



Humanized care for critically ill patients in Urgent and Emergency care units

Assistência humanizada aos pacientes críticos nas unidades de Pronto Atendimento de Urgência e Emergência

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ABSTRACT

To show the importance of the performance of health professionals in the care and humanized care in Urgent and Emergency Emergency Care Units. The methodology chosen was the bibliographic search, of the integrative literature review type, and the search for manuscripts was carried out on the electronic pages: SCIELO, BVS, LILACS and MEDLINE, limited to those published between the years 2018 and 2022. The studies showed that humanized care is of great relevance in urgent and emergency services and should have as its main objective the promotion of the patient's well-being, considering not only their clinical state, but also their emotional state and that of their families. These results are part of a research that found 142 articles, of which 29 were excluded because they did not meet the research objective, 18 were excluded because they were in English or Spanish, 34 were incomplete, 46 did not meet the time frame from 2018 to 2022, and only 15 remained included in the final sample of this review. Of these, 15 (100%)

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were in Portuguese, 06 (40%) are from 2018, 05 (33.33%) are from 2019, 01 (6.67%) are from 2020 and 03 (20%) are from 2021. Through the studies analyzed, it is concluded that even in the face of all the difficulties encountered, humanization and assistance in care, especially in the urgent and emergency sectors, are of great importance for all the work provided to happen satisfactorily, offering a service of quality, trust, dignity and respect for the human being.

Keywords: Humanization, Critical Patients, Urgency, Emergency.

INTRODUCTION

The humanization of health care services refers to the need to observe a service that is more focused on the ideals of humanity, and that is sufficiently and potentially capable of guaranteeing human dignity in situations of need for medical attention, since it is precisely in the hospital environment that people need humanized care from those who care for them (Silva; Souza, 2018).

Thinking about the relevance of this care, at the beginning of the twenty-first century, the Ministry of Health (MS) launched, in 2003, the National Program for the Humanization of Hospital Care (PNHAH), which culminated in the creation of the National Humanization Policy (PNH) - HumanizaSUS - being the guiding axis for management and care practices, having as its main foundation the participation and co-responsibility of the subjects involved in the various health work processes, which should be present in all actions, especially in the urgency and emergency sectors (Silva, 2019).

According to Ordinance GM/MS No. 2,048/2002, urgent and emergency care should begin through qualified care, ensuring more effective care. Therefore, the work of health professionals should be systematic, applying the interventions inherent to their work practice, based on humanized actions, with an individualized strategy according to the needs of each patient (Neto *et al.*, 2018; Antunes *et al.*, 2018).

In humanization, there is a need for health workers to re-evaluate their care, in order to realize that bioethical principles should govern their practice, always in order to assist in respect for the patient and in humanized care, making their care not only the application of nursing techniques, but a complex practice that considers that the one to whom this care is provided is a worthy human being. with not only biological, but psychological, social, and spiritual needs (Gallo; Mello, 2019).

Although the emergency room is a sector where the patient stays for a short time, it is there the place where he is in his most critical state, often in pain, suffering, requiring a humanized look from the professional who attends him. Empathy, looking into the eyes,



affection, and the commitment to relieve pain are essential for the patient to have quality care (Silva, 2019).

The Emergency Care Units (UPAs) are configured as a gateway for SUS users to care related to Urgencies and Emergencies. Thus, overcrowding scenarios are frequent and are related to the breakdown of the communication and referral system that should come from Primary Care, specialized and hospital care, leading to the scarcity of human and material resources and the variable demand of users that increases with seasonality and the number of severe cases. Thus, it is difficult for health professionals to have greater attention to the patient, in addition to health care, aiming only at the patient's clinical recovery (Oliveira *et al.*, 2019).

From this perspective, professionals working in urgency and emergency care should be aware of the importance of working based on human appreciation, taking into account not only the patient, but also the situation in which he finds himself, in order to, in addition to the search for his physical recovery, identify his emotions and desires to get out of there alive and with his health restored. A well-cared for patient makes all the difference in recovery (Gallo; Mello, 2019).

In this sense, this research seeks to answer the following question: How is humanized care provided to critical patients in the Urgent and Emergency Emergency Care Unit?

