

Challenges of Family-Centered Care in a Neonatal Intensive Care Unit during the Visitation Restrictions After COVID-19 Pandemic Peak: A Qualitative Study of Parents' and Nurses' Perspectives

Siriporn Vetcho, Sasitorn Phumdoung,* Victoria Kain, Piyada Chaisri

Abstract: Family-centered care is crucial for parent-infant bonding and collaborative healthcare in neonatal intensive care units. COVID-19 visitation restrictions have hindered this care's effectiveness and posed challenges in Thai units. This study, conducted in a southern Thailand hospital, explored nurses' and parents' perspectives on implementing family-centered care during restricted visitation policies, providing globally applicable insights. An exploratory-descriptive qualitative approach was used, involving semi-structured interviews with ten nurses and ten parents to explore their nuanced perspectives from June to August 2023. The interviews were conducted face-to-face, individually, using a semi-structured interview guide, and the transcripts were analyzed using thematic analysis to identify significant themes. Findings from this study comprised five themes: 1) Having a mindset to involve parents in care, 2) Parents receiving psychological support, 3) Challenges of communication, 4) Negative impact of restricted visiting times, and 5) Accommodating flexible visiting hours in exceptional circumstances. Providing the best possible care for infants requires an adaptable and flexible approach to meet each family's unique needs. Additionally, healthcare providers need to explore how they can implement family-centered care effectively during visiting restrictions in the NICU in different contexts. Further research is necessary to investigate the practical implementation of this by nurses and how hospital administrators can support it in Thai neonatal intensive care units under policies restricting family visits.

Keywords: COVID-19, Family-centered care, Neonatal intensive care, Nurses' perspective, Parents' perspective, Qualitative research, Visiting restrictions

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Introduction

Since 2019, there have been COVID-19 outbreaks, and many Thai hospitals have severely restricted access to NICUs for parents and extended family members. These restrictions continued even after the height of the COVID-19 pandemic. In inpatient settings, restrictive visitation policies under the family-centered care (FCC) model have affected how families and providers navigate care, especially

Siriporn Vetcho, RN, PhD, Lecturer, Faculty of Nursing, Prince of Songkla University, Songkhla, Thailand. E-mail: siriporn.vet@psu.ac.th

Correspondence to: Sasitorn Phumdoung, * RN, PhD, Professor, Faculty of Nursing, Prince of Songkla University, Songkhla, Thailand
E-mail: sasitorn.ph@psu.ac.th

Victoria Kain, RN, PhD, Associate Professor, School of Nursing and Midwifery, Griffith University, Brisbane, Queensland, 4111, Australia
And Menzies Health Institute Queensland, Griffith University, Brisbane, Queensland, 4111, Australia. E-mail: v.kain@griffith.edu.au

Piyada Chaisri, Lecturer, Faculty of Nursing, Prince of Songkla University, Songkhla, Thailand. E-mail: piyada.c@psu.ac.th

in the NICU.¹⁻³ The visiting restrictions endured by parents during the pandemic impacted the daily routines in the NICU, a vital component of the FCC

paradigm.⁴ Few studies, however, have focused on the family—particularly the maternal–infant dyad—as a component of FCC in terms of parental visitation restrictions in NICUs during the global pandemic.⁵ During the pandemic’s restriction period, parents experienced relational distress from being separated from their newborns, negatively affecting their bond with their infants.²

Family-centered care (FCC) involves parents as equal partners in planning, delivering, and assessing newborn care in the neonatal intensive care unit. FCC’s fundamental principles are respect and dignity, information sharing, participation, and collaboration. These principles aim to improve health outcomes, enhance physical, emotional, and mental well-being, elevate care experience for infants and families, and increase healthcare provider satisfaction.⁶ In the FCC model, parents are not just observers but active participants. Their presence in neonatal intensive care units (NICU) is not only encouraged but considered the best way to promote parent–infant bonding.⁷ Studies examining the influence of parental involvement in neonatal care have consistently found that it significantly improves the physical and emotional well-being of infants and their parents, offering a beacon of hope in challenging times.^{8,9}

The exploration of the international context of FCC in NICUs has been notably insufficient, particularly in low-resource countries. For example, there are varying parental restrictions in Canadian NICUs, leading to care gaps in self-care, accessibility, and mental health. This highlights the need for consistent and equitable care.³ Dutch parents were stressed due to not being with their infant, partner, and family. They suggested that hospital management review restrictions for possible lifting during lockdowns, with clear communication to reduce stress.¹⁰ Nurses have indicated that restricted visitation has impacted parental involvement in NICUs, where physical parental presence is required.¹¹ A study in Indonesia found that parents need to integrate into FCC.¹² One study reported the nurses’ perspective of restricted visiting

regarding parents’ involvement in the NICU.¹¹ This policy change affected the nurses, who were overwhelmed with work and lacked time to support the baby and family.

