Humanization of care: nursing practice in neonatal intensive care

Humanização da assistência: atuação da enfermagem na terapia intensiva neonatal

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ABSTRACT

The largest cause of newborn death worldwide is premature birth, a condition that requires intensified care and humanized care, especially because it is associated with low weight and complications, as well as possible pathological conditions. The neonatal intensive therapy unit (NICU) is a planned sector with professionals qualified to provide intensive and humanized assistance to the newborn (NB) extending to the family. The nursing team is required specific training, adding technical and personal skills that allow the humanization and integration between the newborn and his family. The purpose of this article was to highlight the actions that promote the humanization of care in the NICU. This is an integrative review of studies published in the VHL databases, with timeframe between 2014 and 2019, in Portuguese and English. The sample consisted of 13 references related to nursing humanization actions employed in newborn and family care at the NICU, used for results and discussion. The humanization measures found in the analyzed articles were sufficient to determine the benefits of humanized care for the newborn, mother, family and nursing. Based on the analyzed literature. It is concluded that humanized care provides numerous advantages to agents involved in the treatment of newborns and that nursing practice in the NICU humanizes care and offers well-being to the newborn and family.

Keywords: Neonatal Intensive Care Units; Humanization; Nursing care; Neonatal Nursing

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RESUMO
A maior causa de morte de recém-nascidos no mundo refere-se ao nascimento prematuro, condição que exige cuidados intensificados e assistência humanizada, especialmente por estar associado ao baixo peso e complicações, além de possíveis condições patológicas. A Unidade de Terapia Intensiva Neonatal (UTIN) é um setor planejado e com profissionais habilitados a prestar assistência intensiva e humanizada ao neonato, estendendo-se à família. É demandada da equipe de enfermagem capacitação específica, agregando habilidades técnicas e pessoais que permitam a humanização e integração entre o neonato e sua família. O objetivo deste artigo foi evidenciar as ações que promovem a humanização da assistência na UTIN. Trata-se de uma revisão integrativa de estudos publicados nas bases da BVS, com recorte temporal entre 2014 e 2019, nos idiomas português e inglês. A amostra constou de 13 referências relacionadas às ações de humanização da enfermagem empregadas na assistência ao neonato e à família na UTIN, utilizadas para resultados e discussão. As medidas de humanização encontradas nos artigos analisados foram suficientes para determinar os benefícios do atendimento humanizado para o recém-nascido (RN), mãe, família e enfermagem. Com base na literatura analisada, conclui-se que a atenção humanizada proporciona inúmeras vantagens aos agentes envolvidos no tratamento do RN e que a atuação da enfermagem na UTIN humaniza a assistência e oferece bem-estar ao neonato e família.

Palavras-chave: Unidades de Terapia Intensiva Neonatal; Humanização; Assistência de Enfermagem; Enfermagem Neonatal.

INTRODUÇÃO
From the second half of the twentieth century, there was significant development of maternal fetal medicine, favoring successful survival of preterm newborns, which resulted in neonatology development and the emergence of the NICU, with advanced technology and teams of professionals qualified in this area. The event provided a reduction in the number of newborn deaths and improved birth rates (ASCHNER et al., 2018).

The leading cause of newborn death worldwide is preterm birth, ranging from 5 to 18%, with a higher incidence in developing countries (ASCHNER et al., 2018). The number of premature births in Brazil is estimated to be very expressive, according to data from 2014, there were 2,979,259 live births, 11.2% were under 37 weeks and 8.4% were born weighing less than 2,500g, event that may contribute to high rates of neonatal morbidity and mortality (DATASUS, 2014; LANSKY et al., 2014).

This situation requires intensified and humanized care, translated into assistance and quality: with more qualified and experienced professionals; ease of access to health care for the patient; effective and current treatments, with constant monitoring of the patient's condition; reducing stress sources and supporting social needs and eating habits of the newborn; assistance that respects cultural diversity, religious, racial and socioeconomic status of the patient's family members and the crew responsible for the therapy; individualized, integral and humanized assistance; equipped hospitalization space with modern instruments; proper feeding process prioritizing, when possible, breastfeeding; and caregivers with their hands properly sanitized and wearing protective equipment (MARTIN et al., 2018).

