

SCHOOL OF NURSING AND MIDWIFERY

COLLEGE OF HEALTH SCIENCES

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**ASSESSING NURSE-PARENT COMMUNICATION AMONG
NURSES/MIDWIVES IN ACCRA METROPOLIS**

BY

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**THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA,
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DECLARATION

I, Dede Adamtey-Tetteh, hereby state that this thesis is my original research apart from the references made to other people's research and books which have been duly acknowledged and alluded to at the reference column. This work has never been submitted to any other institution.

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DEDICATION

I dedicate this thesis to my three children: Estelle Passah, Emily Passah and Eliana Passah.

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ABSTRACT

An important component of professional nursing practice which expresses the relationship among nurses/midwives and parents in the care of the neonate is a good communication between the nurses/midwives and parents. The hospitalization of an Infant to a Neonatal Intensive Care Unit (NICU) inevitably causes anxiety amongst parents. The communication between nurses/midwives and parents is a critical component of the support system available to parents which can help reduce stress among parents. The purpose of this study is to assess nurse- parent communication among nurses/midwives in the Accra metropolis. The study took place at the Greater Accra Regional Hospital, La General Hospital and the 37 Military Hospital. The target population for this study were all nurses working in the NICU at the study period. A cross-sectional quantitative approach was used. A structured questionnaire based on the construct of the Attitude, Social influence and Self-efficacy (ASE) model was used to collect data from the nurses/midwives. Data was analysed using Statistical Package for Social Sciences (SPSS Version 20.0). The overall performance on nurse-parent communication (behaviour) was high. All the independent variable correlated positively with nurse parent communication but on a weak level except for self-efficacy which correlated negatively and moderately. The predictors of nurse-parent communication were number of years worked, behavioural intention and self-efficacy. Recommendations were made based on the findings. Insight gained from this research might help nurses in a similar setting to attain the goal of improving communication with parents of neonates at the NICU.

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LIST OF ABBREVIATIONS

ASE – Attitude Social Influence self-efficacy

ERC- Ethical Review Committee

GHS- Ghana Health Services

ICU- Intensive Care Unit

NICU- Neonatal Intensive Care Unit

NMIMR- Noguchi Memorial Institute of Medical Research

NMC- Nursing and Midwifery Services

MOH- Ministry of Health

SONM- School of Nursing and Midwifery

TPB - Theory of Planned Behaviour)

WHO- World Health Organisation

CHAPTER ONE

INTRODUCTION

This chapter comprises the background of the study, statement of the problem, purpose and study objectives, significance of the study and the operational definitions.

1.1 Background of the Study

The Neonatal Intensive Care Unit (NICU) is a specialized zone where neonates are hospitalized for various reasons, including jaundice, respiratory distress and neonatal sepsis. The parents of these children experience difficulty during this period. Parents confronted with hospitalization at the NICU battle with the unaccustomed and possibly frightening setting of an intensive care unit. The parent's involvement in the NICU whilst playing their parental role can be very difficult and is often beset with many challenges (Davidson et al., 2017).

In paediatric care, the method of nursing care as compared to adults varies, as children are reliant on their parents in their health, development and growth. The level of dependence is based on the age of the child as well as the developmental stage; so, when a child falls ill or hurt, he/she becomes more dependent on both parents and the nurse. This demands that the nurse includes both the child and the parents while preparing and planning the care for the child.

Extreme preterm are babies born before the twenty-eight week of pregnancy, whereas those born between the twenty-eighth to thirty first weeks (10.3%) are known as very preterm (Howson, Kinney & Lawn, 2012). Most of the preterm (84.1%) are born between the thirty-second (32) to the thirty-seventh (37) week and can suffer from medical conditions needing prolonged hospitalization. The birth rate of preterm is increasing worldwide (Blencowe et al., 2012; Smith, Swallow & Coyne, 2015).

The second cause of deaths in children below five years are preterm babies and about fifteen million are born worldwide (Blencowe et al., 2012; Kinney, Lawn, Howson, & Belizan, 2012). Africa and Asia have the highest rates of preterm deliveries (60%) and the lowest rate within the North Africa, West of Asia, South America and the Caribbean. In developing countries, the preterm delivery rate differs from the developed countries such as the United Kingdom (Howson et al., 2012).

The WHO reports that in 2015, children who died under the age of 5 years were 5.9 million, 75% of whom were infants (below the historic period of 1 year), and Africa had the highest rate.

In a study in Turkey, it was revealed that 29% of the neonates were preterm, 1% was as a result of intrauterine growth retardation and 92.6% of the babies admitted to NICU were preterm (Beringer et al., 2017).

Morbidity among preterm babies and new-borns varies from the critical phase to serious complex stages, such as loss of vision and hearing, chronic lung disease, retarded growth and cognitive impairments, and decreased academic accomplishment (Howson et al., 2012). Babies born at term may also experience medical conditions needing admission at NICU. The most usual grounds of admission of a full-term baby in NICU after birth are high temperatures, hypoglycaemias, respiratory conditions and Jaundice (Shapiro-Mendoza et al., 2008).

When neonates who need exceptional care are hospitalised at NICU, the parents regularly stay out of the unit and are not close to their babies. Therefore, a substantial number of parents requires help from the medical personnel caring for their new-borns in the form of communication. The nurse's capability to interact and communicate with parents of sick infants is a vital component in all nursing activities. There is a significant impact patient's health when

the quality of communication among nurses/midwives is good (O'Hagan et al., 2014). Thus, when interactions are of good quality, “human” parents carry healing memories. On the other hand, when interactions are unproductive and communication is ineffective, parents hold bad memories that add more stress (Cadell et al., 2012; Davies, Baird & Gudmundsdottir, 2013).

Communication is a critical component in all areas of care within the hospital and in all activities rendered such as education, restoration, health promotion and therapy. A scientific way in implementing care in nursing is the use of the nursing process, which is attained through discussions, negotiations and good communication skills (Kourkouta & Papathanasiou, 2014).

Multidisciplinary researches have acknowledged the role the parent play in the child's health status during admissions as significant. However, factors such as attitude influences the relationship that exists between parent and nurses (Kuo et al., 2012).

The nurses/midwives' attitude in the care of neonates on admission affects the parent of the neonates. Sharkey et al. (2016) suggest that interaction between parents and nurses is inadequate because many parents indicate that nurses do not provide them with enough information about their baby's condition. Ballot et al. (2016) suggests that decision-making has great influence on nurse-parent interaction especially when the parent is offered transparent information about the condition of the infant. However, most parents feel side-lined and detached from the care because of poor communication and feel as though nurses may not have enough time to interact with them.

The social norm of nurses/ midwives in the care of neonates has an effect on the interaction between nurses and parents. The main barrier of communication noted are culture and language (Valizadeh, Zamanzadeh, Ghahramanian, Aghajari & Foronda, 2017). Moreover,

nonverbal communication is essential to build conviction and confidence among nurses as well as parents of different culture (Lorié, Reiner, Phillips, Zhang & Reiss, 2017).

Social support from colleagues, supervisors, matrons and nurse managers in the hospital setting is vital to the nurse. Staff nurses experience stress during their first few years of work due to lack of support from colleagues (Higgins, Spencer & Kane, 2010). Thus, nurses who receive social support from their matrons, and colleagues have less job-related stress as well as high job performance (Hamaideh, 2011). Hamaideh, Mrayyan, Mudal, Faouri and Khesaweh, (2008) stated that nurses with good support from their supervisors and colleagues are more committed to work.

Two people speaking different languages cannot communicate with each other and this prevents effective interactions. It has been discovered that the interaction between nurse and parent is more than simply the capability of the nurse; it is irrefutably duty-bound within the ethnic setting in which it happened (Gordon, Ellis-Hill & Ashburn, 2009). Tavallali, Kabir and Jirwe (2014) indicate that nurses within the cultural minority face difficulties with Swedish parents owing to the diverse ethnic background and language. The lack of common language spoken causes insecurity, mistrust, and dissatisfaction. The patterns of social relationship differ greatly among various cultures as well as how they express emotions; however, even words used during communication in the same language may act as a barrier when not adequately understood by a parent.

The quality of care within the paediatric setting is improved through efficient interaction with children and their parents, and through good communication among paediatric nurses and other medical personnel (Christian, 2017).

Self-efficacy is the person's capability or confidence to coordinate and perform an activity in order to accomplish a goal. Self-efficacy is also one's conviction about being able to cope in a situation. Aein, Alhani, Mohammadi, and Kazemnejad (2008) stated that nurses with little confidence are less assertive hence are not able to interact with parents of sick neonates. Meanwhile, parents wish to be informed about their infant health as well as how to cope with the stressful situations and their primary source of information is from the NICU nurse.

The behaviour of the nurses/ midwives towards parents with babies in NICU can ease the anxiety of these parents. Stresses experienced by staff of NICU including emotional stress influences communication (Twohig et al., 2016). The stressed nurse is occupied by personal and work stress and may not be receptive to parents to give them information. Freidman et al. (2017) suggested that 76% of nurses do not interact with parents whose children went from being stable to serious illness, parents who had medical complex infants, where the infant required longer period of care in the NICU or had baby with malformation, suspicious hovering around the bedside etc. Crawford, Stein-Parbury and Dignam (2017) also mentioned that nurses treated parents as visitors who are required to behave in a certain way.

There is relatively little research in the field of nurse-parent interaction in Ghana. The literature gathered were more focused on parents than the nurse and there was limited literature regarding the challenges as to why nurses fail to communicate with parents. Despite its usefulness in healthcare, there is enough evidence which shows lack of effective therapeutic nurse-patient interaction in hospitals globally especially in the sub-Saharan region of Africa including Ghana (Korsah, 2011; Ojwang, Ogutu & Matu, 2010; Smith & Pressman, 2010). Best practises are acknowledged and are converted into practice though quality improvement when new ideas are obtained from nursing research (Christian, 2017; Melnyk, Oswalt & Sidora-

Arcoleo, 2014), and the health outcomes of the children and their relatives are improved (Gilman et al., 2015). The study assesses nurse-parent communication among nurses and midwives in the Accra Metropolis using the Attitude, Social influence and Self-efficacy model (ASE) by (de Vries, Dijkstra, & Kuhlman, 1988; Stancil, 2007) which was stemmed from Theory of Planned Behaviour (TPB) as an organizing framework (van Reit Paap et al., 2014).

1.2 Problem Statement

Parents with a neonate in the NICU would like and require a range of support from nurses. In Ghana, statistics show that in 2017, 62,030 neonates were admitted to the NICU nationwide whilst 9,682 were admitted in Greater Accra. About 3,317 neonates were admitted in Accra metropolis while 2,233 of them were admitted in Ridge Regional Hospital (Dhims, 2017). Therefore, there is a significant population of parents calling for early intervention in the course of facilitating support from the health professionals caring for their new-borns in the form of communication.

One of the stressful events for families is when their new-born infant is hospitalised in a NICU setting. Also, one of the important elements of the quality of health outcomes is parent satisfaction with nurses and health care providers in general. During an infant's hospitalisation, one of the main functions of the nurse is to reduce stress and anxiety of the parent. Poor interaction between nurses and parents have been stated to reduce parent satisfaction with care (Manongi et al., 2009). Nurses need to understand how best to communicate with parents whose infants have been admitted to a highly technological environment such as NICU. To provide optimal care, information should be shared to parents of hospitalised infants to provide and improve mutual understanding.

The present condition shows that the nurse-patient communication in health sector in Ghana is not pleasant. Similar to other African nations such as South Africa and Kenya, nurses focus on physical care and only communicate to patients during admissions, discharges and during medications momentarily in a shallow way, with inadequate social and emotional signals (Ojwang, Ogutu & Malta, 2010). The deficiency of efficient communication amongst patients and nurses has generated a situation in the hospitals where patient's dignity is demoralised by nurses and other care professionals. The local and international media has made remarks about this. The obvious lack of effective nurse-patient interaction might have been the reason behind the move by the Ridge Regional Hospital to set up complaint's unit under their quality assurance unit. To confirm the extent of the prevailing challenge in nurse-patient interactions, Korsah (2011) also expounded that in Ghana, in spite of condemnations and worry voiced by the general public, the media, stakeholders, Ministry of Health (MOH), Ghana Health Service (GHS), and Nursing and Midwifery Council of Ghana (NMC), the unfortunate situation in nurse-patient interaction continues to be a challenge.

In spite of the fact that communication is the foundation of quality of care, it is considered from a diverse perspective. In the paediatric ward, parent satisfaction from the interaction with nurses is an important yet neglected component of quality care. Nurses generally base their perception of good nurse-parent interaction from intuition and subjective interpretation of informal feedback that sometimes parents provide. Assessment of nurse-parent communication has not been sufficiently addressed from the perspective of the nurses in Ghana.

1.3 Purpose of the Study

To assess the nurse-parent communication among nurses/midwives in the Accra metropolis.

1.4 Specific Objectives

The specific objectives are to:

1. Assess the attitude, social influence, self-efficacy and behavioural intention of nurses/midwives about nurse –parent communication.
2. Examine the relationship between attitudes, social influence, self-efficacy, behavioural intention of nurses/midwife and behaviour about nurses-parent communication.
3. Establish the mediating effect of intention on attitude, social influence and self-efficacy on behaviour in relation to nurse-parent communication.
4. Determine the predictors of nurses/midwife’s behaviour with regards to nurses-parent communication.

1.5 Research Questions

1. Will the attitude, social influence, self-efficacy, Behavioural intention influence nurse-parent communication?
2. What is the relationship between attitudes, social influence, self-efficacy, behavioural intention of nurses/midwife’s and behaviour about nurse-parent communication?
3. What is the mediating effect of intention on attitude, social influence, self-efficacy and behaviour in relation to nurse-parent communication?
4. What are some of the predictors that contribute to nurses/midwives behaviour with regards to nurse-parent communication?

1.6 Significance of the Study

The study is important because it will assist nurses/midwives to establish factors that seek to promote good communication with parents of new born as well as barriers which hinder good interaction.

Findings from the study will benefit policy and decision makers in the nursing/midwifery and health industry to establish what is needed and what has to be done to improve the interaction framework within the hospital and especially amongst nurses/ midwives and parents of new-borns.

The study findings will also bring out areas for future research. The educational institution like the health education and health training institution will benefit from this study's findings as it can guide and make the changes to the curriculum. This study will enable the various stakeholders in the health industry understand the narratives from the nurses/ midwife's point of view and help them make a decision. The nurses/midwives will also identify their mistakes and correct them when communicating with parents of sick new-borns. The improved knowledge about nurse- parent communication will help nurses and other medical providers initiate encouraging and suitable therapeutic relationships with their clients.

1.7 Operational Definitions

Nurse –Parent communication: interaction between a nurse/midwife and parent of a child who is on admission.

Parent: A father/mother or caretaker whose infant is on admission at the NICU.

Nurse: A person who has completed a two-year, three year or four in nurses/ midwifery training and has successfully completed and working or has once worked in the NICU.

CHAPTER TWO

THEORETICAL FRAMEWORK / LITERATURE REVIEW

This chapter presents a description of the theoretical framework and the review of relevant literature on the problem investigated.

