NURSE'S KNOWLEDGE AND PRACTICES IN THE INTENSIVE CARE UNIT

SABERES E PRÁTICAS DO ENFERMEIRO NA UNIDADE DE TERAPIA INTENSIVA

SABERES Y PRÁCTICAS DEL ENFERMERO EN LA UNIDAD DE TERAPIA INTENSIVA

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ABSTRACT

Objective: to analyze nurses' knowledge and practice about "quality nursing care" in the Intensive Care Unit. **Method:** this is a qualitative, descriptive, observational study carried out with ten effective ICU nurses. A semi-structured interview script was applied, and the data analyzed through Content Analysis. **Results:** it is revealed that the majority is female, with a mean age of 44 years and a mean age of 16 years. Two categories were generated, one of which refers to the knowledge of nurses about the quality of nursing care and another about the practice of nurses. **Conclusion:** it was observed that nurses attributed the quality of care to patient-centered care in a humanized, holistic and safe way. In terms of applicability in practice, routine activities were considered as processes that guarantee quality care. It contributes, through the results, to planning and improvement of Nursing care. **Descriptors:** Quality of Health Care; Nursing; Nursing Care; Patient Safety; Intensive Care Unit; Health Care.

RESUMO

Objetivo: analisar o conhecimento e a prática do enfermeiro sobre a "assistência de Enfermagem de qualidade" na Unidade de Terapia Intensiva. **Método:** trata-se de estudo qualitativo, descritivo, observacional, realizado com dez enfermeiros efetivos da UTI. Aplicou-se um roteiro de entrevista semi-estruturado e analisaram-se os dados por meio de Análise de Conteúdo. **Resultados:** revela-se que a maioria é do sexo feminino, com idade média de 44 anos e média de formação de 16 anos. Geraram-se duas categorias, sendo que uma refere-se ao conhecimento do enfermeiro sobre a qualidade da assistência de Enfermagem e outra sobre a prática do enfermeiro. **Conclusão:** observou-se que os enfermeiros atribuíram a qualidade da assistência ao cuidado centrado no paciente de forma humanizada, holística e segura. Consideraram-se, quanto à aplicabilidade na prática, as atividades desenvolvidas na rotina como processos que garantem uma assistência de qualidade. Contribui-se, pelos resultados, para planejamentos e melhoria da assistência de Enfermagem. **Descritores:** Qualidade da Assistência à Saúde; Enfermagem; Cuidados de Enfermagem; Segurança do Paciente; Unidade de Terapia Intensiva; Assistência à saúde.

RESUMEN

Objetivo: analizar el conocimiento y la práctica del enfermero sobre la "asistencia de Enfermería de calidad" en la Unidad de Terapia Intensiva. **Método:** se trata de un estudio cualitativo, descriptivo, observacional, realizado con diez enfermeros efectivos de la UTI. Se aplicó un guion de entrevista semiestructurado y se analizaron los datos por medio de Análisis de Contenido. **Resultados:** se revela que la mayoría es del sexo femenino, con edad media de 44 años y media de formación de 16 años. Se generaron dos categorías, siendo que una se refiere al conocimiento del enfermero sobre la calidad de la asistencia de Enfermería y otra sobre la práctica del enfermero. **Conclusión:** se observó que los enfermeros atribuyeron la calidad de la asistencia al cuidado centrado en el paciente de forma humanizada, holística y segura. Se consideraron, en cuanto a la aplicabilidad en la práctica, las actividades desarrolladas en la rutina como procesos que garantizan una asistencia de calidad. Se contribuye, por los resultados, para planificaciones y mejora de la asistencia de Enfermería. **Descriptor:** Calidad de la Atención de Salud; Enfermería; Atención de Enfermería; Seguridad del Paciente; Unidades de Cuidados Intensivos; Prestación de Atención de Salud.

