

Internation and Stay in the Intensive Care Unit from the Perceptions of Adult Patients

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Abstract— Practices in intensive care units (ICUs) are constantly developing in Brazil, knowing the repercussions of an inpatient process is essential for humanized care. This work aims to investigate the perceptions of adult patients regarding their hospitalization and stay in the Intensive Care Unit. This is a descriptive study with a qualitative approach containing a population composed of 20 adult patients aged 18 years or older, hospitalized for at least 24 hours, assisted by physiotherapy while being lucid and oriented. A questionnaire consisting of a closed question referring to sociodemographic data and another open question related to the patient's perception regarding his hospitalization and stay in the ICU was used. The data were analyzed using descriptive statistics, using the Statistical Package for Social Sciences (SPSS) software, version 22.0 for Windows. Most patients were female, with a mean age above 53 years, with a predominance of respiratory and cardiovascular diseases. It was found that the patients demonstrated a positive perception in relation to the ICU stay, mainly regarding the care provided by the team, however there are still gaps regarding the functioning of the environment.

Keywords— Intensive Care Unit, perceptions, patients, hospitalizations.

I. INTRODUCTION

Practices in intensive care units (ICUs) are one of the areas of greatest scientific and technological growth in Brazil in recent years (MONDADORI *et al.*, 2016). Such advances in multidisciplinary interaction have been directly related to the growth in survival of critically ill patients (FRANÇA *et al.* 2012). However, because ICUs are places for intensive care for patients with severe conditions, they are still one of the most aggressive and traumatic hospital environments (LOPES & BRITO, 2009).

Fear, anguish, pain, suffering, insecurity and stress are some of the feelings triggered in the ICU experience (BACKES *et al.*, 2015; PROENÇA & AGNOLO, 2011). The difficulty in preserving patients' privacy, the distance

from family life, the presence of physical stresses such as constant noise and light, the cold environment, are among determining factors (SANTUZZI, 2013; TOMÁS, 2018). On the other hand, there is already recognition on the part of patients regarding the assistance provided in intensive care units, which stand out for the continuous, comprehensive care and the humanized care provided by the team (PROENÇA & AGNOLO, 2011).

Currently, discussions about Integrality and Humanization in health care practices have been growing (SALMÓRIA & CAMARGO, 2008). Patients submitted to ICU care need, in addition to pathophysiological care, more attention to the psychosocial factor closely related to physical disease (LOPES & BRITO, 2009). Thus, the perception of patients who had an experience in the ICU is an important parameter for a reliable assessment of how

intensive healthcare practices have been manifested, from the users' point of view.

In this context, considering the countless repercussions of hospitalization in intensive care units and the need for advances for effective humanized health care, the purpose of this article is to investigate the perceptions of adult patients regarding their hospitalization and stay in the Therapy Unit Intensive, in order to awaken further discussions on the theme and thus contribute so that improvements can be implemented in the exercise of care, of the hospital services offered and thus minimize or even avoid possible trauma of an inpatient process.

II. METHODS

This research is part of a larger project entitled: "Physiotherapeutic Care and Humanization in Intensive Care Units in a Public Hospital", which was approved by the Ethics and Research Committee of the State University of Southwest Bahia (UESB), according to opinion 3.050.221, on November 30, 2018 by the Ethics and Research Committee of the State University of Southwest Bahia (UESB).

This is a descriptive study, with a qualitative approach, developed in Intensive Care Units (ICUs) 1, 2 and 3 at Hospital Geral Prado Valadares (HGPV), in the municipality of Jequié, in Bahia, from January to October 2019. Such health institution has numerous services, including intensive care units, which serve, in addition to the local population, about 26 neighboring municipalities.

Twenty adult patients participated in this research, hospitalized for at least 24 hours, aged 18 years or over, of both sexes, who had already undergone at least three physical therapy sessions, with preserved oral and / or written verbalization capacity and be lucid and oriented what was assessed using the Glasgow coma scale version updated in 2018 .

All subjects signed the Free and Informed Consent Term (ICF), were assured that their data and information would remain confidential and confidential, not allowing their identification, as well as having the right to interrupt their participation in any stage of the research. Patients with reduced level of consciousness and impaired understanding were excluded.

A questionnaire consisting of a closed question on sociodemographic data and an open question related to the patient's perception of his hospitalization and stay in the ICU was used for collection.

The questionnaire was applied through an interview with the patient's bed in the intensive care units, without

the presence of any other health professional, in order to provide greater safety and comfort, thus preserving the confidentiality of responses and avoiding constraints or obligations.

