

# Communication between professionals and family members during hospitalization of newborns and infants: an integrative review

*Comunicação entre profissionais e familiares durante internação de recém-nascidos e lactentes: revisão integrativa*

*La comunicación entre los profesionales y los familiares durante la hospitalización de los recién nacidos y los lactantes: revisión integradora*

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## ABSTRACT

**Objective:** to analyze the knowledge produced regarding the communication between family members and health professionals in the care of newborns and infants admitted to Neonatal Intensive Care Units and Neonatal Intermediate Care Units, in the perception of family members. **Methodology:** integrative review, carried out from January 2009 to February 2021, in virtual databases. Seven articles were selected. **Results:** There was a predominance of qualitative studies developed by nurses, with a higher proportion in 2010. Two thematic categories emerged: "Experience with the hospitalization of children in medium and high technology units" and "Inconsistency in communication". **Conclusion:** The family perception regarding communication about the health of their hospitalized child suffers positive and negative reactions. For parents, when professionals adequately transmit the news about their hospitalized children, this leads to feelings of hope generating in the family the perspective of survival and recovery of their children.

**Descriptors:** Pediatrics; Intensive Care Units, Neonatal; Health Communication; Family.

## RESUMO

**Objetivo:** analisar o conhecimento produzido em relação à comunicação entre familiares e profissionais de saúde, na assistência aos recém-nascidos e lactentes internados em Unidades de Terapia Intensiva Neonatal e de Cuidados Intermediários Neonatais, na percepção de familiares. **Método:** revisão integrativa, realizada no período de janeiro de 2009 a fevereiro de 2021, em bases virtuais de dados. Foram selecionados sete artigos. **Resultados:** predominaram estudos qualitativos desenvolvidos por enfermeiros, com maior proporção no ano de 2010. Emergiram duas categorias temáticas: "Experiência com a internação dos filhos em Unidade de média e alta densidade tecnológica" e "Inconsistência na comunicação". **Conclusão:** a percepção familiar diante da comunicação sobre a saúde do filho internado recebe reações positivas e negativas. Para os pais, quando os profissionais transmitem adequadamente as notícias sobre seus filhos hospitalizados, isto conduz a sentimentos de esperança, gerando na família a perspectiva de sobrevivência e recuperação dos seus filhos.

**Descritores:** Pediatria; Unidades de Terapia Intensiva Neonatal; Comunicação em Saúde; Família.

## RESUMEN

**Objetivo:** analizar el conocimiento producido en relación a la comunicación entre familiares y profesionales de la salud, en la atención de recién nacidos y lactantes hospitalizados en Unidades de Cuidados Intensivos Neonatales y Cuidados Intermedios Neonatales, en la percepción de los familiares. **Metodología:** revisión integradora, realizada de enero de 2009 a febrero de 2021, en bases de datos virtuales. Se seleccionaron siete artículos. **Resultados:** Predominó los estudios cualitativos desarrollados por enfermeras, con mayor proporción en 2010. Surgieron dos categorías temáticas: "Experiencia con la hospitalización de niños en una unidad de densidad tecnológica media y alta" e "Inconsistencia en la comunicación". **Conclusión:** La percepción familiar sobre la comunicación sobre la salud de su hijo hospitalizado sufre reacciones positivas y negativas. Para los padres, cuando los profesionales transmiten adecuadamente las noticias sobre sus hijos hospitalizados, esto genera sentimientos de esperanza, generando en la familia la perspectiva de supervivencia y recuperación de sus hijos.

**Descriptores:** Pediatría; Unidades de Cuidado Intensivo Neonatal; Comunicación en Salud; Familia.

## INTRODUCTION

Health professionals naturally deal with the care of infants admitted to Neonatal Pediatric Intensive Care Units (NPICUs) and Neonatal Intermediate Care Units (NIMCUs). The family members, however, do not face this situation in the same way, demanding adequate professional performance in this context, as well as understanding and respect for the suffering of those involved<sup>1</sup>.

Child hospitalization triggers different feelings and perceptions in the family context and in the professionals, both at the direct patient care moments and in communication with the family members. The professionals have to clarify and provide information in relation to the clinical condition and the risks involved for the child<sup>2</sup>.

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In this sense, the communication process is an element that can bring the professionals involved in child care closer to the family members and represents a basic condition for establishing safe and sensitive interpersonal relationships<sup>3,4</sup>. The parents' or guardian's permanence in the hospital setting favors bonding with the professionals, where the family members also become care recipients. Their participatory and effective inclusion strengthens the human relationships, considered important in health care and in communication with the professionals<sup>5</sup>.

