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Medium and high technological density unit: communication as technology for care

Unidade de média e alta densidade tecnológica: a comunicação como tecnologia para o cuidado

Unidad de densidad tecnológica mediana y alta: la comunicación como tecnología para el cuidado

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ABSTRACT

Objective: to analyze the perceptions of relatives of newborns and nursing infants hospitalized in a neonatal unit about communication with health personnel. **Methodology:** this exploratory, qualitative study with was conducted with five mothers with children hospitalized in the Neonatal Intensive Care Unit and Neonatal Intermediate Care Unit. Data were collected in a focus group and treated using thematic content analysis. **Results:** communication affects bonding between family and health team, and is essential technically and emotionally during the children's hospitalization. Family members need to be informed of potentially bad news delicately and comfortingly, as well about the equipment in the sector, so as to alleviate fear and reluctance. **Conclusion:** communication was found to be a powerful health technology and should occur clearly and simply, so as to contribute to equitable, humanized care.

Descriptors: Health Communication; Intensive Care Units, Neonatal; Nurseries, Hospital; Infant, Newborn.

RESUMO

Objetivo: analisar as percepções dos familiares de recém-nascidos e lactentes internados em uma unidade neonatal sobre a comunicação com os profissionais de saúde. **Metodologia:** estudo exploratório de abordagem qualitativa, realizado com cinco mães que possuíam filhos internados na Unidade de Terapia Intensiva Neonatal e Unidade de Cuidados Intermediários Neonatal. Coleta de dados ocorreu por meio de grupo focal e a técnica utilizada para tratamento dos dados foi a análise temática de conteúdo. **Resultados:** a comunicação impacta no vínculo entre familiares e equipe de saúde, sendo essencial no aspecto técnico e emocional durante a hospitalização de seus filhos. Os familiares precisam ser informados quanto a notícias potencialmente negativas de forma delicada e acolhedora, bem como esclarecidos quanto aos equipamentos presentes no setor, amenizando o medo e receio. **Conclusão:** a comunicação revela-se como potente tecnologia em saúde e deve ocorrer de maneira clara e simples, contribuindo para uma assistência equânime e humanizada.

Descritores: Comunicação em Saúde; Unidades de Terapia Intensiva Neonatal; Berçários para Lactentes; Recém-Nascido.

RESUMEN

Objetivo: analizar las percepciones de los familiares de neonatos y lactantes, hospitalizados en una unidad neonatal, sobre la comunicación con los profesionales de la salud. **Metodología:** estudio exploratorio con abordaje cualitativo realizado junto a cinco madres que tenían hijos hospitalizados en la Unidad de Cuidados Intensivos Neonatales y Unidad de Cuidados Intermedios Neonatales. La recolección de datos se realizó a través de un grupo focal y la técnica utilizada para el tratamiento de los datos fue el análisis de contenido y temático. **Resultados:** la comunicación impacta en el vínculo entre los familiares y el equipo de salud, siendo fundamental en el aspecto técnico y emocional, durante la hospitalización de sus hijos. Los familiares necesitan estar informados sobre noticias potencialmente negativas de forma delicada y acogedora, así como se les debe aclarar dudas en cuanto a los equipos presentes en el sector, amenizando miedos y preocupaciones. **Conclusión:** la comunicación resulta ser una tecnología poderosa en salud y debe ocurrir de manera clara y sencilla, contribuyendo a una asistencia equitativa y humanizada.

Descriptores: Comunicación en Salud; Unidades de Cuidado Intensivo Neonatal; Salas Cuna em Hospital; Recién Nacido.

INTRODUCTION

Neonatal Units are highly specialized environments that contribute significantly to the treatment, diagnosis and prognosis of the population they serve. In this scenario, the communication process involves critically-ill patients at risk of death and uses advanced technologies for care, imposing anxiety, anguish and uncertainty on the family of the newborn (NB) and the child during the hospitalization process[1,2].

Communication becomes fundamental for the effective implementation of verbal and non-verbal behaviors in interpersonal relationships and, if manifested in a manner faithful to its objective, causes desired reactions in the receiver[3]. Regarding the child, communication between health professionals, patients and family members is an important tool for good practices in the context of work in health, since it strengthens relationships, develops autonomy in the family members and tightens the bond of trust[4].

