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ORIGINAL ARTICLE

MEANING OF THE INTERVENTION OF PATIENTS WITH RAQUIMEDULAR TRAUMA

SIGNIFICADO DA VIVÊNCIA DE INTERNAÇÃO DOS PACIENTESL COM TRAUMA RAQUIMEDULAR

SIGNIFICADO DE LA EXPERIENCIA DE HOSPITALIZACIÓN DE LOS PACIENTES CON LESIÓN MEDULAR

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RESUMO

Objetivo*:** compreender o significado da vivência de internação hospitalar após diagnóstico de traumatismo raquimedular. ***Método: estudo descritivo, com abordagem qualitativa e fundamentação fenomenológica. Foram entrevistados cinco pacientes com diagnóstico de trauma raquimedular (TRM). Após a transcrição e leitura das entrevistas, foi realizada a compreensão vaga e mediana a partir das unidades de significado. ***Resultados*:** as unidades de significado foram: "Meu leito, minha prisão!"; "Não posso mais andar, não acredito!"; "O cuidado necessário: que dor! Que vergonha!"; "Cuidador: o ser essencial!"; "Viver sentado: um novo ser, uma nova vida". ***Conclusão*:** foi possível compreender o significado de internação para esses pacientes, identificando a importância da Enfermagem e a necessidade de se prestar um cuidado integral a este ser. ***Descritores***: Pesquisa Qualitativa; Traumatismo Medular; Enfermagem.

ABSTRACT

Objective: to understand the meaning of the hospitalization experience after diagnosis of spinal cord injury. ***Method:*** descriptive study, with qualitative approach and phenomenological foundation. Five patients with a diagnosis of spinal cord trauma (SCT) were interviewed. After the transcription and reading of the interviews, the vague and median understanding from the units of meaning was carried out. ***Results:*** the units of meaning were: "My bed, my prison!"; "I can not walk, I do not believe!"; "The necessary care: what pain! What a shame! ";" Caretaker: The essential being! ";" Living seated: a new being, a new life ". ***Conclusion:*** it was possible to understand the meaning of hospitalization for these patients, identifying the importance of Nursing and the need to provide comprehensive care to this being. ***Descriptors*:** Qualitative Research; Spinal Cord Trauma; Nursing.

RESUMEN

Objetivo: entender el significado de la experiencia de hospitalización después de la diagnostico de traumatismo medular. ***Método:*** estudio descriptivo con enfoque cualitativo y fundamentación fenomenológica. Fueron entrevistados cinco pacientes con lesión de la médula espinal (SCI). Después de la transcripción y leer las entrevistas, ocurrieron la comprensión vaga y mediana de las unidades de significado. ***Resultados:*** *las unidades* de significado fueron: "mi cama, mi detención"; No puedo caminar, no puedo creerlo!"; "La diligencia debida: Qué dolor! Qué vergüenza!"; "Cuidador: lo esencial!";"Estar vivo: un nuevo ser, una nueva vida". ***Conclusión:*** fue posible comprender el significado de hospitalización para estos pacientes, identificando la importancia de la Enfermería y la necesidad de prestar atención plena a este ser. ***Descriptores***: Investigación Cualitativa; Trauma de la Médula Espinal; Enfermería.

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INTRODUCTION

Spinal cord injury (MRT) has become increasingly frequent, with trauma being the predominant cause. There are approximately ten thousand new cases of spinal cord injury each year in the country. This is a worrying finding, considering the severity of the sequelae caused by this type of injury, as well as the socioeconomic impact to the country, considering that it affects, in the majority, young individuals of productive age, and each patient has a high cost for the State[1].

The SCT has a huge impact on the individual's life. Usually, leads to prolonged periods of hospitalization and can lead to serious neurological and psychological sequelae, as well as socioeconomic impact, generating a disorder for the patient, family and society[2].