Communication was built upon family welcoming at the patient's admission. It permeates the diverse information related to daily evolution and reaches the guidelines provided at hospital discharge, enabling rapport between family members and professionals<sup>6,7</sup>. It requires understanding and sharing of the messages sent and received, and both their content and the way in which they are transmitted exert an influence on the present and future behavior of the people involved, with repercussions on care<sup>8</sup>.

Communication produces understanding through dialog, speech and other elements that occur in face-to-face relationships, as well as understanding of the health-disease process and strengthening of the bond between health professionals and family members, which is strategic for care, management and humanization. Communication instances favor sharing and help between professionals, family members and users assisted<sup>9</sup>.

Communication is a technology that generates advantages in the interaction between those involved in care. Effective interactions between professionals and family members in the NPICU and NIMCU contexts gives rise to humanized assistance provided to the infant and a trusting relationship between those involved<sup>10</sup>. Communicative action arises through the interaction of subjects with the ability to act and speak, leading to understanding of a given situation and providing a healthy environment and cooperation<sup>11</sup>.

The anguish experienced by the family reveals the need to improve their communication with professionals involved in the care of NBs/breastfeeding infants, due to the possibility of loss and separation and to the hospitalization times<sup>12</sup>, which can be extended, considering the specificities of the NPICU and NIMCU. It is fundamental to investigate the perception of the family members of NBs/breastfeeding infants hospitalized in the aforementioned settings in relation to the communication they establish with these professionals. The objective of this study was to analyze the knowledge produced in relation to communication between family members and health professionals in the care of newborns and breastfeeding infants admitted to Neonatal Intensive Care and Neonatal Intermediate Care Units, in the perception of family members.

## METHOD

This is an integrative literature review, critically developed following six stages: definition of the question or hypothesis; selection of studies (sample); definition of the characteristics of the studies; analysis and interpretation of the results; and presentation of the review<sup>13,14</sup>.

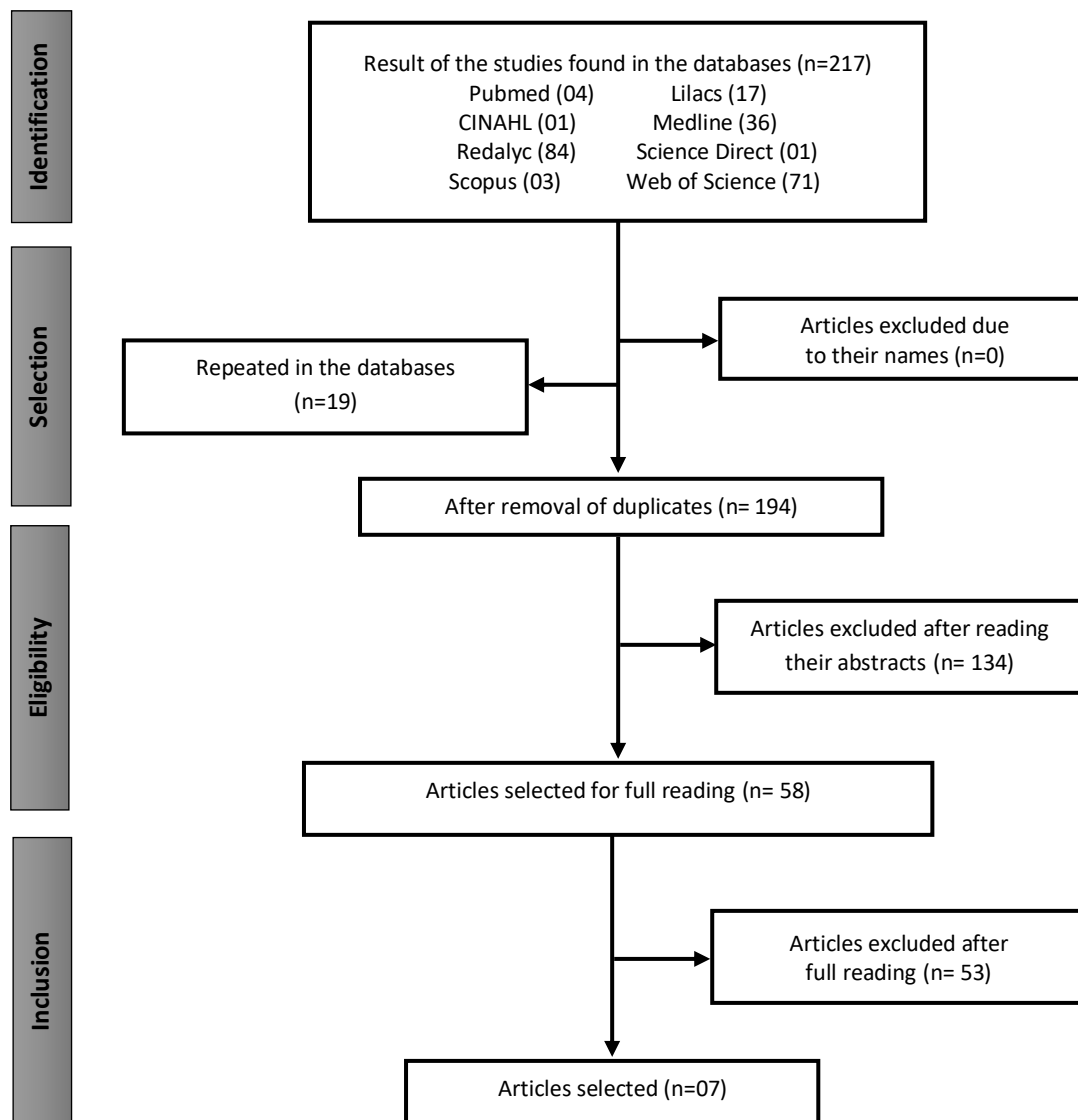
The *Population, Variables and Outcomes* (PVO) strategy was used to operationalize the search, where: Population – Family members; Variable – Perception; and Outcome – Communication between family members and health professionals, considering the following guiding question: Which is the family members' perception regarding communication between relatives and health professionals in the assistance provided to the newborns and breastfeeding infants admitted to NICUs and NIMCUs?

