138 - A INTENSIVE CARE UNIT HOW SYNONYM OF DEATH: REVIEW OF LITERATURE

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INTRODUCTION

The literature shows many work on the feelings awakened for hospitalization in the intensive care unit (ICU), these units came to the critical care to patients, but, taken as recoverable, make constant observation and monitoring, medical care and nursing continuing and specialized, and centralize material resources in a specialized core (MOREIRA; CASTRO, 2006; BACKERS; CHILD; LUNARDI, 2005; DI BIAGGI, 2002; PEPIT, 2006; LEMOS; ROSSI, 2002; SOUSA, 2005; Gonçalves; MIRANDA, 2004; BECK, 2001).

The treatment in ICU is painful and confusing for the patient and his family, they feel harassed interventions frequent, painful and invasive procedures, noise of machinery and lack of privacy (DI BIAGGI, 2002; SEVERO, GIRARDON - PERLINI, 2005; VILA; ROSSI, 2002).

Considering the importance of the subject, was held goal of this study literature review on the emotional aspects related to the ICU as synonymous with death in the perception of the patient, family and professionals in nursing. The justification for completion of this work comes about because of the negative perception of the ICU as synonymous with death, may hinder the recovery and enhance the development of emotional disorders as a result of the situations encountered and also contribute to a reflective look on our assistance.

METHODOLOGY

It is literature review on the subject UTI perceived as synonymous with death, using - if two computerized databases: LILACS (Literature Latin American and Caribbean Health Sciences) and MEDLINE (Literature International Health Sciences). Both have been consulted through the Site, the Virtual Health Library (VHL), the Regional Library of Medicine (BIREME). The consultation covered a period of ten years (1996 to 2006) (LAKATOS; MARCONI, 2001).

Been made, respectively, the following junctions between descriptors: UTI x x Death Perception; Death Perception x x ICU; Perception x x ICU Death; Totaling 18 articles, available in full text mode and published in the Portuguese language.

From the careful reading of the material, were established thematic categories that will be presented below.

RESULTS AND DISCUSSION

Three themes emerged categories of data: 1. The perception of the patient; 2. The perception of the family; And 3. The perception of the occupation.

The perception of the patient

Some patients realize the ICU as a place where patients are received in serious condition, or between life and death. There are also those who realize how the local concentration of very serious patients in need of medical care and nursing constant, giving them a chance to recover and, consequently, a new start in life. It is observed that the lack of knowledge on the routines and the cultural significance of this sector in society, ultimately set it as daunting, making the event of hospitalization generating source of stress for those that live (MOREIRA; CASTRO, 2006; MATSUDA; SILVA; TISOLON, 2003).

The environment of the rise in ICU patients, considerable physical and emotional overload, leading them to feel more patients than it actually may be. Feelings certainly related to the conflict and anguish experienced by the remoteness of the family, loss of privacy, insecurity and proximity of death, strengthens the suffering during their stay in the ICU (MOREIRA; CASTRO, 2006; URIZZI, 2005).

There are also those who can not see this unit as an environment for restoration of health, and its design pervaded by ideas and concepts pre-formulated, considering the ICU as a place dark and isolated before death. These visions wrong associated with the routines more rigid and inflexible generally, have further impeding the adjustment of the patient and destabilizing it emotionally (CORREA; SALES; SOARES, 2002).

The perceptions of patients on their experience when hospitalized in an ICU, seized this study indicate that this unit is perceived as a little unfamiliar environment and welcoming, which has generating anxiety and uncertainty, in addition to associate with death and serious illness. This perception seems to be related to the stereotype that they have the plant, the ignorance of its real function, and prejudices that cause (PUSCH, 2007).

Among the things that are important and a big difference in the perception of the patient, it is the adoption of high technology in those sectors, providing greater assurance of safety in the monitoring and treatment, the professional competence, the silence and the access of the family. We know the importance of technical dimension in care is undeniable, especially in an environment like the ICU where the continuation or not of a life can be decided on grounds it (MATSUDA; SILVA; TISOLON, 2003).

Establish a humanized care can represent a number of undisputed details, a continuing "to be the" what can be different, which is significant for each patient, since, the individualized care makes it special and valued (URIZZI, 2005).

