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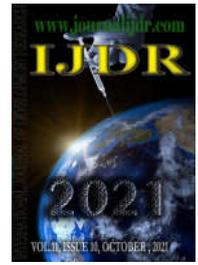
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RESEARCH ARTICLE

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## PRACTICE OF HUMANIZED CARE BY THE NURSING TEAM IN BRAZILIAN INTENSIVE CARE UNITS

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### ABSTRACT

**Introdução:** A humanização da saúde é vista no contexto atual como um movimento integrador das relações da saúde, buscando a melhoria do atendimento e um ambiente propício para o desenvolvimento do cuidado. **Objective:** to analyze the practice of humanized care by the nursing team in Brazilian ICUs facing humanization in Intensive Care Units, in the period from 2015 to 2020. **Metodologia:** Pesquisa bibliográfica, de abordagem qualitativa do tipo descritiva. **Results:** Fourteen studies were selected, all in Portuguese. The results show that there are many factors that, according to the perception of the nursing staff, influence the implementation of humanization in the ICU, especially professional devaluation, communication between professionals and family members and with other professionals, excessive workload and inadequate structure and work environment. **Conclusion:** Therefore, humanization in the ICU environment needs to be worked on with a view to interventions aimed at the well-being of patients and their families, professionals, the community in general and the institution.

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## INTRODUCTION

The National Humanization Policy (PNH) of the Ministry of Health (MS) through collective forums has been building opinions against fragmentation and disarticulation of actions, intervening in order to increase the degree of openness of communication between different groups and segments (SANCHES *et al.*, 2016). Thus, it proposes changes in health management and practice, with humanization strategies directed to dignified care, producing new ways to perform care, which reflects in the positive relationship between user and professional, enabling health promotion (RODRIGUES; CALEGARI, 2016). The humanization of health care is seen in the current context as an integrative movement of health relationships, seeking an

improvement in service and a favorable environment for the development of care. Despite the extensive scientific production on the subject and the development of public policies aimed at the rescue of such a perspective, the concept regarding the humanization of health and the determination of its applicability within the area still remains confusing (MONGIOVI *et al.*, 2014). It is worth emphasizing the importance of the communication process for the improvement of recovery, in favor of respect between the caregiver and the being cared for. The idea of impersonality, insensitivity, automation and mechanization is often associated with dehumanization in the Intensive Care Unit (MONGIOVI *et al.*, 2014). It is known that a work performed only with technical efficiency unaccompanied by principles and values such as solidarity, respect and ethics in the

relationship between professionals and users, are not sufficient for quality health care. The need to articulate new concepts of humanization has been organized as a way to qualify the assistance and this has been an aggregating element in the construction of values between user and professional (SILVA, 2013). However, when it comes to the nursing work process, it is based on science and the practice of care, a condition of law, because this work implies respectability of the other, in the treatment, that is, in ethics, in order to promote health (SHOJI *et al.*, 2016). The nursing team has become one of the main responsible for care in the ICU, this work is developed through a continuous and objective assistance aimed at the recovery of hospitalized people. Humanizing is a process of awareness of professionals as well as the improved relationship between health professionals, the community, the family, and the patient. In view of this, what are the practices developed by the nursing team in Brazilian ICUs? The present study aimed to analyze the practice of humanized care by the nursing team in Brazilian ICUs from 2015 to 2020. The results of this investigation are relevant for identifying the potentialities and limitations of the process of humanization of care by the nursing team in the ICU, analyzing the distance between the theoretical conception and the practice carried out by nursing professionals, as well as guiding the planning of future actions for the management of humanized care.

## METHODOLOGY

This is descriptive bibliographic research with a qualitative approach. This method was chosen because it permits the synthesis and analysis of scientific knowledge already published on the studied theme: Practice of humanized care by the nursing team in Brazilian ICUs (MENDES, SILVEIRA, GALVAO, 2008). For the preparation of this literature review the following steps were followed: establishment of the hypothesis; objective of the literature review; establishment of inclusion and exclusion criteria of articles; definition of information to be compiled from the articles selected by means of a previously validated instrument. Analysis of the results; discussion and exposition of the results. The research was guided by the question: what are the practices developed by the nursing team in Brazilian ICUs? The following research strategy was developed: the descriptors identified were: humanization of care, Intensive Care Units and nursing team. The strategy used the term "AND" to help find the articles in the online database. The databases chosen were the Virtual Health Library with the LILACS and Medline network collaborators.

