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RESEARCH

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Perception of families on reception in the neonatal context during an intervention process

Percepção das famílias sobre o acolhimento no contexto neonatal durante um processo de intervenção

Percepción de lasfamilias sobre elacogidaenel contexto neonatal durante unprocedimiento de intervención

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ABSTRACT

Objective: To understand the familiar perception about the host in the context of the assistance in neonatal nursing, before and after the implementation of a host protocol. **Method**: Interventional study, descriptive, performed in a Neonatal Intensive Care Unit, from April to September 2014, before and after the implementation of a routine of receiving the unit, together with 24 parents. The data were collected with a semi-structured instrument and were analyzed according to the methodological framework of Content Analysis, and five thematic categories emerged. **Results:**Transversality of nursing care; Initial contact with the context of neonatal care; Sharing of information and professional knowledge; Responsible care copying from parental paper; Family role for hospital discharge. **Conclusion:**The understanding of the potentialities and fragilities in the reception process, from the family perspective allows the transformation of reality, providing assistance based on the real needs of the family and therefore more humanized and qualified.
Keywords: Family nursing, Neonatal Intensive Care Units,Humanization of care,Family.

RESUMO

Objetivo: Compreender a percepção familiar sobre o acolhimento no contexto da assistência em enfermagem neonatal, antes e após a implementação de um protocolo de acolhimento.**Método:**Estudo de intervenção, caráter descritivo, realizado numa Unidade de Terapia Intensiva Neonatal, de abril a setembro de 2014, antes e após a implementação de uma rotina de acolhimento da unidade, junto a 24 pais. Os dados foram coletados com instrumento semiestruturado e foram analisados conforme referencial metodológico da Análise de Conteúdo, da qualemergiram cinco categorias temáticas. **Resultados:**Transversalidade do cuidado de enfermagem; contato inicial ao contexto de cuidado neonatal; compartilhamento de informações e saberes profissional; corresponsabilizaçãodo cuidado a partir do papel parental;

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protagonismo familiar para alta hospitalar. **Conclusão:**Acompreensão das potencialidades e fragilidades no processo de acolhimento, a partir da perspectiva familiar possibilita a transformação da realidade, propiciando uma assistência pautada nas reais necessidades da família e, portanto, mais humanizada e qualificada.

Descritores: Enfermagem familiar,Unidades de Terapia Intensiva Neonatal,Humanização da assistência,Família.

RESUMEN

Objetivo: Comprenderlapercepción familiar sobre laacogidaenel contexto de laasistenciaenenfermería neonatal, antes y después de laimplementación de un protocolo de acogida. **Método:**Estudiode intervención, carácter descriptivo, realizado en una Unidad de Terapia Intensiva Neonatal, de abril a septiembre de 2014, antes y después de laimplementación de una rutina de acogida de launidad, junto a 24 padres. Los datosfueronrecolectadosconun instrumento semiestructurado y se analizaron como referencia metodológica delAnálisis de Contenido, y surgieron cinco categorías temáticas. **Resultados:**Transversalidaddel cuidado de enfermería; Contacto inicial al contexto de cuidado neonatal; Compartir información y conocimientosprofesionales; Corresponsabilidaddel cuidado a partir del papel parental; Protagonismo familiar para el alta hospitalaria. **Conclusión:**La comprensión de las potencialidades y fragilidades enelproceso de acogida, a partir de la perspectiva familiar, posibilitalatransformación de larealidad, propiciando una asistencia pautada enlasrealesnecesidades de lafamilia y por lo tanto, más humanizada y calificada.

Descriptores: Enfermería familiar,Unidades de Terapia Intensiva Neonatal,Humanización de laasistencia,Familia.

INTRODUCTION

For the family, gestation is a time of great expectation, in which parents yearn for a quiet birth and birth of a healthy child. Nonetheless, there are situations in which the newborn needs intensive care and is referred to the Neonatal Intensive Care Unit (NICU), this fact that instills in the parent's feelings of insecurity and helplessness.[1]

In view of this, we highlight the role of nursing in this care context, with a view to recognizing the importance of neonatal care to the family, welcoming it to their needs, in order to reduce anxiety and facilitate coping with this process of hospitalization of the child.[2]

Although common sense points to the context of neonatal care as space strongly influenced by the necessary technology, it should be emphasized that care cannot be the product of exclusively instrumental knowledge, because if this happens, we will only obtain a part of the dimension of the care.[3]

