

Humanization in Nursing Care at the Adult Intensive Care Unit: Integrative Literature Review

Bruno Vilas Boas Dias^{1*}, Gabriel Ricardo da Silva², Melina Almeida Pontes², Raíssa Gabriela Fileli², Bárbara Mancini², Bruna Paisca Santana², Gabriel Augusto Lima Brito² and Rafael Antônio da Silva³

¹Professor Master of the Undergraduate Course in Nursing, Padre Anchieta University Center, Brazil and Campo Limpo Paulista University Center, Brazil

²Graduating in Nursing, Padre Anchieta University Center, Brazil

³Specialist Course in Nursing, Padre Anchieta University Center, Brazil

***Corresponding Author:** Bruno Vilas Boas Dias, Professor Master of the Undergraduate Course in Nursing, Padre Anchieta University Center, Brazil and Campo Limpo Paulista University Center, Brazil.

Received: November 11, 2019; **Published:** November 25, 2019

Abstract

Objective: Identify, through literature, the difficulties and challenges encountered by the nursing staff in the implementation of humanized care in the Adult Intensive Care Unit.

Method: Integrative literature review for the bibliographical survey, the electronic databases were used BDNF, SCIELO, LILACS and MEDLINE. Three descriptors were defined and used: "Intensive Care Units", "Humanization of Assistance" and "Nursing Care". For the research were used 10 articles published between the years 2009 and 2019, selected according to the following criteria: full articles, published in Portuguese and related to the objective as inclusion criteria and bibliographic review articles, theses, dissertations and editorials as criteria of exclusion.

Results: After data analysis, four subgroups were created: "Failure in Communication and Humanization of Professionals", "Absence of Holistic Care", "Interference of Technology in Humanization" and "Failures in Vocational Training", highlighting the difficulties and challenges in implementing the humanization in ICU care found in each subgroup.

Conclusion: The lack of preparation and interest from managers and staff appear as the main obstacles to the implementation of humanization in the ICU.

Keywords: *Intensive Care Unit; Humanization Of Assistance; Nursing Care.*

Introduction

Hospitalization is a period of change, where adaptation is very stressful for the patient and their family, as there is a change in routine that affects their privacy and dignity. The nursing team becomes essential in this situation, being performed by them therapeutic interventions to preserve the health and well-being of the patient during this period of hospitalization. It is important to maintain an interpersonal relationship in the triad: nurse, patient and family, in order to provide holistic care, rescuing the human dignity of the patient [1].

The Intensive Care Unit (ICU) is a highly complex sector specializing in the care of critically ill but recoverable critically ill patients who require ongoing medical and nursing observation and care, so they need the appropriate amount of nursing staff. so that constant monitoring of users occurs without wasting time. It also intends to generate improvement and concentration of material and human resources [2,3].

The nurse is the professional in the team responsible for the construction and planning of care, as a result of their knowledge and their articulating potential, including meeting the patient's needs and including the family as part of the process. The nurse also needs to articulate and perform the various activities that are part of the ICU daily life, including all the technology involved in the sector [3,4].

Nursing is involved with technical and humanized care, providing assistance through performing appropriate work procedures and also assisting the patient and family in a humanized manner, offering emotional support in the development of delicate situations [5].

In spite of dealing with the most painful thing in human nature, humanization makes it possible to make any practice beautiful and also to be in an ethical position and respect for the limits, rights and needs of patients and their families [6].

It was with the intention of meeting these needs present in the care of patients in hospital that the Federal Government, together with the Ministry of Health, created the National Humanization Politics (NHP), in 2004, linked to the Health Care Secretariat. This policy aims to implement the principles of the Unified Health System in health care routines, generating changes in the care provided. Prioritizes communication between users, workers and managers to avoid routine activities that may end up inhumane. Its main goals are the awareness of managers, valuing workers and expanding knowledge on the topic in institutions. It also values participatory management, guaranteeing users’ rights, reducing queues, welcoming service and implementing a model of care with responsibility and bond with the user [7].

The NHP brings inclusion as a key part for humanization, being a practice that increases bonds, thus creating co-responsibility, according to the Triple Inclusion Method. This method is characterized by the inclusion of all involved in the care process, being these managers, workers and users, to make this process effective. Humanization is inclusion [8].

