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HUMANIZATION OF CARE FOR THE NEWBORN IN NEONATAL INTENSIVE THERAPY: THE NURSES' PERSPECTIVE

Humanização do cuidado ao recém-nascido em terapia intensiva neonatal: a visão dos enfermeiros
Humanización del cuidado al recién nacido en terapia intensiva neonatal: la visión de los enfermeros

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RESUMO

Objetivo: avaliar o papel dos enfermeiros na terapia neonatal, oferecendo cuidado de qualidade ao adaptar o atendimento às necessidades dos recém-nascidos e suas famílias, promovendo conforto em situações desafiadoras e procedimentos dolorosos.

Metodologia: estudo descritivo-qualitativo com 21 enfermeiros da UTIN, utilizando amostragem em cadeia (snowball sampling), aprovado pelo Comitê de Ética. A coleta de dados foi feita por entrevistas sobre práticas de cuidado humanizado.

Resultados: os enfermeiros, com idades entre 29 e 56 anos e maioria com menos de 19 anos de experiência, relataram práticas como manuseio mínimo, redução de ruídos, toque terapêutico, posição-canguru e envolvimento familiar, além de glicoterapia e musicoterapia. **Conclusão:** o estudo destaca a importância do cuidado humanizado na UTIN, evidenciando o compromisso dos enfermeiros. O suporte às famílias e a colaboração profissional são essenciais para o bem-estar dos recém-nascidos e a continuidade dessas práticas.

DESCRITORES: Enfermeiras neonatologistas; Terapia intensiva neonatal; Recém-nascido prematuro; Humanização.

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ABSTRACT

Objective: to evaluate the role of nurses in neonatal therapy, providing quality care by adapting the service to the needs of newborns and their families, promoting comfort in challenging situations and painful procedures.

Methodology: descriptive-qualitative study with 21 nurses from the NICU, using snowball sampling, approved by the Ethics Committee. Data collection was performed through interviews on humanized care practices.

Results: nurses, aged between 29 and 56, with the majority having less than 19 years of experience, reported practices such as minimal handling, noise reduction, therapeutic touch, kangaroo care, family involvement, as well as glyco-therapy and music therapy.

Conclusion: the study highlights the importance of humanized care in the NICU, emphasizing the commitment of nurses. Support for families and professional collaboration are essential for the well-being of newborns and the continuity of these practices.

DESCRIPTORS: Neonatologist nurses; Neonatal intensive care; Preterm newborn; Humanization.

RESUMEN

Objetivo: evaluar el papel de los enfermeros en la terapia neonatal, ofreciendo cuidados de calidad al adaptar la atención a las necesidades de los recién nacidos y sus familias, promoviendo confort en situaciones desafiantes y procedimientos dolorosos.

Metodología: estudio descriptivo-cualitativo con 21 enfermeros de la UTIN, utilizando muestreo en cadena (snowball sampling), aprobado por el Comité de Ética. La recolección de datos se realizó mediante entrevistas sobre prácticas de cuidado humanizado.

Resultados: los enfermeros, con edades entre 29 y 56 años y la mayoría con menos de 19 años de experiencia, informaron prácticas como manejo mínimo, reducción de ruidos, toque terapéutico, cuidado canguro, involucramiento familiar, además de glicoterapia y musicoterapia. **Conclusión:** el estudio destaca la importancia del cuidado humanizado en la UTIN, subrayando el compromiso de los enfermeros. El apoyo a las familias y la colaboración profesional son esenciales para el bienestar de los recién nacidos y la continuidad de estas prácticas.

DESCRIPTORES: Enfermeras neonatólogas; Terapia intensiva neonatal; Recién nacido prematuro; Humanización.

INTRODUCTION

The National Humanization Policy ("PNH"), implemented since 2003, establishes the principles of the Unified Health System ("Sistema Único de Saúde" - SUS), raising the quality of public health in Brazil and stimulating exchanges between administrators, employees and users, fostering better care and organization of work.¹

The PNH highlights the inclusion of diversity in management and care models, with the aim of promoting comprehensive and equitable health.¹ The study focuses on humanization in newborns (NB) in the Neonatal Intensive Care Unit (NICU), including qualified nurses who need postgraduate training in the area to provide excellent care, including guidance to the family and primary attention to the NB.¹

In the ethical principles of nurses, articles are highlighted that encourage the proper and equal performance of nursing, prioritizing the well-being, respect and integrity of the human being. Nurses, who are regularly responsible for prolonged care at the user's bedside, often take the lead in implementing humanized treatment by exploring the individual requirements

of patients and their families, which can have a positive influence on the management of care and comfort.²⁻³

The neonatal ICU is a place for newborns between 0 and 28 days old who need specialized care after birth. The neonatal nurse faces substantial challenges in this environment, such as a heavy workload, the complexity of clinical cases, decisive moments of life and death, as well as the apprehension and concern of family members.³

Therefore, nurses specializing in the neonatal care environment provide care for newborns up to 28 days of age, with significant complications such as prematurity, asphyxia, infectious pathologies or congenital anomalies. As a result, the baby is susceptible to various sources of stress such as pain, lighting and equipment alarms. Considering the obvious need for humanized practices for superior patient care, NBs do not only face clinical specificities, they are joined to a family, they have a mother and a father, who will also need human reception during this process.⁴

Therefore, this study aims to evaluate the role of nurses in neonatal therapy, offering quality care by adapting care to the needs of newborns and their families, promoting comfort in challenging situations and painful procedures.

