Original Article

Paternal participation in the neonatal intensive care unit according to the conception of nursing team

Participação paterna na unidade de terapia intensiva neonatal segundo a concepção da equipe de enfermagem

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ABSTRACT | OBJECTIVE: To identify the view adopted by the nursing team regarding the father's participation in the neonatal intensive care unit. **METHOD:** An exploratory approach of qualitative nature, through an open questionnaire, and eventually, submitted to Bardim's content analysis. **RESULTS:** The analysis of the survey led to the construction of 3 categories: A discrepancy in recognizing the singularity of the father in the father-mother-child trinomial; the reception and insertion of the father in the context of NICU care with the newborn; creation of family bond and assistance in the clinical development of the NB. **CONCLUSION:** Nursing recognizes the father figure as a provider of benefits to the NB and implements practices that promote their embracement and closeness with the child. However, the team still has a lagged view on the true role of fatherhood in the family context, contributing to the creation of a social stigma of men as an adjunct.

DESCRIPTORS: Neonatal ICU. Nursing Team. Father.

RESUMO | OBJETIVO: Identificar a visão de membros da equipe de enfermagem acerca da participação do pai durante a hospitalização do recém-nascido na unidade de terapia intensiva neonatal. **MÉTODO:** Abordagem exploratória de natureza qualitativa, por intermédio de um questionário aberto, e posteriormente, submetido à análise de conteúdo de Bardin. **RESULTADOS:** O exame das entrevistas levou à construção de três categorias: discrepância em reconhecer a singularidade do pai no trinômio pai-mãe-filho; o acolhimento e a inserção do pai no contexto de cuidados com o RN; criação do vínculo familiar e auxílio no desenvolvimento clínico do RN. **CONCLUSÃO:** A equipe de enfermagem reconhece a figura paterna como provedor de benefícios para o RN e implementa práticas que promovem o seu acolhimento e aproximação com o filho. Contudo, equipe ainda possui uma visão defasada sobre a verdadeira função da paternidade no contexto familiar, contribuindo para a criação de um estigma social do homem como coadjuvante.

DESCRITORES: UTI Neonatal. Equipe de Enfermagem. Pai.

Submitted 05/06/2021, Accepted 07/14/2021, Published 08/18/2021
J. Contemp. Nurs., Salvador, 2021 October;10(2):225-232
http://dx.doi.org/10.17267/2317-3378rec.v10i2.3815 | ISSN: 2317-3378

How to cite this article: Afonso GA, Francisco NFX, Castro RBC. Paternal participation in the neonatal intensive care unit according to the conception of nursing team. J Contemp Nurs. 2021;10(2):225-232. http://dx.doi.org/10.17267/2317-3378rec.v10i2.3815

Introduction

The Neonatal Intensive Care Unit (NICU) is the space of a nosocomial hospital designed for highly complex care of critically ill children. This unit must be composed of modern technology and qualified professionals to ensure specific and advanced assistance for the rehabilitation of the ill patient.[1]

In addition, it is essential for the neuropsychomotor development of the newborn (NB) that the NICU should be planned and organized. The unit's structure needs to ensure that all services provided, whether technical or care, meet all the needs of the NB and his family continuously.[2]

However, even with all the necessary infrastructure to provide intensive care, the process of admission to the NICU may offer risks during this period for the later development in childhood and adolescence of the NB. Procedures such as venipuncture, blood collection, endotracheal, and upper airway aspiration are some examples of routine activities in the sector that can trigger traumas for the patient.[3]

Therefore, the family of the hospitalized child is also submitted to a period of experiences that can generate traumas, anxiety, fear, insecurity, and other negative repercussions in their lives. In this sense, the care must be transversal to minimize the impacts of a hospitalization.[4]

It is possible to make explicit the context in which the father figure recognizes the inequalities in the treatment and functions assigned by the nursing team, compared to the mothers' participation in the care of newborns. It is also pointed out that the mother is seen as the protagonist in caring for the child and the father has a supporting role, that is, one that is less important and with auxiliary tasks.[5]

It is the responsibility of the nursing team members not only to assist focused on the child but also to receive the father in the hospital context, in order to promote the integrality of care and help this family member, who often goes through feelings of helplessness, insecurity, and incapacity, usually caused by limitation and social exclusion.

As such, the social view on integral parenthood is based on stereotypes and social stigmas culturally transmitted over the years, in which the mother figure stands out with protagonism and which reflects in a limitation of paternal exercise.

The attention to the father's necessities may be compromised because of the greater dedication and interest of the professionals focused on improving procedures, once the ability to perform techniques is more valorized as characteristics of a good team, putting in second place the intervention with family members and companions.[6]

Then, the nursing team is subject to a defunct biologic treatment model imposed in the intensive care treatment routines, in which issues related to welcoming and valuing the father's feelings in the hospitalization process are abstracted.

