ORIGINAL ARTICLE

AFFECTIVE PARTICIPATION OF PARENTS IN CHILD SUPPORT IN INTENSIVE CARE UNIT

RESUMO

Objetivo: compreender a importância da participação de pais na assistência afetiva ao filho em Unidade de Terapia Intensiva. Método: estudo de abordagem qualitativa, as informações foram coletadas por meio de entrevista semiestruturada com 13 pais de recém-nascidos prematuros internados em hospital de Fortaleza-Ceará/Brazil. Para a análise e interpretação de resultados, optou-se pela técnica de análise de Conteúdo. O Projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, conforme protocolo 011202/11. Resultados: as categorias que emergiram dos discursos foram: Cuidado afetivo dos pais como essencial para a evolução do filho; Incentivo e apoio da equipe de enfermagem aos pais para o cuidado e Sentimentos vivenciados pelos pais no cuidado ao filho prematuro. Conclusão: a presença dos pais por meio da assistência individualizada ao filho em momentos críticos, como a hospitalização, contribui significativamente para a estabilidade clínica do filho. Descriptores: Cuidados Intensivos; Recém-Nascido Prematuro; Família; Enfermagem.

RESUMEN

Objetivo: comprender la importancia de la participación de los padres en asistencia afectiva a los niños en la Unidad de Cuidados Intensivos. Método: estudio cualitativo, los datos fueron recolectados a través de entrevistas semi-estructuradas con 13 padres de niños recién nacidos prematuros ingresados en el hospital de Fortaleza-Ceará/Brasil. Para el análisis e interpretación de los resultados, se optó por la técnica de análisis de contenido. El proyecto de investigación fue aprobado por el Comité Ético de Investigación como protocolo 011202/11. Resultados: las categorías que emergieron de los discursos fueron: Cuidado afectivo de los padres como esencial para la evolución del niño; Incentivo e apoyo del personal de enfermería a los padres para el cuidado y Sentimientos vivenciados por los padres en el cuidado del niño prematuro. Conclusión: la presencia de los padres a través de asistencia individualizada al niño en momentos críticos, como la hospitalización, contribuye significativamente para establecer la estabilidad clínica del niño. Descriptores: Cuidados Intensivos; Recién Nacido Prematuro; Familia; Enfermería.

ABSTRACT

Objective: to understand the importance of involving parents in the affectionate child care in the Intensive Care Unit. Method: a qualitative study, the data were collected through semi-structured interviews with 13 parents of premature infants admitted to hospital Fortaleza-Ceará/Brazil. For the analysis and interpretation of results, we chose the technique of content analysis. The research project was approved by the Research Ethics Committee as protocol 011202/11. Results: the categories that emerged from the speeches were: Emotional care of parents as essential to the development of the child; Encouragement and support of the nursing staff to care for parents and Feelings experienced by parents in the care of premature children. Conclusion: the presence of parents through individualized assistance to children at critical moments, such as hospitalization, contributes significantly to promote bonding, in order to enable the clinical stability of the child. Descritores: Critical Care; Newborn Premature; Family; Nursing.
INTRODUCTION

The premature care in the Neonatal Intensive Care Unit (NICU) has been undergoing major changes and the advent of new technologies has brought a broader universe to care for this population. On the one hand has a higher survival rate of premature infants and those with congenital anomalies, previously considered incompatible with life. Moreover, the survival of preterm infants (RNP) presents a challenge for professionals, to establish ties with the family in order to minimize the anxiety of parents facing the health situation of the RNP.1,2

The birth of a baby is a natural physiological phenomenon and, as contemplated unique moment with immense significance for mother and child, and for the whole family awaits the arrival of the newborn.3 It is important that professionals develop effective interaction, understanding the experience of parents, this phase of life, giving them space to express legitimate feelings and concrete and facilitators that enable transformations that occur overcome barriers and move toward Approaching son.4,5

During the admission process, the focus of care is the premature newborn, but as they are introduced actions that depend on the family, especially the mother, it is essential to narrow the bond with these professionals, in order to orientation of interventions in individualized care to the newborn.6

We highlight the importance of the presence of parents in the NICU and their participation in the care of hospitalized child, not only for the maintenance of mother-child bonding, but also to reduce the stress of hospitalization, as they are fragile and unsure the child’s life.7

In this context, the role of nursing in neonatal units should facilitate opportunities early contact between parents and RNP in order to establish the link between them, stressing the need to humanize this assistance, facilitating interaction between the professional team, the newborn and parents.

