ORIGINAL ARTICLE

HUMANIZATION OF NEONATAL CARE IN THE OPTICS OF NURSING PROFESSIONALS*
HUMANIZAÇÃO DA ASSISTÊNCIA NEONATAL NA ÓTICA DOS PROFISSIONAIS DA ENFERMAGEM
HUMANIZACIÓN DE LA ASISTENCIA NEONATAL EN LA ÓPTICA DE PROFESIONALES DE ENFERMERÍA

Juliana Vanessa da Silva Costa¹ , Clara Fróes de Oliveira Sanfelice² , Elenice Valentim Carmona³

ABSTRACT

Objective: to identify the perception of the Nursing team about the humanization of care provided in a Neonatal Intensive Care Unit. **Method:** this is a qualitative, descriptive, exploratory study. 22 professionals were interviewed, including one nurse and 21 nursing technicians. Data was collected through semi-structured interviews, audio recorded, transcribed and analyzed following the technique of Content Analysis in the Thematic Analysis modality. **Results:** four categories were revealed: a) Humanization as safety for parents, professionals and newborns; b) Care that covers the newborn and the family; c) Humanization as a team culture and institutional policy; and d) Contradictions of humanized care. **Conclusion:** there is a need to promote educational activities so that the humanized approach is better understood and implemented in neonatal care. **Descriptors:** Humanization of Assistance; Newborn; Neonatal Intensive Care Units; Neonatal Nursing; Nursing, Team; Qualitative Research.

RESUMO

Objetivo: identificar a percepção da equipe de Enfermagem sobre a humanização da assistência prestada em uma Unidade de Terapia Intensiva Neonatal. **Método:** trata-se de um estudo qualitativo, descritivo, exploratório. Entrevistaram-se 22 profissionais, dos quais um enfermeiro e 21 técnicos de enfermagem. Coletaram-se os dados por meio de entrevistas semiestruturadas, gravadas em áudio, transcritas e analisadas seguindo a técnica de Análise de Conteúdo na modalidade Análise Temática. **Resultados:** revelaram-se quatro categorias: a) Humanização enquanto segurança para os pais, profissionais e neonatos; b) Cuidado que abrange o recém-nascido e a família; c) Humanização como cultura da equipe e política institucional e d) Contradições do cuidado humanizado. **Conclusão:** evidencia-se a necessidade de se promover atividades educativas para que a abordagem humanizada seja melhor compreendida e implementada no cuidado neonatal. **Descritores:** Humanização da Assistência; Recém-Nascido; Unidades de Terapia Intensiva Neonatal; Enfermagem Neonatal; Equipe de Enfermagem; Pesquisa Qualitativa.

RESUMEN

Objetivo: identificar la percepción del equipo de Enfermería sobre la humanización de la atención brindada en una Unidad de Cuidados Intensivos Neonatales. **Método:** este es un estudio cualitativo, descriptivo, exploratorio. Se entrevistaron 22 profesionales, entre ellos un enfermero y 21 técnicos de enfermería. Los datos fueron recolectados a través de entrevistas semiestructuradas, audio grabado, transcrito y analizado siguiendo la técnica de Análisis de Contenido en la modalidad de Análisis Temático. **Resultados:** se revelaron cuatro categorías: a) Humanización como seguridad para los padres, profesionales y recién nacidos; b) Cuidado que cubre al recién nacido y la familia; c) La humanización como cultura de equipo y política institucional, y d) Contradicciones de la atención humanizada. **Conclusión:** es necesario promover actividades educativas para que el enfoque humanizado se entienda mejor y se implemente en la atención neonatal. **Descriptores:** Humanización de la Atención; Recién Nacido; Unidades de Cuidado Intensivo Neonatal; Enfermería Neonatal; Grupo de Enfermería; Investigación Cualitativa.

¹University of Sao Paulo. Sao Paulo (SP), Brazil. <https://orcid.org/0000-0002-2707-6668> ^{2,3}Campinas State University. Campinas (SP), Brazil. <https://orcid.org/0000-0003-1920-3193> <https://orcid.org/0000-0001-9976-3603>

*Article extracted from the Course Conclusion Paper << The humanization of neonatal care according to nursing professionals >>. Campinas State University. 2017.