2.1 Theoretical Framework

Different theoretical frameworks that look at factors associated with decision making were explored for their suitability to measure the factors influencing nurse-parent interaction. An initial consideration of the Theory of interaction model of health client behaviour was made. It was established by Cox (1982) which offers support in determining the optimal way for a nurse to interrelate in order to reach a positive outcome. The challenge in using this theory was the fact that it focuses on clients and this research had the nurses/midwives as its focus.

The Health Belief Model which was also considered was firstly developed by Rosenstock (1974). The model clarifies and envisage health-related behaviours. Another theory considered was the Trans-theoretical Model by Prochaska and DiClemente, (1986) which evaluates a person's willingness to perform new improved behaviour, and offers policies, or procedures of modification to direct the person. The Trans-theoretical model is engrossed on encouraging modification in behaviour while the Attitude -Social Influence, Self-efficacy Theory (ASE) model explains present behaviour.

2.2 The Attitude, Social Influence and Self-efficacy Theory (ASE)

The Attitude, Social influence and Self-Efficacy (ASE) by de Vries, Dijkstra and Kuhlman, (1988) is based on the Theory of Planned Behaviour by Icek Ajzen, (1985; 1987). The theory of planned behaviour came about under the circumstances of an arguments that

ensued about the relationship among attitudes and social norms to behavioural intention, and subsequently to behaviour. While some research findings showed a perfect correlation between these variables (Sheppard, Hartwick & Warshaw, 1988), other scholars opine that owing to situational restrictions or limits, behavioural outcomes may always not be as a result of behavioural intention. Therefore, behavioural intention cannot be the single contributing factor to behaviour.

According to Bandura (1977), people's behaviour depends on their personal mastery and that behaviour change depends on the individual's efficacy and the expected outcome. In this ASE model, attitude (extent to which one has a positive/negative assessment of a behaviour), social influences (supposed projections of others), and self-efficacy (confidence) determines the behaviour. Intention, also a determining factor, precedes behaviour and defines the preparedness to accomplish certain behaviour (Fontein-Kuipers, Boele & Stuij, 2016). The ASE model is extensively used to clarify the behaviour of nurses.

2.2.1 Attitudes

This discusses a person's personal capability to achieve a specific behaviour. The idea indicates the extent of performing the behaviour and whether it has positive or negative value (Ajzen, 2006).

2.2.2 Social Influence

This is an individual's observation of a specific behaviour, which is determined by the assessment of others and the social support from people such as parents, colleagues and peers (Amjad & Wood, 2009). It is an individual's insight of the societal assumptions to embrace a peculiar behaviour. These prospects are influenced by normative beliefs in association with the individual's enthusiasm to follow. Normative beliefs are worried that their behaviour is likely

to be approved or disapproved by others in the society therefore the inspiration to conform is as a result of getting approval from the society (Ajzen, 1991).

2.2.3 Self-Efficacy

This discusses a person's confidence to organise and implement actions to achieve a goal (Vries, Dijkstra & Kuhlman, 1988). Self-efficacy is not about skill but the judgement concerning what an individual is able to do with the skills they possess. Therefore, self-efficacy relates the expectation of using your ability to accomplish a particular behaviour in particular circumstances. People with greater sense of self-efficacy can complete a task better than people with lower sense of self-efficacy (Bandura, 1977).

2.2.4 Behavioural Intention

This refers to an individual's willingness to achieve a behaviour. It is presumed to be a direct antecedent of a behaviour. Similarly, Ajzen argues that attitude, subjective norm, and perceived behavioural control are all important and each predicted behaviour with the influence of behavioural intention (Ajzen, 2006).

2.2.5 Behaviour

This is a person's noticeable response in a certain condition in reverence to a specified target. Behaviour is a function of likeminded intent and insight of self-efficacy where self-efficacy is anticipated to mediate the effect of intention on behaviour, such that positive intention results in positive behaviour when self-efficacy is controlled. Along with the preceding factors detailed to the three-key theory of planned behaviour ideas as discussed, extraneous features might impact on the views certain individuals have around a specific behaviour. These influences might consist of demographic characteristics, character traits, and social opinions (Peters & Templin, 2010).

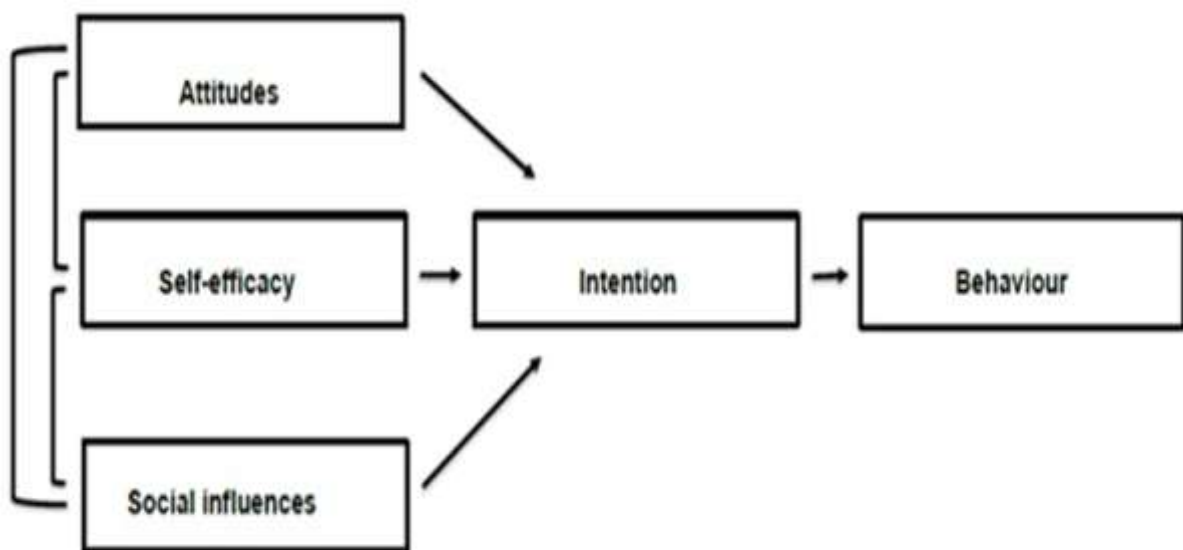


Figure 2.1: Attitude, Social -Influence & Self-Efficacy (ASE) model (Vries, Dijkstra, & Kuhlman 1988)

2.2.6 Application of the theory of Attitude, Social Influence and Self-Efficacy (ASE)

The ASE theoretical framework has provided a clear relationship between the constructs. The attitude of nurses/midwives will influence their intention to communicate with the parents of sick new-borns. The social influence from colleagues and supervisors will influence nurses/midwives intention to communicate with a parent. The nurses/midwives high self-efficacy can influence their intention to communicate with parents of sick children. The intention of nurses/midwives to communicate with parents of sick infants will allow them to communicate. Nurses/midwives readiness or willingness to communicate with parent is built on their attitude, social influence, self-efficacy and intention.

2.3 Literature Review

The rest of the chapter focuses on relevant work/studies that were conducted in the area of nurse- parent communication based on quality care. Available literature in English both published, unpublished articles worldwide were reviewed. Search engines and databases such as Google scholar, Medline, Pubmed, Science Direct, Research gate, Sage, Wiley online Library were used for the literature search to assess literature from 2007- 2019. Keywords and phrases such as nurse-parent interaction, communication, NICU, Interaction, nurse communication, parent communication were used. It is worth mentioning that there is quite some limited amount of research published in that area of study. Consequently, conceptual and research data sources were used for the review and these included published articles, theses and dissertation and newspapers.

The reviewed literature in the area of nurse-parent communication was organized according to the construct of the theory of The Attitude, Social influence, Self-efficacy (ASE).

The literature review was organized under the following headings:

- The attitude of nurses/midwives
- The self-efficacy of nurses/midwives
- The social influence of nurses/ midwives
- The intention of nurses/midwives
- The mediating effect of intention on attitude, self-efficacy, social influence and behaviour
- The predictors of nurses/midwives behaviour

2.3.1 The Attitude of Nurses/Midwives

Attitudes are recognized as inner features that create both impediment and enablers to nurses. Jun, Kovner and Stimpfel (2016) stated that the attitude of nurses towards clinical practice guidelines are more positive ($p < 0.001$). Chen et al. (2013), shows that neonatal nurses lack enough communication skills owing to inadequate work-related education programmes, inadequate counselling for paediatrics workers and failure of the nurses to put across individual views. It is important that nurses/midwives are assisted in developing good communication skills. In a quasi-experimental design survey to ascertain the outcome of a training among nurses and medical residents on good communication skills, the relationship between the pretest and the post test score (pre-test- 52.4, post-test 54.5) were statically significant. This indicates that the communication skills among nurses improved after the training (McCaffrey et al., 2012).

In a related study by Mangilovich and Antonakos (2008), it was determined that nurses preferred precise, thoughtful and open communication ($R^2 = 0.66$). The physician did not also believe that the communication received from nurses were useful. More so, the cardiac ICU nurses were less satisfied with the communication skills whereas the general ICU nurses were more satisfied.

Despite the challenges in the NICU, nurses are much more likely to make sound decisions if they fully embrace critical concept such as effective communication and listening (Okuyama, Wagner & Bijnen, 2014). A qualitative study, Wigert, (2014) demonstrates that communication is vital to the management children of the hospital. Most parents stated that focused communication gives them relief in their frustrating conditions. However, there is a feeling of loneliness, abandonment when there is lack of or inadequate communication which

increases the load of an already tough circumstance. According to Jefferies (2015), it is advisable for nurses to listen to parents and caregivers and not see them as overly knowing. Poor listening and communication however can lead to disruptive behaviours which can impact negatively on the care process, disruptive behaviour manifest in many ways such as verbal abuse including yelling. This has the potential to impact on the working relationship between nurses and patients (Rosesentein & Naylor, 2012).

Study conducted by Brady (2009) among 22 children admitted to the children's department in Southeast England revealed that children identified communication as a vital attribute of a professional nurse. The nurse's tone as well as mannerisms were all delicate to the children. They attested to the fact that bad nurses were irritable, domineering, annoyed, yelled and did not heed to them whereas the good nurses were calm, relaxed cheerful and nice.

Inadequate nurse-parent communication in the NICU bestows a certain quantity of worry owing to parental anxiety and the convolution of the NICU setting. A qualitative study in Rotterdam, Netherlands found that health professional attitude towards parent were that of empathy, commitment and respect through non-verbal communication. The parent stated that honest information about the uncertainty of the child's condition have positive effect on the trust and security and having knowledge about the discharge helps the parent plan the transition (Latour et al., 2011).

In a related survey by Wigert, Dellenmark and Bry (2013), revealed that 70.4% of the parents were satisfied with the conversation they had with the nurses whilst 62.5% felt satisfied with the doctors. About 68.5% stated that communicating with nurses is much easier. Most of the parents stated that almost all answers received from the nurses were easy to understand and 27.2% of the parents felt a gap with communication.

2.3.2 The Self-efficacy of Nurses/Midwives

Nurses and midwife's self-efficacy are pivotal to supporting parents. The importance of confidence amongst nurses and midwives is to enable them to offer holistic care to the clients.

A study by Agard and Maindal (2009) revealed that majority of the nurses believed they have high self-efficacy on patient care and communication skills. The relationship between nurse's experience and information about patients' relative needs and communication with co-workers were statistically significant. In similar study conducted amongst 716 student nurses in China to test the general level of efficacy by Zhang et al. (2015), it was revealed that nurse's self-efficacy was generally high. The self-efficacy level among males was 9.2 % which was higher than the females at 8.8%. Diploma nurses scored 8.0% whilst the bachelor's degree student nurses had 35.7%. The bachelor's degree nurses had higher self-efficacy than associate degree nurses. Nurses and midwives with greater sense self-efficacy have impact on patient's health outcome and their health care experience (Lee & Ko, 2010). A qualitative study by Lee and Ko, (2010) in Korea indicated that self-efficacy and nursing performance were positively correlated ($P = 0.001$).

Similarly, Higman and Shaw (2008) indicates that nurses lack confidence and it is associated with nurses with who have less experience, which negatively impacts on performance. Norgaard (2012) revealed that self-efficacy in communicating with patient was high among doctors than nurses and nursing assistants. The pattern however changed when communicating with colleagues. The nurses had similar mean score when communicating with both patients. In a related study to assess the preparedness and confidence of graduate nurses in Paediatrics in communicating bad news to parents, only 7% rated themselves somewhat prepared. More than 53% of them felt less prepared and confident (Gough, Johnson, Waldron,

Tyler & Donath, 2009). In a related survey by Weissman, (2011) to determine the self-efficacy level in communication skills with dying patient among degree nursing students, it was revealed that the students were confident and felt comfortable in communicating with dying patients.

Khodadadi, Ebrahimi, Moghaddasian & Babapour (2013) revealed that the mean score during the pre-test communication skill between two group of nurses was not statistically significant (80.96, 79.47 respectively). The quality of communication among the two groups was after the training statistically significant (pretest- 77.72, 77.80 post-test – 77.80, 81.57). These results show that it is difficult for nurses to initiate an effective rapport with patients in this context, lack the needed skills in communication and this consequently affect the quality of care.

Parry, (2008) stated that both participatory and practical educational programmes are important for nurses. The level of communication self-efficacy increased after the educational programme. The positive outcome of the training was still existing 6 months after the course was ended. In a related study at a regional Hospital in Denmark, Ammentorp and Kofoed, (2010), found that self-efficacy means score improved significantly after neonatal nurses underwent coaching in communication.

Asefzadeh, Fatehi, Roshani, Mamikhani and Mohammadi (2016) found that head nurses self-efficacy increased after a training session. Communication skills, such as the capacity to receive and send messages, emotional control, listening, and insight into the communication process were higher than the average value and communication skills combined with the certainty was less than the average value. The relationship between self-efficacy among nurses and the communication skills were statically significant.

A study has shown that nurses who have effective communication and better problem-solving skills have high self-efficacy (Merk & Buker, 2013). Self-efficacy is vital in life-threatening conditions or environment such as NICU, emergency unit, and in the performance of nursing activities and may also be related with satisfaction of job (Tyler et al., 2012). A study revealed that the degree of proficiency in communication and confidence were good among nurses by Park, Jeoung, Lee and Sok (2015).

2.3.3 The Social Influence of Nurses/ Midwives

Fascinatingly, cultural difference between nurses and patient were mentioned as barricades to the use standards and protocols guiding principle for nurses including communication (Jun, Kovner, & Stimpfel, 2016). The survey was carried out in a nation with varied populace. Nurses faced challenges with the implementation of the standards and protocols guiding principle due to inadequate translators as well as difference in clinical practice (Koh et al., 2008). Abrahamson, Fox, & Doebbeling, (2012) revealed that impediment to the use standards and protocols guiding principle occurs in institution that have an attitude of resisting change. A nurse with good or positive attitude will not be encouraged to work effectively in a non-supportive work environment. Social influence is enforceable within a culture because people fear segregation which is greatest result of non-conformity.

Studies have shown that when people become cognizant of the fact that they have a great sense of support from their colleagues, (co-workers and friends), their sense of belonging increases which promotes better coping (Sippel, Pietrzak, Charney, Mayes & Southwick, 2015). McDermid, Peters, Daly and Jackson (2016), identified the support, growth as a main element that helped the evolution of nursing. Mo, Lau, Yu and Gu (2014) proved that adaptability among children and social support had a positive significant relationship.

