NURSING TEAM OF A NEWBORN INTENSIVE CARE UNIT: LIMITS AND POSSIBILITIES TO COMPREHENSIVE ASSISTANCE

ABSTRACT

Objectives: to characterize the nursing staff of the Neonatal Intensive Care Unit (NICU) and to relate to the limits and possibilities for an integral to the vulnerable newborn care. Method: a descriptive, exploratory, quantitative study with 41 nurses from a public hospital in Maceió/AL. An instrument to collect data from December 2011 to January 2012 was used. Then the data were analyzed by simple statistics, presented in tables. The Research Ethics Committee under Protocol 010183/2011-83 approved the study. Results: 80.5% of the professional work up to 30 hours/week, average salary of up to R$ 999.00 (43.9%), satisfaction with own professional practice (75.6%), weekly working hours of 30 hours (80.5%), predominance of care work (68.3%) and sporadic registration nursing (51.2%). Conclusion: the characterization of the nursing staff is fundamental to identify the challenges and opportunities for comprehensive care offered to vulnerable newborn.

Descriptors: Nursing Staff; Nursing Care; Comprehensive Health Care; Newborn; Neonatal Nursing.

RESUMO

Objetivos: caracterizar a equipe de enfermagem de Unidade de Terapia Intensiva Neonatal (UTIN) e relacionar com os limites e possibilidades para uma assistência integral ao recém-nascido vulnerável. Método: estudo descritivo, exploratório, quantitativo, com 41 profissionais de enfermagem de um hospital público de Maceió/AL. Foi usado um instrumento de coleta de dados de dezembro de 2011 a janeiro de 2012. Em seguida, os dados foram analisados pela estatística simples, sendo apresentados em tabelas. O estudo teve a aprovação do Comitê de Ética em Pesquisa, sob o Protocolo nº 010183/2011-83. Resultados: 80,5% profissionais trabalham até 30 horas/semanais, média salarial de até R$ 999,00 (43,9%), satisfação com a própria atuação profissional (75,6%), jornada de trabalho semanal de 30 horas (80,5%), predominância da trabalho assistencial (68,3 %) e registro de enfermagem esporádico (51,2%). Conclusão: a caracterização da equipe de enfermagem torna-se fundamental para a identificação dos desafios e possibilidades de uma assistência integral oferecida ao recém-nascido vulnerável. Descriptores: Equipe de Enfermagem; Cuidado de Enfermagem; Assistência Integral à Saúde; Recém-Nascido; Enfermagem Neonatal.

RESUMEN

Objetivos: caracterizar el equipo de enfermería de Unidad de Terapia Intensiva Neonatal (UTIN) y relacionar con los límites y posibilidades para una asistencia integral al recién nacido vulnerable. Método: estudio descriptivo exploratorio, cuantitativo, con 41 profesionales de enfermería de un hospital público de Maceió/AL. Fue usado un instrumento de recolección de datos de diciembre de 2011 a enero de 2012. En seguida, los datos fueron analizados por la estadística simple, siendo presentados en tablas. El estudio fue aprobado por el Comité de Ética en Investigación, sobre el Protocolo nº 010183/2011-83. Resultados: 80,5% profesionales trabajan hasta 30 horas/semanas, media salarial de hasta R$ 999,00 (43,9%), satisfacción con la propia actuación profesional (75,6%), jornada de trabajo semanal de 30 horas (80,5 %), predominancia del trabajo asistencial (68,3 %) y registro de enfermería esporádico (51,2%). Conclusión: la caracterización del equipo de enfermería se torna fundamental para la identificación de los desafíos y posibilidades de una asistencia integral ofrecida al recién nacido vulnerable. Descriptores: Equipo de Enfermería; Cuidado de Enfermería; Asistencia Integral a la Salud; Recién Nacido; Enfermería Neonatal.
INTRODUCTION

The Neonatal Intensive Care Unit (NICU) is a place of care for newborns (NB) critically ill, highly vulnerable, who need special nursing care and continuous high-complexity care, due to the use of technologies, invasive procedures and the severity of their health conditions. This inhospitable environment is in most cases, stressful, not only for newborns, but also for their parents and for nursing professionals who provide neonatal care.2