How to cite this article

Costa JVS, Sanfelice CFO, Carmona EV. Humanization of neonatal care from the perspective of nursing professionals. J Nurs UFPE on line. 2019;13:e242642 DOI: <https://doi.org/10.5205/1981-8963.2019.242642>

INTRODUCTION

It is identified, in the scenario of the automation of a highly technological and specialized society, the need to discuss humanization and implement policies to direct humanized care.¹⁻² The term “humanization” is discussed when one realizes that care for Health has become a set of impersonal and dehumanized professional attitudes and practices, thus fostering proposals for change in care.³

The humanization of childbirth and birth, for example, is known to be permeated by the principle of integrality of care, aiming at health care guided by the relationships of respect between users, professionals and institutions, as well as dignity, bond and reception.⁵⁻⁶ It should be noted that the context of neonatal care requires professional involvement, availability, responsibility and sensitivity, as well as empathy, sympathy and acceptance of the condition of the woman-mother without judgment.⁷⁻⁸

It is considered that individuality establishes a relationship of trust, offer support, information and proximity and accept the various forms of knowledge that should mark the professional-family relationship. Thus, involving the family in care can, in addition to meeting these needs, enrich the experience of the health team.⁹

In the context of neonatal hospitalization, although there is much discussion about the humanization of care, the strategies to formally systematize support to women and families are still incipient and intermittent, being largely implemented from some professionals who are aware of the issue.^{2,10}

Thus, the relevance of the nurse trained to assess subjective issues, identify nursing phenomena and propose interventions is evident¹⁰⁻¹, being also open to clarify the specific doubts of mothers (permanence in the unit, expectations and needs), besides the care to be provided to the newborn.^{5,9,11-2} It is emphasized that, in this scenario, the entire nursing team must be prepared to offer humanized care to the patient and family.

From these considerations and the few specific publications on the subject, it is understood that,^{3,5,9,13-4} the Neonatal Intensive Care Unit (NICU) as a conducive place for investigations on the implementation of humanization in nursing actions. It is understood that in the context of care, there are intense experiences when dealing with the pain and sadness of mothers and family members, which has an emotional impact on professionals, requiring them to be equipped with personal and professional values and virtues that lead them to best meet the needs of care. Clinical

skills, knowledge and ethical values should be aligned to better fulfill the professional role.^{2,6,11}

Among the problems that hinder the implementation of a humanization policy, the professionals' understanding of this proposal stands out.^{2,6,11,14} It is pointed out that one cannot think about the humanization of unattached assistance to aspects such as subject's role (co-responsibility), the professional's working conditions and participative management.^{1,6,9,11} Thus, the participation of workers and the subjects to be taken care of to change the organization of the routine, in different management, facilitates the legitimation of processes and the personalization of actions.^{3,6,11} Therefore, it is necessary to investigate the views and practices of professionals working in the NICU regarding humanized care, as well as his feelings about the impositions of work, for a reflection about his posture and formation and the means of making possible and practicing, in fact, a humanized care. Based on the above, this study aimed to investigate the perception of the nursing team on the humanization of neonatal care and analyze how professionals experience it in clinical practice.

OBJECTIVE

- To identify the perception of the nursing staff about the humanization of care provided in a Neonatal Intensive Care Unit.

METHOD

It is a qualitative, descriptive, exploratory study. This approach was chosen for the purpose of identifying the characteristics and meanings of human experiences, as described by the subjects and interpreted by the researcher. It is informed that the qualitative research investigates meanings, motives, beliefs, values and attitudes in a subjective manner, allowing the understanding of the individuals particularities, without the need to worry about the quantification of variables.^{2,15}

It is revealed that the study was developed in a 22-bed neonatal unit (12, intensive care and ten semi-intensive) of a public teaching, care and research hospital located in the city of Sumaré, in São Paulo.

It is noteworthy that the unit has nine nurses - one being the coordinator of the NICU - and 52 Nursing technicians, distributed over four shifts: morning, afternoon, night A and night B. Those who worked in the referred NICU were invited to participate for at least a year. Professionals in coordination positions (which may mean not being regularly involved in direct care) and on leave during the data collection period were excluded.

The data saturation criterion was used to determine the number of participants. The

inclusion of new subjects was interrupted when we realized that the speeches were sufficient to answer the research questions and the information became repetitive.¹⁶ Data was collected from January to April 2017, and only one interview with each participant, individual, private and recorded in audio.

