Impact of a new model round with parental present on Family and professionals.

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Background: The Stress on parents impairs their abilities to interact optimally with their infants and may lead to poorer child developmental outcomes (1). One of the most recommended suggestions for supporting parents’ roles as caregivers is the parents’ participation in medical rounds (2). However, some gaps have been demonstrated between the goals of family centered care and its actual practice (3). There is a debate about the pros and cons of facilitating the participation of parents in NICU and rounds (4). The most of the reports didn’t give us the answer to the debate. These studies were mostly performed in United States, Australia, and a large number of countries of the northern Europe. Nevertheless, the incorporation of family centered care is delayed in the countries of the southern Europe (5)

Research Objectives: The hypothesis of our study was that the implementation of the new round model based on family-centered care in the neonatal intensive care unit (NICU), the adapted family-centered care model (AFCR), doesn’t decrease parents' satisfaction, that it doesn’t increase their stress generated by the baby's income and that it improves professional satisfaction when it is compared to the traditional round model (TR) The primary aims of the study were to compare the level of stress and the degree of family satisfaction, as well as the degree of professional satisfaction between both models of rounds. The secondary aim was to define the characteristics of the parents who chose the AFCR model.

Method: Design. In April 2016, the new round AFCR model was implemented in the NICU, which included the parental involvement. From this moment on, parents could willingly choose to participate or not in the clinical rounds. Data collection was performed between June and December in 2016 with surveys given to parents and professionals. Prior to the implementation of the AFCR model, a prospective data collection was also performed from October 2015 to March 2016, when there was no possibility for parents to participate in the medical round (TR model). Three groups of parents were defined: those who decided to participate willingly in the round (group 1), those who decided not to participate in the round when they had the possibility to participate (group 2), and the parents of the previous period in which they didn’t have the possibility to participate in round (group 3). Other three groups of professionals were also defined: those professionals whose parents of their patients decided to participate in the round (group A), those professionals whose parents decided not to participate in the round when they had the possibility to participate (group B), and those professionals of the previous period whose parents couldn’t choose to participate in the round (group C). Population to study: The study was performed in a IIIC level neonatal unit and NIDCAP Training Center with 900 admissions per year. In case of the professional, all the resident doctors, the assistant physicians and the nurses who accepted to participate in the study were considered candidates. With regard to parents, they were included when they fit to the following inclusion criteria: parents of patients admitted to the NICU, admission to the NICU at least 7 days and when they agreed to participate in the study and signed the informed consent. Parents were
excluded from the study if there was language barrier or when they aged less than 18
years. **Surveys:** When an infant was admitted to the NICU at least one week, both
parents were offered an assessment. The assessment consisted of two questionnaires:
Parental Stress Scale: Neonatal Intensive Care Unit (PSS:NICU)(6)and the Neonatal
Instrument of Parent Satisfaction (NIPS) (7), as well as additional questions about
studying levels and demographics data. Both questionnaires were asked to complete in
two different moments: at the seventh day of the admission and the day of the discharge
from the intensive care room. There are no questionnaires to evaluate the professional
satisfaction in a NICU. It was distributed to staff that provided the care of every baby
admitted to the NICU at the moment of the discharge from the NICU.

**Results:** 47, 26 and 63 parents (groups 1, 2 and 3 respectively) and 37, 29 and 63
professionals (groups A, B and C, respectively) were recruited. Response rates: 87.2%
for parents and 78.5% for professionals. There were no significant differences in anxiety
or satisfaction between the three groups of parents. The professional group A had higher
scores on the satisfaction scales than group B (4.38 ± 0.64 vs 3.97 ± 0.68, p = 0.04). The
parents of group 1 had baseline anxiety scores generated by alarms higher than those of
group 2 (8.73 ± 4.55 vs 10.79 ± 4.74, p 0.04). Parents showed significantly higher
scores in three of the five questions about the utility of the new model for parents than
the professionals (table1).

**Conclusion:** the implementation of a round model that allows the participation of
parents in a Spanish neonatal unit does not increase parental stress and it does not
decrease familiar satisfaction. This practice increases professional satisfaction and it
does not give rise to perceive more inhibition in the clinical discussion or less teaching
in the rounds. The parents who were more stressed by the sounds and the alarms of the
unit they preferred to participate in the medical round.

**References:**


2. American Academy of Pediatrics, Committee on Hospital Care, Institute for Patient-
   and Family Centered Care. Patient- and family-centered care and the pediatrician’s role. *Pediatrics*
   2012;129:394–404

   of potentially better practices for the provision of family-centered care in neonatology: the
   family-centered care map. *Pediatrics* 2006;118:S95–S107

   en el Desarrollo. Situación en las unidades de Neonatología de España. *An Pediatr (Barc)*
   2004;81:232-40

   and Kangaroo care in European neonatal intensive care unit: a policy survey in eight countries.

   1993;42:148–152

   A new measure of parent satisfaction with medical care provided in the neonatal intensive care