



## Knowledge and expectations of the accompanying member concerning illnesses and hospitalization of the newborn\*

Conhecimentos e expectativas do acompanhante acerca do adoecimento e da internação do recém-nascido

Conocimientos y expectativas del acompañante acerca de la enfermedad e hospitalización del recién nacido

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This study aimed at describing the knowledge, difficulties and expectations of accompanying members concerning illnesses and hospitalization of the newborn. It is a qualitative study with 11 accompanying members of infants admitted in public hospital, in Fortaleza, CE, Brazil. It consists of semi-structured interviews carried out and recorded in June 2012. It was based on the content analysis that emerged from three categories: knowing the health problems of the newborn, expectations in the hospital context and difficulties faced by accompanying members. It was observed that the accompanying members had limited knowledge about the health conditions that resulted in the hospitalization of the newborn, although there was a professional health team for the guidelines, for the affected needs. Commonly speaking, it expresses limited information, but possible to be understood. It is essential that the health professionals provide to the accompanying members on the disease, treatment and recovery of the newborn so that they can understand the process of hospitalization and provide proper assistance.

**Descriptors:** Infant, Newborn; Hospitalization; Parents; Nursing.

Objetivou-se descrever os conhecimentos adquiridos pelo acompanhante acerca do adoecimento e internação do recém-nascido. Estudo qualitativo, com 11 acompanhantes de bebês internados em hospital público, Fortaleza, CE, Brasil. Aplicaram-se entrevistas semiestruturadas, gravadas em junho de 2012. Fundamentou-se na "Análise de Conteúdo" que emergiram três categorias: conhecendo o problema de saúde do recém-nascido, expectativas no âmbito hospitalar e dificuldades enfrentadas pelos acompanhantes. Observou-se que as acompanhantes têm conhecimento restrito sobre as condições de saúde que implicaram na internação do neonato, embora haja orientações da equipe de profissionais, quanto às necessidades afetadas. Com linguagem popular, expressam informações limitadas, porém compreensíveis. Torna-se essencial que os profissionais de saúde forneçam aos acompanhantes orientações quanto à doença, ao tratamento e recuperação do neonato para que estes compreendam o processo de hospitalização e colaborem com os cuidados.

**Descritores:** Recém-nascido; Hospitalização; Pais; Enfermagem.

El objetivo fue describir los conocimientos adquiridos por acompañante acerca de la enfermedad y hospitalización del recién nacido. Estudio cualitativo, con 11 acompañantes de bebés hospitalizados en hospital público de Fortaleza, CE, Brasil. Fueron aplicadas entrevistas semiestructuradas, grabadas en junio de 2012. Se basó en el "Análisis de Contenido", en que emergieron tres categorías: conociendo el problema de salud del recién nacido, expectativas en el contexto hospitalario y dificultades enfrentadas por acompañantes. Los acompañantes poseían conocimiento limitado acerca de las condiciones de salud que implicaron en la hospitalización del neonato, aunque existieran orientaciones del equipo profesional cuanto a las necesidades afectadas. Con lenguaje popular, expresaban informaciones limitadas, pero comprensibles. Es esencial que profesionales de salud proporcionen a los acompañantes orientaciones sobre la enfermedad, tratamiento y recuperación del recién nacido para que estos entiendan el proceso de hospitalización y colaboren con la atención.

**Descriptor:** Recién nacido; Hospitalización; Padres; Enfermería.

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## Introduction

The hospitalization of the newborn is necessary when the conditions of health of the infants require immediate and directed assistance for their recovery. Under these circumstances, the process of hospitalization and specialized treatment establish several challenges to the child, especially to the parents<sup>(1)</sup> who face serious consequences, and many times, the need of transfer of the original hospital to another one of reference, besides the difficulties of keeping away from family and home.

Facing such situation, care is indispensable both for the newborn, as well as for the accompanying member, considering them as one client<sup>(2)</sup>. According to this, the family becomes the focus of attention to the professional team, once they will contribute in the adaptation, this ambiance, a generating source of anguish and tension<sup>(1,3-4)</sup>.

In order to minimize the tension and insecurity, which emerge during hospitalization, the importance of interpersonal relations between users and health professionals is emphasized, in which the practices of host and bond strengthen therapeutic relationships, which are crucial to coping with such condition, reestablishment of the illness-disease process, as well as the effectiveness of care and guarantee of the continuity of the treatment<sup>(3)</sup>.

