


Family-centered nursing care in the neonatal intensive care unit

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ABSTRACT

Family-centered nursing care in the Neonatal Intensive Care Unit is a holistic approach that recognizes the importance of the family in the care and development of the newborn and involves them as an integral part of the healthcare team, valuing their needs, concerns and experiences during the newborn's hospitalization. The aim of this study was to discuss family-centered nursing care in the Neonatal Intensive Care Unit. This is an integrative review and its guiding question was: "What is family-centered nursing care in the Neonatal Intensive Care Unit?". The databases used were BDENF, MEDLINE and PUBMED. The study sample consisted of nine original articles. To extract the data, the type of study and the year of publication were analyzed. The results were presented and discussed in terms of the nurse's role and the importance of humanization in interventions and the family's participation and perception of nursing care. It was concluded that family-centered nursing care in the Neonatal Intensive Care Unit aims to promote a humanized and integrated approach to caring for the newborn and the family, valuing the partnership and collaboration between the health team and the parents, contributing to the healthy development, well-being and recovery of the newborn, as well as strengthening family ties and emotional support for the parents during their stay in the Neonatal Intensive Care Unit.

Keywords: Nursing care, Family, Neonatal Intensive Care Unit, Humanization of Assistance.

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INTRODUCTION

The Neonatal Intensive Care Unit (NICU) is responsible for the comprehensive care of the newborn, through continuous care by the multidisciplinary team during their stay. It also requires good practices, considering not only the immediate needs and care of newborns, but also their unstable health condition and dependence on different types of existing technology, which often hinders a more humanized interaction between the health professional and the newborn (Duarte *et al.*, 2020).

According to Gaíva and Scochi (2020), hospitalization in the NICU is a very delicate period for the family, especially for the mother. It is a frightening and unexpected environment that affects the family, so it is very important to welcome the parents to reduce physical and emotional suffering during this period of hospitalization of the newborn. In some cases, the admission of a newborn to a neonatal intensive care unit does not mean that he suffers from a disease, he simply needs to mature to swallow, breathe and suck on his own and needs to be cared for for some time until he can perform these activities properly (Moreira; Bomfim, 2023).

It is important to mention that the nursing team has a fundamental role in welcoming families in this situation, following a complementary model of health care and some assumptions that need to be considered in its application: dignity and respect (health professionals respect the choices, values and beliefs of the patient and family); information sharing (professionals communicate and share information in a complete and impartial manner with patients and patients). family); active participation (patients and families are encouraged and supported to participate in decision-making); and collaboration (patients and families are included and recognized as the institution's support base (Rodrigues *et al.*, 2019).

Reichert, Lins, and Collet (2021) exemplify that the humanization process of the neonatal intensive care unit aims to provide care to critically ill patients, combining technology and welcoming. Therefore, it involves a series of initiatives aimed at reducing the negative effects of hospitalization. These actions can be carried out through contact, knowledge, touch and affection, as well as care and interaction with the family that accompanies the hospitalization process on a daily basis. Humanization should be individualized, according to the needs of each patient and family.

Thus, family-centered nursing care in the NICU aims to promote a collaborative partnership between the health team and family members, recognizing the vital role of parents in the care and recovery of the newborn. By empowering the family, providing emotional support, and facilitating open communication, healthcare providers can help create a caring environment that promotes the well-being of both the infant and his or her family (Tosca; Rimolo; Breigeiron, 2020).



Therefore, considering that in situations of hospitalization of the newborn in the NICU, nursing care should involve the patient and the family, this integrative review study was carried out to discuss family-centered nursing care in the Neonatal Intensive Care Unit.

METHODS

This is an Integrative Literature Review study, carried out by means of a bibliographic survey, since it allows the detailed analysis of several studies in the literature and the correlation with clinical practice (Souza; Silva; Carvalho, 2010). Mendes *et al.* (2008) reports that in recent years, this research method has the potential to help in nursing knowledge and has been widely used in the health area.

