

# THE NURSING TEAM AND THE DIFFICULTIES FACED IN HUMANIZED CARE IN INTENSIVE CARE

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## ***The nursing team and the difficulties faced in humanized care in intensive care A equipe de enfermagem e as dificuldades enfrentadas na assistência humanizada na terapia intensiva***

*Rosimere Barbosa Benicio<sup>1\*</sup>, Oswaldo Jesus Rodrigues da Motta<sup>2</sup>*

*1Lato Sensu Postgraduate student in Health Preceptorship, Piranga Valley Dynamic College.*

*2Doctor of the Lato Sensu Postgraduate Course in Health Preceptorship, Piranga Valley Dynamic College.*

*\*Corresponding author: rbbenicio234@yahoo.com*

### **Abstract**

In view of all the complexity and uncertainties that the intensive care sector represents, discussions always arise about the development of humanization within this sector. The aim of this study was to survey the main difficulties faced by the nursing team in providing humanized care in intensive care. This is a bibliographical review, using the digital platforms Lilacs, Scielo and Google Scholar as a source of research, and using publications from the last ten years in the Portuguese language as a criterion. The descriptors used were the words nursing, humanization, intensive care and humanization, selecting 19 articles for this review. The literature studied shows some of the main situations that hinder the development of humanized care, highlighting the complexity of the sector which, in the midst of technologies and machines, leads to distancing between professional and patient and hinders interaction between them. Another situation is the level of consciousness of these patients, many of whom are sedated, confused and this also makes professional-patient interaction impossible, making care mechanized. We would also highlight the overload of nursing work, which often leads professionals to believe that suffering is something natural. Given this scenario, it is clear that it is important to constantly encourage health professionals through continuing education and discussions on humanization, with a view to clarifying and systematizing these actions. It is also necessary for the teams to be aware of the positive impact that humanization has on the lives of the people involved in intensive care hospitalization

**Keywords:** *nursing, humanization, intensive care and humanization.*

### **Resumo**

Tendo em vista toda a complexidade e incertezas que o setor de terapia intensiva representa, sempre surgem discussões sobre o desenvolvimento da humanização dentro desse setor. O presente estudo teve como objetivo realizar um levantamento das principais dificuldades que a equipe de enfermagem encontra para realizar uma assistência humanizada na terapia intensiva. Trata-se de uma revisão bibliográfica, utilizando-se como fonte de pesquisa as plataformas digitais Lilacs, Scielo e Google Acadêmico e usando como critério publicações dos últimos dez anos no idioma português. Os descritores utilizados foram as palavras enfermagem, humanização, terapia intensiva e humanização, selecionando 19 artigos para construção dessa revisão. A literatura estudada mostra algumas das principais situações que dificultam o desenvolvimento da assistência humanizada, destacando a complexidade do setor que em meio as tecnologias e máquinas levando ao distanciamento entre profissional e paciente e dificultando a interação entre eles. Outra situação é o nível de consciência desses pacientes onde muitos se encontram sedados, confusos e isso também inviabiliza a interação profissional-paciente, tornando a assistência mecanizada. Destacamos também a sobrecarga de trabalho da enfermagem que muitas vezes gera no profissional a concepção de que o sofrimento é algo natural. Diante deste cenário, é visível a

importância do constante estímulo institucional aos profissionais de saúde através de educação continuada e discussões sobre humanização, visando o esclarecimento e sistematização dessas ações. Também é necessário que as equipes tenham consciência do impacto positivo que a humanização reflete na vida das pessoas envolvidas na internação em terapia intensiva

**Palavras-chaves:** *enfermagem, humanização, terapia intensiva e humanização.*

## **INTRODUCTION**

The Intensive Care Unit (ICU) is a hospital sector designed to treat critically ill patients and which has complex technological resources and advanced scientific technical skills, enabling specialized care and guaranteeing more rigorous patient care (VENTURI *et al.*, 2016). The ICU is made up of a multidisciplinary team that acts in a synchronized manner, providing qualified care together with advanced technologies aimed at better serving patients. It should be emphasized that good care is not limited only to advanced technologies, but also includes humanized, welcoming and dignified care (SANTOS *et al.*, 2018).

When we talk about humanized care, we must understand that humanization is proposed by the Ministry of Health as a policy and with it brings a set of principles and guidelines translated into health practices and characterizing a collective construction, where based on this ideal the National Humanization Policy (NHP) was created (SANTOS *et al.*, 2018). This program emerged in 2000 and has since sought to disseminate the idea of humanizing health practices and improving the quality of services offered to the entire population (NASCIMENTO *et al.*, 2014).