Thus, this work is justified by the fact that the humanization of urgent and emergency care within the UPAs, by the professionals who work there, is an important and extremely essential action so that the feeling of fear does not occur on the part of the patients, and that it mitigates the stressful factors of the place and situation of the client's illness. so that he feels safe and has a positive expectation of his full recovery.

In view of the information previously addressed and its great relevance, this research has as its general objective: To show the importance of the performance of health professionals in care and humanized care in Urgent and Emergency Emergency Care Units.

The methodology chosen was bibliographic research, of the integrative literature review type, which according to Ganong (2018), is defined as an instrument for obtaining, identifying, analyzing, and synthesizing literature directed to a specific theme. The search for books and articles was carried out on websites such as the Online Scientific Electronic Library (SCIELO), the Virtual Health Library (VHL), Latin American and Caribbean Health Sciences Literature (LILACS) and MEDLINE. As inclusion criteria, full articles, published between the years 2018 and 2022, in the Portuguese languages and that meet the objectives of the research, were used. Articles in English, incomplete, and published before 2018 were excluded. To explain how this

research took place, a flowchart will be built in the development of the article.

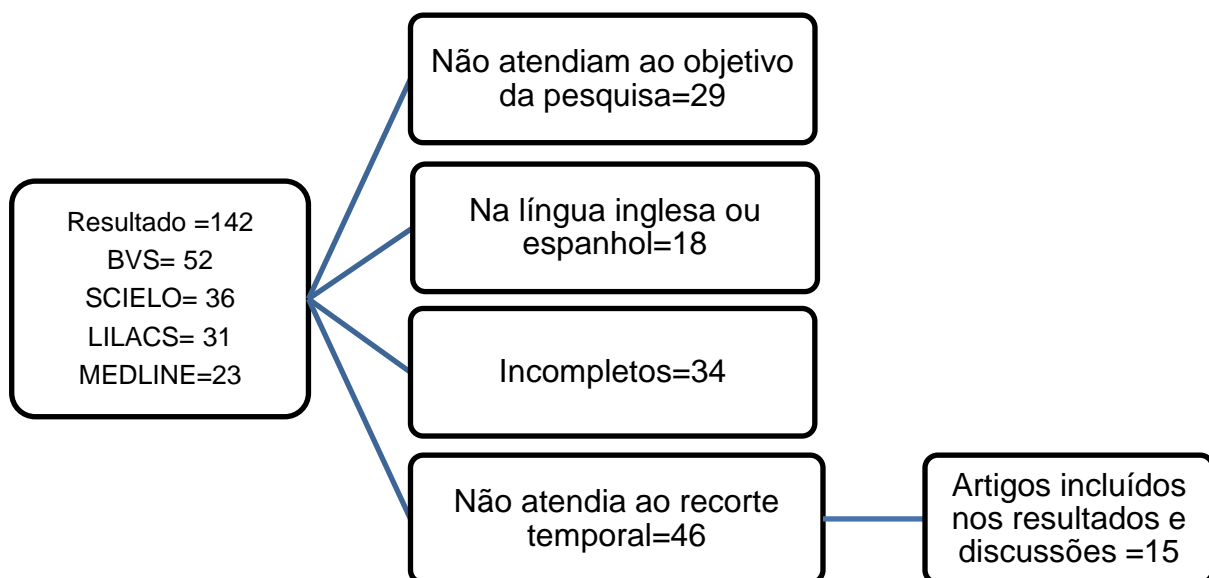
THE DEVELOPMENT OF THE SCIENTIFIC ARTICLE

OUTCOME AND DISCUSSIONS

Using the keywords: humanization; critically ill patients and urgency and emergency, 142 articles were found, of which 29 were excluded because they did not meet the research objective, leaving 117. On closer inspection, 18 were excluded because they were in English or Spanish, leaving only 99. Of these remaining articles, 34 were incomplete, 46 did not meet the time frame from 2018 to 2022, and only 15 articles remained read in full and included in the final sample of this integrative review, as shown in figure 01.

Of the 15 articles included in this study, 15 (100%) were in Portuguese, revealing how humanization in health is an important issue in the country. 06 (40%) are from 2018, 05 (33.33%) are from 2019, 01 (6.67%) are from 2020 and 03 (20%) are from 2021. Five used a qualitative approach (33.33%), two integrative reviews (13.33%), three narrative studies (20%), one exploratory (6.67%), three descriptive (20%) and one analytical (6.67%). Being 03 from MEDLINE, 05 from VHL, 02 from LILACS and 05 from SCIELO.

