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REVIEW

Educação em saúde e prática humanizada da enfermagem em unidades de terapia intensiva: estudo bibliométrico

Health education and humanized practice of nursing at intensive care units: bibliometric study

Educación para la salud y la práctica humanizada de enfermería en unidades de cuidados intensivos: estudio bibliometrico

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ABSTRACT

Objective: Address the participation of Nurses as the main caregiver and health educator inserted in ICU. **Method:** Descriptive and Cross-sectional Study (2003-2010), as Bibliometric Research held in the databases LILACS and MEDLINE. **Results:** the publications have occurred predominantly in the States of Rio de Janeiro and Paraná, in the LILACS database (80%), with authors nurses (87%) and doctors (32%). The humanization in ICU is a complex task for several reasons, such as large number of activities that the nurse performs in ICU, reducing its convivial time with patient and family, as well as to a proper training of your staff. **Conclusion:** is still incipient addressing these themes in literature, particularly those involving health education and humanization of the practice of ICU nurse worker, being in a relevant and still unexplored field of research. **Descriptors:** Nursing, Health education, Humanization of assistance, ICU.

RESUMO

Objetivo: Abordar a participação do Enfermeiro enquanto principal cuidador e educador em saúde inserido na UTI. **Método:** Estudo descritivo de recorte transversal (2003-2010), enquanto Investigação Bibliométrica realizada nas bases de dados LILACS e MEDLINE. **Resultados:** As publicações ocorreram predominantemente nos estados do Rio de Janeiro e Paraná, na base LILACS (80%), com autores enfermeiros (87%) e doutores (32%). A humanização na UTI é uma tarefa complexa por vários motivos, como o elevado número de atividades que o enfermeiro executa na UTI, reduzindo seu tempo de convívio com pacientes e familiares, bem como para um treinamento adequado de sua equipe. **Conclusão:** Ainda é incipiente a abordagem destes temas na literatura, sobremaneira aqueles que associam educação em saúde e humanização à prática do enfermeiro trabalhador de UTI, constituindo-se em um relevante e ainda inexplorado campo de investigação. **Descritores**: Enfermagem, Educação em saúde, Humanização da assistência, UTI.

RESUMEN

Objetivo: Abordar la participación de lo enfermero como el educador de salud y principal cuidador en el contexto de la UCI. **Método:** Estudio descriptivo de corte transversal (2003-2010), en cuanto investigación bibliométrica celebrada en las bases de datos LILACS y MEDLINE. **Resultados:** Las publicaciones han ocurrido principalmente en los Estados de Río de Janeiro y Paraná, en la base LILACS (80%), con autores enfermeros (87%) y doctores (32%). La humanización en la UCI es una tarea compleja por varios motivos, como la gran cantidad de actividades que realiza la enfermera en la UCI, reduciendo su tiempo con los pacientes y las familias, así como para una adecuada formación continuada de su equipo. **Conclusión:** El enfoque de estos temas en la literatura es aún incipiente, particularmente aquellos que involucran la educación para la salud y la práctica humanizada de la enfermera que trabaja con cuidados intensivos, constituyendo un campo de la investigación pertinente y aún inexplorado. **Descriptores:** Enfermería, Educación para la salud, Humanización de la asistencia, ICU.

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INTRODUCTION

The Intensive Care Unit (ICU) is a sector for the care of critically ill patients with chances of survival, which require constant monitoring (24 hours) and specific care quality through advanced technologies and mechanisms, and specialized human resources, directed not only to the pathophysiological problems, but also to psychosocial, environmental and family issues which become intimately linked to physical illness.[1,2]

Under this view, the ICU is the sector that generates emotional and psychological disorders in patients, relatives and professionals due to the tense and hostile environment of the hospital and causes the severity and risk of imminent death, predominate and are confused with sensations of pain and anxiety in the minds of the patient who is there.[3]

The nurse is inserted in this location as the main manager of patient care, as well as coordinator and responsible for the nursing staff directly involved in patient care, as well as the training and development of this group of workers.[4] In this context, the Humanization of care set out as an important challenge for nurses increasingly incorporated into this unit may be understood as a set of initiatives that reconcile the host using the best available technology, valuing the bond formation and promoting a more targeted care, in order to provide better living conditions to the customer.[5,6,7,8]

