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NURSES AND PARENTAL SUPPORT IN NEONATAL INTENSIVE CARE UNIT: RELATIONAL IMPACT AND CARE STRATEGIES

ABSTRACT

Introduction:
Admission to the Neonatal Intensive Care Unit (NICU) is an extremely stressful experience for parents, who are confronted with the vulnerability of their newborn in a highly medicalized context. Communication and emotional support provided by nursing staff are fundamental elements to improve the parents' experience and encourage their involvement in neonatal care.
However, the quality of communication and the variability of emotional support can have a significant impact on the psychological well-being of families. This study evaluates the parents' experience in the NICU, focusing on the influence of nursing support, the quality of communication and the level of parental participation in the care of the newborn.

Objective:
To evaluate the qualitative and quantitative impact of nursing care provided to parents of patients admitted to the Neonatal Intensive Care Unit (NICU).

Methods:
The study adopted a mixed research design, which combined quantitative and qualitative data collection techniques to provide a complete and comprehensive view of the parents' experience in Neonatal Intensive Care (NICU).
The mixed approach was chosen because it allows to integrate the robustness and relevance of quantitative data with the depth and context of individual experiences explored through the qualitative approach. The study sample was selected through a non- probability sampling with purposive selection, involving 86 parents of newborns admitted to a Neonatal Intensive Care unit.
For the qualitative study, 10 semi-structured interviews with parents who had previously completed the questionnaire were selected. Data were collected through two main tools: a structured questionnaire and semi-structured interviews.
The quantitative questionnaire, administered to all participants, collected information regarding parents' perception of the quality of care received, with particular attention to the behavior of nursing and medical staff, emotional support, communication

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and parental involvement in care. The answers, with numerical and Likert questions, were analyzed using descriptive statistics.
The semi-structured interviews, conducted with 10 parents, allowed us to explore in depth their emotional and relational experiences during the hospitalization of their newborn. The testimonies were analyzed using thematic analysis to identify the main themes emerging from the answers.
Participants and research context: The study sample was selected by involving 86 parents of newborns hospitalized in a Neonatal Intensive Care Unit.

Ethical Considerations:
This sampling was chosen to ensure the inclusion of parents who had direct experience with NICU admission, providing a solid basis for exploring perceptions and experiences related to nursing support and communication during the hospitalization of the newborn.

Results:
The sociodemographic data of the participants revealed that 93% of the respondents were female and 7% were male. Regarding education, 45.3% of the parents had a university degree, 44.2% had a high school diploma, and only 9.3% had a middle school diploma.
In relation to the experience in the NICU, 74.4% of the parents perceived the medical staff as kind and helpful, while 70.9% positively evaluated the behavior of the nursing staff. 65.1% of the parents stated that they received information on the status of the newborn mainly from doctors, while 33.7% received information from nurses. Regarding breastfeeding support, 69.8% of the mothers received help from nurses, while 65.1% of the newborns were breastfed. Kangaroo Therapy was practiced by 66.3% of the parents, but 33.7% stated that they had not had access to this practice. Qualitative analysis confirmed that nursing staff play a crucial role in emotional support and managing parental anxiety, with 52.3% of parents stating that the behavior of healthcare staff significantly influenced their perception of the experience.

Conclusions:
The results suggest that nursing support has a significant impact on parents' psychological well-being during NICU stay. Empathic and continuous communication is essential to reduce anxiety and improve parental involvement. However, variability in nurses' approach may negatively impact parents' experience, with some perceiving variable availability. Furthermore, Kangaroo Therapy and breastfeeding support are considered crucial aspects, but not always guaranteed uniformly.
Hospital policies should promote standardization of care practices, improve nurses' training on empathic communication and ensure greater parental involvement in newborn care.
Staff shortages and heterogeneity in nurses' attitudes are issues that require intervention, particularly in SubNICU settings, to improve the quality of support provided.

