

## THE INTENTIONAL ACTION OF NURSING TEAM TO CARING FOR THE NEWBORN IN THE NICU

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### ABSTRACT

Study carried out in order to understand the intention of the Nursing when taking care of the Newborn in the Neonatal Intensive Care Unit. The theoretical and methodological framework was characterized in sociological phenomenology of Alfred Schutz. The study included 16 members of a nursing team in the Neonatal Intensive Care Unit of a public maternity ward of the city of Rio de Janeiro. The statements were taken by phenomenological interview, the intentional action was unveiled by the following categories: seeking the best care and the improvement of the NB; recognizing the human perspective of care in NICU; and acting with responsibility. The action typical of nursing caregivers in exercising their care to newborns proved to be a liability lawsuit, concern, attention, affection and sensitivity, generating a critical and reflexive sense of the ethical and human aspects of their actions. The results point to rethink new ways to care, using art and creativity in adapting and humanization of technology, including ethics as important theme in the production and development of new knowledge.

**Keywords:** Nursing. Neonatology. Technology. Ethics.

### INTRODUCTION

This study arose from our concerns about the Nursing actions when taking care of the Newborn (NB) in the Neonatal Intensive Care Unit (NICU). In care practice, we realized that sometimes technology reveals a mechanical, cold and impersonal care, opposite from life and human being issues. The technological intervention as opposed to ethical and humane care, associated with moral values and principles that we have acquired during our personal and professional training, motivated us to its realization.

Babies who have some risk and those born premature usually need a more complex care, leading them to be hospitalized in NICU. This unit is a technological environment of high complexity, for receiving newborns who need special care. To provide life support to these children, it is necessary a skilled multidisciplinary team, an adequate space, materials and equipment available and functioning<sup>(1)</sup>.

In this way, the NB remains in an environment that, although is essential for the

sophisticated technology that ensures his life, is also hostile by the aggressiveness of the techniques and invasive procedures to be undergone. These activities require knowledge, skills, responsibility, commitment and sensitivity of professionals, in addition to biological and technical aspects<sup>(2)</sup>.

On one hand, the technology enabled to keep those NBs alive, on the other hand it created a barrier between man and the machine, putting the human professional side. Thus, this technicality environment can become cold and hostile, reducing the NB to mere object of interventions of human action.

In this scenario, it is common to see situations in which technology reigns on interpersonal relationships, bringing impersonal, cold and devaluation of care. Therefore, it is necessary to reconcile the technical and scientific development of nursing actions to ethical and bioethical concepts in order to subsidize a care that values life, to protect, improve and preserve the integrity and human dignity<sup>(3,4)</sup>.

Ethics is something in each one, according to our luggage of life, involving awareness of the human being's value. It is not a prescription of

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principles that judges human behavior as absolute<sup>(5)</sup>. In this sense, care is not only technical, it involves values and commitment to the person and human life, revealing the nature and concrete way of the human being.

However, what determines if a technology is good or bad is not by itself, but the way how is used by professionals, its purpose and attitude to possible losses and complications arising from its use<sup>(6)</sup>. Therefore, actions, attitudes and intentions of the nursing staff when taking care of the NB, should have scientific knowledge, experience, intuition and critical thinking in order to promote, maintain and restore the health of the newborn.

In this sense, ethical care requires nursing actions that consider the individuality and subjectivity of the person care, relieving their vulnerable condition, as result of his/her state of weakness and illness, compromising the independence, dignity and integrity<sup>(7)</sup>.

Humanizing care has become a major challenge for health professionals, demanding individual and personal attitudes against an entire dominant technological system. Although the interactional relationship has become increasingly impersonal, we must not give up the face to face contact, involvement and commitment of nursing with the baby and the family, our perception, sensitivity and intuition at the time of this meeting<sup>(8,9)</sup>.

Regarding the humanization of neonatal care, the Ministry of Health recommends actions to respect and value individuality and human dignity through ethical and caring attitudes, ensuring the adoption of measures and beneficial procedures for monitoring the labor and birth, avoiding practices unnecessary interventionist, which, although traditionally made, they do not benefit the newborn and may expose it to risk situations<sup>(10)</sup>.

Considering these issues, from the theoretical-philosophical foundation of Alfred Schutz, this study seeks to understand what the Nursing Team is intended to take care of the Newborn in the Neonatal Intensive Care Unit.

The development of this study is justified to subsidize nursing actions, enabling an approach to the conceptions of bioethics in the care process and the settling of new knowledge and contributing to an ethical and humane care,

where the NB is seen in its individuality and integrity.

