

CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

RESEARCH

DOI: 10.9789/2175-5361.rpcfo.v14.11420

NURSING CARE MANAGEMENT IN A NEONATAL UNIT: GOOD PRACTICES IN UNIQUE LIVING CONDITIONS

Gestão do cuidado de enfermagem em unidade neonatal: boas práticas em condições singulares de vida
Gestión de atención de enfermería en unidad neonatal: buenas prácticas en condiciones de vida únicas

Bianca Bertotti Sonaglio¹ 

Mariana Medeiros Sell dos Santos¹ 

Fernanda Ribeiro Souza¹ 

Patricia Klock¹ 

ABSTRACT

Objective: understand how the neonatal intensive care nursing team organizes its work based on good practices. **Method:** qualitative study used the Grounded Theory for the interpretation of 18 semi-structured interviews carried out with 9 nursing technicians and 9 nurses from a Neonatal Unit of a Federal Public University Hospital in southern Brazil. **Results:** it was possible to infer that the care of newborns in a neonatal unit is complex, unique and dynamic, requiring constant specialization, systematization and humanization. **Conclusion:** the management of newborn care based on good practices ensures better nursing care and the safety and satisfaction of the patient, staff and other actors involved.

DESCRIPTORS: Nursing; Neonatal nursing; Health administration.

¹ Universidade Federal de Santa Catarina, Florianópolis, SC, Brasil.

Received: 09/24/2021; Accepted: 05/11/2022; Published online: 09/26/2022

Corresponding Author: Bianca Bertotti Sonaglio, E-mail: biancabs.enfermagem@gmail.com

How cited: Sonaglio BB, Santos MMS, Souza FR, Klock P. Nursing care management in a neonatal unit: good practices in unique living conditions. *RPesq Cuid Fundam* [Internet]. 2022 [cited year month day];14:e11420. Available from: <https://doi.org/10.9789/2175-5361.rpcfo.v14.11420>



RESUMO

Objetivo: compreender como a equipe de enfermagem de uma terapia intensiva neonatal organiza seu trabalho baseando-se em boas práticas. **Método:** pesquisa qualitativa utilizando a Teoria Fundamentada nos Dados para a interpretação de 18 entrevistas semiestruturadas realizadas com 9 técnicos de enfermagem e 9 enfermeiros de uma Unidade Neonatal de um Hospital Universitário Público Federal do Sul do Brasil. **Resultado:** foi possível inferir que o cuidado ao neonato em unidade neonatal é complexo, singular e dinâmico, exigindo constante especialização, sistematização e humanização. **Conclusão:** a gestão do cuidado ao neonato baseada em boas práticas garante uma melhor assistência de enfermagem e a segurança e satisfação do paciente, equipe e demais atores envolvidos.

DESCRITORES: Enfermagem; Enfermagem neonatal; Administração em saúde.

RESUMEN

Objetivo: comprender cómo el equipo de enfermería organiza su trabajo en base a buenas prácticas. **Método:** estudio cualitativo se basó en la Teoría Fundamentada para la interpretación de 18 entrevistas semiestructuradas realizadas con 9 técnicos de enfermería y 9 enfermeros que laboran en una Unidad Neonatal de un Hospital Universitario Público Federal en el sur de Brasil. **Resultado:** la atención al recién nacido en una unidad neonatal es compleja, única y dinámica, requiriendo una constante especialización, sistematización y humanización. **Conclusión:** se concluye que la gestión del cuidado del recién nacido basada en buenas prácticas asegura un mejor cuidado de enfermería y la seguridad y satisfacción del paciente, personal y demás actores involucrados.

DESCRIPTORES: Enfermería; Enfermería neonatal; Administración en salud.