We have found only one published research on NICU nurses’ perceptions of FCC strategies during COVID-19 visitation restrictions in Thailand. That study indicated that the primary challenge in implementing FCC was the inadequate availability of material resources and infrastructure, coupled with staff shortages.¹³ Few studies have investigated the effects of the restriction visiting on FCC from the perspective of the NICU nurse, who must provide assistance and encouragement for parents to participate actively in NICU according to FCC policy.¹¹ Although the FCC has become necessary for guiding care services to provide optimal care in Thai neonatal units, only one published study has been conducted during the restricted visiting policies in tertiary hospitals amid the COVID-19 pandemic. Despite restrictions on visitation reducing parental involvement, FCC requires physical parental presence, highlighting the recognized importance of parental involvement. Therefore, this study used the concept of FCC to investigate parents’ and nurses’ perspectives on the challenges of FCC in the NICU during restricted visitation. This study was conducted in an NICU at a tertiary university hospital in southern Thailand. This institution served Buddhists and Muslims, who may have had distinct cultural concerns. The NICU implemented a restricted visiting policy during the COVID-19 pandemic, limiting visits to one hour twice per day, and only parents were allowed as visitors. This policy has been maintained due to ongoing safety concerns, reflecting a cautious approach to visitor management in the sensitive NICU environment. Before the pandemic, parents had unrestricted access to visit their infant in the NICU and could actively participate in their care. Understanding the findings of this study serves as a basis for developing better strategies and protocols to support families and provide care for infants when visitation is limited.

Study Aim

To explore the perspectives of nurses and parents on FCC practices regarding visitation restriction in the NICU following the peak of the COVID-19 pandemic in Thailand.

Methods

Study Design: The study adopted an exploratory-descriptive qualitative design,¹⁴ utilizing face-to-face, semi-structured individual interviews with parents and NICU nurses to gather a diverse and rich data set. It adhered to the consolidated criteria for reporting qualitative research (COREQ) guidelines.¹⁵

Participants and Setting: This study was conducted between June and August 2023 in a 17-bed, level IV NICU in a tertiary university hospital in southern Thailand. The NICU has approximately 500 admissions annually, 60 nurses, six physicians (four professorial/senior medical specialist staff and two residents), and one pharmacist.

The study employed a purposive sampling method, widely used in qualitative healthcare research, to select cases that offer in-depth insights into the phenomenon under investigation.¹⁶ This approach facilitated the inclusion of both nurses' and parents' perspectives on the experiences of parental separation and restricted visitation during infant hospitalization in the NICU, thereby enriching the understanding of the phenomenon.¹⁷ This comprehensive perspective aided in identifying a range of strategies to enhance FCC in the neonatal intensive care unit, especially in the context of future visiting restrictions. As outlined by Charmaz, the determination of the sample size in this study was guided by the principle of data saturation.¹⁸ This approach meant that interviews were conducted and analyzed iteratively until additional interviews ceased to yield new concepts or insights. This methodology ensures a comprehensive exploration of the phenomena under study, prioritizing the depth and richness of data over the numerical size of the sample. The two sets of

participants were recruited from the research site. The head NICU nurse asked the nurses if they were interested in participating before the researcher approached them. The NICU bedside nurses assessed parents' eligibility for the researcher to approach and invite them to participate in the study.

For inclusion criteria, all participants needed to be proficient in speaking and reading Thai; parents of infants who had been hospitalized from at least the second day of life, regardless of the infant's gestational age, and who had visited the NICU at least once. The NICU registered nurses were included if they held permanent positions and had been providing care at the study site for a minimum of one year. Exclusion criteria were parents of hospitalized infants facing severe clinical conditions, where the infant was likely to die or receive palliative care. Additionally, parents under 18 were not included due to ethical considerations involving minors. Visiting or casual nurses or those not practicing during the data collection period were excluded.