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RIASSUNTO

Introduzione:
Il ricovero in Terapia Intensiva Neonatale (UTIN) è un'esperienza estremamente stressante per i genitori, che si confrontano con la vulnerabilità del loro neonato in un contesto altamente medicalizzato. La comunicazione e il supporto emotivo forniti dal personale infermieristico sono elementi fondamentali per migliorare l'esperienza dei genitori e incoraggiare il loro coinvolgimento nell'assistenza neonatale. Tuttavia, la qualità della comunicazione e la variabilità del supporto emotivo possono avere un impatto significativo sul benessere psicologico delle famiglie. Questo studio valuta l'esperienza dei genitori in Terapia Intensiva Neonatale (UTIN), concentrandosi sull'influenza del supporto infermieristico, sulla qualità della comunicazione e sul livello di partecipazione dei genitori all'assistenza del neonato.

Obiettivo:
Valutare l'impatto qualitativo e quantitativo dell'assistenza infermieristica fornita ai genitori di pazienti ricoverati in Terapia Intensiva Neonatale (UTIN).

Metodi:
Lo studio ha adottato un disegno di ricerca misto, che ha combinato tecniche di raccolta dati quantitative e qualitative per fornire una panoramica completa e completa dell'esperienza dei genitori in Terapia Intensiva Neonatale (UTIN).
L'approccio misto è stato scelto perché permette di integrare la robustezza e la rilevanza dei dati quantitativi con la profondità e il contesto delle esperienze individuali esplorate attraverso l'approccio qualitativo.
Il campione di studio è stato selezionato attraverso un campionamento non probabilistico con selezione intenzionale, coinvolgendo 86 genitori di neonati ricoverati in Terapia Intensiva Neonatale.
Per lo studio qualitativo, sono state selezionate 10 interviste semi-strutturate con genitori che avevano precedentemente compilato il questionario.
I dati sono stati raccolti attraverso due strumenti principali: un questionario strutturato e interviste semi-strutturate. Il questionario quantitativo, somministrato a tutti i partecipanti, ha raccolto informazioni sulla percezione dei genitori della qualità dell'assistenza ricevuta, con particolare attenzione al comportamento del personale infermieristico e medico, al supporto emotivo, alla comunicazione e al coinvolgimento dei genitori nell'assistenza. Le risposte, con domande numeriche e Likert, sono state analizzate utilizzando statistiche descrittive. Le interviste semi-strutturate, condotte con 10 genitori, hanno permesso di esplorare in profondità le loro esperienze emotive e relazionali durante l'ospedalizzazione del loro neonato.
Le testimonianze sono state analizzate utilizzando l'analisi tematica per identificare i temi principali emersi dalle risposte. Partecipanti e contesto della ricerca: Il campione di studio è stato selezionato coinvolgendo 86 genitori di neonati ricoverati in Terapia Intensiva Neonatale.

Considerazioni Etiche:
Questo campionamento è stato scelto per garantire l'inclusione di genitori con esperienza diretta del ricovero in Terapia Intensiva Neonatale (TIN), fornendo una solida base per esplorare percezioni ed esperienze relative al supporto infermieristico e alla comunicazione durante il ricovero del neonato.

Risultati:
I dati sociodemografici dei partecipanti hanno rivelato che il 93% degli intervistati era di sesso femminile e il 7% di sesso maschile.
Per quanto riguarda il livello di istruzione, il 45,3% dei genitori aveva una laurea, il 44,2% un diploma di scuola superiore e solo il 9,3% un diploma di scuola media. In relazione all'esperienza in Terapia Intensiva Neonatale, il 74,4% dei genitori ha percepito il personale medico come gentile e disponibile, mentre il 70,9% ha valutato positivamente il comportamento del personale infermieristico.
Il 65,1% dei genitori ha dichiarato di aver ricevuto informazioni sulle condizioni del neonato principalmente dai medici, mentre il 33,7% ha ricevuto informazioni dagli infermieri. Per quanto riguarda il supporto all'allattamento, il 69,8% delle madri ha ricevuto assistenza da infermieri, mentre il 65,1% dei neonati è stato allattato al seno.
La Marsupioterapia è stata praticata dal 66,3% dei genitori, ma il 33,7% ha dichiarato di non avervi avuto accesso. L'analisi qualitativa ha confermato che il personale infermieristico svolge un ruolo

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cruciale nel supporto emotivo e nella gestione dell'ansia genitoriale, con il 52,3% dei genitori che ha affermato che il comportamento del personale sanitario ha influenzato significativamente la loro percezione dell'esperienza.

