timely way, allowing little to no time to communicate with patients, which may lead to medical errors (Albagawi, 2014). A thorough understanding of the obstacles to professional leadership that hinder nurse-patient contact will provide a chance to remove the obstacles and provide effective nursing care (Albagawi, 2014). For instance, a descriptive study performed in Saudi Arabia covering fifty-two nationalities analysed the management styles of nurse leaders in a global context, and the research found that a nurse needs to be aware of the physical, psychological, and social obstacles of the patient in order to facilitate efficient communication and empowerment of patient needs (Suliman, 2009, cited in Albagawi, 2014, p. 28).

The third and final stage of obstacles to effective communication is that of administrative, or organizational, obstacles. A recent systematic review examined 12 articles to investigate the efficacy of nurse contact with patients with complicated communication needs. The meta-analysis centred in the use of augmentative and alternative communication reported that nurses of identical ranks had less difficulty between nurses and patients. The analysis also revealed that, with different expectations of their positions, all members of staff interacted regularly, and organisational power structures that placed some health care staff in authority over their colleagues were seen as aggravating efficient communication and leading to an upward influence of interpersonal authority and conflict challenges (Finke, Light, and Kitko, 2008, quoted in Albagawi, 2014, pp.28-29).

In regard to the nurse-patient communication obstacles in the intensive care unit, during illness, mental abilities can be further compromised by sedation, fatigue, delirium, or neurological disease (Happ et al., 2011) Communication difficulties for ICU patients undergoing mechanical ventilation is the most frequently recorded distressing symptom and is associated with anxity, panic, rage, frustration, and sleeplessness (Happ et al., 2011). Nurses have also expressed disappointment in situations where patients are unable to convey their symptoms, pain levels, and needs verbally (Happ et al., 2011).

Research Question: What are parents' experiences of communication with PICU nurses in a unit in Saudi Arabia?

Purpose of Study: The purpose of this study is to explore the perceptions of parents' experience of communication with PICU nurses.

Aim: The proposed study aims to investigate and document parents' experience of how nurses communicate with them in the pediatric ICU department.

Objectives: The objectives of this study will be as follows:

To identify the parent's perceptions of their experience of communication with PICU nurses.

To find out how communication affects the relationship between nurses and patients and their parents.

II. Literature Review

In the literature review of this study, six databases were accessed: DCU Library, BMC, CINAHL, Saudi Digital Library, Google Scholar, and ResearchGate. Search terms included nurse-parent communication, communication skills, Saudi Arabia, communication barriers, parents' perceptions, quality of nursing care, nursing communication, pediatric intensive care, pediatric nursing, quality patient care, and communication competence. The date ranged between 2007 to 2020. A total of eleven papers and articles were reviewed, of which six were qualitative, two were quantitative, and three were of mixed design methods. The issue of communication between parents and nurses has been addressed by several researchers to increase the effectiveness of communication, identify the challenges in this regard, and enhance the quality of provided health services.

In the busy pediatric world, it is neither easy nor intuitive to learn to connect with families as true partners in childcare. The examined studies have described key features of effective and ineffective parental communication. In the pediatric environment, nurses have been shown to be able to communicate most effectively with parents by listening to parents, asking parents for input and suggestions, providing direct honest feedback, and ensuring appropriate levels of reassurance. Ineffective communication is usually less accommodating than more intergroup for parents. In fact, poor communication is not necessarily the opposite of

efficient communication. Communication abilities must rely on both improving parents' skills and growing knowledge of their successful behaviours. The theory of communication accommodations can provide a framework for nurses to reflect and guide their communication practices by focusing on strategies rather than prescribed behaviour. The motivations and values of nurses must also be taken into account when engaging with the parents, including the degree to which they view experiences as intergroup against interpersonal and environmental factors that influences nurses.

