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CASE REPORT ARTICLE

HUMANIZATION IN AN ADULT INTENSIVE CARE UNIT: AN EXPERIENCE REPORT

HUMANIZAÇÃO EM UMA UNIDADE DE TERAPIA INTENSIVA ADULTA: UM RELATO DE EXPERIÊNCIA

HUMANIZACIÓN EN UNIDAD DE CUIDADOS INTENSIVOS PARA ADULTOS: ESTUDIOS DE CASO

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ABSTRACT

Objective: reporting the experience of educational activity about humanization with health professionals in an Intensive Care Unit (ICU). **Method:** a descriptive study, of type experience report, about conducting a series of workshops with professionals who make up the health care team, with the questioning and context of the theme for construction of the final product to be exposed, "The Tree of Humanization". **Results:** there were held workshops with eight of the ten teams in total ICU. The construction of the activity enabled the development of discussions between the health team and through previous experiences of professionals was possible to build knowledge and understanding on their part about the importance of conducting a humanized care. **Conclusion:** humanization is a complex subject; following a challenge in health institutions, mainly in hospitals where admission is conceived as an experience difficult to be handled by the individual. **Descriptors:** Humanization; Nursing; Education in Service.

RESUMO

Objetivo: relatar a experiência da atividade educativa sobre humanização com os profissionais de saúde em uma Unidade de Terapia Intensiva (UTI). **Método:** estudo descritivo, do tipo relato de experiência sobre a realização de uma série de oficinas com os profissionais que compõem a equipe do serviço de saúde, com a problematização e contextualização do tema para construção do produto final a ser exposto: "A Árvore da Humanização". **Resultados:** foram realizadas as oficinas com oito das dez equipes totais da UTI. A construção da atividade proporcionou o desenvolvimento de reflexões entre a equipe de saúde e por meio das experiências prévias dos profissionais foi possível a construção de saberes e a compreensão por parte deles da importância de se realizar um atendimento humanizado. **Conclusão:** a humanização é assunto complexo que segue como desafio nas instituições de saúde, principalmente nas hospitalares onde a internação é concebida como uma experiência difícil de ser lidada pelo indivíduo. **Descritores:** Humanização; Enfermagem; Educação em Serviço.

RESUMEN

Objetivo: reportar la experiencia de la actividad educativa en la humanización con profesionales de la salud en una Unidad de Cuidados Intensivos (UCI). **Método:** un estudio descriptivo, del tipo estudios de caso acerca de la realización de una serie de talleres con profesionales que conforman el equipo de atención a la salud, con el tema de cuestionamiento y el contexto para la construcción del producto final que se expone, "El Árbol de la Humanización". **Resultados:** los talleres se realizaron con ocho de los diez equipos totales en la UCI. La actividad de la construcción permitió el desarrollo de las conversaciones entre el equipo de salud y a través de la experiencia previa de los profesionales era posible para construir conocimiento y la comprensión de su parte de la importancia de llevar a cabo una atención humanizada. **Conclusión:** la humanización es tema complejo tras un desafío en las instituciones de salud, particularmente en los hospitales donde la hospitalización está concebida como una experiencia difícil de ser manejada por el individuo.

Descriptores: Humanización; Enfermería; Educación en Servicio.

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INTRODUCTION

The Unified Health System (SUS) was established by the Federal Constitution of 1988, and in the Article 196, it was provided that health is a right of all Brazilians and the state has a duty to ensure it.¹ Universality, comprehensiveness, equity, decentralization, regionalization, hierarchical network and social participation are principles and guidelines governing this system, and democratize the actions in health services.²

Therefore, in accordance with the principles and guidelines that guide the SUS was created the National Humanization Policy which has the objective of qualifying the attention and health management through a comprehensive care, without ethnic discrimination, gender, religion; beyond the value of the bond and the health professionals for a democratic welfare and social participation.³

