Model- Based on Trust in Delivering Family-Centered Care to neonates admitted in NICU

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Abstract: *Theory and model development in Nursing provide a unique identity for the profession by knowledge development. Professional practice models provide direction to nursing practice in clinical settings. This paper proposes a new practice model in providing family- centered care to neonates admitted in the NICU based on trust.*
Keywords: *Theory, model, nursing practice, trust, family-centered care*

I.   Introduction

Nursing is in the era of theory utilization, nurses use philosophies, models, and theories for theory - based nursing practice. This era continues needs to be recognized as vital to nursing's future. Continued theory development is essential for Nursing as a profession. Nursing conceptual models provide comprehensive views and perspectives for nursing practice (Alligood, 2005). Nurses have long attempted to secure a unique identity for the profession by knowledge development. The utilization of ideas, models, and theory are vital to nursing in order to progress and advance with a unique knowledge base. In the relationship between nursing practice and theory, the practice needs to be informed by theory to establish its boundaries for a meaningful future.Nursing uses a lot of borrowed theories but whether theories developed in another discipline are empirically adequate descriptions, explanations, or predictions of nursing phenomena is yet to be understood (Villarruel, Bishop, Simpson, Jemmott, & Fawcett, 2001). Professional practice models guide nursing practice by giving meaning to the work of nurses. They elevate the practice from tasks to theory, from skills to knowledge, and remind us that the patient and family are at the center of our practice (Glassman, 2016). Therefore it is pertinent in Nursing to have models specific to each specialized clinical area.

Neonatal intensive care units (NICU) provide life-saving medical care for an increasing number of neonates each year. The management of premature infants has advanced over the past decades to the point that infants born as early as 23 weeks gestation now have a chance of survival due to a multitude of technologic advances (Glass, Costarino, Stayer, Brett, Cladis, & Davis, 2015). This progress comes with great costs as premature infants are in the NICU for many weeks or months, and many have impaired short and long-term outcomes (Taylor, 2010). Although physical and motor disorders may be more noticeable, preterm and medically fragile infants are also at greater risk for cognitive, social emotional, mental health, behavioral, speech-language, and regulatory difficulties well into school age and beyond.

Family-centered care (FCC) is a concept that has been used to describe caregiving which involves close collaboration between family members and health care providers. Facilitation of family -centered care incorporates the parents in daily care activities, kangaroo care, developmental care, interaction and communication to the infant as well as involving other family members like siblings and grandparents. FCC approach for planning, delivering, and evaluation of health care is grounded in a mutually beneficial partnership among patients, families, and providers and places emphasis of the family in the patient's life. FCC shapes health care policies, programs, evaluation of health care, and day-to-day interactions among patients, families, physicians, and other health care professionals (Institute for patient and family-centered care, 2012).Family-centered care has long been recognized as a caregiving model that decreases or ameliorates parental distress, its actual implementation in many NICUs has fallen short of the mark (Hall, Phillips, & Hynan, 2016).

The basic four concepts of Family-centered care are dignity and respect, information sharing, participation and collaboration (Johnson, & Abraham, 2012). FCC is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. It redefines the relationships in health care by placing an emphasis on collaborating with people of all ages, at all levels of care, and in all health care settings. The keygoals of FCC are to promote the health and well-being of individuals and families and to maintain their control (Institute for patient and family - centered care, n.d).In order to deliver FCC to neonates admitted in the NICU a model based on trust has been proposed based upon core concepts.