The collected data were cataloged and the following categories were established: I) sociodemographic data; II) the patient's perception regarding his hospitalization and stay in the ICU.

About the sociodemographic data, questions were asked about name, age, sex, marital status, education, hospitalization diagnosis, length of stay and physiotherapy sessions. As for the patient's perception, it was argued about how it was going to be to experience hospitalization and stay in the sector.

The analysis of the first category was performed using descriptive statistics and presented as a form of absolute and percentage numbers, using the Statistical Package for Social Sciencespor (SPSS) software, version 22.0 for Windows and the second category was analyzed through descriptive analysis.

III. RESULTS AND DISCUSSION

The results are presented in 2 (two) categories: 3.1 sociodemographic data; 3.2 the patient's perception regarding his hospitalization and stay in the Intensive Care Unit (ICU).

3.1 Sociodemographic data

The research consisted of 20 adult patients, who were hospitalized in the ICU sector for at least 24 hours and who had already undergone at least three physiotherapy sessions. Table 1 describes the main characteristics of the patients being considered: age, sex, marital status, education, hospitalization diagnosis, length of hospital stay and physiotherapy sessions.

Table 1 – Characteristics of patients admitted to the intensive care unit. Jequié/BA, 2019.

Variables	% answer	N	%
Gender	100		
Female		11	55%
Male		9	45%
Age	100		
18 a 32 years		2	10%
33 a 42 years		0	0%
43 a 52 years		2	10%
53 a 62 years		6	30%
63 a 72 years		8	40%
73 a 83 years		2	10%
Marital status			
Single		8	40%
Married		9	45%
Widowed		3	15%
School	100		
Incomplete primary		15	75%
Complete high school		3	15%
Illiterate		2	10%
Diagnosis of Intensive Care Unit admission	100		
Systemic lupus		1	5%
Arm Fracture		1	5%
Aneurysm		3	15%
Chronic obstructive pulmonar disease		4	20%
Pneumonia / Pleural effusion		1	5%
Exploratory Laparotomy		1	5%
Neoplasm		2	10%
Hepigastric hernioplasty		1	5%
Polytrauma		1	5%
Cardiopathy		5	25%
Intensive Care Unit length of stay	100		
3 a 6 days		10	50%
7 a 10 days		6	30%
11 a 13 days		3	15%
30 days		1	5%

Physiotherapy sessions	100		
3 a 5		8	40%
6 a 9		5	25%
Over 10 sessions		7	35%

% = percentage, n = number of participants. Source: Research data.

As shown in Table 1, most patients were female (55%), which corroborates the data presented in another study (FAQUINELLO & DIÓZ, 2007), although part of the scientific literature points to a male predominance in intensive care units (MONDADORI *et al.*, 2016; LOPES & BRITO, 2009; TOMÁS, 2018). Of these, 45% were married, and 40% were single. As for education, most patients had attended incomplete elementary school, which corresponded to 75% of the surveyed population.

Among the interviewees, 80% (16) were aged over 53 years, which reveals an increasing presence of elderly patients hospitalized in ICUs, a reality evidenced in other studies (LOPES & BRITO, 2009), which is attributed both to the aging of the population and to the advancement in the control of chronic-degenerative diseases (MONTEIRO *et al.*, 2017).

Brazilian researchers show in their study that 60% of consumption and expenses in UTIS are used by elderly people between 50 and 75 years old (RODRIGUEZ, 2016), and that by 2050 these results may intensify proportionally to the elderly population (VIANA & WHITAKER, 2011).

As for the main reasons for hospitalizations, respiratory disorders stood out, which corresponded to 25% of the cases and cardiovascular 25%. Regarding the prevalent causes of acceptance in the ICU, the data of this research are similar to other findings, in which the complications of the respiratory, cardiovascular system and surgical situations were among the main reasons with 28.6%, 15.6% and 27.5% respectively (GUIA *et al.*, 2015).

Regarding the length of stay in the ICU, 50% of the interviewed patients had already completed about 3 to 6 days of hospitalization. Checking these data with that of the literature, it is ensured that the majority of patients remained hospitalized for a period of time equal to or less than 6 days (TURGEON *et al.*, 2011).

In addition, about 40% of patients had already undergone at least 3 to 5 physiotherapy sessions. Considering its importance in this environment, studies indicate that patients undergoing early motor physiotherapy show improved functionality, such as bed rest and early walking, consequently reducing the length of

hospital stay (PINHEIRO & CHRISTOFOLETTI, 2012). In view of this, it is also important to know the patients' perceptions about the ICU admission process.