Facing the adversities of the hospital policies, it is pertinent to rethink actions in health, which prioritize the optimization and humanization of the assistance, not only to the client in the process health-illness, but also in the accompanying members involved. In the institutions, the models of nursing care, which direct the better practices and interpersonal relations, assure that the holistic care is a kind of assistance which contemplates senses and meanings significant of the hospitalization and imply in the encounter between professional/parents and/or accompanying members<sup>(4)</sup>.

The Statute of the Child and of the Adolescent establishes the whole time permanence of the parents or a responsible person in establishing assistance to

health, with the right of active participation of the diagnosis, treatment and prognosis, with information on procedures to which the child is submitted<sup>(5)</sup>. In Neonatology, the support of the health department is highlighted, as to the incentive of maternal presence at the neonatal intensive treatment unit<sup>(6)</sup>.

A study made with the accompanying members going into a hospital unit, in a county of Ceará, Brazil, revealed that the same showed to be apprehensive, fearful, doubtful, for unknowing the environment, the people, the specific language of the disease and its treatment, and these reasons were considered unleashing of insecurity. The result was that the actions of the nursing team inspired comfort, security, besides strengthening the affective link between family/accompanying members and the newborn<sup>(1)</sup>.

Researches that aim at understanding the importance of the interpersonal relations in the humanized assistance assure that the communication and the welcoming are the pillars of sustenance, considered strategies with a positive effective in human experience<sup>(7-8)</sup>. It is highlighted that the access and welcoming are a complement in the implementation of practices and health services, to assist all the people who search for health units<sup>(9)</sup>.

From the interest in guaranteeing organized assistance, which involves patient, accompanying/family members and health professionals, those opportune questionings emerged to the making of this study: 'Does the accompanying member know the reasons on the indication of hospitalization of the newborn?' 'Does the accompanying member receive and comprehend the orientation on the illness, hospitalization and treatment of the newborn?'

The relevance of the study leads to the attention of the health professionals involved in the hospital assistance of the newborn, which makes possible a rethinking of their acting, not only concerning the assistance in a situation of risk, as well as in the strengthening of the human relations facing the challenges of hospitalization. Specifically on the nursing team, the attention must permeate support, welcoming and comfort in the perspective of the care centered to the

patient and to the parents/accompanying members.

This study aimed at describing the knowledge acquired by the accompanying member concerning the illness and hospitalization of the newborn.

## Method

It is a descriptive, exploratory study, with qualitative approach in order to have a better adequacy to the object under study enabling the discovery and comprehension of the meanings, besides the exploration of relations, process and phenomenon of multiple aspects<sup>(10)</sup>.

It was made in a pediatric public hospital, where assistances to children under risk are performed, with clinical diagnosis which requires surgical interventions in Fortaleza, Ceará, Brazil. Its mission is to render a tertiary assistance to the child and to the adolescent, in a safe and humanized manner, as an institution of teaching and researching. It is considered a large hospital, with 250 beds, with first aid assistance and high complexity hospitalization. The clientele comes from units of health of the capital and towns from the countryside as well as from other states.

For the scenario of the research, the emergency sector was chosen, for being a venue where the first assistance to the newborn happens, when arriving in a hospital environment. However, after the welcoming and risk classification performed by the nurse, the infant is sent to the doctor's assistance who will evaluate him and according to diagnosis, make the decisions which might be observation, hospitalization or discharging, through the effective results of therapeutics, such as the use of medication, aerosol therapy and/or laboratory examinations.

According to the terms of this study, the newborn and the accompanying member are at the unit of observation, under medical and nursing care, which require later evaluations during their permanence, which varies according to the clinical evolution and the conditions of the hospital demand. This unit has ten available beds, in an area with air conditioning, located on the ground floor of the institution.

Eleven accompanying members responsible for the newborns participated in the research, after selecting the following criteria: condition of the following member at the hospital unit, the whole period or a partial period, independently of kinship, age and origin. Therefore, the ones who were not in adequate psychological conditions to answer the interviews were excluded. The number of subjects was determined through data saturation, in which there is a recurrence of the contents in the statements and it is considered a continuous process which must be contemplated from the beginning of the data collection<sup>(10)</sup>.