It is an innovative program that seeks to spread the notion of humanization in health practices, thus improving the quality and effectiveness of the services offered to the population. The aim is to stop the idea of humanization being seen and disseminated only in hospitals and to adopt it in the daily life of the entire Unified Health System (UHS) network (CANGUSSU *et al.*, 2020). The proposal is to adopt a practice that rescues respect for human life on ethical, psychological and social occasions, where the physical environment, material and technological resources are no more significant than the human essence (OUCHI *et al.*, 2018).

The nursing team plays a very important role in assisting individuals, promoting human well-being and improving quality of life. They provide full-time patient care and represent the largest number of professionals in the sector, making them one of the key players in providing humanized care (SILVA *et al.*, 2012; JUNIOR *et al.*, 2021).

We cannot limit care to just carrying out technical activities, but also involve the patient in their essence, respecting and understanding their history, feelings and expectations, working to keep the importance of emotional, psychological and physical aspects alive. It means listening to what the patient wants to express, calming, welcoming and valuing them in all their dimensions (FIGUEIREDO *et al.*, 2018).

The routine of intensive care has an emotional impact on everyone involved in the disease process, be it the patient, family members or health professionals. Technological devices, the impossibility of effective communication and direct human absence are some of the factors that make it difficult to provide humanized care in these sectors (NASCIMENTO *et al.*, 2021).

The nursing team in intensive care works in an integrated manner based on effective techniques based on scientific principles, working together to meet the therapeutic needs of this patient with quality and safety (CORREIO *et al.*, 2015; OUCHI *et al.*, 2018). Intensive care nursing, in the context of humanization, seeks to meet the needs of the user and also of their family members, but we must emphasize that it is a challenge for intensive care health professionals, due to the characteristics of this unit mentioned above with regard to the routine, complexity and scenario of the sector (CASTRO *et al.*, 2019).

Given this context, this work was developed through bibliographic reviews in order to identify the main difficulties that the nursing team encounters in providing humanized care in intensive care.

## **METHODS**

In order to develop this study, the research problem was the difficulties encountered by nursing professionals in offering humanized care to patients in the intensive care unit.

The research method used was a literature review. The digital platforms Lilacs, Scielo and Google Scholar were selected as research sources, and the descriptors were the words nursing, humanization, intensive care and humanization.

The inclusion criteria were articles about the subject, available free of charge, in Portuguese and published between in 2012 and in 2022. Nineteen articles were selected (Table 1) after analyzing the topic by reading the titles, abstracts and full texts which presented information and data pertinent to the theme of this work.

**Table 1:** List of references researched

Author/Year of publication	Title
CAMPOS, F. J.; DAVID, L. S. M. H.; SOUZA, O. D. V. N. (2014)	Pleasure and suffering: an evaluation of intensive care nurses in the light of the psychodynamics of work
CANGUSSU, D. D. D.; SANTOS, J. F. S.; FERREIRA, M. C. (2020)	Humanization in an intensive care unit as perceived by health professionals.
CASTRO, A. S. <i>et al.</i> (2019)	Nursing staff perceptions of humanization in intensive care.
CORREIO, V. P. P. A. R. <i>et al.</i> (2015)	Unveiling the Competencies of Intensive Care Nurses.
FIGUEIREDO, M. C. C. M. <i>et al.</i> (2018)	Humanized care for critically ill patients: an integrative review.
GOULARTE, N. P.; GABARRA, M. L.; MORE, O. O. L. C. (2020)	The visit in the Adult Intensive Care Unit: Perspective of the Multiprofessional Team.
MACIEL, D. O. <i>et al.</i> (2020)	Adult patients' perceptions of the intensive care unit.
MICHELAN, V. C. A.; SPIRI, W. C. (2018)	Perception of humanization among intensive care nursing staff.
MONGIOVI, V. G. <i>et al.</i> (2014)	Conceptual reflections on the humanization of health: the conception of Intensive Care Unit nurses.
NASCIMENTO, A. E. <i>et al.</i> (2021)	The difficulties faced by nursing staff in providing humanized care in the Intensive Care Unit.
OUCHI, D. J. <i>et al.</i> (2018)	The role of nurses in the intensive care unit in the face of new health technologies.
PIRES, B. I. <i>et al.</i> (2020)	Comfort at the end of life in intensive care: perception of the multiprofessional team.
PIRES, B. I. <i>et al.</i> (2020)	Comfort at the end of life in intensive care: perception of the multiprofessional team.
PONTES, P. E. <i>et al.</i> (2014)	Non-verbal communication in Pediatric Intensive Care: Perception of the multidisciplinary team.
QUEIROZ, R. F. S. <i>et al.</i> (2020)	Visits in the intensive care unit: patient and family perspectives.
SANCHES, R. C. N. <i>et al.</i> (2016)	Health professionals' perceptions of humanization in an adult intensive care unit.