3.2 Perception of the patient regarding his hospitalization and stay in the ICU

To present the results of this category, the patients who participated in this research are nominated by numbers from 1 to 20 (ex: p1), thus equaling the number of selected subjects. Thus, when asked about their hospitalizations and stays in the Intensive Care Unit (ICU), some patients reported:

"[It's being a jewel, nothing to complain about, just the food that takes time to arrive]" (p1)

"[She reports being well treated, but hungry]" (p2)

"[Good service, food takes a long time to arrive and there is little]" (P3)

"[Well cared for, well treated, but food is lacking.]" (P7)

As noted, questions about food were emphasized, which suggests a possible relationship with the fact that these patients are idle in a bed and this generates anxiety or even the feeling that time is passing slowly and as soon as the food is slow to arrive, or even because it has to adapt to a more regulated and balanced diet. However, no other studies that could confirm or refute such findings were found in the literature.

Despite this, considering the importance of food, a study shows that the number of malnourished patients tends to increase according to the length of hospital stay, despite the existence of physical and psychological particularities, as well as other factors inherent to this process (RIBEIRO, 2010). It is valid to rethink about the nutrition dynamics of these patients and their repercussions in the recovery process, since adequate nutrition is an essential part of improving health. Furthermore, the fact of being fasted due to a procedure that sometimes cannot be performed on the day, was one of the factors that caused discomfort to patients, as reported.

"[It was okay, it bothers me not to eat because of surgery and the procedure is not performed on the day]" (P16)

One of the positive factors analyzed is that many of the patients reported feeling well treated during hospitalization, which is consistent with the findings of another study, which showed positive perceptions such as the feeling of well-being, satisfaction and confidence regarding the treatment to which they were treated. was submitted to and taken care of by professionals MOREIRA & CASTRO, 2006).

"[Even if I am healed, I would like to stay here.]" (P9)

"[Okay.]" (P10)

"[The treatment was great, he liked everything.]" (P11)

"[Everyone treats it well here, just the tiredness of the back that bothers them.]" (P12)

"[So far, there is nothing to complain about.]" (P14)

"[Well, no, it's not, everything is fine about the appointments, but it's a place that nobody would like to be.

No complaints other than that, I am being treated well.]
"(P15)

Even though the ICU characterizes an environment that causes feelings of fear, insecurity, as shown by some studies (PROENÇA & AGNOLO, 2011; ABRÃO *et al.*, 2014), the results presented in this research demonstrate that many of the patients reported that they were well cared for and supported in this place, especially with regard to the care provided by the team, as reported:

"[Normal, good, everyone treats them with respect.]"
(P18)

"[Everything here is good, it's great to be in the hospital, they treat me well, talk to me, give me attention, it's in the hospital, it's too good.]" (P19)

Corroborating the scenario found, another study carried out with patients in the intensive care unit, points out the humanized care of the team as one of the main factors for the positive perception that patients had of the work performed in the ICUs, which referred that the service had a differentiated character when compared to other hospital sectors (PROENÇA & AGNOLO, 2011).

The feeling of isolation and loneliness that is often faced during hospitalization, ends up generating more suffering for patients, since they lose contact with their living environment and consequently feel helpless (CASTRO & ROSERO, 2015; GOMES & CARVALHO, 2018).

Therefore, the relationships established between patients and health professionals, based on trust, respect and empathy, seem to constitute an important link of

adaptation and a means of encouraging a lighter coexistence in an hospitalization process, which contribute positively to the good-being like this. Thus, humanized care, the bond created with the patient and the assistance provided is essential in such work (PROENÇA & AGNOLO, 2011).

On the other hand, as shown in other studies (GOMES & CARVALHO, 2018; STUMM *et al.*, 2008; CARRARA *et al.*, 2015), some negative factors experienced within the Intensive Care Unit were mentioned. Among them, there is the issue of noise from devices and even communication between the team that appear as one of the main stressors in these environments, which can affect psychologically and physiologically both patients and professionals (MOREIRA & CASTRO, 2006; CARRARA *et al.*, 2015; BITENCOURT *et al.*, 2007; PEREIRA *et al.*, 2003).

