

MASTERTHESIS

EXPERIENCES OF PARENTS AND NURSES REGARDING THE INVOLVEMENT OF PARENTS' SOCIAL NETWORK IN THE CARE FOR THE INFANT ADMITTED TO A NEONATAL CARE UNIT: A QUALITATIVE STUDY

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ABSTRACT

BACKGROUND: The admission of infants to a neonatal care unit has a considerable impact on parents and families. Involvement of the parents' social network in care is introduced as a new concept based on family-centred care principles, which include increasing the presence of caregivers, undertaking developmental care, and offering support for parents. Given the fact that research is limited concerning involvement of the parents' social network in neonatal care, the first step is gaining knowledge of the experiences of parents and nurses.

AIM: To explore the experiences of parents and nurses regarding the involvement of the parents' social network in the daily care for the infant admitted to a neonatal unit.

METHOD: Using a generic qualitative approach, semi-structured interviews were held with parents and nurses between January and May 2019 at one academic neonatal care centre in the Netherlands. Six mothers and three fathers participated, including three couples. Six nurses were matched with participating parents. Thematic analysis was used for analysis.

RESULTS: As overarching theme 'parents feeling supported' emerged describing experiences of parents and nurses. Three interrelated subthemes were identified to define underlying sources of support: 'sharing the care with someone trustworthy', 'being part of the admission experience' and 'feeling connected with the natural family system'. From the nurse's point of view, the overarching theme 'nursing challenges' was found and divided into the subthemes of 'expected role adjustment' and 'doubts about the quality of care procedures'.

CONCLUSION: Involvement of the network is an important source of support for parents which as they cope with the experience of admission and can be seen as an element within the broader view of family-centred care.

RECOMMENDATIONS: To implement involvement, nursing challenges must be taken into account. Dialogue among nurses, parents and members of the network could help to deal with these challenges.

Key words: *Neonatal care, family-centred care, social support*

SAMENVATTING

ACHTERGROND: De opname van een pasgeborene op de afdeling neonatologie is een ingrijpende gebeurtenis voor families. Participatie van het sociale netwerk van ouders in de dagelijkse zorg geïntroduceerd als nieuw concept, gebaseerd op de principes van familiegerichte zorg, welke zich richten op het verhogen van de aanwezigheid van zorgdragers, het realiseren van ontwikkelingsgerichte zorg en het bieden van ondersteuning voor ouders. Onderzoek naar het betrekken van het sociale netwerk in neonatale zorg is beperkt, daarom richt de eerste stap zich op het onderzoeken van de ervaringen van ouders als verpleegkundigen.

DOEL: Het onderzoeken van de ervaringen van ouders en verpleegkundigen met de participatie van sociale netwerk in de dagelijkse zorg voor de pasgeborene op een neonatologie afdeling.

METHODE: Het onderzoek is uitgevoerd volgens een generieke, kwalitatieve benadering. Semigestructureerde interviews werden gehouden met ouders en verpleegkundigen van een academisch neonataal centrum in Nederland in de periode januari-mei 2019. Zes moeders en drie vaders, waarvan drie koppels, participeerden. Zes verpleegkundigen werden gematcht met deelnemende ouders. Analyse vond plaats volgens thematische analyse.

RESULTATEN: Als overkoepelende thema vanuit ouders en verpleegkundigen ontstond 'ouders voelden zich gesteund'. Drie subthema's werden gevonden als onderlinge bronnen van support: 'delen van zorg met iemand die vertrouwd is', 'onderdeel zijn van ervaring van opname' en 'het gevoel deel uit te maken van de familie'. Alleen vanuit de verpleegkundigen ontstond het thema 'uitdagingen' onderscheidend in 'mogelijke rol veranderingen' en 'twijfels over de uitvoer van kwaliteit van zorg'.

CONCLUSIE: Participatie van het sociale netwerk is een ondersteuning voor ouders en kan worden gezien als een verbreding van familiegerichte zorg.

