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RESEARCH

Cuidado de enfermagem em unidade de internação cirúrgica: percepção dos pacientes

Nursing care in surgical inpatient unit: perception of patients

Cuidados de enfermería en unidad de internación quirúrgica: percepción de los pacientes

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ABSTRACT

Objective: to understand the meaning of nursing care in a surgical inpatient unit in the perceptions of patients. **Method:** it was a descriptive, exploratory and qualitative study conducted in the months of August to October 2010 with seven surgical patients of a medium-sized hospital in the central region of Rio Grande do Sul, Brazil. Data were collected through semi-structured interview and were subjected to content analysis of Bardin. **Results:** two categories emerged: Perception of nursing care in the surgical inpatient unit; and Feelings experienced in the surgical ward. **Conclusion:** surgical patients have different care needs, being critical to have sensitivity to be able to realize what each patient needs. Therefore, nurses need to rethink their daily practice, so that care is not only provided in a technical and unreflective way. **Descriptors:** Perioperative nursing, Nursing care, Patient-centered care, Nurse-patient relationship.

RESUMO

Objetivo: compreender o significado do cuidado de enfermagem em uma unidade de internação cirúrgica na percepção dos pacientes. **Método:** trata-se de uma pesquisa descritiva, exploratória, de abordagem qualitativa, realizada entre os meses de agosto a outubro de 2010 com sete pacientes cirúrgicos de um hospital de médio porte da região Central do Rio Grande do Sul, Brasil. Os dados foram coletados por meio de entrevista semiestruturada e foram submetidos à análise de conteúdo de Bardin. **Resultados:** emergiram duas categorias: Percepção do cuidado de enfermagem na unidade de internação cirúrgica e Sentimentos vivenciados na internação cirúrgica. **Conclusão:** os pacientes cirúrgicos apresentam diferentes necessidades de cuidados, sendo fundamental ter sensibilidade para poder perceber o que cada um necessita. Logo, os enfermeiros precisam repensar diariamente a sua prática, para que o cuidado não seja prestado apenas de forma técnica e irreflexiva. **Descritores:** Enfermagem perioperatória, Cuidados de enfermagem, Assistência centrada no paciente, Relações enfermeiro-paciente.

RESUMEN

Objetivo: comprender el significado del cuidado de enfermería en una unidad de hospitalización quirúrgica en la percepción de los pacientes. **Método:** se realizó un estudio cualitativo, descriptivo y exploratorio realizado entre los meses de agosto a octubre de 2010, con siete pacientes quirúrgicos de un hospital de tamaño medio en la región central de Rio Grande do Sul, Brasil. Los datos fueron recolectados a través de entrevistas semi-estructuradas y se sometieron a análisis de contenido de Bardin. **Resultados:** emergieron dos categorías: Percepción de la atención de enfermería en la unidad de hospitalización quirúrgica; y sentimientos experimentados en la hospitalización quirúrgica. **Conclusión:** los pacientes quirúrgicos tienen diferentes necesidades de atención, siendo fundamental contar con la sensibilidad para ser capaz de darse cuenta de lo que cada paciente necesita. Por lo tanto, las enfermeras necesitan repensar su práctica diaria, para que la atención no solo se proporcione de manera técnica e irreflexiva. **Descriptor:** Enfermería perioperatoria, Atención de enfermería, Atención dirigida al paciente, Relaciones enfermero-paciente.

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INTRODUCTION

Patients who need surgery and are waiting for surgery are in the perioperative period, involving the preoperative, mediate and immediate, perioperative, anesthetic recovery and post-operative phase.¹ During this period, the process of nursing care is essential and it should be covered with knowledge, sensitivity, intuition values and moral principles.² Thus, the nursing care should be provided according to the needs of patients and should not be done mechanically and without a continuous reflection of what is being done.