Once the patient was clarified concerning the research, the objectives and the method, the participant signs a Free Inform Consent Form and agrees that the recorder could be used, for such a semi-structured interview was elaborated which contemplate it the identification of the newborn, social demographic matters of the accompanying members and guiding questions which served as a conducting wire: 'What do you know about the reasons that cause the hospitalization of the newborn?' 'Which orientations did you receive on the conditions of the newborn before he arrived to this hospital unit?'

The data collection occurred in June 2012, individually, with each accompanying member, in a reserved venue, with privacy and the average length of the interviews was 50 minutes.

Afterwards, there was the analysis of the contents, which covers the following steps: pre-analysis (brief reading, hypothesis, objectives, elaboration of indicators which fundament the interpretation); exploration of the material (the data are coded by the units of register); treatment of the results and interpretation<sup>(11)</sup>.

After the comprehension of the data, three categories were established, with selected statements, according to the chronological orders of the interviews, interpreted under the light of the pertinent literature and the experience of the authors. To preserve anonymity, a codification using the letter A was adopted, an initial which is referred to the word Accompanying member, followed by an Arabic number.

According to the dispositions of resolution 196/96 of the National Council of Health, the study was presented to the Committee of Ethics in Research of the institution of origin, with approval, as stated in protocol no. 27147. This document assures respect to the privacy and to the anonymity of the interviewed subjected.

## Results

The results obtained according to the convergences in the answers enabled the authors to have the characterization of the accompanying members and newborns, and also the following categories emerged: to know the problems of health of the newborn, expectation in the hospital scope and difficulties faced by the accompanying members.

### Characterization of the accompanying members and newborns

In the condition of an accompanying member of the newborn, eleven subjects participated: eight mothers, two maternal grandmothers and an aunt. Therefore, the mother is an outstanding family figure, once she is predominant in the hospitalization. The mother as the main accompanying member has a direct contact with the baby and many times has the opportunity to take care of him, facing the real situation in which her child is, facing the procedures and exams to be made<sup>(6)</sup>.

Among the social demographic characteristics, the predominant age range was from 16 to 29 years of age, housewives, complete high school, marital status: single, and monthly income from one to two minimum wages (the minimum wage was at R\$678.00). As to the origin, seven are from counties of the state of Ceará, and four from the county of Fortaleza, Brazil.

Regarding the eleven newborns, the chronological age varied from one to fifteen days of life. There was a predominance of eight births on due time, six were cesarean deliveries, between 2,500g to 3,500g, considered an adequate weight for the pregnancy age.

The diagnosis which caused the transference of those babies were prematurity (three), pneumonia and newborn infection (two), besides bronchiolitis, genital malformation, testicular torsion and congenital heart disease. It is highlighted that seven of them were admitted from other counties of the state arriving at the unit of study in an ambulance or in a car.

### Knowing the problem of health of the newborn

The question on the clinical conditions which guided the transference of the newborn to a hospital of higher complexity, to the detriment of the original hospital, the accompanying members express limited knowledge and, in their way of understanding, they stated: *... her vagina was obstructed (A1). She had an infection and she was born a little tired (A2). The cause was the matter of the testicular torsion (A5). They said it was a very fast surgery (A6). He had to make some examinations (A8). He swallowed the remaining of the delivery due to my high blood pressure (A11).*

It is observed that the accompanying members revealed basic information which justifies the need of treatment in another hospital unit: *... She has a heart problem and needs to be hospitalized to recover (A3). She said that the child could not stay there because there was no structure to stay there with the child (A10). Others understood the reason which provoked the transfers and hospitalization, with the little more clarifying provided by the health professional. She was tired, vomiting, she had fever, made blood examination, x-ray exam and it was reported that she had pneumonia (A4). She needed oxygen and she's going to hydrate herself, because she has got bronchiolitis (A7). She had to do some exams, that's all (A8).*

However only one accompanying member said that she did not receive information or that she had understood the clarifying concerning hospitalization: *I didn't understand why (A9).*

### Expectations in the hospital scope

The feelings of the accompanying members expressed trust, faith and hope concerning the conditions of the baby. *I believe in God a lot and hope she gets well (A2). I'm very hopeful (A3). ... that she is well assisted and go home*

well (A6). *Hope she will recover as fast as possible* (A11). The expressions show the overcoming of the negative feelings of insecurity and lack of knowledge which occurred in the beginning of the disease.