AANBEVELINGEN: Om participatie te implementeren in de zorg moet rekening gehouden worden met verpleegkundige uitdagingen. Het creëren van een dialoog tussen ouders, verpleegkundigen en het sociale netwerk kan helpen om met deze uitdagingen om te gaan.

Key words: *Neonatologie, familiegerichte zorg, sociale netwerk, support*

INTRODUCTION

Every year in the Netherlands, more than 25,000 infants¹ require additional care after birth and some of these infants require admission to a neonatal ward. The most common cause of admission is preterm birth, which is defined as birth before 37 weeks of gestational age.² In addition to premature infants, full-term born infants are admitted to neonatal care for various health reasons.³

Admission to a neonatal care unit has a considerable impact on parents and their families. Often, parents are confronted with feelings of stress and anxiety caused by condition of their infant, the environment of the unit and their inability to fulfil parenthood.⁴⁻⁶

In recent decades, recognition for parents regarding the impact of admission and infant's development has led to increased consideration of parental participation.^{7,8}

This change has led to a so-called family-centred care-model (FCC-model).⁹ According to the FCC-model, parents are integrated in daily care as the primary caregivers and are crucial partners in the healing process of their infant.⁹

Parental participation, like in the FCC-model, is related to improvement of health outcomes for parents and infants. Increased parental presence and higher frequencies of holding resulted in better neurodevelopmental outcomes in preterm infants.^{10,11} Given the positive results seen in preterm infants, parental participation could be just as valuable in the development of full-term infants, knowing full-term infants are also at risk to face neurodevelopmental difficulties after admission.¹² Furthermore, participation supports parents as they address the impact of admission. Lower levels of stress^{13,14} and anxiety¹³ were found in the parents of preterm born infants who were actively involved in care. Additionally, involvement contributes to the process of bonding between parents and their infant.¹⁵ These health outcomes highlight the importance of parental presence, to the development of their infant and to their own mental health.

Although parents are seen as primary caregivers, they are not always able to be present for an extended period of time during admission. In the Netherlands, the median duration for which at least one parent is present is between three and four hours per day after the first week.¹⁶ Depending on the infant's condition, parents may spend weeks in hospital before their infant can be discharged. Furthermore, the Dutch law system concerning leaves for parents is complicated.¹⁷ The duration of admission and the Dutch law system disturbs daily family life, making it difficult for parents to be present and fulfil their role as primary caregiver.

Because of the absence of primary caregivers, FCC cannot be fully realised. Traditionally, FCC primarily focussed on parents, but more recently, the concept of family has broadened and includes other family members.¹⁸ For this reason, involvement of the family's social

network has been introduced as a new concept. In this concept, parents are offered the opportunity to select members of their social network to participate in daily care. Although minimal research is available about the role of the parents' social network, parents want to engage and share their experience of admission.¹⁹ Several studies²⁰⁻²³ have concentrated on the role of grandparents but did not actively involve grandparents in care. However, these studies nevertheless reinforce the importance of both the grandparental role²⁰⁻²² and increased support for parents.²³

Involvement aims to increase the presence of caregivers, provide the opportunity to fully realise the FCC model, and offer support for parents. This support applies not just for the duration of admission but is likely to continue after discharge, at which point parents appeal to their network. Therefore, the involvement of the social network could be beneficial for the well-being of both the infant and the parents.

The relationship between parents and nursing staff is crucial to provide an environment for parent-infant interaction and support^{24,25,26} and in consequence, nurses fulfill an important role in supporting parents to involve their social network. From the perspective of nurses, involving the social network could alter their traditional role which is recognised in the implementation of FCC.^{27,28} Involving the social network of parents is a further step in fulfilling FCC. Accordingly, experiences of nurses should be considered in the concept of involvement.

Given the lack of research concerning the involvement of parents' social network in neonatal care, the first step is to gain knowledge of the experiences of both parents and nurses, which provide insight so as to determine whether involving the social network contributed to care for both parents and infants.

AIM

The objective of this study was to explore the experiences of parents and nurses regarding the involvement of the parents' social network in the daily care for infants admitted to a neonatal unit.