It is necessary to bring to the agenda the initiatives aimed at enhancing the interaction of the individuals involved in the provision of these care, such as the National Humanization Policy (NHP). The welcoming is one of the guidelines of the NHP, considered as a strong intervention tool to guide the humanized practice, being the emerging paradigm to be strengthened.[4]

This being the theoretical reference used in this study. By being configured as an intervention tool in the qualification process of listening, establishing links, sharing of knowledge, anguishes, attending to the cultural, racial and ethnic diversities of the patient and family, acting in this way, with accountability and resolution of the needs of health, through the relationships established among the subjects involved.[4]

Considering the importance of this guideline in the scope of actions that seek the construction of a humanized and qualified neonatal care, the welcoming was chosen as the object of the present investigation. The study is justified as a possibility to contribute to the better understanding about the practice of the welcoming, from the family perspective, and from this look, to promote reflections about the strategies for the optimization of this practice in the context of the work of neonatal nursing with families.

Hence, considering the inseparability of the child-family binomial, in this specific case, newborn and family, this study aimed to identify the familiar viewpoint with regards to the welcoming in the context of neonatal nursing care, by considering the scenarios before and after the implementation of a welcoming protocol.

METHODS

It is an interventional and descriptive study with a qualitative approach, which was carried out in a hospital in the interior of *Paraná* State over the period from April to September 2014. The locus of the study, the NICU, was inaugurated in October 2012 and has seven neonatal beds; parents are allowed to enter at two hours, with duration of one hour. In situations in which the newborn is breastfed, the mother is allowed to enter at 3-hour intervals for breastfeeding.

The data collection was carried out by the researcher herself, unrelated to the institution, and occurred in two moments and represent different assistance situations, regarding the reception process, before and after the implementation of the welcoming protocol.

The study participants were 24 parents of newborns admitted to the unit. At the first moment 13 parents were included and, after the implementation of the welcoming protocol, 11 other fathers/mothers were interviewed. Fathers who were hospitalized for at least five days in the NICU, who were 18 years old and older and who agreed to participate in the study, were considered eligible for the study. The minimum hospitalization time was fixed considering the need for a minimal experience with the routine and the neonatal hospitalization environment.

Individual interviews were conducted before and after implantation of the protocol with a four-month interval. We used a semi-structured script prepared by the researchers, guided by the question: "How is the nursing home to the family in the context of NICU care?", Followed by issues of support aimed at exhaustion of the topic. The reports were recorded in audio and later transcribed for analysis.

Based on this structure, the content analysis technique was used to analyze and interpret the family reports obtained from these two assistance realities, through the phases of pre-analysis, material exploration, analysis and referential interpretation.5 After this analysis, five categories emerged,

which compose the corpus for the discussion of the study. The theoretical reference of the NHP was used throughout the process of analysis and discussion of the stories.[4]

This study was carried out in accordance with the ethical precepts contained in the Resolution No. 466/2012 from the National Health Council and submitted to approval by the Ethics and Research Committee Involving Human Beings from the *Universidade Estadual de Maringá*, according to the Legal Opinion No. 623.589. In order to preserve the identity of the participants in the research, angels were given names for believing that their meaning corresponds to the function of being a father and mother, looking after their health and well-being. In order to make the comparative analyzes feasible between the moments of the study, the identification was complemented with the terms "before" and "after" (from the implementation of the welcoming protocol).

RESULTS

In the first topic, we describe the data regarding the characterization of the interviewees in order to contextualize the subjective reality of the participants, in order to guide the individualized analysis of the reports. Subsequently, data on the approach to the central theme of the study, namely, the reception in the context of neonatal nursing care, before and after the intervention, are presented.

Knowing families and their newborns

The total universe of participants in this research was composed of 21 mothers and 3 parents of newborns hospitalized at the NICU, 13 residing in the city of Guarapuava and the other in surrounding cities. The age range of the parents ranged from 18 to 45 years old. With regard to marital status, 19 were married and the other single or divorced. When questioned about religion, 20 reported being Catholic and only one was declared as without religion. Concerning the education, 11 reported having completed high school and only one had higher education. In relation to the profession, ten were "housewives", three farmers and the other professions included: salesman, caretaker, cooker, indicating as monthly family income, an average of R$ 1,500.00, ranging from R$ 3,500.00 to R$ 250.00. The number of residents in the household varied between one and six people. Regarding the number of children, eight participants reported being the hospitalized baby, the couple's first child. Sixteen participants had more children.

