THE OTHER SIDE OF INTENSIVE CARE - LUCID PERCEPTIONS OF POST-DISCHARGE INDIVIDUALS

O OUTRO LADO DA TERAPIA INTENSIVA - PERCEPÇÕES NO PÓS ALTA EL OTRO LADO DE LA TERAPIA INTENSIVA - PERCEPCIONES LUCIDAS DE INDIVIDUOS EN EL POST-ALTA

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ABSTRACT

Objective: to unveil the positive aspects of ICU admission chosen by individuals experiencing such experience in a preserved state of consciousness. **Method:** qualitative, descriptive and exploratory study, carried out in a public hospital with 11 multiprofessional subjects of the institution. The collection involved the techniques of drawing-text-theme and semi-structured interview and the data were analyzed through the interactive content model. **Results:** involved three main axes: essential elements to the act of welcoming; strategies to foster interdisciplinary reception and challenging obstacles to the effectiveness of interdisciplinary care. **Conclusion:** the study reached the goal of unveiling that the ICU hospitalization process generates a change in the view on the environment, demystifying the fears of re-meaning their perceptions in a perspective of life and care. This possibility affects the responsibility of intensive care professionals to contribute with humanized care to highlight the positive aspects of the ICU. **Descriptors:** Perception; Professional-Patient Relations; Intensive Care Units. **Descriptors:** Perception; Professional-Patient Relations; Intensive Care Units.

RESUMO

Objetivo: desvelar os aspectos positivos da internação em UTI eleitos pelos indivíduos que vivenciam tal experiência em estado de consciência preservado. **Método:** estudo qualitativo, descritivo e exploratório, realizado em um hospital público com 11 sujeitos multiprofissionais da instituição. A coleta envolveu as técnicas do desenho-texto-tema e entrevista semiestruturada e os dados foram analisados mediante o modelo interativo de conteúdo. **Resultados:** envolveram três grandes eixos: elementos essenciais ao ato de acolher; estratégias viabilizadoras do acolhimento interdisciplinar e entraves desafiadores para a efetivação do acolhimento interdisciplinar. **Conclusão:** o estudo alcançou o objetivo ao desvelar que o processo de internação em UTI gera uma mudança na visão sobre o ambiente, desmitificando os temores ao ressignificar suas percepções numa perspectiva, agora, de vida e cuidado. Essa possibilidade incide na responsabilidade dos profissionais intensivistas em contribuir com cuidados humanizados para evidenciar os aspectos positivos da UTI. **Descritores:** Percepção; Relações Profissional-Paciente; Unidades de Terapia Intensiva.

RESUMEN

Objetivo: desvelar los aspectos positivos de la internación en UTI elegidos por los individuos que experimentan tal experiencia en estado de conciencia preservado. **Método:** estudio cualitativo, descriptivo y exploratorio, realizado en un hospital público con 11 sujetos, multiprofesionales de la institución. La recolección involucró las técnicas del diseño-texto-tema y entrevista semiestructurada y los datos fueron analizados mediante el modelo interactivo de contenido. **Resultados:** implicaron tres grandes ejes: elementos esenciales al acto de acoger; estrategias viabilizadoras de la acogida interdisciplinaria; y obstáculos desafiantes para la efectividad de la acogida interdisciplinaria. **Conclusión:** el estudio alcanzó el objetivo al desvelar que el proceso de internación en UTI genera un cambio en la visión sobre el ambiente, desmitificando los temores al resignificar sus percepciones desde una perspectiva, ahora, de vida y cuidado. Esta posibilidad se centra en la responsabilidad de los profesionales de terapia intensiva en contribuir con cuidados humanizados para evidenciar los aspectos positivos de la UTI. **Descriptores:** Percepción; Relaciones Profesional-Paciente; Unidades de Cuidados Intensivos.

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INTRODUCTION

This research has as its theme the perceptions of the subjects who experienced the hospitalization in an Intensive Care Unit (ICU) in a state of lucidity. The study developed in light of Transpersonal Care Theory, which points out the importance of (re) signifying the care provided to the subject, aiming for a multidimensional and integral care capable of providing a more comfortable and conducive environment for human health.¹

This theme emerged from the concerns of the researchers as volunteers of the "Multidisciplinary Grouping of Welcoming: a teaching-research-extension action to care of the family facing the risk of hospital death." Throughout the experiences of the researchers, the interest arose to investigate the subjects who were hospitalized in the ICU and their perceptions after hospitalization.