METHOD

Design

For this study, which is intended to explore the experiences of parents and nurses regarding involvement of the parents' social network -a lesser known subject - a generic qualitative design was selected. The benefit of this approach is a close interpretation of data which gave insight into the experiences of parents and nurses.²⁹⁻³¹ Consolidated criteria for reporting qualitative research (COREQ) were followed.³²

Setting

The study setting was the neonatal ward of an academic hospital in the Netherlands. The hospital is one of the ten neonatal centres in the country and has three units for 21-bed neonatal intensive care, one eight-bed unit for high care, and a 15 -bed unit for medium care. Parents can visit their infant(s) for 24 hours per day nonetheless overnight options are limited.

The nursing staff consists of teams which work in the intensive care units and a team working in the high- and medium care unit.

Sampling strategy

Participants were recruited using a purposive sample strategy. Parents were eligible if they met the following inclusion criteria: admission of their infant to neonatal care, one week of experience with social network involvement, and fluency in Dutch. One week of experience with involvement was established as a criterion to ensure that parents could share their experiences. Parents of infants near the end of life were excluded given the need for a different kind of support.³³ Given the expectation of gender differences between parent's experiences and their relationship with their social network¹⁹, parents were approached to participate as a couple to participate. If one of the parents refused, the other parent could still participate.

Parents were approached by the researcher (RD) after they were informed by their nurse and had given approval to receive information about the study. Parents were contacted face-to-face if their infant was admitted to the hospital. If their infant had been discharged, parents were contacted by phone.

To explore nurses experiences, registered nurses certified in neonatal care were matched with parents in this study. To ensure that nurses could share their views, nurses were considered eligible if they had taken care of the infant and had collaborated with the social network. Eligible nurses were approached face-to-face by the researcher (RD). To represent

nursing team, a variation of the sample was obtained to include nurses of both teams and various amounts of years of work experience.

Data saturation, the point at which no new codes appeared³⁴, emerged after 10 interviews in the opinion of the researchers (RD and A. van den Hoogen, hereafter AvdH). Two more interviews were then conducted ensure saturation.³⁵

Ethical considerations

The study was conducted according to the principles of the Declaration of Helsinki³⁶, Good Clinical Practice,³⁷ and the Medical Research Involving Human Subjects Act (WMO).³⁸ The study was approved by the hospital's Medical Research Ethics Committee (METC), which assessed the study as not subject to the WMO (protocol 18/861). Participants received verbal and written information. The parents of infants admitted to neonatal care are a vulnerable population,³⁹ and signed informed consent was therefore obtained, while nurses provided oral consent prior to the interviews. All participants were informed of strategies used to guarantee anonymity and data protection in agreement with Dutch Personal Data Protection Act (AVG).⁴⁰

Data collection

Data were collected via semi-structured interviews conducted with parents and nurses between January and May 2019. All interviews were conducted by the first author (RD), an experienced female neonatal nurse. Given this background and sensitivity towards the participants and data collection, none of the interviews were conducted with parents with whom the researcher had a caring relationship.

The use of an interview guide assured that information on similar topics of interest was collected for each participant.⁴¹ Separate interview guides for parents and nurse were constructed on the phases developed by Kallio, Johnson, and Kangasniemi (2016).⁴² Table 1 shows the interview guide for parents and Table 2 for nurses.

Prior to data collection, two pilot interviews, one with a parent and one with a nurse, were conducted to test participants' understanding of questions and to practise researcher's interview skills. Given the wealth of data which was obtained, with no bias problems found by the second researcher (AvdH), it was decided to add these pilot interviews to the data.

During the study, a record was kept to reveal new topics for the interview guide. New topics were discussed with second researcher (AvdH) before they were added to the interview guide. One topic namely, the presence of nurses or social network, was added for the parent's interview guide.

All nurse interviews took place in a private room in the hospital. Interviews with parents took place at the hospital or at home. Each interview was audiotaped and anonymously transcribed verbatim. The interviews lasted for an average of 30 minutes (with a range of 18 to 41 minutes).

