

Nurses' empathy with newborns hospitalized in neonatal intensive care units

Empatia de enfermeiras com recém-nascidos hospitalizados em unidades de terapia intensiva neonatal

Empatía de enfermeras con recién nacidos hospitalizados en unidades de cuidados intensivos neonatales

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Abstract

Objective: To understand the experience of nurses' empathy with newborns hospitalized in a Neonatal Intensive Care Unit.

Methods: This is a hermeneutic phenomenological research. Eleven interviews were conducted with nurses from a Neonatal Intensive Care Unit, located in Cuiabá/Mato Grosso, Brazil. The collection took place between May and August 2018. The data were analyzed according to the thematic analysis proposed by Max van Manen.

Results: Nurses interact with several newborns during their work, of these interactions only a few gained the specificity of being signified as empathic. In empathy, nurses are instructed by the meaning they attribute to the experience of seeing the newborn in the incubator, among them, the meaning of having maternal affection or not, the reading of the expression of crying, the burden of painful procedures suffered by the newborn, the time of hospitalization and the identification of pain stand out. The behavior that nurses had when they were empathic expresses an affective centrality with the use of the body that takes the baby on the lap, chat, caress, touches, partly by trying to supply the absence of mothers' affection.

Conclusion: It is evidenced nurses' subjective work in episodes of empathy, and its potentialities in making nursing care humanized for hospitalized newborns, as well as the challenges and limitations that empathy can bring to nurses' work.

Resumo

Objetivo: Compreender a experiência da empatia de enfermeiras com os recém-nascidos hospitalizados em Unidade de Terapia Intensiva Neonatal.

Métodos: Pesquisa fenomenológica hermenêutica. Foram realizadas 11 entrevistas com enfermeiras de uma Unidade de Terapia Intensiva Neonatal, localizada em Cuiabá/Mato Grosso, Brasil. A coleta ocorreu entre maio e agosto de 2018. Os dados foram analisados de acordo com a análise temática proposta por Max van Manen.

Resultados: As enfermeiras interagem com diversos recém-nascidos durante seu trabalho, destas interações somente algumas ganharam a especificidade de serem significadas como empáticas. Na empatia, as enfermeiras são mobilizadas pelo significado que atribuem à experiência de ver o neonato na incubadora, dentre estes, destacam-se o sentido de ter ou não afeto materno, a leitura da expressão do choro, a carga de procedimentos dolorosos sofrida pelo recém-nascido, o tempo de internação e a identificação da dor. A conduta que as enfermeiras tiveram ao serem empáticas expressa uma centralidade afetiva com o uso do corpo que dá colo, conversa, acaricia, toca, em parte pela tentativa de suprir a ausência do afeto das mães.

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Conclusão: Evidencia-se o trabalho subjetivo da enfermeira nos episódios de empatia, e suas potencialidades em tornar o cuidado de enfermagem humanizado para os recém-nascidos hospitalizados, bem como os desafios e limitações que a empatia pode trazer ao trabalho das enfermeiras.

Resumen

Objetivo: Comprender la experiencia de la empatía de enfermeras con recién nacidos hospitalizados en unidades de cuidados intensivos neonatales.

Métodos: Estudio fenomenológico hermenéutico. Se realizaron 11 entrevistas con enfermeras de una unidad de cuidados intensivos neonatal, ubicada en Cuiabá, estado de Mato Grosso, Brasil. La recopilación de datos se llevó a cabo entre mayo y agosto de 2018. Los datos fueron analizados de acuerdo con el análisis temático propuesto por Max van Manen.

Resultados: Las enfermeras interactúan con varios recién nacidos durante su trabajo. De estas interacciones, solo algunas recibieron la especificidad de ser entendidas como empáticas. En la empatía, las enfermeras se sienten movilizadas por el significado que le atribuyen a la experiencia de ver al neonato en la incubadora. Entre ellos, se destaca el sentido de tener o no tener afecto materno, la lectura de la expresión del llanto, la carga de procedimientos dolorosos sufrida por el recién nacido, el tiempo de internación y la identificación del dolor. La conducta que las enfermeras adoptaron al ser empáticas expresa una centralidad afectiva con el uso del cuerpo que arropa en brazos, conversa, acaricia, toca, en parte como un intento de suplir la ausencia del afecto de las madres.