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From this perspective, communication has been addressed in the National Humanization Policy, which highlights the importance of the relationships between users, professionals and the community, aiming to improve the quality and efficacy of the assistance provided, in order to minimize the harmful impacts produced by this work process[5]. In addition to that, it benefits the actors involved, aiming at the patient's well-being and health, being targeted both to the patient and to the family members and the team[6].

Inclusion of the parents in the neonatal unit benefits the infant in several aspects of the relationship with the health team and provides the construction of an environment of trust related to the care offered to the neonate. In this context, the Nursing team is involved in all the elements that surround hospitalization, in which presence of the parents is a preponderant factor for the effective implementation of interpersonal communication among all those involved in the treatment, including the family. Communication in stressful situations becomes more complex due to countless factors that interfere with the understanding and expression of feelings by the individuals who experience it in this process[2,7]. Positive actions related to perception of the verbal and non-verbal signals, effective interpersonal interaction and therapeutic relationship are factors that modify the dynamics of the Nursing team's work process in the neonatal unit and relevant principles for humanized assistance[5,6].

A number of studies approach the theme, although there are still gaps in the scientific production with a specific focus on the perspective of the family with children hospitalized in medium- and high-density technological units. Regarding the technological innovations in health, communication is still a challenging and indispensable work tool for the professionals working in the area.

The literature review identified communication as a decisive tool in the health services, where the professionals must be able to communicate effectively. It is noted that this process can occur in a comprehensive and meaningful way regarding care, reducing the anxiety symptoms and enabling a safe relationship, in this environment[2,5,8,9]. On the other hand, some authors point out that, regardless of the type of intervention performed with the families, interpersonal communication between the health professionals and the family members responsible for the users represents a central and transforming foundation for any action[2,3,5,7,10,11].

This study adopted the assumptions of communication as conceptual theoretical reference to guide analysis of the results in the verbal dimensions, responsible for the exteriorization of the social being, and non-verbal dimensions, enabling an expression of the psychological being[12].

Given the above, the following question emerged: What do family members of NBs and lactating infants understand about communication with the health professionals who work in advanced care units? To such end, the objective was to analyze the perceptions of the family members of NBs and lactating infants hospitalized in a neonatal unit about communication with the health professionals.

METHOD

An exploratory study with a qualitative approach. The Consolidated criteria for reporting qualitative research[13] methodological guide for qualitative research studies was used to carry out the research. The research locus was the Neonatal Unit of a teaching hospital in the inland of the state of Minas Gerais, Brazil. The unit has 31 beds: 20 in the Neonatal Intensive Treatment Unit (NITU) and 11 in the Neonatal Intermediate Care Unit (NICU). The two sectors in question have a family welcoming service, which is performed by nursing assistants responsible for receiving and accompanying the patients' families during the hospitalization period. These professionals are responsible for scheduling outpatient consultations and contacting the family after hospital discharge, being linked to the institution's humanization sector.

The study participants were mothers who were with their children admitted to the NITU or NICU during October 2019, selected intentionally, obeying, according to the study object, the inclusion criteria: being 18 years old or older and visiting, at least three times a week, NBs and lactating infants aged six months old or less, hospitalized in the NITU for seven days or more. These criteria were adopted by observing the mean hospitalization time of the patients in the sector and the records of visits received, in order to interview family members who were present at least three times a week, considering this a period of more frequent contact between family members and the health team. In addition to that, it is emphasized that infants aged over six months old are less frequently found in the study locus. Family members precluded from visiting their children due to legal proceedings were excluded.

In the two-month period, of the 31 NITU beds, 24 were occupied, and the family members of those patients were the eligible sample for this study. A total of 19 family members who did not meet the inclusion criteria were excluded, namely: seven patients were aged over six months old; four family members had a visit frequency of less than three times a week; two family members were under the age of 18; three NBs/lactating infants had been hospitalized for less than seven days; two family members had no fixed visit schedule, and three unsuccessful attempts were made; and one

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hospitalized NB, due to a legal case, was under the guardianship of the Juvenile Court and thus had no family contact. Therefore, five mothers participated in the study. Invitation to participate in the research was made through personal contact with the participants on the days they visited their children, through and with the help of the Family Welcoming professionals.

