

Communication in a Neonatal Intensive Care Setting: 10-Step Approach

Comunicação em Cuidados Intensivos Neonatais: Abordagem de 10 Passos



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INTRODUCTION

Over the last few decades, there has been a shift towards family-centred medicine in the neonatal intensive care unit (NICU). Communication is a crucial skill for those who work in a NICU and plays an essential role in neonatal care.

Several studies¹⁻⁶ have pointed out that the lack of good communication plays a negative role in newborn care and increases the likelihood of stress and dissatisfaction of families, burnout among healthcare professionals and legal issues concerning healthcare provision. The most common challenges are providing too little information, use of excessive medical jargon, clinical information given by nurses rather than by doctors, parents whose newborns have fewer complex diseases or are healthier spending little time with doctors, and clinical observation and physical examination performed in the absence of parents.

Narrative medicine^{1-4,7,8} has been an important tool to better understand the challenges of families and has led us to provide a more adequate response to their needs. Professionals read their testimonials, decode the experiences of families, acknowledge their suffering and can ultimately better guide them along the process of having a newborn in a NICU.

How to better communicate

Some authors¹⁻⁴ refer to communication as the most common procedure in medicine, which is considered by others to be a cornerstone of the therapeutic relationship. Communication can be a natural competence for some, but to others it must be practised.^{1,4,9} As each family and newborn are unique, rigid or strict rules on how to communicate cannot exist.

However, the American Academy of Pediatrics (AAP)¹⁰ shows us the following three key elements of communication:

1. Quality and quantity of provided information;
2. Empathy: active listening and real interest in the

feelings and concerns of parents;

3. Neonatal triangle: connection between the doctor, parents, and newborn.

NICU challenges

A NICU has several communication barriers.^{1-4,7,8}

Settings

The environment of a NICU is full of different sounds and technology, clinical procedures, and strained healthcare professionals, which can be daunting and unfamiliar. The working space is limited, the occupation rate is frequently high, lack of privacy is a concern, and conversations can be misheard or misinterpreted.

Family

Families are also admitted in a NICU, with the newborn. Bright plans and expectations quickly become tragic as the new family member needs specialized intensive care. Families go through a process of shock, denial, anger, guilt, and eventually acceptance. However, these different phases vary in sequence, duration, and intensity. Premature babies are frequently admitted in a NICU, and their parents are premature as well, in need of guidance and comfort. They feel dependent on others for their baby care, and often feel guilty for not being able to provide them a safe environment themselves.

Newborn

Premature infants and other babies admitted in a NICU with complications at birth or during their first month of life require a lot of attention and care. Regardless of gestational age, most of them are immature, with differing prognoses and unpredictable medical conditions. Complications can arise unexpectedly, either over time or suddenly, and can often result in sequelae or even death. Healthcare professionals find it difficult to explain the unpredictability of

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medical conditions and ensuring a good outcome to caregivers, whereas caregivers find it hard to accept the uncertainty, probabilities, and possibility of a worst-case scenario.

Healthcare professionals

Healthcare professionals must learn to manage their emotions and be reliable, and to convey reassurance to the families. Multitasking is a constant, and there is a tenuous safety margin. Working in a NICU requires a steep learning curve, with a lot of technical procedures and handling of technologic devices. Shifts are long and its changes demand continuity of care, and medical information must be handed over correctly.¹¹ All tasks are important for the care of newborns and their families; therefore, communication and teamwork are essential for the wellbeing of everyone involved, and decisions must always be shared.¹²

Barriers to communication

The main barriers to communication¹⁻⁵ are recounted in Table 1.

A 10-step approach to newborn-parent-doctor interaction in a NICU

We suggest the following approach (Fig. 1), which is applicable to different settings in healthcare.^{7,13}

First step: Setting

The patient-doctor interaction should take place in a calm, peaceful, and quiet environment. Certain gestures and comments should be avoided, as they can be misinterpreted by families who await communication.

Second step: Preparation

Before approaching the newborns and their caregivers, professionals should know their names, and the clinical case should be investigated (background, evolution, treatments, and possible differential diagnosis). Medical knowledge is important to be able to provide adequate information about statistical data and prognosis, if questioned.

Third step: Presentation

When talking to the patient/family, healthcare professionals should introduce themselves, explaining their role in the unit, introducing the team, and describing each member's specific tasks, thus allowing families to feel welcome and more secure.

Fourth step: Listen

Listening is one of the most important steps of this approach. Healthcare professionals should ask open questions to parents, try to understand their concerns and their insights about the newborn's clinical situation, and explain to them how the NICU works. It will make later conversations more fruitful and the responses to their needs easier.

Fifth step: Empathy

Aside from listening, empathy will allow the response to emotions. Give them time and space to arise and settle and validate their feelings, while using a nonverbal posture to show attentive listening, and maintaining eye contact. These tips ensure that healthcare professionals are following along.

Sixth step: Provide information

After connecting with families, clinical information may be provided. If the newborn has not been observed until then, healthcare professionals may ask parents if they will allow the physical examination. While doing so, emphasizing the positive aspects first will give parents some tranquility and only then proceed to the most delicate ones.

Seventh step: Encouragement

Having conveyed all the important details, healthcare professionals should encourage caregivers to take part in the care of their newborns, which includes touching, speaking, holding, and hugging them, as well as making skin-to-skin contact whenever clinically possible and reassuring parents that they can rely on the team for assistance. It gives parents a sense of belonging and empowerment.

Eighth step: Recap and final strategy

Doing a recap of what was discussed, while clarifying the latest/major concerns, is beneficial in order to find a combined strategy between healthcare professionals and caregivers—it is called shared decision-making.