According to Ordinance No. 930/2012 of the Ministry of Health, the father should be encouraged in the care provided to the NB at the NICU and have free access and permanence in the sector.[7] Thus, it is also reaffirmed its essential participation in the context of co-responsibility of family care through the National Humanization Program as an individual agent necessary to compose the neonatal care.[8]

Therefore, the nursing team must be attentive in directing its attention to the father during the entire time he is present in the sector to answer questions, welcome, and explain the technological resources used in RN care.[9]

Notoriously, it is possible to notice the father's desire to interact with the child; however, his insecurity and lack of opportunity prevent him from participating in the care process.[6] So then, nursing must perform actions that encourage the therapeutic touch to strengthen the affective bond and promote fathers' security in exercising their paternity.

Therefore, parents should be involved in basic care, from the first visits until the preparation for discharge, such as changing diapers, gavage of the diet offered, and body hygiene.[2]

It becomes relevant, thus, the need for a study to identify the vision of nursing team members about the father's participation during the hospitalization of the NB at the NICU.

It is expected to contribute, thus, to a reflection and critical thinking of nursing professionals about the paternal presence at the NICU, in order to develop behaviors for the effective inclusion of this component in the family context; for the exercise of the principle of the integrality of the Unified Health System (SUS) in the hospital setting, ensuring actions that strengthen effective public health policies; for the academic community in the enrichment of technical-scientific content of the proposed theme, given the scarcity found on the subject that addresses the paternal vision in the NICU. In addition, to arouse interest for future students about the importance of the proposed theme; for society with the emphasis of the model of social construction in which understands the father figure as a protagonist in the process of caring for the child, extrapolating outdated views about the role that the father plays.

Methodology

The study is based on an experimental approach method and is qualitative in nature.

As inclusion criterion, all nursing team members who voluntarily accepted to contribute to the research were approached, and the positions of care nurses, supervisors, coordinators, and nursing technicians with active employment in the NICU sector were identified. Those who were on sick leave and those who refused to participate in the research were not included in the study. The voluntary invitation was made by the authors of the study to the professionals so that all work schedules were included.

For this, the research was conducted in two different NICUs in the interior of the state of Rio de Janeiro in the period from December 2019 to January 2020. The first belongs to a private institution, with a capacity of 05 beds of Intensive Care Unit (ICU), 03 of Intermediate Care Unit (ICU), and 02 pediatric beds, with the possibility of serving 06 users of the Unified Health System (SUS). The unit has a multi-professional team made up of 5 care nurses and supervisors, 4 of whom work 24x72h and 1 with 8-hour shifts, along with one nurse manager, 13 nursing technicians with 12x36h shifts. In addition, it offers neonatology, pediatrics, physical therapy, speech therapy, psychology, social work, nutrition, cardiology, ophthalmology, and ultrasonography services.

The second belongs to a public hospital, composed of 10 ICU beds, 5 ICU beds that are not located within the sector but nearby, in the external corridor. The team has eight care nurses and supervisors, on duty 24 hours a week, one nurse coordinator with 8 hours a week, 22 nursing technicians with a work regime of 24x72h, 5 of 12x60, and 2 with 8 hours a day. Thus, the same multidisciplinary services are available as in the first institution.

An open-ended questionnaire was applied consisting of three guiding questions: "What are the benefits of the father's presence for the NB at the NICU? How does the nursing team welcome the father in the NICU context? What are the strategies adopted by the nursing team to encourage the father's participation during the hospitalization of the newborn in the NICU?". The interviewees answered in a reserved place in the sector with privacy, considering all the day, night, odd and even shifts, including weekends. The interviews took an average of 6 minutes to be answered in both institutions. All were fully transcribed into the computer by the researchers using Microsoft Word 2016 software.

Subsequently, data collection was submitted to Bardin's content analysis, divided into 3 stages: pre-analysis, related to the gathering and organization of the material, carrying out a floating reading of it; exploration of the material, by the method of coding, classification, and categorization, in order to select the content and divide it by a systematic process; interpretation, associated with the inference of the content raised according to the problematic explained in the research.[10]

The application of the questionnaires to the participants was initiated after the approval of the submission to the Ethics Committee on Research Involving Human Beings of the Oswaldo Aranha Foundation (UNIFOA) as governed by item IV of Resolution No. 466 of December 12, 2012, of

the National Health Council under opinion CAAE 24355919.4.0000.5237. All guests had their identities preserved in order to ensure their privacy, being represented differently by the initial letter of each class - nurse (N) and nursing technician (N) -, followed later by a numbering.