The NICU is a delicate and complex multidisciplinary sector that depends on professionals that are able to understand, surrender and care with time and dedication for the patients, and must have a structure and organization with specialized human resources, equipment and
technology adapted to the demands of the pathological newborn 24 hours a day (TAMEZ, 2017).

The nurse qualified in neonatology presents itself as the health professional most qualified to ensure safe assistance and quality care for the preterm newborn. Taking care and checking interventions that go beyond mere clinical practice and bringing together specific skills and knowledge to use in this area of medicine (ASCHNER et al., 2018). Since 2011, these professionals have assumed roles directly related to newborn care, previously exercised by nursing technicians and assistants (DIAS et al., 2016).

The nursing staff at the NICU is subjected to constant stress due to the frequent contact with newborns at risk, with demands for permanent assistance and specialized care, in addition to the high degree of commitment that the nature of the work requires as a care plan; organization of space and planning of its practice, between the RN and the handling of complex equipment; also having the challenge of supporting relatives mitigating the emotional injury caused by hospitalization (BARBOSA, 2013; SOUZA, 2017; OLIVEIRA et al., 2013).

Investments in technologies to improve the NICU are significant for the assistance to newborns at risk, but considering nursing as the team that humanizes the environment, in contrast to the structure of space, it is necessary that more professionals are trained and specialized in neonatology, especially by the knowledge related to the assisted patient in order to provide qualified care, producing actions for the purpose of the recovery of health (TAMEZ, 2017).

Given the above there is a need for a thorough understanding of the care provided by the nursing staff, especially in view of the humanization of care, not only focused on the newborn, but in the extended family as well. Thus, the purpose of this article was to highlight the actions related to the humanization of care provided by the nursing in the care of newborns in a NICU.

**MATERIAL AND METHODS**

The present study is an integrative bibliographical research, with a quantitative approach. Data were chosen by searching articles in the database. Data from the Virtual Health Library (VHL) in the Nursing Databases (BDENF), Medical Literature Analysis and Retrieval System (MEDLINE), Latin American Literature and Caribbean in Health Sciences (LILACS) and Scientific Electronic Library Online (SciELO). In the search for data, the combined descriptors were used: 1- NICU and Humanization; 2- NICU and Nursing; 3- NICU and Family and 4- Neonatal Nursing and Humanization. The publications were selected using the VHL system filters, taking into as inclusion parameters of the articles: in Portuguese, full text available free of charge, time frame from 2014 to 2019, which addressed the researched theme; and, as exclusion factors: duplicate articles in the searched databases and those that did not address the topic of interest of this study.

The number of publications found after data refinement was 13 articles, of which: 1- NICU and humanization, 1 article; 2- NICU and nursing, 3 articles; 3- NICU and family, 0 articles; 4- neonatal nursing and humanization, 7 articles. (APPENDIX IA-IB-IC-ID) and 2 consulted directly in a specific journal.
NEONATAL INTENSIVE THERAPY UNIT - NICU

The first NICUs emerged in the 1960s and have since developed specific equipment and advanced technology to serve the newborn patient (WARTH et al., 2013).

The environment of a NICU is understood as a physical, social, professional care of interpersonal relations, which should harmonize health proposals for welcoming care, decision making and humanistic care (BRASIL, 2013). With the main objective of increasing the survival rate of newborns without sequels, promoting physiological stability of the premature, through the use of advanced technology equipment and healthcare professionals trained, as well as 24-hour assistance (WARTH et al., 2013).

The NICU must have fully functioning modern facilities, a capable and skilled staff, always prioritizing protection, care and the newborns development. The standardization of the operation is established by Ministry of Health through resolution 7/2010 (WARTH et al., 2013).