It is noteworthy that the patient hospitalized in surgical unit experiences the disclosure of diagnosis, surgery, among many other experiences. These experiences generate changes in their daily lives and their family, being vulnerable to the physiological and emotional stress. This stress often depends on the complexity of the surgical procedure, may be implicated misinformation about the surgery, anesthesia and about the care to be performed. In this context, the nursing staff must understand that time and provide a care from the needs presented, valuing subjectivity, intuition, and sensitivity.

It is seen that the act of communicating with the surgical patient does not begin and end in the word and this word is not everything in communication.³ Verbal and nonverbal communication must be considered, since the body language is expressed in gestures, expressions, and emotions, even in silence and look. The care process can be characterized as a way of being, expressing and being with each other. This care takes place between human beings through relationships and interactions involving responsibility and self-commitment and with each other through inter-subjectivity.⁴

Caring is revealed as an intentional action because the caregiver intends to provide the care that the body needs. However, the caregiver needs to create bonds with the patient which will only be established at the time of the meeting. If the meeting does not happen, there will be no care at all, only the execution of technical procedures.⁵ Thus, it is evident nursing care not only as related to the treatment of the disease but as a rescue to their personal integrity while maintaining their identity as a social subject. Soon, it is realized that the technicalities care are important for the restoration, rehabilitation and healing, but also the sensitivity is critical, enabling the meeting of human beings.⁶

The nursing care topic has been widely discussed in health care. However, because it is a complex issue, involving different perceptions and meanings, it is fundamental to (re) think it, especially care to patients in the surgical inpatient unit, justifying the realization of this study. In addition, care is considered the practice of nursing and intermediate of humanizing actions.² Therefore, it is considered relevant research about nursing care from

the patient's perception, which is unique and requires a different and humane care by the interdisciplinary team, especially nurses.

The humanized care will lead the thinking and actions of the nurse, enabling to reflect on care and build a "more human" reality, according to the unique needs considering being in their subjectivity and respecting their autonomy. Thus, the question is: What is the perception of the patient about the nursing care when hospitalized in a surgical unit? In an attempt to answer the question and in anticipation of possible humanized and committed looks to nursing care to patients in surgical units, the aim of this study was to understand the meaning of nursing care in a surgical inpatient unit in the perception of patients.

METHOD

It is a descriptive, exploratory study with a qualitative approach. This type of study aims to provide an overview of a given situation and can be considered as the first step of a broader research, since, after its results, strategic action plans can be organized and thus the research can contribute to changing the investigated reality.⁷

The study was conducted during the months from August to October 2010 in a surgical inpatient unit of a medium sized hospital in the central region of Rio Grande do Sul, Brazil. Study participants who underwent surgical procedures that were in physical and/or mental conditions answered the interview. Patients who underwent invasive surgery that hindered responding to the data collection instrument were excluded from this study. Only seven people met the inclusion criteria.

Data collection occurred from the third day of surgical hospitalization of the research subjects, through semi-structured interviews, open and individual without delimitation of time, recorded in audio, in addition to records in a diary of not a verbal expression of the subjects. Subjects began their reports and only when needed, they were asked about some experience in order to obtain a better understanding. The interviews with an average duration of eight minutes were held in a room that allowed the subject of privacy, and transcribed immediately, to understand the speeches and gestures.

Data were analyzed based on content analysis technique of Bardin.⁸ It consists in discovering the units of the meaning of a communication, whose presence or frequency add significant perspectives to the subject matter. The idea of the topic is associated with a statement about a specific theme and may be submitted in a word, phrase or idea.⁸

In this way, the implementation of the review process follows the three steps of the method. In the first stage, called pre-analysis, it was sought to do a thorough data reading, followed by the organization of the material and formulation of hypotheses. As a result, the material exploration was conducted, that is, it was sought to encode the raw data. In the

third and final step, data were interpreted and delimited in themes, according to the assigned meanings.⁸

The ethical and legal principles involving research with human beings were considered, as Resolution 466/2012 of the Ministry of Health.⁹ The anonymity of the interviewees was kept and they were identified by the letter “P” for the patient, followed by a numeric digit as interview order (P1, P2 ... P7). The research project was approved by the Ethics Committee in Research of the University Center Franciscano - UNIFRA under number 146/2010/2.

