

Professional practices in the first meeting between parents and newborns in the neonatal unit

Práticas profissionais no primeiro encontro dos pais com recém-nascido na unidade neonatal

Prácticas profesionales en el primer encuentro entre padres y recién nacido en la unidad neonatal

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ABSTRACT

Objective: to examine the professional practices in the first meeting between parents and newborn in the neonatal unit.

Method: in this quantitative, descriptive, cross-sectional study conducted with 69 health personnel from the neonatal intensive care unit of a university hospital in Rio de Janeiro, after approval by the research ethics committee, data were collected from March to July 2021 by online survey and analyzed using simple percentage and average descriptive statistics. **Results:** the professional practices were appropriate in that they allowed parents: maternal/paternal touch (91.3%); free access to the neonatal unit (86.9%); and to provide care for the baby (81.1%). **Conclusion:** the professional practices were mostly in line with the recommendations of the Kangaroo Method. However, weaknesses in receptiveness highlighted gaps in how the subject was approached in training activities and continued professional development.

Descriptors: Intensive Care Units, Neonatal; Patient Care Team; Professional-Family Relations Parents; User Embrace.

RESUMO

Objetivo: analisar as práticas profissionais no primeiro encontro dos pais com recém-nascido na unidade neonatal. **Método:** estudo quantitativo, descritivo e transversal, desenvolvido com 69 profissionais de saúde da unidade de terapia intensiva neonatal de um Hospital Universitário no Rio de Janeiro, após aprovação pelo Comitê de Ética em Pesquisa. Os dados foram coletados no período de março a julho de 2021, por meio de questionário online, e analisados mediante estatística descritiva simples, percentual e média. **Resultados:** as práticas profissionais foram adequadas quanto possibilitar aos pais: o toque materno/paterno (91,3%); o livre acesso à unidade neonatal (86,9%); e a realização de cuidados com o bebê (81,1%). **Conclusão:** a maioria das práticas profissionais está alinhada às recomendações do Método Canguru. Contudo, as fragilidades relativas ao acolhimento evidenciam lacunas na abordagem da temática na formação profissional e em atividades de educação continuada.

Descritores: Unidades de Terapia Intensiva Neonatal; Equipe de Assistência ao Paciente; Relações Profissional-Família; Pais; Acolhimento.

RESUMEN

Objetivo: analizar las prácticas profesionales en el primer encuentro entre padres y recién nacido en la unidad neonatal. **Método:** estudio cuantitativo, descriptivo y transversal, desarrollado con 69 profesionales de la salud de la unidad de cuidados intensivos neonatales de un Hospital Universitario de Rio de Janeiro, previa aprobación del Comité de Ética en Investigación. Los datos fueron recolectados de marzo a julio de 2021, a través de una encuesta en línea, y analizados mediante estadística descriptiva simple, porcentaje y promedio. **Resultados:** las prácticas profesionales fueron adecuadas en cuanto a posibilitar a los padres: el toque materno/paterno (91,3%); el libre acceso a la unidad neonatal (86,9%); y la prestación de cuidados al bebé (81,1%). **Conclusión:** la mayoría de las prácticas profesionales está acorde con las recomendaciones del Método Canguro. Sin embargo, las debilidades relacionadas con la acogida evidencian lagunas acerca del enfoque del tema en la formación profesional y en actividades de educación continua.

Descritores: Unidades de Cuidado Intensivo Neonatal; Grupo de Atención al Paciente; Relaciones Profesional-Familia; Padres; Acogimiento.

INTRODUCTION

Hospitalization of a newborn (NB) in the Neonatal Intensive Care Unit (NICU) is a difficult and stressful time for parents, either because of the changes caused by the situation, or because of the fear of death or long-term complications¹. This phenomenon modifies all of the parents' representations and expectations^{2,3}, which are taken over by high stress levels, turning it into a traumatic event due to the inability to engender a healthy infant as they wished^{4,5}.

The routine and the hospital environment also influence the feelings expressed by the parents, imposing limitations on them, who need to adapt and organize themselves to deal with the new reality⁶. Many stressful situations caused by NB hospitalization are described in the literature^{1,4,7}. The health team should expand their care and attention

to the parents, as they can be undergoing an emotional roller coaster given the unexpected birth for which they were not prepared⁸.

