Residência RP Pediátrica
Publicação Oficial da Sociedade Brasileira de Pediatria
ISSN-Online: 2236-6814

Submitted on: 02/29/2024
Approved on: 04/16/2024

ORIGINAL ARTICLE

Knowledge of the needs and satisfaction of family members of patients admitted to the Neonatal and Pediatric Intensive Care Unit of a hospital in southern Brazil

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Keywords:
Intensive Care Units, neonatal, Intensive Care Units, pediatric, Critical care, Family, Knowledge.

Abstract

Introduction: The Neonatal and Pediatric ICU is reserved for highly complex care. The family needs of hospitalized patients, when not met satisfactorily, can intensify their suffering. The objective of the study was to understand the needs in relation to comfort, safety, proximity, information and support of family members of patients admitted to the Neonatal and Pediatric ICU and their satisfaction in relation to such services provided by it. **Method:** observational study with a descriptive design. The population was made up of family members of patients admitted to the unit from March to August 2020 and their needs were investigated through the application of the Inventory of Needs and Stressors of Family Members in Intensive Care (INEFTI). **Results:** Of the 71 family members participating in the research, 59.1% did not have knowledge about the clinical diagnosis of their relatives. The needs considered most important are related to Security and Information. The least important ones are Support and Comfort. The needs for greatest satisfaction are related to Safety and Proximity to the patient. The least satisfied with Support and Comfort. **Conclusion:** The present study suggests that the medical team be accessible and understanding and that they provide complete information to family members about the patients admission diagnosis, as well as the causes and consequences of the disease.

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Resid Pediatr. 2025;15(1). DOI: 10.25060/residpediatr-2025.v15n1-1253

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INTRODUCTION

The concept of humanization includes valuing both patients and professionals in the health production process. The creation of supportive bonds between professionals, patients and family members contributes to an improvement in this process[1]. The humanized act of caring for other people is something that needs to be seen as an integrated whole that aims to care for the sick person and not just the disease itself[2].

Intensive Care Units emerged over the last century and soon showed results in reducing morbidity and mortality among patients who required more individual and specialized care[3]. The Neonatal and Pediatric ICU is also reserved for highly complex care, with the aim of improving the survival of newborns and children who may eventually be admitted to it[4]. In the intensive care environment, hospitalizations leave family members helpless, and cause needs to arise, which, when not met satisfactorily, can intensify their suffering. These aspects cannot be ignored by the hospital and are of fundamental importance for good coexistence in such a difficult environment[5]. Quality care involves not only meeting clinical complexities, but also psychosocial and environmental issues, and establishing harmonious interpersonal relationships with the patient's family members, most of whom are psychologically fragile. Because it is an environment with an intense routine, there is often a lack of interaction and coordination between the parties (professionals and family members), which ends up leaving the patients' relatives even more fragile. It is up to the professional team at the ICU to welcome each family member at this time, always seeking more humanized care[6]. However, the hospital is not always able to provide services that meet the needs of each family member, leaving them in the background. Therefore, it is important to discuss this topic in the academic environment and in society in general, since understanding the needs of family members can help improve their coexistence with the Neonatal and Pediatric ICU. Based on the above, the present study aims to understand the needs in relation to comfort, safety, proximity, information and support for family members of patients admitted to a Neonatal and Pediatric ICU from March to August 2020 and their satisfaction in relation to such services provided by the hospital.

METHODS

A descriptive observational study was conducted with primary and secondary data from family members aged 18 or older of patients aged 0 to 12 years admitted to the Neonatal and Pediatric Intensive Care Unit of a hospital in southern Brazil, with a minimum of 12 hours of hospitalization, from March to August 2020.

The unit studied has thirteen beds, nine neonatal and four pediatric, and serves patients ranging from premature babies to children aged twelve years. Due to the pandemic and visitation restrictions, only 82 patients remained in the unit studied during the collection period (86 fewer patients than in the same period in 2019, according to data from the Information Technology sector of the hospital where the unit studied is located). Only one family member per patient was approached and, of these 82, 11 family members did not participate in the study (2 because they did not meet the inclusion criteria, 3 did not agree to sign the Free and Informed Consent Form (FICF), and the remainder did not respond to at least 40% of the questionnaires). Thus, a total of 71 family members participated in the study.

