

Reception and humanization in a neonatal unit in the face of difficult news: faith and religion

Acolhimento e humanização em uma unidade neonatal frente a notícias difíceis: fé e religião

Acogida y humanización en una unidad neonatal ante noticias difíciles: fe y religión

RESUMO

Objetivo: Descrever o acolhimento e humanização percebido através da fé e religião pelos pais de recém-nascidos internados em Unidades Neonatais de uma Maternidade de referência do Estado do Piauí. **Métodos:** Trata-se de um estudo descritivo e exploratório, com abordagem qualitativa. Foi realizado em uma maternidade de referência, tendo como participantes 10 mães de recém-nascidos internados nas Unidades Neonatais. Para análise dos dados foi utilizado a análise de conteúdo de Bardin. **Resultados:** Pôde-se identificar duas categorias: acolhimento e humanização na assistência prestada e a importância da fé e da religião para o enfrentamento das notícias difíceis durante a hospitalização dos filhos. **Conclusão:** A forma que as mães são recebidas faz toda diferença na relação com o recém-nascido e com o seu tratamento, sendo necessário profissionais capacitados, sensibilizados para esse cuidado. Podendo utilizar-se também da fé e da religião para uma aproximação ou como suporte para enfrentar os momentos difíceis.

DESCRIPTORIOS: Cura pela fé; Religião; Acolhimento; Humanização da Assistência; Unidades de Terapia Intensiva.

ABSTRACT

Objective: To describe the reception and humanization perceived through faith and religion by the parents of newborns hospitalized in Neonatal Units of a reference maternity hospital in the State of Piauí. **Methods:** This is a descriptive and exploratory study with a qualitative approach. It was conducted in a reference maternity hospital, with 10 mothers of newborns hospitalized in Neonatal Units as participants. For data analysis, Bardin's content analysis was used. **Results:** Two categories could be identified: reception and humanization in the assistance provided and the importance of faith and religion to face difficult news during the hospitalization of the children. **Conclusion:** The way mothers are received makes all the difference in the relationship with the newborn and with its treatment, requiring trained professionals, sensitized to this care. You can also use faith and religion to get closer or as a support to face difficult times.

DESCRIPTORS: Faith healing; Religion; Reception; Humanization of Assistance; Intensive Care Units.

RESUMEN

Objetivo: Describir la acogida y humanización percibida a través de la fe y la religión por los padres de recién nacidos hospitalizados en Unidades Neonatales de una maternidad de referencia en el Estado de Piauí. **Métodos:** Se trata de un estudio descriptivo y exploratorio con abordaje cualitativo. Fue realizado en una maternidad de referencia, con 10 madres de recién nacidos internados en Unidades Neonatales como participantes. Para el análisis de los datos se utilizó el análisis de contenido de Bardin. **Resultados:** Pudieron identificarse dos categorías: acogida y humanización en la asistencia prestada y la importancia de la fe y la religión para enfrentar las difíciles noticias durante la hospitalización de los niños. **Conclusión:** La forma de recibir a las madres marca la diferencia en la relación con el recién nacido y con su trato, requiriendo profesionales capacitados, sensibilizados para ese cuidado. También puedes utilizar la fe y la religión para acercarte o como apoyo para afrontar momentos difíciles.

DESCRIPTORIOS: Sanación por fe; Religião; Recepción; Humanización de la asistencia; Unidades de cuidados intensivos.

RECEBIDO EM: 01/08/2022 APROVADO EM: 14/09/2022

Karina Moacira Martins Benício Carvalho Leite

Nurse at the Maternity Hospital Dona Evangelina Rosa, Teresina, Piauí, Brazil. Specialist in neonatal and pediatric nursing. Nurse.

ORCID: 0000-0002-3486-2499

Ozirina Maria da CostaMartins

Nurse at the Maternity Hospital Dona Evangelina Rosa, Teresina, Piauí, Brazil. Master in Women's Health. Nurse.