In order to apprehend and identify the scientific literature on the theme under study, a survey was conducted in the following databases: Medical Literature Analysis and Retrieval System Online (Medline), PubMed, *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Scopus, Web of Science and Science Direct.

The search was carried out in February 2021 with the following inclusion criteria: articles with available abstracts published in Portuguese/English/Spanish from January 2009 to February 2021 and indexed in the selected databases, which addressed communication between health professionals and family members in high and medium technological density units. The following descriptors were used: “*Unidades de Terapia Intensiva Neonatal*”; “*Comunicação em Saúde*”; “*Família OR Pais*” and “*Lactente OR Recém-Nascido*”, as well as “Intensive Care Units, Neonatal”, “Health Communication”, “Family OR Parents” and “Infant OR Infant, Newborn” in the English language.

The analysis of the scientific literature indicated an incipient production focused on the context of the current study. The research studies found on communication are limited with regard to the population segment that uses the health system, mainly family members of children hospitalized in NICUs and NIMCUs.

A total of 217 publications were found in the initial search, excluding studies that were repeated in the databases; subsequently, the abstracts were analyzed, and those that did not meet the topic and criteria proposed by the review were discarded. A total of 60 articles remained for full-reading appreciation, of which seven articles were maintained after a detailed reading, which comprised the final sample (Figure 1).



**Figure 1:** Flowchart corresponding to the stages conducted for the integrative review, prepared based on the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses* (PRISMA) recommendation. Uberaba, MG, Brazil, 2021.

The publications analyzed were validated through an evaluation in charge of three reviewers, considering the research inclusion and exclusion criteria and guiding question. The evaluations were recorded in a validated instrument adapted for this study.

## RESULTS AND DISCUSSION

Seven articles that met the inclusion criteria and answered the guiding question were selected. Regarding the language of the publications, five (71.43%) were in English and two (28.57%) were in Portuguese; the latter represented Brazilian studies, while the former corresponded to papers developed in Sweden, United States, Canada and England. They were extracted from the Medline (50%), LILACS (16.67%) and Web of Science (33.33%) databases.

Most of the studies (5; 71.44%) were carried out by nurses teaching at universities or working in care, while one (14.28%) was developed by psychologists working in neonatal and pediatric care, and one (14.28%) by neonatologists. The research studies were published between 2009 and 2019, with a higher proportion (3; 42.86%) in 2010.

The studies included that presented the greatest relevance were those with level of evidence VI, totaling six articles (85.71%). It was found that communication between the health team and the family members is fundamental during their children's hospitalization in the NICU. Two thematic categories were elaborated based on the analysis of the studies, namely: "Experiencing the children's hospitalization in a Medium and High Technological Density Unit" and "Inconsistency in communication".