Ethical Considerations: The Human Research Ethics Committee of the Faculty of Medicine at Prince of Songkla University gave ethical approval for the study (#REC.65-406-19-2) on December 23, 2022. Comprehensive informed consent was obtained from all participants. This process included detailed explanations about the study's aims, participant rights, confidentiality, anonymity measures, and the risks and benefits involved. Each participant was assigned a unique identifier to ensure privacy, and steps were taken to ensure that the published results would not reveal participant identities, adhering to the guidelines outlined by Stuckey.¹⁹

Data Collection: The study involved individual semi-structured interviews with parents and NICU nurses. The interviews were conducted face-to-face in a convenient private room for the participants. For nurses, interviews were scheduled during break hours, while for parents, these were scheduled after visiting hours. Each interview was conducted by only one researcher and lasted 30-45 minutes for the participants.

The interview questions were based on FCC principles identified from the literature review, including the guideline of the interview questions from the Institute for Patient and Family-Centered Care,²⁰ aimed to explore the parents' and nurses' perspectives regarding the impact of restricted parents visiting in

the NICU. Questions were asked to improve the FCC approach to support parents in the NICU during visitation restrictions throughout the COVID-19 pandemic. An interview guide containing open-ended questions was used to ensure clarity,²¹ as shown in

Table 1.

Table 1. The interview question of the individual semi-structured interviews

For Nurses	For Parents
<ul style="list-style-type: none"> • Do you feel that limiting parents' visits in the NICU has a negative effect on parents' physical, emotional, social, and spiritual well-being? • Did you find it difficult to communicate with parents during restricted visitation? Or, did you have any problems/barriers communicating with parents during restricted visitation? How? • Do you think using the phone to communicate with parents during restricted visitation was effective? What were the results? Are there any obstacles? • Because parents are different for each person, how do you treat parents with advice and information that is consistent with their individual needs? • During visiting restrictions. You provide emotional support (emotional/feeling care) for parents or not? How much? How? • Do you think it is beneficial to encourage parents to participate in infant care? • To what extent do you agree about limiting visits to wards? • Have you encountered any problems or obstacles in following this form of limiting visitation? How? • If visits in the ward are not restricted, do you have any concerns? How? • Do you have any ideas on improving ward visiting guidelines? How? 	<ul style="list-style-type: none"> • To what extent is there any impact on parents' visits from limiting visitation? • To what extent does it have an impact on your health/well-being or your child's health/well-being from restricting visitation? • To what extent does it impact the health/well-being of other family members who cannot visit the infant (such as parents/guardians or other grandparents) from restricting visitation? • While your child was in the NICU, were you hesitant to visit due to concerns about COVID-19 infection? • What channels do you use to communicate with ward staff? Is this channel effective or not? How? • During visiting restrictions, you are involved with the ward staff in providing care, planning or deciding on your child's treatment or not, to what extent? • During visiting restrictions, what activities would you like to be involved in caring for your child? • During visiting restrictions, what do you think is important to support collaboration between you and ward staff? • During visiting restrictions, what have you found most helpful in facilitating collaboration between you and ward staff? • Do you agree with limiting visits? • What do you think should be the format for limiting visitation? • Do you have additional needs or ideas for limiting visitation?

The research team developed the interview questions and then reviewed them with an expert panel, which included the head of NICU nurses and two pediatric nursing lecturers. The interviews were conducted in Thai, and there was no prior relationship between the interviewer and participants. The interviews were audio-recorded and later transcribed in full.²²

Demographic details were also collected, including the characteristics of neonates, parents, and nurses. The interview guide consisted of questions for NICU nurses regarding the challenges of implementing FCC practices to support families and provide neonatal care. Additionally, questions were asked about the effects of restricted visitation and suggestions were

requested for implementing FCC practices during these restrictions. For parents, questions focused on the impact of restricted visitation, their needs, their roles, and their participation when their infant is admitted to the NICU.