After the last question of each interview, the researcher provided a verbal summary to the participants of the content and impression, which acted as a member check to ensure that the researcher accurately captured the participant's views. Fieldnotes were made after each interview to provide an impression of the interview and reflect on the position of the researcher concerning the research.

Data- analysis

The data analysis process was iterative, meaning that the researcher moved back and forth from data collection to analysis to refine themes.⁴¹ NVIVO (version 12) was used to support data-analysis, according to thematic analysis (TA) by Braun and Clarke⁴³. Thematic analysis is a method of "identifying, analyzing, and reporting patterns (themes) within data"⁴³ and offers rich and detailed descriptive data which accorded with the study aim. Despite the flexibility of TA, it was important to clarify pre-assumptions. The approach to data was more theoretical than inductive, driven by the objective of the study. Themes from the data were identified at a semantic level which entailed providing a superficial description of the form and meaning of themes.⁴³ The six steps of TA were conducted by three researchers to enhance credibility. The first three steps, (1) become familiar with the data, (2) generating codes, and (3) searching for themes, were followed individual by each researcher (RD, AvdH, S. Oude-Maatman, hereafter SOM). To seek consensus and establish confirmability, next steps – (4) reviewing, (5) defining and (6) reporting the themes were discussed by the research team (RD, SOM, AvdH).The full process is presented in Table 3. Characteristics for participants were analysed descriptively with IBM SPSS Statistics (version 25) .

RESULTS

In total, 12 interviews were conducted, including nine parents and six nurses. In the parent's group, three couples, one single mother and two individual mothers participated. For recruitment, seven couples and one single mother were approached. Two couples refused, one due to recent discharge and another one due to planned medical appointments. Of the five remaining couples, two mothers participated individually because the two fathers were unable to participate due to their work. Further characteristics are presented in Table 4. All nurses who were matched with the parents agreed to participate. Table 5 presents all nurse characteristics.

Support for parents and nurses' viewpoints

The overarching theme "parents feeling supported" emerged from the data. This theme described the experiences of parents and nurses regarding involvement of the social network. Three interrelated subthemes were found which defined underlying sources of support: 'caring with someone trustworthy', 'being part of the admission experience', and 'connecting with the family system'. Results are reported under these subthemes, each subtheme first describes parent's experiences, followed by nurses experiences. In addition, for nurses, the overarching theme 'nursing challenges' appeared divided into the subthemes 'expecting role adjustments' and 'having doubts about quality of care-procedures'.

Caring with someone trustworthy

Parents involved their social network in different care-activities. According to the consent of the parents, the social network could be present with or without them. For parents, sharing the care together felt familiar. In addition parents felt stronger in making their own decisions regarding the care for their infant and felt more empowered in their parenthood. This is reflected by one mother who told:

'Now you can take care of your child with someone really close to you (..) I can make my own decisions in the care for my child and instruct my mother, instead of following the instructions of the nurse. And that.. then I feel more, like a mother' (mother, 28 years old).

Although parents wanted to be present with their child all day, they felt conflicted with their own needs and the need to continue daily family life. Sharing care with someone close offered an opportunity for parents to obtain help from their inner circle, allowing parents to rest and manage their family life. An essential aspect for all parents was the feeling of relief from knowing that someone trustworthy was looking after their infant when they were not present. This feeling was not the same as when care was administered by a nurse. For

parents, the difference between family care and nurse care was the intention behind the care. A mother motivated this by:

'I think grandparents give a little more warmth and love in comparison to a nurse'
(mother, 33 years old).

According to parents, care from nurses was based on professional caregiving, whereas care from their social network was motivated by a personal relationship. Furthermore, parents were relieved their infant received personal attention according to their preferences.

Nurses acknowledged the struggle experienced by parents in their desire to be present administer care themselves while also needing to manage their family life. Nurses recognised that parents were able to find a better balance by involving their network. A nurse expressed the benefit of involvement for a couple:

"I see parents can take a rest or can distance themselves from the situation in order to hold on the long journey of admission" (nurse,54 years old).