Causes of hospitalization of the children included prematurity (17 cases), as the most cited cause. Other associated diagnoses, such as low birth weight, meconium aspiration, hydrocephalus, neonatal sepsis and respiratory distress, were responsible for other cases of hospitalization.

Considering the approach of this research central theme, from the analysis of the interviewees' reports, five categories were found. They comprise the corpus of the analytical process and are presented as follows.

Transversality of nursing care

When analyzing the narrative structures that contributed to the configuration of this thematic category, it was possible to apprehend the difficulties of the family in the construction of professional representation of the nurse during the reception. These gaps in the process of recognition of the role of the nurse by the family in the context of neonatal care denote the distance between the relationships between nurses and family, opposing the transversality of care:

> I do not remember the name of anyone who was there and welcomed me, I know that she is the nurse, but I do not know her name. (BALTHIOUL- before)

> I did not know their boss, you can see who's boss in the others, but I do not know her name [...]. (ARMISAEL - before).

In order to resolve this difficulty, the welcoming protocol implemented in the service proposed the assignment of reference professionals to parents, in the format of adoption of families by nurses, with a view to facilitating the process of communication, information exchange and bonding.

The installation of this practice at the place of this study was reflected in the transformation of the family's perceptions regarding the nurse:

> They are angels from the first day, to Joana who explained to me everything, and said that I could touch him after I washed his hands, so that nothing happened to him, right? [...] (HAMALIEI - after).

> The nurses who talk to us every day, sometimes it's Joan and sometimes it's Mary [...] there are others too, but they are the bosses there... (LABIEL - after).

Hence, a transformation of the family perspective with respect to the professional and the gradual recognition of its role in the context of the care, this implies visibility and recognition of the nursing profession to strengthen the transversality of the care.

Initial contact with the context of neonatal care

The parents' initial contact with the NICU is permeated by expectations and anxieties, related to the lack of knowledge of the neonatal environment, implying a need for nursing professionals.

> I arrived and I changed, seeing what the other mothers were doing and I did the same... I went in and I was lost, I tried to see the incubators, someone saw that I was lost and took me to him [...] I saw him with those unlucky ones, nobody told me anything and I was scared, waiting and nothing [...] the first visit no one came to welcome me, to explain, nothing... (AKRIEL - before).

> The first time was very difficult, I did not expect to see him there, that way, it was very complicated I was scared, with all the appliances, from there on the first day did not know anything ... (AMRIEL - before)

Given this, promoted by the protocol implanted in the sector, the family prepared in advance about the context that he would experience, for the first visit to the child. This measure aimed to reduce the negative impacts of this initial shock with the reality of intensive care, as well as facilitated the process of mutual adaptation: from the familiar to the environment and staff, and from this with the presence of the family in the sector. The effects of this preparation can be perceived in the speeches of relatives:

> The psychologist came to get me, she helped me, she talked about the devices [...] she said that many mothers are worried about the excess equipment, but, not to worry, it's for their sake. It was good, because it whistles the business and we get kind of like that, we do not understand, then the nurse came and explained to me too ... I left there very relieved ... (KALAZIEL - after)

We emphasize here the relevance of individual preparation before the first contact with the neonatal environment. Nevertheless, this routine was not applied to all families. In this way, the persistence of the same complaints, as well as the same negative implications present before the routine change was verified.

> I did not know a NICU, the time I entered was a shock [...] they picked me up there, they helped me and they explained how I dressed and they took me to it and just [...] I was scared […] (IAOEL- after)

In this scenario, the welcoming is of fundamental importance and must be built and carried out from the first contact in which the network of relationships is instituted, through the reception of the family members, providing them with a sense of security and comfort.

Sharing information and professional knowledge

The parents' reports also reveal that faced with the need to adapt to the reality of hospitalization and the routines of hospitalization, the anxious waiting for news and the lack of clear information/guidance about the child exacerbate the feelings of despair and helplessness:

> This is the device, this is it, the doctor is so-and-so ... that was my biggest frustration, no one giving information to my son ... it's not much, just knowing if he gained weight, if this vomiting, sleeping well, we want to hear a set of information and the nurse has to know us [...]. (DINIEL - before)

After the intervention process, an emphasis was placed on the transfer of information in the visiting hours, with the clarification of doubt according to the needs of families, facilitating the process of coping with hospitalization. The greatest difficulty found in the implementation of this practice was due to the need for congruence of conduct and information, demanding the greater involvement and involvement of all professionals involved in care.