A qualitative study by Pellico, Brewer and Kovner (2009) found that the most leading stress producing factor in the USA among nurses are caused mainly by inadequate support specifically from colleagues. In a related qualitative study, Horsburgh and Ross (2013) revealed a major contributing factor to stress among registered nurses was the non-existence social support from colleagues.

A survey by Koh et al., (2008) to determine the barriers of good communication skills, it was disclosed that 47.3% was a consequence of language barriers and (47.1%) was as a result of time constraints. More than 30% attributed it to staff shortages and cultural differences and 25% as a result of conflict between staff members. In this study it was found that accessibility of support staff is one major barrier in communicating with patients. The availability of nurse specialist or a supervisor is believed to provide strong support and direction when implementing any guidelines. In the study, it was noted that the diverse ethnic background of the patients prevented nurses from communicating with patients due to lack of interpreters to give information to patients.

In a related study examining the multi-lingual viewpoint of nurses about communicating with the patient, it was found that the interaction with co-workers, co-workers and managers attitude and the organizational cultures in the profession affects the nurses' ability to provide language concordant. The nurses are encouraged when their colleagues are accessible, helpful and grateful for their capability to interact in the dialect of the patient (Ali & Johnson, 2017).

A study by Doyle, Copeland, Bush, Stein and Thompson (2011) indicated that nurses stated that they have difficulty with communicating. In a similar survey among 365 nurses, it was found out that there is a statistically significant positive correlation between social support

and job performance. Similarly, nurses/midwives' number of years worked had a positive correlation with job performance (Amarneh, Abu Al-Rub, & Abu Al-Rub, 2010). A study in China by Li, Ruan and Yuan (2015) revealed that there was a positive relationship among individual achievement and manager support. It was also found that nurses received fewer encouragement from colleagues and supervisors ($r = -.333$, $p = 0.001$). Nevertheless, a key influencing factor for the nurses was support from the supervisors ($r = -.3333$, $p = 0.001$).

2.3.4 The Intention of Nurses/Midwives

Ajzen (2002) explains that intentions precede behaviour. These intentions are influenced by the attitude of the person, social influence as well as the perceived behavioural control of the individual. Studies on patient participation have affirmed that intentions influence one's behaviour.

An exploratory grounded theory study on patient participation conducted by Helgesen, Larsson and Athlin (2014) exploring the experiences of nurses with regard to client involvement in specialised units described that client involvement was a significant component of the care given, but that while clients involvement had to be regulated according to client's needs it was rather regulated to nurses' needs. These actions or denial for involvement were largely informed by the fact that nurses felt clients were not in the right frame of mind to make decisions regarding their participation. In a related research by Adams et al. (2014) to explore relative's response to communication strategies by nurses at the Intensive Care Unit, it showed that nurses demonstrated concerns about the physical, spiritual emotional health of the client, they built rapport, demonstrated professionalism, provided factual information and provided supportive decision making.

A research by Guillaume et al. (2013) states that the caring attitude of nurses towards children and parents and the good communication with these parents helped reduce parental stress and promoted good and cordial relationship. A similar qualitative design study employing six focus group interviews of 38 student nurses from two colleges in South Korea with the purpose of examining their clinical experience in relation to compliance with standard precaution revealed that, nurses had intention to comply with standard precaution. Also, significant factors that hindered or enhanced their clinical experiences of standard precautionary measures are attitude social norm perceived behavioural control and behavioural intention (Kim & Oh, 2015).

A study by Smit, de Vries and Hoving (2013) to identify the determinant of practice nurse's intent to enforce new smoking cessation system found positive significant relationship between attitude with intention. Self-efficacy was significantly higher when associated with intention to implement. Social norm was also positively related with intention to implement the new system.

2.3.5 The Predictor of Nurses/Midwife Behaviour

Predicting behaviour or the things which influence behaviour is a significant component in addressing issues linked to the behaviour. Several surveys have been carried out over the years to evaluate the relationship between intention and behaviour in other settings and with different behaviours.

A quantitative research carried out in Iran among diabetic patients about self-care behaviour revealed that marital position had a statistically significant relationship with self-care behaviour. The demographic variable of employment status had a significant relationship with

the social support ($p < 0.05$). Attitude), self-efficacy social support all together contributed 39.5% of the total variance and were all predictors of the behaviour. Patients with high self-efficacy, social support and attitude had better self-care behaviour (Karimy, Koohestani & Araban, 2018). In a related research conducted among diabetic women in about self-care management, It was revealed that there is a statistically significant correlation between intention and subjective norm, self-efficacy and attitude towards behaviour ($p < 0.05$). Self-efficacy and intention were the predictors of the behaviour (Didarloo et al., 2012).

In a related study by Soudagar, Rambod and Beheshtipour, (2015) to determine the factors associated with self-efficacy among nurses, it was found that the self-efficacy level was high among nurses with diploma, first degree and master's degree. There was also a significant relationship between self-efficacy and willingness to work ($P=0.01$). Those with more working experience had better self-efficacy. The predictors were number of years worked/experience and the nurses' interest in the field.

A quantitative research was conducted among 747 registered nurses it was revealed that the co-worker support was fully mediated by the self-efficacy. This suggests that it is significant for the head nurses to appreciate the need to encourage coworker support which intend increases self-efficacy, and promotes positive work environment (L. Wang, Tao, Bowers, Brown, & Zhang, 2018).

A study revealed that attitude, subjective norms and perceived behavioural control explained 62% of intention to engage in medical error monitoring and coverage. The behavioural control, subjective norms and attitudes were the highest predictors of patients' intentions. Attitudes alone had the least effect on the patient intention. Meanwhile the social

norm of the staff had the strongest effect on the patient's intention (Schwappach & Wernli, 2010).

In a study to determine the potential predictors of health associated behaviour the findings showed that strongest association was between intention and the potential behaviour (mean = $r_{.0.43}$). Attitudes and Behavioural Control similarly exhibited moderate associations with the behaviour (both mean = $r_{.0.31}$) when measured directly. The intention was the primary predictor of the behaviour (McEachan, Conner, Taylor, & Lawton, 2011).

In a study by Olusola (2011) to explore the consequences of staff performance on the growth of employee productivity in Nigeria, it was found that self-efficacy with other variables predicts behaviour and self-efficacy alone predicts job performance. A similar survey conducted by Buglar, White and Robinson (2010) in Australia to investigate the decrease trends in oral hygiene among dental patient revealed that self-efficacy significantly mediates oral health behaviour.

2.3.6 The Mediating Effect of Intention on Attitude, Self-Efficacy and Social Influence on Behaviour

Ajzen stated that though attitude, subjective norm, and perceived behavioural control are predictors of behaviour, the influence of intention is important (Ajzen, 2006). A survey by Sotiropulos and d'Astous (2013) to determine factors that cause college student to overspend their account on the credit card, the result showed that social norm and self-efficacy were statistically significant and that self-efficacy has an undesirable effect on credit card spending. In a related study, social norms and credit card overspending were statistically significant ($p < 0.05$) whilst self-efficacy mediated the relationship between overspending on credit card

and intention. This shows that your social environment can influence your behaviour. The effect of attitude in this study was not statistically significant (Maeda, Shen, Schwarz, Farrell & Mallon, 2013).

In a quantitative research, it was realized that self-efficacy to provide quality care at the maternal and child health clinic was linked with good intentions to provide the care and also high self-efficacy to implement family planning interventions was associated with stronger intentions to conduct the family planning services. This means that the more confident the nurses are to provide care, the higher the intention to provide the care. In the same survey, it was noted that the nurses had good intention to provide care and a positive attitude and social support which were statistically significant related (Jonas et al., 2016)

A study in Uganda examined the impact of intention on knowledge sharing and the findings suggest that the attitude and behavioural intention were positive and statistically significant. It was also noted that the relationship between subjective norms and behavioural intentions and behavioural intention and knowledge sharing were positive and statistically significant. The mediator in this study was behavioural intention (Mafabi et al., 2017). In a study by Salanova (2011) to investigate the supervisors and staff nurse's work engagement, self-efficacy was found to be the mediator of performance of work.

2.4 Summary of Literature Review

The reviewed literature above focused on nurse-parent communication areas including attitude, subjective norms, self-efficacy and intentions of the nurse to communicate with parent of sick neonate.

The theory of attitude, social influence and self-efficacy (ASE) (de Vries et al., 2000) was adopted as the organizing framework. The literature used were from published and unpublished articles and journal in Africa and worldwide were reviewed. Search engines and databases such as Google scholar, Medline, PubMed, Science Direct, Research gate, Sage, Wiley on line Library were used.

The literature revealed a gap on studies regarding nurse-parent communication. Less literature was found for developing countries. There is more information about how parents perceive communication with nurses than from the viewpoint of the nurses/midwives in NICU. Also, literature reviewed were more of qualitative than quantitative. In light of this, it is significant to recognize issues influencing nurse/midwife's communication with NICU parents. It also revealed a dearth of information on the concept of nurse-parent communication in Ghana, especially about factors influencing nurse-parent communication.

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter describes the study methodological process. This comprises of the study design, study setting, target population, sample size and technique, data gathering tools, data management and analysis and ethical considerations.

3.1 Research Design

Babbie (2013) described research design as an approach or strategy that promotes systematic management of data gathering. Quantitative cross-sectional approach was used in this study. A cross-sectional design allows the researcher to aspire for breadth rather than depth towards making a valid general statement (Babbie, 2013). The cross-sectional design was also considered because it allowed the researcher to assess communication between nurses/midwives and parents in the NICU environment. Another reason for choosing cross-sectional design is that it is affordable, and the research can be carried out faster. Though critiques embrace the opinion that cross-sectional designs restrict the lens of the researcher by focusing on only the set variables, it seeks to examine the correlation between variables and it helps avoid defective inferences, reduces falsification and protects against manipulation (Acheampong, 2013).

3.2 Research Setting

The study was conducted in the Accra metropolis. The Accra metropolitan area serves as the capital town for the Greater Accra Region and Ghana at large. The selected settings for the research were the Greater Accra Regional Hospital, the La General Hospital and the 37 Military Hospital. These three hospitals were purposively selected due to the fact that they were the hospitals with a NICU at the time of the study and are in the metropolis. The region has a

population of approximately 3,909,764. Its population density is 1,205 people per square kilometre. It accommodates about 16.1% of the entire populace of Ghana (Ghana Statistical Services, 2014). It has a lot of public and private health facilities.

The Greater Accra Regional Hospital (Ridge) is a secondary health care facility and a referral facility. The NICU is a unit under the Child Health Department. The NICU has 56 beds. It has two intensive unit, baby's unit for more stable babies, the high dependency unit, the contagious unit, it also has the breastfeeding room and blood transfusion room and a staff of 86 including paediatric specialist, medical officers, registered nurses, nursing assistants and orderlies. The hospital has about 420 beds. There are 87 nurses working at the NICU and 61 Doctors. The hospital accepts the National Health Insurance card.

The La General hospital is situated within the La Dadekotopon Municipal in Accra with a 161 - bed capacity. It was known as La Polyclinic before being elevated and attaining a General hospital grade. The hospital offers general services including general surgeries, family planning, dental, laboratory, with numerous wards including maternity ward, surgical ward, NICU, children's ward and a medical ward. National Health Insurance cards are accepted. The NICU ward of La General Hospital has 15 bed capacity and 31 nurses.

The 37 Military hospital is a 500- bed facility situated within the Accra metropolis. It was the 37th hospital to be built in the British Empire and was named the 37-military hospital of the Gold Coast in 1956. Furthermore, the hospital serves as the National Disaster and Emergency Response Health facility. The NICU department of the 37 Military hospital has 31 bed capacity and 31 nurses.

3.3 Study Population

In this study the nurses and midwives working in the NICU of the child health department of the three selected hospitals in the Accra Metropolis were the target population.

3.4 Sampling Technique and sample size

Non-probability sampling technique is a method whereby subjects for research study are selected based on specific characteristics in a non-random manner. The selection of the participant was based on the purposive non-probability sampling method. In this technique, you target the group and select whoever is available.

A sample size is a subgroup of population that meets the researcher's criteria (Leedy & Ormrod, 2005).

The total number of respondents was calculated by Yamane's (1967) formula or procedure for calculating sample sizes.

$$n = \frac{N}{1+N(e)^2}$$

Where: n = required sample size, N = population size, e = is the margin of error taken as 5% (0.05) with confidence level of 95%.

The total population size for the selected hospital is 149, using the formula:

$$n = \frac{N}{1+N(e)^2}$$

$$n = \frac{149}{1+149(0.05)^2}$$

$$n = \frac{149}{1+149(0.0025)}$$

$$n = \frac{149}{1.3725}$$

$$n = 108.56$$

$$n = 108.56$$

$$n = 109$$

A sample size of 109 was arrived at by Yamane's 1967 formula above. About 10% of the sample size was added to make up for errors or those who did not submit questionnaire therefore a sample size of 121 was reached.

3.5 Inclusion Criteria

The study included all nurses and midwives working in the NICU of child health department in the three selected hospitals.

3.6 Exclusion Criteria

The study excluded nurses/ midwives on annual leave, maternity leave, casual leave and off-duty in the child health department in the three selected hospitals. Nurses in the child health department who had never worked in NICU were excluded

3.7 Data Gathering Tool

Data for the study was collected through questionnaires. In research, it is important to use already existed validated scales or questionnaire when available because their validity has already been established. But in situation where scales or questions are not readily available, it becomes imperative to design or generate appropriate questionnaire with considerable degree of content and construct validity and reliability (Punch, 2013).

Data was collected from respondents using three different pre-existing tools. The Knabe Ann's public relation questionnaire, that was modified from a study entitled- "Applying the Theory of Planned Behaviour to A Study of Online Course Adoption in Public Relations Education" (Knabe, 2012). Additionally, a questionnaire concerning self-efficacy in communication with patient based on Albert Bandura's self-efficacy theory developed, validated by Parle, Maguire, and Heaven (1997) and Perceived Information and Empathic Communication-Scale (PIEC-S) developed by Enke, Olivia, Miedaner, Roth, and Woopen (2017).

The questionnaire was divided into sections measuring the demographic and social data (section A), Attitude (section B), Social influence (social norm) (section C), Self-Efficacy (section D) and Intentions (section E).

3.7.1 Attitude

Attitude was measured by the Knabe Ann's public relation sub-scale questionnaire. This questionnaire had seven (7) items that were measured on a seven-point scale and had a Cronbach's alpha of 0.86. The mean scored ranges from 1.00 to 5.30. A measure of 3.9 and below means stronger behaviour outcomes and a measure of 4.0 and above means a weaker behaviour outcome.

3.7.2 Self-efficacy

Self-efficacy was measured by self-efficacy communication questionnaire validated by Parle. This questionnaire has eight items on a 5-point Likert scale ranging from 1=not confident at all to 5 =totally confident and with a Cronbach's alpha of 0.89. The mean score ranged from 1.00 to 5.00. Recording a higher score of 3.0 and above meant greater sense of communication self-efficacy and score of 2.9 and below means little sense of communication self-efficacy.

3.7.3 Social Influence

Social norm was measured by the Knabe Ann's public relation questionnaire. This questionnaire has six (6) items on a seven-point scale and had a Cronbach's alpha of 0.83. The mean scored ranges from 1 .38 to 7.00. A mean score of 3.9 and below means a positive disposition towards behaviour outcome and a score of 4.0 and above means a negative disposition towards behaviour outcome.