Humanization also has as one of its goals the inclusion of differences in management and health care processes, seeking to generate positive change, built in collective and shared ways, designed to stimulate the production of new ways of caring and organizing health job. The participation of professionals in the area is fundamental for a reinvention in their work processes, which is a great incentive for them to be active agents of changes in health services. The inclusion of users and their family network is an important resource for raising awareness of self-care responsibility [9].

As the ICU is a complex and high-tech environment, humanization in this sector represents a series of actions that aim to improve the use of available technology with the production of welcoming, ethical and cultural respect for the patient, work spaces favorable to good technical and the satisfaction of health professionals and users. Humanization also aims to improve the human relationship between team employees, users and their families in order to improve the level of relationships. Thus, humanizing becomes a task for the entire team involved in the health process [10].

Humanization in this sector makes professionals develop their interpersonal relationships, based on ethics and respect for the patient’s life, and also on the solidarity and sensitivity of their perceptions [10].

Objective

Identify through integrative literature review the difficulties and challenges encountered by the nursing staff in the implementation of humanized care in an ICU.

Method

Integrative literature review for the bibliographical survey, the electronic databases were used: Nursing Database (BDENF), Latin American and Caribbean Literature in Health Sciences (LILACS) and Virtual Health Library Scientific Electronic Library On Line (SciELO). Three descriptors were defined and used: “Intensive Care Units”, “Humanization of Assistance” and “Nursing Care”. The Boolean term “and” was used to associate the descriptors as shown in table 1.

Descriptors	Lilacs	Medline	SciELO	Bdenf
Humanization of Assistance and Nursing Care	161	0	21	178
Humanization of Assistance and Intensive Care Units	58	0	3	60
Humanization of Assistance and Nursing Care and Intensive Care Units	16	0	1	25
Total:	235	0	25	263

Table 1: Relationship Between Descriptors and Database. Jundiaí, SP. Brazil. 2019.

Data were collected between March and May 2019. The articles that served to build the study include publications from 2009 to 2019. Inclusion criteria are: complete articles, published in Portuguese and related to the objective. The exclusion criteria, in turn, are: literature review articles, theses, dissertations and editorials.

Results

Year/Author	Base	Theme	Method	Conclusion
Farias; <i>et al.</i> 2013.	LILACS	Humanized ICU care: challenges in the view of health professionals.	Qualitative research n: 20 professionals.	Family, integral patient care and communication were recognized as challenges for humanization.
Martins; <i>et al.</i> 2015.	LILACS	Humanization in the work process in the perception of intensive care unit nurses.	Qualitative research. n: 10 nurses.	Factors that interfere: teamwork, interpersonal relationships, institution, employee humanization and effective communication.
Silva; <i>et al.</i> 2012.	BDENF	Nurses' speech on humanization in the intensive care unit.	Qualitative research. n: 22 nurses.	Difficulties: relationship between patient and professional, respect for patient individuality, staff burnout and family inclusion in care.
Santos; <i>et al.</i> 2018.	BDENF	Humanized care: perception of the intensive care nurse.	Qualitative research. n: 12 nurses.	Lack of use of NHP, hindering the effective implementation of humanization.
Machado; <i>et al.</i> 2016.	BDENF	Humanization in ICU: senses and meanings from the perspective of the health team.	Qualitative research. n: 23 professionals	It is important that universities and managers discuss the NHP, so as to bring to practice the recommended.
Nascimento; <i>et al.</i> 2016.	LILACS	The relations of nursing in the intensive care unit in the eyes of Paterson and Zderad.	Qualitative research. n: 26 professionals.	Failure in effective communication between professionals and patient / family.
Year/Author	Base	Theme	Method	Conclusion
Oliveira; <i>et al.</i> 2013.	LILACS	Humanization in theory and practice: the construction of the acting of a nursing team.	Qualitative research. n: 07 nurses.	Evidence shows that technology makes human care difficult for patients.
Costa; <i>et al.</i> 2009.	LILACS	Humanization in an Adult Intensive Care Unit (ICU): understanding of the nursing staff.	Qualitative research. n: 18 nurses.	In academic education, the professional does not discuss humanization and NHP, making implementation difficult in practice.
Michelan; <i>et al.</i> 2018.	SCIELO	Humanization perception of intensive care nursing workers.	Qualitative research. n: 25 professionals.	These difficulties are mentioned: lack of structure, participatory management and humanization of professionals.
Santana; <i>et al.</i> 2009.	BDENF	Caring humanization in an adult intensive care unit: perceptions of the nursing staff.	Qualitative research. n: 09 nurses.	The main factor hindering humanization is the focus on technology rather than humanistic patient care.