> Every time the nurse gives information, if she has an examination to do, if they change the sound, the weight, these little things [...] one way or another they take care of the family too, because they pass on the information to us too, and we get more and quieter knowing everything there [...]. (GZREL - after)

> When I come to visit, it's the greatest gift I have ... they tell us what their situation is like, of each one, usually weight, as they spent the night, exchanging the wine, as it was during the day, the times when we were not there, how they happened [...] to us was what helped a lot, knowing everything. (THELIEL - after)

Given this perspective, the fact that the sharing of information and professional knowledge about the clinical picture of the newborn, together with the guidelines on sleep/rest, an evolution of the respiratory pattern, nutrition, eliminations, and treatment offered, stands out to the greatest expectations of the family. Thus, by having access to such information, parents become better able to cope with the illness situation, as well as better coping with times of frailty.

Parental responsibility for caregiving

Accountability of care from parental involvement did not exist prior to the installation of the new foster care routine. In this way, the interactions between relatives and newborns were restricted to the moments when the parents "talked" or touched their children during the visits:

> No, we only visit him, only they who take care of him, do everything there [...]. (EMMANUEL - before)

> We just talked to him, we touched him... it's the only thing we can do [...]. (CHAMUEL - before)

Thus, after the changes introduced by the protocol of reception in the neonatal routine, new forms of parental participation in the process of caring for hospitalized newborns were uncovered:

> I was there a long time ago, so she told me to change it; I said that if she helped me I would change [...] I already changed other children, but not small with the little bones. Then she helped me, I got some gauze, I wet it, and she said it, and then I changed [...]. (IAOEL - after)

> I changed diapers for the first time... Our Lady, my God in heaven, was a great emotion ... I was there changing his diaper, then ours! And the first shower I gave, the

> nurse taught me what I had to do, what I did not have, I did not have that, and from there on Thursday she was supervising there, right, it was exciting [...]. (JEREMIEL - after).

It highlights the value of the permanence of the parents and the gradual emancipation of the same for the full exercise of their roles, with a view to strengthening the parental responsibility for caregiving.

Familiar undertaking for hospital discharge

The analysis of the interviews revealed the importance of family protagonism based on the feelings of anxiety and expectation of discharge, as opposed to the manifestations of insecurity related to the capacity to provide adequate care for the children, considering their condition of greater fragility:

> The care is only with the nurse, I think later, maybe we can do something. For now, here in the NICU only the nurses, because he is small, I think we'll have to learn to deal with him later (CAMAEL - before).

> I've never done anything, even though he's more sensitive because he's not the right time, being a little grinder, I think I can [...] just think that if you learn to change a diaper, learn to curl, they could teach, see temperature [...] they already know that their size is the right temperature, I have to learn to take it home, to do everything right (BATH KOL - before).

The implementation of the welcoming protocol emphasized the importance of early planning of discharge, in an individualized way, stimulating the family bond with the child from the beginning of hospitalization, enabling parents to provide home care, seeking to ensure continuity of health care through referencing for the basic health unit. Parental impressions illustrate the benefits of this approach:

> It was very important to be careful of him, because I did not even know how to take a shower, I'm a first-time mother, I changed diapers until I knew it, and breastfeeding as well, I did not know; I was very afraid because he was small, very important even the help they gave me, taught me a lot (JEREMIEL - after).

Importance verified in the above speech reveals greater preparedness and safety to perform the care to the child, evidencing the importance of such strategy to a continuity of the care and extolling the familiar protagonism.