Data collection was conducted by means of a Focus Group (FG), complemented by the field diary. Choice of the FG was due to the possibility of facilitating dialog, interaction and exchange of experiences among the participants, intuiting that these factors were determinant to unveil and understand the communication process in the scenario under study[14]. The field diary allowed for a detailed recording of the content of the observations in the research field, involving description of the environment, the researchers' reflections and perspectives, including his personal observations and findings during the data collection phase[15].

The FG was conducted by the project coordinator moderator, responsible for clarifying the activity dynamics, explaining the ethical aspects linked to the research, facilitating the discussion, and stimulating the debate. Two observers were in charge of organizing and preparing the environment, arranging the chairs in a circle, recording the group dynamics in the field diary, controlling the time, and monitoring the recording equipment.

The moderator then conducted the activity as follows: thanking the participants for attending; introducing the research members; explaining the study objectives; explaining how the group would be developed; and presenting and signing the Free and Informed Consent Form. The group participants were identified with fictitious names chosen by them and written on their name tags, preserving their identities and anonymity; subsequently, a dynamic group presentation was carried out with the objective of promoting interaction. After this stage, the moderator formulated the generating questions in an open manner: Describe to me the communication you have with the professionals from the neonatal unit. What is it you find that facilitates communication with the professionals from the neonatal unit? In your opinion, what is it that hinders communication with the professionals from the neonatal unit? The FG was held in a room offered by the service, it lasted 50 minutes and was audio-recorded.

After the FG, full transcription and data analysis were performed in the light of the thematic modality of content analysis[16]. In the pre-analysis, floating reading was performed to understand the data set, followed by exhaustive reading for organization and thematization according to the study objective and the instrument used to conduct the focus group. In the exploration of the material, the analysis contents were aggregated by content affinities and classified to establish the thematic categories. Treatment and interpretation of the results obtained made it possible to highlight the thematic categories, observing their agreement and foundation, supported by pertinent literature.

The research protocol was approved by the institution's Research Ethics Committee.

RESULTS AND DISCUSSION

Characterization of the subjects

In the aforementioned service, there were records of five mothers of NBs and lactating infants, with 60% of the mothers aged between 19 and 29 years old and 80% having finished high school. The maternal figure, evidenced in the study as a companion and responsible for the care of the hospitalized child, converges with the literature[17,18].

Regarding the participants' educational profile, predominance of complete high school was verified. It is known that the schooling level contributes to understanding and assimilation of information. In addition to that, it exerts a direct impact on communication and on the elements involved, such as clarity and comprehension of verbal and non-verbal signs. Thus, the educational profile of the mothers, although with significant presence among adults in the Brazilian scenario, is related to their perceptions and meanings about the communication process with the health professionals. A study shows that the low schooling level of the accompanying family members hinders communication about treatment, patient evolution and decision-making, representing a factor that can have repercussions on the difficulty assimilating information[19].

Three thematic categories emerged based on the testimonies from the focus group, which are presented below.

Care and communication by the professionals in the assistance provided to my child

Both care and its execution by the team are permeated by verbal and non-verbal communication. The participants reported the professional's dedication and commitment during the assistance provided, revealing the importance of a professional who offers support and comfort to them during their children's hospitalization period.

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This support and the technical and emotional comfort offered helped the mothers to experience the hospitalization period while awaiting recovery and treatment of their hospitalized NBs/lactating infants:

> *It's love that she [referring to the professional] has (...) she was born to do this. She (...) transmits love. I feel safe when she's the one taking care of my son [eyes watering with tears] (Jô).*
>
> *"Well. (...) sometimes she goes there... in my case, she went to my room" [referring to the Family Welcoming professional initiating the appointment, while the mother was still in Obstetrics] (Ana).*
>
> *The Family Welcoming professional is a person who transmits such good energy to us (...) she's such a calm person, always smiling. With that tooth there (...). Those many teeth, she even looks like an angel in the middle of all that. Guys (...) she doesn't belong to that place, to that world there, you know?! (Luna).*

Non-verbal communication is a strategy that facilitates understanding through the use of kinesics, paralanguage, proxemics and other non-verbal dimensions[11,12,20], as indicated by Luna through the professional's smiles and by Ana when reporting the physical closeness between her and the professional. The communication process can enable understanding by means of dialog and of the everyday speech elements present in the face-to-face relationships. Such competence is strategic for the production of health care committed to humanization and enables the different actors involved the opportunity to recognize and involve themselves in the dialogical interaction[12,13,21].

