

Construction of a Manual for Family Members and Visitors of Patients Admitted to the Intensive Care Unit

Construção de Manual para Familiares e Visitantes de Pacientes Internados em Unidade de Terapia Intensiva
Construcción de un Manual para Familiares y Visitantes de Pacientes Ingresados en la Unidad de Cuidados Intensivos

RESUMO

Objetivo: construir um manual para os familiares e visitantes de pacientes internados em Unidade de Terapia Intensiva de um hospital público de ensino. **Método:** estudo de delineamento metodológico. A elaboração do produto constituiu-se em três etapas: uma revisão integrativa de literatura; construção do manual e validação de conteúdo por especialistas. Foi aprovado pelo comitê de ética local, com parecer consubstanciado número 4.190.568. **Resultados:** as evidências científicas demonstradas na síntese de conhecimento foram especificadas no manual. A versão final do manual pode ser acessada pelo link: https://drive.google.com/file/d/1DDI6kKKbIFTgAQAK49Jw_KAmmdl4Bvd8/view?usp=sharing. **Conclusão:** o manual elaborado em formato digital foi construído baseado nas evidências científicas demonstradas pela síntese de conhecimento da revisão integrativa de literatura. A aplicabilidade do manual possibilita o acolhimento humanizado aos visitantes e proporciona condições para orientações presenciais e virtuais pela equipe de saúde.

DESCRIPTORES: Humanização; Acolhimento; Famílias; Unidade de Terapia Intensiva; Pandemia; Covid-19.

ABSTRACT

Objective: to create a manual for family members and visitors of patients admitted to the Intensive Care Unit of a public teaching hospital. **Method:** methodological design study. The development of the product consisted of three stages: an integrative literature review; construction of the manual and content validation by experts. It was approved by the local ethics committee, with substantiated opinion number 4,190,568. **Results:** the scientific evidence demonstrated in the knowledge synthesis was specified in the manual. The final version of the manual can be accessed via the link: https://drive.google.com/file/d/1DDI6kKKbIFTgAQAK49Jw_KAmmdl4Bvd8/view?usp=sharing. **Conclusion:** the manual prepared in digital format was built based on the scientific evidence demonstrated by the synthesis of knowledge from the integrative literature review. The applicability of the manual enables a humanized welcome to visitors and provides conditions for in-person and virtual guidance by the healthcare team.

DESCRIPTORS: Humanization; Reception; Families; Intensive care unit; Pandemic; Covid-19.

RESUMEN

Objetivo: crear un manual para familiares y visitantes de pacientes internados en la Unidad de Cuidados Intensivos de un hospital público docente. **Método:** estudio de diseño metodológico. El desarrollo del producto constó de tres etapas: una revisión integradora de la literatura; Construcción del manual y validación de contenidos por expertos. Fue aprobado por el comité de ética local, con dictamen fundado número 4.190.568. **Resultados:** la evidencia científica demostrada en la síntesis del conocimiento fue especificada en el manual. Se puede acceder a la versión final del manual a través del enlace: https://drive.google.com/file/d/1DDI6kKKbIFTgAQAK49Jw_KAmmdl4Bvd8/view?usp=sharing. **Conclusión:** el manual elaborado en formato digital fue construido con base en evidencia científica demostrada por la síntesis de conocimientos de la revisión integradora de la literatura. La aplicabilidad del manual permite una acogida humana a los visitantes y proporciona condiciones para el asesoramiento presencial y virtual por parte del equipo sanitario.

DESCRIPTORES: Humanización; Recepción; Familias; Unidad de Cuidados Intensivos; Pandemia; COVID-19.