Results and discussion

For this study, ten nurses and 28 nursing technicians participated voluntarily, all female, with a mean age of 38 and 41 years old, respectively. The time of professional experience in the NICU corresponded to 31.42% (11) less than or equal to 1 year; 17.14% (6) between 2 and 4 years; 14.28% between 5 and 9 years; and 37.14% (13) greater than or equal to 10 years. 08 professionals refused to answer the proposed questions.

After collecting and processing the data from the questionnaires, three distinct central ideas were identified that present the father's participation in the NICU through the testimony of the nursing staff: discrepancy in recognizing the father's singularity in the father-mother-child trinomial; the father's welcoming and insertion in the NICU care context; and the aid in the NB's clinical development; and the creation of the family bond and aid in the NB's clinical development.

(I) Discrepancy in recognizing the father's singularity in the father-mother-child trinomial

During questioning focused on the nursing staff's overall view of the father, many members responded by introducing the mother into the context, emphasizing her presence over the father figure.

Unfortunately, the nursing staff is not yet trained to see the family as a whole. The view is still very restricted to the mother-child binomial, exempting the father from a more effective participation in the care provided to the hospitalized NB. Because of this, many fathers cannot realize or understand the importance of their presence, sometimes unconsciously neglecting their collaboration in the recovery of the newborn. There are few approaches and encouragement from the nursing staff. (E.5)

The baby feels calmer with the family presence, not only the father's presence, but the mother's as well. (E.7)

"Asking him to bring little clothes (when the mother is unable to come). (T.26)

During questioning focused on the nursing staff's overall view of the father, many members responded by introducing the mother into the context, emphasizing her presence over the father figure.

The answers explicit the idea that professionals still cannot differentiate the importance and participation of the father in the family context.

According to Law No. 8069 of July 13, 1990, the Child and Adolescent Institute (ECA), the father and mother have the same rights, duties, and responsibilities regarding child care.[11]

Moreover, according to the theorist Wanda Horta, nursing should consider the human being as authentic, unique, and singular because he is inserted in a universe where he seeks to balance his functions. Therefore, if an imbalance occurs, demands are generated that imply states of tension, and it is necessary to meet them, as they are related to basic human needs, which are related to the social level.[12]

Therefore, like mothers, fathers constitute a primordial role in the family context; however, they have different demands from women, and nursing professionals must pay attention to the treatment of fathers in order to include them in the NICU scenario. Thus, by ensuring attention to their participation, it is possible to promote their social function in the family.

Moreover, the interviewees' statements refer to the cultural idea that the father figure has the role of helping the mother, playing a supporting role, while she is centered in the direct care of the child.[13]

Although there are cases of hospitalization where the mother is limited in NICU visits, usually in the first moments of the puerperal stage, the father becomes a link between her and the NB because he is the one who has the first contact with the child and the health team. However, the nursing team should not consider the father's participation exclusively in this context but at all times during the hospitalization of the NB.

Consequently, this contributes to the construction of a social stigma of a being with an exclusive support function, usually through the generation of the family income, which initiates the removal of the integral function of fatherhood.[14]

Therefore, it is emphasized that the father's presence in the neonatal intensive care environment is indispensable since his participation goes beyond common sense values and must be an object of continuous attention of the nursing team.

(II) The father's welcoming and insertion in the NICU care context;

It was noted that some team members are concerned about welcoming and introducing the father in the context of the NICU routine, making him a subject of care practice and knowledge about the NB's clinical situation.

The nursing team must welcome this father in a more humanized way, encouraging him to touch the baby, to talk, stimulate the kangaroo method, explaining the whole process of the baby's hospitalization so that he can participate more fully in the care and treatment of his child. The information passed on and every doubt clarified reduces the father's anxiety, thus, he is calmer and passes security to his son. (E.7)

Accompany the development of the hospitalized child, knowing how to act when intercurrences occur, when the child is not in the hospital environment, let the parents participate in the diet of this child, teaching how to offer the diet by suction, gavage, changing diapers, identify possible rashes, part of hygiene, show how it is performed, put diapers, clothes, check temperature [...]. (T.8)

Orienting with specific instructions from the sector, calming down whenever possible in tense moments. Reassuring them about routine procedures and leaving them at ease to express their doubts. (T.2)

The kangaroo method is evidenced as one of the ways of inserting fatherhood into direct NB care, as it contributes to increased weight gain, cognitive and motor development, provides the necessary warmth to maintain body temperature, reduces the risk of infections, reduces the risk of apnea and bradycardia, reduces the level of stress and pain, and strengthens the affective bond.[15]

Therefore, the reception performed with the father allows the performance of paternity, which establishes the closeness with the child at the NICU and allows him to be an agent of care. Furthermore, by encouraging him to assist his son, the first learning process is started to learn about the care of the NB.

