Bachelor in Science (Nursing) (B.Sc. (Cur.))

RESEARCH PROPOSAL

BARRIERS TO EFFECTIVE DISCHARGE PLANNING BY NURSES IN THE NEONATAL INTENSIVE CARE UNIT

Research Proposal submitted to University of Dublin Trinity College, in partial fulfilment of the requirements for the Bachelor in Science (Nursing) (B.Sc. (Cur.))

Wednesday, 9th March 2011, 4pm

Electronic copy must also be submitted
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Abstract

Discharge planning is an integral component of neonatal intensive care unit (NICU) nursing as it has significant impact on patient outcomes and family coping after they go home. Its purpose is to prepare parents to take on the full care of their premature or unwell infant and ensure that they have the appropriate knowledge, support and resources to do this. In this research proposal, the researcher describes a qualitative study which she wishes to carry out, with the aim of exploring NICU nurses’ experiences of discharge planning with a view to identifying factors which can act as a barrier to effective preparation and education of parents. A review of the relevant literature reveals inconsistencies in the NICU discharge planning process which leads to increased anxiety and stress for parents when making the transition from hospital to home. All research studies in this area focus on the experiences and views of parents, which prompted the researcher to propose a study of NICU nurses’ in order to provide insight into the discharge planning process and the possible barriers which exist.

A descriptive phenomenological approach has been chosen for this qualitative study as its purpose is to explore lived experiences and gain insight into phenomena. The sample will consist of eight to ten nurses working in a NICU in the Leinster area, obtained using a purposive sampling method. In-depth interviews will be carried out with each of the participants on a one-to-one basis, allowing the researcher to uncover and explore their experiences and views of discharge planning in the NICU. The interviews will be recorded, transcribed, coded and analysed using thematic content analysis in order to present the recurring themes in the findings. A pilot study with one NICU nurse will be carried out in order to test the research method and to ensure that the data obtained is appropriate to the research question. The participants’ ethical rights to non-maleficence, full disclosure, self-determination, confidentiality and anonymity will be upheld at all times throughout the study. The entire study will take place over an 18 month period and once completed, the researcher hopes to disseminate the findings in nursing journals and at conferences. It is envisaged that the data collected will be used to enhance the discharge planning process in the NICU, thus reducing the heightened anxiety levels of parents related to being discharged home, as reported in relevant literature.
Chapter 1

1.1 Introduction to Research Topic

The topic for this research proposal is family discharge planning in the neonatal intensive care unit (NICU). According to Shepperd et al. (2010, p. 2) discharge planning can be described as ‘the development of an individualised discharge plan for the patient prior to leaving hospital, with the aim of containing costs and improving patient outcomes’. It is considered to be a fundamental element in making the transition from the acute care setting to the home (Smeltzer et al. 2008). This transition has been described as ‘a passage or movement from one state, condition, or place, to another that may create a period of vulnerability associated with changes in health status, role relations, expectations, or abilities’ (Meleis et al. 2000, as cited by Weiss et al. 2008, p. 284).

Children’s nurses have a key function in successful discharge planning due to their close working relationships with families and the considerable time spent with them. Through assessment and the gathering of information the nurse becomes aware of the services and level of support families will require throughout the discharge process (Gibbens 2010). In recent times, advanced technology, new medications and a deeper knowledge of physiology has led to the increased survival of very low birth weight (< 1.5kg) and very ill infants (Bissell & Long 2003, Bain et al. 2003, Committee on Fetus and Newborn 2008). This means that, before being discharged home, often with unresolved medical problems and special health care needs, a lengthy period of hospitalization must be endured by these infants and their families (Bissell & Long 2003, Committee on Fetus and Newborn 2008). Preparation of families to take on the full care of their infant and ensuring that they have the skills necessary to do this, is an important role of the NICU nurse, through the discharge planning process (Hockenberry & Wilson 2007).