This relationship between professionals and provides family success in the treatment and short period of hospitalization, as the relationship becomes imbued with feelings of love, which provide compensatory responses in terms of well-being.8 Facing this reality, it is important to awareness of health professionals in order to favor greater participation of parents in the care of premature children hospitalized.

METHOD

A qualitative descriptive study, which allowed us to observe the attitudes, beliefs and values of individuals, based on the premise that knowledge about the actors are only possible with the description of human experiences, such as are experienced and defined by the subjects.9,10

The study site was the neonatal intensive care unit of a tertiary hospital, linked to the Unified Health System (SUS), located in Fortaleza / Ceara / Brazil.

Participants were 13 parents of premature infants hospitalized in that health institution. For the selection of research subjects, the criteria used were: parents of children admitted to the Neonatal Intensive Care Unit and to provide physical and emotional conditions to respond to the interview.

The number of subjects was determined by the criterion of saturation and quality of information that occurs when information becomes repetitive or adding new data is minimal to submit to the testing procedures being completed with the identification of convergences and divergences of the statements, not being the biggest concern the quantity but the quality.11

In order to protect the identity of the participants were assigned them names of spices, which symbolized the personification of sentiments expressed during the interview.

Data collection took place from January to April 2011. It was used as a collection technique semistructured interview containing the research questions << As part of the child care in the NICU? What >> << feelings experienced during this period of hospitalization of the child? How >> << realizes the encouragement and guidance of the nursing team to develop your child’s care? >> In order to ensure wide uptake of information from participants, we used the recorder as a complementary resource.

To understand the importance of affective presence of parents in the care of hospitalized child, contained in the speeches of the subjects involved in the study, they were confronted by seeking to seize relevant points that allowed contextualize the discourses of parents involved in the care of hospitalized child and subsequently determine approximate descriptions of content,
subjective, to highlight the objectivity, the nature and the forces on the stimulus, which the subject is submitted. Therefore, we resorted to the method of content analysis.  

Thus, in the first stage was held floating reading, in order to make it possible to establish contact with the subject’s responses and the known text, so that it was possible to check the first impressions, which are only consolidate the last step.

At the stage of organization and material exploration, we proceeded to the coding of the interviews, the participants being represented by: “spices” and numbered according to the order of the interview. Today, after several readings, withdrew from the text words, phrases or paragraphs that presented consistent with the objectives of the study and would enable outlining the first ideas grouped.

In the last phase, the reunification of the meaning units, after reading and rereading, has highlighted the categories: parental emotional care as essential to the development of the child; encouragement and support of the nursing staff to care for parents and feelings experienced by parents in the care of premature children.

This study complied with Resolution 196/96, National Council of Health, Ministry of Health of Brazil, involving humans, and was submitted and approved by the Research Ethics Committee of the institution under study according to protocol CEP 011 202/11.

RESULTS AND DISCUSSION

We interviewed thirteen parents of premature infants hospitalized in neonatal intensive care unit, with ages between 18 and 45 years. Regarding education, a father was illiterate, and one had incomplete higher education, four had incomplete primary education and seven reported having completed high school and / or incomplete. Regarding the hospitalization of the children ranged from two days to seven months.

The material collected through interviews with parents of newborn premature infants in intensive inpatient unit, were constructed categories described.

- Category 1: Affectionate care of the parents as essential to the development of the child

When asked about participation in care to the child, parents expressed a desire to take care of the newborn and realized that this involvement was essential to the process of clinical child. Those exposed also to participation, and enable to establish a connection and interaction with the child, allowed the clinical stability of premature and the process of growth and development.

I participate bathing, diaper changing, I give milk, I help in many ways and I’m always there, why mother is mother […] (Cinnamon)

[…] I will always look at him (baby), sometimes I feel like he’s crying and I’ll see him there […] since I cannot care of him as I would at least go to pet […] (Pepper)

[…] Still cannot do the care they would like to do […] I cannot get him on your lap, why the nurse said he is intubated […] (Mint)

Parents perceived the care the children developed premature as essential and that the approach favored positive stimulus as contributing significantly to the neurological development of premature allowed in addition to parent-child interaction and affective bonding.

The fact of not being able to pick up the child on her lap is quite frustrating for the mother, even when you can play it in the incubator; many mothers are unnerved about this situation. With the admission of the child in the NICU, parents begin a career marked by painful and stressful moments, mainly due to the separation of the child with the family nucleus.  

Parents should be encouraged to touch and pick up the children on his lap, even in intensive care when the child is still intubated, allowing the skin to skin counted between mother and child. This interaction between mother and newborn is very important because her mother transmits tranquility.