In general, hospitalization at the Intensive Care Unit (ICU) is a stressful and peculiar event due to the existence of uncertainty regarding treatment and recovery, plus anxiety, sadness, suffering and a feeling of impotence in the face of family distance.²

A few decades ago, the topic Humanization has been widely discussed in this environment, aiming at a change of attitude and posture of the entire multi-professional intensivist team, for a modification of common sense about this environment. Instead of a frightening vision, it seeks to build the image of a humanized and welcoming sector.³

The Association of Brazilian Intensive Medicine (ABIM) understands humanization as a process that involves all members of the ICU team. The challenge of these professionals lies in transposing the technological and pharmacological interventions to meet the needs of the family, increasing satisfaction with the care and preservation of the patient's integrity as a human being. In addition, this assistance helps to reduce the trauma of the patient, the family and guides the professionals involved to a less mechanized practice.⁴

In this challenge, this research seeks the support of Watson's Theory of Transpersonal Care, that is based on ten care factors anchored in love, compassion and generosity of spirit, proposing a more social, spiritual and altruistic emphasis on the way of producing care, avoiding the focus on the technicist model, without, however, neglecting the need for technical-scientific knowledge for patient care.¹

This study is therefore justified by the perspective of demystifying the stereotyped view that labels the ICU as a feared place. This search is more relevant due to the scarcity of studies that approach the ICU under the prism of its positive contribution to the individual. Thus, the databases researched were *Scielo*; *Pepsic* and *Lilacs*, with the following descriptors: perception; patient and ICU. With this, the data evidences, in a cut of five years, the prevalence of studies that point out negative aspects in this sector. This finding corroborates the need for new and differentiated contributions on this subject, so as to constitute as a problem to be unveiled: what are the positive aspects of ICU hospitalization elected by individuals who experience such an experience with a preserved state of consciousness? Based on the guiding question, the objectives were formulated:

- To unveil the positive aspects of ICU admission chosen by individuals experiencing such experience in a preserved state of consciousness.
- To know possible transformations in the individual's understanding of the ICU before and after their hospitalization.
- To understand the importance of transpersonal care for a humanized practice in relation to the individual hospitalized in the ICU.

METHOD

A qualitative, descriptive and exploratory study carried out in a public hospital, of local reference, in the interior of Bahia / BA, Brazil, specifically in the Clinical and Surgical Clinic units. The selection of the subjects obeyed the non-probabilistic criteria, choosing more accessible individuals in the hospitalization sectors of the scenario and who lived in the ICU with the state of consciousness preserved for, at least, 48 hours, a criterion that aimed to guarantee a reasonable minimum time for the subject obtained perceptions about the service. Eleven subjects were interviewed, delimited by data saturation.

Data collection was performed from February to March through a semi-structured interview with the following questions: What word defines the ICU for you? / Did something change in your view of the ICU before your hospitalization? Specify / What did the ICU mean in your life? / What aspects did you consider positive in the ICU? / What resources / resources served as support in facing ICU admission? / What lesson do you identify in

this experiment? / What do you suggest to improve the ICU environment?

The collection was performed at the bedside during hospitalization in the medical and surgical sectors after discharge from the ICU. The responses were recorded on a digital audio device, transcribed and analyzed using the Collective Subject Discourse technique, which identifies central ideas in the speeches that guide the grouping of respective Key Expressions, giving rise to Collective Subject Discourses: first-person singular that represent the collectivity, translating the social eloquence.⁵

The research project was approved by the Ethics and Research Committee, of 01/26/2017, CAAE: 57845216.1.0000.5556.

RESULTS AND DISCUSSION

♦ AXIS 1 - The mountain out of a molehill called the ICU

I imagined something horrible, that the situation was not good and that I could die at any moment. The ICU, for me was a seven-headed animal, because I thought it was for people almost dead, with the chance of a minimum life, we hear on TV that guy went to the ICU and then died. The day I knew I was going to the ICU I cried a lot because I was scared, even if they were hiding something from me, I remembered the soap operas, that the person keeps that glass around and full of equipment. So when you talk to someone who is in the ICU, one is already scared, but it is not so, here I feel much better. (AC1)

In the study, it can be observed that the predominant understanding coming from the Intensive Care Unit (ICU) in patients' perception is centered on the association with the risk of imminent death of the hospitalized person and on the structure and technological support that this sector offers for the maintenance of life. Evoking, in the imaginary of people, a culturally propagated idea, expressed, in the corresponding anchorage, a methodological figure that manifests an expression of idea, theory or determinate subject over time. Thus, it still persists in the popular imagination, that ICU association with negative feelings such as fear, sadness, uncertainty about care and even homesickness.⁶

This understanding results from the fact that the ICU is a place whose functioning is based on strict rules, which prioritize continuous intensive care to patients while the family member is not present. For this reason, this distancing can increase the family's fear, anguish and insecurity.⁶

In this context, complicating elements such as frequent low temperatures, isolation and lack of privacy emerge. In this sense, the temperature must be controlled, and should remain around 20 and 23°C, in order to provide better well-being, avoiding the extremes that can cause damages. Having access to natural light in order to follow the day/night cycle, allowing its better orientation in relation to time, also emerges as a humanizing factor for the patient and also for the team, even better if it is possible to visualize some vegetation capable of bringing calm and leave the environment lighter⁷. The preservation of privacy also contributes to this process by promoting the maintenance of individuality.