In line with parents, nurses agreed about the differences between the attendance of a nurse and the presence of the network. In addition, nurses felt less divided in their care responsibilities and their wish to give personal attention to each infant. Knowing that the infant received personal attention from the social network accorded with the personal care values of nurses and enhanced their work satisfaction.

Being part of the admission experience

The social network became integrated into the experience of admission. Parents felt supported and understood when the social network participated in sharing information and engaging in hospital life. Parents were better able to share their own experiences when their social network experienced the environment in which parents and their infant stayed. The feeling for parents to be understood and supported continued even after discharge. A couple after discharge expressed:

'If you talk about it now, they still know what you meant' (couple,33 & 40 years old).

Nurses underlined the need for parents to share their experiences in the stressful experience of admission, and involving the social network was acknowledged as a means by which parents could share their experiences, improve understanding, and be supported.

Connecting with family system

All parents choose to involve their parents, a decision based on the availability of grandparents and their close relationship. Furthermore, future expectations influenced parents' choice: Parents expected grandparents to fulfil a role in raising their child, so involvement at the start of the relationship was important. One mother expressed this as follows:

'After he [the infant] will be discharged, she [his grandmother] will be with him a lot. I think it's very important that you build a bond with the person close to you' (mother, 24 years old).

In addition, parents realised that their parents had become grandparents but could not fulfil this role because of the infant being in neonatal care. Involvement offered a chance for grandparents to start a relationship with their grandchild and contributed to fulfilling this role. Parents were touched when they saw their parents fulfilling their role as grandparent and described a growing family bond. As a result, parents experienced something similar to the normal family dynamic that they might have expected if their infant was born healthy. As expressed by a couple:

"And you know, he doesn't belong in the hospital, he belongs at home. But at least.. it was good to have things as normally as possible. (couple, 30 & 27 years)

Nurses understand the choice for parents to involve grandparents, acknowledging grandparents as part of the family system. Moreover, nurses highlighted the importance for parents to have a stable network after discharge. Given their experience, nurses knew that care for an infant after neonatal admission is difficult, and involvement of the social network was therefore seen as an advantage to developing the support system that would continue after discharge.

Nurses expecting role adjustments

Although all nurses described a positive experience regarding involvement, many of them expected their role to be adjusted. A few nurses reported that they experienced no changes and simply viewed the social network as an extension of parents and guided them similarly, while other nurses felt that their work shifted as care activities were increasingly performed by parents and their social network. As a consequence of increased involvement, nurses had to invest in communication with multiple caregivers and had to serve a greater role in

observing and advising. A nurse reported about her changing role:

'My role is to instruct parents, but if grandparents are involved and have received permission from parents to give a bottle, it is still my duty to observe and intervene if necessary' (nurse, 54 years old).

Nurses also mentioned adjustments in their responsibilities towards parents, as they felt the need to advise parents in the choice of social network members. Some nurses were concerned about social pressure for parents in the choice whom to involve and the burden for the social network. However, it is interesting to note that none of the parents mentioned these difficulties. To deal with their responsibilities and to succeed in their partnership with families and their social network, nurses expressed that it was important to maintain and continue the dialogue with parents and with their social network. A nurse reflected on this communication thus:

'Of course, you know, also with the involvement of members, you always have to keep communicating to see if the plan works or if you have to make adjustments to the left or right, or remain on the right track' (nurse, 54 years old).

Nurses having doubts about the quality of care-procedures

Some of the nurses were concerned about the quality of care administered by multiple caregivers, specifically worrying about 'too many hands'. A nurse reflected as follows about her concerns:

'Maybe there are too many different hands. Maybe it still the same in the care from nurses, but I hope we [the nurses] handle [the infant] in agreement with developmental care' (nurse, 31 years old).

Another concern which nurses expressed with respect to multiple caregivers was the risk of infection. Some nurses were afraid that multiple caregivers would introduce more bacteria or would not follow hygiene rules. However, the majority of nurses stated that even the hands of medical staff are harmful and argued that members of the social network are more conscientious about following hygiene regulations than medical staff.

