Nurses' Living Caritas Processes as Described by Mothers, Fathers, and Grandmothers in a Neonatal Intensive Care Unit

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Abstract: Infants who are born premature require hospitalization in the neonatal intensive care unit (NICU). In this study, 10 parents and seven grandmothers were interviewed with the purpose of exploring their experiences of having a premature infant in the NICU being cared for by nurses whose practice was grounded in Watson's theory of human caring caritas processes. Qualitative descriptive analysis revealed expressions of the caring moment lived as an intentional presence, within the context of the caritas processes to care for the infant and family, with loving-kindness, helping trusting relationship, creating caring healing environment, and allowing for hope and miracles.

Keywords: mothers; fathers; grandmothers; infant; NICU; nurses living caritas processes

With advances in technology, infants who are critically ill and medically fragile are surviving and requiring prolonged hospitalization in the neonatal intensive care unit (NICU). Uncertainty of infants' survival, separation from infants, anticipated grief and loss, and altered parental role may evoke negative emotions for parents (Busse et al., 2013; Green et al., 2015).

Physical and emotional feelings described by mothers, fathers, and grandmothers following admittance of infants to a NICU and subsequent hospitalization include anxiety, fear, guilt, powerless, disconnection, being overwhelmed, and alienation (Busse et al., 2013; Cry-Alves et al., 2018). These factors, coupled with the highly technological environment of the NICU, provide a unique opportunity for nurses to help parents and grandmothers manage the stressors of having a premature infant by intentionally integrating caring into their nursing practice.

Numerous research studies have focused on the importance of parents' experience in the NICU in relation to: enhancement of parental attachment and bonding with their premature infants; relationships

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with NICU staff and parents to decrease parental stress; and learning how to care for their infants (Feeley et al., 2013; Green et al., 2015). Although studies have generated many findings about parents' experience of having an infant in the NICU and the impact of nurse supporting parents, few studies on the experience of grandmothers in the NICU were located. Additionally, no published research was found that focused on understanding the human experience of mothers, fathers, and grandmothers from the perspective of the Caritas Processes (caring practices) related to Watson's (2012) theory of human caring. The aim of this study was to explore the experiences of mothers, fathers, and grandmothers whose premature infants were cared for in a NICU by nurses whose practice was grounded in Watson's Caritas Processes.

Background and Significance

Mothers and fathers of infants who are critically ill described the infant's hospitalization as extremely stressful as they faced the uncertainty of the infant's outcome (Rossman et al., 2015). Prolonged feelings of stress were related to the ambiguity and unpredictability of infants' outcomes have been identified as a major source of emotional distress parents encounter throughout their infant's hospital stay (Busse et al., 2013). Mobilizing resources, including support from grandmothers, is helpful in decreasing parents' feelings of stress and anxiety.

Mothers' Experience of Caring in the NICU

Zani et al. (2014) researched mothers' perceptions of care for infants with very low birthweight in the NICU. Emergent themes included suffering from having a premature in the NICU, uncertainty of the infant's survival, and fear of not knowing. These emotions created feelings of anxiety and loss. Caring for an infant born prematurely and the impact of the NICU environment were described as stressful. Experiencing separation anxiety from their fragile infant evoked mothers' feelings of sadness, helplessness, frustration, and emptiness.

Mothers also described feeling powerless from the infant's hospitalization, struggling with how to talk about their infant and carrying feelings of guilt due to inability to care for their infant (Zani et al., 2014). Additionally, waiting for miracles included using their religious beliefs to remain hopeful. Mothers described their religious beliefs as important in dealing with the challenges associated with having a critically ill premature infant. Feelings of trust regarding the NICU team and the ability to be near their infant during the hospital stay in the NICU were described by mothers as helpful (Zani et al., 2014).