## Experiencing the children's hospitalization in a Medium and High Technological Density Unit

The synthesis of the results that lead to elaboration of this category is presented in Figure 2.

Study/Year	Design/Level of evidence/ Sample (n)	Objectives	Results	Main conclusion
Parents experiences of communication with neonatal intensive-care unit staff: an interview study <sup>15</sup> 2014	Qualitative/ Level VI/ 18 families	To describe the parents' communication experiences with a NICU team.	The communication experience between the parents and the NICU team was described by the "receiving attention or being ignored in their emotional situation" main topic, derived from three themes: knowing another human being, being included or excluded as a parent, and assuming unwanted responsibility.	Communication between the parents and the ICU team is considered very important, providing a more humanized coping process. Its absence generates feelings of abandonment/solitude and undesired responsibility.
The Perinatal-Neonatal Care Journey for Parents of Preterm Infants <sup>16</sup> 2017	Qualitative/ Level VI/ 40 fathers	To investigate the parents' perceptions, experiences and concerns, as well as the recommendations on the care provided to the family and to the infants.	The importance of individualized care was evidenced, with a focus on each family's needs.	Importance of improving care and communication, based on the parents' experience. The need to implement strategies to enhance communication between professionals and family members during the care provided was identified.
<i>Vivência materna com o filho prematuro: refletindo sobre as dificuldades desse cuidado</i> <sup>17</sup> 2010	Qualitative/ Level VI/ 28 mothers	To analyze the mothers' experiences with premature newborns during NICU hospitalization and, subsequently, in the home environment.	Hospitalization triggered changes in everyday life. Difficulties to understand the companions' role in the NICU were identified. Their participation was necessary at some moments; whereas it was inconvenient at others, given some professionals' resistance to communicate with family members.	Inclusion of the families in the hospitalization process empowers them to become more questioning, predisposing to mishaps in their relationship with the team. This leads to conflicts in the relationships and to contradictions in the elaboration of shared care.
Developing Nurse/Parent Relationships in the NICU Through Negotiated Partnership <sup>18</sup> 2010	Qualitative/ Level VI/ 10 parents (nine mothers and one father)	To explore the parents' experience and satisfaction with the care provided in the NICU.	All parents described Nursing actions of perceptive involvement, cautious guidance and subtle presence, which eased development of this relationship and the nurse-parent interactions.	Collaborative relationships between nurses and parents is significant and exerts an influence on the latter's satisfaction. Care measures implemented in a consistent and optimized manner assist in care continuity.
Family centered care? Facilities, information and support for parents in UK neonatal units <sup>19</sup> 2010	Quantitative/ Level IV/ 153 neonatal unit management areas	To assess how UK neonatal units meet the parents' communication, support and information needs during neonatal care and in the first few months after discharge.	The parents described the NICU experience as a progression, as they moved from observers to learners while they were trained/encouraged to care for their children after discharge.	High technological density environments must provide appropriate support in terms of facilities/infrastructure/policies to enable the provision of effective care to the infants' and/or family members' needs.
<i>Percepções da família do recém-nascido hospitalizado sobre a comunicação de más notícias</i> <sup>20</sup> 2009	Qualitative/ Level VI/ Six family members (five mothers and one father)	To understand the family's perception on how the health team communicates hard news about the NB during hospitalization.	Positive and negative aspects were found in relation to the way in which Medicine and Nursing professionals convey bad news. Weaknesses are noticed in the parents-team communication due to staff discontinuity, impairing trust.	The families need a team practice that allows them to express their requirements/emotions and validate diverse information conveyed with empathy and support. The team had limitations to provide this necessary support to the parents, such as time/resources/training.

**Figure 2:** Distribution of the studies according to title, year, design/level of evidence, sample, objectives, results and conclusion. Uberaba, MG, Brazil, 2021.

Source: The authors (2021).

In this category, the research studies revealed the perception that communication represents information sharing and transmission. The parents' experience with their hospitalized children is that communication with the professionals demonstrates efficiency in conveying diverse information and emotional support, in order to respond to their needs<sup>15-17</sup>.

For the parents, the professionals' empathetic attitudes are relevant for coexistence during hospitalization and facilitate open communication between them. However, they highlighted the need for the team to be realistic about the evolution of their children's health, so that they do not feel that their concern and emotional pain in the face of the situation are minimized or invalid<sup>19-21</sup>.