Conclusión: Se observa el trabajo subjetivo de las enfermeras en los episodios de empatía y su potencial de hacer que el cuidado de enfermería se vuelva humanizado para los recién nacidos hospitalizados, así como los desafíos y limitaciones que la empatía puede acarrear en el trabajo de las enfermeras.

Introduction

In the health field, empathy has been the object of scientific investigations in areas of knowledge such as medicine, psychology and nursing, and in nursing it is little explored among professionals, concentrating research with undergraduate students.^(1,2)

In nursing, empathy is described as a cognitive attribute and an emotional attribute, or a combination of both. Cognition, in empathy, is the mental activity that involves the acquisition and processing of information that leads to a better understanding (of the other, in this case). The emotional aspect is the sharing of affectation manifested by subjectively experiencing a feeling (in the encounter with the other),⁽³⁾ even though empathy is an important professional skill in social relationships in health, it is little studied in how it takes place in the contexts of professional nursing practices.⁽¹⁾

Another conceptual aspect of empathy comes from philosophy and places it as the experience of a foreign consciousness, a way of intending the other that allows the foreign experience to be given to the empath as a foreign experience and not as its own.⁽⁴⁾ This conceptual debate demonstrates the polysemy of the term and the interdisciplinary character that empathy has assumed in the literature.

In the Neonatal Intensive Care Units (NICU), various situations require empathy from nurses, such as encouraging parents to stay in the unit, the need for touch and physical contact with newborns (NB) by parents and professionals, and at-

tempts at non-pharmacological actions for pain relief. Empathy also influences the way nurses deal with death situations in the NICU.⁽⁵⁾ Furthermore, the Kangaroo Mother method adopted in neonatal units favors the prognosis of NBs and mothers' participation in the care of her children,⁽⁶⁾ putting both hospitalized mothers and NB in interaction with the nurses, situation in which professionals' empathy can exert a strong influence on quality of care.

However, there are still few studies that analyze how empathy happens to nurses working in the NICU. Likewise, even more scarce are the studies that investigate the empathy of these professionals in relation to the hospitalized NBs under their care. The cognitive dimension itself, present in some explanations about empathy, would prevent us from understanding this phenomenon in a relationship in which patients cannot verbally communicate their feelings and emotions, as is the case with NBs. Babies' communication takes place through gestures, which requires professional experience to understand it.^(7,8)

Nurses working in the NICU are attentive and sensitive to physiological and behavioral changes in NBs. Interpreting the baby's non-verbal language is an important tool for implementing care actions. The body language of preterm NBs is read by nurses, and this interaction needs to be explored and understood, as it has consequences for the health care of these NBs.⁽⁹⁾ The empathy between nurse and NB could influence this interaction and under-

standing, denoting the importance of research on the subject.

The body language of NBs, when interpreted by nurses, constitutes, therefore, the peculiar interaction between professionals and patients in the NICU, even if they do not use verbal language. About this interaction and this way of getting to know patients, the phenomenon of empathy can also be situated and influencing health outcomes. This research starts from the following question: how is the experience of empathy between nurses and babies admitted to the NICU? The aim of this study was to understand the experience of nurses' empathy with NBs hospitalized in the NICU.

Methods

This investigation takes place along the lines of a hermeneutic phenomenological research and was taken from the doctoral thesis in nursing entitled "*Empatia de enfermeiras em UTIN*". Phenomenological research is the study of how phenomena present themselves to consciousness, the only human form of access to the world.⁽¹⁰⁾

This phenomenological study is hermeneutical in the sense that it does not aim exclusively to describe how the experience is given to consciousness, but seeks to find what the interviewees can reveal towards the studied phenomenon. To reveal the direction that something indicates is to interpret it. The expression phenomenological description signals an interchange between the pure description of a phenomenon (research descriptive character) and the direction that this phenomenon points, its interpretation (research hermeneutic character).⁽¹⁰⁾

This study investigated the empathy experiences of nurses working in the NICU of a university hospital. The unit has ten beds for intensive care in neonatology. The hospital is public and federal, located in Cuiabá, Mato Grosso, Brazil.

People who could be informants in the survey were nurses with experience in neonatal intensive care for more than six months were included. Exclusion criteria were not applied. From the first contact with the coordinator of the unit's nursing

service, the indications of nurses who met the criteria emerged. At each new interview, the nurse suggested the following, which was contacted by the researcher and invited to participate. Only one of the invited nurses declined to participate in the research; however, the interviews granted allowed sufficient quality of information to respond to the objective of the study.