METODOLOGY

This is a descriptive-qualitative, non-experimental study based on a field study, using self-reports mediated by interviews using a semi-structured form drawn up by the authors. The sample consisted of 21 nurses working in neonatal intensive care units from different Brazilian states.

The participants were chosen using the following inclusion criteria: being a nurse; working in the NICU for six months or more; and voluntarily agreeing to take part in the research. Exclusion criteria were: nurses on sick leave, retired or with psychological alterations that could interfere with the interviewees' responses during the collection period. Thus, all the nurses selected and who agreed to take part in the research signed the Informed Consent Form (ICF) and a recording authorization form.

Data was collected online using the ZOOM- Video Meeting platform in September 2023. The interviews were carried out individually with each participant, rotating between the researchers. No time was set for the interviews, allowing the participant to feel free to answer as they wished and for the researcher to assess the participant's involvement with the topic. A semi-structured form was used to characterize the participants in terms of how long they had been working, their training and professional updating. This questionnaire also included specific questions to meet the research objective related to knowledge, performance, experience, vision and participation in the humanized care offered to newborns (NB) by nurses in the NICU.

After the interviews, each of the recordings was transcribed and analyzed, and then deleted, maintaining the confidentiality of the research. The nurses interviewed were named: NURSE 1, NURSE 2 and so on, with the aim of identifying the statements and maintaining the anonymity of each participant.

Bardin's Content Analysis was used to interpret the data. The approach involves identifying and categorizing elements pertinent to the research, aiming to discover underlying meanings in the data and assisting researchers in extracting and interpreting information. This methodology offers a rigorous framework for systematically exploring, categorizing and understanding the content of qualitative data.⁵

All ethical and legal precepts were applied, in accordance with Resolution No. 466/12 and the General Data Protection Law (LGPD) No. 13,709/2018. The research project was developed by undergraduate nursing students from the Centro Universitário Instituto Brasileiro de Medicina de Reabilitação in the state of Rio de Janeiro (IBMR) and an undergraduate nursing student from the Centro Universitário dos Guararapes

in the state of Pernambuco (UNIFG) using the Ânima teaching system and was submitted and approved through the Pro-Science 2023.1 program. It was also evaluated and approved by the Research Ethics Committee (CEP) of IBMR, Rio de Janeiro, Brazil, under CAAE: 72316223.2.0000.8157.

RESULTS

According to the inclusion and exclusion criteria, 21 nurses working in the NICU were interviewed, with ages ranging from 29 to 56. In terms of demographic characteristics, the nurses interviewed self-declared their skin color according to the categories established by the Brazilian Institute of Geography and Statistics (IBGE): white (57.15%), brown (28.57%), and black (14.28%).

In terms of geographical origin, the nurses were from the following states: Rio de Janeiro (13), the Federal District (two), Minas Gerais (two), São Paulo (one), Maranhão (one), Recife (one) and Goiás (one).

The majority currently live in Rio de Janeiro and their working hours vary between 22 and 60 hours a week, with some nurses working more than 60 hours, and their career length varies between 3 and 27 years.

With regard to NICU experience, eight nurses have less than 10 years' experience, nine have between 10 and 19 years and four have 20 years or more.

Most of the nurses had attended congresses in the last 5 years, those with less than 10 years' experience had often opted for residency rather than postgraduate studies, and many had already completed or were currently studying for a master's degree or a second postgraduate degree.

Most of the nurses reported practicing humanization techniques in neonatal care, with the following practices standing out: kangaroo position, music therapy, nap time, nesting/restraint, minimal handling, glucotherapy for pain relief, therapeutic touch, inclusion of the family in procedures, noise reduction, meetings to answer parents' questions.

The results presented above were based on the analysis of the data tabulation, which was formulated according to the transcription of the interviews that took place immediately and precisely after the interview with the nurses working in the neonatal intensive care unit, in order to guarantee the veracity of the research and obtain results as close to reality as possible.