It is important to note that men have negative feelings of fear, insecurity, anxiety, and anguish when faced with their children being hospitalized, which demands professional intervention.[16]

Therefore, preparing the parents to visit the NB, unique care, qualified listening, concern with the emotional aspects, the inclusion of the family member in decision making about the NB's care plan, and valuing beliefs are some fundamental factors linked to humanization for a nursing approach that goes beyond technical aspects and conducts.[17]

Thus, the strategies developed by professionals in the sector to welcome and bring the parent closer to the hospitalized child contribute significantly to a therapeutic embracement. In addition, the welcoming activities promoted in the health care context generate benefits for the client and his family, generating factors that contribute to the well-being of those involved.

That reflects in a more effective paternal participation in the sector, once these factors will promote a bond of trust in the nursing team and other health professionals, allowing the father to expose his doubts and feelings, making him more present in the intensive care unit scenario.

However, it was noticed reports that this practice is still difficult and far from being fully performed in every intensive care environment.

We still have few strategies aimed at inserting it in the care context. (E.5)

From what I see and experience in this unit, the father's presence in the ICU is minimal, except for a few who come and it is clear how well he does for the baby. (T.16)

There is not much incentive, no. (T.17)

One of the factors that justify the absence of the father figure at the NICU is based on Brazilian legislation, in which the paternity leave is only five days. This short period hinders a better interaction of father-child contact since the NICU environment already causes family separation.[18]

Additionally, the father's appearances can sometimes occur in a short period, linked to feelings of negativity and detachment, leading to an unwillingness to participate in the bond during the NB's hospitalization.[14]

That is related to the lack of embracement performed with the man during the first visits to the hospitalized child, as well as the lack of access by occupational demands, which contribute to doubts, insecurities of an unknown environment, culminating in the lack of interest in participating in the whole process in the sector. Thus, it is observed that the father has multiple needs that require attention from professionals for an effective reception.

(III) The creation of the family bond and aid in the NB's clinical development.

It was noticed that the participants recognize that the introduction of the father in the NICU context favors the establishment of the affective bond, which generates benefits for the family, as well as promotes the child's clinical well-being.

The child feels in a more familiar place with the father's voice and touch, especially in the exchange of a father-child bond. (E.7)

The father taking in the RN at this time contributes to the bonding of this baby. (T.13)

The greatest benefits are neurological, the child feels in a more familiar environment with the father's voice and touch, especially in the exchange of a father-son bond. [...] decreases the HR (heart rate), ventilation, numerous benefits can be noted. (E.7)

The newborn gains weight faster and has a better recovery. (T.15)

Minimizes pain and snuggles. (T.28)

The construction of the father-child family bond begins during the prenatal period with the mother and is consolidated after birth.[19] Thus, fatherhood continues its development through personal relationships with them and a gradual interaction with the NB.[20]

Therefore, the nursing team must support this feeling because the NICU may offer a risk to this closeness. From this, it is possible to promote the social function of the father and child binomial from the first moments of contact between these two beings.

In addition, other benefits are evidenced in studies, mainly related to the kangaroo method, such as control of body temperature and glucose levels, improved sleep pattern, decreased occurrence of crying, oxygen saturation, decreased risk of infection, and hospital length of stay.[21]

Therefore, the father's participation brings physiological benefits for the NB, promoting an improvement in the development of his general condition.

Limitation of the study: difficulty in answering the questionnaire was perceived as it is a subject that is little discussed among the team.

Conclusion

By being culturally removed from domestic chores, the father receives a social stigma that distances him from a more intimate care relationship with the child, which diverts the attention of health professionals on his consideration in the hospital setting. Thus, it becomes evident in this study that the father figure's presence is indispensable in the NICU environment.

It was evidenced in the research that the father promotes the RN's well-being through the affective bond and contributes to its clinical improvement. However, although there are nursing strategies to bring them closer, some professionals reported difficulty in adopting this practice, either by deficiency of institutional incentive or by the father's absence.

Therefore, continuing education practices must gain prominence in managers' strategies to create a more father-friendly nursing team to empower workers regardless of their length of professional experience.

Exercising fatherhood is a man's right and duty. Thus, it is up to the nursing staff to recognize this fundamental value and develop new protocols to bring fathers and children closer together during the process of hospitalization in intensive care, in addition to enforcing existing public policies.

Author contributions

Afonso GA and Francisco NFX participated in the conception, design, search, and statistical analysis of the research data, formulation of the methods, application of the questionnaires in the field research, interpretation of the results, preparation of the discussion, conclusion, and writing of the scientific article. Castro RBC participated in the conception, design, search, and statistical analysis of the research data, formulation of the methods, discussion, and scientific article writing.

Competing interests

No financial, legal, or political conflicts involving third parties (government, private companies, and foundations, etc.) have been declared for any aspect of the submitted work (including but not limited to grants and funding, advisory board participation, study design, manuscript preparation, statistical analysis, etc.).

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