

Humanization of physical therapy in an Intensive Care Unit for adults: a cross-sectional study

Humanização da fisioterapia em Unidade de Terapia Intensiva Adulto: estudo transversal

Humanización de la fisioterapia en la unidad de cuidados intensivos adulta: estudio transversal

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ABSTRACT | To promote quality of life to intensive care unit (ICU) patients, treatments need and must be humanized, in that we are committed to preventing, caring, protecting, and recovering; that is, to promote health. Physical therapists play a fundamental role in the rehabilitation of ICU patients. Not only must they strive for technical quality but also for quality in the relationships involving the care they provide, in order to be viewed as reliable by patients and to be aware of their needs. The aim of this study was to verify whether the physical therapy care in an intensive care unit is conducted in a humanized way. This is a cross-sectional cohort study that used patient interviews via evaluation questionnaires and included 60 subjects over 18 years of age which had been discharged from the adult ICU. The interviewed patients approved the procedures carried out by the physical therapists and stressed their concern while conducting these procedures in way to keep their patients from experiencing discomfort. They were also satisfied with the treatment dimensions, with dignity, communication, reliability, interpersonal aspects, and receptivity reaching 100% of positive answers; assurance reaching 98.3%; empathy, 96.7%; and autonomy and effectiveness aspects, 95% of answers favoring humanization. The patients were shown to be satisfied, in the various aspects analyzed, with the care provided by the physical therapists, who must strive to carry out humanized professional practices. WE concluded that the physical therapy treatments the ICU patients received were characterized as humanized by

them. The physical therapists demonstrated their concern with ethics, and this enabled good quality care.

Keywords | Intensive Care Units; Humanization of Assistance; Physical Therapy.

RESUMO | Para promover qualidade de vida aos pacientes internados na unidade de terapia intensiva (UTI), há a necessidade e obrigação de humanizar o atendimento, em que somos comprometidos a prevenir, cuidar, proteger e recuperar, ou seja, promover saúde. O fisioterapeuta exerce um papel fundamental na reabilitação dos pacientes internados em UTI, e, além de qualidade técnica, deve prezar pela qualidade relacional de sua assistência, a fim de transmitir confiança e de estar atento às necessidades dos pacientes. O objetivo do estudo foi verificar se a assistência fisioterapêutica em unidade de terapia intensiva é realizada de forma humanizada. Trata-se de um estudo de corte transversal, mediante entrevistas com questionário avaliativo no quarto dos pacientes, incluindo 60 indivíduos maiores de 18 anos que receberam alta da UTI adulta. Os pacientes entrevistados aprovaram as condutas utilizadas pelos fisioterapeutas, destacando o cuidado destes ao realizar os procedimentos, a modo de evitar maior desconforto dos pacientes. Eles também apresentaram satisfação nas dimensões de atendimento, sendo que dignidade, comunicação, confiabilidade, aspectos interpessoais e receptividade alcançaram 100% de respostas positivas, garantia 98,3%, empatia 96,7%, os

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aspectos autonomia e eficácia emplacaram 95% das respostas favoráveis à humanização. Os pacientes demonstraram alto grau de aprazimento nos vários aspectos analisados quanto à assistência oferecida pelos fisioterapeutas, que devem prezar pela humanização em sua conduta profissional. Chegou-se à conclusão de que o atendimento fisioterapêutico disponibilizado na UTI foi caracterizado como humanizado pelos pacientes. Os fisioterapeutas demonstraram sua assistência com respeito e ética, possibilitando uma assistência de qualidade.

Descritores | Unidades de Terapia Intensiva; Humanização da Assistência; Fisioterapia.