It is reported that the guiding question "What does the humanization of neonatal care mean to you?" served as a guiding thread for the apprehension of the professional's perception on the subject. Free exposure of feelings and experiences was expected. Other questions were reported when the interviewee did not approach the subject spontaneously, such as: "How have you experienced the humanization of care in your clinical practice?" And "How have you perceived the humanization of care in this unit?"

It is stated that the speeches of the subjects were transcribed by the first author and submitted to the Thematic Content Analysis, proposed by Bardin, following the steps of pre-analysis, material exploration and treatment of results.¹⁷ It is noteworthy that the study is in progress in accordance with Resolution 466/2012 and was approved by the Research Ethics Committee under number 1,872,959. The professionals received guidance on the research objectives, agreed to participate after reading, understanding and signing the Informed Consent Term (FICT) in two copies, one of them being in their possession.

RESULTS

Twenty-two nursing professionals from the three work shifts (morning, afternoon and evening) were interviewed, 21 of them nursing technicians and one nurse, aged between 27 and 60 years. It is reported that the time of profession ranged from five to 37 years, and the time of working in the NICU, from two to 16 years. It is noteworthy that only one respondent is male. The subjects were assigned flower names at random to ensure that they were not identified.

It is detailed that the data from the participants' speeches were analyzed and organized into four categories: a) Humanization as safety for parents, professionals and newborns; b) Care that covers the newborn and the family; c) Humanization as a team culture and institutional policy; and d) Contradictions of humanized care. The following will be presented according to the categories.

♦ Humanization as safety for parents, professionals and newborns

Respondents reported that the humanization of care strengthens the security provided to parents, since the Nursing staff stays 24 hours a day with their children during the hospitalization period:

[...] draw the parents attention to the baby, talk about the baby. [...] It's security, too, that you pass, right ?! Because the parents, they come here, see us take care of them, but then they leave [...]. I'm sure that worry remains [...]. (Lobelia)

Professionals are also reported to mention that when parents trust their work, they feel safer to continue to provide care:

[...]not only patient safety, but safety for us employees as well. [...] because a mother comes from far away, then leaves her son there, and does not know what will happen to her son. So, she, seeing our assistance, our care, right ?! Humanization, they become more ... confident ... that helps in the evolution, especially ... of the baby [...]. (Semanía)

The relationship between humanization and patient safety was also pointed out during care:

[...]avoid the maximum risk to the child in each care, so we value that very much. [...] What, as it has to be the step by step to avoid damage, right ?! [...]. (Freesia)

[...] I try not to make mistakes [...] not to [...]. To maintain the most humanized care possible [...]. (Dahlia)

♦ Care that covers the newborn and family

It is noteworthy that the professionals presented speeches about humanized care as something broader, a care that goes beyond the prescribed and includes family members (usually the mother). Offering special attention to the mother also appears as one of the pillars of humanization of care, from the perspective of these professionals. Note the perception that the mother needs care and encouragement, as well as the baby, as well as being understood, recurring notes in the speeches:

[...] it encompasses a lot of things [...]. All [...]. How we treat [...]. How we receive this father and mother ... since we take care of the children ... Ah, because, like this: the hospitalization of the newborn [newborn], we understand that it is very complicated, it is a [...] a very stressful time for the family, right ?! So, they come with a lot of doubt, a lot of fear, a lot of anguish [...]. There are mommy who cries all the time, so I think there will be a lot of us [...]. Stop to think their side and try [...]. Alleviate [...] [...] as much pain and anguish as possible at the time of hospitalization [...]. (Violet)

[...] the mother, she arrives needy, she arrives ... with feelings all sharpened, in fact, right ?! [...] With depression, some. So, we have to treat first [...]. The baby is already being treated. But first, the mother [must be cared for] [...]. I believe humanization is a whole. It's not just a baby, because the mother ... she needs even more support than the baby [...]. (Begonia)

[...] when mothers get here, they ... it's a totally different world for them. So, we have to explain everything, we have to talk [...]. They get [...] ah [...] scared to touch the child [...]. (Geranium)