Data Analysis: The thematic analysis of interviews conducted in Thai utilized the method of Braun and Clarke,²³ involving all four researchers who were university nursing lecturers to ensure rigorous and insightful examination. The thematic analysis method consists of six steps: familiarization with data, generating initial codes, constructing themes, revising themes, defining themes, and compiling the final report. A team of conducted the thematic analysis to ensure a rigorous and insightful examination. Preliminary themes were derived from detailed transcript reviews, with consistency checks between coders to ensure reliability. Separate analyses for parents and nurses were unified to identify overarching themes, capturing a comprehensive view of FCC practices during restricted NICU visitations. Discrepancies were resolved through team consensus, and bilingual team members translated supportive quotes into English. This ensured that themes accurately reflected the dataset and provided an understanding of parents' and nurses' perspectives on FCC practices. Data saturation was achieved after interviewing ten NICU nurses and ten parents.

Rigor and Trustworthiness: The trustworthiness and robust interpretations of the analysis are underscored by various strategies to ensure credibility, transferability, dependability, and confirmability. These included using recognized methods, verifying interview accuracy at the time with the parents and later with the NICU nurses, providing detailed researcher descriptions, and deeply engaging with transcripts for credibility; offering contextual background, sample descriptions, and detailed findings for transferability; discussing methodology for study replication and choosing suitable methods for research questions for dependability; and presenting detailed participant quotes for each theme to ensure confirmability, following Chowdhury's guidelines.²⁴

Findings

The findings, gathered from interviews with parents (n = 10) and NICU nurses (n = 10), are presented under the emerging themes. Parents (seven mothers and three fathers) face-to-face interviews lasting 30–45 minutes were conducted with both parents and nurses. Most parents were between 31 and 40 years old (n = 6, 60%), and half had a bachelor's degree (n = 5, 50%). Four parents (40%) travelled to the hospital for 30–60 minutes to visit their infant. Six parents (60%) had no children other than the admitted infant. None of the families had prior hospitalization experiences in the NICU. All the parents were living together.

Ten nurses participated in this study were female, aged between 27 and 45 years (median 35 years), and had been working with infants for between 4 and 22 years (median 12.55 years). When the data was integrated, five themes arose from the perspectives of nurse and parent participants. These collectively captured the intricate dynamics of FCC in the NICU environment after the peak of the COVID-19 pandemic, revealing deep insights into the psychological and operational challenges faced.

Theme 1: Having a mindset to involve parents in care

Under this theme, parents expressed that they would appreciate visiting and caring for their infants more freely; however, they were dissatisfied with the limited time they were allowed.

"I am at the hospital to care for my child and provide breastfeeding for a little while longer for my baby, but I was restricted. By then, I have to plan on pumping breast milk exclusively without breastfeeding instead."
(Mother 8)

"At this moment, I need to provide my baby breastfeeding and do kangaroo [care]."
(Mother 7)

Additionally, gaining confidence through the support of NICU nurses and feeling connected was important for parents.

“...I get opportunities to practice caring as this is my first baby...nurses are like mentors.”
(Mother 4)

Nurses indicated that parental participation in the care of infants is important. For example:

“We should let parents know about the benefits of involvement in the care of their child during visiting time. This is because practicing is like preparing to care for their baby when the infant is discharged.” (Nurse 1)

Nurses also expressed their concerns over having inadequate time to effectively involve parents in caring for their newborns in the NICU. They highlighted a need for more opportunities to guide and empower parents, suggesting that the constraints of their workload and institutional policies limited their ability to provide comprehensive support and education to families. For example:

“...If they can visit and see their child, they will have motivation and be enthusiastic to perform breast pump” ... (Nurse 6)

“Tell them the symptoms of their child, promote holding and touching the child ... encourage to use breastmilk pump.” (Nurse 6)

Theme 2: Parents receiving psychological support

The participants consistently emphasized the importance of psychological support in the NICU setting. Nurses advocated for proactive engagement with parents, suggesting strategies like facilitating discussions with pediatricians, building trustful relationships, and providing clear, positive communication about the infant's condition.

