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Humanization and soft technologies applied to nursing care in the intensive care unit: a systematic review

humanization

Humanization and soft technologies applied to nursing care in the intensive care unit: a systematic review

ABSTRACT | Objective: To analyze the humanization process and the use of soft technologies applied to nursing care in the Intensive Care Unit. Method: Systematic review conducted in the BDENF, Lilacs and SciELO databases, with the combination of the descriptors "Humanization", "Nursing care", "Intensive Care Unit" and "Technology", in Portuguese and Spanish languages in the period from 2016 to 2019. Results: 07 papers were selected for analysis, which highlighted humanization and the use of soft technologies as an indispensable working tool for nursing care. Conclusion: The data lead to the perception of the various ways to enable humanization and the use of soft technologies in patient care in the Intensive Care Unit, being unquestionable the importance of having a holistic vision for the provision of a comprehensive care service, reaching patients and families, and hard technologies should be combined with this process.
Keywords: Humanization; Nursing Care; Intensive Care Unit; Technology.

RESUMEN | Objetivo: Analizar el proceso de humanización y el uso de las tecnologías blandas aplicadas a los cuidados de enfermería en la Unidad de Cuidados Intensivos. Método: Revisión sistemática realizada en las bases de datos BDENF, Lilacs y SciELO, con la combinación de los descriptores "Humanización", "Cuidados de enfermería", "Unidad de cuidados intensivos" y "Tecnología", en los idiomas portugués y español en el período de 2016 a 2019. Resultados: Se seleccionaron siete estudios para su análisis, en los que se destaca la humanización y el uso de las tecnologías blandas como herramienta indispensable para los cuidados de enfermería. Conclusión: Los datos apuntan a la percepción de las diversas formas de posibilitar la humanización y el uso de las tecnologías ligeras en la atención al paciente en la Unidad de Terapia Intensiva, siendo indudable la importancia de tener una visión holística para la prestación de un servicio de asistencia integral, atendiendo a los pacientes y a los familiares, haciendo que las tecnologías duras se conjuguen en este proceso.
Palabras claves: Humanización; Cuidados de enfermeira; Unidad de Cuidados Intensivos; La tecnología.

RESUMO | Objetivo: Analisar o processo de humanização e o uso das tecnologias leves aplicadas ao cuidado de enfermagem na Unidade de Terapia Intensiva. Método: Revisão sistemática realizada no banco de dados BDENF, Lilacs e SciELO, com a combinação dos descritores "Humanização", "Cuidados de enfermagem", "Unidade de Terapia Intensiva" e "Tecnologia", nos idiomas português e espanhol no período de 2016 a 2019. Resultados: Foram selecionados 07 trabalhos para análise, que evidenciaram a humanização e o uso das tecnologias leves como ferramenta de trabalho indispensável ao cuidado de enfermagem. Conclusão: Os dados direcionam para a percepção das várias formas de se possibilitar a humanização e a utilização das tecnologias leves no atendimento ao paciente em Unidade de Terapia Intensiva, sendo indiscutível a importância de se ter uma visão holística para a prestação de um serviço de assistência integral, atingindo os pacientes e familiares, devendo as tecnologias duras serem conjugadas a este processo.
Palavras-chaves: Humanização; Cuidados de enfermagem; Unidade de Terapia Intensiva; Tecnologia.

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INTRODUCTION

The world scenario is marked by a growing technological advance, and, consequently, an increase in the complexity of health care and assistance. Thus, the Intensive Care Unit - ICU stands out as a space responsible for the significant increase in the possibility of restoring the stable conditions of inpatients and the use of these tools. However, in the historical-political-social construction process, the ICUs have become places where the technique overlaps with aspects related to care, since the working professionals are always emerged by technological devices, which calls attention to the debates about humanized care. [1]

The use of technologies and their implementation in health services should not overlap the contact between the nursing professional and the patient, as interpersonal care is seen as inherent in the practice, which is essential and complementary to the technologies.[2] The technologies used in the ICU environments can be grouped into the following types: light, (communication and reception that can occur in the most diverse places and times, directing the quality of care and aiming at the assignment of bonds

and autonomy); light-hard (structured knowledge that works in the health area); and hard (equipment and machinery, concrete, advanced, mechanical materials). [3]