RESUMEN | Para promocionar la calidad de vida a pacientes hospitalizados en unidades de cuidados intensivos (UCI), debe ser necesario humanizar la atención, en la que estamos comprometidos a prevenir, cuidar, proteger y recuperar, es decir, promocionar la salud. El fisioterapeuta es clave fundamental en la rehabilitación de pacientes hospitalizados en UCI, y además de calidad técnica debe apreciar la calidad relacional del cuidado, para tener confiabilidad y estar atento a lo que necesita el paciente. El propósito de este estudio es verificar si el cuidado fisioterapêutico en una unidad de cuidados intensivos

es llevado a cabo de forma humanizada. Se trata de un estudio transversal, a través de entrevistas con cuestionario evaluativo en los cuartos de los pacientes, en lo cual fueron entrevistados 60 sujetos, con más de 18 años de edad y que tuvieron alta de la UCI adulta. Los entrevistados aprobaron la forma de trabajo de los fisioterapeutas, destacaron el cuidado que les tenían al realizar los procedimientos para que evitasen causarles más molestias. También estaban satisfechos en las dimensiones de atención, siendo que dignidad, comunicación, confiabilidad, aspectos interpersonales y receptividad llegaron a 100% de respuestas positivas, garantía 98,3%, empatía 96,7%, los aspectos autonomía y eficacia llegaron a 95% de las respuestas en pro de la humanización. Los pacientes mostraron alto grado de satisfacción en varios aspectos evaluados relativos al cuidado ofrecido por los fisioterapeutas, quienes deben apreciar la humanización en su práctica profesional. Se concluyó que el cuidado fisioterapêutico prestado en la UCI fue humanizado según la perspectiva de los pacientes. Los fisioterapeutas trabajaron con respeto y ética, lo que promueve la calidad del cuidado.

Palabras clave | Unidades de Cuidados Intensivos; Humanización de la Atención; Fisioterapia.

INTRODUCTION

We know that, over the last few years, health in Brazil has reached significant scientific and technological developments, mainly in regards to intensive care unit treatments, in which patients with severe illnesses require special care¹. At these places, where qualified and specialized care is provided, it is possible to improve the chances of recovery and survival of patients in critical conditions. However, the environment becomes aggressive, tense, and traumatizing due to the number of procedures patients are submitted to².

The devices adopted in ICUs enable an effective recovery to critical patients³. However, these same devices that support healing are also seen in a negative way, as some of them are invasive and may greatly inconvenience patients, which are exposed to lack of privacy, extreme discomfort due to noise, lights, and cold temperatures, besides the discomfort that is caused by required interventions⁴. Thus, the organization of this environment is greatly important to provide patients and medical teams with the maximum comfort and

safety as possible, in a way to include these aspects in the humanization practice⁵.

Humanization has been occupying a significant space in health care institutions. It is a kind inclination to promote happiness to others, and to be generous, delicate, courteous, and pleasant³. Costa et al.,² state that humanization policies must be considered as collectively constructed from the identification of potentials, needs, interests, and desires of people involved, whether they are patients, family members, or health care professionals.

During the time they spend in intensive care units, patients, who are already vulnerable, start becoming afraid, stressed, uncomfortable, and lonely, and are submitted to other factors that jeopardize their recovery⁶. Thus, aiming at minimizing the problems that may be caused by hospitalization, the caregivers of these patients must strive to provide them humanized care and bring feelings such as compassion and respect towards other people to the hospital environment³, clarify the misconceptions associated with this environment⁷, and involve family members in treatments^{8,10}.

Physical therapists have been increasingly present in ICUs, where their treatment techniques are greatly important for an effective recovery and to preserve functional abilities of patients^{11,18}. Physical therapy does not depend only on technical quality, but also on the quality of relationships, as patients in intense care units are submitted to both psychological issues and physical pathologies¹⁹. Considering this, in order to minimize the damage and negative effects caused by hospitalization, one must value humanized care²⁰⁻²¹ and provide quality treatments to hospitalized patients²². This article intends to identify the perception of patients regarding the physical therapy procedures that are included in their recovery process, and to investigate whether the physical therapy treatments provided in the adult intensive care unit are humanized.

METHODOLOGY

This cross-sectional study was conducted from February to June 2015 with patients who were discharged from São Lucas FAG's Teaching Hospital's adult ICU, which is destined to adult, critical, clinical, and surgical patients of physicians of all specialties. The study used convenience sampling and included 60 subjects over 18 years of age who met the inclusion criteria, which were: having a history of being an inpatient in the unit for 24 hours or longer; receiving physical therapy treatments; being sound of mind and capable of speaking and/or writing; having been admitted to other units in the same hospital at the time the data were collected; agreeing to take part in the study.

