

## Caregivers' Perception When Facing the Care Humanization in The Immediate Postoperative Period From a Cardiac Surgery Procedure

Percepção dos Cuidadores Frente à Humanização da Assistência no Pós-Operatório Imediato de Cirurgia Cardíaca

Percepción de los Cuidadores Frente a la Humanización de La Asistencia en El Post-Operatorio Inmediato de La Cirugía Cardíaca

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### ABSTRACT

**Objective:** The purpose of this study has been to analyze the caregivers' perceptions of patients submitted to cardiac surgery when facing the care humanization in an Intensive Care Unit. **Methods:** It is an exploratory descriptive study with qualitative approach, which was carried out through a semi-structured interview applied to caregivers of patients undergoing immediate postoperative period of cardiac surgery. Subsequently, the data analysis was performed by the Content Analysis according to Bardin's perspective. **Results:** The caregivers have perceived positively the work done by the multiprofessional health team, who were the information holders and care providers. They have identified that the guidelines received throughout the treatment process were essential for the patients' psychological and emotional preparation, as well as their family members. Furthermore, the feelings experienced were of duality between hope and fear, with emphasis on anguish and anxiety. **Conclusion:** Providing quality care to patients and their caregivers through qualified listening and feelings appreciation are essential to the care humanization process.

**Descriptors:** Cardiac surgery, Perception, Nursing, Caregivers.

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## RESUMO

**Objetivo:** Analisar a percepção dos cuidadores de pacientes submetidos à cirurgia cardíaca frente à humanização da assistência, em uma Unidade de Terapia Intensiva. **Métodos:** Estudo do tipo exploratório e descritivo, com abordagem qualitativa, através de entrevista semiestruturada aplicada a cuidadores de pacientes em pós-operatório imediato de cirurgia cardíaca, com posterior análise de conteúdo de Bardin. **Resultados:** Os cuidadores perceberam positivamente o trabalho realizado pela equipe multiprofissional, sendo estes os detentores das informações e possibilitadores do cuidado. Identificaram que as orientações recebidas em todo o processo de tratamento foram essenciais para o preparo psicológico e emocional do paciente, assim como dos familiares. E os sentimentos vivenciados foram de dualidade entre a esperança e o medo, com destaque para a angústia e ansiedade. **Conclusão:** Prestar uma assistência de qualidade aos pacientes e seus cuidadores através de escuta qualificada e valorização dos sentimentos, se faz imprescindível para o processo de humanização do cuidado.

**Descritores:** Cirurgia cardíaca, Percepção, Enfermagem, Cuidadores.

## RESUMEN

**Objetivo:** Analizar la percepción de los cuidadores de pacientes sometidos a la cirugía cardíaca frente a la humanización de la asistencia, en una Unidad De Terapia Intensiva. **Métodos:** Estudio tipo exploratorio y descriptivo, con abordaje cualitativo, a través de encuesta semiestructurada aplicada a cuidadores de pacientes en postoperatorio inmediato de cirugía cardíaca, con posterior análisis de contenido de Bardin. **Resultados:** Los cuidadores notaron positivamente el trabajo realizado por el equipo multiprofesional, siendo éstos los detentores de la información y facilitadores de cuidado. Identificaron que las orientaciones recibidas em todo este proceso de tratamiento fueron esenciales para el preparo psicológico y emocionales del paciente, como también de los familiares. Y los sentimientos experimentados eran de dualidad entre la esperanza y el miedo, especialmente la angustia y la ansiedad. **Conclusión:** Prestar una asistencia de calidad a los pacientes y sus cuidadores a través de la escucha calificada y valoración de los sentimientos, se hacen imprescindible para el proceso de humanización del cuidado. **Descritores:** Cirugía cardíaca, Percepción, Enfermería, Cuidadores.

## INTRODUCTION

Cardiac surgery can be understood as a process of restoration and preservation of vital capacities, which aims to return the patient's physical, mental and social welfare.<sup>1</sup> Three types of cardiac surgery can be highlighted, as follows: correction, reconstructive and substitutive, where the myocardial revascularization surgery is the most common type among reconstructive ones.<sup>2</sup>

Regarding the postoperative period of cardiac surgery, the patient needs to be admitted to an Intensive Care Unit (ICU), which comprises differentiated and complex technologies, in order to receive full care.<sup>3</sup> Not only the patient, but also his relatives and caregivers are exposed to this scenario, considered a source of stress.