We consider communication an important process for humanizing nursing care in the ICU, taking into account that this is the mainspring that leads the team to understanding the need for dialogue with the patient, family and the team, ie, interpersonal relationships of the group of workers engaged in service. These relationship variables are indispensable for a humanized quality care, requiring individual and collective actions of all team members to produce a common good.[9]

According to the National Humanize Hospital (PNHAH), the quality of the user attention is a factor of great concern to the Brazilian health system. Seeking to spread a new culture of humanization in the public hospital network, one of its goals is the training of hospital professionals for a new concept in health care that values human life and citizenship, and to strengthen and coordinate all humanization initiatives existing network.[10]

In this sense, the educational process directed by the Nurse ICU, through programs of Continuing Nursing Education (ECE) or additional training, may be understood as:

> dynamic, active and ongoing process of teaching and learning designed to update and improve the ability of people or groups, given the scientific and technological changes, social needs, objectives and institutional goals.[11]

By understanding the ECE as common practice that aims to overcome the difficulties from the perception of real needs and be the ICU environment that requires a service increasingly humanized, this study aims to assess the participation of the nurse as health

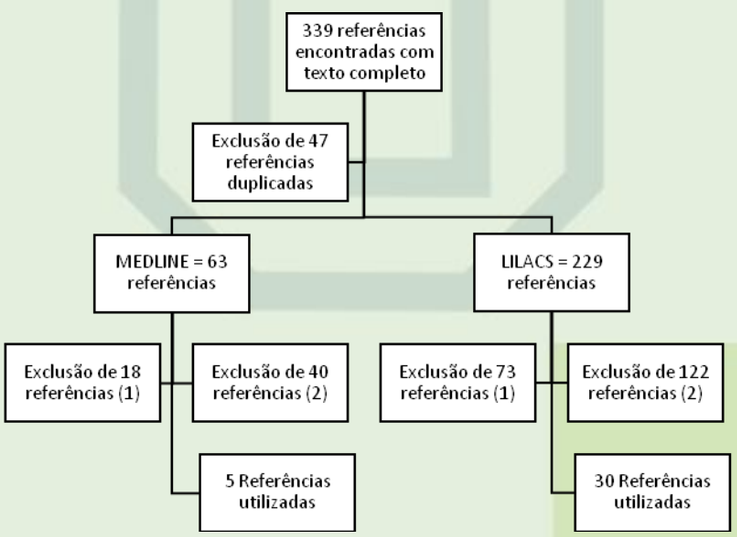
educator and primary care provider (humanized) patient in this location, and identify trends in research on the subject to enable the development of humanized practices able to subsidize the care of individuals in need of nursing care of high complexity.

METHOD

We opted for a descriptive study of transversal cut as a bibliometric survey. According to Oliveira (2001), this type of study is characterized by *quantifying the processes and written communication, and the use of bibliometric indicators to measure scientific output*.[12]

By reference to the National Humanization Policy, from 2003, aims to give effect to the principles of the NHS in the daily care and management practices, qualifying public health in Brazil and encouraging solidarity exchanges between managers, workers and users, were considered in this study the universe publications of the Virtual Health Library (VHL) - in the databases LILACS and MEDLINE, the period between the years 2003-2010. The keywords used were: Continuing Nursing Education and Humanization ICU.

Figure 1 - Analysis process and inclusion of articles for discussion



(1) - Exclusion of references published before January 2003

(2) - Exclusion of dissertations, theses, reviews, editorials and book summaries, and also publications without full text.

Source: BIREME Database, 2010.

Thus, 35 publications constituted the universe for this investigation. Articles that constituted the theoretical framework of this study were tabulated using the software Excel (Microsoft Corporation), processed with a descriptive analysis according to quantitative assumptions, using the following variables: the bank or database was extracted from these studies, the authors, keywords, the origin, type and origin of materials and year of publication, followed by a critical discussion of the material.[12]

RESULTS E DISCUSSION

The bibliometric survey described above was categorized as the year of publication, the academic level of authors, provenance research (by state / university), domains of topics related to the keywords and the journals in which they were released.