Ninth step: Show availability

Parents should know that healthcare professionals are available for any questions that arise, whenever they feel necessary.

Tenth step: Continuity of care

Continuity of care should be guaranteed to caregivers, as the team member that will take care of the newborn may

Table 1 – Barriers to communication in a neonatal intensive care unit (NICU)

Setting	Time available; privacy; health care follow-up; continuity by healthcare teams
Family	Culture; spoken language; different personalities and family dynamics; individual risk perception
Newborn	Clinical unpredictability and unexpected complications
Healthcare professionals	Lack of communication skills between teams and with families; biased actions; lack of medical experience and clinical knowledge

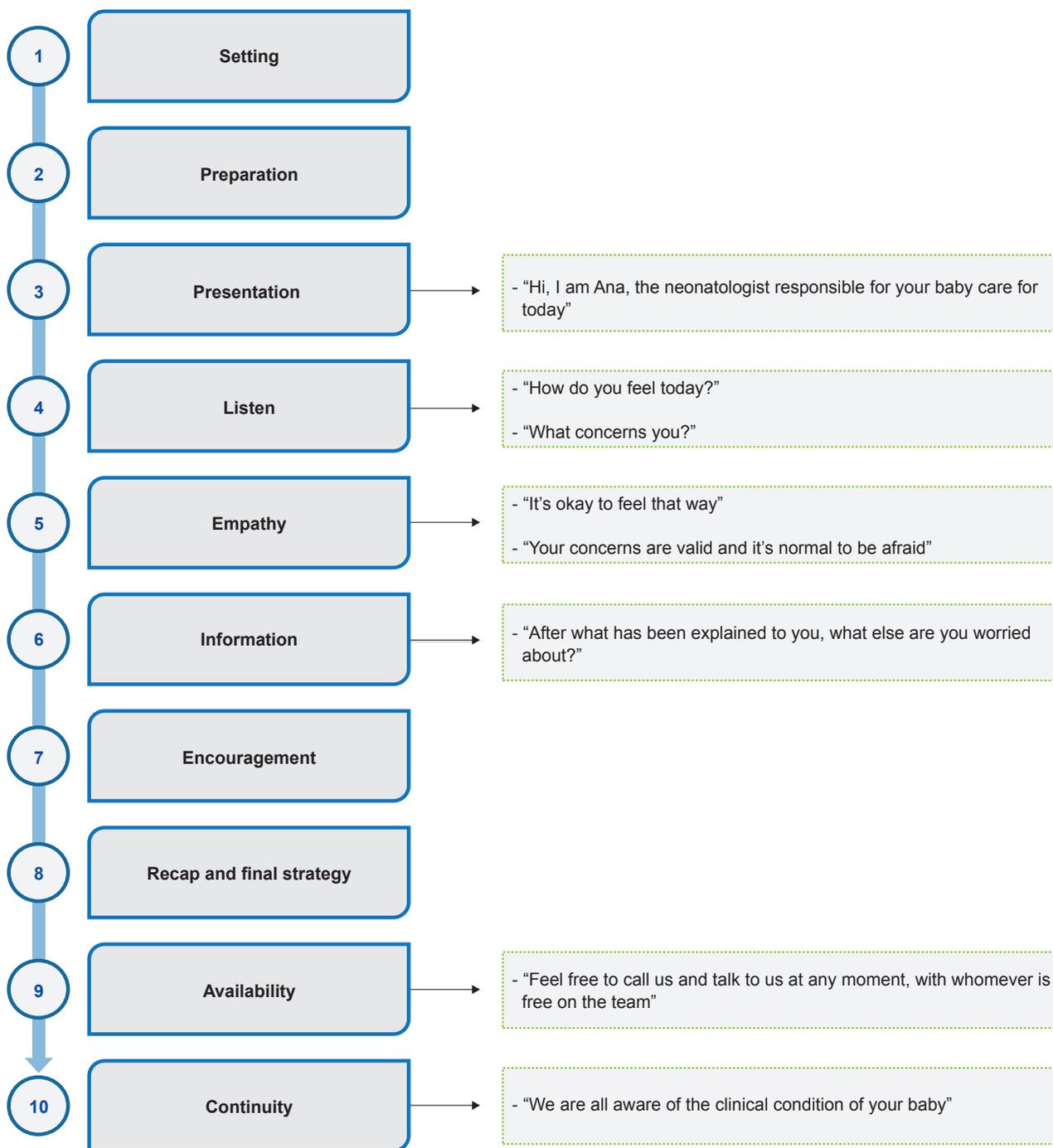


Figure 1 – 10-step approach on communication in a neonatal intensive care unit (NICU)

vary. Reassure caregivers that any member who cares for their child is aware of his or her clinical history.

CONCLUSION

Communication is one of the most important skills of care in a NICU. Despite the change in the healthcare paradigm in the last few decades towards family-centred medicine, there is still a long way to go. It is essential to provide specific practices and training to healthcare professionals in order to ensure professionalism in a NICU. Institutions

should be responsible for offering this training to optimize results.

This 10-step approach for communicating in a NICU is intended to be a guide for healthcare professionals during their day-to-day care and can help to improve relationships with colleagues, to avoid conflict, and to better understand and respond to families.

This approach can also be used by other paediatric healthcare professionals, as communication is universal in medicine, and can help improve our clinical practice.

AUTHORS CONTRIBUTION

CG: Draft of the paper, critical review of the manuscript, approval of the final version.

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COMPETING INTERESTS

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