

# Humanization in an intensive care unit in the perception of health professionals

## Humanização em unidade de terapia intensiva na percepção dos profissionais da saúde

## Humanización en una unidad de cuidados intensivos en la percepción de los profesionales de salud

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# REVISA

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### RESUMO

**Objetivo:** avaliar a evolução da humanização dentro da unidade de terapia intensiva, na percepção dos profissionais de saúde nos últimos cinco anos. **Método:** Trata-se de um estudo do tipo descritivo investigacional, qualitativo e quantitativo, onde foi analisada a Percepção dos Profissionais da Saúde quanto à Humanização na UTI. Participaram do estudo 24 profissionais da área da saúde, sendo sete Fisioterapeutas, nove Técnicos de Enfermagem, cinco Enfermeiros e três Médicos, todos atuando na UTI. **Resultados:** No domínio ética, não houve alteração na satisfação na média geral. Para os médicos, houve uma variação negativa em relação a esse domínio na atualidade. No domínio ambiente, a média geral das questões abordadas indica insatisfação dos enfermeiros, porém apresenta melhora significativa para os demais profissionais. No domínio humanização houve mudança positiva entre os fisioterapeutas e os técnicos no quadrante qualitativo. No domínio relação interpessoal, manteve-se em um patamar de insatisfação de todos os profissionais. **Conclusão:** na percepção dos profissionais, a humanização na unidade de terapia intensiva nos últimos cinco anos até os dias atuais não teve evolução.

**Descritores:** Humanização; UTI; Ética.

### ABSTRACT

**Objective:** to evaluate the evolution of humanization within the intensive care unit in the perception of health professionals in the last five years. **Method:** This is a descriptive investigative, qualitative and quantitative study, where the Perception of Health Professionals regarding Humanization in the ICU was analyzed. Twenty-four health professionals participated in the study, of which seven Physiotherapists, nine Nursing Technicians, five Nurses and three Physicians, all of them working in the ICU. **Results:** In the ethics domain, there was no change in satisfaction in the overall average. For doctors, there was a negative variation in relation to this domain today. In the environment domain, the general average of the issues addressed indicates nurses' dissatisfaction, but it shows significant improvement for the other professionals. In the humanization domain, there was a positive change between physiotherapists and technicians in the qualitative quadrant. In the interpersonal relationship domain, it remained at a level of dissatisfaction for all professionals. **Conclusion:** in the perception of the professionals, the humanization in the intensive care unit in the last five years to the present days has not evolved.

**Descriptors:** Humanization; ICU; Ethic.

### RESUMEN

**Objetivo:** evaluar la evolución de la humanización dentro de la unidad de cuidados intensivos, en la percepción de los profesionales de la salud en los últimos cinco años. **Método:** se trata de un estudio descriptivo, investigativo, cualitativo y cuantitativo, en el que se analizó la percepción de los profesionales de la salud con respecto a la humanización en la UCI. Veinticuatro profesionales de la salud participaron en el estudio, siete fisioterapeutas, nueve técnicos de enfermería, cinco enfermeras y tres médicos, todos trabajando en la UCI. **Resultados:** en el ámbito de la ética, no hubo cambios en la satisfacción en el promedio general. Para los médicos, hoy hubo una variación negativa en relación con este dominio. En el ámbito del medio ambiente, el promedio general de los problemas abordados indica la insatisfacción de las enfermeras, pero muestra una mejora significativa para los otros profesionales. En el dominio de la humanización, hubo un cambio positivo entre fisioterapeutas y técnicos en el cuadrante cualitativo. En el dominio de las relaciones interpersonales, se mantuvo en un nivel de insatisfacción para todos los profesionales. **Conclusión:** en la percepción de los profesionales, la humanización en la unidad de cuidados intensivos en los últimos cinco años hasta la actualidad no ha evolucionado.

