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FEELINGS AND EMOTIONS EXPERIENCED IN INTENSIVE CARE UNIT: INFLUENCE ON CLINICAL NURSE CARE

SENTIMENTOS E EMOÇÕES VIVENCIADOS EM UNIDADE DE TERAPIA INTENSIVA: INFLUÊNCIA NO CUIDADO CLÍNICO DO ENFERMEIRO

SENTIMIENTOS Y EMOCIONES VIVIDAS EN UNIDAD DE TERAPIA INTENSIVA: INFLUENCIA EN EL CUIDADO CLÍNICO DEL ENFERMERO

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ABSTRACT

Objective: to investigate whether the feelings and emotions aroused in nurses, workers at the Intensive Care Unit, influence the quality of care provided. **Method:** descriptive exploratory and qualitative study, conducted from April to May 2011, with five nurses of the Intensive Care Unit of a small hospital in the central region of Rio Grande do Sul, Brazil. The data was produced through semi-structured interviews and analyzed by Bardin content analysis technique. The research project was approved by the Research Ethics Committee, Opinion 0412011-2. **Results:** three categories were identified: Professional life versus personal life; Emotional structure of the nurse; and Intensive Care Unit Environment and quality of services. **Conclusion:** the professionals working in an Intensive Care Unit need to have a proper emotional structure to their needs and to the excellence of care to customers. **Descriptors:** Emotions; ICU; Nursing Care; Nursing.

RESUMO

Objetivo: investigar se os sentimentos e emoções despertados nos enfermeiros, atuantes em Unidade de Terapia Intensiva, influenciam na qualidade do cuidado prestado. **Método:** estudo exploratório-descritivo, de caráter qualitativo, realizado entre abril a maio 2011, com cinco enfermeiros de uma Unidade de Tratamento Intensivo de um hospital de pequeno porte da região central do Rio Grande do Sul, Brasil. Os dados foram produzidos por meio de entrevista semiestruturada e analisados pela técnica de análise de conteúdo de Bardin. O projeto de pesquisa obteve aprovação do Comitê de Ética em Pesquisa, Parecer nº0412011-2. **Resultados:** identificaram-se três categorias: Vida profissional versus vida pessoal; Estrutura emocional do Enfermeiro; e Ambiência na Unidade de Terapia Intensiva e qualidade dos serviços. **Conclusão:** os profissionais atuantes em uma Unidade de Terapia Intensiva necessitam ter uma estrutura emocional adequada às suas necessidades e para a excelência dos cuidados aos clientes. **Descritores:** Emoções; Unidade de Terapia Intensiva; Cuidados de Enfermagem; Enfermagem.

RESUMEN

Objetivo: investigar si los sentimientos y emociones despertados en los enfermeros, actuantes en Unidad de Terapia Intensiva, influyen en la calidad del cuidado prestado. **Método:** estudio exploratorio-descriptivo, de carácter cualitativo, realizado entre abril a mayo 2011, con cinco enfermeros de una Unidad de Tratamiento Intensivo de un hospital de pequeño porte de la región central de Rio Grande do Sul, Brasil. Los datos fueron producidos por medio de entrevista semi-estructurada y analizados por la técnica de análisis de contenido de Bardin. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, Parecer nº 0412011-2. **Resultados:** se identificaron tres categorías: Vida profesional versus vida personal; Estructura emocional del Enfermero; y Ambiente en la Unidad de Terapia Intensiva y calidad de los servicios. **Conclusión:** los profesionales actuantes en una Unidad de Terapia Intensiva necesitan tener una estructura emocional adecuada a sus necesidades y para la excelencia de los cuidados a los clientes. **Descriptores:** Emociones; Unidad de Terapia Intensiva; Cuidados de Enfermería; Enfermería.