Communication and quality of health care services

Communication is a vital element in the provision of health care. The ability to effectively share information and ideas is increasingly recognised as critical to the success of health organisations. Successful health care pays considerable attention to effective patient-nurse communication (Jennifer, Dip, and Nancy, 2010). However, efficient communication is needed not only between health seekers and health care providers but also between health care professionals themselves. The success of a health care organisation is intuitively linked to its quality of service. Practices like open contact between staff and patient care impact both patient safety and patient satisfaction (Bontrager, 2012). Moreover, nurses' desires, needs, and expectations contribute to improving the quality of care. Changing societal needs, medical and technological development, social awareness, and general understanding of children's illness have all led to higher expectations of health care services. Additionally, improvements in nursing practice are also reflected in the field of child health nursing (Sener and Karaca, 2017). Communication and interpersonal skills of health care professionals require the ability to gather information in order to make the diagnosis correct and to establish compassionate relationships with patients (Fong, 2010). Fong, (2010) has explained that effective communication between doctors and patients is a key clinical function, and the resulting communication is a central component of medicine and of health provision.

Research indicates strong positive relations between the communication skills of a nursing team member and the ability of a patient to carry out medical recommendations, manage a chronic health condition, and adopt preventive health behaviours. Studies suggest that the capacity of the clinician to explain, listen, and empathise can have a profound impact on bio-functional health outcomes as well as on patient satisfaction and care experience. In addition, communication between health team members influences the quality of job satisfaction and has a profound impact on patient safety.

Considering the abundance of evidence connecting inadequate communication between clinicians and patients with increased risk of abuse, non-compliance, patient and physician frustration, and adverse results, the need to resolve communication skills deficiencies is of the utmost importance.

Significance of training for improving nurses' communication skills

Nursing is a profession with many duties, each with specific and general roles. The important task of nurses is to maintain and promote health care for individuals and societies. This can be achieved through the use of modern scientific principles, humanitarian and religious principles, proper communication, and care based on medical ethics. When nurses contact patients and their families, they play a primary role in maintaining and promoting health through providing information and recommendations.

It is essential to establish an effective relationship with the patients and their families during the treatment process. Nurses must therefore have the necessary knowledge and communication skills to establish productive relationships in this regard. Studies show that nurses find it difficult, sometimes, to establish such a relationship with parents of children, and in this context, they do not have the skills required.

Some studies have examined the experiences and aspirations of health care providers, patients, and family members to establish guidelines for successful health communication training. From a pedagogically-oriented viewpoint, research into health care communication has helped raise awareness of health-care practitioners, helped to develop national health policy, provided theoretical framework, and created student textbooks (Query et al., 2007). More instruments are still required, however, to train providers in different contexts and circumstances to be effectual communicators. Specifically, advanced communication skills training programmess, which are individualised to each specific occupation, are needed. Fisher et al. (2014) emphasised the need for providing training for nurses to prepare them to communicate effectively with parents of children during stressful hospitalisation. Newman et al. (2018) stressed the significance of training for the nursing staff. Jones, Woodhouse, and Rowe (2007) showed that training is essential for nurses to be able to identify effective and ineffective communication strategies with parents. Unfortunately, specialist communication training for nurses, especially, is deficient, and researchers think that nurses would benefit from a more concentrated training module specifically for nurses (Villagran et al., 2010; Krimshtein et al., 2011).

Information for effective communication

Many experts agree that the ability to communicate correctly is one of the most critical characteristics of nurses. Good communication has beneficial effects for patients, including enhancement of signs of wellbeing,

reduction of pain and anxiety, improved satisfaction, encouragement of health outcomes, and greater patient involvement in treatment programmes. Conversely, communication impairment leads to diagnostic errors, reduced patient involvement in treatment, and decreased information received from patients (Namdar, Rahmani, and Ebrahimi, 2009).

Evidence shows that communication difficulties and the lack of information on the conditions of health are serious concerns for patients (Moussas et al., 2010). This requires attention. Berengere et al. (1997) endorsed this opinion from the health care service's position, saying that effective communication is a two-way dialogue between the patient and the health care providers, or, by definition, a two-way dialogue where both speak and are heard without interruptions. This dialogue includes the information exchange in which each transmitter often serves as recipient and vice versa (Kourkoutta, 2011). Fisher and Broome (2011) stressed the significance of providing sufficient information to the nurses and considering their behaviours during communication with parents of children. The nurse has a certain degree of patient power that enables them to establish the objective of the programmed medical interventions for individual patients, to manage the environment, and to control the information (Crawford et al., 1998).