In its results, a study showed that welcoming parents reduces parental stress, assists in the length of stay in the neonatal unit (NU), in the skin-to-skin contact time⁹, and contributes to the evolution and improvement of the neonate's clinical condition¹⁰. In this sense, and given the implications arising from hospitalization, the Standard of Humanized Care for Newborns - Kangaroo Method (KM) has gained prominence. It comprises a set of humanized care measures for NBs and their family, aimed at minimizing the deleterious effects of the birth and NICU hospitalization situation¹¹⁻¹³.

In Brazil, the KM was adopted as a National Public Policy in 2000, being developed in three sequential stages involving welcoming the parents and encouraging participation in the NB therapeutic process and early discharge, with monitoring and maintenance regarding the kangaroo position¹². However, weaknesses have been perceived in professional and institutional attitudes towards parents who enter the NICU for the first time, focusing attention on the pathology and on hard technologies to the detriment of the soft technologies of relationships¹⁴.

Consequently, aiming at improving the quality of the assistance provided to NBs and parents in the NICU, welcoming has been prioritized, mainly referring to the first encounter¹⁰. The current study highlights the importance of standardized practices, with a view to supporting and favoring the parents' interaction with the NB and other health professionals, so that the assistance provided does not cause more harms than the newborn's hospitalization condition itself.

Consequently, the following research question was formulated: Which are the professional practices in the parents' first encounter with their newborn in the neonatal unit?

In this sense, the objective of this study was to analyze the professional practices in the parents' first encounter with their newborn in the neonatal unit.

METHOD

This is a study with a quantitative approach and of the descriptive and cross-sectional type, developed from March to July 2021 in the NICU of a University Hospital located in the capital city of Rio de Janeiro.

Choice of the study population was based on the number of health professionals recommended as a minimum team by Ordinance No. 930/2012, namely: nursing technicians, nurses, physicians, physiotherapists and speech therapists. Although the aforementioned ordinance does not include psychologists in the minimum team, it does establish that an NICU should ensure access to psychological assistance, either by its own means or through outsourced services.

The inclusion criteria were as follows: working in the NICU for at least one year; and as, exclusion criteria: professionals who were on maternity, bonus or extended medical leave and who did not return during the data collection period. Of all 136 eligible professionals, 15 were away and 51 refused to participate in the research. Consequently, the sample was comprised by 69 participants.

For data collection, a self-applied questionnaire was prepared via an electronic form, subdivided into three parts: a) characterization of the participants, with variables such as: age, gender and training time; b) professional qualification in the theme of "The family in the NICU", with questions related to the welcoming approach during training; and c) professional practice, with assertions about welcoming parents in the NICU, built from the recommendations of the Standard of Humanized Care for Newborns - Kangaroo Method¹².

The participants were approached individually and invited to participate in the research. Those who agreed to participate received a link to access the electronic form via email or a messaging app, as well as the Free and Informed Consent Form (FICF) containing all the information regarding the research.

For the quantitative analysis, the data were initially introduced into *Microsoft Excel*[®] and were later processed and analyzed by means of simple descriptive statistics, percentage and mean.

The variables referring to the professional practice were assessed through a Likert scale with five answer options, namely: N = Never; R = Rarely; F = Frequently; G = Generally; and A = Always. Based on the recommendations of the KM Manual, the "frequently", "generally" and "always" options are considered as appropriate practices and, therefore, they were grouped and classified in the "positive answers" category. On the other hand, the "Never" and "Rarely" options were grouped as "negative answers". Thus, we proceeded with the sum of the percentages of each of the options for adequate answers (AAs) that were grouped in the "positive answers" category, formulating the accrued rate of adequate answers for each assertion.

Four participants had never accompanied the parents in the NICU; therefore, they lacked practical experience in relation to welcoming them in the neonatal unit. As this was one of the criteria to continue the research, those participants did not answer the assertions referring to the professional practice, but only those that dealt with the

characterization and qualification of the welcoming theme. However, the data collected from these participants were kept in the study, as the fact that they had never performed any everyday activity of the NU multiprofessional team constitutes material for discussion and analysis of the current paper.

This study was approved by the Research Ethics Committee of the study locus and the participants were invited to collaborate in the research, with voluntary participation by signing the FICF.

RESULTS

Table 1 describes the participants' profile.

TABLE 1: Profile of the health professionals from the NICU of a University Hospital in Rio de Janeiro (n=69). Rio de Janeiro, RJ, Brazil, 2021.

