Dynamism in Practice: Parenting Within King's Framework

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A dynamic approach to parenting in a neonatal intensive care unit provides a framework to test King's nursing theory. The framework is based on selected concepts from King's theory of goal attainment and current literature on parenting. The framework stresses the valuational components of human interaction. This article describes an attempt to move neonatal care from medicalization of parenting toward transaction between parents and nurses.

Advances in technology over the past thirty years enable younger babies and those with complex health care needs to survive. While physical care of sick babies has improved, psychosocial care of these infants and families has not kept pace (Kenner, 1990; Pinch & Spielman, 1990). Generally, nurses working in the neonatal intensive care unit (NICU) believe that parents ought to be involved in the care of their infants, but at times this does not happen (Algren, 1985; Brown & Ritchie, 1990; Rushton, 1990). Many nurses do not even recognize that their practice is inconsistent with family-centered care (Johnson, 1990), but some nurses are beginning to respond to these criticisms. Qualitative studies have focused on parental perspectives relative to the intensive care experience (Graves & Ware, 1990; Pinch & Spielman, 1990; Swanson, 1990).

Consumerism in health care has created pressure to change practice and involve parents more in the NICU. Articles by consumers in the professional and popular literature outline their concerns and recommendations for resolution (Harrison, 1986; Popper, 1990; Rapacki, 1991; Smith, 1987). From the parents' perspective, neonatal intensive care prevents them from assuming parental roles. The purpose of this article is to propose a systems framework for change within the NICU consistent with a philosophy of family-centered care. The proposed framework is based on selected concepts from King's (1981) theory of goal attainment and the current literature about parenting in the NICU.

Key words: King's Theory, Parenting, Neonatal Care

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King's Conceptual Framework

The literature examines the NICU parenting experience from the perspectives of parents and nurses. There is incongruence between the perceived rights and responsibilities of the involved caretakers in three major areas: control, roles, and communication. Professionals tend to assume control of the infant with minimal input from parents. As a result, parents feel powerless and assume a passive role in parenting their infants during the NICU stay (Able-Boone, Dokecki, & Smith, 1989; Pinch & Spielman, 1990).

The framework for parenting presented here is derived from selected concepts of King's (1981) theory of goal attainment. King (1981) defines nursing as "...a process of action, reaction, and interaction whereby nurse and client share information about their perceptions in the nursing situation" (p. 2). Through this process, specific goals, problems, and concerns are identified and means to achieve goals are defined collaboratively between individuals and the nurse, and, in this case, between parents and the nurse. In the NICU environment, parents are the clients who interact primarily with the nurse (Symanski, 1991).

In King's (1981) conceptual framework, the goal of nursing is "...to help individuals maintain their health so they can function in their roles" (pp. 4-5). King (1981) defines health "...as dynamic life experiences of a human being, which implies continuous adjustment to stressors in the internal and external environment through optimum use of one's resources to achieve maximum potential for daily living" (p. 5). King (1990) further views health and environment as interrelated systems: "Health is a function of persons interacting with the environment. Environment is a function of balance between internal and external interactions" (p. 127).

In the NICU, one goal of nursing is

to help parents function in their parenting role. The NICU represents a stressor in both the internal and external environments for parents. The hospitalization of an infant creates stress for parents since they must make adaptations in their perceived roles (Bass, 1991; Hayes & Knox, 1984). Additional stress is generated when the nurse's conception of parenting roles is incongruent with the parents' (Graves & Ware, 1990). Symanski (1991) notes that there are many opportunities for incongruent perceptions to occur between parents and nurses in the NICU.

If parents are to successfully navigate the course of an NICU admission, they need nurses to help move them toward transaction. Transaction is defined as the achievement of a goal (King, 1981). King views transaction as the valuation component of human interactions. Transactions are dependent on perceptual accuracy in nurse-client interaction as well as congruent role expectations and performance. In the context of the NICU, parenting requires a transaction. Unless mutual goals are set and achieved, adaptations in the parental role will not occur.

A basic assumption of King's (1981) theory of goal attainment is that the focus of nursing is the care of human beings who are open systems interacting with the environment. There are three interrelated systems within this conceptual framework: personal, interpersonal and social. For each system, King defines and explores several relevant concepts. Those which are most pertinent to this framework for parenting will be identified and discussed.