A clinical placement on a NICU aroused the researcher’s interest as to whether families are being sufficiently prepared for and supported throughout discharge and how discharge planning is being carried out, prompting the researcher to explore this topic further.
1.2 Literature Review

1.2.1 Introduction

The researcher conducted a search of electronic database CINHAL, PubMed, British Nursing Index and Ovid, as well as manual searches of library catalogues, in order to gather literature on the topic of discharge planning in the NICU. The following search terms were used: neonatal intensive care, discharge planning, discharge, education, parent, transition home, family, and teaching. The research articles found were of worldwide origin. The search was restricted to literature published in the last 10 years (2001-2011) as this produced an ample amount of studies which are applicable to the increase in premature survival rates described in section 1.1. The subsequent themes emerged from the literature which will be discussed in detail: Preparing Families for Discharge and Parental Experiences.

1.2.2 Preparing Families for Discharge

Parents are expected to assume full accountability for feeding, giving medications and treatment (Sneath 2009) and identifying any signs of illness or developmental delay (Mancini & While 2001) once their infant is discharged from the NICU. Therefore, it is vital that parents are supported and involved in the discharge process as, according to Smith et al. (2009) this increases parents’ confidence in caring for their premature infant at home, thus reducing the risk of readmission. Discharge planning should take place throughout the entire hospital stay and be structured to meet each families needs (Mills et al. 2006).

In a study carried out by Smith et al. (2009) 867 families and their discharging nurses completed questionnaires to explore how prepared the families were for the discharge of their infant from the NICU. In this descriptive quantitative study, both the parents and the nurse rated the family’s discharge preparedness using a 9-point Likert scale on discharge day. The authors provided no rationalization for the large sample size used even though ‘it is unethical to recruit more participants than necessary in a study’ (Parahoo 2006 p. 277). The results showed that 97% of families felt prepared for discharge; conversely 13% were unprepared according to the response of either the family or nurse. This suggests that perhaps the two parties used differing criteria to assess discharge preparedness, thus diminishing
the reliability of the questionnaire (Parahoo 2006). The authors also identified a limitation in that only 56% of the discharging nurses reported being familiar with the family and therefore an unreliable assessor of their discharge preparedness. Nonetheless, this study does show that the large majority of families were sufficiently prepared to bring home their premature infants from the NICU.

A study that also dealt with family preparedness for discharge was carried out by Bain et al. (2003). They explored parents' perceptions of their preparation for discharge through a mixed methods descriptive cohort study of 21 NICUs in Scotland. A pilot-tested questionnaire was completed by 374 parents two weeks post-discharge as well as a focus group carried out with self-selected parents. Although 86% of parents reported receiving the required level of teaching, an inequality transpired between the support provided for breast-feeding and bottle-feeding mothers. Only a minority of mothers were given an opportunity to practise preparing feeds in the NICU, or given advice about increasing feeds and recognising their babies hunger (31% and 37% respectively). Alternatively, over 90% of breast-feeding mothers were educated on expressing, storing and freezing breast milk. These findings diverge from those of Smith et al. (2009) who found that parents felt more confident with bottle feeding than breast feeding when it came to discharge.

Another area of concern for parents as found by Smith et al. (2009) was the recognition and management of illness in their infant, which was also an issue identified in an English mixed methods study by Mancini and While (2001). They conducted semi-structured interviews with 16 parents of babies, born at 30 weeks gestation, or more, without major disabilities or requiring surgical interventions, two days prior and six weeks post discharge from a NICU. The majority of parents felt there was a lack of education regarding safety and hygiene issues (11 and 13 parents respectively). Half of the parents also felt that feeding education could be improved, an issue also identified by Bain et al. (2003). Despite its small sample size for research involving quantitative methods (Parahoo 2006), this study highlights some important areas of discharge planning which require more attention.

Another study which utilized mixed methods was carried out by Broedsgaard and Wagner (2005) in order to explore parents’ experiences of an intervention to
facilitate the discharge of their infant from the NICU. A pilot-tested, semi-structured questionnaire was completed by 37 parents in Denmark, as well as focus-group interviews with 18 of these parents after discharge. The interventions which were found to greatly ease the transition home from the NICU for parents included visits from a health visitor prior to discharge and designation of the same contact nurse throughout the entire stay who provided support for the family. Parents were also helped to prepare for discharge by rooming-in with their infant beforehand. This study is important, despite the limitations acknowledged by the authors, a small sample and no control group, as it evaluates interventions to improve the discharge process.