Humanization of health care concerns for users who should be treated with respect and dignity; and also refers to health professionals; therefore, they should have a qualified hearing to identify the needs of individuals and provide adequate care; furthermore, professionals must have qualification for successfully deal with the different problems that may occur.⁴

Humanization has a relevant role in the health work process; it brings changes whose purpose is a comprehensive care to the individual where his needs are met health⁵. And the hospital to be seen by most patients as a stressful environment, because of illness, family separation and friends, work, as well as having an unknown dynamics that cause fear in people; it should be a place where the humanization should be implemented so as to provide an adequate health service.⁶

This way, humanization also refers to a teamwork where professionals must use their different skills to provide appropriate assistance to the health of users. Where there should only be focused on the biological side, but also the psychological and the social conditions.⁷

The health humanization turns to concrete practices committed to the production of health and production of the individuals⁷. Thus better serve the patient, occurs in line with better working conditions and participation of different subjects, resulting in health production process.⁸

Therefore, for effective humanization of hospital care is necessary that the staff is made aware and prepared to make a difference in care, going to understand the

patient humanely; and the nurse responsible for guiding, answer questions pertaining to the procedure bringing greater peace and security, not forgetting that he also needs the right environment to carry out his work justifies this proposed intervention, to transform health practices through changes in the construction process of the subjects, strengthening the principle of universal access and comprehensive care.

Given the above, this paper aims to describing the educational activity on humanization with health professionals in an Intensive Care Unit, as the activity carried out by students of the 9th semester of Nursing at the Federal University of Recôncavo da Bahia (UFRB) during the stage in an ICU in a hospital midsize in Recôncavo da Bahia, held in 2014.

METHOD

It is a descriptive study type experience report about the interventionist actions developed by nursing students through the Internship Nursing in Hospital Care.

Shares of intervention project were developed in a town in the Recôncavo da Bahia, located approximately 200 km from the capital of the state. A hospital was chosen to be a pioneer unit of the project. The criteria for choosing the hospital and the specific unit was given the same be academic exchange scenario, set to practical field and provide conditions for conducting activities that include teaching-research-extension.

This hospital has two ICUs - Adult, being them ICU-A and ICU-B having a total of 20 beds, serving the county seat and the surrounding region. The health team in its intensive care unit per shift consists of 17 employees, ascribed: coordinator and doctor supervisor, coordinator and nursing supervisor, coordinator and supervisor of physical therapy, (1) physician, (1) nurse, (1) physiotherapist, (3) nursing technicians (1) hemodialysis technician, (1) psychologist (1) speech therapist, (1) administrative assistant, (1) pharmacy technician.

The activity was focused on the nursing staff, but the entire ICU team was invited to participate, and respecting their decision to participate. Because it is an account of an experience of a teaching and extension activity, it was not necessary to formalize the free and informed consent (IC) provided for in the National Health Council Resolution 466/2012.

It was used as a theoretical framework the method of Paulo Freire. The Freirean research method consists of three dialectical and interdisciplinary moments intertwined. It is

developed in open encounters an average of 1 minute duration, called culture circles. In this space, approximate researchers and research participants to research a subject of research interest, with the possibility of turning into collective interest⁹.

At first there is the investigation of generating themes. At this stage we seek to the universe experienced by survey participants in society and in their cultural environment. This step emerge the topics to be problematized. The second time happens to coding and decoding. At this stage, the main themes are coded and decoded through dialogue by survey participants becoming more aware of the world they live in. The themes are problematized, contextualized, replaced its first magical view, a critical and social vision of the discussed subject. In the third phase, the critical unveiling or questioning, promotes awareness of the existential situation, discover the limits and possibilities of transformation of themes now unveiled. At this stage, there is a process of action-reflection-action that enables people to learn and highlights the need for concrete action, cultural, political and social order to 'limit situations' and overcoming the contradictions⁹.

Project activities have been developed according to the following steps: Indication for coordinating the theme of ICU being worked on situational diagnosis with lifting problems, construction of educational and audiovisual tools in an interdisciplinary manner, and sharing of knowledge among health workers of ICU, and construction of the final product to be exposed, "The Tree of Humanization".