RESULTS AND DISCUSSION

Analysis and interpretation of data resulted in two categories: Nursing care perception on surgical inpatient unit and Feelings experienced in the surgical unit.

Nursing care perception in the surgical inpatient unit

The technical aspects of care, such as blood pressure measurement, verification of axillary temperature, administration of medications for analgesia, accompanied by an organized and hygienic environment were relevant in the interviews as being “well cared”:

The service is good here, they are all the time measuring the pressure, fever, checking how you are [...] everything is organized [...] they (referring to the nursing professionals) look at the serum, see how it is. (P4)

All the time they are asking if I am in pain, give me pain medication, then I got better. (P6)

In addition to the technical procedures that are part of nursing care in surgical inpatient unit, the study subjects mentioned as a care synonym, the understanding, care, and mood. Following the reports:

Here I am being well assisted, [...] People are understanding [...] and attentive [...] they are taking care of me well here. (P3)

I found no one to make a face at me. All are good people, wonderful, who are fighting for people's health, it is very important. (P5)

According to the reports, the human/expressive care is essential for nursing care. This care is characterized by affection to caring, empathy, involvement with each other.

Feelings experienced in the surgical unit

Patients experienced surgical hospitalization in their uniqueness. Some of them have difficulties for the acceptance of surgical needs, others eagerly awaiting the surgical procedure, since they were already waiting to be called to the procedure some time ago. For some of them, it was distressing, to others it was seen as a new experience. Thus, feelings experienced by patients are different and they should be considered as influential in the health/disease process.

Experience this first surgery, to me, was hard at first, I got a little scared (facial expression showing voltage). (P3)

We are nervous, that something will come out of the house of the people, do surgery [...] I came nervous, my blood pressure went up a little bit. (P5)

[...] I was very afraid of this surgery, I was pretty nervous, cold sweating. (P7)

It was observed that the fear was a feeling in common verbalized among patients, each one experienced in their uniqueness and conception: the fear of hospitalization, of the disease, of the anesthesia, the surgery, among others. Regarding the surgical procedure, the fear was greater in those patients who had not experienced this process. Other feelings were also evident, such as anxiety, worry, as well as of faith and hope. In the speech of a patient, there is the duality of feelings manifested on the surgical hospitalization:

I was nervous the first time, but I had to do it, it's for my own good. I was nervous, I had never been hospitalized to surgery (trembling voice, moving the hand) [...] I am recovering, I'll be good, God willing. (P1)

In the speech of another patient, it is evident that the feelings and expectations regarding the health care often are experienced even before the surgery, causing concerns:

Using all this trouble we are having, a lot of people have trouble (moving hands by being anxious) to get here, I had a good past, to get here. (P2)

Hospitalization is shown as a stressful situation for some patients, because of the daily change. This stress is compounded when involving the needs for surgery because the patient needs to come out of their common room and into the fact hospital that affects their habits, customs, and away from the family life, their friends and work routine by a period of time.

Nursing care is characterized as technical and human/expressive, which seeks to meet the biophysical and psychosocial needs of patients. However, in order to promote quality care, technical and human/expressive skills need to happen together, subsidized by the interpersonal relationship between nurse/caregiver and the patient/being cared.¹⁰

The patients reported the technical care experienced in hospitalization process, such as measurement of blood pressure, axillary temperature, and medication administrations. However, they also recognize the understanding, care and empathy as care expressions. The humanized act, creating ties and empathy are some strategies to provide quality care as

possible care for each other from the needs expressed by the other and the health team reality.