Parents’ need for information is an issue identified in multiple research studies (Bain et al. 2003, Broedsgaard & Wagner 2005, Hurst 2006) however, with regard to whether this need is met, the findings differ. Broedsgaard & Wagner (2005) found that providing written materials met the need for information to be repeated to parents. Alternatively, Bain et al. (2003) and Hurst (2006) reported a lack of written information to reinforce verbal instruction. In the qualitative American study by Hurst (2006) 48 parents completed surveys in order to evaluate a NICU support programme. They conveyed the need for a collection of articles and resource books to be made accessible to parents as well as more information provision in general. Bissell & Long (2003) found in their study that parents needed to feel that the hospital has no further education or preparation left to offer in order to feel fully prepared for discharge. They studied 10 sets of parents using interviews in order to consider how they became accustomed to life at home with their infant after leaving the NICU. They also found that having an understanding of their baby and believing they are well enough to leave the NICU were important features for parental confidence and preparation.

It has been suggested that the teaching of the important aspects of pre-discharge education to parents is often unorganized, hence placing the already vulnerable infant and family at further risk (Bain et al. 2003). In 2006, a broad 2-part action study (Sims et al. 2006 & Mills et al. 2006) involved the development and implementation of ‘potentially better practices’ (PBPs) to enhance the discharge process in 6 NICU’s in America. One of these PBPs was the use of a transition point checklist with the aim of eliminating unstructured discharge planning, also described by Bain et al. (2003), and spreading education and preparation
throughout the entire hospitalization. Another development was the introduction of an 11am discharge time, as Mills et al. (2006) ascertained that late discharges can increase stress for families as well as limit other admissions. These PBPs were assessed using hospital self-assessment tools as well as satisfaction surveys for staff and parents. However, no details regarding sample size or results of the reported satisfaction surveys were provided by the authors. Additionally, the PBPs were formulated from a literature review and content expert recommendations as an alternative to, the central element of an action research study (Parahoo 2006), research into the needs and experiences of the population of interest.

1.2.3 Parental Experiences

In order for an efficient and confident transition to the home, it is crucial that NICU nurses recognise the need for and provide appropriate support, guidance and education to families (Bissell & Long 2003). Exploring the experiences and needs of parents is essential in order guarantee that discharge is planned appropriately, as they are the paramount source for identifying the needs of the infant (Mancini & While 2001). In Brazil, a qualitative study was conducted to examine the feelings and expectations of mothers at the time of their infant’s discharge from the NICU (Rabelo et al. 2007). 11 mothers were interviewed, identifying a range of emotions felt, including joy, fear, relief and anxiety. Anxiety is a central issue in relation to parental experiences, and occurs numerous times in the literature (Bain et al. 2003, Bissell & Long 2003, Broedsgaard & Wagner 2005, Rabelo et al. 2007).

The topic of maternal anxiety was the focus of a quantitative study carried out in Italy (Zanardo et al. 2003), where it was found that mothers of high-risk newborns (n=100) experienced higher anxiety levels upon discharge than a control group of mothers with healthy, full-term babies (n=100). Less than 2 hours prior to discharge, the mothers completed the State-Trait Anxiety Inventory Y (STAI-Y) questionnaire which assessed their immediate feelings (state anxiety) as well as their usual personality traits (trait anxiety) on a 4-point response scale. Both groups of mothers displayed similar trait anxiety levels, however state anxiety levels were considerably higher in the study group than the control group. It was acknowledged however, that the authors couldn’t link state anxiety levels to any demographic factors as well as length of hospital stay and infant morbidity, all of which could have contributed to discharge anxiety levels.
It has been found that parents have numerous concerns pre and post discharge. Mancini and While (2001) identified infant development and identification of ill health as a significant area of concern, as well as feeding issues such as settling into a pattern at home. These findings are mirrored in other studies (Bain et al. 2003, Bissell & Long 2003) with 90% of parents in the study by Bain et al. (2003) requesting CPR skills training prior to discharge. Some of the mothers in the study by Rabelo et al. (2007) felt unsure about their own abilities to carry out the day-to-day care of their premature baby, such as holding, feeding, bathing and changing nappies.