As inclusion criteria was used full articles in Portuguese language, full texts and published in the period from 2015 to 2020. We selected articles with a qualitative, exploratory, and descriptive approach available electronically, directly addressing the topic and excluded: abstracts, theses, monographs, dissertations, conference proceedings, and other forms of publication other than full scientific articles and publications outside the established period. After searching the identified and included journals for analysis, a careful reading of the titles of all the complete publications located by the search strategy was performed. After that, a table was prepared with the pre-selected studies for the literature review. Afterwards, an instrument was used to analyze each journal, both on a methodological level and in relation to the conclusive results, enabling the synthesis of the articles for information compaction. In this step the information collected from the 14 scientific articles selected from the databases was analyzed, and for this it was necessary for the researcher to define analytical categories that allowed the ordering and the summary of each study. This categorization was carried out in a descriptive way, in which the researcher highlighted the most relevant data for his research. In this study, we chose to analyze part of the articles statistically and another part in order to structure the texts in categories according to the search strategy already mentioned.

## RESULTS

In this study, 85.8% of the articles belonged to LILACS, which provided more studies on the subject with greater relevance to the

study than the MEDLINE source, which was 14.2%. Table 1 below presents an overview of the articles evaluated.

**Chart 1. Distribution of the studies included in the selection referring to the publication data base.**

Databases	N	Selected Researches
		%
LILACS	12	85,8
MEDLINE	02	14,2
	14	100

Source: Databasesearch, 2015-2020.

Regarding the publication years of the articles found, in general, the year 2017 had the highest number with 35.7%, followed by the year 2019, with 28.5%. The years 2016 and 2018 had 14.2% representation each. Compared to this, the year 2015, with 7.1%, had the least number of published articles. According to table 2 it can be seen that the study obtained from an adequate time interval about the topic, enabling a contrast and comparison of the years.

**Chart 2. Distribution of the studies included in the sample regarding the year of publication**

Ano de Publicação	Número absoluto	%
2015	1	7,1
2016	2	14,2
2017	5	35,7
2018	2	14,2
2019	4	28,5
	14	100

Source: Databasesearch, 2015-2020.

In Chart 3, it is observed that the Journal *Enfermagem Centro Oeste Mineiro* had the largest number of published articles with 14.2%, followed by a total of 13 journals that had only one article each used in the study (7.1%).

**Chart 3. Distribution of the studies included in the sample, referring to the name of the journal and the institution where the study was conducted**

Name of Journal	Absolute Number	Percentage
Estudo Psicologia (Campinas)	01	7,1
Revista Escola Anna Nery	01	7,1
Revista Enfermagem Centro. Oeste Mineiro	02	14,2
Revista UNINGÁ	01	7,1
Revista Atenção Saúde	01	7,1
Tempus, Actas de saúde coletiva	01	7,1
Revista Brasileira de Enfermagem	01	7,1
J Business Techn	01	7,1
Revista Brasileira Promoção Saúde	01	7,1
Revista Enfermagem UFPE on line.	01	7,1
SANARE-Revista de políticas públicas	01	7,1
Brazilian Journal of health Review	01	7,1
	14	100

Source: Databasesearch, 2015-2020.

Chart 4 contains the synthesis of the characteristics of the main articles selected in this review research, presenting the characteristics of the studies evaluated for discussion of the results, being separated and identified by type of study, study objective, language and area of publication.

Of all the studies included in this work, the Portuguese language (n=14) had the highest prevalence, with 100% of the articles analyzed. Regarding the type of study, the exploratory descriptive studies stood out, with 57.1% of the total studies; the other studies analyzed included field studies, quantitative studies, experience reports and cross-sectional studies, with 42.9% in total.