Assumptions
▪ Family forms the basic and foremost unit of the newborn
▪ Dignity and respect for the family is the key to build a trustful interpersonal relationship with the family

Propositions
▪ Family - centered care enhances the outcomes for neonate admitted in the NICU

Theory Guided Practice in Nursing

Practice research, and theory are the cornerstones of the nursing profession. The relationship of these three cornerstones is reciprocal and cyclical. Theory development has been viewed as the domain of nurse educators and scholars rather than the concerns of practicing nurses. Theory guided practice, in the form of practice theory, is the future of nursing (Saleh, 2018). Nursing theory continues to supply the foundation for practice and knowledge development. There are many models in Nursing namely Johnson behavioural system model, Levine's conversation model and Imogene Kings general systems framework and Orem's theory of self-care which describe the nurse patient relationships and are applicable to diverse clinical settings.This paper discusses about a specific practice model based on trust for delivering family centered care to neonates in the NICU.
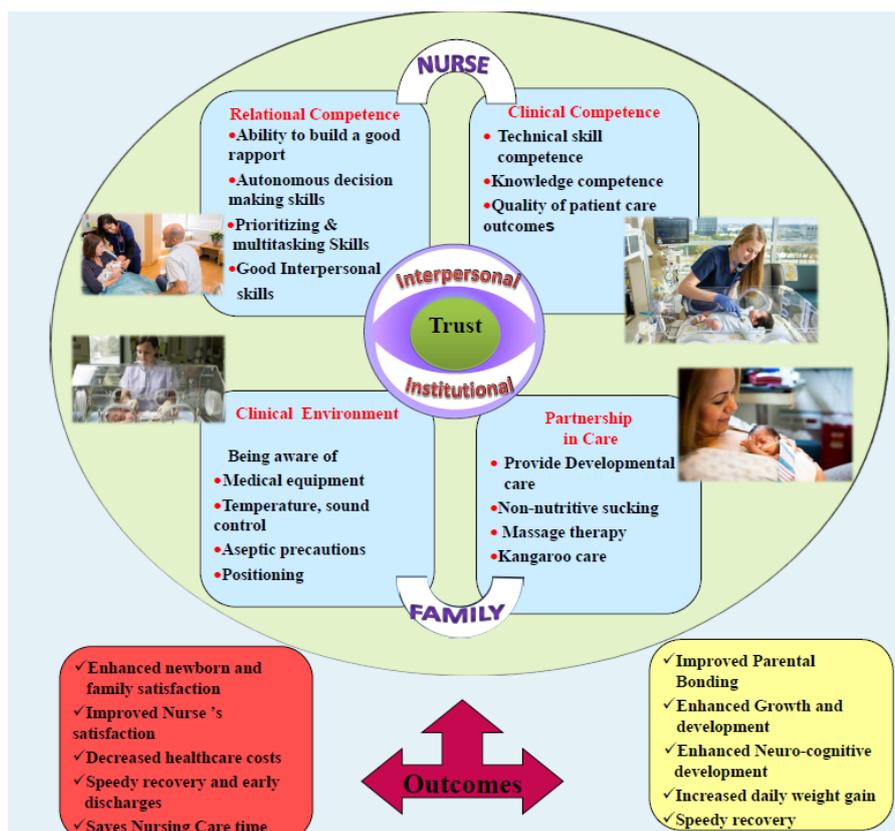
Model Based on Trust in Delivering FCC to neonates admitted in NICU

Theoretical approaches to viewing clinical situations and theory development are essential to knowledge development in nursing. A Practice Model in Nursing defines the components of nursing practice in a way that brings significance to our daily work. The introduction of delivering FCC in caring for neonates admitted in NICU has been widely recognised and in increasing in the recent past. This is a model based on trust between the nurse and the family to provide care to newborns admitted in NICU'S.

Trust is the optimistic acceptance of a vulnerable situation in which the truster believes the trustee will care for the truster's interests and has the competency to do so(Hall, Dugan, Zheng, & Mishra, 2001). Trust is considered to be an essential factor in health care to deliver high-quality care.Patient trust in nursing is something of a paradox. Trust is important for patients and is not only an indicator and potential 'marker' for how patients evaluate the quality of health care but also influences positive health care outcomes. Trust is alsoa critical factor influencing a variety of important therapeutic processes involved in patient care including acceptance of therapeutic recommendations, adherence to recommendations, satisfaction with recommendations, satisfaction with medical care, symptom improvement and patient disenrollment. In the case of a high risk neonate, it is important to understand that the family play's a vital role in caring for the newborn.