Strategies and work policies for successful communication

Hospitals aim for healthy, secure, timely, and patient treatment. To achieve these objectives, hospital leaders have implemented strategies to enhance clinical communication and coordination like strategies for technology or quality improvement (Kim et al., 2012). For example, university of Michigan members have implemented a technique for the management of a clinical patient unit by a doctor director and a nursing partner. The doctor and nurse collaborated to create an atmosphere that encourages the best experience of patient treatment. This strategy helped improve communication and collaborative actions amongst health providers at the forefront. By assessing the safety and involvement of the staff, the physician director and nurse manager would measure the effectiveness of clinical communication (Kim et al., 2012). Weis, Zoffman, and Egerod (2014) showed that developing strategies and adjusting work policies are essential for successful communication between nurses and parents of children. In addition, six United States hospitals have implemented a leadership unit level model that has increased nurse-parent communication, patient satisfaction, and employee turnover rates (Kim et al., 2014). In order to increase the accountability of nurses and physicians, hospitals tend to establish communication policies as recognised strategy (Jones et al., 2015). The results of the integrative review conducted by Giambra, Stiffler, and Broome (2014) showed the significance of understanding strategies to better employ the nurses in respectful and engaging communication with parents of hospitalised children and improve the outcomes. The findings of previous studies revealed the significant role of health care providers in providing information for the parents, establishing interpersonal communication and nurturing relationships between health care providers and parents, and highlighting the behaviours that contribute to the effectiveness of communication between parents and health care providers.

Culture-specific knowledge is essential for nurses', patients', parents' communication

A substantial increase in culture diversification, as it has been in the past, and the fact that people from different groups have live together, gave birth to the notion of "intercultural communication" (Cakir, 2010). Intercultural communication is the process of interaction between patients and medical practitioners from different culture backgrounds, based on their respective cultures. The foundation of professional intercultural treatment is intercultural communication. Intercultural communication skills must be improved so as to recognize, respect, establish, and manage effective and tolerant communication with individuals from different cultures and within different cultural settings (Bayik, 2011; Chan and Sy, 2016; Henderson, Barker, and Mark, 2016). Tavallali, Jirwe, and Kabir (2017) found that nurses need to have culture-specific knowledge of their patients or relatives in cross-cultural care encounters. Callery and Milnes (2012) stated that personal traits and skills play a major role in communication between nurses and the parents of child patients.

Health care providers should be responsive to cultural differences and take account of these variations in their practices such that patients receive holistic and high-quality care. The free movement of people in our globalising world necessitates a culturally competent approach that meets the needs of those in need of health care.

Finally, in addition to the above-mentioned points, parents' satisfaction with the health care provided for their children contributes to the success of communication. Hong, Murphy, and Connolly (2008) showed that parent's satisfaction with the provided health care is essential for successful communication between nurses and parents.

Conceptual Framework

The theoretical framework will be used to guide this study and analyse data is Lovering's (2008, 2012) Crescent of care nursing model, which centres on the examination of the concept of cultural beliefs of nurses towards health, illness, and healing in relation to professionalism and experiences in the caring process. This

model serves as a framework that furnishes the major concerns of the nursing practice and Arab Muslim patients.

Moreover, this model is suitable in this study because it shall be used in analysing the concept of nurse-to-parent interaction in relation to parents' experience with PICU nurses in Saudi Arabia. The essence of this is to understand how poor nurse-to-parents communication can hinder the health needs of pediatric patients. This model underscores the various components, such as culture, language, and religion, that are major barriers of effective communication between parents and nurses in the pediatric intensive care unit (Alosaimi and Ahmad, 2016, pp. 302-319).

Therefore, this theory is significant to this study because it enables the researcher to fill the research gap in the scholarly investigation of poor communication between nurses and parents (Aein et al., 2008).