ORCID: 0000-0001-9731-7490

Tatiana Maria Melo GuimarãesNurse at the Family Health Strategy, Teresina, Piauí, Brazil. Master in Nursing. Nurse.
ORCID: 0000-0002-2748-6771**Mayara Aguida Porfirio Moura**Professor at the Federal University of Piauí-UFPI, Teresina, Piauí, Brazil. PhD in Nursing. Nurse.
ORCID: 0000-0002-0638-2535**INTRODUCTION**

Neonatal Units are considered unwelcoming environments and many parents have a certain blockage due to the amount of devices, sensors, professionals, in addition to facing the difficult situation of the hospitalized child. The Nursing professional is one of those responsible for making this hospitalization as painless as possible, through adequate and humanized care provided to the family.⁽¹⁾

Welcoming is the act of protecting or supporting, while humanizing is defined by the act of becoming more empathetic, more effective in the face of newborn diagnoses. Given these concepts, it is necessary for professionals to be prepared, being sensitive to the situations that family members face. The interaction between the parents and the newborn directly influences the results. The nursing team is the mediator responsible for making their team more human, welcoming with availability, sensitivity so that the entire hospitalization process is less traumatic, distressing and with as little suffering as possible using resources such as beliefs, religion and faith.⁽²⁾

In Brazil, the National Humanization Policy (PNH - Política Nacional de Humanização) emerged in 2004 to assist in serving the population in the health sectors, resulting from the needs of its users that go beyond scientific knowledge and procedures. This policy is considered an advance, but it is still one of the great challenges for health professionals and for the Brazilian Unified Health System. In order for it to work effectively, many changes were necessary, in addition to improvements in working conditions.⁽³⁾

The main focus of the Humanization policy is welcoming, which must be carried out through listening, establishing a bond, empathy and the main one, which is respect for the differences of both health professionals and their users. Welcoming starts from the moment of hospitalization, in which the process has its first contact, establishing a relationship between professional and user, always in search of inclusion, using negotiation many times, in order to identify and meet needs and in search of bond formation.⁽⁴⁾

For a welcoming and humanization to be well established, there must first be an interaction between the parents and the newborn, in which the health professionals will be only as mediators, but the mediator must have empathy and a peculiar care, a sensitivity with each family within its particularity, not being able to be in an impersonal way so that the coexistence inside the neonatal units is less painful during the period of hospitalization of their child.⁽⁵⁾

Religion, faith and spirituality are resources used to face difficult news and to adapt to adverse situations. Mothers and family members may react in unexpected ways when faced with the hospitalization of their newborn. Reactions vary, and can be emotional, behavioral and to avoid exacerbation of reactions, many people turn to spirituality, whether or not they have a religion.⁽⁶⁾

Spiritual needs are little discussed in the scientific field. Recognizing faith and the spiritual dimension in the process of recovery and coping with the disease helps to expand beneficial and positive strategies for its practitioner. Nurses need to identify gaps and start care planning and rethink broadly, without prejudice, seeking

whenever possible to include spirituality, religion or faith, as an element of approximation, reception and humanization in an individualized or family way and if they need a religious leader forward so that the family can have this support.⁽⁷⁾

In view of the problem addressed, it is believed that this study may contribute to an improvement in nursing care for families and newborns in Neonatal Units, with regard to coping with difficult news with the help of faith and religiosity. In addition, the research has as a subsidy to improve the construction of knowledge of nursing professionals, leading them to put into practice the necessary skills for a humanized and welcoming nursing care.

Thus, this article aims to: Describe the reception and humanization perceived through faith and religion by the parents of newborns hospitalized in Neonatal Units of a reference maternity hospital in the State of Piauí, Brazil.

METHODS

This is a descriptive and exploratory study, with a qualitative approach. The research participants were mothers of newborns who were hospitalized in the reference public Maternity Neonatal Units of the State of Piauí, the study setting, during the data collection period.

The selection of participants took place through the inclusion criteria, which were: being the mother of the newborn hospitalized in one of the maternity Neonatal Units (Intensive Care Unit - NICU, Conventional Intermediate Care Unit - UCINCo and Kangaroo Intermediate Care Unit - UCINCa) during the data collection period and accept to participate in the study by signing the Free and Infor-

med Consent Form; regarding the exclusion criteria: being unable to understand the questions, hearing or speech impairment that did not allow the recording of the interview. Underage mothers did not participate in the survey.