Periodic communication between family members and health professionals contributed to establishing relationships that provided security to the parents. Trust in the team was enabled through opportunities for the parents to manifest their needs and wishes<sup>15</sup>.

For the parents, attitudes of compassion, sensitivity and empathy on the part of health professionals, mainly when communicating their children's clinical status, made them feel comforted and guided through attentive and calm listening<sup>16-19</sup>. In this perspective, the relationship between the subjects needs to be grounded on open and effective communication<sup>15-22</sup>.

Bonding facilitates coping and the experience of their children's hospitalization. Showing the importance of family care during hospitalization promotes bonding and leads to greater interaction between the subjects, shattering the feeling that the professional has the exclusive right to care for the infant. This is facilitated by effective communication and the establishment of trust, which alleviate the difficulties experienced by the family members during hospitalization of their children in the NICU and NIMCU<sup>18</sup>.

Inclusion of the parents in the care provided to the children represents a positive attitude to strengthen the relationship with the professionals and consolidate the bond between parents and children, generating greater confidence in their parental abilities and identities<sup>19-22</sup>.

Consequently, the parents' participation in the care provided to their children is necessary. However, there is certain resistance in some professionals, even in passing on information or when explaining procedures<sup>17</sup>.

On the other hand, the publications evidenced that their children's health conditions, the need for admission to the NICU and changes in the natural rhythm of birth aroused impotence/fear and oppression in the parents. Prolonged hospitalization times in the NICU generated emotional stress related to uncertainty and to the feeling of inability to exercise their role<sup>15-17</sup>.

The first visit, carried out by the parents, was reported as a difficult and remarkable experience, as they were faced with a different environment, with various technological resources and a significant number of infants in complex clinical conditions<sup>15-17</sup>.

### Inconsistency in communication

The synthesis of the results that comprise the *Inconsistency in communication* category is presented in Figure 3.

This category reveals that the family members often felt excluded from the care provided and from decision-making about the assistance provided to their children. They revealed deficits in communication at hospital discharge, reported as lack of information and as inconsistent or insufficient information<sup>16-23</sup>.

In the research studies the parents realized the importance of individualized care, focused on the family's requirements, instead of the priority in the health system and the need for their participation to be different during the NB's hospitalization, enabling decision-making<sup>20-22</sup>.

A specific research study verified that a care model in which professionals and parents shared and prepared planning, to promote more confidence in their role as parents and caregivers of their children, contributed benefits and improved relationships between professionals and family members<sup>19</sup>.

It is fundamental to develop strategies to improve communication during the entire hospitalization, stimulating improvements related to collaboration measures between the team and the family members. Humanized care, focused on the patients' and/or family members' needs, reinforces ethical and sensitive professionalism, opening a space to review the professional practice and awakening empathic attitudes<sup>16</sup>.

Motherhood and fatherhood start to be developed in a different environment, with technological resources and care practices performed by the health professionals. Development and recognition of their duties as parents are directly linked to the environment and the team as facilitators of the appreciation of their rights, enabling better interaction between parents and professionals<sup>22</sup>.