The last subject nurses doubt about was their responsibility for the safety of the infant. Nurses described 'it have to be safe' to involve the social network in the high-tech medical environment and the care for the vulnerable infant.

DISCUSSION

That parents felt supported emerged as primarily theme in describing the experiences of parents and nurses. Three subthemes were identified as supportive sources: 'caring with someone trustworthy', 'being part of the admission experience', and 'connecting with a family system'. Nurses faced challenges separate from those experienced by parents, such as expected role adjustments and doubts about the quality of care procedures.

This study provided new insights into the supportive role of the social network. Coppola et al.¹⁹ (2013) described the parent's need to share the experience of admission, which our study confirms; indeed sharing is the activity common to all three subthemes. Although Coppola et al.¹⁹ found that sharing occurred mainly between parents, in this study, grandparents were involved as well. As a major difference parents had the chance to activate their network in care. Two recent studies acknowledged the supportive role of the social network in coping with neonatal admission. Hagen et al.⁴⁴ found that a higher level of support by family and friends increased the parents' satisfaction level and decreased their anxiety. In the long term, family support remained a positive factor after discharge, as explored by Ireland et al.⁴⁵ While these findings agree with those of our study, in none of the studies was the social network closely involved in care during admission. It is likely that involving the social network in care during admission corresponded to greater support.

Increasing support is important in the stressful event of admission^{4,46} and has a potential influence both on parent's mental health⁴⁷ and on infants outcomes.⁴⁸⁻⁵⁰ Improving parent's and infant's wellbeing accords with FCC⁹. Themes in this study seemed to be related to the concepts and challenges of FCC.

In sharing the care with their social network, parents were strengthened in their role as primary caregiver. This is likely to be related to the relationship between parents and their network and improved acceptance and integration of parents' knowledge and preferences in care compared to the parents-nurse relationship. As advocated in FCC,^{51,52} integrating parents' preferences is a base for partnership between nurses and parents. However, such was often challenging for nurses, and new demands changed their traditional role.^{28,55} This same theme emerged from our study, which is reflected by nurses of challenges they faced. Potential factors to support nurses can be found in the implementation of FCC, interventions entailed by this process focus on educating staff and enhancing collaboration between parents and staff.^{54,55}

Involvement in care and the existing trustworthy relationship between parents and their network increased support for parents an reinforced family relationships. Integrating the network created a deeper level of understanding and prepared members of the social network to adopt a role in the infant's life. Feeling more competent and able to understand

parents is confirmed by Brodsgaard et al.⁵⁷ were grandparents participated in an educational session. Although our study did not explore experiences of the social network, parents and nurses acknowledged the greater understanding and competency of grandparents. This is important, considering the time following discharge is challenging for parents⁵⁸⁻⁶⁰ and the supportive role of the network is likely to continue after discharge.

This study emphasised the supportive role of the parents' social network in care and can be seen to broaden understanding of the FCC model. Further research should concentrate on the experiences of members and potential increase of presence of caregivers. To facilitate involvement, the challenges faced by nurses must be considered. Dialogue among nurses, parents, and members network could help to create understanding, strengthen partnerships, and generate further ideas.

The principal strength of this study was matching sample of parents to the nurses involved in the care of their infant, which improved insight in both experiences. Researcher triangulation in analysis improved credibility and confirmability of results. Some limitations must be considered. First, the sample of parents included only three fathers, and this study therefore cannot distinguish sufficiently between experiences of fathers and mothers. Finally, the nurses who were interviewed had a working relationship as a nurse with the researcher (RD), and although several strategies were employed to avoid bias, this cannot be completely excluded.

Conclusion

This study aimed to explore the experiences of parents and nurses regarding the involvement of the parent's social network in caring for their infant during admission. Parents feeling supported by involving their social network, which was also acknowledged by nurses. Support for parents is important as they cope with the impact of admission and can be seen as a broadening of FCC. Nurses recognised the importance of such involvement, but they also highlighted several challenges which they face which must be considered.