### **Theoretical-philosophical framework**

Alfred Schutz, lawyer and sociologist born in Vienna in 1899, devoted his studies in social phenomenology. Based on Max Weber who developed studies on human action, he sought the philosophical thought of Husserl for a comprehensive sociology, taking the essence of human action as his starting point<sup>(11)</sup>.

For Schutz, it is not important to investigate individual behavior, but the behavior of a particular social group that is experiencing a situation in daily life, expressed through their actions. In this sense, the social action is a conscious human behavior, between two or more people, designed by the actor, who acts and gives the action a subjective meaning<sup>(12)</sup>.

The action is a human behavior, designed by the individual intentionally, with a purpose, related to their own experiences and luggage of life. This action takes place in the social world, enabling the approach and communication among people, placing ones in relation to others, revealing the inter-subjective experience through face to face relationship<sup>(11)</sup>.

These relationships indicate an inter-subjective world, where actions and expressions are given relationally between people who share their experiences, allowing an experiential approach and better understanding of the human being. In this sense, the relationships are always established and shared with others, even though each individual has their way of thinking and interpreting a situation at a given time, even though they share the same thought<sup>(12)</sup>.

The subject who experiences the action is in the world of life through their experiences, relations with others and to the world, enabling to get knowledge that will be settling throughout their existence<sup>(13)</sup>.

Schutz believes that each one has their own biography in the social world, although it is experienced differently by each individual<sup>(12)</sup>. The biographical situation shows that two people can never experience the same situation in the same way and causes the individual to act in a certain direction, influencing the reasons that lead to certain action<sup>(13)</sup>.

Understanding the action is a human behavior consciously designed by the actor involving a

voluntary and intentional order. With subjective meanings, intentionality is closely related to the action and actor awareness<sup>(11)</sup>.

The objective action is understood by the reasons for, when the realization of the action is directed to the future and the reasons why, when the actions are evident in the events already completed. They are past experiences that led him to act as he did it, and may influence the actions in the present<sup>(13)</sup>.

Thus, the international projection of the action comes from the actor's consciousness, and the meaning of the action is understood through their subjective interpretation. In order to understand the subjective action of the person, Schutz defines the reason for, as something that wants to accomplish, objectives sought to be achieved, having a dedicated time frame for the future, forming a subjective category of action, that is, being closely related to the action and the actor's consciousness<sup>(12,14)</sup>.

## METHODOLOGY

This is a qualitative study with phenomenological approach and theoretical-methodological framework of Alfred Schutz. Phenomenology as a method, seeks to understand the human beings from their own world, through an inter-subjectivity relationship, based on the principle that an individual's knowledge is only possible with the description of human experience as it is lived<sup>(15)</sup>.

In this sense, the phenomenon are experienced from awareness, consisting of acts, intentionally and with an ultimate goal, endorsed by their own conscience. In this way, assuming that the actions are based on past experiences and the individual's knowledge, it is understood that the nursing team's actions when caring for the NB in the NICU are conscious, voluntary and directed to the future<sup>(16-17)</sup>.

Through the concepts of social phenomenology of Alfred Schutz, it was possible to unveil the intentionality of action of the Nursing Team to caring for the NB in the NICU, that is, what they have to perform this action. For this, it was necessary to seek the subjective meaning of their actions in the life experiences of each individual.

The scenario was a NICU in a Public Maternity Ward of the city of Rio de Janeiro, specialized in the care of pregnant women and Newborn of low, medium and high risks. It has 120 beds, distributed in emergency, nursery, rooming, gynecological ward and high-risk pregnancies, maternal-fetal ICU, delivery room, operating room, and outpatient care and some specialized services.

The nursery has 60 active beds, 20 are from the Intensive Care Unit, 24 from the Intermediate Unit, 10 from Low Risk Nursery and 06 from Mãe-Canguru Ward.

There were 16 Nursing professionals participating, high and middle education grades working in the NICU, chosen randomly, and who were willing to participate. The choice was due to the free will and interest of nursing professionals to participate in the study, without difference in their category.

There were 50% of nurses, 31.25% nursing technicians and 18.75% nursing assistants, of which 68.75% are part of the day shift and 31.25% from the night shift.

The interview took place through the pre-established contacts with the institution and the subjects of the study, from January to May 2009. After initial contacts, meetings occurred on day and time setting along with the respondent, and their willingness to participate. The interviews were conducted in the workplace, in reserved and appropriate environment for the person to feel comfortable talking, respecting their privacy.

The understanding of the speeches was through phenomenological interview, recorded and later transcribed for classification and analysis, aiming at achieving the objective of the study.