The NB care in the NICU is the treatment of multiple changes to an anatomical, physiological and psychological development in the body, making it necessary for the performance of professional nursing scientific knowledge, technical skill and ability to perform particularly insightful reviews of the newborn.3,4 In this context, the nurse plays a key role in the coordination of the care process. They must have ethical competence and scientific knowledge to recognize individual needs, plan and administer nursing care effectively. The hospitalized NB in a NICU has characteristics including dependence, fragility, susceptibility and instability, which requires nursing team, theoretical and practical knowledge, attention, perception and sensitivity to care.5

The action of the nursing staff identifies various needs in hospitalized newborns as sleep quality, minimal handling, administration of drugs according to their diseases, checking vital signs and level of oxygen in the blood, body care, nutrition, hydration and eye protection.6

A concern with support comprehensive and humane health emerged in the late 1960s, because of the need for assistance to be given to a group of people in an age range of one year old, which had after studies on the effects of the separation of the mother-child dyad, prematurity and prolonged hospitalization as risk factors for delayed development of live birth.7

The improvement in care during the care of the newborn has reduced perinatal and neonatal mortality, particularly among preterm infants, having as one of the landmarks of human resources and specialized and complex technologies, which are constantly being improved through continuous education which mainly lead the nursing team qualified to adopt techniques during the newborn care, ensuring them greater life chances.9

The attention to the baby should be structured and organized in order to meet a population subject to risks. For this, there must be materials and skilled and capable of ensuring strict observation human resources and NB suitable treatments to presenting pathology capable of causing death or sequel that interfere in their development.10

Faced with this problem, this study examines the quality of care developed by the nursing staff in caring for hospitalized newborns in the Neonatal Intensive Care Unit and asks: What are the characteristics of the nursing staff in the Neonatal Intensive Care Unit that limit and enable comprehensive health care?

This study aims to contribute to the improvement of nursing care provided to newborns improving their recovery while institutionalized. It is believed that the care to be implemented in the Neonatal Intensive Care Unit needs to be exercised and experienced in its entirety in an attempt to reduce excessive handling, the length of hospitalization of these patients and the proper classification of nursing staff in relation to the knowledge needed provided in care and to prevent and avoid compromising the well-being of infants, causing them manifestations of stress, pain, physiological and behavioral changes.11

OBJECTIVES

- To characterize the nursing staff of the Neonatal Intensive Care Unit.
- To relate to the limits and possibilities for an integral to the vulnerable newborn care.

METHOD

Article elaborated from the Conclusion Work “Knowledge of the nursing staff about the risk factors for neonatal infection in a Public Health Institution”, presented to the College of Graduate Nursing, Federal University of Alagoas/UFAL, Maceió-AL, Brazil in 2012.

Study of quantitative, descriptive approach, cross-sectional, performed by the nursing staff of an ICU of a public hospital and reference in Maceió/AL. The research institution is a reference for patients of the Unified Health System (SUS) in the areas of care for high risk pregnancies, Intensive Care Unit / ICU-Adult, Intensive Care Unit (NICU) Neonatal Human Milk Bank, Hospital day/AIDS, surgery video, gastroplasty, Neurosurgery, Hemodialysis and more recently. Now it has the Oncology Center/CACON, center of excellence in healthcare for the elderly, currently has 290 beds.12
The sample consisted of 41 (100%) patients of the nursing team, active in patient care and who agreed to participate. Data collection began in a public hospital in Maceio, during the period December 2011 to January 2012, with an instrument of data collection, analyzing variables such as: profile of the nursing staff of the NICU as vocational training; sociodemographic characteristics of the nursing staff of the NICU; knowledge and practice of the nursing staff of the NICU on preventive measures to control nosocomial infection (NI) for this institution. Data were analyzed by simple statistics and presented in tables.

The study was initiated after approval of the Ethics Committee UFAL Search through Protocol 010183/2011-83.