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INTRODUCTION

With the technological advancement and the improvement of access to information, changes were made in the provision of services and in the behavior pattern of society.¹ The globalization, the transformation of the economy and the growing incorporation of new technologies, the increasing search for quality, are implied by products or services.²

From the industry, the concept of quality, as well as the methodologies associated with it, have been disseminated by authors such as Deming, Juran or Ishikawa, adapted to health, particularly by Avedis Donabedian. However, there is concern regarding the quality of healthcare throughout the history of medicine, from Hippocrates to Florence Nightingale and Ernest Codman.³

Quality in the health sector is defined as a set of attributes that includes level of professional excellence, efficient use of resources, minimum risk to the patient and high degree of satisfaction on the part of the user, considering the existing social values. It is known that the quality of the care is not an abstract attribute, it is built by the assistance evaluation, covering the analysis of the structure, the work processes and its results, establishing a health evaluation model based on structural, process and result components.⁴

The Donabedian Model is widely used in the evaluation of health quality by researchers and government agencies, and such a model contemplates the structure-process-result tripod analysis. The structure corresponds to the stable characteristics of institutions such as physical area, human, material and financial resources, as well as the organizational model. The process item refers to the set of activities developed in production in general and in the health sector, in the relations established between professionals and users of the services from the search for assistance, to diagnosis and treatment. The result item refers to the characteristics of the products or services whose quality translates into the health effects of the client and the population.⁵

The constant search for the improvement of the quality of the Nursing care in the services that aim to offer the customer, a service of excellence and with the prioritization of their needs is observed. The signs of concern for quality in the Nursing service with Florence Nightingale in the second half of the 20th century began from the foundations of modern nursing. Through its work during the Crimean War and its teachings, a legacy for Nursing was

established, instituting principles that, until the present day, are necessary for the performance of care.⁶

Nursing quality is characterized as a set of actions developed by the professional, with knowledge, skill, humanity and competence, aiming at meeting the needs and expectations of each client.⁵ It is influenced and is interfered by several factors in the quality of Nursing care, such as professional training, the number of professionals available, the labor market, current legislation, policies, structure and organization of institutions.⁶

In the context of health and especially in the Intensive Care Unit (ICU), which is defined as the critical area for the hospitalization of critically ill patients, who demand specialized professional attention in a continuous way, specific materials and technologies necessary for the diagnosis, monitoring and therapy.⁷ The nursing team faces the constant challenge of assuring the quality of care in meeting the needs and demands of clients in an efficient and effective way.¹

It is recognized that the nurse is responsible for the management of patient care, plays an important role in achieving the quality of health services, which must permeate their actions, focusing on the integral care of human needs.⁸ Studies related to the quality of Nursing care are addressed in the literature, however, there is a lack of studies that link the nurse's knowledge and the practice of this professional regarding the quality of Nursing care in ICUs.

Therefore, it is necessary to obtain data on the knowledge of nurses and their practice on quality nursing care, since these professionals are constantly involved and involved with care, as well as with care planning. essential elements in the process of evaluation and improvement of quality in health services.

Nurses' knowledge and practice about the quality of Nursing care is therefore defined as the object of the study. The following question was chosen to guide the research: What is the nurse's knowledge about "quality nursing care" and how does this professional do to ensure, in their practice, quality care?

This study is justified by the need and relevance of analyzing nurses' knowledge and practice about "quality nursing care" in the ICU, since Nursing is responsible for the integral care of the patient, from simple care, such as hygiene to more specific care that requires broader scientific knowledge. The institution in which this study was developed is in charge of the continuous improvement of quality in the service and, therefore, the

research is of great relevance, since the results evidenced the knowledge and applicability, in practice, of the nurses about a care of quality nursing and, consequently, will provide subsidies for the managers of the ICU to plan improvements of the clinical practice, applied in the day to day of their nurses, based on what was presented in this work, with the intention to improve and perfect the quality of care.

OBJECTIVE

- To analyze the knowledge and practice of nurses on "quality nursing care" in the Intensive Care Unit.

METHOD

This is a qualitative, observational, descriptive study to analyze nurses' knowledge and practice on the "quality of Nursing care" in the Intensive Care Unit (ICU).

The study was carried out with nurses from the ICU of a large public hospital of high complexity, located in Teresina, State of Piauí. In this hospital, 20 ICU beds, 14 nursing assistants and two nurses in administrative positions are contemplated, and an average of 60 Nursing technicians perform Nursing activities to the critical patient.