It is noteworthy that the testimonies of professionals also point to humanized care as “caring as if it were your family”, “as if it were my child”. They also highlighted the importance of putting oneself in the other's shoes and thinking that care should be directed from the perspective of “how I would like to be treated”:

[...] put yourself in the place [...] of the family [...] put yourself in the place, “if it were my son”, right ?! “How I would like to be treated”, “as I would treat [...]”. And treat as if it were, right, a relative, a child, something of mine [...]. I think this is humanization. It is to treat with respect, with dignity, right ?! [...]. (Primula)

Humanization was also perceived, from the perspective of professionals, as a manifestation of love, affection and warmth:

[...] it is affection, care and love. [...] It is the care beyond the [...]. From that care we are already used to [...]. (Gerbera daisy)

[...] I try to take care [...] with patience, with affection [...] right ?! Talking [...]. I believe the child [...] is also [...] is, is [...]. You see [...]. And you need to know what is happening [...]. (Primula)

[...] the child likes [humanized care], because it is a cozier way to take care of them [...]. You don't have to calm them down with a bottle [bottle], a [...] pacifier. Soothes the babies with ... with the little way [...]. It's the most practical [...] method is the Kangaroo, right ?! They stay snug there, calm down [...] and it's no problem, right ?! [smile] [...]. Much more delicious [...]. You throw a pacifier in your mouth, you don't see if it's sucking, you don't see if it's ok [...] because crying is also a way of speaking. For example, he [...] is feeling something that he needs from you [...]. (Hortence)

It is understood that, in opposition to this view of nursing care as a demonstration of love, some professionals brought the professional obligation to provide humanized care:

[...] I believe that [...] we who work in the Neonatal ICU, we always have to give the best [...]. They are babies, they need us, right ?! Of care, of humanized care, [...] right ?! I've always heard that they [the patients] don't ask to be here. But, we ask. So we have an obligation to work, right ?! In a humanized way, with both babies and mothers, right ?! [...]. And I think that [...]. It only makes the obligation [...]. (Jasmine)

♦ Humanization as a team culture and institutional policy

From the perspective of the interviewed professionals, the humanization of care and

working techniques go hand in hand, reproducing an institutional culture already consolidated in the unit:

[...] this culture [of humanization] is so big here that professionals end up learning ... not only the technique, right?! [Technical] basic that we learn [...]. But, they learn that already [...] already doing the technique, already have to do the humanized technique. So the culture within this unit is quite large. (Dahlia)

[...] are the norms and routines that already have here, right ?! That is already protocol [...]. We have [...] is humanization in weighing, we have humanization when it comes to vacuuming the tube [...]. (Orchid)

[...] we learn various techniques to humanize care, so I think humanization, for me, is applying me these techniques. [...] Expose the less the newborn [...]. (Dahlia)

It is revealed that, to promote humanized care, professionals feel that they need to enjoy the work and have the psychic preparation for their responsibilities:

[...] who works in ICU Neo must really like children, have to love this profession and child, right ?! Like, like, you don't have to mind crying. It's because it gives a lot of pity, right ?! You say, “Oh, you're a kid and you're already suffering.” So, the professional's emotional has to be very strong [...]. Since it's been a long time with us, we get attached [...]. This often you have to work your psychological. It is a child that you are taking care of that you will not see all your life, but you see that, thus, you helped, you contributed in some way to this child going to the family [...]. (Freesia)

It is pointed out that, by offering humanized care, professionals also perceive the feedback received, both personally and professionally:

[...] interact with the human being, you learn a lot [...]. It's not just you give, you get. You get more than you give [...]. Here, on the subject [...] in the patient, family, is everything, right ?! It's an exchange [...]. (Zinnia)

[...] humanization, I think it is an extra respect that we have to have [...]. Makes you a little better pro, right ?! In a matter of humanization [...] of [...], of a human being [...]. Being able to provide a better service, right ?! You can also receive better care from the person you are taking care of, the relative, right ?! Of the family [...]. We see that parents here respect us much more than in other places [...]. (Gerbera daisy)

It is guided that humanized care becomes naturalized in daily activities:

[...] we puncture the baby, we try to calm him down, restrain him, [...] wrap him to make him feel safer. We do the technique in two people, [...] try to make less noise, to leave the light off. [...] Difficult [venous] access, we do not try several times. [...] Little baby that is born very premature [...] tries to leave him with minimal care: once per shift. So every time we work, we

work as a block. Do it all together. [...] will aspire, we try to aspire him with him also comfortable, in a quieter environment, to have less stress problem. [...]. (Dahlia)