INTRODUCTION

Care is as old as the history of humanity and is directly related to nursing, considered the profession that acts providing such assistance to the patient, through the sum of small care that complement each other or through the articulation of professionals, the environment, time and the use of technologies.¹

Therefore, this practice is only possible from its organization/management, demanding the delineation of material, physical and personal resources, the use of devices, tools and regulations, the evaluation of the quality of actions provided and the identification and planning of necessary improvements.²

Thus, nursing performs various managerial activities, either in management and leadership of the team or even in direct patient care, showing that this practice is inherent to the profession.³ It is also noteworthy that the management of care is a determinant for the application of humanization and service satisfaction by both patients and professionals, suffering interference from numerous factors.⁴

Thus, both management and care are directly related to good practices, since they are also considered guarantees of quality in the care provided because they are closely linked to patient safety, that is, to the reduction of risks and unnecessary damage associated with health care.⁵

In the case of neonatology, which is responsible for 70% of deaths in the first year of life, good practices and care management are essential, and humanized care to the newborn is crucial to reduce these infant mortality rates.⁶

Therefore, neonatal units, where the active and horizontal participation of all professionals and even the family of the newborn is also essential, must follow routines and protocols and provide highly specialized care, promoted by continuous improvement and deepening of knowledge.⁷

Therefore, it is important to investigate which actions are configured as a strategy for organizing the care/assistance provided, bringing these actors together, recognizing their roles and reflecting on them, ensuring and demonstrating management as a pillar of safe and humanized care.⁴

Thus, through the guiding question of this research we sought to identify the meanings that these professionals gave to the themes “care management” and “good practices” in the Neonatal Intensive Care Unit (neo ICU or NICU).

METHOD

This study is part of the Macroproject entitled: “Neonatal nursing care management: dimensions, strategies, and actions/interactions with a focus on good practices in nursing and health” (SIGPEX n. 201708180), which contemplates the development of research from multiple perspectives, using qualitative methodology, based on Grounded Theory.

The research development was carried out in the context of the COVID-19 pandemic and, therefore, proceeded through semi-structured interviews carried out remotely through a videoconferencing application with 9 nursing technicians and 9 nurses who work in a neonatal Intensive Care Unit of a Federal Public University Hospital in Southern Brazil.

The sampling of the study was built following the theory used, seeking to understand the management of nursing care practices from the meanings attributed by the nursing team professionals about the relationships and interactions of care in dealing with the fragility of the living/surviving of the neonate, complementing these data as they were collected and analyzed, conducting new interviews and establishing new participants and questionings according to the needs that arose and until the fullness of the information collected was reached.

Therefore, data collection, which took place between April 2019 and March 2021, underwent adaptations depending on the gaps left and the profile of the interviewees, aiming to answer and understand the research guiding question: how is the care management based on good practices by these professionals at the NICU?

The project was approved by the Research Ethics Committee of the Universidade Federal de Santa Catarina under number 2007688. The professionals were given an Informed Consent Form, following the ethical aspects of Resolution 466/12 of the National Health Council. After acceptance, a date and time suitable for the participants and the researcher was scheduled for the interview. In order to maintain the confidentiality of the participants and the confidentiality of the information, the interviews were coded with the letters “P”, followed by the order in which the participants were interviewed, for example: “P11”.

RESULTS AND DISCUSSIONS

From the data coding process, the meanings attributed by the interviewees about nursing care management based on good practices in the NICU were supported by three categories and their respective subcategories, presented in chart 1, which led to the results and discussions of this research.

The neonatal ICU cares for patients aged between 0 and 28 days, who need specificities in care, requiring highly trained professionals and constant care. It is also noteworthy that these patients are not able to participate in their own care because of their unique communication and immaturity due to their young age, thus being even more exposed to errors and consequently to damage and risk.⁵

Therefore, all care is very thorough, both because of the size and fragility of these patients, as well as their unstable health

condition and dependence on different types of technologies and their caregivers. In this sense, in the NICU, patient safety, which is a global concept and fundamental principle for reducing harm and risk, is closely related to good practices.⁵

Good practice is always trying to do things with certainty, nothing with doubt, because there it is very thorough, very specific. (P16)

Good practice is to do the care in the best way ensuring patient care with a focus on patient safety, free of risks. (P1)

Good practices would be those practices that aim at care without causing harm, non-maleficence. (P11)

Another point that should be explained is that nursing professionals, being on the front line of care, are able to identify risks and possible solutions more often, becoming indispensable tools for the application and development of good practices.