Ten nurses were interviewed, most of whom were female (nine nurses), with a mean age of 44 years, mean age of 16 years and working time in the institution, over ten years, by the majority. Of the ten interviewed, five presented specialization in Intensive Care; one in Urgency and Emergency and the others in other areas, but only two had masters and none had a doctorate.

The sample of the research was constituted by ten nurses who provide assistance in the ICU of said institution. As inclusion criteria, professionals of both sexes were included and being a nurse of the ICU in the institution and, as exclusion criteria, the fact that the professional is away for vacations and medical leave at the time of data collection, nurses who held administrative positions and the withdrawal of any participant during any stage of work.

The collection of data was based on a semi-structured interview script divided into two parts; the first containing questions for the collection of sociodemographic data and for the characterization of the subject and the second part with open questions directed to the fulfillment of the objectives of the study with the following questions: What is a quality Nursing care for you ?; How do you, in your practice, to ensure quality care?

The interview was conducted between August and October 2017, during the participant's work shift, at a previously scheduled time and in a place reserved to ensure the participant's privacy. A recorder was used to record the interviewees' speeches and, at the end of the interviews, the data were grouped according to the semantic similarity.

Data was analyzed through Content Analysis, which includes information from discourses, speeches of previously investigated subjects, about a certain subject. Readings of the constructed material were carried out in order to produce an appropriation of the participant's speeches and, later, the data was arranged in thematic categories for analysis and interpretation based on the theoretical reference of the subject addressed.

They obeyed the ethical aspects observed when conducting research on human beings, and the research project was approved by the Research Ethics Committee (REC) of the institution, according to standardization 466/2012, opinion number 1.866.080 and CAAE: 60091416.9.0000.5613.

RESULTS

Two thematic categories were generated according to the objectives: category 1 - referring to the knowledge of nurses on the quality of Nursing care and category 2 - on the practice of nurses to guarantee the quality of care.

♦ Category 1: Nurses' knowledge about the quality of Nursing care

It was found in the first category that, when asked about what would be a quality nursing care in the ICU, through the response of the nurses, several elements were identified that constitute different concepts referring to quality, since the subjectivity of the term. However, quality is a primary factor in Nursing care; for nurses, the quality of Nursing in the ICU is to meet the needs of the patient, with the centralized care for the patient.

A quality care is that provided, is, is ... is with the patient, directly with the patient [...], in the end, that assistance that the patient is seen as a whole It is the lesions is, is, is, are their complaints, is, is, is, [...]. It is that total assistance, complete, that you are there daily in contact with him seeing your needs [...]. (nurse 2).

[...] quality nursing care is that care where you have a holistic view of the patient,

where you get [...] where you can meet the patient's needs [...]. (nurse 5)

When you try to do your care based on the patient's well-being, okay; you will trace your care, plan your actions according to the need of each patient, individual to each patient. (nurse 9).

It is evidenced that the term quality, carries with it a high degree of subjectivity, a topic of wide discussion, when one speaks of quality, since each individual tends to interpret in a different way, based on their knowledge and on their theoretical and practical basis. This term becomes more comprehensive and more subjective in the area of health, given the large number of processes that workers and users face, as well as the political and structural components.⁹

It is observed that the nurses are health professionals inserted in several processes aimed at the direct and indirect care to the patient, having the meaning of quality focused on the care centralized in the needs of each individual. It is centered in the ICU, although the nurse is absorbed in the technological world of cables, wires, conductors and various devices, the care in the patient, which is considered a priority for the participants of this study. Such a meaning is expected from the professionals of this sector, since patients in the ICU demand more direct assistance, they are individuals who go through a process of mutual illness, dependent on the team for all physical, biological and spiritual needs.

Care is presented as the authentic concern for Nursing when it favors development towards the other; implies activities developed by professionals for and with being based on knowledge, ability, intuition, critical thinking and creativity, which contribute to the promotion, maintenance and recovery of the dignity and totality of the individual.¹⁰

It was also observed that humanization and holism were other aspects attributed to the quality of the Nursing care in the ICU by the participants.