Similar findings were reported by Rossman et al. (2015), who found that mothers of hospitalized infants in the NICU described this time as a devastating life change, ending in a fresh view on life. Feelings of stress and anxiety were related to the appearance of the infant, loss of their dream related to their birth experience, and the NICU environment. Mothers stated that support from nurses helped them in adapting to their circumstances and advocating for their baby. Mothers also reported that encouragement from nurses to participate in caring for their sick newborn made them feel recognized and valued as a person, a *real* mother. Deleterious effects on mothers' emotions occurred if they were excluded from providing care to their sick infant; this resulted in experiencing a sense of not belonging (Rossman et al., 2015).

Fathers' Experience of Caring in the NICU

Feeley et al. (2013) investigated issues that enable or inhibit fathers' involvement in caring for their newborn in the NICU. They found that nurses played a key role in fathers participating in their infants' care. The presence of a healing environment within the NICU was recognized as most important to father involvement. The characteristics of a healing environment included nurses providing information to fathers about their infant's health and including fathers in decisions about the infant's care.

Hollywood and Hollywood (2011) explored the lived experiences of fathers whose premature infants were admitted to the NICU. The hospitalization of the sick infant and being a father created feeling of helplessness, anxiety, and fear of the present. Not knowing if the infant will survive and possibility for adverse developmental outcomes were identified as fear of the future. The role of nurses in relieving fathers' emotional distress included sharing of information with fathers, taking time to answer fathers' questions, and providing pertinent information exempt of difficult medical terminology. Nurses' caring actions resulted in the development of trusting relations with the staff, alleviation of anxiety and fear, and increased perceived paternal control.

Hagen et al. (2016) examined the differences and similarities between eight mother–father dyads' coping experiences in the NICU. All parents described the birth of their premature infant as surreal. Difficulty in understanding the information being shared with them by healthcare providers, and feeling detached from the NICU environment made it challenging to cope with having a critically ill infant. They described their emotions as chaotic and unstable, often feeling overwhelmed, helpless, and not being in control. They also experienced contradictory feelings of joy and sorrow as well as hope and despair. Parents also found that alterations in their parental role made it difficult to care for their baby.

Parents identified several attributes of the nursing staff that were helpful (Hagen et al., 2016). These include interacting with nurses who appeared knowledgeable, demonstrated a high level of competence, and provided correct information to questions. These attributes of the nurses evoked a sense of safety and cultivated feelings of trust.

Grandmothers' Experience of Caring in the NICU

Frisman et al. (2012) explored the experience of grandmothers having a premature grandchild and their role in supporting their adult child. All of the grandchildren were critically ill, but grandmothers expressed their first concern for the mother's health and then the grandchild's survival. They described feelings of ambivalence with emotions, vacillating from joy, happiness, and calmness to fear, anxiety, and sorrow. Their role was described as predominately supportive because their adult child was in emotional crisis. Listening without expressing their opinion and being available daily during the infant's hospitalization and post discharge from the NICU were described as helpful to their adult child.

The grandmothers stated that they were satisfied with the care provided by the NICU staff (Frisman et al., 2012). However, despite their constant presence in the NICU and filling a vital role in supporting the parents of their grandchild, some grandmothers described their NICU experience as being treated as visitors, receiving little information about their grandchild's medical condition, and being excluded from participating in the routine infant care. Additionally, despite experiencing emotional turmoil/feelings related to having a sick grandchild, "no one," including healthcare professionals, asked how they were coping with this stressful experience. In contrast, Kavanaugh et al. (2014) noted that informing grandmothers about their grandchild's progress and involving them in the plan of care can decrease family stress during the infant's hospitalization, in the NICU, and after discharge.

Summary

Parents and grandmothers experience intense emotional feelings when their premature infant is admitted to the NICU. The caring behaviors of nurses play a significant role in minimizing parents and grandmothers stress. Parents who perceived nurses as caring identified specific nursing interactions that created a supportive caring environment. Nurses who provided parents with insufficient/inconsistent information about procedures or treatment of the infant added adversely to parents' stress. Excluding grandmothers from information pertaining to their grandchild's health created feelings of anxiety (Stacey et al., 2015).