On the other hand, they end up being more exposed to make a mistake, and may suffer a series of consequences ranging from emotional stress to legal punishments, being of utmost importance to seek care management based on best practices by all instances, from leadership to assistance, ensuring not only the patient's safety, but also that of the professional.

It is very bad to be in an ethical court evaluating a colleague who did something that sometimes he had no idea he was making a mistake... and I have to take care of the mistake for the babies, because for them a minimum mistake can kill them. (P13)

From the moment I am doing good things, with theoretical foundation, with methodology, with knowledge, you are doing good things for the baby and consequently for yourself (...) In addition to protecting the baby, you are protecting yourself too. (P4)

Chart 1 - Categories and subcategories. Florianópolis, SC, Brazil, 2021

Categories	Subcategories
Assigning Meaning to the Good Practices	<ul style="list-style-type: none"> - Understanding the specificities of care at the NICU. - Good Practices are linked to patient and staff safety. - Good Practices being the care based on scientific evidence, protocols and documents. - Considering Good Practices as the Humanization of Care.
Applying Best Practices in Care Management	<ul style="list-style-type: none"> - Considering the multidimensional being during care. - Sharing care with the family. - Seeking constant professional qualification and updating to provide care.
Identifying the pillars of Best Practice Care Management	<ul style="list-style-type: none"> - Following the Kangaroo Method as a guide - Carrying out unified care and articulating with the team. - Organizing the resources (human, material, financial) available and necessary for care - Evaluating the assistance provided and identifying necessary improvements.

Source: Prepared by the authors, August, 2021

Thus, taking into account that health care is one of the most complex and dynamic activities performed by human beings, it is important that the Good Practices are supported by theoretical and scientific evidence, and should seek the constant qualification of professionals and the health results obtained by their practices, conquering the satisfaction and confidence of all involved and above all, reducing morbidity and mortality, also continuously bringing new evidence.⁸

Good practices is to apply everything we have of technical and scientific knowledge to baby care. (P5)

To provide care within good practices is to provide care with a bibliographic foundation (...) based on important bibliographies from the Ministry, the institution and the sector itself. (P10)

For me, good practice is to update your knowledge, your care, your tact, your conduct, everything in there. (P16)

We have, nowadays, the guidelines. They say that this is the best thing we have to do with the patient, so good practices are part of it. (P3)

To do the good practices is to use everything that we already know that is well established and insert it in our routine. We have several "POPS" that guide us on a daily basis so that in all our actions we bring the good practices. (P8)

Moreover, taking into account that the neonatal ICU is a complex and stressful environment for professionals, patients and their families, the humanization of care becomes protagonist, relating to aspects such as giving attention, taking responsibility, caring well, respecting the particularities and providing comprehensive care to the baby and family.⁹

Moreover, some other care that aims to reduce stress and pain are also essential, since frequent exposure to excessive stimulation (noise, light, painful procedures, constant handling, etc.) and completely different from what was experienced in the intrauterine environment, can cause motor and hemodynamic changes and reflect negatively on the perceptual, sensory, memory, and learning development of these patients.⁶

What comes to mind when I talk about Good Practices is the issue of humanization, always promoting respectful care. Taking care of the lighting, taking care of the noise... (P6)

We really try to be very careful with everything, with noise, with handling, with several things in this aspect, I think good practices come in here. (P9)

Good practices for me in Neo include turning off the light, reducing noise, offering comfort before a venous puncture, before a painful procedure, adequate positioning, adequate body alignment, comfort, a caress when needed, the necessary restraint, correct when necessary, as recommended by existing protocols. (P12)

Therefore, to provide good practices and provide humanized care, these professionals working in the neonatal ICU seek to understand the patient as a unique being, considering all his or her biopsychosocial spheres, that is, using different strategies that go beyond technical procedures, but that consider all the contexts of both patients and other professionals and actors involved.

To apply good practices is to respect the individuality of each family, privacy, the NB being a unique being, with a unique history with a care plan, a planned discharge. (P7)

An example of the application of these practices is when I go to take care of a baby, to focus on that baby, pay attention to him, in the whole context, in everything around him that is necessary for the best for him, from that detail of the procedure, to the issue of thinking about the mother. (P6)

Within this context, the family should be included, since it is extremely important for the positive evolution of the health status of patients in the neonatal ICU, since assistance is no longer centered only on the child, being based on the Family-Centered Care (FCC) that recognizes the family as an important part of care.