**Chart 4. Demonstrative synopsis regarding study design, type of approach, study objective, language, and area of publication**

Identification of the article	Type of study	Objective of the study	Language	Publication
Roseiro; Paula, 2015.	Field research, descriptive/qualitative	To investigate the conception of humanization and humanized care of the NICU professional team, as well as the report of their care practices to the NB	Portuguese	Nurse
Machado; Soares (2016).	Qualitative study of descriptive type	To identify the conceptions of health professionals about humanization.	Portuguese	Nurse
Sanches, et al. (2016)	Study of qualitative nature	To understand the perception of health professionals regarding humanized care in an Adult Intensive Care Unit (ICU).	Portuguese	Nurse
Proença et al. (2017)	Descriptive study of	To evaluate the perceptions of family members of patients admitted to the Intensive Care Unit (ICU)	Portuguese	Nurse
Gomes et al. (2017)	qualitative approach	To identify the knowledge of nursing professionals working in a neonatal intensive care unit (NICU) about humanized care to the newborn.	Portuguese	Nurse
Carrias et al. (2017)	Quantitative and descriptive study	To report the experience of the multidisciplinary humanized visit in an intensive care unit.	Portuguese	Multiprofessional
Donoso et al. (2017)	Qualitative study, experience report type with a critical reflective approach	To know the perception of intensive care unit nursing professionals about the peculiarities of technological advance.	Portuguese	Nurse
Luiz et al. (2017)	with a critical-reflexive approach	To understand the perceptions of family members and health professionals about humanization in the Intensive Care Unit (ICU) to guide an educational action.	Portuguese	Nurse
Amaro et al. (2018)	Qualitative study	To understand the process of humanization in the ICU of a public hospital in the north of Tocantins from the point of view of nurses and patients in this unit.	Portuguese	Nurse
Corrêa et al. (2018)	Qualitative descriptive study	To understand humanization in the perception of nursing professionals, thus, we were able to analyze the applicability of this process in an intensive care unit.	Portuguese	Nurse
Abreu et al. (2019)	Bibliographic, field, exploratory, descriptive, and qualitative research,	To offer care focused on humanization to the families of people hospitalized in an Intensive Care Unit	Portuguese	Nurse
Pereira et al.(2019)	descriptive, and qualitative research.	To analyze the nurses' knowledge and practice about "quality nursing care" in the Intensive Care Unit	Portuguese	Nurse
Castro et al. (2019)	Qualitative field research.	To know the perceptions of the Nursing staff about the humanization of the assistance in Intensive Care Unit.	Portuguese	Nurse
Araújo, et al. (2019)	Experience report	To verify the satisfaction of family members with the humanization of care in the Intensive Care Unit (ICU)	Portuguese	Nurse

Source: Data base search, 2015-2020.

Regarding the area of publication, 92.8% of the articles were from the nursing area and only 7.1% corresponded to the multiprofessional area, as shown in Chart 4. The following will discuss the results obtained with the analysis of the selected journals, which addressed the actions of the nursing team for humanization of care in the Intensive Care Unit. With the analysis of the articles of this review, it was possible to reach two main lines of questioning: the first deals with the challenges, situations and various factors that influence a good practice of humanized care by the nursing team in the ICU, and the second, the results of improvements achieved by the nursing team regarding humanization in the ICU. It is noteworthy that these two topics are based on the author's speech/discussion within the conclusions of the 14 scientific articles that form the basis of this study. Due to these various challenges, nursing professionals try to overcome them so that they can develop humanized care in the ICU and aiming at improvements in the care given to patients and families, as well as the coexistence among professionals in the work environment.

**Category 1: Challenges, situations and various factors that influence good practice of humanized care by the nursing team in the ICU.** Humanization, much questioned nowadays in all hospital services, seeks to value the subjective and social dimensions of workers and patients within health care at all levels of care and in all sectors.

The dynamics of the implementation of the humanization process has become in the health field the most difficult task to be effective, due to the daily routine of the ICU which hinders the relationship of professionals with patients, most of the time, they forget acts of affection and attention such as talking, touching and listening to the human being who is being cared for (PROENÇA *et al.*, 2017). Also according to Proença *et al.*, (2017), the ICU environment itself can hinder moments of reflection regarding the attention and dedication of health professionals. The nursing staff working in ICU is exposed to a higher level of stress, not only with the assistance to their patients and families, but also with their own emotions and conflicts. Luiz *et al.* (2017); Araújo *et al.* (2019), highlight the main conflicting factors between the nursing team and family members which are: insufficient communication related, mainly, by the health-disease situation of critically ill patients.