Conclusioni:
I risultati suggeriscono che il supporto infermieristico ha un impatto significativo sul benessere psicologico dei genitori durante la degenza in TIN.
Una comunicazione empatica e continua è essenziale per ridurre l'ansia e migliorare il coinvolgimento dei genitori.
Tuttavia, la variabilità nell'approccio degli infermieri può influire negativamente sull'esperienza dei genitori, con alcuni che percepiscono una disponibilità variabile. Inoltre, la Marsupioterapia e il supporto all'allattamento sono considerati aspetti cruciali, ma non sempre garantiti in modo uniforme.
Le politiche ospedaliere dovrebbero promuovere la standardizzazione delle pratiche assistenziali, migliorare la formazione degli infermieri sulla comunicazione empatica e garantire un maggiore coinvolgimento dei genitori nell'assistenza neonatale.
La carenza di personale e l'eterogeneità negli atteggiamenti degli infermieri sono problemi che richiedono un intervento, in particolare nelle unità di terapia intensiva neonatale secondaria, per migliorare la qualità del supporto offerto.

INTRODUCTION

The present study aims to analyse the role of nurses in the Neonatal Intensive Care Unit (NICU) and to evaluate the impact that this professional figure has on the parents' experience during the hospitalisation of their newborn.
Hospitalisation in the NICU represents a highly traumatic event for families, characterised by an intense emotional burden linked to the fragile condition of the newborn and the highly medicalised environment in which they are suddenly immersed[(1)].

Numerous studies have shown how the way in which nurses relate to parents can significantly influence their ability to adapt to the situation. In fact, while in other clinical settings the patient can interact directly with the healthcare staff, in the NICU the infant is not able to express needs or emotions. Consequently, nurses assume a key role not only in the clinical management of the newborn, but also in the emotional and psychological support of the parents, facilitating their active involvement in the care pathway. This thesis aims to investigate whether and to what extent nursing support is perceived by parents as a determining element in the process of adaptation and acceptance of their child's hospitalization [(2) (3)].

The aim is to understand whether the relationship with nurses can represent effective support or whether there are aspects in the nursing and communication approach that can be improved. The analysis was conducted through the administration of an online questionnaire, disseminated in various NICUs nationwide, and an interview with a small sample of parents who had experienced the NICU.
These survey instruments made it possible to collect data on parents' experiences, assessing their perception of the nursing support they received and any criticalities they encountered.
According to the Ministry of Health, in Italy approximately 10% of newborns are born premature or with congenital pathologies, highlighting the importance of the NICU not only for the clinical management of the newborn, but also for family support.
Premature birth or the diagnosis of a neonatal pathology are events that can generate anxiety, fear

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and a sense of helplessness in parents, making the intervention of professionals capable of providing adequate emotional and informative support essential. In this context, the NICU nurse acts as the main mediator between the family and the medical personnel, facilitating the understanding of clinical information, offering reassurance and encouraging the parents' involvement in the care process.

The ability to establish an empathic relationship with families is therefore a key element in improving the quality of the parents' experience during their NICU stay. Through the analysis of the data collected, this study aims to outline the perceived role of the nurse in managing the emotional and practical journey of parents, highlighting any critical issues and proposing strategies to optimise the support offered. *(4) (5)*

MATERIALS AND METHODS

AIM OF THE STUDY:

The aim of this study is to investigate the importance of nursing in the Neonatal Intensive Care Unit (NICU), with a focus on the impact that the presence and interaction of nurses has on parents' perception and experience.

The research hypothesis is that the support provided by nurses in the NICU, both practically and emotionally, can significantly influence how parents cope with the hospitalization of their child. Furthermore, the study aims to highlight possible criticalities in nursing care and to propose possible strategies for improvement.