“Being there in case of severe stress... try to make parent meet and discuss with the pediatrician.”
(Nurse 10)

“We need to build relationships to promote trust ... allow them to explain their feeling and suffering and give support including information... and being with them.” (Nurse 4)

“They suffered and had economic problems... so we make a VDO call for them to see their child ...during the no visit allowed period.” (Nurse 4)

Parents, on their part, expressed a strong need for visibility and physical contact with their infants, noting the emotional relief and spiritual well-being it brings. They appreciated the psycho-support offered by nurses and physicians, finding solace in clear communication and the opportunity to ask questions, even though telephone calls. This collective narrative underscored the critical role of psychological support in mitigating the emotional challenges faced by parents in the NICU. The nurse's mindset in helping and supporting the parents shows their trust in the health team caring for their infant. The narratives highlight the significance of daily care plan explanations, teaching, and support from the healthcare team. Parents expressed varying confidence levels in caring for their babies but a consistent trust in the healthcare team's guidance.

“Do not have participation in medical care due to the baby having heart surgery; the nurse being there to support...asking are you still okay... during the doctor tell the information of my baby.”
(Mother 4)

“The nurse explains very clearly and open to my questions on the phone.” (Father 2)

“I cry knowing my baby's condition ... the nurse come and support ... telling that my baby is safe.”
(Mother 7)

“...feeling good that I can give breastfeeding” ...
(Mother 8)

Theme 3: Challenges of communication

There are many restrictions, for example, the limitation of visiting time and rigid policy on taking a photo due to fear of delegating the photo to another. This creates a barrier in communication and needs to be fixed. Nurses reported that they often use complex medical terminology, making it difficult for parents to understand, especially for those from the three southern borders who face language barriers in Thai. Nevertheless, nurses think that their expertise can help overcome this communication challenge. While using mobile phones can be helpful, a simple phone call may not suffice. A video call can be a more effective way of communicating.

“Nurses used difficult words and difficult to understand for them to get ...communication also needs the experience of the nurse...especially for parents from the three southern borders who have difficulty using the Thai language.” (Nurse 7)

“Sometimes I call the nurse to ask about my infant’s daily condition, but I always miss speaking to the nurse who directly cares for my baby.” (Mother 7)

“Only telephone is not enough...I make a VDO call for them.”... (Nurse 4)

“I like to see my baby... all the time ... seeing my baby can lower suffering ...however telephone is also useful.” (Mother 1)

Theme 4: Negative impact of restricted visiting time

The responses to visiting time restrictions in the NICU varied among participants. While some parents and nurses understood and agreed with the necessity of these restrictions for safety reasons, others felt that limited visiting hours hindered effective communication with nurses and significantly impacted the essential bonding process with their newborns.

“Time for 10–15 minutes is very tiny to do anything only allow them to ask and let them touch and talk to their child ...time out.” (Nurse 7)

“...the mom may have the problem of bonding to the child ...” (Nurse 9)

“We cannot choose...the best is having the nurse and physician team for our baby. However, having a chance to visit every day... increases our spiritual well-being [in Thai kumlungai]... However, close family members cannot visit the baby.” (Mother 1)

“Even though my family was not allowed to visit the infant in the NICU, I would greatly appreciate it if the nurse could take a photo of the baby and give it to us. However, they did not allow us to take photos due to the IT policy and the law.” (Mother 2)

A sentiment of resignation was noted among some parents who felt compelled to accept the current restrictive situation despite its emotional challenges, indicating a complex landscape of acceptance and frustration within the NICU environment.

“It is okay. I and my wife can touch the baby for the visiting time allowed is okay at 11 am is good because visiting later in the day might disturb the doctor and the nurse.” (Father 1)

Parents and NICU nurses noted the stressful impact of restrictions and disruptions on family life and emotional well-being. Mothers most commonly reported that due to regulations, they had limited time with their new baby and needed more psychological support during their baby’s admission period. Specifically, the NICU setting post-pandemic encompasses the feelings of powerlessness and frustration among healthcare professionals and family members when visiting restrictions and care protocols conflict with their

perceived obligations to support family involvement and patient care, leading to ethical dilemmas and emotional turmoil.

Both parents and nurses revealed the significant emotional effect caused by visiting restrictions in the NICU, particularly when infants were critically ill, and family visits were restricted. These stories highlight the profound disappointment and emotional turmoil experienced by parents, emphasizing the emotional challenges families face during such critical periods.