Additionally, Lovering (2008) described the ‘ Crescent of care Model ’ theory as a totality of a patient's health needs. She illustrated the patients and family as the pivotal recipients of the caring process. This theory indicates that the centre of caring revolves around ensuring that the patients and family are cared for in reflection of the cultural importance of family, which serves as the primary social unit of the Arab world. This model captures the needs of the nursing profession to reflect the nursing care principles. These principles include spiritual care, which meets the spiritual needs of the patient and family (Mardiyono, Songwathana, and Petpichetchina, 2011, pp. 17-27); Psychosocial care, which meets the psychological and social desires of the patient and family; and cultural care, which leads to the sustenance of the patient and family's cultural values (Al-Shahri, 2002). Other principles include interpersonal care, which explains the relationship between the nurse and the patients as well as their family (Lovering, 2008). This social interaction also involves the method of communication between the nurses and the patient's family. (See Appendix 1.)

Furthermore, this framework applies to the topic of this study because of its ability to guide the discussion towards addressing the major objectives and research question. For example, the framework would show that clear information is the panacea for effective decision making between the parents and nurses to ensure the integral wellness of the pediatric patients (Giambra et al., 2014). Similarly, since the Kingdom of Saudi Arabia possesses significant cultural and language traits, this study theory would guide the researcher in exploring the need for clear communication, especially in the health sectors (Albougami, 2015).

III. Methodology

Research design

The purpose of this study is to explore the perceptions of parents' experience of communication with PICU nurses. This research follows a phenomenology research design. The reason for using a phenomenology design is that this research is based on understanding the parents' communication with PICU nurses through investigating the experiences lived by the parents. The fundamental process involved in the manner individuals think and behave has been a subject matter of interest to researchers for a long time (Burns and Grove, 2003). For the purposes of research into human phenomena in social sciences, qualitative methods are conveniently used. These methods have emerged because human social behaviour is not fully explained using quantitative tools. The lack of efficiency of qualitative research tools to measure the human phenomena involved in culture, values, and human relations and experiences stands out as a glaring example (Speziale and Carpenter, 2007). On the other hand, qualitative research brings about an association of people's social interactions with their environment.

A qualitative study can be made to occur in a natural setting, to evaluate the phenomenon and the setting of the occurrence. A consequence of this is the lack of experimental control present in the study of the phenomenon, but this type of study makes it possible for the researchers to observe the issue along with all the present variables to provide a total picture. Furthermore, the concentration of qualitative researchers is on human realities in place of the solid realities associated with the objects. The experiences of people and their impact on their social lives, as well as what they find to be the meaning of life are the essence of such an interpretive qualitative approach (Merriam, 2002). Health care professionals, including nurses, have the desire to understand the lived experiences of the patients and to have a better knowledge of the social interactions that may affect their health and illnesses (Thorne, 1997).

Phenomenology finds its origins in the works of the German philosopher Edmund Husserl (1859-1938). Edmund Husserl was the first philosopher who attempted to describe life in a systematic manner (Benner, 1994). Spiegeiberg, (1957, cited in Speziale and Carpenter, 2007, pp. 76-77) provided the following definition of phenomenology:

The name for the philosophical movement whose primary objective is the direct investigation and description of phenomena as consciously experienced, without theories about their causal explanation and as free as possible from unexamined preconceptions and presuppositions.

A phenomenological methodology was taken as the means to answer this research question, since it provides a suitable way for describing and interpreting the experience of parents as they lived. The descriptions

provided by the parents of their communication with PICU nurses will be analysed suitably to provide the final understanding of the phenomenon study (Castle, Imms, and Howie, 2007). According to Speziale and Carpenter (2011), the objective in phenomenology methodology lies not in explaining or analysing but more in providing a description of the lived experience. The phenomenology methodology seeks more to investigate the meaning of the phenomenon instead of the things or events. Hence, the focus in this methodology was the lived experience of everyday life.

Setting of the study

The research will be conducted at a pediatric intensive care unit, in the Kingdom of Saudi Arabia, in the city of Riyadh, Riyadh is the capital of and strategically located in the centre of Saudi Arabia, with a population of 7,231,000 million people (Stats.gov.sa, 2020).