Theoretical Perspective

The Professional Nursing Practice Model at the NICU where this study unfolded is grounded in Watson's (2012, 2020) theory of human caring. Watson wrote that her theory " . . . can be read as a philosophy, an ethic, a paradigm, an expanded science model, or a theory" (p. 325). Used as a theory, she explained it as seeing through a new lens to apprehend the sacred caring relationship of the nurse and one nursed, termed a transpersonal caring moment. The caring moment is the core concept of Watson's theory. Through intentionality, the caring moment is created between the nurse and the one nursed from a radiating, heart centered energy of love and healing.

Using the caritas processes, nursing practice comes alive to enhance human dignity, wholeness, and healing. Using the language of the caritas processes, the nurse and the one-nursed find unique meaning in caring encounters and moments.

Method

Design

A descriptive, qualitative study, described by Sandelowski (2000) as an "eclectic but reasonable and well considered combination of sampling, data collection, and analysis, and re-presentational

techniques" (p. 337), was used as the methodological framework for this study. A theory-guided approach, Watson's (2012, 2020) theory of human caring, guided data collection. Semistructured interviews were conducted, guided by questions related to specific caritas processes. In-depth questions explored mothers', fathers', and grandmothers' experiences of having a premature infant in a NICU being cared for by nurses whose practice was grounded in Watson's caritas processes.

Setting

A 772-bed tertiary-care teaching hospital in an urban setting in the Northeastern United States, with a level III NICU, served as the setting for this study. The NICU has a total of 27 beds, an average daily census of 17, and an average length of stay of 4.5 days. The care delivery team includes registered nurses, nurse practitioners, residents, fellows, and attending neonatologists. The hospital where the study was conducted developed the first electronic Interdisciplinary Plan of Care (IPOC) based on the 10 Caritas Processes (Watson, 2012). This allowed for documentation of caring-healing modalities, including honoring spiritual needs, prayer, teaching-learning, listening, soft music, human touch, authentic presence, storytelling, reflection, and sensitivity to family wishes.

Sample

The purposive sample consisted of 17 parents and grandmothers (six mothers, four fathers, and seven grandmothers) of critically ill infants who were born prematurely, admitted to the NICU immediately after birth, and had been in the NICU for at least 48 hours. Within this NICU, the mothers were between the ages of 16 and 22; all fathers were active parents; and approximately two-thirds of the grandmothers played a significant role in caring for the infant upon discharge to home. The study inclusion criteria were: participants 18 years of age or an emancipated minor and able to communicate verbally in English. Exclusion criteria included not being able to speak English and unwilling to be tape recorded.

Procedures

Approval for the research study was obtained through the hospital's institutional review board. Participants were recruited from the Level III NICU by the principal investigator (PI). All participants signed an informed consent form to participate in the study. A second consent was obtained informing study participants that the interview would be audio recorded. Both consents were obtained before data collection began. Seventeen semistructured interviews were conducted over a 6-month period. The interview questions began with two overarching inquiry; the participants first encounter with the baby, and their meaning of caring. The remainder of the interview questions were guided by specific caritas processes of Watson's theory of human caring (2012) (see Table 1). All interviews were conducted in the NICU education room by the PI and lasted approximately 30 to 45 minutes.

Participants' interviews were the primary source of data generated for this study. Prior to the interview, the PI engaged in dialogue with each participant to create an environment where the participant felt relaxed and able to speak freely. The PI asked: what is your infant's name? and how is he/she doing today? Participants were invited to share a full description of their experience when they saw their infant for the first time in the NICU, including thoughts, feelings, and what the experience meant to them. The PI was comfortable with silence, followed cues from the participant, and would say "go on," "what was that like," "tell me more," or "can you give me an example" during the interview process to allow for full exploration. All interviews were audio-recorded and transcribed

TABLE 1. Semistructured Interview Questions

What was the experience like for you when you saw your infant for the first time in the NICU?
From the perspective of mother, father, or grandmother what does caring means to you?
What matters most to you right now?
Can you describe a time when the care to your loved one was delivered with loving-kindness?
Can you share what having a helping trusting relationship with a nurse means to you?
How can we create a caring healing environment for your loved one in NICU?
Does your nurse allow for hope and miracles? Probe for example or if no, reframe and ask how as nurses can we do that?