Surgical treatment carries with it a significant amount of dramaticity in which anxiety and fear are present to the individuals who undergo it. The lack of control glimpsed

in the surgical situation accentuates the overload of sensations involved in such experience, since individuals are exposed to a dichotomous situation: between life and death. In this sense, cardiac surgery is an experience that has a great impact on the life of the patient and his/her caregiver, whether in physical aspect or psychological aspect.<sup>5</sup>

Thus, the postoperative cardiac surgery requires of the nursing team continuous observation, with fast decision making and high complexity care. In order to provide direct assistance to the patient and their caregivers, aiming to minimize possible complications and maintain the balance of the organic systems.<sup>4</sup>

Regarding the caregivers, they can be defined as the person of the family or community, who provides care to another person of any age, who needs assistance. In this perspective, the role of the caregiver goes beyond the simple accompaniment of the daily activities of individuals, whether they are healthy, sick and/or bedridden, either in at home or in any type of institution where more attention or daily care is needed.<sup>6</sup>

In view of the importance observed in caregivers of patients in the postoperative period of cardiac surgery, it is possible to refer to the concept of humanization that addresses the valuation of the different subjects involved in the health production process: whether users, workers or managers, since the values which guide this policy are the autonomy and the protagonism of the subjects, with a view to promoting the care quality and adequate working conditions.<sup>7</sup> Therefore, humanization in ICUs is characterized by caring for the patient in a holistic manner, encompassing both family and social contexts.<sup>3</sup>

There are few studies that involve the perception of the caregivers regarding the care provided in intensive care, especially to the postoperative of cardiac surgery. Given the lack of literature on the relationship between intensive care and caregivers and based on the clinical experience of this reality, it is possible to consider that the caregiver of the postoperative cardiopathic patient have an emotional overload, and added to the distressing environment of the ICU, he/she is vulnerable and needs special attention from all multiprofessional health teams.

In this sense, dealing with the caregivers' perception is a complex process, because perception is something subjective, a way of knowing the world, which depends on both the environment and the person who perceives it.<sup>8</sup> Consequently, there is a need for adequate understanding of how the caregiver perceives the humanization of care given to his family member, for knowledge production and for proposals that allow a better care.

Given the above, our objective is to analyze the caregivers' perception of patients submitted to cardiac surgery when facing the care humanization in an ICU located in *Passo Fundo* city, in the Northern region of the *Rio Grande do Sul* State. Through the following guiding ques-

tions: How did caregivers perceive the work of health professionals in the ICU? How did the caregivers experience the patient's follow-up during ICU admission? What were the guidelines received by the health professionals during the period of ICU admission?

## METHODS

It is an exploratory descriptive research with qualitative approach involving the caregivers of patients submitted to cardiac surgery. The research was developed in an Intensive Care Unit of *Hospital da Cidade*, a referral hospital in high complexity cardiology, located in *Passo Fundo* city, in the Northern region of the *Rio Grande do Sul* State. In order to select the sample, the anchor caregivers were used as inclusion criteria, in other words, the ones that were most present during hospitalization and who were older than 18 years old. Exclusion criteria were caregivers of patients presenting with surgical complications, as well as non-acceptance of the Free and Informed Consent Term, and also caregivers who had reduced capacity to respond to the questionnaire. Considering that the projection of the sample size was determined from the saturation of the information obtained, in other words, answers repetition.

Data collection took place in September 2016, through a semi-structured interview elaborated for this study, applied to five caregivers, with subsequent transcription of their responses recorded in full on a field diary. However, the interview was only carried out after the consent of the researched subject and the signature of the Free and Informed Consent Term, in order to guarantee the anonymity of the user, as well as the possibility of abandonment at any moment of the research.

Data analysis followed the methodological precepts of the Content Analysis according to Bardin's perspective, since this method allowed the researcher the understanding of the representations that individuals present in relation to their reality and the interpretations that make of the meanings around them.<sup>9</sup> This has made possible the transcription of the answers and the identification of the interviewee according to the order of the interview (I1, I2,...), categorization of the data and subsequent discussion of the results.

The research was based on the norms and guidelines that regulate the research involving human beings, according to the Resolution No. 466/2012 from the National Health Council, and approved in the Ethics and Research Committee from the Universidade de *Passo Fundo* and the *Hospital da Cidade* under the *Certificado de Apresentação para Avaliação Ética (CAAE)* [Presentation Certificate for Ethical Evaluation] No. 58604716.9.0000.5342.