Personal Systems

Within the personal system the concepts of perception and self are significant ones in the framework for parenting. King (1981) defines perception as a process of human interaction with the environment. Because perceptions are individualized, perceptual accuracy is an important component of nurse-family interactions (King, 1983). The nursing care environment of the NICU may cause perceptual distortions. Without accurate perceptions, goal setting and attainment are impaired.

King (1981) views the self as a dynamic, open system which is influenced by interactions with others. The self is composed of ideas, attitudes, and values which are part of the definition of "I." The parent and the nurse each have a unique "self" which they bring to the situation. In the case of the NICU nurse, attitudes and feelings about parent participation will influence the care given to families (Gill, 1987). King (1981) notes that the health care environment may threaten the self by eliminating control over decision making. Parents in the NICU often experience a loss of control which may threaten the self.

In order to carry out their parental responsibilities, a sense of control is needed. However, the expertise and knowledge of health care professionals create inequities in power and control between professionals and parents (Able-Boone et al., 1989; Rostain, 1986; Steele, 1987). Affleck, Tennen, Rowe, and Higgins (1990) found that mothers who perceived some degree of control within the NICU viewed the total experience six months later as positive, while mothers with limited control felt negative. The lack of control is a recurrent theme in parental discussions of the NICU experience (Hayes & Knox, 1984; Kenner, 1990; Rapacki, 1991).

Interpersonal Systems

The concepts of communication, interactions, transaction, and role are part of the interpersonal system in King's conceptual framework. Communication, whether verbal or nonverbal, facilitates interaction between individuals in the environment. An individual's perceptions and "self" influence communication patterns and style according to King (1981). Control can be exerted in the process of communication. The nurse may withhold information which parents need in order to function in their roles. This is particularly true if the nurse's perception of the parent's role is different from the parent's perception (Brown & Ritchie, 1990).

In the early stages of an NICU admission, communication and interaction are the critical steps preceding transaction. Parents may be too overwhelmed initially to participate as partners in the infant's care. Able-Boone et al. (1989) investigated perceptions of the communication process between parents and professionals in the NICU. Fifty-six percent of the sample felt that parents should be significantly involved in treatment decision making; 43% favored minimal parental involvement. Parents in the study viewed nurses as an important "bridge" to their infant and to physicians, and it was found that communication does exist but it tends to be unidirectional with output primarily directed at the parents.

Interaction is the result of a process which begins with perception on the part of individuals. Judgments are made in response to perceptions and are followed by action, reaction, and interaction. Pinch and Spielman (1990) described the perception of ethical decision making by families of infants in an NICU as a phenomenon which they labeled "medicalization of parenting." This phenomenon is characterized by a passive parental role in decision making which occurs as a result of parent-neonate-nurse interaction in the NICU.

In order for mutual goal setting and transactions to occur, each person must be an active participant in the interaction (Evans, 1991). During the process of medicalization, there is a shift of focus away from the psychosocial needs of infants and families toward the technological, dehumanizing aspects of care (Allan & Hall, 1988; Griffin, 1990). Parents do not feel that the infant is theirs and therefore do not feel responsible for the infant's care. Thus, in medicalization of parenting, transaction does not take place. Stress, the technological environment, and deference to

health professionals' expertise were identified as factors which led to this phenomenon (Pinch & Spielman, 1990).

Role, another relevant concept in the interpersonal system, is defined in terms of one's relationship to another individual (King, 1981). Behavior and interaction depend upon the functions of the role being assumed and expectations relative to the particular role. Brown and Ritchie (1990) conducted an exploratory study in which they described 25 pediatric nurses' perceptions of nursing and parental roles. Of the six roles identified, nurses assumed all of them and parents assumed five of six. Seventeen of the 25 nurses described gatekeeper roles in which they exerted control over parents. Only five nurses saw their roles as advocate. King (1981) notes that the outcome of nursing care may be altered when perceptions are inaccurate and roles are not understood.

The role of the nurse dominates the role of parent in the high-tech arena of the NICU. This is especially true at the time of admission when parents know virtually nothing about the NICU. Parents may feel that they have little to offer their infant when compared to the nurse. However, Affleck and Tennen (1991) found that 25% of mothers interviewed desired "participatory control" in the care of their sick newborns. Participatory control represents a partnership in which parents recognize and value the expertise of the health care professional who provides parents with appropriate information and involves them in decision making. The provision of such control in the NICU would promote mutual goal setting and transactions.