Variables	n (%)
Gender	
Female	63 (91.3)
Male	6 (8.7)
Age group	
20-29 years old	4 (5.8)
30-39 years old	18 (26.0)
40-49 years old	25 (36.2)
50-59 years old	19 (27.6)
60+ years old	3 (4.4)
Professional category	
Nursing technician	19 (27.5)
Nurse	25 (36.2)
Physiotherapist	7 (10.1)
Speech-language pathologist	2 (2.9)
Physician	13 (18.8)
Psychologist	3 (4.3)
Schooling	
Complete High School	57.2)
Incomplete Higher Education	2 (2.9)
Complete Higher Education	11 (15.9)
Specialization	38 (55.1)
Master's degree	10 (14.5)
PhD	3 (4.3)
Training time	
01-09 years	8 (11.6)
10-19 years	23 (33.3)
20-29 years	31 (45.0)
30+ years	7 (10.1)
Time working in the neonatal area	
01-09 years	14 (20.2)
10-19 years	27 (39.1)
20-29 years	24 (34.8)
30+ years	4 (5.9)
Other work contracts	
Yes	45 (65.2)
No	24 (34.8)

In relation to the participants' characteristics, most of them (63 [91.3%]) were female. Their age varied from 23 to 60 years old, with a mean of 44.5. There was predominance of participants from the Nursing category, with 25 (36.2%) nurses and 19 (27.5%) nursing technicians.

Nearly 61 (88.4%) professionals had more than ten years since graduation, with a mean of 19.5, and 55 (78.8%) had worked for minimum of ten years in the Neonatology area, with a mean of 16.6. The highest academic degree of the majority (38 [55.1%]) corresponded to some specialization and three (4.3%) were PhDs. In addition, 45 (65.2%) had more than one employment contract.

The data related to the professional qualifications are presented in Table 2.

TABLE 2: Professional qualifications in the theme of “The family in the NICU” (n=69). Rio de Janeiro, RJ, Brazil, 2021.

Variables	n (%)
During your professional training. have you attended any class about topics that addressed welcoming the parents in the NICU?	
Yes	30 (43.5)
No	39 (56.5)
During your professional training. have you taken part in activities/events about topics that addressed welcoming the parents in the NICU?	
Yes	30 (43.5)
No	39 (56.5)
Have you already read any book, article, journal or the like dealing with welcoming the parents in the NICU?	
Yes	50 (72.5)
No	19 (27.5)
Have you already taken part in any in-service training in this institution that addressed the theme of welcoming the parents in the NICU?	
Yes	13 (18.8)
No	56 (81.2)
Does this institution have any protocol or routine to welcome the parents who enter the NICU for the first time?	
Yes	23 (33.3)
No	46 (66.7)
The lessons I learned during my professional training prepared me to deal with welcoming the parents in the NICU?	
I totally disagree	11 (15.9)
I partially disagree	7 (10.1)
I disagree	4 (5.8)
I agree	7 (10.1)
I partially agree	34 (49.3)
I totally agree	6 (8.7)

Regarding professional qualification in the theme of “The family in the NICU”, 39 (56.5%) participants stated that they had attended classes on welcoming in the NICU at some point during their training, as well as having participated in activities that addressed the theme. Reading books, articles, journals or the like on welcoming was quite recurrent among the participants, as 72.5% of them did so.

Nearly 56 (81.2%) professionals stated that they had never participated in training at the unit on welcoming the family and 46 (66.7%) reported not being aware of any Standard Operating Protocol (SOP) on the subject matter in the sector. When asked if the learning acquired during training was sufficient for development of the welcoming practice, 34 (49.3%) partially agreed, indicating some degree of difficulty dealing with that. Only 6 (8.7%) participants totally agreed and 11 (15.9%) totally disagreed in this question.

Four participants (5.8%) answered that they never accompanied any parents on their first time at the NICU and, therefore, did not answer the questions regarding the professional practice in the theme of welcoming the family in the first encounter. These participants were two nurses in training, in the second year of their residency in Neonatal Nursing, and two physical therapists, with more than 15 years of training time and who had a specialization course in Neonatology.

Regarding the health professionals' practice in the parents' first encounter with the NB in the NICU environment, more than half of the participants answered correctly all the assertions (Table 3).

TABLE 3: Health professionals' practices towards the parents the first time they entered the NICU. Rio de Janeiro, RJ, Brazil, 2021.