The study took place in June- December 2024 and used a mixed methodology, combining a quantitative survey (questionnaire) with an in-depth qualitative analysis (interviews with parents).

STUDY DESIGN:

To meet the research objectives, a mixed-methods methodology was adopted, combining:

1. A quantitative survey by means of a structured questionnaire, administered to a sample of parents of infants admitted to the NICU.
2. A qualitative survey based on semi-structured interviews with a subgroup of parents, with the aim of investigating their experience and perception of nursing support.

The use of a mixed methodology allows the data to be triangulated and provides a more complete and articulated picture of the parental experience in the NICU*(6)*.

POPULATION AND SAMPLE:

The study involved two groups of participants:

1. Sample for the quantitative survey
   - Parents who had a child admitted to the NICU in Italy in the last five years.
   - Recruitment took place through the online distribution of a questionnaire, shared through a QR code within the NICU of the S. Francesco Hospital in Nuoro and disseminated on social groups dedicated to parents of premature infants.
   - 86 valid responses were collected.
2. Sample for the qualitative survey
   - A sub-group of 10 parents participated in individual interviews, provided in written form, based on an explicit request to share their experience.
   - Participants were selected from among those who had previously filled in the questionnaire and given their willingness to recount their experience in more detail.

ETHICAL IMPLICATIONS:

This study was conducted in accordance with the Declaration of Helsinki, the Italian Data Protection Act (Decree No. 196/2003) and the General Data Protection Regulation (GDPR- EU 2016/679). Interviews were authorized by the NICU chief and all participating parents.

Collaboration on the project took place entirely voluntarily; the subjects involved also had the possibility to interrupt their participation at any time. The anonymity of the data was guaranteed.

To ensure the confidentiality of the focus group data, numeric codes (int. no.) were used to identify the participants.

DATA COLLECTION INSTRUMENTS:

Closed-ended questionnaire

The main tool for collecting quantitative data was a questionnaire created with Google Forms, consisting of 20 questions divided into the following sections:

1. Socio-demographic data: age, sex, educational qualification, employment status, marital status.

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2. Experience of pregnancy and childbirth: week of gestation, type of delivery, possible complications.
3. Experience in the NICU:
   - Kindness and helpfulness of nursing staff.
   - Main source of information about infant's condition (doctor vs. nurse).
   - Experience of breastfeeding and support received.
   - Practice of Kangaroo Therapy.
   - Overall evaluation of NICU experience.
4. Impact of nursing staff:
   - Influence of nursing attitude on the perception of the NICU experience.

All data collected was anonymised to ensure the confidentiality of participants, in accordance with the General Data Protection Regulation (GDPR - EU 2016/679).
The data collected through the questionnaire were analysed using descriptive statistics, with the elaboration of:

- Frequency distributions (percentages of answers for each question).
- Comparative graphs to compare different experiences (e.g. differences in perception between mothers and fathers).

OPEN INTERVIEWS:

To supplement the quantitative analysis, written testimonies were collected by means of semi-structured interviews.

1. Participants were asked to freely narrate their experience in the NICU, with a focus on the role of nurses.
2. Anonymity was ensured by reporting only the first name and omitting the name of the referring hospital.

The guiding questions used for the interview were:

1. What was your experience with the nursing staff in the NICU?
2. What positive and supportive aspects did you find?
3. Did you experience difficulties or critical issues in your relationship with the nurses?
4. How much did the nursing staff influence your perception of the experience?

The collected testimonies were analysed using the method of thematic analysis, dividing the answers into recurring categories. Four main themes were identified:

1. Emotional and human support: the role of nurses in providing psychological support to parents.
2. Educational and informational role: the involvement of nurses in explaining the infant's condition.
3. Participation in care: the possibility for parents to be actively involved in the child's care (e.g. Cangaroo Therapy).
4. Critical issues and aspects that could be improved: variability in staff attitudes and difficulties perceived by parents [(7) (8)].

Each category was supported with direct excerpts from the interviews to give voice to the participants and provide a more realistic picture of the lived experience.