The nurse and the family of the newborn are the key persons in this model (see Figure 1). The nurse demonstrates core competencies such as relational competence (by which they relate to the family) and clinical competence(by means of delivering care) in caring for the newborn. The nurse working in a NICU demonstrates active and trustful rapport building with the newborn's family. The nurse develops an interpersonal relationship with a newborn's family based on trust. The family, in turn, develops an institutional trust where the newborn is admitted. The nurse exhibits her knowledge and expertise in caring for the newborn admitted in the NICU. Therebythe family understands the clinical environment of the NICU and requirements of the newborn and partner in care along with the nurse. Parental presence and involvement in caregiving for the neonate, and open communication with parents are basic tenets of family-centered care. The continual presence of nurse and their role in NICU they are considered to be in a unique position to support family-centered care. The benefits of FCC in newborn care includes improved parental bonding, enhanced growth and development and enhanced neuro-cognitive development for the newborn and enhanced newborn and family satisfaction, improved nurse's satisfaction, decreased healthcare costs, speedy recovery and early discharges for the family.

Components of the Practice Model to implement FCC
Nurse - patient trust includes both interpersonal trust—trust in between an individual nurse and family and impersonal trust—trust inhealth care agency as a whole. These types of trust are inter-related. Global or institutional trust enables a patient to trust a new physician, nurse and the healthcare agency and trust relations built through interpersonal interactions with physicians help to sustain generalised trust in health care providers in general and the institutions they represent.

Interpersonal trust
The extent to which care health care providers' trust their patients and family('felt' trust) may influence how they treat and care ('enacted' trust) towards the health care needs which could in turn influence how patients respond and have consequences for subsequent disclosure and adherence.

Institutional trust
A Patient and family's trust in their health care professional is central to clinical practice. The General Medical Council states that "patients must be able to trust doctors with their lives and health" and that maintaining trust is one core guidance for physicians (General Medical Council, 2016). Similar obligations are part of codes of conduct for other health care professionals especially nurses (Nursing & Midwifery Council [NMC], 2015; The British Psychological Society, 2009). Patients need to place their trust in their health care professionals to work in their best interest and outcome.Trust in the health care professional is the foundation for effective treatment and is also fundamental for family-centered care.

Nurse
Nurses, being the direct caregiver in the healthcare settings need to be facilitators of the family - centered care in order to bring about improved health outcomes. Nightingale(1969) considered the role of nurses"distinct from medicine" but crucial to the care of the sick. Nurses are key members in delivering care to neonates in the NICU by identifying their problems and appropriately intervening. The core competencies of the nurse such as relational competence (by which they relate to the family) and clinical competence (by means of delivering care) are discussed in this model.

Relational Competence
Direct-care nurses are involved in multiple patient care and organizational relationships, each with the potential forcreating a caring and healing environment. These relationships are often broad in scope, and often labeled bythe participants involved(nurse-patient, staff-patient, nurse-physician, nurse-manager, or nurse-colleague) or according to a purpose (therapeutic,working, teaching, mentoring, helping, empowering) (Sprayberry, 2014). Nolan and Walsh (2012) described the inter subjective web of influence affecting every relationship,noting each person enters a relationship with memories of recent or past events, values, fears, or rules that affect in-the-moment interactions.

This FCC model emphasizes that the nurses working in a neonatal intensive unit areplaced in a position to build a trustful rapport with the immediate family of the newborn. The essential principles to be followed in developing the trustful relationship include that parents need to be treated with respect and dignity. The nurse needs to demonstrate good interpersonal relationship skills with the family. Sharing complete and unbiased information forms the heart of this relationship. The nurse facilitates autonomous decision- making skills for the family. The nurse by means of establishing a good interpersonal relationship with the family prioritizesthe nursing needs and problems of the neonate and demonstrates multitasking skills in caring for the neonate. This collaboration among families and providers can further facilitate program development and professional education, as well as in the delivery of care.