There are professionals in the teams who develop adequate proximity with the infants' parents, keeping them as active participants in the assistance provided to their children and in their evolution:

> *We communicate well (...). Actually, she [referring to the Family Welcoming professional] is even almost like a friend here. She's the one who runs after things" (Luna).*
>
> *Ah (...) practically my boy's doctor, I think she's very competent (...) every time she sees me, she comes to talk to me about his situation, how his condition is, and also the nurses (Maria).*

The findings converge with studies that show the need for family-centered assistance, ensuring the quality of the work provided and promoting a safe and welcoming environment; however, still in an incipient manner, unaware of the other unfoldings of this assistance, and of the ways to put it into practice[19,22].

The communicative act requires sharing and help between health professionals, family members and the assisted user, in order to establish a process of support for the individuals and their family, contributing to a less painful hospitalization experience[13,21].

It is fundamental that the health professionals use an approach focused on the needs of each family, collaborating to establish appropriate interpersonal relationships between professionals and users, favoring the interaction between the people involved with a view to positive and effective communication[19]. However, there is no model to be followed, since each communication process requires a technique that must be appropriate and coherent with its content[13,21].

Due to the participants' limited knowledge in the health area, the reports brought to light the need for the guidelines provided by the team to be clear and concise, focused on maternal insertion in the care context, mitigating the feeling of fear:

> *Mother (...) it's normal to be like this, but it doesn't hurt! (...) it doesn't hurt! (...) it's dropping, but it's normal! (...) every time she [refers to the professional] goes to handle him, she gives me a report of everything that is happening. Whatever she does, she tells me "Look mother, this here is this, this here is that, what I'm going to apply is this and it will work for that and this is what will happen." (Luna).*

The finding converges with the literate when advocating that information must be clear and objective, as well as include clarifications about diagnosis, prognosis and treatment. The relevance of the non-verbal signals to identify doubts, fears and anxieties, among many other feelings is evidenced, facilitating communication between the actors involved in the care process[3,21,23].

It draws the attention when the professionals generically call all mothers "mother". In this way, they are indirectly revealing a superficial and not individualized relationship with that person, since her identity is not what matters, only her social role (being a mother). This means that the professionals renounce basic prerogatives of the process of humanization and attending to the unique needs of the infants' mothers.

Communication of hard news to the family

In the setting under study, communicating bad news is a complex and challenging task for the health professional, and it is very difficult for the families to receive. Bad news includes any information that affects the individuals' perception about their future for being a difficult experience. For the family members, such news can also exert and influence on their perception about the problem and the way in which they will later deal with it. It is fundamental that the professional involved is sensitive enough to communicate bad news[9,11,12].

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The professional's lack of sensitivity and overly technical communication in conveying hard news to the family members of NBs/lactating infants makes it difficult for them to understand their child's health condition. Inadequate communication, perceived as that in which the professionals communicate hard/bad news abruptly and briefly to the mothers, or by means of overly technical language, triggers feelings of despair, incomprehension and family distress:

> *Listen mom (...) I've got awful news! She said everything very technically, and went away. I went to ask her something, and she turned her back on me and walked away. That was on a Sunday, at 2 in the afternoon. I stayed there until Monday at 10 in the morning, crying, desperate, because I didn't know what was happening to my son (Jô).*

Communication expressed by the professionals rudely and with little tact increases the participants' distress during their children's hospitalization. In the communication of hard news, health professionals are extremely important references. Lack of preparation combined with support to the families can generate poor communication regarding diagnosis, prognosis and behaviors, harming the bond between the team and family members[2-4,12].