3.7.4 Intention

Intention was measured by the Knabe Ann's public relation questionnaire. This questionnaire has seven (7) items on a seven-point scale) and had a Cronbach's alpha of 0.65. The mean scored ranges from + 1 to +7. Recording a score of 4.0 and above means weaker behaviour outcome and a score of 3.9 and below means a stronger behaviour outcome.

3.7.5 Behaviour

Behaviour was measured by Perceived Information and Empathic Communication-Scale (PIEC-S). This questionnaire has twenty items on a four-point scale and had a Cronbach's alpha of 0.91. Recording a measure of 2.0 and below means a stronger behaviour outcome and a score of 2.1 and above means weaker behaviour outcome.

3.8 Data Collection procedures

Ethical approval was obtained from Institutional Review Board (IRB) of the Noguchi Memorial Institute for Medical Research (NMIMR) in the University of Ghana (protocol number 025/18-19), the GHS- Ethical Review Committee (ERC) and the 37 Military Hospital. A letter of introduction was obtained from the School of Nursing and Midwifery (SONM), University of Ghana to the Greater Accra Regional Hospital, 37 military hospital and La General Hospital. Permission was also obtained from the Deputy Directors of Nursing in charge

of the Child Health Department of the Greater Accra Regional Hospital, 37 military hospital and La General Hospital. Again, permission was sought from the various NICU heads. The objective of the study was explained to the nurses/midwives and were briefed on the study. After the briefing, they were asked whether they would like to participate in the study and those who agreed to participate were further briefed on how to complete the questionnaire. The participant signed the consent form before the questionnaire were administered. The researcher administered the questionnaire personally and it took about 10 minutes for each participant to complete. The completed questionnaire were collected immediately after filling them.

3.9 Data Analysis

Data was analysed using the Statistical Package for Social Sciences (SPSS version 20.0). The analysis of the data was conducted using descriptive statistical procedure. Frequencies of data were run to assess wrong entries or omissions. The data entered was read to ensure appropriateness and accuracy. The research objectives were the basis for analysing the data. Descriptive statistics was used to calculate median, mean on the respondent's demographic characteristics. In analysing the relationship between the variables or determining relationships, Pearson product moment correlation or Pearson r was used. Multiple Regression analysis was done to establish the predictor variables. The test was carried out with a significance level at 0.05%.

3.10 Pre-testing

This questionnaire was pre-tested using 10 nurses with the same characteristics of the study sample at The Trust Hospital's NICU department. The purpose of the pre-test was to help eliminate ambiguity and irrelevant items in the questionnaire. This also helped uncover the face and content validity and reliability of the questionnaire in measuring what it is intended to

measure. The pre-test gave a fair idea of the responses to be obtained from the main study. Attitude yielded a Cronbach alpha coefficient of 0.79. Self-efficacy 0.81, social influence yielded a Cronbach alpha coefficient of 0.78, intention yielded 0.61 and behaviour yielded a Cronbach alpha coefficient of 0.80.

3.11 Data Management

The completed questionnaire was kept in locked cabinet and is accessible only to the researcher, supervisor and the school of nursing and midwifery. The information obtained from the participant was kept by the researcher in confidence and only the researcher and her supervisors have access to the responses. Names and other identifying data of respondent were not collected. Completed questionnaire will be kept for five (5) years and if there is the need to use the data they will be consulted and that the data will be destroyed after five (5) years. The data collected might be use for future studies, a check box was provided for participant to agree or disagree and the Institutional Review Board will be notified

3.12 Reliability and Validity

Validity refers to how accurately an instrument measures what it is purported to measure (Ingham-Broomfield, 2014). The questionnaire addressed all the objectives for this study. The questionnaire was divided into sections and according to the variables of the conceptual framework. The instruments used were espoused and has been extensively used by other researchers to conduct similar study Experts and supervisors examined the questionnaire to be sure that it measured what it was supposed to measure. Reliability refers to the extent to which the instrument produces consistent results.

Reliability was ensured by pretesting at The Trust hospital using 10 nurses/midwives working at the child health department. Pretesting of the questionnaire was done to ensure accuracy, consistency, precision and to remove any ambiguity in the questionnaire. Cronbach's alpha was calculated to ascertain the reliability coefficient of the instrument. Attitude yielded a Cronbach alpha coefficient of 0.79. Self-efficacy 0.81, social influence yielded a Cronbach alpha coefficient of 0.78, intention yielded 0.61 and behaviour yielded a Cronbach alpha coefficient of 0.80. The present study yielded a Cronbach alpha coefficient 0.86 for attitude, the self-efficacy yielded a Cronbach alpha coefficient of 0.89, social influence yielded a Cronbach alpha coefficient of 0.83, intention yielded a Cronbach alpha coefficient of 0.65 and behaviour yielded Cronbach alpha coefficient of 0.91

3.13 Ethical Considerations

There are important standards that must be strictly adhered to when conducting a research. In ensuring ethical acceptability of the study, the researcher ensured that the research is conducted in accordance with recognised scientific competence and ethical approval.

Ethical clearance was acquired from IRB-NMIMR of the University of Ghana, GHS-ERC and 37 Military Hospital. A letter of introduction was obtained from the School of Nursing and Midwifery, University of Ghana to the Greater Accra Regional Hospital, La General Hospital and 37 Military Hospital for the purpose of seeking permission and to gain entrance to the research setting and the participants of the study. Nurses/midwives who took part in this study were made to sign a written consent form after explanation of the contents of the consent form and information sheet has been made to them. The right to withdrawal at any stage in the research process without incurring any penalty or wrath were also explained to each respondent. The information obtained from the participants will be kept by the researcher in confidence and

only the researcher and her supervisors will have access to the responses. Also, the consent of the participants was sought before they were engaged in the study.

The participants were educated on the purpose of the study and no compulsion was placed on a participant to take part in the study. Assurance of confidentiality were explained to all respondents. Names and other identifying data of respondents was not collected so as to ensure anonymity. Respondents were also assured that information gotten from them would only be used for the research purpose and not for any other use. The completed questionnaire has been kept in a locked filing cabinet and is accessible only to the researcher, supervisors and the School of Nursing and Midwifery. The respondents were informed that the completed questionnaire would be kept for five (5) years and if there is the need to use the data they would be consulted and that the data would be destroyed after five (5) years. Privacy was ensured by creating an environment that was quiet and serene where respondents could feel free without any fear or intimidation. More so, respondents were required to answer questions outside working environment which was usually noisy and full of unwarranted interruption. They were encouraged to fill the questionnaires in a less interruptive environment where they felt comfortable enough to answer questionnaires. Each participant was also made to understand that they would not enjoy any direct benefit for their participation; however, indirect benefits were limited to the findings of factors influencing their participation in their nursing care.

3.14 Summary of the Research Methodology

A quantitative cross-sectional approach was used for this study with 121 nurses/midwives working within the child health department of the Greater Accra Regional Hospital, the La General Hospital and the 37 Military Hospital were recruited for this study.

An already existed validated scales or questionnaire was used. The questionnaire was divided into sections and according to the variables of the conceptual framework; the demographic and social data (section A), Attitude (section B), Social influence (social norm) (section C), Self-Efficacy (section D) and Intentions (section E). SPSS (version 20.0) was used for data analysis. Analysis was done using descriptive and inferential procedures. A confidence level of 95% and a P value < 0.05 to confirm the significant relationship in the study. Pearson r correlation was used to determine the relationship between the variables, Multiple Regression and Mediation was also done to establish the predictor and the mediator variables at a significant level of 0.01.

Pretesting was done at the trust hospital using 10 nurses/midwives working at the child health department for validity and reliability. Ethical principles were adhered to such as; ethical approval from IRB-NMIMR, Ghana Health Services – ERC and the 37 Military Hospital, introductory letter from SONM, consent from signed by participants, anonymity privacy and confidentiality.

CHAPTER FOUR

FINDINGS

This chapter presents the findings of the study. The findings are presented according to the constructs of the model and the objectives of the study. The demographic characteristics of the respondents were presented first followed by the other findings.

4.1 Descriptive Demographic Characteristics of Respondents

Most of the respondents were females (n= 112, 92.6%). The result also indicates that most of the respondents (n= 84, 69%) have been working in the unit between 0-5years. In terms of number of years working as a nurse, most of the respondents have been working as nurses for 10 years or less. The majority (n=52, 43%) stated working between 0-5years.

Most of the respondent (n =61, 50.4%) were between the ages of 31-40 years. In terms of ethnicity, majority of the respondents were Akan (n=44, 36.4%). Most of the respondents have bachelor's degree (n= 47, 38.8%). The top three ranks were Staff Nurse/Midwife (n=25, 20.7%), Nursing/Midwifery officer (n=23, 19.0%) and Senior Nursing/Midwifery officer (n=22, 18%). The details of the demographics the respondents are presented on Tables 4.1a and 4.1b.

Table 4.1a Demographic characteristics of respondents (N=121)

Variables	Responses	Frequency	Percentage
Gender	Male	9	7.4
	Female	112	92.6
Age	21- 30 years	52	43.0
	31-40 years	61	50.4
	41-50 years	7	5.8
	50-60 years	1	0.8
Educational level	Diploma	42	34.7
	Bachelor degree	47	38.8
	Master's degree	10	8.3
	Ph.D.	1	0.8
	Other specify	21	17.4
	Ga-Dangme	35	28.5
Ethnicity	Akan	44	36.4
	Ewe	30	24.8
	Mole- Dagbani	5	4.1
	Guan	6	5.0
	Others	1	0.8
Number of years worked in the unit	0- 5 years	84	69.4
	6-10 years	30	24.8
	11-15 years	4	3.3
	More than 15 years	3	2.5
Number of years worked as a nurse	0-5 years	52	43.0
	6-10 years	47	38.8
	11-15 years	16	13.2
	More than 15 years	6	5.0
Job title	Enrolled nurse	25	20.7
	Diploma nurse	50	41.3
	Degree nurse	45	37.2
	Other specify	1	0.8

Table 4.1b Demographic characteristics of respondents (N=121)

Variables	Responses	Frequency	Percentage
Rank	Enrolled nurse	20	16.5
	Senior enrolled nurse	6	5.0
	Principal enrolled nurse	2	1.7
	Staff nurse/midwife	25	20.7
	Senior staff nurse/midwife	18	14.9
	Nursing midwifery officer	23	19.6
	Senior nursing/midwifery Officer	22	18.2
	Principal nursing/midwifery	4	3.3
	Officer	1	0.8
	Deputy Director of Nursing Services		

Source: Field work, 2019

4.2 Attitude of Nurses towards Nurse-Parent Communication

Attitude measures nurse–parent communication on several indicators. The main emphasis on attitude deals with communication. Generally, the mean score for attitude was low ($M=2.37$, $SD=1.11$) indicating that the nurses/midwives have positive attitude towards nurse-parent communication. The detail of the total mean score for attitudes is presented on table 4.2 below.

In order to understand the details of attitude, the nurses/midwives were asked about their opinions about communication with parents of sick neonates. In responding to the questions, the majority of the nurses (87.6%, $n=106$) indicated that it was good to communicate with the parents and most (85.1%, $n= 103$) indicated that it was pleasant to communicate with the parents of the sick neonates. The majority (80%, $n=96$) of the respondents saw the act of communication as useful. Most (78.3%, $n= 94$) of the nurse/midwives saw the act of communication as a wise act in the care of neonates at the hospital while most (66%, $n= 80$) of the respondents thought that communicating with the parents was enjoyable. Again, most (75.8%, $n= 91$) of the nurses/midwives thought that communicating with the parent of sick neonate was a desirable act. Furthermore, majority (79.3%, $n= 86$) of the nurses/midwives found the act of communications as an important act and more (76.9%, $n= 92$) of the respondents also thought it was valuable to communicate with parents in the child health care.

The details of attitude of nurses towards nurse-parents communication is presented in Table 4.3.

Table 4.2 Descriptive Summary of the variables

Variables	Minimum Statistic	Maximum Statistic	Mean Statistic	Std. Deviation Statistic
Attitude	1.00	5.30	2.3684	1.11865
Social Influence	1.38	7.00	2.3353	1.18389
Self -Efficacy	1.00	5.00	3.4481	1.02754
Intention	1.00	5.50	2.2810	1.16974
Behaviour	1.00	3.65	1.7660	.48973

Table 4.3 Attitude of nurses towards nurse-parent communication

Variable	Responses	Frequency	Percentage
For me communicating with parents of sick neonates will be...	Good	106	87.6
	Neutral	6	5.0
	Bad	9	7.4
	Pleasant	103	85.1
	Neutral	10	8.3
	Unpleasant	8	6.6
	Harmful	22	18.3
	Neutral	5	4.2
	Beneficial	93	83.3
	Useful	96	80
	Neutral	8	6.7
	Useless	16	13.3
	Foolish	17	14.2
	Neutral	9	7.5
	Wise	94	78.3
	Rewarding	88	69.4
	Neutral	11	14.0
	Punishing	20	78.3
	Unenjoyable	23	18.3
	Neutral	18	15.0
	Enjoyable	80	66.7
Desirable	91	75.8	
Neutral	14	11.7	
Undesirable	15	12.5	
Important	86	79.3	
Neutral	12	9.9	
Unimportant	13	10.8	
Valuable	92	76.9	
Neutral	16	13.2	
Worthless	13	9.9	

Source: Field data, 2019

4.3 Self-efficacy of Nurses towards Nurse-Parent Communication

Self-efficacy measures the confidence of nurses/midwives in the care of neonates on several indicators. The total mean score for self-efficacy was high ($M=3.44$, $SD 1.02$) indicating greater sense of self-efficacy. The details of the total mean score of self-efficacies is presented in Table 4.2 above.

About 31.1% ($n=37$) of the nurses/midwives stated they have total confidence in initiating a discussion with parents about their concerns. Equally, 31.7% ($n=30$) of the nurses/midwives stated they have no confidence at all in breaking bad news to parents. In terms of encouraging parents to talk about their emotional concerns, 39% ($n=48$) indicated they are totally confident. On the issue of helping a parent deal with uncertainty of the child, 30.6% ($n=37$) of the nurses/midwives stated that they had the confidence to do so.

Furthermore, 30.6% ($n=37$) of the respondents indicated that they are totally confident in confronting a parent in an appropriate way with something they are in denial about.

Details of the nurses/midwife's self-efficacy are presented in Table 4.5b.