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APPENDIX FIGURES AND TABLES

Table 1

Interview-guide parents

Introduction
Can you tell me about your son/daughter? <ul style="list-style-type: none"> ○ Birth date, gestational age, health condition How is your family situation? <ul style="list-style-type: none"> ○ Composition, brothers/sisters
Admission
What is your general experience with the admission of your son/daughter to neonatal care?
First impression
What was first in your mind when you heard about the involvement of your social network? What were your first thoughts about the possibility to involve your social network?
Social network
How would you describe your social network? Who are the persons you have chosen to be involved in the care? Why have you chosen this person? How long do you have experience with the involvement of your social network? What are the appointments you have made with your social networking concerning involvement in care? How does the involvement of your social network work for you in daily practice?
Benefits & Difficulties
How do you feel about the involvement of your social network? What's your experience, up to now, with the involvement of your social network? What there a difference between attendance of nurse or presence of a member? What are, according to you, the benefits of the involvement of your social network in the care? What are, according to you, the difficulties of the involvement of your social network?
Closure
Are there any others things you still want to tell me concerning the subject?

Table 2*Interview-guide nurses*

Introduction
Could you introduce yourself related to your work?
Experience nurse & parents
What is your general knowledge as a nurse how parents experience the admission of their son/daughter to neonatal care?
First impression
What was first in your mind when you heard about the involvement of the parent's social network? What were your first thoughts about the possibility to involve members of parent's social network in care?
Social network and nursing practice
What's your experience, up to now, with the involvement of parent's social network? How does the involvement of parent's social network work for you in daily nursing practice? Can you give a description of..() Now you have this experience, how do you feel as nurse about the involvement of parent's social network? Now you have this experience, how do you think parents experience the involvement of their social network?
Benefits & Difficulties
What are, according to you, the benefits for parents of their involvement of the social network in the care? What are, according to you, the benefits for you as nurse of the involvement of parent's social network in the care? What are, according to you, the difficulties of the involvement of the social network for parents ? What are, according to you, the difficulties of the involvement of the social network for nurses?
Closure
Are there any others things you still want to tell me concerning the subject?

Table 3 Analysis

Steps	Process	Researchers
1. Familiarizing oneself with the data	Audiotaped interviews are re-listened and transcribed. Transcripts of the interviews and fieldnotes are read and re-read to become familiar with the data. Notations are made about interesting parts and ideas.	Individual followed by RD, SOM, AvdH
2. Generating initial codes	Data is highlighted and divided into meaningful groups in relation to the research question. From all data, initial codes will be identified.	Individual followed by RD, SOM, AvdH
3. Searching for themes	All initial codes are analyzed and sorted in potential themes.	Individual followed by RD, SOM, AvdH
4. Reviewing themes	:Potential themes are redefined. All codes for each theme are re-read and considered if they appear to form a pattern. In the next step, the whole dataset is read again to consider the validity of the themes in relation to the data.	In discussion with the research team (RD, SOM, AvdH)
5. Defining and naming themes	Themes are defined and further refined by identifying the meaning of the themes itself and in relation to the other themes	In discussion with the research team (RD, SOM, AvdH)
6. Producing the report	Final analysis of the data and report of the data in relation to the research question. Tick description in the report is used to support the data.	In discussion with the research team (RD, SOM, AvdH)

Table 4*Characteristics parents and infants*

Couples (N)	3
Couple, but one of the parents participated (N)	2
Single parents (N)	1
Gender	
Mothers (N)	6
Age (years); median (range)	29 (24-34)
Fathers (N)	3
Age (years); median (range)	30 (27-40)
Infants	
Single (N)	5
Triplet (N)	1
Preterm (N)	4
A termé (N)	2
Gestational age (weeks); median (range)	31.5 (25 -37)
Family composition in cases	
First child (or children) (N)	5
Second child (N)	1
Members involved in cases	
Grandmother (N)	3
Grandparents from both sides (N)	3

Table 5*Characteristics nurses*

	Nurses (n= 6)
Female (n)	6
Age (years); median (range)	39 (25-59)
Unit	
Medium and high care (n)	3
Intensive care (n)	3
Work experience neonatology (years); median (range)	11 (3- 20)