In relation to the environment of the ICU, among all factors considered annoying and disruptive, they were stressed to consider the light and the noise (from both the appliances, and the constant and intense conversation from the team), to be most unpleasant, and that, in turn, the bothered, not only in the psychological factor, but in their standard of sleep and rest, and so that if patients felt more than in reality could be (MATSUDA; SILVA; TISOLON, 2003; URIZZI, 2005).

It is important and necessary that the team provide information simple, clear and objective, the scope of each patient, which is sufficient to mitigate the inconvenience exist. What may occasionally represent something simple for the team, could perhaps come to mean something complex and terrorizing for the patient, as we can see. The factors stressors that exist among patients in the ICU cause frequent psychological reactions, such as fear, anxiety, insecurity and depression (MATSUDA; SILVA; TISOLON, 2003).

In the case of intensive treatment, those patients are aware they can receive treatment by sharing one of the most difficult experiences for humans, the disease with a life-threatening or sequel. Sharing the fears, anxieties, needs and receive all necessary support and guidance in the ICU, strengthens the patient emotionally, helping you to have more resources to confront this situation.

The perception of the family

In a situation of hospitalization in intensive care, family and patients, are facing a threat to life, which often is diluted in the process of disease, but that there is constantly represented and stressed the dependence of technological apparatus. It is a moment almost always difficult for the family, we can try feelings of uncertainty about the present and the future of his family, feelings, which

also involve their own perspective of life (PETIT, 2006; URIZZI, 2005).

These feelings that the family experience emerge from difficult situations that accompany this hospitalization, such as: the possibility of death of the patient, the search for information on the state of health of the patient and the very dynamic of work of intensive care. The families also with patients, living ambiguous feelings towards ICU: strange place, which scares, but it offers safety in patient care to severe (URIZZI, 2005; SOUSA, 2005; CORREA; SALES; SOARES, 2002).

These considerations have to bring to light the following concerns: though little is express on the subject death, the family in ICU distressed themselves with this possibility, and help it cope with the difficult situation of hospitalization of the family, means not to deny and not trivialize it, accepting it at that time (URIZZI, 2005).

According Alves (2004), it is necessary to rethink dimensions personal, organizational, political and social relationship in the family, seeking to qualify practice those units, without idealizations displaced the context of work, avoiding deny the masking involving the relationship family / patient / staff .

The perception of the professional

In the context of actual performance in intensive care there is a dichotomy between theory and practice, where the professionals are faced with the reality that can not always be controlled and the fact become depositories in the hope and confidence in its activities to the maintenance of life (PETIT, 2006)

The author asserts that, protected by technology professionals are prepared only to win. Thus, losing a patient brings a feeling of failure, of helplessness, lack of control over the chaos that brings the disease, creating a situation that the transference protective away from his patient at the time perhaps should be closer.

Alves (2004); Carvalho et al.(2006), increase that awareness of health professionals, should be more widely developed so that there is greater acceptance of death as a natural process of life and does not become a desperate fight in an attempt to prevent death. In this design, the paradigm of healing and overcoming death, easily makes the professional prisoner of technology and scientific.

The process of working in an ICU generates a high-stress occupation, because the environment of crisis, situation life / death, overload of work, misuse of medical skills, lack of recognition, materials and structural weaknesses. As evidenced by this overload physical and emotional symptoms. A team of the ICU nursing is exposed to a higher level of stress than any other of the hospital, because not only must deal with the assistance to patients and their families, but also with their own emotions and conflicts (CARVALHO et al. , 2006).

The difficulties faced by health professionals, during the process of death, are based on the meanings assigned interactions and visions of the world that acquire over their professional lives. As this process a particular situation to the occupation, on issues related to actual or potential loss and the fear of the very terminating, which can take you to keep an emotional distance from the patient (RIBEIRO; BARALDI; SILVA 1998).

The organization of work based on the implementation of tasks and the distance between staff, patients and relatives, is justified as a mechanism of defense. Unlike when the trader puts in the place of the other, becomes caring considering the meaning of human, which involves respect, dignity, covers the veracity of the expression "love of neighbor as yourself" (PUSCH, 2007; CARVALHO et al., 2006; BACK, 2001; PIERRE, 2006).

The authors to reflect on the cultural significance of humanized care, realized that the nurse has a responsibility and a commitment to ethical and professional rescue the meaning of his act, and this will only be possible from the awareness that the human being is capable of look to yourself, your essence and, by consequence, fetch the other.