In addition, the process of adaptation of the patient in this new environment becomes more complicated in the face of the estrangement of his family, a difficulty reinforced by the team's practice focused on the biological and curative aspects made possible by the use of high technology, a context that limits affective care to feelings and biopsychosocial needs of patients in this sector.⁶

In this direction, RDC 7/10, in its article 24, recommends that the ICU professionals should be guaranteed an environment of respect and dignity, communication to the family of any assistance provided during the hospitalization process of their loved one, actions to establish humanization, promotion of a welcoming environment and stimulation of family participation in patient care, when necessary.⁸

Humanizing, in this context, involves respect for its social and cultural constructs, giving importance to their concerns³. In many moments, the family enters the ICU with symptoms of insecurity, mistrust and fear caused by lack of information and the establishment of bonds. In the period in which the patient is hospitalized in an ICU, the family has an influence role, contributing to the patient's many reactions.⁷

Well established and accessible contact with the team is able to reduce, in the family, some symptoms such as distress. The team should be more sensitive to establishing a qualified listening, allowing the family member to expose their questions, fears, desires and clarify their doubts, obtaining the desired information about their loved one and that these are as clear and objective as possible, dealing with the frailties of each family. It is important that in the first contact of the relative with the ICU, clarifications are

given regarding the patient's health status and the technologies used in their care.⁴

Understanding humanization in ICU means understanding the organizational aspects of work in this sector which influence the interpersonality of the human beings / professionals involved. The technologies used to perform care are extremely important for the rehabilitation of the hospitalized individual and require appropriation by the professionals who use them. However, the subjectivity of each patient should be valued, an aspect that may hamper the integrality of care⁹.

♦ **AXIS 2: Behind the imaginary - the other side of intensive care - discovery of care and life**

Well, it's so good, I have assistance all the time. If I say that I want to sleep, someone is already running and turns off the light and the TV; if you feel pain, you have remedy, this presence of the personnel of the area that never leaves you alone, which does not happen in the infirmaries. So the positive aspects are those employees who take care of the people, of our frailties, who provide a 24-hour assistance. It was very exciting to have that feeling of almost dying and to be able to feel that lot of hands helping me (I cry). Every hour comes a professional taking care of, if it is a noise that the device does, they run to look, there is always a nurse, on top of you, measuring your pressure, asking if you need anything, it was a joy to be everyone talking, I did not even see the time pass. Treatment and higher doctors, giving support and researching my problem, good experience. I learned a lot there, we do not give value, but when you're there, you see the team working and realize the value of their work there because they do it with love and affection, it's gratifying to see and, for me, it meant everything. I gained a new life and I saw myself reborn. When I left the ICU, I found myself recovered, so today, I understand that there is a place to save lives. Below God, the ICU was, for me, a way to continue life, today I defend the ICU, I think of other cities, how many lives could have been saved if they had a ICU. (DSC 1)

This study, through the interview reports, found that the process of humanization in the ICUs has influenced the deconstruction of the stereotyped view of such an environment. Humanization encompasses comprehensive care, encompassing the family and social spheres, including values, hopes, cultural aspects and individual concerns.¹⁰ The experience of ICU hospitalization can also be perceived in the positive aspects.

For this, it is necessary to have a behavior of care beyond the technical aspects, paying attention to the patient not only for their biological context, emphasizing the integrality of the subject, and sharing with them their feelings through respect and affectivity, resorting to dialogue. Therefore, knowledge of the subject's emotional state during his/her ICU internship experience is relevant so that professionals contribute, in a reflexive-humanistic way, to an integral and singular practice.¹¹

Thus, a positive hospitalization in ICU demands the understanding of the subjects who experience this process as a way of facilitating strategies that improve and humanize the care process, reducing the negative aspects that are present in this experience¹². From this, the experience of ICU hospitalization can be perceived under positive aspects as well. Participants in a study relate this industry as a living and recovery environment, recognizing the team's work and the importance of equipment for the preservation of life.⁶

It is noticeable that the technical-scientific efficiency is of absolute importance for the success of the actions developed in the health services. It is known that the good results are based, largely on the quality of the service offered by the hospital, but on the other hand, it is also essential that the team is able to promote socialization and bonding with this patient, mediating their coping during the ICU stay. The process of humanization in the ICU requires caring for the patient in an integral way, covering the family and social environment. This perspective should encompass the values, hopes, cultural aspects, and concerns of each person.¹⁰