Figure 1 - Flowchart of the process of investigation and selection of references



SOURCE: Araújo (2023)

Below is a sample of the results of the integrative review research, where the listed authors address humanized care for critically ill patients in the urgent and emergency care unit.

In order to arrive at these results, a critical evaluation of the articles was carried out, evaluating whether they met the research question, as well as the type of investigation, reaching a quantity of fifteen articles. The final sample is organized in a table including authors/year of publication, title of publication, journal, method of approach and database.

Chart 1 - Summary of the articles analyzed and included in the integrative review, in the LILACS, SCIELO, VHL and MEDLINE databases, between 2018 and 2022. Barra do Corda-MA, 2023.

Nº	AUTORES/ ANO	TÍTULO	PERIÓDICO	MÉTODO DE ABORDAGEM	BASE DE DADOS
I	RIOS, Isabel Cristina, 2018.	Humanização: a essência da ação técnica e ética nas práticas de saúde.	Revista Brasileira de Atenção Médica	Estudo qualitativo	BVS
II	SILVA, Averanice Gomes da, 2019.	Assistência de Enfermagem Humanizada: dificuldades encontradas por enfermeiros em hospital privado de São Paulo.	ConScientiae Saúde	Estudo qualitativo	SCIELO
III	FALK, M. L. R <i>et al.</i> , 2021.	Acolhimento como Dispositivo de Humanização: Percepção do Usuário e do Trabalhador em Saúde.	Rev. APS	Revisão integrativa	LILACS
IV	TIMBY, Barbara K., 2018.	Conceitos e Habilidades Fundamentais no Atendimento de Enfermagem.	Artimed,	Estudo qualitativo	SCIELO
V	ANTUNES P, <i>et al.</i> , 2018.	A importância do atendimento humanizado nos serviços de urgência e emergência: uma revisão de literatura.	Revista Científica FacMais	Revisão narrativa	BVS
VI	MENEZES, M. L; SANTOS, L. R. C. S., 2018.	Humanização na atenção primária à saúde: um olhar sobre o trabalhador da saúde.	Rev. Saúde.Com	Qualitativo	MEDLINE
VII	PAI, D. D; LAUERT, L. 2018.	Suporte humanizado no pronto socorro: um desafio para a enfermagem.	Rev. Brás Enferm.	Exploratório	LILACS
VIII	ANDRADE, C. C. <i>et al.</i> 2018.	Suporte humanizado em unidades de urgência e emergência: mais um desafio para a enfermagem.	EFDeportes.co m, Revista Digital	Revisão integrativa	BVS
IX	CASATE, J. C; CORREA, A. K., 2019.	Humanização do atendimento em saúde: conhecimento veiculado na literatura brasileira de enfermagem.	Rev. Latino- Am. Enfermagem.	Qualitativo	MEDLINE
X	VERSIANI, C. C. <i>et al.</i> , 2019.	Humanização da assistência de enfermagem nos serviços de urgência e Emergência e emergência hospitalar: um desafio.	EFDeportes.co m, Revista Digital.	Estudo Descritivo	SCIELO
XI	SOARES, A. A. <i>et al.</i> , 2020.	A Humanização do atendimento e a percepção entre profissionais de enfermagem nos serviços de urgência e emergência dos prontos socorros: revisão de literatura.	Ciência et Praxis.	Revisão narrativa	BVS



XII	SANTOS, T. T. S. M., 2019.	Humanização em unidades de urgência e emergência.	Rev. de Enferm. da FACIPLAC (REFACI)	Estudo descritivo	SCIELO
XIII	LEITE, M. A. R., 2021.	Significado de humanização da assistência para os profissionais de saúde que atendem na sala de emergência de um Pronto Socorro.	Bibliotecadigit al. UFMG	Revisão narrativa	SCIELO
XI V	GALLO, A.M.; MELLO, H.C., 2019.	Atendimento humanizado em unidades de urgência e emergência.	F@pciência	Descritivo	MEDLINE
XV	FIGUEIREDO, N. M. A.; VIEIRA, A. A. B., 2021.	Emergência: Atendimento e cuidados de enfermagem.	Yedis Editora	Analítico	BVS