Table 1 deals with the geographical location of the institutions that produced more scientific knowledge about the theme. Brazilian states that have strongly investigated Humanization in the ICU and Continuing Education in Nursing were Rio de Janeiro (5) and Paraná (4 institutions). In contrast, the state of São Paulo had 15 publications belonging to three universities represented in Figure 1. There also were 3 colleges in Rio Grande do Sul and Rio Grande do Norte. The other states except Ceará and Mato Grosso, with 2 universities. The states of Alagoas, Distrito Federal, Goiás, Paraíba and Santa Catarina were represented by only one institution. Moreover, we considered four international studies, as can be seen in Table 1.

Chart 1 - Distribution of national and international institutions that produce knowledge about Humanization and Continuing Education in the ICU, 2003-2010.

National		International		
State	**N**	**University**	**Country**	**N**
Midwest	4	Faculdade de Medicina e Ciências da Saúde da Universidade de Otago	New Zealand	1
Northeast	7	Faculdade de Ciências Humanas Sociais da Universidade de Tecnologia de Sydney	Australia	1
North	0	Jewish Hospital	EUA	1
Southeast	7	University Hospital Jena	Germany	1
South	9			

Table 1 shows databases and the year of publication of each article. The year 2008 was one in which more knowledge was produced and Humane Education for Professional Nursing in Intensive Care Units, with ten articles (28.57%), followed by 2006, accounting for 20% of the studies (table 1).

Table 1 - Distribution of publications on Humanization and Continuing Education in ICU database and year of publication, from 2003 to 2010.

	LILACS	MEDLINE	Total
		N(%)	
2010	1 (2,85)	0	1 (2,85)
2009	4 (11,43)	1 (2,85)	5 (14,29)
2008	7 (20,00)	3 (8,57)	10 (28,57)
2007	4 (11,43)	1 (2,85)	5 (14,29)
2006	6 (17,14)	1 (2,85)	7 (20,00)
2005	4 (11,43)	0	4 (11,43)
2004	1 (2,85)	0	1 (2,85)
2003	1 (2,85)	1 (2,85)	2 (5,71)
Total	**28 (80,00)**	**7 (20,00)**	**35 (100,00)**

Also in Figure 1 we see that the publications were published in journals released in Latin American and Caribbean (LILACS), which represented 80% of the articles - 27.

Figure 2 - Areas of publications on Humanization and Continuing Education in the ICU, 2003-2010.

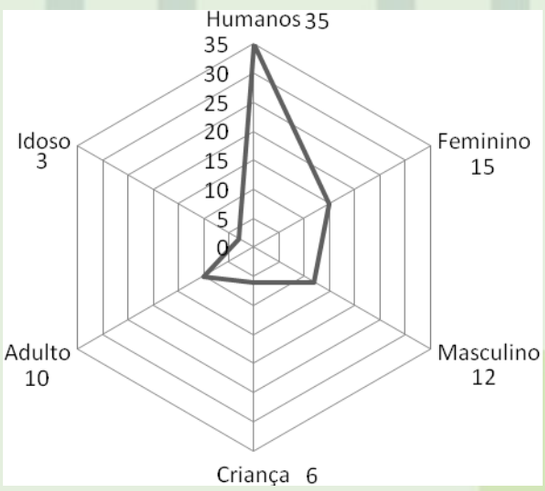
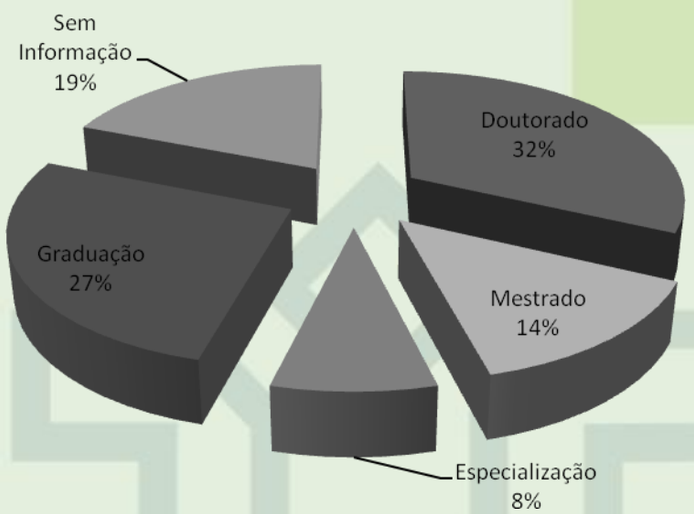