SANTOS, L. E. <i>et al.</i> (2018)	Humanized Care: Perception of Intensive Care Nurses.
SILVA, D.F. <i>et al.</i> (2012)	Nurses' Discourses on Humanization in the Intensive Care Unit.
SOUSA, C. A. M. <i>et al.</i> (2020)	Humanized care in the context of the intensive care unit: the nursing team's understanding.
VENTURI, V. <i>et al.</i> (2016)	The role of nurses in managing hemodynamic monitoring in the Intensive Care Unit.

## RESULTS AND DISCUSSION

The PNH emphasizes that humanization should be seen as a policy that cuts across the different actions and management bodies of the UHS, so that it can increasingly make the search for appreciation of the different subjects involved in the health production process (SANTOS *et al.*, 2018). The proposal is to build a new way of caring for users of health services, emphasizing that the user receives a comprehensive and humane approach. It seeks to offer quality care, adding technological advances to welcoming and having as a final result comprehensive patient care (OUCHI *et al.*, 2018).

Humanized care has become a necessity these days; however, in order for it to be carried out effectively, it is necessary to understand that the person being cared for is a biopsychosocial agent who needs to be cared for in an integral way and not just in terms of their pathological condition (SANTOS *et al.*, 2018). This implies offering care based on ethics, respect, recognition and solidarity. It is essential to have interaction and communication between professionals and patients in order to achieve holistic care based on all the client's needs (FIGUEIRDO *et al.*, 2019).

Humanized care for critically ill patients is focused on the real needs of the individual, listening carefully, solving the problems presented whenever possible and feasible, providing comfort throughout the hospitalization process, among other peculiar needs (SANTOS *et al.*, 2018). Because it is a closed and restricted environment, it distances patients from their family support, requiring even more attention and care from those who are by their side, where most of the time it is the nursing team (GOULARTE *et al.*, 2020).

Intensive care requires a peculiar style of care from nursing in relation to other hospital units, as it is a highly complex sector with diversified technological resources, making it necessary

for these professionals to have a view of the other environmental factors that could interfere in restoring their patient's health. It is necessary to analyze the circumstances and aspects that denote the absence of nursing care and that end up diverting attention to technology as the main factor responsible for the patient's recovery (SILVA *et al.*, 2012).

All the technological apparatus leads to a distancing between the patient and the team and this becomes an obstacle in the execution of humanized practice, making humanization challenging in this sector. These technological resources make interactive care between the patient and the professional unfeasible, given that, even in a state of unconsciousness, the person hospitalized there remains a human being with an intrinsic essence (SANCHES *et al.*, 2016).

The use of technology is indispensable due to the high complexity of these critically ill patients, requiring teams to improve every day, bringing challenges to professionals, greater responsibilities and also generating anxieties, stress, professional pressure and even feelings of impotence in many scenarios. All of these situations also become obstacles in the performance of these professionals, leading them to behave more coldly and distantly towards their patients and families, which can even have repercussions on interpersonal relationships between employees (CANGUSSU *et al.*, 2020).

All these factors interfere negatively with the humanization to be developed in this intensive care environment. Sanches *et al.* (2016) showed this in their study, in which they surveyed health professionals' perceptions of humanization in the adult intensive care unit. They show professionals perceive working conditions have a negative impact on the humanization of care and they recover this perception through the statements of the professionals interviewed, where they report that when they are undervalued, not only financially but also with work overload and job deviations, they are unable to develop humanized quality care.

Although there are many studies that already address the subject of humanization in intensive care, there is still a lot to work on to achieve quality care, especially in public hospitals, where there are several particularities that interfere and have a negative impact on the development of care, becoming factors that prevent or hinder humanized care, such as the lack of human and financial resources, outdated salaries and inadequate physical structures (SANTOS *et al.*, 2018; NASCIMENTO *et al.*, 2021).

Due to the overload imposed by daily work, care is often provided in a mechanized and technical way, without flexibility, forgetting the essence of humanization and empathy. In the



course of their professional lives, nursing staff often create a conception of suffering as something natural, generating a difficulty in establishing a balance between life and death, health and illness, healing and death, which leads them to have a hard time managing the tragic. In this way, the professional creates a space of depersonalization and detachment from the patients' reality (OUCHI *et al.*, 2018).

Other factors that hinder care are the obstacles to maintaining effective communication in the intensive care unit. Effective communication with the patient has some barriers, from neurological factors (mental confusion due to the clinical condition) to medical devices (oro-tracheal tube, tracheostomies). It's up to the professional in this context to work with common sense and strive to make this communication as viable as possible. It's not enough just to call the patient by name, but to call them with a calm tone of voice, look them in the eye, establish cordial contact, be respectful and examine them attentively (SILVA *et al.*, 2012).