Practice	N n (%)	R n (%)	F n (%)	G n (%)	A n (%)	N/A n (%)	AA n (%)
I am available to help the parents solve doubts (n=65)	0 (0)	7 (10.2)	10 (14.5)	12 (17.4)	36 (52.1)	4 (5.8)	58 (84.0)
I listen carefully to what the parents say and instruct them based on the demands they present (n=65)	1 (1.5)	1 (1.5)	12 (17.4)	11 (15.9)	40 (57.9)	4 (5.8)	63 (91.2)
I reserve some time to devote exclusively to active listening when I welcome the parents in the NICU (n=65)	2 (2.9)	8 (11.6)	13 (18.8)	24 (34.8)	18 (26.1)	4 (5.8)	55 (79.7)
I tell them that we have a multiprofessional team. which is responsible for the care provided to the NB (n=65)	5 (7.3)	9 (13.0)	14 (20.3)	12 (17.4)	25 (36.2)	4 (5.8)	51 (73.9)
I tell them about the shift change schedules and. therefore. team exchanges (n=65)	8 (11.6)	23 (33.3)	8 (11.6)	11 (15.9)	15 (21.7)	4 (5.8)	34 (49.2)
I tell them that they can freely enter the unit. as well as about their permanence. with no time restrictions (n=65)	1 (1.5)	4 (5.7)	11 (15.9)	12 (17.4)	37 (53.6)	4 (5.8)	60 (86.9)
I tell them about the possibility of other family members (such as grandparents and siblings) visiting the NB (n=65)	11 (15.9)	18 (26.1)	14 (20.3)	9 (13.0)	13 (18.8)	4 (5.8)	36 (52.1)
I instruct them on hand hygiene (n=65)	0 (0)	2 (2.9)	5 (7.3)	3 (4.3)	55 (79.7)	4 (5.8)	63 (91.3)
I tell them about the devices and equipment that are being used on the infant in the NICU (n=65)	1 (1.5)	2 (2.9)	8 (11.6)	9 (13.0)	45 (65.2)	4 (5.8)	62 (89.8)
I tell them about the unit's routine. such as the times for feeding and diaper exchanges (n=65)	5 (7.3)	10 (14.5)	20 (29.0)	11 (15.9)	19 (27.5)	4 (5.8)	50 (72.4)
I tell them about the neonate's clinical condition (n=65)	4 (5.9)	22 (31.9)	9 (13.0)	11 (15.9)	19 (27.5)	4 (5.8)	39 (56.4)
I talk about the importance of maternal/paternal touch and the possibility of performing it (n=65)	1 (1.5)	1 (1.5)	7 (10.1)	10 (14.5)	46 (66.7)	4 (5.8)	63 (91.3)
I allow them to perform some care with their NB. if they want to (including physical contact) (n=65)	1 (1.5)	8 (11.6)	12 (17.4)	13 (18.8)	31 (44.9)	4 (5.8)	56 (81.1)
Given the parents' reactions at the first encounter with their NB in the NICU. I show myself always available and remain at their side for anything they might need (n=65)	1 (1.5)	7 (10.1)	21 (30.4)	20 (29.0)	16 (23.2)	4 (5.8)	57 (82.6)
In the face of the reactions expressed by the parents in the first encounter with the NB in the NICU. if they are very shaken and tearful. I make myself available for future contacts. even if it is on the same day (n=65)	6 (8.7)	11 (15.9)	18 (26.1)	14 (20.3)	16 (23.2)	4 (5.8)	48 (49.6)
I try to identify the extent to which the parents can listen to and understand my guidelines (n=65)	1 (1.5)	9 (13.0)	15 (21.7)	16 (23.2)	24 (34.8)	4 (5.8)	55 (79.7)
I postpone the unit's routine guidelines if I notice that the parents are not ready to listen to them (n=65)	5 (7.3)	8 (11.6)	16 (23.2)	22 (31.8)	14 (20.3)	4 (5.8)	52 (75.3)
In this institution. I notice that the practices to welcome the parents in the NICU are humanized (n=65)	1 (1.5)	5 (7.2)	20 (29.0)	30 (43.5)	9 (13.0)	4 (5.8)	59 (85.5)
My practices towards welcoming the parents in the NICU are humanized (n=65)	0 (0)	1 (1.5)	12 (17.4)	24 (34.7)	28 (40.6)	4 (5.8)	64 (92.7)

Specifically, the questions related to the importance of the maternal and paternal physical contact and to guidance on hand hygiene were the ones with the highest number of adequate answers. In both, 91.3% of the participants stated guiding the practice towards the parents the first time they entered the NICU. On the other hand, the statement that addressed the guidance on shift change times and team exchanges had fewer adequate answers, only 49.2% of the professionals stated instructing such practice.