Figure 2, which deals with areas related to the keywords, was produced based on the limitations presented by the Virtual Health Library Based on this information, it is observed that they all consider human values. Still, about 43% of investigations addressing the female audience as to be professional, clients or family, followed by 12 studies (25.71%) regarding the masculine audience. Adults were predominantly investigated, representing about 30% of investigations, considering adults and seniors. The fields of collective contribution does not fit into this classification.

Among the 35 papers surveyed, there were 105 authors, corresponding to an average of 3 researchers for work. This ratio allows us to infer that the processes involved in the practice and teaching of Humanization is given by a team that should be multidisciplinary and specialized, especially when we focus on the Intensive Care Units. Regarding the level of academic authors, 33 (32%) hold the title of Doctor, which is a higher number than that

observed by academic or professional graduates, with 27% (Figure 3). Still, 20 authors did not present the description of their career, being represented by institutions or departments to which they belong. Concomitantly, the vast majority of authors working in the field of nursing (87%), and the medical field was present in the other articles, in particular with respect to the Humanization of care in the ICU, except for a reference that was published by a psychology department.

Figure 3 - Distribution of the authors as to the level of academic publications on Humanization and Continuing Education in the ICU, 2003-2010.



Regarding the raised issue, some studies portray a country that presents many problems in the area of public health such as Brazil, it could hardly offer a more humane treatment, and conditions these faults to failures in the organization of care, long waits and delays in consultations and examinations, lack of regulations, rules and routines, disabled facilities and equipment, as well as failures in the physical structure.[13,14]

Setting as a goal the pursuit of human dignity, respect and appreciation of life, Humanization, in general terms, requires a transformation in the way one act. In this context, we can say that the Humanization can only be constructed to meet the peculiarities and particularities of each case being a process inherent to professional practice in order to offer the best treatment, and above all in the Intensive Care Unit (ICU), because it is a hostile environment, which focuses tense and seriously ill patients requiring attention 24/7.[1]

Intensive care professionals, which is the multidisciplinary team working in the ICU, can offer care closer to the patient, fewer beds, and thus establish an interpersonal relationship between it and humanised staff.[15] At this time, it is important to have comprehensive, accurate, attitudes and words of encouragement and support, because the patient feels more secure and confident when they have their doubts clarified and strengthened self-confidence.

At this point, it is worth mentioning that the labor market in the health sector accounts for about 60% of the workforce while nursing professionals. The Nurse as protagonist and subject of health, should have incorporated the principles of humanization,

and, since they are coordinators and responsible for Industry, they are directly involved with meeting the needs of personal and professional development - training their team.[4,16,17]

The work of the nurse in the ICU is complex and intense and must be prepared for any situation, to assist patients with significant hemodynamic changes, which require specific knowledge and great ability to make decisions and implement them on short notice. Still, this professional should interact with technology to care, mastering the scientific principles that underlie their use while meeting the therapeutic needs of patients.