CONCLUSION

This study has not exhausted the subject matter about the emotional aspects assigned to the hospital in ICU, but defines a path to be covered by nursing professionals and the area of health, which is a clear need for information and humanization on Att. It is believed that by understanding the meaning of hospitalization in ICU, for the client and his family, the nurse can follow worthily this path, considering thereby the culture surrounding this group.

Share the life-threatening disease, fears, anxieties, needs and receive all necessary support and guidance in an environment very stressor such as UTI, strengthens the patient emotionally, helping him in the face of this situation.

The preparation of a specific plan of action, which does not impose the culture of the nurse on in the group, will certainly contribute to a major step is taken in relation to the quality of care provided by nursing and the demystification of UTI as synonymous with death by the clients and their families.

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THE INTENSIVE CARE UNIT AS A SYNONYMOUS OF DEATH: LITERATURE REVISION

ABSTRACT

The Hospitalization in Intensive Care Unit (ICU) is a critical moment in the life of the patients and their relatives, marked by the constant fight between life and death. Thus, this study had as objective to carry through a bibliographical revision about the related emotional aspects to the ICU as a synonymous of death in the perception of the patient, family and professionals of nursing. The used method was the bibliographical survey in virtual database (LILACS, MEDLINE), covering a period of ten years (1996- 2006). It was verified that the ICU is perceived as an unknown environment and little welcoming, associated to death and serious illness.

KEYWORDS: death; unit of intensive therapy; perception.

L'UNITÉ DU SOIN INTENSIF COMME UN SYNONYME DE MORT: RÉVISION DE LA LITTÉRATURE

RÉSUMÉ

L'hospitalisation en unité de soins intensifs (USI), est un moment crucial dans la vie des patients et de leurs familles, marquée par la lutte constante entre la vie et la mort. Par conséquent, cette étude avait pour but de procéder à un examen de la littérature sur les aspects émotionnels liés à l'ICU comme synonyme de mort dans la perception du patient, la famille et les professionnels de la santé. La méthode utilisée était l'étude bibliographique dans les bases de données informatiques (LILACS, MEDLINE), couvrant une période de dix ans (1996 à 2006). Il a été constaté que l'ICU est perçu comme un environnement inconnu et peu de serre, associés à la mort et la maladie grave.

MOTS CLES: la mort; L'unité de soins intensifs; La perception.

EL UNIDAD DE TERAPIA INTENSIVA COMO SINÓNIMO DE MUERTE: LA REVISIÓN DE LA LITERATURA

RESUMEN

La hospitalización en la unidad de Terapia Intensiva (UTI) es un momento crítico en la vida de los pacientes y sus familiares, marcada para la lucha constante entre la vida y la muerte. Así, este estudio que tenía como objetivo a llevar con una revisión bibliográfica en los aspectos emocionales relacionados al UTI como sinónimo de muerte en la opinión del paciente, familiar y profesional del oficio de enfermera. El método usado era el examen bibliográfico en las bases de datos de los informatizadas (LILAS, MEDLINE), incluyendo un período de diez años (1996- 2006). Fue verificado que el UTI está percibido como ambiente desconocido y poco acolhedor, asociado a la muerte y enfermedad seria.

PALABRAS CLAVES: muerte; unidad de la terapia intensiva; percepción.

A UNIDADE DE TERAPIA INTENSIVA COMO SINÔNIMO DE MORTE: REVISÃO DE LITERATURA

RESUMO

A hospitalização em Unidade de Terapia Intensiva (UTI) é um momento crítico na vida dos pacientes e de seus familiares, marcado pela luta constante entre a vida e a morte. Assim, este estudo teve como objetivo realizar uma revisão bibliográfica sobre os aspectos emocionais relacionados à UTI como sinônimo de morte na percepção do paciente, familiares e profissionais de enfermagem. O método utilizado foi o levantamento bibliográfico em bases de dados informatizadas (LILACS, MEDLINE), abrangendo um período de dez anos (1996 a 2006). Verificou-se que a UTI é percebida como um ambiente desconhecido e pouco acolhedor, associado à morte e doença grave.

PALAVRAS-CHAVE: morte; unidade de terapia intensiva; percepção.