In addition, in the assertion that dealt with informing the parents about the possibility of other family members (such as grandparents and siblings) visiting the NB, only 52.1% of the participants answered that they do so. In turn, in the question that dealt with guidance about the infant's clinical condition, 56.4% of the participants stated that they provided these guidelines in the parents' first visit to the NB.

The other assertions had percentage values of more than 60% of the participants giving adequate answers, that is to say, they stated performing the actions frequently, generally or always. None of the assertions had 100% of adequate answers.

DISCUSSION

As in most studies in the health area^{15,16}, there was predominance of female participants, with a minimum age of 23 years old and a maximum of 60. Nurses and nursing technicians represented more than half of the population in this study, 44 (63.7%), as they constitute the largest contingent of the workforce within hospital institutions in Brazil¹⁷ for being the professional category that spends the longest time with the patient and assumes most of the care for the patients and their family¹⁸.

As for the training time, the majority indicated having more than ten years of training and experience in the Neonatology field. In addition, they stated having some specialization, suggesting a specific technical and scientific knowledge background to meet the demands of the neonatal clientele. Nearly 45 participants reported having another employment contract, which raises concerns, as the working hours, number of contracts and nature of the work performed are factors that can interfere with the health of these workers and, consequently, with the quality of the care offered¹⁸.

Regarding the approach to welcoming in training, most of the participants claim to have had an approach to the topic. However, 56 professionals from the unit stated that they had never participated in any training on welcoming the family. It is inferred that this finding can be related to lack of permanent education strategies aimed at welcoming the family and to the problematization of the technician care model, which still prevails in many institutions¹⁹.

Most of the participants indicated that they were not aware of the existence of a SOP in the welcoming sector. However, it is noted that the professionals should be introduced to and encouraged to put into practice the routines already present in the service, as they were developed to improve care quality. In addition, permanent and continuing education activities should be considered as one of the main allies to promote changes in the health services¹⁵.

The findings referring to the four participants who stated that they had never received any parents at the unit show that welcoming, an integral element of human relationships, is often left out, either due to demands from the sector or to the desire or not by the professionals to welcome the parents. However, welcoming, communication and bonding are behaviors that must be valued and that characterize humanized care^{12,20}.

Only six participants fully agreed that the lessons learned during their training were sufficient for developing the welcoming practice. To some degree, most of them answered that they still have difficulties developing such practice, suggesting that this is the emerging paradigm to be strengthened in the setting of this study. Therefore, welcoming provides opportunities for new feelings and reduces fear, the sensation of helplessness and impotence, being an intervention tool that guides humanized practices²⁰.

In view of this, it is indispensable that the NICU team make time available to help parents and answer questions¹¹. Nearly 84.0% of the participants in this research claimed to devote time to this practice frequently. Furthermore, 91.2% stated that they take due time to listen carefully to what the parents say and guide them based on their demands. Welcoming, listening and treating families in a humanized way and welcoming their demands are key points of attitudes and stances related to reception²¹.

It is not necessary to be in a hurry to provide information; it is more important to ask questions and answer them clearly, ensuring good understanding of the NB's health status. Inadequate information, at an inopportune moment, can harm the interaction process between the team, the parents and the newborn. Nearly 79.7% of the study participants make time available to be fully present, with active listening when welcoming the parents in the NICU, as this practice favors establishing a positive relationship between the professionals and the family, in addition to reducing the feelings of anxiety^{12,20,22-24}.

Regarding the parents' first visit, 73.9% of the participants talk about the existence of a multiprofessional team responsible for the guidelines on NB care and handling, which are reinforced by each member. However, the professionals do not address the shift change schedule and, therefore, team exchanges. It is up to the entire team to offer emotional support to the parents and the family, as well as to assist them in whatever way they can; it is also important to mention team turnover, so that parents always have someone to refer to¹².

Approximately 86.9% of the participants stated that they provided guidance on the parents' free access to the NICU, as well as about their permanence with no time restrictions. Article 12 of Law No. 8,069 of 1990 establishes the right of a parent or guardian to stay full-time in hospitalization cases in health facilities, including NICUs. Ensuring the parents' presence from admission to hospital discharge is considered a fundamental process for achieving a humanized practice²⁵⁻²⁷, in addition to allowing constructing the feeling of belonging to the NB²⁰.

