

Nursing Research Paper

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Introduction

A study by Naugler and DiCarlo (2018) rates "Sudden Infant Death Syndrome" (SIDS) as one of the major causes of deaths of infants in the U.S. According to Moon, Hauck, and Colson (2016), more than 4000 SIDS-related infant deaths are registered in the U.S. every year (p.67). No precise causes of SIDS have been documented, but an apparent correlation has been found between both sleep environment and infant positioning and risks of SIDS (Myers, 2016). A preponderance of evidence demonstrates that nurses on Mother-Baby-Units are not as knowledgeable as they need be around AAP Safe Baby Sleeping practices, and that is why cases SIDS-related infants' deaths have been on the rise (Naugler & DiCarlo, 2018; Bartlow et al., 2016). AAP baby sleeping practices are recommendations given by the APP (American Academy of Pediatrics) regarding how to establish a safe sleeping environment for newborns (Goetter & Stepan, 2005). This study will use both qualitative and quantitative research designs to investigate this problem: nurses on Mother-Baby-Units are not as knowledgeable as they need be around American Academy of Pediatric Safe Baby sleeping practices. Due to the limitation of literature on this topic, a combination of these two research designs will provide a richer and more detailed understanding of the overall knowledge nurses and parents about AAP safe baby sleeping environment and practices.

Research design

The study will be observational, qualitative and quantitative. Quantitative research will be conducted by using questionnaires while qualitative research will be conducted through observation. The study will be carried out at infant postpartum nurseries in two different hospitals (A and B) in New York City. Staff nurses handling infants in the two hospitals will not be informed

about the specific purpose of observation to avoid creating any alarms, but the directors of the nursing units will be made aware. Observations will be carried out in the postpartum nurseries where newborns are taken care of by registered nurses rather than caretakers or their mothers. No requests will be made to nurses to bring infants for observation. Each observation will include one observer who will observe the nursery at a particular time. Observers will note the position of infants (left-lateral, supine, prone or right-lateral) and other items within the crib of the infants like blankets. Anonymous self-administered questionnaires will be used to measure the attitudes and knowledge of nurses. The questionnaires will test the nurses' knowledge about SIDs, their reported practice and attitudes toward SIDs. These questionnaires will strictly be distributed within the postpartum units after concluding observation.

Sampling

A convenience sampling approach will be used to select two hospitals in New York City. Simple random sampling will then be conducted to select a total of 60 nurses caring for infants in their nurseries (30 nurses from each hospital) to fill the questionnaire. The study will include observations of 88 infants and their crib environments in the two hospitals. Regular visits will be made in hospital A and B until 44 infants are observed in each hospital. Observations will be done in a three weeks period at random intervals.

Inclusion criteria The inclusion criteria for the participants will be the two hospitals must have infant nurseries to be selected for the study. Only registered nurses, taking care of infants in the nurseries will be allowed to fill the questionnaire.

Exclusion criteria The inclusion criteria for the participants will be hospitals without infant nurseries will not be selected for the study. Nurses in the two hospitals who do not take care of infants in their nurseries will not be allowed to fill the questionnaires.

Justification of sampling procedure. The above inclusion criteria will ensure that the two hospitals selected have infant nurseries and that only nurses dealing with infants are selected for the study. As such, it will allow us to evaluate the knowledge and attitudes of these nurses. Using a simple random sampling will reduce instances of bias. Also, 88 infants and 60 nurses are representative and manageable for the study. Therefore, using the above sampling criteria, we will be able to achieve dependable results.

Data Collection

Data will be gathered through semi-structured questionnaires and observation. Semi-structured questionnaires will be emailed to registered nurses taking care of infants in their nurseries in the two hospitals. Also, we will observe how the infants are laid and handled in the nurseries and their crib environments.

Data Analysis

A simple descriptive statistics will be used to conduct statistical data analysis and describe the primary sample features (infants and nurses). This type of analysis is convenient because the research is descriptive with the aim of providing a sample summary. In analyzing the data, Microsoft Excel will be used to arrange data and compute percentages relating to nurses and infants who will meet or fail to meet the guidelines shown in AAP recommendations.

Background and a rationale for unfamiliar methodologies

The study will be conducted through both qualitative and quantitative research methods. Ideally, Quantitative research is essential in quantifying the problem by gathering numerical data that can be transformed into useful statistics (Eyisi, 2016). A self-administered questionnaire is one of the tools used to conduct quantitative research whereby participants are given a series of questions to answer (Mundar, Matotek & Jakus, 2012). As such, by using self-administered

questionnaires, we will be able to know the number of nurses with limited knowledge of AAP and then use descriptive statistics to calculate the percentages. Qualitative methods are exploratory and can be used to gain insights into a problem (Snelson, 2016). Therefore, we will use qualitative research to observe how infants are being handled in the two hospitals and then compare with the recommendations given by AAP.

Potential limitations

In case the nurses become aware of our objectives during observations, they may conduct more research and strive to comply with AAP recommendations. This may make it difficult to collect reliable data. However, we will not reveal our observation goals to the nurses, and we will explain to the hospital directors the reasons for not disclosing such information.

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