Any sudden tragedy, like TRM, causes a transformation in the person's life, especially when it comes to changes that bring limitations to the human being, bringing a series of disorders and conflicts due to the severity of this occurrence, which can generate a vulnerability in the emotional structure of the patient. The nurse must demonstrate a more understanding relationship seeking to understand the feelings of these patients, seeking a reaction to overcoming such a dramatic event[3].

Knowing and describing the meaning of the hospitalization experience of the person with spinal cord injury can contribute to a better understanding of the spinal cord injury, so, it can base the necessary care on this individual, by investigating their real needs. Thus, this study aimed to:

● To know the meaning of the hospital stay after diagnosis of SCT.

METHOD

A descriptive study, with a qualitative approach and phenomenological foundations.4-5 Most of the deponents participated in the Multi-professional Assistance and Motor Rehabilitation Program for the Physically Disabled at the State University of Pará / UEPA, where they were identified and subsequently invited to participate in the study. Only one of the deponents was accompanied as a patient during his stay in the surgical clinic of Santarém Municipal Hospital, where he was invited to participate in the research, and, after his discharge from hospital, he was contacted to arrange the meeting.

During the first conversation, the objectives of the study were exposed and, those who agreed to participate, meetings were scheduled to make the setting. The meetings were marked by the deponents and, in their totality, the place chosen was the residence of the same ones.

The deponents were five patients, all males, aged between 20 and 31 years, with a diagnosis of spinal cord trauma. All the deponents accepted to participate spontaneously in the research, after being clarified as to the objective of the study. It was clarified that their interviews would be recorded, being maintained the total anonymity, being their names replaced by name of angels. After all the clarifications, the Informed Consent Form (ICF) was signed and the interviews started.

After the transcription of the interviews, detailed readings were made that allowed, through the phenomenological reduction, the identification and construction of five units of meaning: "My bed, my prison!" "I can not walk, I do not believe!"; "The necessary care: what a pain! What a shame! ";" Caretaker: The essential being! ";" Living seated: a new being, a new life ". From these units of signification, came vague and medium understanding.

The research project was submitted, appreciated and approved by UEPA's Research Ethics Committee, campus XII, CAAE-45175415.0.0000.5168.

RESULTS AND DISCUSSION

In order to find the units of meaning, it was necessary to make the phenomenological reduction, that is, to undress all preexisting concepts and ideas, to focus only on the characteristics that may be part of the phenomenon studied. The units of meaning are highlighted from found passages called lines of inquiry that emerge the light of our interrogation of the researcher.

My bed, my prison!

During the period of hospitalization, patients with spinal cord injury do not leave the bed, sometimes even from the fourth, except to perform some procedure or exams when they are not performed in the bed itself. The bed ends up presenting itself as a loss of the freedom to come and go, considering that it was where they stayed constantly. The room ends up forming a prison and the bed, its cell.

This feeling of powerlessness in the face of a situation, the loss of autonomy, the desire to move and not succeed, the sense of

imprisonment and the desire to be absent are observed in the lines below.

> *[...] That condition there was a very disturbing situation. If you wanted to move and could not, I just shook my head ... And always that strange sensation, that desperation, anguish, the will to want to leave, in fact the will to not need is there. (Gabriel)*
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> *[...] I practically did not sleep because of the situation [...] I felt ... I felt practically stuck right [...] And to be alone in a bed, only in one position that there was a ... So, broke the pattern, broke my routine of daily life ... [...]. (Abel*)

From the statements of the deponents, it is possible to perceive that they do not feel at ease in the hospital environment. This environment carries a meaning of imprisonment. The impossibility of moving on their own. The loss of self-sufficiency, doing what you want, brings a great anguish. The desire to escape from this place, to return to its routine, is impregnated in their speeches.

I cannot walk anymore? I do not believe!

When it came to diagnosis, the deponents soon referred to not being able to walk.