Thus, the health team needs to develop strategies to effect humanized care and clinical excellence, as well as minimize possible difficulties and sufferings experienced by patients in the hospitalization process. However, the technical care is often overvalued by the health team, a fact that is due to the influence of the biomedical model that views the body only as a set of organs that can be sicken, prevailing an isolated assistance with a view solely to the treatment of body affected.¹¹

Historically, the concept of nursing care is restricted to an action centered on a task¹² and the interpersonal relationship between nurse and patient, sometimes not being considered as a meeting of human beings. The patient becomes dependent on nursing and care is predetermined, disregarding their needs.¹³ Currently, it is still possible to observe that sometimes the nursing care is mechanically, without critical reflection of what to do.

In this situation, the body acquires the habit, which is an act that can be unreflective and confirms the body fragmented view, assuming the role of a passive patient for care, highlighting the difficulty of recognizing and treating as human being. The habit is acquired at the time the body understands and perceives a motor significance. However, the human being has the possibility to recreate this habit, made in the past as a new attitude in the future.⁵

In this perspective, the fragmented thinking directed only for organizational matters, has been changing. A nuanced and comprehensive vision of the health/disease process is sought, and this is also seen in the interviews as a need to care. It is the nurse who co-participate in human care transactions, enabling the patient to progress to higher levels of consciousness, to find meaning and harmony in existence, through the use of their mind.¹⁴ Thus, this professional should encourage the patient to participate in their care process, being co-responsible for their treatment.

Health professionals who care for patients in the perioperative period are facing various reports of how the experience lived during this period can be stressful and cause anxiety to patients and their families, because they are exposed to many different feelings and emotions.¹⁵ The patients of this study indicate that there are various feelings experienced during hospitalization, such as the difficulty of accepting the need of surgery, fear, anguish and anxiety related to the surgical procedure.

The guarantee of success in nursing care can be attributed to the way in which the physical, emotional, social and spiritual needs of the patient are met.¹⁶ Thus, the work of nurses in the preoperative period shall comprise the planning of nursing care, which concerns not only the physical needs but also the emotional ones, in addition to surgery orientation and physical preparation for surgical intervention. In addition, attentive and sensitive listening connected to the effective and efficient communication is essential for nurses, since there, they will realize/understand the difficulties, needs and potential of the patient and his family.¹⁷

The human face to face communication, interpersonal, involves verbal and nonverbal communication. The body is an expressive space, it is communication, which is manifested through gestures, silence or words.⁵ Thus, the nurse needs to develop sensitivity to different

forms of communication. Therefore, it is essential that the nurses work in an interdisciplinary way so that the patient is treated in his dimensions: physical, psychological, social and spiritual.

In this context, it is necessary the hospital discharge planning and a possible hosting in health units near the residence of the patient being released from the hospital, for example, the Family Health Strategy. Thus, the work in the health system favoring comprehensive and humanized care.

CONCLUSION

This study is considered satisfactory since it was possible to understand the meaning of nursing care in a surgical inpatient unit in the perception of patients. However, this study shows the limitations of a qualitative research, which generalizations are not intended.

It is noticed that there are different needs care for a surgical patient, so it is critical to have sensitivity to be able to understand what each patient needs. In addition, it is emphasized that surgical patients demonstrated the need of the nursing staff as “being present”, enabling the listening and dialogue.

When viewing caregivers, the need for the provision of care was highlighted, regardless of who provides it, but being humanized. Reflection on how to provide quality care to surgical patients involves not think care only within the hospital. It is necessary to expand that vision, that is, think of the comprehensive care both in single issues of patients and in services that might serve them. Thus, the challenge is to articulate the care system, being a health service complement each other, and the patient care needs will be met.

In this, understanding the complexity involved in the care process for human beings in their singularity, suggests further research that meet to identify people´s perceptions about nursing care in different settings where they are, and the development of possible strategies and strengthening the performance of health care services in the system, enabling nursing care improvements to people regardless of their health status.

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