## RESULTS

The present study had a sample of five female caregivers, in the age group from 28 to 55 years old, being three wives, one sister and one daughter. All the proce-

dures followed were myocardial revascularization surgery and only one interviewee had already followed a cardiac surgery postoperative period.

Regarding the categorization process, four categories emerged, which will be presented and analyzed as follows:

### Cardiac surgery under the caregiver's view

The reports below confirm the stereotyped view about cardiac surgery, which is linked to the low knowledge about the surgical procedure, as well as the surgical indication.

*At the moment she said that she was going to put, I do not know to tell you, a little piece there, it's not a saphenous vein bridge, it's another... she was going to put the mammary that does not have to cut the leg, that's what she explained. (I1)*

It was found that the caregivers of this study had little understanding about the meaning of an Intensive Care Unit, as well as the equipment needed to maintain vital activity after surgery.

*The physician called me in the hallway and said like this: he goes to ICU, will be intubated, you will not be scared... he will have a lot of equipment, he will have two sleeves, one here and one here to clean he's going to get a probe on him, he's got a straw in his mouth, but do not be scared that it's for him to breathe, he explained to me well what it was going to be like. (I2)*

*When he said it, I was shocked, I thought he was going to have surgery and he was going to go to the room, which was not for ICU, but he did not even say it, in that case he explained to me, ICU I told him said: in his case is a serious case, dealing with the heart is not like that... will have to stay four to five days at the ICU and then he goes to the room back, I immediately took a shock, because I thought that there was no need. (I2)*

Also, in the information collected about the preoperative period can be observed the presence of defense mechanisms by the caregiver, which is a common aspect in the situation of waiting for cardiac surgery. Then, it is preferable only tweak their feelings report.

*We were downstairs at the hemodynamics there the doctor called me there, explained his picture and said that he had no way of putting any more of it in him, that he would have to do a saphenous vein bridge because otherwise he would not survive, because his veins were blocked, the veins were only 30% and the muscle had already died, if we have to do it, we will do, no problem at all, so I said. (I5)*

Another factor evidenced during the interviews was faith found in religion, spiritual support, and religiousness played a key role in providing support and comfort.

*Because he's evangelical, he brought the bible to him, then the pastor came and prayed to him... he talked to him, it helps a lot... yesterday he stayed the whole morning with me, from 07:30 a.m. to noon with me here yesterday, at the time of his surgery he knows... this spiritual support is very important... he has a lot of faith in God, he has given in the hand of God so you know, he is brave so you know. (I2)*

### Multiprofessional care

The multiprofessional care category reveals how professionals interact with caregivers, as well as with patients, throughout the hospitalization period. The positive aspects regarding the relationship with the multiprofessional health team were widely cited in the testimonials.

*Look, they serve well, they sit there, so always looking to see how it is, always on one side or the other they are dealing there, we were well taken care of. (I3)*

*An attendance of education, some educated people, some people so they have patience to deal with the people, some people so patient, are not gross people. (I2)*

*They are great, I give ten for the service, we have no complaint... at the time, they do not give you time to be like this kind of waiting, do you understand? It is fast! I'm very happy, too. (I1)*

*I think they take care of well, they are well attentive with people... the girl was there looking, stirring, looking at that serum, that blood, kept stirring there know, they are very attentive. (I2)*

It is also possible to identify the recognition of the work of the professional psychologist who became a co-agent in the organization, humanization and assistance to the team and the family, as well as in the psychological care and attendance of the patient and the caregiver, a moment of great distress.

*It is great, no complaints at all. Even the psychologist who arranged for me there, had nowhere to go, I told her, then I told her that I had already gone there and the guria did not accept because she was not registered right in the city, then she said: No, but I'll call there and I'll sort it out. It was a matter of fifteen minutes she arranged for me, I'm very happy, note ten the*

*attendance of you, note a hundred right, I have no complaint, everything is good, very fast the attendance, very attentive people who work here, you can complain about none. (I1)*

### Experienced feelings

Feelings of duality emerged in the interviews, since positive feelings of trust were mentioned, portraying hope in the possible recovery, as well as feelings of sadness and apprehension in losing the loved one.

*Oh, I was very nervous, but then I knew it was not serious, the physician had said it right, and when the doctor arrived, he told me: the first part we passed, it was okay, and we have two more, which was today and tomorrow at ICU, so I said: but it will be good, I told him. (I1)*

*It was like a punch, a person who never stopped... I did not imagine that it was so much equipment... I feel a sadness thinking he will leave it, they explain that he is well, but we think a little more than that... (I3)*

The feeling of anguish and insecurity in the face of the unexpected situation was evidenced, since there was no time for the family adaptation to the new situation experienced.