[...] when giving the milk, too, it has to be the most correct method [...] [...]. Even for the mother's lap, to breastfeed, it has [...] to be the most comfortable way [...] then, we see all that. So you see that it is the right way [...]. (Hortence)

It is noted that the professionals mentioned working relationships as part of the humanization of care, since the good interpersonal relationship between them positively affects the work methodology employed, setting the tone of the work and ensuring its continuity:

[...] we have a very nice bond like this [...] to work. [...] whenever we notice something [...] there, that is missing an improvement, then we always try to [speak] in a friendly way [...]]. We have here [...]. A good team that [...] we manage to [...] fit well [...]. (Static)

[...] we try inside our own, our limitation, we try to [...] speak the same language one hundred percent. So, we arrive, get our shift, we try to take care of it the same way [...]. (Hamamelis)

♦ Contradictions of humanized care

It is noteworthy that the speeches bring humanization as inherent to the routine of the neonatal unit, being perceived through safe care, established bond and extended care to the mother and family, which transcend the technical protocols. However, some contradictions regarding a humanized model are stated in the professionals' speech, characterized by situations of moral judgment, impositions and even intimidation that occur during the care offered:

[...] a mother [...] she [...] a prostitute [...] said she worked until a week before [...] having the baby. [...] she was only able to leave with the child because [...] her father [...] assumed [...] he was going to take care of her and the child and she [...] said [...] that [...] I was going to leave this life [...]. I hope God has left because the baby was a little doll [...]. (Primula)

[...] when the baby arrives, we already give all the guidelines. [...] we have a folder, right, with all the directions of the father. [...] Pass it to him, look: "You have the rights, you have the duties and the obligations inside" [...]. (Zinnia)
[...] she has [emphasis] to breastfeed, so she has to be well [...]. (Begonia)

[...] mothers are very observant. [...] they observe the way the coach works, how he positions himself [...]. So we also have to be careful, understand ?! [...] [tells mothers] "If you stress the baby, the baby can lose weight" [...]. Losing weight is the [...], the top, because they are afraid of the baby losing weight and not being discharged [...]. (Hamamelis)

DISCUSSION

It is known that the **humanization category as a safety for parents, professionals and newborns**, presents the presence of the principles of the National Humanization Policy in the interviewees' statements, as well as personal interpretations and relationships with other concepts discussed and disseminated in health. It is considered that the perception of the professional and the way he appropriates a concept are important because they can interfere with his performance.

It is determined that, in this category, participants move between the meanings of humanization of care and patient safety when trying to define humanized care. However, it is noted that including users (in this case, caregivers) in care plays a central role in the patient-centered care model, in fact increasing the safety of health care as well as user satisfaction.⁶ It is added that taking care, due to the dimension of the social practice of care, means minimizing risks and avoiding preventable damages that are linked to health care.¹¹ It is emphasized that, which reaffirms the humanization-safety relationship established by professionals. Thus, it is pointed out that the humanization of neonatal care should focus on ensuring the technology that enables the safety of the baby and the care of him and his family.¹⁴

Regarding the **category of care that covers the newborn and the family**, the professionals mentioned family, parents and father. It is stated that mothers were the most present in their speeches, since, among all other family members, they are the ones who intensely experience the context of neonatal hospitalization. Considering the reports, it can be inferred that professionals recognize the impact of NB hospitalization for parents and family, also recognizing that it is up to the team to offer special attention, being welcoming and identifying needs that must be met.

It is noteworthy that the woman adds, to their different roles and concerns about daily life outside the hospital, the need and importance of being with the hospitalized newborn. Thus, the support of health professionals is essential for women and family to cope with the hospitalization of the baby. Therefore, professionals need to interact with and understand women and can help them plan strategies that address both the needs of the hospitalized baby and those of the woman.⁵ In this sense, humanized care is defined as "extended care": the concern to integrate caregivers in care during hospitalization. This is considered a way of reducing the impact caused by the often hostile hospital environment due to the unknown technological apparatus and the

language characterized by technical terms,³ in addition to imposing the experience of motherhood in a totally different way from that idealized throughout pregnancy.¹⁰

It is also observed that the relationship between the health team and the user enables the bond to be tightened when the family feels understood and needs met. It is noticed that professionals have the opportunity to change the focus of the disease to the experience of the child and his family, becoming more present, interested and concerned about them, thus creating a bond of complicity.¹⁴ Details At this point, the interface between the first two categories is related to the feeling of security that the team promotes to parents, by creating a bond with them and by demonstrating the care performed.