The NICU is intended for critically ill, ephemeral patients in need of continuous care. To provide complete life support through critical equipment for the maintenance of life and health recovery of the newborn, such as: resuscitation, support service, laboratory, incubator, heated cot, mechanical ventilator, monitors, infusion pump and phototherapy equipment, as well as trained health staff (TAMEZ, 2017; WARTH et al., 2013).

Although all instrumentalization is indispensable for the survival of the newborn born, the environment is sometimes inadequate, as it is the scene of frequent noises and too much light, causing stress and successive interruptions of the sleep cycle, which can generate damage to the neuropsychomotor development of the premature (TAMEZ, 2017).

The newborn in the NICU demands specialized care because of their peculiarities. A set of specialists with specific training in attendance neonatal care, are part of the NICU group of professionals. The nursing team plays a role neonatal care, as it provides clinical care and humanizes the environment, provides greater security, continuity and participation in care, connecting relatives with the patient, contributing to the patient's recovery. (MUTTITTI; SESHIA; LOEWEN, 2018; TAMEZ, 2017).

THE PREMATURE

The term premature refers to the fetus that changes during the gestational cycle and has its intrauterine development discontinued. Preterm infants are born before 37 weeks of gestation (DEUTSCH et al., 2013).

Premature birth can be caused by factors associated with the mother and the fetus. The risks related to the mother are related to age; weight and height; primiparity or multiparity; malformations of the genital tract; emotional causes and stress; socioeconomic difficulties that culminate in poor nutrition and restriction on prenatal care; pre-existing diseases such as hypertension, at risk of eclampsia; besides the use of substances such as alcohol, drugs and smoking during the gestational period. Fetal causes are related to fetal distress; congenital infections such as herpes, AIDS, toxoplasmosis; and multiple pregnancy. Other causes that may lead to prematurity are premature rupture of the amniotic sac, pathologies of the fetus or mother, and early detachment of the placenta (WARTH et al., 2013; ASCHNER et al., 2018).
Premature births, especially those occurring before 32 weeks of gestation, offer greater complications and severity due to the lack of maturation of essential organs. Lungs are among the slowest-maturing organs during pregnancy, delayed lung tissue development and surfactant deficiency generate breathing difficulties requiring in some cases mechanical respiration. Preterm infants still have hypotension and heart failure; changes in glucose, calcium and magnesium metabolism; anemia and jaundice; immature digestive system; limited renal function; immune system deficiency; limited ability to regulate temperature, with heat loss and energy expenditure due to lack of skin fat; change in retinal growth and development; immature central nervous system (CNS) is vulnerable to disruption of oxygen and blood supply, leading to bleeding within the skull due to fragility of brain capillaries, episodes of apnea may occur, but can be controlled with appropriate care (WARTH et al., 2013; MARINO, 2013).

The premature newborn has differences in relation to the full term newborn that surpasses the questions related to weight. The preterm has anatomical and physiological characteristics inherent to the circumstances, as not yet have all the organs fully developed generating limitations compared to the full term newborn, such as: musculature and genital organs poorly developed; weakness in suction and swallowing reflexes; lack of fatty deposits are small and thin (NASCIMENTO; SILVA, 2014; WARTH et al., 2013). The weaknesses presented by these newborns require special care with qualified professionals, as well as physical structure and adequate equipment.

Worldwide, approximately 20 million low weight birth infants are born every year. Decreased intrauterine growth and prematurity are some of the causes that contribute to a third of these dying before reaching one year of life. Low weight birth poses significant health risks and varies substantially between developed and underdeveloped countries, where more than 95% of its population is born. Thus, the significant amount of low weight birth infants may be due to the family's socioeconomic status and the type of maternal and child care received, affecting the health of the mother and newborn. The UN Declaration universally states that values below 10% of lo7.8% and in 2007, low birth weight infants totaled 8.25%, equivalent to 236,957 births (BRASIL, 2013; BRASIL, 2012; OLIVER, 2010).