"[It's been a good experience, despite talking about the noise, I think it's quiet, the noise of the alarms that bothered me at the beginning because of the headache.]"
(P17)

It was demonstrated in a study carried out between 2010 and 2011 in a teaching hospital, the report of patients who felt restless and who were unable to sleep because of the noise and the light on (STUMM *et al.*, 2008). In addition to these factors, there are reports about the lack of privacy and inactivity as stressors (PROENÇA & AGNOLO, 2011). Among the findings of this study, the climatic issue of the environment was also addressed.

"[It is good, there is no need to improve anything ... It is only very cold.]" (P13)

Another desire mentioned by the patients was in relation to the desire to return to their homes and the need to have the presence of family members in their lives. I wish this, highlighted in other studies (STUMM *et al.*, 2008; CARRARA *et al.*, 2015). The presence of family members in the hospitalization process provides support and security for patients (SEVERO & GIRAR-PERLINI, 2005). In addition, studies also ensure that the family is part of the healing process. Therefore, this care also reaches family members, who feel fragile and suffered by the situation experienced, however, it is sometimes seen as an obstacle to the routine assistance of ICUs (PASSOS *et al.*, 2015; MADAM *et al.*, 2012).

"[Okay, I have nothing to complain about, but I want to go home]" (P4)

"[Hospital is good for looking for resources, but not for address. Crazy to go to the room to receive a visit from his wife.]" (P8)

The repercussions of an internment affect not only the patient, but also family members who are faced with situations of impotence in the face of the problem, so much so, that this perspective has already been discussed by other studies (TOMÁS, 2018; MONTEIRO *et al.*,2017; REIS *et al.*,2016).

In addition, despite the difficulties faced during hospitalization, there was recognition on the part of patients about the benefits acquired after admission to the intensive care unit, which revealed an improvement in health and recognized the need to be in this environment.

“[I was intubated, I arrived unconscious, I have little time, but they treat me well, I am well cared for and the way I arrived I am much better.]” (P20)

“[Waiting for the condition of the body, waiting for the conditions to improve, they always treat me well and with respect, I have nothing to complain about.]” (P6)

The Proença e Agnolo 2011 study, also reveals this perspective, in which patients highlight the team's continued, comprehensive and humanized care. Another aspect observed refers to the fact that, while there is a view that the ICU is related to serious illnesses and death, patients recognize the environment as a place that sends hope for their recovery, since they have resources and qualified professionals to revert situations considered serious (SEVERO & GIRAR-PERLINI, 2005). Associated with this scenario, the desire to change habits is already manifested after the experience, as stated by one interviewee.

“[A moment in the life of irresponsibility, and despite the heart attack, my head changed that I had to relive to change my habits.]” (P5)

This awakening is extremely important, considering that maintaining health and improving quality of life depends to a large extent on patients. Such awareness is essential if lifestyle changes are to be adopted.

The experiences in this hospital suggest that the service provided has a qualified assistance, but they also have some gaps, given the complexity of the environment of the Intensive Care Units. However, it is possible to observe that patients feel well supported and assisted in terms of their needs, which is extremely important considering the growing reflection on humanized health care, highlighted in some studies (MONDADORI *et al.*,2016; LOPES & BRITO, 2009; SANCHES *et al.*,2016).

The National Humanization Policy (PNH), launched in 1994 in the Unified Health System (SUS), is one of the strategies of the Ministry of Health so that the

principles of SUS and its changes in health care and management are ensured (SILVA & SILVEIRA, 2011).

Among the possible limitations of this study, the fact that the interviews were conducted within the intensive care units, may have led to the probability of omitting information, either due to embarrassment or even inhibition, since these patients were still under treatment.

However, the present study brings significant contributions in terms of giving voice to those who have been and are going through the hospitalization process and thus experienced the difficulties and challenges faced by patients in their entirety.

Understanding the hospitalization process from the perspective of patients will provide subsidies for a more humanized environment and care, which encompasses all professionals who are inserted in these units. In addition, the physical therapists that play an important role in the recovery and reintegration of these patients in society stand out in this study, since the main objective of treatment aims at the individual's functionality.

IV. CONCLUSION

In view of the results presented, there was a positive perception of hospitalization in the three intensive care units addressed, mainly to the care provided by the team. However, there are still gaps related to some characteristics inherent to the environment, such as cold, noise, regulated food, the distance from family members and home.

In this sense, it is necessary that more studies be carried out in the context of care in Intensive Care Units and their repercussions, with larger populations and in different regions of the country, since their results will contribute to the development of programs and measures of coping, considering the individuality and need of each patient and thus promoting the improvement of the quality of care in these places.

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