However, it is found that the structural characteristics of humanization are the "concern for the other than me",¹ the availability for the other and, above all, the recognition that human beings are always different from each other.¹ Thus, nursing care is not just a professional practice learned through manuals and routines; more than technique, it is also a careful, cautious and reflective care. It is noticed that putting oneself in the other's place is "a flexible, efficient, ethical, responsible, dynamic, unfinished and exclusive nursing care"¹¹. It is necessary, however, to be careful not to make decisions for the patient, based on imagining himself instead; the health professional's interpretations of the patient's demands must always be validated by him and his family. It is considered what the other wants, without such validation, may lead the professional to error and / or disrespect.

It is reported that the speeches of some interviewees bring reflections that seem based on a less professional way of discussing care, relating it to a maternal and intuitive doing. It is understood that it is relevant to question if when the professional does not "love the patient", if he will stop taking care of him as he should. Therefore, responsibility and professional ethics should prevail, also motivating the care offered safely and with quality, even when feelings such as love and affection are not established. It is explained that some statements bring a romantic view that "Nursing is love", which may lead to set aside the scientific rigor that safe nursing care demands, as well as the updating of knowledge that the professional must continually seek and the development of skills to perform their role well.

Another study,⁵ developed in a neonatal unit, also confirms this view of professionals that the support offered to the family by the team and institution, pointed out as a humanized practice, consists in "treating the child and family with love and cordiality". In another research¹¹, it is

identified that professionals consider that being a nurse is related to having the ability to observe beyond what one sees, decoding behaviors and performing "care with love and attention".

It is known that responsibility does not arise from an obligation that comes from the health professional self, nor is it a quality of its own. Thus, it is argued that the professional is free to choose what and how to act, whether or not he loves what he does, but becomes responsible for everything he does, based on his choices.⁸

In the *Humanization as a team culture and institutional policy category*, the interviewees' statements understand that humanization should be part of their activities as something previously established, based on research. Some statements bring clarity about the professional role, as well as about the legal attributions of a given profession, inserted in a context of public policies that direct the action and the quality of care. It can be seen who, according to the statements, the institution's premise is to offer humanized care. On the other hand, this becomes questionable when the humanization of care is placed as a care protocol, as verified in some speeches.

A protocol is used to standardize actions and guide activities within a care model. That said, it is not appropriate to think of humanization as a protocol, although it is possible to become a culture - as it is an approach that can be disseminated.

It is defined that humanization should not be defined as a protocol, but as an approach that recognizes the importance of acting respecting personal individualities in order to customize care. Moreover, it is understood that the act of humanizing in health is also linked to politics and the economy, in the sense of equal access to care. It is also related to the professional competence of those who provide care.¹⁸ Finally, humanization should also include the care provided to these professionals, which corroborates the statements presented. It was pointed out that for the participants, humanization is fundamental in the relationships between professionals and affects their performance.

It is pointed out that, on the one hand the perspective of humanization refers to the holistic and empathic look, the welcoming, the bond and the communication, on the other, it also brings assumptions for those who take care, considering the service management. It is emphasized that the appropriation of public policies related to humanization is fundamental for the implementation of changes in such management.¹⁴ It is therefore considered necessary to value the professional and promote the participation of workers in the discussion spaces, advocating

participatory management and continuing education actions.³

It is revealed that the category *Contradictions of humanized care* brings some considerations about the need for an educational process aimed at helping professionals to understand some practices that do not contemplate the humanized approach that advocate and discourse to perform. It is reported that, not having clarity on the actions that contribute to the best practices in this care context, the professionals end up taking a control posture in which they consider themselves better caregivers than the mother, through actions and comments that situate the mothers within the unit under a series of rules to be followed, removing them from their role and subjecting them to supervision to approach the child.¹⁰⁻¹

It was found that the same professional who speaks of care that can only be performed with love, reaffirms obligations of the mother; The one who talks about safety in care describes an automatic care, and the one who is aware of the limitations imposed on mothers to have their children in their arms affirms that they prefer a minimum bond with the most questioning mothers. From these contradictions, the relevance of supervising the relationships that are established between family members and the team is shown, since the team itself, in a position of power (or in the search for empathy, as mentioned above), may not to realize the iatrogenies that commits in the mother-child-family relationship and the lack of humanization in the care provided, as well as the disconnection of the responsibility of being a professional.

