



Open visitation in a neonatal intensive care unit: visitors' perception

Visita aberta em uma unidade de terapia intensiva neonatal: percepção dos visitantes

Visita abierta en una unidad de cuidados intensivos neonatal: percepciones de los visitantes

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This study aimed to identify the perceptions of parents, caregivers and visitors about the open visitation to newborns hospitalized in the Neonatal Intensive Care Unit. This is a descriptive, quantitative study, involving 50 visitors of newborns hospitalized in the neonatal unit of a school maternity hospital from Natal-RN, from October to December 2012. The data were collected through a questionnaire with closed questions, from which after data analysis, it was observed that most of the fathers, with the exception of family visitors, had free access to the unit, they considered to be well accepted by the staff and the information about the clinical condition of newborns was satisfactory. Most were welcomed and guided by the nurse, and were encouraged to come back for another visit. All of them considered important to visit the mother and the newborn, highlighting the need for bigger integration among professionals and family members.

Descriptors: Intensive Care Units, Neonatal; Professional-Family Relations; Neonatal Nursing.

Objetivou-se identificar a percepção dos pais, acompanhantes e visitantes sobre a visita aberta a neonatos hospitalizados na Unidade de Terapia Intensiva Neonatal. Estudo descritivo, de natureza quantitativa, envolvendo 50 visitantes de recém-nascidos hospitalizados na Unidade Neonatal de uma maternidade escola de Natal-RN, Brasil, de outubro a dezembro de 2012. A coleta de dados ocorreu por meio de um formulário estruturado, das quais, a partir da análise dos dados, foi observado que a maioria dos pais, com exceção dos visitantes familiares, teve facilidade de acesso à Unidade, consideraram ser bem aceitos pela equipe e que as informações sobre o quadro clínico do neonato foram satisfatórias. A maior parte foi acolhido e orientado pelo enfermeiro, bem como foi incentivado ao retorno a visita. Todos consideraram importante visitar a mãe e o neonato, destacando a necessidade de uma maior integração dos profissionais com os familiares.

Descritores: Unidades de Terapia Intensiva Neonatal; Relações Profissional-Família; Enfermagem Neonatal.

El objetivo fue identificar la percepción de padres, acompañantes y visitantes sobre la visita abierta a recién nacidos hospitalizados en Unidad de Cuidados Intensivos Neonatales. Estudio descriptivo, cuantitativo, con 50 visitantes de niños hospitalizados en Unidad Neonatal de maternidad escuela de Natal-RN, Brasil, de octubre a diciembre de 2012. Los recolección de datos ocurrió a través de formulario estructurado que, a partir del análisis, se observó que la mayoría de los padres, con excepción de los visitantes familiares, tenía fácil acceso a la unidad, consideraron bien aceptados por personal y que las informaciones acerca de la condición clínica del neonatos fueron satisfactorias. La mayoría fueron recibidos y guiados por enfermero, y fueron motivados a volver a la visita. Todos consideraron importante visitar a la madre y el neonato, destacándose la necesidad de mayor integración entre profesionales y familias.

Descriores: Unidades de Cuidado Intensivo Neonatal; Relaciones Profesional-Familia; Enfermería Neonatal.

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Introduction

The open visitation is a proposal from the National Humanization Policy (NHP) whose goal is to expand access of visitors to inpatient units, in order to ensure the link between patients, their social network and health services, maintaining latent the patient's design of life. The right to receive visits and have a companion is essential an component to achieve expanded clinic, in order to produce health and increase the autonomy of individuals, their families and the community⁽¹⁾.

According to the Letter of Rights of Health Users, citizens have the right be accompanied by a person of their choice during consultations, examinations and admissions, at the time of pre-natal, delivery and post-partum and in all situations listed by law (child, adolescent, people living with disabilities or the elderly). However, although the letter ensures to users visits longer than two hours, that is not what happens nowadays, since many hospitals restrict visits to patient by stipulating limited periods⁽²⁾.

Currently, in Brazil, hospital units encounter difficulties or are starting their structuring regarding families' permanence in this institutional environment, their participation in treatment, and the nature of the relationship between family members and health professionals⁽³⁾. This concern arises concurrently with the humanization of assistance and facilitation of access of families to their relatives' care in the hospital environment⁽⁴⁾.