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INTRODUCTION

The Intensive Care Unit (ICU) is characterized as a complex unit that is different from other hospital inpatient units due to the need for technological support for patients

who are in serious condition and/or with hemodynamic instability and/or at risk of death. It is considered an aggressive and invasive environment because it requires emergency care, constant monitoring by specialized professionals, and is permeated by stressful events and situations for the patient and family. The intensive care environment can be considered less hostile if professionals recognize the individuality of the needs of each hospitalized human being and the comprehensiveness of care.¹⁻⁴

Humanized care in intensive care can be provided to patients, families, and professionals, seeking interaction, effective communication, and dialogue. Those who care and those who are cared for can develop in this process of humanization: capacities and skills such as sensitivity and listening to others, the use of clear language, and reducing doubts and anxiety.⁵

Family members and patients experience the vulnerability of intensive care admission as moments of suffering and sadness. Empathy is necessary on the part of the professionals who work there. One study found some emotional changes triggered by parents of children admitted to intensive care, identifying feelings of anxiety about the child's prognosis, making it necessary to provide adequate information to these family members.⁶

The feelings that family members may experience during this process can include fear, sadness, despair, anguish, loneliness, shock, and nervousness. There may also be interference in the personal and professional lives of family members, with the need to reorganize family dynamics in order to visit the ICU. For the humanization of the reception of visiting family members in intensive care, it is essential that the healthcare team provide proper guidance on the structural, technological and psychological aspects that this context requires

Scientific evidence indicates the benefits of visiting in the critical environment of intensive care, such as improving the emotional health of patients and providing opportunities to report important information to the healthcare team, which contributes to individualized care.⁷

The practice of effective reception can allow the creation of a close relationship between professionals, patients, and family members, which transforms care centered on the disease to comprehensive care for the human being and family.

Family members need to feel secure, and for this to happen, the team must intervene and provide information to the family, thus contributing to the patient's well-being.

One of the characteristics of a humanized ICU environment is care not only for patients but also for family members who have specific needs. Strategies aimed at caring for family members promote greater satisfaction and provide higher quality care.

Welcoming implies listening, trying to understand what the individual says, and creating the necessary interaction between those involved in the process. With care focused on the patient and their family, treatment can be adequate and thus closer to better results and satisfaction. The practice of welcoming needs to be constant as a relevant care in the ICU.

Thus, it is essential that during hospitalization in the ICU, patients be treated from an organic point of view, but that the integrality of the human being permeates all aspects and needs of care, such as those related to the psycho-emotional and social, and with the participation and interaction of the family in this process.

Welcoming is part of the National Humanization Policy (PNH), whose role is to ensure attentive listening; promote adequate access to all units of the public health network; answer

questions; alleviate ignorance; and support coping with the environment and hospitalization. The intention is to respect patients' rights.¹

Thus, it is essential to use strategies that can minimize the feelings and suffering of family members of patients admitted to the ICU, with the incorporation of effective reception, which allows the creation of a close relationship between the health professional and those who need care, defocusing the disease as the main phenomenon to be treated.¹

In this sense, it should be added that in the current context of the pandemic, it is also essential to provide adequate care for the families of patients admitted to the ICU. This is a time of fragility and a need to invest in the humanization of care and the process of welcoming family members.

Thus, the purpose of this study was to develop an electronic manual for visitors and family members of patients admitted to the ICU, which can contribute to the reception related to hospital humanization as a practice in the care process, focused not only on the patient but also on their family.

METHOD

This study has a methodological design. This type of study aims to investigate methods for data collection and organization through the development, validation, and evaluation of research tools and methods.

The project was approved by the Consubstantiated Opinion of August 4, 2020, number 4.190.568, of the FMB/UNESP research ethics committee.

The theoretical framework used was that of Echer⁽¹⁰⁾ which suggests the steps for the process of constructing educational materials: submission of the project to the Research Ethics Committee; bibliographic survey; preparation of educational material;

validation of the material by experts in the field.

Guidance manuals aim to supplement verbal guidance from health professionals to patients and families, to reinforce or provide health education.¹¹

The content was written in language accessible to the target audience, regardless of their level of education. The purpose of the manual is to provide guidance on hospital visits by family members to patients admitted to the ICU.

It was necessary to select important information so that the material would be attractive, objective, and not too extensive. This would provide meaningful guidance on the chosen topic.