Study/Year	Design/Level of evidence/ Sample (n)	Objectives	Results	Main conclusion
The Perinatal-Neonatal Care Journey for Parents of Preterm Infants <sup>16</sup> 2017	Qualitative/ Level VI/ 40 fathers	To investigate the parents' perceptions, experiences and concerns, as well as the recommendations on the care provided to the family and to the infants.	Scarce communication at hospital discharge/Information deficit/Inconsistent and insufficient information. The parents felt excluded from moments that included decision-making about their children.	Importance of improving the care provided and communication, interfering in this experience.
<i>Vivência materna com o filho prematuro: refletindo sobre as dificuldades desse cuidado</i> <sup>17</sup> 2010	Qualitative/ Level VI/ 28 mothers	To analyze the mothers' experiences with premature newborns during NICU hospitalization and, subsequently, in the home environment.	For the mothers, the guidelines provided by the team at discharge were insufficient, with ineffective communication about probable complications linked to evolution of the newborns. Discharge brought about comfort, but also insecurities and concerns.	Development of premature children can be impaired by lack of psychoemotional support for families; by failures in team/mother communication; and by deficiencies in outpatient and primary care follow-up, thus harming care integrality and humanization.
Developing Nurse/Parent Relationships in the NICU Through Negotiated Partnership <sup>18</sup> 2010	Qualitative/ Level VI/ 10 fathers	To explore the parents' experience and satisfaction with the care provided in the NICU.	Factors that preclude an effective relationship between the team and the family members: environment that is foreign to the families' routine, large number of professionals in a sector, unfamiliar medical language, unclear communication and undefined parental roles.	The relationship between the parents and the team was more effective and influential with the nurses due to their care for their children and their availability to include the family members in the assistance provided.
Family centred care? Facilities, information and support for parents in UK neonatal units <sup>19</sup> 2010	Quantitative/ Level IV/ 153 neonatal unit management areas	To assess how UK neonatal units meet the parents' communication, support and information needs during neonatal care and in the first few months after discharge.	Communications reliefs stress and assists in understanding the care provided, favoring participation of the family members in decision-making. It is necessary to have a favorable environment to accommodate the parents during hospitalization.	The parents' supportive policies in the care provided to the infants proved to be favorable when implemented as support strategies to contribute with the neonatal experience.
<i>Percepções da família do recém-nascido hospitalizado sobre a comunicação de más notícias</i> <sup>20</sup> 2009	Qualitative/ Level VI/ Six family members	To understand the family's perception on how the health team communicates hard news about the NB during hospitalization.	The categories that emerged referred to the content of the message/the way in which the news was transmitted/the family's perception of the professionals' attitudes towards transmitting the news/the use of communication strategies by professionals to convey messages.	The families noticed that communications depends on the professional's skill to get involved in the situation or to distance from it. Team practices that incorporate the family are necessary.
Psychosocial support for parents of extremely preterm infants in neonatal intensive care: a qualitative interview study <sup>21</sup> 2019	Qualitative/ Level VI/ 27 parents with their children hospitalized in a NICU	To explore the psychosocial support needs of parents of extremely premature infants and how the NICU organizes care or its absence given the needs.	Four topics emerged, namely; "Emotional support"; "Ability to trust in the professional"; "Support in the time spent with the infant and responsibilities" and "Privacy". Support from the team is necessary in the assistance provided and in offering more empathetic support.	Communication between professionals and parents about their needs and support availability from the first hospitalization day are essential for greater collaboration between the team and the family.

**Figure 3:** Distribution of the studies according to title, year, design/level of evidence, sample, objectives, results and conclusion. Uberaba, MG, Brazil, 2021.

Source: The authors (2021).



As for inconsistency in communication, for the parents, some professionals act as holders of knowledge, leading parents to withdraw and question their competence in child care, hindering development of this duty<sup>17</sup>.

Two studies evidenced that, due to the hospitalization environment and the procedures performed, parents start questioning the information, triggering conflicts between professionals and families<sup>17-20</sup>.

Obtaining information about the current situation, the social structure in which they are inserted, and the support network to which they have access during their children's hospitalization, helps the team to carry out more effective communication, knowing that the parents have the right to be informed and the professionals, the duty to communicate properly<sup>24</sup>.

For the parents, the professionals' turnover leads to changes in the care plans, thus evidencing lack of continuity and communication in the ongoing process<sup>23</sup>. Also, with regard to the professional experience, the parents consider that the longer the professional experience, the more skilled the professional will be in dealing with serious situations, in the approach, in communication from a verbal and non-verbal perspective, and in transmitting news faster and more efficiently<sup>17</sup>. Details and clarity in how the information is conveyed are positively perceived.

For the family members, when the professionals adequately share news about their hospitalized children, this generates feelings of hope, with a view to the prospect of survival and recovery of the infants. However, there is hopelessness when the professionals share news with the family members using technical and hard-to-understand language<sup>20</sup>.

Communication that permeates professionals and family members plays a fundamental and indispensable role in care, making it possible to share more appropriate information in a more welcoming and available way, and enabling more space for expression for both parties<sup>10</sup>. For it to be facilitating, it must be clear, adequate, easy to understand and coherent with the family members' requirements. It is unfeasible to offer good welcoming and assistance without effective communication between professionals and family members<sup>20-24</sup>.

Comprehension and communication exert a direct influence on coping with the children's hospitalization. The professionals should broaden the focus of the themes that permeate communication with family members, not only considering assistance and diagnosis but also the needs of each family in the care of the hospitalized child, contributing to the professional-family interaction<sup>25</sup>.

## CONCLUSION

This integrative review comprised seven scientific articles, predominantly studies in English, developed by nurses, qualitative and with level of evidence VI, considered weak.