Light technology promotes humanization in care, emphasizing the relationship between the professional and the patient, and its insertion in this process strengthens and qualifies the nurses' work process, based on the assumptions of autonomy, protagonism and co-responsibility, promoting transformations in the modes of relationship and communication between subjects. [4;5] Thus, humanization in health is related to ethical issues related to the act of caring for patients, to improve the relationships between those involved in this process and working conditions. [6] Addressing humanized nursing care in the ICU allows the understanding that this action involves a set of knowledge, practices and decision-making that point to the promotion and recovery of patients. [7]

In this perspective, when referring to the humanization of nursing care, respect for users is evidenced in its essence, demonstrating acceptance and empathy, relating to the maintenance of human dignity and respect for their rights. [8] It also combines the challenge factor found in the health area, related to the inclusion of light technologies and humanized care associated with the conscious use of hard technologies, not breaking the paradigm of humanitarian values. [9;10] Thus, the study aims to analyze the humanization process and the use of light technologies applied to nursing care in the Intensive Care Unit.

METHOD

This is a systematic review carried out in the database of the Specialized Bibliographic Database in the Area of Nursing - BDENF, Latin American Literature in Health Sciences - LILACS and

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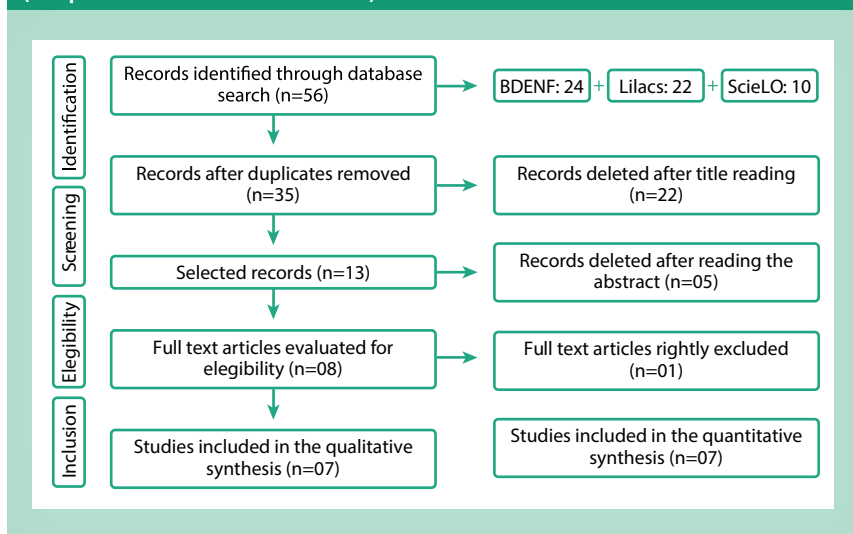>
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Scientific Electronic Library Online - SciELO, using the "advanced search" tool , based on the unified combination of Health Sciences Descriptors - DeCS: "Humanização", "Cuidados de enfermagem", "Unidade de Terapia Intensiva" and "Tecnologia"; in Portuguese and Spanish from 2016 to 2019, in the thematic area of collective health and nursing in intensive care units.

To analyze the selected materials, the problem was reflected in the following question: "What is the importance of the humanization process and the use of light technologies applied to nursing care in the Intensive Care Unit?" As inclusion criteria, we used all original articles indexed in the full and free version, featuring case studies, observational, documentary, systematic and/or integrative review and carried out in Brazil. Duplicate articles that did not respond to the central idea of the study were excluded.

RESULTS

In Figure 01, we present the results found, according to the review process flowchart. Next, in Table 01, an overview of the analyzed articles is presen-

Figure 01 - Flowchart of the selection process of the researched articles (Adaptation of the Prisma Protocol).

