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HUMANIZATION OF NURSING ASSISTANCE IN A NEONATAL INTENSIVE CARE UNIT

HUMANIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM EM UNIDADE DE TERAPIA INTENSIVA NEONATAL

HUMANIZACIÓN DE LA ATENCIÓN DE ENFERMERÍA EN UNA UNIDAD DE CUIDADOS INTENSIVOS NEONATALES

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ABSTRACT

Objective: to understand the humanization of nursing care in the neonatal intensive care unit of a private hospital in Mato Grosso. **Method:** a descriptive, exploratory and qualitative study was used as methodological course under the ethical opinion in research 1,033,746/2015. Data collection was performed in 2016 with 4 nurses followed by content analysis. **Results:** The professionals demonstrate a great knowledge about humanization, understanding it as a experiential process, which is acquired through the experience of clinical practice under an affective bias and the very science of nursing. It was emphasized the importance of its practice in the provision of nursing care to the neonate, and the humanized care should be extended to the family of the hospitalized patient. **Conclusion:** It was noticed a concern of the professionals, regarding the importance of the family involvement in the process of humanization, that crosses by the mutual confidence until the process of empowerment generated in the parents by the team.

Descriptors: Humanization of Assistance; Nursing; Neonatal Intensive Care Units.

RESUMO

Objetivo: compreender a humanização da assistência de enfermagem em unidade de terapia intensiva neonatal de hospital privado mato-grossense. **Método:** utilizou-se como percurso metodológico o estudo de caráter descritivo, exploratório e qualitativo sob o parecer ético em pesquisa 1.033.746/2015. A coleta de dados foi realizada em 2016 com 4 enfermeiras seguida por análise de conteúdo. **Resultados:** Os profissionais demonstram grande conhecimento sobre a humanização, compreendendo a mesma como um processo vivencial, que é adquirido por intermédio da experiência da prática clínica sob um viés afetivo e da própria ciência da enfermagem. Destacou-se a importância da sua prática na prestação do cuidado de enfermagem ao neonato, devendo a atenção humanizada ser estendida à família do paciente hospitalizado. **Conclusão:** Percebeu-se uma preocupação dos profissionais, em relação à importância do envolvimento familiar no processo de humanização, que perpassa pela confiança mútua até o processo de empoderamento gerado nos pais pela equipe.

Descritores: Humanização da Assistência; Enfermagem; Unidades de Terapia Intensiva Neonatal.

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RESUMEN
Objetivo: Buscando comprender la humanización de la atención de enfermería en una unidad de cuidados intensivos neonatales de un hospital privado en Mato Grosso. **Método:** el estudio descriptivo, exploratorio y cualitativo se utilizó como un enfoque metodológico bajo la opinión ética en la investigación 1.033.746/2015. La recopilación de datos se realizó en 2016 con 4 enfermeras seguidas de análisis de contenido. **Resultados:** Los profesionales demuestran un gran conocimiento sobre la humanización, entendiéndolo como un proceso experimental, que se adquiere a través de la experiencia de la práctica clínica bajo un sesgo afectivo y la ciencia de la enfermería misma. Se destacó la importancia de su práctica de proporcionar cuidados de enfermería al neonato, y la atención humanizada debería extenderse a la familia del paciente hospitalizado. **Conclusión:** Se observó una preocupación de los profesionales, con respecto a la importancia de la participación familiar en el proceso de humanización, que pasa por la confianza mutua hasta el proceso de empoderamiento generado por el equipo en los padres.
Descriptores: Humanización de la asistencia; Enfermería; Unidades de cuidados intensivos neonatales.

INTRODUCTION

The humanization of health in Brazil, regarding the health of children and adolescents, begins in the legal aspect, through the Byelaw of Children and Adolescents (ECA), Law n. 8,069 of 1990, which established health and life protection rights, in addition to the obligation of health services to maintain conditions so that underage individuals, during the hospitalization period, can have the company of their parents or legal guardian.[1] With the advances in discussions on this topic, the Ministry of Health (MH) extended, through Ordinance n. 693 of 2000, the Kangaroo Mother Care (KMC), which has guidelines for humanized care for low weight newborns.[2,3]

In 2001, the National Hospital Humanization Program (PNHAH) appears, shortly after, in 2003, proposals were initiated so that the humanization process would no longer be restricted only to the hospital environment, but also to all health care levels of the Unified Health System (UHS). In this way, the Ministry of Health launched the National Humanization Policy (NHP), which assumes the duty to reduce the precariousness of the health work process and the negative technical and bureaucratic influences on workers and service users.[4]