Sanches *et al.* (2016) shows reports from professionals who say that the routine amid machines in intensive care, invasive devices (oro-tracheal tube, tracheostomy), altered level of consciousness of patients, among others, are factors that interfere negatively in the practice of humanized care. He describes reports of professionals saying that they often forget that the patient is a human being and that at some point they have to stop, go back and recover the concept of humanization so as not to let their work become automated.

Humanizing also includes speaking to the patient and listening to what they have to say, in other words, communication is one of the foundations of humanized care, whether verbal or non-verbal. The team must always look for strategies to maintain increasingly effective communication with the patient and their family, in order to meet the needs that arise with the sudden and dreaded admission to the ICU (PONTES *et al.*, 2014).

In their study, Mongiovi *et al.* (2014), when describing the subject of humanization as holistic care, reported negative points that nursing highlights about humanized care in intensive care. It shows reports from nurses interviewed recognizing that the model of approach to the user of these services must be modified, who also highlight the need for comprehensive care for all those involved (patient and family). Interpersonal relationships in the workplace are very delicate, as they encompass several aspects: self-knowledge, empathy, self-esteem, cordiality, ethics and communication. It is necessary to understand human conduct within the environment in which services are provided, to understand that socialization is fundamental, since reconciling all these

aspects in the workplace becomes a challenge for human beings (CANGUSSU *et al.*, 2020).

The hospitalization process generates a lot of stress, suffering and insecurity, not just for the patient, but also for the whole family. And this is another point that is extremely important to work on constantly with the team, where the family must be welcomed, as well as communicating in a way that gives them security and peace of mind. Many times, we inevitably turn all our attention to the patient and neglect the suffering of the family members, due once again to the mechanical nature of our routine (GOULARTE *et al.*, 2020).

The nursing professional must comfort, provide guidance on the routines of the sector and institution, provide information on the patient's state of health and also on the process of illness, treatment and rehabilitation (OUCHI *et al.*, 2018). Welcoming the family and valuing their presence during the patient's hospitalization is also a way of offering support for the treatment, promoting the patient's recovery and, above all, rescuing their humanity and individuality. Through this welcome, information can be exchanged with the team, which often leads to access to information that will add to the implementation of the patient's care plan. It is very important to consider the expectations of the patient and their family so that exposure to unpleasant experiences and feelings is minimized (QUEIROZ *et al.*, 2020).

Another aggravating factor is work overload. Due to exhaustion, these professionals are often unable to show affection to the patient. This exhaustion is due to the overload of work resulting from small teams and a lack of adequate working conditions, making the environment hostile and making it impossible for these professionals to achieve the goals of good, humanized care (NASCIMENTO *et al.*, 2021).

Humanization is a change in the behaviour and attitudes of professionals towards patients and their families. Therefore, it is very important to make these professionals aware of the subject and to ensure that humanization is put into practice in the best possible way and as often as possible (SANTOS *et al.*, 2018).

The intensive care environment is very complex and feared by patients and their families, and this includes not only the illness factor, but also patient/family distancing and the uncertainties that a serious illness causes. It is a sector where hospitalization is always associated with negative factors, physical limitations, lack of privacy, harsh technology with equipment and family distancing. The vast majority of stressors in this sector are unavoidable because they represent the necessary support for patients' recovery. Thus, there is a clear need to create a comfortable,

trusting and ethical environment between team members and patients (PIRES *et al.*, 2020).

## **CONCLUSION**

This study gathered data from the literature on the subject of humanized care in intensive care and the difficulties faced by the nursing team in providing this care. It was observed that the intensive care routine offers some situations that become obstacles to the development of humanized practice.

It was noticed that the complexity of the sector and the need for so much hard technology distances the professional from the patient, distracting from the fact that this patient, even if unconscious, is human and needs care that goes beyond technology. Along with the complexity of the sector and the procedures, it is also noticeable that the professional lets himself be carried away by automatism, leading him once again to distance himself from the patient as a human being. Another situation that stands out is work overload, working conditions and poor pay, which once again distances the professional from the patient.

Humanized care refers not only to technical skills, but also to the act of affection, empathy, welcoming and communication, where these practices should not only be limited to the patient, but should also extend to their families.

Teams need to be aware of the positive impact that humanization has on the lives of people in intensive care and their families. Often a word of comfort is the only thing the patient needs at such a delicate time. It is necessary to value the uniqueness and multidimensionality of patients, to bear in mind that health care must go beyond technique.

It is clear that it is important for professionals to be constantly encouraged by their work institutions through continuing education and discussions on the subject of humanization, with a view to clarifying and systematizing these actions. The concept of humanization requires constant conceptual analysis that promotes approximations to its definition, in an attempt to establish the theoretical delimitations that culminate in the favoring and effective development of its practices.

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