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INTRODUCTION

The Intensive Care Units (ICUs) are places of great importance in hospital context, enabling life support through a differentiated technological support, when needing intensive care. Thus, the Intensive Care Unit (ICU) is designed to potentially severe patients who require complex care and monitoring twenty-four hours. The purpose of ICUs is to support and recover the vital functions of patients in critical situations. In the meantime, the nurse becomes important human instrument of these units,¹ enhancing care actions to clients admitted exercising care actions that go beyond technical-scientific knowledge, and are based on the humanization, solidarity and respect to the human being cared.²

In the process of working in an ICU, the nurse develops activities related to planning and coordination, evaluation and implementation of nursing services, administrative or management process of these services,³ besides the assistance process. Thus, the nurses who works in ICU needs attributes during the execution of their work, such as adequate qualification and the mobilization of specific professional skills that enable the efficient development of all their functions, combining technical-scientific knowledge, technology domain, humanization, individualization of care and, indispensably, quality of care provided.⁴

The work in ICU involves several both physical aspects, such as wear, and psychic, often related to stress caused by routine work that sometimes requires actions and quick decisions, demanding greater professional involvement with deliberate issues, bringing thus subjective experiences that are experienced by nurses and as a result, there are different emotions arising from their experiences.⁵ Such feelings are incorporated into the care practices carried out by these professionals, since they are necessary for care, and do not separate the individual as a whole, of their skills and influence to raise their emotions at work.

With all this, it is necessary to work aspects of the importance of nurses as well as the feelings and emotions experienced by these professionals regarding their work in the ICU and the influence of these feelings in their professional practice, justifying the relevance and necessity of this study.

It is also justified by the understanding that health research is central to the improvement of issues related to improving the quality of service and professional well-being, which will reflect in care. Thus, this study may

contribute to the nursing profession, in particular the role of the nurse intensivist, aimed at better understanding the emotional aspects that can influence positively and/or negatively, in work with patients requiring intensive care. In addition, the study will serve as encouragement for similar work in this activity area.

In this respect, the question is: Do feelings and emotions aroused in nurses, who work in Intensive Care Unit, influence the quality of the care provided? Seeking answers to this question, the objective is to:

- Investigate whether the feelings and emotions aroused in nurses, active in the Intensive Care Unit, influence the quality of care provided.

METHOD

Exploratory, descriptive study of qualitative approach,⁶ held at the ICU of a small hospital in the central region of Rio Grande do Sul, Brazil. The Unit scenario of this study has ten general beds for hospitalization of potentially serious patients who need attention of the most varied specialties, and an isolation bed and meets the demand from the city and region by the private system. The physical structure is the circular type, separated by curtains.

The workforce of the ICU nursing staff consists of twenty employees, in which five are clinical nurses and fifteen are nursing technicians. The team is distributed in two day shifts of six hours each, and a night shift of twelve hours, with a working week of 40 hours. The research subjects were nurses working in that sector. As inclusion criteria, it was established: being a nurse acting in the ICU of the aforementioned institution and excluded from research nurses at the time of application, were in vacation, medical or award certificate. The five nurses from the ICU met the inclusion criteria, forming the corpus of this study.

The data were collected between April-May 2011 by semi-structured instrument containing two distinct parts, elaborated specifically for this study. At first, personal data and technical related training year, working time in the profession, or have not expertise, experience in the area and tours of duty were considered. The second part was subdivided into three items, "the activity carried out in the ICU"; "emotional aspects experienced in the ICU every day" and "feelings about the questions inherent in this study". Following this subdivision, the nurses were questioned about the choice of working in ICU,

satisfaction, feeling able to work with critically ill patients and feelings about the demand for labor.

Regarding emotional aspects, the issue of labor influence in personal life and vice versa, the emotional structure of nurses to perform their function and the feelings and emotions that most closely relate to the job in the ICU were addressed. With respect to aspects specifically related to the research, feelings that surfaced in nurses when answering were observed. For the analysis and processing of data, we used the content analysis, which consists in discovering the units of meaning of communication, whose presence or frequency to add significant prospects to the study object.⁸

Thus, the implementation of the analyses process followed the three steps of the method. In the first step, it was sought to do a thorough reading of the data, then the organization of the material and formulation of hypotheses. As a result, the exploitation of the material was performed, encoding the raw data. In the third and final step, the data were interpreted and delimited in themes, according to the meanings attributed.⁸

The ethical precepts were based on Resolution 196/1996 of the National Health Council/MS, which provides ethics in research with human beings.⁹ For this purpose, a Consent and Informed (TCLE) was distributed to respondents to ensure anonymity of the participants who were identified by "N" letter, referring to nurses, followed by a numerical figure, as the interview order (N1, N2 ... E5). The research project was approved by the Research Ethics Committee (CEP) of the Franciscano University Center, under number 0412011-2.