For the construction of this research, the PICO strategy was used, where the P - population: Newborn and their families; I - Interest: Family-centered nursing care; Co - Neonatal Intensive Care Unit. Thus, the guiding question was: "What is the family-centered nursing care in the Neonatal Intensive Care Unit?".

The databases used were: Nursing Databases (BDENF), Online System for Search and Analysis of Medical Literature (MEDLINE), (PUBMED) and Latin American and Caribbean Health Sciences Literature (LILACS).

The search strategy was structured based on the Health Sciences Descriptors (DeCS) and Keywords: "Neonatal Intensive Care Unit". "Patient-Centered Care", "Newborn", "Newborn Intensive Care", "Nursing Care", "Family Care", using the Boolean operators AND and OR.

The following inclusion criteria were used: full articles in the Portuguese language, published between 2019 and 2023. The exclusion criteria were: dissertations and theses, duplicate articles, public notices, incomplete articles, and articles that were not the main focus of the theme.

Regarding data collection and organization, the title and abstract of each article were read to verify the theme and eligibility, and the articles that did not answer the research question were removed. Then, the remaining articles were read in full in order to obtain the articles included in this review.

After the selection of the material, an exploratory reading of the scientific articles was carried out in order to verify which contents of the consulted works are related to the research. Then, the analytical reading of these articles was carried out, in order to order and summarize the data contained in the sources, seeking to obtain answers to the research problem.

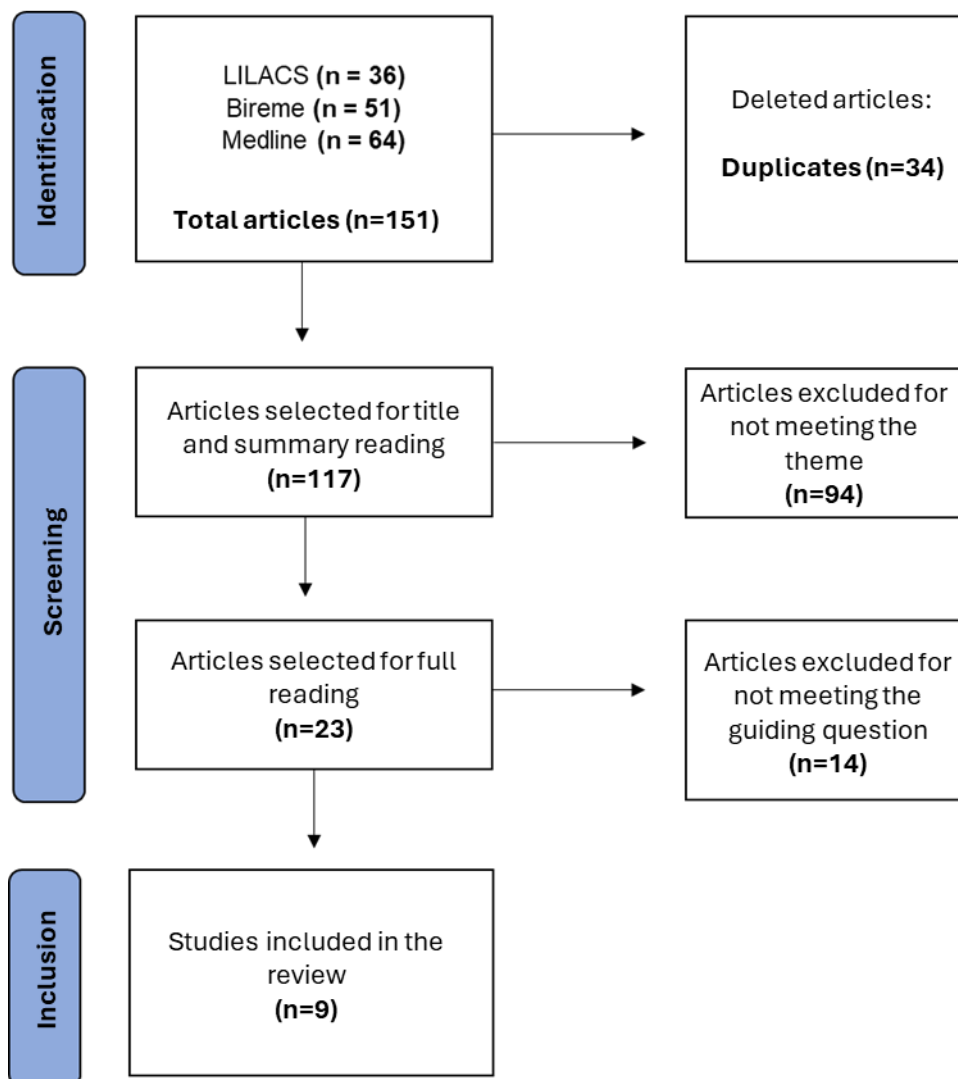
Interpretative reading was performed in order to give the greatest meaning to the results achieved with the analytical reading. Therefore, the analysis was performed by linking the results with knowledge originating from evidence-based theories and empirical research.