The data were collected by signing the FICF by the family members, in person and at a single time during one of their visits to the Neonatal and Pediatric ICU. One of the questionnaires was prepared by the researchers, consisting of questions related to sociodemographic information, data about the family member in relation to the patient and in relation to the ICU. If the hospitalized relative was a newborn, the family member also had to respond to information about gestational data and data about the baby, which were included in the questionnaire. After this, the second questionnaire was applied, validated for Brazil since 1999 by Castro[7], called INEFTI (Inventory of Needs and Stressors of Family Members in Intensive Care), which consists of 43 items entitled "needs" and, for each need, there is an individual assessment of the importance and satisfaction that the family member attributes to this item. This assessment is made on a Likert-type scale from 1 to 4, where 1 means "not important" on the importance scale and "dissatisfied" on the satisfaction scale, for example. In this case, needs with an average ≥ 3 are defined as those considered to be of greater importance and greater satisfaction[8].

The 43 items of the INEFTI questionnaire are subdivided into five areas: information, safety, support and comfort.

Since the sociodemographic questionnaire contains questions about the patient's knowledge of diagnostic data, the patient's electronic medical record was accessed to confirm or refute the information provided by the family member as a way of knowing whether he or she was being well informed by the Neonatal and Pediatric ICU team. In addition, if the patient was a newborn, information on birth weight, Apgar score, and gestational data were also collected through the electronic medical record.

In the description of the data, absolute (n) and relative (%) frequencies were used for qualitative variables and measures of central tendency and dispersion for quantitative variables. Normality was identified by the Shapiro-Wilk test. The Excel program was used to prepare the database and the Stata 16.1[9] software was used for data analysis.

RESULTS

Of the 71 patients whose relatives participated in the study, only 6 were not newborns. Table 1 shows the characteristics of the study participants (relatives).

Among the 71 patients evaluated, the mean age was 30.82 years (SD ± 6.52 years) and ranged from 18 to 47 years.

Table 1. Number and percentage of sociodemographic variables of family members of children admitted to the Neonatal and Pediatric ICU in March, June, July and August 2020.

Variables	Number	Percentage (%)
Gender		
Females	68	95.77
Males	03	4.23
Employment situation		
Employed	23	32.39
Housewife	21	29.58
Unemployed	15	21.13
Autonomous	07	9.86
Medical license	04	5.63
Student	01	1.41
Marital status		
Married	34	47.89
Single	21	29.58
Stable union	16	22.54
Schooling		
Complete high school	31	43.66
Complete elementary	13	18.31
Incomplete high school	10	14.08
Complete higher education	09	12.68
Incomplete higher education	05	7.04
Incomplete elementary	03	4.23
Religion		
Catholic	46	64.79
Evangelical	16	22.54
None	05	7.04
Other	04	5.63
Family Monthly income (minimum wage)		
1 to 3	56	78.87
4 to 5	14	19.72
More than 10	01	1.41
Ethnics		
White	59	83.10
Brown	10	14.08
Black	02	2.82

Source: prepared by the authors, 2020.

The median hospital stay of the children was 9 days (P25: 4; P75: 20 days), and ranged from 1 to 240 days.

Table 2 shows the relationship of relatives with the ICU. We saw in the patient's electronic medical records that of the 67 family members who reported knowing the diagnosis of their relatives, only 43.28% (n = 29) knew the clinical diagnosis, 38.81% (n = 26) knew partially and 17.91% (n = 12) did not know the diagnosis. Therefore, we can see that most family members (59.1%) do not have full knowledge of the clinical diagnosis of their hospitalized relatives.

Table 3 contains the data extracted from the electronic medical records. Since 66 were family members of newborns, in addition to the data contained in Table 3, 66 medical records also contained data regarding gestational age (GA), Apgar scores at 1 and 5 minutes and birth weight. Among the 71 patients evaluated, 42.86% had a diagnosis of prematurity upon admission to the ICU, along with other comorbidities, which include congenital pneumonia and acute respiratory distress syndrome as the main ones. Regarding respiratory disorders, in addition to pneumonia and acute respiratory distress syndrome, this category also includes, in decreasing order of appearance, transient tachypnea, meconium aspiration, severe fetal anoxia, laryngomalacia and choanal atresia. Cases of Central Nervous System disorders were distributed into traumatic brain injury (TBI), focal seizure, epilepsy, imperforate anus and complications of Spinal Muscular Atrophy. Cases of cardiovascular disorders involve fetal bradycardia. Regarding metabolic disorders, neonatal hypoglycemia and diabetic ketoacidosis appear. Among the 66 newborn medical records evaluated, the mean gestational age was 33.5 weeks (Standard Deviation – SD: 4.3 weeks) and ranged from 21 to 41 weeks. The median birth weight was 2,255 grams (P25: 1,410; P75: 2,937.5 grams), which ranged from 300 to 7,100 grams. Of the 9.09% cases of drug use during pregnancy, 66.67% used alcohol and 33.33% used alcohol together with illicit drugs.