Social Systems

The third major component of King's (1981) conceptual framework is social systems. King (1981) defines social system "...as an organized boundary system of social roles, behaviors, and practices developed to maintain values and the mechanisms to regulate the practices and rules" (p. 115). Nurses and parents alike are individuals who belong to more than one social system. Each one is influenced by expectations emanating from their own family social system. The nurse is strongly influenced by the hospital social system while parents are influenced by their respective work environments. Interactions and transactions between the nurse and parent are influenced by social systems. The relevant concepts within social system are organization, authority, and power.

The NICU is an organization which King (1981) defines as a social unit "...characterized by structure, function, and resources to achieve goals" (p. 116). She further notes that "an organization is composed of human beings with prescribed roles and position who use resources to accomplish personal and organizational goals" (King, 1981, p.116). Within the organization, role is related to behavior, communication and interaction. King (1983) views the family both as a social system and as a small group. Taking this a step further, the family could also be viewed as an organization with its own values, behaviors, and rules. These may be in conflict with those of the organization of the NICU.

The concepts of authority and power are subconcepts of organization (King, 1981). King defines authority as "...a function of concrete situations in which one person commands and one obeys and functions change as situations change" (p. 123). Authority may be viewed in two ways: it may reside in a role or position or it may reside in the individual by virtue of knowledge and expertise. The NICU as a social system possesses authority which far exceeds that of parents, especially at the time of admission.

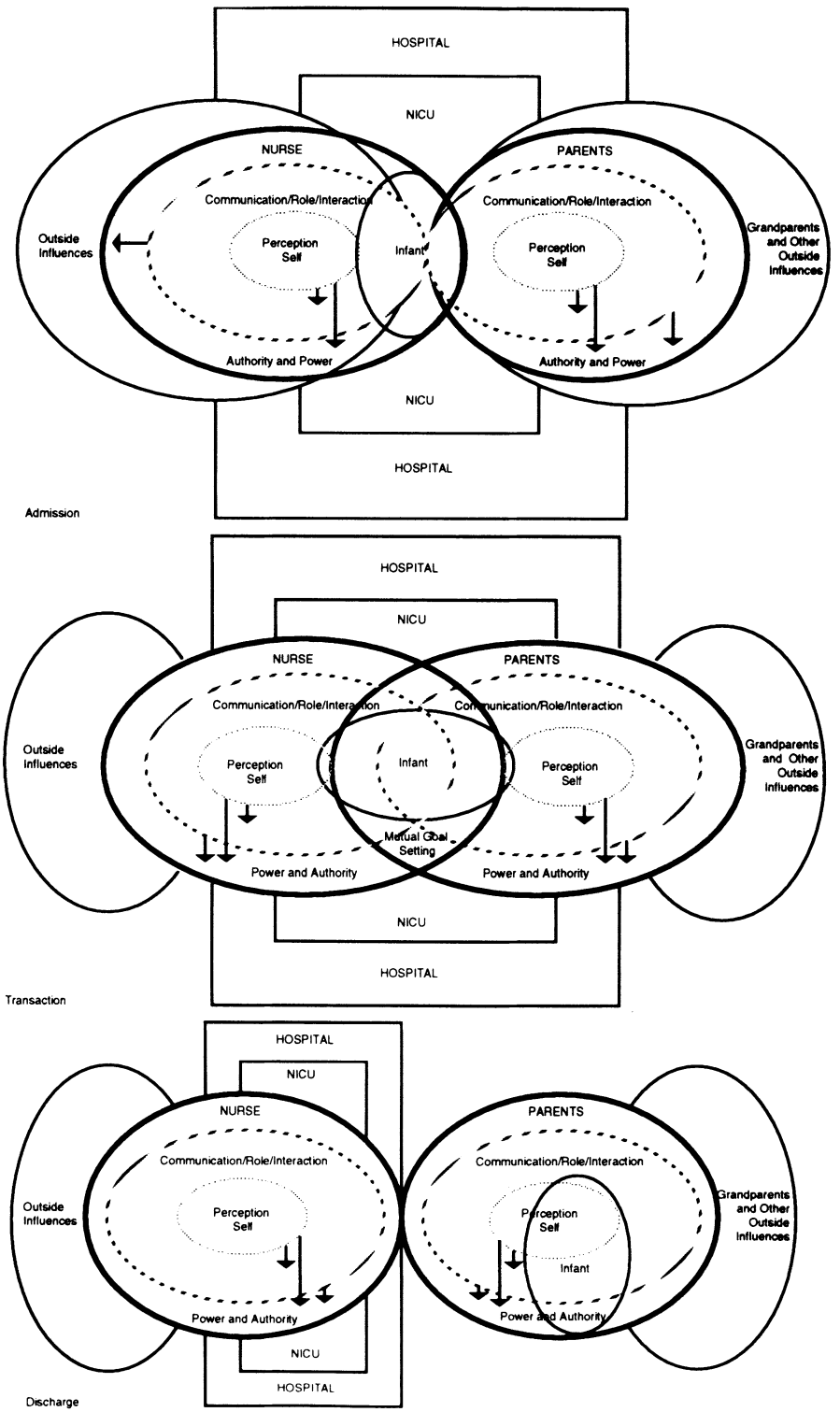
Authority is virtually inseparable from power. King (1981) defines power as "...the process whereby one or more persons influence other persons in a situation" (p. 127). Power is controlling. The NICU personnel have power to control parents by withholding information or limiting access to appropriate resources. Power is also situational. In the NICU parents may be confused by the lines of authority. For example, parents are the only ones who can authorize certain types of procedures performed on their infant. However, parents' rights are restricted in that they do not have the authority to visit their infant any time they wish. Parents are often excluded from visiting during morning rounds or when another infant in the same room is being treated. Parents are normally in situations where they have the power to make decisions regarding the care of their infants, but the NICU provides a different milieu. Here the parents may feel powerless; they no longer feel in control.