The data were presented using the flowchart PRISMA (2020) (Moher, 2020) (Chart 1) and the table with data: author/year, objective, method, main results reported/observed (Chart 2).

RESULTS

A total of 151 search results were found. After the identification and screening stages, 9 articles were selected that were directly related to the theme and objective of the research. To conduct this process, the PRISMA flowchart was used, as follows:

Table 1: Identification, screening and inclusion process adapted from PRISMA 2020.



Source: Authored by the authors, 2020.

Based on the analysis of the articles included after verification by the PRISMA method, they were grouped in a summary table, organized by the following topics: author/year, objective, method, main results observed/reported, as shown in the following table:

Chart 2: Organization of data from the included articles according to: author/year, objective, method, main results reported/observed

AUTHOR/YEAR	OBJECTIVE	METHOD	MAIN RESULTS OBSERVED/REPORTED
Leite <i>et al.</i> , (2020).	To understand the humanization of nursing care in the neonatal intensive care unit of a private hospital in Mato Grosso	This is a descriptive, exploratory and qualitative study.	The professionals demonstrated an in-depth knowledge of humanization, understanding it as an experiential process acquired through clinical practice from an emotional perspective and from the point of view of nursing science itself. The importance of this practice in neonatal care was emphasized, and humanized care should be extended to the family of hospitalized patients.
Santos <i>et al.</i> , (2020).	To understand the experience of the father and the extended family during the hospitalization of the premature newborn in the Neonatal Intensive Care Unit.	Qualitative, descriptive and exploratory research	This experience was characterized by significant changes in the domains of family functioning, taking into account cognitive, affective and behavioral aspects, indicating the need for care that deliberately involves the family in the context studied, as well as the implementation and monitoring of the recommended approach in newborn- and family-centered care.
Coast; Sanfelice; Carmona, (2019).	To identify the perception of the nursing team about the humanization of the care provided in a Neonatal Intensive Care Unit	Qualitative, descriptive, exploratory study	The humanized interventions used in neonatal intensive care units are easy to understand, do not require expensive equipment or special technical training, and offer very significant benefits for newborns and their development.
Sousa <i>et al.</i> , (2019).	To identify which nursing interventions are performed in a Neonatal Intensive Care Unit that promote the strengthening of the bond between the family and the premature newborn	Qualitative, descriptive study	It found that the most commonly used interventions to increase bonding between preterm infants and their families were: parents' free access to the neonatal intensive care unit; diaper changing; introduction of complementary foods; use of music and books to soothe newborns; and the kangaroo method.
Soares <i>et al.</i> , (2019).	To understand the family's perception of embracement in the context of neonatal nursing care, before and after the implementation of a welcoming protocol.	Intervention study, descriptive.	Transversality of nursing care; first contact with the context of newborn care; sharing of information and professional knowledge; shared responsibility for care based on the role of parents; support to the family at hospital discharge.
Klock <i>et al.</i> , (2019).	To construct a theoretical matrix of the system/organization of Nursing care in a Neonatal Intensive Care based on the meanings attributed by the professionals of the Nursing Team and other actors involved in the relationships and	Qualitative study	The organization of nursing care in the NICU is complex, dynamic, interactive, and interdependent with other care systems, mobilized by the process of care management/management of good care practices, allowing newborns and their families to receive care that takes into account the vulnerability and uncertainty of life/survival in unique life circumstances. Nurses play a key role in formulating

