DOI: https://doi.org/10.36489/saudecoletiva.2020v10i59p4080-4091

Nursing in patient-centered care in an intensive care unit: contribution of an informative display

Enfermería en atención centrada en el paciente en una unidad de atención intensiva: contribución de una pantalla informativa

Enfermagem na assistência centrada ao paciente em unidade de terapia intensiva: contribuição de um display informativo

ABSTRACT
Objective: To analyze the goals set through an informative display at the bedside, from the perspective of the patient's experience and discuss the daily goals described in the light of patient-centered care. Methods: Qualitative, exploratory, descriptive and documentary research. Held from May to July 2019, in a cardiac intensive care unit of a public university hospital in the city of Rio de Janeiro. The data were collected through an informative display. Results: 30 displays were analyzed. The goal most mentioned by patients was related to hospital discharge, health and well-being, reported 22 (78.8%) times on the bedside information display. Conclusion: The study concluded that the informative display at the bedside can contribute as a facilitating tool for communicating patient goals and establishing strategies for offering patient-centered care.
DESCRIPTORS: Nursing Care. Patient-Centered Care. Health Communication. Patient Safety. Intensive Care Units.

RESUMEN
Objetivo: analizar los objetivos establecidos a través de una pantalla informativa junto a la cama, desde la perspectiva de la experiencia del paciente y discutir los objetivos diarios descritos a la luz de la atención centrada en el paciente. Métodos: Investigación cualitativa, exploratoria, descriptiva y documental. Se lleva a cabo de mayo a julio de 2019, en una unidad de cuidados intensivos cardíacos de un hospital universitario público en la ciudad de Río de Janeiro. Los datos fueron recolectados a través de una pantalla informativa. Resultados: se analizaron 30 pantallas. El objetivo más mencionado por los pacientes se relacionó con el alta hospitalaria, la salud y el bienestar, se informó 22 (78.8%) veces en la pantalla de información junto a la cama. Conclusión: El estudio concluyó que la exhibición informativa al lado de la cama puede contribuir como una herramienta facilitadora para comunicar los objetivos del paciente y establecer estrategias para ofrecer atención centrada en el paciente.
DESCRIPTORES: Cuidado de Enfermera. Atención Dirigida al Paciente. Comunicación en Salud. Seguridad del Paciente. Unidades de Cuidados Intensivos.

RESUMO
Objetivo: Analisar as metas traçadas através de um display informativo à beira leito, a partir da perspectiva da experiência do paciente e discutir as metas diárias descritas à luz do cuidado centrado no paciente. Métodos: Pesquisa qualitativa do tipo exploratória, descritiva e documental. Realizado de maio a julho de 2019, em uma Unidade de Terapia Intensiva cardíaca de um hospital público universitário do município do Rio de Janeiro. Os dados foram coletados através de um display informativo. Resultados: Foram analisados 30 displays, citado 88 metas pelos pacientes, organizadas em três dimensões. A meta mais mencionada pelos pacientes esteve relacionada à alta hospitalar, saúde e bem estar, relatada por 22 (78,8%) vezes no display informativo à beira leito. Conclusão: O estudo concluiu que o display informativo à beira leito poderá contribuir como uma ferramenta facilitadora de comunicação de metas do paciente e estabelecer estratégias para oferta do cuidado centrado no paciente.
DESCRITORES: Assistência de Enfermagem; Assistência centrada no paciente. Comunicação em saúde. Segurança do paciente. Unidade de Terapia Intensiva.

RECEIVED ON: 06/25/2020 **APPROVED ON:** 08/06/2020

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INTRODUCTION

Patient-centered care encompasses the development of practices between patients and healthcare professionals to reduce probable asymmetries in relationships. "Centering on the patient" means involving him in therapy, supporting his participation and that of his family members through the exchange of information and, above all, respecting the patient's freedom to decide between care options, welcoming his deliberations and physical and emotional needs. [1]

Patient-centered care is part of one of the goals of a health improvement plan in the United States, as set out in the report Crossing the qualit chasm: new health system for the 21stcentury, from the Institute of Medicine (IOM). In the document, patient-centered care is defined as "the provision of care in a respectful manner, responding to the needs, preferences and values of the person being assisted, with the guarantee that such values guide all clinical decisions. [1]