A decade after the publication of the NHP, its implementation in health services appears to be still fragile, with the persistence of the problems that encouraged its creation, and the professionals' lack of understanding of this

policy, who still believe that humanization refers only to the good relationship between co-workers and the professional's care with the client.[5,6]

However, thinking about humanization in the hospital environment requires considering the needs of professionals and clients in view of the structural and political conditions of the institution, as well as understanding the fragmentation of health care and respect for the doctrinal principles of the UHS.[7] For this purpose, some clientele seem to impose extra challenges to humanized assistance, since they have dependencies that demand greater involvement and care from their families, such as children. Thus, the hospitalization of a child, especially in the neonatal period, constitutes a harmful event to the mother-child binomial, which can trigger a series of weaknesses. The fear, at the time, is primarily due to the idea that the NB will belong to professionals and not to parents.[8,9]

In this sense, the humanization of nursing assistance in health services, particularly in Neonatal Intensive Care Units (NICU), should start from the principle that, if the individual is embraced, his/her complaints and anxieties are actively heard and respected by the multidisciplinary team for their most effective treatment.[6] For this, the development of the family-team bond is essential, since this relationship provides subsidies for the implementation of humanized assistance.[10,11]

In this context, humanizing this care space also refers mainly to embracing and supporting families, paying attention to those who leave their commitments and their lives in other cities and / or regions, seeking greater health resources in central cities, usually after pilgrimages and anguish for immediate assistance to their family member who has just been born.[12]

Therefore, considering the importance of humanized assistance and the possible suffering that can be mitigated or prevented, this study aimed to understand the nurses' perception of the humanization process of nursing assistance in the NICU.

METODOLOGY

To meet the proposed objective, a descriptive, exploratory research was carried out, following a qualitative approach. The study was carried out in a NICU located in a private health institution in the city of Tangará da Serra in the Middle North of the state of Mato Grosso. The institution has 33 beds for maternal and child care and 12 NICU beds. The

choice was made because this health facility is the only reference in the health region, meeting more than 10 cities in the state of Mato Grosso.

Data collection was carried out between April and May 2016, through the application of a semi-structured questionnaire prepared by the authors that contained socioeconomic issues and related to humanization in the service. After consent, the data collection instrument was delivered in individual envelopes to the participants after clarifying doubts, with a 48-hour deadline for feedback. After collecting the answered questionnaires, the data were fully transcribed, systematically organized, through a classification system, with alphanumeric coding, where N consonant refers to nurses, followed by the Arabic number that composed the set to determine the sequence of the interviews.

The data were analyzed using the content analysis technique, which consists of the set of communication analysis techniques, and uses systematic and objective procedures to describe the content of the messages.[13] This technique consists of three stages: pre-analysis, exploration of the material, treatment and interpretation of results. From then on, three cores of meanings emerged, grouped into a single category, namely: nurses' knowledge about humanization, humanization methods in the NICU and difficulties in implementing some humanization methods.

As an inclusion criterion for the interview, subjects with nursing degree and who had worked in the sector in the past 12 months, in addition to being obligatorily linked to this health service and who agreed to participate in the research by signing the Informed Consent Form. Those who were on leave during the research period were excluded. All nurses working at the institution (N = 10) were contacted, of whom four were interviewed because the sample size was defined by identifying exhaustiveness of the information of interest, as proposed by theoretical saturation.[14]

The study respected all ethical aspects in researches with human beings, in accordance with Resolution n. 466/2012. It was submitted, appreciated and approved by the Research Ethics Committee (REC) at the University of the State of Mato Grosso (UNEMAT) under the opinion protocol 1.033.746/2015.

RESULTS AND DISCUSSION

In the present study, there was a predominance of women among

professionals working in the NICU, composed of professionals aged between 20 and 35 years, following the same proportion between unmarried and married, without children. In addition, concerning the weekly working hours, the majority refers that they follow a maximum of 40 hours and monthly remuneration from 3 to 5 minimum wages.

The professionals participating in the research presented definitions of humanization relating it intrinsically to the nursing work process in their care practice, relating the means of establishing physical, psychological and spiritual comfort to the patient and family as actions to improve the clinical condition and satisfaction of the assisted family members. Such definition can be observed in N1's speech.