In this context, the nurse assumes responsibility for the further development of educational processes and timely training ahead of the shortages and difficulties presented by the team. In the hospital, upgrading and training of professionals is on the Continuing Education Service (SEC), which is concerned with the characteristics of learning as dynamic, continuous, comprehensive, personal, gradual and cumulative. It is noteworthy that nurses participating in the SEC are, according to Braga and Melleiro (2009, p.1216) "a change agent, which interacts with all the nursing staff through strategies for the training and improvement of their actions by stimulating the development and integration of these professionals'.[18]

The content must consider the reality, the daily work, the needs of the professional sector work, the institution and technological developments. However, according to Silva & Seiffert (2009), the thought that the low efficiency of health is associated with lack of competence of employees can be met by courses and training. Does not really matter if administrators offer courses to exhaustion, any significance consuming resources without generating positive and significant changes in the practices.[19]

A study using interviews with nurses in a teaching hospital in Sao Paulo reported that 76% of those who attended activities in Continuing Education program responded that courses partially met their needs, with partial and fragmented technical performance of the team.[18] We emphasize here the need for the educational process to encourages the involvement of the participating subjects, among the target audience of the training and the object to be learned, and with the instructor, facilitator of this process, so that the resulting knowledge activity is better secured and leveraged.

Still considering the ICU, this relationship requires a more concrete mixture between theory, practice and reality, leaving aside the problems of work and directing strategies that enhance understanding and knowledge enhancement for intervention in reality. Periodic evaluation of the results, one of the phases of planning, aims to verify the effectiveness of the program, aiming to provide feedback to the SEC that this redirect or hold their shares.

Regarding the interaction of professional nursing with the user and their families, it can be said that the need for a close relationship between aid and trust, so that the nursing staff can minimally meet the real needs of patients and their fellows.[20] Thus, it can be inferred that a friendly relationship established between professional nursing and family, greatly established in the early encounters, can provide better support for both and for the patient.

Indeed, when dealing with human lives, it is possible to deduce that the specifics that guide the health sector make the task of humanizing more difficult and complex, but

not impossible to achieve. Therefore, health professionals should incorporate the principles and assumptions of humanization, so that to establish a positive relationship within the context of a unit with high relevance and responsibilities in the hospital as the ICU.

CONCLUSION

This research led to the discussion of more than 35 references on the subject of Humanization of Care and Continuing Education in Nursing Intensive Care Unit (ICU). It can be observed that the main centers questioning this issue focus on the South-East, sometimes expressed by the significance represented by the states of Rio de Janeiro, São Paulo and Paraná. Doctors are those who most produce research evaluating females especially.

Using experiences portrayed by national and international studies, we can infer that the task of humanizing the ICU demand effort and attitude to a technological dominant system, because the actions taken by health professionals working in this unit have more technical approach, forgetting care as a human characteristic in its scientific and technical expertise, the knowledge of values, affectivity, attitudes and skills held to promote the potential of patients, maintain and improve the human condition in the process of living and dying.

Health professionals, such as nurses, daily deal with dying patients, and watch the death of a patient can raise the feeling of helplessness, sadness or guilt. However, regardless of the diagnosis or prognosis of their patients, the nurse's role is to adopt an attitude and behavior towards the humanization of care in this patient.

Offering a contribution on the issue of humanization in ICU to the patient in a coma, it was concluded, according to some authors who departed from the humanization of health due to the importance given to technological devices widespread in recent years as special monitors and mechanical respirators, meant that advances in medicine and health, however, have been promoted as a factor of distance between professional, family and clients.

In an attempt to reverse this scenario and aware of the importance of humanization for patient recovery, research studies have point to the need for humanization of all procedures used in public and private hospitals and health centers. We came to the consensus, and not without reason, that humanization is a decisive factor for better opportunities for patient recovery, integration with the team and with the patient's own family.

But, as shown above, the humanization in the ICU is a complex and difficult task for several reasons. The first is that intense activities that nurses perform in ICU may leave little time for a closer human contact to the patient.

As also aim of this study, we must mention the constant need of recycling team nursing professionals, not only with respect to humane practices. It is also the basic

assumption of the formation processes of the Nurse in Health Education, which must be implemented in the unit according to the real needs of the unit and the team.

Thus, the observation is made up of key parameter for the humanization and permanent, continued or recycling education processes, in which daily life and routines become pillars for improving practices, improvement of interpersonal relationships between staff, users and relatives and object processing to improve the quality of service in the Intensive Care Unit.

Moreover, the approach is still incipient regarding studied themes in the literature, greatly those that associate health education and humanizing to the practice of nurses working in the ICU, thus becoming an important and unexplored field of research.

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