Although there is evidence that patient-centered practice produces positive effects on clinical results, applying it to the concept is a challenge, since it is a care model that aims to break the remaining paradigms of the biomedical model in an attempt to minimize fragmentation care. [1]

The challenges appear to be even greater in Intensive Care Units (ICUs) for critically ill patients, since factors related to ineffective communication and the relationship between professionals and the patient change the patient's perception of the quality of care provided. [2,3]

In this perspective, in May 2019, the use of an informative bedside display, containing daily goals, from the patients' perspective, was implemented in 2 random non-consecutive beds in a cardio-intensive surgical unit. Although all the data on the informational display, such as patient's name, medical record, age, date, surgery performed and clinical goal were collected during the study, it was decided to analyze the population's characteristics (gender, age, type of cardiac surgery) and the patient's goal with the question "what is important to me today?". The display aims to expose the daily needs of patients, during their hospitalization, in order to facilitate safe communication between the healthcare team and the patient.

The co-participation of the patient during his specialization is also seen as a factor in reducing health costs and greater efficiency in care, in the diagnosis and treatment phase, constituting an important determinant of the relationship between the health team and patients, making communication transparent and more effective. [2]

Nowadays, the realization of the benefits of patient and family involvement in the care process has transformed information and education actions for them and professionals, into institutional recommendations and norms within the scope of health policies, favoring effective communication between professionals and patient. [4,5]

This study is related to the goals stipulated by patients about their hospitalization in the postoperative period of cardiac surgery in an informative display at the bedside to guide the health team in planning patient-centered care.

Given this context, the objective of this study was to analyze the goals set by patients, through an informative display at the bedside of a Surgical Cardiointensive Unit.

METHODS

This is a qualitative, exploratory, descriptive and documentary research, carried out from May to July 2019, in a 12-bed cardiac ICU of a public university hospital in the city of Rio de Janeiro.

Data were collected through 2 fixed displays, in random and non-consecutive beds. Patient's name, age, biological gender, type of surgery performed, patient's goal extracted through the question: "What is important to me today?" And clinical goal stipulated by the health team were data described on the display. For the study, data were collected to describe the characteristics of the patients and the goals established by them (Figure 1).

To this end, training was conducted with the health team to understand the meaning of the patient's goals, the patient's experience and the importance of that record. The data on the display was completed by the team that assists the patient, according to the daily service schedule.

Patient information sources were analyzed: adults, over 18, in the postoperative period of cardiac surgery, and extubated with a Richmond Agitation Sedation Scale (RASS) -2 to +4 sedation ladder. This choice is due to the fact that patients can express their experience on the goal display. The data were collected while the patient remained hospitalized in the installed display bed. Thus, during the data collection period, each patient may have mentioned more than one goal.

The study excluded: Incomplete information, patients with signs of severity that compromise their health status with reduced level of consciousness, transferred to other units and patients with neurological impairment, delirium and death during the collection.

The organization of the data was carried out in two stages. In the first stage, the study subjects were characterized and the second stage was the grouping of the patients' goals and categorized into three main dimensions: "hospital discharge, health and well-being"; "Basic human needs" and "religiosity", through Bardin's analysis.

The ethical principles were respected in accordance with Resolutions 466/12 and 510/16, through the Certificate of Presentation for Ethical Appreciation - CAAE: 04197018.1.0000.5259, which deals with the ethical standards for research involving human beings of the National Commission of Research Ethics (CONEP) of the National Health Council of the Ministry of Health.

Figure 1: Informative display to exemplify the "pilot" model arranged in the post-operative bed of cardiac surgery.

Source: The authors, 2020.

Table 1: Characteristic of the study population. Rio de Janeiro, RJ, Brazil, 2019.