Table 2: List of selected articles by author, year, base, theme, method and conclusion. Jundiaí, SP. Brazil. 2019.

Discussion

From the analysis of the texts found, the following analysis categories emerged: "failure in communication and humanization of professionals"; "Absence of holistic care"; "Interference of technology in humanization"; and "failures in vocational training".

Failure in communication and humanization of professionals

Even with the concept and the importance of humanization very clear in the heads of professionals, its implementation is not yet effective in intensive care units because of the intense routine, work overload and lack of material resources, resulting in the difficulty of performing holistic care towards the patient, being provided technical and mechanical assistance. The family was recognized as a determining factor for a humanized practice, as well as effective communication and the patient's integral view, taking care of the physical, psychological and social side, evidencing the communication failure as the main hindering factor. It is vitally important for managers to start practicing humanization with their professionals and to provide continuing education to encourage humanized practice [11].

As Farias., *et al.* [11], Martins., *et al.* [12] bring team humanization and communication as an indispensable tool for humanization. Emphasize in this study that if there is not a good relationship and appreciation between professionals, the process of humanization does not begin and this situation will be directly reflected in the care provided to the patient. A disunited, individualistic and unappreciated team cannot provide human assistance. It is the responsibility of managers to continue education to better prepare the team, providing subsidies for a good professional relationship, in order to reflect on a more humane patient care.

Due to the demand for work, nurses cannot time to maintain an interaction with the user, which occurs succinctly and only in the midst of procedures. Conscious patients want more frequent communication to escape the fears and fears surrounding the intensive care unit, but professionals do not give this openness to them or family members, who often report wanting an interpersonal relationship, but do not know nurses of the unit [13].

For the effective implementation of humanization it is important to continue education and NHP, respecting the individualism of the user, realizing that emotional support and affection have a great meaning and impact to the patient thus avoiding emotional distress. Good interpersonal relationships should also be maintained with the multiprofessional team, which is a fundamental tool in humanization [13]. As previously evidenced by Martins., *et al.* [12], the professional must also be humanized so as to have better care offered to the patient.

There is fragility in the relationship between nursing professionals and the patient-family nucleus. There is also the distance and indifference of the team in relation to the family member, who often does not have their doubts resolved, making this ICU stay an even more difficult experience. For the opposite of all this to happen and there is, finally, a humanized care, it is essential to train nursing workers based on NHP [14].

Lack of human resources, physical space and participatory management are hindering a humanized process in the ICU. Work overload and stress generate dehumanized care to the patient, as they are offered little assistance and poor care. They also stress that the ICU must be a humanized environment for both the patient and the nursing professional who acts in it [15].

Nurses recognize the importance of the family in patient recovery, relieving their stress, fear and anxiety of being in the ICU surrounded by technological devices and unknown people. But at the same time, the presence of the family ends up causing discomfort for the team, which is questioned and supervised by family members, resulting in communication deficits between professionals and Family [16].

Absence of holistic care

Although recognizing the importance of humanized care to patients admitted to an ICU, which also allows positive results in recovery and treatment, the reflection on the actions and conduct of professionals is of great value, as it is possible to have attitudes humanistic aspects that are more present in the care process, remembering that comprehensive care based on NHP should be provided [17].

The fragmented care provided by professionals ends up generating depersonalization of patients. The way patients are identified, such as "x pathology patient" or "y number patient", favors this inhuman routine [16]. We should treat the patient by name.

Interference of technology in humanization

When the team focuses only on the use of technologies and equipment, they focus their efforts and knowledge on machines and devices, prioritizing the results of monitors, forgetting human contact with the user. They also perceive the devaluation of professionals, reflecting in a lower commitment to care [18].

In the daily life of the ICU, the team is very focused on the values of the monitors, robotizing the routine, providing a fragmented care to the patient. The depersonalization of patients by professionals is one of the factors that contribute to the dehumanization of care; and to change this routine, professionals need to have a holistic view understanding the patient in its entirety[16].

Failures in vocational training

The problems for the implementation of humanized care in the ICU are precisely the lack of knowledge of professionals about the content of NHP and also a greater commitment on the part of managers. They even make clear the role of health institutions and universities so that NHP is not just another program created by the Ministry of Health, but something really concrete and that happens in the practice of these professionals [19].