The individual interviews followed the recommendations of the phenomenological approach in research and were recorded in a digital audio recording device for later transcription.^(10,11) The duration of interviews ranged from forty minutes to two hours and forty minutes and started with the following guiding question: what have you experienced in relation to empathy in caring for babies and their families? These were conducted by the researcher and first author of this study, who had no prior contact with nurses. Data collection took place in the hospital's teaching annex, which had classrooms that could be reserved for this purpose. The exception about the location was with two nurses, one preferred to grant the interview at her home, the other opted for a hospital meeting room. During these meetings, only the nurse and the researcher were present. Data collection took place between May and August 2018. The criterion of the power of information was observed in order to achieve the objective of the study, and the fieldwork ended with the eleventh interview.⁽¹²⁾ All survey informants were nurses, experienced in neonatal care.

Data analysis was carried out according to the thematic analysis in hermeneutic phenomenological research proposed by Max van Manen. The theme is an aspect of the experience structure. Therefore, it is something that tells us something about the experience studied, and it can signal us the direction of the experience itself. A theme can be understood as a way of inadequately summarizing, in scientific language, a simplification of the investigated experience. It can also take on the contours of being something found at a certain moment in a text, not a mere thing or a union of units of meaning. Still, it can be a way to meet the phenomenon we intend to understand.⁽¹⁰⁾

When one begins to discern themes in the phenomenological study, it highlights them in partici-

pants' speeches, in the sentences that point to this theme, that allude to it, that suggest it, that capture a statement of meaning.⁽¹⁰⁾ Data analysis summarized nurses' empathic experience with NBs hospitalized in the NICU into two themes, presented in the results. This sequence of discerning, highlighting, summarizing and organizing the themes in a scientific text took place at the same time as data collection. After the end of it, it was still necessary to focus on the summarized themes to organize them as a text capable of expressing the understanding of the experience of empathy.

In all stages of this research, ethical principles were met, as per Resolution 466/2012 of the Brazilian National Health Council (*Conselho Nacional de Saúde*), with approval of the research protocol by an Institutional Review Board (IRB), Opinion 2,624,217 (CAAE (*Certificado de Apresentação para Apreciação Ética* - Certificate of Presentation for Ethical Consideration) 86136418.0.0000.5541). Participants' names were replaced by the letter "E", and sequenced by the numbering of each interview (E1, E2, E3, ...E11).

Results

Nurses had between four and 25 years of graduation. The length of professional experience in the NICU of the study location ranged from one to 16 years. Four interviewees worked in the afternoon shift, two in the morning shift, three in the night shift and two held management positions at the hospital at the time of data collection. Most of them were married (07), the rest single (04). Only three nurses had a specialization in neonatology. Work in the NICU has the characteristic of placing under the responsibility of a single professional, the nurse, several NBs in their hospital beds, incubators. For the participants of this study, empathy does not happen with all of them, which gives the empathic relationship between nurses and NBs a specificity. This specificity occurs from the perception of something that mobilizes them, the intentionality of consciousness turns to NBs without question. The first theme of results deals with mobilizing aspects

of NBs that lead nurses to act empathically. In the second theme, the empathic behavior was explored, i.e., the actions that, when performed, were remembered and understood by them as empathic.

Instruction for nurses regarding the newborn in the incubator, in the interactions understood as empathic

The presence or absence of a mother next to the incubator is something perceived by the nurses. A NB alone in his incubator, without his parents or a companion, appears in professionals' perception as mobilizers of actions understood as empathic by them. On the one hand, it is the perception of a NB whose mother is absent in the NICU that draws attention, causing the nurse to imagine being her mother, to supply him in this absence. On the other hand, the mother who is present and participatory also attracts their attention. As we can see:

"I realize that I have more ease of... getting involved... when he is abandoned by his parents, which here has a lot. [...] as it would be if he had a mother? Then I catch him like i'm his mother picking up." (E2)

"Like, Bed 6, that mother is here all the time [...] I'm going to play? I'm going to play. Only Dona Clarinda's baby, I'll give more. Because she (the baby) has no one out there at this time." (E5)

"Maybe the one that the mother does not come, who is alone longer." (E8)