Sample

Sanders, et al. (2013) defined a sample as a "finite part of a statistical population whose properties are studied to retrieve information about the whole population". According to Zikmund (2003), the sampling process helps collect adequate respondents because a suitable sample size provides overall higher accuracies of the collected data (Yin,2004). Sampling is the process that the researcher follows to gather subjects/individuals and places of things for the purpose of the study, and it includes the selection of representative individuals from the entire population to be studied, as it would be difficult to study the entire population.

The purposeful sample for this study will comprise of parents of PICU patients. The participants will be recruited from a Pediatric Intensive Care Unit. The researcher will select participants using purposive sampling, which was chosen because it covers parents of patients receiving treatment at the PICU department, from both sexes. Thus, a purposive sampling method has been found to be more suitable than the non-probability sampling method. For sample size, initially no specific number of participants will be set, and the researcher will keep collecting a purposive sample of parents until saturation of data has been achieved.

Inclusion and exclusion criteria

The inclusion criteria for this study will be parents of PICU patients from both sexes, parents of patients who have been hospitalised in the PICU for at least four days, parents of non-critically ill children who are willing to participate (for ethical reasons to ensure that parents will not be distressed), and parents of children medically stable and improving. Exclusion criteria will be parents of patients from both sexes in other departments, parents of patients who have been hospitalised in the PICU for less than four days (to ensure that they communicate regularly with the nurses), parents of critically ill children who are not willing to participate, and parents of children receiving end-of-life-care.

Ethical considerations

Prior to beginning the research study, the Institutional Review Board at the university and hospital approved this study. Ethics is regarded as a significant aspect to be maintained in any research. The key ethical aspects, which will be maintained in the research, are the voluntary participation, informed consent, and privacy. Prior to conducting the interview, parents who agreed to participate will be asked to sign a written informed consent. The informed consent details the aim and objective of the study and the rights of the participants in the study. During the interviews, there is a possibility that certain respondents may feel uncomfortable getting involved in the research. Hence, the participation of respondents will remain voluntary, and thus, each respondent will maintain the freedom to withdraw from the interview according to his or her own will without providing any precise justification if they do not wish to do so. They also will be informed regarding the outcomes of their participation (See Appendix 2).

Throughout the research, the researcher will take permission from the PICU manager to use the conference room to maintain privacy during the interview. Confidentiality will be maintained by giving participants a number to identify them at the onset of the study, and no personal information will be accessed. For information security, interview record files will be stored on an external hard drive, which will be kept in a locked cabinet, to ensure their integrity.

Data collection

Unstructured interviews, which were selected to ensure that to provides the respondent enough time to provide detailed responses, will be conducted with each parent individually and recorded by audio device recording. The interview will take place in a private office in the PICU department and will take one to one-and-a-half hours per participants to give them enough time to express their perceptions, which ensures that the research question and aims are adequately addressed. Parents will initially be approached by the manager of the PICU, who will introduce the study. For the parents who agree to participate in the study, the researcher will organise the individual interview times with participants. The interview will begin by asking the participants to

provide their experiences of communication with nurses when their child was treated at the PICU, with the wording of the question as, ‘ Tell me about your experiences of how nurses communicate with you during the time when your child has been hospitalised in the PICU department? ’ This question will be asked for each participant. All participants will be prompted to speak openly about their experiences and reminded that their information will be secured confidentially. The researcher will then follow up with questions to confirm the understanding of the narratives provided. In terms of principles, Lincoln and Guba (2007, cited in Vasileiou et al., 2018) proposed that the determination of the sample size be guided by the criterion redundancy, namely the sampling may be terminated if no new information is generated by the sampling of more units. Consequently, when the interviews fail to present any new information, no additional parents will be scheduled for meetings (Vasileiou et al., 2018).