Identification	Records identified through database search (n=56)	→	BDENF: 24 + Lilacs: 22 + ScieLO: 10
Screening	Records after duplicates removed (n=35)	→	Records deleted after title reading (n=22)
	Selected records (n=13)	→	Records deleted after reading the abstract (n=05)
Elegibility	Full text articles evaluated for elegibility (n=08)	→	Full text articles rightly excluded (n=01)
Inclusion	Studies included in the qualitative synthesis (n=07)		Studies included in the quantitative synthesis (n=07)

Source: Authors, 2021.

ted, organized in descending order by year of publication.

In the selection process, 35 references were found after the search with the crossing of descriptors and the exclusion of duplicate materials, then, by reading the titles, 13 works advanced in the process for consulting the abstracts, enabling the selection of 08 works for full reading, where the methods and results were evaluated, and after this analysis the sample consisted of 07 works, which fit the criteria and objectives of the research. It is noteworthy that in the refinement, they were identified in BDENF: 24, in Lilacs: 22 and in SciELO: 10.

It is evident that humanization as a working tool in Intensive Care Units is a current need, intensified by the creation and implementation of the National Humanization Policy - PNH (Política Nacional de Humanização). (11) This policy is defined as a proposal based on transversal and collective principles and guidelines, translated into health practices, services and system instances, effecting the construction of solidary and committed exchanges, valuing the different subjects involved in the process. [18]

It is noteworthy that there is still a need to understand that life is an object of responsibility, [17] and that the being is a biopsychosocial agent, which needs to be understood in an integral way and not just the pathological condition, spreading the idea of a holistic view amid the provision of services aimed at assistentialist care. The realization of humanization in nursing practice depends on the interaction between the professional and the patient, because through listening it is possible to analyze each situation individually. [13;14;17]

The validation of humanization in care is perceived as a comprehensive procedure, which should be implemented according to the uniqueness of each patient. The communication inherent to the human being must be present in this relational context, suggesting the creation of a group of families,

Table 01 - Profile of the articles selected for the study.

Author(s)	Title	Objective	Results
Santos EL et al. [11]	Humanized care: perception of the intensive care nurse	To analyze the perception of intensive care nurses about humanized care.	Aspects of humanization are treated as work tools associated with the use of technology and its influence on the patient's recovery.
Souza NS et al. [12]	Repercussions of care technologies in Intensive Care Units	To elucidate the repercussions of the use of healthcare technologies in the nursing care process in intensive care units.	Perspectives related to the use of care technologies involving distancing versus approaching the client, dependence on machinery and humanization.
GuimarãesGL et al. [13]	Rediscovery of sympathy in intensive care nursing practice	To understand in the discourse of nurses who work in the Intensive Care Unit (ICU) the value that sympathy assumes for the development of nursing care.	Sympathy was recognized as a foundational element for nursing care for critically ill patients in the ICU.
Alameida Q, Fófano GA [14]	Soft technologies applied to nursing care in the Intensive Care Unit: a literature review	Reflect on the use of light technologies in nursing actions in the intensive care center.	Assistance must be guided by the principles of humanization, reception, ethics and communication – light technologies –, which does not exclude hard technology, but only complements it.
D'arco C et al. [15]	Therapeutic obstinacy under the bioethical framework of vulnerability in nursing practice	To understand the perception of ICU nurses about therapeutic obstinacy, in light of the bioethical framework of vulnerability.	Ignorance of the concept, passivity in the face of medical decisions and the difficulty of facing terminal illness.
Ribeiro KRA et al. [16]	Difficulties encountered by nursing to implement humanization in the intensive care unit	Analyze articles related to humanization in the Intensive Care Unit provided by the nursing team	Need for family support, such as humanized care for ICU patients. Difficulties reported are: the presence and complexity of handling technology in the ICU, lack of autonomy and precarious working conditions.
Silva RC et al. [17]	Nursing care practices in intensive care: Analysis according to the ethics of responsibility	Identify and analyze nursing care practices that compromise ethical-professional values in intensive care.	Nurses' distance from direct care and preferences for caring for sedated patients, due to their low demand for attention and presence.