For the qualification stage of the manual, the literature recommends that the content be validated by specialist professionals.¹¹

Educational materials are vehicles

through which information is communicated and can be written, audiovisual, demonstrative, and digital, each with distinct characteristics. The characteristics that should be taken into account in educational material include: content, language, organization, layout, typography, illustrations, learning, and motivation.¹²

According to the methodological recommendations of Echer¹⁰, the development of the educational material followed the suggested steps. The manual was developed using Adobe InDesign software version 16.3.2.

The images were taken from the free image bank *Freepik*. Development began with the choice of the background image to be used in the manual, containing neutral colors so that reading would be easy. The sans serif font and size in the manual were chosen to facilitate reading.

The texts were drafted and inserted by the authors in the format and

inserted into the publishing software using the copy and paste tool.

The content and themes included in the educational material originated from the results obtained from scientific evidence derived from the scientific articles included in the integrative literature review.

For the integration and construction of the manual, the study team, composed of the student, advisor, co-advisor, statistical professional, and undergraduate research student, held about ten meetings via *Google Meet* to assemble the framework for the electronic material.

RESULTS

The scientific evidence identified through the integrative review is shown in Figure 1 and was used in the manual's content.

Figure 1 - Identification of scientific evidence from the 11 articles included in the integrative review and their respective contents related to the manual. Botucatu, SP, Brazil, 2021

Articles	Evidence from articles	Contents included in the manual
1- "Perception of family members of critically ill hospitalized patients regarding communication and emotional support" 13	Emotional support, clear and simple communication, and clarification of doubts	Providing emotional support means conveying information about the disease and treatment
2- "Health education and humanized nursing practice in intensive care units: a bibliometric study" 14	Humanization of the multidisciplinary team, clear information, words of encouragement and support	Promoting a welcoming and affectionate environment, nurturing care with affection, facilitating the management of clients' emotions
3- "Ethical dilemmas due to the Covid-19 pandemic" 15	Clear information (phone numbers or websites), communication via videoconferencing, text messages, and phone calls	Encourage the use of remote communication, whether by phone or videoconference, text messages, audio messages, or written messages
4- "Lived experiences of the corona survivors (patients admitted in COVID wards): A narrative real-life documented summaries of internalized guilt, shame, stigma, anger" 16	Routine psychological assessment, support sessions via telephone or videoconferencing	Provide a space for listening amid the chaos, in order to reframe the moment of suffering
5- "Bereavement Support on the Frontline of COVID-19: recommendations for Hospital Clinicians" 17	Provide physical comfort, autonomy, respect for cultural and religious diversity	Understand the individual and their individuality, values, beliefs, religion, providing the support that patients and family members need
6- "A Systematic Review of Family Meeting Tools in Palliative and Intensive Care Settings" 18	Identify available tools to assist in conducting family meetings in ICUs and palliative care settings	Assist in understanding necessary treatments, family meetings and gatherings, involvement and clarification, clear and honest information, minimizing distress
7- "Nurses' communication with families in the intensive care unit – a literature review" 19	Assist family members in understanding the situation and necessary treatments for patients through strategies such as family meetings and gatherings	Empathetic communication that provides support, minimizes stress among family members, and provides the necessary clarification of information

8- "Family members' experiences of waiting in intensive care: a concept analysis" 20	Help in understanding necessary treatments, family meetings and gatherings, clarifying doubts, creating relationships based on trust	Address the needs of visiting family members by alleviating suffering and distress
9- "A Randomized Trial of a Family-Support Intervention in Intensive Care Units" 21	Take care of family members' needs by providing a suitable environment, involving them in care, which can prevent psychological disorders and alleviate suffering. The team should inspire confidence so that the family feels safe and supported in the vulnerable situation to which they are exposed	Provide comfort and support through information and guidance
10- "Factors Affecting Anxiety and Depression Symptoms in Relatives of Intensive Care Unit Patients" 22	Symptoms of anxiety and depression among relatives of patients admitted to the ICU	Support and welcome family members through appropriate communication and patient- and family-centered care
11- "Impact of Proactive Nurse Participation in ICU Family Conferences: A Mixed-Method Study" 23	Prevalence of depression and anxiety in relatives of people undergoing intensive care	Hold conferences and family meetings

Product developed: "Humanizing the ICU: Visitor Welcome Manual"

The first version of the product was called "Manual de Humanização em UTI" (Manual for Humanization in the ICU), intended for welcoming family members of patients admitted to the ICU, available at the following link: <https://drive.google.com/file/d/1x-iqBr6O7LZudSDvl81fi2aypGZ4NPlcl/view?usp=sharing>.