Table 4.4a Self-efficacy of nurses towards nurse-parent communication

Variables	Responses	Frequency	Percentage
Initiate a discussion with a parent about his or her concerns	Not confident at all	15	12.6
	Little confident	24	20.2
	Neither	11	9.2
	Somewhat confident	31	26.1
	Totally confident	37	31.1
Encourage a parent to talk about emotional concerns	Not confident at all	5	4.1
	Little confident	20	16.5
	Neither	21	17.9
	Somewhat confident	27	22.3
	Totally confident	48	39.7
Explore a parent intense feeling like anger	Not confident at all	11	9.2
	Little confident	16	13.3
	Neither	25	20.8
	Somewhat confident	36	30.6
	Totally confident	32	26.7
End a conversation by summarizing problems and an agreed plan of action.	Not confident at all	3	2.5
	Little confident	20	16.7.
	Neither	22	18.3
	Somewhat confident	34	28.3
	Totally confident	41	34.2
Assess symptoms of anxiety and depression of a parent with a sick neonate	Not confident at all	12	9.9
	Little confident	12	9.9
	Neither	22	18.2
	Somewhat confident	35	28.9
	Totally confident	40	33.1
Break bad news to a parent	Not confident at all	35	31.7
	Little confident	25	20.8
	Neither	10	8.3
	Somewhat confident	23	19.2
	Totally confident	24	20.0

Table 4.4b Self-efficacy of nurses/midwives towards nurse-parent communication

Variables	Responses	Frequency	Percentage
Confront a parent in an appropriate way with something they are in denial about?	Not confident at all	10	8.3
	Little confident	25	20.7
	Neither	28	23.1
	Somewhat confident	21	17.4
	Totally confident	37	30.6
Help a parent deal with the uncertainty of his/her child's situation	Not confident at all	19	15.7
	Little confident	26	21.5
	Neither	15	12.4
	Somewhat confident	24	9.5
	Totally confident	37	30.6

Source: Field data, 2019

4.4 Social Influence of Nurses towards Nurse-Parent Communication

Social influence assesses the impact of significant others on nurses/midwives in the care of neonates. The total social influence mean score was low ($M= 2.33$, $SD=1.18$) indicating that nurses/midwives have a positive disposition towards being influenced by their department chair, co-workers or peers. The detail of the total mean score of social influence is presented on table 4.2 above.

The majority (84.3%, $n=102$) of the nurses/midwives believed that they communicate with parents of sick neonates when encouraged or convinced by their departmental chair or supervisor. Also, 88.4% ($n=107$) reported that they communicate with parents when influenced by co-workers. About 86.0% ($n=104$) of nurses/midwives believed they communicated with parents when influenced by their nursing peers. Also, 83.6% ($n=89$) of the nurse/midwives reported they believed that they communicated with parents of sick neonates according to what their matron suggested. Furthermore, 73.6% ($n=89$) of the nurses/midwives communicated with intensity what their co-workers suggested.

Details of the nurses/midwife's social influences are presented in Table 4.4

Table 4.5 Social influence of nurses towards nurse-parent communication

Variables	Responses	Frequency	Percentage
My department chair (supervisor) thinks that ___ communicate with the parents of sick neonate.	I should	102	84.3
	Neutral	7	5.8
	I should not	12	9.9
My co-workers think that ___ communicate with parents of sick neonate.	I should	107	88.4
	Neutral	4	3.3
	I should not	10	8.3
My nursing peers within the nursing discipline think ___ communicate with parent of sick neonate.	I should	104	86.0
	Neutral	4	3.3
	I should not	13	10.7
The matron or unit in charge thinks that _____ communicate with parent of sick neonate.	I should	100	82.6
	Neutral	6	5.0
	I should not	15	12.4
When it comes communicating with a parent of sick neonate, how much do you want to do what your department chair thinks you should do?	Not at all	22	18.2
	Neutral	16	13.2
	Very much	83	68.6
When it comes to communicating with a parent of sick neonate in the next 12 months, how much do you want to do what your matron thinks you should do?	I should	15	12.4
	Neutral	17	4.0
	I should not	89	83.6
When it comes to communicating with a parent of sick neonate, how much do you want to do what your co-workers think you should do?	I should	19	15.7
	Neutral	13	10.7
	I should not	89	73.6

Source: Field data, 2019

4.5 Intention of Nurses towards Nurse-Parent Communication

Intention measures the intent of nurses/midwives to communicate with parents in the care of neonates. It examines the extent to which nurses/midwives have positive intentions with regards to their interaction with parents in the care of their neonates. The total mean score of intention was low ($M=2.28$, $SD=1.16$) indicating good intention towards nurse-parent communication. The detail of the total mean score for Intention is presented in Table 4.2 above.

Almost all the nurses/midwives 84.2% ($n=103$) were willing and intend to communicate with parents of neonates without any instructions from anyone. Also, 80% ($n=96$) of the nurses/midwives have decided to communicate with parents on their own free will. About 78.5% ($n=95$) of the nurses/midwives were strongly determined to communicate with parents of sick neonates. Also, 74.4% ($n=90$) of the nurses/midwives indicated that it is possible to communicate with parents of sick neonates to enhance quality of work. Details of the nurses/midwives' intentions are presented in Table 4.6.

Table 4.6 Intention of nurses towards nurse-parents communication

Variable	Responses	Frequency	Percentage
I intend to communicate with parent of sick neonate in the next 12 months.	Extremely Likely	103	84.2
	Neutral	5	4.2
	Extremely Unlikely	14	9.6
I have decided to communicate with parent of sick neonate in the next 12 months.	Definitely True	96	80
	Neutral	11	9.2
	Definitely False	13	10.8
I am determined to communicate with parent of sick neonate in the next 12 months.	Strongly Agree	95	78.5
	Neutral	12	9.9
	Strongly Disagree	14	11.6
For me to communicate with a parent of sick neonate in the next 12 months would be.....	Possible	90	74.4
	Neutral	5	4.1
	Impossible	26	21.5

Source: Field data, 2019

4.6 Behaviour of Nurses towards Nurse-Parents Communication

Behaviour measures statements dealing with how nurses/midwives behave with regards to information related to treatment and care, orientation of parents and empathetic communication as a nurse. Generally, the mean score for behaviour was low ($M=1.76$, $SD=.48$) indicating that nurses/midwives have positive behaviour towards nurse-parent communication. See table 4.2 above for the mean score.

About 86.6% ($n=104$) of the nurses/midwives indicated that they behave positively in giving information on medical diagnosis of the child to the parents. Again, 91.7% ($n=110$) stated that they feel very positive in giving information on the medication the child receives to the parents. About 86.7% ($n=105$) of the nurses/midwives indicated that they have positive behaviour towards giving information on technical equipment at the bedside of the child. Furthermore, 87.6% ($n=106$) of the nurses/midwives indicated that they are positive in giving information on how the parent can handle current stress they are undergoing. As much as 93.4% ($n=113$) stated that they listen to parents very well. Details of the nurses/midwife's behaviour are presented in Tables 4.7a and 4.7b.

Table 4.7a Behaviour of nurses towards nurse-parent communication

Variables	Responses	Frequency	Percentage
Information on medical diagnosis of the child	Positive	104	86.6
	Negative	16	13.4
Information on the medication the child receives	Positive	110	91.7
	negative	10	8.3
Information on the technical equipment on the bedside	Positive	105	86.7
	negative	16	13.3
Information on the daily workflow	Positive	106	88.4
	Negative	14	11.6
Information on daily routine at the bedside of the child	Positive	106	88.3
	Negative	14	11.7
Information on ways to spend time with the child	Positive	104	86.7
	negative	16	13.3
Information on ways to encourage supplies for the child	Positive	108	89.3
	Negative	13	10.7
Information on whether the child will later develop as well as other peers	Positive	98	81
	negative	23	19
Introduction of parent to the NICU when visiting the child for the first time	Positive	102	85.8
	Negative	17	14.2
Information on how the parent can find their way in the hospital	Positive	89	75.6
	Negative	27	24.2
Information on how the parents get to know other parents of preterm infants	Positive	91	75.2
	Negative	30	24.8
Information on how the parent can handle current stress	Positive	106	87.6
	Negative	15	12.4
Information on how the parent can cope with the formal effort	Positive	93	76.8
	Negative	27	23.2
Information on the probability that the child will later be affected by health restrictions	Positive	86	72.3
	Negative	18	27.7

Source: Field work, 2019

Table 4.7b Behaviour of nurses towards nurse-parent communication

Variable	Responses	Frequency	Percentage
Information on supply of the child after discharge	Positive	101	84.8
	Negative	18	15.2
Provides comprehensive information very well to the parents	Positive	105	86.7
	Negative	16	13.3
Listens very well to parents	Positive	113	93.4
	Negative	8	6.6
Parents can speak about their thoughts, feelings and concerns	Positive	110	90.9
	Negative	11	9.1
Interested in the parent's appraisals of the child's situation	Positive	112	92.5
	Negative	9	7.5

Source: Field work, 2019

4.7 The Relationship between Attitude, Social Influence, Self-Efficacy, Behavioural Intention and Behaviour

The Pearson product moment correlation was used to examine the influence of attitude, social influence, self-efficacy and behavioural intentions on behaviour (nurse-parent communication).

The results showed that there is a statistically significant weak but positive correlation ($r=0.19$, $p=.035$) between attitude and behaviour (nurse-parent communication). This correlation suggests that an increase in attitude will lead to increase nurse-parent communication (behaviour). The more positive the attitude, the more nurses/midwives communicate with parent about sick neonates.

The results further showed that there is a statistically significant moderate but negative correlation ($r = -.461$, $p=.000$) between self-efficacy and behaviour (nurse-parent

communication). This correlation suggests that an increase in self-efficacy will lead to a decrease in behaviour (nurse- parent communication).

The results also showed that there is a statistically significant weak but positive correlation ($r=0.179$, $p=.049$) between social influence and behaviour (nurse-parent communication). This correlation suggests that an increase in social influence will lead to good nurse-parent communication (behaviour). This means when nurses are supported, the act of communication will increase.

The results show that there is a statistically significant weak but positive correlation ($r=.295$, $p=.001$) between behavioural intention and behaviour (nurse-parent communication). This correlation suggests that when the intention to communicate with parents increases, there will be positive behaviour (nurse-parent communication). Details of the nurses/midwives behaviour are presented in Table 4.8.

Table 4.8 Pearson correlation of nurse-parent communication

	n	Behaviour	P – Value
Attitude	121	.192*	0.035
Self-Efficacy	121	-.461**	0.000
Social Influence	121	.179*	0.049
Intention	121	.295**	0.001

**p < 0.01 *p<0.05

4.8 Predictors of Nurse-Parent Communication Behaviour

A hierarchical multiple regression analysis was performed to determine if demographic characteristics, attitude, social influence, self-efficacy, behavioural intention account for the variance in nurses-parent communication behaviour.

In the first model, the demographic characteristics of nurse/midwives (age, number of years worked in the unit, number of years worked as a nurse, highest level of education) were used as the predictors of behaviour. The results of the test ($R^2 = .172$, $F(4,113) = 5.863$, $P = .011$) showed that all the demographic variables taken together explained 17.2% of the variance in nurse-parent communication. However, among the demographic variables examined, the number of years worked as a nurse was the only significant predictor with a p-value of .011 and contributed 31.0% to the model.

In the second model, attitude was added to demographic characteristics. The results of the test ($R^2 = .185$, $F(5,112) = 5.082$, $P = .013$) showed that demographics and attitude, taken together, explained 18.5% of the variance in nurse-parent communication. However, attitude was not a significant predictor of nurse-parent communication.

In the third model, social influence was added to the demographic characteristics and attitude. The results of the test ($R^2 = .185$, $F(6,111) = 4.201$, $P = .013$) showed that demographics, attitude and social influence, taken together explained 18.5% of the variance in nurse-parent communication. However, social influence was not a significant predictor of nurse-parent communication.

In the fourth model, self-efficacy was added. The results of the test ($R^2 = .265$, $F(7,110) = 5.563$, $P = .001$) showed that demographics, attitude, social influence and self-efficacy, taken

together explained 26.5% of the variance in nurse-parent communication. Among the independent variables examined in this model, the number of years worked as a nurse and self-efficacy were the significant predictors of nurse-parent communication (behaviour). When the two variables were compared, self-efficacy appeared to be a stronger predictor of nurse parent communication (behaviour) than number of years worked as a nurse.

In the fifth model, intention was added. The results of the test ($R^2 = .310$, $F(8,109) = 6.116$, $P = .001$) showed that demographics, attitude, social influence, self-efficacy and intention, taken together explained 31% of the variance in nurse-parent communication. Among the independent variables examined in this final model, the number of years worked as a nurse, self-efficacy and intention were the significant predictors of nurse-parent communication. When the three variables were compared, self-efficacy was the strongest predictor of nurse-parent communication than number of years worked as a nurse and intention.

Self-efficacy was the highest contributor to the model. This is an indication that nurses/midwives' confidence is essential in nurse-parent communication. Therefore, the predictors of nurses/midwives' behaviour are number of years worked as a nurse, self-efficacy and intention to communicate with parents. Details of the regression analysis are indicated in Tables 4.9a and 4.9b below.

Table 4.9a Predictors of nurses/midwives' behaviour

Mod el	Variable	Unstandardized coefficient		Standardized coefficient		P
		B	Std. error	Beta	t	
1	(Constant)	2.232	.146		15.278	.000
	No. of years worked in the unit	-.046	.082	-.058	-.560	.577
	No. of years worked as a nurse	-.183	.070	-.310	-2.599	.011
	Age	-.071	.089	-.091	-.796	.428
	Education level	.019	.030	.055	.638	.525
MODEL SUMMARY: R²= .172, F (4,113) = 5.863, P=.011						
2	(Constant)	2.096	.178		11.801	.000
	No. of years worked in the unit	-.050	.082	-.063	-.609	.544
	No. of years worked as a nurse	-.178	.070	-.301	-2.533	.013
	Age	-.055	.090	-.070	-.608	.544
	Education level	.011	.030	.033	.376	.707
	Attitude	.053	.039	.119	1.339	.183
MODEL SUMMARY R²=.185 F (5,112) = 5.082, P=.013						
3	Constant	2.090	.184		11.351	.000
	No. of years worked in the unit	-.050	.082	-.062	-.601	.549
	No. of years worked as a nurse	-.178	.070	-.301	-2.524	.013
	Age	-.053	.091	-.068	-.588	.557
	Education level	.011	.031	.030	.342	.733
	Attitude	.049	.049	.111	1.005	.317
	Social Influence	.006	.046	.015	.133	.895
MODEL SUMMARY R³= .185, F (6,111) =4.201, P=.013						

Table 4.9b Predictors of nurses/midwives' behaviour

Model	Variable	Unstandardized coefficient		Standardized coefficient		Sig
		B	Std. Error	Beta	t	
4	Constant	2.673	.244		10.960	.000
	No. of years worked in the unit	-.022	.079	-.028	-.279	.780
	No. of years worked as a nurse	-.147	.068	-.249	-2.162	.033
	Age	.004	.088	.005	.044	.965
	Education level	-.015	.031	-.043	-.492	.624
	Attitude	.017	.047	.038	.351	.726
	Social Influence	-.014	.045	-.034	-.313	.755
	Self-efficacy	-.171	.050	-.357	-3.449	.001
MODEL SUMMARY R²=.265, F (7,110) = 5.653, P= .001						
5	Constant	2.502	.246		10.171	.000
	No. of years worked in the unit	-.010	.077	-.013	-.136	.892
	No. of years worked as a nurse	-.167	.067	-.284	-2.517	.013
	Age	.030	.086	.038	.347	.729
	Education level	.002	.030	.005	.063	.950
	Attitude	-.015	.047	-.033	-.308	.759
	Social influenceo	-.043	.045	-.104	-.959	.340
	Self-efficacy	-.168	.048	-.350	-3.481	.001
	Intention	.105	.039	.251	2.673	.009
MODEL SUMMARY R²= .310, F (8,109) = 6116, P=.001						

Source: Field work, 2019

4.9 Mediating Effect of Behavioural Intention in the Relation between Self-Efficacy and Behaviour

The behavioural intention was evaluated to examine the mediating effect on the relationship between self-efficacy and behaviour (nurse-parent communication). In the first step, there is a statistically significant correlation between self-efficacy and nurse-parent communication ($p < .000$). In the second step, there is a statistically significant correlation between self-efficacy and intention ($p < .011$). In the third step, there is a statistically significant relationship between Intention and behaviour ($p = .016$). In the fourth step, the result showed that self-efficacy, when controlling for the effects of intention is significant. ($R^2 = .250$, $F(2, 118) = 19.714$, $p < .05$).