"Those that are present. It is a consolation for those who care for. Because there you begin to see that damn, she is playing the role of mother, even without experience, even having other children at home." (E8)

"And her struggle me... Like, it moved me a lot because the way he was, the gravity of it. And she didn't get away. [...] It moved me, caught my attention, that I start talking to her." (E10)

It was observed that the meaning of receiving affection from the mother is something special, this

leads the nurse to perceive the absence of a mother due to the concern with the lack of this affection for the baby:

“[...] I have thus a differential with the one that I realize does not have maternal affection. [...] that child who does not have the affection, which should have, one that does not have the presence of parents, or the mother. In my case, I emphasize the mother a lot because the affection of a mother is different from the affection of a father. My point of view.” (E5)

“Miniel is a child who is there and, thus, does he have a father? Yes, the father never came here. Does he have a mother? The mother comes as if it were a visit. She does not come daily. [...] then it's complicated. Then, where is the affection?” (E5)

It was evidenced that the severe clinical picture, such as cancer illness in a NB, was also reported as a case that aroused empathy:

“Then, there was a baby that was born with sarcoma. He was born with a mass between the scrotal stalk and the anus. Huge, huge! He was born with cancer. And then, you've done the colostomy... I've never seen this before, you know? Then everyone got attached.” (E2)

The NB's crying also emerges as a mobilizer, which arouses the nurse's interest in a baby. Let's see how it appears in these experiments:

“Because it happens more, for example, when the baby is crying. When a baby is feeling sick.” (E4)

“I'm telling you why if you've cried too much I'll go in there and take him and keep him on my lap. If I can do the Kangaroo method, I put it in and I do what I can to do the administrative, I put it in here, in me, and I do it.” (E5)

“I think it's the time when... You get more involved. We even play sometimes, there is always one that cries more. Then, this one goes to everyone's lap.” (E6)

“These babies are the ones who cry the most, the ones who do not have the presence of a companion. That's what you have to really take.” (E10)

The perception that the hospitalization of a NB causes the break of the bond between them and their mother also mobilizes the nurse in the experiences described as empathy, as stated:

“You can see that, it's... it was already separated early there at the time of the mother-child bond. So, you're already getting close to that baby, starting with the touch. Chatting, we talk...” (E4)

It was observed that empathy also emerged as a characteristic of nursing work itself in neonatology, regardless of whether it is a NB accompanied or not, weeping or not. As we can see:

“Child, right? We end up being more touched. I think you end up getting involved with the family member. It's different from the look you have for an adult. [...] I think it's easier for you to welcome this child. [...] It's that little being over there who is so helpless that you end up wanting him, you end up adopting him. Especially the premature infants who end up staying more in the NICU, anyway.” (E6)

The longer hospital stay also influences, due to the greater possibility of involvement. The burden of painful procedures that are performed with this NB also mobilizes the nurse.

“Those who have been hospitalized longer, you have already provided greater care, who has had a longer time of coexistence [...] so we kind of mobilize more with him, because he was more exposed to painful procedures.” (E8)

“Those who stay longer, we end up creating this empathy, this bond too.” (E10)

Empathy also appears in interviews associated with a clinical nursing competence, which makes nurses think about sensitivity to clinical issues

(pain, hunger, sleep, discomfort, physiological changes). It is this perception of a NB inside the incubator in a NICU, a stressful environment that awakens to imagine itself as being someone inside that incubator.

“It’s because you imagine you lying inside an incubator... Empathy is you put yourself in place, right? Of the person, of that human being who is there, right? So, imagine you, with your extremely exposed skin, you have no hair, you have virtually no epidermis, imagine you being touched, manipulated all the time. Won’t you be in pain? What would you like me to do with you?” (E3)

The nurses participating in this study are responsible, each, for 05 beds of NICU during their work shift. Among the 05 NBs they assist, those who are alone, without visits or their mother by their side, or those whose mother is struggling to stay by their side and take care of them identify the nurse’s intention, instructing her.

In addition to maternal affection, crying, severe clinical picture, hospital stay and burden of painful procedures, and being in an incubator also attract the nurse’s attention to act empathically.