DATA ANALYSIS

RESULTS OF THE QUANTITATIVE ANALYSIS:

The analysis of the data collected through the questionnaire provided a detailed overview of the parents' perception of the care received in the Neonatal Intensive Care Unit (NICU).
The sample was predominantly composed of women (93%), with a limited presence of fathers (7%). 45.3% of the participants had a university degree and 81.4% were permanently employed.

Most of the respondents were married (75.6%) and aged over 34 years (79.1%). The prevailing maternal age at delivery ranged between 30 and 39 years (56.9%), with babies mainly premature between the 25th and 34th week of gestation (77.9%).
The majority of pregnancies (45.3%) were described as having some difficulties; delivery was mainly by caesarean section (73.3%), with complications reported in 26.7% of cases.
During admission to the NICU, 74.4% of the parents perceived the behaviour of the medical staff positively, while 70.9% rated the nursing staff positively, although 25.6% noted a variability in the availability of the nursing staff (**figure 1**) 65.1% of the participants received information mainly from doctors, and 33.7% from nurses. (**figure 2**)

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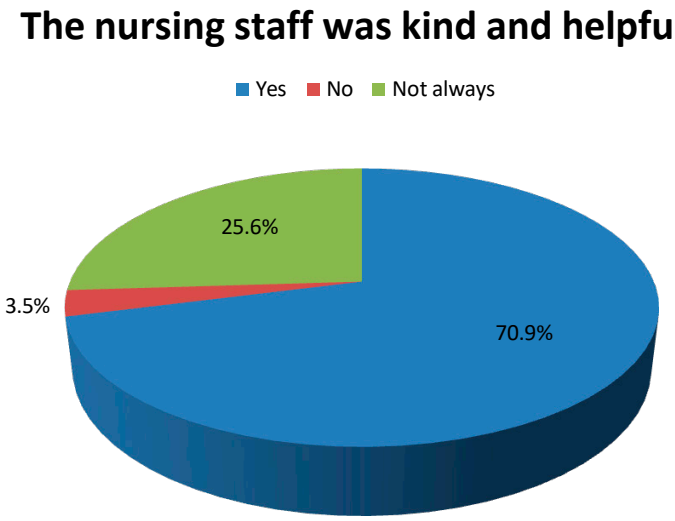

Fig.1
The nursing staff was kind and helpful?

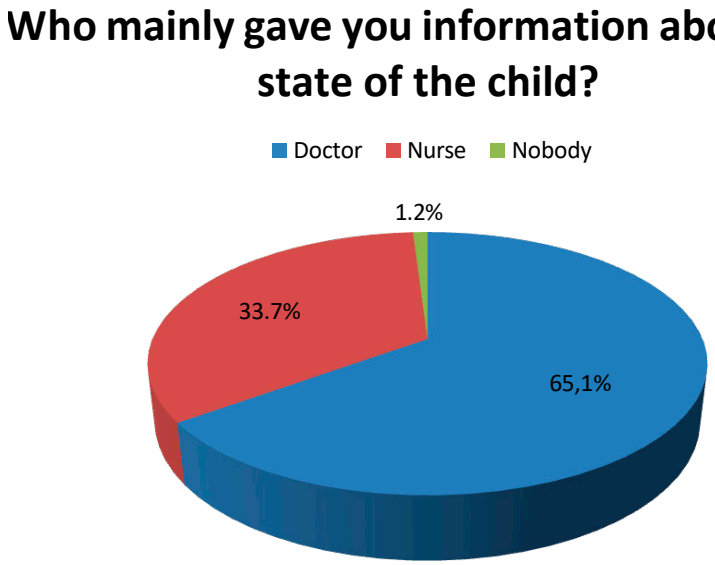

Fig.2
Who mainly gave you information about the state of the child?