The results further suggested that intention partially mediates between self-efficacy and behaviour (nurse-parent communication). This also means that intention ($p < .05$) is a significant mediator of the relationship between self-efficacy and nurse-parent communication. Details of the mediating effect of intention on self-efficacy is shown in Table 4.10.

Table 4. 10 Mediating effect of behavioural intention in the relation between self - efficacy and behaviour

model		Unstandardized coefficient		Standardized coefficient	t	Sig
		B	Std. Error	Beta		
1	(Constant)	2.524	.139		18.105	.000
	Self-efficacy	-.220	.039	-.461	-5.672	.000
Model summary: R²= .213, F (1,119) = 32,176 p < .05						
2.	(Constant)	2.258	.175		12.915	.000
	Self-efficacy	-.198	.039	-.416	-5.074	.000
	Intention	.083	.034	.199	2.433	.016
Model summary: R²= .250, F (2,118) = 19.714, p < .05						

Dependent variable: Behaviour (nurse-parent communication)

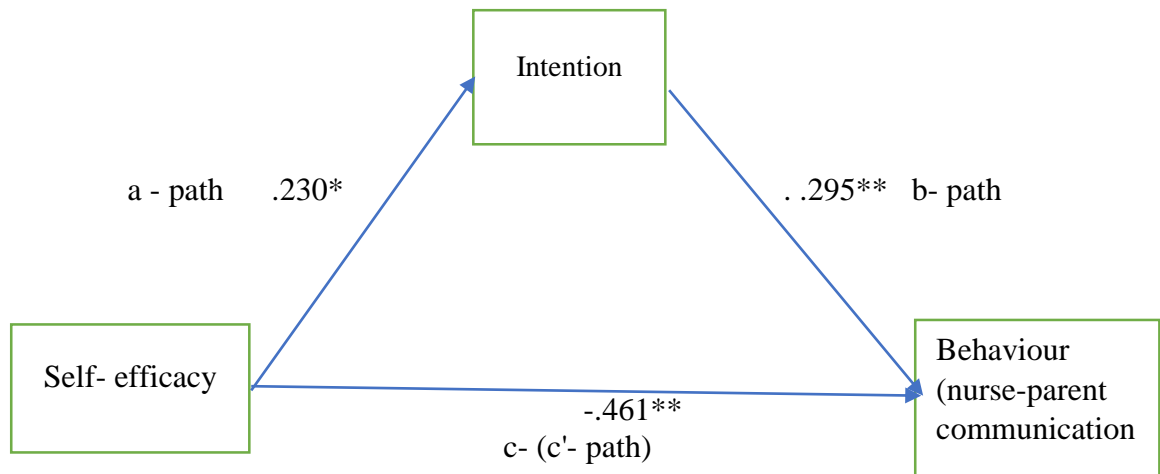


Figure 4.1. Mediating model of behavioural intention in the relationship between self- efficacy and behaviour

4.10 Summary of the Results

Out of the 121 respondents, most of the respondents were female (n= 112, 92.6%) and most of the respondents (n= 84, 69%) have been working in the unit between 0-5years. Most of the respondents have worked 10 years or less, with the majority (n=52, 43%) stating working between 0-5years. Most of the respondents (n =61, 50.4%) were between the ages of 31-40 and majority of the respondents were Akan (n=44, 36.4%). Most of the respondent have a bachelor's degree (n= 47, 38.8%) with the top three ranks being Staff Nurse/Midwife (n=25, n=20.7%), Nursing/Midwifery officer (n=23, 19.0%) and Senior Nursing/Midwifery officer (n=22, 18%).

The result showed that the mean score for attitude was low (M=2.37, SD=1.11) indicating that the nurses/midwives have positive attitude towards nurse-parent communication. The social influence mean score was 2.33 (SD= 1.18), indicating that nurses/midwives have a positive disposition towards being influenced by their department chair, co-workers or peers. The total mean score for self-efficacy was high (M=3.44, SD 1.02), implying that nurse/midwives have high self-efficacy and the total mean score of intention was low (M=2.28, SD=1.16) indicating good intention towards nurse-parent communication.

There was a weak positive correlation ($r= 0.192$, $p=0.35$) between attitude and behaviour. However, there was a statistically significant relationship between attitude and behaviour. The results showed that there is statistically significant moderate but negative correlation ($r = -0.461$, $p=.000$) between self-efficacy and behaviour (nurse-parent communication). There was also a statistically significant relationship between social influence and behaviour ($r= 0.179$, $p=.049$). The correlation coefficient showed that the effect of social influence on behaviour is weak. There was a weak positive correlation between intention and

behaviour. However, there was a statistically significant relationship between intention and behaviour ($r= 0.295$, $p=.001$).

The results revealed that the predictors of nurses/midwives' behaviour in this study are number of years worked as a nurse, self-efficacy and behavioural intention to communicate with parents.

The results suggested that intention partially mediates between self-efficacy and behaviour (nurse-parent communication). This also means that intention ($p< .05$) is a significant mediator of the relationship between self-efficacy and nurse-parent communication.

CHAPTER FIVE

DISCUSSION OF FINDINGS

The results of the study are discussed in this chapter. The demographic characteristics of the nurses and midwives are discussed first followed by other results.

5.1 Demographic Characteristics of the Nurses/Midwives

The results of the study show that there are more females respondent (n=112, 92.6%) than males respondent (n=9, 7.4%) as seen in previous studies (Chen et al., 2013; McCaffrey et al., 2012; Zhang et al., 2015). Nursing has always been a female dominated profession and the result is consistent with that perception; therefore, the number of enrolment of males is in the minority. In the hospital, there are more females who serve longer than males. Most of the male nurses leave the bedsides after acquiring some degree of working experience. Most of the respondent (n=23, 50.4%) are between the ages of 31 and 40 years suggesting a more energetic and youthful nursing force as seen in previous studies (Chen et al., 2013; Friedman, Friedman, Collin & Martin, 2018; Khodadadi, Ebrahimi, Moghaddasian & Babapour, 2013). It is noticed that most Ghanaians enter the working group at a younger age. Again, there has been proliferation of nursing training schools in the system recently, producing many young nurses. Though the schools are established to compensate for the brain drain the country experienced in the past, the quality appears to suffer. This may account for the high number of young nurses in the system.

In terms of number of years working as a nurse, most of the respondents have been working 10 years or less which is consistent with previous studies (Khodadadi et al., 2013; Koh, Manias, Hutchinson, Donath & Johnston, 2008). In this present study the majority (n=52, 43%) however, stated working between 0-5years. The result also indicated that most of the

respondents (n= 84, 69%) have been working in the unit between 0-5years which indicates rich working experience as seen in previous study (Chen et al., 2013; Lee & Ko, 2010). All these researches attest to the fact that experience has great impact on the performance of behaviour. It is believed in our settings that when one engages in the same activity for a long time, such individual becomes competent and proficient in that field. The experience of the nurses/midwives may have contributed to the good nurse-parent communication in this study.

It was not surprising to see more diploma (n=50, 41.3%) followed by degree nurses (n=45, 37%), which is in congruence with previous finding (Tyler et al., 2012; Zhang et al., 2015) where majority of the nurses/midwives were degree holders. In the effort to boost the number of nurses/midwives needed, the nurses training allowance was stopped to increase the number of diploma nurse enrolment. Also, the country has seen tremendous creations of many nursing training schools where diploma nurses are also being trained. This phenomenon could be a contributing factor to the high number of diploma nurses in the system.

5.2 Attitude of nurses towards nurse-parent communication

In assessing the attitude of nurses/midwives toward nurse-parent communication, it was revealed that nurses/midwives generally had good attitude toward nurse-parent communication. The total mean score of attitudes of the nurses/midwives was low (M=2.37, SD=1.11). This indicated that nurses had positive attitude towards nurse-parent communication (Jun, Kovner, & Stimpfel, 2016; McCaffrey et al., 2012). Involvement in nurse-parent communication behaviour is increased when the attitude is positive. It was also revealed that majority of the respondent (79.3%, n=4) thought communicating with parents of sick neonate was important. This is consistent with previous studies (Rosesentein & Naylor, 2012; Wigert, 2014), where communication with parents was seen as essential to the management of the situation and has

impact on the relationship with the care givers. Again, majority of the respondent (80%, n=96) stated the act of communication was useful. This was however not consistent with previous study (Mangilovich & Antonakos, 2008) where the physicians did not believe the communication received from nurses were useful. People with good attitude are generally optimistic and approach problems with a viewpoint that are hopeful and positive. Nurses/midwives with good attitude will not overlook or disregard problems and will engage in positive self-talk. People cope better under stressful working condition when they have good attitude and positive outlook. Every persons' work place attitude has an effect on the organization, management, workers and their clients. A good attitude promotes team building and efficiency. It also improves the client-staff relationship and serves as a motivation for yourself and others whilst increasing personal self-esteem and confidence.

5.3 The self-efficacy of nurses/midwives towards nurse-parent communication

In assessing the self-efficacy of nurses/midwives toward nurse-parent communication, it was revealed that nurses/midwives generally had greater sense of self-efficacy toward nurse-parent communication. The total mean score of self-efficacy of the nurses/midwives was high (M=3.44, SD=1.02). This supports the findings from previous studies (°Ag°ard & Mandial, 2009; Merk & Buker, 2013; Park, Jeoung Lee & Sok, 2015). It is noted that nurses with high self-efficacy have an impact on health outcome. However, this is not consistent with other previous studies (Higman & Shaw, 2008; Noorgard, 2012) where they thought nurses lack confidence in communication with patients. Also, 31.7% (n=30) of the nurses/midwives stated that they have no confidence at all in breaking bad news to parents. This finding is consistent with previous study (Gough, Johnson, Waldron, Tyler & Donath, 2009) where graduates in paediatrics felt less prepared and confident in breaking bad news to parents.

5.4 The Social Influence of Nurses/Midwives towards Nurse-Parent Communication

The present study examined the social influence of significant others on nurse-parent communication. Based on the present results on social influence ($M=2.33$, $SD=1.18$), the nurses expressed positive disposition towards being influence by their matron, supervisors, co-workers or peers. Consistent with the results of this study, Ali and Johnson, (2017), McDermid et al., (2016) and Sippel et al. (2015) indicated that when nurses are supported, it promotes better results and also, they communicate with patients well. Also, about 88.4% ($n=107$) reported they communicate with parent when influenced by co-workers. This is consistent with previous studies (Amarneh, Abu Al-Rub, & Abu Al-Rub, 2009; Doyle, 2011) which stated that the nurses who have difficulty in communicating with patients and relatives get encouraged to communicate when influenced by co-workers or peers and also nurses tend to perform better when they feel they have social support from colleagues. Previous studies (Horsburgh & Ross, 2013; Pellico, Brewer & Kovner, 2009) have shown that social influence or support reliefs nurses from work-related stress.

About 84.3% ($n=107$) of the nurses/midwives also reported that their departmental chair/supervisor encourage them to communicate with parents of sick neonate. This is consistent with previous surveys (Doyle, 2011; Koh et al., 2008) where it was indicated that availability of a senior nurse or supervisor provides strong support when implementing nursing guidelines and learning new communication skills. However, this is incongruent with a previous study by Li, Ruan and Yuan (2015) where the major influence of depersonalisation among staff nurses was from supervisor's support.

5.5 Intention of Nurses towards Nurse-Parent Communication

Nurse-parent communication can be influenced by the behavioural intention of the nurses/midwives. This study investigated the behavioural intention of the nurses/midwives towards nurse-parent communication. The total mean score of intention was low ($M=2.28$, $SD=1.16$), indicating good intention towards nurse-parent communication. Results of this finding is in congruence with previous studies (Kim & Oh, 2015; Smit, de Vries & Hoving, 2013) where nurses had the intention to comply with standard precaution in the clinical area and also implement new smoking cessation policy.

Almost all the nurses /midwives 84.2% ($n=103$) were willing and intend to communicate with parents of neonates without any instructions from anyone. Also, 80% ($n=96$) of the nurses/midwives have decided to communicate with parents on their own free will. About 78.5% ($n=95$) of the nurses/midwives were strongly determined to communicate with parents of sick neonates. Also, 74.4% ($n=90$) of the nurses/midwives indicated that it is possible to communicate with parents of sick neonates to enhance quality of work. These findings were consistent with a previous study by Adams et al. (2014) who asserted that a number of behavioural intentions such as building rapport, providing accurate information and providing supportive decision-making, drives nurses/midwives to communicate with parents of sick neonates. Also, a previous study by Guillaume et al. (2013) suggests that communication is possible when nurses are caring towards baby and parents and have good relationship with them.

5.6 The Relationship between Attitude, Social Influence, Self-Efficacy Behavioural Intention and Behaviour

The result of the present study indicated that attitude, social influence and behavioural intention had weak positive correlation with nurse-parent communication except for self-efficacy that had a moderate positive correlation with nurse-parent communication.

Attitude primarily has a disposition to respond to positive or negative ideas. The result show that there is a statistically significant weak but positive correlation ($r=0.19$, $p=0.035$) between attitude and nurse-parent communication. This finding is similar with previous findings (Didarloo et al., 2012; Mafabi et al., 2017; Smit, de Vries & Hoving, 2013). These findings suggest that when attitude of nurse/midwives increases, adherence to nurse-parent communication also increases leading to better health outcomes. Hence, a greater performance of the nurse-parent communication (behaviour) is as a result of the positive correlation between nurses/midwives' attitude and the nurse-parent communication.

Result of the studies of Maeda et al. (2013) and Li, Ruan & Yuan (2015) were consistent with the findings of this study. Social influence had a statistically significant weak but positive correlation ($r=0.179$, $p=.049$) with behaviour (nurse-parent communication). The positive correlation coefficient suggests that when nurses are supported, the act of communication will increase. The more positive the social influence, the more positive the behaviour. A vital element in good health outcome is social influence. This finding is also consistent with previous studies (Amarneh, Abu Al-Rub & Abu Al-Rub, 2009). Nurses/midwives have a tendency to do better when they have more social influence from colleagues at work. It is imperative to say nurses/midwives work to maximum capacity and feel comfortable consulting colleagues when they feel supported by their co-workers.

The importance of confidence amongst nurses and midwives is to enable them to provide holistic care to the patients. From the findings of this study ($r = -.461$, $p = .000$), it shows that the relationship between self-efficacy and behaviour is statistically significant. The research found a negative correlation between self-efficacy and behaviour suggesting an inverse relationship. This suggests that an increase in self-efficacy will lead to a decrease in behaviour. Hence, the more there is self-efficacy, the less positive the behaviour there will be. This is counter intuitive and at odds with the literature (Higman & Shaw, 2008; Jonas et al., 2016; Lee & Ko, 2010) which argues that behaviour improves when nurses/midwives become more confident and self-assured in what they do. It is asserted that increases in self-efficacy will lead to increase in communication skills and nursing performance. It is also believed that people with greater sense of self-efficacy are most of the time self-motivated and adapt to behaviour that are healthy. To sustain effective and good relationship with clients, relations and colleagues, communication is an essential factor therefore it is worrying to find nurses communicating less with parent when they become confident.