**Descritores:** Humanización; UCI; Ética

ORIGINAL

## Introduction

Humanization in health means the rescue of a form of treatment, respecting the basic principles of ethics and the rights of the patient. It seeks professionals, patients, families and institutions in a more sensitive way and with respect for the dignity of the life of the human being who is most vulnerable in this situation. On the other hand, the environment within the intensive care unit (ICU) can be traumatizing, due to the procedures in which patients are submitted. In the ICU, necessary invasive interventions and procedures are performed that allow an effective recovery for critically ill patients, even causing major discomfort and discomfort.<sup>1</sup>

The ICUs were created with the urgency of advancing and concentrating resources for better care for patients in critical condition, but with chances of recovery. The need for constant observation and continuous assistance meant that these patients were brought together in a single specialized center. Technological and scientific developments and multidisciplinary interaction are responsible for increasing the survival of patients admitted to these units. However, the existence of complications resulting from the deleterious effects of immobility, contributes to decreased functionality, increased care costs, decreased quality of life and post-discharge survival.<sup>2</sup>

The use of new technologies in the ICU has been indispensable in the treatment of patients, on the other hand, it brings great challenges to professionals, as they are equipment that require different training and a lot of attention in their handling. This factor can generate anxiety, anguish, stress and often a feeling of helplessness in the face of certain everyday situations, negatively affecting the performance of professionals at work. In this way, the relationships established become colder and more distant with colleagues in the group, with patients and with family members.<sup>3</sup>

Humanization seeks to provide the physical, psychological and spiritual comfort of the human being, be it patient, family or professional. Therefore, humanizing consists of giving individual assistance in face of each one's need. In addition, promoting humanization in an ICU is not limited to changes in the environment, but mainly changes in behavior and attitudes towards patients and their families.<sup>4</sup>

Communication within the ICU is essential for humanization to be established. The harmonious relationship between the service team, family members and patients should involve the clear exchange of information about the real state of the patients and procedures to be performed, which aims to prevent the negative impact of the family on the patient and especially the well-being and patient's health.

Humanization can also be confirmed by the relationship between the multiprofessional team. The good interaction and communication between the professionals makes each one have their own space and freedom to make the decision inherent to their training, and can then contribute in an appropriate and direct way in the evolution of patients.

This study aims to identify the evolution that occurred in terms of humanization within the ICUs in the perception of health professionals in the last five years.

## Method

This is a descriptive investigative, qualitative and quantitative study, which analyzed the perception of health professionals regarding humanization in the intensive care unit (ICU). Initially, 30 health professionals participated in the study, ten Physiotherapists, ten Nursing Technicians, seven Nurses and three Doctors, all working in the ICU. According to the exclusion criteria, six of these professionals could not enter the data computation, leaving 24 professionals.

The research was carried out at the Regional Hospital of Santa Maria (HRSM), in the city of Santa Maria / DF, where the inclusion criteria were: professionals who work in the Intensive Care Unit in a fixed way, who accepted and signed the Free and Informed Consent Form Informed and have been working in the ICU for more than five years. And the exclusion criteria were: professionals who are absent during the data collection period, professionals who have not accepted or signed the authorization term and professionals who have worked for less than five years.

Initially, data were collected at this unit through a questionnaire that assesses knowledge of humanization, satisfaction with the work environment, relationships between the multidisciplinary team and the perception of the evolution of humanization in the daily routine. A simple questionnaire with 15 questions was used and composed of four domains: Ethics, Environment, Humanization in the ICU and Interpersonal Relationship. Each domain with its particularity. In addition to the cross-cultural character, the instruments value the individual's individual perception, being able to evaluate their perceptions regarding humanization in these categories.

The data collection took place after reading the Free and Informed Consent Term, and a simple questionnaire with 15 questions was presented, comprising four domains: Ethics, Environment, Humanization in the ICU and Interpersonal Relationship. Each domain with its particularity that assesses the knowledge of humanization, satisfaction with the work environment, the relationships between the multidisciplinary team and the perception of the evolution of humanization in the daily routine. In addition to the cross-cultural character, the instruments value the individual's individual perception, being able to evaluate their perceptions regarding humanization in these categories. The questionnaires were collected by the researchers themselves with each participant.

Data analysis was performed using averages. Each domain has a number of specific questions, two in the Ethics domain, three in the Environment domain, six in the ICU Humanization domain and four in the Interpersonal Relations domain, which were assigned values of 1-5, as shown in the example below:

Nothing	Very little	Somewhat	Very much	Extremally
Or	Or	Or	Or	Or
Very unsatisfied	unsatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied
1	2	3	4	5

First, the numerical data was collected for each question by a professional, and at the end, these data were summed and divided by the number of professionals. The general average was calculated by adding the average of each question and divided by the number of questions. Expressed as follows:

