

“Partnering” with Families: Is it just a word...or are we living it?

Questions and Answers from Liz Drake, MSN, RN, CNS, CNNP

Shaina Martinez from New York: In a NICU with high acuity how can nurses be emotionally supportive without experiencing burnout?

Tough question....I think we need to look at it from different angles. First as a bedside nurse, I need to be **committed** to finding ways to build relationships even when busy. We need to use each other as resources and help, not feeling like we have to do it all ourselves. I believe that the leaders of the unit, (directors, managers, charge nurses need to decide if caring for families is the priority...and then it's their job to remove barriers and let staff know that it is vital that babies and families come first.

Coming from a developmentally protective NICU I really find that when we create a quiet environment, the babies are more stable (not as acute), we are calmer and we can approach each care experience a bit calmer. We found that in this environment we were less restless and less intense by the end of the day.

We also have a CISM team (Critical Incident Stress Management Team) that we can call in when we may have had an extremely challenging situation, death, etc. We all have primary nursing which helps the nurse know what to expect because it's a family and baby she is in relationship with....and if they need a break they are encouraged to take a break.

Periods of burnout and stress will happen....but I think we can lessen their effects and lengthen the time between them by really working as teams and believe that we are doing the right thing and impacting lives daily.

Jenny Kimfrom Palatine, IL: How would you address a parent's distrust when they tend to be withdrawn?

We just had this situation with a mom. Her primary nurse was very honest about asking if she was upset about something and if we did something to upset her. The mom obviously felt safe enough to share that she had lost trust in us because she was in her babies room and the alarm went off and she felt we did not know because we were not in her room (Her nurse was at another babies bedside). A CN at the central monitor came to respond to her baby.) We assured her, her baby was ok but then asked what we could do for her to feel more safe. We showed her the central monitor where we could all see, the light bank showing her bedspace and then we offered to keep her door more open. I believe offering solutions that show we have heard her...and actually being willing to ask the tough questions of whether we did something because we noticed she was being quiet. We also acknowledged her fear.

Roma Sant: The challenge for me has been how do you be supportive and very attentive to families as a new NICU nurse when you are learning time management to meet the needs of the babies in your care in a timely manner?

That is a time in your career that can be a challenge. I think there is a great communication technique to use (very honest) where you can approach the parent and say, “Mrs. Smith, I want to give you my undivided attention when we talk and go over things, but I need to get report and I want to make sure I have the information I need to know to take care of your baby. Then I need to do her cares, (maybe we can do them together” and then I want to make sure she gets her medicine on time. Would you be willing to wait for a little while so I can totally focus on our conversation and time together?