Supported by the theoretical framework of Alfred Schutz, the question that guided the development of phenomenological interview was: What do you have in mind when caring a NB in the NICU?

The Study was submitted to the Research Ethics Committee (CEP) of the Municipal Secretary of Health of Rio de Janeiro, through Protocol 0002.0.314.000-09. After approval, it was requested authorization of the research subjects through the Consent and Informed Term that meets the criteria established by Resolution

No. 446/2012, ensuring privacy and anonymity of respondents<sup>(18)</sup>.

Anonymity of respondents was respected, using code names that symbolized their actions, and in our perception, they represented the emotional relationship of these professionals with the NB and the family during the hospitalization period.

## RESULTS AND DISCUSSION

From the analysis of the speeches 03 categories emerged enabling the understanding of nursing actions when caring for the NB in the NICU as a typical, revealing an action that aims at *seeking the best care and the improvement of the NB, recognizing the human perspective of care in the NICU and acting with responsibility*.

### Seeking the best care and the improvement of the NB

When analyzing the speeches, it was identified the concern of the team with the result of their actions, seeking to benefit and maintain the newborn's physical integrity during their care. They express the desire for improvement, healing and discharge, with the main concern as the preservation of life and the maintenance of the child's health status, in conditions of survival and quality of life.

Although many times professionals consider necessary the technology for recovery of the child, they show from their speeches that the focus of their actions involves the NB and the family as the center and subject of care. When they can achieve these goals, they show a professional realization of care and a care satisfaction.

My goal when I'm in a NICU is that the child leaves the Neonatal Unit within the possibilities and the best [...] do the best for the child, to get out of there [...] do it the best as possible, trying not to hurt any scientific precept [...] think of the physical integrity of the child, think about being taking care of this child knowing that you are not caring at that time only, you are taking care to create a human being in the future, with the least possible sequels [...] about what you learn what is right and what is wrong, you try to follow the right. (BEATRIZ)

[...] You want the kid goes, to grow, staying in the ICU, go to UI and then go to the crib to the BBR

and then the discharge, and mothers bring them for us to see [...] how they are after that [...] for me, it is to do the best [...] is the best we can do for children in care [...] seek to improve, get better and better to take care of the baby [...] I further improve their conditions [...] through this technology, we improve treatment, reduce the suffering of the child [...]. (MARIANA)

This category reveals that there is an intentional and intersubjective action for nursing with the NB, expressing feelings of fulfillment of accomplishment and satisfaction when they see the influence the improvement of the NB that benefits the child and his family.

This social world of the NICU is not an environment only dominated by the technical and scientific activities but also where people interact and relate to each other. Intersubjectivity constitutes a shared world through interpersonal relationships, structured of the everyday life<sup>(13)</sup>.

The speeches highlighted a careful zeal, with quality, in order to minimize the damage and losses arising from professional action. There is a concern to maintain the ethical principles in order to benefit and ensure the integrity of the NB, with the fundamental principle to their dignity as human beings.

There is a concern of caregivers in their actions not to infringe one of the principles of bioethics, the beneficence and non-maleficence, when they recognize the NB and the family as human beings of rights. The principle of beneficence requires that the actions of care are carried out for the child and the family. The non-maleficence is related to the duty to act in favor of the other, preventing any damage arising from human action<sup>(4,19)</sup>.

Emergiu nos discursos que a observação, a percepção e a sensibilidade são características inerentes ao cuidador em suas ações, revelando um cuidado humanizado, que se expressa por atitudes de carinho, respeito, afeto e atenção. O que desejam alcançar é um cuidado que vá além da execução das técnicas, que envolva o encontro, a presença, as relações afetivas, onde o RN e a família são vistos de forma holística, com as suas características, individualidades e particularidades.

### Recognizing the human perspective of care in the NICU

During the speeches observation, perception and sensitivity are inherent characteristics of the caregiver in their actions, revealing a humanized care, which is expressed by attitudes of affection, respect, affection and attention. They want to achieve is a care that goes beyond the application of the methods involving the meeting, the presence, affective relationships, where the newborn and family are viewed holistically, with their characteristics, individualities and particularities.