One of the challenges for the implementation of humanization is the training institutions of health professionals, which are still centered on the biomedical model, focusing on the health-disease process, forgetting the social and psychological side of the user. It is believed that, for the transformation of this scenario, not only PNH is enough, a discussion about humanization during vocational training is also necessary [20].

Conclusion

The main difficulties and challenges identified in the literature that prevent the implementation of humanization are the failure in communication and humanization of professionals, the absence of holistic care, the interference of technology in humanization and the failures in professional education.

The way humanization is seen by professionals is also considered one of the biggest obstacles to its implementation. Lack of interest in the matter by staff and managers makes the plan for a humanized ICU just a distant dream.

Bibliography

1. Dias GT, *et al.* "Humanization of care in the Intensive Care Unit: a real possibility". *Revista de Enfermagem UFPE* 4 (2010): 941-947.
2. Vila VSC and Rossi LA. "The cultural meaning of humanized care in the intensive care unit: "much spoken and little lived". *Rev Latino-Am Enfermagem* 10.2 (2002): 137-144.
3. Oliveira EM and Spiri WC. "The meaning of the work process caring for the ICU nurse". *Cienc Cuid Saude* 10.3 (2011): 482-489.
4. Oliveira AKS, *et al.* "Humanization of nursing care in the intensive care unit". *Human Being Magazine - UNIFACEX, Natal RN* 3.1 (2018): 128-145.
5. Soares LG, *et al.* "Humanization in the ICU: difficulties encountered for its implementation - an integrative review". *Polidisciplinary Electronic Journal of the Faculty Guaicará. Health Sciences Notebook* 6.1 (2014): 70-86.
6. Salicio DMBS and Gaiva MAM. "The meaning of humanization of care for ICU nurses". *Revista Eletrônica de Enfermagem*. 8.3 (2006): 370-376.
7. Brazil.Ministry of Health. "Humanizassus: National Humanization Policy: humanization as a guiding axis of care and management practices in all SUS instances". Series B. Basic Health Texts. Brasília, DF (2004).
8. Brazil. Ministry of Health. "Humaniza SUS Notebook Volume 1: Formatting and Intervention". Brasília, DF (2010).
9. Brazil. "Ministry of Health. National Humanization Policy – NHP". Brasília DF (2013).
10. Maia LFS. "Humanization in an intensive care unit: nursing and humanized care". *Revista Recien* 1.1 (2010): 6-11.
11. Farias FBB, *et al.* "Humanized ICU care: challenges in health professionals' view". *Journal of Research: Fundamental Care* 5.4 (2013): 635-642.
12. Martins JT, *et al.* "Humanization in the work process in the perception of intensive care unit nurses". *Cogitare Enfermagem* 20.3 (2015): 589-595.
13. Silva FD, *et al.* "Nurses' discourses on humanization in the intensive care unit". *Esc Anna Nery* 16.4 (2012): 719-727.
14. Nascimento ERP, *et al.* "Nursing relations in the intensive care unit in the eyes of Paterson and Zderad". *Revista Enfermagem UERJ, Rio de Janeiro* 24.2 (2016): e-5817.

15. Michelan VCA and Spiri WC. "Perception of the humanization of intensive care nursing workers". *Revista Brasileira De Enfermagem* 71.2 (2018): 372-378.
16. Santana JCB., *et al.* "Humanization of care in an adult intensive care unit: perceptions of the nursing staff". *Revista de Enfermagem UFPE* 3.1 (2009): 1-10.
17. Santos EL., *et al.* "Humanized care: perception of intensive care nurses". *Revista Baiana de Enfermagem* 32 (2018): e-23680.
18. Oliveira NES., *et al.* "Humanization in theory and practice: the construction of the acting of a team of nurses". *Revista Eletrônica de Enfermagem* 15.2 (2013): 334-343.
19. Machado ER and Soares NV. "Humanization in ICU: senses and meanings from the perspective of the health team". *Revista de Enfermagem do Centro Oeste Mineiro* 6.3 (2016): 2342-2348.
20. Costa SC., *et al.* "Humanization in an Adult Intensive Care Unit (ICU): understanding of the nursing staff". *Interface: Communication, Health, Education* 13.1 (2009): 517-580.

Volume 1 Issue 3 December 2019

©All rights reserved by Bruno Vilas Boas Dias., *et al.*