The presence of mothers next to his son and participation in care is of fundamental importance for the RN. Corroborates up study that says that parents should be present in neonatal units, particularly those who attend high-risk clientele, it is the largest survival of premature babies more that require long periods of hospitalization.

Parents need to be counseled about the importance of interaction with the child. Promoting greater contact between mother and child, the team favors the acquisition of greater security by the mother, who happens to feel able to offer positive incentives to the child, which benefits the development of the newborn, postpartum recovery, the achievement of the practice of breastfeeding, the affective bonding and preparing the mother for discharge.
Moreira RAN, Lavor VFT de, Siqueira AÉOB et al.

The treatment of prematurity is time consuming, most of the time, this remains months in the intensive care unit under the care professionals, with the effective participation of parents in the child care during hospitalization paramount to establish and strengthen the bond between them, as contributes to the post-discharge care, run by parents at home. 

- Category 2: Encouragement and support of the nursing staff to the parents for care

Importantly, one of the assignments of nursing staff in the NICU is to welcome and provide information during the stages of hospitalization by providing explanations about the state of health of the newborn, as well as elucidating the need for equipment used on the tour. Stress increases when parents realize that information about the child's background is incomplete, conflicting or difficult to understand.

While interacting with the health care team, parents search for information about the condition of the child care and the provision of high, the parents' questions are addressed especially to the nurse, but it is the doctor who provides information on diagnosis and prognosis.

**Ask her how my son ta, if the infection has improved, gained weight when they are going to have high […] when I have something to ask them, they always respond more if I want to know something of my son I have to go after the doctor talks to me also. (Salsa)**

**I think they really do not encourage the involvement of the father […] (Carnation)**

**[…] Sometimes I get there and they do not heed us, only respond when I ask, I have to stay behind them […] (Pepper)**

Thus, it is essential that nursing can provide support to the family is fragmented, not restricted to respond to inquiries from the hospital routine, because parents often do not know what to ask, because do not know what is happening with the child, the severity of the problem, the use of certain equipment and the length of the RN at the hospital. The team does not realize that these factors intensify the process of grief and stress experienced, disrupting the social and emotional life of the family.

So parents should receive support from the nursing staff, to answer questions and lessen anxieties, meeting the physical and emotional needs, making the time of the visit more pleasurable. Parents should be accompanied by the first professional visit to the newborn (NB) and receive information necessary to understand the situation experienced by the child, for the first visit is impacting and influencing the process of living between the family and the RN.

It became clear trend of nursing professionals to be more aware of the importance of actions that involve the participation of the family in caring for newborns, allowing the contact and interaction between parent and child.

**[…] Had some nurses who taught me everything, because I was afraid of catching him, for he is small. They talk to me when I have questions, they take are great, make me more relieved. (Sweet Grass)**

**[…] i already know how to do almost everything that the nurses taught me […] guided as washing hands, something we did not even know […]. (Mint)**

Given this, it is argued that nursing must interact daily with newborns and their families, sharing perceptions, beliefs and values, assisting in the reorganization of parents and relatives in their adaptation to the situation experienced and environment of the hospital, thereby promoting the development of attachment from parents / family with the child, which is of vital importance to the growth and stability of clinical child.

The nursing staff and other professionals who work in ICU should favor the approach of parents with RNP, providing benefits to both. This approach causes the premature obtain positive stimuli for their stability and clinical outcome, bringing benefits such as increased weight gain in children, reduced length of stay, reduce dependence on ventilator early nonnutritive sucking earlier, optimized autoregulation and neurobehavioral improvement.

- Category 3: Feelings experienced by the parents in the care of premature children

By getting involved with the care of premature children, parents, initially, appear apprehensive and afraid of harming the treatment but when supported by professionals, will be reassuring and expressing satisfaction through verbal and nonverbal behaviors.

**[…] Sometimes I'm afraid to get too close, oh the nurse said I could touch him he feels when I touch it. (Nutmeg)**

**[…] He was very young, I thought I was not going to survive […] you might think a thousand things; it is impossible for a baby**
so small saving, life-threatening [...]. (Chives)

[…] The nurse said that she was infected and could have complications [...] she was very little, I was very nervous and scared [...]. (Salsa Beaded)

[…] I fear her (son) did not come home [...] I want both my daughter in my arms. (Sweet Grass)

I was scared [...] I felt as if I had a missing piece of me [...]. (Chamomile)

I feel very sad [...] a great despair, then start to cry when I see my son with the devices [...]. (Cinnamon)

[…] Sometimes hits a distress so great a desire to cry [...]. (Pepper)

The first contact between parents and children in the NICU environment produces questions and feelings about the situation experienced at that time, motivating parents to feel guilt, anguish, suffering, fear and uncertainty about the health condition of the child. Parents experience the tension between closeness and distance of RN, due to hospitalization, the rules and routines of the NICU, family conflicts and the possible loss of their son.