Nurses' empathy with newborns: empathic conduct

This theme deals with the understanding of interviewees about how the situations of empathy experienced by them were. There is a centrality of the action, which has been called empathic conduct. The experience of empathy emerges as a form of attachment to the NB, an affective involvement, which motivates the nurse to act by pampering, touching, talking and caring:

“When I get attached.... It’s... it’s kind of weird, because when I like the child, like, cuddling and spoiling. [...] I talk, I try to talk, take. [...] I mean, I’ll evaluate the fontanel, I already caress in the head.” (E2)

“So, you’re already getting close to that baby, start with the touch. Talk, we talk..., I talk. [...] then

we feel empathy. Starts on the baby and then come the rest. [...] affection you have for the baby. We give a lot of affection, take him and put on the lap. When it is possible to take the child, we take him.” (E4)

In an empathic conduct, putting NBs on the lap is an important action. For some nurses, the baby needs the lap, caring, touch and skin-to-skin contact. That is why she turns to the one who has this need for a lap. Meeting this need for affection is understood as being empathic with the NB. As we can see:

“I speak like this: that the baby loves a lap. The lap is very good. If the baby is crying, you go there... Let’s assume a baby situation that is stable. You’re crying, you go there and you take him in your lap, take your little hand, you talk to the baby.” (E4)

“I think it’s good for this affection, this interaction. You caress on the head. In the little hand, in the little foot, talk to him. That’s it... Hold the baby on the lap when he is crying. [...] I pick him up, I can’t, if there’s a baby crying, I go there and pick him up.” (E4)

Empathy also arises when the nurse makes a sensitive clinical evaluation, a capacity developed with professional experience. In this sense, empathy speaks of a more thorough, caring care, when she cares for a baby as she would like them to take care of her. And the clinical look is in the evaluation that she can do with the signs that the NB gives her, such as crying itself, for example:

“They don’t talk! But you notice by crying, by the reaction of the face, by skin color, irritability. All this is a way to check the pain. So, if I were premature, the first thing I would like would be to relieve my pain.” (E3)

“He won’t tell you. You will have to look and observe. Are you angry? How’s that cry of him? Is it continuous? Yes, it is... Do we say it’s an “intermittent crying”? Skin color? Is he cyanotic, pale? How

is temperature? He cries even in the cold! So, it's perception.” (E3)

There is also a perception that empathy should be avoided, because it brings loss, suffering and mourning to the nurse:

“Yeah... we get attached, you know? And, try not to... try! We have to strive not to get attached. Because he gets attached to everyone. You have to try to talk: ‘No, I don't want to.’” (E2)

“Because when I get attached, I suffer too much [...] and so what happens: I try not to get involved.” (E2)

This theme of the empathic experience with the NB in the NICU demonstrates that some of nurses' daily actions are interpreted by them as empathy. In this understanding, acting with the body, which gives lap, affection, touch and conversation, emerged as important to perceive the pain and what the NB is in need and experiencing. It is evidenced an experience of affective involvement, and that in some cases can be avoided by the nurse by the negative effect that this involvement can bring to her.

Discussion

The analysis of the structure of the empathy experience started from the description of what is shown to the conscience of the nurses participating in this study, i.e., the phenomenon there: the meaning attributed to NBs in their incubators in cases of empathy.

As phenomenologists, the concern is centered on how things are seen, not what is seen.⁽¹³⁾ Thus, the NICU environment in this study is the same reality seen by all participating nurses; however, their view within the scope of empathic experience is what was unveiled, in the scope of our own interpretation of their experiences. In other words, NBs inside the incubator alone is “what you see”. The mother's lack of affection, an absent mother, the breaking of a bond between mother and child, NBs' fragility and vulnerability, the pain and dis-

comfort caused by the NICU environment, the lack of family, the lack of anyone for him it is “the see” of nurses about this. The exposure of the phenomena that are revealed in the interviews is what is seen of the world, by the nurses, and not the world in itself.

In analyzing the structure of the experience of empathy, it is noted that there are some marks (indices) that NBs carry and that call the attention of interviewees. In this study, empathy is a phenomenon, as it is a real event that takes place in certain social interaction relationships between nurses and NBs in the NICU. Empathy is a meaning given to a lived relationship, when the other presents themselves to the conscience of this professional and instructs her.

Empathy with NBs in the NICU is not a special way of perceiving the other, it is what makes the other special in the nurses' experience. It has no relevance because it is a way of perceiving another directed, but because it is a perception of the other that becomes special for a person who is empathetic, according to the mobilization they cause them, allowing them to act for the other.