The question is, what explains the negative correlation found within the context of this research? Why are the nurses/midwives who were surveyed saying that their behaviour becomes negative when their self-confidence improves? A number of reasons possibly explains this. Nurses/midwives may feel that client and their relatives do not fall in their intellectual circle hence feel reluctant to communicate with them. Again, the perception that patients have lesser understanding of the disease process and the medical terms therefore intellectual discussion pertaining to the disease process is on the low. Another reason maybe that when nurses/midwives become more confident, they may feel the parents are not within their social class hence feel uncomfortable having good communication with them.

Behaviour can be achieved when one has intention, whether good or bad. The present study shows that there is a statistically significant relationship between intention and behaviour ($r= 0.295$, $p=.001$) However, the relationship between intention and behaviour shows that there was a weak positive correlation. The positive correlation coefficient suggests that when the intention to communicate with parents increases, there will be positive behaviour. This finding is consistent with previous studies (Kim & Oh, 2015; Smit, de Vries, & Hoving, 2013). Nurses who have the intention to perform a behaviour do it better. This explains why intention to communicate with parent was positive. This finding is also in line with previous studies by Jonas et al. (2016) and Mafabi et al. (2017).

5.7 The Predictor of Nurses /Midwives' Behaviour

Predictors of nurse-parent communication were looked at to determine variables that contributed the greatest or could predict the nurses/midwives' performance in nurse-parent communication. Using regression analysis, the study revealed that the demographic characteristics of nurses/midwives (age, number of years worked in the unit, number of years worked as a nurse, highest level of education) taken together explained 17.2% of the variance of nurse-parent communication ($R^2= .172$, $F(4,113) = 5.863$, $P=.011$). The result of the present study showed that demographics characteristics were not significant predictor of nurse-parent communication. However, among the demographic variables examined, the number of years worked as a nurse was the only significant predictor with a p-value of .011. This agrees with the results of previous studies (Amarneh, Abu Al-Rub & Abu Al-Rub, 2009; Soudagar, Rambod & Beheshtipour, 2015). This finding suggested that working experience was a very important factor to nurse-parent communication.

In nursing, the number of years worked or working experience has been one important factor in the health outcome of the patients and relatives. In this present study, the nurses/midwives stated number of years worked as a significant contributor to the behaviour (nurse-parent communication). Therefore, they were qualified enough to successfully communicate with the parents of the sick neonates without any struggle. Working experience is vital in every organization. It therefore suggests that the more an activity is practiced the more capable the person becomes. Experience is normally enumerated as a basic requirement when considering a job vacancy in most employing agencies thus highlighting the importance of experience in any area of life. This could explain why number of years predicts the act of nurse-parent communication. One of the essential qualities of a nurse is to place value on life and do everything possible to establish a good and cordial relationship with clients and their relatives. This implies that in the determination of nurse-parent communication, demographic characteristics of number of years worked as a nurse plays an important role.

The self-efficacy of the respondents was examined and this accounted for 26.5% of the variance in nurses-parent communication (behaviour) ($R^2 = .265$, $F(7,110) = 5.563$, $P = .001$). The present finding is similar with previous studies (Buglar, White, & Robinson, 2010; Didarloo et al., 2012; Karimy, Koohestani, & Araban, 2018; Olusola 2011). This indicates that self-efficacy is basically an essential characteristic to the nurse-parent communication (behaviour) and that communication with parents of sick neonates depends on the nurses/midwives self-efficacy level.

Again, the total behavioural intention of respondents was added and this contributed to 31% of the variance in nurse-parent communication (behaviour) ($R^2 = .310$, $F(8,109) = 6.116$, $P = .001$). This suggest that many had the intention to communicate with parents of sick neonates

and followed through it. The parents of sick neonates were communicated to effectively by the nurses, owing to the fact that the nurses/midwives were willing to perform the behaviour. This agrees with the results of previous studies (Didarloo et al., 2012; McEachan, Conner, Taylor, & Lawton, 2011).

5.8 The Mediating Effect of Intention on Self-Efficacy and Behaviour

The study also assessed whether or not behavioural intention mediates the relationship between self-efficacy and nurse-parent communication. The result showed that intention partially mediates the relationship between self-efficacy and nurse-parent communication. The result also showed that behavioural intention was a significant partial mediator ($P < 0.05$) between self-efficacy and nurse-parent interaction. This implies that, the extent to which the self-efficacy of the nurses/midwives can be responsible for a good communication between them and the parent will largely depend on their intention to do so. This result agrees with an earlier study by (Mafabi et al., 2017).

The partial mediation of behavioural intention between self-efficacy and nurse-parent communication can be explained by the ASE model which is the guiding framework of this study.

According to the ASE model, the relationship among attitudes and social norms to behavioural intention, and subsequently to behaviour may be well correlated. However, owing to some situational restrictions or limits, behavioural outcomes may always not be as a result of behavioural intention and that people's behaviour depends on their confidence, self-efficacy and the expected outcome. Therefore, behavioural intention cannot be the single contributing factor to behaviour.

5.9 Summary of the discussion

The results of this present study were consistent with the construct of the Attitude, Social influence and Self-efficacy model (ASE) and the literature reviewed. The combination of all the factors of this theory leads to behaviour. There was a correlation between attitude, social influence, self-efficacy and behavioural intention on behaviour. The nurse-parent communication was predicted by number of years worked by the nurses/midwives, self-efficacy of the nurses/midwives and their intention to communicate with the parents. Thus, the component that actually influenced nurse-parent communication among nurses/midwives in Accra metropolis were the number of years worked as a nurse/midwife, attitude, social influence, self-efficacy and behavioural intention to communicate with parents of sick neonate.

CHAPTER SIX

SUMMARY, CONCLUSION, IMPLICATIONS, LIMITATIONS AND RECOMMENDATIONS

The entire study is summarized in this chapter, Implications of the study, limitations of the study, conclusion and recommendations based on the findings.

6.1 Summary of the Study

Communication is a critical component in all areas of care within the hospital and in all activities rendered such as education, therapy, restoration and health promotion. The attitude of nurses/midwives in the care of neonates on admission affects the parents of the neonates. An important part of quality nursing care is the nurses' ability to work with parents in the hospital while caring for their children. The quality of communication among nurses and patients has a substantial impact on outcomes of patients (O'Hagan et al., 2014).

The purpose of the study was to assess nurse-parent communication among nurses/midwives in the Accra metropolis using the theory of Attitude, Social influence, Self-efficacy (ASE) as an organising framework. A cross-sectional design was employed for this study. Data was collected from 121 nurses/midwives in three different hospitals within the Accra Metropolis using Knabe Ann's public relation questionnaire that was modified by Knabe (2012), a questionnaire concerning self-efficacy in communication with patient based on Albert Bandura's self-efficacy theory developed by Parle, Maguire, and Heaven (1997) and Perceived Information and Empathic Communication-Scale (PIEC-S) developed by Enke, Olivia, Miedaner, Roth, and Woopen (2017).

The questionnaire was divided into six (6) sections: the demographic characteristics, attitude, social influence, self-efficacy, intention and behaviour. Data was analysed using Statistical Package for Social Sciences (SPSS Version 20.0). The analysis of the data was

conducted using descriptive statistical procedure to calculate median, mean and standard deviation for continuous variables and percentage for categorical variables. In analysing the relationship between the variables (attitude, social influence, self-efficacy and intention), Pearson product moment correlation or Pearson r was used. Multiple Regression analysis was done to establish the predictor variables and the mediating effect. The test was carried out with a significance level at 0.05%.

Most of the findings were consistent with the variables of the theoretical model e of Attitude, Social influence and Self-efficacy (ASE). The result showed that mean score for attitude was low ($M=2.37$, $SD=1.11$), indicating that the nurses/midwives have positive attitude towards nurse-parent communication. The social influence mean score was 2.33 ($SD= 1.18$), indicating that nurses/midwives have a positive disposition towards being influenced by their department chair, co-workers or peers. The total mean score for self-efficacy was high ($M=3.44$, $SD 1.02$), implying that nurse/midwives have high self-efficacy and the total mean score of intention was low ($M=2.28$, $SD=1.16$), indicating good intention towards nurse-parent communication.

The attitude, social influence and intention were found to have a positive and statistically significant relationship with nurse-parent communication (behaviour). Involvement in behaviour is increased when the attitude is positive. An increase in the attitude of nurses/midwives leads to an increase in nurse-parent communication. Similarly, an increase in social support from supervisors' and co-workers leads to an increase in nurse-parent communication. However, one interesting finding was the negative correlation between self-efficacy and nurse-parent communication (behaviour) suggesting an inverses relationship. This suggests that an increase in self-efficacy will lead to a decrease in behaviour. Another angle to behaviour performance (nurse-parent communication) is the nurses/midwives' intention or willingness to perform the act.

Findings from the regression analysis suggested that the predictors of nurses/midwives' behaviour in this study are number of years worked as a nurse, self-efficacy and behavioural intention to communicate with parents. However, self-efficacy was the highest contributor to the model. This is an indication that nurses/midwives confidence is essential in nurse- parent communication. The results suggest that intention partially mediates between self-efficacy and behaviour (nurse parent communication). This also means that intention ($p < .05$) is a significant mediator of the relationship between self-efficacy and nurse-parent communication.

6.2 Implication of the Study

The findings of this study have implications for the nursing /midwifery practice and nursing research.

6.2.1 Implication for Nursing/Midwifery Practice

Results of the study showed that nurses/midwives had good attitude, social influence, self-efficacy and behavioural intention towards nurse-parent communication. The advantage derived from the act of communication between the nurses/midwives and parents of sick neonates implied that there was a good relationship between them. Therefore, it is good to inspire by instituting best nurse/midwives award scheme and support nurses/midwives in their pursuit to have good working relationship with parents of sick neonates.

The number of years worked/experience was a significant predictor of nurse-parent communication. This implies that continuous practice will go a long way to influence good relationship with the parents. New staff should also be encouraged and retained in the profession profession by acknowledging and instituting long service award scheme.

Health care professional should be aware of how their attitude social influence and self-efficacy and intention affect nurse-parent communication. Other stakeholders in the child health

industry needs to appreciate the effectiveness of good or positive attitude, social influence, self-efficacy and behavioural intention on nurse-parent communication.

6.2.2 Implication for Nursing Research

The present study found that nurses/midwives had positive attitude, social influence. Self-efficacy and intention towards nurse-parent communication. The significant predictors of nurse-parent communication are work experience, self-efficacy and intention. This implies that nurses/midwives' self-efficacy and intention about nurse-parent communication is important. The study further found an inverse relationship between self-efficacy and nurse-parent communication.

However, the study did not obtain an in-depth knowledge pertaining to why the behaviour will decrease when the self-efficacy of the nurses/midwives is high due to the quantitative nature of the study. Therefore, other researchers could consider a qualitative study that would obtain an in-depth knowledge about nurses/midwives' self-efficacy and nurse-parent communication given that self-efficacy emerged as a significant predictor of nurse-parent communication in this present study. Additional implication to nursing/midwifery research is the use of two experimental group (enrolled and registered general nurse). This can be studied to find the group that communicates with parents of sick neonates better.

6.3 Limitations of the Study

The research was conducted in three different hospital in only one of the sixteen (16) regions in Ghana to give an overview of the current factors that influence nurse-parent communication among nurses/midwives. This is not a true representation of the actual situation in the country. Therefore, it will be ideal for a similar research to be replicated in other regions across the country.

Though steps were taken to avoid biases, the study relied on nurses/midwives which is self-reported and this may not be a true reflection of what is happening on the grounds. Also, because of its cross-sectional nature the research could not establish the cause and effect between the dependent variable and the independent variable despite the significant relationship found between attitude, social influence, self-efficacy intention and nurse-parent communication.

6.4 Conclusion

In conclusion, empirical support was found to support the ASE model. The findings of this study have revealed that greater portion of nurses/midwives communicated with parents of sick neonates and is significantly predicted by number of years worked, behavioural intention and self-efficacy. Additionally, attitude, behavioural intention, social influence and self-efficacy were positive towards nurse-parent communication. The findings show that the attitudes, social influence, together with behavioural intention have great impact on nurse-parent communication. The determination of nurse-parent communication is based on the number of years worked as a nurse, the behavioural intention and the self-efficacy of the nurses and midwives. Health care professional should be aware of how their attitude social influence and self-efficacy and intention affect nurse-parent communication

Communication has always been an important component in the health care profession. The quality of communication has a general impact on health outcomes of patients and their relatives. There is the need for nurse and midwives to improve communication with parents of sick neonates.

6.5 Recommendation

Based on the findings of this study, the following recommendation were made to the Ministry of Health, Ghana Health Services, Nursing and Midwifery Council and nursing researchers.

6.5.1 To the Ministry of Health

The Ministry of Health should:

- Strengthen good customer and communication skills policies for the country and enforce disciplinary measures when flouted.
- Develop a policy to award or acknowledge facilities with reputation.

6.5.2 To the Ghana Health Services

The Ghana Health Services should:

- Encourage good customer and communication skill policy for the country and enforce disciplinary measures when flouted in any facilities.
- Award or acknowledge facilities that get commendation from patients and relatives.

6.5.3 To the Health Facility Management

The health facility management should:

- Encourage in-service training for the staff on good and effective communication skills periodically and every new staff should undergo training in communication before they commence work.
- Apply disciplinary measures on nurses who go contrary to the code of ethics especially during communication with parents, patients and relatives and the clients should be aware of such measures.
- Train nurses/midwives to communicate effectively with parents and their relatives regardless of their level of competency.

- Motivate matrons, supervisors and co-workers to provide support to fellow colleagues to promote effective communication.

6.5.4 To Nurses and Midwifery Council

The nursing and midwifery council should:

- Include therapeutic communication in the curriculum.
- Include role play as a mode of delivery in the curriculum for nurses/midwives to understand and have first-hand information on how to communicate effectively in the hospital environment.

6.5.5 To Nursing Research

Nursing researchers should:

- Consider repeating this study in other regions in Ghana to get a general viewpoint on the subject.
- Consider a qualitative study that would obtain an in-depth knowledge about nurses/midwives' self-efficacy and nurses - parent communication.

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APPENDICES

Appendix A: Ethical clearance from Noguchi

NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH
Established 1979A Constituent of the College of Health Sciences

INSTITUTIONAL REVIEW BOARD



Phone: +233-302-916438 (Direct)
+233-289-522574
Fax: +233-302-502182/513202
E-mail: nirb@noguchi.ug.edu.gh
Telex No: 2556 UGL GH

University of Ghana
Post Office Box LG 581
Legon, Accra
Ghana

My Ref. No: DF 22
Your Ref. No:

9th January, 2019

ETHICAL CLEARANCE

FEDERALWIDE ASSURANCE FWA 00001824 **IRB 00001276**

NMIMR-IRB CPN 025/18-19 **IORG 0000908**

On 9th January 2019, the Noguchi Memorial Institute for Medical Research (NMIMR) Institutional Review Board (IRB) at a full board meeting reviewed and approved your protocol titled:

TITLE OF PROTOCOL : **Assessing nurse-parent communication among nurses in Accra Metropolis**


PRINCIPAL INVESTIGATOR : **Dede Adamtey-Tetteh, MPhil Cand.**

Please note that a final review report must be submitted to the Board at the completion of the study. Your research records may be audited at any time during or after the implementation.