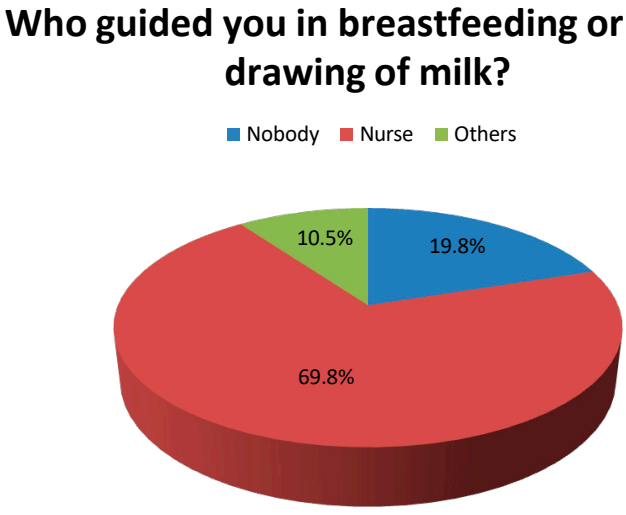

Fig.3
Who guided you in breastfeeding or in the drawing of milk?

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Breastfeeding support was provided to 69.8% of the mothers (**figure 3**), while 66.3% of the parents were provided with Kangaroo Care (Kangaroo Therapy). (**figure 4**).

Finally, 67.4% of the parents reported an overall positive perception of their experience in the NICU (**figure 5**). 52.3% stated that the behaviour of the healthcare staff significantly influenced their perception of the experience, highlighting the crucial role of the staff in the emotional and practical management of the families (**figure 6**).

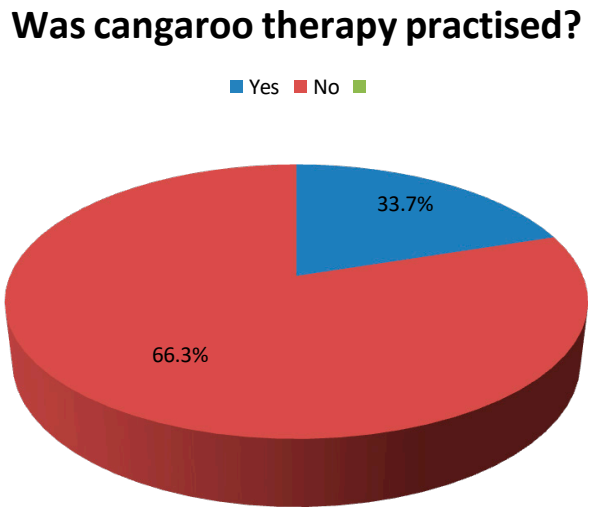

Fig.4
Was cangaroo therapy practised?

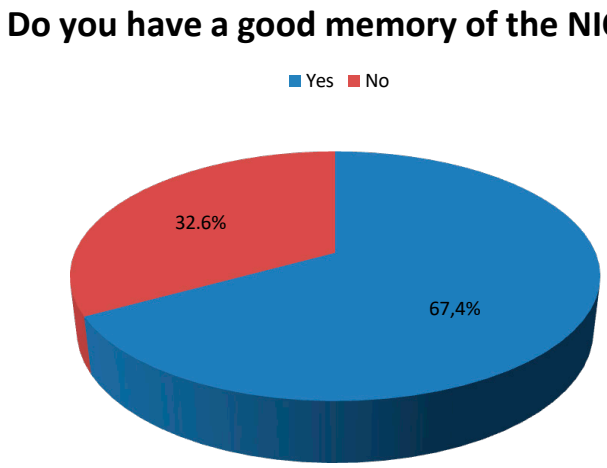

Fig.5
Do you have a good memory of NICU?

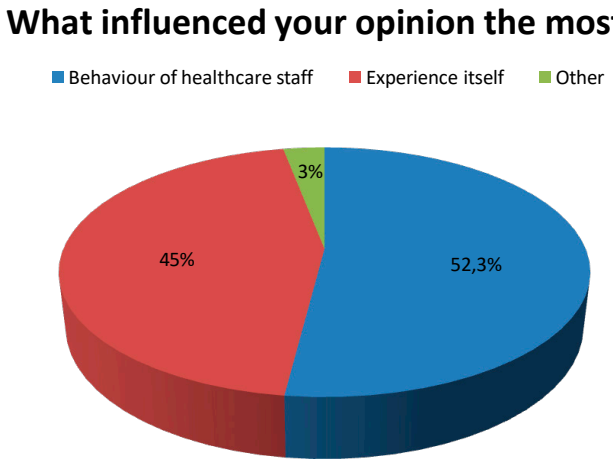

Fig.6
What influenced your opinion the most?