“Restriction of the time in the case of an infant having serious symptoms, they [parents and family] need to see infant but cannot... this also causes grandmother and grandfather [to] feel disappointed.” (Nurse 7)

“...the child cannot get support from the parent ... grandma-grandpa cannot visit .. a little impact.” (Father 3)

“The restricted time has a negative effect on me due to the baby having a serious health problem... fear of introducing infection to the baby... Try to isolate myself [due to] this.” (Mother 5)

Theme 5: Accommodating flexible visiting hours in exceptional circumstances

Nurse participants noted that some parents struggled to visit during designated hours due to the distance from the NICU. In response, consideration was given to splitting visiting hours into two sessions to accommodate better these parents, who also expressed a need for more time for visits and breastfeeding. The consensus among interviewees was that extending visiting hours would be advantageous.

This theme underlined the critical need for flexible visiting hours in the NICU to cater to diverse parental needs. Narratives reflected the parents’ relief when visits could be scheduled around their unique circumstances.

“Sometimes they stay very far or in nearby province and cannot present to the NICU at the time that we allow visiting. However, I pity them... so we need to adjust the visiting time into two periods.” (Nurse 2)

“In the case of a teenage mother, we permitted the grandmother to visit her.” (Nurse 8)

“The nurse is flexible for the time for visiting especially on the first day of admission...I understand... to prevent infection, I agree but need more time.” (Father 3)

Discussion

This study was based on the principles of the FCC and aimed to explore parents’ and nurses’ perspectives toward limited visitation in the NICU regarding COVID-19. This study was conducted in a NICU with a visiting policy regarding COVID-19, allowing one-hour visits per day and restricting visitors to parents only. Five themes were identified from both nurses’ and parents’ perspectives: 1) Having a mindset to involve parents in care, 2) Parents receiving psychological support, 3) Challenges of communication, 4) Negative impact of restricted visiting time, and 5) Accommodating flexible visiting hours in exceptional circumstances.

Encouraging parents’ participation in caring for their infants in NICUs is one of the challenges nurses in this study highlighted. This raises the question of how parents are invited to participate in such situations. Nurses discussed their mindset aimed at encouraging parental involvement, their motivation, the limitations imposed by restricted visiting times, and the nature of the relationship between nurses and parents. Similar to our findings, Pallomaa and colleagues identified factors influencing parental participation, albeit in the context of neonatal pain alleviation. According to their study, various factors contribute to low parental

participation in their infant's medical procedures. The contributing factors encompass a restrictive environment, limited knowledge, daily life demands, parental underestimation, emotional distress associated with medical procedures and pain, and uncertainty regarding parenting.²⁵ Having a positive mindset can motivate nurses to seek strategies that encourage parents to effectively participate in the care of their infants. Furthermore, parents involved in care can create a more positive experience for caring for their infant. Such participation benefits both the infants and the parents. Previous research has shown that parental involvement in care increases parental attachment to premature infants and fosters partnerships with nurses.²⁶ Although research on parental participation exists, a gap remains between knowledge and practice. Therefore, this study added to this body of knowledge by demonstrating that NICU nurses have a positive mindset toward promoting parental participation.

Psychological supportive care is necessary for a family-centered NICU.²⁷ Providing psychosocial support to parents can lead to improved functioning and better relationships with their infants. In this study, parents reported that discussing their concerns with their baby's pediatrician helped alleviate stress. Nurses employed several strategies, including using positive language, detecting and responding to parents' emotions, and building relationships with them. Several studies have identified psychological strategies, such as providing education programs to build trust in parents and teaching coping techniques.^{28,29} However, it is essential to consider parents' desires and circumstances to provide effective psychological support.

Communication is essential to the nursing profession, especially in providing high-quality care to families in a neonatal unit.³⁰ This study presented nurses' and parents' perspectives, highlighting various feelings and challenges. For instance, some nurses struggled to understand parents who communicated using Southern Thai dialects, though the official language

of Thailand was used for communication. Additionally, nurses reported a lack of time to provide information, though they aimed to offer it in affirming and useful ways.³⁰ Parents appreciated receiving information about their babies, and nurses used various strategies such as phone calls, video calls, and face-to-face interactions to keep them informed. This proactive communication approach ensured parents' satisfaction.