The feelings of anxiety and concerns described above can result in impaired bonding with their infant and breastfeeding difficulties which can be devastating for parents (Bain et al. 2003, Broedsgaard and Wagner 2005), highlighting the importance of NICU nurses provision of support and education to these parents. Unfortunately, research has found that this much needed education and support is lacking in many areas (Mancini & While 2001, Bain et al. 2003, Hurst 2006, Rabelo et al. 2007), particularly written information and emotional support. Hurst (2006) found that parents of premature babies experience a sense of isolation and a need to feel that they are not alone in their experiences. Parents have also been found to desire an opportunity to express their feelings and experiences related to their infant’s time in NICU and life following discharge (Broedsgaard & Wagner 2005). In their study, Zanardo et al. (2003) identified that mothers could greatly benefit from pre and post-discharge emotional support, such as the interventions described in Hurst’s study (2006), which were a parent support group and discussions with previous NICU mothers. The majority of parents who took part in this study felt that this parent support program was an essential facet of the NICU.

1.2.4 Conclusion

The researcher carried out this literature review with the objective of exploring whether parents of high-risk infants are being appropriately educated and supported in preparation for discharge from the NICU, and how the discharge planning process is being carried out. The literature on this subject displays that most parents are prepared and ready for discharge, nonetheless certain aspects of discharge planning have been found to be lacking, which causes increased anxiety levels for parents. Throughout the literature, issues relating to feeding
have been found to be the most common concern for parents, with education on this matter conveyed as inconsistent and insufficient. This subject, as well as the many others addressed in this literature review, requires more attention in the form of written materials as well as verbal instruction and advice.

It is clear from the literature that parents of high-risk newborns encounter substantially more anxiety and concerns than those of healthy infants. Therefore, supporting parents emotionally, through interventions such as a support group, is critical in order to prepare parents for discharge and banish feelings of isolation. Parents should feel that they have no more to achieve in terms of education and preparation in the NICU, and be assured in their child’s health and welfare. Through a review of the literature, it is evident that discharge planning in the NICU can lack consistency and structure, resulting in anxiety and apprehension for parents taking their baby home. All the research found on this topic focuses on the experiences of the parent and the researcher believes the views and experiences of the NICU nurse requires exploration in order to understand why some parents are not being sufficiently prepared for discharge home with their premature or unwell infant.

1.3 Research Question

What are the barriers to effective discharge planning by children’s nurses in the neonatal intensive care unit?

1.4 Aims/Objectives

The aim of this research proposal is to explore nurses’ views of existing barriers to effective discharge planning for parents with babies in the NICU.

The objectives of this proposed study will be to:

1- Gather data on factors which prevent complete, efficient discharge planning.
2- To gain insight into nurses’ experiences and views on how the discharge planning process can be improved.
Chapter 2: Research Methodology

2.1 Introduction

This chapter will outline how the proposed research study will be conducted using a phenomenological qualitative design, with rationale provided for the choice of methodology.

2.2 Design

According to Moule and Goodman (2009) the purpose of the research design is to ensure that the evidence collected is able to answer the research question. Quantitative research design is primarily concerned with the relationship between independent and dependent variables and aims to quantify the strength of this relationship (Polit & Beck 2010). It seeks to formulate numerical data that can be analysed using statistics (Moule & Goodman 2009). Qualitative methods, on the other hand, explore an experience, culture or situation in depth, in order to identify themes, relationships, concepts and, in some cases, develop theory (Gerrish & Lacey 2010). The purpose of quantitative research is mainly explanatory, whereas qualitative research aims to explore and contribute to our understanding of phenomena (Gerrish & Lacey 2010). The aim and objectives of this study are based on an exploration of the subjective experiences and views of NICU nurses with regard to discharge planning. Therefore, a qualitative design is most appropriate as it explores how people think and their behaviour as individuals and as part of a group, in order to gain a better understanding (Parahoo 2006).

Within qualitative research, a number of different approaches exist which all share the common goal of understanding a particular phenomenon from the perspectives of those experiencing it (Speziale & Carpenter 2007). Ethnography involves the study of groups or cultures, usually through observational data collection methods, to discover the emic perspective or ‘insider view’ of its members (Gerrish & Lacey 2010). Grounded theory has the primary purpose of developing theory about social processes rather than to describe particular phenomenon (Speziale & Carpenter 2007). However, the researcher feels both these approaches are unsuitable as observational methods are inappropriate for exploring opinions, and the aim of this study is not to develop theory.
Phenomenology uses descriptions and interpretations of everyday human experiences in order to find insights that apply generally beyond the cases studied (Gerrish & Lacey 2010). The purpose of the proposed research study is to explore NICU nurses’ lived experiences and views of discharge planning in order to gain insight into why some families are not being sufficiently prepared for discharge, as found in the literature. For this reason, a descriptive phenomenological approach has been chosen.