A Framework for Change

Family-centered care may not exist in some NICUs. An examination of the "medicalization of parenting" sheds light on deficiencies which presently exist in the psychosocial care of infants and their families. Analysis of these deficiencies resulted in a framework for family-centered care for the NICU, and this can benefit parents and nurses alike. The framework is based upon the following assumptions drawn from King's work:

1. Parents have a right to knowledge about their infants.
2. Parents have a right to participate in decisions that influence their infant and their lives.
3. Nurses have a responsibility to share information that helps parents make informed decisions about their infant's care.
4. Perceptual inaccuracy can exist in nurse-parent interactions.
5. Nurse and parent role expectations can be incongruent.
6. Transactions may not occur if the goals of the nurse and parent are incongruent.
7. The initial influence of the nurse upon the parent is greater in the interpersonal and social systems than the influence of the parents upon the nurse.

Figure 1
A Change Model for Parenting in the NICU



The proposed framework (see Figure 1) represents a systems approach to parenting that has the potential for fostering interaction and eventual transaction between caregivers and parents. The framework depicts change in parenting over the course of an NICU experience. Mothers and fathers must cope with establishing their roles as parents. For the sake of simplicity, one set of ellipses illustrates the parents in this framework. It is acknowledged that mothers and fathers are individuals who have different perceptions, communication skills, and ways of interacting based on the "self" that they bring to the situation. They may function in their roles differently as well as exhibit varying levels of power and authority with regard to their infant.

At the time of admission (see Figure 2), the infant is primarily under the control of nurses by virtue of both their role and expertise. The "medicalization of parenting" may be both appropriate and necessary at this time. The mother is usually hospitalized and the father must divide his time between infant and wife. The NICU staff assumes the role of surrogate parent in many respects. Nurses are clear about their roles in the NICU while parents usually have little idea how they fit into this strange new environment. While there is communication and interaction between nurse and parents, transactions are unlikely to occur at this stage. Persistence of this phenomenon, however, is detrimental to the health and well-being of the infant and family.

At some point during the infant's hospitalization, there should be movement toward transaction (see Figure 3). In Figure 3, the infant is encased in the spheres of parents and nurse. There is also overlap between parents and nurse which represents the mutuality of goal setting and attainment. When parents are moved toward transaction, they assume their parenting role more fully. As the power and authority inherent in the situation becomes more equal between nurses and parents, parents take an