It is reported that the use of humanized practices seems to be associated with the individual performance of professionals, which is influenced by their knowledge (training, continuing education and clinical experience), skills, personal experience, values, as well as the emotional response to experienced different situations at work. It is understood, in the context of performing such practices, that the care actually performed may differ from the theoretical, scientific and recommended,³ as well as from the institutionally established. This inconsistency occurs in a hierarchical, centralizing work structure in which professionals are most valued for their mastery of knowledge, techniques and technological apparatus, while performing routine and standardized tasks rather than actions in the relational field.^{2,14}

A limitation of this study is the reduced number of nurses in relation to the largest contingent of nursing technicians, which made it impossible to broaden the discussion of nurses' perception in the sample. On the other hand, it is emphasized that, in the Brazilian reality, technicians are the

majority among nursing professionals. It is reaffirmed that the characteristics of the study sample are representative of clinical practice, so it is pertinent that they are adequately oriented and monitored on the approaches proposed in public health policies so that they are actually implemented and have an impact on population health.

CONCLUSION

It is concluded that professionals understand the humanization of neonatal care as a way of care that promotes safety for them, parents and newborns, while considering following a protocol that offers something more to the patient and family, besides the care they would normally offer. It is also defined that humanization as a culture that permeates the performance of the team and that it is an institutional culture, being discussed since its admission to the institution and should be present in the relationships between professionals. There are also contradictions related to interactions with mothers, which are permeated by relations of familiarity, affection, understanding, but also power, control and rivalry.

It is noteworthy that the professionals interviewed did not discuss the concept of humanization, but about how they perceive and apply it in the context of care in which they work. It is considered that clarifying the concept of humanization, as well as monitoring how professionals present it in their actions, could lead them to improve such approach in neonatal care, as they demonstrate availability and sensitivity for such.

It is pointed out that the results of this study need to improve the understanding of the concept of humanization as an inherent approach to nursing care, with educational activities on the mother-child bond in the NICU context, the interpersonal relationship and practical exercises for the development of the perception about their own performance with the mothers.

REFERENCES

1. Silva RMCRA, Oliveira DC, Pereira ER. The discursive production of professionals about humanizing health: singularity, rights and ethics. Rev Latino-Am Enfermagem. 2015 Sept/Oct;23(5):936-44. DOI: <http://dx.doi.org/10.1590/0104-1169.0505.2634>

2. Todres L, Galvin KT, Holloway I. The humanization of healthcare: a value framework for qualitative research. Int J Qual Stud Health Well-being. 2009 July;4:68-77. DOI: <https://doi.org/10.1080/17482620802646204>

3. Souza KMO, Ferreira SD. Humanized attention in neonatal intensive-care unit: senses and limitations identified by health professionals. Ciên

Saúde Colet. 2010 Mar;15(2):471-80. DOI: <http://dx.doi.org/10.1590/S1413-81232010000200024>

4. Ministério da Saúde (BR), Universidade Federal do Ceará. Humanização do parto e do nascimento. Cadernos Humaniza SUS [Internet]. Ministério da Saúde: Brasília; 2014 [cited 2018 Aug 10]. Available from: http://www.redehumanizassus.net/sites/default/files/caderno_humanizassus_v4_humanizacao_parto.pdf

5. Spir EG, Soares AVN, Wei CY, Aragaki IMM, Kurciant P. The accompanying mothers' perception about humanization of assistance at a neonatal unit. Rev Esc Enferm USP. 2011 Oct;45(5):1048-54. DOI: <http://dx.doi.org/10.1590/S0080-62342011000500003>

6. Silva RN, Freitas FDS, Araújo FP, Ferreira MA. A policy analysis of teamwork as a proposal for healthcare humanization: implications for nursing. Int Nurs Rev. 2016 Dec;63(4):572-9. DOI: <https://doi.org/10.1111/inr.12331>