Note. NICU = neonatal intensive care unit.

verbatim by an experienced research transcriptionist who signed a confidentiality agreement.

Data Analysis

Content analysis was used to analyze, code, and categorize responses. To ensure credibility, the data analysis procedures and identification of themes were reviewed by members of the research team to audit the decision trail and support the emerging themes. Guba and Lincoln (1989) proposed that creditability rather than internal validity be the criterion against which the truth value of qualitative research is evaluated. In the descriptive method, participants are credible because they describe their experiences and each experience related to the research is valid (Ray, 1985).

The transcripts were reviewed by the PI to discover errors or omissions that may have occurred during transcription. Each member of the research team first read the transcripts without doing any coding, supplying explanations, or making interpretations. The transcribed narratives were read a second time to develop an awareness of the meaning of the data. Key words and phrases were highlighted and written in the margins of the text. During the process of discussion, reflection, writing, and rewriting, the researchers identified emerging themes. It is through this process of discovering themes that the nature of the phenomenon unfolded.

Results

This study revealed a rich tapestry of caring experiences, practices, and words. The initial questions revealed parents' distress as well as excitement when seeing their baby for the first time. Additionally, participants described the meaning of caring to include authentically listening and solace. Themes that emerged from the data analysis were: wanting everything to be normal; caring for the infant like it is their own; informing and teaching; and envisioning a positive future. Two variant themes emerged: feeling invisible and watching them watching us. Variant themes are those which are unique to only a few individual participants but are still important to the whole of the experience (Ray, 1985). To maintain anonymity, participants are not identified in the following discussion. The unedited, direct quotations are responses from various participants, selected by the PI as most reflective of the theme.

The mothers, fathers, and grandmothers were very expressive when invited to share *what the experience was like when they saw their infant for the first time in the NICU*. One first-time mother began shaking and crying as she vividly recalled, "I started crying when I walked in, I did not know what to expect and then seeing my baby in a box with her eyes covered and she looked distressed, I was fearful for my daughter." Others freely shared a range of feelings from being scared, overwhelmed, nervous, insecure, confused, worried, heartbroken, and sad. One father stated, "It was exciting, just seeing my daughter for a first time and being a first-time dad." A mother of twin boys began to cry as she recalled seeing them for the first time, "They were on the monitors with so many tubes, I was thinking would they survive."

Participants equated the meaning of caring to include nurses getting to know the person by intentionally listening with a third ear and heart to the participants' unique stories and understanding their pain. The caring practices of the nurses were exemplified by a mother as she responded to the question; *what caring means*. The response exemplify how solace can be experienced when nurses authentically listening to the story of others.

> All the nurses have been caring. I think the one caring moment that was most special is when I came in here and the nurse just really understood what I was going through. It was really very sad, very emotional that I could not take my baby home when I was ready to go home. And she just took the extra time and she sat on the bed with me and gave me a massage and helped me to relax and she explained everything that was going to happen and why it was important to leave the baby here. Even though it was emotional, I was not scared any more, I had an understanding. I just would like to say that it is very different than when I had my first baby here in 2007. It is very caring. The nurses connect with me, they understand what the experience is like for me, they love my son like he belongs to them.

Wanting Everything to Be Normal

All participants used the phrases wanting everything to be normal/knowing that everything to be okay when the PI asked, *what matters most to you right now*? One mother shared, "I want to know what is going on with my baby, that matters most to me." Another mother shared "that she is healthy

and safe. If she is safe and nothing goes wrong, I know she will be okay and when she is okay, we can go home." Fathers also expressed similar feelings of what mattered most to them. The father of a little girl openly shared, "My girlfriend did methadone, so I just want my daughter to be able to get home and I need to know that she is going to be okay. I want the nurses to take good care of her."