Our results suggest that there is a situation of NBs admitted to the NICU that arouses nurses' attention, opening up the possibility of the experience of empathy. NBs whose mother is absent have their space, they awaken them to affective involvement and lead them to act empathetically. The image of a baby alone gained significant form in the experiences of empathy, signaling fragility and vulnerability to the research participants, having the power to arouse affective involvement.

This mobilization of nurses is consistent with an empathy that indicates affective involvement with NBs. There is an aspect of this experience that speaks of the need for a baby to receive affection from a mother, affection, lap, touch. Thus, the empathy of nurses with NBs admitted to the NICU operates through an affective and emotional process, as seen in other contexts.⁽³⁾ The cognitive component, however, which would allow for a better understanding of the other's experience, gains a different understanding, and the empathetic person's taking perspective has its own contours in this scenario.

Some phenomenologists claim that empathy presupposes a differentiation of experience between

the self and the other,⁽¹⁴⁾ perhaps in the interaction with a neonate we cannot affirm empathy in these terms, precisely because we cannot assure what is the experience of NBs admitted to the NICU, and how it is lived by them.⁽¹⁵⁾

It has been shown that nursing care for a NB can be understood as giving an affective response to their behavior, something that is in view by the team when providing care in the NICU.⁽⁸⁾ The condition of fragility and vulnerability that makes NBs dependent on another human being, as well as their interactive capacity, will influence the construction of an affective and attachment bond between the nurse and the baby, which was understood as being empathetic with NBs.

The nurses participating in this study describe their empathy as involvement with a NB, which differs for them from other NBs in a NICU. If there was an object of babies' experience (absence of a mother and family as experienced by NBs), this object would be given indirectly to the nurses, who read it in the crying expressions, this, in turn, given in a perceptual way.

Thus, a baby's cry is given perceptually to the nurses, but the reason for the crying would be given indirectly: being separated from its mother, being without a mother's affection, being alone. Empathy as the perception of a foreign consciousness could clarify this process,⁽¹⁴⁾ the expression of a NB interpreted by a nurse is what would indirectly give him the object of babies' experience. However, they are structuring their psychological life, which limits these explanations of empathy in the cases of nurses with their NB patients in the NICU.

We do not know how pain is experienced by a NB, just as we cannot describe their experience of separation from their mother, not in the same way that a child or an adult experiences it. Babies, as a subject in psychological structure, will express their suffering in body organization, in the manifestation of reflexes, in sleeping and eating habits, i.e., their suffering is observable, not ineffable. Additionally, hospitalization in the NICU can lead to a disorganization of their habits, such as bedtime and eating time, of their reflexes, such as suction and, mainly, the symbolic place they occupy for their parents.⁽⁷⁾

We observed that the nurses interviewed interpret the body gestures of NBs admitted to the NICU. However, this is done more through their experiences and the world of everyday life, and less through some technique that allows the recognition of psychological distress. Nurses learn to know their patients, just as a mother learns to interpret their children's crying, through experience.

A study that investigated, through phenomenological research, the nursing team's intention when caring for patients admitted to the NICU, showed that NBs can be perceived by the caregiver as someone who has their own needs. These needs are expressed by NBs' behavior and reactions to it require, in addition to scientific knowledge and technical skill, intuition, perception, responsibility and sensitivity.⁽⁸⁾

A baby's cry is important in the work of professionals working in neonatology, regardless of the meaning expressed in this cry, or whether we can attribute some experience to NBs.⁽¹⁵⁾ The nurse's reading takes place not only in the expression of a crying NB, but in the "baby in her incubator alone" scene, which gives her news that a mother does not come to visit her hospitalized NB child.

Our findings suggest that in the everyday and pre-reflective world of life, if we understood empathy as a way of perceiving the other,⁽¹⁴⁾ we would make all social relationships and interactions in the NICU equal, because empathy would be the way in which is perceived, and it does not speak of the quality of what is perceived to the one who is noticing. This would be to deny what nurses described about episodes of empathy, when the other stopped being just another perceived person, and started to receive an orientation of the other directed intentionality.⁽¹⁶⁾

For nurses working in the NICU, empathy is an affective bond capable of ensuring that a NB does not suffer from the separation from their mother. To be an affective bond that makes the nurse want mothers to be with their children, and empower themselves with their motherhood. An affective bond that seeks, in some way, to avoid the abandonment of a baby by the parents.