The reference maternity hospital is located in the city of Teresina-PI. It currently has 30 neonatal ICU beds, in addition to 37 intermediate care beds to care for premature newborns who need special care. It has an average of 1200 hospitalizations per month, of which 900 are deliveries.⁽⁸⁾

Regarding data collection, this took place from June to August 2021. When starting the research, a pilot test was carried out to adapt the questionnaire, mothers were invited to a previous dialogue in order to clarify the research, reading the informed consent, the mothers who agreed to participate signed it, then the interviews were carried out individually, in a room reserved for mothers to feel more comfortable, respecting all distancing protocols for COVID-19. The interviews were carried out by audio recording and later transcribed, in addition to observations and records, preserving the anonymity of the participants and respecting data reliability criteria.

The collections were completed by data saturation, according to Turato⁽⁹⁾, the data that involves the researcher's perception and consists of the continuous process of data analysis that begins at the beginning of the production process; since, it considers the questions posed to the interviewees and the research objectives in the search for new components that rarely appear, to guide its completion. For analysis, the technique of Bardin's Content Analysis was used.⁽¹⁰⁾

The research was submitted and approved by the Teaching and Research Board of Maternity Dona Evangelina Rosa. Registered on Plataforma Brasil with approval by the Research Ethics Committee of the Federal University of Piauí, by CAAE opinion: 45045721.7.0000.5214, all research followed the ethical principles of Resolution No. 466/2012 of the National Health Council⁽¹¹⁾ that incorporates, from

the perspective of the individual and the community, bioethical references, such as autonomy, non-maleficence, beneficence, justice and equity, among others, and aims to ensure the rights and duties that concern research participants, the scientific community and the State.

RESULTS

To better understand the reality of the subjects, it is necessary to present some sociodemographic aspects of the mothers participating in the research and of their newborns hospitalized in the Neonatal Units. The average age of mothers was 27.3 years, ranging from 20 to 34 years. The predominant self-declared color was brown (60%), most of the interviewees are from the interior of the state (90%), married (50%) or in a stable relationship (50%), Catholic (70%), with complete higher education (60%), with the firstborn (80%) hospitalized for less than 30 days (50%).

From the transcribed testimonies, the

emergence of two categories was identified regarding the experiences of the hospitalization of newborns: reception and humanization in the assistance provided and the importance of faith and religion to face difficult news during the hospitalization of the children.

Welcoming to Humanize

It is extremely important that the professionals at the unit welcome the parents and check their demands for better bonding:

“I was very well received, it exceeded my expectations, whenever I needed the doctors and nurses were present.” (M1)

“I’ve always felt welcomed here, I think if I went somewhere else he wouldn’t be treated as well as he is here. It’s very humanized. My own opinion, to emphasize that professionals put themselves in our place, right! And they make us feel

Table 1 – Sociodemographic profile of interviewed mothers. Teresina – PI, 2022.

Variables	n	%	—x	Min-Max
Age			27,3	20 - 34
20 - 25 years	4	40		
26 to 30 years	3	30		
> 30 years	3	30		
Color				
White	0	0		
Black	1	10		
Brown	6	60		
Others	3	30		
Location				
Teresina	1	10		
Interior	9	90		
Marital Status				
Single	0	0		
Married	5	50		
Divorced	0	0		
Stable Union	5	50		

Source: Direct Survey, 2022.

comfortable and do everything they can to get this baby and mom to get well, as soon as possible.” (M3)

“Yes, I was welcomed... but not by everyone. Some nursing techniques, they don't pay much attention to babies, I've even heard other mothers complaining. Sometimes when I arrive, I hear them commenting. But, (from the care) of my daughter, I have nothing to complain about.” (M7)

“Yes. Certainly. I think you are very humanized, especially when we cannot be here with our children, you are their mothers too. I believe you do your best.” (M5)

Another point to be highlighted is the standardization of information and conduct of professionals who provide care for newborns, so that routines are established and doubts are resolved:

“When a doctor comes to give some information, I want someone to tell me what is happening to her? What is her diagnosis? Show me the exams, because so far I've never seen them.” (M7)

“A large part of the team is unified and does its part well, but there are some that are very different, I believe that if I were to make a suggestion, it would be to work the team better so that everyone works in the same way or as closely as possible, because there is a goal and some, about 97% of the team is going straight to that goal and there are always some who give some deviation, so... I believe that a conversation with the team from time to time to align, a better alignment, to say that this is the objective, to treat the health of our patients, but we can also align this treatment with a look at the father and mother.” (M10)

Table 2 – Religious, educational and interviewed mothers' profile. Teresina – PI, 2022.