Caring for the Infant Like It Is Their Own

Participants were asked to share their experiences of seeing nurses providing care to the infant with *loving-kindness* and how *they built a helping trusting relationships with nurses*. Parents and grandmothers remembered expression of this caritas process through gentle touch as nurses cared for the infant "like their own." A mother reflected on her experience,

> I have to say all the nurses deliver his care with loving kindness; their touch is very gentle. They know how to hold him, how to feed him, and when I came in one time she was giving him a bath like he was her own child. She was talking to him the whole time, comforting him while he was crying and screaming his head off.

Another mother shared her satisfaction in watching nurses exhibit loving-kindness in their practice.

> Every nurse has her own way of talking to her and it is pretty cool because she identifies their voices, the nurses read her books and when they change their voices she likes that. The nurses really know her and figured out that she really likes.

A first-time father shared his experiences in witnessing nurses' practice loving-kindness toward his daughter. "The nurse is like part of the family, she loves my daughter, she talks to her using a mom voice and that is comforting to me, I think there is genuine love with the nurses working in this unit." Another father wiped tears from his eyes as he explained,

> A nurse named Donna (pseudonym) is so gentle with everything. She explains everything she is very gentle in the way she touches the baby, the way she positions her, she is very gentle. It's like she is very loving to her; she looks at all the babies that way and treats them just like they are her own.

Similar experience was shared by a grandmother who recalled her experience of watching nurses incorporate loving-kindness in their practice when caring for the infants.

> I was watching a nurse take an eye patch off and she did it with precision taking her time as to not hurt her. They hold the babies, comfort them when they are crying, they have real motherly instincts and they treat our kids just like they are the mother, real caring and loving.

Developing a helping trusting relationship, in the NICU, included nurses having a close interaction with parents and grandmothers and being open to knowing who they are. Several nursing practices were described by mothers as building helping trusting relationships. A mother shared: "Explaining to me what they are doing and why they are doing is important and keeping me informed about what is going on with his heart rate, and breathing, and answer my questions." A mother of twins eloquently stated the importance of trusting the nurses who care for her infants: "Having this trusting relationship is important because they are with my child 24/7 and I know that they are doing their best and my sons are not in any danger."

Informing and Teaching

This theme emerged when participants were asked; "*how did the nurse create a healing environment in the NICU*?" Parents and grandmothers described engaging with nurses in teaching and learning activities created an environment that fostered authentic caring presence. Being given the information by nurses in a way they could understand, individualizing the teaching, and preparing them for taking the infant home were important, especially for parents where this was their first baby and for parents having an infant in the NICU for the first time.

Communicating is the main thing, as expressed by a mother,

> Introducing themselves to me, and then teaching me to how to do the things that I can do because I want to learn . . . I can do all that only because I have had that relationship with her nurses when they have taught me little things like that, makes feel like a parent not a visitor just coming in here to sit.

Several fathers expressed gratitude that the nurses' actions and words, created a healing

environment. Nurses grounded in caring were able to relinquish control, partner with the fathers, and empower them to participate in caring for their infant.

> They taught me how to take care of my son fully, his mom is on methadone so I will be caring for him at home; they stay with me when I feed him and change his diaper. I needed to know how to care for him at home; they ask me if I needed any help but I want to do it myself. When I call in at night they give me weight, his scores, how much he ate and let me know how he is doing so I am very comfortable leaving for the night as I have a daughter at home to look after.

A first-time father shared.

> They explain what is going on, I wanted to learn how to hold him and be gentle with him, I love to know what is going on and I like it when the nurse keeps me informed. One time I was holding my baby a certain way and one of the nurses came up to me and says, 'Hold him closer to your shoulder upright.' I did that and you know his heart rate went up and his breathing got better.

A grandmother recalled how the nurses recognized that, although she was not the parent, they valued her as an essential family member. This relationship was evident as nurses provided her with pertinent information that helped in understanding the challenges of having a grandchild in the NICU.