This practice results in a decrease in the length of stay of the newborn and the possibility of readmissions, increases the bond between NB and family, favors adherence to the kangaroo method, promotes higher rates of breastfeeding, reduces the family's stress and stimulates the professionals' self-confidence in their work.¹⁰

It is also noteworthy that by involving the family, taking into account their opinions and participation in care, they become more accepting of the health condition of the newborn, also strengthening the bond with the team, with the baby and other relatives.¹⁰

Also, the family feels more secure and confident about hospital discharge, as they feel prepared and independent to act effectively in possible interurrences and future home care, since they start to acquire important knowledge about care management when performing partner actions with professionals during the hospital stay.¹¹

I apply the good practices when I go to take care of people and think that each one has its context (...) each one has its family (...) and we will certainly influence their development and also that family's development. (P6)

When I apply the good practices I put the two together, mother and child (...) as a binomial, seeing that the baby needs the mother, the mother needs the baby and that mother needs her partner, who is the father or needs her mother. And then a family is formed. (P18)

Likewise, it is known that constant updating implies in the improvement of care and the professional role, optimizing the practice, since new evidence and tools are constantly discovered to improve the care of the newborn in the neonatal ICU.

In this sense, it is also essential to identify the difficulties faced by nurses in their daily routine to develop new actions and quality care techniques based on well-defined and safe methodologies.¹²

To do this good practice is for you to be always up to date. (P2)

I think that to apply good practices we have to base ourselves a lot on what is coming out in the literature, because many things are always changing in our area, we cannot continue doing things that were done 10 years ago. (P11)

In this sense, the Kangaroo Method, created in Colombia, appears as an alternative to traditional methods and as an important pillar and guideline of good practices. It is a model of care in which skin-to-skin contact between the NB and the mother, father or caregiver is encouraged for as long as possible, involving the family in care, reducing the NB's time in the incubator and reducing levels of stress and pain in premature infants.⁹

We have been applying the Kangaroo Method, and I think this is the main guideline for good practices in baby care. (P9)

I think that everything is around the kangaroo method. The issue of promoting skin-to-skin contact, the kangaroo position, caring for the newborn's pain. (P6)

In direct patient care, in our unit we use the kangaroo method a lot, (...) not only premature patients, but also the family, so the methodology is inserted from the prenatal care to hospital discharge and we try to advocate this in direct patient care. (...) We have a series of values and these care values are inserted in the kangaroo methodology, all patients are cared for based on this methodology, so when I act as a caregiver I try to care for based on this methodology and these values. (P7)

Another important aspect that influences the quality of care, also configuring itself as an important pillar, is the cohesion among the team. This must maintain good communication and focus on the patient and his needs, and the commitment of all professionals that make up the multiprofessional team and that together, they work for the implementation of good practices is fundamental.⁹

Meanwhile, communication plays an important role in the unification of care, because it is essential that the information transmitted in the unit be clear and understood. When communication is effective, it provides the formation of a bond of trust among the multidisciplinary team itself, and also between the professionals and the family.¹³

In addition to communication, the team must be cohesive, that is, it must not compartmentalize its knowledge and practice, understanding that to achieve comprehensive care, interdisciplinarity is required: integration of knowledge and continuous care. Thus, having a common goal, the team applies the potential of each member and assumes, individually and collectively, the commitment to provide the best care.¹⁴

When the team is engaged, I think we can do excellent practices in the NICU. (P9)

I work with the same team, so we talk to each other with our eyes, I think that communication among the team and poor communication, the lack of it, is, in my point of view, one of the most difficult factors in the management of care to offer suitable practices. (P12)

When we attend to the baby, we try to provide grouped care to preserve the baby's sleep... (P14)

It should also be borne in mind that the NICU is a sector where highly complex services are provided and that there must be a reconciliation of technological resources, with respect to instruments and equipment, as well as new techniques, and also the proper management of human resources, avoiding overloading professionals, encouraging training and continuing education.²

Concomitant to what is described in the literature, we see the perceptions of the interviewees regarding the management of resources and their influence on good practices, revealing that the lack of equipment limits its practice, as well as an uncomfortable environment for mothers that hinders the application of the Kangaroo Method and discourages their interaction with the baby. All this translates the idea that without resources, or with poor management of these resources, the assistance is compromised and this directly harms the patient.