Regarding Apgar, 60 newborns had data at the 1st and 5th minute described in the electronic medical record. Of these 60 patients, 81.67% had Apgar scores of 7 to 10 (good vitality), 10% had Apgar scores of 0 to 3 (severe asphyxia), and 8.33% had Apgar scores of 4 to 6 (moderate asphyxia).

Regarding gestational data, the most frequent uterine disorders were premature placental abruption, ruptured membranes, oligohydramnios, and intrauterine growth restriction (IUGR). Among the cardiovascular disorders, preeclampsia and systemic arterial hypertension (SAH) were the most frequent. Regarding metabolic disorders, gestational diabetes mellitus (GDM) and hypothyroidism were the most frequent. Cases of maternal infection were distributed among urinary tract infection (UTI) and syphilis; and 32.39% of the mothers did not have gestational complications.

Table 4 shows the data from the validated INEFTI questionnaire. The most important needs are mainly related to Safety, in which all related needs were considered important (score ≥ 3) by 100% of the family members participating in the survey.

The needs considered unimportant, shown in Table 4, are mainly related to Support and Comfort. The least important

Table 2. Number and percentage of family variables and their relationship with the Neonatal and Pediatric ICU in the months of March, June, July and August 2020.

Variables	Number	Percentage (%)
Prior experience with ICU		
No	48	67.61
Yes	23	32.39
Times of ICU experience		
1 time	08	42.11
2 times	08	42.11
3 or more times	03	15.78
Number of visits per week		
Everyday	55	77.46
5 to 6 times	06	8.45
1 to 2 times	06	8.45
3 to 4 times	04	5.63
Means of Transportation used to get to the ICU		
Car	58	81.69
On foot	04	5.63
Bus	03	4.23
Carona	03	4.23
Hitchhike	02	2.82
Taxi Another mean of transportation	01	1.41
Proficiency found in the ICU		
Nurse	56	78.87
Physician	14	19.72
Other	01	1.41
Easy of access to physicians		
Yes	65	91.55
No	06	8.45
Kinship with patient in the ICU		
Mother	68	95.77
Father	03	4.23
Knowledge on the reason for hospitalization		
Yes	67	94.37
No	04	5.63

ICU - Intensive Care Unit.
Source: prepared by the authors, 2020.

Table 3. Number and percentage of variables collected through the Electronic Medical Record of patients admitted to the Neonatal and Pediatric ICU, in the months of March, June, July and August 2020.

Variables	Number	Percentage (%)
Patient's clinical diagnosis		
Prematurity with Other comorbidities	30	42.86
Prematurity	20	28.57
Respiratory disorders	08	11.43
CNS disorders	06	8.57
Cardiovascular disorders	03	4.29
Metabolic disorders	03	4.29
Type of delivery		
C-section	50	75.76
Normal	16	24.24
Gestational complications		
Uterine disorders	12	30.00
Cardiovascular disorders	10	25.00
Disorders in 2 or more systems	10	25.00
Metabolic disorders	04	10.00
Maternal infection	04	10.00
Drug use during gestation		
No	60	90.91
Yes	06	9.09

Caption: CNS - Central Nervous System.
Source: prepared by the authors, 2020.

need among these for family members is "to be informed about religious services".

Regarding satisfaction, Table 4 shows that the needs in which family members are most satisfied are mainly related to Safety and Proximity. The need that contributed most to family members' satisfaction was "to know the patient's chances of improvement", in which 100% said they were satisfied with this service.

The needs with the least satisfaction are mainly related to Support and Comfort. Of these, the need that contributed most to the level of dissatisfaction was "to be accompanied by someone during the visit", in which 54.93% of family members said they were dissatisfied with this service. We can also see that only 1.3% of needs were considered unimportant and only 3% were considered unmet by family members.

DISCUSSION

Most of the family members were female (95.77%). This characteristic was also the majority among family members in the studies found, with the predominance of mothers of patients, highlighting the findings of the present study[10-15].

Table 4. Média e porcentagem da importância e da satisfação das variáveis do questionário INEFTI em relação à UTI Neonatal e Pediátrica nos meses de março, junho, julho e agosto de 2020.