NICU advances and better care for pregnant women have led to a gradual decrease in the mortality rate and the consequent increase in life expectancy of low weight birth preterm infants, enabling the reduction of probable sequel, allowing a better quality of life. (WARTH et al., 2013).

Coupled with concern about the mortality rates of low weight birth premature infants are prolonged periods of hospitalization due to the need for intensive care and specialized care, leading to early and extensive separation of the family, especially parents. In this context, realizing the sequel recorded in the development of the newborn, it was found that suffering was not only linked to biological elements, but integrated the psycho-emotional and social aspects involved in the health of the newborn, thus seeking a humanized alternative considering the psychological, behavioral and affective conditions at birth and family inclusion including welcoming, affection and contact. (SILVA et al., 2017).

NURSING AND HUMANIZATION IN THE NICU

The nursing team performs its practice supported by the nursing process, whose methodology assists in the organization of activities, through systematic steps, in order to achieve the
proposed objectives. Therefore, the nursing process consists of the methodological dynamics that will help to identify, understand, describe, explain or predict the patients' response to health problems, in addition to establishing aspects that require intervention by nurses. (SANTOS; SILVA; MURAKAMI, 2015).

From 2011, the nurse must be specialized and qualified to work in the NICU and assume the responsibilities of planning the care provided, with daily revisions and updates, modifying and adding, according to the demand of each neonate, in addition to monitoring the results obtained. The quality and safety of intensive care should be according to the needs of the newborn and the care, uniform during the week, days and shifts (WARTH et al., 2013).

The nursing care process progressed from basic practices to those based on knowledge and scientific evidence, contributing substantially to increased survival and favorable outcomes, allowing nurses to participate and give their opinion on the aspects that will influence the treatment of the newborn, considering humanized elements of the care and support to develop actions with ethics and quality (TAMEZ, 2017; MARTIN et al., 2018).

Nursing has in the care of the human being; a fundamental means for health rehabilitation and disease prevention, with the use of welcoming and well-being of the sick. Caring involves looking and listening to the patient's needs manifested by verbal and nonverbal messages, which are deciphered by the nurse. The practice of caring varies, but there is no cure without care (GIORDANI, 2015). According to Boff (2017, p.25). “What opposes carelessness and neglect is care. Care is more than an act; it is an attitude. It encompasses more than a moment of attention, zeal and care. It represents an attitude of occupation, concern, responsibility and affective involvement with each other.”

The main goal of caring is not healing, but conduct that supersedes techniques and knowledge, encompassing performances that are able to mitigate crisis circumstances. Care has always been the axis of nursing, considering the specificity and care to the other, to the human being, helping the patient, the family and the community, aiming to promote health and prevent disease (GIORDANI, 2015).

Nursing care is a complex concept, because its conception goes beyond the biological prism, acquiring humanistic dimensions translated into attitudes of attention, care, diligence, care and care to the patient, the family and contributing to the preservation and recovery of health. For a clearer perception it is essential to understand that the focus of nursing is the care with the human being and its demands, through interpersonal relationships and subjectivity without abandoning biological treatment. (ASSIS, 2017).

The interpersonal relationship in the universe of care recovers subjectivity, benefiting the professional in sustaining satisfaction and pleasure in their work and patients rewarded for attention and welcoming. The nursing skill set, employed in the care process, considering the needs of patients and their families, builds humanized actions for valuing and promoting health recovery (SILVA et al., 2017).

RESULTS AND DISCUSSION
The sample consisted of 30 references. To approach the results and discuss the topic, 13 articles were used.
The humanization actions employed in newborn and family care in the NICU were tabulated. The humanization actions in the NICU cited by the analyzed authors appeared in different frequencies according to table 1, the relative frequency of prevention actions is presented in figure 1.