Fonte: Autoria Própria, 2021.

for the exchange of information, mutual acceptance and interaction. [19] It is noteworthy that the professional, when implementing this family relationship, is able to stimulate motivation and self-care behaviors. [14]

The data lead us to the discussion based on the idea of technology interference in the use of humanization in the ICU, as this highly complex space is characterized by the strong presence of technology, which is constantly innovating to improve patient care . It reinforces the idea that these advances must be accompanied by professional qualification, to understand them as an effective resource in nursing and in the conscious use of humanized care, without losing the ethical principles that permeate the profession, so that it does not occur a distance from humanized care, technology must be a partner in the act of humanized care. [16;12;20]

Technological advances should help in the immediate care of the patient, offering greater security, and not collaborate with the distance between human relationships, as this action would cause a fragmented care, based only on pathological cure, and the patient, in this case, seen just as an object. [11] Thus, in addition to technical and scientific knowledge, it is important that technology is not overvalued in aspects of care, listening and putting oneself in the other's shoes, offering assistance focused on the real needs of the individual and qualifying the recovery process of the patients, especially those in critical condition. [21]

It is necessary that the nursing professional recognizes the patient's suffering and pain, through a broad transcendental human look at the individual and not at the disease; the capture of body language in communication can help in decisions and conduct, promoting an improvement in the quality and maintenance of the patient's life in hospital. [14;17]

The use of technologies in the ICU

environment cannot be strictly related to the use of hard technologies, just because this use provides objective data, which generates a dependence of the professional on the evidence provided by the equipment. [13] Some studies also point to the prevalence of positi-

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vist technical care, a technicist care, where the complexity of ICU care is focused on the exclusive use of high technology, keeping the focus on purely biological/pathological needs [22] and the nurse-patient interaction ends up being in the background, and light technology is rarely used by nurses in the ICU. [23]

There is a need for a combination of hard and light technologies in critical patient care, as they complement each other, providing, as already said, nursing care in an integral and integrated way, but knowledge of the practical aspects that involve lightweight technology. [14] It is considered in this speech that sensitivity, observation capacity and critical sense are present, as the equipment display may not reliably interpret the patient's health status.

Humanized care does not prevent the use of technology, but the professional must be aware of its use, setting limits, defined by individuality after periodic critical reflection by the multidisciplinary and interdisciplinary team. [16] When it is possible to keep control of the use of technologies, assistance is promoted with the human being at the center and vulnerability is reduced. Light technology comprises care in social and personal aspects, through sensitivity, respect, communication, cultivating transpersonal values, offering protection and promoting/preserving humanity. [14]

The need to rethink the humanization of ICUs is highlighted, since, especially in the public network, the current reality is characterized by a lack of professional conditions and the difficulties are numerous, negatively interfering in the provision of a quality service and a good humanized care, as nursing care is a fundamental existential element, [11] reaffirming the idea that humanizing care is also humanizing the health team.

However, in the humanization process in the ICU, professionals are

unaware of the concept of therapeutic obstinacy, as well as the position in the face of terminality, [15] impacting on the (un)preparedness to identify situations of application of humanization, showing inability to deal with family and team relationships. A possible justification would be the process of professional training based on technical and practical aspects to maintain the cure and little emphasis on emotional and bioethical issues. [24]

Thus, one of the settings to promote humanization in ICUs is the occurrence of the implementation of welcoming patients and their families, [25] favoring a humanized health environment and a relationship of trust between the multi-disciplinary health team and the services offered. [17;16]

CONCLUSION

The studies lead to the perception of the various ways to enable the humanization and use of light technologies in patient care in the ICU, and the importance of having a holistic view for the provision of a care service directed to care in an integral manner is indisputable. It is noteworthy that humanization is a complex, comprehensive and dynamic process that involves the entire environment and subjects.

The focus must break the care only to the patient, it is necessary to think and reach the family, enabling the creation and maintenance of the bond of dialogue and attention, based on affection and subjectivity. Nurses must articulate the process so that it is possible to achieve better care, with subjective and objective care being important in light of clinical and personal needs.

Hard technologies are not opposed to human contact, they are inherent to the process, and should be combined with the humanization process and the use of light technologies. The use of light technologies must be constant, known and disseminated by health professionals, highlighting nurses, who are in direct contact with patients and their families. ❧

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