Transpersonal Care contributes to the perspective of the contributions of the nurse to the humanized care capable of revealing positive aspects of the care received in the ICU, often coinciding with the Caritas Process: human altruism; the stimulation of faith and hope; the cultivation of sensitivity for oneself and for others; the systematic use of the scientific method of problem-solving for decision-making; the acceptance of the existential and phenomenological forces of life, thus being a Nursing of rational and human value for the person and for the advances of the caring process.¹³

♦ **AXIS 3: Opportunity to resignify health and family - moment of self-reflection**

Being here brought a meditation on my life, provided a renewal. I have discovered that we have to take better care of ourselves, to value life, because it is too short. Give more

value in small things that we do not give, simple things, we think of material things, but a hug of a person, a word does so well, we have to give a lot of value! Value to friends and family, and also to the friendships I made in the hospital. I learned that we should do a little more here. Today, I am very grateful to God for the life that we have, probably, from now on, my life and my thoughts will change totally, today I ask for nothing more, I only thank for the life. So it was all 100% positive. It was, as a teaching, to take good care of health to not have another relapse, to do everything different, the moment is overcoming, I was born again. (DSC 2)

From this study, the importance of the experiences experienced in the ICU hospitalization process was highlighted, highlighting the significant and self-reflexive character in the individuals' discourse, referring to the awareness of facing adversities in all life contexts.

The experience of any illness or scourge experienced during the course of life reinforces human fragility and points to the humanity present in each being, showing its capacity for resignification and overcoming in the face of adversity.¹⁴ Often, the individual exposed to contrariety goes by the way of the questioning and the difficulty, which, despite revealing the negative characteristics, ends up discovering positive points of the capacity of the human being to be able to demonstrate strength, love and, from that point on, to improve it, seeking a proactive nexus and the relocation in life.

In this context, resilience emerges as a process of energy and enthusiasm that the human being acquires to face the adversities of life. Thus, resilience is the capacity that an individual acquires to endure stressful moments together with a source of support to overcome the crisis. A person who undergoes a resilient process may present factors that identify this process as: a source of risk significant source of resources to face the crisis and a positive adaptation to the adversity suffered. It is then realized that, resilience is an important way to help people to cope with times of difficulty and thus, allowing a perception and the mastery of the situation in the moment of crisis experienced, being possible to close with possible traumas caused during the adversity suffered.¹⁴

One understands the reasons for knowing and understanding about resilience and its importance in the tactics of the practice of care and access to health and well-being, shifting the focus from illness / disease to the resilient focus and the individual's ability to

experience the adaptive processes, encompassing their entirety and being during the crisis process. It is also important to emphasize the importance of the Nursing team to help the individual in the search for ways to be resilient in the disease process, so that they seek the resources needed for difficult situations in the midst of the adversity of life.

In this sense, the importance of professional support to individuals experiencing the ICU is highlighted, since it is noted that, through the support and care provided, the patient develops mechanisms for readaptation to face the moments of crisis from their understanding of the situation of the disease, thus providing more pleasant moments in the hospitalization process and reducing stress risks¹⁶.

CONCLUSION

The topic of ICU hospitalization has always prevailed in the popular imaginary with the association with death, due to the technological equipment characteristic of the sector used for the maintenance of life that, most often, are unknown by relatives. It is understood that this ignorance of the environment generates innumerable negative thoughts, fears and anticipatory suffering in the relatives of the hospitalized patient.

This study reached the objectives proposed by revealing, together with the individuals who experienced the ICU admission process, a change in the view on the environment, demystifying the fears of approaching death and re-signifying their perceptions in a new perspective, now life and care. They highlighted the period of hospitalization as a moment of self-reflection of their lives and approach to their spirituality.

The importance of the differentiated care of the intensivist team to realize this positive experience here referred to as "the other side of intensive care" was evident. This side can be focused on humanized care through the exercise of empathy and recognition of the uniqueness of each patient, providing the hospitalized individual with an approach to his or her family and the reach of the transpersonal encounter, harmony between body-mind and spirit capable of promoting well-being to the individual even at the critical moment of their life.

Thus, it was evidenced the importance of the health professional to pay attention to a care that transcends matter (physical body) and involves the other in this relation. Humanistic care not only provides benefits to

the individual being watched, but also to the team that has the potential to emerge and stimulate their spiritual side.

The practice of transpersonal care has turned to the concept of the metaphysical view of the subject, transcending the model of mechanistic techniques evidenced in studies as effective for the recovery and the resignification of life, and it is therefore interesting that health professionals seize the a subject in search of a differentiated care that considers the human being as unique and turned of subjectivities and, also, for the deconstruction of the stereotyped concept that involves the hospitalization in ICU.

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Submission: 2017/05/29

Accepted: 2017/11/16

Publishing: 2017/12/15

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