The project was analyzed and approved by the Ethics Committee of State University of Western Paraná (UNIOESTE) – under official opinion no. 898,614, and authorized by São Lucas FAG Teaching Hospital. The patients were assured that their data would remain secret and that their identities would not be disclosed.

The researchers received daily information on ICU discharges, and the study was conducted as personal interviews in the patients' rooms, after they were made aware of the procedures and signed informed consent forms (*termo de consentimento livre e esclarecido*). The questionnaire we used had been standardized, structured, and developed by Lopes and Brito¹⁹, and it had closed questions that

included sociodemographic data, an analysis of the physical therapist-patient relationship, and an analysis of the procedures adopted by the physical therapists, which were considered either humanized (positive) or dehumanized (negative). Treatments were characterized as humanized when represented by five or more positive answers in the evaluation of the physical therapist-patient relationship, and dehumanized when represented by five or more negative answers in the evaluation of the physical therapist-patient relationship.

As soon as the data were collected they were transported, organized, and analyzed by SPSS® software, version 20.0, which provided their frequency distributions, and these were presented as frequencies and percentages.

RESULTS

Table 1 shows the data regarding the sociodemographic characteristics, and in it we may observe that 53.7% of the patients were men in the 18 to 59-year age range (61.7%), who were married (60%), finished high school (31.7%) and earn from zero to three minimum monthly wages (65%). Among the main reasons why the patients were admitted to the intensive care unit studied, neurological diseases are the main ones in the clinical treatment group, account for 16.7% of the total, followed by cardiovascular diseases (13.3%), and respiratory diseases (11.7%). Furthermore, 8.3% of the patients were admitted due to multiple trauma, 6.7% of them for other reasons, 5% were admitted for endocrinous and kidney reasons, and, finally, 1.7% of the subjects were admitted due to nonrespiratory sepsis and following cardiac arrest.

Cardiovascular surgery leads the surgical treatment group (15%), and it is followed by abdominal surgery (13.3%), and head and neck surgery (6.7%). Among the subjects who took part in this study, 58.3% remained hospitalized in the related unit for up to three days, and 53.3% of them did not need mechanical ventilation.

In the evaluation of the physical therapist-patient relationship, we observed positive results in regards to the physical therapy treatment in the intensive care unit; the patients were shown to be highly satisfied with the various aspects analyzed concerning the care provided by the physical therapists (Table 2).

Table 1. Sociodemographic characteristics

| | No. (Frequency) | Percentage |
|---|-----------------|------------|
| Gender | | |
| Female | 26 | 43.3% |
| Male | 34 | 56.7% |
| Age range | | |
| 18 to 59 years | 37 | 61.7% |
| ≥ 60 years | 23 | 38.3% |
| Marital status | | |
| Single | 13 | 21.7% |
| Married | 36 | 60% |
| Widow(er) | 7 | 11.7% |
| Divorced | 4 | 6.6% |
| Education level | | |
| No formal education | 8 | 13.3% |
| Incomplete elementary schooling | 7 | 11.7% |
| Complete elementary schooling | 17 | 28.3% |
| Incomplete high school education | 1 | 1.7% |
| Complete high school education | 19 | 31.7% |
| Incomplete university education | 2 | 3.3% |
| Complete university education | 6 | 10% |
| Income (Minimum Monthly Wages) | | |
| 0 to 3 minimum monthly wages | 39 | 65% |
| > 3 minimum monthly wages | 21 | 35% |
| Primary diagnosis class | | |
| Clinical - Respiratory | 7 | 11.7% |
| Clinical - Cardiovascular | 8 | 13.3% |
| Clinical - Neurological | 10 | 16.7% |
| Clinical - Non-respiratory sepsis | 1 | 1.7% |
| Clinical - Endocrinous/Kidney | 3 | 5% |
| Clinical - Multiple Traumas | 5 | 8.3% |
| Clinical - After Cardiac Arrest | 1 | 1.7% |
| Others | 4 | 6.7% |
| Surgical - Cardiovascular | 9 | 15% |
| Surgical - Abdominal | 8 | 13.3% |
| Surgical - Head/Neck | 4 | 6.6% |
| Time Hospitalized at the Unit (days) | | |
| 1 to 3 days | 35 | 58.3% |
| >4 days | 25 | 41.7% |
| Use of Mechanical Ventilation | | |
| Yes | 28 | 46.7% |
| No | 32 | 53.3% |