Data analysis

The researcher will process the data using NVivo software (Libguides.lbrary.kent.edu, 2020) before making the analysis. After collection, the data will be transcribed by the researcher into a more recognisable form. It will then be segmented into meaningful sections, after which it will be coded. Coding involves identification of main themes in the data and division of said themes into categories. Coding is done based on the objectives and aims of the research, where each theme addresses each specific objective. The categories will then be evaluated to identify the relationships that exist (Bernard, 2011). This will be followed by prioritising the categories according to their relevance in the study (Bernard, 2011). After that, the data will be translated into numbers to reveal the frequency of the patterns and themes enumerated. Short notes will be made about the themes, and then diagramming will be the last stage of the analysis (Bernard, 2011). When qualitative data is analysed into themes and interpreted in the light of the conceptual framework with a focus on Husserl's ideas, it can be transferred for use by other researchers and relevant organisations.

IV. Discussion

Admission of children into the PICU inevitably causes parents emotional stress, which complicates the bonding process between the parents and nurses (Guillaume et al., 2013). Throughout the children's hospitalisation, parents are anxious and need to be treated carefully (Watson, 2011). Communication between parents and PICU nurses is a vital part of parental support and can reduce emotional strain and improve the provided health care (Turner, Chur-Hansen, and Winefield, 2014). To help meet parents' communication needs, it is necessary to study their experiences and how they communicate with PICU staff.

Communication between parents and nurses includes transmission and sharing of information related to the health of children and to achieving the best medical outcomes. It also includes both what is said verbally and nonverbally, which requires that nurses have adequate knowledge of nonverbal body cues (Watzlawick, Bavelas, and Jackson, 2011). In this research, parents' experience of communicating with PICU nurses in a Saudi hospital will be explored.

Previous studies have shown that parents of children in PICU units feel supported when they are given health and treatment information on their children so that they have opportunities to share their experiences with staff members (Orzalesi and Aite, 2011). Parents are reliant on the health care staff to get details about the health status of their children and to improve their experiences to better care for them (Fenwick, Barclay, and Schmied, 2007). In order to address confusion about the health of the children, parents must provide accurate information and medical care and commitment (Pavot et al., 2007). The experiences and knowledge, as well as the communication skills, of nurses contribute to the parents' experiences in the PICU. Consequently, family-centred care should be implemented in the PICU to provide support for children as well as their parents. The relationship between parents and the nursing staff is the centre of family-centred care, requiring open and honest communication between parents and nurses (Kowalski et al., 2006).

The need for nursing assistance to parents of ill and hospitalised children is well accepted. Nursing staff are in a strong position to influence parents' ability to deal effectively with stressors. Providing high-quality support has been linked to a decrease in parent burden. However, because life-saving and stabilising treatments for children should be given priority in the highly technological care environment of pediatric nurseries, it is more difficult to provide psycho-social support and care.

PICU nursing staff do not always satisfy the needs of parents, and communication is not always the same as parents (Mok and Leung, 2006). Analysis that takes into consideration the perspective and experience of parents' communication with nursing staff uses a qualitative, open-ended approach for collecting more insightful data.

Following the phenomenology research design, the experiences lived by the parents of children at the PICU unit will be investigated in detail. The qualitative method is proven the best in this context since it describes social behaviour, especially the social interaction in a specific environment. The research design will consider Lovering's model. Lovering's (2012) Crescent of Care nursing model centres on the examination of the

concept of cultural beliefs of nurses towards health, illness, and healing in relation to professionalism and experiences in the caring process.

The study is expected to contribute to the level of nurse-parent collaboration in the PICU unit to handle the condition of children. Effective collaboration provides parents with updated feedback on the health of their children and gives them a sense of comfort. An absence of communication contributes to the feeling of solitude and loss of responsibility, as well as the burden of an already difficult situation. the level of communication with nursing staff can have a decisive impact on the experience of parents in the PICU. The nursing staff should be reminded and be aware of their unique position in helping parents deal with emotional difficulties, and thus, they should share their emotions and encourage conversation through communication. The hospital should also facilitate good communication between parents and nursing staff through training, staffing, and providing the optimal health environment.