[...] quality Nursing care is that care you plan, systematizes care within established ICU protocols in a holistic and quality-assured manner. (Nurse 1)

Well, quality nursing care is that care in which you have a holistic view of the patient, where you get is, is, is ... to systematize [...] you have to remember a lot about the issue too of humanization [...]. (nurse 5)

[...] so that there is a quality of this assistance, whether it is a human care, we apply the principles of the UHS, focused on the humanization of the UHS, and it is in this link that Nursing works within

systematization, from receiving identification to the discharge [...]. (nurse 7)

A quality Nursing care is a safe, harmless, scientifically-assisted care, taking into consideration the whole holistic part of the patient, associated with his illness, his suffering, also, the family experience, working with quality [...]. (nurse 8)

Intensive therapy is characterized as a tense environment, where death is a constant and the senses are always sharp and alert to any intercurrent, of private sleep, of excessive noise, of invasion of privacy, of the great flow of professionals, of the almost exclusion from family members, poor communication, endless cables and wires, monitors and their "beep".¹¹ There is clearly an environment full of stressors, but the ICU is not restricted to full and objective care to save lives, and humanizing is part of the entire care process of care.

The National Humanization Policy (NHP) was created in 2004, with humanization as the guiding axis of health care and management practices in all instances of the Unified Health System. It participates in the NHP with autonomy and accountability of all subjects involved in health processes: managers, workers and users.¹²

In the case of ICUs, it should be emphasized that the NHP includes an open visit; the reception mechanism with the users' reception; the resource of listening for the population and the workers; ensuring continuity of care; the definition of clinical protocols, eliminating the unnecessary interventions and respecting the differences and the needs of the subject and the multiprofessional service to the family with agreed time between both.¹³

It was noticed that, in the institution where the study was carried out, the interest on the part of the professionals regarding the humanization in the ICU is visible; there is the presence of an active psychologist who receives the family members and patients with qualified listening, and is one of the few hospitals in which there is the presence of this professional inside the ICU, being remarkable the importance of his work. It is also possible to see the enlarged visit for elderly and under-aged patients and for those who need a closer family support, which are discussed in a team.

Through a study carried out with Nursing students on the concept of quality in Nursing care, it was shown that, despite the hegemonic biomedical paradigm still predominant in the health context, in which there is a tendency to value the technicality

of care in nursing. detrimental to the individual and emotional aspects of the patient, the students' statements pointed to the occurrence of a transition of paradigms in their formation evidenced by the valorization of holism, humanization and the promotion of self-care with indicators of quality care.⁸

In the quality of Nursing care, it is a complicity in the approach to the patient and in the treatment during their stay in hospital considering the individuality of each patient, the holistic view of the human being, taking into account biological, spiritual and psychic aspects, exercising a defined liaison care with the other and reconciling the best technology available for health care, ethical and cultural respect of the patient. The patient is needed for actions that not only contemplate his illness but, above all, respect him as a human being.¹⁴⁻⁵

The quality of Nursing care in intensive care by nurses was characterized as a complex practice, since the patients are at a critical moment, with imminent risk of death and, consequently, very fragile, often of total dependence on the Nursing care accompanied by great suffering on the part of the patient and the family, needing specific care of each pathology, but also of care that contemplates the unique needs of each individual, be it emotional, biological or spiritual.

Thus, the complexity of the care provided by the Nursing team in the ICU environment is evidenced, since it involves the presence of advanced technology, requires trained professionals and a suitable structure for quality care. It is an environment that demands more invasive procedures, patient safety as a topic that is being addressed by the team and a management priority that is strongly emphasized in the nurses' speeches in this study, as well as the use of indicators to monitor the quality of care and patient safety, since safe care favors quality of care and health service.

[...]quality nursing care is a care that is [...]safely, harmless [...]working with quality, safety, with care, ethics, commitment and responsibility [...]. (nurse 8).

[...]this is rewarding for the team, when the patient enters with a comorbidity and leaves in an integral way, and what we most appreciate, in relation to the protocols, is to avoid pressure ulcers [...]. (nurse 7).

[...]one practice with the other, but always aiming is, the patient, his well-being, his safety, right, using what people have knowledge to apply in this practice in a safe way aiming, above all, the recovery of the patient, that he has a, a good care, right,

that she leave satisfied the service, without any complication [...] (nurse 10).