RESULTS

Out of the five interviewed nurses, four were female and one male aged between 22 and 42, formed between 2004 and 2011. The working time in the profession, most of the respondents had six to 10 years. Four of the respondents had expertise in some area of nursing, two in intensive care. All nurses had experience in ICU and three of the respondents had less than one year of work, the time of professional experience in ICU ranged from six months to 10 years approximately.

Considering the shift, nurses work in all shifts due to the rotation system proposed by the institution. Regarding the activity carried out, most of the nurses who have chosen to work in the intensive care area feel fully

satisfied and the majority shall be able to perform the service, based on theoretical and practical knowledge acquired during studying.

The demand to work in an ICU was emphasized in the questionnaire, considering the complexity of the care that the critical patient needs, and the majority of respondents said that demand is significant. On the analysis and categorization of data, the following categories were obtained: "Professional life versus private life"; "Emotional Structure of the Nurse" and "Ambience in the Intensive Care Unit and quality of services".

• Professional life versus private life

It is observed that the interviewed nurses recognize the importance of differentiating the personal life of the professional environment, most of them showing insight when asked if their personal life interfere with work and vice versa, as shown by the lines:

No. I try not to mix personal life with the professional and vice versa. (N1)

No. I try to be off of labor problems when I'm home with my family. (N3)

No. I always try to separate the two of them. (N4)

No. When I'm in my work, I focus on it. When I leave the hospital I try not to get involved with the work. (N5)

According to reports, it is clear that most professional nurses separate the professional lives of staff for quality work, focusing with regard to their tasks, considering that the profession requires a lot of dedication. However, one of the respondents diverged as to the other as shown in their response:

Yes, I believe that we are multidimensional beings and there is no way to separate the everyday experiences, both professional and personal. (N2)

It is clear in speaking of this professional their emotions are incorporated into the established care practices considering the individual in their entirety.

• Emotional Structure of the Nurse

Considering the importance of the role of nurses who work in an ICU, there is need for this to have adequate physical and psychic structure, so that the quality of service be compatible to the needs of the critically ill patient. In this respect, it was sought to emotional structure of the nurse in the function area. The lines follow:

Yes, I feel safe in what I do, I think and say. (N1)

Yes, I feel good, work well as a need is a pleasure. (N2)

Yes, I can quietly do my job, I feel very good and safe to do so. (N3)

Yes, over time of work experience. (N4)

As can be seen in the reports, the nurses feel emotionally structured to perform their activities, reporting feelings related to the safety and well-being. These feelings show the importance of professional be inserted into an area of expertise in which they have affinity. Thus, in addition to training, it should be noted the psychological profile of the workers who enjoy the activity they perform. In this matter, it can be seen that only one answer contradicts the idea of others:

No, the college often not prepared to deal with certain situations such as death and the news for families [...]. (N5)

The report, unlike the others, refers to some uncertainty professional who reports to the academic background to explain its structure and psychological profile. In this context it is important reflection about the process of training of academics, which sometimes did not have the opportunity to live experiences in the ICU, a situation which has negative repercussions on the future professional activities.