2.3 Population/ Sample

The population of interest in this research study will be nurses working in a NICU within the Leinster area. A sample of this population is required, which is appropriate to the design of the study, as well as financial and time constraints (Moule & Goodman 2009).

2.3.1 Sampling method

A non-probability sampling method will be most appropriate for this qualitative study as the focus is to gain understanding, experience and meaning from the most appropriate sample (Moule & Goodman 2009). Within non-probability sampling, different methods exist, such as convenience, accidental, quota and purposive. Of these, purposive sampling is the most common approach used in phenomenological research (Speziale & Carpenter 2007), and the method of choice for this study. The researcher will aim to sample a group of nurses, who, it is hoped, will have specific experiences or characteristics, which relate to addressing the research question (Moule & Goodman 2009). Although purposive sampling will result in an over-representation of a particular group (Moule & Goodman 2009) it will ensure that all participants have particular knowledge of the phenomenon, discharge planning in a NICU, leading to the collection of data which meets the information needs of the study (Polit & Beck 2010).

2.3.2 Sampling criteria

In qualitative research, no set rules exist to guide sample size, simply the need to obtain enough data to address the research question (Moule & Goodman 2009). The researcher expects to obtain information-rich cases through purposive
sampling methods; therefore a sample size of between eight and ten NICU nurses is proposed in order to achieve data saturation (Polit & Beck 2010).

Inclusion criteria:

- Registered Children’s Nurses (RCN) or Registered Midwives (RM).
- All participants must have a minimum of two years clinical experience in a NICU.

Exclusion criteria:

- Staff with less than 2 years clinical experience in a NICU.
- Student nurses.
- Clinical Nurse Specialists.
- Clinical Nurse Managers.

2.3.3 Access to site and participants

The researcher must seek approval and permission from a number of different bodies prior to undertaking the proposed study. Firstly, ethical approval (Appendix 1) must be gained from the ethics board of the hospital where the study will be undertaken. Approval must also be sought from the college associated with the hospital, in this case the Trinity College research ethics committee. Once the researcher has obtained ethical approval, a letter will be sent to the Director of Nursing of the participating hospital (Appendix 2), seeking his/her permission for access to the facility required for the study. Following this, permission must also be acquired from the Clinical Nurse Manager III (Appendix 3) of the NICU to recruit staff for use in the study.

Once approval has been obtained from all the above sources, the researcher will commence the recruitment of study participants. A poster will be placed in noticeable areas, such as staff changing areas and coffee rooms of the NICU, detailing the aims of the study, inclusion criteria and how staff can contact the researcher if they wish to participate (Appendix 4). The researcher will discuss with potential participants, on a one to one basis, their role in the proposed study and details of how information will be gathered and protected. Any queries will be answered by the researcher and the potential participants will be given until a certain date to confirm their decision to take part in the study.
2.4 Data Collection

In qualitative research, a holistic view of life experiences is gained through interactive and subjective approaches, such as observation or interviews (Bryman 1988, as cited by Moule & Goodman 2009). The use of in-depth interviews has been chosen for data collection as they are most commonly used in phenomenological studies, and will enable the researcher to uncover and explore the participants’ experiences and opinions (Moule & Goodman 2009, Polit & Beck 2010). The in-depth interviews will be guided by an opening question and prompts from the researcher (Appendix 5), allowing the interviewee enough time to develop their own accounts and views (Green & Thorogood 2009). The use of prompts as opposed to structured questions prevents the participants from being forced into pre-established lines of thought by the researcher, allowing them to share their experiences in their own words (Speziale & Carpenter 2007). Before entering the field of study to collect qualitative data, the researcher must examine and reflect on how their own positions and interests influence all aspects of the study and research process. This understanding through self-reflection is referred to as reflexivity, which according to Speziale & Carpenter (2007) enhances the quality of research.