	interactions of care in dealing with the fragility of living/surviving of the neonate.		relationships/interactions in the organization and in daily care.
Nascimento <i>et al.</i> , (2019).	OBJECTIVE: To analyze the care practices of family members of preterm infants hospitalized in a Neonatal Intensive Care Unit in the light of Leininger's cross-cultural theory.	Qualitative, descriptive and exploratory study	Family involvement in newborn care is still fragile, but it should be an integral part of culturally adapted care that promotes the full recovery of premature babies.
Arruda <i>et al.</i> , (2019)	To know the reactions and feelings of the family in the face of the hospitalization of the newborn in the Neonatal Intensive Care Unit	Qualitative research	Professionals working in neonatal units should implement support strategies to help families care for and cope with their newborns in this sector.
Fróes <i>et al.</i> , (2019)	To assess the stress level of mothers of preterm newborns with gestational age ≤ 34 weeks, admitted to neonatal intensive care .	Cross-sectional study.	All items in the Parenting Role Change subscale of the Parenting Stress Scale: The Neonatal Intensive Care Unit was identified as one of the main sources of maternal stress. It is suggested that research using other methodologies should be carried out to increase knowledge about maternal stress in the national context and to apply care interventions that also involve fathers.

Source: Authored by the authors, 2024.

DISCUSSION

The humanization of the family-centered nursing team in the Neonatal Intensive Care Unit (NICU) is a crucial aspect to ensure a welcoming, empathetic and compassionate care environment for the parents and family members of hospitalized newborns (Leite *et al.*, 2020; Coast; Sanfelice; Carmona 2019; Klock *et al.*, 2019; Nascimento *et al.*, 2019).

In the results of the study by Leite *et al.*, (2020), nurses demonstrate great knowledge about humanization, understanding it as an experiential process, acquired through the experience of clinical practice from an affective bias and the science of nursing itself. The importance of its practice in the provision of nursing care to the newborn was highlighted, and humanized care should be extended to the family of the hospitalized patient.

The nurses involved in the study presented definitions of humanization and linked it inextricably to the nursing process in their care practice. They related ways to create physical, psychological, and spiritual comfort for the patient and family with actions to improve the clinical condition and the satisfaction of the family members assisted (Leite *et al.*, 2020).



Costa, Sanfelice and Carmona (2019) dialogue with Leite *et al.* (2020) by stating that the humanized actions applied in the NICU are easy to understand, do not require expensive equipment or specialized technical training, and offer extremely important benefits for newborns and their development.

It is known that the category of humanization as safety for parents, professionals and newborns demonstrates the presence of the principles of the National Humanization Policy in the interviewees' statements, as well as personal interpretations and interrelationships with other concepts discussed and disseminated in the health scenario (Costa; Sanfelice; Carmona, 2019).

For Klock *et al.* (2019), the organization of the nursing care system in a Neonatal Intensive Care Unit is complex, dynamic, interactive and interdependent with other health systems. It is mobilized by a management process of care/good practices that enables the preterm infant and his/her family to provide care focused on the fragility and uncertainties of living/surviving in unique living conditions. Nurses stand out with the fundamental role of articulation in the face of relationships/interactions in daily care and organization.

First, it is important to recognize that NICU admission can be a highly stressful and emotionally challenging experience for parents and family members. Faced with the fragility of premature or sick babies, family members often find themselves in a state of anxiety, fear and vulnerability. In this context, the presence of a humanized and family-centered nursing team can make a significant difference, offering emotional support, information, and guidance to family members during this difficult period (Leite *et al.*, 2020).