Besides that, the responsible members expressed expectations as to the treatment and the recovery of health: *Hope she leaves healthy, and also hope she does not need to come back again* (A4). *The doctor of the Surgical Center said that is a very fast surgery* (A6). *Hope she leaves fast and does not return* (A7).

Under these circumstances, some accompanying members reported the assistance rendered making comments on the assistance: *Up to now, the baby has been well assisted* (A4). *The doctor assisted the baby well and said that her recovery is going to be fast* (A6). ...although there are a lot of patients, we can see the workers running a lot to assist everyone (A8).

### **Difficulties faced by the accompanying members**

When they were asked on the difficulties, the accompanying members reported the ones concerning assistance and the process of transference to a hospital of reference: *The difficulty was for the doctors to make the transference fast* (A1). *...there was no car there, we had to get one to come, because it's very far* (A2), *difficulties with money* (A3). *The difficulty was the lack of assistance in the countryside and they have to move here* (A9).

But there are accompanying members who do not consider the illness and the transference of the newborn as difficulties: *I had no difficulty in getting here* (A4). *The doctor said that the surgery was necessary, so I came here straight from the countryside; I had no difficulty* (A5). *Thank God there was no difficulty because I came here assisted by the doctor* (A6). The situation experienced by the care givers implies in confronting a new reality, however, there is conformation regarding such question.

### **Discussion**

Facing the illness and treatment of the newborn, the parents/family members have the need of

information concerning the diagnosis and specific care in the hospitalization, they have to live with feelings, discomfort and limitations, as well as to understand the role of the accompanying member. The situation brings feelings of fear, sadness, despair, worry, impotence and uncertainties, many times aggravated by the lack of information and psychosocial support.

It is noticed that there is a deep split in the social and family bonds, between parents/accompanying members in the hospitalization of the newborn and this can be attenuated with the support of the health team who provides assistance welcoming and favoring communication<sup>(9)</sup>. This, in turn, intermediates the essential relations in the hospital daily activities<sup>(3)</sup>.

The health professionals' teams develop strategies, in order to establish an interaction team-family and to have effective communication during the hospitalization. It is fundamental for the nursing team to be available to transmit the necessary information to the accompanying member, clarifying their doubts, above all concerning the disease and the treatment. So, it is necessary to train the health professionals to receive, assist, listen, dialog, take decision, provide support, orientate and negotiate<sup>(12)</sup>.

Studies revealed the communication as a basic instrument in a nursing care and its influence in the interaction with families/accompanying members and in the recovery of health<sup>(3,7-8)</sup>. During hospitalization it is necessary to have the support of the team to the parents, especially to the mother in the recognition of the needs of the newborn and the real needs of the mother, and so help her in the care to her child<sup>(6)</sup>. In the interaction, nurse/client/family, it is possible to perceive the other<sup>(3)</sup>, contributing to the involvement to the assistance, as well as promoting qualification of the care.

Interdisciplinary work favors the listening of the parents/accompanying members, attenuate the negative experiences arising from the process of hospitalization, reinforces the bonds with the services and increases the perspectives of non-traumatic assistance<sup>(1)</sup>. A study made in the city of Taubaté, São Paulo,

with 77 accompanying members of hospitalized children in a hospital, highlighted the importance of the establishment of the bond among the child, the family and the health professional team, so that the assistance occurs in a positive manner to the agents involved to the care to be taken<sup>(13)</sup>.

In this study, through interviews with the accompanying members, it is observed that the greatest part expresses themselves in popular language with restrict understanding. There are reports and clarifying in more significant and comprehensive language, which means that there must have been orientations from the health professionals in the assistance.

The sensitivity of the health professionals involved in the assistance to the health of the hospitalized child should be highlighted, in order to transmit the diagnosis and information, so that the ethical legal principles of the accompanying members are preserved<sup>(11)</sup>. So, it is possible to understand the aspects of care, intimately related to the humanization of the assistance.

