**A JOURNEY INTO CARITAS NURSING AS EXPERIENCED BY FAMILY MEMBERS HAVING A LOVED ONE IN NICU**

Sharon Sauer RN BSN  
Albert Einstein Healthcare Network  
Philadelphia, Pennsylvania  
ssauer9751@yahoo.com

**Introduction:** Watson's Theory of Human Caring was selected by the direct care Registered Nurses (RNs) of Albert Einstein Healthcare Network (AEHN) as the theory to guide the professional practice model. The theory was chosen for multiple reasons. First was the relevance of caring across multiple settings. Second, values in this theory were ones the nurses wanted to adopt, promote and advance. Components of the theory are integrated into all evidence-based practice initiatives and research proposals. This qualitative research study involves interviewing the mothers, fathers, and grandparents of the neonates in the Neonatal Intensive Care Unit (NICU) to understand the lived experience of what it means to have a neonate in the NICU. The conceptual framework for this study is Watson’s Theory of Human Caring. The research study focuses on the specific Caritas Process #1, *Cultivating the Practice of Loving-Kindness and Equanimity Towards Self and Other* and Caritas Process #4, *Developing and Sustaining a Helping-Trust Caring Relationship.*

**Significance:** The impetus for this research project started after reviewing the work of Kristen Swanson (1990), *Providing care in the NICU: Sometimes an act of love.* The lived reality is that NICU nursing situations can be complex and at times challenging and stressful, especially when a neonate is high risk and high acuity. The RN needs to practice loving kindness, authentic presence while staying non-judgmental, talking openly with the family, and keeping them involved in the plan of care. Often many families have stressors in their lives in addition to dealing with a loved one in the NICU. The direct care RN needs to practice to caring with intentionality, the will and commitment to preserve human dignity, restore humanity and avoid reducing the neonate to an object (Swanson, 1990, Watson, 2008). The meaning of caring which will emerge from this study is important to the integration of Caritas nursing practice in the NICU.

**Purpose:** The purpose of this qualitative research study is to understand the lived experience of having an infant in the NICU from the perspective of mothers, fathers and grandparents. The specific research question is: What is the meaning of caring as experienced by mothers, fathers and grandparents during interactions with registered nurses?

**Setting and Participants:** The setting is the 27-bed NICU at AEHN. The family interviews will be conducted with the parents/grandparents of infants less than 32 weeks gestation, admitted to the NICU. Participants will include five mothers, five fathers and five grandparents. In accordance with the Institutional Review Board (IRB) all participants will be over the age of eighteen.

**Project Description:** Using Ray’s (1991) phenomenological method, caring inquiry was chosen as the research method for this study. Participants will be invited to participate in this study. Written consent will be obtained at the time of the interview. The interviews will be unstructured, with the researcher allowing the participants to speak openly. As the interviews progress, participants will be invited to talk about the practice of loving kindness, a helping trusting
relationship and to share a caring or uncaring moment. One interview approximately, thirty to sixty minutes in length, will be conducted with each participant. The interviews will be audiotape recorded. Tapes will be transcribed, reviewed and analyzed by the researcher and Director of Professional Nursing Practice. Formal IRB approval will be obtained March/April 2011. A pilot study was performed to discover common themes of the experiences of the families in the NICU.

As part of forming a relationship with the parents, the interviews took place during the delivery of routine nursing care. As the nurses interview the parents in the NICU, he/she was able to explore the parents' feelings and NICU experiences. During the interviews, the nurse stayed non-judgmental, talked openly with the family and kept them involved with their infant's care.

**Project Outcomes:** Results from pilot interviews revealed that the nurse/parent relationship came together in such a way that an occasion for human caring was created. The one caring for and the one being cared for were influenced by the choices and actions decided within the relationship. Some parent's expressed feelings were: “The nurses are warm and personable.”, “They give excellent care”, and “We could not wait to come back.” Along with a caring moment, several other themes emerged from the pilot interviews. The second and third themes are consistent with Swanson’s findings. First, the RNs were going above and beyond an objective, task-oriented, assessment and were showing concern for the parent's own healthcare. A transpersonal caring relationship evolved from the caring moment. Second, this small pilot project showed that the nurse, acting in a way that preserves human dignity, enhanced the aspects of caring and attaching when providing care in the NICU. Third, experiencing the parent interviews refocused the nurse's energy of caring and attaching.

**Project Evaluation:** Preliminary pilot study findings showed human caring and loving-kindness evolved into a transpersonal caring relationship which led to a caring moment. Qualitative data analysis will be conducted once the interviews are complete. Formal themes will be identified.

**Future Direction:** The intent is to complete all interviews by July 2011 and to have data analysis complete by December 2011. Findings will be shared with direct care RNs and physicians. As RNs and physicians hear and value the participants’ stories, they can transform “a task” into a caring moment. Caring and loving kindness will become the way of practice for all, with each individual infant, parent or grandparent.

**Acknowledgments:** I want to thank my faculty guide and mentor Marlienne Goldin RN, MSN for her support and guidance though my personal Caritas journey. I also want to thank Dr. Marian Turkel, Director of Professional Nursing Practice at AEHN for introducing me to Caring Science when I was a Clinical Scholar and inviting me to become a Caritas Coach. Special thanks to the AEHN nursing leadership Maryann Malloy RNC-NIC, MSN, NICU manager, Judy Faust RN, BSN MBA, FACHE, Director/Women’s Services and Mary Beth Kingston RN, MSN, NEA-BC, Chief Nurse Executive.

**References:**