Table 2. Physical therapist-patient relationship

| Treatment dimensions | No. (Frequency) | Percentage |
|------------------------------|-----------------|------------|
| Dignity | | |
| Positive | 60 | 100% |
| Negative | 0 | 0 |
| Communication | | |
| Positive | 60 | 100% |
| Negative | 0 | 0 |
| Autonomy | | |
| Positive | 57 | 95% |
| Negative | 3 | 5% |
| Reliability | | |
| Positive | 60 | 100% |
| Negative | 0 | 0 |
| Assurance | | |
| Positive | 59 | 98.3% |
| Negative | 1 | 1.7% |
| Interpersonal aspects | | |
| Positive | 60 | 100% |
| Negative | 0 | 0 |
| Empathy | | |
| Positive | 58 | 96.7% |
| Negative | 2 | 3.3% |
| Effectiveness | | |
| Positive | 57 | 95% |
| Negative | 3 | 5% |
| Receptivity | | |
| Positive | 60 | 100% |
| Negative | 0 | 0 |

DISCUSSION

After we collected and analyzed the data, we observed that, in a general way, the patients interviewed pointed the physical therapy treatment they received as humanized, and reported being satisfied with the services provided by the physical therapy professionals in the adult intensive care unit.

The physical therapists are the professionals who are directly in contact with the patients admitted to intensive care units, whose early mobilization is fundamental in their recovery⁵. In order to improve physical therapy care, it is important to include humanization in the everyday lives of professionals and patients admitted to ICUs¹⁹.

Humanization only exists when there is a stance of respect, cordiality, and attention to individual patient needs, in order to establish good communication with

them¹. Physical therapists must be aware of the needs of users and their family members, in order to have a good relationship with both. Besides this, these professionals must conduct their tasks responsibly, in order to shorten the hospitalization times of these patients⁵. Physical therapists must treat their patients courteously, convey reliability, conduct their methods carefully and cordially, with the wellness of these patients in mind. These therapists must explain to their patients how and why their procedures will be conducted before carrying them out, keep an open dialog with patients and family members, and be in line with the whole team³.

The opinion of patients regarding the professional behavior of their physical therapists is essential in order to improve the quality of the services provided in ICUs¹⁹. This study obtained excellent results concerning the physical therapy treatments, which were defined as humanized by the patients, who were satisfied in regards to the aspects that comprise physical therapy care according to the physical therapist-patient relationship. The result from the evaluation of the procedures carried out by the physical therapists was extremely positive, and all subjects who took part in the study reported that the professionals executed all their procedures in humanized ways.

Positive evaluations were observed in topics dignity, communication, reliability, interpersonal aspects, and receptivity, with these being approved by all patients. The subjects interviewed also pointed out the importance of being introduced to the physical therapist who would treat them; of receiving information about which procedures would be executed and why they were important; of therapists informing their family members about the health status of these patients; of the evolution of treatments, of clearing doubts and providing guidance; and of mutual respect.

In health care, humanization is seen as attention to the way care is provided, by ensuring the rights of patients and treating them with dignity. The patients, the medical team, the patients' families, and the institutions must be involved in the humanization process, with the professionals working in a way that is sensitive to the life of the human being that is vulnerable as a result of his/her pathology²³.