Previous research has shown that interventions like webcam systems for infant viewing, communication tools such as Skype, FaceTime, text messaging, and online educational resources can effectively update and facilitate communication between parents and healthcare providers.³¹ Frequent and sensitive communication from neonatal staff is essential to reduce parents' stress and help them understand their baby's condition and progress. This empowers and involves parents in their baby's care. Failing to provide regular and informative communication often leads to complaints from parents.³² The findings were consistent with a previous study in Australia, which shows that effective communication by nurses involves providing information and enabling parenting through an appropriate interpersonal style.³³ Effective nurse communication involves providing information and enabling parenting through an appropriate interpersonal style. This requires active listening, respect for beliefs and culture, and time for discussions and decisions. Cohesiveness is necessary for safe, high-quality care. Communication interventions have proven to be effective, particularly in mitigating parental stress and anxiety.³⁴ Timely, complete, and accurate information allows parents to better manage their emotions and participate effectively in their care.¹⁰

This study found that parents felt disappointment and stress due to visiting restrictions, which may be because they were aware that their infant was facing serious medical issues. Parents may not fully understand their baby's symptoms, lack important information, and have limited communication time with medical staff. These factors can lead to feelings of guilt, fear, loss,

and hesitation. Admission of infants to ICU can cause anxiety, depression, guilt, and shame among parents.^{3,35} Greene and colleagues found that higher levels of maternal visitation corresponded to lower levels of maternal depression.³⁶ Parents experience increased stress from restricted visitation policies, limited caregiving opportunities, lack of support, and inconsistent communication about their infant's status. Implementing psychological support, such as openly discussing emotions and providing time extensions and necessary information, can reduce this stress.² Reduced opportunities for parental involvement in their infant's care can lead to a loss of bonding and attachment. Parental stress related to NICU admission may have long-term negative consequences for parent-infant interaction and neonatal development.³⁷ Thus, the restricted visitation policy had a major negative impact on the parents. In another way, the parents might appreciate the restricted visitation policy because it could protect their infants from COVID-19 infection.

Parents in one study preferred visiting time extension, as similarly reported in the previous study.³⁸ Some parents may live in different districts or provinces, requiring considerable travel time and a flexible visiting schedule. Although parents acknowledge that limited visiting policies may benefit their infants by reducing infection risks, they still require more extended visiting hours.³⁹ Nurses should provide extra time for visits and allow certain relatives to visit in place of the parents, such as in the case of teenage mothers. In addition, the COVID-19 testing should be performed before visitation. Unrestricted visiting hours are positively associated with parental satisfaction, demonstrating respect and dignity as nurses listen to and honor family choices, and responding to parents' needs by considering appropriate visiting hour extensions.⁴⁰

Limitations

This study has provided valuable insights into the effects of limited parental presence in the NICU

on parents and staff nurses. However, there are certain limitations to this study. For instance, the data collected from the parent sample were biased towards adult mothers (age 27–45 years) who were the majority in this study and not teenage mothers.

Conclusion and Implications for Nursing Practice

The nurses' perspectives regarding FCC practice showed that they had a mindset to encourage parent participation in caring for their baby. Also, the nurses' and parents' perspectives consisted of five themes regarding parents receiving psychological support, challenges in communication, the negative impacts of restricted visiting times and the importance of accommodating flexible visiting hours in special circumstances. Thus, it is important that we take a proactive approach toward understanding and fulfilling the needs of parents so that we can encourage and facilitate their active involvement in their infant care. NICU nurses should prioritize parental opinions while accounting for differences in family circumstances, religion, culture, and language barriers. It is necessary for nurses to receive more education or training to enable them to promote a supportive mindset and provide assistance to parents during restricted visiting hours. Further exploratory research is necessary to investigate how nurses put FCC into practice and how hospital administrators can support the implementation of FCC in Thai NICUs during restricted visitation policies in circumstances that include the COVID-19 pandemic or other emergencies or disasters.

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ความท้าทายของการดูแลโดยครอบครัวเป็นศูนย์กลางในหออภิบาลทารกแรกเกิดในระหว่างการจำกัดการเยี่ยมจากการแพร่ระบาดของโรคโควิด 19 : ตามมุมมองของบิดามารดาและพยาบาล