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RESULTS OF THE QUALITATIVE ANALYSIS:

The qualitative analysis, carried out through semi-structured interviews collected from 10 parents, allowed us to explore the subjective perception of the experience in the Neonatal Intensive Care Unit (NICU). Four main themes emerged from the interviews:

1. **Emotional support provided by nurses:**

Respondents emphasised the crucial importance of the emotional support received from nurses. Kindness, empathy and helpfulness were frequently cited as crucial in stress management:

'*The nurses have been my lifeline. They welcomed me with kindness, gave me courage in difficult moments and taught me how to take care of my baby*' (Tiziana).

'*The nurses were more than just professionals: they were our family, they supported us in the most difficult moments*' (Greta).

2. **Importance of communication and information received:**

Clarity and continuity of information were perceived as crucial. Many parents emphasised the crucial role of nurses in providing understandable and reassuring information, despite some problems with information consistency:

'*The nurses always explained to me what was going on, without using overly technical words. This helped me to feel involved and less helpless*' (Edoardo).

'*The medical staff was professional, but it was the nurses who gave us the daily news and answered our questions*' (Alessandra).

'*I found myself in difficulty because some nurses said one thing, others the opposite. A more coordinated system would have been better*' (Paola).

3. **Parental involvement in the newborn's care**

Practical involvement in the care of one's own child was perceived as highly positive and rewarding, although there were differences in the approach between nurses:

'*At first I felt I was just a bystander, but the nurses guided me step by step, teaching me how to change the nappy, practice Kangaroo Therapy and use the breast pump*' (Angela).

'*Some nurses were great and made me feel involved, others seemed annoyed by our questions and treated us aloof*' (Antonella).

4. **Perceived criticalities in nursing care**

Despite the general appreciation, problems related to staff shortages, variability in the quality of the support offered and the perceived judgement of the operators were highlighted:

'*In the SubTIN the staffing was insufficient. There were times when one nurse had to manage too many children at the same time*' (Alessandra).

'*One nurse made me feel inadequate because I was exhausted and couldn't stay on the ward all the time*' (Paola).

DISCUSSION AND COMPARISON WITH LITERATURE

The present study analysed the role of nurses in the Neonatal Intensive Care Unit (NICU), investigating the impact of nursing support on parents' lived experience.

Through a mixed methodological approach, integrating quantitative and qualitative data, it was possible to obtain an in-depth and comprehensive view of the phenomenon, highlighting strengths and weaknesses that deserve attention for the continuous improvement of clinical practice [(9)].

The quantitative analysis clearly shows that the nursing staff is perceived positively by the majority of parents (70.9%), in terms of kindness, helpfulness and emotional support. This figure confirms the crucial importance of nurses as the main reference in the emotional management of parents during their stay in the NICU [(10)].

In spite of this largely positive judgement, about a quarter of the parents (25.6%) report considerable variability in the nurses' behaviour and approach to care, revealing how the quality of support can be uneven.

These aspects are further confirmed by the qualitative analysis of the interviews, in which the participants describe experiences of great emotional support from some nurses and communication or relational difficulties with others.

The emotional support provided by nurses appears fundamental in mitigating anxiety, stress and feelings of helplessness, elements frequently associated with

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NICU hospitalisation. Several parents have described nurses as reassuring and familiar figures, capable of offering practical and psychological support that is indispensable in facing the difficult experience of neonatal hospitalisation [(11) (12)].

At the same time, the importance of communication between healthcare personnel and parents clearly emerges. The data collected show that in 33.7% of cases nurses are the main and preferred source of information regarding the newborn's state of health. The direct, clear and terminology-free communication used by nurses seems to encourage greater parental involvement in care, contributing to a decrease in perceived stress [(13)].