RESULTADO

The selected sample had a percentage of eight nurses (19.5%), 14 nursing staff (34.1%), 19 nurses (46.3%), with female predominance, with 40 female respondents (97.5%) and a male respondent (2.5%).

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>%</th>
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<tbody>
<tr>
<td>Nursing Team</td>
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<td></td>
</tr>
<tr>
<td>Nurse</td>
<td>8</td>
<td>19.5</td>
</tr>
<tr>
<td>Technical nursing</td>
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<td>34.1</td>
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</tr>
<tr>
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<tr>
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<td>9</td>
<td>21.9</td>
</tr>
<tr>
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Neste contexto, torna-se evidente que a prática diária, numa Unidade de Terapia Intensiva Neonatal, exige uma equipe de enfermagem especializada e qualificada, que direcione os cuidados prestados ao recém-nascido com o conhecimento técnico e científico.

In this context, it becomes evident that the daily practice in a Neonatal Intensive Care Unit requires a team of skilled and qualified nurses who provided direct care to newborns with technical and scientific knowledge.

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The sociodemographic characteristics of the nursing staff in this survey found a predominant age group between 31 and 50 years old to the present NICU staff health institution analyzed, highlighting the training period after the year 1992 and length of professional experience predominantly 6 to 10 years (41.5%). This result shows an experienced nursing staff with knowledge and practices related to caring for their newborn still growing evolution (Table 2). In this context, it is noted the predominance of 34 nurses (82.9%) who perform their activity in the neonatal unit, and only seven (17.1%) in Mixed Unit (Table 2).

Regarding the number of jobs, 27 nurses (65.9%) reported having only one job, and 14 (34.1%) two jobs. Regarding the salary range, the predominance of up to R$ 999.00 in 18 respondents (43.9%), followed by R$ 1,000.00 to 1,999.00 for seven members of the nursing staff (Table 2) was found.
Given these facts, it is inferred that factors such as work overload, lack of human resources and materials, low wages and overcrowded units can directly influence the quality of care provided to newborns in the NICU.

The nursing staff of the NICU showed the occurrence of in-service training (51.2%); updates on security (53.7%), sporadically and content related to biosafety addressed in training were restricted to handwashing (43.9%).

In the practice of the nursing staff of the NICU, compared to control IH in a public health institution, it was observed among the respondents, the sporadic occurrence of nursing (53.7%), the non-participation of the nursing team in discussions of clinical cases (65.9%) and the prevalence of handwashing technique (87.8%) as measures of prevention and control for IH adopted by the nursing staff.

It is noted the lack of systematization in the steps of the nursing process performed as well as the limitations of care provided in the NICU. It was identified that there is no definition of welfare competencies for nurses on different shifts and the nursing record, when it occurs, is performed manually and sporadically.

Regarding the level of satisfaction with their own performance in providing care, it is observed a percentage of 75.6% satisfaction. Regarding the nursing staff dissatisfaction with the professional practice itself, a percentage of 24.4%, showed themselves dissatisfied due to insufficient human resources, low wages and multiple factors, among which stand out the academic training, human resources and insufficient materials, low wages and excessive working hours.

In the workload of nursing staff, the workload of 30 hours per week was the most frequent, with 82.9%. Thus, factors related to socioeconomic and cultural characteristics are directly related to the knowledge and practice of professional nursing, directly influencing the limits and possibilities in building comprehensive care to the hospitalized newborn in the Neonatal Intensive Care Unit.

Nursing is a profession that deals with humans, interact with him and requires knowledge of their physical, social and psychological nature. Thus, care can be characterized by attention, care and concern for the other.

In the last ten years of humanization initiatives and qualification of nursing care to neonates have brought to the debate the importance of coordinating the technical quality of care given and the technologies for the reception and support to patients. These initiatives have been presented in several fields of attention, but were initially deployed in care delivery and newborn.

Nursing work is a result of human needs. Besides those related to reproduction and survival of the biological body, this human being, as it constitutes a social being needs, must meet a number of needs to live.