• Ambience in the Intensive Care Unit and quality of services

When seeking to understand the influence of feelings and emotions in the practice of active professionals in the ICU, it was questioned whether those feelings influence the quality of care provided. Among the reported feelings, the ones that stood out were: tension, stress, pleasure, anxiety, stimulation and autonomy. Following the lines:

Yes, these feelings influence, because depending on the situation facing the critical patient, your mood changes and you end up feeling every day, many different feelings. (N5)

Sometimes yes, especially stress and anxiety for wanting to organize the unit and running it right to have a good quality of service provided to patients. (N1)

Yes, they are the feelings needed to have a good job. (N4)

Certainly. Despite the stress and tension that often feel working in ICU, one professional to do what you love doing for pleasure, greatly influences the care provided to the patient. The autonomy that is given us also makes us feel valued, and the quality of the care is much better. (N3)

Yes, I think positively, despite the setbacks and difficulties the patient care becomes enjoyable. (N2)

According to the words, the feelings experienced by professionals influence the

care that is established for the critical patient, confirming a relationship between feeling and doing.

DISCUSSION

The ICU is the specialized care scenario to critically ill patients in critical stage, but deemed recoverable, which require constant observation, nursing care and continuing medical centralizing patients in a core of specialized care.¹⁰

Most nurse participants of this study said to be able to separate their professional life to concentrate at work in ICU. Study developed with nurses working in oncology, specifically with childhood cancer, corroborated this study, since most nurses can separate the private from professional life due primarily to customer distancing strategy, avoiding the creation of emotional ties¹¹

Opposite to these findings, a research conducted with nurses working in ICUs in Minas Gerais, showed that most nurses cannot care for someone without getting involved, especially when this care involves death, one of the strategies listed by the few who say get separate professional staff, the same found in the study of oncology nurses, that is detachment in everyday care, in order not to create emotional bonds with clients.¹²

In this study there were not found what strategies nurses use for the separation of private professional life, and only one witness showed not achieve such separation. It is believed that the positive result of the separation of work activities in relation to privacy is related to the fact that nurses feel emotionally structured to perform their activities, since there were reports of feelings about the safety and well-being. These feelings show the importance of professional be inserted into an area of expertise in which it has affinity. Thus, in addition to training, it should be noted premised on the psychological profile of the active that enjoy the activity they perform.

A study conducted in a university hospital in São Paulo corroborated with feelings of affinity with the professional performance found in this study. In a research conducted in São Paulo was shown that nurses consider their work in the ICU as rewarding, because they like what they do and thus seek strive to develop a care that promotes safety and comfort to the client wrapped in the humanization of care.¹³ Selecting the profession which is of interest, affinity or taste, have satisfaction in work performance, means love what you do, which is very

important, especially when the work object is the care to human beings.

It is important a reflection on the academic training process that is considered sometimes do not have the opportunity to experience some experiences that characterize greater contact with the reality of an ICU, since it was found difficulty in emotional structure of a nurse and that related his difficulty with the process of formation.

Academic experiences reflect directly for jobs since the allied practical scientific knowledge to corroborate the articulation of technical and scientific development professional. Research conducted with nurses in an ICU in the city of Minas Gerais, also showed the same problem. The issue of academic training and the unavailability of experiences in the ICU, a situation that ends up hurting the nurse in their professional practice, since when faced with certain ICU peculiarities, such as death and dying, just managing to not act in a qualified manner and satisfactory due to lack of learning during their training.¹²

In the meantime, the process of training of nursing professionals should be based on the development of interdisciplinary academic activities with technical, humanistic, ethical and critical view, aiming at comprehensive care, assuming the training of professionals capable of facing the problems present in the area of health.¹⁴ The training is for the professional, the domain expertise that results from education, training and experience to enable them to exercise certain function with excellence. The better knowledge of the professional, the greater probability of being competent in the performance of their duties.⁴

Participants nurses of this study indicate that the feelings experienced influence the care that is established for the critical patient. Among the experienced feelings, they stand out: the pleasure, stress, anxiety, among others, exercising influence in the dynamics of work, beneficial or not, to the extent they can be professional wear generators.

Study of Iranian nurses shows that beneficially, those feelings are required to have a good job, which meets this study. But also it showed that feelings of stress and anxiety can disrupt labor dynamics, so the study lists the strategies that nurses prepare to face these feelings and get job satisfaction. Among the strategies, is quoted in the study as the most relevant, the development of self-emotional and spiritual control.¹⁵

One of the feelings that are characterized as positively relevant in this study refers to soon as it is combined with autonomy, which can be considered as a strategy, since the nurses feel valued and report the quality of care is better, even facing large number of highly complex procedure already working in an environment that requires intensive care.