The first version of the manual was sent, in a first round, to the judges in PDF format and by email, and the feedback identified statistical disagreement on the item "language." All suggestions were accepted by the study team, and the manual was reformulated. A second round of submissions was then sent to the judges, and the manual was reorganized based on the suggestions and proposals. It is available at the following link: <https://drive.google.com/file/d/1HoQ35H-53dUNcu0IIDLNq4VQtAAw6p4KJ/view?usp=sharing>.

Thus, the sequential pages of the chapters and respective contents of the final version of the manual were organized as described below:

- ✓ Cover with title: Humaniza ICU: Visitor Welcome Manual
- ✓ Second page: authors' names, publisher, and ISBN to be defined;
- ✓ Third page: Table of Contents describing the contents of the manual;
- ✓ Fourth page: presentation of the manual describing its purpose;

- ✓ Fifth and sixth pages: definition of ICU;
- ✓ Seventh page: description of the multidisciplinary team;
- ✓ Eighth and ninth pages: presentation of how the patient may be in the ICU;
- ✓ On the tenth page: a brief description of family visiting hours;
- ✓ Pages 11, 12, 13, and 14 describe recommendations for visits to the ICU, including visiting hours, rules and prohibitions, and communication with the patient;
- ✓ Page 15 lists personal hygiene products that can be brought for the patient's use;
- ✓ Page 16 describes the importance of maintaining daily visits for proper and adequate communication

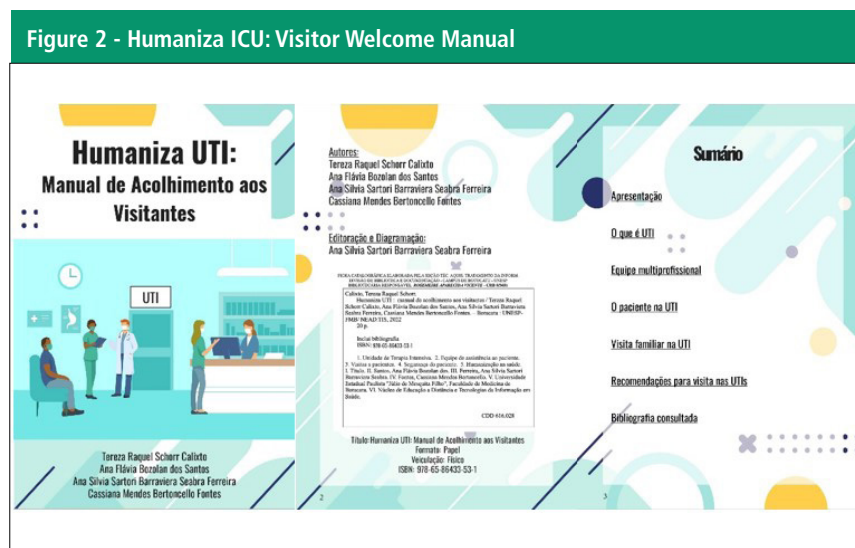
between the ICU team and family members;

- ✓ Page 17 concludes the text with the importance of humanization in the ICU.

Pages 19 and 20 conclude with the bibliographic references used.

The final version of the manual can be accessed via the following link: https://drive.google.com/file/d/1DDI6kKKbIFTgAQAK49Jw_KAmmdl4Bvd8/view?usp=sharing.

Thus, the final version of the manual entitled "Humanizing the ICU: Visitor Welcome Manual" is configured as shown in Figure 2.



Apresentação

Não Contexto da humanização hospitalar, este manual tem como objetivo proporcionar orientações em relação ao processo de visita aos familiares e acompanhantes de pacientes internados nas Unidades de Terapia Intensiva Adulto do Hospital das Clínicas de Marília (HC FAMEMA).