Two thematic categories were listed, namely: "Experiencing the children's hospitalization in a Medium and High Technological Density Unit", which showed that communication was extremely important for the family members, whose relationship with the professionals assisted in coping with the child's situation; and "Inconsistency in communication", perceived by the families when faced with insufficient, lack of, or divergent information about the child's health status.

This review highlights the need for improvements in communication between professionals and family members of NBs/breastfeeding infants hospitalized in NICUs and NIMCUs, as well as for professional training aimed at a closer and more effective relationship with patients and family members. Adequate communication contributes to improving the quality of these relationships, exerting a positive impact on the families' coping with the hospitalization process.

## REFERENCES

1. Coelho AS, Custódio DCGG, Silva JSC, Rosso G, Silva R, Carniel F. Nursing team and humanized assistance in neonatal UTI. Reon Facema [Internet]. 2018 [cited 2021 Mar 13]; 4(1):873-7. Available from: <http://www.facema.edu.br/ojs/index.php/ReOnFacema/article/view/381/176>
2. Broering CV, Crepaldi MA. Perceptions and information of mothers on the surgery for your children. Fractal: Rev Psicol [Internet]. 2018 [cited 2021 Mar 23]; 30(1):3-11. DOI: <https://doi.org/10.22409/1984-0292/v30i1/1434>
3. Cabeça LPF, Melo LL. From despair to hope: copying of relatives of hospitalized children before bad news report. Rev Bras Enferm. [Internet]. 2020 [cited 2021 Mar 20]; 73(suppl 5):e20200340. DOI: <https://doi.org/10.1590/0034-7167-2020-0340>
4. Torres GMC, Figueiredo IDT, Cândido JAB, Pinto ACA, Morais APP, Araújo MAM, et al. Therapeutic communication in the interaction between health workers and hypertensive patients in the family health strategy. Rev Gaúcha Enferm [Internet]. 2017 [cited 2021 Mar 20]; 38(4):e2016-0066. DOI: <https://doi.org/10.1590/1983-1447.2017.04.2016-0066>
5. Balbino FS, Yamanaka CI, Balieiro MMFG, Mandetta MA. Parent's support group as a transforming experience at a neonatal unit. Esc. Anna Nery [Internet]. 2015 [cited 2021 Mar 20]; 19(2):297-302. DOI: <http://dx.doi.org/10.5935/1414-8145.20150040>
6. Balbino FS, Meschini GFG, Balieiro MMFG, Mandetta MA. Percepção do cuidado centrado na família em unidade neonatal. Rev Enferm UFSM [Internet]. 2016 [cited 2021 Mar 10]; 6(1):84-92. DOI: <https://doi.org/10.5902/2179769216340>

