

Relationships between nurse care-giving behaviours and preterm infant responses during bathing: a preliminary study.

Aims. The purpose of this study was to explore the relationships between specific nurse **care-giving** behaviours and preterm infant behavioural responses during bathing and to identify nurse behaviours associated with infant 'stress'. **Background.** Although recent advances in medical technology have improved neonatal intensive **care**, the high mortality and morbidity rates in preterm infants have not decreased proportionally. As caregivers strive to reduce infant mortality and morbidity, a factor for consideration is which caregiver behaviours are associated with preterm infant well-being. **Design.** A descriptive correlational design. **Method.** Convenience samples of 24 preterm infants and 12 nurses were recruited. A total of 120 baths were videotaped. Infant and nurse behaviours were measured using the coding schemes developed by the researchers. Pearson coefficient correlation, non-parametric Kruskal-Wallis test, t-test and generalised linear models were methods for data analysis. **Results.** As nurses provided more support, stress was reduced in the infants, and their self-regulation during the bath was enhanced especially by the use of 'containment' and 'positional support'. Conversely, non-therapeutic caregiver behaviours including 'rapid and rough handling' of the baby, 'chatting with other people' and 'inappropriate handling' increased infant 'stress' during the bath. **Conclusion.** The findings provide new information about the link between **care-giving** and infant responses and how caregivers can better interact with preterm infants during a very sensitive period of **brain development**.

Relevance to clinical practice. How nurses take **care** of the preterm infants influences their responses to **care-giving** stimuli. To interact better with the infant during **care-giving** procedures, nurses need to provide more supportive **care-giving** behaviours especially 'position support' and 'containment' based on the infant's needs, and avoid **care-giving** that may be too rough and occur too quickly without attending the baby's stressful signals, positioning the baby in hyperextension posture, or chatting with other people during procedures.