Humanizar significa acolher, orientar, apoiar e estimular familiares que visitam pacientes na Unidade de Terapia Intensiva (UTI).

O que é UTI



A UTI é uma estrutura física e complexa do ambiente hospitalar.




O que é UTI

É uma unidade hospitalar que possui recursos como equipamentos e equipe especializada para o tratamento intensivo de pacientes em estado crítico e com necessidade de controle rigoroso dos parâmetros vitais.



Equipe Multiprofissional


A equipe multiprofissional de saúde da UTI é composta por: médico, enfermeiro, técnico de enfermagem, fisioterapeuta, psicólogo, dentista, assistente social, fonoaudiólogo, entre outros.




O paciente na UTI

O paciente pode estar utilizando os seguintes aparelhos e/ou equipamentos:

- 1- Monitor
- 2- Punção venosa
- 3- Suporte de soro
- 4- Ventilação mecânica



Como o paciente pode estar...



Não se assuste com a quantidade de equipamentos, pois auxiliam na assistência ao paciente!

Visita familiar na UTI


O tempo de visita presencial é de 30 minutos de permanência dentro da UTI ao lado do paciente internado.

- Nesse momento é normal surgirem dúvidas, inseguranças, estresse e ansiedade.

A equipe profissional estará sempre acolhendo de forma a minimizar dúvidas e esses sentimentos.

Não tenha vergonha e nem se intimide em perguntar. A equipe se coloca a disposição para compartilhar com você a evolução do paciente!


Busque as emoções e pensamentos positivos sobre a recuperação do paciente.



Sinta-se a vontade em solicitar um auxílio religioso.


Recomendações para visitas na UTI

Na UTI Geral a visita é **PRESENCIAL**:



- * A visita acontece duas vezes ao dia, das 13h30 às 14h (máximo dois visitantes) e das 20h30 às 21h (máximo dois visitantes);
- * Utilizar avental e luva de procedimento fornecidos pela equipe quando a visita se destina a pacientes com precaução de contato;
- * O médico intensivista fornecerá as informações sobre o estado do paciente e a equipe de enfermagem fará esclarecimentos se necessário ao familiar visitante;
- * Ao entrar na UTI desligue o celular;

* A lavagem das mãos deve ser realizada antes e após a visita pois é um ato de amor que previne infecção:



* Não é permitido tirar fotos do ambiente, dos profissionais e dos pacientes:

* Não colocar objetos pessoais e não sentar no leito do paciente:

* Não manipular e nem acionar teclas e botões dos equipamentos hospitalares:

* Não é permitido visitar outros pacientes:

* Informações sobre o estado do paciente não são fornecidas por telefone:

* Não se recomenda visitas de familiares menores de 14 anos, porém existem exceções após avaliação do enfermeiro e o psicólogo:


* É expressamente proibido oferecer alimentos e/ou bebidas ao paciente:

* Chame a equipe de enfermagem em caso de dúvidas, necessidade de manipular o paciente ou se observar anormalidades.

O que devo dizer ao meu familiar?
Posso tocá-lo?

Sim, você pode tocá-lo e conversar, mas lembre-se que se o paciente estiver sob efeito de sedativos poderá não responder. Se ele estiver entubado não conseguirá emitir sons.

Mesmo sedado o paciente mantém a sua capacidade auditiva, você deve conversar com ele!



Na UTI COVID a visita é **VIRTUAL**:

* Via telefone celular ou tablet por realização de videochamada.

- * É permitida a gravação de áudios, vídeos ou mensagens dos familiares aos pacientes, fale com a equipe.

* Qualquer dúvida entrar em contato pelo número (14) 3434-2525 do Hospital das Clínicas de Marília - SP

O QUE POSSO TRAZER DE CASA?