First has asked the intensive care unit nursing coordination therapy, the topic being worked with the health team, it was suggested "Humanization in intensive care". Soon after it conducted a situational diagnosis regarding the provision of supportive care in the unit, seeking information necessary for the preparation of project where consistent care practices were identified, as well as other inconsistent with that recommended by welfare policies and the laws on humanization in exercise in the country.

Thus came as a strategy, the development of an intervention activity that allows sensitizing and socializing on the theme and therefore guarantee an improvement in the quality of care for users that drive it.

From this perspective, it was necessary to systematize the teaching and interdisciplinary approach, a methodology to handle all the issues raised as discussion needs taking so how

proposed work socialization workshop. All activity has been shared and discussed with the coordinating team for review and improve strategies and aggregation suggestions.

The workshop was divided into moments, namely: 1st time - Welcome and presentation of the activity, in order to allow participants the knowledge of the activity to be performed; the 2nd time - pre-test application, in order to identify prior knowledge on the subject; 3rd time - theoretical socialization on the subject, with current concepts and laws, aiming to introduce the subject with theoretical knowledge.

The 4th time consisted of an integrative dynamics through collective discussion, which was worked ethical issues, care practices, caregiver profile, benefits to the patient, to professional, to staff and the consequences for the community, culminating in the construction of the "The Tree of Humanization", designed as an integration strategy where they had health problems at the base represented by the root, the humanized as support column of care represented by the stem, and the results from that humanized care represented by leaves. It is noteworthy that these results were being assembled as the workshop was being held with the teams on duty, where each participant professional contributed in a sheet describing its result and attaching his name as opinion sign of belonging to construction of the final product, or is the tree of humanization. The objective of this time was to sensitize the healthcare team about the importance of humanized care.

As the 5th time there was conducted the post-test, in order to identify the degree of understanding of the public; the 6th time was the display of a final video, aiming to promote a moment of reflection. At the end of the workshop, thanks and taken delivery were performed in a symbolic reminder that featured far.

RESULTS AND DISCUSSION

Nursing is a profession that has developed through the centuries, playing an important role by seeking to promote the welfare of the human being, considering his freedom, uniqueness and dignity, working in health promotion, disease prevention, the disease course and injuries, disabilities and in the process of dying.¹⁰

The intervention activity was performed in both ICUs, covering eight of the ten teams, including nursing technicians, nurses, physiotherapists and doctors. Could not encompass all professionals in monthly scale

issues, changes and shifts labor demand that made it impossible to carry out the intervention in the days of activity in which their executioners were in place at the hospital.

The ICU team support was of great importance to our proposal to fruition, because even with the most diverse demands and complications while on duty, we carry out the activities and achieve our goals.

The main focus of our intervention was instigating the ICU nursing team the importance and advantages of humanized care in the health-disease, rehabilitation and recovery of patients through the identification of staff assignments in the ICU for a humanized care, knowing the concepts for the humanization and current legislation beyond the comprehension of the benefits of humane care for staff and patients.

Practice in Nursing, begins in the classroom, where the teacher in contact with students has grants to help humanized through training reflective attitudes of his act. His attitudes permeate the relationships and interactions begin in the academic space and are perpetuated on it. This reality needs to be worked, reflected and changed if we are to contribute to a humane training of health professionals.¹¹

During the construction process of the intervention project we face many difficulties, but none able to interfere in the outcome. Among these difficulties we stand out: lack of participation by some ICU officials, labor demand, and limited physical structure. These obstacles somehow promoted a change in the planning of the proposed actions.

The activities were always held in the afternoon, in which the demand for labor in the unit is lower, at a time when patient visits had ceased. The idealized moments in the methodology were put into practice briefly with a short run time, but dynamically, condensing the topic so that the main points of humanization were discussed.