> This is my first grandchild so I am freaking out with her in the NICU and my daughter in the ICU, so I need a little bit more understanding and they keep me informed, completely informed. I wanted to touch her and the nurses explained that she is too little but they will let me know when the right time comes. When I ask them questions, they tell me everything and they take time to make sure I understand.

Envisioning a Positive Future

Participants shared various nursing practices which allowed for *hope and miracles* and related to the theme; envisioning a positive future. These included: creating opportunities to express our feelings and concerns, asking us what we were going to name our baby, having us bring in new clothes or blankets, encouraging us to take pictures, letting me know when she opened her eyes for the first time, giving us updates and information, praying with us, reassuring us that our infant would be going home.

These nursing practices that parents and grandmothers verbalized helped to move them from feelings of despair for survival of the infant to hope for miracles that, at some time in the future, their baby will be discharged home. A mother began to cry as she shared her fears for her son's survival and the actions of the nurses made her envision a positive future.

> I did not know what to do when my son was admitted to the NICU, I thought I was taking him home, I did not want to leave him alone but I have a daughter at home and how could I be with both? I thought what if he dies and I am not here? The nurse was very optimistic, she told me don't worry, he is going to get better and you can call us any time for an update . . . The day they said we are going to teach you how to feed him, I knew my prayers were answered, he had a future and I would be taking him home.

The meaning of hope for miracles can, for some parents whose infant is critically ill in the NICU provided comfort in their spiritual practices and beliefs. A mother whose little girl was born at 1 pound 4 ounces at 25 weeks reflected on the meaning of hope and miracles and said,

> I believe in God first and foremost so the nurses would pray with me and they were honest and that is what I needed; she was born at 25 weeks. I did not want any type of false hope; they provided honesty and that was important. When she was 2 pounds 13 ounces they had me start bringing in blankets and preemie clothes, encouraged me to take pictures, and they were talking about when she got older how important the pictures would be when I showed them to her. To me it was like they are talking about our future together and then one nurse said you are ready to do kangaroo care. Even though she was on the ventilator we did kangaroo care and when l felt her on my chest it was priceless; that is when I felt like I'm really a mom and this is really my daughter and we will be home soon.

A father shared his experience of a seeing a future for his son.

> From the beginning they told me he is going to go home; he is going to be fine and you are going to be fine when he is home and that gave me hope and made me feel very positive. They were very reassuring, I was worried and they gave me hope so that helped me give my wife hope, she did not expect this with our first child, she tried to do everything right; when pregnant we thought we would all go home together as a family.

The experience of a first-time grandmother was different as she remembered praying for both her daughter and granddaughter:

> My baby had a baby and my daughter is in a coma in the ICU and is on the ventilator and my granddaughter born at 25 weeks is in NICU. I want my daughter to wake up, the nurses in ICU said it is oaky to pray, they explain every little improvement and encourage me to talk to her, they said she hears my voice so I talk to her, I tell her about her daughter in the NICU. The nurses in NICU encouraged me to take a picture of my granddaughter and have it at my daughter's bedside so when she opens her eyes, she will see her daughter. The nurses in the ICU asked me to name my granddaughter since my daughter could not at this time and that was hopeful; they wanted a name. When I went to NICU one nurse took the hood off for a minute and let me touch my granddaughter and I felt her heart beating so I knew she was alive under all the tubes. I just want the nurses to let me know if she is going downhill so I can see her one last time. I am focused on my daughter and will stay at her bedside until she wakes up.

Variant Theme: Feeling Invisible

These variant themes provided a challenge to the caritas processes, as it identified the negative responses from nurses experienced by fathers and grandmothers. These negative responses had the potential to increase anxiety and stress for fathers' and grandmothers. Additionally, fathers and grandmothers described several nursing practices that resulted in feelings of invisibility which impeded the development of a healing environment and helping-trusting relationship between the nurse and family.

A father of twins shared the following,

You know it is kind of different as a father because they focus on the mom, I wish I had a better word, I wish they would give me the same respect they give the mom. Sometimes the nurses even pay more attention to my 5-year old daughter when she comes to visit her brothers.