> *[...] He gave the diagnosis that I was not going to walk. (Gabriel)*
>
> *[...] And say something like that you will be paralyzed, right? (Miguel)*

It is to lose one of the functions that they learn as children and guide us through life in all daily activities. The floor brings autonomy to come and go wherever and whenever you want, without depending on others. This perception brings back to the diagnosis the meaning of not walking, a fact that is accompanied by fear.

Denial is also present. The hope that accompanies the human being at all times, that hope that it is only a moment, it has repair, it will happen, it can be fixed, it is only a matter of time. This perception makes up a meaning of negation. Religiousness is also present through the faith that God can do the impossible, that which is no longer within the reach of the doctors, the reach of men. Dependence on their Lord.

> *[...] I think there are those three stages, right? First agent does not want to accept, then agent always thinks he can change, can give a way, that this is of the human being [...] No, you can find a way! You can fix it, and then you accept it and accept it. (Gabriel)*
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> *[...] My feeling like this is that it was going to be fast, the reactions of my body like that, to go back, right? He would talk to me like this: no, after I do the surgery, my little movement will return! I thought so, right? But it was not so! (Samuel)*
>
> *[...] Until then I was like this: Ta. But I think this is going to happen, that's a matter of a time there I go [...]. My body is going to move again! [...] And so, I with that hope: No, I'm here but somehow I'm going ... This will pass! (Abel)*
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> *[...] Then I said no, that does not depend on you alone (doctor), it depends on my willpower and my Lord. (Manoel)*

For Miguel the moment of diagnosis brought pain, it was a very painful moment.

> *[...] It was very painful for me. Because the person will never go to another person's day and then the doctor will look at you and say: You fell! And say something so you will be paralyzed right? In your face, right? [...] he spoke in the log, in the face of everybody [...] that hurt me a lot right? (Miguel*).

This pain is tied to the way the news was given, being direct and dry. In such a delicate moment, care is important when giving news that brings so much impact to the life of being. The diagnosis of paraplegia and tetraplegia, in any way, will be shocking, but it is possible to minimize pain by using the words correctly.

The necessary care: what pain! What a shame!

At the time of a bath in the bed, dressing, catheter and several other techniques, the patient is exposed. There is an invasion in the individual's privacy. The loss of control over one's own body, in regard to caring, presents itself in a disturbing and embarrassing way. It is understandable the feeling of shame when your intimacy is violated and the other has control over your body and its schedules. This loss of autonomy creates embarrassment and shame.

It is possible to perceive, in the speech of the deponents, this initial nuisance before the procedures performed, bringing a meaning of shame to these procedures and the exposure of the body.

> *[...] At first, it was a very bad feeling. But after I adjusted, I got myself into the sick state. I accepted, I'm a sick, I do not have to be ashamed of anything. Then it was normal, it was normal for me. (Gabriel)*
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> *[...] At the time of the bath I felt like this ... That agony, because I had never taken a bath like that, in bed, right? I took a shower in bed, so it was agony like this for me? It hurts like this in my soul, but at the same time I imagined it like this: it's for my sake, I'm going to get better, I'm going to get over it, I'll take it! I could take the shower, water in my ear. (Miguel)*
>
> *[...] On the first day, it was kind of shameful. The first day there in the other*

hospital I was kind of like that ... But then, no, I was losing that self-esteem, that shame ... [...] There we lose the shame oh. I lost all my shame, I thought it was going to happen. I lost all my shame. (Samuel)

[...] I remember that on the day that they gave me a bath, a boy came and took all my clothes, I stayed a little like that ... Then he said: I'll have to take everything, I'll have to clean you, then I got kind of ... Of course the agent knows ... It's kind of embarrassing, but we know it's necessary ... But over time it was breaking it ... Then broke that from me understood, But right at the beginning no, it was not cool, right? (Abel)

By caring for personal hygiene, they felt an intrusion into intimacy, which made them embarrassed. Already in the care of medication, change of decubitus and dressing, the greater meaning was pain, as evidenced in the statements below.