> *Postures / Attitudes / Behaviors in order to improve care for newborns / family / companions in intensive care units (ICU) leaving the technocratic / instrumentalist model.* (N1)

The interviewee's perception of the humanization process in the NICU demonstrates the need to think of the term as a broad, and in turn, complex process, covering not only the technical-scientific knowledge provided to the client, the newborn, but also the incorporation of postures that promote affective relationships between mother and child and their family.[15] Based on this position, it is possible to identify the importance of humanizing nursing assistance at all times, with integral care and as a determining factor for the adoption of behaviors that involve the development of planned care, focusing on meeting the needs of family members, essential for the newborn's recovery.[16, 17]

However, looking for ways to overcome the "technocratic / instrumentalist" model, one comes back to the idea that the NB is exposed to various stressful and painful events / stimuli during the hospitalization process, caused by the routine, often invasive procedures present in the intensive care that distances the family from the new member. The inclusion of soft care technologies would be an alternative to a more humanized nursing assistance enabling the active participation of the patient in activities that contribute to meeting his/her needs and his/her family's.[18]

Participant N4 understands that the humanization of assistance must be expanded and extended to the family of the hospitalized NB. Following the same definitions presented by the other

participants, in her speech, she brings means that could enable more humanistic attention to patients.

> *[...] provide information to family members, in a clear and understandable way, to treat the patient as part of a society, in a family circle and not just as a disease; understand and respect the difficult time that it means for the family, of a hospitalized NB, because, in most cases, it was a long-awaited child that was separated from the family and mainly from the mother; explain the procedures performed in a way that the family understands; holistic assistance.* (N4)

When dealing with holistic nursing care, participant N4 returns to the idea that the nurse must act in a reasoned manner, from the different dimensions of the human being, offering greater therapeutic possibilities for recovery and care before the illness. Thus, health professionals should a position based on the needs expressed by the client and family members in their contexts of suffering, seeking care according to their needs and respecting limitations. For that, the development of empathy is fundamental, as it leads the professional to reflections on his/her behavior in care and its repercussions on the clients' health.[8, 19]

Nevertheless, hospitalization in an NICU has an impact on the routine of the baby and his/her parents, which can intensify the sufferings. Furthermore, qualified professionals with theoretical views of work far from technicality allows resolving major complications[17]. In this sense, the embracement of the family contributes to minimizing negative aspects, such as fears, anxieties and frustrations, increasing the bond of the family with the health team and allowing improvement in the care of the NB.[20, 21]

The inclusion of the family in the care for the hospitalized NB is highlighted by some research participants, who report that, to strengthen the family's action during hospitalization, the professional need to guide them and situate them in relation to the care being performed, making them members of the care process and informing them about the new environment, which is often the NICU.

> *I leave family members free to see what we are doing with your child. But, we always advise on what it is and their doubts.* (N2)
>
> *I always try to talk to family members, ask questions, clarify doubts that I have the possibility to answer, I try to reassure parents about the treatment that is being offered in the ICU [...] so I try to talk*

> *and explain to parents what is happening to the baby, who is often there only to gain weight or improve health conditions to be able to go home [...].* (N4)

The reports reveal the team's concern, starting from the understanding of the importance of family involvement in the humanization process, in solving the anxieties and doubts of the family, resulting in greater reliability of the parents in the team and reducing anxieties caused by the fear induced by intensive health services. The fear of families with relatives in the ICU is due to the stigma of being an environment where people are at high risk of death, which leads to feelings of uncertainty, insecurity, despair and stress in the family. Thus, nursing professionals for bringing the mother-child binomial together whenever possible, or father-child, thus being able to reassure the family, through dialogue, empathy and clarifying doubts, stereotypes of this care environment.[22, 23]

Through the humanized assistance provided to the NB and his/her family, professionals in this sector can reduce possible emotional damage to the family, stimulating their participation in care, through empowerment, bringing them close to the determined problems and solution strategies, so that they have knowledge about the health status of small patients and understand the need for certain techniques or treatments that are often invasive. The incorporation of the family as an important object of the care plan identified in the participants' reports demonstrates the constant need to approach with a holistic view of the nursing category, becoming one of the most important for the action promoting humanization in the NICU thanks to their constant and intimate contact with patients and family members, such data can also be identified in the following statements.[24, 25, 17]

> *We all do, but each in the own way, we respect and consider the family a lot.* (N1)
> *[...] I treat my family with care and respect, I believe that the same things are repeated among professionals.* (N2)
> *[...] I have never noticed the family not being treated with respect and dignity. They really need us and we are dedicated.* (N3)

Although the technical-scientific knowledge of nursing in the intensive environment is essential for good professional practice, there is no way to disconnect the human being from his/her individuality and from his/her family affective bond, which are essential for the individual's good psycho-emotional

development.[25, 26] Aiming to humanize the environment, the professionals report adhering to behaviors that help in therapy.