Variables	Mean (SD)	Importance		Mean (DP)	Satisfaction	
		Important N (%)	Not important N (%)		Happy N (%)	Unhappy N (%)
1. Know the patients' chance of getting better	3.91 (0.30)	71 (100.00)	00 (0.00)	3.83 (0.40)	71 (100.00)	00 (00.00)
2. Have overall instructions about the ICU	3.73 (0.53)	70 (98.60)	01 (1.40)	3.63 (0.40)	68 (95.80)	3 (4.20)
3. Be able to talk to the doctor every day	3.9 (0.40)	67 (97.10)	02 (2.90)	3.33 (0.95)	57 (80.30)	14 (19.70)
4. Have a person to give information by telephone.	3.73 (0.60)	66 (92.96)	05 (7.04)	3.6 (0.80)	63 (88.73)	08 (11.27)
5. Have questions answered honestly	3.94 (0.23)	71 (100.00)	00 (00.00)	3.63 (0.80)	65 (91.55)	06 (8.45)
6. Have visiting times changed in special cases	3.8 (0.51)	68 (95.77)	03 (4.23)	3.63 (0.63)	65 (91.55)	06 (8.45)
7. Talk about negative feelings	3.5 (0.82)	62 (87.32)	09 (12.68)	3.3 (0.90)	53 (74.65)	18 (25.35)
8. Have a good cafeteria in the hospital	3.21 (1.02)	54 (76.06)	17 (23.94)	3.33 (0.80)	62 (87.32)	09 (12.68)
9. Be informed about what to do When in the ICU	3.9 (0.40)	70 (98.59)	01 (1.41)	3.61 (0.61)	66 (92.96)	05 (7.04)
10. Have permission to visit the patient at any time	3.7 (0.70)	62 (87.32)	09 (12.68)	3.6 (0.74)	60 (84.51)	11 (15.49)
11. Know who can give the information I need	3.9 (0,35)	71 (100.00)	00 (00.00)	3.63 (0.60)	68 (95.77)	03 (4.23)
12. Having friends around to support me	3.6 (0.85)	62 (87.32)	09 (12.68)	2.8 (1.9)	37 (52.11)	34 (47.89)
13. Know why some treatments were carried out	3.9 (0.32)	70 (98.59)	01 (1.41)	3.6 (0.70)	64 (90.14)	07 (9.86)
14. Feel that there is hope for the patient	3.9 (0.50)	70 (98.59)	01 (1.41)	3.7 (0.60)	69 (97.18)	02 (2.82)
15. Know which professionals are caring for the patient	3.9 (0.44)	70 (98.59)	01 (1.41)	3.6 (0.64)]	67 (94.37)	04 (5.63)
16. Know which treatment is being employed	3.8 (0.50)	70 (98.59)	01 (1.41)	3.7 (0.55)	69 (97.18)	02 (2.82)
17. Be assured that the best treatment is being administered	3.9 (0.41)	70 (98,59)	01 (1,41)	3,8 (0,50)	70 (98,59)	01 (1,41)
18. Having a place to be alone in the hospital	3.0 (1.0)	46 (64.79)	25 (35.21)	2.8 (1.0)	43 (60.56)	28 (39.44)
19. Knowing exactly what is being done for the patient	3.85 (0.40)	70 (98.59)	01 (1.41)	3.6 (0.62)	66 (92.96)	05 (7.04)
20. Have comfortable furniture in the ICU waiting room	3.2 (1.0)	51 (71.83)	20 (28.17)	3.3 (0.80)	59 (83.10)	12 (16.90)
21. Feeling accepted by the hospital employees	3.7 (0.55)	67 (94.37)	04 (5.63)	3.7 (0,53)	68 (95.77)	03 (4.23)
22. Have a person to guide in case of financial problems	3.4 (0.93)	58 (81.69)	13 (18.31)	2.7 (1.0)	39 (54.93)	32 (45.07)
23. Have a telephone near the waiting room	2.6 (1.13)	39 (54.93)	32 (45.07)	2.8 (0.90)	43 (60.56)	28 (39.44)
24. Have the visit of someone from your religion	2.6 (1.13)	35 (49.3)	36 (50.70)	2.9 (0.94)	43 (60.56)	28 (39.44)
25. Talk about the possibility of the patient's death	3.5 (0.85)	62 (87.32)	09 (12.68)	3.4 (0.62)	66 (92.96)	05 (7.04)
26. Be accompanied by someone during the visit	3.5 (0.82)	62 (87.32)	09 (12.68)	2.6 (1.0)	32 (45.07)	39 (54.93)
27. Have someone who worries about my health	3.8 (0.53)	68 (95.77)	03 (4.23)	3.4 (0.82)	64 (90.14)	07 (9.86)
28. Be sure everything is ok to leave the hospital	3.8 (0.40)	70 (98.59)	01 (1.41)	3.6 (0.70)	66 (92.96)	05 (7.04)
29. Talk to the same nurse everyday	3.3 (0.91)	55 (77.46)	16 (22.54)	3.2 (0.80)	60 (84.51)	11 (15.49)