Variables	n	%	—x	Min-Max
Religion				
Catholic	7	70		
Evangelical	2	20		
None	1	10		
Education				
Complete High School	4	40		
Complete Higher Education	6	60		
Children				1-3
1	8	80		
2	1	10		
3	1	10		
NB hospitalization time				
Less than 30 days	5	50		
Between 30 and 60 days	3	30		
More than 60 days	2	20		

Source: Direct Survey, 2022.

Faith and religion to face difficult news

The hospital environment is not considered satisfactory by many, especially by parents who have their children hospitalized shortly after delivery. To assist in this process of acceptance, faith and religion become essential, because when they believe in something superior, hopes are renewed:

“It was very difficult when I received my daughter's diagnosis, it was traumatizing, because I told her it would be a normal pregnancy, when she was born everything changed, an eternal fear. I don't follow any religion, I believe in God and that's enough for me. The moment I believe I have my faith, it makes me believe that she will recover faster, and will not have any problems. When I had her diagnosis, I stopped believing in God, I'm not going to be a hypocrite and say no... I was very afraid of losing her. For a brief moment I even questioned God: Why my daughter? But it

was out of desperation and fear, but soon He gave me strength and here we are.” (M2)

Religious beliefs and practices are mechanisms used in times of illness and the greater the severity, the more intense the divine connection becomes. Many parents believe that religion and faith can also influence the treatment of their children:

“At the moment I am away from the church, but not from the principles. But I believe in God, in numbers it is 100% that I have faith. When a doctor tells me that she has a new infection, then the medicine is not working, the only thing I can do is believe in God, and if He wants it, it works. When she gets better, I keep believing more.” (M10)

“Faith is very important, because when you seek God you are nourishing your faith and from the moment you nourish your faith you create strength both to deal with

the situation and also to accept and fight the situation. My faith greatly influences the treatment of my baby, since when I found out about her problem during pregnancy I participate in a prayer group, I come with promises, all of that, every day. Every day I pray the rosary and in the prayer group I have a purpose. And I believe. There have been times when I was looking for strength to pray, to talk to God and I couldn't find it. Everything that happens in my life brings me even closer to God." (M9)

DISCUSSION

Welcoming and humanization are of paramount importance to reduce the fears of mothers when entering the Neonatal Units, as it is a totally unknown and unwelcoming environment, there is still the fear of losing the child who is there.⁽¹²⁾

Professionals who work in a Neonatal Unit must be sensitive so that this reception is carried out in the best way. In the binomial relationship, these professionals act as mediators (13), special care is essential, it cannot be mechanical or impersonal and will be adequate according to the demand of each newborn and their parents.

Some measures can help in humanization and reception, among them the Kangaroo Method, which was developed since the 90s, which consists of skin-to-skin contact with a family member. It is widely used in maternity hospitals and its main objective is to provide a better affective bond and better relationship with the newborn's family, in addition to reducing stress and pain during the hospitalization period, improving development, encouraging parental confidence and increasing the chances of breastfeeding.⁽¹⁴⁾

Therefore, the reception and humanization can always be improved so that the behaviors can be standardized, supporting the parents and the family to face the hospitalization, and the most appropriate professionals are those who are in the daily care. When receiving the parents, the mi-

For a welcoming and humanization to be well established, there must first be an interaction between the parents and the newborn, in which the health professionals will be only as mediators, but the mediator must have empathy and a peculiar care, a sensitivity with each family within its particularity, not being able to be in an impersonal way so that the coexistence inside the neonatal units is less painful during the period of hospitalization of their child.

nimum of comfort should be offered, their questions and concerns resolved, when possible,

pass on information about the health status of the newborn in a simple and understandable way, explain the routine of the place where your child is, the devices connected to it, always seeking to bring parents closer to their baby.⁽¹⁵⁾

This issue is of great importance, as the Brazilian population is one of those who most believe in God (99%). Having faith or religion favors the quality of life of people who believe and is effective in reducing stress and is directly linked to indicators of psychological well-being. Practicing faith and religion are strategies used by mothers to deal with long periods of hospitalization, feelings of anger, guilt, stress, anxiety, impotence, among others. Strategies for welcoming and humanizing care for the parents of hospitalized newborns are sought, and some of these practices can make these moments less painful.⁽¹⁶⁾

CONCLUSION

The study contributes positively to the understanding of the reception process in Neonatal Units, which is essential for the approximation of mothers, newborns and the multidisciplinary team. Being well received and having information about the health status of the newborn are points to be improved, as well as the standardization of care provided.

