125 - THE MARGINS OF A GREAT SILENT-A TEAM IN THE PERCEPTION OF ENFERMAGEM ICU, ON COMMUNICATION WITH THE PATIENT IN COMA

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1 Introduction

Facing a period of increasing mechanization and technology, the area of health is talking so strongly the need to provide substantial assistance humanised to humans

Souza (2004, p. 41) shows that the `humanization is not just a question of a change of behavior in front of the patient." He says that in reality, the professionals who directly or indirectly assist the patients are responsible for humanization.

The new paradigms of nursing require professional's responsibility to undertake a holistic care, and should be motivated to monitor the knowledge and to apply them (TIMBY, 2001).

The process of communication in turn, is essential to the assistance of nursing and is directly related to the quality of this assistance (SILVA; CARVALHO, 1993).

The effectiveness of communication in an ICU, in most cases, is considered one of the challenges for the team, especially when the patient is intubado and / or unconscious. Often it is difficult, one of the main barriers to the process of humanization (SOUZA, 2004).

When we talk of the patient in coma, not say with certainty to what extent this patient did not hear or has no concept of what happens around them. He may present unable to speak or move, but we do not know if he can see, hear or understand what is happening.

The coma, according to Silveira (2004, p. 759), `is a word that derives from the word Koimã, which means act of sleeping." It is a state of unconsciousness that differs from syncope to be extended, and sleep, the inability to be reversed by external stimuli. Some brain functions and senses may be compromised, which does not necessarily the absence of perceptual. The difference lies in the possibility of expression of what is perceived (VOLICH, 2000).

Thus, the lifely an experience in ICU, anxious, and full of questions and believing that interpersonal relationships and communication are important factors in the care, we decided a study aimed at examining the perception of the team of nursing about the process of communicating with the patient in a state of coma in Intensiva Therapy Unit of a hospital school in the city of Recife

2 Methodology

Exploratory study, which appears in a qualitative dimension, developed under the light of review of the literature, conducted in a unit of a hospital Intensiva Therapy school in the city of Recife / EP, comprising ten beds, characterized by care of high complexity the patients who are in critical state of life.

Part seven of nursing professionals, ie, two nurses and five nursing aides to the ICU, so intentionally selected from pre-defined criteria, using the technique of systematic non-participant observation, guided by a pre-established roadmap (APPENDIX A) and recorded in the field daily, as a filter for semi-structured interview (APPENDIX B) to be held later.

The collection of data occurred in the period May to July 2005, after approval of the project by the Committee for Ethics and implementation of the End of Free and Informed Consent (APPENDIX C) to the subjects involved in the scenario of the study.

After collecting the data, with total acquiescence of the participants and according to the established by Resolution 196/96 of the National Council of Health / Department of Health, we have continued to analyze the data, maintaining the anonymity, confidentiality and privacy of the subject, recognizing them by his boat. It is worth mentioning that the excerpts of the comments posted were placed in context, in order to differentiate the evidence presented.

In search of show the meanings found using the technique of thematic analysis for the treatment of the material collected. For this procedure, after thorough reading of the material collected, from similar thematic units identified during the testimony, produce three categories for the analysis, based on thematic units similar

This technique, according to Minayo (2004, p.208) “is to discover the core of meaning that make a statement, which the presence or frequency mean anything to the test object pursued."

Idealize the ICU as a safe harbor, pier anchorage of boats, who live in constant trips to the big seas. The immense sea, quiet, full of subjectivity, often unknown, symbolized our patient in coma. This March in addition to receiving the vessel, in its simple task to navigate, feels the need that crew dive to his deepest heart, the sea of the unconscious. It was in this scenario that showing and deliver our search

3 Review and results

From this chapter surfing toward the know and, in the end, understand the perceptions of the team of Nursing about communication with the patient in coma

3.1 The categories, our interpretation - A journey

This phase is characterized by analysis of the evidence revealed, concatenated to comments made in the scenario of the study.

Before the speeches of the subject, rescued from the transcript of the interviews, and clusters of clusters of meaning, designed the categories that guided our route. They are:

- Talking with the great silent;
- The daily life of Travel;
- Browse;

3.1.1 Talking with the great silent

In this category we propose to identify as professional nursing communicates with the patient in coma. Before this regard we face with a reality in which the communication, in most cases, consists of a linear reasoning, reduced to information of

the procedure, as shown by five of the participants. Noticed that with this crew remains on the surface, on the sidelines of the great silent, exemplified by the following words:

"Notice when I will make a procedure" (Barinel).

"I try always communicate before it when I go to any procedure" (Yacht).

Zinn et al. , (2003, p.230) still say that sometimes such communication has become an "act conditioning, without reflection."

The communication when not done this way, or when reflected, it turns into a tool for work, overriding the technical level and reconciling the body, the emotions, the feelings and the need of the patient, it being understood as a necessity basic human (ASSUNÇÃO; PEACE; HERMES, 2004).

The non-verbal communication, considered by many authors as the expression of the spirit and body, held not by words, is explained powder three of the interviewees, said when the touch as important factor in communication with the patient in coma.