Clinical Competence

Orem (2006) described nursing's unique capacity toassist persons with self-care needs, while Bridges, Davidson, Odegard, Maki, & Tomkowiak (2011)state that core processes of nursing (vital sign assessment,patient hygiene, oral care, bed bathing) were crucial toquality patient outcomes. Psychomotor skills are visible demonstrations of nursing knowledge and expertise, with opportunities for healing and human connection. Noh, Arthur, and Sohng (2002) describedtwo essential elements of nursing skills: correct methods and humanistic performance.Psychomotor skills are portals through which nurses are privileged to enter and touch the worlds of patients physically and emotionally. Nursingactions are conduits for empathy, presence, respect, compassion, gentleness and all other elements of caring (Cossette, Pepin, Côté, & de Courval, 2008)

This FCC model highlights the inseparability of caring and technical skills of nurses. The theoretical knowledge of clinical nurses and highly competent technical skills are intertwined to deliver high - quality nursing care to the neonates admitted in the NICU. The quality of nursing care delivered by means prompt identification of the needs, problems and appropriate interventionto the neonatesinfluences the quality of outcomes to great extent. Skilled caring is complex, socially pertinent, and exclusive to nursing. Although, the recent advances with gadgets and other electronic devices facilitate medical care rendered to patients, the core of nursing remains to be human touch and interaction with strong theoretical knowledge base powered by highly competent skills.

Family

Family forms the basic tenet of newborn care. The provision of sensitive, nurturing, stimulating and nonrestrictive actions fosters optimal development (Berlin, Brooks-Gunn, McCarton, & McCormick, 1998). The family forms a bond with the health care team members. This collaboration forms the basis for the care provided by the family in caring for the newborn. This model lays accentuation in involving the family in the care of the neonate admitted in the NICU by making them understand the clinical environment in which the neonate is cared for and by partnering in care.

Clinical Environment

Behaviors of health care professionals that parents identify as important to support include incorporating knowledge of the neonate's special needs into care and providing opportunities for patients/parents to verbalize their concerns (Galvin, Boyers, Schwartz, & Jones, 2000). The complexity of neonatal unit and technology, hospital policies,neonates' behavior and appearance, andinability to care for the baby, induces feelings ofguilt, fear, anger, loss, inability, and hesitationin family members (Cockcroft,2012; Riper, 2001).Also, studies show that regarding the advanced technology of the NICU, familiarizing mothers with the NICU environment has benefits for both mother and infant by strengthening maternal feelings, increasing their self- esteem, thereby reducing their anxiety (Altimier, & Phillips, 2013; Ahn, & Kim, 2007).

Parents and siblings need to be involved in rendering care to the neonate. Inorder to facilitate this family needs to be equipped. Understanding the nature and extent of the disease process, a reason for the admission in the NICU, the use of various equipment, care giving procedures and essential precautions need to be explained. Being able to comprehend the need for NICU admission and specific procedures reduces their anxiety and thereby places them in a position to care for the neonate.

Partnershipin Care

This FCC model lays emphasis on the approach, as a team-oriented and multi-disciplinary one, involving families in breastfeeding, kangaroo care, developmental care,and limitless presence beside their neonates.In addition, it enables the family members totake care of their neonates with optimization of costs. Premature infants have demonstrated markedly improved outcomes when the stress of environmental sensory overstimulation is reduced. This can be accomplished by incorporating neuroprotective strategies into the care of infants and also by aspects of NICU design (Altimier, & Phillips, 2016). It is imperative for nurses to ensure that family care giving is an important driver for quality improvement in neonatal care. The family needs to be educated on the needs/problems of their neonate and explained in simple terms about the care rendered. The consistent presence of the family during caregiving by the nurse helps to improve the understanding of the Provide

Methods to Implement Family Centered Care

A professional practice model explains how nurses interact with patients to achieve optimal health outcomes by defining patient care goals, implementing evidence-based care strategies and evaluating the responses to the provided care (Wolter Kluwer, 2015).Implementation of this FCC practice model would improve clinical outcomes for the neonates and benefit the nurses and the health care team. Inorder to implement this FCC practice model into the NICU emphasis needs to be laid on developing an interpersonal trust and Intrapersonal Trust as discussed further.