DISCUSSION

This research applied Bardin's content analysis to study and understand qualitative data models, categorizing

elements to locate underlying meanings in the data and aiding in the interpretation of the information.⁵ In addition, the crucial role of nurses in humanized care is highlighted, implementing compassionate care strategies to ensure clinical care and emotional support for NBs and their families, aiming to improve this approach to enhance the experience of all involved.⁶

In the context of the study, one of the central questions was to assess the ability of professionals to define and quantify the concept of humanization practice. Some of the answers obtained are summarized below:

The concept of humanization in the care of NBs and their families is widely valued by health professionals. NURSE 11 describes humanization as maintaining the essence and empathy in care, treating the human as such, especially when dealing with mothers who entrust the lives of their children to the care of the team.

For NURSE 12, humanization implies paying attention to the particularities of each individual, offering quality care for both the NB and the family.

According to NURSES 11, humanization goes beyond caring for the baby, and also involves caring for those responsible. Practices such as promoting the bond between parents and baby and the kangaroo method are essential, allowing parents continuous access to the ICU and active participation in care.

As mentioned by NURSE 14, humanization involves empathy and recognizing that anyone can face similar situations and need support. In neonatal intensive care, this translates into offering assistance to both the NB and family members, especially mothers, who often arrive emotionally shaken.

According to NURSE 7, humanized practice includes welcoming and meeting the needs of parents, providing close care for babies to prepare them for discharge, and adapting care according to the stability of the child, highlighting the importance of the kangaroo method for child development.

The answers obtained indicate a clear correlation between health professionals' perceptions of humanized care. For them, humanization should not be an additional expectation, but rather an intrinsic part of care, incorporated naturally into everyday life.

Humanized practices, such as clear and compassionate communication, respect for each patient's individuality, encouraging family participation in care and creating a welcoming environment, are seen as key elements of care.⁷

It is suggested that humanization involves respecting and valuing the human person, which may justify why the majority

of interviewees see this practice as essential and continuous, without the need for impositions or rigid protocols.⁸

During the interviews, the answers about daily practices revealed significant similarities, with an emphasis on integrating the family into the care process.

In the view of NURSE 1, there is a set of practices to promote humanization in newborn care, including attention to lighting, sound, handling and positioning. He mentions the use of glucose for painful procedures and the importance of involving the family in the care of the NB. The mother's participation in care such as changing diapers and feeding is encouraged, and weekly multidisciplinary meetings are held to clarify doubts and bring the family closer to the health team.

As NURSE 3 pointed out, it is important to involve the child during invasive procedures, such as blood collection and catheter insertion. He mentions the use of "love probes" (glucose) as a form of humanization and the practice of skin-to-skin contact with the mother to reduce the mother's fear of the premature infant.

In the words of NURSE 4, the hospital where he works has humanization protocols, especially in pain control, using glucose and analgesics for procedures, and carrying out restraint and adjustments to lighting and the environment to minimize the discomfort of babies.

According to the analysis of NURSE 5, the importance of welcoming the mother and promoting a more friendly and less technical environment in the unit. He emphasizes the need to reduce noise and use non-pharmacological practices for pain relief, as well as facilitating the bond between mother and child, especially in an environment that can seem frightening to mothers.

As pointed out by NURSE 7, humanization in the Neonatal ICU must not only encompass the care of the NB, but also the inclusion of the family in the process. He highlights the importance of involving not only parents, but also siblings and grandparents, recognizing the positive impact that the family nucleus can have on the child's recovery and well-being.

For his part, NURSE 11 focuses on the importance of the parents' touch, despite initial hesitation. He mentions that by encouraging physical contact and offering support, the nursing team helps parents overcome fear and establish a connection with their premature child, ensuring that the team is there to offer reassurance.

Emotional support and interaction are key to helping mothers cope with premature birth and the transition to motherhood. The Kangaroo method, which promotes close contact between mother and premature baby, is crucial for speeding up the baby's recovery and strengthening the bond

between them. The nursing team plays an essential role in clarifying doubts, providing information and promoting the bond with the NB, reinforcing the need for a humanized approach centred on active listening to mothers.^{2,9-10}

Despite technological advances and improvements in care and treatment practices, the care of NBs, especially premature ones, continues to be a significant concern for health professionals. Concerns about humanitarian and developmental aspects persist, reflecting the ongoing need to improve prenatal care and reduce the incidence of premature births and their adverse effects.⁹

CONCLUSION

The study confirmed that the objective was achieved, as the interviews emphasized the commitment of neonatal ICU nurses to humanized practices. Although humanization of newborn care is carried out, it is not frequent due to challenges and external variables. The results indicate that nurses have knowledge about humanization, but face difficulties in implementing it consistently.

It is hoped that this study will inspire future research on the subject, with a view to greater dissemination and implementation of humanized care in the neonatal ICU. The importance of personalized and collaborative care, reducing noise and light, supporting families and avoiding overload for nurses is emphasized.

It is recommended that humanized practices be included in undergraduate health curricula, with training and implementation in hospital environments to ensure a welcoming environment and qualified, individualized care for patients and their families.

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