“Is ... Through touch ... when we will handle the patient "(Nau).

"I try wherever I will manipulate the patient, touching." (Yacht)

In testimonials are the words "handling" and "manipulate" which deserve attention in this analysis. In its sense denotative mean "execute and prepare to hand" respectively, conotative, in turn, the task being performed. Thus, we see that there is a strong relationship between the touch, mode of non-verbal communication, and the work. Therefore, we believe that if there is no communication procedures.

Hudak and Gallo (1992), argue that by the touch of a expressive, genuine and sincere, one can clearly convey care and support to clients in need of care.

In observation No. 5, highlighted a passage in which noticed the presence of touch the patient, under a focus of attention, concern and care.

Nau positions the patient, looks at the monitor and holding the saline with one hand starts the procedure of healing.

A help arrives, the patient comes, it comes out looking and ...

Other auxiliary close to the bed, next to Nau, talk something inaudível the distance where I am and continue stirring Nau on the monitor ...

I feel that there are any problems with the machine ...

The auxiliary remains beside Nau and covers the patient with the blanket.

Moreover, we found also that there is a concern to assess the state of consciousness of the patient, as two crew revealed. They say that communication is performed if the patient submit some form of response to the stimuli applied.

"Search call the patient by name, to see if it will open eyes, see if anything will meet ... if the patient responds to something that I continue ... I like to know where he is, the date, time, day of week ... now if the patient makes no reference or pain, or any movement, ai I generally am not speaking well, which is a mistake because we know that the patient may not be able to answer, but what this hearing there. "(Caravela).

In the words of Caravela clear understanding of the importance of communication, is not getting any response to stimuli applied. It is known that the last sense to be lost before death is the hearing, but the professional feel difficulty in establishing communication with a being that only listening, or even not listening.

Silva and Dobbro (2000, p. 251) remember about this dichotomy between perception and the expression of what is understood as `report that the commitment of brain functions and senses not mean, necessarily, in the absence perceptual" .

The hearing is one of the oldest senses belonging to the developments that led to humans. Form part of the group of sensory systems to link the individual with the external environment and is the last to be lost in the process of death (MIROL, 2002).

Thus, the patient is entitled to a service man, attentive and respectful, on the part of health professionals. Accordingly, Barca claims act, adopting as a fundamental aspect the power of religious faith.

"I always talk with them, talk, because I believe they listen ... I like to talk with them, to pass something, I know there until a force even talking about ... God, it is very important ... I always like to say: Have faith in Jesus "(Barca).

The testimony of Barca is corroborated by the observation presented below, held with Barca during their practice, the simple task of putting a thermometer to measure the temperature.

Dona Laura good morning, I put the thermometer in her saw?

Barca put the thermometer in the axilla of the patient and says:

Tá better-saw! It will remain cured!

He pulls out the thermometer, looks and leaves.

Thus we realize that redeem the human care in each of us is vital, because this care as human condition, provided a moral imperative. (WALDOW, 2001).

3.1.2 The daily life of Travel

This category came when the majority of crew members revealed that communication with the patient in coma, during the caution, was hampered by numerous tasks and dynamics of the industry.

"Sobra little time or almost none, and also not having the incentive to that communication, not over this time for you to stimulate communication with the patient (...) or the culture that people do not have such communication" (Sailboat).

In testimony realize that the actors of care understand the relevance of this relationship with the patient, but most often not the practice. This was evidenced during the observation, when identified that the duty to comply is as important, and almost always done so automatic and technically correct, submitted by the observation of Barinel with Jangada doing a bath in the bed.

In the line of thought of Figueiredo et al. (1999, p. 29) “for some health professionals, the important thing is to fulfill the obligation within the commonly required by the service."

But this careful, sometimes you lose not only by the routine of the unit, but because attract feeling of exclusion, criticism, ridicularizacion and repudiation by the attitude taken. Caravela reports that experienced a case, which illustrates the statement above.

"Is there a medical doctor in the ICU where work, it does:-Good evening his fulano? A voice annoying, you know? In a way it tá right, eh? She tá trying to see if he responds to something, but it is irritating voice, high, many people are rejecting (laughter) "(Caravela).

We must not forget that the person who is on the other side is a human being with all its reality. It is a body, a mind and a spirit.

3.1.3 The surf

Navigating in search of understanding the essence of care seek to identify, in this category, the significance of care for professional participants of this trip.

Ahead of this, on the basis of the stories, we perceive that taking care of it has the meaning to attend the necessities of the patient, mainly in the physical scope and concerning the procedures, relegating to as the plain one, to the times even without the deserved relevance, the well-taken care of spiritual, the interactions, the directions, the subjective one, "I". This vision of taking care of is illustrated by the deposition to follow:

"It meets the needs of the patient is to the medication on time, make hygiene, prepare for the exam." (Yacht).

Leloup (2001 apud BOFF, 2004, p. 25) shows that "the care of the body do not exclude the care of the soul, and the care of the soul (psiquê) do not exempt that take into consideration the size ontológica and spiritual the man".