DISCUSSION

Based on the neonatal context, it was observed that NHP is an important tool in the transformation process in the health production modes with a view to the humanization of care.[4,6,7]

The welcoming stands out as a fundamental practice, insofar as its implementation is considered as the mainspring for the transformation of the health work process. It is also considered that the nurse has essential role in the transversality of this practice, whose implementation must be initiated at the time of hospitalization.[4,8,9]

Based on the findings of this study, the literature refers to the need to present itself to the family by saying its name and function, as a leverage element in the creation of an affective bond, being the first step for the installation of the reception process.[8]

Also, other authors point out similar findings to those presented previously, pointing out that the identification of nurses' work is often underestimated, and patients and their families have difficulty distinguishing it from other nursing professionals.[9]

The need to overcome this indifference towards the other is emphasized since this implies a weakening of the collective ties and a retreat from the construction of our own humanity. In this scenario, the welcoming emerges as one of the guidelines that contribute to change this situation, since it requires permanent interaction and dialogue for the construction and strengthening of relationships established.[6,10]

In a study carried out in Portugal, aiming to analyze the responses of parents and health professionals about the involvement of parents in the care of hospitalized children, they identified as a form of organization of neonatal care the referral strategy of a nurse to the parents, with results to the reception of these.[11]

Moreover, another important finding concerns the initial contact of the parents to the NICU, being a situation delineated by the prejudice already formulated in the family ideology, that usually associate this environment with the ideas of death, pain, and suffering. Additionally, and considering the particularity of this moment, which as a rule represents the first contact between the parents and the baby, this situation requires special care in order to accommodate the weakened family.[12,13]

In this sense, some authors emphasize as the fundamental role of nursing the preparation of the family before making the first visit, mitigating the impact of an unknown place and provider of bad impressions on the process of family adaptation.[13] Then highlighting the importance of the measures instituted after the process of implantation of the welcoming protocol.

Furthermore, the child's hospitalization in the NICU causes in the family feelings of uncertainty and insecurity, which increases the stress in the face of the lack of information.[14] Reintering the importance of sharing information and professional knowledge with the family network.

Some studies point to the need to inform parents about the child's condition and the care given to him, as well as the importance of seeking to clarify family doubts in order to reduce anxiety.[12,15]

The Health Ministry defines guidelines and objectives for the organization of comprehensive and humanized care for

the seriously or potentially serious newborn, pointing out that one of the requisites for humanization is guaranteeing information on the evolution of patients to their relatives.[16]

Involvement in the neonatal context for parents is not limited to monitoring the child during his or her hospital stay. Such a paradigm must be overcome, given that active participation and co-responsibility of parental care, as an opportunity to develop parental capacity.[8,11]

The ICU configuration as a restrictive environment to the presence and family participation appears in several studies. In these, the parents have their limited performance and are seen as spectators of the care offered. In order to reverse this scenario, it is essential to empower the family, through active participation in care, encouragement for parental emancipation and strengthening of the affective bond.[13,14]

In this sense, the Ordinance No. 930/2012, ratifies the importance of comprehensive and humanized care, in which it encourages the participation and role of the mother and father in caring for the newborn.[16]

Given the presented reports, the importance of stimulating and supporting the parental function is unquestionable. For when they are inserted into care, they become essential and recover their maternal/paternal/familial ideal.[8,14]

With the aim of stimulating family protagonism and preparing the parents for discharge, it is necessary the vigilance and cooperation of the health professionals during the care of the parents, so as to provide moments for the identification of difficulties and, therefore, to carry out the adequate promotion health.[11]

Studies that deal with the subject of preparation for discharge emphasize the importance of early family inclusion, encouraging touch and active participation. Such a measure assists in the process of coping with illness, as well as providing security for the moment of taking the child home.[12,13]

Considering the aforementioned context, we must understand the reception as a way to operate the work processes in health, in order to maintain a listening posture, committed to responding to the expressed needs, assuming in the service the commitment to accept with resolve and accountability, besides ensuring continuity of care.[6,10]

FINAIL CONSIDERATIONS

The approach of the neonatal reality, from the family perspective, reveals the limits to be overcome and better investigated, in the search for strategies that aim at the reception, and thus qualify the care work of neonatal nursing.

Reflections about the needs expressed by the family, together with the professionals' wishes for the transformation of current practices, subsidized the welcoming protocol, with positive effects on the organization of the team's work, and especially on the qualification of nursing care.

The consideration of the family perspective regarding care and as a guideline of practices appears as a strong point of the intervention strategy used in the research. As a limitation, we pointed out that the families interviewed at the first moment of the study did not participate at the end of the study, when the changes had occurred, considering the long period of intervention and they had already been discharged. Therefore, it was necessary to include new families in order to investigate the perception of the routine performed by the nurses.

We believe that the present research ratifies the importance of discussing the modes of production in health through the active participation of its social actors, whether they are represented by the professionals involved in the process of constructing collective work strategies, whether users of the services, as essential elements for the redirection of attention.

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