**Table 1.** Absolute (FA) and Relative (FR) ratio of proposed humanization measures

<table>
<thead>
<tr>
<th>Humanization Measures</th>
<th>FA</th>
<th>FR</th>
</tr>
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<tbody>
<tr>
<td>Individualized care</td>
<td>13</td>
<td>24%</td>
</tr>
<tr>
<td>Bond Formation</td>
<td>12</td>
<td>22%</td>
</tr>
<tr>
<td>Parental insertion in care</td>
<td>9</td>
<td>16%</td>
</tr>
<tr>
<td>Respect for the newborn and family</td>
<td>8</td>
<td>15%</td>
</tr>
<tr>
<td>Welcome and clear communication</td>
<td>7</td>
<td>13%</td>
</tr>
<tr>
<td>Appropriate Techniques</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Stimulation to breast feeding</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Expansion of visiting hours</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Discomfort reduction for newborns</td>
<td>1</td>
<td>2%</td>
</tr>
</tbody>
</table>

**Source:** Study data

**Figure 1.** Relative frequency of the humanization measures presented

**Source:** Study data

Individualized care was the most frequently mentioned preventive measure by the authors, with 24% of frequency. As stated by Ferreira, Amaral and Lopes (2016), individualized care humanizes action and decreases the mother's anxiety in the face of circumstances; in agreement Soares et al. (2014) say that constant nursing care is fundamental for the reestablishment of newborn health, generating greater confidence and tranquility for parents.
Several authors discuss the importance of care. According to Chaves et al. (2019), individualized care procedures contribute to the success of humanized and qualified treatment, making professionals a influencer in this process, preparing the mother to overcome fear and receive her child, complete Cherubim et al. (2018) and Estevam and Silva (2016). The focus on newborn care ensures comfort, reducing physical suffering and reducing painful stimuli according to Morais and Marcatto (2014), and considering that care should not only be a concept, but a practice involving uniqueness and human value performing an effective assistance to the NICU-interned NB, as concluded by Noda et al. (2018).

Rocha et al. (2015) state that individualized care allows nurses to talk, caress and treat the newborn with humanization, seeking to reduce pain when dealing with a painful intervention, which gives more comfort and the possibility of recovery. Mechanically performed care, without considering the newborns individualities, compromises the development, well-being and protection of the newborn, as evidenced by Stelmak and Freire (2017).

Individualized care humanizes care, but Rocha et al. (2015) believe that the lack of time, work overloads and scarcity of human resources limit and interfere in the humanized assistance to the newborn and family. Soares et al. (2014) add that the medical team can make nursing work more difficult, because parents link the nurse's work to that of the doctor, being the nursing professional seen as a mere supporter of the doctor.

Bonding occupied 22% of the frequency of humanization actions in the articles consulted. The incentive to bond between the mother and the newborn is pointed as a care to the mother. Nursing professionals show the importance and need of the mother to approach the NB, providing a more welcoming environment, as put by Cherubim et al. (2018). Corrêa et al. (2015) add that at the moment when the mother has the possibility to perform care on her child, there is a strengthening of the bond between the mother and the NB and between the child, family and the mother, implying, in the sharing of the knowledge that arouses the bond and trust between the nursing staff and the mother, reflecting in the strengthening of the bond between the mother and the NB, as Estevam and Silva (2016) certify. The performance of the nursing staff with the use of humanized skills and attitudes favors the establishment of bonding during the care process, as stated by Ferreira, Amaral and Lopes (2016), stimulating the newborns bond with the family, according to Lelis et al. (2018) and recognizing the importance of bringing parents closer to the newborn hospitalized in a NICU as a way of forming the affective bond, as stated by Morais and Marcatto (2014).

The bond established between nursing staff and family members of the NB, provides the development of strategies for humanized care, helping to soften the cold aspects of the environment, equipment and routines of a NICU, as argued Rocha et al. (2015), valuing the bond between mother and child, according to Soares et al. (2014). The strengthening of the bond promoted by nursing provokes in nurses the development of an emotional bond with the family and the newborn, generating, in the professionals, a sense of accomplishment and gratification in working in the NICU, associated with overcoming the parental crisis caused by the hospitalization of the NB affirm Souza et al. (2019), which is a huge benefit to mother, father and newborn, complete Stelmak and Freire (2017).