I think that our physical structure could be a little better, because a plastic chair for a mother to sit and breastfeed is not good. (...) I think that personal resources are indispensable, as well as material resources, because there is no point in wanting to do certain things if you don't have enough material. (P11)

Finally, considering that the work of the nursing team involves and interferes directly in the life and health and disease process of patients and that, when it comes to the NB, care is even more thorough, especially because this individual is not yet able to verbalize, the identification of pain, manifestations of discomfort and even satisfaction with the treatment, it is necessary to use instruments such as indicators in addition to the opinion of the family so that it is possible to evaluate the assistance.¹⁵

Therefore, we highlight the primordality of the evaluation of care as a key part of care management and as a bridge for improvements to be achieved, because it is through periodic analysis, not only focused on accreditation, but with the direction to enable the implementation of good practices that nursing is able to redefine its practice.⁷

So, each nursing professional needs to go through an evaluation and understand his role there. (P7)

I think it would be very important to always have a feedback for the team about what is being done, if it is being good, what are the results of this. (P11)

CONCLUDING REMARKS

Neonatal care in a Neonatal Unit is extremely complex, unique and dynamic, carrying with it specificities that require the professionals involved to do so using appropriate and safe conducts and the effective management/organization of their actions and available and necessary resources. Thus, these professionals need constant specialization and updating and the systematization of these physical, environmental, material, human, and financial resources.

It is noteworthy that the organization of care for newborns based on good practices minimizes sequelae, morbidity and mortality and brings as a consequence the satisfaction and confidence of the family and the survival and safety of these patients and the multiprofessional team involved, ensuring better results for the assistance and recognition of the importance of these professionals.

In this sense, the research showed that the nursing team is configured as fundamental and important protagonist in the organization of this care, which is present both in the management and in the assistance, relating with several actors, aspects and spheres, and should be based on evidence and protocols and consider the multidimensional being and fragility and uniqueness of prematurity, enabling the pre-term and his family a humanized care and inserting this family in the care.

It is also noteworthy the importance of developing future research to expand the understanding regarding the view of family members and other participants involved in the management of care for the newborn based on good practices in all sectors where these patients are inserted, enabling the interpretation of the different views and the excellence of care for the newborn and his family.