Dalfior *et al.* (2022) argue that the humanization of the nursing team in the NICU implies cultivating a relationship of empathy and respect with parents and family members, recognizing their concerns, needs, and values. This involves clear and transparent communication, which allows family members to understand the baby's health status, care plan, and available options. In addition, it states that it is important to involve parents in the care of the baby whenever possible, promoting the affective bond between parents and child from the beginning.

Regarding the involvement of parents in care, Nascimento *et al.* (2019) observes that, although some mothers reported positive actions for being involved in care, others feel that they have "nothing to do", that they are unable to fully care for the newborn, indicating a lack of adequate guidance and support for care actions by the care team, leaving the family in a zone of uncertainty and non-involvement in the neonatal environment.

In their study, Silva and Magalhães (2019) showed that some families observed that they were unable to fully perform their role as parents, because they depended on the "consent or non-consent" of professionals to take care of their own child, thus, the dominant power relations between the team and the family sometimes compromised the sharing of care (Silva; Magalhães, 2019).



Klock *et al.* (2019) state that the nurse, by not being able to help the family to experience hospitalization in a less traumatic way, through good reception and effective communication, generated negative feelings in relation to the care provided by the caregivers and disconnected them from the care of the child.

This finding brings to the discussion that the humanization of the care of the nursing team in the NICU also faces significant challenges. The high demand of work, patient turnover, and the complexity of critical care can make it difficult for nurse practitioners to dedicate time and individualized attention to each family. In addition, issues such as coping with death and making difficult decisions can generate stress and discomfort for health professionals (Nascimento *et al.*, 2019).

Klock *et al.* (2019) explain that in the face of these challenges, it is important to implement strategies to promote a culture of humanization in the NICU. This may include capacity building and training programs in communication and emotional skills for nursing staff that help them sensitively and compassionately cope with the needs of parents and family members. In addition, it is essential to promote institutional policies that value and encourage a family-centered approach, recognizing it as an integral part of the care process in the NICU.

According to the results of the studies, it can be understood that the nursing team's understanding of the importance of humanization and inclusion of the family in the NICU is essential to offer an environment of empathetic and compassionate care for the parents and family members of hospitalized newborns (Silva; Magalhães, 2019). Despite the challenges faced, investing in strategies to promote this humanized approach can contribute to improving the NICU admission experience and the well-being of patients and their families.

It can also be seen that family-centered nursing care in the NICU is essential to promote the well-being and recovery of premature or sick newborns, as well as to support and guide parents in this delicate moment. In the neonatal ICU, the family plays a crucial role in the care and evolution of the child, and it is essential that nursing professionals adopt a family-centered approach (Sousa *et al.*, 2019; Soares *et al.*, 2019; Arruda *et al.*, 2019; Froés, 2019; Santos *et al.*, 2020).

Sousa *et al.* (2019) informs that family-centered nursing care in the NICU aims not only at the well-being of the newborn, but also at the support and emotional support of the parents, promoting a relationship of partnership and collaboration between the health team and the family. Family-centered care contributes to the humanization of care, improvement of clinical outcomes, and the promotion of healthy and harmonious development of infants and their families.

In this context, Soares *et al.* (2019) adds that family-centered nursing care in the NICU involves promoting the affective bond between parents and the newborn, encouraging the active



participation of family members in daily care, clear and empathetic communication with parents, offering emotional and informational support, and respect for the family's beliefs, values, and needs.

NICU nurses should establish a relationship of trust and partnership with parents, sharing information about the health status of the newborn, the procedures performed, the prospects for evolution, and the care to be provided after hospital discharge. In addition, it is important to involve parents in decisions related to the treatment and care of the newborn, respecting their autonomy and empowering them as an active part of the health team (Arruda *et al.*, 2019).

In the study by Sousa *et al.* (2019) it was observed in its results that the most used interventions to strengthen the bond between premature newborns and the family are: free entry of parents into the NICU; diaper changes; diet administration; use of music and books to calm newborns; in addition to the kangaroo method.