Lopes and Brito¹⁹ also reported obtaining positive results in their studies regarding physical care in an intensive care unit. The patients interviewed indicated a high degree of satisfaction with the various dimensions of treatments provided by the physical therapists of São

Rafael Hospital, Salvador - BA state. Most patients gave positive evaluations in the physical therapist-patient relationship factor, with the following results - dignity: positive (97.7%), negative (2.3%); communication: positive (97.7%); negative (2.3%); autonomy: positive (68.2%), negative (31.8%); reliability: positive (95.5%), negative (4.5%); assurance: positive (90.9%), negative (9.1%); interpersonal aspects: positive (95.5%), negative (4.5%); empathy: positive (88.6%), negative (11.4%); receptivity: positive (95.5%), negative: (4.5%); effectiveness: positive (95.5%), negative (4.5%). We also observed in this study that there was a low frequency of lack of humanization during the procedures conducted by physical therapists, scoring 5% in the bronchial hygiene therapy with coughing stimulus.

Topics autonomy, assurance, empathy, and effectiveness received some negative answers. Patients become vulnerable during their hospitalization time, and many of them are already tired after being submitted to a great deal of interventions. Physical therapy professionals take an active part in the recovery of critical patients; due to the high number of procedures conducted, these are considered to be stress-inducing to patients, as many are invasive and painful²⁴.

For the contact between a physical therapist and a patient to be considered good, it must include empathy, reciprocity, trust, and affection²⁵. Both the patients and their family members expect the health care professionals to create circumstances in which quick and efficient relief from discomfort is achieved, using practices that show good professional performance and result in the wellness and quality of life of inpatients²⁶.

Subtil et al²⁵ stress the importance of patients taking active part in their healing process. Nonetheless, the critical patients who are provided care in intensive care units often do not have the possibility of discussing and deciding the types of treatment they would or would not like to receive; this lack of autonomy in ICU is inevitable in some cases - this takes place due to the necessary restrictions of patients to their beds, due to intubation procedures that make speaking difficult²⁷, due to sedation situations, and also due to the need for taking immediate decisions and conducting immediate procedures, in order to provide essential care targeting patient recovery²⁸.

Being a science that focus on understanding human functional ability³ physical therapy has a fundamental role in the recovery process of intensive care unit inpatients, where professionals work in order

to rehabilitate patients admitted, by supporting their healing process²⁹. We know about the importance of physical therapy interventions to intensive care unit inpatients, and that there are several benefits, which include preventing and reducing harmful effects from hospital beds, psychic wellness of patients, improving their respiratory and cardiovascular abilities, promoting functional independence, providing and accelerating a quality recovery, and shortening these patients' hospitalization periods³⁰.

The procedures conducted by physical therapists are often invasive and cause discomfort and stress in patients. Considering this, physical therapy professionals who work in intensive care units must carry out humanized practices and consider the emotional healing of patients rather than just their physical healing, by working ethically for human dignity²². The subjects interviewed approved the procedures carried out by the physical therapists and stressed their concern while conducting these procedures in way to keep their patients from experiencing discomfort.

The Ministry of Health³¹, along with HUMANIZA SUS program³², understand humanization as the valuing of individuals connected to the health process, whether they are patients or professionals; fostering individuals to take a leading role in their recovery; establishing bonds in a collective way and multidisciplinary work; defending a Unified Health Care System (SUS - *Sistema Único de Saúde*) that knows Brazilians, by providing good health care to all; adapting management models to user needs; multidisciplinary work targeting the promotion of health in a benevolent way, so it can be more efficient; improving working conditions and patient relations; and striving to build a more humane SUS, in order to improve the services provided, and providing comprehensive health care to all.

Care may become humanized through very simple gestures, such as calling patients by their names, previously explaining to them the procedures that will be conducted, being aware to non-verbal signs from patients, preserving the privacy and trust of patients, being concerned with pain and discomfort, making it easy for patients to be with their families, enabling patients to take part in their healing processes, looking patients in the eye, being kind, respectful, and ethical while working¹.

Any professional who works in an intensive physical therapy unit must know and employ humanized practices in their everyday life, and must be able to

recognize human beings in their entirety and singularity. Such professional must be aware of his/her role to those that seek them²².

CONCLUSION

According to the results obtained in this study, it was possible to observe that the behavior adopted by the physical therapists who worked in the intensive care unit is humanized; we also found that the patients who needed physical therapy care reported being satisfied.

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