REFERENCES

1. Siewert JS, Rodrigues DB, Malfussi LBH de, Andrade SR de, Erdmann AL. Gestão do cuidado integral em enfermagem: reflexões sob a perspectiva do pensamento complexo. *REME rev. min. enferm.* [Internet]. 2017 [acesso em 23 de setembro 2021];21:e-1047. Disponível em: <http://www.dx.doi.org/10.5935/1415-2762.20170057>.
2. Silva LJ da, Leite JL, Silva TP da, Silva IR, Mourão PP, Gomes TM. Management challenges for best practices of the Kangaroo Method in the Neonatal ICU. *Rev. bras. enferm.* [Internet]. 2018 [acesso em 23 de setembro 2021];71, suppl 6. Disponível em: <https://doi.org/10.1590/0034-7167-2018-0428>.
3. Koerich C, Erdmann AL, Lanzoni GM de M. Interação profissional na gestão da tríade: educação permanente em saúde, segurança do paciente e qualidade. *Rev. latinoam. enferm.* (Online). [Internet]. 2020 [acesso em 23 de setembro 2021];28:e3379. Disponível em: <https://doi.org/10.1590/1518-8345.4154.3379>.
4. Fernandes MC, Silva FMP da, Costa SP da, Andrade ME de. Facilidades e dificuldades das enfermeiras gerentes na implementação da gerência do cuidado no ambiente hospitalar. *Rev. Pesqui.* (Univ. Fed. Estado Rio J., Online). [Internet]. 2016 [acesso em 23 de setembro 2021];8(4). Disponível em: <http://seer.unirio.br/cuidadofundamental/article/view/5003>
5. Duarte S da CM, Azevedo SS de, Muinck G da C de, Costa TF da, Cardoso MMVN, Moraes JRMM de. Best Safety Practices in nursing care in Neonatal Intensive Therapy. *Rev. bras. enferm.* [Internet]. 2020 [cited 2021 sep 23];73(2):e20180482. Available from: <https://doi.org/10.1590/0034-7167-2018-0482>.
6. Ministério da Saúde (Brasil). Atenção à saúde do recém-nascido: guia para os profissionais de saúde. Brasília: Ministério da Saúde, 2014 [acesso em 23 de setembro 2021]. Disponível em: http://bvsmms.saude.gov.br/bvs/publicacoes/atencao_saude_recem_nascido_v3.pdf.
7. Klock P, Buscher A, Erdmann AL, Costa R, Santos SV. Melhores práticas na gerência do cuidado de enfermagem neonatal. *Texto & contexto enferm.* [Internet]. 2019 [acesso em 23 de setembro 2021];28:e20170157. Disponível em: <http://dx.doi.org/10.1590/1980-265X-TCE-2017-0157>.
8. Pedreira MLG. Práticas de enfermagem baseadas em evidências para promover a segurança do paciente. *Acta Paul. Enferm.* (Online). [Internet]. 2009 [acesso em 23 de setembro 2021];22. Disponível em: <https://doi.org/10.1590/S0103-21002009000700007>.
9. Magalhães SG da S, Silva JSLG. O Cuidado Humanizado na Unidade de Terapia Intensiva Neonatal. *Rev. Pró-UniverSUS.* [Internet]. 2019 [acesso em 23 de setembro de 2021];10(1). Disponível em: <https://doi.org/10.21727/rpu.v10i1.1640>.
10. Felipin LCS, Merino M de FGL, Baena JA, Oliveira RBSR, Borghesan NBA, Higarashi IH. Cuidado centrado na família em Unidade de Terapia Intensiva Neonatal e Pediátrica: visão do enfermeiro. *Ciênc. cuid. saúde.* [Internet]. 28 de agosto de 2018 [acesso 23 de setembro 2021];17(2). Disponível em: <https://doi.org/10.4025/ciencuidsaude.v17i2.41001>.
11. Ministério da Saúde (Brasil). Atenção humanizada ao recém-nascido: Método Canguru: manual técnico. Brasília: Ministério da Saúde, 2017 [acesso em 23 de setembro de 2021]. Disponível em: https://bvsmms.saude.gov.br/bvs/publicacoes/atencao_humanizada_metodo_canguru_manual_3ed.pdf.
12. Silva SRP da, Alencar GT de, Lima HLS, Santos JB dos, Lima VM da S, Viana AMD. Assistência de enfermagem na uti neonatal: Dificuldades enfrentadas pelos enfermeiros e prejuízos causados aos recém-nascidos. *BJHR.* [Internet]. 2020 [acesso em 23 de setembro 2021];3(5). Disponível em: <https://doi.org/10.34119/bjhrv3n4-182>.

13. Filho CCZS, Silveira MDA da, Silva JC da. Estratégias do enfermeiro intensivista neonatal frente à humanização do cuidado. *CuidArte, Enferm.* [Internet]. 2019 [acesso em 23 de setembro 2021];13(2). Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1087677>.
14. Pinto E, Leão DM, Zago MLC, Busanello J. Organização do cuidado e trabalho multiprofissional em UTI neonatal. SIEPE. [Internet]. 2020 [acesso em 23 de setembro 2021];10(1). Disponível em: <https://periodicos.unipampa.edu.br/index.php/SIEPE/article/view/86388>.
15. Caetano EA, Lemos NRF, Cordeiro SM, Pereira FMV, Moreira D da Silva, Buchhorn SMM. O recém-nascido com dor: atuação da equipe de enfermagem. *Esc. Anna Nery Rev. Enferm.* [Internet]. 2013 [acesso em 23 de setembro 2021];17(3). Disponível em: <https://doi.org/10.1590/S1414-81452013000300006>.