It can be seen that faith and religion positively influence those who believe in it. All participants believe in God, regardless of whether they have a religion or not, and believe that faith is directly related to the treatment and recovery of their children. Faith also allows parents to accept the state of health and clinical worsening in treatment.

Thus, it is suggested that reception, humanization, as well as faith and religion can be routinely discussed in hospital environments, especially in Neonatal Units, so that they can be part of the training of health professionals.

REFERENCES

1. Costa R, Klock P, Locks MOH. Acolhimento na unidade neonatal: percepção da equipe de enfermagem. *Rev. enferm. UERJ*. 2012; 20(3): 349-53.
2. Ferreira JHP, Amaral JF, Lopes MMCO. Equipe de enfermagem e promoção do cuidado humanizado em unidade neonatal. *Rev Rene*. 2016; 17(6): 741-9.
3. Ministério da Saúde (MS). Portaria n.º 569, de 1 de junho de 2000. Institui o Programa de Humanização no Pré-Natal e Nascimento, no âmbito do Sistema Único de Saúde (SUS). *Diário Oficial da União*, 8 jun 2000; Seção 1.
4. Schleder LP, Parejo LS, Puggina AC, Silva MJP. Espiritualidade dos familiares de pacientes internados em unidade de terapia intensiva. *Acta Paul Enferm*. 2013;26(1): 71-8. DOI:10.1590/S0103-21002013000100012
5. Silva LJ, Silva LR, Christoffel MM. Tecnologia e Humanização na Unidade de Terapia Intensiva Neonatal: reflexões no contexto do processo saúde doença. *Rev Esc Enferm USP*. 2009; 43(3):648-9.
6. Penha RM, Silva MJP. Significado de Espiritualidade para a Enfermagem em Cuidados Intensivos. *Texto Contexto Enferm*. 2012;21(2): 260-8.
7. Foch GFL, Silva AMB, Enumo SRF. Enfrentamento Religioso-Espiritual de Mães com Bebê em Unidade de Terapia Intensiva Neonatal. *Temas em Psicologia*. 2016;24(4):1181-1192. DOI:10.9788/TP2016.4-01
8. Governo do Estado do Piauí. Maternidade Evangelina Rosa. Portal da Saúde. 2019. Disponível em: <<http://www.saude.pi.gov.br/paginas/maternidade-evangelina-rosa>>. Acesso em: 23 de dez de 2020.
9. Turato ER. Tratado de metodologia da pesquisa clínico-qualitativa: Construção teórica epistemológica, discussão comparada e aplicação nas áreas da saúde e humanas. *Vozes*; 2011.
10. Bardin L. Análise de conteúdo. Edições; 2011.
11. Conselho Nacional de Saúde. Norma Regulamentadora da Pesquisa envolvendo Seres Humanos. Resolução nº 466/12; 2012.
12. Ferreira JHP, Amaral JF, Lopes MMCO. Equipe de enfermagem e promoção do cuidado humanizado em unidade neonatal *Rev Rene*. 2016; 17(6): 741-9. DOI: 10.15253/2175-6783.2016000600003
13. Noda LM, Maria Alves VMFF, Gonçalves MF, Silva FS, Fusco SFB, Avila MAG. A humanização em Unidade de Terapia Intensiva Neonatal sob a ótica dos pais. *REME – Rev Min Enferm*. 2018; 22: e-1078. DOI: 10.5935/1415-2762.20180008
14. Santos LL et al. Método Canguru: Estratégia humanizada e benéfica para os recém-nascidos. *Research, Society and Development*. 2021;10(4): e40610414023. DOI:10.33448/rsd-v10i4.14023
15. Santos AS, Rodrigues LN, Santos MSN, Sousa GJB, Viana MCA, Chaves EMC. Papel materno durante a hospitalização do filho na unidade de terapia intensiva neonatal. *Texto Contexto Enferm*. 2019; 28:e20180394. DOI:10.1590/1980-265X-TCE-2018-0394
16. Zanfolin LC, Cerchiari EAN, Ganassin FMH. Dificuldades Vivenciadas pelas Mães na Hospitalização de seus bebês em Unidades Neonatais. *Psicologia: Ciência e Profissão*. 2018; 38(1): 22-35. DOI: 10.1590/1982-3703000292017