The application of pre-test and the team's participation enabled us to identify prior knowledge of the professionals, which found that most know the topic but not all put this knowledge into practice. In some teams, especially at the beginning of the activity, professional did little or did not interact; with certain fear to speak openly, but in the course of the activity, we managed to win them from the redemption of all that was spoken, demonstrating the importance of the opinion of attendees.

For the third time, use of audiovisual resources, with slide show with a simple, direct and didactic content, not to be tiring and end up diverting the public's attention. During all this time brought back the information gathered in the pre-test, and associate theory with practice in this way, we approach the theoretical content of ICU care. Action is well accepted by all participants, which brought important questions about the topic.

The construction of the humanization tree was the point of the activity in which that moment was the one who obtained the participation of all present, and some exceeded our plans to report how difficult it was to describe the results of humanization in such a small space, exposing several of these results verbally, thus generating productive discussions between the team.

The results of the activity have been felt since the post-test in which the team proved to have a theoretical and practical knowledge about the broader issue compared to the pre-test.

During the days of stage after performing the activity, not systematic way, it was perceived by some professionals to change from the development of the care provided to patients in the ICU, in which certain actions that were discussed were as inhuman left aside and qualified actions as part of humanized care were put into practice. This shows that the results were achieved and the objectives contemplated.

Honest and open communication helps students and clients face moments of uncertainty and anxiety during the conduction of care. The use of educational activities for transforming professional nursing practice have been discussed at various times, from the standpoint that you can recreate the process of teaching and learning in a dialogic proposal, so it is not a simple transfer of information to individuals.¹²⁻¹⁴

When used properly, communication is an important instrument for strengthening the relationship between the client and the nursing professional; however, there is still resistance among health professionals when it comes to health humanization, for the same use of a treatment that hinders a comfortable relationship between patient and professional. For this reason, it is necessary that more and more institutions invest in professional training to enhance the humanization in hospital and improve nursing care.

Humanization should be part of the philosophy of nursing as physical environment, material and technological resources are

important, but no more significant than the human essence, the latter leading to the thought and the nursing team's actions by strengthening the capacity of these to criticize and build a more human reality, less aggressive and hostile for patients who need daily care.¹⁵

It is important to pay attention to the professional skills and providing better working conditions and quality of life for its employees, which encourage facing the wear caused by constant contact with pain, suffering, limits and difficulties in carrying out their work, allowing effectively participating in the identification of improvements that enable these conditions, the institutions are definitely engaged in Humanization Process.

FINAL NOTES

Humanization is a topic that covers issues, such as: social, citizenship, transformation of the work process in health; which are valued cultural knowledge, the teamwork and interpersonal relationships. Thus, humanization is a complex subject that follows as a challenge in health institutions, particularly in hospitals where the hospital conceived as an experience difficult to be handled by the individual and the resources used by the humanization are highly relevant to improving the treatment and recovery of the patient, and health education is an activity that integrates the principles of SUS, besides facilitating the exchange of knowledge among individuals. Since the completion of that enabled a closer relationship between the health team to the theme of humanization.

In carrying out the activity occurred difficulties as non-participation by some health professionals during the intervention activity. However this problem does not hurt in achieving the same as most of the staff participated actively telling their experiences and expectations regarding the subject.

The construction of the activity enabled the development of discussions between the health team and through previous experience of professionals to build knowledge it was possible and understanding on their part of the importance of conducting a humanized care.

With the completion stage, the proposal of the trainees is terminated because there will be performers for educational activity, breaking a learning process that was being built. Worrying about the techniques is very important, but should not be top of other qualities that every health professional must have, because to have a positive human care

should incorporate more of a factor in its structure, as the appreciation humanization, creativity in promoting faith and hope, promotion of teaching and learning among professionals, the care, the expression of positive and negative feelings, among others.

It is understood that is fundamental to reflect and acquire critical thinking that helps actions in citizenship and solidarity, because the health professional is someone who is closer to the patient, which makes it of great importance its participation as a subject in a call guaranteeing a decent service to sick person.

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