However, the presence of inhomogeneity in communication, resulting from shifts or personal differences, is a critical issue that needs to be addressed through increased training and standardisation of communication procedures.

Parental involvement in newborn care, especially through practices such as Kangaroo Therapy and breastfeeding support, was highlighted as one of the most positive elements of the NICU experience. Although the practice of Kangaroo Therapy is widespread (66.3% of participants), about one third of parents report not having had this opportunity, indicating the need for greater homogeneity in care practices. Similarly, although nursing support for breastfeeding is widespread, almost 20% of mothers did not receive the necessary support, showing a significant area for improvement in the specific training of nurses [(14) (15)].

These results are consistent with what is reported in the international literature, where it is emphasised that the nurse is not an exclusively clinical figure, but plays a decisive role in the emotional and psychological support to the parents of newborns admitted to the NICU (Amato, 2021; Colombo, 1996) [(7)].

The literature confirms the importance of effective communication to reduce parental stress and improve active participation in care (Matricardi and De Carolis, 2022) [(9)]. However, similarly to what has been observed in this study, other authors have reported that communication can be negatively affected by structural issues, such as staff shortages and rostering (Società Italiana di Neonatologia, 2011) [(10)].

With regard to breastfeeding support, previous studies and international guidelines (WHO, ESPGHAN) [(16) (17)] agree on the centrality of the nursing role in fostering this essential practice. The literature points out that specific lactation education is a critical and often neglected aspect of general nursing education, suggesting the need for greater educational investment in this area (Basso, 2016)[(11)].

With reference to Kangaroo Therapy, numerous researches confirm its importance in stabilising neonatal parameters and strengthening the parent-child bond, indicating that the disparities found between facilities or specific cases, as emerged from this study, should be addressed with uniform organisational policies and shared protocols (Società Italiana di Neonatologia, 2011) [(10) (18)].

STUDY LIMITATIONS

It is important to emphasize some methodological and structural limitations of this study. First of all, the sample is predominantly female (93%), limiting the representativeness of fathers' experiences. This imbalance suggests the appropriateness of further studies aimed at investigating the paternal experience in the NICU.

The retrospective method, based on subjective memories, may also have introduced a memory bias, affecting the accuracy and completeness of the data collected.

A possible limitation of the study is the failure to record the family situation of the participants, in particular regarding the presence or absence of the partner during the period of hospitalization in the NICU.

It is therefore not possible to establish whether some questionnaires were filled out by parents who faced the experience alone, a condition that could have affected the perception of the support received and, more generally, the experience itself, by virtue of a potentially greater emotion and managerial burden.

However, this observation opens interesting perspectives for future qualitative investigations, aimed at specifically exploring the effectiveness of nursing support in situations of particular vulnerability, such as in the case of single parents.

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The relatively limited qualitative sample size (10 interviews) and the selection of participants by means of an online questionnaire represent further limitations that reduce the possibility to fully generalize the results.

CONCLUSIONS AND IMPLICATIONS FOR CLINICAL PRACTICE

In conclusion, this study has clearly shown that nurses play a decisive role in the parents' lived experience during admission to the NICU.

Empathy, helpfulness, and effective and continuous communication by nurses are crucial to the psychological and practical well-being of parents, although there is still significant room for improvement [(19) (20)].

In light of the findings, some concrete practical implications for improving nursing care in the NICU are proposed:

1. Improve training on communication and emotional support, through specific courses on relational and communicative management.
2. Standardise the active involvement of parents in the care of the newborn, promoting homogeneity of care practices.
3. Strengthening human resources, avoiding excessive workloads in order to always guarantee high quality standards.
4. Encouraging specific training on breastfeeding support to ensure uniform and effective support.
5. Ensure the widespread accessibility of Kangaroo Therapy, by including it permanently in the care protocols of the various facilities.

Investing in specific training and enhancing the relational and caring skills of nursing staff could significantly improve the parents' experience, contributing positively to the general perception of admission to the neonatal intensive care unit and reducing possible negative emotional consequences in the long term [(21) (22)].

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