Comprehensive care is a form of assistance that is related to a type of care that involves a care process from knowledge and practice of the various categories working professionals in the production of health care. Comprehensive care...
Care is all that care focused on the patient as a whole.\(^\text{15}\)

In the Neonatal Intensive Care Unit studied, there were not collective planning of services and multidisciplinary discussion of health care situations and the unit. This restricts the knowledge of health professionals when appropriate for newborns and limits the possibilities for improvement and organization of this care assistance, compromising good care of these patients.

Among the factors that cause dissatisfaction among the nursing staff, is the low wage levels, which imposes a negative factor in the perception of job satisfaction by nursing. The compensation is of great value to those health professionals and becomes an effective mechanism of the state of satisfaction. Low salaries make these professionals seek more than one job. Therefore, it contributes to the dissatisfaction of nurses, because the load workload that leads to mental stress and impairment of quality of care to the NB process.

The routine of the sector was identified as a factor determining the complexity of the work process. Throughout its history, nursing has undergone changes in the size of their work, experiencing a stressful routine without operational planning their daily activities, which causes wear, fatigue and overload, noting that knowledge of most professionals sector is restricted to the topics covered in a college. Few receive constant training that can help in improving the care of hospitalized newborn, generating inappropriate actions while performing their respective work, contributing to the development of infections in these live births, which affect the functioning of their body.

The entire nursing staff was characterized as the executor of the necessary care for the maintenance and recovery of life hospitalized in the Neonatal Intensive Care Unit of the newborn. This care done by professionals with over five years of experience in the field and especially by nursing assistants, to be the most in the sector takes place according to the demands of patients and the severity of health of each, leading to a process of nursing fragmented, non-systematized, making the risk of infections and mortality a real and inevitable possibility in the hospital environment.

A nurse takes on a range of tasks, skills and responsibilities that are essential to assess, understand and safely support the baby during this critical time that are hospitalized. However, such care shall be performed automatically, especially if this professional is submitted to stress and/or workload.

It is evident that, as an intensive sector requires constant attention for treating critically ill children, not only the physical work, but also psychological and emotional. Therefore, the process of working in health has impost nursing workers to the intense use of their body and mind as instruments of their work, and all this is what will ensure good care of that professional nursing care in the Newborn born.

The complexity of a therapy intensive unit requires nurses to provision and management of materials and equipment necessary for the performance of procedures and the maintenance of the patient's life that is attended. In the absence of these materials, the work process becomes discontinuous, which contradicts the assumption that nursing is a continuity of care, highlighting the lack of material resources in the hospital system.

Despite the discussions about teamwork being uncommon in the workplace, in health care, many professionals still have difficulties to understand it and implement it in practice; since parceled perform actions and often disjointed, knowing that only through joint actions and interactions between team members is that they walk into a job that can meet the multidimensional needs of the individuals we care.\(^\text{16,7}\)

Some studies show that the Neonatal Intensive Care Unit is a specific location of the hospital, where he lead the newborns who present some risk of life, namely, all who are born preterm or before 37 weeks of gestation. Organization and definition of nursing actions in the NICU are deployed in a shared care methodology by category, ie, nurses use the nursing process to systematize assistance to NBs.\(^\text{16,7}\)

Nursing takes as a whole the care of the most severe cases. The type of care provided by nursing care unit is full and includes the compliance with medical prescription and nursing. The so-called "comprehensive care" is a type of care that nursing workers are responsible for full patient care in their workday. This kind of assistance in some way disrupts the division of tasks, since it enables a more global view of the needs of each patient and to make the most creative work.\(^\text{17,19}\)

In addition, nursing also leads a focused intellectual work by nurses and manual work performed by agents average level (nursing assistants and technicians), consirering nursing work is a team effort, as it has integration and practices of caring relationships between the staff.\(^\text{19}\)
The practice of professional nursing must be based on scientific methodology so that their activities are systematized and organized. This prerogative becomes undeniable in intensive care units (ICU) for presenting specific and complex work processes, which requires professional nursing skills and abilities to provide care with excellence standards.20-21