*It is very scary, an anxiety, there is not much to explain, I cannot say everything exactly, there is a moment that we despair, that we have to show that it is strong, but it is not. (I3)*

*Oh, I do not know, a bustle like that, it's pretty weird, I've never been through this before, like I'm going to tell you, I'm a person I keep enough for me these things you know, it's rare for me to cry. (I5)*

*For me it was a shock, but I thought of him, like he was going to react, because he never thought he needed to do that, but two brothers already did, right in his family there... (I4)*

### Care for the caregiver

When they were approached about their care, the interviewees were uncomfortable with the waiting time for medical information, causing an increase in anxiety.

*I liked the team, it's okay, for me it's okay, when I needed them they took care of me, the only difficulty is that we have to wait, right, this is normal, we have to wait until the news, this is bad for us... (I3)*



It was observed the recognition of the different professionals who worked to help overcome this experience as a caregiver, developing the empathy process, however, it was noticed that caregivers were only concerned with the improvement of the family and not with their physical and emotional well-being.

*I thought it was cool, I talked to the head of the nursing, the nurses there... they treated me well, they were really nice to me ... so caring for our people, we're calm, right? (I2)*

*Yes, the psychologist, the guilds there, these days I also had a bad time there and quickly they attended me, nice, I was well attended. Only this waiting time on the doctors, we get anxious, but even I understand why sometimes they are in a rush, they have surgery, and they have other patients to take care... (I5).*

## DISCUSSION

In the present study, it was identified that cardiac surgery is a generative factor of multiple feelings, mainly to caregivers who have limited understanding about the surgical act, and the need for hospitalization in an ICU, knowing that there is a pattern of beliefs that relate to being in an intensive sector in the condition of receiver of the care how to be between the life and the death.

The guidelines regarding the procedures that will be performed in the surgical act become important for the patient before he undergoes the surgery. As well as clarifying to him the conditions that will be experienced in the moment of the immediate postoperative, in other words, the awakening of the anesthesia, and how he should behave in that period with a view to his recovery.<sup>10</sup>

Since awakening in an ICU is frightening, both for the patient who is debilitated and dependent, as well as for caregivers who are faced with numerous equipment at the bedside. This demonstrates the importance of the visit of the multiprofessional health team in the preoperative period in order to clarify doubts and anguishes about the surgical procedure and the postoperative period.

For the meeting of tubes, drains, various connectors, drug infusions, pump alarms and monitors make the awakening of the patient a peculiar moment, where the nursing team has to be present to guide the patient in order to minimize anxieties and worries.<sup>2</sup>

Another factor mentioned in this study as of fundamental importance in the provision of support and comfort in the face of illness was the religiosity that was present most of the time in the search of explaining the unknown or making sense of human concerns.<sup>11</sup>

Faith is considered important for the patient in facing heart disease and in the quest for life quality, and prayer is related to fewer complications in the postoperative

period of cardiac surgery, besides bringing positive results to health through belief.<sup>1</sup>

Additionally, one can observe the positive aspects that were listed regarding the relationship with the multiprofessional health team, considering that the health professionals are the co-protagonists, in other words, they directly assist the patient in the postoperative period of a cardiac surgery while searching for recovery, which is their main objective, as well as providing guidance and emotional support to caregivers and family members.

The family seeks in their relationship with health professionals, support and trust, both through technical procedures and through a differentiated care provided by the team. The clearer the information passed to responsible family members, the easier the family can join the treatment. Regarding the family, the best professional is the person who best clarifies the situation in which the patient is at the moment.<sup>12</sup>

Often families are isolated from the care process and have their participation limited by hospital rules, despite the existence of the National Humanization Policy. In this sense, it is important and important for the health professionals to receive their relatives, in order to understand and help overcome this experience and minimize the suffering generated by this hospitalization process of the loved one.