[...] Then I was very upset because I was always on the side, there it turns to the side, there it turns to the other. From hour to hour I turned, so it hurt a lot. It hurt a lot. (Miguel)

[...] So ... It was sick sometimes, because we were on the side I felt a lot of pain in my body although the injury was serious, high, I felt uncomfortable in my body [...] Sometimes I needed to stay two hours aside. When an hour came, an hour and a half came I was already in the extreme of pain, because of that position right? (Abel)

[...] I was taking medicine here under my arm, Clexane. Oh my God! It hurts too much. It's a bad memory I have of that little bug. Every time it was six o'clock in the afternoon, it was sacred. When I saw him coming, it was already beginning, the tears came down. Because it hurts, it hurts, my God of heaven hurts too much (Manoel).

The mobilization, whether at the time of the bath, or at the time of dressing, or for a change of decubitus, in order to prevent the formation of pressure ulcers, has always been reported with the presence of pain. In most reports, pain is related to mobilization. However, there are those who attribute their remembrance of pain to the use of a specific medication. To these procedures, the meaning of pain is attributed.

Despite all the invasion, of privacy and pain, it is possible to realize that everyone understood that, although bothersome and "shameful", it was necessary. In order to face the embarrassing, sometimes exhausting procedures, they fit into the sick, which depended on certain treatments for their improvement. It was necessary to endure. This sense of understanding in the face of the need for care also brings another meaning: that of necessity.

Caregiver: The essential being!

It is possible to observe, through the statements of the deponents, the importance of the presence of these professionals for their recovery. These were the ones who were every day beside the patient giving the necessary care, being his hands, when needed. To them was given the meaning of essentials.

[...] Then I went to look. Every day I was a nurse there with me, looking at me passing medication after the surgery so at the other hospital it was what saved me ... That care meant a lot to me. That's what saved my life (Miguel).

[...] It was great, because they gave me medicine to react my body, I was taking antibiotic, these things there, and remedy to heal faster my eschar, and that aerosol to clean the things of the lung, the trachea , These things [...] were important for my recovery. (Samuel)

[...] Not all were well, but most of them were like this, for me they were like my hand, my arms, right? (...) they were helping me like this ... Supporting me giving ... Caring for me, literally right? They were like my arms to me, what I needed, they were there. (Abel)

[...] but ... They went, outside the doctor, right? Fundamental. Their role was of fundamental importance [...]. (Manoel)

Nurses are seen as very important for patient recovery. It's that person who's there every day, to help you with whatever you need, bringing the medication for pain relief, giving a friendly word when I need it. Heed the call, taking their care to those "boring" patients, as they recognize that they need your help. Affection and friendship, are feelings that are also related to the Nursing team.

[...] Ah, because the doctor is this ... Because it is the doctor who ... The doctor who is going to give medicine to me, who cares for me, I do not know what. But in fact ... In practice there, who is taking care of the person ... Who is ... Who comes from hourly to see how the pressure is, who comes in case to take a shower right, the Nurse [...] (Abel)

The feeling I had is that they have a fondness for the very large patient, regardless of who they are. Even for that annoying patient! Sometimes I would hear them saying, he's boring, but I'll go there with him ... He needs to be careful. Then the feeling I had is of affection, of a very great manliness that they have [...] We have created a bond, I even say of friendship (Gabriel).

Despite so many positive statements and references so good in relation to Nursing, we still have negative statements such as the following:

> *[...]There were some nurses who maybe they do not pass that positivity, that in a picture like mine and like of many, in those hours is fundamental "(Manoel).*
>
> *[...] And there were some that had a way of turning but there was a team there that ... That sometimes I lost my patience [...] Not all were well, but most of them like that, for me they were As if they were my hand, my arms, right? (Abel).*

Manoel mentions that there were those who ended up not passing that word of support that is so important in their case. Abel quotes that not all were well, but, most of them did. It is a minority, it does not have so much representativeness, but there are those who, perhaps, not being on a good day, did not take such an efficient care.