On the other hand, the family members also reported positive aspects in the communication of hard news:

> *She knows how to talk even if it is bad news. Even if it is bad news, she knows how to talk nicely (...) my son had a regression. He was intubated again. But the way the doctor spoke to me, she gave me the assurance that this is one step back, but that there will be others ahead! (...) did you say it was bad news? It is bad news! But there will be good news too (...) she doesn't fool us (Luna).*
>
> *Because I want to know the bad news nicely! I don't want them to come and throw it in my face (Maria).*

For the participants, sharing hard news without omitting information and with gentleness is something positive in the communication between team and family members, converging with the literature by highlighting that, when conducted in an empathetic and clear way, it enables the strengthening of the bond between professionals and family[2-4,24]. Proper communication is fundamental in the health professionals' work, as it avoids interference and misunderstandings among all those involved in the therapeutic process[12,19,20].

The family's perception about the hospitalization environment: "ICU mother is hope in the numbers"

The hospitalization environment generates despair in the mothers regarding the accessories and medical devices used, which, in their majority, emit sounds and noises, triggering doubts, uncertainties and fear in the family members, due to lack of knowledge:

> *The worst thing is those machines. I know, it is used to monitor, to monitor the child 100%, but, like this, you're left with your heart in your mouth. At any strange noise (...) you panic (...) any whistle, any drop in saturation, that you can see the number on the device (...) I tell everyone that an ICU mother is hope in the numbers (Luna).*
>
> *The worst is when it starts beeping and nobody goes there to see (...) for the nurse, that is normal. The device is there beeping and, she looks at it, and knows if something is happening or not. Then she goes and talks to us like this: No! It's normal! But for us who are there, we don't know that it's normal. Then it starts beeping (...) when it starts beeping, we think that something is happening (...) then we think: Go there and look what's going on (...) (Jô).*

For the mothers, their children's hospitalization environment represented a stressful setting, sometimes frightening. That perception is due to the difficulty understanding the entire hospitalization process of their children[1,3,7,21,22,25]. The findings are consistent with the literature, which evidences that anguish, lack of knowledge and fear of being in an environment are experienced by the families and indicate a need for improvements in the communication process[3,22].

The use of methodologies that facilitate understanding the information provided is recommended, mainly when the companion has a lower schooling level or when the patients are children[21,22]. To be effective, communication needs to occur in a way that the information transmitted is clear, allows the individuals to express themselves and resolve possible doubts, and that the content is validated[6,12].

Welcoming of the parents is significantly important for the experiences during hospitalization to be well accepted and to minimize distress[24]. The protection, safety and support transmitted from the parents to the hospitalized children reinforce the importance for them to remain in the aforementioned units[3,24].

It is important that there is clear communication on the part of the health team to establish a relationship of trust and mutual collaboration with the family member. Although there are times when the family members are unavailable, the professionals need to respect the most appropriate way and time to share the necessary information with the families. If the family members are unavailable, the dialog and interpersonal relationship need to be shared with someone who is there as a companion[21,22,24].

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Proper communication contributes to improving the quality of the relationships, defining the way in which the professional built the contact with the family member[22,23]. The improvement in the relationship and bonding experienced between the participants and the team is due to the technical and emotional support offered, in the perception of some mothers, through the interest shown by these professionals.

This article contributes to the Nursing area, since patient safety was not the initial focus of the research, although the theme emerged in the experiences underwent by the mothers during their children's hospitalization, bringing important aspects about the quality of assistance in the neonatal unit. This shows the need to deepen on the theme in future research studies, and the critical incident technique seems to be a useful way to objectively describe situations of the care practice that are occurring from the parents' perspective.

Study limitations

This study had as a limitation the reduced number of participants, which precludes generalization of the findings, although it is relevant considering that the scientific production is still incipient on the subject matter in focus. The intention is not to exhaust the theme, and the need for future research studies is evidenced.

CONCLUSION

From the mothers' perspective, the communication process showed weaknesses, allowing for reflections on the importance of sensitizing professionals to the needs of the family members with hospitalized NBs/lactating infants. Communication between professionals and family members plays a fundamental and indispensable role in the care provided, suggesting to the professional sharing information in a clear and simple way, maintaining availability and welcoming of the demands.

As an implication, it is believed that the study contributes so that communication is understood as a powerful health technology. The perspective of those who experience communication brings to light real-life situations that are necessary for an equitable, fair and humanized health assistance based on guaranteeing rights.

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