

# Parents' Perspectives on Safety in Neonatal and Maternity Care

Audrey Lyndon, PhD, RN UCSF School of Nursing

Project Team 1: Carrie Holschuh, Kirsten Wisner, Kelly M. Fagan, & Linda Franck

Project Team 2: Jennifer Malana, Laura Hedli, Jules Sherman, & Henry C. Lee

## Purpose:

To develop with parents an understanding of their concerns about patient safety, their perspectives on engaging clinicians in engaging safety, and their perspectives on what makes them feel that they or their infants are safe while receiving care.

## Project Team 1 Mixed Methods Study

Qualitatively-driven mixed methods study using questionnaires, interviews, and observations with parents from tertiary NICU.

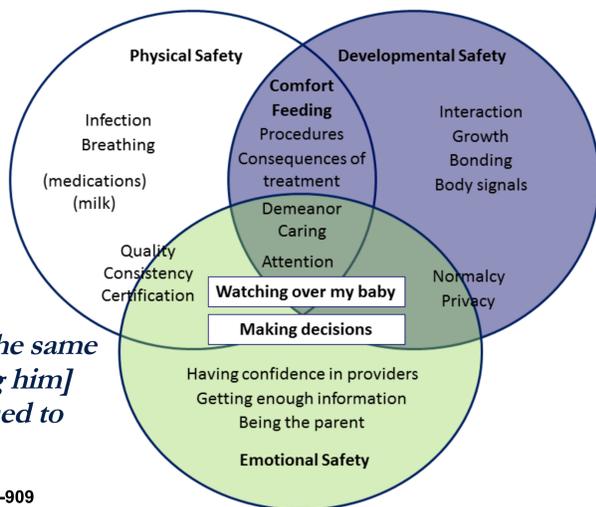
Participants: 46 parent questionnaires returned; 14 parents interviewed. Analysis: Grounded theory and descriptive statistics.

## Analysis 1

Parents conceptualized safety as a combination of clinicians' and parents' contributions to monitoring and improving their infants' condition across 3 overlapping domains including physical safety, developmental safety, and emotional safety.

Parents were keenly aware of implications of care and environment for their infants' development:

*"He needs to learn to suck, swallow, and breathe all at the same time. If everyone is [feeding him] differently how is he supposed to learn that?"*

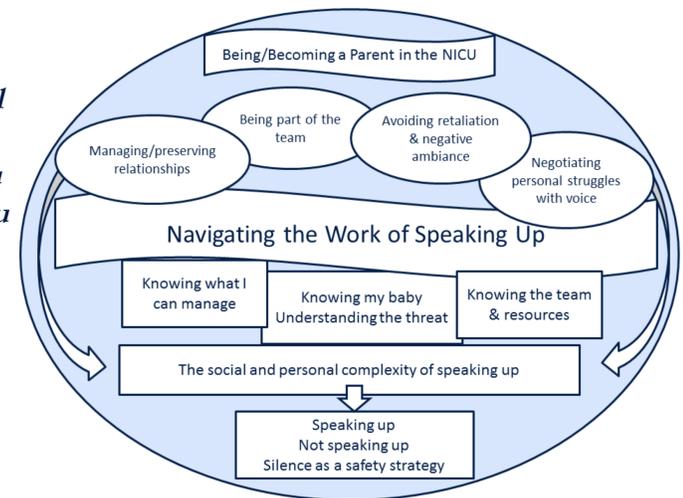


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## Analysis 2

Speaking up about safety concerns was a complex social process. 25% of parents rated themselves unlikely or very unlikely to speak up in response to lack of hand hygiene.

*"I didn't have the courage and you feel bad sometimes because you feel you know as a parent you need to speak up because that is your job, to protect them. Yet you struggle because you don't naturally have the courage."*



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## Project Team 2 Thematic Analysis of Individual & Group Interview Data

**Design:** Qualitative description

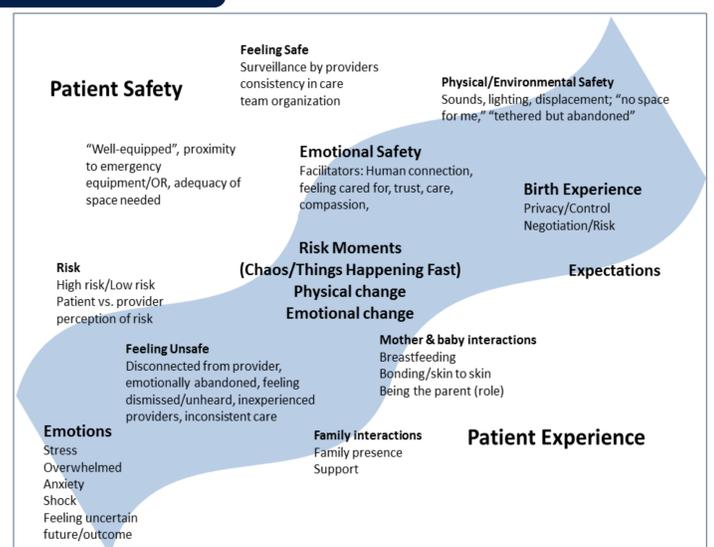
**Data collection:** Individual and group interviews with mothers about their birth experience, the physical environment, interactions with clinicians, and what "safety" meant to them in the context of birth. Interviews recorded and transcribed verbatim.

**Analysis:** inductive, using the methods of Braun & Clarke to develop codes and themes.

**Results:** 17 women aged 29-47 with a range of birth experiences participated.

**Feelings of Safety** were affected by the environment, interpersonal interactions, confidence in providers, and actions people took during "risk moments" of rapid or confusing change.

**Risk moments** represent a liminal space between safety and experience.



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## Conclusions

Parents' safety concerns extend beyond the absence of medical error to encompass supporting their infants' developmental needs and their own engagement in decision making, emotional needs, and interpersonal relationships with clinicians in ways challenge the demarcation between "patient safety" and "patient experience."

## Lessons for Improvement

Parents have observations to share about how care might be improved, but often worry about "being a burden" or causing clinicians frustration if they raise questions or concerns. Clinicians who actively seek parent input may be more likely to hear about and learn from parent insights about safety and quality. Likewise, learning organizations may benefit from framing "experience" as integral to safety.