Caracterização	n	%
Sexo Biológico		
Feminino	8	27
Masculino	22	73
Idade		
20 a 59	11	37
>60	19	63
Cirurgias		

RESULTS

30 displays were analyzed. Regarding the characterization of the study sample, the majority were 73% male (n=22) and over 60 years old (63% n=19) and the most prevalent surgeries was myocardial revascularization (CABG) with 63 % (n=19) followed by Transcatheter aortic valve implantation (TAVI) with 13% (n=4), double CABG surgery and TAVI with 10% (n=3), 7% pacemaker implant (n=2), mitral valve replacement (MVR) with 3% (n=1) and CABG and 3% ven-

RVM (Revascularização do miocárdio)	19	63
TVAO (Troca de valva aórtico)	4	13
RVM + TVAO (Revascularização do miocárdio + Troca de valva aórtico)	3	10
TVM (Troca valva mitral)	1	3
RVM + Ventriculoplastia (Revascularização do miocárdio)	1	3
Implante de Marca-passo	2	7

Source: Research Data, 2020.

triculoplasty (n=1). According to the table below.

88 goals were identified, mentioned by the patients, organized in three dimensions: "Hospital discharge, Health and Well-being", "Basic human needs" and "Religiosity" (Chart 1).

The goal most mentioned by the investigated patients was related to hospital discharge, health and well-being, reported by 22 (78,8%), followed by basic human needs by 14 (15,4%) and religiosity 3 (5,8%) times on the bedside information display.

DISCUSSION

The prevalence of Myocardial Revascularization (CABG) surgery was observed in biological male patients and above 60 years of age. The senile and male prevalence is already known in other recent studies, it may be related to the increase in life expectancy and the increasing increase in coronary artery disease, which can progress to cardiac surgery and, in particular, myocardial revascularization. [6,7]

Regarding the categories attributed to the patient's goals, the one with the highest prevalence in the study was related to well-being and hospital discharge. The shorter the patient's stay in the hospital, the better his prognosis seems to be, thus, early return to daily activities and living with his family, can contribute to his rehabilitation. [8]

In relation to the patients' goals stipulated: "Get out of the surgery well"; "May everything go well in the procedure"; "May the surgery go well", he referred to a desire for non-complications. Postoperative complications of cardiac surgery are widely discussed in the literature and their incidence varies according to individual factors, such as age, lifestyle, associated comorbidities and clinical situation at the time of surgery, in addition to issues related to the surgical process, such as time duration of surgery, use of cardiopulmonary bypass, anesthetic agents used and complications during the transoperative period. [9]

Combined with the dimension of well-being and discharge, the early de-hospitalization of patients undergoing cardiac surgery has been increasingly recommended, with the purpose of reducing the length of hospital stay, complications, hospital expenses, as well as offering the patient the possibility of returning to their routine activities and living with the family. [10-13]

In the present study, some stressors were identified on the information display, such as distance from the family; deprivation of living with children and grandchildren; discomfort with the presence of tubes necessary for surgical treatment; persistence of physical pain related to the invasive procedure.

In this sense, the desire for hospital discharge and the search for better well-being converge to the goals mentioned as "I want to be with my family"; "Seeing the children"; "Finding children"; "Helping my wife to take care of my children"; "I want to be with my family"; "Enjoy my granddaughter"; "I want to see my daughter", "Wake up better"; "Stop feeling pain"; "Walk"; "Walk away", "See the sun". Understanding such expressions makes it possible to unders-

Chart 1: Organization of the dimensions assigned to the goals set by the patients. Rio de Janeiro, RJ, Brazil, 2019.