A first-time father shared similar experience; "I want the nurse to recognize me as the father, to listen to me, and answer my questions. The nurses need to remember that I will also be taking care of him when I'm home." Another father expressed similar concerns,

> I want to be included, have the nurses talk with me. I like being part of this interview, it is important that you are talking to fathers, you know sometime I feel that maybe I am invisible, the nurses are very, very, very caring, they talk with my wife, they talk to my son but you know I am the father.

Having an infant in the NICU was a first-time experience for all fathers who participated in this study. When they discussed what having a helping trusting relationship with the nurses meant to them, they shared experiences, feelings, and examples, but all felt the nurses had a closer relationship with the mother. This was a concern, because they wanted to be involved in the care of their infant both in the NICU and upon discharge.

The invisibility was also expressed by some grandmothers who were not acknowledged as the primary caregiver or babysitter when the infant comes home. Although all were experienced caring for children and grandchildren, having an infant born prematurely to care for at home post discharge was a first-time, emotionally filled experience for the grandmothers.

One grandmother cried during the interview as she shared the difficulties of balancing her daughter's feelings of excitement and joy of having a baby while being realistic about the level of care required at home,

> My daughter is only 16, you know, the baby came at 25 weeks, I need to work and be home to care for my grandbaby; I'm very worried; I am freaking out and when the nurses come in they just focus on the parents. I want some acknowledgement of what I am going through; the nurses don't understand, it is hard for me, it is scary and the nurses don't ever call with

> an update or keep me informed, I need to call them. My daughter is so happy thinking the baby will come home soon; she takes pictures of her and posts them on the internet; me I am thinking breathing tubes, tube feedings, maybe cerebral palsy. It's emotional, I find myself very emotional.

Another grandmother shared her fears and concerns which were not acknowledged by the nurses,

> First, I was praying and praying, worrying if she would live or die, she lived and now all the tubes, she is so little, I was thinking will she need tubes at home? What about the ventilator? my daughter she wants me to buy her clothes to wear home. I trust the nurses. I trust the nurses, but they need to talk to me more and do more teaching about life at home.

Variant Theme: Watching Them Watching Us

The caritas processes were not experienced to some grandmothers who described practices of the nurses that made them feel devalued. "They talk about my daughter, criticize her for doing drugs and then the nurse did not wash her hands before she changed his line. I saw that happen." Another grandmother said,

> You need to see the weekends and nights, you should come yourself, that is when there are issues, I don't know if they are shift nurses or agency nurses. They get loud, so I turn around and look at them and then they stare back at me instead of focusing on the baby.

One grandmother was visibly angry as she shared,

> I don't think the nurses like me asking questions; they look at me but don't talk to me; they would rather be talking among themselves or shopping on the computer. One nurse said, you are only the grandmother, but I tell you I see what they (the nurses) are doing at night, they are buying shoes and looking on the internet. They don't think I can see the computer by the baby; they are on the internet. I don't say anything to them because I want to visit but I see what they are doing, just like they stare at me when I ask too many questions.

Conclusion

Watson's (2012, 2020) theory of human caring was the grounding for the Nursing Practice Model at this NICU setting. The researchers' inquiries focused on exploring participants' experiences of nurses caring practices using the caritas processes to: provide loving-kindness; build helping trusting relationships; create healing environments; and allow for hope and miracles. Further interpretation of the findings reveals the usefulness of this theory in guiding nursing practice.

The findings described how nurses, whose practice was grounded in the caritas processes, extended expressions of loving-kindness not only to the one being cared for (the infant) but also to parents and grandmothers. Utilizing authentic presence, nurses were able to allay fears by listening to the participants stories, dried their tears, and providing comfort.

Building helping trusting relationships in nursing practice provided comfort to parents and grandmothers. The parents expressed "Nurses knowing the baby" and "Caring for infant like it was their own" provided reassurance that their fragile infants were receiving exceptional care. Helping trusting relationships also allowed participants to share their inner most fears with nurses whom they had established connectedness as they expressed being supported and cared for during the infant's hospitalization.