30. Feel comfortable to show feelings	3.7 (0.60)	66 (92.96)	05 (7.04)	3.3 (0.83)	61 (85.92)	10 (14.08)
31. Know which professionals can help me	3.8 (0.50)	69 (97.18)	02 (2.82)	3.5 (0.90)	63 (88.73)	08 (11.27)
32. Have a bathroom near the waiting room	3.5 (0.80)	61 (85.92)	10 (14.08)	3.0 (0.93)	45 (63.38)	6 (36.62)
33. Receive explanations that can be understood	3.8 (0.41)	70 (98.59)	01 (1.41)	3.6 (0.73)	67 (94.37)	04 (5.63)
34. Start the visit at the appointed time	3.5 (0.80)	61 (85.92)	10 (14.08)	3.6 (0.60)	68 (95.77)	03 (4.23)
35. Be informed about religious services	2.3 (1.13)	25 (35.21)	46 (64.79)	2.6 (1,0)	37 (52.11)	34 (47.89)
36. Help care for the ICU patient	3.7 (0.50)	69 (97.18)	02 (2.82)	3.6 (0.63)	67 (94.37)	04 (5.63)
37. Be informed about possible transfers	3.8 (0.55)	68 (95.77)	03 (4.23)	3.7 (0.50)	69 (97.18)	02 (2.82)
38. Be told about changes in the patient's condition	3.9 (0.40)	70 (98.59)	01 (1.41)	3.8 (0.51)	68 (95.77)	03 (4.23)
39. Receive patient information at least once a day	3.8 (0.40)	70 (98.59)	01 (1.41)	3.5 (0.85)	64 (90.14)	07 (9.86)
40. Feel that the hospital personnel care for the patient	3.9 (0.25)	71 (100.00)	00 (00.00)	3.8 (0.45)	69 (97.18)	02 (2.82)
41. Be informed about everything associated with the patient 's evolution	3.9 (0.23)	71 (100.00)	00 (00.00)	3.7 (0,60)	66 (92.96)	05 (7.04)
42. See the patient frequently	3.9 (0.34)	70 (98.59)	01 (1.41)	3.8 (0.41)	70 (98.59)	01 (1.41)
43. Have a waiting room close to the patient	3.3 (1.0)	54 (76.06)	17 (23.94)	3.5 (0.70)	66 (92.96)	05 (7.04)

Source: the authors, 2020.

Of the 71 participants, 42.25% were employed, which differed from most studies found, in which a large proportion of participants performed activities only in their own homes[15,16].

Most family members have some religion and in most of the studies the majority were religious, in agreement with the findings of the present study[8,12,14,15].

Most family members were in an ICU for the first time, which is in line with the findings of a study published in 2009 and conducted in Maringá between 2004 and 2006[16] and the study in Porto Alegre conducted by Matos, Cecchetto and Mariot[14], where the majority had also never been to an ICU before.

Regarding the length of hospital stay, a similar result was found in the study conducted in Maringá[16], which ranged from 1 to 196 days. In the study conducted in Porto Alegre[14], 85.3% of patients had a hospital stay of less than 15 days.

The greatest contact of 56% of family members was with the nursing team, a result that agrees with the study conducted in Maringá by Molina, Marcon, Uchimura and Lopes[16], but differs from that found in the study by Taurisano conducted in Campinas in 2019[12], in which family members were more satisfied with the medical team.

Regarding the clinical diagnosis of patients, in the study by Matos, Cecchetto and Mario[14], 94.1% of the sample knew the diagnosis, despite having less education (incomplete elementary school) than the family members in the present study. In a study conducted in São Paulo in 2019[17], only 2.9% of the sample did not have knowledge about the diagnosis of their hospitalized relatives, even though the majority had only elementary school education and had never been to an ICU before. It was found that, despite the family members in the present study having a higher level of education compared to the studies cited, the percentage of diagnostic knowledge was lower.