[...] Despite all the technology we work, I think the care, the issue of touch, the human being, taking care of the other, it is irreplaceable [...] even trying to use the machine, it will not be able to replace the human being [...] we see that technology is important, but it is only an accessory. The touch, the human being is first. (F<sup>o</sup> of ANA)

[...] Focus on that child in a more human way, stop to think that it is not something that we have to handle fast or in a certain way, he feels pain, he is a being who needs care and special care. We can never stop seeing that baby as a being, because sometimes we stop and we are looking only for monitoring, to put the pump, you have to put the sensor and sometimes we are lost seeing all that things and we forget the issue of humanization of that baby, that this baby not only need that, he needs a care, a caring, we see that baby as a being [...] I know it's necessary, it helps us a lot in care, but we should never have to stop looking at that baby in a different way. (VITÓRIA)

It is observed that the actions developed by the nursing staff when taking care of the NB are intentionally. Schutz says that every action has an intentional character<sup>(12)</sup>. From this perspective, the professional action shows signs of a humanistic practice, where the NB is perceived in its entirety.

Thus, the NB must be considered and respected as a human being, full of emotions and individualities, and not as an intervention object. Therefore, the nursing actions should not focus only on the biological aspects, but also in stimulating the development of psycho-affective of the NB<sup>(2)</sup>.

The speeches rescue the importance of touch, affection, care and caregiver's attention with the NB, showing a humane and integrated way to technology. IN this way, care is not limited to

technical-scientific aspects, the proper performance of a particular technique, involving a way of relating and engaging with each other, where being and doing are closely linked to caring attitudes, respect, attention, presence, compassion, love, concern, solidarity, warmth, responsibility, commitment and involvement<sup>(8,20)</sup>.

In this perspective, the NB is a relational and interactive being, living in a constant interactive involvement with others and with the world around him, in a relationship that we consider face to face, that is the established relationship with the staff, family, friends and community<sup>(14)</sup>.

In an interactional context, caring the NB provided different and unpredictable reactions that bring emotional and caregiver behavior responses with each baby. The very condition of fragility and vulnerability that makes the baby dependent on the caregiver, besides its interactive capabilities, contributes to the construction of attachment and the emotional bond between the team and the baby, characterized by humanized care.

### Acting with responsibility

This category reveals the responsibility of caregivers expressed in their speech by the fragile, vulnerability and dependence condition of the NB, requiring a perception, sensitivity and attention of the caregiver, beyond the commitment, the very sense of responsibility and technical skill, determining different ways to take care and an ability to see the newborn in a special way.

[...] When I'm taking care of a NB is the responsibility because it is closely linked to ethics, because [...] the Neonatal patient is totally dependent on the caregiver, for everything and he cannot respond and defend. Then on the ethical issue, care has to do with the responsibility [...] I think it's responsibility, moral commitment to what you are doing with the importance of being executed [...]. (PAULO GABRIEL)

[...] You are taking care for a person dependent on his care and it requires a lot of responsibility. The adult responds by himself, but the child does not. The child is helpless, do not complain about anything and is exposed to our care. (FELIPE)

The typical action of Nursing caregivers in caring the NB proved a responsibility, concern, attention, affection and sensitivity action,

generating a critical and reflexive sense of the ethical and human aspects inherent to their actions.

The caregiver realize that technology is important in the recovery of the newborn, but what determines whether it is good or bad, is not the technology itself but the way it is used by professionals, his intentionality, his conscience and responsibility for the possible complications and losses arising from its use.

As seeking the technical expertise, it is necessary to implement nursing care technologies, which can integrate the technical cause with the ethical dimension of care, enabling a more humanized care, consisting in less interventionist actions, being a permanent process of reflection and collective construction<sup>(20)</sup>.

The fact that newborns are dependent on the caregivers, by their deliberative inability of their actions and desires, caregivers have a much wider responsibility. This responsibility is not limited to the technical aspects, the rules of professional behavior, but is directly related to the values and moral component of each individual.

Another ethical principle that involves neonatal care is autonomy, that in the specific case of the NB, this right is delegated to parents, by their deliberative inability of their actions and desires. In this situation, the child nursing assistance should be directed towards an ethical care, supported in bioethics as a reflective way to rethink the action of care, eliminating the paternalistic attitude, involving the family in nursing care<sup>(4)</sup>.

Sharing with these ideas, nursing actions directed to the NBs must be guided in a process of interaction and reciprocity, considering their as a person in the process of transformation. Therefore, they must be protected from violation of their rights and have their dignity respected<sup>(19)</sup>.

## FINAL CONSIDERATIONS

The study shows that the NBs is perceived by the caregiver as a unique human being, with their own needs, identified through their behavior and their reactions, who in addition to technical skills and scientific knowledge, need

the presence, intuition, perception, sensitivity and responsibility, which is the driving force for humanized care.

The daily life of the nursing staff in the NICU was shown positively in intentional professionals project, showing a nursing seeking to do their best, involved and committed to comprehensive care, health and quality of life of the NB.