It is believed that getting professionals and children's families closer fosters knowledge about their daily life, offering subsidies that facilitate their adaptation to the hospital environment. Thus, it is easier to build links that favor the provision of individualized care and a less traumatic experience for children's hospitalization⁽⁵⁾.

There is a consensus on the importance of maternal involvement in caring for the newborn (NB) during the entire hospital stay, be it in the Neonatal Intensive Care Unit (NICU) or later on after transfer to a

shared space or to a kangaroo mother care ward. Some studies address the importance of the bond between mother and child with favorable repercussions both during the hospital stay and during follow-up after discharge⁽⁶⁾. Others reveal the importance of integrating fathers in order to make them more active in the care of NB in the NICU, but they warn that in this context fathers are faced with a difficult reality, which requires acceptance and motivation, because in that moment fathers who provide care need to be taken care of⁽⁷⁾.

Although the permanence of father with hospitalized children is a right guaranteed by the statute of children and adolescents⁽⁸⁾, in many hospitals this right is not being respected. Thus, the paternal presence becomes limited to hospital visiting hours and sometimes they are seen as intruders by some professionals in the NICU⁽⁹⁾.

It is noticed that the inclusion of fathers in the NICU as companions of hospitalized children causes difficulties both for themselves and for the team concerning the interpersonal relationship, especially with regard to their welcoming. It is considered that this situation should be even more complicated when it involves other members of the biological family or social relationship. In this context, it is considered relevant to investigate how visits of fathers, relatives or members of the same social life are dealt with in the NICU.

Starting from the assumption that the best indicator of the quality of a service is the users' opinion of that service, one sought to investigate the perceptions of users/companions about open visitations in a NICU. Data will be gathered to guide the improvement of that service and set goals that promote the integration of visitors/companions in this service, making them active in the process of care and not just spectators or visitors of these newborns, as well as minimize conflicts in the interpersonal relations between families and the NICU staff.

Thus, the study sought to identify the perceptions of parents, companions and visitors about the open visitations to newborns hospitalized in the NICU of a school maternity hospital.

Method

This is a descriptive study, of quantitative nature, involving 50 visitors, including parents, family members, friends and companions of newborns taken into the NICU of a school maternity hospital.

The field of the research was the School Maternity Hospital Januário Cicco (MEJC), state unit reference to pregnancy and high risk births from Natal, Rio Grande do Norte, Brazil. The NICU-MEJC offers 20 beds in intensive care for newborn with an occupancy rate of 100% daily. In 2012, 437 were hospitalized, and during the investigation period of this study there were 131 NB. The unit provides free maternal and paternal access and for the other visitors restricted schedules, however, due to an infectious outbreak in that period, there was a restriction of visits, limited to fathers, with few exceptions in their absence.

As inclusion criteria fathers, family members and companions of NBs hospitalized in a NICU who were available after making a visit to the neonates. The exclusion criterion was fathers, relatives and companions who did not have their entries allowed in the NICU and mothers, who were not considered in this study as visitors, as they had free access to the NICU in the condition of mother-companion.

The period of data collection corresponded from October to December 2012, in which a form designed specifically for this study was used by addressing questions related to the identification of visitors, the welcoming from the service professionals, information and guidance received during the visit and perceptions about the visit.

The data collected were stored in a database and subsequently submitted to descriptive statistical analysis using the software SPSS version 20.0. The results are presented in tables and discussed based on the literature relevant to the topic.

The study was approved by the Research Ethics Committee (CEP) of the University Hospital Onofre Lopes (HUOL) under CAAE number: 05105812.0.0000.5292 and opinion number

155.418/2012. The Free Informed Consent Form was read and signed by all the participants, according to the Resolution 196/96 of the National Health Council⁽¹⁰⁾.

Results

Regarding the identification of visitors, it is observed that the majority was composed by fathers (84%), ages from 19 to 31 years old (58%), with complete or incomplete high school education (48%), marital status consensual union (46%), family income from 1 to 3 minimum wages (58%) and origin from the state capital (56%).

As for the factors involved in the welcoming shown in table 01, one investigated cases concerning access to the NICU, monitoring of visitors by professional to the NB's bed, who accompanied them and the visitors' perception on their acceptance by the staff. The data reveal that the majority (86%) stated that they had easy access to the NICU, however those who referred difficult access (7%) are family members and companions. Regarding the monitoring of visitors by professionals to the bed, 72% were accompanied commonly by nurses (58%) and 98% considered that they were well accepted by the NICU staff.