Nursing practices that facilitated a caring healing environment, as described by parents and grandmothers, included, providing detailed, accurate information about the infant's condition, and providing opportunities to participate in the infant's care. Creating a healing environment included safe nursing practices. Safety included nurses teaching parents how to confidently care for their baby during and beyond the hospital stay.

Nurses integrating the caritas processes of allowing for hope and miracles into their practice helped parents and grandmothers remain hopeful that the infant would survive. Participants expressed gratitude as they shared nurses supported their beliefs in miracles.

The two variant themes emerged from the fathers' and grandmothers' descriptions of feeling invisible and yet also feeling watched. Fathers shared their feelings of being left out when changes in the infant's health status was communicated only to the mother and experiences of hands-on

care were offered to the mother first. These findings were supported by other researchers. Hugill et al. (2013) found that fathers often felt left out of the conversation concerning the infant's condition. Similar results were stated by Hollywood and Hollywood (2011) as fathers of premature infants described the maternal and paternal differences in the sharing of information and participating in caring for the infants by nurses.

Grandmothers also described feeling excluded, at times, in the sharing of information about their grandchild's condition and described the behavior of the nurses as hurtful. Discenza (2013) found that grandmothers provide emotional support to parents that help relieve their stress and anxiety. The findings in this study identified the significant role for nurses to value the importance of grandmothers within the family structure.

The birth of a premature infant can be devastating for many parents and grandmothers overwhelmed with the fear of the infant's survival. In this study, parents' experiences of having a premature infant were similar to other research findings that included feelings of stress, anxiety, and loss of control (Busse et al., 2013; Cry-Alves et al., 2018; Green et al., 2015). However, unlike most research studies that focused on the psychological behaviors of parents of premature infants, in this study parents and grandmothers were invited to share their experiences and describe what caring means to them and what matters most to them at that time. Mothers, fathers, and grandmothers also

TABLE 2. Themes and Recommendation for Practice

Themes	Practice Implications
Wanting everything to be normal	Nurses will find out what is important to parents and grandmothers and find out what matters most to them
	Nurses will acknowledge parents' grandmothers' and family members' feelings of nervousness, anxiety, frustration, disappointment.
	Nurses will help family to focus on each small milestone.
Caring for the infant like it is your own	Nurses will provide opportunities for parents to know their baby by encouraging kangaroo care.
	Nurses will support opportunities for the parents to participate in routine care such as diaper changes, bathing, feeding, and positioning.
Informing and teaching	Nurses will identify the best way for family to learn through inquiry and active listening.
	Nurses will provide education in a way that parents or grandmothers can understand.
	Nurses will create a caring healing environment around the infant's area, making room for items that are important to the family, such as pictures, religious/spiritual items.
Envisioning a positive future	Nurses will spend time talking and listening with parents with undivided attention to identify their hopes and dreams and support their spiritual beliefs.
	Nurses will identify parents support system.
Feeling invisible (fathers)	Nurses will encourage all fathers to participate in the care of the infant.
	Nurses will be authentically present and actively listening to fathers when delivering care to infant.
	Nurses will engage fathers in discussions about the what is most important to the family and align the care of the infant to meet the needs of the infant and the family.
Feeling invisible (grandmothers)	Nurses will support grandmothers throughout NICU stay, by being authentically present and active listening.
	NICU nurses will keep open lines of communication with grandmothers/family members including giving routine updates.
Watching them watch us	Nurses will be cognizant of their body language and personal interactions when in the presence of family members.
	Nurses will engage the families in discussions regarding the need to continuously monitor infants while in the NICU.

Note. NICU = neonatal intensive care unit.

described how nurses' theory guided caring practices were able to create a healing environment that nurtured their wellbeing and wholeness. Recommendations from these findings provide useful exemplars that can assist nurses to incorporate caritas processes in their day-to-day caring for infants and families within the context of the NICU (Table 2 for recommendations).

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