Although technological and interventional environment are for the recovery of the NB, nursing actions can manifest in a negative way in the NICU every day, revealing a care devoid of involvement, mechanical and impersonal. This interference characterizes the fragility of the study.

The challenge is to reduce the impact of technology in situations involving technology and neonatal care. For this, it is necessary to establish criteria based on ethical principles in order to provide a safe care, responsible and aware of predictable and unpredictable consequences of human action.

In this context, we consider respect for the human being, technical and scientific knowledge, professional ethical responsibility and moral values for the performance of professional behavior and preservation of these children's lives.

Considering that Nursing is a profession committed to the health of the person in all its dimensions and acts according to the principles of ethics and bioethics, caring for the NB requires responsibility and technical expertise by the professional.

Therefore, it is up to the professionals to know their code of ethics and the rights of the child, so they can respect it and promote the quality of care, always acting with responsibility, respect and professional commitment to the human being cared.

In order to have responsibility, it is necessary a caregiver awareness about their actions. In this sense, the technological imperative can influence professional behavior, eliminating the ethics and human consciousness, devoid of moral values, principles and character, thus determining, mechanical and impersonal actions.

The study is applicable to the NICU care practice with the technology in the nursing actions. It is expected that this professional acting make the caregivers to reflect on their

actions, contributing to an ethical and humane care that values and respects human life in all its dimensions. We consider also that the study brings contributions to research and teaching,

which should include ethics and bioethics as an important topic in the production and development of new knowledge.

## A AÇÃO INTENCIONAL DA EQUIPE DE ENFERMAGEM AO CUIDAR DO RN NA UTI NEONATAL

### RESUMO

Estudo realizado com o objetivo de apreender o que a Equipe de Enfermagem tem em vista ao cuidar do Recém-Nascido na Unidade de Terapia Intensiva Neonatal. O referencial teórico-metodológico pautou-se na fenomenologia sociológica de Alfred Schütz. Participaram do estudo 16 profissionais da equipe de enfermagem da Unidade de Terapia Intensiva Neonatal de uma Maternidade Pública do Município do Rio de Janeiro. As falas foram captadas por meio da entrevista fenomenológica, cuja ação intencional foi desvelada através das seguintes categorias: buscar o melhor cuidado e a melhora do RN; reconhecer a perspectiva humana do cuidado na UTI Neonatal; e Agir com responsabilidade. O típico da ação dos cuidadores de Enfermagem ao exercerem o seu cuidado ao Recém-Nascido revelou-se como uma atuação de responsabilidade, preocupação, atenção, carinho e sensibilidade, gerando um senso crítico e reflexivo sobre os aspectos éticos e humanos inerentes às suas ações. Os resultados apontam para repensar novas maneiras de cuidar, utilizando a arte e a criatividade na adequação e humanização das tecnologias, incluindo a ética como temática importante na produção e no desenvolvimento de novos saberes.

**Palavras-chave:** Enfermagem. Neonatologia. Tecnologia. Ética.

## LA ACCIÓN INTENCIONAL DEL EQUIPO DE ENFERMERÍA PARA EL CUIDADO AL RECIÉN NACIDO EN LA UCIN

### RESUMEN

Estudio realizado con el fin de captar lo que el Equipo de Enfermería tiene en cuenta al cuidar del Recién Nacido en la Unidad de Cuidados Intensivos Neonatales. El marco teórico y metodológico se basó en la fenomenología sociológica de Alfred Schütz. El estudio incluyó a 16 miembros de un equipo de enfermería en la Unidad de Cuidados Intensivos Neonatales de una Maternidad Pública de la Ciudad de Rio de Janeiro. Las declaraciones fueron tomadas por entrevista fenomenológica, cuya acción intencional se dio a conocer por las siguientes categorías: buscar la mejor atención y la mejora del RN; reconocer la perspectiva humana de la atención en la UCIN; y actuar con responsabilidad. La acción típica de los cuidadores de Enfermería al ejercer el cuidado al Recién Nacido se reveló como una actuación de responsabilidad, preocupación, atención, afecto y sensibilidad, generando un sentido crítico y reflexivo sobre los aspectos éticos y humanos inherentes a sus acciones. Los resultados apuntan a repensar nuevas formas de cuidar, utilizando el arte y la creatividad en la adaptación y la humanización de las tecnologías, incluyendo la ética como tema importante en la producción y en el desarrollo de nuevos conocimientos.

**Palabras clave:** Enfermería. Neonatología. Tecnología. Ética.

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