Table 1 - Data concerning visitors' welcoming by professionals from the NICU-MEJC

Variables		n (%)
Ease of access to the NICU	Yes	43 (86.0)
	No	7 (14.0)
Professional accompanying until the bed	Yes	36 (72.0)
	No	14 (28.0)
Professional who accompanied to the newborn's bed	Nurse	29 (58.0)
	Physician	7 (14.0)
	Does not apply	14 (28.0)
Visitors' acceptance by the staff	Great	21 (42.0)
	Good	28 (56.0)
	Regular	1 (2.0)

Referring to the welcoming of relatives and companions, it is worth noting that visits to newborns were allowed after analysis of each case by a team

of professionals, mainly by the social services. Such exceptions were given due to cases of fathers who live and work in the countryside (44%) and are unable to visit their children every day or because mothers were in the postpartum period and could not leave the bed.

Table 2 describes the information and guidance given to visitors on the part of health professionals, where one sought to investigate the participants' knowledge about the visits' importance and schedule. It turned out that 86% of respondents knew the time allowed for visits (9 am to 8 pm), 74% were encouraged to continue visiting the NB highlighting its benefits, 88% received information about the neonate's clinical condition from both the nurse and the physician, out of which 82% considered the clarifications obtained as satisfactory.

Table 2 - Data concerning the information and guidelines provided by professionals to visitors in the NICU-MEJC

Variables		n (%)
Knowledge about the schedule of visits	Yes	43 (86.0)
	No	7 (14.0)
Encouragement to visit	Yes	37 (74.0)
	No	13 (26.0)
Information about the clinical condition of the neonate	Yes	44 (88.0)
	No	6 (12.0)
Professional responsible for clinical information	Nurse	22 (44.0)
	Physician	22 (44.0)
	Does not apply	6 (12.0)
Information received from professionals	Great	14 (28.0)
	Good	27 (54.0)
	Regular	6 (12.0)
	Does not apply	3 (6.0)

Regarding the visitors' perception about their presence among neonates in the NICU and the benefit to mothers during their hospital stay, there was unanimity about the importance of family participation both for themselves and for mothers and newborns, considered as a helping process during hospitalization.

Discussion

It is in the NICU that some of the NB's needs are highlighted, such as the inclusion of their families in care and the maintenance of life quality. Thus, a child must be considered and respected as a subject-being, endowed with emotions and individuality, and not as an object of intervention. Therefore, care should not be focused only on biological aspects but also on the stimulation of their psycho-emotional development⁽¹¹⁾.

The characterization of the visitors involved in this study reveals that it was a group of most fathers, since access to the NICU studied is allowed only for them due to an infectious outbreak in the corresponding period of data collection. Thus, few companions and other family members were allowed to visit newborns in the NICU, with the justification that the increased flow of people and their long stay may submit risk of pathogen transmission. However, a study shows that family members are no longer seen as dangerous sources of contamination⁽¹²⁾.

It is proven that the family's presence in the NICU brings benefits to the child, but unfortunately, the permission for fathers to stay with their children during hospitalization is not a reality in many Brazilian institutions, especially in NICUs, which are considered complex units⁽⁸⁾.

Authors claim that on fathers' perception, the family's presence in the ICU, besides providing welfare to the child, is a safety factor for them too, because this way they have the opportunity to follow and participate in the care given to their children during the entire hospitalization⁽¹³⁾.

During the study period, the screening of visitors to the NICU, performed by part of the professionals, although being a precautionary measure, hindered the fulfillment of the NHP concerning the right to hospital open visitations, and issues related to welcoming. Especially, it is emphasized that the nursing staff is primarily responsible for the family involvement in

the neonatal unit environment. Welcoming is the initial key to the process of communication among fathers and health professionals. The way fathers are welcomed at the hospital influences significantly the newborns' entire hospitalization⁽¹⁴⁾.

Regarding the visitors' acceptance by the health team, it is inferred that the receptivity to fathers was satisfactory, considered as an important point in their active participation in the newborns' care plan and minimizing insecurities experienced during the hospitalization period. It is important and necessary that the entire team of professionals that acts with the triad: mother-baby-family, is prepared to ease the family's suffering caused by the child's admission, through a humane care centered on NBs and their families⁽¹⁵⁾.