Source: Araújo (2023)

In this integrative review study, 15 articles that met the previously defined inclusion criteria were analyzed, in which we sought to discuss the "humanized care for critically ill patients in the urgent and emergency emergency care unit". After analyzing the articles that made up the sample of this study, it was found that humanized care is one in which all those involved act so that the patient has a dignified and appropriate treatment, being heard, respected, understood and advised. This care has great relevance for health promotion, and has been seen over the years as something that brings important issues for the return of ethical and moral values that should exist in all care provided by health professionals (Rios, 2018).

In the study developed by Silva (2019), he confirmed that the importance of humanized care was what motivated the implementation of the National Program for the Humanization of Hospital Care (PNHAH), which in 2003 became the National Humanization Policy (PNH), and should be present in all health actions, especially in the urgent and emergency sectors, where the most critical patients are found, And, for this very reason, it is expected that the service is as humanized as possible.

According to Falk *et al.* (2021), the proposal for the humanization of health care emerges in the scenario of public policies as an opportunity to propose, discuss, and undertake a process of change in the culture of care in force throughout the SUS network, breaking the boundaries imposed historically. The possibility of changing culture in the long term lies in the capacity to legitimately construct new representations that health actors can have as a result of their participation in communicative processes of humanizing learning.

Humanization directed to emergency services promotes many benefits for greater satisfaction of patients and professionals who work in these services. Humanizing means a



proposal of qualified listening, dialogue, establishment of an affective bond, aiming at a process of reciprocity, commitment, forming a set of benefits that, when added to technological practices of treatment for cure, can further improve the knowledge and quality of nursing care (Falk *et al.*, 2021).

According to Timby (2018), in humanized care, welcoming is not limited to specific spaces to be performed, but also a time to be performed, it is a new work conduct that aims to change the professional/patient relationship, and aims at the division of knowledge, anxieties and needs. Therefore, what matters is that it is a welcoming environment, which provides improvements in care such as self-confidence, affective care, improvement and maintenance of health and psychosocial plenitude.

In the studies conducted in Antunes, *et al.* (2018), the authors state that in order for humanization to be consolidated within urgent and emergency services, users must be treated as integrated human beings who have feelings and particularities so that their anxiety can be reduced. The users who seek care in the various units are fragile and need to build a good relationship between patient and professional, where their particularities must be respected.

However, the working conditions within the urgency and emergency service are exhausting and associated with the lack of physical structure are factors that hinder the provision of a humanized SUS. In this way, they end up influencing the user's relationship with the service and, consequently, demotivate the professionals and individuals who seek these care units. That is why it is necessary for humanization to expand mainly to health managers, because from the moment there is a management that works to improve working conditions and human resources, this will reflect beneficially on those who are on the front line of care (Menezes; Santos, 2018).

Pai and Lautert (2018) state that in the search for stabilizing the patient's vital conditions, care is provided through life support, requiring agility and objectivity in doing. In this context of care, according to Andrade *et al.* (2018) it is possible to perceive a greater difficulty in the exercise of the NHP, since it is urgent and emergency care, the diversity of highly complex services is great, and these require technologies that do not guarantee quality of care, as there is a decisive influence of factors related to the object and the workforce in this process.

Casate and Corrêa (2019) state in their studies that it has become common in urgent and emergency care to provide rapid care to the patient, as the objective of this type of care is to stabilize the patient's vital conditions, which requires agility and objectivity in its practice, not taking into account, in most cases, the particularities of this patient who, Possibly, they are tense and fearful in the face of such an unknown situation, and may be fragile and sometimes



aggressive due to the insecurity caused by the situation that led them to the care.

It is also important to highlight that for the implementation of care with humanized actions, it is necessary to value the subjective and social dimension in all care and management practices in the SUS, strengthen multiprofessional teamwork, foster the construction of autonomy and protagonism of the subjects, strengthen social control with a participatory character in all SUS management instances, democratizing labor relations and a very important point: valuing health professionals (Andrade *et al.*, 2018).