The actions within the NICU that received the sense of being the experience of empathy by the

nurses studied, agents of this action, are expressions of the body. They use their bodies to be empathetic with babies. Regardless of the mobilization character, what we started to highlight here is bodily and affective aspects that empathy has for these professionals. In turn, research showed that affection, affection and attention are expressions of characteristics that the nursing team sees in NB care.⁽⁸⁾

The aspect of empathy as clinical sensitivity, which also appears in our findings, is not concerned with being alone with a baby, but if nurses manage to relieve their pain, their discomfort. In empathy as clinical sensitivity, nurses care as they would like to be cared for. In this sense, the clinical look at the baby's expressions, such as crying, is what will allow them to become sensitive to their pain and identify whether they feel pain or discomfort.

What happens in relation to pain identification has already been evidenced in another study on pain management in NB by nurses. It is a reading and interpretation not only of changes in physiological patterns, such as the drop in saturation, but also of bodily expressions, behavior and, also, crying. An interpretation made by nurses, without the use of scales or applied scientific knowledge.⁽¹⁷⁾

An understanding reaches us, that when empathy is something that permeates the practice in nursing, it improves and sharpens nurses' sensitivity to take care of NBs, with a view to good clinical practice, there is no characteristic of babies that draws attention, such as being without their parents, as everyone is assisted. This aspect is present when empathy is the way nurses perform their activities with babies.

We consider that the clinic appears here as knowledge that aims at the pathological, the physiological patterns, the good recognition of the health situation based on babies' parameters and expressions. An empathy as sensitivity to pain in NBs. And, the clinic is opposed to the perspective of affective involvement in some way, because when empathy goes hand in hand with the clinic for some nurses participating in this study, the lap, the touch, the affection and the conversation are hidden in the corners. As if good clinical competence diminished the affective component of empathy. It

is worth noting that nurses who consider empathy as an affective involvement do not signal that their clinic is worse or better because of this, they only assert that they are more interested in the other and in interactions beyond clinical care, therefore, more human. Furthermore, we also glimpse the negative aspect of affective involvement, when nurses try not to get involved, and to be empathetic, as they mean this involvement as something that will bring them suffering.

Conclusion

Empathic episodes take place in a dynamic game of perception of nurses and their mobilization to act for the other. There was only empathy when the perception of a situation instructed the nurse in a certain affective involvement, followed by an action towards the NBs, such as touching, cuddling, affection, talking, observing signs of pain. The empathy revealed here a way to make NBs special in nurses' perception, refers to how much paying attention to the other is configured as something that is under the judgment of each nurse, on their own. It is concluded that making professional nursing practice humanized and empathic is a challenge, given the diversity of situations that make a nurse to be empathetic with NBs, and how we can contribute to the training of these professionals to deal with these patients. The research also pointed out a negative aspect of empathy, when the affective involvement with NBs brought suffering, due to the loss, for example; still, we have nurses who attribute to empathy an almost strictly technical view of sensitivity, of recognition of babies' pain and discomfort. What we understand then is that it is necessary to welcome NICU nurses so that they somehow receive support for the subjective work they perform when caring for NB children, experiencing the beginning of life and the constant presence of fear of death. Still, there is a need to broaden the discussion on humanization and empathy in the NICU, to go beyond the control of the stressful environment for NBs, or a technical skill and pain identification as a strict way of being empathetic. In this study, what

makes an empathic nurse is not things, technology, places and spaces, the presence or absence of structure, being trained or a specialist in some area of knowledge. What makes them empathetic are the meanings they mobilize when perceiving NBs in the incubator, these allow them a look that can see the colors of the affective in the relationship with babies in a NICU. By describing the experience of empathy in the ways it presents itself to nurses' conscience, we advance in the description and understanding of this phenomenon. This study has as limitations the homogeneity of the characteristics of the nurses interviewed, all female. Further research with participants with different characteristics is suggested, which could broaden the understanding of the occurrence of empathy among nurses in neonatal care with NBs. However, this study contributes to the debate on the interaction of nurses with their patients in neonatology, something still little explored in the literature.

Collaborations

Mufato LF and Gaíva MAM contributed to study design, data analysis and interpretation, article writing, relevant critical review of intellectual content and approval of the final version to be published.

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