To know and to understand the reasons of the hospitalization requires involvement of the accompanying member in the hospitalization and participation in the care, as well as in the taking of decision in the multi-professional team, facing the treatment. The scarcities of information of the lack of knowledge of the accompanying member, concerning the problems of health of the baby, have a negative repercussion in the interaction among the health professional teams and, consequently, limitation of co-participation in the care<sup>(8)</sup>.

A study of evaluation of the perception of 47 accompanying members of hospitalized children, on medical diagnosis and possible aggravating causes of the hospitalization resulted that 34 (72.3%) did not know about such information in the medical record. Facing the lack of knowledge, the accompanying members made suppositions about the causes of hospitalization<sup>(14)</sup>.

When dully informed on the hospitalization and its procedures, the accompanying member can become a great collaborator, especially with his capacity

to overcome these experiences<sup>(15)</sup>. As a counterpart, the lack of information is an aspect which worries the users and provokes anxiety, followed by feelings of insecurity, due to the concern of the condition of health of the child<sup>(4)</sup>.

The participation of the accompanying member, in the process of care, enables the construction of knowledge though the partnership with professionals who promotes welcoming, interaction and communication in order to favor quality care and humanized assistance.

Families reveal positive experiences and impact in the hospital, when encouraged by the health professionals, to make a better use of time. Through the dialog they have a better adaptation, they share, and they interact with hospital people and environment<sup>(16)</sup>. The presence of the mother/accompanying member must be valued by the team as an opportunity to establish dialog and reduction of the anxiety to overcome the obstacles, in the coping with problems<sup>(6)</sup>.

It is believed that the health team has an educational role with the parents/accompanying members, making them able to take care of the child, both in a hospital, as well as at home. Some authors highlight that the interpersonal relations are strengthened through the effective communication, which consists in observing, attentive listening, nearness of the other to promote welfare, security and reliability<sup>(7-8)</sup>. Therefore, the interpersonal relations imposed to communication in the act of care are considered relevant, whether it is the care of the patient or the care of the family.

Accompanying members who report anxiety, fear and guilty during hospitalization, modify their feelings during the process of adaptation to the hospital environment though the exchange of experiences and interpersonal relations in their daily lives, with the team and with other people who experience the same problem. As the accompanying member gets familiar with the situation and the environment, the relations with the team become solid and his co-participation, in the care of the baby, also increases<sup>(8,17-19)</sup>.

The incorporation of the family as subject of

this care implies in establishing bonds and individualizes attention, thus allowing humanized assistance<sup>(15)</sup>. Under this perspective, the professional needs to have sensibility for the therapeutic welcoming, cultivation of empathy of the patient/family/accompanying member<sup>(3)</sup>, as well as the effective communication which allow the actions concerning the individuality of the newborn and family.

Besides that, the attention to the newborn must be characterized by the technical safety of the health professional acting and by adequate hospital conditions, allied to the softness in the touch during the execution of all the care rendered and to the strengthening of the affective bond between the mother and the baby<sup>(9)</sup>. The promotions of these aspects include the respect to the physical and psychological conditions of the woman facing birth<sup>(3)</sup>.

In this study, the accompanying members (mothers, grandmothers and aunt) showed positive feelings as to expectations and hope to improve the condition of health of the child, and especially, with the possibility of hospital discharge, a desired moment, although it can unleash fear of re-hospitalization through the low immunity and vulnerability of the newborn in getting sick<sup>(20)</sup>.

As the positive evolution in the prognosis of the child is perceived, the fear vanishes and the feelings of trust and hope are renewed<sup>(18)</sup>. Hope for the recovery of the child and religion strengthen the coping of the parents, bringing emotions and positivity concerning the condition of health of this child<sup>(20)</sup>.

A research reported significant differences of parents who value hope during the treatment of the children, concerning the behavior of the health professionals. Laymen in the biomedical knowledge do not always believe in the cure, due to technical procedures<sup>(19)</sup>. During care values, beliefs and religiosity are identified, which are intrinsic to the human being; however the health professional must give attention to the affliction of the one who suffers, trying to know the reason of such feeling, promoting his participation in the treatment and in recovery of the health of the hospitalized baby.