Regarding the main reasons for admission to the unit studied, the study by Taurisano conducted in Campinas in 2019[12] was the one that most closely agreed with these results, presenting prematurity as the main cause of hospitalizations in the respective unit studied, followed by respiratory distress syndrome and low birth weight, which are comorbidities related to prematurity. However, many discrepancies were found in literature. The main reasons for hospitalization in other units studied were sepsis and congenital syphilis[14], cardiovascular diseases[18], TBI and poisoning[19].

In the present study, the most important needs were those related to Safety and Information. These data agree with what was obtained in the study by Matos, Cecchetto and Mariot[14], in which family members classified the need "to know the patient's chances of improvement" (safety) as the most important of all. This study was composed of family members who were mostly between 18 and 25 years of age, with incomplete elementary education, single and unemployed, differing from the population of the present study. This reinforces that the importance attributed to these needs may be independent of sociodemographic data. Other studies have also shown agreement in relation to the data obtained in the present study[2,8]. A study conducted in 2008 in a public hospital in the interior of São Paulo[20] demonstrated that

the most important need is related to comfort, which differs from the results found. The population of this study was also composed mostly of women, but aged between 18 and 73 years old, and perhaps because it covered an older population than the present study, the need for comfort was considered more important. In all, 98.7% of the needs were considered important by family members. In the study conducted in 2007 in the city of São Paulo by Freitas[8], importance was also considered for most needs (89%).

The least important need was related to the Support field, with emphasis on "being informed about religious services", even though most family members have a religion, followed by Comfort, in which "having a telephone near the waiting room" was the least important need. Other studies also found that "being informed about religious services" was given less importance, obtaining a result similar to that presented in the present study[8,14]. Meanwhile, Silva, Barbosa and Ferreira in São Paulo in 2008[20] found in their study that the least important need was attributed to the Proximity To The Patient field, with emphasis "talking about the possibility of the patient's death". Their sample consisted of 72 family members with the same sociodemographic characteristics as the present study, except for the fact that it was mostly made up of the patients' parents.

In relation to satisfaction, the need that contributed most to family members' satisfaction was related to the Safety field, with emphasis on "knowing the patient's chances of improvement". Proximity to the patient was also another area of great satisfaction among the family members in this study, with emphasis on "seeing the patient frequently", despite the restrictions on visiting the hospital due to the COVID-19 pandemic. Studies have agreed on this. In Salvador-Bahia, from 2007 to 2008[21] and in Maranhão in 2011[11], greater satisfaction was found in the field of Safety. In Porto Alegre in 2019[14], the greatest satisfaction was in the field of Proximity to the patient. An international study carried out in Portugal in 2013[22] found greater satisfaction in both Safety and Proximity equally.

The needs with the lowest degree of satisfaction were those related to the field of Support and Comfort, with "being accompanied by someone during the visit" being the need with the greatest dissatisfaction among family members. These needs were the ones that differed the most in comparison to other studies, in which the most unsatisfied needs were found in the field of Proximity to the patient[20] and in the field of Safety[21]. In the study conducted by Matos, Cecchetto and Mariot[14], in Porto Alegre, the field of Support was the most unsatisfied, a result similar to that found in the present study. However, the need that contributed most to the level of dissatisfaction in this study was "having a visit from someone of the religion to which I belong". In total, 97% of the needs were considered satisfied by the 71 family members. Studies have shown that most needs are considered satisfied by family members, however, not with such a high percentage as in the present study[11,14]. A lower percentage of satisfaction among family members was expected, since, compared to most of the studies cited, the level of education of the sample in this study was higher and a higher level of education contributes to a lower satisfaction of needs[23]. It is important to note that the restrictions on visits imposed in the unit studied due to the pandemic may have reflected in the dissatisfaction that most parents demonstrated with the need to "be accompanied by someone during the visit". Perhaps also due to these restrictions, the need to "have a visit from someone of the same religion as me" was considered unimportant, even though most family members were religious.

Most family members said they had more contact with nurses than with doctors in the unit studied, however, they reported that the ICU doctors were easy to access.

Due to the high prevalence of family members who are not sure of their relatives' clinical diagnosis, it is important to emphasize that the medical team and other professionals in the Neonatal and Pediatric ICU are welcoming, accessible, understanding, and able to provide complete information to family members. These, in addition to being the factors considered most important for those who accompany their loved one in the ICU, are also associated with greater satisfaction. A professional team that welcomes and knows how to deal with family members' emotions can influence their understanding of diagnostic information, since they will be more emotionally secure.

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