The admission to the NICU generally constitutes a crisis for the family, especially the mother. It is a strange and frightening environment; the newborn is different from real and imagined guilt for the problems of child factor acts as inhibitor of spontaneous contact between parents and children. In this sense, the host family is very important to the emotional experiences that occur during this period; it is understood, accepted and thus the suffering of parents can therefore be minimized.

Watching the family is hospitalized newborns need and role of the nurse. Peculiar characteristics of this role include the ability to recognize and live with the family in the disease situation, including the planning of neonatal care, and respect their decisions regarding treatment. By valuing the presence of the family, the nurse plays a unique role in caring for it, particularly in the context of the NICU.

This process of adaptation that parents have against the admission of the child can be alleviated as we receive guidance and trust in the team. Every parent goes through this process of adaptation in a unique way, since they are unique individuals, with life stories and experiences.

Important aspect to be considered in the treatment of infants at risk is to reduce the anxiety of parents through support, to help them express their feelings. If the father or mother experiences positive relationship with the professional, hospital, or people who have gone through the same experiences, your stress level and decreases distress, to the extent that they become more acquainted with the real situation in which they are inserted.

The assistance to these units RN care has undergone important transformations. In this context, interventions have been recommended and implemented in neonatal units to equip the work of the health care team, such as the release of visits from other family members, the parents stay with their child in hospital, the implementation of support groups for family members, kangaroo care, fostering participation in maternal care and treatment decision making, among others.

Emotionally any father / mother may blame herself for prematurity, by birthmarks or any effect that might appear in the baby. Preterm birth causes disappointment and feelings of inadequacy, guilt and fear mixed, favoring the stress situation that often compromises the affection between parents and children.

Religiosity has been highlighted as one of the most used by parents to express and develop the integration of the rational, emotional, sensitive and intuitive. Faced with times of illness or loss, it is clear the appeal of family, through promises and prayers that serve as a source of hope for the survival of their loved one. In Neonatology, is no different, because parents are anxious for the arrival of the child and is facing a situation of prolonged stay in hospital due to complications and the approach of parents with God a way to reduce suffering.

There were feelings of confidence in the nursing staff in targeted assistance to premature newborns.

[…] Is much talk with the nurse I see that they take good care of the babies like them. It's a relief. (Rosemary)

[…] I love them: I know that my son is in good hands. (Mint)
Moreira RAN, Lavor VFT de, Siqueira AEOB et al.

Trust is conveyed to parents by professionals in order to look for the child, the way to play it and a commitment to provide daily care. The authenticity of the care provided by professional promotes hope and comfort to the family.26

CONCLUSION

It was understood to involve parents in the affectionate care to children in the Intensive Care Unit, with emphasis on experiences with hospitalization of newborns, the encouragement and guidance received from the nursing staff for involvement in the care of premature children and those aspects positive and negative approach and involvement with the NICU care team.

Reports from participants revealed complexities and adversities faced situations in which there were explicit inner conflicts experienced by difficulties coping in time of crisis, from the process of hospitalization of premature birth.

Overall, subjects showed, implicitly or explicitly, that the process of providing child care offered by professional team with character and posture education, clarifying doubts, preparing them to care for the child post-hospitalization. By being encouraged to care for their children, settled bond through proximity, and sent to these parents love, protection, security, trust and affection.

It was found also that the parents had feelings of sadness, fear, guilt, worry and doubt about the child's recovery, which can be minimized through individualized assistance to parents. So it is up to the nurse to raise awareness and emphasize the importance of parental presence as essential process in the child's recovery.

Finally, it urges awareness of professionals regarding the relevance of the presence of parents during times of crises such as hospitalization of premature children, promoting the sharing of feelings, concepts, values and attitudes that prioritize support for parents and needs assistance during the hospitalized child.

REFERENCES


12. Scochi CGS, Kokuday MLP, Riul MJS, Rossanez LSS, Fonseca LMM, Leite AM.


Participação afetiva de pais na assistência ao filho...
Moreira RAN, Lavor VFT de, Siqueira AÉOB et al.

Submission: 2012/05/09
Accepted: 2013/01/14
Publishing: 2013/04/15

Corresponding Address
Rosa Aparecida Nogueira Moreira
Rua Isac Amaral, 112 / Ap. 601
Bairro Dionísio Torres
CEP: 60130120 – Fortaleza (Ceará), Brazil