When related to quotes from family members, professionals are the most criticized due to the absence of a more attentive relationship when transmitting information about the care provided to patients. According to Roseiro; Paula *et al.*, (2015), the challenges encountered in an ICU by the nursing staff are the most diverse, when related to humanized care, it is then perceived the opposition to mechanical and technical assistance, focused on the disease. In this context, the presence of family members is highlighted as a challenging factor, due to the importance of pathological confrontation by the patient

who seeks support during treatment, which can be observed in the association between the classes Humanization and Family Participation. Given the importance of the care developed by each nursing professional, factors such as their devaluation affect the effectiveness desired in the implementation and development of projects that aim to achieve a humanized care. For Sanches *et al.* (2016), this devaluation stands out when one observes the excess of tasks, low wages, and excessive workload that generate physical and mental stress. Some primary factors such as safe work environment, the lack of programs to solve problems such as long waiting lines that generate discomfort, the absence of qualified professionals, individual protection materials that end up influencing the provision of humanized care by the nursing team in the ICU delaying the recovery and discharge of the patient (AMARO *et al.* 2018). For some professionals of the nursing team, the relationship of professional coexistence also influences the development of humanized care. According to Corrias *et al.*, (2018), notes that nursing technicians and nurses who aim to assist the critically ill patient, but there is not always tolerance between them thus affecting the provision of humanized care. In addition to an unhealthy work environment, lack of PPE and lack of training all this set provides an unhealthy work environment for humanized care. According to Machado; Soares (2016), analyzes in his study that professional valorization, initially, should be practiced since professional training where the problems and challenges of these health professionals can develop health problems before that, seek sufficient maturity to properly support their patients and provide health care with respect and dignity aiming changes that prove necessary in the health-disease context.

### Category 2: Results of improvements achieved by the nursing team regarding the practice of humanization in the ICU:

The process related to achieving improvements regarding humanization in the ICU led the nursing team, during several attempts and challenges, to important results in health care. Humanized care with educational practices shared with patients and companions, when possible, develops a relationship of trust and wisdom, thus making effective the care established by the nursing team (GOMES *et al.*, 2017). Also according to Gomes *et al.* (2017), the professional and patient relationship generates care based on recovery, not only pathological, but also mental and emotional. Thus, the nursing team stands out for the importance of the training of nursing professionals in technological and therapeutic advances in order to improve the practice of humanized care. The inclusion of the patient and companions in the humanization process has generated mutual appreciation. For the professional it brought recognition, appreciation of the activities and experiences generating a relationship of trust and empathy. For family members, it minimizes the impact of hospitalization, reduces the possibility of psychological decompensation, stimulates adaptive and resilient behaviors, and strengthens the internal resources for coping with the patient's pathological state (CARRIAS *et al.* 2018). Donoso *et al.* (2017), highlights the importance of humanized care in the assistance provided to critically ill patients. Despite the technological support inside the ICU that allows professionals to have greater control of risk situations, speed in decision-making and agility in performing actions in critical situations, the attention established in contact with the patient becomes paramount for the patient's recovery. The competence of the intensivist nursing team provides excellent results in the care provided to patients and their families. These professionals always seek improvements such as knowledge, interpersonal relationships, leadership, decision making, team work, communication, planning, organization and emotional balance always aiming at quality care. Looking for improvements with applications and updates of protocols, administration of technological and material resources, development of educational activities and articulation in the provision of health care (CASTRO *et al.*; PEREIRA *et al.* 2019).

## CONCLUSION

One of the great challenges of the nursing team in the process of humanization in the ICU is to implement health care actions in the

work environment due to the difficulty of interaction between nursing professionals, patients and families and also among the nursing team professionals themselves, but these factors are faced with professionalism and dedication to the welfare of patients. The lack of communication and the family members' short time in the ICU environment turn out to be the main factor that hinders the interaction with the nursing professionals. Therefore, humanization in the ICU environment needs to be worked on with a view to interventions directed at the well-being of patients and their families, of professionals, of the community in general, and of the institution.

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