Figure 2. Admission

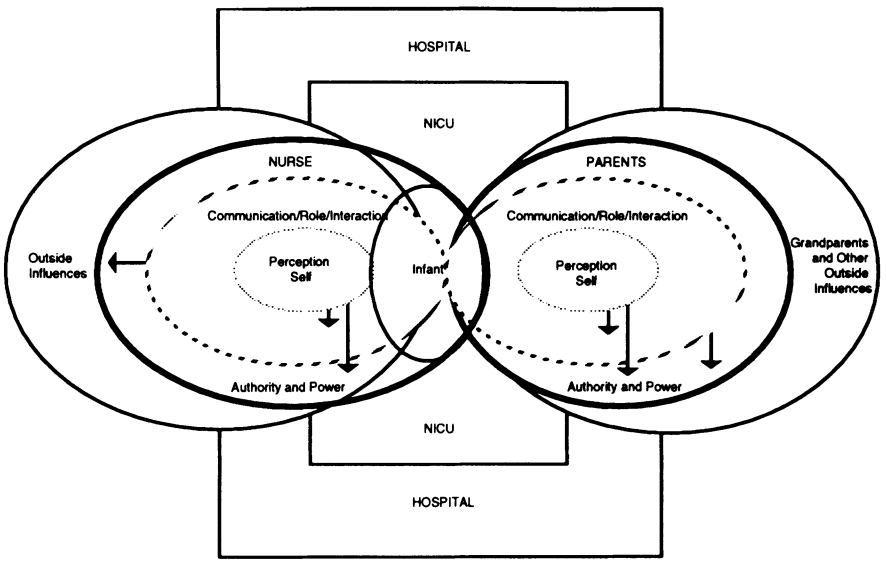


Figure 3. Transaction

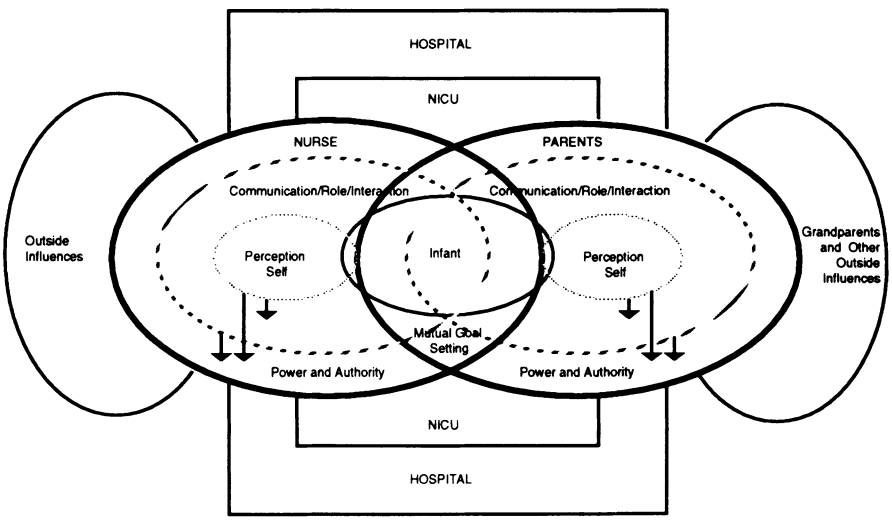
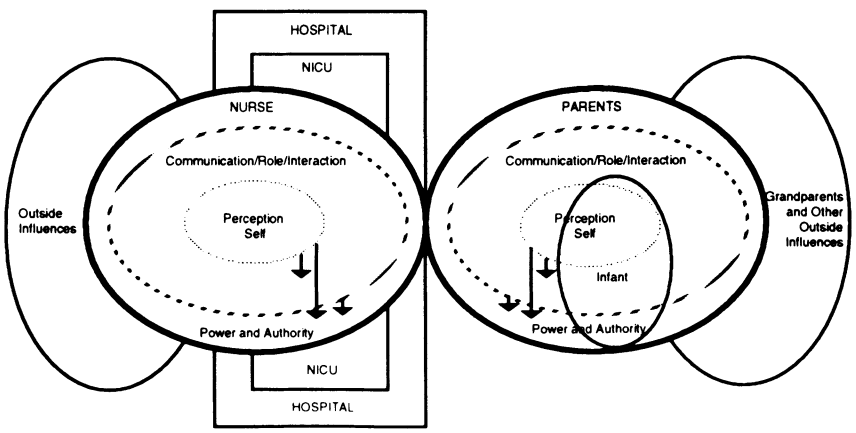


Figure 4. Discharge



active role in mutual goal setting. Communication and interaction are more likely to lead to transaction and achievement of mutually established goals promoting the health of the infant and family. As parents and infant are drawn closer together, the infant has more influence on the parents' perceptions and their views of themselves.