It may be that this characteristic favors, for nurses in this study, feel professionally good and not to report, in no time, the question, for example, absenteeism. Since this is considered significant in many surveys due to generators feelings of professional conflict, especially stress and anxiety.^{5,16}

Study of 21 nurses in São Paulo showed several negative factors in labor linked to stress, also showed that there is need for investments in search of healthy environments and better standards of work.¹⁷ It is known that the ICU is characterized by care activities complex requiring high technical and scientific expertise,¹⁸ because of this, it is necessary greater investment in this field of activity. Thus, the same study also expounded that arguably reflected in improvements not only for nurses, but also on the quality of customer support leading to a decrease in absences from work, and also to decrease the length of stay, as assisted customer satisfied professionals meets chances of faster recovery.¹⁷

It is worrying to value in being and doing nursing, who crave the recognition and professional development is part of the daily work and should be encouraged. One of the valuation range of the media is reflected in the development of autonomy, as this is revealed as an important factor of job satisfaction, as was evidenced in this study and in another survey of ICU nurses through the evidence of more satisfaction work.¹³ Thus, research involving nursing professionals in ICUs are key to understanding what happens in the workplace and what interventions can be performed to provide best quality in the team work, which will reflect cyclically in customer care.

CONCLUSION

The feelings and emotions experienced by nurses in their working environment are very important related to the care that has the customer, especially in an intensive care unit, which requires a higher level of skills and need for answers fast, since the critical customer requires intensive care.

Considering this aspect, the work has found the emotional profile of ICU nurses said,

demonstrating that more evident feelings are stress, pleasure, anxiety, stimulation and autonomy which leads to the feeling of appreciation for the service they provide. Regarding the activities, most proved to be satisfied and competent to do the job and in their personal and professional experiences, most separates the working lives of staff, which confirms both the health professional, and for a better quality of care to critical patients and their needs.

It was noticed with the study, the ICU working professionals need to have a proper emotional created to their needs and to the excellence of care to customers. In this context, factors such as experience, expertise and even enjoy what they collaborate so that the nurse has adequate service and feel safe and able to perform their function in the ICU.

Considering the relevance as well, the studies trying to understand the influence of feelings and emotions of health professionals, particularly the Intensive nurse, and their work environment, in customer service, must be increasingly recurrent, forward the importance of theme when it comes to the wellbeing of both the active professional, and patient, as well as with regard to quality of service.