[...]I think quality care is you have indicators that indicate that you are on the right track, ne ... Indicators within the hospital environment, indicators have to show that Nursing care, it has an affordable, adequate quality (nurse 6).

Good quality care is defined as that which provides the patient with the highest and most complete well-being, after having considered the balance between gains (benefits) and losses (damages) that accompany the care process throughout its extension.¹⁵

It is recognized that unsafe care increases the gap between possible outcomes and those achieved. Unsafe care is expressed because of the increased risk of unnecessary harm to the patient, which may have a negative impact on health care outcomes and, as we have seen, safety is a dimension of quality, but it is the most critical and decisive dimension for the patients.¹⁶

In this context, several practices are considered in order to promote safe patient care, from the promotion of organizational culture favorable to this practice, to the establishment of specific goals, measures and protocols with the purpose of reducing the risks associated with care.¹⁷ Among the measures, fall prevention and pressure injuries during hospitalization and patient identification are among the strategies for reducing safety incidents, and some of the goals established by the National Patient Safety Program.¹⁸

The impact of patient safety on the quality of Nursing care is emphasized considering that the reduction of risks and damages and the incorporation of good practices favor the effectiveness of Nursing care and its management in a safe way. This improvement depends on the necessary changes in the culture of professionals for safety, on the use of quality indicators, on the existence of a system of records in line with the nationally established patient safety policy.²³ The concern with patient safety, which is extremely important, linked to quality, is described by Donabedian and other authors, such as the quality dimension of health services.

♦ Category 2: Nursing practice to ensure the quality of ICU care

In the second question asked the nurses about how they did to ensure quality care in the ICU, several tasks and competences developed and assigned to the nurse, before the critical patient, aiming for a complete and

quality care. It is inferred, according to these nurses, that ensuring a damage-free patient care is reflected in quality care, but, besides trained professionals, an adequate structure and sufficient material resources are necessary for the execution of care processes demonstrated in the following speeches.

[...]guaranteeing this quality will depend on me as well as the ambience; I have to have all the means so that this assistance really works, it works then, so [...]the guarantee is given not only by human resources, but also by the financial resources of the ICU, the support of the managers and the resources that people have in the ICU [...]. (nurse 1).

[...]The guarantee is in you to receive the user, the patient, to have the minimum required within the UHS legislation in the applicability [...]and within a structure that guarantees this integrality, this is a guarantee of quality care! [...]. (nurse 7).

[...]that he has a good service, of course, that he leaves the service satisfied, without any complication, not only satisfies people, but also that he has, during the period he stays with us, in the institution where he is, also leave without any physical damage, ne, without any, that he really be treated without contracting another disease [...]. (nurse 10).

In nurses' view, it is necessary to have an adequate structure with sufficient human and material resources for the practical applicability of quality care, which is reminiscent of the Donabedian triad, a scholar of quality management in services which developed evaluative methods and theories, and initially proposed that quality was determined by three interdependent factors: scientific knowledge, interpersonal relations, and environmental factors. Subsequently, the seven quality pillars have been developed for effectiveness, effectiveness, efficiency, optimization, acceptability, legitimacy and equity.^{19; 20-21}

It emphasizes the Donabedian triad, composed of structure, processes and results, as the evaluation model used in health services. This model reflects that quality assistance is based on these three pillars and is not only related to the professional, but also requires adequate structure and developed and standardized processes that favor a quality service.

Some activities performed by the nurse were listed as relevant to ensure quality care: the daily assessment of the patient (physical examination) and dressings of greater complexity; the collection of exams; the direct and indirect supervision of nursing technicians; the Systematization of Nursing

Care (SNC); effective communication with other team members; the execution of protocols established in the institution; the appropriate shift and the prevention of pressure ulcers (PU), falls and infection.

[...]is to provide the care they need daily, whether bathing in the bed, an exchange of dressings, an evaluation to prevent some kind of injury, is, is, is [...]. Even in the day-to-day, in the physical assessment, in the sense that you are seeing if he is feeling any pain, if he is needing to make a change of decubitus [...]. (nurse 2).

[...]I seek is ... To provide an integral assistance promoting [...].Both direct care, as in the case of large dressings, I prefer to check it myself, to perform so that I can follow the development of the patient's treatment [...]. (nurse 3).