Produtos de higiene pessoal e de conforto:

- * escova de dente
- * creme dental
- * shampoo
- * condicionador
- * hidratante corporal
- * aparelho de barbear descartável
- * sabonete
- * desodorante



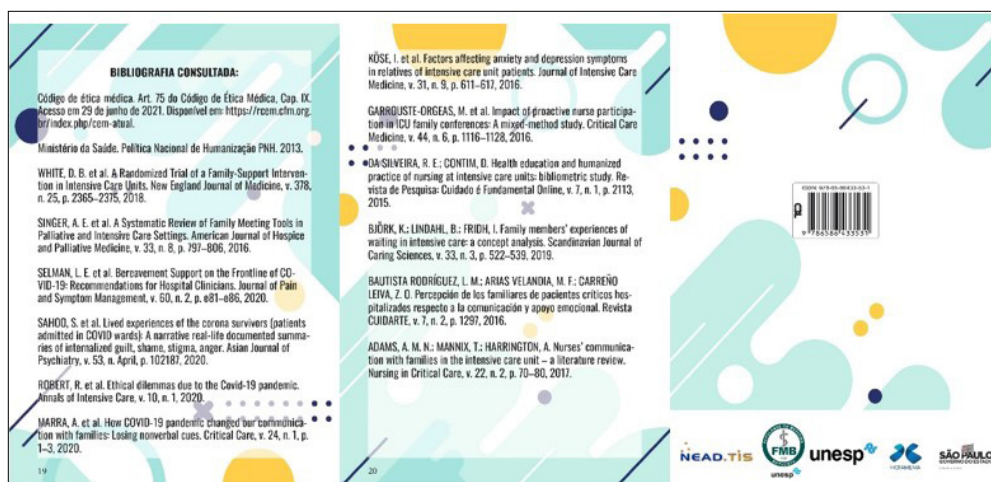
É necessário e importante que se mantenha uma frequência diária de visitas para a manutenção do vínculo afetivo com o paciente e a continuidade da comunicação entre a equipe de UTI e os familiares.

Humanizar é preciso...



acolher é um ato de amor!::





DISCUSSION

The literature cited has shown that methodological studies are appropriate designs for the production of educational material in health, in addition to the importance of content validation by specialists in the areas involved.

In relation to the educational technologies developed, in addition to validation by specialists in the health field, it is extremely important that the target audience for which the material or technology is intended can also validate it.

To achieve this, the project must have an adequate schedule, which is often possible in doctoral thesis work. The two years allocated for the development of a master's degree study does not allow for all the necessary steps to be completed.

The potential of the assistive technologies produced, such as this manual for family members visiting patients in the ICU, can be demonstrated not only by the possibility of its future validation by intensive care nurses, but also by its application in other institutions that offer intensive care.

The validation of the content by family members can also be carried out in the future in projects with a methodological design, which would

reinforce the importance of the care process in an intensive care environment, focused on the care of patients and their families.

This appreciation of the caregiving process may contribute scientific evidence that can assist in planning interventions to support family members and reduce anxiety and uncertainty about the treatment of their loved ones.

Thus, they contribute to the development of care technologies that are connected to nursing care, since nursing is based on principles, laws, and theories, and technological innovations can improve practice.²⁵

Technological advances have contributed to facilitating daily actions, as well as changes in the field of nursing, where technologies can be used in different contexts.

Technologies can be: soft, through the establishment of relationships to implement care, through bonding, management, and welcoming; soft-hard, where knowledge is constructed through theories and models of care; and hard, with the use of standards and technological equipment.

During care, nurses use light-hard technologies through educational materials, achieving important results with these actions. Thus, nursing stands out in the application of tech-

nologies, through the opportunity to implement them, contributing to the growth of the profession and benefiting the relationship between professional and patient.²⁶

CONCLUSION

A manual was developed for use by family members and visitors of patients admitted to the adult ICU of a public teaching hospital, in electronic format, based on scientific evidence identified in an integrative review, with informative content on: definition of ICU; importance of family reception by the health team; how the patient's condition may be; information and guidance on routines, visiting hours, prohibitions, how family members can communicate with the patient; recommendations and prohibitions during visits. The applicability of the manual enables humanized reception of visitors; provides conditions for face-to-face and virtual guidance by the healthcare team; contributes to the training of the healthcare team; and contributes to the potential for replicability for use in other institutions.

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