7. Silva TRG, Manzo BF, Fioreti FCCF, Silva PM. Family-centered care from the perspective of nurses in the Neonatal Intensive Care Unit. *Rev Rene* [Internet]. 2016 [cited 2021 Mar 10]; 17(5):643-50. DOI: <http://dx.doi.org/10.15253/2175-6783.2016000500009>
8. Barbosa IA, Silva KCCD, Silva VA, Silva MJP. The Communication process in Telenursing: integrative review. *Rev Bras Enferm* [Internet]. 2016 [cited 2021 Mar 13]; 69(4):718-25. DOI: <http://dx.doi.org/10.1590/0034-7167.2016690421i>
9. Gabarra LM, Crepaldi MA. A comunicação médica - paciente pediátrico - família na perspectiva da criança. *Psicol Argum.* [Internet]. 2017 [cited 2021 Apr 21]; 29(65):209-18. Available from: <https://periodicos.pucpr.br/index.php/psicologiaargumento/article/view/20335/19607>
10. Ferreira DO, Lima FR, Kappel VB, Parreira BDM, Contim D, Goulart BF. Unidade de média e alta densidade tecnológica: a comunicação como tecnologia para o cuidado. *Rev enferm UERJ* [Internet]. 2021 [cited 2022 Mar 09]; 29:e59697. DOI: <http://dx.doi.org/10.12957/reuerj.2021.59697>
11. Habermas J. Teoría de la acción comunicativa. Madrid: Cátedra; 1989.
12. Puggina AC, Trovo MM, Biondo CA, Barbosa IA, Santos M, Silva MJP. Nursing diagnosis impaired verbal communication in clinical practice: an integrative review. *REFACS* [Internet]. 2016 [cited 2022 Mar 09]; 4(2):135-44. DOI: <https://doi.org/10.18554/refacs.v4i2.1644>
13. Ganong LH. Integrative reviews of nursing research. *Res Nurs Health* [Internet]. 1987 [cited 2021 Feb 21]; 10(1):1-11. DOI: <https://doi.org/10.1002/nur.4770100103>
14. Soares MI, Camelo SHH, Resck ZMR, Terra FS. Nurses' managerial knowledge in the hospital setting. *Rev Bras Enferm* [Internet]. 2016 [cited 2021 Mar 21]; 69(4):631-7. DOI: <http://dx.doi.org/10.1590/0034-7167.2016690409i>
15. Wigert H, Blom MD, Bry K. Parent's experiences of communication with neonatal intensive-care unit staff: an interview study. *BMC Pediatrics* [Internet]. 2014 [cited 2021 Mar 21]; 14:304. DOI: <https://doi.org/10.1186/s12887-014-0304-5>
16. Franck LS, McNulty A, Alderdice F. The Perinatal-Neonatal Care Journey for Parents of Preterm Infants: What Is Working and What Can Be Improved. *J Perinat Neonatal Nurs* [Internet]. 2017 [cited 2021 Mar 18]; 31(3):244-55. DOI: <https://doi.org/10.1097/JPN.0000000000000273>
17. Souza NL, Araújo ACPF, Costa ICC, Junior AM, Junio HA. Maternal experience with a premature child: thinking about the difficulties of this care. *Rev Min Enferm* [Internet]. 2010 [cited 2021 Mar 13]; 14(2):159-65. Available from: <https://www.reme.org.br/artigo/detalhes/101>
18. Reis MD, Rempel GR, Scott SD, Brady-Fryer BA, Aerde JV. Developing nurse/parent relationships in the NICU through negotiated partnership. *J Obstet Gynecol Neonatal Nurs* [Internet]. 2010 [cited 2021 May 10]; 39(6):675-83. DOI: <https://doi.org/10.1111/j.1552-6909.2010.01189.x>
19. Redshaw ME, Hamilton KES. POPPY Project Research Team. Family centred care? Facilities, information and support for parents in UK neonatal units. *Arch Dis Child Fetal Neonatal Ed* [Internet]. 2010 [cited 2021 May 10]; 95:F365-8. DOI: <http://dx.doi.org/10.1136/adc.2009.163717>
20. Pinheiro EM, Balbino FS, Balieiro MMFG, De Domenico EBL, Avena MJ. Percepções da família do recém-nascido hospitalizado sobre a comunicação de más notícias. *Rev Gaúcha Enferm* [Internet]. 2009 [cited 2021 Mar 15]; 30(1):77-84. Available from: <https://www.seer.ufrgs.br/rgenf/article/view/5345/0>
21. Bry A, Wigert H. Psychosocial support for parents of extremely preterm infants in neonatal intensive care: a qualitative interview study. *BMC Psychol* [Internet]. 2019 [cited 2021 May 10]; 7:76. DOI: <https://doi.org/10.1186/s40359-019-0354-4>
22. Nascimento ACST, Moraes AC, Amorim RC, Santos, DV. The care provided by the family to the premature newborn: analysis under Leininger's Transcultural Theory. *Rev Bras Enferm* [Internet]. 2020 [cited 2021 May 10]; 73(suppl4):e20190644. DOI: <https://doi.org/10.1590/0034-7167-2019-0644>
23. Berman L, Raval MV, Ottosen M, Mackow AK, Cho M, Goldin AB. Parent perspectives on readiness for discharge home after neonatal intensive care unit admission. *J Pediatr* [Internet]. 2019 [cited 2021 Mar 18]; 205:98-104.E4. DOI: <https://doi.org/10.1016/j.jpeds.2018.08.086>
24. Luiz FF, Caregnato RCA, Costa MR. Humanization in the Intensive Care: perception of family and healthcare professionals. *Rev Bras Enferm* [Internet]. 2017 [cited 2021 Mar 15]; 70(5):1040-7. DOI: <http://dx.doi.org/10.1590/0034-7167-2016-0281>
25. Kappel VB, Goulart BF, Pereira AR, Chaves LDP, Iwamoto HH, Barbosa MH. Professional-family communication in a children's psychosocial care center: practicalities and difficulties. *Texto Contexto Enferm* [Internet]. 2020 [cited 2021 Mar 15]; 29:e20190025. DOI: <https://doi.org/10.1590/1980-265X-TCE-2019-0025>