The bond between NB, mother and family, when strengthened, implies benefits for all, but Rocha et al. (2015), emphasize that the construction of the bond can be impaired due to the lack of physical structure of the NICU to support parents for 24 hours, which is corroborated
by Souza et al. (2019), who highlight the mother's social barrier and the lack of accommodation in the NICU as impediments to bond formation.

The inclusion of parents in care was presented with 16% of frequency in the studies consulted. Corrêa et al. (2015), shows that the presence of parents in the care of newborns as early as possible is recognized and valued by the nursing team, admitting that the procedure brings benefits not only for the family and the child, but also for the team, besides reduce stress, pain and the prognosis of the newborn. According to Estevam and Silva (2016), the care of the newborn by the family, especially the mother, in partnership with nursing, favors the integral care, including through the use of the kangaroo method that provides the mother's direct contact with the child developing a feeling of greater mastery of the newborn. This method makes it recover well and faster, as stated by Lelis et al. (2018), besides minimizing the stimulating effects received during hospitalization, providing humanized care and facilitating the development of the NB, according to Stelmark and Freire (2017). The behavior change of the newborn is noticeable with the presence of the mother. Morais and Marcatto (2014), evidenced in their study that the nursing team considers the participation of parents in the fundamental care for the recovery of the newborn hospitalized in a NICU, facilitating interaction with the team and working as a support, in a humanized way, as reveal Rocha et al. (2015).

Soares et al. (2019), emphasize that parents declare the importance of participating in child care by demonstrating the family's prominence and the relevance of the strategy to the continuity of care at home, so that care becomes integral and parents will perceive their child as that that need care, minimizing stress, completes Soares et al. (2014). Nurses point out that the participation of parents / family in newborn care promotes rapprochement and creates ties between them, according to evidence from Souza et al. (2019).

There is disagreement among authors regarding the presence of parents within the NICU. Although all approaches value family inclusion in care, some disadvantages are raised. Sousa et al. (2019), understand that the presence of parents changes the environment, since too many people increase the noise and the risk of infections, which may negatively affect newborns. Corroborating the opinion, Morais and Marcatto (2014) describe the difficulty of nursing to interact with parents, which generates conflicts, as they interfere in the way the nurses should work, in addition to excessive handling in the newborn and the lack of physical space, which impairs the performance of the practices, as well as, as Corrêa et al. (2015), nursing expresses discomfort with the presence of the family, considering it as a kind of supervisor of the care provided by the team and not as a participant in the care of the newborn.

Rocha et al. (2015), declares that there are few hospitals that allow family participation in the care of the NB in the NICU, configuring as a hindrance in the daily care. Soares et al. (2014) complement by stating the need for physical and structural changes in the NICU, favoring the presence of parents in care.

Respect for the newborn and family is described by 8 of the 13 authors. According to Chaves et al. (2019), nursing is directly linked to the care of newborns and, therefore, provides humanized care respecting limitations and individuality of the newborn, based on respect, affection and care extended to the mother and family, complete Cherubim et al. (2018). This approach refers NB care consciously and responsibly, generating safety, empathy and well-being, as explained by Ferreira, Amaral and Lopes (2016), which should occur in all contact that the team has with family members and patients, treating them carefully and respectfully.
according to Noda et al. (2018), providing ethical and cultural respect to the newborn and its family, concludes Rocha et al. (2015).

Soares et al. (2014), elucidates that nursing assumes the role of containing the anxiety and suffering of the mother before the hospitalization of the NB, supporting and respecting their particularities, religiosity and culture within the NICU, in agreement with Souza et al. (2019) with a view to better development of the newborn and humanized care, carefully executed in a delicate and protective manner, as stated by Stelmak and Freire (2017).

