



## Communication as an essential tool in humanized care in the intensive care unit

**Petrúcyra Frazão Lira**

**Alexandra Vieira Pereira**

**Luana**

**Karla Gabriella Oliveira Peixoto de Sousa**

**Ana Paula Agostinho Alencar**

**Crystianne Samara Barbosa Araújo**

### **ABSTRACT**

The Intensive Care Unit (ICU), as the name suggests, is a department where activities are more intense and complex. The first ICU in the world emerged in the 1950s due to the need to provide seriously ill people with the possibility of recovering their health, coupled with technological developments at the time (Sanches et al., 2018).

**Keywords:** Communication, Humanization, Icu, Nursing.

### **1 INTRODUCTION**

The Intensive Care Unit (ICU), as the name suggests, is a department where activities are more intense and complex. The first ICU in the world emerged in the 1950s due to the need to provide seriously ill people with the possibility of recovering their health, coupled with technological developments at the time (Sanches et al., 2018).

In the course of nursing activities, the importance of communication between healthcare professionals and the patient, known as therapeutic communication, is evident. This process is extremely important for identifying not only the patient's needs but also their reactions to treatment. However, therapeutic communication sometimes becomes deficient, especially with those in the Adult Intensive Care Unit (ICU) undergoing invasive mechanical ventilation (Favarin; Camponogara, 2012).

In the face of this challenge for healthcare professionals, there is a need to establish sincere and clear communication between professional/patient and patient/professional, without stress and suffering. Only through communication is it possible to reduce anxieties in the struggle for survival, in the face of the possibility of death, in the separation from family members, and in the disruption of routines (Puggina et al., 2014).



## 2 OBJECTIVE

To analyze the perception of the nursing team regarding communication as an essential tool in humanized care for critically ill patients.

## 3 METHODOLOGY

The study was conducted in a tertiary hospital within the state network of the Health Department of the State of Ceará, Brazil. The research subjects were professionals who make up the nursing team (technicians and nurses). Inclusion criteria included those who practice their profession exclusively in intensive care units and have been working in this area for more than one year. Those on vacation or on sick leave were excluded. The theoretical data saturation method was used, where the presentation of new responses does not occur to include new data.

The research was submitted to the Research Ethics Committee of the Juazeiro do Norte College-FJN and approved with protocol number 3.040.460. A semi-structured interview and the signing of an Informed Consent Form were used. For the analysis of the obtained data, the content analysis proposed by Bardin was used, with the construction of the writing being categorical. The material underwent textual transcription treatment of the full speeches, which were explored and coded with uppercase letters (E1, E2, T1, T2..., where E=for nurses and T=for nursing technicians). This way, they will not be identified, and their identities will be preserved.

## 4 DEVELOPMENT

A total of 35 professionals were interviewed. In the initial inquiry about their socioeconomic situations, it was found that 18 (54%) were between the ages of 28-38, with 33 (65.72%) being female. Regarding their length of service in the ICU, only 6 (17.14%) had been working for one year, while the rest of the sample had more extensive experience. In terms of the nurses' qualifications, with a specialization in the ICU field, there were 8 nurses working without the specialist title in the area. This is a concerning phenomenon, as the ICU represents a place of intensive care due to the critical condition of patients and therefore requires expert professional care in this sector (Santana et al., 2011).

Communication is present in the National Humanization Policy (PNH), created in 2003 by the Ministry of Health, both in its concept and in its principles and guidelines, demonstrating that the construction of comprehensive health care is achieved through its applicability (Martins; Luzio, 2017). It is observed that the team considers communication during their care process to be relevant. They report that it contributes to the patient's health, as there is greater security in the professional-patient relationship. Furthermore, there is an expression of their methods for communicating with critically ill patients.



"It is very important to improve the clinical and psychological condition, humanization" (T03).  
"Through gestures, movements, lip reading, and verbal communication" (T06).

When analyzing the team's statements, positive experiences regarding the practice of communication in care provision were observed. The authors Melo et al. (2016) report in their study on the benefits of therapeutic communication for critically ill patients that it directly contributes to the patient's recovery, building trust between those involved in the care process, and helping to minimize the pain and fears of the patients. It should be considered an essential tool in daily nursing practice.

When asked about the main challenges and facilitators, the statements were similar. In both cases, conditions related to impaired consciousness level, severity of the clinical condition, time, and service demand regarding both care and bureaucratic tasks in the sector were the most frequently mentioned challenges. The main facilitators identified included the reduced number of patients in the sector compared to other hospital areas, the closed and unrestricted nature of the environment, and patients expressing their desire to communicate.

## 5 CONCLUSION

Based on the analysis, it is evident that there is a concern about the applicability of communication in the care process for critically ill ICU patients to improve their clinical condition and to recognize the factors that hinder the execution of this tool. Therefore, it is necessary to minimize and/or eliminate the causes that may interfere with its implementation to improve the quality of care provided by the nursing team.

## ACKNOWLEDGEMENTS

We would like to thank the Scientific Committee of the State Health Department of Ceará for their support in conducting this research.



## REFERENCES

FAVARIN, S. S; CAMPONOGARA, S. Perfil de pacientes internados na unidade de terapia intensiva adulto de um hospital universitário. Rev. Enferm. UFSM, v.2, n.2, p. 320-329, mai/ago. 2012. Disponível em : <https://periodicos.ufsm.br/reufsm/article/view/5178/3913> .Acesso em 06 de maio de 2018.

SANCHES, R. C. N. et al,. Percepções de profissionais de saúde sobre a humanização em unidade de terapia intensiva adulto. Escola Anna Nery, v.20, n.1, p.48-54, 2016. Disponível em : <http://www.scielo.br/pdf/ean/v20n1/1414-8145-ean-20-01-0048.pdf> acesso em 06 de jun de 2018.

SANTANA, J .C .B .S et al. Comunicação não verbal nas unidades de terapia intensiva: percepção dos enfermeiros. Rev. pesq.: cuid. fundam. online 2011. abr/jun. 3(2):1912-23. Disponível em: <http://pesquisa.bvs.br/brasil/resource/pt/bde-22003> . Acesso em: 02 de maio de 2018.

MARTINS, C. P.; LUZIO, C. A. Política Humaniza SUS: ancorar um navio no espaço. Interface (Botucatu), v. 21, n. 60, 2017.

MELO, A. K. D. A. N; et al. Benefícios da comunicação terapêutica para uma assistência humanizada e efetiva ao paciente crítico. Revista saúde, v. 10, n.1, 2016.

PUGGINA, Ana Claudia et al. Percepção da comunicação, satisfação e necessidades dos familiares em Unidade de Terapia Intensiva. Esc. Anna Nery, v.18, n.2, p. 277-283, 2014.