CATEGORIA ATRIBUÍDA	META ESTIPULADA PELO PACIENTE
Alta hospitalar, Saúde e Bem estar	"Ir para casa"; "Ir embora"; "Ter alta". "Ficar bom"; "Ter um bom atendimento"; "Ter uma vida normal"; "Recuperar-me"; "Sair daqui saudável"; "Ficar melhor"; "Ser paciente"; "Ter saúde"; "Qualidade de vida". "Ver os filhos"; "Encontrar os filhos"; "Ajudar minha esposa a cuidar dos meus filhos"; "Quero ficar com minha família"; "Curtir minha neta"; "Quero ver minha filha". "Retirar tubo"; "Retirar a máscara (VNI)"; "Retirar tudo que está em mim"; "Retirar borracha da minha barriga e do meu pênis". "Sair bem da cirurgia"; "Que ocorra tudo bem no procedimento"; "Que a cirurgia ocorra bem". "Parar de sentir dor"; "Tirar a dor"; "Sentir menos dor". "Ver o sol".
Necessidades básicas humanas	"Fazer a cirurgia"; "Beber água"; "Operar"; "Acordar melhor"; "Colocar a prótese dentária (tartaruga)"; "Realizar o procedimento"; "Caminhar"; "Sentar no sofá"; "Andar"; "Sair do leito e caminhar"; "Sentar na poltrona"; "Realizar cirurgia"; "Melhorar respiração";
Religiosidade	"Quero paz"; "Quero Deus"; "Deus em primeiro lugar".

Source: Research data, 2019. *Non-invasive ventilation (NIV).

tand the need for comprehensive care, in addition to the physical need.

Other factors mentioned as patients' wishes were: “Remove tube”; "Remove the mask"; "Remove everything that is in me"; "Removing rubber from my belly and penis"; "Stay good"; "Have a good service"; "Have a normal life"; "Recover me"; “Get out of here healthy”; "To get better"; "Be patient"; “Being healthy”; "Quality of life".

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In the basic human needs dimension, patients demonstrated the desire and the importance of walking and getting out of bed. The activity of early walking requires an analysis, effort and will of the multidisciplinary team. Early mobilization conceptualized as therapy performed in the ICU in critically ill patients, together with proper bed positioning, can be considered as sensorimotor stimulation, preventing aggravation of neuromuscular complications caused by immobilization. [16,17]

In order to fulfill the patient's desire and physical need, it is essential that this patient is in adequate physical capacity, with stable hemodynamic parameters and without devices that hinder walking, such as: drains, invasive blood pressure catheter, vasoactive drugs for control blood pressure, cardiovascular drugs and others. Early walking should not only focus on preventing complications and morbidities, but also on the patient's functional recovery. [18-20]

Still in the dimension related to basic needs, such as: “Putting dental prosthesis”, “Drinking water”; "Wake up better" and "Improve breathing", refer to Maslow's theory of 1964, in which the individual's physiological needs are the strongest, the most basic and primordial for maintaining health. When these are not matched, feelings of nervousness, insomnia, low self-esteem, insecurity among others arise, and they can be rewarded with negative feelings. Offering targeted assistance to meet basic needs above clinics corroborates the essence of nursing care.

Spirituality / religiosity refers to the relationship with the transcendental, in search of the meaning of life. However, although they seem to be synonymous, they differ by their scope; while religion is characterized as a means of seeking spirituality through an organized religious institution, spirituality does not need to be linked to a religion, it is inherent to the individual. Religiosity was also dimensioned as patients' goals, identified in the expressions: “I want peace”; "I want God"; "God in first place".

Religiosity favors a new meaning to the patient's experience about the disease, changing the way he sees the problem, promoting greater relief from pain and distress. Spiritual well-being is considered a protective factor, related to positive attitudes to fight the disease. Strengthening spiritual well-being can assist in reducing anguish related to illness, as well as in promoting mental health. [21]

The achievement of the goals established by patients on the care process does not seem to be an isolated act in the postoperative period of cardiac surgery, nor are all the technical procedures performed the results of a satisfactory process. It is necessary to add to these practices, values, duties, rights, feelings, attitudes and principles. Nursing in this context has the function of contributing to comfort and assigning a culture of safety, preparing it for an adequate recovery.

It was considered as a limitation in this study, the reduced number of beds with informative display, restricting the number of participants, as well as in a single unit of the hospital.

CONCLUSION

The study concluded that the informative display at the bedside can contribute as a facilitating tool for communicating the goals determined by the patient and from them the health team, guiding a patient-centered practice.

It was observed that during data collection through the display, the valorization of patients in exposing their desires through goals, is a fundamental part of the recovery process and can contribute to the hospitalization period being related to a good lived experience, strengthening the link between patient-health professional, configuring greater security and trust in relationships. ■

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