I seek to develop my activities with leadership on this assistance, optimizing and respecting all the assistance protocols of each service so that there is an improvement and a guarantee of quality assistance [...]. (nurse 8).

It should be emphasized that these activities are part of the daily routine of the ICU nurses, it is technical and managerial processes inherent to the care of the nurse which, for them to perform these activities, is reflected in quality care.

It should be noted that the daily routine of the ICU is based on numerous technical issues, requiring specific skills and professional skills. The nurse becomes responsible, along with the other members of the Nursing team, for the majority of the actions of continuous care to the patients; it is characteristic of the profession to perform multiple tasks (nursing, administrative and teaching staff), and play an important role in preserving the physical and psychosocial integrity of patients.²²

Nursing care in the intensive care setting is characterized by the need for direct care to the patient, and the nurses' work consists in articulating the different working methods of the health and nursing team, as well as the direct care of a greater complexity to the patient, requiring the nurse to perform a direct interface with the technological instrument and with different workers that make up the care team.²³

In this perspective, the role of nurses in the ICU includes obtaining a patient's history, performing a detailed physical examination, performing procedures and interventions related to the treatment, evaluating the clinical conditions, and guiding patients for continuity of treatment. It is also necessary to combine the use of management tools such as

the planning, supervision and coordination of the Nursing team.²⁴

Managerial activity is also emphasized, which consists in the forecasting, provision, maintenance, control of material and human resources for the operation of the service and for the management of care that includes diagnosis, planning, execution and evaluation of the assistance, through the delegation of activities, supervision and guidance of the Nursing team.²⁵

As emphasized in one of the statements about the leadership role played by nurses in intensive care, this competence is essential for the proper functioning of intensive care due to the complexity and the demand for work imputed and imposed on nurses. managing, executing or guiding the actions and practices of care.

It is verified in a study that, in these environments, the nurse has the opportunity to develop and practice leadership, especially because the situations experienced are real and imperative requiring commitment, responsibility, empathy, ability to make decisions, communication and management effectively and efficiently.²⁶

Systematization of Nursing Care was also assigned as another aspect to ensure the quality of care, taking into account that the ICU is a sector that serves patients with complex needs, which requires systematizing/planning the care provided. It is required of the nurse professional, through the Systematization of the Nursing Care (SNC), to know the patient, in his singularity, besides the orientation and training of the Nursing team for the implementation of the systematized actions.²⁷

It is characterized the SNC in the ICU as an essential tool for the nurse's work due to the need for critical and rapid patient evaluations, comprehensive and specific care, coordinated services with other health professionals, and efficient planning.²⁸

As already discussed in the first category, patient safety is a necessary element in the quality of care in the clinical practice of nurses through the implementation of protocols, among them, the correct identification of patients, the prevention of pressure injury and of falls, the prevention of infections and the adequate use of high vigilance drugs, actions that are instituted in the routine of ICU nurses.

The World Health Organization, as well as by different national and international agencies, are advised to ensure patient safety and quality of care as essential in health

organizations in order to reduce the chances of errors and minimize attendance failures.²⁹ The Systematization of Nursing Care is an essential tool in this perspective, since it allows the recording of consistent and relevant information about the patient capable of informing clinical decision making and Nursing care planning.³⁰

CONCLUSION

It was noticed that the study points out different views regarding the knowledge of nurses about the quality of Nursing care in the ICU, however, it is possible to define that they attribute the quality of care assistance centered on the patient, other aspects such as humanization, holism and patient safety. It was observed that, regarding the applicability in practice, the activities developed in the routine of the ICU were considered, by the nurses, processes that guarantee a quality care.

In view of the data obtained and the literature analysis, it is possible to note the commitment of the professionals to the care offered to the patients, leading to consider the search for excellence in Nursing care in the ICU.

It should be emphasized that quality care does not depend only on goodwill and human actions, as well discussed by Donabedian and the nurses' reports, because adequate structure and material resources are needed that are sufficiently available for the applicability of what is believed to be quality.

Difficulties were encountered during the recording of the interviews, since some professionals initially refused to have their speech recorded. There was another limitation during the discussion, because it was difficult to segregate the categories according to the content of the speech since the answers were often similar in both questions.

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