The Kingdom of Saudi Arabia is a country that pays particular attention to paediatric health, especially in light of the Kingdom's focus on caring for the coming generations as outline in the Saudi Vision 2030. Given the studies conducted in the Kingdom of Saudi Arabia, a very limited number of those studies have dealt with the communication between parents and nurses, as majority of studies focused on nurse and did not address parents' experiences.

The study will be carried out in the city of Riyadh, which is one of the largest cities in Saudi Arabia and in which similar studies have not been carried out. Consequently, the study will provide a strong reference for potential researchers, despite the limitations that may affect the results, especially as the study will be carried out in only one hospital. The study is expected to provide more accurate results as it targets one hospital and a specific number of parents; this gives more accurate results on the sample. The review of previous studies also helps in expanding the concept of nurse-parent communication and achieving a deeper understanding of what the researcher will do, as well as listing similar results, which in turn provides a comprehensive reference for those interested in parents' experience with nurse communication. Finally, this study can be replicated in another city and with a different population to achieve additional results.

V. Conclusion

The Kingdom of Saudi Arabia has witnessed major development in the health field during the past two decades. In light of the increasing studies that confirm the importance of communication between nurses and parents, especially those related to health services provided to children, there is a need to conduct studies in this aspect in the Kingdom of Saudi Arabia. Therefore, this study aims to identify the parent's perceptions of their experience of communication with PICU nurses and to find out how communication affects the relationship between nurses and patients and their parents.

To achieve the research objectives, a qualitative phenomenology approach will be used where the theoretical framework of Lovering (2008) will guide the study. lovering's Crescent of Care nursing model centres on the examination of the beliefs towards health, illness, and healing in relation to professionalism and experiences in the caring process. This model serves as a framework that furnishes the major concerns of the parents of children admitted to the PICU.

The study will be conducted in the city of Riyadh, and it is expected to provide a strong reference for potential researchers, despite limitations that may affect the findings, particularly given that the study will be conducted in just one hospital. The study is expected to yield more accurate results as it is targeted at one hospital and a specific number of parents. The review of previous studies also supports expanding the scope of parent-infant communication and a deeper understanding of what the researcher will do, as well as the compilation of similar results, which in turn gives those interested in nurse-parent communication a complete reference. Finally, the study could be replicated in a different city and population to produce further results.

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Appendices
Appendix 1

Appendix 2
Consent and informational letter for participants
Date 1July 1, 2020
My name is Amani Alshammari from DCU/PNU universities Master of Science in Nursing: Advanced practice, and I am conducting a research study about Parents Experience of communication with PICU Nurses in Saudi

Arabia, the purpose of this research is to explore the perceptions of parents' experience of communication with PICU nurses. This research will help healthcare providers understand and learn how to communicate with parents of PICU patients and improve their skills of communication. The aim of this research is to investigate and document parents' experiences of how nurses communicate with them in the pediatric ICU department.

I am requesting your assistance in my research by doing an interview and answering questions that should take approximately one hour. Your participation is completely voluntary, and you may withdraw from the study at any time.

The benefit to you for participating is knowing you contributed to research that may improve the communication of nurses with parents of PICU patients. The risks involved in this study are minimal and no more than one would experience during normal daily activities. There may be the risk of emotional stress when asked about any question you don not like to answer. The remedy would be to skip any question you choose to or discontinue participation in this study. Responses will be completely anonymous, and your name will not appear anywhere in the final write up of the interview results. All documents related to the study will be kept completely confidential in locked storage and only accessible to the researchers. Please sign below to consent to participate.

If you have any questions regarding this research, please contact me by email (amani.alshammari4@mail.dcu.ie). If you have any questions regarding your rights as a research subject, please contact the University Division of Research at (phone/ email).

Amani Alshammari

Master of Science in nursing: Advanced practice

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Informed consent Signature

I, (print name) hereby consent to participate in this study about Parents Experience of communication with PICU Nurses in Saudi Arabia, I have been informed of the purpose, risks, and benefits of the study and understand I may withdraw from this study at any time.

Amani Alshammari. "Parents' Eperience of Communication with PICU Nurses in Saudi Arabia." *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 10(05), 2021, pp. 18-29.