7. Schmidt KT, Terassi M, Marcon SS, Higashihara IH. Practices of nursing staff in the process of preterm baby hospital discharge. Rev Bras Enferm. 2013 Nov/Dec;66(6):833-9. DOI: <http://dx.doi.org/10.1590/S0034-71672013000600004>

8. Almeida DV. Humanization of health care: a reflexive theoretical essay based on the philosophy of Emmanuel Lévinas. Texto contexto-enferm. 2014 July/Sept;23(3):767-75. DOI: <http://dx.doi.org/10.1590/0104-07072014000340013>

9. Jiang S, Warre R, Qiu X, O'Brien K, Lee SK. Parents as practitioners in preterm care. Early Hum Dev. 2014 Nov;90(11):781-5. DOI: <https://doi.org/10.1016/j.earlhumdev.2014.08.019>

10. Carmona EV, Coca KP, Vale IN, Abrão ACFV. Mother role conflicts in studies with mothers of hospitalized newborns: an integrative review. Rev Esc Enferm USP. 2012 Apr;46(2):505-12. DOI: <http://dx.doi.org/10.1590/S0080-62342012000200032>

11. Carmona EV, Lopes MHB, Shimo AKK. The performance of maternal role at neonatal care unit - literature review. Online braz j nurs [Internet]. 2006 Dec [cited 2019 Mar 15];5(3):1. Available from: <http://www.objnursing.uff.br/index.php/nursing/article/view/552>

12. Salviano MEM, Nascimento PDFS, Paula MA, Vieira CS, Frison SS, Maia MA, et al. Epistemology of nursing care: a reflection on its foundations. Rev Bras Enferm. 2016 Nov/Dec;69(6):1240-5. DOI: <http://dx.doi.org/10.1590/0034-7167-2016-0331>

13. Purdy IB, Melwak MA, Smith JR, Kenner C, Chuffo-Siewert R, Ryan DJ, et al. Neonatal Nurses NICU quality improvement: embracing EBP recommendations to provide parent psychosocial support. Adv Neonatal Care. 2017 Feb; 17(1): 33-44. DOI: <https://doi.org/10.1097/CCM.000000000000035>

14. Silva LJ, Leite JL, Scochi CGS, Silva LR, Silva TP. Nurses' adherence to the Kangaroo Care Method: support for nursing care management. Rev Latino-Am Enfermagem. 2015 May/June;23(3):483-90. DOI: <http://dx.doi.org/10.1590/0104-1169.0339.2579>

15. Reis LS, Silva EF, Waterkemper R, Lorenzini E, Cecchetto FH. Humanization of healthcare: perception of a nursing team in a neonatal and paediatric intensive care unit. Rev Gaúcha Enferm. 2013 June;34(2):118-24. DOI: <http://dx.doi.org/10.1590/S1983-14472013000200015>

16. Polit DF, Beck CT. Fundamentos de Pesquisa em Enfermagem: Avaliação de evidências para a prática de enfermagem. 7th ed. Porto Alegre: Artmed; 2011.

17. Fontanella BJB, Luchesi BM, Saidel MGB, Ricas J, Turato ER, Melo DG. Sampling in qualitative research: a proposal for procedures to detect theoretical saturation. Cad Saúde Pública. 2011 Feb;27(2):389-94. DOI: <http://dx.doi.org/10.1590/S0102-311X2011000200020>

18. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 14th ed. São Paulo: Hucitec; 2014.

19. Waldow VR, Borges RF. Caring and humanization: relationships and meanings. Acta Paul Enferm. 2011 June;24(3):414-8. DOI: <http://dx.doi.org/10.1590/S0103-21002011000300017>

Corresponding author

Clara Fróes de Oliveira Sanfelice

Email: csanfelice@fenf.unicamp.br

Submission: 2019/09/09

Accepted: 2019/10/03

Copyright© 2019 Journal of Nursing UFPE on line/JNOUL.

This is an Open Access article distributed under the terms of the [Creative Commons Attribution-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-sa/4.0/). This license lets others distribute, remix, tweak, and build upon your work, even commercially, as long as they credit you for the original creation. Recommended for maximum dissemination and use of licensed materials.