REFERENCES

1. Martins JT, Robazzi MLC, Marziale, MHP, Garanhani ML, Haddad MCL. Significados do gerenciamento de unidade de terapia intensiva para o enfermeiro. Rev. Gaúcha Enferm [Internet]. 2009 [cited 2014 Sept 09]; 30(1):113-9. Available from: <file:///C:/Users/FABI/Downloads/8883-27889-1-PB.pdf>
2. Alves EF. O cuidador de enfermagem e o cuidar em uma Unidade de Terapia Intensiva. UNOPAR Cient Ciênc Biol Saúde [Internet]. 2013 [cited 2014 Sept 09]; 15(2):115-22. Available from: http://hal.archives-ouvertes.fr/docs/00/82/71/10/PDF/O_cuidador_de_enfermagem_e_o_cuidar_em_uma_unidade_de_terapia_intensiva.pdf
3. Conselho Federal de Enfermagem. Lei Cofen nº 7.498/86. Regulamentação do exercício de enfermagem. [cited 2014 Sept 09]. Available from: <http://www.portalcofen.gov.br/Site/2007/materias.asp?ArticleID=22§ionID=35>.
4. Camelo SHH. Professional competences of nurse to work in Intensive Care Units: an integrative review. Rev Latino-Am. Enfermagem [Internet]. 2012 [cited 2014 Sept 09]; 20(1): 192-200. Available from: <http://www.scielo.br/pdf/rlae/v20n1/25.pdf>
5. Martins JT, Robazzi MLCC. Nurses' work in intensive care units: feelings of suffering. Rev Latino-Am Enfermagem [Internet]. 2009 [cited 2014 Sept 09]; 17(1): 52-8. Available from: <http://www.scielo.br/pdf/rlae/v17n1/09.pdf>
6. Cansonieri AM. Metodologia da pesquisa qualitativa na saúde. Rio de Janeiro: Vozes; 2010.
7. Ministério da Saúde. Resolução da Diretoria Colegiada. Agência Nacional de Vigilância Sanitária (RDC/ANVISA) nº 07 de 24 de janeiro de 2010. Dispõe sobre os requisitos mínimos para funcionamento de Unidades de Terapia Intensiva [cited 2014 Sept 09]. Available from: http://www.anvisa.gov.br/hotsite/seguranca_dopaciente/documentos/rdcs/RDC%20N%C2%B4%207-2010.pdf
8. Bardin L. Análise de conteúdo. 4th ed. Lisboa: Edições; 2009.
9. Ministério da Saúde (BR), conselho Nacional de Saúde, Comitê Nacional de Ética em Pesquisa com Seres Humanos. Resolução 196, de 10 de outubro de 1996: diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Brasília (DF); 1997.
10. Sanches PG, Carvalho MDB. Vivência dos enfermeiros de unidade de terapia intensiva frente à morte e o morrer. Rev Gaúcha Enferm [Internet]. 2009 [cited 2014 Sept 09]; 30(2):289-96. Available from: <http://seer.ufrgs.br/RevistaGauchadeEnfermagem/article/view/3294/6687>
11. Mutti CF, Padoin SMM, Paula CC. Espacialidade do ser-profissional-de-enfermagem no mundo do cuidado à criança que tem câncer. Esc Anna Nery (Impr.) 2012; 16(3):493-9.
12. Souza LPS, Mota JR, Barbosa RR, Ribeiro RCG, Oliveira CSS, Barbosa DA. A morte e o morrer: sentimentos manifestados por enfermeiros. Enfermería Global [Internet]. 2013 [cited 2014 Sept 09]; 32:230-7. Available from: <http://revistas.um.es/eglobal/article/viewFile/eglobal.12.4.163241/153161>
13. Oliveira EM, Spiri WC. Personal dimension of the work process for nurses in intensive care units. Acta Paul Enferm [Internet]. 2011 [cited 2014 Sept 09]; 24(4):550-5. Available from: http://www.scielo.br/pdf/appe/v24n4/en_a16v24n4.pdf
14. Fernandes JD, Almeida FN, Rosa DOS, Pontes MSN, Santana N. Ensinar saúde/enfermagem numa nova proposta de reestruturação acadêmica. Rev Esc Enferm USP. São Paulo [Internet]. 2007 [cited 2014 Sept 09]; 41(Esp): 830-4. Available from:

<http://www.scielo.br/pdf/reeusp/v41nspe/v41nspea15.pdf>

15. [Ghiyasvandian S, Adera Gebra A.](#) Coping work strategies and job satisfaction among Iranian nurses. [Iran Red Crescent Med J \[internet\]](#). 2014 [cited 2014 Sept 09];16(6):17779. Available from: <http://europepmc.org/articles/PMC4102983;jsessionid=0MjEbAWdAY6x74mk8oc0.23>
16. Inoue KC, Matsuda LM. Dimensionamento de pessoal de enfermagem em Unidade de Terapia Intensiva para adultos. *Acta Paul Enferm* [Internet]. 2010 [cited 2014 Sept 09];23(3):379-84. Available from: <http://www.scielo.br/pdf/ape/v23n3/v23n3a11>
17. Preto VA, Pedrão LJ. A percepção de enfermeiros de Unidades de Terapia Intensiva sobre o estresse em seu local de trabalho. *J Nurs UFPE on line* [Internet]. 2014 [cited 2014 Sept 09];8(9):2998-3007. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/6542/pdf_6057
18. Geronimo RA S. Técnicas de UTI. Primeira edição. São Paulo: Rideel; 2010.

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