2.4.1 The interview

The location and time of the interview will be mutually agreed on with each participant, in order to help protect the anonymity of the nurses. A private space where the interviewee feels comfortable and facilitates a relaxed atmosphere is ideal (Green & Thorogood 2009) whether in the participants home or a room in the NICU. Once the researcher has introduced themselves, the aims of the interview will be repeated and an opportunity for the participant to ask any questions will be provided. Before beginning the interview, the researcher will ensure that each participant signs the informed consent form (Appendix 6) and the interviewee should be reminded that they are free to stop at any time. The interview will last approximately 30 to 60 minutes. It will begin by asking practical questions relating to the interviewee’s experience, place of training etc. This will help put them at ease, and the researcher can build rapport and a sense of trust by displaying genuine interest and a non-judgemental approach (Green & Thorogood 2009).
The researcher will use verbal and non-verbal probes to encourage participants to elaborate on key issues and experiences.

A small tape recorder will be placed near the participant in order to record the interview and all responses for transcription at a later time. This means the researcher can maintain eye contact, encourage and prompt the interviewee without having to write down responses and risk missing key issues or quotes (Green & Thorogood 2009). The researcher will reassure the participant that although the interview will be recorded, and presented in the findings of the study, their anonymity will be maintained throughout. In phenomenological research, data collection should continue until saturation is reached and no new themes are emerging (Speziale & Carpenter 2007).

2.5 Rigour and Trustworthiness

Rigour is defined as the accuracy and consistency of a research design that gives a measure of its quality (Moule & Goodman 2009). Lincoln & Guba (1985, as cited by Moule & Goodman 2009) identified four main components to ensuring rigour and trustworthiness in qualitative research – credibility, dependability, confirmability and transferability. In order to maintain credibility, the participants’ accounts will be presented in the study findings as verbatim quotes, reflecting the participants ‘voice’. The interview participants will also be asked to review draft transcriptions of the interview and verify that their analysis and interpretations truly represent their own feelings and experiences. These comments will be noted and any necessary adjustments to the transcripts made, in order to provide true findings, further adding to the credibility of the study (Moule & Goodman 2009).

Dependability can be described as the study’s ability to stand the test of time. It is suggested that researchers develop an audit trail, a record of all methods, analysis and presentation of data throughout the research process, which will be subjected to an audit by an independent external reviewer towards the end of the study. This will strengthen dependability and also confirmability, a measure of the objectivity of the data (Moule & Goodman 2009). The external reviewer will also review all the findings of the study to ensure their accuracy and trustworthiness. Transferability is the extent to which the research findings can be transferred from one context to
another (Moule & Goodman 2009). The researcher will aim to provide a ‘thick
description’ of the research setting and processes in order to allow readers to
establish how transferable the data is to other NICUs.

2.6 Data Analysis

According to Banonis (1989, as cited by Speziale & Carpenter 2007) the purpose
of qualitative data analysis is to gain an understanding of the phenomenon under
investigation while preserving the individuality of each participant’s lived
experience. The researcher will use thematic content analysis of the data in order
to present the key elements of participant’s experiences and identify the principle
and recurring themes (Green & Thorogood 2009). The researcher will begin by
transcribing the recorded interviews verbatim which, although a time-consuming
process, has enormous benefits by allowing the researcher to become immersed
in the data (Moule & Goodman 2009). These transcripts will be electronically
stored as word-processed documents on a password-protected computer. The
researcher will then begin the process of coding the transcripts, which involves
assigning labels or themes to extracts of data, usually in the transcript margin.
This will allow the researcher to compare various accounts, and classify the
common themes (Green & Thorogood 2009).