The family relationships maintained within their home settings have positive effects on the health of their members, since the characteristics of this context are directly associated with the self-care behavior that the patient performs. This affirmation reinforces the need for interaction and partnership between health professionals and family members for the successful treatment, recovery and rehabilitation of the cardiac patient.<sup>1</sup>

In 1952, Hildegard Peplau called the therapeutic interpersonal relationship the essence of the proposition of the Theory of Interpersonal Relationships in Nursing, that is, the person-to-person relationship is that it will directly influence the patient's care, from the perspective that nurses and patients can identify problems and propose solutions within their therapy, placing them as agents of their treatment.<sup>13</sup>

Humanization depends solely on each person, it also depends on the commitment to the neighbor and the world that surrounds them, and with these actions provide humanized assistance. The ICU care environment needs to be welcoming, inclusive and stimulating for all involved in the care process and/or under care. Both professionals and managers, as well as patients and their families need to feel part of this environment.<sup>3</sup> Given that the treatment of education and respect for caregivers by the multiprofessional health team, it is interpreted as a humanized care.

On the other hand, if the professionals do not respond to expectations or show lack of attention or carelessness,

they are labeled of bad professionals. So, we can interpret the attitudes and behaviors of health professionals that will also influence the evaluation of humanized care.

The health team should be able to recognize the needs of the family and enable them to play their role as caregivers. When interacting with the family in a moment of crisis, the professional faces the experience of vulnerability that is added to the experiences of the patient's family in the ICU. The professional must put himself in the place and in the difficulties of the other, which allows an approximation and effective orientation, in other words, an empathy process.<sup>12</sup>

During the interview, it was also observed that the caregivers felt anxious and distressed, uncomfortable with the waiting time and presented a feeling of duality regarding the surgery, because at the same time that they believed in the recovery, they doubted the survival after the surgical procedure.

It is known that the family experiences contradictory feelings about the ICU, treating it as a strange place, which generates fear and distrust, but which offers security in the care of the critical patient, always with the desire and hope that he recovers and get out of there as soon as possible.<sup>12</sup>

The family sees with concern the moments of separation, which seem endless, so the anxiety must be understood as a feeling of extreme importance, because of the fact of not being able to visualize their family member at any instant, and the waiting time for clinical information cause emotional instability and displeasure.

Therefore, the multiprofessional health team should not take care focused only on the patient, but also on the family members that experiences the disease situation. This way, the communication must take place in a meeting of interaction and dialogue, according to the particularity and needs of the relatives.<sup>14</sup>

The uncertainty of its evolution, the separation of the family, the fantasies about the procedure and the possibility of dying; in more details: the separation of the house, its environment, the loss of freedom and depersonalization are the causes of stress in this period. Since anxiety leads the patient to think and assume the role a sick person; in addition to anticipating questions regarding the surgical procedure and the fear of losing control over himself.<sup>15</sup>

Since anxiety is an uncomfortable emotional state that basically consists of the presentiment of danger, the waiting attitude and the disorganization in the midst of the sensation of no protection. It is necessary to be present to act empathically when the family needs to be cared for, to be assisted through a relationship of trust and heard in its singularity.<sup>14</sup>

It is important to identify in the relatives the signs and symptoms of anxiety, to reveal their perceptions, to confront the information they receive with the routine

of communications made by the health team to correct any distortions. It is also necessary to evaluate and work negative expectations, programming techniques that can help in the stressful situations management; likewise, offering emotional and spiritual support and stimulating their self-esteem because the caregiver must be able to care for the family member who is in the process of illness. Additionally, it is very important to develop activities of provision and maintenance for the home.

## CONCLUSIONS

This research aimed to identify the perception of family members regarding the care humanization in the immediate postoperative period from a cardiac surgery procedure, with the objective of providing care that includes mechanisms to support caregivers, perceiving them as an important part of the patient's treatment process.

Thus, it was verified that caregivers perceived optimistically the work developed by the multiprofessional team, being seen as the information holders and care providers. Furthermore, the guidelines identified by the caregivers and listed during the interviews contemplated the entire trans-operative process, which positively influences the recovery in the immediate postoperative period.

Concerning the feelings experienced, there was a duality in the speeches of the caregivers, to the extent that positive feelings and confidence were visualized, but also of sadness and fear in losing their loved ones. Nevertheless, the feelings of anxiety and anxiety were perceived, considering that each family lived in a different way the moment of hospitalization of its relative.

Therefore, the appreciation of the feelings and emotional aspects experienced by the caregivers needs to be reconsidered in the search to expand the possibilities of health care improvements. It is very important to understand how this process occurs, given that providing high care quality to the caregivers is still a challenge to the multiprofessional health team.

In this space, the care systematization can be developed from empathic and holistic care to the caregiver, guaranteeing continuous information throughout the trans-operative period; moreover, it is imperative to internalize care to the caregiver as an integral part of the care process by the multiprofessional health team.

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