> *Keep lights low, do not speak too loudly, do not put medical records / clipboards on top of the incubators, embrace the family.* (N3)
> *The care I have is to always try to keep the environment as humanized and peaceful to help the recovery of the mother and the newborn, we take care of the lighting, excess sound and explain the importance of this care for the family.* (N1)

Based on the aforementioned reports, it is possible to evidence the association of humanized assistance with interventions during care, regarding the newborn's sensory perception in relation to the NICU environment, such as the care with sound and lighting, in addition to highlighting, again, the family as part of the care and protection of the newborn's human dignity. A study describes the importance of good practices in the care of the NB to favor his/her adaptation to the world and recovery in the event of hospitalization.[27] Controlling the noise in the NICU is, at times, an inherent bias of the assistance activities themselves, which makes its control a difficult task, on the other hand, of paramount importance for the well-being and healthy development of the newborn.[28, 29]

Lighting plays an important role in promoting comfort to the newborn, and should always remain mild. One possibility, found in the literature, when there are means to reduce light during some periods of the day, is to use the "small ceiling", which consists of overlapping a sheet under the incubator in order to reduce the incidence of light in the neonate; such technique has demonstrated good effects on the comfort and stress reduction of small patients.[29, 30]

It is important for the professional to look at the human being under his/her care, who, although fragile and defenseless, is still an individual, and care must have an approach centered on the maintenance of human dignity and integrality, evading routine and mechanistic practice.[28] When the professionals in this study were asked about the degree of humanization of their workplace, most of them stated that the structure prevents the development of some humanization practices, but that they consider humanized care, thanks to the care of the nursing team with the neonates and their families.

> *Yes, due to the respect, affection and attention of the team. It could be more humanized, but perhaps the structure offered by the hospital does not make this possible. However, the team does what it can, within its means.* (N4)
> *Humanization is a challenge, we do our best, but it is not standardized, institutionalized [...], we bring college learning and we improve it day by day.* (N2)

Studies developed corroborate the difficulties presented by the participants, pointing out as obstacles in the implementation of the proposed strategies factors such as the precarious physical structure of the units, the lack of continuing education with professionals and the little relevance given by the management and heads of services.[31, 6] Thus, the provision of humanized care is a priority, even if, at times, the actions come up against limitations that are imposed on them; however, the professionals are aware of the need and the obligation to humanly meet their patients, striving to offer as much comfort as possible and as little risk as possible.[31, 32, 33]

The NICU generates anxiety for patients, family and professionals, the relationship of tiredness related to the requirement of technical knowledge, the workload in this place, the impending life and death issues coupled with ethical issues generate an overload on professionals working in this environment, which can prevent some humanized actions that take a certain amount of time to be carried out.[33] In this way, emotions are potentiated in the NICU, involving from the family to health professionals, who are sensitized and seek to increase the quality of the service provided and humanization, however, they can present vulnerabilities that consequently can affect assistance.[34]

CONCLUSION

The concept of humanization has been widespread since the early 2000's, and should be widely discussed from the academy to health services at their different levels of complexity, due to the breadth of the theme and the subjectivities embedded in the concept. Concerning the provision of intensive care to a user considered as fragile and vulnerable as a newborn, the theme of humanization permeates the excellent technique and enters the field of emotions, both from the professionals themselves and from the families, the embracement, improvements in NICU structures / environments, processes and working conditions.

In the present study, the professionals demonstrate great knowledge about humanization, understanding it as an experiential process, which is acquired through the experience of clinical practice under an affective bias and the nursing science itself. They also stressed the importance of its practice in providing nursing care to the newborn, and that the humanized care should also encompass the family of the hospitalized NB, seeking to strengthen the bonds of the mother-child binomial.

In addition, there was concern of the professionals, identifying the importance of family involvement in the humanization process, when they seek to clarify all the doubts demanded by the parents, which generates their trust in the team and reduces anxieties generated by the environment and invasive interventions. It is also noteworthy the empowerment process generated in the parents by the team, when they encourage their participation in the care provided to the newborn.

The limitation of the study refers to the fact that only nurses were investigated, excluding other professionals who are part of the multidisciplinary team. Thus, new investigations on the perception of other professionals in relation to the humanization of assistance are of great value in the field of health and, especially of intensive care in neonatology, an inter and transdisciplinary challenge.

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