It is important to recognize that NICU admission is a highly stressful and emotionally challenging experience for parents and family members. The fragility of newborns, uncertainty about the prognosis, and temporary separation from the family can generate feelings of anxiety, fear, and vulnerability. In this context, the way nursing professionals interact with and care for newborns and their families plays a key role in the overall perception of the quality of care (Nascimento *et al.*, 2020).

Fróes *et al.* (2019) state that mothers' emotional health can be compromised when the development of parental relationships is interrupted by the unexpected admission of a newborn to the NICU, as this negatively affects family organization, causes changes in daily routines, and requires adaptation to a new role that demands different responsibilities, skills, and experiences. It is now accepted that mothers who spend more time at their baby's bedside promote healthy parenting relationships and improve their perception of stress in the NICU (Ezequiel *et al.*, 2019).

Helping the mother to experience prematurity safely, developing skills to care for her newborn in the NICU, establishing daily relationships that continue to form the bond with the newborn, and strengthening her bond with the preterm newborn are approaches that will bridge the gap between the possible in-hospital care and the home care she envisions (Fróes *et al.*, 2019).

To complete the teachings of Fróes *et al.* (2019), it is added that educating parents about newborn care, breastfeeding, hygiene, safety, and child development are essential to prepare them to care for the newborn after discharge from the NICU. Nurses should provide clear and accessible guidance, encourage parents' participation in the baby's care during hospitalization, and offer ongoing support after hospital discharge (Santos *et al.*, 2020).

In addition, family-centered nursing care in the NICU includes creating a welcoming and humanized environment that provides comfort and safety to parents and newborns. Respect for the individuality and specific needs of each family, active listening, empathy, and sensitivity are essential



aspects to promote quality and humanized care in the NICU (Soares *et al.*, 2019; Santos *et al.*, 2020, Arruda *et al.*, 2019.)

In this sense, by promoting attachment, it is possible to obtain greater involvement of the newborn's entire family, increase self-esteem, confidence, effectiveness and integrity of care, prolong the duration of skin-to-skin contact and develop breastfeeding skills during hospitalization and after discharge. However, some factors hinder this process, such as workload, lack of time, socioeconomic problems of the family, the emotional nature of the family, and the abandonment of the newborn (Arruda *et al.*, 2019; Nascimento *et al.*, 2019).

Thus, it is understood that the family's perception and experience regarding nursing care in the Neonatal ICU are key elements to evaluate the care environment and its impact on the well-being of patients and their families. Investing in the capacity building and sensitization of nursing staff to provide high-quality, family-centered care can significantly contribute to improving the NICU admission experience and promoting the healthy development of premature or sick newborns.

CONCLUSION

From this study, it was possible to understand that family-centered nursing care in the Neonatal Intensive Care Unit represents a crucial approach to promote better outcomes for both newborns and their families. Implementing practices that actively involve parents in the care of their children, providing emotional support, information, and involvement in treatment-related decisions has been shown to have significant positive impacts.

It has been observed that the presence and involvement of fathers not only helps to reduce the stress and anxiety associated with the NICU environment, but also strengthens the bond between parents and newborns, promoting healthy development and greater engagement in the care process. Additionally, a family-centered approach allows for a more complete understanding of each family's individual needs, allowing for adaptations in care to better meet their specific needs.

Thus, it is important that nursing professionals continue to recognize the fundamental role of families in newborn care and work in partnership with the family to optimize clinical and emotional outcomes. This requires a paradigm shift towards a more patient-centred practice in which families are seen as essential partners in the care team. Fostering a family-centered culture of care in the NICU not only directly benefits newborns but also contributes to a more positive and empowered experience for all parties involved.

Therefore, it is vital that healthcare institutions continue to invest in training and professional development programs that enable nursing professionals to adopt and implement family-centered practices. Only through this collaborative and compassionate approach can we ensure that newborns and their families receive the care they need and deserve during their NICU stay and beyond.



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