Accordingly, Boff (2004, p. 95) also states that "the care is not opposed to work, but it brings a different tone. The relationship is not subject-object, but subject-subject".

We know that it is a great challenge to combine work with care, and agreeing with the author, realize that they composed, are limited and complement each other, providing the full and subjectivity of human experience, listing materiality and spirituality (BOFF, 2004).

4 Finish Considerations

Our journey that could seize that communicate with the patient in coma is a difficult task, in most cases, epitomized by the information of the procedures to be performed.

The touch, type of non-verbal communication, it is perceived by the team attitude as important in the process of interaction with the patient in coma. Further dialogue with the patient, this is so discreet, because of the author's careful believe that this patient listening or perceive what is happening around him.

The role of the caregiver is known in his theory, the majority of interviewees, but still believes there is a separation of the physical / mental and objective / subjective, valuing themselves again the implementation of procedures that meet the need physical and treatment.

learn that it is not necessary that the other listen to our voice, or to respond to our questions. We need to hear what we say hands, eyes, the minimum gestures, even if he did not hear or did not speak a single word.

What this does not stop just on the banks of the patient, the patient in coma, unconscious... We can go deeper in the relationship, without fear of not receiving response, to be ignored, but with the consciousness of having done a careful our way, human, ethical, moral and qualified

Key words : UTI; To take care; Human.

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THE MARGINS OF A GREAT SILENT-A TEAM IN THE PERCEPTION OF ENFERMAGEM ICU, ON COMMUNICATION WITH THE PATIENT IN COMA

ABSTRACT

Study qualitative description-exploratory, objectifying to analyze the perception of the team of nursing in the communication with the patient in coma, carried through in the UTI of a hospital school of Recife. We perceive that the communication with the patient in coma is reduced to the information of the procedure to be carried through. The touch is disclosed with an important attitude in the process of taking care of and talking with the patient if it makes gift for if believing that it listening or perceives what it is transferred to its redor. Thus, we need to dive in this relationship to carry through human, ethical, moral and qualified a care.

KEY WORDS: UTI; To take care; Human.

AU BORD D´UN GRAND SILENCE - LA PERCEPTION DE I´ÉQUIPE INFIRMÈRIE DE I´UNITÉ DES SOINS INTENSIFS DE LA COMMUNICATION AVEC UM PATIENT DANS LE COMA

RÉSUMÉ

Étude descriptive-exploratoire qualitative, ayant pour but d´analyser la perception de l´équipe d´infirmerie dans la communication avec le patient dans le coma, réalisée dans l´unité des soins intensifis d´un hopital école de Récife. Nous apercevons que la communication avec le patient dans le coma est réduite à l´information du procédé à êtré réalisé. Le toucher s´avère être une attitude importante dans le processus du soin et la conversation avec le patientest pratiquée car l´on croit qu´il écoute et percoit ce qui se passe autour de lui. Ainsi nous avons besoin de nous plonger dans cette relation pour pratiquer un soin humain, éthique, moral qualifié .

MOTS CLES: Unité des Soins Intensifs; prendre soin ; Humainisation.

AL MARGEN DE UN GRAN SILENCIO - LA PERCEPCIÓN EN UN EQUIPO DE ENFERMERÍA UCI, EN LA COMUNICACIÓN CON EL PACIENTE EN COMA

RESUMEN

Estudio descriptivo-exploratorio cualitativo, teniendo para analizar la opinión del equipo del cuidado en la comunicación con el paciente en coma, llevado a través en el Unidad de los Cuidados Intensivos de una escuela del hospital de Recife. Percibimos que la comunicación con el paciente en coma está reducida a la información del procedimiento que se llevará a través. El tacto se divulga con una actitud importante en el proceso de tomar cuidado de y de hablar con el paciente si hace el regalo para si cree que él que escucha o percibe lo que se transfiere a su redor. Así, necesitamos zambullirnos en esta relación para llevar con humano, ético, moraleja y cuidado cualificado.

PALABRAS CLAVE: UTI; Para tomar cuidado; Humano.

ÀS MARGENS DE UM GRANDE SILENCIOSO - A PERCEPÇÃO DA EQUIPE DE ENFERMAGEM DE UTI, SOBRE A COMUNICAÇÃO COM O PACIENTE EM COMA.

RESUMO

Estudo descritivo-exploratório qualitativo, objetivando analisar a percepção da equipe de enfermagem na comunicação com o paciente em coma, realizado na UTI de um hospital escola de Recife. Percebemos que a comunicação com o paciente em coma é reduzida à informação do procedimento a ser realizado. O toque é revelado com uma atitude importante no processo do cuidar e o conversar com o paciente se faz presente por se acreditar que ele escuta ou percebe o que se passa ao seu redor. Assim, precisamos mergulhar neste relacionamento para realizar um cuidado humano, ético, moral e qualificado.

PALAVRAS CHAVE: UTI; Cuidar; Humanização.