The role of the nursing staff requires technical and scientific preparation, knowledge, skills and abilities to develop actions in a planned and actions with the client, family and other members of the healthcare team. Each group member is essential, unique and share responsibility for the establishment of the therapeutic relationship, developed so designed and planned, respecting the legal and ethical principles of the profession.21

The process of nursing work in their different and specific fields of expertise is of paramount importance, since the elements of this process (object, and purpose tools) are well explained and optimized in professional practice to meet the specifics of their practice in the intensive care unit.22, 23

Among the instruments that support their actions in the ICU, there is the nursing process, since the purpose of the intensive nurse is to maintain and restore the health of individuals with critical expectation of recovery, which requires this professional proficiency in making clinical decisions scientifically. Other useful tools to transform their object seriously ill and critical work are the human, material, physical, financial and environmental resources, as well as theoretical knowledge and specific practice of the profession.21, 22

The NICU is a constant challenge for these professionals because it requires vigilance, skill, respect and sensitivity, because the patient they will be attended does not speak, is extremely vulnerable and highly dependent on the team that is giving assistance.21 Planning and release nursing care to critically ill neonates are a very complex and careful process and requires evaluation to determine the effectiveness of both medical therapy as nursing.22

For the deployment, implementation and consolidation of requirements, it is recommended that awareness of all nurses and members of the healthcare team about their importance to the health care of individuals, interest, training and qualification of nurses and other team members, determination by the head, the prescription requirement as a routine document adequacy of the theoretical model and finally, to the structuring of computerized selection of care quickly and agile systems.21

The nursing staff is responsible for promoting the adaptation of the newborn to the external environment (maintaining the proper heat balance, light, sound and cutaneous stimulation), observe the clinical picture (monitoring of vital signs and use of procedures for special assistance), provide adequate food to meet metabolic needs of the developing organ systems (if possible, breastfeeding), perform infection control, stimulate the NB, develop and maintain an educational plan, organize, administer and coordinate the nursing care of newborns and mother, develop multidisciplinary activities, guide instruction and supervise the nursing care provided, among other activities.24

It is observed in the study, the obstacles encountered by nurses were: distancing nurses from direct care to human and difficulties in prescribing all essential care for assistance with standards of excellence due to the expenditure of time in drafting them handwritten form, loss of information related to patient and nursing care, making it impossible to perform studies that link diagnostic triad, intervention and outcome.21 In addition to the NB care, nursing fit controlling the use and conservation of materials and instrumental record of all important events related to the NB and the staff care in invasive procedures in an attempt to minimize errors and avoid many invasive access in live births.21

An important aspect to neonatal nursing care is the creation of an enabling environment for the treatment of infants, free of noxious stimulus, which promotes the positive development of infants and minimize the negative effects of illness and separation from parents.20 Thus, the nurse plays a key role in the care process and used their scientific knowledge and ethics to recognize needs to be careful in order to have an effective result in their nursing care to the patient and to open higher possibilities during the play of their function.

CONCLUSION

The characteristics of the nursing staff in the Neonatal Intensive Care Unit still limited to comprehensive care in the Neonatal Intensive Care Unit due to socioeconomic and cultural characteristics inherent to the nursing staff, among which stand out the low wages, training services that have occurred in the sporadically, deficits in knowledge and practice on the prevention and control of
nosocomial infection in newborn care, prolonged hospitalization, inadequate physical area that culminates in overcrowding of beds and lack of organization in nursing work in relation to the registration of nursing.

The emphasis on promoting training courses on prevention and control measures for the improvement of prenatal care and the implementation of public policies that culminate in decreased IH and child mortality in Alagoas strategies are necessary and need to be effected, particularly in the NICU, in order to establish a relationship between the measures of prevention and control of infections/child mortality and completeness of nursing care. Finally, it is essential to carry out further studies to bring evidence and contributing to the nursing care and the relationship with the comprehensive care provided to newborns, supporting the construction of knowledge in areas lacking scientific basis, and this similarly, promote effective care to the newborn.

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Nursing team of a newborn intensive care unit...

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