A range of computerized qualitative data analysis programs are available to assist
and support the management and analysis of data. However, due to the time
required to learn about various software packages and determine which would be
most useful, and the risks of the researcher becoming detached from the data
(Moule & Goodman 2009), a basic word-processing program will be used for
analysis. The names of participants and any clients mentioned in the interview will
be replaced with pseudonyms in order to maintain their anonymity. As described in
the previous section, an independent external researcher will be asked to review
the data and research findings in order to validate the results, enhancing the rigour
and trustworthiness of the study (Moule & Goodman 2009). All information
gathered in the study will be stored for a period of five years then destroyed.
2.7 Pilot Study

The researcher will carry out a pilot study, which is a small-scale trial with the aim of testing the methods to be used in the planned study. According to Polit & Beck (2008) the purpose of a pilot study is not to answer the research question, but to evaluate the appropriateness and quality of data collection methods. Therefore, a pilot sample of just one NICU nurse, who has agreed to take part in the actual study, will be used. The location and time of the pilot interview will be mutually agreed on with the participant. The proposed in-depth interview, as described in section 2.4, will be used in order to identify strengths and weaknesses in the study design and ensure that the data collected is appropriate to answer the research question. The pilot study will also give the researcher an opportunity to practice their interviewing techniques. The outcome of pilot study will decide whether any changes or modifications need to be made to the study design, such as interview length, topic guide and prompts used to guide the interview.

2.8 Ethical Considerations

As well as gaining ethical approval from the relevant bodies, the researcher must ensure that ethical standards are upheld throughout the study in order to protect its participants, especially given the unpredictable and personal nature of qualitative research (Speziale & Carpenter 2007). Parahoo (2006) identified four rights of subjects participating in research which the researcher will follow. First is the right not to be harmed, or non-maleficence. The researcher will ensure that the needs of the study are not placed above the physical, psychological and emotional wellbeing of its participants. If participants are at risk of harm as a result of the research process, the study will be stopped. Second is the right to full disclosure about all aspects of the study (Parahoo 2006), which will be provided verbally when a participant first contacts the researcher and again prior to beginning the interview. This will allow the participant to make an informed, autonomous choice about whether to take part in the study and complete the informed consent form (Appendix 6). The researcher will also provide numerous opportunities for participants to ask questions regarding the study.
Third is the right to self-determination, in other words, to withdraw from the study at any time (Parahoo 2006). All participants will be informed and reminded that they may exercise this right at any stage throughout the study, even after they have signed the informed consent form. Finally is the right to privacy and confidentiality (Parahoo 2006). The interview location will be a secluded space where there is no risk of interruption or being overheard, in order to provide privacy for the participant. All transcripts, consent forms and audio tapes will be stored either electronically on a password-protected computer, or in a locked cabinet to which only the researcher will have access. All references to participants in the research findings will use pseudonyms and participants will be asked to verify that their confidentiality is maintained when reviewing the transcript drafts as described in section 2.5. The exact location of the NICU in Leinster where the study will take place will also remain confidential in order to protect the identity of the participants.
Chapter 3

3.1 Proposed Outcome

Through carrying out this phenomenological qualitative research study, the researcher expects to identify and gain insight into factors which act as a barrier to effective discharge planning by nurses in the NICU. The researcher anticipates that nurses’ views and experiences of discharge planning will be explored, and the participants will identify improvements which could be made with regard to discharge planning. It is envisaged that the data collected will be used as evidence on which to base enhancements to the discharge planning process in the NICU, thus reducing the heightened anxiety levels of parents related to being discharged home, as reported in relevant literature. The use of evidence-based discharge planning could also improve job satisfaction and time management for NICU nurses. Once the study is complete, the researcher will write up the research report. The small sample size may be seen as a limitation as it will make it difficult to apply the findings to other settings. This study aims to fill a gap in the current literature by presenting nurses’ experiences of discharge planning in the NICU, and hopefully its findings will prompt further research which is required on this topic.

3.2 Dissemination

The researcher would hope that the findings of the proposed study would gain acceptance for publication by nursing journals. The findings will, if accepted, be presented as oral or poster presentations at conferences relating to the topic. The researcher also proposes to present copies of the study on notice boards throughout the hospital and in the hospital newsletter in order to help create awareness. The intended audience will be all health professionals working in the NICU, particularly clinical nurse managers and those with the ability to implement changes in order to improve discharge planning.
3.3 Time Scale

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3.4 Budget

- Tape recorder €50
- Computer software €150
- Travel and parking €50
- Stationary €200
- Printing €300
- Broadband internet connection €400
- Telephone calls €200
- External reviewer fee €2000

Total €3350
References


Appendix 1:
Letter requesting ethical approval
To whom it may concern,

I am currently a student of general and children’s nursing at Trinity College, Dublin. The purpose of this letter is to seek ethical approval for a proposed study which I am required to undertake as part of my course.