The dissatisfaction of some participants concerning the visits was related to the newborns' serious illnesses, often with low weight and use of invasive devices, which increases the feeling of distress and impedes a more active participation in the newborn's care and the interaction with the staff, increasing their responsibility to make the NICU's environment more welcoming for family member. Usually the moment of the first visit also coincides with the first time that parents have contact with such a small or very sick baby, with frail and debilitated appearance, causing them a sense of anticipated mourning⁽¹⁶⁾.

The pediatric hospitalization is a moment of frustration, discomfort towards the environment, fear of death, besides a lot of tension and anxiety. It is important the care provided in relation to the family of NBs admitted to the NICU because during hospitalization, parents experience moments of anxiety and fear⁽¹⁷⁾. They try to deny reality, postponing the recognition of their children's condition, giving up on the hopes and dreams developed during pregnancy⁽¹⁸⁾.

These feelings of fear and loss cannot be ignored, but faced and coped through support and constant dialogue among health teams and families.

It is exactly during this coping and daily adaptation process that it becomes possible the development of strategies that enable fathers to cope with the daily challenges of this experience, which may result in the full recovery of their babies or in their irretrievable loss to death⁽¹⁹⁾.

Health professionals who work in the NICU need to act with sensitivity, be available to listen and facilitate dialogue with the premature infants' families, especially with mothers in order to promote their gradual adaptation to the reality of birth and hospitalization of a preterm child⁽⁶⁾.

In this respect, studies highlight the communication failure in NICUs due to activities routine and emphasize the need for dialogue in interpersonal relationships among professionals and families, incorporating it into their routine service, to better neonate's care⁽²⁰⁾. The health professional needs to be together with the NBs and their families, offering support to fathers, sharing realistic information about the baby, so that they can understand the clinical condition of the child and why there are so many devices⁽¹⁷⁾.

It should be emphasized that the assistance is not directed only to conduct operational techniques, but also to the importance associated to welcoming by nurses. These patients require special attention from health professionals, who should offer comprehensive and humane care. These professionals need to be sensitive to the therapeutic care of the newborn and to the cultivation of empathy from families, encouraging them in the pursuit of well-being, assuming touch, listening and open look, providing information and guidance about the NB's clinical state. Communication as a basic instrument is an essential skill to professional performance, which enables an effective therapeutic relationship⁽²¹⁾.

Nurses recognize parents' care needs and, accordingly, realize the importance of guidance regarding the procedures and the health of their children, value their presence, seeing them as participants and not as spectators. Thus, they clarify

their doubts in order to reduce anxiety, allow them to be with their children so that they can feel confident and members in the role of father and mother that assist in the recovery of their children⁽²²⁾.

Finally, on issues concerning the participants' perceptions about the visit to neonates in the NICU it was observed that fathers and family members are aware of the importance of the visit for both the mother and the neonate, however, what was perceived is still the difficulty imposed by the health team to family visitors, except fathers, and the lack of more accurate information about the neonates' clinical picture.

Conclusion

The perception of family members concerning their visit to hospitalized newborns in the NICU showed a good acceptance by the staff, but there is still a need for greater encouragement to visit, guidance and more accurate information about the clinical status of the newborn and, consequently, a greater integration between professionals and families in implementing the newborns' care plan.

The visitors showed satisfaction with the visit, except for a few family members/companions, and recognized the importance of the visit for both the NB and the mother, in order to promote their treatment and recovery.

These results were important for the service regarding the portrayal of the NICU in relation to the welcoming provided by the front staff to the NBS' visitors.

It is important that the NICU team has a holistic view concerning hospitalized infants' care, since one should consider all the physiological and psychoaffective aspects of the neonates and their families, considering them as the child's primary caregiver. Thus, family members should be welcomed and receive all clinical information about the NB to make them calm down and be able to offer their contribution to the treatment.

It is believed that the data obtained may contribute to the improvement of interpersonal relationships among the NICU staff, fathers and family members, on the condition of newborns' visitors to the NICU, especially with the nursing team, primarily responsible for the practice of welcoming in this environment, extending the care plan to high-risk neonates with family involvement.

Collaborations

Cunha ALC contributed to the study's creation, literature review, data collection and analysis, data interpretation, writing of the article and final approval of the version to be published. Souza NL contributed to the study's creation, data interpretation, drafting of the article and final approval of the version to be published. Rego RMAR and Santos ACBCP contributed to the data collection and analysis, writing of the article and final approval of the version to be published. Miranda JMA and Oliveira COP contributed to the literature review, writing of the article and final approval of the version to be published.

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