Humanization measures regarding reception and clear communication were recorded with 13% of frequency. Soares et al. (2019) states that the reception in a NICU acquires fundamental importance since the first contact, in which the network of relationships is established through the reception of family members. The nurses who work in the NICU host the family when the newborn is admitted and inform, in an appropriate language, about the general care that the newborn will have in the unit seeking an effective interaction with family members, evidences Corrêa et al. (2015), which reflects in the mothers a feeling of support and good care making the environment humanized, according to Estevam and Silva (2016). Mothers need someone to clarify their doubts and give them self-confidence, giving them physical and emotional acceptance, which is sometimes harmed due to the non-appreciation of listening. The availability of a person at such a delicate moment proves to be a great comfort, Lelis et al. (2018).

The nursing staff welcomes family members with orientations related to routines and clarification of doubts about newborn disease and treatment, mitigating the negative effects of hospitalization and establishing a bond, note Ferreira, Amaral and Lopes (2016) and extending humanized care to parents, complete Morais and Marcatto (2014), with clear and efficient communication between them, stress Noda et al. (2018).

The measurement of appropriate techniques was evidenced by 2 of the 13 authors, representing 4% of the frequency of humanization actions. As stated by Chaves et al. (2019), the use of appropriate techniques is fundamental for maintaining the integrity of the newborn in providing humanized assistance. Therefore, the nursing staff must be trained to guide and supervise, with care and attention, the care provided by the mother, as highlighted by Estevam and Silva (2016).

The other measures, as important as the previous ones, were cited with 2% frequency, among them the encouragement of breastfeeding, the expansion of visiting hours and reduction of discomfort for the newborn.

The importance of stimulating breastfeeding in the NICU should be emphasized by the nursing team, which uses maternal experience to influence the care of newborns, encompassing in this process practical and subjective actions and judging as an obstacle to the act, the technicalism and interventionism found in the environment (Cherubim et al. (2018).

Another measure cited was the expansion of visiting hours. Treated in the study by Rocha et al. (2015), demonstrates that the flexibility of family visiting hours, taking into account their particularities and strengthening the bond between mother and child, is seen by nursing as a humanizing action, however it is considered as an exception rather than a right. The pre-established and restricted hours limit the humanization of assistance to families and newborns, according to the aforementioned authors.
The last measure evaluated relates to the reduction of discomfort for the newborn. Actions seeking the newborns auditory and visual comfort, from the reduction of sound and light levels, are cares performed by the nursing team aiming at building a more comfortable, cozy and favorable sleep cycle environment that allows the newborn to distinguish the period day and night. The applicability of these practices associated with the actions advocated by the kangaroo method transform technical care into humanist, according to Stelmak and Freire (2017).

CONCLUSION

Early separation due to NB hospitalization causes deep suffering and stress to parents and relatives, generating uncertainty and fear about the child's fate. The main purpose of the NICU is to increase the newborns survival through the use of advanced equipment and human resources capable of providing continuous and specialized care. The nursing team meets the necessary requirements for newborn care, being able to humanize the environment and provide safety and tranquility to parents and family.

Based on the literature analyzed, it is concluded that humanized care provides numerous advantages to agents involved in the NB treatment, benefits the interaction between mother, NB, family and team and, thus, enhances the patient's physical and cognitive development.

The performance of nursing in the NICU humanizes the care of the newborn and family, adding a set of actions related to the welcoming of families; respect to the singularities of the newborn, with individualized care; sharing of clear and objective information; stimulation of parents participation in care, favoring the affective bond between family, mother and newborn, being the nursing team that mediates this process.

Humanized care, therefore, aims to offer well-being to the newborn and family translated into a quieter and quieter environment, converging to the reduction of stress and suffering and promoting greater comfort and support to those involved.

The commitment of the nursing staff to provide the most qualified and humanized care, trying to overcome the unconscious barriers created by parents, or the unpreparedness of some professionals in dealing with the emotional demands demanded in the NICU, seeking to establish survival, recovery, is notorious and healthy development of newborns.

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