Strengthen Communication Processes- Developing an Interpersonal Trust
- Being open
- Treating the family with respect and dignity
- Being sensitive to their needs and respecting their feelings, expectations, and practices
- Establishing a relationship of mutual trust which facilitates further communication and partnership
- Being truthful and realistic.
- Sharing of complete unbiased information with scientific explanations.
- Explaining the needs of the newborn and their routine care
- Facilitating autonomous decision making for the family
- Helping the parents understand that they are vital in caregiving for their newborn and helping them bond with their newborn
- Being available to clarify doubts and to provide reassurance

Providing care to the newborn- Developing an Intrapersonal Trust
- Being empathetic and compassionate towards the family
- Demonstrate highly competent technical skills to ensure high- quality care to the newborn
- Identification of needs, problems of the newborn and appropriate timely interventions
- Teach the parents about the clinical environment which includes equipment such as an incubator, warmers, monitors, ventilators, oxygen delivery methods, nasogastric tube feeding, intravenous lines, temperature control, lighting, and sound control.
- Helping the family to provide sensitive, nurturing and stimulating care which includes breast feeding, developmental care, nonnutritive sucking, interaction and communication to foster developmental outcomes for the newborn and speedy recovery
- Describe briefly on clinical condition and prognosis of the newborn to facilitate collaborative care with a parent

Benefits of incorporating FCC model
For the Neonate and family
- Improved parental bonding

- Enhanced growth and development
- Enhanced neuro-cognitive development
- Increased daily weight gain
- Speedy recovery

For the Nurse and Health Care Team
- Enhanced newborn and family satisfaction

- Improved Nurse 's satisfaction
- Decreased healthcare costs
- Speedy recovery and early discharges
- Saves Nursing Care time

Implications in Nursing
Family-Centered Care is a philosophy of care that embraces a partnership between nursing staff and families. Families, neonates, and staff benefit from a family-centered care environment. Family-centered approach empowers and support parents and ultimately leads to optimal outcomes in neonates. The process for FCC includes the family members of the newborn rendering developmental care for neonates which includes non-nutritive sucking, massage therapy, and kangaroo care. The process of developmental care involves creating an environment for the neonate to minimize stress and to enhance neuro-cognitive development by providing appropriate stimulation which can be provided by the family. Positive effects of massages have been reported to include increased daily weight gain, improved behavioral development, and shortened hospital stay. Kangaroo care, skin to skin contact with the baby held close to the mother's chest, increases parental bonding promotes neurodevelopment in neonates, enhances recovery and thereby leads early discharge from a hospital. Nurses identify the members of the family and how they can be engaged in the care plan to fulfill the needs of the neonate as well as family members' needs. Implementation of family - centered care requires appropriate policies, facilities, and resources in neonatal settings, education, and training for health personnel and family members and a positive attitude. This FCC model based on the trust in delivering FCC to neonates admitted in NICU is a practice model in clinical practice which focuses to bring about better outcomes for the newborn and the family.

II. Conclusion

Theorizing and knowledge development necessarily incorporate the recognition that are professional responsibilities for optimal practice (Chin & Kramer, 2008).It also requires a commitment to work collaboratively with families to develop and change policies and practices so that patient- and familycentered initiatives are sustained over time. A nurse's personal commitment can be the impetus for change within a unit or even an entire health care organization (Moretz, & Abraham, 2012). A Professional Practice Model is a schematic representation that symbolizes beliefs, values, theories, and systems for nursing practice (Standford Health Care, n.d). This model is a new practice model which emphasizes developing a trustful relationship between the nurse and family of the newborn inorder to foster collaborative care inorder to attain positive health care outcomes.

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