I plan to carry out a qualitative study with the aim of exploring barriers to effective discharge planning by nurses in the NICU. Between 8 and 10 NICU nurses will be interviewed in order to gain insight into their personal experiences of discharge planning and how the process is carried out. Participation in the study is voluntary and informed consent will be obtained from those who wish to take part. All data obtained will be kept strictly confidential and used only for the purpose of the study.

Please find attached a copy of my research proposal, and please feel free to contact me if you have any queries regarding the study.

Yours sincerely,

____________________
Appendix 2:

Letter to the Director of Nursing
09/03/11

Director of Nursing

Leinster Maternity Hospital

To whom it may concern,

I am currently a student of general and children's nursing at Trinity College, Dublin. The purpose of this letter is to seek your permission for a proposed study which I am required to undertake as part of my course. I plan to carry out a qualitative study with the aim of exploring barriers to effective discharge planning by nurses in the neonatal intensive care unit.

I hope to interview between 8 and 10 NICU nurses, with a minimum of 2 years experience, in order to gain insight into their personal experiences of discharge planning and how the process is carried out. I request your permission to place recruitment posters in staff changing areas and coffee rooms, and also to carry out the interviews in the NICU, if requested by the participants. Participation in the study is voluntary and informed consent will be obtained from those who wish to take part. All data obtained will be kept strictly confidential and used only for the purpose of the study. It is hoped that this study will highlight areas of the discharge planning process which could be improved in order to enhance the preparation and support provided to parents prior to the discharge of their premature or unwell infant.

Please find attached a copy of my research proposal, and please feel free to contact me if you have any queries regarding the study.

Yours sincerely,
Appendix 3:
Letter to the Clinical Nurse Manager III
Clinical Nurse Manager III  
Neonatal Intensive Care Unit  
Leinster Maternity Hospital  

To whom it may concern,  

I am currently a student of general and children’s nursing at Trinity College, Dublin. The purpose of this letter is to seek your permission for a proposed study which I am required to undertake as part of my course. I plan to carry out a qualitative study with the aim of exploring barriers to effective discharge planning by nurses in the neonatal intensive care unit.

I hope to interview between 8 and 10 NICU nurses, with a minimum of 2 years experience, in order to gain insight into their personal experiences of discharge planning and how the process is carried out. I request your permission to place recruitment posters in staff changing areas and coffee rooms, and also to carry out the interviews in the NICU, if requested by the participants. Participation in the study is voluntary and informed consent will be obtained from those who wish to take part. All data obtained will be kept strictly confidential and used only for the purpose of the study. It is hoped that this study will highlight areas of the discharge planning process which could be improved in order to enhance the preparation and support provided to parents prior to the discharge of their premature or unwell infant.

Please find attached a copy of my research proposal, and please feel free to contact me if you have any queries regarding the study.

Yours sincerely,
Appendix 4:
Recruitment poster
Would you have some free time to share your views and experiences of discharge planning in the NICU?

I am looking for registered nurses and midwives with a minimum of 2 years NICU experience to take part in a study with the following aims:

- To gather data on factors which prevent complete, efficient discharge planning.
- To gain insight into nurses’ experiences and views on how the discharge planning process can be improved.
Appendix 5:
Interview Topic Guide
Opening questions:

- How long have you been working in the NICU?
- What nursing experience did you have before working in the NICU?
- Where did you study nursing?

Interview questions:

1) What are your experiences of discharge planning in the NICU?

Props: - Education
       - Documentation
       - Environment

2) What factors influence discharge planning?

3) Do you think the discharge process could be improved in any way?
Appendix 6:
Informed Consent Form
BARRIERS TO EFFECTIVE DISCHARGE PLANNING BY NURSES IN THE NEONATAL INTENSIVE CARE UNIT

I am fully aware of my role within this study and consent to be interviewed about my experiences and views of discharge planning in the NICU.

I am aware that my participation is voluntary and I may withdraw from the study at any time.

I agree to allow all data submitted by me to be used in the research study and am aware that my right to confidentiality and anonymity will be respected.

Participant signature

_____________________________________   Date __________

Researcher signature

_____________________________________   Date __________