**ETHIC DOMAIN:**

$$MFQ1 = \frac{N1F1 + N1F2 + N1F3 + N1F4 + N1F5 + N1F6 + N1F7}{7}$$

$$MFQ2 = \frac{N2M1 + N2M2 + N2M3 + \dots + N2F7}{7}$$

$$MGF = \frac{MFQ1 + MFQ2}{2}$$

Where:

- MFQ1 is the average of Physiotherapists in Question 1
- MFQ2 is the average of Physiotherapists in Question 2
- N1F1 is the Note 1 of the Physiotherapist 1
- N1F2 is the Note 1 of the Physiotherapist 2
- N1F3 is the Note 1 of the Physiotherapist 3
- N1F4 is the Note 1 of the Physiotherapist 4
- N1F5 is the Note 1 of the Physiotherapist 5
- N1F6 is the Note 1 of the Physiotherapist 6
- N1F7 is the Note 1 of the Physiotherapist 7
- N2F1 is the Note 2 of the Physiotherapist 1
- N2F2 is the Note 2 of the Physiotherapist 2
- N2F3 is the Note 2 of the Physiotherapist 3
- N2F7 is the Note 2 of the Physiotherapist 7
- MGF is the general average of Physiotherapists

This example was from Physiotherapists in the Ethics Domain, but it followed the same logic for each professional in each Domain.

The mean was established to two decimal places, being considered a change when the value in the quadrant is changed, having as reference the following variation:

Nothing	Very little	Somewhat	Very much	Extremally
Or	Or	Or	Or	Or
Very unsatisfied	unsatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied
1,00 a 1,99	2,00 a 2,99	3,00 a 3,99	4,00 a 4,99	5

## Results e Discussion

Tables 1, 2, 3 and 4 show the general results of each domain of the questionnaire (Ethics, Environment, Humanization in the ICU, Interpersonal Relations), which allows to observe the improvement in the average in general.

The domain of Ethics (Table 1) brings questions regarding moral conscience and the practice of ethics in the workplace. The conceptual understanding of ethics must be associated simultaneously with the professional's action, which requires the application of the knowledge acquired throughout life, since his moral capacity contributes to his professionalism.

Ethics and Bioethics are themes constantly discussed not only in the area of health, but also in the areas where they involve social issues. Ethical conduct not only surrounds the concept of right or wrong, moral or immoral, but having a good position in the face of ethical conflicts that often arise in human relationships.<sup>4</sup>

Table 1 shows the average of each professional, for questions 1 and 2. Despite having a numerical increase, there was no change in the concept of satisfaction in the general average, that is, it remained in the same evaluation quadrant. For doctors, there was a negative variation in relation to this domain at present and for physiotherapists the variation was positive, keeping the evaluative concept for other professionals unaltered.

**Table 1- Average of Ethic Domain**

Questions 1 and 2	Ethic Domain (5 years ago)	Ethic Domain (Nowadays)
Average - Doctors	4,33	3,67
Average - Nurses	4,20	4,50
Average - Physiotherapists	3,86	4,14
Average - Technicians	3,67	3,89
<b>MÉDIA GERAL</b>	<b>4,01</b>	<b>4,05</b>

The Environment domain (Table 2) consists of questions regarding the physical conditions of the workplace, availability of breaks and the resting environment at the hospital facilities.

It is essential that the health professional, makes his work environment balanced, especially in the closed environment as it is in the ICU, in order to provide confidence and tranquility to the patient and his family to understand the treatment, which can be long.<sup>5</sup>

The general average of the issues addressed indicates nurses' dissatisfaction, but it shows significant improvement for the other professionals.

**Table 2- Average of Environment Domain.**

Questions 3, 4 and 5	Environment Domain (5 years ago)	Environment Domain (Nowadays)
Average - Doctors	2,78	3,33
Average - Nurses	3,07	2,40
Average - Physiotherapists	2,90	4,00
Average - Technicians	3,19	3,52
<b>GENERAL AVERAGE</b>	<b>2,98</b>	<b>3,31</b>

The Humanization domain in the ICU (Table 3) addresses issues regarding the professionals' understanding of the concept of humanization, the practice of it in the work environment, government assistance in its installation process, skill in handling equipment, measurement in which humanized treatment provides well-being to patients in palliative care and whether the techniques applied in the ICU harm human values.