During hospitalization, few accompanying members reported difficulties concerning the resolution of the problem of health of the child and others did not consider them difficulties, which show conformation facing the situation of the illness and hospitalization of the baby. However, they recognize difficulties, which are inherent to the lack of adequate assistance in the city of origin, scarcity of researches, distance and locomotion. Under these circumstances, it is noticed that the involved people depend on the Unified Health System, which provides resources of the assistance, including the transportation to the units of reference.

Differently, some studies refer to the dissatisfaction of the accompanying members facing the hospital installations, discomfort regarding the physical environment, noise and failures in the assistance of the nursing team to perform some care with the patient<sup>(14,16-18)</sup>. The period of hospitalization enables the accompanying members to analyze the people and the environment, which can imply in the satisfaction of the patient.

A study that approaches the family involvement in the hospital scope reports that the long the family/accompanying members remains in this environment, the more they learn about the culture of such place, they recognize the competent health professional, as well as those who interact well<sup>(8)</sup>.

The nursing team, providing assistance which allows a greater proximity to the client, favors the influence in the adaptation to the coping of the difficulties inherent to the disease and hospitalization. The nurse develops his abilities, being able to promote and keep the relationship with the team, the user and the family, establishing an effective communication<sup>(7)</sup>. So the interpersonal relations between the nursing team and the accompanying member are strengthened by the meaning of this dialog, which per passes safety and reliability.

The role of the nursing team permeates the execution of technical procedures, which collaborate in the recovery of the health of the child; however, they must provide assistance to the family concerning their

doubts, in the support to the initiatives and the stimulus to the development of his care, highlighting physical, socioeconomic, cultural and spiritual context<sup>(8)</sup>. The professional support, through conversation and comfort, brings to the parents/accompanying members, feelings of tranquility for the safety and words of help.

During hospitalization, the contribution of the team is fundamental to involve them in the reality of health of the child. The family must be seeing as active participant in the treatment and, therefore, offer them the necessary support to act, provide subsidies so that the caregiver copes with the situation, being able to deal with his own conflicts, fear and increase of responsibilities<sup>(15-16)</sup>.

The nursing team has an outstanding role in this period of hospitalization, when they develop a closer care and show to be more accessible to the user and the accompanying member, which enables them to have an adequate and effective communication. So, the health professionals must offer immediate emotional support to the accompanying member, making them able to detect possible problems and implement the necessary interventions, in order to provide the family and care givers/accompanying member a cozier environment, which helps them to cope with the hospitalization of the newborn.

## Conclusions

The accompanying members remained the whole time in the hospital during the hospitalization of the newborn, and all of them have the degree of kinship, being the mother the main figure in the process. It is believed that the presence of the accompanying mother increases the effective bond and contributed for the recovery of the health of the child.

The results of the research revealed gaps of knowledge, concerning the illness, clinical diagnosis and treatment of the newborn by the accompanying member, when they reported restrict information, using popular language, but comprehensive to its understanding.

Under the view of the accompanying members, the difficulties became like accessibility to the service of reference and locomotion, through the public transport, differently, from what was expected concerning the aspects related to the infra-structure of the environment and to the scarcity of help of the nursing team to provide care.

Regarding the expectations, the accompanying members placed themselves, generally, in a positive manner. Concerning the care with the child, they highlighted the assistance rendered by the nursing team as being helpful and agile, which favored the involvement of the people in the hospital environment.

It is outstanding the role of the professional as a mediator of relations and bond with the user and the accompanying member, of integration of the client with the hospital environment, through the adaptation and the adjustment to the real situation. It is recommended that the nurse reveals the process of humanization in the assistance to the health of the client, performance of his role, in order to preconize efficient communication and make the hospital environment less stressing and welcoming to the accompanying member.

The making of the research only with the accompanying members of the hospitalized newborn in the emergency room showed to be one of the limitations of the study for not making feasible the generalization of the findings arising from the sectors of hospitalization. However, it is expected that the results can subsidize information for the reconstruction of the practices in the scope of the attention to health.

## Collaborations

Oliveira MGM contributed in the design, collection, organization and interpretation of the data. Lopes MMCO contributed in the design of the study, interpretation and analysis of the data and closing of the final version of the article. Lélis ALPA supported in the analysis and interpretation of the data. Mota ZG supported in the interpretation of the data. Cardoso MVLML contributed in the analysis and interpretation of the data, closing of the final version of the article.



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