We find that nurses are also human beings, passive to errors, but, nonetheless, they support, comfort and care in a global way. They are important in the recovery of patients, being their helpers, their caregivers and even friends.

Always being seated: a new being, a new life!

The state of anguish brings to man the opportunity to look deeper into himself, rethinking the meaning of his experience and, sometimes, re-signifying certain concepts and, leading him to evolve as a being6. The experience of hospitalization, due to spinal cord trauma, brought several meanings to our deponents. It brought a chance to start over, rethink old attitudes and actions, and try to do it all over again, but, now, in the right way. It's a new life. Desire to live, desire to win. All these meanings can be extracted in the speeches below.

> *[...] I think it was a renewal, a fresh start, right? I'm religious, so, I interpreted it as a second chance I had, a chance to start over. I did a lot wrong, so I had a chance to start over the right way with myself, not only with myself but with my relatives understood? (Gabriel)*
>
> *[...] It has meant that I will have to have a lot of determination and struggle and that if I want an improvement, I will not have to give up ever. Because if it was for me to give up it was for me to have died, but as I did not die I stayed to fight and get an improvement and win [...]. (Miguel)*
>
> *[...] For me, the meaning so ... Give value to my family and have more union [...] And have union with my father. (Samuel)*
>
> *[...] You learn this way ... not to complain about your life, to learn to live, you have to learn to live like that, and you have to get used to it, right? Have to adjust, and let time tell you, what will happen to you [...] I learned to have this, a ... a maturity. It's ... A maturity so personal, my, because I started to see who really was important to me, my family, some friends. (Abel)*
>
> *[...] Change! Change. Very radical change, I really liked myself. Ah, I'm Radical! That's why I liked to ride a motorbike, but the change that happened in my life after I stayed ... That I came to live sitting. It was the most radical thing I've ever had that I've ever been through. It was O ... Other adrenaline. I've come to give more value to small things, things that when the agent walks, we do not give value. I came to see the world from another angle. (Manoel*)

From the moment that the being comes to accept his situation, his new reality, a feeling of resumption begins. For Heidegger (1989), this feeling of overcoming, after a moment of anguish, the evolution of being is called transcendence. The being evolves and comes to accept his new situation. It finds the strength to live, recognizing its limitations and potentialities. Learning to live seated and living your battle each new day. There comes willpower, self-improvement, self-esteem and perseverance. It is choosing to live.

Maturity, change, union, resumption, reestablishment, determination, renewal are words that carry with them the meaning of the hospitalization experience due to a spinal cord trauma that left sequels in the body of all deponents. But it also brought a new meaning to life, the meaning of living seated, brought transcendence. The evolution of being.

CONCLUSION

Patients with spinal cord trauma feel uneasy about being in the hospital, restricted from their freedom due to a traumatic event that took their steps, movement, walking. The greatest desire is to want to leave, to break free from the cell that is his bed. The feeling of powerlessness in front of one's own body.

Embarrassment and shame are present before the exposure of the body, the invasion of privacy. The pain, that permeates the procedures performed, is also significant in this experience. It is up to us professionals to provide comprehensive care, taking into account all these feelings and meanings, to help in managing pain and reducing embarrassment in the face of the care received.

Receiving the diagnosis of not being able to walk or the loss of their movements is not something easy to assimilate. It meant an initial denial, but, after the assimilation and acceptance of the diagnosis, the evolution of being occurs, it transcends, seeking to live in a different way, understanding as a new chance.

I am happy to realize, the importance of us caregivers for the recovery of these patients. The representation that the care carried out, in a humanized way, had on the life of these men during their hospitalization. That does not mean we should not get better. It should always be remember that these people we care for, feel trapped in bed, embarrassed by the procedures performed and need the help of the care givers to achieve comfort, help, support and understanding. It is not just a body that needs dressing, medication and hygiene. It is a being that depends on our attention and support, which needs the hands of the care givers.

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