The results of the Versiani *et al.* (2019), showed that although there is the stress characteristic of the emergency unit, as these are critical patients, it is necessary to develop strategies of applicability in the dynamics of the service in order to mitigate factors that may interfere with the quality of care. Therefore, humanization in the urgent and emergency care environment needs to be worked on with a view to interventions aimed at the well-being of the patient/family, professionals, the community in general and the institution.

The authors also point out that it is feasible to implement a humanized care process in these units, mainly because they are critical patients, improving both interpersonal relationships between professionals and improving the quality of care for the patient/client and also for their loved ones involved in this process, because what we see are tired and worried professionals. only, in the health-disease process (Versiani *et al.*, 2019).

For Soares *et al.* (2020), humanization is often neglected by health professionals, due to excessive workload, responsibility for their actions, episodes of extreme tension, constant involvement with pain, loss, and death. Few are able to deal with this daily life impartially, and many develop defense mechanisms, including denial and escape. The result is a cold and distant performance with the client and their families, avoiding any emotional involvement and dialogue.

According to findings in the research by Santos (2019), with regard to humanization within urgency and emergency units, it is the duty of institutions to plan and organize their services with the aim of promoting quality care that preserves human dignity. It should facilitate the performance of care based on the Constitution of Human Rights, focusing its attention on the prevention of diseases and the promotion of interventions according to the needs of each patient.

According to Leite (2021), sick people and their respective families who resort to the urgent/emergency service seek to resolve their complaints and end up facing a precarious situation in care (material and human), overcrowding, little involvement of the health team, distancing, impatience, and in some situations interprofessional discussions.



When seeking care in urgent/emergency services, they should ensure access to available health technologies, as well as measures that result in a safe and comfortable environment for the person. In this way, the combination of technology and humanization becomes possible, with the challenge of seeing the sick person and their health needs as a starting point for care in the hospital environment (Leite, 2021).

Leite (2021), also makes a caveat saying that the training of health professionals such as doctors, nurses, nursing assistants and technicians, even though there is a concern to work on the principles and guidelines of the SUS and humanization, is still focused on the biomedical model that reduces the sick person to an organic dysfunction, which needs an intervention for its resolution, And they forget that there is a person in bed with fears and insecurity waiting for a word or a gesture of comfort from the professional.

According to Gallo and Mello (2019), humanized care, especially in the urgency and emergency sectors, is an act to be followed in order to improve the care of the entire team that assists the patient. This task requires a certain amount of adaptation time due to the routines that are established in hospital services and that greatly contributes to the attitudes of employees in complying with care protocols previously established by each institution. It is important to emphasize that all UPAS professionals have goals that must be achieved, and one of these is associated with the time of risk classification performed by the nursing professional during the patient's admission.

Regarding the context surrounding emergency care, Figueiredo and Vieira (2021) emphasize that health professionals should be aware that it is not always only the physical body that gets sick, but the mental, spiritual state of the person. An emergency can be assessed in internal or external order of the body, in a real or subjective environment. Thus, the professionals who provide care need to remember that there are times when it will be a dual function, that is, the emergency of care and emergency care.

FINAL THOUGHTS

From the results obtained with the integrative review, it can be inferred that the humanization of health is very important, given that the valorization of the human being flourishes, making the dignity of the professional essential in this process, however, to carry out the humanization process it is important that the health professional has a technique and is humanly trained to serve his client, both clinically and psychologically.

The study made it possible to understand that humanized care plays a significant role in



patient care and this should be systematized with the welcoming process as an important element. In addition, it became clear that the act of welcoming goes beyond rules and procedures, where knowledge must be expanded in individual and collective extensions, considering that the human being must be attended to as a whole.

Through the studies analyzed, it is concluded that even in the face of all the difficulties encountered, humanization and assistance in care, especially in the urgent and emergency sectors, are of great importance for all the work provided to happen satisfactorily, offering a service of quality, trust, dignity and respect for the human being.

During the research, it was identified that factors such as the unavailability of time, inadequate physical environment, lack of material and human resources, low wages, long working hours and crowded emergency room hinder humanized care.

Therefore, it is increasingly necessary to adopt actions focused on the humanization of care, but it is necessary for institutions to value their employees by offering full conditions of dignified work with fair wages and quality of service so that through them they can reduce stress, reflecting on the quality of humanized care.



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