Any modification of this research project must be submitted to the IRB for review and approval prior to implementation.

Please report all serious adverse events related to this study to NMIMR-IRB within seven days verbally and fourteen days in writing.

This certificate is valid till 8th January, 2020. You are to submit annual reports for continuing review.

Signature of Chair: .....
Mrs. Chris Dadzie
(NMIMR – IRB, Chair)

Appendix B: Ethical clearance from 37 Military Hospital



Institutional Review Board
37 Military Hospital
Neghelli Barracks
ACCRA

Tel: 0302 769667
Email: irbmilhosp@gmail.com

27 November 2018

ETHICAL CLEARANCE

37MH-IRB IPN 262/2018

On 25th October 2018, the 37 Military Hospital (37MH) Institutional Review Board (IRB) at a Board Meeting reviewed and approved your protocol.

TITLE OF PROTOCOL: Parent Communication in Care Delivery at the Neonatal Intensive Care Unit in Accra Metropolis.

PRINCIPAL INVESTIGATOR: Dede Adamatey-Tetteh

Please note that a final review report must be submitted to the Board at the completion of the study.

Please report all serious adverse events related to this study to 37MH-IRB within seven (7) days verbally and fourteen (14) days in writing.


This certificate is valid until 24th October 2019.


DR EDWARD ASUMANU
(37MH-IRB, Vice Chairman)

37 MILITARY HOSPITAL
INSTITUTIONAL REVIEW BOARD
DATE.....22-11-18.....

Cc: Brig Gen MA Yeboah-Agyapong
Commander, 37 Military Hospital

Appendix C: Letter of introduction



UNIVERSITY OF GHANA
DEPARTMENT OF MATERNAL AND CHILD HEALTH
SCHOOL OF NURSING

Ref. No.:SON/A.12.....

December 13, 2018

The Chairperson
NMIMR - IRB
P.O. Box LG 581
Univ. of Ghana
Legon.

Dear Sir/Madam,

LETTER OF INTRODUCTION


I write to introduce to you Adamtey-Tetteh Dede, an MPhil second year student of the School of Nursing and Midwifery.

The Scientific Review Committee of the School has approved the thesis topic "**Assessing Nurse-Parent Communication among Nurses in Accra Metropolis**".

I hope that the Institutional Review Board of Noguchi will approve the proposal to enable her collect data.

Counting on your usual co-operation.

Thank you.

Yours faithfully,


Dr Mary Ani-Amponsah
SUPERVISOR

COLLEGE OF HEALTH SCIENCES

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Appendix D: NMIMR -IRB Consent form

Consent Form

**TITLE: ASSESSING NURSE-PARENT COMMUNICATION AMONG NURSES
ACCRA METROPOLIS**

Principal Investigator: Dede Adamtey- Tetteh, MPhil Student

School of Nursing and Midwifery

University of Ghana

Legon-Accra, Ghana

Tel: 0244265185

E-mail: dede-313@yahoo.co.uk

General Information about Research

The aim of this research is to assess nurses-parent communication from nurses'/midwives' viewpoint and to find ways of strengthening nurse-parent communication. Your experience in working with parents of sick neonates on admission will help in the study. You are invited to take part of because you a nurse working in the NICU. If you agree to be in this study, you will be required to sign a consent form. It is purely for academic purpose and you reserve the right to pull out from the study at any time, but your participation is much valued and appreciated. **The questionnaire will be administered by the researcher.**

A questionnaire will be used to collect data and your participation in this study is expected to last for at least 45 minutes.

In order to be sure that you are informed about this research, you are to read this consent form carefully.



Possible Risks and Discomforts

It is not expected that you will sustain any injury by participating in this research. However, if during the answering of the questionnaire, you feel emotional about any of the question, you have the right to stop answering the questions without any sanctions.

Possible Benefits

Participating in this study would help you to appreciate factors that seek to promote good communication with parents of new born as well as barriers which hinder good interaction.

Confidentiality

Every information given would be treated with the utmost level of confidentiality.

Everything answered will be kept secret so that no one gets access to it. Your real identity will not be disclosed to anyone and any other information given by you, answered questionnaires will be kept safely under lock and made only accessible to my supervisors.

Compensation

There will be no monetary compensation for your participation in this study.

Voluntary Participation and Right to Leave the Research

Your participation in this research is voluntary and you have the right to withdraw from the study at any point in time.

Future studies

The data collected might be used for future studies, please tick the box if you agree or disagree

Agree

Disagree



Contacts for Additional Information

You have the right to contact the following in case you have any question.

Dede Adamtey – Tetteh

School of Nursing and Midwifery, University of Ghana

Legon-Accra

Ghana

Tel: 0244265185/0261855779

Email: dede_313@yahoo.co.uk

Professor Ernestina Donkor (PHD, RN, RM)

Acting Dean

School of Nursing and Midwifery

University of Health and Allied Sciences

PMB 31

Ho, Volta Region, Ghana.

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Dr. Mary Ani-Amponsah (PHD)

School of Nursing and Midwifery

University of Ghana

Legon, Accra

Tel:0244368205

Email: mary.aniamponsah@gmail.com



Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of Noguchi Memorial Institute for Medical Research (NMIMR-IRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline 0302916438 or email addresses:

nirb@noguchi.ug.edu.gh



VOLUNTEER AGREEMENT

The above document describing the benefits, risks and procedures for the research title (**Assessing nurse-parent communication among nurses in Accra metropolis**) has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

Date

Name and signature or mark of volunteer

If volunteers cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Date

Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Date

Name Signature of Person Who Obtained Consent



Appendix E: Data Collection Instrument

Data Collection Instruments

QUESTIONNAIRE/INSTRUMENT

I am an MPhil student of School of Nursing and Midwifery, University of Ghana Legon, conducting a study to **Assess nurse-parent communication among nurses in Accra Metropolis** using Knabe Ann's public relation questionnaire, self-efficacy in communication with patient based on Albert Bandura's self-efficacy questionnaire and Perceived Information and Empathic Communication-Scale (PIEC-S).

This study is purely for academic purpose and any information provided will be treated as such. To attain this purpose, your honest and genuine participation by responding to the questions prepared is very important and will be highly appreciated. Your answers are completely confidential. Your participation in this study is expected to last at least 45 minutes. Please contact me for further clarification on 0244265185

Thank You.

SECTION A

This is your demographic information. Please kindly circle the appropriate answer of your choice and/or write in the open space (.....) if applicable

1. What is your gender?
 - Male
 - Female.....
2. How many years have you been working in this unit/ department?
 - 0 to 5years
 - 6-10years
 - 11-15years
 - More than 15 years
3. How many years have you been working as a nurse?



- 11-15years
 - More than 15 years
4. What is your job title?
- Enrolled nurse
 - Diploma Nurse
 - Degree Nurse
 - Other, please specify.....
5. Which age group do you belong?
- 21- 30years
 - 31-40years
 - 41-50years
 - 50-60years
6. What is your ethnicity?
- Ga-Dangme
 - Akan
 - Ewe
 - Mole- Dagbani
 - Guan
 - Other, please specify _____
7. What is your highest education level?
- Diploma
 - Bachelor's degree
 - Master's degree
 - Ph.D.
 - Other, please specify _____



8. What is your rank?

- Enrolled Nurse
- Senior enrolled nurse
- Principal enrolled nurse
- Staff nurse/midwife
- Senior staff nurse/midwife
- Nursing/midwifery Officer
- Senior Nursing/midwifery Officer
- Principal Nursing/midwifery Officer
- Deputy Director of Nursing Services

SECTION B:

This group of questions is on Attitude. Please circle the number that reflects your opinion. Read the statement carefully. The answers are on continuous scale and the middle point is neutral.

For me, communicating with parent of sick neonates when they come to this unit would be

9. Good: 1 : 2 : 3 : 4 : 5 : 6 : 7 : Bad
10. Pleasant: 1 : 2 : 3 : 4 : 5 : 6 : 7 : Unpleasant
11. Harmful: 1 : 2 : 3 : 4 : 5 : 6 : 7 : Beneficial
12. Useful: 1 : 2 : 3 : 4 : 5 : 6 : 7 : Useless
13. Foolish: 1 : 2 : 3 : 4 : 5 : 6 : 7 : Wise
14. Rewarding: 1 : 2 : 3 : 4 : 5 : 6 : 7 : Punishing
15. Unenjoyable: 1 : 2 : 3 : 4 : 5 : 6 : 7 : Enjoyable
16. Desirable: 1 : 2 : 3 : 4 : 5 : 6 : 7 : Undesirable
17. Important: 1 : 2 : 3 : 4 : 5 : 6 : 7 : Unimportant
18. Valuable: 1 : 2 : 3 : 4 : 5 : 6 : 7 : Worthless



SECTION C

The following statement refers to the influence of significant others (social norm). Please circle the number that reflects your opinion. Read the statement carefully. The answers are on continuous scale and the middle point is neutral.

19. My department chair (supervisor or department head) thinks that _____ communicate with the parents of sick neonate.
I should: 1 : 2 : 3 : 4 : 5 : 6 : 7 : I should not
20. My co-workers think that _____ communicate with parents of sick neonate.
I should: 1 : 2 : 3 : 4 : 5 : 6 : 7 : I should not
21. My nursing peers within the nursing discipline think _____ communicate with parent of sick neonate.
I should: 1 : 2 : 3 : 4 : 5 : 6 : 7 : I should not
22. The matron or unit In charge thinks that _____ communicate with parent of sick neonate.
I should: 1 : 2 : 3 : 4 : 5 : 6 : 7 : I should not
23. When it comes communicating with a parent of sick neonate, how much do you want to do what your department chair thinks you should do?
Not at all 1 : 2 : 3 : 4 : 5 : 6 : 7 : Very much
24. When it comes to communicating a with a parent of sick neonate in the next 12 months, how much do you want to do what your matron thinks you should do?
Not at all 1 : 2 : 3 : 4 : 5 : 6 : 7 : Very much
25. When it comes to communicating with a parent of sick neonate, how much do you want to do what your co-workers think you should do?
Not at all 1 : 2 : 3 : 4 : 5 : 6 : 7 : Very much



SECTION D

The following statements explain the self-efficacy. Please tick the number that is most accurately reflect your opinion. Read the statement carefully. Please demonstrate how confident you feel in your ability to successfully manage each of these situations.

Answer categories: 1 =not confident at all, 2 =little confident, 3 =Neither, 4 = somewhat confidence, 5= Totally confident.

	STATEMENT	1	2	3	4	5
26.	Initiate a discussion with a parent about his or her concerns					
27.	Encourage a parent to talk about emotional concerns					
28.	Explore a parent intense feeling like anger					
29.	End a conversation by summarizing problems and an agreed plan of action.					
30.	Assess symptoms of anxiety and depression of a parent with a sick neonate.					
31.	Break bad news to a parent					
32.	Confront a parent in an appropriate way with something they are in denial about?					
33.	Help a parent deal with the uncertainty of his/her child's situation					

SECTION E

The following statements refer to your intention to communicate. Please circle the number that reflect your opinion. Read the statements carefully. The answers are on continuous scale and the middle point is neutral. Your opinions and perceptions are valued

34. I intend to communicate with parent of sick neonate in the next 12 months:

Extremely Likely: 1 : 2 : 3 : 4 : 5 : 6 : 7 : Extremely Unlikely

35. I have decided to communicate with parent of sick neonate in the next 12 months:

Definitely True: 1 : 2 : 3 : 4 : 5 : 6 : 7 : Definitely False

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36. I am determined to communicate with parent of sick neonate in the next 12 months:
Strongly Agree: 1 : 2 : 3 : 4 : 5 : 6 : 7 : Strongly Disagree

37. For me to communicate with a parent of sick neonate in the next 12 months would be
Impossible: 1 : 2 : 3 : 4 : 5 : 6 : 7 : Possible

SECTION F

The following statement deals with your behaviour related to communication as a nurse. Please tick the number that most accurately reflect your response to how you behave with regards to each of the statement. Read the statement carefully. The answers are on continuous scale. Answer categories: 1 =very positively, 2 = positively, 3 = negatively, 4 = very negatively

	STATEMENT	1	2	3	4
38.	Information on medical diagnosis of the child				
39.	Information on the medication the child receives				
40.	Information on technical equipment at the bedside of the child				
41.	Information on daily workflows on the NICU				
42.	Information on daily routine at the bedside of the child				
43.	Information on ways to encourage in supply for the child				
44.	Information on ways to spend time with the child				
45.	Information on whether the child will later develop as well as other peers				
46.	Introduction of the parent to the NICU when visiting the child for the first time.				
47.	Information on how the parent can find their way in the hospital				
48.	Information on how the parents get to know other parents of pre-term infants				
49.	Information on how the parent can handle current stress				

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50.	Information on how the parent can cope with the formal effort				
51.	Information on the probability that the child will have health restrictions after discharge				
52.	Information on how severe the child will later be affected by health restrictions				
53.	Information on supply of the child after discharge				
54.	Provide comprehensive information very well to the parents				
55.	Listens to parents very well				
56.	Parents are able to speak about their thoughts, feelings and concerns.				
57.	Interested in the parent's appraisal of the child's situation				



Appendix F: Ethical clearance from Ghana Health Service ERC

GHANA HEALTH SERVICE ETHICS REVIEW COMMITTEE

In case of reply the number and date of this Letter should be quoted.



MyRef: GHS/RDD/ERC/Admin/App 19/013
Your Ref. No.

Dede Adamtey-Tettey
University of Ghana
School of Nursing and Midwifery
P.O. Box LG43
Legon- Accra

Research & Development Division
Ghana Health Service
P. O. Box MB 190
Accra
Tel: +233-302-681109
Fax + 233-302-685424
Email: ghserc@gmail.com
8th January, 2019

The Ghana Health Service Ethics Review Committee has reviewed and given approval for the implementation of your Study Protocol.

GHS-ERC Number	GHS-ERC026/11/18
Project Title	Assessing Nurse-Parent Interaction in the Care Delivery at the Neonatal Intensive Care Unit in Accra Metropolis
Approval Date	8 th January, 2019
Expiry Date	7 th January, 2020
GHS-ERC Decision	Approved

This approval requires the following from the Principal Investigator

- Submission of yearly progress report of the study to the Ethics Review Committee (ERC)
- Renewal of ethical approval if the study lasts for more than 12 months,
- Reporting of all serious adverse events related to this study to the ERC within three days verbally and seven days in writing.
- Submission of a final report after completion of the study
- Informing ERC if study cannot be implemented or is discontinued and reasons why
- Informing the ERC and your sponsor (where applicable) before any publication of the research findings.

Please note that any modification of the study without ERC approval of the amendment is invalid.

The ERC may observe or cause to be observed procedures and records of the study during and after implementation

Kindly quote the protocol identification number in all future correspondence in relation to this approved protocol

SIGNED.....
DR. CYNTHIA BANNERMAN
(GHS-ERC CHAIRPERSON)