In addition to that, nearly 52.1% of the professionals advise on the possibility of other family members, such as grandparents and siblings, visiting the NB. The KM recommends that, from the beginning of hospitalization, the team advises parents on the importance of reinforcing their contacts with other relatives, as allowing members of the family cycle to enter the NU is a form of care and a support and aid source for newborns and their parents^{1,12}.

In relation to hand hygiene when entering the NICU, 91.3% of the participants advise the parents about this practice on the first visit to the sector, which is fundamental for the prevention of in-hospital infections, one of the main factors associated with complications from clinical conditions already established, extending the hospitalization times^{28,29}.

Although the several feelings resulting from hospitalization do not allow parents, at first, to assimilate all the information about the new reality¹², sharing minimal information such as nutrition, eliminations and the treatment offered to the neonate, allows them to better deal with that situation²¹. In this perspective, 56.4% of the participants reported informing about the neonate's clinical condition and 89.8% stated that, in the parents' first visit, they talk about the devices and equipment that are being used on the infant, such as probes, venous accesses and monitors.

In the assertion that dealt with talking to the parents about the importance of maternal/paternal touch and the possibility of performing it, 91.2% of the participants stated that they guide the parents and 81.1% mentioned that they give them the opportunity to do so. The KM instructs that this practice has to be progressively stimulated until the parents feel confident enough to proceed with the kangaroo position¹². Touching the child and transmitting warmth, affection and security contribute significantly to reestablishment of the infant's health, in addition to corroborating the physiological responses, given the influence of touch on the hormonal and immune system^{10,21}.

A number of studies have shown that the parents' presence during the newborn's hospitalization and their participation in care favors improvements in the health situation, reduces stress and strengthens relationships^{1,10,27,30,31}. The families who experienced the Kangaroo Method reported positive points, especially in bonding, development of autonomy and the sensation of greater belonging promoted by the method^{11,32}.

The hospital routine also exerts an influence on the parents' feelings, given the new reality⁶. As the approach to the newborn takes place, the parents progressively get used to the routines¹⁸ and are encouraged in the daily care of the infant. Nearly 72.4% of the participants talk about hospital routines, especially the times for diets and diaper exchanges, but it is with time that the parents develop skills and feel safe to perform them^{1,32}.

In view of the reactions expressed by the parents in the first encounter with the NB in the NICU, 82.6% of the professionals stated that they were available, staying by their side for whatever they needed, and 69.6% made themselves available for future contacts. The support offered by the NICU team, the availability of information and the interaction tend to strengthen the parents' bond and trust with the team¹⁸.

Nearly 79.7% of the participants seek to identify to which extent the parents are in due conditions to listen to and understand the guidelines provided in their first visit to the NICU. When the parents are very emotionally shaken, 75.3% postpone the unit's routine guidelines. Observing and listening to the parents' fears and concerns and then providing diverse information about the routines, devices and care measures for the newborn are important aspects to favor the newly initiated relationship between the professional and the family member¹².

Although the study evidenced gaps in training, especially in permanent education activities in the service on the theme, the professionals expressed competencies related to welcoming, as they value listening and refer to meeting the parents' demands. This can be related to the fact that most of the research participants belong to the Nursing team, for which welcoming is one of the care dimensions.

Study limitations

It is worth considering that the data presented were collected during the COVID-19 pandemic, which determined changes in the routines at the unit, including restriction regarding companions other than the parents entering the unit. Such scenario may have impaired the health team's interaction with them, as well as that of the hospitalized newborns with other family members. Thus, it is believed that the pandemic scenario has influenced the participants' practices and answers, as well as non-participation of some of them in the research in view of the physical and emotional exhaustion related to working in this context.

CONCLUSION

For the most part, the practices of the professionals included in this study are in line with what is recommended by the KM. However, there are still weaknesses in terms of training in welcoming. Even though most of the answers to the questionnaire were satisfactory, some of the participants find it difficult to welcome the parents in the NICU in the care practice.

It is suggested that this theme be addressed more frequently during training, involving articulation of theory with practice, with a view to enabling the development of relational skills essential to welcoming. It is also important that neonatal units and hospital human resources management do not neglect the humanization and welcoming approach in permanent and continuing education activities, as well as in behavioral training. Thus, welcoming is not expected to become simple and easy, as human relationships are complex, but professionals need to feel more prepared and acquire tools to develop family welcoming practices with excellence.

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