Humanizing is to guarantee the word its ethical dignity, that is, so that human suffering, pain and even pleasure can be applied in a humanized way. Humanizing involves having good communication, including knowing how to listen, speaking clearly and sensitively, that is, maintaining a good dialogue with others.<sup>6</sup>

SUS started with the humanization process. The fundamentals of SUS16 are totally humanistic: universality, completeness, equality and social interaction. Taken to the last consequences, they characterize humanization in any aspect, at any level of attention or care. Because of this, SUS is considered the main system of social inclusion in Brazil.<sup>7</sup>

In 2000, the Ministry of Health (MS) created the National Program for the Humanization of Hospital Assistance (PNHAH) thinking about the concern with the care and attention to hospitalized patients. It was an innovative program, which sought to spread the notion of humanization in health practices, thus improving the quality and effectiveness of services offered to the population. In 2003, the Ministry of Health transformed this program, making the idea of humanization cease to be seen and disseminated only in the hospital environment and started to be adopted in the daily life of the entire Unified Health System (SUS) network, launching the new program, the National Humanization Policy (PNH).<sup>8</sup>

In Table 3, the evaluation criteria between physiotherapists and technicians showed a positive change in the qualitative quadrant. Despite this, the result of the general average remained unsatisfactory.

**Table 3- Average of Domain Humanization in ICU**

Questions 6, 7, 8, 9, 10 and 11	Domain Humanization in ICU (5 years ago)	Domain Humanization in ICU (Nowadays)
Average - Doctors	2,44	2,67
Average - Nurses	2,77	2,83
Average - Physiotherapists	2,67	3,14
Average - Technicians	2,98	3,02
<b>GENERAL AVERAGE</b>	<b>2,71</b>	<b>2,92</b>

The Interpersonal Relationship domain (Table 4) deals with the relationship between professionals, the right to decision making inherent to their area of expertise, availability of materials and the relationship between professionals and patients' relatives.

The interpersonal relationship in the workplace is complicated, as it encompasses several aspects, self-knowledge, empathy, self-esteem, cordiality, ethics and communication. For the interaction between different people, it is necessary to understand human conduct within the environment in which they serve, understand that socialization is fundamental, since reconciling all these aspects in the workplace becomes a challenge for human beings.<sup>9</sup>

The skills and knowledge shared among the professionals contribute to the efficiency of the service provided and the team's productivity.<sup>10</sup> The productivity of a group and its efficiency are closely related not only to the competence of its members, but, above all, to the solidarity of its members. interpersonal relationships.<sup>11</sup>

This domain, for doctors, showed a negative change from five years to the present day in the evaluation quadrant. For physiotherapists, this change was positive. With the general analysis of table 4, it can be seen that from five years to the present day, the overall average remained at a level of dissatisfaction.

**Table 4-** Average of Interpersonal Relation Domain

Questions 12, 13, 14 e 15	Interpersonal Relation Domain (5 years ago)	Interpersonal Relation Domain (Nowadays)
Average - Doctors	2,25	1,50
Average - Nurses	2,95	2,50
Average -Physiotherapists	2,68	3,61
Average - Technicians	2,83	2,83
<b>GENERAL AVERAGE</b>	<b>2,68</b>	<b>2,61</b>

Among the analysis of each researched profession, the physiotherapists were predominantly those who noticed greater evolution in all domains.

The results showed that only one of the four domains surveyed, obtained in its general average change in the evaluation quadrant, in the Environment domain. What can be concluded that, in the perception of the professionals, humanization in the intensive care unit in the last five years until the present day, has not evolved, maintaining the aspects of dissatisfaction in the domains Humanization in the ICU and Interpersonal Relationship. In the Ethics domain, the satisfactory concept remained.

## Conclusion

We can conclude with this study that in the perception of professionals, humanization in the intensive care unit in the last five years until the present day, has not evolved, with unsatisfactory aspects in the domains: Humanization in the ICU and Interpersonal Relationship. In the Ethics domain, the satisfactory aspect was maintained and as for the Environment domain, the professionals were indifferent in relation to the issues addressed. Considering

that this process goes through the working conditions of the professionals, it is necessary that they feel valued, in a way that influences both the skills and practices provided in the workplace, as well as the moral capacity to recognize even more the individuality of each patient. In this way, one can take humanization to the level of excellence. Finally, it is valid to carry out new studies on the subject, in order to evaluate the humanization process in units and sectors of other health institutions with the intention of contributing to the implementation of this process in the interdisciplinary field.

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