Discharge brings additional changes in the framework (see Figure 4). The nurse relinquishes power and authority over the infant and parents; parents now assume full responsibility for decision making for their infant. Restoration of parental control lessens the threat to self which is inherent in the NICU environment. The roles of nurse and parent no longer overlap as caregiver for the infant. Communication and interaction usually cease although some parents keep the nurse informed of the infant's progress. Until discharge, grandparents and others exert influence primarily on the parents. At discharge they begin to interact directly with the infant in the family social system.

In summary then, the self identified by King (1981) becomes the nurse and the parent in this model. Perception as defined by King is dependent upon communication and interaction which takes place in the NICU environment and leads to perceptual accuracy about the roles of parent and nurse in the NICU. Perceptual accuracy will lead to mutual goal setting and, thus, transactions. In the presence of transactions, parents' power and authority in decision making about their infant is enhanced and the parents' sense of control is restored.

The goal of nursing in the NICU is to maximize the health of the family unit. The literature review suggests that this goal is not consistently attained. "Medicalization of parenting" is a phenomenon which occurs in the NICU, particularly at the time of admission. If change does not take place in nurse-parent-infant interaction throughout the hospital stay, the health of the family unit is jeopardized.

Practice Implications

The framework identifies several changes needed in current nursing practice in the NICU. First, nurses should examine their perceptions of their role and the role of parents. If nurses do not value parental input and involvement, they are in danger of functioning as surrogate parents, meeting their own needs rather than those of the parents (Griffin, 1990; Rushton, 1990). Nurses should acknowledge the right of parents to "parent" their infant and provide nursing care which fosters parental involvement soon after admission.

It is easy to become absorbed in the technical aspects of care directed toward the infant in the NICU such that the psychosocial needs of parents are unmet (Kenner, 1990). Nurses should interact with parents by providing adequate information (Steele, 1987). The provision of information is a critical component of the decision making process by parents (Rushton, 1990). Information helps to restore parental control, power, and authority so that mutual goal setting can occur.

Nurses should help parents to define their roles in the NICU as well as promote parental competency in those roles (Steele, 1987). Roles may vary from parent to parent depending upon the self which they bring to the situation. In order to promote parenting in the NICU, the nurse and parents should mutually set goals which they value, want, and need. Thus, successful parenting in the NICU represents transaction and goal attainment.

Suggested changes in practice could take the following forms:

1. The NICU nursing staff should formulate a written philosophy for parenting in their unit based on input from parents and members of the staff. This philosophy could be translated in a document for parents which might be titled "Your Rights and Responsibilities as a Parent in the NICU."

2. Educators or clinical nurse specialists in the NICU could design a program to increase nurses' awareness of and sensitivity to parenting issues in the NICU. This program should help nurses to explore their own attitudes and expectations regarding the parental role as well as to identify specific interventions to maximize parental involvement.

3. Much of the technical information parents need to know can be conveyed in handouts which the nurse can review with parents A booklet entitled "Your Guide to Parenting Your Infant in the NICU" could be developed to help parents understand the ways in which they can participate in the infant's care. The nurse could meet with parents early in the hospital stay to identify mutual goals based on the parents' desire and readiness to participate. Periodic meetings at regular intervals thereafter will promote goal attainment.

Research Implications

The framework presented here is researchable. It is based on King's theory of goal attainment. King (1981) notes that one approach to the study of transaction includes searching for satisfaction-dissatisfaction or congruence-incongruence within nurse-client interactions. Quantitative or qualitative studies could be designed to determine the perception of satisfaction or congruence with role, power or control for parents and nurses in the NICU at different points in the hospitalization.

Several testable hypotheses can be derived from the assumptions of this model and the relationships between concepts:

1. Parental participation in mutual goal setting will be greater when nurses share information with parents.

2. Parental involvement in caregiving and decision-making activities will be greater when there is congruence between nurses and parents regarding role expectations and performance.

3. Mutual goal setting will increase the parents' perception of power and sense of control over their infant.

4. Parents will express greater satisfaction with their NICU parenting experience when mutually set goals are attained.

It is the view of the authors that parenting in the NICU as proposed in this model represents transaction. If mutual goal setting occurs, transaction takes place and parents will be satisfied with their role in the NICU. In conclusion, the development of the framework for parenting in the NICU according to concepts from King's work is a necessary step in the testing of theory. Testing the suggested hypotheses would lend further credibility and support to King's theory of goal attainment and enhance nursing science.

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