ศิริพร เวชโซ ศศิธร พุมดวง* Victoria Kain ปิยะดา ไชยศรี

บทคัดย่อ: การดูแลโดยครอบครัวเป็นศูนย์กลางในหออภิบาลทารกแรกเกิด มีความสำคัญเป็นอย่างยิ่งเพื่อเสริมสร้างความผูกพันระหว่างพ่อแม่ลูก และการร่วมให้ความช่วยเหลือกันระหว่างบิดามารดาและทีมสุขภาพในหออภิบาลทารกแรกเกิด ในช่วงของการแพร่ระบาดของโรคโควิด 19 มีการจำกัดการเยี่ยมที่เข้มงวด จึงเป็นความท้าทายต่อหออภิบาลทารกแรกเกิดในประเทศไทย งานวิจัยนี้ศึกษาในโรงพยาบาลแห่งหนึ่งทางภาคใต้ของประเทศไทย เพื่อศึกษามุมมองของพยาบาลและบิดามารดาเกี่ยวกับการดูแลโดยครอบครัวเป็นศูนย์กลางในช่วงที่มีการใช้นโยบายการจำกัดการเยี่ยม ซึ่งเป็นวิจัยเชิงคุณภาพ (exploratory descriptive qualitative research) โดยใช้การสัมภาษณ์กึ่งโครงสร้างของพยาบาล 10 คน และบิดามารดา 10 คน ระหว่างเดือนมิถุนายนถึงเดือนสิงหาคม พ.ศ. 2566 การสัมภาษณ์ใช้แนวทางการสัมภาษณ์ภายใต้กรอบแนวคิดของการดูแลโดยเน้นครอบครัวเป็นศูนย์กลาง ข้อมูลการสัมภาษณ์ได้รับการวิเคราะห์เชิงอุปนัย ข้อค้นพบจากงานวิจัยนี้ประกอบด้วย 5 ประเด็น คือ 1) กรอบความคิดการมีส่วนร่วมของบิดามารดาในการดูแลทารกแรกเกิด 2) บิดามารดาได้รับการสนับสนุนทางจิตใจ 3) ความท้าทายในการสื่อสาร 4) ผลกระทบด้านลบจากการจำกัดชั่วโมงการเยี่ยม และ 5) ความจำเป็นในการยืดหยุ่นเวลาเยี่ยมสำหรับสถานการณ์พิเศษ การดูแลทารกแรกเกิดในหออภิบาลทารกแรกเกิดให้ดีที่สุด ต้องใช้การดูแลโดยครอบครัวเป็นศูนย์กลางที่สามารถปรับเปลี่ยนและยืดหยุ่นได้เพื่อตอบสนองความต้องการเฉพาะของแต่ละครอบครัว นอกจากนี้ บุคลากรทางการแพทย์ควรพิจารณาใช้หลักการดูแลครอบครัวเป็นศูนย์กลางอย่างมีประสิทธิภาพในช่วงจำกัดการเยี่ยมของหอผู้ป่วยเด็กหนักในบริบทที่แตกต่างกัน งานวิจัยต่อไปควรมีการวิจัยเพื่อประเมินประสิทธิผลการใช้แนวคิดการดูแลโดยครอบครัวเป็นศูนย์กลางในทางปฏิบัติของพยาบาล และกลยุทธ์ที่ผู้บริหารโรงพยาบาลสามารถให้การสนับสนุนในหออภิบาลทารกแรกเกิดของไทยในระหว่างนโยบายการจำกัดการเยี่ยม

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คำสำคัญ: โควิด-19 การดูแลโดยเน้นครอบครัวเป็นศูนย์กลาง การดูแลทารกแรกเกิดวิกฤต มุมมองของพยาบาล มุมมองของบิดามารดา การวิจัยเชิงคุณภาพ การจำกัดเวลาเยี่ยม

ศิริพร เวชโซ อาจารย์ สาขาวิชาการพยาบาลกุมารเวชศาสตร์ คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์ E-mail: siriporn.vet@psu.ac.th

ติดต่อที่: ศศิธร พุมดวง* ศาสตราจารย์ สาขาวิชาการพยาบาลมารดา ทารก และทารกแรกเกิด คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์ E-mail: sasitorn.ph@psu.ac.th

Victoria Kain, Associate Professor, School of Nursing and Midwifery, Griffith University, Brisbane, Queensland, 4111, Australia, and Menzies Health Institute Queensland, Griffith University, Brisbane, Queensland, 4111, Australia. E-mail: v.kain@griffith.edu.au

ปิยะดา ไชยศรี อาจารย์ สาขาวิชาการพยาบาลกุมารเวชศาสตร์ คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์ E-mail: piyada.c@psu.ac.th